

A smiling female pharmacist with dark curly hair, wearing a white lab coat, is looking at a tablet in a pharmacy. The background shows shelves stocked with various medications.

GHP FAMILY

2026 member formulary

List of covered drugs

Geisinger
HEALTH PLAN

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, glucagon-like peptide-1 agonists (GLP-1s), 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. 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
Utilization Management Restrictions		
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
- GLP-1s when used to treat obesity
- 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.

Discrimination is against the law

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

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, PA Relay 711,
Fax: (717) 772-4366, or
Email: 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 or phone 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)

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (PA RELAY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم والبيكم: PA RELAY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 800-447-4000 (PA RELAY: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711). 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711).

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Drug Name	Requirements / Limits	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)
ANALECTICS		
<i>caffeine citrate 60 mg/3ml solution</i>	1	AL (Up to 2 yrs old)
ALTERNATIVE MEDICINES (CONTINUED)		
ALTERNATIVE MEDICINE - M'S		
<i>melatonin (3 mg tab, 10 mg tab disp)</i>	OTC	
ALTERNATIVE MEDICINE COMBINATIONS		
<i>melatonin-pyridoxine 5-10 mg tab</i>	OTC	
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
GOLD COMPOUNDS		
AURANOFIN 3 MG CAP	1	
RIDAURA 3 MG CAP	2	
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESICS OTHER		
<i>acetaminophen (120 mg suppos, 160 mg chew tab)</i>	OTC	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>	OTC	QL (75 units per 1 day)
<i>acetaminophen 325 mg tab</i>	OTC	QL (10 units per 1 day)
<i>acetaminophen 650 mg suppos</i>	OTC	QL (6 units per 1 day)
<i>acetaminophen 650 mg/20.3ml suspension</i>	OTC	QL (100 units per 1 day)
<i>acetaminophen childrens (160 mg/5ml liquid, 160 mg/5ml solution)</i>	OTC	QL (75 units per 1 day)
<i>acetaminophen extra strength 500 mg tab</i>	OTC	QL (6 units per 1 day)
<i>childrens acetaminophen 160 mg/5ml suspension</i>	OTC	QL (75 units per 1 day)
<i>ft pain reliever adults 650 mg suppos</i>	OTC	QL (6 units per 1 day)
<i>ft pain reliever children 120 mg suppos</i>	OTC	QL (20 units per 1 day)
<i>m-pap 160 mg/5ml liquid</i>	OTC	QL (75 units per 1 day)
<i>mapap 500 mg cap</i>	OTC	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>	OTC	QL (30 units per 1 day)
SALICYLATES		
<i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab)</i>	OTC	QL (12 units per 1 day)
SALSALATE (500 MG TAB, 750 MG TAB)	1	QL (4 units per 1 day)
<i>sm aspirin low dose 81 mg tab dr</i>	OTC	QL (12 units per 1 day)
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 2-2 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
PROCTOFOAM HC 1-1 % FOAM	2	
RECTAL LOCAL ANESTHETICS		
<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>	OTC	
<i>rectasmothe 5 % cream</i>	1	
RECTAL STEROIDS		
<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	
ANTACIDS (CONTINUED)		
ANTACID COMBINATIONS		
ACID GONE (95-358 MG/15ML SUSPENSION, 160-105 MG CHEW TAB)	OTC	

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 400-400-40 mg/10ml suspension</i>	OTC	
<i>antacid plus anti-gas relief 200-200-20 mg/5ml suspension</i>	OTC	
<i>antacid regular strength 200-200-20 mg/5ml suspension</i>	OTC	
<i>antacid/antigas 400-400-40 mg/10ml suspension</i>	OTC	
<i>ft antacid & antigas 200-200-20 mg/5ml suspension</i>	OTC	
<i>hm antacid 200-200-20 mg/5ml suspension</i>	OTC	
<i>mag-al plus 200-200-20 mg/5ml liquid</i>	OTC	
<i>magnesium-aluminum-simethicone 200-200-20 mg/5ml suspension</i>	OTC	
<i>qc antacid/anti-gas 200-200-20 mg/5ml suspension</i>	OTC	
<i>sm antacid 400-400-40 mg/10ml suspension</i>	OTC	
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	OTC	
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate (325 mg tab, 650 mg tab)</i>	OTC	
ANTACIDS - CALCIUM SALTS		
<i>antacid 750 mg chew tab</i>	OTC	
<i>antacid calcium 500 mg chew tab</i>	OTC	
<i>antacid extra strength 750 mg chew tab</i>	OTC	
<i>antacid regular strength 500 mg chew tab</i>	OTC	
<i>antacid ultra strength 1000 mg chew tab</i>	OTC	
<i>calcium antacid 500 mg chew tab</i>	OTC	
<i>calcium antacid extra strength 750 mg chew tab</i>	OTC	
CALCIUM CARBONATE ANTACID 1250 MG/5ML SUSPENSION	OTC	
<i>ft antacid extra strength 750 mg chew tab</i>	OTC	
<i>hm calcium antacid ex st 750 mg chew tab</i>	OTC	
<i>qc antacid extra strength 750 mg chew tab</i>	OTC	
<i>sm calcium antacid ex st 750 mg chew tab</i>	OTC	
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide -mg supplement 400 (240 mg) mg tab</i>	OTC	
<i>magnesium oxide 400 mg tab</i>	OTC	

