

A smiling Black woman with curly hair, wearing a white lab coat, is looking down at a tablet computer in her hands. She is in a pharmacy, with shelves of various medications visible in the background. The lighting is bright and clean.

**GHP FAMILY**

# **2025 member formulary**

**List of covered drugs**

**Geisinger**

## **What is the Statewide PDL and GHP Family Formulary?**

Geisinger Health Plan, like other Medical Assistance Managed Care Organizations follows the Statewide Preferred Drug List (PDL). The Statewide PDL is developed by the Department of Human Services' (DHS) Pharmacy and Therapeutics Committee. A formulary is a list of drugs selected by GHP Family, which represents medications believed to be a necessary part of a quality treatment program. Only medications that are not part of the PDL may be included in the GHP Family formulary.

This formulary is up to date at the time of print. For the most up to date information, please go to our website at <https://www.geisinger.org/health-plan/plans/ghp-family> and visit <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Preferred-Drug-List.aspx> for information on the Statewide PDL.

## **Can the Formulary change?**

The plan may add or remove drugs from the formulary. If we remove drugs from our formulary or add restrictions on a drug such as a requirement for prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. See section, “Are there any requirements or limits on my drugs?” for more information.

## **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

### **Drug Class**

The formulary begins on page 14. The drugs in this formulary are grouped into the class of drugs they belong to. If you know what class your drug belongs to, look for the class name in the list that begins on page 12. Then look under the class name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that is included at the end of this document. The Index provides an alphabetical list of all the drugs included in this document.

The first column of the formulary lists the formulary drug. Brand drugs are printed in all upper-case letters (e.g. DIURIL ORAL SUSPENSION). Generic drugs are printed in all lower-case italic letters (e.g. *furosemide*).

The second column of the formulary lists the tier the drug is covered on. Tier 1 contains generic medications. Tier 2 contains brand name medications. Drugs listed as OTC are over-the-counter medications.

The third column of the formulary lists any requirements or limits that may apply to the drug. See the section titled “Are there any requirements or limits on my drugs” below.

## **What are generic drugs?**

GHP Family covers both brand name drugs and generic drugs. If your doctor prescribes a brand name drug and a generic is available, your pharmacist will give you the generic version of that drug. A generic drug is approved by the Federal Food & Drug Administration (FDA) as having the same active ingredient as the brand name drug and is just as safe and effective. Generally, generic drugs cost less than brand name drugs. Prescriptions written as “brand medically necessary” by your doctor will require prior authorization.

## **Are Over-the-Counter (OTC) drugs covered?**

Certain OTC medications are listed on the Statewide PDL or formulary. OTC drugs will require a prescription from your doctor.

## **Dispensing Limits**

GHP Family will cover up to a 34-day supply of your medication unless the prescription is written for less by your physician or the medication is subject to a quantity limit restriction. If there are medications you take on a regular basis, such as blood pressure medications or medications to treat cholesterol (maintenance medications), you have the option to obtain a 90-day supply from a participating retail pharmacy or mail order pharmacy. Please call GHP Family Pharmacy services at (855) 552-6028 or (570) 214-3554 for assistance in finding a participating pharmacy. Certain medications such as controlled substances and specialty medications are excluded from this 90-day supply program. If you have questions about which medications are considered maintenance medications you can check online at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger> or call GHP Family Pharmacy services at (855) 552-6028 or (570) 214-3554. A medication may be refilled when 85% has been used. Controlled medications, which may cause addiction, such as those used for pain or anxiety, may be refilled when 90% has been used. If for some reason you need a refill before 85% or 90% of the medication has been used please call GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 for assistance.

GHP Family will grant one early refill if you are traveling outside of Pennsylvania and will run out of medication before you return home. GHP Family will allow this once per medication per member per year. Your pharmacy should contact GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 to obtain a vacation supply. Any additional requests for a vacation supply will require prior authorization.

Requests to replace medications that are lost, stolen, or destroyed must be reviewed by GHP Family Pharmacy Services. Members should contact GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 for more information.

## Blood Glucose Monitors and Strips

Members are entitled to receive one new blood glucose monitor every two years and 200 strips every month. You can also receive a new monitor if you switch to a different one that is preferred on the PDL.

## Medical Benefit Drugs

Medical benefit drugs are drugs dispensed and administered in a physician's office and are not included in the formulary. For some Medical Benefit Drugs, your provider must first obtain prior authorization. Your provider can find a list of medical benefit drugs that require prior authorization here: [GHP-Family-Medical-Drug-PA-List.pdf \(geisinger.org\)](#). Any questions regarding the coverage of medical benefit drugs should be directed to GHP Family Pharmacy Services at (855) 552-6028.

## Vaccines

The vaccines included in the formulary are available to members at a retail pharmacy without a prescription. The typhoid vaccine (Vivotif) is also available at retail pharmacies but requires a prescription. Other vaccines are considered a medical benefit and should be administered by your physician.

## Are there any requirements or limits on my drugs?

Some drugs may have additional requirements or limits. These requirements and limits may include:

- **Prior Authorization:** GHP Family requires your physician to get prior approval for certain drugs. This means that your prescriber will need to get approval from GHP Family before you fill prescriptions for these drugs. Without this approval, GHP Family will not pay for the drug. If GHP denies the prior authorization request, you can appeal the decision. Please see the GHP member handbook, section 15, Complaint, Appeal and Fair Hearing Processes, for information about filing an appeal.
- **Quantity Limits:** For certain drugs, there are limits to the amount of the drug that you can get. GHP Family follows DHS' quantity limits except for blood glucose meters and strips, injection devices for insulin, condoms, spacers (OptiChamber), injectable anticoagulants (Lovenox), vaccines, medications used to treat low blood sugar (glucagon, GVOKE, etc.), Symbicort, and budesonide-formoterol HFA. Quantity limits are available at <https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html> or [www.geisinger.org/health-plan/plans/ghp-family/pharmacy-coverage](http://www.geisinger.org/health-plan/plans/ghp-family/pharmacy-coverage). If your prescriber wants you to have more than the limit, your prescriber must request prior authorization.
- **Step Therapy:** In some cases, GHP Family requires you to first try certain drugs to treat your medical condition before we will approve another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, GHP Family may not approve Drug B unless you try Drug A first. If Drug A does not work for you, GHP

Family will then approve Drug B. Your prescriber may request prior authorization if Drug A does not work for you or if you cannot take Drug A.

- **Specialty Pharmacy:** Specialty medications can only be filled by certain pharmacies in the GHP Family network. Specialty drugs are medications used to treat complex diseases. These medications usually require specialized handling and monitoring. If you are taking a specialty medicine or if you have a question about finding a specialty pharmacy, please call GHP Family Pharmacy services at (855) 552-6028. Specialty medications that are included in this formulary have the initials SP next to them. A complete list of specialty medications and pharmacies that can fill them can be found here: [GHP Family Specialty List](#). Any Specialty Medication that is also a Medical Benefit Drug can either be dispensed by a contracted specialty pharmacy or a prescriber can obtain, administer and bill GHP Family for the cost of the medications.

**The following abbreviations are found within column three of this formulary and indicate the requirements and limits listed above:**

| ABBREVIATION                               | DESCRIPTION                     | EXPLANATION                                                                                                                                                                                                                                                    |
|--------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Utilization Management Restrictions</b> |                                 |                                                                                                                                                                                                                                                                |
| PA                                         | Prior Authorization Restriction | Your physician is required to get prior authorization from GHP Family before you fill your prescription for this drug. Without prior approval, GHP Family will not pay for this drug.                                                                          |
| QL                                         | Quantity Limit Restriction      | GHP Family limits the amount of this drug that can be obtained per prescription, or within a specific time frame.                                                                                                                                              |
| ST                                         | Step Therapy Restriction        | Before GHP Family will approve this drug, you must first try another drug(s) to treat your medical condition. This drug may only be approved if the other drug(s) does not work for you.                                                                       |
| SP                                         | Specialty Pharmacy              | Some drugs are not available at your retail pharmacy. These drugs are called specialty drugs and can be obtained at specialty pharmacies. To find out how and where to obtain a specialty drug, please contact GHP Family Pharmacy services at (855) 552-6028. |
| AL                                         | Age Limit                       | Some drugs are only available to certain age groups. If you are outside this age range your physician will need to obtain prior authorization before you fill your prescription for this drug.                                                                 |

**How much will I pay for my drugs?**

Pharmacy copays will apply to members 18 years of age and older unless otherwise listed below. Brand name prescription and over-the-counter drugs have a \$3 copayment. Generic prescription and over-the-counter drugs have a \$1 copayment. Services cannot be denied if the member is unable to afford the copay.

There are no copays for:

- Pregnant women (including the postpartum period which ends 12 months after delivery)
- Children under 18 years of age
- Medical benefit drugs
- Members in a nursing home
- Members receiving hospice care.
- Members in an Intermediate Care Facility for Mental Retardation or Intermediate Care Facility for Other Related Conditions
- Family planning drugs or supplies
- Drugs, including immunizations, when dispensed and/or administered by a physician
- Title IV-B Foster Care and IV-E Foster Care and Adoption Assistance
- Members eligible under the Breast and Cervical Cancer Prevention and Treatment Programs
- There is no copay for the following groups of medications:
  - Antihypertensives (high blood pressure)
  - Antidiabetes (high blood sugar)
  - Anticonvulsants (seizure)
  - Cardiovascular preparations (heart disease)
  - Antipsychotics (except those that are controlled substance antianxiety drugs)
  - Antineoplastics (cancer drugs)
  - Antiglaucoma drugs
  - Anti-Parkinson's drugs
  - HIV/AIDS drugs
  - Preferred naloxone injection/nasal spray for drug overdose

## **Non-covered medications**

The following medications are not eligible for coverage under the Medical Assistance Program:

- Drugs that are designated by the FDA as less than effective (DESI) drugs
- Any drug marketed by a drug company that does not participate in the Medicaid Rebate Program
- Drugs used for cosmetic purposes or hair growth
- Drugs used for fertility
- Drugs used for erectile dysfunction
- Drugs and devices classified as experimental
- Drugs ordered by a prescriber who has been barred or suspended from participating the MA program

## **What if my drug requires prior authorization?**



If you learn that GHP Family requires prior authorization of your drug, you have two options:

- You can ask GHP Family Pharmacy Services for a list of similar drugs that are on the GHP Family formulary. You can call GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554. When you receive the list, show it to your doctor and ask him or her if one of these drugs will work for you.
- Your physician can ask GHP Family for approval of your drug through a prior authorization. See below for information about how your physician can request a prior authorization.

### **What if I need a drug that is not listed on the Statewide PDL or GHP Family Formulary?**

- Please check the PDL [Welcome to Pennsylvania Medical Assistance Preferred Drug List | Pennsylvania Medical Assistance Preferred Drug List \(papdl.com\)](http://papdl.com) and formulary to see if there is a preferred alternative or formulary alternative that you can ask your physician to switch you to
- Your physician can ask us to approve your drug even if it is not on our formulary or the PDL

Generally, GHP Family will only approve your physician's request if the alternative drugs included on the plan's formulary would not be as effective in treating your condition and/or would cause you to have a negative medical effect. We must make our decision within 24 hours of getting your prescriber's request.

If the pharmacy cannot fill your prescription because of the medication being non-formulary or requiring prior authorization, GHP Family will authorize a temporary supply of the medication. If your prescription is for an ongoing medication, a 15-day temporary supply will be authorized. If your prescription is for a new medication, a 5-day temporary supply of medication will be authorized. Members are limited to one temporary supply per medication every 180 days.

A member whose prescription rejects for prior authorization or other utilization management criteria should not be turned away at the pharmacy without receiving a temporary supply of medication unless the dispensing pharmacist feels that dispensing the medication would jeopardize the health and safety of the member.

**Geisinger Health Plan** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

**Geisinger Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

**Geisinger 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)

**Geisinger Health Plan** 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 **Geisinger Health Plan** at **800-447-4000**

If you believe that **Geisinger Health Plan** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue,  
Danville, PA 17822-3220  
Phone: (866) 577-7733, PA Relay 711,  
Fax: (570) 271-7225, or  
Email: [GHPCivilRights@thehealthplan.com](mailto:GHPCivilRights@thehealthplan.com)

The Bureau of Equal Opportunity,  
Room 223, Health and Welfare Building,  
P.O. Box 2675,  
Harrisburg, PA 17105-2675,  
Phone: (717) 787-1127, TTY/PA Relay 711,  
Fax: (717) 772-4366, or  
Email: [RA-PWBEOAO@pa.gov](mailto:RA-PWBEOAO@pa.gov)

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are 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 Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or email at:

U.S. Department of Health and Human Services,  
200 Independence Avenue SW.,  
Room 509F, HHH Building,  
Washington, DC 20201,  
1-800-368-1019, 800-537-7697 (TDD).  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

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



**ATTENTION:** If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-447-4000 (PA RELAY 711) or speak to your provider.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-447-4000 (PA RELAY 711) o hable con su proveedor.

**注意:** 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 800-447-4000 (PA RELAY 711)或咨询您的服务提供者。

**सावधान:** ियद तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि िनःशु< भाषिक सहायता सेवाह> उपलब्ध छ। पढ्नुहोस् ढाँचाह>मा जानकारी ज्ञान गनक उपयुक्त सहायता र सेवाह> िपन िनः शु< उपलब्ध छ। 800-447-4000 (PA RELAY 711) मा फोन गर्नुहोस् वा आफ्नो ज्ञायकसँग कुरा गर्नुहोस्।

**ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-447-4000 (PA RELAY 711) или обратитесь к своему поставщику услуг.

تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 800-447-4000 (PA RELAY 711) وأتحدث إلى مقدم الخدمة".

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 800-447-4000 (PA RELAY 711) oswa pale avèk founisè w la.

**LU'U Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-447-4000 (PA RELAY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**УВАГА:** Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 800-447-4000 (PA RELAY 711) або зверніться до свого постачальника».

**注意:** 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 800-447-4000 (PA RELAY 711)或與您的提供者討論。」

**ATENÇÃO:** Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 800-447-4000 (PA RELAY 711) ou fale com seu provedor.

**েমনােয়াগ িন্দন:** িযদ আপন বাংলা েবলন তােহল আপনার জনb িবনামূেেলb ভাষা সহায়তা িপেরষবাি্দ উপলি েরেয়ছ। অbােেেসয়াগb ফরমbােেট তথb পদােেনর জনb উপযুr সহায়ক সেহযািগতা এবং

িপেরষবাি্দও

িবনামূেেলb উপলি েরেয়ছ। 800-447-4000 (PA RELAY 711) নবের কল কwn অথবা আপনার পদানকারীর সােেথ কথা বলুন।

សូមយកចិត្តទុកដាក់/បសិទ្ធិបេក្ខនិយម 78 ខែ ; រំលង=កម្រិតជំនួយ  
 78 ឥតគិតថ្លៃក្នុងកម្រិត G បេក្ខនិយម ជំនួយ និយមន័យ=កម្រិតជំនួយ LM រំលងយុទ្ធសាស្ត្រ  
 ក្រប

**កំរង W ច្រក X នៃ យន្តគីប៉ូតូផ្លែងដេរ។**

**☎ ទូរស័ព្ទ 800-447-4000 (PA RELAY 711) ឬ 617-697-1234**

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-447-4000 (PA RELAY 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

!યાન આપો: જો તમે ,ુજરાતી બોલતા હો તો મફત ભાષાકૃત સહાયતા સેવાઓ તમારા માટ< ઉપલ>ધ છે. યોાય  
ઓCDઝલર7 સહાય અને એDસેિંસબલ ફોમટમાં માલ્હતી M◆7 પાડવા માટ<ની સેવાઓ પણ િંવના QRૂ યે ઉપલ>ધ  
છે. 800-447-4000 (PA RELAY 711) પર કોલ કરો અથવા તમારા Tદાતા સાથે વાત કરો.

*This Page Intentionally Left Blank*

*This Page Intentionally Left Blank*

# Table of Contents

|                                                         |    |
|---------------------------------------------------------|----|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS . . . . . | 14 |
| ALTERNATIVE MEDICINES . . . . .                         | 14 |
| ANALGESICS - ANTI-INFLAMMATORY . . . . .                | 14 |
| ANALGESICS - NONNARCOTIC . . . . .                      | 14 |
| ANDROGENS-ANABOLIC . . . . .                            | 15 |
| ANORECTAL AND RELATED PRODUCTS . . . . .                | 15 |
| ANTACIDS . . . . .                                      | 15 |
| ANTHELMINTICS . . . . .                                 | 16 |
| ANTI-INFECTIVE AGENTS - MISC. . . . .                   | 17 |
| ANTIARRHYTHMICS . . . . .                               | 17 |
| ASTHMATIC AND BRONCHODILATOR AGENTS . . . . .           | 18 |
| ANTICOAGULANTS . . . . .                                | 18 |
| ANTIDIARRHEAL/PROBIOTIC AGENTS . . . . .                | 18 |
| ANTIDOTES AND SPECIFIC ANTAGONISTS . . . . .            | 19 |
| ANTIHISTAMINES . . . . .                                | 19 |
| ANTIHYPERTENSIVES . . . . .                             | 19 |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS . . . . .             | 19 |
| ANTIMYCOBACTERIAL AGENTS . . . . .                      | 19 |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES . . . . .      | 20 |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS . . . . .               | 21 |
| ANTIVIRALS . . . . .                                    | 21 |
| CARDIOTONICS . . . . .                                  | 21 |
| CARDIOVASCULAR AGENTS - MISC. . . . .                   | 21 |
| CONTRACEPTIVES . . . . .                                | 21 |
| CORTICOSTEROIDS . . . . .                               | 22 |
| COUGH/COLD/ALLERGY . . . . .                            | 22 |
| DERMATOLOGICALS . . . . .                               | 22 |
| DIAGNOSTIC PRODUCTS . . . . .                           | 24 |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS . . . . .  | 24 |
| DIURETICS . . . . .                                     | 24 |
| ENDOCRINE AND METABOLIC AGENTS - MISC. . . . .          | 25 |
| GASTROINTESTINAL AGENTS - MISC. . . . .                 | 26 |
| GENITOURINARY AGENTS - MISCELLANEOUS . . . . .          | 26 |
| HEMATOLOGICAL AGENTS - MISC. . . . .                    | 27 |
| HEMATOPOIETIC AGENTS . . . . .                          | 27 |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS . . . . .     | 28 |
| LAXATIVES . . . . .                                     | 28 |
| MEDICAL DEVICES AND SUPPLIES . . . . .                  | 30 |
| MINERALS ELECTROLYTES . . . . .                         | 53 |
| MISCELLANEOUS THERAPEUTIC CLASSES . . . . .             | 53 |
| MOUTH/THROAT/DENTAL AGENTS . . . . .                    | 54 |
| MULTIVITAMINS . . . . .                                 | 55 |
| MUSCULOSKELETAL THERAPY AGENTS . . . . .                | 56 |
| NASAL AGENTS - SYSTEMIC AND TOPICAL . . . . .           | 56 |
| NEUROMUSCULAR AGENTS . . . . .                          | 57 |
| NUTRIENTS . . . . .                                     | 57 |

OPHTHALMIC AGENTS .....58

OTIC AGENTS .....58

OXYTOCICS ..... 58

PASSIVE IMMUNIZING AND TREATMENT AGENTS ..... 59

PHARMACEUTICAL ADJUVANTS ..... 59

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....59

RESPIRATORY AGENTS - MISC..... 59

THYROID AGENTS ..... 60

TOXOIDS ..... 60

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS ..... 60

URINARY ANTISPASMODICS ..... 60

VACCINES ..... 60

VASOPRESSORS .....63

VITAMINS ..... 63



| Drug Name                                                                                                      | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)</b>                                               |           |                          |
| <b>ANALEPTICS</b>                                                                                              |           |                          |
| <i>caffeine citrate 20 mg/ml solution</i>                                                                      | 1         | AL (Up to 2 yrs old)     |
| <i>caffeine citrate 60 mg/3ml solution</i>                                                                     | 1         | AL (Up to 2 yrs old)     |
| <b>ALTERNATIVE MEDICINES (CONTINUED)</b>                                                                       |           |                          |
| <b>ALTERNATIVE MEDICINE - M'S</b>                                                                              |           |                          |
| <i>melatonin 3 mg tab</i>                                                                                      | 3         |                          |
| <b>ALTERNATIVE MEDICINE COMBINATIONS</b>                                                                       |           |                          |
| <i>melatonin-pyridoxine 5-10 mg tab</i>                                                                        | 3         |                          |
| <b>ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)</b>                                                              |           |                          |
| <b>GOLD COMPOUNDS</b>                                                                                          |           |                          |
| AURANOFIN 3 MG CAP                                                                                             | 1         |                          |
| RIDAURA 3 MG CAP                                                                                               | 2         |                          |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>                                                                         |           |                          |
| <i>leflunomide (10 mg tab, 20 mg tab)</i>                                                                      | 1         |                          |
| <b>ANALGESICS - NONNARCOTIC (CONTINUED)</b>                                                                    |           |                          |
| <b>ANALGESICS OTHER</b>                                                                                        |           |                          |
| <i>acetaminophen (120 mg suppos, 160 mg chew tab)</i>                                                          | 3         | QL (20 units per 1 day)  |
| <i>acetaminophen (160 mg/5ml liquid, 160 mg/5ml solution, 325 mg/10.15ml solution, 650 mg/20.3ml solution)</i> | 3         | QL (75 units per 1 day)  |
| <i>acetaminophen 325 mg tab</i>                                                                                | 3         | QL (10 units per 1 day)  |
| <i>acetaminophen 650 mg suppos</i>                                                                             | 3         | QL (6 units per 1 day)   |
| <i>acetaminophen 650 mg/20.3ml suspension</i>                                                                  | 3         | QL (100 units per 1 day) |
| <i>acetaminophen childrens 160 mg/5ml solution</i>                                                             | 3         | QL (75 units per 1 day)  |
| <i>acetaminophen extra strength 500 mg tab</i>                                                                 | 3         | QL (6 units per 1 day)   |
| <i>childrens acetaminophen 160 mg/5ml suspension</i>                                                           | 3         | QL (75 units per 1 day)  |
| <i>ft pain reliever adults 650 mg suppos</i>                                                                   | 3         | QL (6 units per 1 day)   |
| <i>ft pain reliever children 120 mg suppos</i>                                                                 | 3         | QL (20 units per 1 day)  |
| <i>m-pap 160 mg/5ml liquid</i>                                                                                 | 3         | QL (75 units per 1 day)  |
| <i>mapap 500 mg cap</i>                                                                                        | 3         | QL (6 units per 1 day)   |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                               | Drug Tier | Requirements / Limits   |
|-------------------------------------------------------------------------|-----------|-------------------------|
| <i>mapap childrens 80 mg chew tab</i>                                   | 3         | QL (30 units per 1 day) |
| <b>SALICYLATES</b>                                                      |           |                         |
| <i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab)</i>               | 3         | QL (12 units per 1 day) |
| <i>salsalate (500 mg tab, 750 mg tab)</i>                               | 1         | QL (4 units per 1 day)  |
| <i>sm aspirin low dose 81 mg tab dr</i>                                 | 3         | QL (12 units per 1 day) |
| <b>ANDROGENS-ANABOLIC (CONTINUED)</b>                                   |           |                         |
| <b>ANDROGENS</b>                                                        |           |                         |
| <i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>                      | 1         |                         |
| <b>ANORECTAL AND RELATED PRODUCTS (CONTINUED)</b>                       |           |                         |
| <b>INTRARECTAL STEROIDS</b>                                             |           |                         |
| <i>hydrocortisone 100 mg/60ml enema</i>                                 | 1         |                         |
| <b>RECTAL COMBINATIONS</b>                                              |           |                         |
| <i>lidocaine-hydrocortisone ace (2-2 % kit, 3-1 % kit, 3-2.5 % kit)</i> | 1         |                         |
| PROCTOFOAM HC 1-1 % FOAM                                                | 2         |                         |
| <b>RECTAL LOCAL ANESTHETICS</b>                                         |           |                         |
| <i>gnp anorectal 5 % cream</i>                                          | 1         |                         |
| <i>hemorrhoidal relief 5 % cream</i>                                    | 1         |                         |
| <i>lidocaine (anorectal) 5 % cream</i>                                  | 1         |                         |
| <i>pramoxine hcl (perianal) 1 % foam</i>                                | 3         |                         |
| <i>rectasmoother 5 % cream</i>                                          | 1         |                         |
| <b>RECTAL STEROIDS</b>                                                  |           |                         |
| <i>hydrocortisone (perianal) 2.5 % cream</i>                            | 1         |                         |
| <i>procto-med hc 2.5 % cream</i>                                        | 1         |                         |
| <i>proctosol hc 2.5 % cream</i>                                         | 1         |                         |
| <i>proctozone-hc 2.5 % cream</i>                                        | 1         |                         |
| <b>ANTACIDS (CONTINUED)</b>                                             |           |                         |
| <b>ANTACID COMBINATIONS</b>                                             |           |                         |
| ACID GONE (95-358 MG/15ML SUSPENSION, 160-105 MG CHEW TAB)              | 3         |                         |
| <i>antacid 400-400-40 mg/10ml suspension</i>                            | 3         |                         |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                        | Drug Tier | Requirements / Limits  |
|------------------------------------------------------------------|-----------|------------------------|
| <i>antacid plus anti-gas relief 200-200-20 mg/5ml suspension</i> | 3         |                        |
| <i>antacid regular strength 200-200-20 mg/5ml suspension</i>     | 3         |                        |
| <i>antacid/antigas 400-400-40 mg/10ml suspension</i>             | 3         |                        |
| <i>ft antacid &amp; antigas 200-200-20 mg/5ml suspension</i>     | 3         |                        |
| <i>hm antacid 200-200-20 mg/5ml suspension</i>                   | 3         |                        |
| <i>mag-al plus 200-200-20 mg/5ml liquid</i>                      | 3         |                        |
| <i>sm antacid 400-400-40 mg/10ml suspension</i>                  | 3         |                        |
| <b>ANTACIDS - ALUMINUM SALTS</b>                                 |           |                        |
| ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION                     | 3         |                        |
| <b>ANTACIDS - BICARBONATE</b>                                    |           |                        |
| <i>sodium bicarbonate (325 mg tab, 650 mg tab)</i>               | 3         |                        |
| <b>ANTACIDS - CALCIUM SALTS</b>                                  |           |                        |
| <i>antacid 750 mg chew tab</i>                                   | 3         |                        |
| <i>antacid calcium 500 mg chew tab</i>                           | 3         |                        |
| <i>antacid extra strength 750 mg chew tab</i>                    | 3         |                        |
| <i>antacid regular strength 500 mg chew tab</i>                  | 3         |                        |
| <i>antacid ultra strength 1000 mg chew tab</i>                   | 3         |                        |
| <i>calcium antacid 500 mg chew tab</i>                           | 3         |                        |
| <i>calcium antacid extra strength 750 mg chew tab</i>            | 3         |                        |
| <i>calcium carbonate antacid 1250 mg/5ml suspension</i>          | 3         |                        |
| <i>ft antacid extra strength 750 mg chew tab</i>                 | 3         |                        |
| <i>hm calcium antacid ex st 750 mg chew tab</i>                  | 3         |                        |
| <i>sm calcium antacid ex st 750 mg chew tab</i>                  | 3         |                        |
| <b>ANTACIDS - MAGNESIUM SALTS</b>                                |           |                        |
| <i>magnesium oxide -mg supplement 400 (240 mg) mg tab</i>        | 3         |                        |
| <i>magnesium oxide 400 mg tab</i>                                | 3         |                        |
| <i>true magnesium oxide 400 mg tab</i>                           | 3         |                        |
| <b>ANTHELMINTICS (CONTINUED)</b>                                 |           |                        |
| <b>ANTHELMINTICS</b>                                             |           |                        |
| <i>albendazole 200 mg tab</i>                                    | 1         | QL (4 units per 1 day) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                  | Drug Tier | Requirements / Limits      |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| EMVERM 100 MG CHEW TAB                                                                                                     | 2         | PA, QL (2 units per 1 day) |
| <i>praziquantel 600 mg tab</i>                                                                                             | 1         |                            |
| <b>ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)</b>                                                                           |           |                            |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                                                                                       |           |                            |
| <i>trimethoprim 100 mg tab</i>                                                                                             | 1         |                            |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>                                                                                 |           |                            |
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i> | 1         |                            |
| <i>sulfatrim pediatric 200-40 mg/5ml suspension</i>                                                                        | 1         |                            |
| <b>ANTIPROTOZOAL AGENTS</b>                                                                                                |           |                            |
| <i>atovaquone 750 mg/5ml suspension</i>                                                                                    | 1         | QL (20 units per 1 day)    |
| MEPRON 750 MG/5ML SUSPENSION                                                                                               | 2         | QL (20 units per 1 day)    |
| <b>LEPROSTATICS</b>                                                                                                        |           |                            |
| <i>dapsone (25 mg tab, 100 mg tab)</i>                                                                                     | 1         |                            |
| <b>LINCOSAMIDES</b>                                                                                                        |           |                            |
| <i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>                                                                 | 1         |                            |
| <i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>                                                                      | 1         |                            |
| <b>OXAZOLIDINONES</b>                                                                                                      |           |                            |
| <i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>                                                                       | 1         |                            |
| SIVEXTRO 200 MG TAB                                                                                                        | 2         | PA, QL (1 unit per 1 day)  |
| <b>ANTIARRHYTHMICS (CONTINUED)</b>                                                                                         |           |                            |
| <b>ANTIARRHYTHMICS TYPE I-A</b>                                                                                            |           |                            |
| <i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>                                                                     | 1         |                            |
| QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)                                                                                 | 1         |                            |
| <b>ANTIARRHYTHMICS TYPE I-B</b>                                                                                            |           |                            |
| <i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>                                                                 | 1         |                            |
| <b>ANTIARRHYTHMICS TYPE I-C</b>                                                                                            |           |                            |
| <i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>                                                              | 1         |                            |
| <i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>                                                                | 1         |                            |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                  | Drug Tier | Requirements / Limits  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| <b>ANTIARRHYTHMICS TYPE III</b>                                                                                                                            |           |                        |
| <i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>                                                                                                 | 1         |                        |
| <i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>                                                                                                  | 1         | QL (2 units per 1 day) |
| <i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>                                                                                                       | 1         |                        |
| <b>ASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)</b>                                                                                                     |           |                        |
| <b>ANTI-INFLAMMATORY AGENTS</b>                                                                                                                            |           |                        |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i>                                                                                                                 | 1         |                        |
| <b>XANTHINES</b>                                                                                                                                           |           |                        |
| <i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>                                                                                               | 1         |                        |
| <i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>                  | 1         |                        |
| <b>ANTICOAGULANTS (CONTINUED)</b>                                                                                                                          |           |                        |
| <b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>                                                                                                                 |           |                        |
| <i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i> | 1         |                        |
| HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/ML SOLUTION)                                                                                 | 1         |                        |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)</b>                                                                                                          |           |                        |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>                                                                                                              |           |                        |
| <i>ft stomach relief 262 mg chew tab</i>                                                                                                                   | 3         |                        |
| MICROFLOR CAP                                                                                                                                              | 3         |                        |
| <i>stomach relief 262 mg chew tab</i>                                                                                                                      | 3         |                        |
| WOMENS 50 BILLION CAP                                                                                                                                      | 3         |                        |
| <b>ANTIPERISTALTIC AGENTS</b>                                                                                                                              |           |                        |
| <i>anti-diarrheal 2 mg cap</i>                                                                                                                             | 1         | QL (8 units per 1 day) |
| DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)                                                                                         | 1         |                        |
| <i>ft anti-diarrheal 2 mg cap</i>                                                                                                                          | 1         | QL (8 units per 1 day) |
| <i>gnp anti-diarrheal 2 mg cap</i>                                                                                                                         | 1         | QL (8 units per 1 day) |
| <i>hm anti-diarrheal 2 mg cap</i>                                                                                                                          | 1         | QL (8 units per 1 day) |
| <i>loperamide hcl 2 mg cap</i>                                                                                                                             | 1         | QL (8 units per 1 day) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                        | Drug Tier | Requirements / Limits  |
|----------------------------------------------------------------------------------|-----------|------------------------|
| <i>sm anti-diarrheal 2 mg cap</i>                                                | 1         | QL (8 units per 1 day) |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)</b>                            |           |                        |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>                                        |           |                        |
| <i>acetylcysteine 200 mg/ml solution</i>                                         | 1         |                        |
| <b>ANTIHISTAMINES (CONTINUED)</b>                                                |           |                        |
| <b>ANTIHISTAMINES - ALKYLAMINES</b>                                              |           |                        |
| <i>chlorpheniramine maleate er 12 mg tab er</i>                                  | 3         |                        |
| <b>ANTIHISTAMINES - ETHANOLAMINES</b>                                            |           |                        |
| <i>allergy 25 mg cap</i>                                                         | 3         |                        |
| <i>diphenhydramine hcl (12.5 mg/5ml liquid, 25 mg cap, 25 mg tab, 50 mg cap)</i> | 3         |                        |
| DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR                                           | 1         |                        |
| <b>ANTIHISTAMINES - PIPERIDINES</b>                                              |           |                        |
| <i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>                             | 1         |                        |
| <b>ANTIHYPERTENSIVES (CONTINUED)</b>                                             |           |                        |
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>                        |           |                        |
| <i>eplerenone 25 mg tab</i>                                                      | 1         | QL (4 units per 1 day) |
| <i>eplerenone 50 mg tab</i>                                                      | 1         | QL (2 units per 1 day) |
| <b>VASODILATORS</b>                                                              |           |                        |
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>             | 1         |                        |
| <i>minoxidil (2.5 mg tab, 10 mg tab)</i>                                         | 1         |                        |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)</b>                             |           |                        |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                                         |           |                        |
| FIRDAPSE 10 MG TAB                                                               | 2         | PA, SP                 |
| <i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>                             | 1         |                        |
| <b>ANTIMYCOBACTERIAL AGENTS (CONTINUED)</b>                                      |           |                        |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                                                  |           |                        |
| <i>ethambutol hcl (100 mg tab, 400 mg tab)</i>                                   | 1         |                        |
| <i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>                       | 1         |                        |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                            | Drug Tier | Requirements / Limits      |
|----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| PRETOMANID 200 MG TAB                                                                                                | 2         | PA                         |
| <i>pyrazinamide 500 mg tab</i>                                                                                       | 1         |                            |
| <i>rifabutin 150 mg cap</i>                                                                                          | 1         |                            |
| <i>rifampin (150 mg cap, 300 mg cap)</i>                                                                             | 1         |                            |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)</b>                                                          |           |                            |
| <b>ALKYLATING AGENTS</b>                                                                                             |           |                            |
| <i>carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>            | 2         | SP                         |
| <i>cyclophosphamide (25 mg cap, 50 mg cap)</i>                                                                       | 1         | SP                         |
| MELPHALAN 2 MG TAB                                                                                                   | 1         |                            |
| <b>ANTIMETABOLITES</b>                                                                                               |           |                            |
| <i>mercaptopurine 50 mg tab</i>                                                                                      | 1         |                            |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>                                                                  |           |                            |
| EMCYT 140 MG CAP                                                                                                     | 2         |                            |
| FLUTAMIDE 125 MG CAP                                                                                                 | 1         | QL (6 units per 1 day)     |
| LYSODREN 500 MG TAB                                                                                                  | 2         | SP                         |
| <i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i> | 1         |                            |
| <i>nilutamide 150 mg tab</i>                                                                                         | 1         | QL (2 units per 1 day), SP |
| <b>ANTINEOPLASTIC COMBINATIONS</b>                                                                                   |           |                            |
| INQOVI 35-100 MG TAB                                                                                                 | 2         | PA, SP                     |
| <b>ANTINEOPLASTICS MISC.</b>                                                                                         |           |                            |
| <i>bexarotene 75 mg cap</i>                                                                                          | 1         | PA, SP                     |
| MATULANE 50 MG CAP                                                                                                   | 2         | SP                         |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>                                                                |           |                            |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>                                                | 1         |                            |
| <b>MITOTIC INHIBITORS</b>                                                                                            |           |                            |
| ETOPOSIDE 50 MG CAP                                                                                                  | 1         | SP                         |
| <i>vincasar pfs 1 mg/ml solution</i>                                                                                 | 1         | SP                         |
| <b>TOPOISOMERASE I INHIBITORS</b>                                                                                    |           |                            |
| HYCAMTIN (0.25 MG CAP, 1 MG CAP)                                                                                     | 2         | SP                         |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                  | Drug Tier | Requirements / Limits         |
|------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)</b>                                                         |           |                               |
| <b>ANTIMANIC AGENTS</b>                                                                                    |           |                               |
| <i>lithium 8 meq/5ml solution</i>                                                                          | 1         |                               |
| <i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>                                  | 1         |                               |
| <i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>                                                 | 1         |                               |
| <b>ANTIVIRALS (CONTINUED)</b>                                                                              |           |                               |
| <b>ANTIVIRAL COMBINATIONS</b>                                                                              |           |                               |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK                                                       | 2         | QL (20 units per 1 fill)      |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK                                                       | 2         |                               |
| PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK                                                                   | 2         |                               |
| <b>MISC. ANTIVIRALS</b>                                                                                    |           |                               |
| VEKLURY 100 MG RECON SOLN                                                                                  | 2         | SP                            |
| <b>CARDIOTONICS (CONTINUED)</b>                                                                            |           |                               |
| <b>CARDIAC GLYCOSIDES</b>                                                                                  |           |                               |
| <i>digitek (125 mcg tab, 250 mcg tab)</i>                                                                  | 1         |                               |
| <i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>                                             | 1         |                               |
| <b>CARDIOVASCULAR AGENTS - MISC. (CONTINUED)</b>                                                           |           |                               |
| <b>CARDIAC MYOSIN INHIBITORS</b>                                                                           |           |                               |
| CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)                                                       | 2         | PA, QL (1 unit per 1 day), SP |
| <b>PROSTAGLANDIN VASODILATORS</b>                                                                          |           |                               |
| <i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i> | 1         | PA, SP                        |
| <b>CONTRACEPTIVES (CONTINUED)</b>                                                                          |           |                               |
| <b>EMERGENCY CONTRACEPTIVES</b>                                                                            |           |                               |
| <i>econtra ez 1.5 mg tab</i>                                                                               | 3         |                               |
| <i>econtra one-step 1.5 mg tab</i>                                                                         | 3         |                               |
| <i>her style 1.5 mg tab</i>                                                                                | 3         |                               |
| <i>levonorgestrel 1.5 mg tab</i>                                                                           | 3         |                               |
| <i>my way 1.5 mg tab</i>                                                                                   | 3         |                               |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



| Drug Name                                                                                                          | Drug Tier | Requirements / Limits                           |
|--------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| <i>opcicon one-step 1.5 mg tab</i>                                                                                 | 3         |                                                 |
| <i>option 2 1.5 mg tab</i>                                                                                         | 3         |                                                 |
| <b>CORTICOSTEROIDS (CONTINUED)</b>                                                                                 |           |                                                 |
| <b>GLUCOCORTICOSTEROIDS</b>                                                                                        |           |                                                 |
| <i>hydrocortisone sod suc (pf) 100 mg recon soln</i>                                                               | 1         |                                                 |
| <i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>                                       | 1         |                                                 |
| <i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i> | 1         |                                                 |
| SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)                          | 2         |                                                 |
| SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)                      | 2         |                                                 |
| <b>COUGH/COLD/ALLERGY (CONTINUED)</b>                                                                              |           |                                                 |
| <b>ANTITUSSIVES</b>                                                                                                |           |                                                 |
| <i>benzonatate (100 mg cap, 200 mg cap)</i>                                                                        | 1         |                                                 |
| HYCODAN 5-1.5 MG/5ML SOLUTION                                                                                      | 1         | QL (30 units per 1 day)                         |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>                                                                   | 1         | QL (6 units per 1 day)                          |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>                                                          | 1         | QL (30 units per 1 day)                         |
| <i>hydromet 5-1.5 mg/5ml solution</i>                                                                              | 1         | QL (30 units per 1 day)                         |
| <b>COUGH/COLD/ALLERGY COMBINATIONS</b>                                                                             |           |                                                 |
| <i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>                                                             | 1         | QL (10 units per 1 day)                         |
| <i>promethazine-codeine 6.25-10 mg/5ml solution</i>                                                                | 1         | QL (30 units per 1 day), AL (18 to 999 yrs old) |
| <i>promethazine-codeine 6.25-10 mg/5ml syrup</i>                                                                   | 1         | QL (30 units per 1 day), AL (18 to 999 yrs old) |
| <i>promethazine-dm 6.25-15 mg/5ml syrup</i>                                                                        | 1         |                                                 |
| <b>MISC. RESPIRATORY INHALANTS</b>                                                                                 |           |                                                 |
| <i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>                             | 1         |                                                 |
| <b>MUCOLYTICS</b>                                                                                                  |           |                                                 |
| <i>acetylcysteine (10 % solution, 20 % solution)</i>                                                               | 1         |                                                 |
| <b>DERMATOLOGICALS (CONTINUED)</b>                                                                                 |           |                                                 |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>                                                      |           |                                                 |
| CARAC 0.5 % CREAM                                                                                                  | 1         |                                                 |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                | Drug Tier | Requirements / Limits            |
|--------------------------------------------------------------------------|-----------|----------------------------------|
| EFUDEX 5 % CREAM                                                         | 1         |                                  |
| <i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i> | 1         |                                  |
| <b>ANTISEBORRHEIC PRODUCTS</b>                                           |           |                                  |
| <i>selenium sulfide (2.25 % shampoo, 2.3 % shampoo, 2.5 % lotion)</i>    | 1         |                                  |
| <b>BURN PRODUCTS</b>                                                     |           |                                  |
| <i>silver sulfadiazine 1 % cream</i>                                     | 1         |                                  |
| <i>ssd 1 % cream</i>                                                     | 1         |                                  |
| <b>EMOLLIENT/KERATOLYTIC AGENTS</b>                                      |           |                                  |
| <i>urea (20 % cream, 39 % cream, 40 % cream, 41 % cream)</i>             | 1         |                                  |
| <i>urea 20 intensive hydrating 20 % cream</i>                            | 3         |                                  |
| UREA HYDRATING 35 % FOAM                                                 | 1         |                                  |
| <i>ureacin-20 20 % cream</i>                                             | 3         |                                  |
| <b>EMOLLIENTS</b>                                                        |           |                                  |
| <i>ammonium lactate (12 % cream, 12 % lotion)</i>                        | 1         |                                  |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>                                |           |                                  |
| HYFTOR 0.2 % GEL                                                         | 2         | PA, QL (0.8 units per 1 day), SP |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>                                    |           |                                  |
| <i>podofilox 0.5 % solution</i>                                          | 1         |                                  |
| <b>LOCAL ANESTHETICS - TOPICAL</b>                                       |           |                                  |
| <i>pramoxine hcl 1 % lotion</i>                                          | 3         |                                  |
| <b>MISC. TOPICAL</b>                                                     |           |                                  |
| DRYSOL 20 % SOLUTION                                                     | 2         |                                  |
| XERAC AC 6.25 % SOLUTION                                                 | 2         |                                  |
| <i>zinc oxide (20 % ointment, 25 % ointment)</i>                         | 3         |                                  |
| <b>ROSACEA AGENTS</b>                                                    |           |                                  |
| <i>azelaic acid 15 % gel</i>                                             | 1         |                                  |
| <i>ivermectin 1 % cream</i>                                              | 1         |                                  |
| <i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>  | 1         |                                  |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>rosadan (0.75 % cream, 0.75 % gel)</i>                                                | 1         |                       |
| <b>DIAGNOSTIC PRODUCTS (CONTINUED)</b>                                                   |           |                       |
| <b>DIAGNOSTIC TESTS</b>                                                                  |           |                       |
| PRECISION XTRA KETONE STRIP                                                              | 1         |                       |
| <b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED)</b>                          |           |                       |
| <b>DIETARY MANAGEMENT PRODUCTS</b>                                                       |           |                       |
| FOLTANX 3-35-2 MG TAB                                                                    | 3         |                       |
| L-METHYLFOLATE (7.5 MG TAB, 15 MG TAB)                                                   | 3         |                       |
| L-METHYLFOLATE-B6-B12 3-35-2 MG TAB                                                      | 3         |                       |
| <b>DIURETICS (CONTINUED)</b>                                                             |           |                       |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>                                                     |           |                       |
| <i>acetazolamide (125 mg tab, 250 mg tab)</i>                                            | 1         |                       |
| <i>acetazolamide er 500 mg cap er 12h</i>                                                | 1         |                       |
| <i>methazolamide (25 mg tab, 50 mg tab)</i>                                              | 1         |                       |
| <b>DIURETIC COMBINATIONS</b>                                                             |           |                       |
| <i>amiloride-hydrochlorothiazide 5-50 mg tab</i>                                         | 1         |                       |
| <i>spironolactone-hctz 25-25 mg tab</i>                                                  | 1         |                       |
| <i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>                   | 1         |                       |
| <b>LOOP DIURETICS</b>                                                                    |           |                       |
| <i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>                                       | 1         |                       |
| <i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i> | 1         |                       |
| <i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>                            | 1         |                       |
| <b>POTASSIUM SPARING DIURETICS</b>                                                       |           |                       |
| <i>amiloride hcl 5 mg tab</i>                                                            | 1         |                       |
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>                                 | 1         |                       |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>                                             |           |                       |
| <i>chlorthalidone (25 mg tab, 50 mg tab)</i>                                             | 1         |                       |
| DIURIL 250 MG/5ML SUSPENSION                                                             | 2         | AL (Up to 2 yrs old)  |
| <i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>              | 1         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                            | Drug Tier | Requirements / Limits             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>indapamide (1.25 mg tab, 2.5 mg tab)</i>                                                                                                                                                          | 1         |                                   |
| <i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                                                                                                                                  | 1         |                                   |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)</b>                                                                                                                                            |           |                                   |
| <b>METABOLIC MODIFIERS</b>                                                                                                                                                                           |           |                                   |
| <i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>                                                                                                                                              | 1         | PA, QL (4 units per 1 day)        |
| <i>javygtor (100 mg packet, 500 mg packet)</i>                                                                                                                                                       | 1         | PA, SP                            |
| <i>javygtor 100 mg tab</i>                                                                                                                                                                           | 1         | PA, SP                            |
| <i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>                                                                                                                                                | 1         |                                   |
| <i>levocarnitine sf 1 gm/10ml solution</i>                                                                                                                                                           | 1         |                                   |
| NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)                                                                                                                                                                | 2         | PA, SP                            |
| NULIBRY 9.5 MG RECON SOLN                                                                                                                                                                            | 2         | PA, SP                            |
| PALYNZIQ 10 MG/0.5ML SOLN PRSYR                                                                                                                                                                      | 2         | PA, QL (0.5 units per 1 day), SP  |
| PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR                                                                                                                                                                     | 2         | PA, QL (0.15 units per 1 day), SP |
| PALYNZIQ 20 MG/ML SOLN PRSYR                                                                                                                                                                         | 2         | PA, QL (3 units per 1 day), SP    |
| <i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>                                                                                                                        | 1         | PA, SP                            |
| STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)                                                                                                      | 2         | PA, SP                            |
| <b>NATRIURETIC PEPTIDES</b>                                                                                                                                                                          |           |                                   |
| VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)                                                                                                                                   | 2         | PA, SP                            |
| <b>POSTERIOR PITUITARY HORMONES</b>                                                                                                                                                                  |           |                                   |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>                                                                                                                                                 | 1         |                                   |
| <i>desmopressin acetate spray 0.01 % solution</i>                                                                                                                                                    | 1         | QL (0.4 units per 1 day)          |
| <b>PROGESTERONE RECEPTOR ANTAGONISTS</b>                                                                                                                                                             |           |                                   |
| <i>mifepristone 200 mg tab</i>                                                                                                                                                                       | 1         |                                   |
| <b>PROLACTIN INHIBITORS</b>                                                                                                                                                                          |           |                                   |
| <i>cabergoline 0.5 mg tab</i>                                                                                                                                                                        | 1         |                                   |
| <b>SOMATOSTATIC AGENTS</b>                                                                                                                                                                           |           |                                   |
| <i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsy, 500 mcg/ml solution, 1000 mcg/ml solution)</i> | 1         | SP                                |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits          |
|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>                                                                       |           |                                |
| JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK) | 2         | PA, QL (2 units per 1 day), SP |
| TOLVAPTAN 15 MG TAB                                                                                           | 1         | PA, QL (1 unit per 1 day)      |
| <i>tolvaptan 15 mg tab</i>                                                                                    | 1         | PA, QL (1 unit per 1 day), SP  |
| <i>tolvaptan 30 mg tab</i>                                                                                    | 1         | PA, QL (2 units per 1 day), SP |
| <b>GASTROINTESTINAL AGENTS - MISC. (CONTINUED)</b>                                                            |           |                                |
| <b>ANTIFLATULENTS</b>                                                                                         |           |                                |
| <i>ft gas relief extra strength 125 mg cap</i>                                                                | 3         |                                |
| <i>ft gas relief ultra strength 180 mg cap</i>                                                                | 3         |                                |
| <i>gas relief extra strength 125 mg cap</i>                                                                   | 3         |                                |
| <i>gas relief ultra strength 180 mg cap</i>                                                                   | 3         |                                |
| <i>gnp anti-gas 180 mg cap</i>                                                                                | 3         |                                |
| <i>gnp gas relief extra strength 125 mg cap</i>                                                               | 3         |                                |
| <i>simethicone ultra strength 180 mg cap</i>                                                                  | 3         |                                |
| <i>sm gas relief 180 mg cap</i>                                                                               | 3         |                                |
| <b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>                                                                    |           |                                |
| <i>cromolyn sodium 100 mg/5ml conc</i>                                                                        | 1         |                                |
| <b>HEPATOTROPICS</b>                                                                                          |           |                                |
| REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)                                                                  | 2         | QL (1 tab per day), SP         |
| <b>INTESTINAL ACIDIFIERS</b>                                                                                  |           |                                |
| <i>enulose 10 gm/15ml solution</i>                                                                            | 1         |                                |
| <i>generlac 10 gm/15ml solution</i>                                                                           | 1         |                                |
| <i>lactulose encephalopathy 10 gm/15ml solution</i>                                                           | 1         |                                |
| <b>LIVE FECAL MICROBIOTA</b>                                                                                  |           |                                |
| VOWST CAP                                                                                                     | 2         | PA, SP                         |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)</b>                                                       |           |                                |
| <b>ALKALINIZERS</b>                                                                                           |           |                                |
| <i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>                     | 1         |                                |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                          | Drug Tier | Requirements / Limits             |
|----------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>sod citrate-citric acid 500-334 mg/5ml solution</i>                                             | 3         |                                   |
| <b>CYSTINOSIS AGENTS</b>                                                                           |           |                                   |
| CYSTAGON (50 MG CAP, 150 MG CAP)                                                                   | 2         | SP                                |
| <b>IGA NEPHROPATHY (IGAN) AGENTS</b>                                                               |           |                                   |
| FILSPARI (200 MG TAB, 400 MG TAB)                                                                  | 2         | PA, QL (1 unit per 1 day), SP     |
| <b>URINARY ANALGESICS</b>                                                                          |           |                                   |
| <i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>                                                | 1         |                                   |
| <b>HEMATOLOGICAL AGENTS - MISC. (CONTINUED)</b>                                                    |           |                                   |
| <b>COMPLEMENT INHIBITORS</b>                                                                       |           |                                   |
| EMPAVELI 1080 MG/20ML SOLUTION                                                                     | 2         | PA, QL (5.72 units per 1 day), SP |
| FABHALTA 200 MG CAP                                                                                | 2         | PA, QL (2 units per 1 day), SP    |
| <b>HEMATORHEOLOGIC AGENTS</b>                                                                      |           |                                   |
| <i>pentoxifylline er 400 mg tab er</i>                                                             | 1         |                                   |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                                             |           |                                   |
| <i>anagrelide hcl 0.5 mg cap</i>                                                                   | 1         | SP                                |
| <i>anagrelide hcl 1 mg cap</i>                                                                     | 1         |                                   |
| CABLIVI 11 MG KIT                                                                                  | 2         | PA, SP                            |
| <i>cilostazol (50 mg tab, 100 mg tab)</i>                                                          | 1         | QL (2 units per 1 day)            |
| <b>PYRUVATE KINASE ACTIVATORS</b>                                                                  |           |                                   |
| PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)                                                          | 2         | PA, SP                            |
| PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK) | 2         | PA, SP                            |
| <b>HEMATOPOIETIC AGENTS (CONTINUED)</b>                                                            |           |                                   |
| <b>COBALAMINS</b>                                                                                  |           |                                   |
| <i>cyanocobalamin 1000 mcg/ml solution</i>                                                         | 1         |                                   |
| <i>dodex 1000 mcg/ml solution</i>                                                                  | 1         |                                   |
| <b>FOLIC ACID/FOLATES</b>                                                                          |           |                                   |
| <i>folic acid 1 mg tab</i>                                                                         | 3         |                                   |
| <b>IRON</b>                                                                                        |           |                                   |
| EZFE 200 434.8 (200 FE) MG CAP                                                                     | 3         |                                   |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                            | Drug Tier | Requirements / Limits          |
|----------------------------------------------------------------------|-----------|--------------------------------|
| <i>ferrex 150 150 mg cap</i>                                         | 3         |                                |
| <i>ferrous sulfate 300 (60 fe) mg/5ml solution</i>                   | 3         |                                |
| <i>ferrous sulfate 75 (15 fe) mg/ml solution</i>                     | 3         |                                |
| <i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>              | 3         |                                |
| <b>STEM CELL MOBILIZERS</b>                                          |           |                                |
| XOLREMDI 100 MG CAP                                                  | 2         | PA, QL (4 units per 1 day), SP |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)</b>         |           |                                |
| <b>ANTI-HISTAMINE HYPNOTICS</b>                                      |           |                                |
| <i>sleep tabs 25 mg tab</i>                                          | 3         |                                |
| <b>LAXATIVES (CONTINUED)</b>                                         |           |                                |
| <b>BULK LAXATIVES</b>                                                |           |                                |
| <i>fiber laxative + calcium 625 mg tab</i>                           | 3         |                                |
| <i>fiber-lax 625 mg tab</i>                                          | 3         |                                |
| <i>ft fiber laxative 625 mg tab</i>                                  | 3         |                                |
| <i>hm fiber 500 mg tab</i>                                           | 3         |                                |
| <i>soluble fiber therapy powder</i>                                  | 3         |                                |
| <b>LAXATIVE COMBINATIONS</b>                                         |           |                                |
| CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION) | 2         |                                |
| <i>colace 2-in-1 8.6-50 mg tab</i>                                   | 3         |                                |
| <i>ft senna-s 8.6-50 mg tab</i>                                      | 3         |                                |
| <i>ft stool softener 50-8.6 mg tab</i>                               | 3         |                                |
| GAVILYTE-C 240 GM RECON SOLN                                         | 1         |                                |
| <i>gavilyte-g 236 gm recon soln</i>                                  | 1         |                                |
| <i>gavilyte-n with flavor pack 420 gm recon soln</i>                 | 1         |                                |
| <i>hm senna-s 8.6-50 mg tab</i>                                      | 3         |                                |
| <i>hm stool softener/laxative 8.6-50 mg tab</i>                      | 3         |                                |
| <i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>                 | 1         |                                |
| <i>peg-3350/electrolytes 236 gm recon soln</i>                       | 1         |                                |
| <i>senexon-s 8.6-50 mg tab</i>                                       | 3         |                                |
| <i>senna plus 8.6-50 mg tab</i>                                      | 3         |                                |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                   | Drug Tier | Requirements / Limits                            |
|-------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>senna-docusate sodium 8.6-50 mg tab</i>                  | 3         |                                                  |
| <i>senna-time s 8.6-50 mg tab</i>                           | 3         |                                                  |
| <i>sennosides-docusate sodium 8.6-50 mg tab</i>             | 3         |                                                  |
| <i>stimulant laxative 8.6-50 mg tab</i>                     | 3         |                                                  |
| <i>stool softener plus laxative 8.6-50 mg tab</i>           | 3         |                                                  |
| SUTAB 1479-225-188 MG TAB                                   | 2         | QL (24 units per fill), AL (At least 18 yrs old) |
| <b>LAXATIVES - MISCELLANEOUS</b>                            |           |                                                  |
| <i>constulose 10 gm/15ml solution</i>                       | 1         |                                                  |
| <i>glycerin (adult) 2 gm suppos</i>                         | 3         |                                                  |
| <i>glycerin adult 2 gm suppos</i>                           | 3         |                                                  |
| <i>hm clearlax 17 gm packet</i>                             | 3         |                                                  |
| <i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i> | 1         |                                                  |
| <i>peg 3350 (17 gm packet, 17 gm/scoop powder)</i>          | 3         |                                                  |
| <i>polyethylene glycol 3350 17 gm packet</i>                | 3         |                                                  |
| <b>SALINE LAXATIVES</b>                                     |           |                                                  |
| <i>ft magnesium citrate 1.745 gm/30ml solution</i>          | 3         |                                                  |
| <i>hm magnesium citrate 1.745 gm/30ml solution</i>          | 3         |                                                  |
| <i>magnesium citrate 1.745 gm/30ml solution</i>             | 3         |                                                  |
| <i>milk of magnesia 7.75 % suspension</i>                   | 3         |                                                  |
| MILK OF MAGNESIA CONCENTRATE 2400 MG/10ML SUSPENSION        | 3         |                                                  |
| <b>STIMULANT LAXATIVES</b>                                  |           |                                                  |
| <i>bisacodyl 10 mg suppos</i>                               | 3         |                                                  |
| <i>bisacodyl ec 5 mg tab dr</i>                             | 3         |                                                  |
| <i>ft gentle laxative 10 mg suppos</i>                      | 3         |                                                  |
| <i>ft laxative 5 mg tab dr</i>                              | 3         |                                                  |
| <i>gentle laxative (5 mg tab dr, 10 mg suppos)</i>          | 3         |                                                  |
| <i>gnp womens gentle laxative 5 mg tab dr</i>               | 3         |                                                  |
| <i>hm gentle laxative 10 mg suppos</i>                      | 3         |                                                  |
| <i>hm laxative 5 mg tab dr</i>                              | 3         |                                                  |
| <i>senna 8.8 mg/5ml liquid</i>                              | 3         |                                                  |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