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>true magnesium oxide 400 mg tab</i>	OTC	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	QL (4 units per 1 day)
EMVERM 100 MG CHEW TAB	2	PA, QL (2 units per 1 day)
<i>praziquantel 600 mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
TRIMETHOPRIM 100 MG TAB	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<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	
ANTIPROTOZOAL AGENTS		
<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)
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<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	
OXAZOLIDINONES		
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	1	
SIVEXTRO 200 MG TAB	2	PA, QL (1 unit per 1 day)
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMICS TYPE I-C		
<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	
ANTIARRHYTHMICS TYPE III		
<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	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
XANTHINES		
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	1	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS (CONTINUED)		
HEPARINS AND HEPARINOID-LIKE AGENTS		
<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	
<i>heparin sodium (porcine) +rfid 1000 unit/ml solution</i>	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>ft stomach relief 262 mg chew tab</i>	OTC	
<i>lumiva cap</i>	OTC	
<i>microflor cap</i>	OTC	
<i>restora cap</i>	OTC	
<i>stomach relief 262 mg chew tab</i>	OTC	
WOMENS 50 BILLION CAP	OTC	
ANTIPERISTALTIC AGENTS		
<i>anti-diarrheal 2 mg cap</i>	1	QL (8 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	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)
<i>qc anti-diarrheal 2 mg cap</i>	1	QL (8 units per 1 day)
<i>sm anti-diarrheal 2 mg cap</i>	1	QL (8 units per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>acetylcysteine 200 mg/ml solution</i>	1	
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ALKYLAMINES		
<i>chlorpheniramine maleate er 12 mg tab er</i>	OTC	
ANTIHISTAMINES - ETHANOLAMINES		
<i>allergy 25 mg cap</i>	OTC	
<i>dimetane allergy relief ex st 50 mg cap</i>	OTC	
<i>diphenhydramine hcl (12.5 mg/5ml liquid, 25 mg cap, 25 mg tab, 50 mg cap)</i>	OTC	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERTENSIVES (CONTINUED)		
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<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)
VASODILATORS		
<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	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10 MG TAB	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
<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	
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	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
<i>carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	2	
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
MELPHALAN 2 MG TAB	1	
ANTIMETABOLITES		
<i>mercaptopurine 50 mg tab</i>	1	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
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	
NILUTAMIDE 150 MG TAB	1	QL (2 units per 1 day), SP
ANTINEOPLASTIC COMBINATIONS		
INQOVI 35-100 MG TAB	2	PA, SP
ANTINEOPLASTICS MISC.		
<i>bexarotene 75 mg cap</i>	1	PA, SP
MATULANE 50 MG CAP	2	SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	1	SP
<i>vincasar pfs 1 mg/ml solution</i>	2	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	SP
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium 8 meq/5ml solution</i>	1	
LITHIUM CARBONATE (150 MG CAP, 300 MG CAP, 300 MG TAB, 600 MG CAP)	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
ANTIVIRALS (CONTINUED)		
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	2	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	
MISC. ANTIVIRALS		
VEKLURY 100 MG RECON SOLN	2	SP
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<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	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	2	PA, QL (1 unit per 1 day), SP
PROSTAGLANDIN VASODILATORS		
<i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i>	1	PA, SP
CONTRACEPTIVES (CONTINUED)		
EMERGENCY CONTRACEPTIVES		
<i>econtra ez 1.5 mg tab</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>econtra one-step 1.5 mg tab</i>	OTC	
<i>her style 1.5 mg tab</i>	OTC	
<i>levonorgestrel 1.5 mg tab</i>	OTC	
<i>my way 1.5 mg tab</i>	OTC	
<i>opcicon one-step 1.5 mg tab</i>	OTC	
<i>option 2 1.5 mg tab</i>	OTC	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
<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	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<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>	2	QL (30 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)
COUGH/COLD/ALLERGY COMBINATIONS		
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	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	
MISC. RESPIRATORY INHALANTS		
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	