| Drug Name                                       | Drug Tier | Requirements / Limits     |
|-------------------------------------------------|-----------|---------------------------|
| <i>sm gentle laxative 5 mg tab dr</i>           | 3         |                           |
| <b>SURFACTANT LAXATIVES</b>                     |           |                           |
| <i>docusate sodium 100 mg/10ml liquid</i>       | 3         |                           |
| <i>silace 60 mg/15ml syrup</i>                  | 3         |                           |
| <b>MEDICAL DEVICES AND SUPPLIES (CONTINUED)</b> |           |                           |
| <b>CONTRACEPTIVES</b>                           |           |                           |
| AIMSCO LUBRICATED MISC                          | 3         | QL (48 units per 30 days) |
| CAYA DIAPHRAGM                                  | 2         |                           |
| DUREX EXTRA SENSITIVE THIN MISC                 | 3         | QL (48 units per 30 days) |
| DUREX TROPICAL MISC                             | 3         | QL (48 units per 30 days) |
| FANTASY LUBRICATED MISC                         | 3         | QL (48 units per 30 days) |
| FANTASY LUBRICATED/SPERMICIDE MISC              | 3         | QL (48 units per 30 days) |
| FC2 FEMALE CONDOM MISC                          | 3         | QL (48 units per 30 days) |
| KIMONO MISC                                     | 3         | QL (48 units per 30 days) |
| KIMONO MICRO THIN MISC                          | 3         | QL (48 units per 30 days) |
| KIMONO MICRO THIN PLUS MISC                     | 3         | QL (48 units per 30 days) |
| KIMONO SENSATION MISC                           | 3         | QL (48 units per 30 days) |
| MAXX MISC                                       | 3         | QL (48 units per 30 days) |
| TRUE COVER DEVICE                               | 3         | QL (48 units per 30 days) |
| TRUSTEX LUBRICATED MISC                         | 3         | QL (48 units per 30 days) |
| TRUSTEX NON-LUBRICATED MISC                     | 3         | QL (48 units per 30 days) |
| TRUSTEX RIA LUB/SPERMICIDE MISC                 | 3         | QL (48 units per 30 days) |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC               | 3         | QL (48 units per 30 days) |
| <b>DIABETIC SUPPLIES</b>                        |           |                           |
| 1ST TIER UNILET COMFORTOUCH MISC                | 2         |                           |
| ACCU-CHEK FASTCLIX LANCET KIT                   | 2         |                           |
| ACCU-CHEK FASTCLIX LANCETS MISC                 | 2         |                           |
| ACCU-CHEK SAFE-T PRO LANCETS MISC               | 2         |                           |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT               | 2         |                           |
| ACCU-CHEK SOFTCLIX LANCETS MISC                 | 2         |                           |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|-------------------------------------|------------------|------------------------------|
| ACTI-LANCE 28G MISC                 | 2                |                              |
| ACTI-LANCE LITE LANCETS 28G MISC    | 2                |                              |
| ACTI-LANCE SPECIAL LANCETS 17G MISC | 2                |                              |
| ACTI-LANCE UNIVERSAL 23G MISC       | 2                |                              |
| ADJUSTABLE LANCING DEVICE MISC      | 2                | QL (1 unit per 1 day)        |
| ADVANCED MOBILE LANCET MISC         | 2                |                              |
| ADVOCATE LANCETS MISC               | 2                |                              |
| ADVOCATE LANCETS 30G MISC           | 2                |                              |
| ADVOCATE LANCING DEVICE MISC        | 2                | QL (1 unit per 1 day)        |
| ADVOCATE RAPID-SAFE LANCING MISC    | 2                | QL (1 unit per 1 day)        |
| ADVOCATE SAFETY LANCETS MISC        | 2                |                              |
| ADVOCATE SAFETY LANCETS 26G MISC    | 2                |                              |
| AGAMATRIX ULTRA-THIN LANCETS MISC   | 2                |                              |
| AIMSCO TWIST LANCETS 32G MISC       | 2                |                              |
| AIMSCO TWIST LANCETS 33G MISC       | 2                |                              |
| AQUALANCE LANCETS 30G MISC          | 2                |                              |
| ASSURE COMFORT LANCETS 28G MISC     | 2                |                              |
| ASSURE HAEMOLANCE PLUS HIGH MISC    | 2                |                              |
| ASSURE HAEMOLANCE PLUS LOW MISC     | 2                |                              |
| ASSURE HAEMOLANCE PLUS MICRO MISC   | 2                |                              |
| ASSURE HAEMOLANCE PLUS NORMAL MISC  | 2                |                              |
| ASSURE HAEMOLANCE PLUS PED MISC     | 2                |                              |
| ASSURE LANCE LANCETS MISC           | 2                |                              |
| ASSURE LANCE LANCETS 21G MISC       | 2                |                              |
| ASSURE LANCE PLUS SAFETY 25G MISC   | 2                |                              |
| ASSURE LANCE PLUS SAFETY 30G MISC   | 2                |                              |
| ASSURE LANCE SAFETY LANCET 28G MISC | 2                |                              |
| AUTO-LANCET MISC                    | 2                | QL (1 unit per 1 day)        |
| AUTO-LANCET MINI MISC               | 2                | QL (1 unit per 1 day)        |
| AUTOLET LANCING DEVICE MISC         | 2                | QL (1 unit per 1 day)        |
| AUTOLET LITE LANCING DEVICE MISC    | 2                | QL (1 unit per 1 day)        |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|----------------------------------------|------------------|------------------------------|
| BD MICROTAINER LANCETS MISC            | 2                |                              |
| CARDIOCOM LANCING DEVICE MISC          | 2                | QL (1 unit per 1 day)        |
| CAREONE ADVANCED LANCING DEV MISC      | 2                | QL (1 unit per 1 day)        |
| CAREONE LANCET SUPER THIN 30G MISC     | 2                |                              |
| CARESENS CONTROL SOLUTION A/B SOLUTION | 2                |                              |
| CARESENS LANCETS MISC                  | 2                |                              |
| CARESENS LANCETS 30G MISC              | 2                |                              |
| CARETOUCH LANCING/EJECTOR MISC         | 2                | QL (1 unit per 1 day)        |
| CARETOUCH SAFETY LANCETS MISC          | 2                |                              |
| CARETOUCH SAFETY LANCETS 26G MISC      | 2                |                              |
| CARETOUCH TWIST LANCETS 28G MISC       | 2                |                              |
| CARETOUCH TWIST LANCETS 30G MISC       | 2                |                              |
| CARETOUCH TWIST LANCETS 33G MISC       | 2                |                              |
| CARETOUCH TWIST MC LANCETS 30G MISC    | 2                |                              |
| CHOSEN LANCETS 30G MISC                | 2                |                              |
| CHOSEN LANCING DEVICE MISC             | 2                | QL (1 unit per 1 day)        |
| CHOSEN SAFETY LANCETS 28G MISC         | 2                |                              |
| CLEANLET LANCETS 28G MISC              | 2                |                              |
| CLEVER CHEK LANCETS MISC               | 2                |                              |
| CLEVER CHOICE LANCETS 21G MISC         | 2                |                              |
| CLEVER CHOICE LANCETS 23G MISC         | 2                |                              |
| CLEVER CHOICE LANCETS 28G MISC         | 2                |                              |
| COAGUCHEK LANCETS MISC                 | 2                |                              |
| COMFORT ASSURED LANCETS 28G MISC       | 2                |                              |
| COMFORT ASSURED LANCETS 33G MISC       | 2                |                              |
| COMFORT LANCETS MISC                   | 2                |                              |
| COMFORT TOUCH LANCETS 31G MISC         | 2                |                              |
| COMFORT TOUCH PLUS LANCETS 28G MISC    | 2                |                              |
| COMFORT TOUCH TWIST LANCET 30G MISC    | 2                |                              |
| DIATHRIVE LANCET ULTRA THIN 30 MISC    | 2                |                              |
| DIATHRIVE LANCETS MISC                 | 2                |                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                                                                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|
| DIATHRIVE LANCING DEVICE MISC                                                                                                            | 2                | QL (1 unit per 1 day)        |
| DROPLET INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 1 ML MISC) | 2                |                              |
| DROPLET LANCETS ULTRA THIN 30G MISC                                                                                                      | 2                |                              |
| DROPLET LANCING DEVICE MISC                                                                                                              | 2                | QL (1 unit per 1 day)        |
| DROPSAFE ACTI-LANCE 23G MISC                                                                                                             | 2                |                              |
| E-Z JECT LANCET MICRO-THIN 33G MISC                                                                                                      | 2                |                              |
| E-Z JECT LANCET SUPER THIN 30G MISC                                                                                                      | 2                |                              |
| E-Z JECT LANCETS MISC                                                                                                                    | 2                |                              |
| E-Z JECT LANCETS 21G MISC                                                                                                                | 2                |                              |
| E-Z JECT LANCETS THIN 26G MISC                                                                                                           | 2                |                              |
| EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC                                                                                       | 2                |                              |
| EASY COMFORT LANCETS MISC                                                                                                                | 2                |                              |
| EASY COMFORT LANCETS TWIST TOP MISC                                                                                                      | 2                |                              |
| EASY MINI EJECT LANCING DEVICE MISC                                                                                                      | 2                | QL (1 unit per 1 day)        |
| EASY TOUCH LANCETS 21G MISC                                                                                                              | 2                |                              |
| EASY TOUCH LANCETS 23G MISC                                                                                                              | 2                |                              |
| EASY TOUCH LANCETS 26G MISC                                                                                                              | 2                |                              |
| EASY TOUCH LANCETS 28G MISC                                                                                                              | 2                |                              |
| EASY TOUCH LANCETS 28G/TWIST MISC                                                                                                        | 2                |                              |
| EASY TOUCH LANCETS 30G MISC                                                                                                              | 2                |                              |
| EASY TOUCH LANCETS 30G/TWIST MISC                                                                                                        | 2                |                              |
| EASY TOUCH LANCETS 32G MISC                                                                                                              | 2                |                              |
| EASY TOUCH LANCETS 32G/TWIST MISC                                                                                                        | 2                |                              |
| EASY TOUCH LANCETS 33G/TWIST MISC                                                                                                        | 2                |                              |
| EASY TOUCH LANCING DEVICE MISC                                                                                                           | 2                | QL (1 unit per 1 day)        |
| EASY TOUCH SAFETY LANCETS 21G MISC                                                                                                       | 2                |                              |
| EASY TOUCH SAFETY LANCETS 23G MISC                                                                                                       | 2                |                              |
| EASY TOUCH SAFETY LANCETS 26G MISC                                                                                                       | 2                |                              |
| EASY TOUCH SAFETY LANCETS 28G MISC                                                                                                       | 2                |                              |
| EMBRACE LANCETS ULTRA THIN 30G MISC                                                                                                      | 2                |                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|-------------------------------------|------------------|------------------------------|
| EZ-LETS LANCETS 21G MISC            | 2                |                              |
| EZ-LETS LANCETS 28G MISC            | 2                |                              |
| EZ-LETS LANCETS 30G MISC            | 2                |                              |
| FINGERSTIX LANCETS MISC             | 2                |                              |
| FORA LANCETS MISC                   | 2                |                              |
| FORA LANCING DEVICE MISC            | 2                | QL (1 unit per 1 day)        |
| FREESTYLE LANCETS MISC              | 2                |                              |
| FREESTYLE UNISTICK II LANCETS MISC  | 2                |                              |
| GENTEEL BUTTERFLY TOUCH LANCET MISC | 2                |                              |
| GENTEEL LANCING KIT (BLUE) KIT      | 2                |                              |
| GLOBAL INJECT EASE LANCETS 28G MISC | 2                |                              |
| GLOBAL INJECT EASE LANCETS 30G MISC | 2                |                              |
| GLOBAL LANCING DEVICE MISC          | 2                | QL (1 unit per 1 day)        |
| GLUCOCOM LANCETS 28G MISC           | 2                |                              |
| GLUCOCOM LANCETS 30G MISC           | 2                |                              |
| GLUCOCOM LANCETS 33G MISC           | 2                |                              |
| GNP STERILE LANCETS 28G MISC        | 2                |                              |
| GNP STERILE LANCETS 30G MISC        | 2                |                              |
| GNP STERILE LANCETS 33G MISC        | 2                |                              |
| GOJJI LANCING DEVICE/CLEAR CAP MISC | 2                | QL (1 unit per 1 day)        |
| GOJJI STERILE LANCETS MISC          | 2                |                              |
| HEALTH CARE LANCING DEVICE MISC     | 2                | QL (1 unit per 1 day)        |
| HEALTHY ACCENTS LANCING DEVICE MISC | 2                | QL (1 unit per 1 day)        |
| HEALTHY ACCENTS UNILET LANCETS MISC | 2                |                              |
| HYPOLANCE AST LANCING KIT           | 2                |                              |
| IHEALTH LANCING DEVICE MISC         | 2                | QL (1 unit per 1 day)        |
| IN TOUCH LANCING DEVICE MISC        | 2                | QL (1 unit per 1 day)        |
| IN TOUCH STERILE LANCETS 30G MISC   | 2                |                              |
| LANCET DEVICE WITH EJECTOR MISC     | 2                | QL (1 unit per 1 day)        |
| LANCET TRANSPORTER CASE MISC        | 2                | QL (1 unit per 1 day)        |
| LANCETS MISC                        | 2                |                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|-------------------------------------|------------------|------------------------------|
| LANCETS 28G THIN MISC               | 2                |                              |
| LANCETS 30G MISC                    | 2                |                              |
| LANCETS 33G MISC                    | 2                |                              |
| LANCETS MICRO THIN 33G MISC         | 2                |                              |
| LANCETS SUPER THIN MISC             | 2                |                              |
| LANCETS SUPER THIN 28G MISC         | 2                |                              |
| LANCETS ULTRA THIN 30G MISC         | 2                |                              |
| LANCING DEVICE MISC                 | 2                | QL (1 unit per 1 day)        |
| LANZO MISC                          | 2                | QL (1 unit per 1 day)        |
| LEADER ADVANCED LANCING DEVICE MISC | 2                | QL (1 unit per 1 day)        |
| LIBERTY MEDICAL LANCETS MISC        | 2                |                              |
| LITE TOUCH LANCETS MISC             | 2                |                              |
| LITE TOUCH LANCING PEN MISC         | 2                | QL (1 unit per 1 day)        |
| LITETOUCH LANCETS MISC              | 2                |                              |
| LIVE BETTER ADV LANCING DEVICE MISC | 2                | QL (1 unit per 1 day)        |
| LIVE BETTER LANCET ULTRA THIN MISC  | 2                |                              |
| LONGS LANCETS THIN MISC             | 2                |                              |
| LONGS LANCETS ULTRA THIN MISC       | 2                |                              |
| MEDICHOICE SAFETY LANCET MISC       | 2                |                              |
| MEDICHOICE SAFETY LANCET EXTRA MISC | 2                |                              |
| MEDICHOICE SAFETY LANCET NORM MISC  | 2                |                              |
| MEDISENSE THIN LANCETS MISC         | 2                |                              |
| MEDLANCE PLUS EXTRA 21G MISC        | 2                |                              |
| MEDLANCE PLUS LITE 25G MISC         | 2                |                              |
| MEDLANCE PLUS SPECIAL 0.8MM MISC    | 2                |                              |
| MEDLANCE PLUS SUPERLITE 30G MISC    | 2                |                              |
| MEDLANCE PLUS UNIVERSAL 21G MISC    | 2                |                              |
| MEIJER LANCETS THIN MISC            | 2                |                              |
| MEIJER LANCETS UNIVERSAL 30G MISC   | 2                |                              |
| MEIJER LANCETS UNIVERSAL 33G MISC   | 2                |                              |
| MEIJER SUPER THIN LANCETS MISC      | 2                |                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|--------------------------------------|------------------|------------------------------|
| MICROLET LANCETS MISC                | 2                |                              |
| MICROLET NEXT LANCING DEVICE MISC    | 2                | QL (1 unit per 1 day)        |
| MINI LANCING DEVICE MISC             | 2                | QL (1 unit per 1 day)        |
| MM LANCING DEVICE MISC               | 2                | QL (1 unit per 1 day)        |
| MM TWIST LANCETS MISC                | 2                |                              |
| MOBILE LANCETS 30G MISC              | 2                |                              |
| MONOLET LANCETS MISC                 | 2                |                              |
| MONOLET OPD LANCETS MISC             | 2                |                              |
| MONOLETTOR SAFETY LANCETS MISC       | 2                |                              |
| MPD SAFETY LANCET 21G MISC           | 2                |                              |
| MPD SAFETY LANCET 23G MISC           | 2                |                              |
| MPD SAFETY LANCET 28G MISC           | 2                |                              |
| MULTI-LANCET DEVICE 2 KIT            | 2                |                              |
| MYGLUCOHEALTH LANCETS 30G MISC       | 2                |                              |
| NOVA SAFETY LANCETS 23G MISC         | 2                |                              |
| NOVA SAFETY LANCETS 28G MISC         | 2                |                              |
| NOVA SUREFLEX LANCETS MISC           | 2                |                              |
| NOVA SUREFLEX LANCING DEVICE MISC    | 2                | QL (1 unit per 1 day)        |
| ONETOUCH DELICA PLUS LANCET30G MISC  | 2                |                              |
| ONETOUCH DELICA PLUS LANCET33G MISC  | 2                |                              |
| ONETOUCH DELICA PLUS LANCING MISC    | 2                | QL (1 unit per 1 day)        |
| ONETOUCH DELICA SAFETY LANCING MISC  | 2                | QL (1 unit per 1 day)        |
| ONETOUCH ULTRA CONTROL LIQUID        | 2                |                              |
| ONETOUCH ULTRASOFT 2 LANCETS MISC    | 2                |                              |
| ONETOUCH VERIO (HIGH LIQUID, LIQUID) | 2                |                              |
| PC LANCETS SUPER THIN 30G MISC       | 2                |                              |
| PERFECT LANCETS 28G MISC             | 2                |                              |
| PERFECT LANCETS 30G MISC             | 2                |                              |
| PERFECT POINT SAFETY LANCETS MISC    | 2                |                              |
| PHARMACIST CHOICE LANCETS MISC       | 2                |                              |
| PHARMACY COUNTER LANCETS MISC        | 2                |                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|-------------------------------------|------------------|------------------------------|
| PIP LANCETS 28G MISC                | 2                |                              |
| PIP LANCETS 30G MISC                | 2                |                              |
| PREFERRED PLUS LANCETS THIN MISC    | 2                |                              |
| PRESSURE ACTIVAT SAFETY LANCET MISC | 2                |                              |
| PRO COMFORT LANCETS 30G MISC        | 2                |                              |
| PRO COMFORT LANCETS 31G MISC        | 2                |                              |
| PRO COMFORT SAFETY LANCETS 30G MISC | 2                |                              |
| PRODIGY LANCETS 28G MISC            | 2                |                              |
| PRODIGY LANCING DEVICE MISC         | 2                | QL (1 unit per 1 day)        |
| PRODIGY SAFETY LANCETS 26G MISC     | 2                |                              |
| PRODIGY TWIST TOP LANCETS 28G MISC  | 2                |                              |
| PUSH BUTTON SAFETY LANCETS MISC     | 2                |                              |
| PUSH BUTTON SAFETY LANCETS 28G MISC | 2                |                              |
| PX LANCETS MICROTHIN 33G MISC       | 2                |                              |
| READYLANCE SAFETY LANCETS MISC      | 2                |                              |
| RELION LANCET DEVICES 30G MISC      | 2                | QL (1 unit per 1 day)        |
| RELION LANCETS MISC                 | 2                |                              |
| RELION LANCETS MICRO-THIN 33G MISC  | 2                |                              |
| RELION LANCETS THIN 26G MISC        | 2                |                              |
| RELION LANCETS ULTRA-THIN 30G MISC  | 2                |                              |
| RELION LANCING DEVICE KIT           | 2                |                              |
| RELION LANCING DEVICE MISC          | 2                | QL (1 unit per 1 day)        |
| RELION ULTRA THIN LANCETS 30G MISC  | 2                |                              |
| RELION ULTRA THIN PLUS LANCETS MISC | 2                |                              |
| REXALL LANCETS ULTRA THIN 30G MISC  | 2                |                              |
| RIGHTTEST GD500 LANCING DEVICE MISC | 2                | QL (1 unit per 1 day)        |
| RIGHTTEST GL300 LANCETS MISC        | 2                |                              |
| SAFETY LANCET 21G/PRESSURE ACT MISC | 2                |                              |
| SAFETY LANCET 23G/PRESSURE ACT MISC | 2                |                              |
| SAFETY LANCET 28G/PRESSURE ACT MISC | 2                |                              |
| SAFETY LANCET 30G/PRESSURE ACT MISC | 2                |                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