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Drug Name	Drug Tier	Requirements / Limits
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i>	1	
ANTISEBORRHEIC PRODUCTS		
SELENIUM SULFIDE (2.25 % SHAMPOO, 2.3 % SHAMPOO, 2.5 % LOTION)	1	
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
EMOLLIENT/KERATOLYTIC AGENTS		
DERMACINRX URACIN 20 % CREAM	1	
DERMACINRX UREA 41 % CREAM	1	
DERMACURE 41 % CREAM	1	
UREA (20 % CREAM, 39 % CREAM, 40 % CREAM, 41 % CREAM)	1	
<i>urea 20 intensive hydrating 20 % cream</i>	OTC	
UREA HYDRATING 35 % FOAM	1	
<i>urevex 20 % cream</i>	OTC	
EMOLLIENTS		
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, QL (0.8 units per 1 day), SP
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5 % SOLUTION	1	
LOCAL ANESTHETICS - TOPICAL		
<i>pramoxine hcl 1 % lotion</i>	OTC	
MISC. TOPICAL		
DRYSOL 20 % SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
XERAC AC 6.25 % SOLUTION	2	
<i>zinc oxide (20 % ointment, 25 % ointment)</i>	OTC	
ROSACEA AGENTS		
<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	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	1	
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC TESTS		
PRECISION XTRA KETONE STRIP	1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED)		
DIETARY MANAGEMENT PRODUCTS		
FOLTANX 3-35-2 MG TAB	1	
L-METHYLFOLATE (7.5 MG TAB, 15 MG TAB)	1	
L-METHYLFOLATE CALCIUM (7.5 MG TAB, 15 MG TAB)	1	
L-METHYLFOLATE-B6-B12 3-35-2 MG TAB	1	
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<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	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	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	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG TAB, 40 MG TAB, 80 MG TAB)	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>toremide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<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	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
METABOLIC MODIFIERS		
<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, 100 mg tab, 500 mg packet)</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
<i>zelvysia (100 mg packet, 500 mg packet)</i>	1	PA, SP
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, QL (1 unit per 1 day), SP
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	QL (0.4 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5 mg tab</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	SP
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	1	PA, QL (2 units per 1 day), SP
<i>tolvaptan (hyponatremia) 15 mg tab</i>	1	PA, QL (1 unit per 1 day), SP
<i>tolvaptan (hyponatremia) 30 mg tab</i>	1	PA, QL (2 units per 1 day), SP
<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
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
ANTIFLATULENTS		
<i>ft gas relief extra strength 125 mg cap</i>	OTC	
<i>ft gas relief ultra strength 180 mg cap</i>	OTC	
<i>gas relief extra strength 125 mg cap</i>	OTC	
<i>gas relief ultra strength 180 mg cap</i>	OTC	
<i>gnp anti-gas 180 mg cap</i>	OTC	
<i>gnp gas relief extra strength 125 mg cap</i>	OTC	
<i>simethicone ultra strength 180 mg cap</i>	OTC	
<i>sm gas relief 180 mg cap</i>	OTC	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
HEPATOTROPICS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	2	PA, QL (1 tab per day), SP
INTESTINAL ACIDIFIERS		
<i>enulose 10 gm/15ml solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LIVE FECAL MICROBIOTA		
VOWST CAP	2	PA, SP
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	
SOD CITRATE-CITRIC ACID (1.5-1 GM/15ML SOLUTION, 3-2 GM/30ML SOLUTION, 500-334 MG/5ML SOLUTION)	1	
<i>sod citrate-citric acid 500-334 mg/5ml solution</i>	OTC	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	SP
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI (200 MG TAB, 400 MG TAB)	2	PA, QL (1 unit per 1 day), SP
URINARY ANALGESICS		
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
COMPLEMENT INHIBITORS		
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
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab er</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl (0.5 mg cap, 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)
PYRUVATE KINASE ACTIVATORS		
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