| Drug Name                           | Drug Tier | Requirements / Limits |
|-------------------------------------|-----------|-----------------------|
| SAFETY LANCETS MISC                 | 2         |                       |
| SAFETY LANCETS 21G MISC             | 2         |                       |
| SAFETY LANCETS 23G MISC             | 2         |                       |
| SAFETY LANCETS 28G MISC             | 2         |                       |
| SAPS HEALTH TWIST TOP LANCETS MISC  | 2         |                       |
| SAPS TWIST TOP LANCETS MISC         | 2         |                       |
| SHOPKO AUTOLET LANCING DEVICE MISC  | 2         | QL (1 unit per 1 day) |
| SHOPKO ON-THE-GO LANCETS 30G MISC   | 2         |                       |
| SHOPKO UNILET LANCETS 28G MISC      | 2         |                       |
| SHOPKO UNILET LANCETS 30G MISC      | 2         |                       |
| SIDE BUTTON SAFETY LANCET MISC      | 2         |                       |
| SIMPLE DIAGNOSTICS LANCING DEV MISC | 2         | QL (1 unit per 1 day) |
| SMART DIABETES VANTAGE LANCING MISC | 2         | QL (1 unit per 1 day) |
| SMART SENSE COLOR LANCETS 33G MISC  | 2         |                       |
| SMART SENSE STANDARD LANCETS MISC   | 2         |                       |
| SMART SENSE SUPER THIN LANCETS MISC | 2         |                       |
| SMART SENSE THIN LANCETS 26G MISC   | 2         |                       |
| SMARTTEST LANCETS 28G MISC          | 2         |                       |
| SOLUS V2 LANCETS 28G MISC           | 2         |                       |
| SOLUS V2 LANCING DEVICE MISC        | 2         | QL (1 unit per 1 day) |
| SOLUS V2 TWIST LANCETS 30G MISC     | 2         |                       |
| STERILANCE PA MISC                  | 2         | QL (1 unit per 1 day) |
| STERILANCE TL MISC                  | 2         |                       |
| SURE COMFORT LANCETS 18G MISC       | 2         |                       |
| SURE COMFORT LANCETS 21G MISC       | 2         |                       |
| SURE COMFORT LANCETS 23G MISC       | 2         |                       |
| SURE COMFORT LANCETS 28G MISC       | 2         |                       |
| SURE COMFORT LANCETS 30G MISC       | 2         |                       |
| SURE COMFORT LANCING PEN MISC       | 2         | QL (1 unit per 1 day) |
| SURE-LANCE FLAT LANCETS MISC        | 2         |                       |
| SURE-LANCE LANCETS 26G MISC         | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|-------------------------------------|------------------|------------------------------|
| SURE-LANCE THIN LANCETS 28G MISC    | 2                |                              |
| SURE-LANCE ULTRA THIN LANCETS MISC  | 2                |                              |
| SURE-TOUCH LANCETS UNIVERSAL MISC   | 2                |                              |
| SURELITE LANCETS MISC               | 2                |                              |
| TECHLITE LANCETS MISC               | 2                |                              |
| TECHLITE LANCETS 26G MISC           | 2                |                              |
| TECHLITE LANCETS 30G MISC           | 2                |                              |
| TOPCARE LANCETS MICRO-THIN 33G MISC | 2                |                              |
| TRAVEL LANCETS MISC                 | 2                |                              |
| TRAVEL LANCETS ADVANCED 28G MISC    | 2                |                              |
| TRUE COMFORT TWIST TOP LANCETS MISC | 2                |                              |
| TRUEDRAW LANCING DEVICE MISC        | 2                | QL (1 unit per 1 day)        |
| TRUEPLUS LANCETS 28G MISC           | 2                |                              |
| TRUEPLUS LANCETS 30G MISC           | 2                |                              |
| TRUEPLUS LANCETS 33G MISC           | 2                |                              |
| TRUEPLUS SAFETY LANCETS 28G MISC    | 2                |                              |
| TWIST TOP LANCETS 30G MISC          | 2                |                              |
| ULTI-LANCE AUTOMATIC MISC           | 2                | QL (1 unit per 1 day)        |
| ULTILET CLASSIC LANCETS MISC        | 2                |                              |
| ULTILET LANCETS MISC                | 2                |                              |
| ULTILET SAFETY LANCETS MISC         | 2                |                              |
| ULTILET SAFETY LANCETS 23G MISC     | 2                |                              |
| ULTRA THIN LANCETS 31G MISC         | 2                |                              |
| ULTRA-CARE LANCETS 30G MISC         | 2                |                              |
| ULTRA-THIN II LANCETS MISC          | 2                |                              |
| UNILET COMFORTOUCH LANCET MISC      | 2                |                              |
| UNILET EXCELITE MISC                | 2                |                              |
| UNILET EXCELITE II MISC             | 2                |                              |
| UNILET G.P. SUPERLITE LANCET MISC   | 2                |                              |
| UNILET GP 28 ULTRA THIN MISC        | 2                |                              |
| UNILET LANCET MISC                  | 2                |                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|-------------------------------------|------------------|------------------------------|
| UNILET MICRO-THIN 33G MISC          | 2                |                              |
| UNILET SUPER-THIN 30G MISC          | 2                |                              |
| UNILET ULTRA-THIN 28G MISC          | 2                |                              |
| UNISTIK 2 MISC                      | 2                | QL (1 unit per 1 day)        |
| UNISTIK 2 COMFORT MISC              | 2                | QL (1 unit per 1 day)        |
| UNISTIK 2 EXTRA MISC                | 2                | QL (1 unit per 1 day)        |
| UNISTIK 2 NORMAL MISC               | 2                | QL (1 unit per 1 day)        |
| UNISTIK 2 SUPER MISC                | 2                | QL (1 unit per 1 day)        |
| UNISTIK 3 COMFORT MISC              | 2                | QL (1 unit per 1 day)        |
| UNISTIK 3 EXTRA MISC                | 2                | QL (1 unit per 1 day)        |
| UNISTIK 3 GENTLE MISC               | 2                |                              |
| UNISTIK 3 NEONATAL MISC             | 2                | QL (1 unit per 1 day)        |
| UNISTIK 3 NORMAL MISC               | 2                | QL (1 unit per 1 day)        |
| UNISTIK CZT COMFORT MISC            | 2                | QL (1 unit per 1 day)        |
| UNISTIK CZT NORMAL MISC             | 2                | QL (1 unit per 1 day)        |
| UNISTIK NORMAL MISC                 | 2                | QL (1 unit per 1 day)        |
| UNISTIK PRO SAFETY LANCET MISC      | 2                |                              |
| UNISTIK SAFETY LANCETS 28G MISC     | 2                |                              |
| UNISTIK SAFETY LANCETS 30G MISC     | 2                |                              |
| UNISTIK TOUCH SAFETY LANC 21G MISC  | 2                |                              |
| UNISTIK TOUCH SAFETY LANC 23G MISC  | 2                |                              |
| UNISTIK TOUCH SAFETY LANC 28G MISC  | 2                |                              |
| UNISTIK TOUCH SAFETY LANC 30G MISC  | 2                |                              |
| UNIVERSAL 1 LANCETS THIN 26G MISC   | 2                |                              |
| UNIVERSAL 1 LANCETS THIN 33G MISC   | 2                |                              |
| UNIVERSAL 1 LANCETS ULTRA THIN MISC | 2                |                              |
| VALUE PLUS LANCING DEVICE MISC      | 2                | QL (1 unit per 1 day)        |
| VALUMARK LANCET SUPER THIN 30G MISC | 2                |                              |
| VALUMARK LANCET ULTRA THIN 28G MISC | 2                |                              |
| VERIFINE SAFE LANCET MINI 21G MISC  | 2                |                              |
| VERIFINE SAFE LANCET MINI 23G MISC  | 2                |                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| VERIFINE SAFE LANCET MINI 28G MISC                                                                                                                                                                                                                | 2         |                       |
| VERIFINE SAFE LANCET MINI 30G MISC                                                                                                                                                                                                                | 2         |                       |
| VERIFINE UNIVERSAL LANCETS 28G MISC                                                                                                                                                                                                               | 2         |                       |
| VERIFINE UNIVERSAL LANCETS 30G MISC                                                                                                                                                                                                               | 2         |                       |
| VERIFINE UNIVERSAL LANCETS 33G MISC                                                                                                                                                                                                               | 2         |                       |
| VIDA MIA AUTOLET LANCING DEV MISC                                                                                                                                                                                                                 | 2         | QL (1 unit per 1 day) |
| VIDA MIA UNILET LANCETS 28G MISC                                                                                                                                                                                                                  | 2         |                       |
| VIDA MIA UNILET LANCETS 30G MISC                                                                                                                                                                                                                  | 2         |                       |
| VIVAGUARD INO CONTROL SOLUTION LIQUID                                                                                                                                                                                                             | 2         |                       |
| VIVAGUARD LANCETS MISC                                                                                                                                                                                                                            | 2         |                       |
| VIVAGUARD LANCETS 30G MISC                                                                                                                                                                                                                        | 2         |                       |
| VIVAGUARD LANCING DEVICE MISC                                                                                                                                                                                                                     | 2         | QL (1 unit per 1 day) |
| VIVAGUARD SAFETY LANCETS 28G MISC                                                                                                                                                                                                                 | 2         |                       |
| ZEV RX TWIST TOP LANCETS 30G MISC                                                                                                                                                                                                                 | 2         |                       |
| <b>PARENTERAL THERAPY SUPPLIES</b>                                                                                                                                                                                                                |           |                       |
| 1ST TIER UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)                                                                                                  | 2         |                       |
| 1ST TIER UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)                                                                                                              | 2         |                       |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC                                                                                                                                                                                                       | 2         |                       |
| ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)                                                                                                                                               | 2         |                       |
| ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC                                                                                                                                                                                                     | 2         |                       |
| ASSURE ID INSULIN SAFETY SYR (X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)                                                                                                                                                                           | 2         |                       |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC                                                                                                                                                                                                         | 2         |                       |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM MISC                                                                                                                                                                                                      | 2         |                       |
| AUM MINI INSULIN PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)                                                                                                                                                                              | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                     | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| AUM PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC)                                                                                                                                                                 | 2         |                          |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC                                                                                                                                                                  | 2         |                          |
| AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)                                                                                                                                                                    | 2         |                          |
| AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)                                                                                                                                        | 2         |                          |
| AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)                                                                                                                                                           | 2         |                          |
| AUTOPEN DEVICE                                                                                                                                                                                                | 2         | QL (1 unit per 365 days) |
| BD ALLERGY SYRINGE (X 3/8" 0.5 ML MISC, X 3/8" 1 ML MISC)                                                                                                                                                     | 2         |                          |
| BD AUTOSHIELD DUO 30G X 5 MM MISC                                                                                                                                                                             | 2         |                          |
| BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)                                                                                               | 2         |                          |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC                                                                                                                                                          | 2         |                          |
| BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)                                                                                                             | 2         |                          |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC                                                                                                                                                                | 2         |                          |
| BD INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                        | 2         |                          |
| BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC                                                                                                                                                        | 2         |                          |
| BD INSULIN SYRINGE ULTRAFINE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)                                                                                                        | 2         |                          |
| BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC                                                                                                                                                                        | 2         |                          |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC                                                                                                                                                                       | 2         |                          |
| BD PEN NEEDLE MINI U/F 31G X 5 MM MISC                                                                                                                                                                        | 2         |                          |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC                                                                                                                                                                    | 2         |                          |
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC                                                                                                                                                                        | 2         |                          |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC                                                                                                                                                                  | 2         |                          |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC                                                                                                                                                                       | 2         |                          |
| BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC) | 2         |                          |
| BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC                                                                                                                                                            | 2         |                          |
| BD TB SYRINGE 27G X 3/8" 1 ML MISC                                                                                                                                                                            | 2         |                          |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC                                                                                                                                                       | 2         |                          |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| BD VEO INSULIN SYRINGE U/F (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)                                                                                                                                                                                                                                                                                                                                                         | 2         |                       |
| CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)                                                                                                                                                                                                                                                                                                        | 2         |                       |
| CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                                                                                                                                                       | 2         |                       |
| CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                                                                                                                                                  | 2         |                       |
| CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                                   | 2         |                       |
| CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)                                                                                                                                                                                                                                                                                                       | 2         |                       |
| CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)                                                                                                                                                                                                                                                                                                                                                                                         | 2         |                       |
| CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                                                                                                                                                                                                                                                      | 2         |                       |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC                                                                                                                                                                                                                                                                                                                                                                                              | 2         |                       |
| COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC                                                                                                                                                                                                                                                                                                                                                                                                        | 2         |                       |
| COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)                                                                                                                                                                                                                                                                   | 2         |                       |
| COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)                                                                                                                                                                                                                                                                                                                                                                               | 2         |                       |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC                                                                                                                                                                                                                                                                                                                                                                                                        | 2         |                       |
| COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC)                                                                                                                                                                                                                                                                                                     | 2         |                       |
| DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                                                                                                                                                                                                                                                       | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |
| DROPLET MICRON 34G X 3.5 MM MISC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2         |                       |
| DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)                                                                                                                                                                                                                                                                                                                                 | 2         |                       |
| DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2         |                       |
| EASY COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                                   | 2         |                       |
| EASY COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)                                                                                                                                                                                                                                                                                                                                                                                                    | 2         |                       |
| EASY COMFORT PEN NEEDLES 29G X 5MM MISC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2         |                       |
| EASY GLIDE PEN NEEDLES 33G X 4 MM MISC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2         |                       |
| EASY TOUCH FLIPLOCK INSULIN SY (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                                                                                                                                                                                      | 2         |                       |
| EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)                                                                                                                                                                                                                                                                                                                                                                                                    | 2         |                       |
| EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                  | 2         |                       |
| EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)                                                                                                                                                                                                                                                                                                                              | 2         |                       |
| EASY TOUCH SAFETY PEN NEEDLES (29G X 8MM MISC, 30G X 8 MM MISC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2         |                       |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM MISC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                                                                                                                                                   | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                                    | 2         |                       |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC                                                                                                                                                                                                                                                                                                                                      | 2         |                       |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC                                                                                                                                                                                                                                                                                                                       | 2         |                       |
| EMBECTA INSULIN SYRINGE U-100 (27G X 5/8" 1 ML MISC, 28G X 1/2" 1 ML MISC)                                                                                                                                                                                                                                                                                                  | 2         |                       |
| EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                     | 2         |                       |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC                                                                                                                                                                                                                                                                                                                               | 2         |                       |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC                                                                                                                                                                                                                                                                                                                                     | 2         |                       |
| EMBECTA PEN NEEDLE U/F (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)                                                                                                                                                                                                                                                                               | 2         |                       |
| EMBRACE PEN NEEDLES (30G X 5 MISC, 30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                                                                                                                                                                  | 2         |                       |
| EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)                                                                                                                                                | 2         |                       |
| EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)                                                                                                                                                                                                                                                                          | 2         |                       |
| FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                                | 2         |                       |
| GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                                                                                         | 2         |                       |
| GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)                                                                                                                                                                                                                                                         | 2         |                       |
| GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC                                                                                                                                                                                                                                                                                                                               | 2         |                       |
| GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |
| GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)                                                                                                                                                                                                                                                                                                           | 2         |                       |
| GLUCOPRO INSULIN SYRINGE (30G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                                                                                   | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



| Drug Name                                                                                                                                                                                                                                                                                                                                                                                     | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC                                                                                                                                                                                                                                                                                                                                            | 2         |                       |
| GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)                                                                                                                                                                                                                                                                                                                          | 2         |                       |
| GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC                                                                                                                                                                                                                                                                                                                                                    | 2         |                       |
| GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC                                                                                                                                                                                                                                                                                                                                        | 2         |                       |
| GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC                                                                                                                                                                                                                                                                                                                                        | 2         |                       |
| GNP PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)                                                                                                                                                                                                                                                                                                                      | 2         |                       |
| GNP ULTIGUARD SAFEPAK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)                                                                                                                                                                                                                                                                                                         | 2         |                       |
| GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC                                                                                                                                                                                                                                                                                                                                                | 2         |                       |
| GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)                                                                                                                                                                                                                                                                                                         | 2         |                       |
| HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                              | 2         |                       |
| HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC                                                                                                                                                                                                                                                                                                                                                 | 2         |                       |
| HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC                                                                                                                                                                                                                                                                                                                                                   | 2         |                       |
| HEALTHWISE PEN NEEDLES 29G X 12MM MISC                                                                                                                                                                                                                                                                                                                                                        | 2         |                       |
| HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)                                                                                                                                                                                                                                                                                                                                             | 2         |                       |
| HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC                                                                                                                                                                                                                                                                                                                                                    | 2         |                       |
| HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                                                                                          | 2         |                       |
| HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)                                                                                                                                                                                                                                                                                                                   | 2         |                       |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC                                                                                                                                                                                                                                                                                                                                                 | 2         |                       |
| INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                                                                                                                                                                                                     | 2         |                       |
| INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                              | 2         |                       |
| INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                                                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                         | 2         |                       |
| KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                         | 2         |                       |
| KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC                                                                                                                                                                                                                                                 | 2         |                       |
| KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC                                                                                                                                                                                                                                                 | 2         |                       |
| LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)    | 2         |                       |
| LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                                                                                                           | 2         |                       |
| LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |
| LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                    | 2         |                       |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC                                                                                                                                                                                                                                                    | 2         |                       |
| MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)                                                                                                                      | 2         |                       |
| MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                    | 2         |                       |
| MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)                                                                                                                                                                                                                              | 2         |                       |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM MISC                                                                                                                                                                                                                                                    | 2         |                       |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM MISC                                                                                                                                                                                                                                                    | 2         |                       |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC                                                                                                                                                                                                                                                        | 2         |                       |
| MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)                                                                                                                                                                                                                                | 2         |                       |
| MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)                                                                                                                                                                                                                                 | 2         |                       |
| MEDICINE SHOPPE PEN NEEDLES 31G X 6 MM MISC                                                                                                                                                                                                                                                      | 2         |                       |
| MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                     | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                                                                                  | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                                                                                                                    | 2         |                          |
| MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC) | 2         |                          |
| MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)                                                    | 2         |                          |
| MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)                                                                                                                                                                                                                           | 2         |                          |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC                                                                                                                                                                                                                                                              | 2         |                          |
| NOVOFINE PEN NEEDLE 32G X 6 MM MISC                                                                                                                                                                                                                                                                        | 2         |                          |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC                                                                                                                                                                                                                                                                   | 2         |                          |
| NOVOPEN ECHO DEVICE                                                                                                                                                                                                                                                                                        | 2         | QL (1 unit per 365 days) |
| PC UNIFINE PENTIPS 29G X 12MM MISC                                                                                                                                                                                                                                                                         | 2         |                          |
| PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC                                                                                                                                                                                                                                                                     | 2         |                          |
| PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)                                                                                                                     | 2         |                          |
| PEN NEEDLES 5/16" 31G X 8 MM MISC                                                                                                                                                                                                                                                                          | 2         |                          |
| PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)                                                                                                                                                                                             | 2         |                          |
| PENTIPS GENERIC PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)                                                                                                                                                                         | 2         |                          |
| PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC                                                                                                                                                                                                                                                                  | 2         |                          |
| PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC                                                                                                                                                                                                                                                                  | 2         |                          |
| PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)                                                                               | 2         |                          |
| PREFERRED PLUS UNIFINE PENTIPS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                                                                                                    | 2         |                          |
| PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)                                                                                                                                                                                                                                                          | 2         |                          |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)                                                                                                                                                                                                                                                                                                                                                                                                 | 2         |                       |
| PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                                                      | 2         |                       |
| PRO COMFORT PEN NEEDLES (31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC)                                                                                                                                                                                                                                                                                                                                                                | 2         |                       |
| PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)                                                                                                                                                                                                                                                                                                                                                | 2         |                       |
| PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)                                                                                                                                                                                                                                                                                                                                                                                | 2         |                       |
| PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)                                                                                                                                                                                                                                                                                                                                                                       | 2         |                       |
| QUICK TOUCH INSULIN PEN NEEDLE (31G X 4 MISC, 31G X 5 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 8 MISC)                                                                                                                                                                                                                                                                                                 | 2         |                       |
| RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)                                                                                                                                                                                                                                                                                                                                      | 2         |                       |
| RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                            | 2         |                       |
| RELION MINI PEN NEEDLES 31G X 6 MM MISC                                                                                                                                                                                                                                                                                                                                                                                                         | 2         |                       |
| RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                                                                                                                                                                         | 2         |                       |
| RELION SHORT PEN NEEDLES 31G X 8 MM MISC                                                                                                                                                                                                                                                                                                                                                                                                        | 2         |                       |
| SAFETY INSULIN SYRINGES (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)                                                                                                                                                                                                                                                                                                                           | 2         |                       |
| SAFETY PEN NEEDLES (X 5 MISC, X 8 MISC)                                                                                                                                                                                                                                                                                                                                                                                                         | 2         |                       |
| SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)                                                                                                                                                                                                                                                                                                                                                                               | 2         |                       |
| SHOPKO UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                                                                                                                                                                     | 2         |                       |
| SHOPKO UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                                                                                                                                                                | 2         |                       |
| SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                                                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| SURE COMFORT PEN NEEDLES (29G X 12.7MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)                                                                                                                                                                           | 2         |                       |
| SURE-FINE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC)                                                                                                                                                                                                                                                  | 2         |                       |
| SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                             | 2         |                       |
| TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |
| TECHLITE PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)                                                                                                                                                                | 2         |                       |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC                                                                                                                                                                                                                                                                                    | 2         |                       |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC                                                                                                                                                                                                                                                                               | 2         |                       |
| TOPCARE CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)                                                                                                                                                                                                                                                                           | 2         |                       |
| TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                       | 2         |                       |
| TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)                                                                                                                           | 2         |                       |
| TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)                                                                                                                                                                                                                                                          | 2         |                       |
| TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)                                                                                                                                                                           | 2         |                       |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC                                                                                                                                                                                                                                                                                 | 2         |                       |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC                                                                                                                                                                                                                                                                               | 2         |                       |
| TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC                                                                                                                                                                                                                                                                               | 3         |                       |
| TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                         | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                   | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                             | 2         |                       |
| TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC)                                                                                                                                                                                                                                                                                                                                                                    | 2         |                       |
| ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)                                                                                                                                                                                                                                                                                                                                                                          | 2         |                       |
| ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC                                                                                                                                                                                                                                                                                                                                                                                        | 2         |                       |
| ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |
| ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                                                                                                                                                                                                                                                       | 2         |                       |
| ULTICARE MINI PEN NEEDLES (31G X 6 MISC, 32G X 6 MISC)                                                                                                                                                                                                                                                                                                                                                                                      | 2         |                       |
| ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)                                                                                                                                                                                                                                                                                                                                                                                   | 2         |                       |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC                                                                                                                                                                                                                                                                                                                                                                                                  | 2         |                       |
| ULTIGUARD SAFEPAK PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)                                                                                                                                                                                                                                                                                                                                         | 2         |                       |
| ULTILET INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                           | 2         |                       |
| ULTILET INSULIN SYRINGE SHORT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                    | 2         |                       |
| ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                                                                                                                                                                                                                                                   | 2         |                       |
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC                                                                                                                                                                                                                                                                                                                                                                                               | 2         |                       |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC                                                                                                                                                                                                                                                                                                                                                                                            | 2         |                       |
| ULTRA THIN PEN NEEDLES 32G X 4 MM MISC                                                                                                                                                                                                                                                                                                                                                                                                      | 2         |                       |
| ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                                                                                                                                                                                                              | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                                                                                                  | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)                                                                                                                                                       | 2         |                       |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC                                                                                                                                                                              | 2         |                       |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC                                                                                                                                                                             | 2         |                       |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC                                                                                                                                                                                | 2         |                       |
| ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2         |                       |
| ULTRACARE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC)                                                                                                   | 2         |                       |
| UNIFINE OTC PEN NEEDLES (31G X 5 MISC, 32G X 4 MISC)                                                                                                                                                                       | 2         |                       |
| UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)                                                                   | 2         |                       |
| UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)                                                                               | 2         |                       |
| UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)                                                                                                                                                      | 2         |                       |
| UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                        | 2         |                       |
| UNIFINE ULTRA PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)                                                                                                                                          | 2         |                       |
| VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)                                                                                                                                                   | 2         |                       |
| VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)                          | 2         |                       |
| VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)                                                                                                          | 2         |                       |
| VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)                                                                           | 2         |                       |
| VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC                                                                                                                                                                                   | 2         |                       |
| VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)                                                                                                                              | 2         |                       |
| ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)                                                                                                                       | 2         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                      | Drug Tier | Requirements / Limits     |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <b>RESPIRATORY THERAPY SUPPLIES</b>                                                                                            |           |                           |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE                                                                                          | 2         | QL (2 units per 365 days) |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE                                                                                           | 2         | QL (2 units per 365 days) |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE                                                                                          | 2         | QL (2 units per 365 days) |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE                                                                                           | 2         | QL (2 units per 365 days) |
| OPTICHAMBER DIAMOND MISC                                                                                                       | 2         | QL (2 units per 365 days) |
| OPTICHAMBER DIAMOND-LG MASK DEVICE                                                                                             | 2         | QL (2 units per 365 days) |
| OPTICHAMBER DIAMOND-MD MASK MISC                                                                                               | 2         | QL (2 units per 365 days) |
| OPTICHAMBER DIAMOND-SM MASK MISC                                                                                               | 2         | QL (2 units per 365 days) |
| <b>MINERALS ELECTROLYTES (CONTINUED)</b>                                                                                       |           |                           |
| <b>FLUORIDE</b>                                                                                                                |           |                           |
| <i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i> | 3         |                           |
| <b>MAGNESIUM</b>                                                                                                               |           |                           |
| <i>magnesium-oxide 400 (240 mg) mg tab</i>                                                                                     | 3         |                           |
| <i>true magnesium oxide 400 mg tab</i>                                                                                         | 3         |                           |
| <b>PHOSPHATE</b>                                                                                                               |           |                           |
| K-PHOS 500 MG TAB                                                                                                              | 2         |                           |
| <i>phospha 250 neutral 155-852-130 mg tab</i>                                                                                  | 3         |                           |
| <i>phospho-trin k500 500 mg tab</i>                                                                                            | 2         |                           |
| <b>POTASSIUM</b>                                                                                                               |           |                           |
| <i>klor-con (8 tab er, 20 packet)</i>                                                                                          | 1         |                           |
| <i>klor-con 10 10 meq tab er</i>                                                                                               | 1         |                           |
| <i>klor-con m10 10 meq tab er</i>                                                                                              | 1         |                           |
| <i>klor-con m15 15 meq tab er</i>                                                                                              | 1         |                           |
| <i>klor-con m20 20 meq tab er</i>                                                                                              | 1         |                           |
| <i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>               | 1         |                           |
| <i>potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)</i>                                                            | 1         |                           |
| <i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>                                  | 1         |                           |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)</b>                                                                           |           |                           |
| <b>CHELATING AGENTS</b>                                                                                                        |           |                           |
| <i>penicillamine 250 mg cap</i>                                                                                                | 1         | SP                        |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