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Drug Name	Drug Tier	Requirements / Limits
HEMATOPOIETIC AGENTS (CONTINUED)		
COBALAMINS		
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>dodex 1000 mcg/ml solution</i>	1	
FOLIC ACID/FOLATES		
<i>folic acid 1 mg tab</i>	1	
IRON		
EZFE 200 434.8 (200 FE) MG CAP	OTC	
<i>ferrex 150 150 mg cap</i>	OTC	
<i>ferrous sulfate 300 (60 fe) mg/5ml solution</i>	OTC	
<i>ferrous sulfate 75 (15 fe) mg/ml solution</i>	OTC	
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	OTC	
STEM CELL MOBILIZERS		
XOLREMDI 100 MG CAP	2	PA, QL (4 units per 1 day), SP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
ANTIHISTAMINE HYPNOTICS		
<i>sleep tabs 25 mg tab</i>	OTC	
LAXATIVES (CONTINUED)		
BULK LAXATIVES		
<i>fiber laxative + calcium 625 mg tab</i>	OTC	
<i>fiber-lax 625 mg tab</i>	OTC	
<i>ft fiber laxative 625 mg tab</i>	OTC	
<i>hm fiber 500 mg tab</i>	OTC	
<i>soluble fiber therapy powder</i>	OTC	
LAXATIVE COMBINATIONS		
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>	OTC	
<i>ft senna-s 8.6-50 mg tab</i>	OTC	
<i>ft stool softener 50-8.6 mg tab</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
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>	OTC	
<i>hm stool softener/laxative 8.6-50 mg tab</i>	OTC	
<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>	OTC	
<i>senna plus 8.6-50 mg tab</i>	OTC	
<i>senna-docusate sodium 8.6-50 mg tab</i>	OTC	
<i>senna-time s 8.6-50 mg tab</i>	OTC	
<i>sennosides-docusate sodium 8.6-50 mg tab</i>	OTC	
<i>stimulant laxative 8.6-50 mg tab</i>	OTC	
<i>stool softener plus laxative 8.6-50 mg tab</i>	OTC	
SUTAB 1479-225-188 MG TAB	2	AL (At least 18 yrs old)
LAXATIVES - MISCELLANEOUS		
<i>constulose 10 gm/15ml solution</i>	1	
<i>glycerin (adult) 2 gm suppos</i>	OTC	
<i>glycerin adult 2 gm suppos</i>	OTC	
<i>hm clearlax 17 gm packet</i>	OTC	
<i>instalax 17 gm/scoop powder</i>	OTC	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
<i>peg 3350 (17 gm packet, 17 gm/scoop powder)</i>	OTC	
<i>polyethylene glycol 3350 17 gm packet</i>	OTC	
<i>proctozone-gmax adult 2 gm suppos</i>	OTC	
SALINE LAXATIVES		
<i>ft magnesium citrate 1.745 gm/30ml solution</i>	OTC	
<i>hm magnesium citrate 1.745 gm/30ml solution</i>	OTC	
<i>magnesium citrate 1.745 gm/30ml solution</i>	OTC	
<i>milk of magnesia 7.75 % suspension</i>	OTC	
MILK OF MAGNESIA CONCENTRATE 2400 MG/10ML SUSPENSION	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>qc magnesium citrate 1.745 gm/30ml solution</i>	OTC	
STIMULANT LAXATIVES		
<i>bisacodyl 10 mg suppos</i>	OTC	
<i>bisacodyl ec 5 mg tab dr</i>	OTC	
<i>ft gentle laxative 10 mg suppos</i>	OTC	
<i>ft laxative 5 mg tab dr</i>	OTC	
<i>gentle laxative (5 mg tab dr, 10 mg suppos)</i>	OTC	
<i>gnp womens gentle laxative 5 mg tab dr</i>	OTC	
<i>hm gentle laxative 10 mg suppos</i>	OTC	
<i>hm laxative 5 mg tab dr</i>	OTC	
<i>proctozone-b 10 mg suppos</i>	OTC	
<i>senna 8.8 mg/5ml liquid</i>	OTC	
<i>sm gentle laxative 5 mg tab dr</i>	OTC	
SURFACTANT LAXATIVES		
<i>docusate sodium 100 mg/10ml liquid</i>	OTC	
<i>silace 60 mg/15ml syrup</i>	OTC	
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
AIMSCO LUBRICATED MISC	OTC	QL (48 units per 30 days)
CAYA DIAPHRAGM	2	
DUREX EXTRA SENSITIVE THIN MISC	OTC	QL (48 units per 30 days)
DUREX TROPICAL MISC	OTC	QL (48 units per 30 days)
FANTASY LUBRICATED MISC	OTC	QL (48 units per 30 days)
FANTASY LUBRICATED/SPERMICIDE MISC	OTC	QL (48 units per 30 days)
FC2 FEMALE CONDOM MISC	OTC	QL (48 units per 30 days)
KIMONO MISC	OTC	QL (48 units per 30 days)
KIMONO MICRO THIN MISC	OTC	QL (48 units per 30 days)
KIMONO MICRO THIN PLUS MISC	OTC	QL (48 units per 30 days)
KIMONO SENSATION MISC	OTC	QL (48 units per 30 days)
MAXX MISC	OTC	QL (48 units per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
TROJAN BARESKIN DEVICE	OTC	QL (48 units per 30 days)
TRUE COVER DEVICE	OTC	QL (48 units per 30 days)
TRUSTEX LUBRICATED MISC	OTC	QL (48 units per 30 days)
TRUSTEX NON-LUBRICATED MISC	OTC	QL (48 units per 30 days)
TRUSTEX RIA LUB/SPERMICIDE MISC	OTC	QL (48 units per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	OTC	QL (48 units per 30 days)
DIABETIC SUPPLIES		
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	
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	
ADVANCED MOBILE LANCET MISC	2	
ADVANTAGE SAFETY LANCETS 28G MISC	2	
ADVOCATE LANCETS 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 21G MISC	2	
ADVOCATE SAFETY LANCETS 23G MISC	2	
ADVOCATE SAFETY LANCETS 26G MISC	2	
ADVOCATE SAFETY LANCETS 28G 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 LANCE LANCETS MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
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)
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	
CARESENS S CONTROL SOLN A/B LIQUID	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	