| Drug Name                                                                     | Drug Tier | Requirements / Limits          |
|-------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>trientine hcl 250 mg cap</i>                                               | 1         | SP                             |
| <b>IMMUNOMODULATORS</b>                                                       |           |                                |
| JOENJA 70 MG TAB                                                              | 2         | PA, QL (2 units per 1 day), SP |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                                               |           |                                |
| ENSPRYNG 120 MG/ML SOLN PRSYR                                                 | 2         | PA, SP                         |
| <b>IRRIGATION SOLUTIONS</b>                                                   |           |                                |
| <i>sterile water for irrigation solution</i>                                  | 1         |                                |
| <i>water for irrigation, sterile solution</i>                                 | 1         |                                |
| <b>POTASSIUM REMOVING AGENTS</b>                                              |           |                                |
| <i>sodium polystyrene sulfonate powder</i>                                    | 1         |                                |
| SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION) | 1         |                                |
| <b>PROGERIA TREATMENT AGENTS</b>                                              |           |                                |
| ZOKINVY (50 MG CAP, 75 MG CAP)                                                | 2         | PA, SP                         |
| <b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>                                    |           |                                |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)                         | 2         | PA, SP                         |
| <b>MOUTH/THROAT/DENTAL AGENTS (CONTINUED)</b>                                 |           |                                |
| <b>ANTISEPTICS - MOUTH/THROAT</b>                                             |           |                                |
| <i>chlorhexidine gluconate 0.12 % solution</i>                                | 1         |                                |
| <i>gnp sore throat spray 1.4 % liquid</i>                                     | 3         |                                |
| <i>hm sore throat spray 1.4 % liquid</i>                                      | 3         |                                |
| <i>phenaseptic 1.4 % liquid</i>                                               | 3         |                                |
| <i>sore throat 1.4 % liquid</i>                                               | 3         |                                |
| <i>sore throat spray 1.4 % liquid</i>                                         | 3         |                                |
| <b>DENTAL PRODUCTS</b>                                                        |           |                                |
| <i>denta 5000 plus 1.1 % cream</i>                                            | 1         |                                |
| <i>dentagel 1.1 % gel</i>                                                     | 1         |                                |
| <i>fraiche 5000 dental 1.1 % gel</i>                                          | 1         |                                |
| SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL                                    | 1         |                                |
| <i>sodium fluoride 0.2 % solution</i>                                         | 1         |                                |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                           | Drug Tier | Requirements / Limits     |
|-----------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>sodium fluoride 1.1 % gel</i>                                                                    | 1         |                           |
| SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL                                                             | 1         |                           |
| <i>sodium fluoride 5000 plus 1.1 % cream</i>                                                        | 1         |                           |
| <i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel, 1.1 % paste)</i>                               | 1         |                           |
| SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL                                                          | 1         |                           |
| <b>STEROIDS - MOUTH/THROAT/DENTAL</b>                                                               |           |                           |
| <i>oralone 0.1 % paste</i>                                                                          | 1         | QL (0.72 units per 1 day) |
| <i>triamcinolone acetonide 0.1 % paste</i>                                                          | 1         | QL (0.72 units per 1 day) |
| <b>THROAT PRODUCTS - MISC.</b>                                                                      |           |                           |
| <i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>                                                       | 1         |                           |
| <b>MULTIVITAMINS (CONTINUED)</b>                                                                    |           |                           |
| <b>B-COMPLEX W/ FOLIC ACID</b>                                                                      |           |                           |
| <i>dialyvite tab</i>                                                                                | 3         |                           |
| <i>nephronex tab</i>                                                                                | 3         |                           |
| <i>tm-vite rx 1 mg tab</i>                                                                          | 3         |                           |
| <i>triphrocaps 1 mg cap</i>                                                                         | 3         |                           |
| <i>virt-caps 1 mg cap</i>                                                                           | 3         |                           |
| <i>vp-vite rx 1 mg tab</i>                                                                          | 3         |                           |
| <i>wescaps 1 mg cap</i>                                                                             | 3         |                           |
| <b>MULTIPLE VITAMINS W/ MINERALS</b>                                                                |           |                           |
| <i>cerovite senior tab</i>                                                                          | 3         |                           |
| <i>certavite/antioxidants tab</i>                                                                   | 3         |                           |
| <i>multiple vitamins-minerals liquid</i>                                                            | 3         |                           |
| <b>MULTIPLE VITAMINS W/ MINERALS &amp; FLUORIDE-IRON-FOLIC ACID</b>                                 |           |                           |
| QUFLORA FE 0.25 MG CHEW TAB                                                                         | 3         |                           |
| <b>PED MULTI VITAMINS W/FL &amp; FE</b>                                                             |           |                           |
| <i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>                                               | 3         |                           |
| <i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i>                                           | 3         |                           |
| POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB) | 3         |                           |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                                                  | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| QUFLORA FE PEDIATRIC 0.25-9.5 MG/ML LIQUID                                                                                                 | 3         |                       |
| <b>PED MV W/ FLUORIDE</b>                                                                                                                  |           |                       |
| FLOTREX 0.5 MG CHEW TAB                                                                                                                    | 3         |                       |
| MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION)                             | 3         |                       |
| MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)                                                                 | 3         |                       |
| MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB) | 3         |                       |
| POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)                                                                                      | 3         |                       |
| TRI-VI-FLOR 0.25 MG/ML SUSPENSION                                                                                                          | 3         |                       |
| TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION                                                                                                      | 3         |                       |
| VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION                                                                                                  | 3         |                       |
| <b>MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)</b>                                                                                          |           |                       |
| <b>CENTRAL MUSCLE RELAXANTS</b>                                                                                                            |           |                       |
| GABLOFEN 50 MCG/ML SOLN PRSYR                                                                                                              | 2         | SP                    |
| <b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>                                                                                  |           |                       |
| SOHONOS (1 MG CAP, 1.5 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP)                                                                            | 2         | PA, SP                |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)</b>                                                                                     |           |                       |
| <b>NASAL AGENTS - MISC.</b>                                                                                                                |           |                       |
| <i>hm saline nasal spray 0.65 % solution</i>                                                                                               | 3         |                       |
| <i>nasal moisturizing spray 0.65 % solution</i>                                                                                            | 3         |                       |
| <i>saline mist spray 0.65 % solution</i>                                                                                                   | 3         |                       |
| <i>saline nasal spray 0.65 % solution</i>                                                                                                  | 3         |                       |
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>                                                                                                       |           |                       |
| <i>12 hour nasal decongestant 0.05 % solution</i>                                                                                          | 3         |                       |
| <i>12 hour nasal spray 0.05 % solution</i>                                                                                                 | 3         |                       |
| <i>ft nasal spray 0.05 % solution</i>                                                                                                      | 3         |                       |
| <i>gnp nasal four spray 1 % solution</i>                                                                                                   | 3         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                 | Drug Tier | Requirements / Limits            |
|-----------------------------------------------------------|-----------|----------------------------------|
| <i>gnp nasal spray fast acting 1 % solution</i>           | 3         |                                  |
| <i>hm nasal spray 0.05 % solution</i>                     | 3         |                                  |
| <i>hm nose drops 1 % solution</i>                         | 3         |                                  |
| <i>hm sinus nasal spray 0.05 % solution</i>               | 3         |                                  |
| <i>mucinex sinus-max clear &amp; cool 0.05 % solution</i> | 3         |                                  |
| <i>mucinex sinus-max sinus/allrgy 0.05 % solution</i>     | 3         |                                  |
| <i>nasal decongestant spray 0.05 % solution</i>           | 3         |                                  |
| <i>nasal four 1 % solution</i>                            | 3         |                                  |
| <i>nasal spray 12 hour 0.05 % solution</i>                | 3         |                                  |
| <i>nasal spray extra moisturizing 0.05 % solution</i>     | 3         |                                  |
| <i>nasal spray no drip 0.05 % solution</i>                | 3         |                                  |
| <i>oxymetazoline hcl 0.05 % solution</i>                  | 3         |                                  |
| <i>sinus nasal spray 0.05 % solution</i>                  | 3         |                                  |
| <i>sinus relief extra strength 1 % solution</i>           | 3         |                                  |
| <i>sm nose drops nasal decongest 1 % solution</i>         | 3         |                                  |
| <b>NEUROMUSCULAR AGENTS (CONTINUED)</b>                   |           |                                  |
| <b>ALS AGENTS</b>                                         |           |                                  |
| EXSERVAN 50 MG FILM                                       | 2         | PA                               |
| RADICAVA ORS 105 MG/5ML SUSPENSION                        | 2         | PA, QL (2.5 units per 1 day), SP |
| RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION            | 2         | PA, QL (2.5 units per 1 day), SP |
| <i>riluzole 50 mg tab</i>                                 | 1         | QL (2 units per 1 day)           |
| TEGLUTIK 50 MG/10ML SUSPENSION                            | 2         | PA, QL (20 units per 1 day), SP  |
| TIGLUTIK 50 MG/10ML SUSPENSION                            | 2         | PA, QL (20 units per 1 day), SP  |
| <b>FRIEDRICHS ATAXIA AGENTS</b>                           |           |                                  |
| SKYCLARYS 50 MG CAP                                       | 2         | PA, QL (3 units per 1 day), SP   |
| <b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>               |           |                                  |
| EVRYSDI 0.75 MG/ML RECON SOLN                             | 2         | PA, SP                           |
| <b>NUTRIENTS (CONTINUED)</b>                              |           |                                  |
| <b>MISC. NUTRITIONAL SUBSTANCES</b>                       |           |                                  |
| <i>fish oil 1000 mg cap</i>                               | 3         |                                  |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                        | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| <b>OPHTHALMIC AGENTS (CONTINUED)</b>                             |           |                       |
| <b>ARTIFICIAL TEARS AND LUBRICANTS</b>                           |           |                       |
| ALCON TEARS 0.5 % SOLUTION                                       | 3         |                       |
| BION TEARS PF 0.1-0.3 % SOLUTION                                 | 3         |                       |
| <i>genteal tears night-time ointment</i>                         | 3         |                       |
| <i>gnp nighttime relief lub eye ointment</i>                     | 3         |                       |
| <i>goodsense lubricant eye drops 0.4-0.3 % solution</i>          | 3         |                       |
| <i>lubricant eye drops (pf) 0.4-0.3 % solution</i>               | 3         |                       |
| <i>lubricant eye nighttime ointment</i>                          | 3         |                       |
| <i>lubrifresh p.m. ointment</i>                                  | 3         |                       |
| <i>polyvinyl alcohol 1.4 % solution</i>                          | 3         |                       |
| <i>refresh lacri-lube ointment</i>                               | 3         |                       |
| <i>refresh p.m. ointment</i>                                     | 3         |                       |
| REFRESH PLUS 0.5 % SOLUTION                                      | 3         |                       |
| <i>systane nighttime ointment</i>                                | 3         |                       |
| <i>ultra lubricating eye drops pf 0.4-0.3 % solution</i>         | 3         |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                    |           |                       |
| <i>atropine sulfate (1 % ointment, 1 % solution)</i>             | 1         |                       |
| <i>cyclopentolate hcl 1 % solution</i>                           | 1         |                       |
| ISOPTO ATROPINE 1 % SOLUTION                                     | 1         |                       |
| <i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>         | 1         |                       |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                                |           |                       |
| TRIFLURIDINE 1 % SOLUTION                                        | 1         |                       |
| XDEMZY 0.25 % SOLUTION                                           | 2         | PA                    |
| <b>OPHTHALMICS - MISC.</b>                                       |           |                       |
| <i>sodium chloride (hypertonic) (5 % ointment, 5 % solution)</i> | 3         |                       |
| <b>OTIC AGENTS (CONTINUED)</b>                                   |           |                       |
| <b>OTIC AGENTS - MISCELLANEOUS</b>                               |           |                       |
| <i>acetic acid 2 % solution</i>                                  | 1         |                       |
| <b>OXYTOCICS (CONTINUED)</b>                                     |           |                       |
| <b>OXYTOCICS</b>                                                 |           |                       |
| <i>methylergonovine maleate 0.2 mg tab</i>                       | 1         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                                                           | Drug Tier | Requirements / Limits          |
|---------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)</b>                                                          |           |                                |
| <b>IMMUNE SERUMS</b>                                                                                                |           |                                |
| FLEBOGAMMA DIF 2.5 GM/50ML SOLUTION                                                                                 | 2         | PA, SP                         |
| GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION)                      | 2         | PA, SP                         |
| WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION) | 2         | SP                             |
| <b>PHARMACEUTICAL ADJUVANTS (CONTINUED)</b>                                                                         |           |                                |
| <b>LIQUID VEHICLES</b>                                                                                              |           |                                |
| BACTERIOSTATIC WATER(BENZ ALC) SOLUTION                                                                             | 1         |                                |
| ORA-BLEND SUSPENSION                                                                                                | 3         |                                |
| ORA-BLEND SF SUSPENSION                                                                                             | 3         |                                |
| ORA-PLUS LIQUID                                                                                                     | 3         |                                |
| ORA-SWEET SF SYRUP                                                                                                  | 3         |                                |
| <i>sterile diluent/epoprostenol solution</i>                                                                        | 1         | SP                             |
| <i>sterile water for injection solution</i>                                                                         | 1         |                                |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)</b>                                                |           |                                |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>                                                            |           |                                |
| AQNEURSA 1 GM PACKET                                                                                                | 2         | PA, SP                         |
| MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)                                                              | 2         | PA, SP                         |
| <b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>                                                                             |           |                                |
| TEGSEDI 284 MG/1.5ML SOLN PRSYR                                                                                     | 2         | PA, QL (0.22 units per 1 day)  |
| <b>RESPIRATORY AGENTS - MISC. (CONTINUED)</b>                                                                       |           |                                |
| <b>CYSTIC FIBROSIS AGENTS</b>                                                                                       |           |                                |
| KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)                      | 2         | PA, QL (2 units per 1 day), SP |
| ORKAMBI (100-125 MG TAB, 200-125 MG TAB)                                                                            | 2         | PA, QL (4 units per 1 day), SP |
| ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)                                                     | 2         | PA, QL (2 units per 1 day), SP |
| PULMOZYME 2.5 MG/2.5ML SOLUTION                                                                                     | 2         | PA, QL (5 units per 1 day), SP |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                     | Drug Tier | Requirements / Limits          |
|-------------------------------------------------------------------------------|-----------|--------------------------------|
| SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)                   | 2         | PA, QL (2 units per 1 day), SP |
| TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)           | 2         | PA, QL (3 units per 1 day), SP |
| TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)          | 2         | PA, QL (2 units per 1 day), SP |
| <b>THYROID AGENTS (CONTINUED)</b>                                             |           |                                |
| <b>ANTITHYROID AGENTS</b>                                                     |           |                                |
| <i>methimazole (5 mg tab, 10 mg tab)</i>                                      | 1         |                                |
| <i>propylthiouracil 50 mg tab</i>                                             | 1         |                                |
| <b>TOXOIDS (CONTINUED)</b>                                                    |           |                                |
| <b>TOXOID COMBINATIONS</b>                                                    |           |                                |
| ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION                                         | 2         | AL (At least 19 yrs old)       |
| BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION) | 2         | AL (At least 19 yrs old)       |
| TDVAX 2-2 LF/0.5ML SUSPENSION                                                 | 2         | AL (At least 19 yrs old)       |
| TENIVAC 5-2 LFU INJECTABLE                                                    | 2         | AL (At least 19 yrs old)       |
| TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION                         | 2         | AL (At least 19 yrs old)       |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)</b>                |           |                                |
| <b>ANTISPASMODICS</b>                                                         |           |                                |
| <i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>             | 1         |                                |
| <i>glycopyrrolate (1 mg tab, 2 mg tab)</i>                                    | 1         |                                |
| <b>MISC. ANTI-ULCER</b>                                                       |           |                                |
| CARAFATE 1 GM/10ML SUSPENSION                                                 | 1         |                                |
| <i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>                            | 1         |                                |
| <b>ULCER DRUGS - PROSTAGLANDINS</b>                                           |           |                                |
| <i>misoprostol (100 mcg tab, 200 mcg tab)</i>                                 | 1         |                                |
| <b>URINARY ANTISPASMODICS (CONTINUED)</b>                                     |           |                                |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>                          |           |                                |
| <i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>       | 1         |                                |
| <b>VACCINES (CONTINUED)</b>                                                   |           |                                |
| <b>BACTERIAL VACCINES</b>                                                     |           |                                |
| BEXSERO SUSP PRSYR                                                            | 2         | AL (19 to 25 yrs old)          |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                     | Drug Tier | Requirements / Limits                               |
|---------------------------------------------------------------|-----------|-----------------------------------------------------|
| CAPVAXIVE 0.5 ML SOLN PRSYR                                   | 2         | QL (0.5 units per lifetime), AL (19 to 999 yrs old) |
| MENACTRA SOLUTION                                             | 2         | AL (At least 19 yrs old)                            |
| MENQUADFI SOLUTION                                            | 2         | AL (At least 19 yrs old)                            |
| MENVEO RECON SOLN                                             | 2         | AL (19 to 55 yrs old)                               |
| PENBRAYA RECON SUSP                                           | 2         | AL (19 to 999 yrs old)                              |
| PNEUMOVAX 23 (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION) | 2         | AL (At least 19 yrs old)                            |
| PREVNAR 13 SUSPENSION                                         | 2         | AL (At least 19 yrs old)                            |
| PREVNAR 20 0.5 ML SUSP PRSYR                                  | 2         | QL (0.5 units per 1 day), AL (At least 19 yrs old)  |
| TRUMENBA SUSP PRSYR                                           | 2         | AL (19 to 25 yrs old)                               |
| VAXNEUVANCE 0.5 ML SUSP PRSYR                                 | 2         | AL (At least 19 yrs old)                            |
| VIVOTIF CAP DR                                                | 2         | QL (0.58 units per 1 day)                           |
| <b>VIRAL VACCINES</b>                                         |           |                                                     |
| ABRYVO 120 MCG/0.5ML RECON SOLN                               | 2         | AL (19 to 999 yrs old)                              |
| AFLURIA SUSPENSION                                            | 2         |                                                     |
| AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR                   | 2         |                                                     |
| AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)          | 2         |                                                     |
| AREXVY 120 MCG/0.5ML RECON SUSP                               | 2         | QL (1 ea per lifetime), AL (60 to 999 yrs old)      |
| COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)  | 2         |                                                     |
| ENGRIX-B 10 MCG/0.5ML SUSP PRSYR                              | 2         | AL (19 to 19 yrs old)                               |
| ENGRIX-B 20 MCG/ML SUSP PRSYR                                 | 2         | AL (At least 20 yrs old)                            |
| ENGRIX-B 20 MCG/ML SUSPENSION                                 | 2         | AL (At least 20 yrs old)                            |
| FLUAD 0.5 ML SUSP PRSYR                                       | 2         |                                                     |
| FLUAD QUADRIVALENT 0.5 ML PRSYR                               | 2         |                                                     |
| FLUARIX 0.5 ML SUSP PRSYR                                     | 2         |                                                     |
| FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR                        | 2         |                                                     |
| FLUBLOK 0.5 ML SOLN PRSYR                                     | 2         |                                                     |
| FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR                        | 2         |                                                     |
| FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)                     | 2         |                                                     |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b>                        |
|----------------------------------------------------------------------------------|------------------|-----------------------------------------------------|
| FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)                           | 2                |                                                     |
| FLULAVAL 0.5 ML SUSP PRSYR                                                       | 2                |                                                     |
| FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR                                          | 2                |                                                     |
| FLUMIST LIQUID                                                                   | 2                |                                                     |
| FLUMIST QUADRIVALENT SUSPENSION                                                  | 2                |                                                     |
| FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)                                          | 2                |                                                     |
| FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR                                              | 2                |                                                     |
| FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR                                 | 2                |                                                     |
| FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)          | 2                |                                                     |
| GARDASIL 9 (SUSP PRSYR, SUSPENSION)                                              | 2                | AL (19 to 45 yrs old)                               |
| HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)                          | 2                |                                                     |
| HAVRIX 1440 EL U/ML SUSPENSION                                                   | 2                | AL (At least 19 yrs old)                            |
| HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR                                               | 2                | AL (At least 19 yrs old)                            |
| JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION                                       | 2                |                                                     |
| JYNNEOS 0.5 ML SUSPENSION                                                        | 2                | AL (At least 19 yrs old)                            |
| M-M-R II RECON SOLN                                                              | 2                | AL (At least 19 yrs old)                            |
| MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION                             | 2                |                                                     |
| MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION                                | 2                |                                                     |
| MODERNA COVID-19 VAC 6M-11Y (25 MCG/0.25ML SUSP PRSYR, 25 MCG/0.25ML SUSPENSION) | 2                |                                                     |
| MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION                             | 2                |                                                     |
| MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION                                | 2                |                                                     |
| MRESVIA 50 MCG/0.5ML SUSP PRSYR                                                  | 2                | QL (0.5 units per lifetime), AL (60 to 999 yrs old) |
| NOVAVAX COVID-19 VACCINE (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)        | 2                |                                                     |
| PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION                             | 2                |                                                     |
| PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION                           | 2                |                                                     |
| PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION                             | 2                |                                                     |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                         | Drug Tier | Requirements / Limits                               |
|-----------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION) | 2         |                                                     |
| PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION)   | 2         |                                                     |
| PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION                            | 2         |                                                     |
| PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION                             | 2         |                                                     |
| PREHEVBRIO 10 MCG/ML SUSPENSION                                                   | 2         | AL (At least 19 yrs old)                            |
| PRIORIX RECON SUSP                                                                | 2         | AL (At least 19 yrs old)                            |
| PROQUAD RECON SUSP                                                                | 2         | AL (At least 19 yrs old)                            |
| RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION)                        | 2         | AL (At least 20 yrs old)                            |
| RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)                    | 2         | AL (19 to 19 yrs old)                               |
| RECOMBIVAX HB 40 MCG/ML SUSPENSION                                                | 2         | AL (At least 19 yrs old)                            |
| SHINGRIX 50 MCG/0.5ML RECON SUSP                                                  | 2         | QL (2 units per 365 days), AL (At least 19 yrs old) |
| SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)                       | 2         |                                                     |
| SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION                                | 2         |                                                     |
| TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR                                              | 2         | AL (At least 19 yrs old)                            |
| VAQTA 50 UNIT/ML SUSPENSION                                                       | 2         | AL (At least 19 yrs old)                            |
| VARIVAX 1350 PFU/0.5ML RECON SUSP                                                 | 2         | AL (At least 19 yrs old)                            |
| <b>VASOPRESSORS (CONTINUED)</b>                                                   |           |                                                     |
| <i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                            | 1         |                                                     |
| <b>VITAMINS (CONTINUED)</b>                                                       |           |                                                     |
| <b>OIL SOLUBLE VITAMINS</b>                                                       |           |                                                     |
| <i>ergocalciferol 1.25 mg (50000 ut) cap</i>                                      | 1         |                                                     |
| <i>ergocalciferol 200 mcg/ml solution</i>                                         | 3         |                                                     |
| <i>ft vitamin d3 50 mcg cap</i>                                                   | 3         |                                                     |
| MEPHYTON 5 MG TAB                                                                 | 2         |                                                     |
| <i>phytonadione 5 mg tab</i>                                                      | 1         |                                                     |
| <i>true vitamin d3 (10 mcg (400 unit) tab, 50 mcg (2000 ut) cap)</i>              | 3         |                                                     |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name                                                                         | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| <i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>        | 1         |                       |
| <i>vitamin d 10 mcg/ml liquid</i>                                                 | 3         |                       |
| <i>vitamin d3 (10 mcg (400 unit) tab, 10 mcg/ml liquid, 50 mcg (2000 ut) cap)</i> | 3         |                       |
| <i>well vitamin d3 50 mcg (2000 ut) cap</i>                                       | 3         |                       |
| <b>WATER SOLUBLE VITAMINS</b>                                                     |           |                       |
| TRUE VITAMIN B1 50 MG TAB                                                         | 3         |                       |
| <i>true vitamin b6 (10 mg tab, 100 mg tab)</i>                                    | 3         |                       |
| <i>true vitamin c 250 mg tab</i>                                                  | 3         |                       |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