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Drug Name	Drug Tier	Requirements / Limits
COAGUCHEK LANCETS MISC	2	
COMFORT ASSURED LANCETS 28G MISC	2	
COMFORT ASSURED LANCETS 33G MISC	2	
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC	2	
COMFORT TOUCH LANCETS 31G MISC	2	
COMFORT TOUCH PLUS LANCETS 28G MISC	2	
COMFORT TOUCH TWIST LANCET 30G MISC	2	
CONTOUR PLUS CONTROL SOLUTION LIQUID	2	
DIATHRIVE LANCET ULTRA THIN 30 MISC	2	
DIATHRIVE LANCETS MISC	2	
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 15/64" 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
EMBRACE WAVE GLUCOSE CONTROL HIGH LIQUID	2	
EZ-LETS LANCETS 21G MISC	2	
EZ-LETS LANCETS 28G MISC	2	
EZ-LETS LANCETS 30G MISC	2	
FINGERSTIX LANCETS MISC	2	
FONDCIRCLE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
FONDCIRCLE SINGLE USE 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 33G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
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)
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	
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 LANCING PEN MISC	2	QL (1 unit per 1 day)
LIVE BETTER ADV LANCING DEVICE MISC	2	QL (1 unit per 1 day)
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	
MEDLANCE PLUS EXTRA 21G MISC	2	
MEDLANCE PLUS LITE 25G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
MICROLET LANCETS MISC	2	
MICROLET NEXT 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 ULTRA CONTROL LIQUID	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
PIP LANCETS 28G MISC	2	
PIP LANCETS 30G MISC	2	
PREFERRED PLUS LANCETS THIN 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	
PURE COMFORT SAFETY LANCET 30G MISC	2	
PX LANCETS MICROTHIN 33G MISC	2	
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	
RIGHTEST GD500 LANCING DEVICE MISC	2	QL (1 unit per 1 day)
RIGHTEST GL300 LANCETS MISC	2	
SAFETY LANCET 30G/PRESSURE ACT MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
SENSILANCE SAFETY LANCETS 21G MISC	2	
SENSILANCE SAFETY LANCETS 26G MISC	2	
SENSILANCE SAFETY LANCETS 28G MISC	2	
SHOPKO AUTOLET LANCING DEVICE MISC	2	QL (1 unit per 1 day)
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)
SURELITE LANCETS MISC	2	
TECHLITE LANCETS MISC	2	
TECHLITE LANCETS 26G MISC	2	
TECHLITE LANCETS 30G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
TOPCARE LANCETS MICRO-THIN 33G MISC	2	
TRAVEL LANCETS ADVANCED 28G MISC	2	
TRUE COMFORT SAFETY LANCETS 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 G.P. SUPERLITE LANCET MISC	2	
UNILET GP 28 ULTRA THIN MISC	2	
UNILET LANCET MISC	2	
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)

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Drug Name	Drug Tier	Requirements / Limits
UNISTIK 3 EXTRA MISC	2	QL (1 unit per 1 day)
UNISTIK 3 GENTLE MISC	2	
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 INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE SAFE LANCET MINI 21G MISC	2	
VERIFINE SAFE LANCET MINI 23G MISC	2	
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
ZEVX TWIST TOP LANCETS 30G MISC	2	
PARENTERAL THERAPY SUPPLIES		
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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 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, 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 LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM MISC	2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM MISC	2	
BD PEN NEEDLE SHORT ULTRAFINE 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	
BD VEO INSULIN SYR ULTRAFINE (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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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 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 AUTOPROTECT DUO (X 4 MISC, X 5 MISC, X 8 MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
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 28G X 1/2" 1 ML MISC	2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 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	

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Drug Name	Drug Tier	Requirements / Limits
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	2	
EMBECTA PEN NEEDLE ULTRAFINE (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	
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	
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 SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
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" 0.3 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	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
INSUPEN32G EXTR3ME 32G X 6 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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 (31G X 8 MISC, 32G X 4 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	
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 (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
TECHLITE PEN NEEDLES (29G X 10MM MISC, 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	
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 (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	2	
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	OTC	
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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 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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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, 30G X 5/16" 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	
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	
ZEVXR 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	
RESPIRATORY THERAPY SUPPLIES		
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)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
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)	1	
MAGNESIUM		
<i>magnesium-oxide 400 (240 mg) mg tab</i>	OTC	
<i>true magnesium oxide 400 mg tab</i>	OTC	
PHOSPHATE		
K-PHOS 500 MG TAB	2	

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Drug Name	Drug Tier	Requirements / Limits
PHOSPHA 250 NEUTRAL 155-852-130 MG TAB	1	
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 MG TAB	1	
PHOSPHO-TRIN K500 500 MG TAB	2	
WES-PHOS 250 NEUTRAL 155-852-130 MG TAB	1	
POTASSIUM		
KLOR-CON (8 TAB ER, 20 PACKET)	1	
KLOR-CON 10 10 MEQ TAB ER	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	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine 250 mg cap</i>	1	
<i>trientine hcl 250 mg cap</i>	1	SP
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, QL (2 units per 1 day), SP
IMMUNOSUPPRESSIVE AGENTS		
ENSPRYNG 120 MG/ML SOLN PRSYR	2	PA, SP
IRRIGATION SOLUTIONS		
<i>sterile water for irrigation solution</i>	1	
<i>water for irrigation, sterile solution</i>	1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	2	PA, SP
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>gnp sore throat spray 1.4 % liquid</i>	OTC	
<i>hm sore throat spray 1.4 % liquid</i>	OTC	
<i>phenaseptic 1.4 % liquid</i>	OTC	
<i>sore throat 1.4 % liquid</i>	OTC	
<i>sore throat spray 1.4 % liquid</i>	OTC	
DENTAL PRODUCTS		
DENTA 5000 PLUS 1.1 % CREAM	1	
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	1	
DENTAGEL 1.1 % GEL	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
SODIUM FLUORIDE (0.2 % SOLUTION, 1.1 % GEL)	1	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	
SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM	1	
SODIUM FLUORIDE 5000 PPM (1.1 % CREAM, 1.1 % GEL, 1.1 % PASTE)	1	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<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)
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	1	
<i>nephronex tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TM-VITE RX 1 MG TAB	1	
TRIPHROCAPS 1 MG CAP	1	
<i>virt-caps 1 mg cap</i>	1	
<i>vp-vite rx 1 mg tab</i>	1	
WESCAPS 1 MG CAP	1	
MULTIPLE VITAMINS W/ MINERALS		
MULTIPLE VITAMINS-MINERALS LIQUID	OTC	
MVW COMPLETE FORMULATION CAP	OTC	
MVW COMPLETE FORMULATION D5000 CAP	OTC	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID		
QUFLORA FE 0.25 MG CHEW TAB	1	
MULTIVITAMINS		
DEKAS ESSENTIAL LIQUID	OTC	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>	OTC	
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1	
QUFLORA FE PEDIATRIC 0.25-9.5 MG/ML LIQUID	1	
PED MULTIPLE VITAMINS W/ MINERALS		
DEKAS PLUS LIQUID	OTC	
PED MV W/ FLUORIDE		
FLOTREX 0.5 MG CHEW TAB	1	
FLOTREX 1 MG CHEW TAB	OTC	
MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION)	1	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	OTC	