# Index

## 1

|                                         |    |
|-----------------------------------------|----|
| 12 hour nasal decongestant . . . . .    | 56 |
| 12 hour nasal spray . . . . .           | 56 |
| 1ST TIER UNIFINE PENTIPS . . . . .      | 41 |
| 1ST TIER UNIFINE PENTIPS PLUS . . . . . | 41 |
| 1ST TIER UNILET COMFORTOUCH . . . . .   | 30 |

## A

|                                          |       |
|------------------------------------------|-------|
| ABRYSVO . . . . .                        | 61    |
| ACCU-CHEK FASTCLIX LANCET . . . . .      | 30    |
| ACCU-CHEK FASTCLIX LANCETS . . . . .     | 30    |
| ACCU-CHEK SAFE-T PRO LANCETS . . . . .   | 30    |
| ACCU-CHEK SOFTCLIX LANCET DEV . . . . .  | 30    |
| ACCU-CHEK SOFTCLIX LANCETS . . . . .     | 30    |
| acetaminophen . . . . .                  | 14    |
| acetaminophen childrens . . . . .        | 14    |
| acetaminophen extra strength . . . . .   | 14    |
| acetazolamide . . . . .                  | 24    |
| acetazolamide er . . . . .               | 24    |
| acetic acid . . . . .                    | 58    |
| acetylcysteine . . . . .                 | 19,22 |
| ACID GONE . . . . .                      | 15    |
| ACTI-LANCE 28G . . . . .                 | 31    |
| ACTI-LANCE LITE LANCETS 28G . . . . .    | 31    |
| ACTI-LANCE SPECIAL LANCETS 17G . . . . . | 31    |
| ACTI-LANCE UNIVERSAL 23G . . . . .       | 31    |
| ADACEL . . . . .                         | 60    |
| ADJUSTABLE LANCING DEVICE . . . . .      | 31    |
| ADVANCED MOBILE LANCET . . . . .         | 31    |
| ADVOCATE INSULIN PEN NEEDLE . . . . .    | 41    |
| ADVOCATE INSULIN PEN NEEDLES . . . . .   | 41    |
| ADVOCATE INSULIN SYRINGE . . . . .       | 41    |
| ADVOCATE LANCETS . . . . .               | 31    |
| ADVOCATE LANCETS 30G . . . . .           | 31    |
| ADVOCATE LANCING DEVICE . . . . .        | 31    |
| ADVOCATE RAPID-SAFE LANCING . . . . .    | 31    |
| ADVOCATE SAFETY LANCETS . . . . .        | 31    |
| ADVOCATE SAFETY LANCETS 26G . . . . .    | 31    |
| AEROCHAMBER PLS FLOVU MTHPIECE . . . . . | 53    |
| AEROCHAMBER PLUS FLO-VU LARGE . . . . .  | 53    |

|                                          |       |
|------------------------------------------|-------|
| AEROCHAMBER PLUS FLO-VU MEDIUM . . . . . | 53    |
| AEROCHAMBER PLUS FLO-VU SMALL . . . . .  | 53    |
| AFLURIA . . . . .                        | 61    |
| AFLURIA PRESERVATIVE FREE . . . . .      | 61    |
| AFLURIA QUADRIVALENT . . . . .           | 61    |
| AGAMATRIX ULTRA-THIN LANCETS . . . . .   | 31    |
| AIMSCO LUBRICATED . . . . .              | 30    |
| AIMSCO TWIST LANCETS 32G . . . . .       | 31    |
| AIMSCO TWIST LANCETS 33G . . . . .       | 31    |
| albendazole . . . . .                    | 16    |
| ALCON TEARS . . . . .                    | 58    |
| allergy . . . . .                        | 19    |
| ALUMINUM HYDROXIDE GEL . . . . .         | 16    |
| amiloride hcl . . . . .                  | 24    |
| amiloride-hydrochlorothiazide . . . . .  | 24    |
| amiodarone hcl . . . . .                 | 18    |
| ammonium lactate . . . . .               | 23    |
| anagrelide hcl . . . . .                 | 27    |
| antacid . . . . .                        | 15,16 |
| antacid calcium . . . . .                | 16    |
| antacid extra strength . . . . .         | 16    |
| antacid plus anti-gas relief . . . . .   | 16    |
| antacid regular strength . . . . .       | 16    |
| antacid ultra strength . . . . .         | 16    |
| antacid/antigas . . . . .                | 16    |
| anti-diarrheal . . . . .                 | 18    |
| AQNEURSA . . . . .                       | 59    |
| AQUALANCE LANCETS 30G . . . . .          | 31    |
| AREXVY . . . . .                         | 61    |
| aspirin . . . . .                        | 15    |
| ASSURE COMFORT LANCETS 28G . . . . .     | 31    |
| ASSURE HAEMOLANCE PLUS HIGH . . . . .    | 31    |
| ASSURE HAEMOLANCE PLUS LOW . . . . .     | 31    |
| ASSURE HAEMOLANCE PLUS MICRO . . . . .   | 31    |
| ASSURE HAEMOLANCE PLUS NORMAL . . . . .  | 31    |
| ASSURE HAEMOLANCE PLUS PED . . . . .     | 31    |
| ASSURE ID DUO PRO PEN NEEDLES . . . . .  | 41    |
| ASSURE ID INSULIN SAFETY SYR . . . . .   | 41    |
| ASSURE ID PRO PEN NEEDLES . . . . .      | 41    |
| ASSURE ID SAFETY PEN NEEDLES . . . . .   | 41    |
| ASSURE LANCE LANCETS . . . . .           | 31    |

|                                          |    |
|------------------------------------------|----|
| ASSURE LANCE LANCETS 21G . . . . .       | 31 |
| ASSURE LANCE PLUS SAFETY 25G . . . . .   | 31 |
| ASSURE LANCE PLUS SAFETY 30G . . . . .   | 31 |
| ASSURE LANCE SAFETY LANCET 28G . . . . . | 31 |
| atovaquone . . . . .                     | 17 |
| atropine sulfate . . . . .               | 58 |
| AUM MINI INSULIN PEN NEEDLE . . . . .    | 41 |
| AUM PEN NEEDLE . . . . .                 | 42 |
| AUM READYGARD DUO PEN NEEDLE . . . . .   | 42 |
| AUM SAFETY PEN NEEDLE . . . . .          | 42 |
| AURANOFIN . . . . .                      | 14 |
| AURORA PEN NEEDLES . . . . .             | 42 |
| AURORA UNIFINE PENTIPS . . . . .         | 42 |
| AUTO-LANCET . . . . .                    | 31 |
| AUTO-LANCET MINI . . . . .               | 31 |
| AUTOLET LANCING DEVICE . . . . .         | 31 |
| AUTOLET LITE LANCING DEVICE . . . . .    | 31 |
| AUTOPEN . . . . .                        | 42 |
| azelaic acid . . . . .                   | 23 |

## B

|                                          |    |
|------------------------------------------|----|
| BACTERIOSTATIC WATER(BENZ ALC) . . . . . | 59 |
| BD ALLERGY SYRINGE . . . . .             | 42 |
| BD AUTOSHIELD DUO . . . . .              | 42 |
| BD INSULIN SYRINGE . . . . .             | 42 |
| BD INSULIN SYRINGE HALF-UNIT . . . . .   | 42 |
| BD INSULIN SYRINGE MICROFINE . . . . .   | 42 |
| BD INSULIN SYRINGE U-500 . . . . .       | 42 |
| BD INSULIN SYRINGE U/F . . . . .         | 42 |
| BD INSULIN SYRINGE U/F 1/2UNIT . . . . . | 42 |
| BD INSULIN SYRINGE ULTRAFINE . . . . .   | 42 |
| BD LUER-LOK SYRINGE . . . . .            | 42 |
| BD MICROTAINER LANCETS . . . . .         | 32 |
| BD PEN NEEDLE MICRO U/F . . . . .        | 42 |
| BD PEN NEEDLE MINI U/F . . . . .         | 42 |
| BD PEN NEEDLE NANO 2ND GEN . . . . .     | 42 |
| BD PEN NEEDLE NANO U/F . . . . .         | 42 |
| BD PEN NEEDLE ORIGINAL U/F . . . . .     | 42 |
| BD PEN NEEDLE SHORT U/F . . . . .        | 42 |
| BD SAFETYGLIDE INSULIN SYRINGE . . . . . | 42 |
| BD SAFETYGLIDE SYRINGE/NEEDLE . . . . .  | 42 |

|                                          |    |
|------------------------------------------|----|
| BD TB SYRINGE . . . . .                  | 42 |
| BD VEO INSULIN SYR U/F 1/2UNIT . . . . . | 42 |
| BD VEO INSULIN SYRINGE U/F . . . . .     | 43 |
| BENLYSTA . . . . .                       | 54 |
| benzonatate . . . . .                    | 22 |
| bethanechol chloride . . . . .           | 60 |
| bexarotene . . . . .                     | 20 |
| BEXSERO . . . . .                        | 60 |
| BION TEARS PF . . . . .                  | 58 |
| bisacodyl . . . . .                      | 29 |
| bisacodyl ec . . . . .                   | 29 |
| BOOSTRIX . . . . .                       | 60 |
| bumetanide . . . . .                     | 24 |

## C

|                                          |    |
|------------------------------------------|----|
| cabergoline . . . . .                    | 25 |
| CABLIVI . . . . .                        | 27 |
| caffeine citrate . . . . .               | 14 |
| calcium antacid . . . . .                | 16 |
| calcium antacid extra strength . . . . . | 16 |
| calcium carbonate antacid . . . . .      | 16 |
| CAMZYOS . . . . .                        | 21 |
| CAPVAXIVE . . . . .                      | 61 |
| CARAC . . . . .                          | 22 |
| CARAFATE . . . . .                       | 60 |
| carboplatin . . . . .                    | 20 |
| CARDIOCOM LANCING DEVICE . . . . .       | 32 |
| CAREFINE PEN NEEDLES . . . . .           | 43 |
| CAREONE ADVANCED LANCING DEV . . . . .   | 32 |
| CAREONE LANCET SUPER THIN 30G . . . . .  | 32 |
| CAREONE UNIFINE PENTIPS . . . . .        | 43 |
| CAREONE UNIFINE PENTIPS PLUS . . . . .   | 43 |
| CARESENS CONTROL SOLUTION A/B . . . . .  | 32 |
| CARESENS LANCETS . . . . .               | 32 |
| CARESENS LANCETS 30G . . . . .           | 32 |
| CARETOUCH INSULIN SYRINGE . . . . .      | 43 |
| CARETOUCH LANCING/EJECTOR . . . . .      | 32 |
| CARETOUCH PEN NEEDLES . . . . .          | 43 |
| CARETOUCH SAFETY LANCETS . . . . .       | 32 |
| CARETOUCH SAFETY LANCETS 26G . . . . .   | 32 |
| CARETOUCH TWIST LANCETS 28G . . . . .    | 32 |

|                                          |    |
|------------------------------------------|----|
| CARETOUCH TWIST LANCETS 30G . . . . .    | 32 |
| CARETOUCH TWIST LANCETS 33G . . . . .    | 32 |
| CARETOUCH TWIST MC LANCETS 30G . . . . . | 32 |
| CAYA . . . . .                           | 30 |
| cerovite senior . . . . .                | 55 |
| certavite/antioxidants . . . . .         | 55 |
| childrens acetaminophen . . . . .        | 14 |
| chlorhexidine gluconate . . . . .        | 54 |
| chlorpheniramine maleate er . . . . .    | 19 |
| chlorthalidone . . . . .                 | 24 |
| CHOSEN LANCETS 30G . . . . .             | 32 |
| CHOSEN LANCING DEVICE . . . . .          | 32 |
| CHOSEN SAFETY LANCETS 28G . . . . .      | 32 |
| cilostazol . . . . .                     | 27 |
| cinacalcet hcl . . . . .                 | 25 |
| CLEANLET LANCETS 28G . . . . .           | 32 |
| CLENPIQ . . . . .                        | 28 |
| CLEVER CHEK LANCETS . . . . .            | 32 |
| CLEVER CHOICE COMFORT EZ . . . . .       | 43 |
| CLEVER CHOICE LANCETS 21G . . . . .      | 32 |
| CLEVER CHOICE LANCETS 23G . . . . .      | 32 |
| CLEVER CHOICE LANCETS 28G . . . . .      | 32 |
| CLICKFINE PEN NEEDLES . . . . .          | 43 |
| clindamycin hcl . . . . .                | 17 |
| clindamycin palmitate hcl . . . . .      | 17 |
| COAGUCHEK LANCETS . . . . .              | 32 |
| colace 2-in-1 . . . . .                  | 28 |
| COMFORT ASSIST INSULIN SYRINGE . . . . . | 43 |
| COMFORT ASSURED LANCETS 28G . . . . .    | 32 |
| COMFORT ASSURED LANCETS 33G . . . . .    | 32 |
| COMFORT EZ INSULIN SYRINGE . . . . .     | 43 |
| COMFORT EZ MICRO PEN NEEDLES . . . . .   | 43 |
| COMFORT EZ PEN NEEDLES . . . . .         | 43 |
| COMFORT EZ PRO PEN NEEDLES . . . . .     | 43 |
| COMFORT EZ SHORT PEN NEEDLES . . . . .   | 43 |
| COMFORT LANCETS . . . . .                | 32 |
| COMFORT TOUCH INSULIN PEN NEED . . . . . | 43 |
| COMFORT TOUCH LANCETS 31G . . . . .      | 32 |
| COMFORT TOUCH PLUS LANCETS 28G . . . . . | 32 |
| COMFORT TOUCH TWIST LANCET 30G . . . . . | 32 |
| COMIRNATY . . . . .                      | 61 |

|                              |       |
|------------------------------|-------|
| constulose . . . . .         | 29    |
| cromolyn sodium . . . . .    | 18,26 |
| cyanocobalamin . . . . .     | 27    |
| cyclopentolate hcl . . . . . | 58    |
| cyclophosphamide . . . . .   | 20    |
| cyproheptadine hcl . . . . . | 19    |
| CYSTAGON . . . . .           | 27    |

## D

|                                          |       |
|------------------------------------------|-------|
| danazol . . . . .                        | 15    |
| dapsone . . . . .                        | 17    |
| denta 5000 plus . . . . .                | 54    |
| dentagel . . . . .                       | 54    |
| desmopressin acetate . . . . .           | 25    |
| desmopressin acetate spray . . . . .     | 25    |
| dialyvite . . . . .                      | 55    |
| DIATHRIVE LANCET ULTRA THIN 30 . . . . . | 32    |
| DIATHRIVE LANCETS . . . . .              | 32    |
| DIATHRIVE LANCING DEVICE . . . . .       | 33    |
| DIATHRIVE PEN NEEDLE . . . . .           | 43    |
| dicyclomine hcl . . . . .                | 60    |
| digitek . . . . .                        | 21    |
| digoxin . . . . .                        | 21    |
| diphenhydramine hcl . . . . .            | 19    |
| DIPHENHYDRAMINE HCL . . . . .            | 19    |
| DIPHENOXYLATE-ATROPINE . . . . .         | 18    |
| disopyramide phosphate . . . . .         | 17    |
| DIURIL . . . . .                         | 24    |
| docusate sodium . . . . .                | 30    |
| dodex . . . . .                          | 27    |
| dofetilide . . . . .                     | 18    |
| DROPLET INSULIN SYRINGE . . . . .        | 33,44 |
| DROPLET LANCETS ULTRA THIN 30G . . . . . | 33    |
| DROPLET LANCING DEVICE . . . . .         | 33    |
| DROPLET MICRON . . . . .                 | 44    |
| DROPLET PEN NEEDLES . . . . .            | 44    |
| DROPSAFE ACTI-LANCE 23G . . . . .        | 33    |
| DROPSAFE SAFETY PEN NEEDLES . . . . .    | 44    |
| DRYSOL . . . . .                         | 23    |
| DUREX EXTRA SENSITIVE THIN . . . . .     | 30    |
| DUREX TROPICAL . . . . .                 | 30    |

## E

|                                          |       |
|------------------------------------------|-------|
| E-Z JECT LANCET MICRO-THIN 33G . . . . . | 33    |
| E-Z JECT LANCET SUPER THIN 30G . . . . . | 33    |
| E-Z JECT LANCETS . . . . .               | 33    |
| E-Z JECT LANCETS 21G . . . . .           | 33    |
| E-Z JECT LANCETS THIN 26G . . . . .      | 33    |
| EASY COMFORT INSULIN SYRINGE . . . . .   | 33,44 |
| EASY COMFORT LANCETS . . . . .           | 33    |
| EASY COMFORT LANCETS TWIST TOP . . . . . | 33    |
| EASY COMFORT PEN NEEDLES . . . . .       | 44    |
| EASY GLIDE PEN NEEDLES . . . . .         | 44    |
| EASY MINI EJECT LANCING DEVICE . . . . . | 33    |
| EASY TOUCH FLIPLOCK INSULIN SY . . . . . | 44    |
| EASY TOUCH INSULIN SAFETY SYR . . . . .  | 44    |
| EASY TOUCH INSULIN SYRINGE . . . . .     | 44    |
| EASY TOUCH LANCETS 21G . . . . .         | 33    |
| EASY TOUCH LANCETS 23G . . . . .         | 33    |
| EASY TOUCH LANCETS 26G . . . . .         | 33    |
| EASY TOUCH LANCETS 28G . . . . .         | 33    |
| EASY TOUCH LANCETS 28G/TWIST . . . . .   | 33    |
| EASY TOUCH LANCETS 30G . . . . .         | 33    |
| EASY TOUCH LANCETS 30G/TWIST . . . . .   | 33    |
| EASY TOUCH LANCETS 32G . . . . .         | 33    |
| EASY TOUCH LANCETS 32G/TWIST . . . . .   | 33    |
| EASY TOUCH LANCETS 33G/TWIST . . . . .   | 33    |
| EASY TOUCH LANCING DEVICE . . . . .      | 33    |
| EASY TOUCH PEN NEEDLES . . . . .         | 44    |
| EASY TOUCH SAFETY LANCETS 21G . . . . .  | 33    |
| EASY TOUCH SAFETY LANCETS 23G . . . . .  | 33    |
| EASY TOUCH SAFETY LANCETS 26G . . . . .  | 33    |
| EASY TOUCH SAFETY LANCETS 28G . . . . .  | 33    |
| EASY TOUCH SAFETY PEN NEEDLES . . . . .  | 44    |
| EASY TOUCH SHEATHLOCK SYRINGE . . . . .  | 45    |
| econtra ez . . . . .                     | 21    |
| econtra one-step . . . . .               | 21    |
| EFUDEX . . . . .                         | 23    |
| EMBECTA AUTOSHIELD DUO . . . . .         | 45    |
| EMBECTA INS SYR U/F 1/2 UNIT . . . . .   | 45    |
| EMBECTA INSULIN SYRINGE U-100 . . . . .  | 45    |
| EMBECTA INSULIN SYRINGE U/F . . . . .    | 45    |

|                                          |    |
|------------------------------------------|----|
| EMBECTA PEN NEEDLE NANO . . . . .        | 45 |
| EMBECTA PEN NEEDLE NANO 2 GEN . . . . .  | 45 |
| EMBECTA PEN NEEDLE U/F . . . . .         | 45 |
| EMBRACE LANCETS ULTRA THIN 30G . . . . . | 33 |
| EMBRACE PEN NEEDLES . . . . .            | 45 |
| EMCYT . . . . .                          | 20 |
| EMPAVELI . . . . .                       | 27 |
| EMVERM . . . . .                         | 17 |
| ENERGIX-B . . . . .                      | 61 |
| ENSPRYNG . . . . .                       | 54 |
| enulose . . . . .                        | 26 |
| eplerenone . . . . .                     | 19 |
| ergocalciferol . . . . .                 | 63 |
| ethambutol hcl . . . . .                 | 19 |
| ETOPOSIDE . . . . .                      | 20 |
| EVRYSDI . . . . .                        | 57 |
| EXEL COMFORT POINT INSULIN SYR . . . . . | 45 |
| EXEL COMFORT POINT PEN NEEDLE . . . . .  | 45 |
| EXSERVAN . . . . .                       | 57 |
| EZ-LETS LANCETS 21G . . . . .            | 34 |
| EZ-LETS LANCETS 28G . . . . .            | 34 |
| EZ-LETS LANCETS 30G . . . . .            | 34 |
| EZFE 200 . . . . .                       | 27 |