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Drug Name	Drug Tier	Requirements / Limits
TRI-VITAMIN WITH FLUORIDE 0.25 MG/ML SUSPENSION	1	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	OTC	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
GABLOFEN 50 MCG/ML SOLN PRSYR	2	SP
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1 MG CAP, 1.5 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	PA, SP
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENTS - MISC.		
<i>hm saline nasal spray 0.65 % solution</i>	OTC	
<i>nasal moisturizing spray 0.65 % solution</i>	OTC	
<i>saline mist spray 0.65 % solution</i>	OTC	
<i>saline nasal spray 0.65 % solution</i>	OTC	
SYMPATHOMIMETIC DECONGESTANTS		
<i>12 hour nasal decongestant 0.05 % solution</i>	OTC	
<i>12 hour nasal spray 0.05 % solution</i>	OTC	
<i>ft nasal spray 0.05 % solution</i>	OTC	
<i>gnp nasal four spray 1 % solution</i>	OTC	
<i>gnp nasal mist extra moisturiz 0.05 % solution</i>	OTC	
<i>gnp nasal spray fast acting 1 % solution</i>	OTC	
<i>hm nasal spray 0.05 % solution</i>	OTC	
<i>hm nose drops 1 % solution</i>	OTC	
<i>hm sinus nasal spray 0.05 % solution</i>	OTC	
<i>nasal decongestant spray 0.05 % solution</i>	OTC	
<i>nasal four 1 % solution</i>	OTC	
<i>nasal spray 12 hour 0.05 % solution</i>	OTC	
<i>nasal spray extra moisturizing 0.05 % solution</i>	OTC	
<i>nasal spray no drip 0.05 % solution</i>	OTC	
<i>oxymetazoline hcl 0.05 % solution</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>sinus nasal spray 0.05 % solution</i>	OTC	
<i>sinus relief extra strength 1 % solution</i>	OTC	
<i>sm nose drops nasal decongest 1 % solution</i>	OTC	
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
EXSERVAN 50 MG FILM	2	PA, QL (2 units per 1 day)
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
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, QL (3 units per 1 day), SP
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, QL (6.67 units per 1 day), SP
NUTRIENTS (CONTINUED)		
MISC. NUTRITIONAL SUBSTANCES		
<i>fish oil 1000 mg cap</i>	OTC	
OPHTHALMIC AGENTS (CONTINUED)		
ARTIFICIAL TEARS AND LUBRICANTS		
ALCON TEARS 0.5 % SOLUTION	OTC	
<i>bion tears pf 0.1-0.3 % solution</i>	OTC	
<i>genteal tears night-time ointment</i>	OTC	
<i>gnp nighttime relief lub eye ointment</i>	OTC	
<i>goodsense lubricant eye drops 0.4-0.3 % solution</i>	OTC	
<i>lubricant eye drops (pf) 0.4-0.3 % solution</i>	OTC	
<i>lubricant eye nighttime ointment</i>	OTC	
<i>lubrifresh p.m. ointment</i>	OTC	
<i>polyvinyl alcohol 1.4 % solution</i>	OTC	
<i>refresh lacri-lube ointment</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>refresh p.m. ointment</i>	OTC	
<i>refresh plus 0.5 % solution</i>	OTC	
<i>systane nighttime ointment</i>	OTC	
<i>ultra lubricating eye drops pf 0.4-0.3 % solution</i>	OTC	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE (1 % OINTMENT, 1 % SOLUTION)	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
ISOPTO ATROPINE 1 % SOLUTION	1	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
TRIFLURIDINE 1 % SOLUTION	1	
XDEMVIY 0.25 % SOLUTION	2	PA
OPHTHALMICS - MISC.		
<i>sodium chloride (hypertonic) (5 % ointment, 5 % solution)</i>	OTC	
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
<i>methylergonovine maleate 0.2 mg tab</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
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
GAMMAGARD ERC 5 GM/50ML 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
PHARMACEUTICAL ADJUVANTS (CONTINUED)		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC) SOLUTION	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
DILUENT FOR TREPROSTINIL SOLUTION	1	SP
ORA-BLEND SUSPENSION	OTC	
ORA-BLEND SF SUSPENSION	OTC	
ORA-PLUS LIQUID	OTC	
ORA-SWEET SF SYRUP	OTC	
<i>sterile diluent/epoprostenol solution</i>	1	SP
STERILE WATER FOR INJECTION SOLUTION	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA 1 GM PACKET	2	PA, QL (4 units per 1 day), SP
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	2	PA, QL (3 units per 1 day), SP
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, QL (0.22 units per 1 day)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
CYSTIC FIBROSIS AGENTS		
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
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
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	2	AL (At least 19 yrs old)