## F

|                                         |    |
|-----------------------------------------|----|
| FABHALTA . . . . .                      | 27 |
| FANTASY LUBRICATED . . . . .            | 30 |
| FANTASY LUBRICATED/SPERMICIDE . . . . . | 30 |
| FC2 FEMALE CONDOM . . . . .             | 30 |
| ferrex 150 . . . . .                    | 28 |
| ferrous sulfate . . . . .               | 28 |
| fiber laxative + calcium . . . . .      | 28 |
| fiber-lax . . . . .                     | 28 |
| FILSPARI . . . . .                      | 27 |
| FINGERSTIX LANCETS . . . . .            | 34 |
| FIRDAPSE . . . . .                      | 19 |
| fish oil . . . . .                      | 57 |
| FLEBOGAMMA DIF . . . . .                | 59 |
| flecainide acetate . . . . .            | 17 |
| FLOTREX . . . . .                       | 56 |
| FLUAD . . . . .                         | 61 |

|                                          |    |
|------------------------------------------|----|
| FLUAD QUADRIVALENT . . . . .             | 61 |
| FLUARIX . . . . .                        | 61 |
| FLUARIX QUADRIVALENT . . . . .           | 61 |
| FLUBLOK . . . . .                        | 61 |
| FLUBLOK QUADRIVALENT . . . . .           | 61 |
| FLUCELVAX . . . . .                      | 61 |
| FLUCELVAX QUADRIVALENT . . . . .         | 62 |
| FLULAVAL . . . . .                       | 62 |
| FLULAVAL QUADRIVALENT . . . . .          | 62 |
| FLUMIST . . . . .                        | 62 |
| FLUMIST QUADRIVALENT . . . . .           | 62 |
| fluorouracil . . . . .                   | 23 |
| FLUTAMIDE . . . . .                      | 20 |
| FLUZONE . . . . .                        | 62 |
| FLUZONE HIGH-DOSE . . . . .              | 62 |
| FLUZONE HIGH-DOSE QUADRIVALENT . . . . . | 62 |
| FLUZONE QUADRIVALENT . . . . .           | 62 |
| folic acid . . . . .                     | 27 |
| FOLTANX . . . . .                        | 24 |
| FORA LANCETS . . . . .                   | 34 |
| FORA LANCING DEVICE . . . . .            | 34 |
| fraiche 5000 dental . . . . .            | 54 |
| FREESTYLE LANCETS . . . . .              | 34 |
| FREESTYLE PRECISION INS SYR . . . . .    | 45 |
| FREESTYLE UNISTICK II LANCETS . . . . .  | 34 |
| ft antacid & antigas . . . . .           | 16 |
| ft antacid extra strength . . . . .      | 16 |
| ft anti-diarrheal . . . . .              | 18 |
| ft fiber laxative . . . . .              | 28 |
| ft gas relief extra strength . . . . .   | 26 |
| ft gas relief ultra strength . . . . .   | 26 |
| ft gentle laxative . . . . .             | 29 |
| ft laxative . . . . .                    | 29 |
| ft magnesium citrate . . . . .           | 29 |
| ft nasal spray . . . . .                 | 56 |
| ft pain reliever adults . . . . .        | 14 |
| ft pain reliever children . . . . .      | 14 |
| ft senna-s . . . . .                     | 28 |
| ft stomach relief . . . . .              | 18 |
| ft stool softener . . . . .              | 28 |
| ft vitamin d3 . . . . .                  | 63 |

|                      |    |
|----------------------|----|
| furosemide . . . . . | 24 |
|----------------------|----|

## G

|                                          |    |
|------------------------------------------|----|
| GABLOFEN . . . . .                       | 56 |
| GAMMAGARD . . . . .                      | 59 |
| GARDASIL 9 . . . . .                     | 62 |
| gas relief extra strength . . . . .      | 26 |
| gas relief ultra strength . . . . .      | 26 |
| GAVILYTE-C . . . . .                     | 28 |
| gavilyte-g . . . . .                     | 28 |
| gavilyte-n with flavor pack . . . . .    | 28 |
| generlac . . . . .                       | 26 |
| genteal tears night-time . . . . .       | 58 |
| GENTEEL BUTTERFLY TOUCH LANCET . . . . . | 34 |
| GENTEEL LANCING KIT (BLUE) . . . . .     | 34 |
| gentle laxative . . . . .                | 29 |
| GLOBAL EASE INJECT PEN NEEDLES . . . . . | 45 |
| GLOBAL EASY GLIDE INSULIN SYR . . . . .  | 45 |
| GLOBAL EASY GLIDE PEN NEEDLES . . . . .  | 45 |
| GLOBAL INJECT EASE INSULIN SYR . . . . . | 45 |
| GLOBAL INJECT EASE LANCETS 28G . . . . . | 34 |
| GLOBAL INJECT EASE LANCETS 30G . . . . . | 34 |
| GLOBAL INSULIN SYRINGES . . . . .        | 45 |
| GLOBAL LANCING DEVICE . . . . .          | 34 |
| GLUCOCOM LANCETS 28G . . . . .           | 34 |
| GLUCOCOM LANCETS 30G . . . . .           | 34 |
| GLUCOCOM LANCETS 33G . . . . .           | 34 |
| GLUCOPRO INSULIN SYRINGE . . . . .       | 45 |
| glycerin (adult) . . . . .               | 29 |
| glycerin adult . . . . .                 | 29 |
| glycopyrrolate . . . . .                 | 60 |
| gnp anorectal . . . . .                  | 15 |
| gnp anti-diarrheal . . . . .             | 18 |
| gnp anti-gas . . . . .                   | 26 |
| gnp gas relief extra strength . . . . .  | 26 |
| GNP INSULIN SYRINGES . . . . .           | 46 |
| GNP INSULIN SYRINGES 28GX1/2" . . . . .  | 46 |
| GNP INSULIN SYRINGES 29GX1/2" . . . . .  | 46 |
| GNP INSULIN SYRINGES 30GX5/16" . . . . . | 46 |
| GNP INSULIN SYRINGES 31GX5/16" . . . . . | 46 |
| gnp nasal four spray . . . . .           | 56 |



|                                          |    |
|------------------------------------------|----|
| gnp nasal spray fast acting . . . . .    | 57 |
| gnp nighttime relief lub eye . . . . .   | 58 |
| GNP PEN NEEDLES . . . . .                | 46 |
| gnp sore throat spray . . . . .          | 54 |
| GNP STERILE LANCETS 28G . . . . .        | 34 |
| GNP STERILE LANCETS 30G . . . . .        | 34 |
| GNP STERILE LANCETS 33G . . . . .        | 34 |
| GNP ULTIGUARD SAFEPAK NEEDLE . . . . .   | 46 |
| gnp womens gentle laxative . . . . .     | 29 |
| GOJJI LANCING DEVICE/CLEAR CAP . . . . . | 34 |
| GOJJI STERILE LANCETS . . . . .          | 34 |
| GOODSENSE CLICKFINE PEN NEEDLE . . . . . | 46 |
| goodsense lubricant eye drops . . . . .  | 58 |
| GOODSENSE PEN NEEDLE PENFINE . . . . .   | 46 |

## H

|                                          |    |
|------------------------------------------|----|
| HAVRIX . . . . .                         | 62 |
| HEALTH CARE LANCING DEVICE . . . . .     | 34 |
| HEALTHWISE INSULIN SYR/NEEDLE . . . . .  | 46 |
| HEALTHWISE MICRON PEN NEEDLES . . . . .  | 46 |
| HEALTHWISE MINI PEN NEEDLES . . . . .    | 46 |
| HEALTHWISE PEN NEEDLES . . . . .         | 46 |
| HEALTHWISE SHORT PEN NEEDLES . . . . .   | 46 |
| HEALTHWISE UNIFINE PENTIPS . . . . .     | 46 |
| HEALTHY ACCENTS LANCING DEVICE . . . . . | 34 |
| HEALTHY ACCENTS UNIFINE PENTIP . . . . . | 46 |
| HEALTHY ACCENTS UNILET LANCETS . . . . . | 34 |
| hemorrhoidal relief . . . . .            | 15 |
| heparin sodium (porcine) . . . . .       | 18 |
| HEPARIN SODIUM (PORCINE) PF . . . . .    | 18 |
| HEPLISAV-B . . . . .                     | 62 |
| her style . . . . .                      | 21 |
| hm antacid . . . . .                     | 16 |
| hm anti-diarrheal . . . . .              | 18 |
| hm calcium antacid ex st . . . . .       | 16 |
| hm clearlax . . . . .                    | 29 |
| hm fiber . . . . .                       | 28 |
| hm gentle laxative . . . . .             | 29 |
| hm laxative . . . . .                    | 29 |
| hm magnesium citrate . . . . .           | 29 |
| hm nasal spray . . . . .                 | 57 |

|                                          |    |
|------------------------------------------|----|
| hm nose drops . . . . .                  | 57 |
| hm saline nasal spray . . . . .          | 56 |
| hm senna-s . . . . .                     | 28 |
| hm sinus nasal spray . . . . .           | 57 |
| hm sore throat spray . . . . .           | 54 |
| hm stool softener/laxative . . . . .     | 28 |
| HM ULTICARE INSULIN SYRINGE . . . . .    | 46 |
| HM ULTICARE SHORT PEN NEEDLES . . . . .  | 46 |
| HYCAMTIN . . . . .                       | 20 |
| HYCODAN . . . . .                        | 22 |
| hydralazine hcl . . . . .                | 19 |
| hydrochlorothiazide . . . . .            | 24 |
| hydrocod poli-chlorphe poli er . . . . . | 22 |
| hydrocodone bit-homatrop mbr . . . . .   | 22 |
| hydrocortisone . . . . .                 | 15 |
| hydrocortisone (perianal) . . . . .      | 15 |
| hydrocortisone sod suc (pf) . . . . .    | 22 |
| hydromet . . . . .                       | 22 |
| HYFTOR . . . . .                         | 23 |
| HYPOLANCE AST LANCING . . . . .          | 34 |

## I

|                                          |    |
|------------------------------------------|----|
| IHEALTH LANCING DEVICE . . . . .         | 34 |
| IN TOUCH LANCING DEVICE . . . . .        | 34 |
| IN TOUCH STERILE LANCETS 30G . . . . .   | 34 |
| INCONTROL ULTICARE PEN NEEDLES . . . . . | 46 |
| indapamide . . . . .                     | 25 |
| INQOVI . . . . .                         | 20 |
| INSULIN SYRINGE . . . . .                | 46 |
| INSULIN SYRINGE-NEEDLE U-100 . . . . .   | 46 |
| INSUPEN PEN NEEDLES . . . . .            | 47 |
| iron (ferrous sulfate) . . . . .         | 28 |
| isoniazid . . . . .                      | 19 |
| ISOPTO ATROPINE . . . . .                | 58 |
| ivermectin . . . . .                     | 23 |

## J

|                                    |    |
|------------------------------------|----|
| JANSSEN COVID-19 VACCINE . . . . . | 62 |
| javygtor . . . . .                 | 25 |
| JOENJA . . . . .                   | 54 |
| JYNARQUE . . . . .                 | 26 |

JYNNEOS . . . . .62

## K

K-PHOS . . . . .53  
KALYDECO . . . . .59  
KIMONO . . . . .30  
KIMONO MICRO THIN . . . . .30  
KIMONO MICRO THIN PLUS . . . . .30  
KIMONO SENSATION . . . . .30  
KINRAY INSULIN SYRINGE . . . . .47  
klor-con . . . . .53  
klor-con 10 . . . . .53  
klor-con m10 . . . . .53  
klor-con m15 . . . . .53  
klor-con m20 . . . . .53  
KMART VALU INSULIN SYRINGE 29G . . . . .47  
KMART VALU INSULIN SYRINGE 30G . . . . .47

## L

L-METHYLFOLATE . . . . .24  
L-METHYLFOLATE-B6-B12 . . . . .24  
lactulose . . . . .29  
lactulose encephalopathy . . . . .26  
LANCET DEVICE WITH EJECTOR . . . . .34  
LANCET TRANSPORTER CASE . . . . .34  
LANCETS . . . . .34  
LANCETS 28G THIN . . . . .35  
LANCETS 30G . . . . .35  
LANCETS 33G . . . . .35  
LANCETS MICRO THIN 33G . . . . .35  
LANCETS SUPER THIN . . . . .35  
LANCETS SUPER THIN 28G . . . . .35  
LANCETS ULTRA THIN 30G . . . . .35  
LANCING DEVICE . . . . .35  
LANZO . . . . .35  
LEADER ADVANCED LANCING DEVICE . . . . .35  
LEADER INSULIN SYRINGE . . . . .47  
LEADER UNIFINE PENTIPS PLUS . . . . .47  
leflunomide . . . . .14  
leucovorin calcium . . . . .20  
levocarnitine . . . . .25

levocarnitine sf . . . . .25  
levonorgestrel . . . . .21  
LIBERTY MEDICAL LANCETS . . . . .35  
lidocaine (anorectal) . . . . .15  
lidocaine-hydrocortisone ace . . . . .15  
linezolid . . . . .17  
LITE TOUCH LANCETS . . . . .35  
LITE TOUCH LANCING PEN . . . . .35  
LITETOUCH INSULIN SYRINGE . . . . .47  
LITETOUCH LANCETS . . . . .35  
LITETOUCH PEN NEEDLES . . . . .47  
lithium . . . . .21  
lithium carbonate . . . . .21  
lithium carbonate er . . . . .21  
LIVE BETTER ADV LANCING DEVICE . . . . .35  
LIVE BETTER LANCET ULTRA THIN . . . . .35  
LONGS INSULIN SYRINGE . . . . .47  
LONGS LANCETS THIN . . . . .35  
LONGS LANCETS ULTRA THIN . . . . .35  
loperamide hcl . . . . .18  
lubricant eye drops (pf) . . . . .58  
lubricant eye nighttime . . . . .58  
lubrifresh p.m. . . . .58  
LYSODREN . . . . .20

## M

M-M-R II . . . . .62  
m-pap . . . . .14  
mag-al plus . . . . .16  
MAGELLAN INSULIN SAFETY SYR . . . . .47  
magnesium citrate . . . . .29  
magnesium oxide . . . . .16  
magnesium oxide -mg supplement . . . . .16  
magnesium-oxide . . . . .53  
mapap . . . . .14  
mapap childrens . . . . .15  
MARATHON MEDICAL PENTIPS . . . . .47  
MATULANE . . . . .20  
MAXI-COMFORT INSULIN SYRINGE . . . . .47  
MAXI-COMFORT SAFETY PEN NEEDLE . . . . .47  
MAXICOMFORT II PEN NEEDLE . . . . .47

|                                          |    |                                          |    |
|------------------------------------------|----|------------------------------------------|----|
| MAXICOMFORT SYR 27G X 1/2" . . . . .     | 47 | MILK OF MAGNESIA CONCENTRATE . . . . .   | 29 |
| MAXX . . . . .                           | 30 | MINI LANCING DEVICE . . . . .            | 36 |
| MEDIC INSULIN SYRINGE . . . . .          | 47 | minoxidil . . . . .                      | 19 |
| MEDICHOICE SAFETY LANCET . . . . .       | 35 | MIPLYFFA . . . . .                       | 59 |
| MEDICHOICE SAFETY LANCET EXTRA . . . . . | 35 | misoprostol . . . . .                    | 60 |
| MEDICHOICE SAFETY LANCET NORM . . . . .  | 35 | MM INSULIN SYRINGE/NEEDLE . . . . .      | 47 |
| MEDICINE SHOPPE PEN NEEDLES . . . . .    | 47 | MM LANCING DEVICE . . . . .              | 36 |
| MEDISENSE THIN LANCETS . . . . .         | 35 | MM PEN NEEDLES . . . . .                 | 48 |
| MEDLANCE PLUS EXTRA 21G . . . . .        | 35 | MM TWIST LANCETS . . . . .               | 36 |
| MEDLANCE PLUS LITE 25G . . . . .         | 35 | MOBILE LANCETS 30G . . . . .             | 36 |
| MEDLANCE PLUS SPECIAL 0.8MM . . . . .    | 35 | MODERNA COVID-19 BIVAL 6M-5Y . . . . .   | 62 |
| MEDLANCE PLUS SUPERLITE 30G . . . . .    | 35 | MODERNA COVID-19 BIVALENT . . . . .      | 62 |
| MEDLANCE PLUS UNIVERSAL 21G . . . . .    | 35 | MODERNA COVID-19 VAC 6M-11Y . . . . .    | 62 |
| megestrol acetate . . . . .              | 20 | MODERNA COVID-19 VACC 6M-5Y . . . . .    | 62 |
| MEIJER LANCETS THIN . . . . .            | 35 | MODERNA COVID-19 VACCINE . . . . .       | 62 |
| MEIJER LANCETS UNIVERSAL 30G . . . . .   | 35 | MONOJECT INSULIN SYRINGE . . . . .       | 48 |
| MEIJER LANCETS UNIVERSAL 33G . . . . .   | 35 | MONOJECT ULTRA COMFORT SYRINGE . . . . . | 48 |
| MEIJER SUPER THIN LANCETS . . . . .      | 35 | MONOLET LANCETS . . . . .                | 36 |
| melatonin . . . . .                      | 14 | MONOLET OPD LANCETS . . . . .            | 36 |
| melatonin-pyridoxine . . . . .           | 14 | MONOLETTOR SAFETY LANCETS . . . . .      | 36 |
| MELPHALAN . . . . .                      | 20 | MPD SAFETY LANCET 21G . . . . .          | 36 |
| MENACTRA . . . . .                       | 61 | MPD SAFETY LANCET 23G . . . . .          | 36 |
| MENQUADFI . . . . .                      | 61 | MPD SAFETY LANCET 28G . . . . .          | 36 |
| MENVEO . . . . .                         | 61 | MRESVIA . . . . .                        | 62 |
| MEPHYTON . . . . .                       | 63 | MS INSULIN SYRINGE . . . . .             | 48 |
| MEPRON . . . . .                         | 17 | mucinex sinus-max clear & cool . . . . . | 57 |
| mercaptopurine . . . . .                 | 20 | mucinex sinus-max sinus/allrgy . . . . . | 57 |
| methazolamide . . . . .                  | 24 | MULTI-LANCET DEVICE 2 . . . . .          | 36 |
| methimazole . . . . .                    | 60 | multi-vit/iron/fluoride . . . . .        | 55 |
| methylergonovine maleate . . . . .       | 58 | MULTI-VITAMIN/FLUORIDE . . . . .         | 56 |
| methylprednisolone acetate . . . . .     | 22 | multi-vitamin/fluoride/iron . . . . .    | 55 |
| methylprednisolone sodium succ . . . . . | 22 | multiple vitamins-minerals . . . . .     | 55 |
| metolazone . . . . .                     | 25 | MULTIVITAMIN W/FLUORIDE . . . . .        | 56 |
| metronidazole . . . . .                  | 23 | MULTIVITAMIN/FLUORIDE . . . . .          | 56 |
| mexiletine hcl . . . . .                 | 17 | my way . . . . .                         | 21 |
| MICROFLOR . . . . .                      | 18 | MYGLUCOHEALTH LANCETS 30G . . . . .      | 36 |
| MICROLET LANCETS . . . . .               | 36 |                                          |    |
| MICROLET NEXT LANCING DEVICE . . . . .   | 36 | <b>N</b>                                 |    |
| midodrine hcl . . . . .                  | 63 | nasal decongestant spray . . . . .       | 57 |
| mifepristone . . . . .                   | 25 | nasal four . . . . .                     | 57 |
| milk of magnesia . . . . .               | 29 | nasal moisturizing spray . . . . .       | 56 |

|                                          |    |
|------------------------------------------|----|
| nasal spray 12 hour . . . . .            | 57 |
| nasal spray extra moisturizing . . . . . | 57 |
| nasal spray no drip . . . . .            | 57 |
| nephronex . . . . .                      | 55 |
| nilutamide . . . . .                     | 20 |
| NITYR . . . . .                          | 25 |
| NOVA SAFETY LANCETS 23G . . . . .        | 36 |
| NOVA SAFETY LANCETS 28G . . . . .        | 36 |
| NOVA SUREFLEX LANCETS . . . . .          | 36 |
| NOVA SUREFLEX LANCING DEVICE . . . . .   | 36 |
| NOVAVAX COVID-19 VACCINE . . . . .       | 62 |
| NOVOFINE AUTOCOVER PEN NEEDLE . . . . .  | 48 |
| NOVOFINE PEN NEEDLE . . . . .            | 48 |
| NOVOFINE PLUS PEN NEEDLE . . . . .       | 48 |
| NOVOPEN ECHO . . . . .                   | 48 |
| NULIBRY . . . . .                        | 25 |

## O

|                                          |    |
|------------------------------------------|----|
| octreotide acetate . . . . .             | 25 |
| ONETOUCH DELICA PLUS LANCET30G . . . . . | 36 |
| ONETOUCH DELICA PLUS LANCET33G . . . . . | 36 |
| ONETOUCH DELICA PLUS LANCING . . . . .   | 36 |
| ONETOUCH DELICA SAFETY LANCING . . . . . | 36 |
| ONETOUCH ULTRA CONTROL . . . . .         | 36 |
| ONETOUCH ULTRASOFT 2 LANCETS . . . . .   | 36 |
| ONETOUCH VERIO . . . . .                 | 36 |
| opcicon one-step . . . . .               | 22 |
| OPTICHAMBER DIAMOND . . . . .            | 53 |
| OPTICHAMBER DIAMOND-LG MASK . . . . .    | 53 |
| OPTICHAMBER DIAMOND-MD MASK . . . . .    | 53 |
| OPTICHAMBER DIAMOND-SM MASK . . . . .    | 53 |
| option 2 . . . . .                       | 22 |
| ORA-BLEND . . . . .                      | 59 |
| ORA-BLEND SF . . . . .                   | 59 |
| ORA-PLUS . . . . .                       | 59 |
| ORA-SWEET SF . . . . .                   | 59 |
| oralone . . . . .                        | 55 |
| ORKAMBI . . . . .                        | 59 |
| oxymetazoline hcl . . . . .              | 57 |

## P

|                                          |    |
|------------------------------------------|----|
| pacerone . . . . .                       | 18 |
| PALYNZIQ . . . . .                       | 25 |
| PAXLOVID . . . . .                       | 21 |
| PAXLOVID (150/100) . . . . .             | 21 |
| PAXLOVID (300/100) . . . . .             | 21 |
| PC LANCETS SUPER THIN 30G . . . . .      | 36 |
| PC UNIFINE PENTIPS . . . . .             | 48 |
| peg 3350 . . . . .                       | 29 |
| peg 3350-kcl-na bicarb-nacl . . . . .    | 28 |
| peg-3350/electrolytes . . . . .          | 28 |
| PEN NEEDLE/5-BEVEL TIP . . . . .         | 48 |
| PEN NEEDLES . . . . .                    | 48 |
| PEN NEEDLES 5/16" . . . . .              | 48 |
| PENBRAYA . . . . .                       | 61 |
| penicillamine . . . . .                  | 53 |
| PENTIPS . . . . .                        | 48 |
| PENTIPS GENERIC PEN NEEDLES . . . . .    | 48 |
| pentoxifylline er . . . . .              | 27 |
| PERFECT LANCETS 28G . . . . .            | 36 |
| PERFECT LANCETS 30G . . . . .            | 36 |
| PERFECT POINT SAFETY LANCETS . . . . .   | 36 |
| PFIZER COVID-19 BIVAL 6MO-4YR . . . . .  | 62 |
| PFIZER COVID-19 VAC BIVAL 5-11 . . . . . | 62 |
| PFIZER COVID-19 VAC BIVALENT . . . . .   | 62 |
| PFIZER COVID-19 VAC-TRIS 5-11Y . . . . . | 63 |
| PFIZER COVID-19 VAC-TRIS 6M-4Y . . . . . | 63 |
| PFIZER-BIONT COVID-19 VAC-TRIS . . . . . | 63 |
| PFIZER-BIONTECH COVID-19 VACC . . . . .  | 63 |
| PHARMACIST CHOICE LANCETS . . . . .      | 36 |
| PHARMACY COUNTER LANCETS . . . . .       | 36 |
| phenaseptic . . . . .                    | 54 |
| phenazopyridine hcl . . . . .            | 27 |
| phenylephrine hcl . . . . .              | 58 |
| phospha 250 neutral . . . . .            | 53 |
| phospho-trin k500 . . . . .              | 53 |
| phytonadione . . . . .                   | 63 |
| pilocarpine hcl . . . . .                | 55 |
| PIP LANCETS 28G . . . . .                | 37 |
| PIP LANCETS 30G . . . . .                | 37 |

|                                          |    |
|------------------------------------------|----|
| PIP PEN NEEDLES 31G X 5MM . . . . .      | 48 |
| PIP PEN NEEDLES 32G X 4MM . . . . .      | 48 |
| PNEUMOVAX 23 . . . . .                   | 61 |
| podofilox . . . . .                      | 23 |
| POLY-VI-FLOR . . . . .                   | 56 |
| POLY-VI-FLOR/IRON . . . . .              | 55 |
| polyethylene glycol 3350 . . . . .       | 29 |
| polyvinyl alcohol . . . . .              | 58 |
| potassium chloride . . . . .             | 53 |
| potassium chloride crys er . . . . .     | 53 |
| potassium chloride er . . . . .          | 53 |
| potassium citrate er . . . . .           | 26 |
| pramoxine hcl . . . . .                  | 23 |
| pramoxine hcl (perianal) . . . . .       | 15 |
| praziquantel . . . . .                   | 17 |
| PRECISION XTRA KETONE . . . . .          | 24 |
| PREFERRED PLUS INSULIN SYRINGE . . . . . | 48 |
| PREFERRED PLUS LANCETS THIN . . . . .    | 37 |
| PREFERRED PLUS UNIFINE PENTIPS . . . . . | 48 |
| PREHEVBRIO . . . . .                     | 63 |
| PRESSURE ACTIVAT SAFETY LANCET . . . . . | 37 |
| PRETOMANID . . . . .                     | 20 |
| PREVENT DROPSAFE PEN NEEDLES . . . . .   | 48 |
| PREVENT SAFETY PEN NEEDLES . . . . .     | 49 |
| PREVNAR 13 . . . . .                     | 61 |
| PREVNAR 20 . . . . .                     | 61 |
| PRIORIX . . . . .                        | 63 |
| PRO COMFORT INSULIN SYRINGE . . . . .    | 49 |
| PRO COMFORT LANCETS 30G . . . . .        | 37 |
| PRO COMFORT LANCETS 31G . . . . .        | 37 |
| PRO COMFORT PEN NEEDLES . . . . .        | 49 |
| PRO COMFORT SAFETY LANCETS 30G . . . . . | 37 |
| procto-med hc . . . . .                  | 15 |
| PROCTOFOAM HC . . . . .                  | 15 |
| proctosol hc . . . . .                   | 15 |
| proctozone-hc . . . . .                  | 15 |
| PRODIGY INSULIN SYRINGE . . . . .        | 49 |
| PRODIGY LANCETS 28G . . . . .            | 37 |
| PRODIGY LANCING DEVICE . . . . .         | 37 |
| PRODIGY SAFETY LANCETS 26G . . . . .     | 37 |
| PRODIGY TWIST TOP LANCETS 28G . . . . .  | 37 |

|                                          |    |
|------------------------------------------|----|
| promethazine-codeine . . . . .           | 22 |
| promethazine-dm . . . . .                | 22 |
| propafenone hcl . . . . .                | 17 |
| propylthiouracil . . . . .               | 60 |
| PROQUAD . . . . .                        | 63 |
| PULMOZYME . . . . .                      | 59 |
| PURE COMFORT PEN NEEDLE . . . . .        | 49 |
| PURE COMFORT SAFETY PEN NEEDLE . . . . . | 49 |
| PUSH BUTTON SAFETY LANCETS . . . . .     | 37 |
| PUSH BUTTON SAFETY LANCETS 28G . . . . . | 37 |
| PX LANCETS MICROTHIN 33G . . . . .       | 37 |
| pyrazinamide . . . . .                   | 20 |
| pyridostigmine bromide . . . . .         | 19 |
| PYRUKYND . . . . .                       | 27 |
| PYRUKYND TAPER PACK . . . . .            | 27 |

## Q

|                                          |    |
|------------------------------------------|----|
| QUFLORA FE . . . . .                     | 55 |
| QUFLORA FE PEDIATRIC . . . . .           | 56 |
| QUICK TOUCH INSULIN PEN NEEDLE . . . . . | 49 |
| QUINIDINE SULFATE . . . . .              | 17 |

## R

|                                         |    |
|-----------------------------------------|----|
| RADICAVA ORS . . . . .                  | 57 |
| RADICAVA ORS STARTER KIT . . . . .      | 57 |
| RAYA SURE PEN NEEDLE . . . . .          | 49 |
| READYLANCE SAFETY LANCETS . . . . .     | 37 |
| RECOMBIVAX HB . . . . .                 | 63 |
| rectasmoothe . . . . .                  | 15 |
| refresh lacri-lube . . . . .            | 58 |
| refresh p.m. . . . .                    | 58 |
| REFRESH PLUS . . . . .                  | 58 |
| RELION INSULIN SYRINGE . . . . .        | 49 |
| RELION LANCET DEVICES 30G . . . . .     | 37 |
| RELION LANCETS . . . . .                | 37 |
| RELION LANCETS MICRO-THIN 33G . . . . . | 37 |
| RELION LANCETS THIN 26G . . . . .       | 37 |
| RELION LANCETS ULTRA-THIN 30G . . . . . | 37 |
| RELION LANCING DEVICE . . . . .         | 37 |
| RELION MINI PEN NEEDLES . . . . .       | 49 |
| RELION PEN NEEDLES . . . . .            | 49 |

|                                          |    |
|------------------------------------------|----|
| RELION SHORT PEN NEEDLES . . . . .       | 49 |
| RELION ULTRA THIN LANCETS 30G . . . . .  | 37 |
| RELION ULTRA THIN PLUS LANCETS . . . . . | 37 |
| REXALL LANCETS ULTRA THIN 30G . . . . .  | 37 |
| REZDIFFRA . . . . .                      | 26 |
| RIDAURA . . . . .                        | 14 |
| rifabutin . . . . .                      | 20 |
| rifampin . . . . .                       | 20 |
| RIGHTEST GD500 LANCING DEVICE . . . . .  | 37 |
| RIGHTEST GL300 LANCETS . . . . .         | 37 |
| riluzole . . . . .                       | 57 |
| rosadan . . . . .                        | 24 |

## S

|                                          |    |
|------------------------------------------|----|
| SAFETY INSULIN SYRINGES . . . . .        | 49 |
| SAFETY LANCET 21G/PRESSURE ACT . . . . . | 37 |
| SAFETY LANCET 23G/PRESSURE ACT . . . . . | 37 |
| SAFETY LANCET 28G/PRESSURE ACT . . . . . | 37 |
| SAFETY LANCET 30G/PRESSURE ACT . . . . . | 37 |
| SAFETY LANCETS . . . . .                 | 38 |
| SAFETY LANCETS 21G . . . . .             | 38 |
| SAFETY LANCETS 23G . . . . .             | 38 |
| SAFETY LANCETS 28G . . . . .             | 38 |
| SAFETY PEN NEEDLES . . . . .             | 49 |
| saline mist spray . . . . .              | 56 |
| saline nasal spray . . . . .             | 56 |
| salsalate . . . . .                      | 15 |
| sapropterin dihydrochloride . . . . .    | 25 |
| SAPS HEALTH TWIST TOP LANCETS . . . . .  | 38 |
| SAPS TWIST TOP LANCETS . . . . .         | 38 |
| SECURESAFE INSULIN SYRINGE . . . . .     | 49 |
| selenium sulfide . . . . .               | 23 |
| senexon-s . . . . .                      | 28 |
| senna . . . . .                          | 29 |
| senna plus . . . . .                     | 28 |
| senna-docusate sodium . . . . .          | 29 |
| senna-time s . . . . .                   | 29 |
| sennosides-docusate sodium . . . . .     | 29 |
| SHINGRIX . . . . .                       | 63 |
| SHOPKO AUTOLET LANCING DEVICE . . . . .  | 38 |
| SHOPKO ON-THE-GO LANCETS 30G . . . . .   | 38 |

|                                          |          |
|------------------------------------------|----------|
| SHOPKO UNIFINE PENTIPS . . . . .         | 49       |
| SHOPKO UNIFINE PENTIPS PLUS . . . . .    | 49       |
| SHOPKO UNILET LANCETS 28G . . . . .      | 38       |
| SHOPKO UNILET LANCETS 30G . . . . .      | 38       |
| SIDE BUTTON SAFETY LANCET . . . . .      | 38       |
| silace . . . . .                         | 30       |
| silver sulfadiazine . . . . .            | 23       |
| simethicone ultra strength . . . . .     | 26       |
| SIMPLE DIAGNOSTICS LANCING DEV . . . . . | 38       |
| sinus nasal spray . . . . .              | 57       |
| sinus relief extra strength . . . . .    | 57       |
| SIVEXTRO . . . . .                       | 17       |
| SKYCLARYS . . . . .                      | 57       |
| sleep tabs . . . . .                     | 28       |
| sm antacid . . . . .                     | 16       |
| sm anti-diarrheal . . . . .              | 19       |
| sm aspirin low dose . . . . .            | 15       |
| sm calcium antacid ex st . . . . .       | 16       |
| sm gas relief . . . . .                  | 26       |
| sm gentle laxative . . . . .             | 30       |
| sm nose drops nasal decongest . . . . .  | 57       |
| SMART DIABETES VANTAGE LANCING . . . . . | 38       |
| SMART SENSE COLOR LANCETS 33G . . . . .  | 38       |
| SMART SENSE STANDARD LANCETS . . . . .   | 38       |
| SMART SENSE SUPER THIN LANCETS . . . . . | 38       |
| SMART SENSE THIN LANCETS 26G . . . . .   | 38       |
| SMARTTEST LANCETS 28G . . . . .          | 38       |
| sod citrate-citric acid . . . . .        | 27       |
| SOD FLUORIDE-POTASSIUM NITRATE . . . . . | 54       |
| sodium bicarbonate . . . . .             | 16       |
| sodium chloride . . . . .                | 22       |
| sodium chloride (hypertonic) . . . . .   | 58       |
| sodium fluoride . . . . .                | 53,54,55 |
| SODIUM FLUORIDE 5000 ENAMEL . . . . .    | 55       |
| sodium fluoride 5000 plus . . . . .      | 55       |
| sodium fluoride 5000 ppm . . . . .       | 55       |
| SODIUM FLUORIDE 5000 SENSITIVE . . . . . | 55       |
| sodium polystyrene sulfonate . . . . .   | 54       |
| SOHONOS . . . . .                        | 56       |
| SOLU-CORTEF . . . . .                    | 22       |
| SOLU-MEDROL (PF) . . . . .               | 22       |

|                                         |    |
|-----------------------------------------|----|
| soluble fiber therapy . . . . .         | 28 |
| SOLUS V2 LANCETS 28G . . . . .          | 38 |
| SOLUS V2 LANCING DEVICE . . . . .       | 38 |
| SOLUS V2 TWIST LANCETS 30G . . . . .    | 38 |
| sore throat . . . . .                   | 54 |
| sore throat spray . . . . .             | 54 |
| SPIKEVAX . . . . .                      | 63 |
| SPIKEVAX COVID-19 VACCINE . . . . .     | 63 |
| spironolactone . . . . .                | 24 |
| spironolactone-hctz . . . . .           | 24 |
| SPS (SODIUM POLYSTYRENE SULF) . . . . . | 54 |
| ssd . . . . .                           | 23 |
| STERILANCE PA . . . . .                 | 38 |
| STERILANCE TL . . . . .                 | 38 |
| sterile diluent/epoprostenol . . . . .  | 59 |
| sterile water for injection . . . . .   | 59 |
| sterile water for irrigation . . . . .  | 54 |
| stimulant laxative . . . . .            | 29 |
| stomach relief . . . . .                | 18 |
| stool softener plus laxative . . . . .  | 29 |
| STRENSIQ . . . . .                      | 25 |
| sucralfate . . . . .                    | 60 |
| sulfamethoxazole-trimethoprim . . . . . | 17 |
| sulfatrim pediatric . . . . .           | 17 |
| SURE COMFORT INSULIN SYRINGE . . . . .  | 49 |
| SURE COMFORT LANCETS 18G . . . . .      | 38 |
| SURE COMFORT LANCETS 21G . . . . .      | 38 |
| SURE COMFORT LANCETS 23G . . . . .      | 38 |
| SURE COMFORT LANCETS 28G . . . . .      | 38 |
| SURE COMFORT LANCETS 30G . . . . .      | 38 |
| SURE COMFORT LANCING PEN . . . . .      | 38 |
| SURE COMFORT PEN NEEDLES . . . . .      | 50 |
| SURE-FINE PEN NEEDLES . . . . .         | 50 |
| SURE-JECT INSULIN SYRINGE . . . . .     | 50 |
| SURE-LANCE FLAT LANCETS . . . . .       | 38 |
| SURE-LANCE LANCETS 26G . . . . .        | 38 |
| SURE-LANCE THIN LANCETS 28G . . . . .   | 39 |
| SURE-LANCE ULTRA THIN LANCETS . . . . . | 39 |
| SURE-TOUCH LANCETS UNIVERSAL . . . . .  | 39 |
| SURELITE LANCETS . . . . .              | 39 |
| SUTAB . . . . .                         | 29 |

|                             |    |
|-----------------------------|----|
| SYMDEKO . . . . .           | 60 |
| systane nighttime . . . . . | 58 |

## T

|                                          |    |
|------------------------------------------|----|
| TDVAX . . . . .                          | 60 |
| TECHLITE INSULIN SYRINGE . . . . .       | 50 |
| TECHLITE LANCETS . . . . .               | 39 |
| TECHLITE LANCETS 26G . . . . .           | 39 |
| TECHLITE LANCETS 30G . . . . .           | 39 |
| TECHLITE PEN NEEDLES . . . . .           | 50 |
| TECHLITE PLUS PEN NEEDLES . . . . .      | 50 |
| TEGLUTIK . . . . .                       | 57 |
| TEGSEDI . . . . .                        | 59 |
| TENIVAC . . . . .                        | 60 |
| TETANUS-DIPHTHERIA TOXOIDS TD . . . . .  | 60 |
| theophylline . . . . .                   | 18 |
| theophylline er . . . . .                | 18 |
| TIGLUTIK . . . . .                       | 57 |
| tm-vite rx . . . . .                     | 55 |
| TODAYS HEALTH MINI PEN NEEDLES . . . . . | 50 |
| TOLVAPTAN . . . . .                      | 26 |
| tolvaptan . . . . .                      | 26 |
| TOPCARE CLICKFINE PEN NEEDLES . . . . .  | 50 |
| TOPCARE LANCETS MICRO-THIN 33G . . . . . | 39 |
| TOPCARE ULTRA COMFORT INS SYR . . . . .  | 50 |
| torsemide . . . . .                      | 24 |
| TRAVEL LANCETS . . . . .                 | 39 |
| TRAVEL LANCETS ADVANCED 28G . . . . .    | 39 |
| treprostinil . . . . .                   | 21 |
| TRI-VI-FLOR . . . . .                    | 56 |
| TRI-VITE/FLUORIDE . . . . .              | 56 |
| triamcinolone acetonide . . . . .        | 55 |
| triamterene-hctz . . . . .               | 24 |
| trientine hcl . . . . .                  | 54 |
| TRIFLURIDINE . . . . .                   | 58 |
| TRIKAFTA . . . . .                       | 60 |
| trimethoprim . . . . .                   | 17 |
| triphrocaps . . . . .                    | 55 |
| TRUE COMFORT INSULIN SYRINGE . . . . .   | 50 |
| TRUE COMFORT PEN NEEDLES . . . . .       | 50 |
| TRUE COMFORT PRO INSULIN SYR . . . . .   | 50 |

|                                          |       |
|------------------------------------------|-------|
| TRUE COMFORT PRO PEN NEEDLES . . . . .   | 50    |
| TRUE COMFORT SAFETY PEN NEEDLE . . . . . | 50    |
| TRUE COMFORT TWIST TOP LANCETS . . . . . | 39    |
| TRUE COVER . . . . .                     | 30    |
| true magnesium oxide . . . . .           | 16,53 |
| TRUE VITAMIN B1 . . . . .                | 64    |
| true vitamin b6 . . . . .                | 64    |
| true vitamin c . . . . .                 | 64    |
| true vitamin d3 . . . . .                | 63    |
| TRUEDRAW LANCING DEVICE . . . . .        | 39    |
| TRUEPLUS 5-BEVEL PEN NEEDLES . . . . .   | 50    |
| TRUEPLUS INSULIN SYRINGE . . . . .       | 51    |
| TRUEPLUS LANCETS 28G . . . . .           | 39    |
| TRUEPLUS LANCETS 30G . . . . .           | 39    |
| TRUEPLUS LANCETS 33G . . . . .           | 39    |
| TRUEPLUS PEN NEEDLES . . . . .           | 51    |
| TRUEPLUS SAFETY LANCETS 28G . . . . .    | 39    |
| TRUMENBA . . . . .                       | 61    |
| TRUSTEX LUBRICATED . . . . .             | 30    |
| TRUSTEX NON-LUBRICATED . . . . .         | 30    |
| TRUSTEX RIA LUB/SPERMICIDE . . . . .     | 30    |
| TRUSTEX-NONOXYNOL-9/RIB/STUD . . . . .   | 30    |
| TWINRIX . . . . .                        | 63    |
| TWIST TOP LANCETS 30G . . . . .          | 39    |

## U

|                                         |    |                                          |    |
|-----------------------------------------|----|------------------------------------------|----|
| ULTI-LANCE AUTOMATIC . . . . .          | 39 | UNILET SAFETY LANCETS 23G . . . . .      | 39 |
| ULTICARE INSULIN SAFETY SYR . . . . .   | 51 | ULTRA FLO INSULIN PEN NEEDLES . . . . .  | 51 |
| ULTICARE INSULIN SYR 1/2 UNIT . . . . . | 51 | ULTRA FLO INSULIN SYRINGE . . . . .      | 51 |
| ULTICARE INSULIN SYRINGE . . . . .      | 51 | ultra lubricating eye drops pf . . . . . | 58 |
| ULTICARE MICRO PEN NEEDLES . . . . .    | 51 | ULTRA THIN LANCETS 31G . . . . .         | 39 |
| ULTICARE MINI PEN NEEDLES . . . . .     | 51 | ULTRA THIN PEN NEEDLES . . . . .         | 51 |
| ULTICARE PEN NEEDLES . . . . .          | 51 | ULTRA-CARE LANCETS 30G . . . . .         | 39 |
| ULTICARE SHORT PEN NEEDLES . . . . .    | 51 | ULTRA-THIN II INS SYR SHORT . . . . .    | 51 |
| ULTIGUARD SAFEPAK PEN NEEDLE . . . . .  | 51 | ULTRA-THIN II INSULIN SYRINGE . . . . .  | 52 |
| ULTILET CLASSIC LANCETS . . . . .       | 39 | ULTRA-THIN II LANCETS . . . . .          | 39 |
| ULTILET INSULIN SYRINGE . . . . .       | 51 | ULTRA-THIN II MINI PEN NEEDLE . . . . .  | 52 |
| ULTILET INSULIN SYRINGE SHORT . . . . . | 51 | ULTRA-THIN II PEN NEEDLE SHORT . . . . . | 52 |
| ULTILET LANCETS . . . . .               | 39 | ULTRA-THIN II PEN NEEDLES . . . . .      | 52 |
| ULTILET PEN NEEDLE . . . . .            | 51 | ULTRACARE INSULIN SYRINGE . . . . .      | 52 |
| ULTILET SAFETY LANCETS . . . . .        | 39 | ULTRACARE PEN NEEDLES . . . . .          | 52 |
|                                         |    | UNIFINE OTC PEN NEEDLES . . . . .        | 52 |
|                                         |    | UNIFINE PENTIPS . . . . .                | 52 |
|                                         |    | UNIFINE PENTIPS PLUS . . . . .           | 52 |
|                                         |    | UNIFINE PROTECT PEN NEEDLE . . . . .     | 52 |
|                                         |    | UNIFINE SAFECONTROL PEN NEEDLE . . . . . | 52 |
|                                         |    | UNIFINE ULTRA PEN NEEDLE . . . . .       | 52 |
|                                         |    | UNILET COMFORTOUCH LANCET . . . . .      | 39 |
|                                         |    | UNILET EXCELITE . . . . .                | 39 |
|                                         |    | UNILET EXCELITE II . . . . .             | 39 |
|                                         |    | UNILET G.P. SUPERLITE LANCET . . . . .   | 39 |
|                                         |    | UNILET GP 28 ULTRA THIN . . . . .        | 39 |
|                                         |    | UNILET LANCET . . . . .                  | 39 |
|                                         |    | UNILET MICRO-THIN 33G . . . . .          | 40 |
|                                         |    | UNILET SUPER-THIN 30G . . . . .          | 40 |
|                                         |    | UNILET ULTRA-THIN 28G . . . . .          | 40 |
|                                         |    | UNISTIK 2 . . . . .                      | 40 |
|                                         |    | UNISTIK 2 COMFORT . . . . .              | 40 |
|                                         |    | UNISTIK 2 EXTRA . . . . .                | 40 |
|                                         |    | UNISTIK 2 NORMAL . . . . .               | 40 |
|                                         |    | UNISTIK 2 SUPER . . . . .                | 40 |
|                                         |    | UNISTIK 3 COMFORT . . . . .              | 40 |
|                                         |    | UNISTIK 3 EXTRA . . . . .                | 40 |
|                                         |    | UNISTIK 3 GENTLE . . . . .               | 40 |
|                                         |    | UNISTIK 3 NEONATAL . . . . .             | 40 |
|                                         |    | UNISTIK 3 NORMAL . . . . .               | 40 |
|                                         |    | UNISTIK CZT COMFORT . . . . .            | 40 |



|                                          |    |
|------------------------------------------|----|
| UNISTIK CZT NORMAL . . . . .             | 40 |
| UNISTIK NORMAL . . . . .                 | 40 |
| UNISTIK PRO SAFETY LANCET . . . . .      | 40 |
| UNISTIK SAFETY LANCETS 28G . . . . .     | 40 |
| UNISTIK SAFETY LANCETS 30G . . . . .     | 40 |
| UNISTIK TOUCH SAFETY LANC 21G . . . . .  | 40 |
| UNISTIK TOUCH SAFETY LANC 23G . . . . .  | 40 |
| UNISTIK TOUCH SAFETY LANC 28G . . . . .  | 40 |
| UNISTIK TOUCH SAFETY LANC 30G . . . . .  | 40 |
| UNIVERSAL 1 LANCETS THIN 26G . . . . .   | 40 |
| UNIVERSAL 1 LANCETS THIN 33G . . . . .   | 40 |
| UNIVERSAL 1 LANCETS ULTRA THIN . . . . . | 40 |
| urea . . . . .                           | 23 |
| urea 20 intensive hydrating . . . . .    | 23 |
| UREA HYDRATING . . . . .                 | 23 |
| ureacin-20 . . . . .                     | 23 |

## V

|                                          |    |
|------------------------------------------|----|
| VALUE PLUS LANCING DEVICE . . . . .      | 40 |
| VALUMARK LANCET SUPER THIN 30G . . . . . | 40 |
| VALUMARK LANCET ULTRA THIN 28G . . . . . | 40 |
| VALUMARK PEN NEEDLES . . . . .           | 52 |
| VANISHPOINT INSULIN SYRINGE . . . . .    | 52 |
| VAQTA . . . . .                          | 63 |
| VARIVAX . . . . .                        | 63 |
| VAXNEUVANCE . . . . .                    | 61 |
| VEKLURY . . . . .                        | 21 |
| VERIFINE INSULIN PEN NEEDLE . . . . .    | 52 |
| VERIFINE INSULIN SYRINGE . . . . .       | 52 |
| VERIFINE PLUS PEN NEEDLE . . . . .       | 52 |
| VERIFINE SAFE LANCET MINI 21G . . . . .  | 40 |
| VERIFINE SAFE LANCET MINI 23G . . . . .  | 40 |
| VERIFINE SAFE LANCET MINI 28G . . . . .  | 41 |
| VERIFINE SAFE LANCET MINI 30G . . . . .  | 41 |
| VERIFINE UNIVERSAL LANCETS 28G . . . . . | 41 |
| VERIFINE UNIVERSAL LANCETS 30G . . . . . | 41 |
| VERIFINE UNIVERSAL LANCETS 33G . . . . . | 41 |
| VIDA MIA AUTOLET LANCING DEV . . . . .   | 41 |
| VIDA MIA UNIFINE PENTIPS . . . . .       | 52 |
| VIDA MIA UNILET LANCETS 28G . . . . .    | 41 |
| VIDA MIA UNILET LANCETS 30G . . . . .    | 41 |

|                                          |    |
|------------------------------------------|----|
| vincasar pfs . . . . .                   | 20 |
| virt-caps . . . . .                      | 55 |
| vitamin d . . . . .                      | 64 |
| vitamin d (ergocalciferol) . . . . .     | 64 |
| vitamin d3 . . . . .                     | 64 |
| VITAMINS ACD-FLUORIDE . . . . .          | 56 |
| VIVAGUARD INO CONTROL SOLUTION . . . . . | 41 |
| VIVAGUARD LANCETS . . . . .              | 41 |
| VIVAGUARD LANCETS 30G . . . . .          | 41 |
| VIVAGUARD LANCING DEVICE . . . . .       | 41 |
| VIVAGUARD SAFETY LANCETS 28G . . . . .   | 41 |
| VIVOTIF . . . . .                        | 61 |
| VOWST . . . . .                          | 26 |
| VOXZOGO . . . . .                        | 25 |
| vp-vite rx . . . . .                     | 55 |

## W

|                                         |    |
|-----------------------------------------|----|
| water for irrigation, sterile . . . . . | 54 |
| well vitamin d3 . . . . .               | 64 |
| wescaps . . . . .                       | 55 |
| WINRHO SDF . . . . .                    | 59 |
| WOMENS 50 BILLION . . . . .             | 18 |

## X

|                    |    |
|--------------------|----|
| XDEMVI . . . . .   | 58 |
| XERAC AC . . . . . | 23 |
| XOLREMDI . . . . . | 28 |

## Z

|                                       |    |
|---------------------------------------|----|
| ZEVRX INSULIN SYRINGE . . . . .       | 52 |
| ZEVRX TWIST TOP LANCETS 30G . . . . . | 41 |
| zinc oxide . . . . .                  | 23 |
| ZOKINVY . . . . .                     | 54 |