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Drug Name	Drug Tier	Requirements / Limits
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 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<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	
MISC. ANTI-ULCER		
CARAFATE 1 GM/10ML SUSPENSION	1	
<i>sucrafate (1 gm tab, 1 gm/10ml suspension)</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
UNCATEGORIZED (CONTINUED)		
UNCLASSIFIED		
ALYFTREK 10-50-125 MG TAB	2	PA, QL (2 units per 1 day), SP
ALYFTREK 4-20-50 MG TAB	2	PA, QL (3 units per 1 day), SP
CRENESSITY (25 MG CAP, 50 MG CAP, 50 MG/ML SOLUTION, 100 MG CAP)	2	PA, SP
PENMENVY RECON SUSP	2	QL (1 unit per 999 days), AL (19 to 25 yrs old)
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	2	QL (2 units per 365 days), AL (19 to 999 yrs old)
VYKAT XR (25 MG TAB ER 24H, 75 MG TAB ER 24H)	2	PA, SP
VYKAT XR 150 MG TAB ER 24H	2	PA, SP
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
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 (0.5 ML SOLUTION, SOLUTION)	2	AL (At least 19 yrs old)
MENVEO RECON SOLN	2	AL (19 to 55 yrs old)
PENBRAYA RECON SUSP	2	AL (At least 19 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)
VIRAL VACCINES		
ABRYSCO 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	
COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION	2	
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	2	AL (19 to 19 yrs old)
ENGERIX-B 20 MCG/ML SUSP PRSYR	2	AL (At least 20 yrs old)
ENGERIX-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	

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
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	2	
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 (0.5 ML SUSP PRSYR, SUSPENSION)	2	AL (19 to 45 yrs old)
HAVRIX 1440 EL U/ML SUSP PRSYR	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)
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	2	
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	2	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	2	
NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	2	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML 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 BIVAL 5-11 10 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	2	
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 6M-11Y 25 MCG/0.25ML SUSP PRSYR	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 SUSP PRSYR, 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)
VASOPRESSORS (CONTINUED)		
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ergocalciferol 200 mcg/ml solution</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>ft vitamin d3 50 mcg cap</i>	OTC	
<i>phytonadione 5 mg tab</i>	1	
<i>true vitamin d3 (10 mcg (400 unit) tab, 50 mcg (2000 ut) cap)</i>	OTC	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
<i>vitamin d 10 mcg/ml liquid</i>	OTC	
<i>vitamin d3 (10 mcg (400 unit) tab, 10 mcg/ml liquid, 50 mcg (2000 ut) cap)</i>	OTC	
WATER SOLUBLE VITAMINS		
TRUE VITAMIN B1 50 MG TAB	OTC	
TRUE VITAMIN B6 (10 MG TAB, 100 MG TAB)	OTC	
<i>true vitamin c 250 mg tab</i>	OTC	

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EMBECTA PEN NEEDLE NANO	45
EMBECTA PEN NEEDLE NANO 2 GEN	45
EMBECTA PEN NEEDLE U/F	45
EMBECTA PEN NEEDLE ULTRAFINE	45
EMBRACE LANCETS ULTRA THIN 30G	34
EMBRACE PEN NEEDLES	45
EMBRACE WAVE GLUCOSE CONTROL	34
EMCYT	20
EMPAVELI	27
EMVERM	17
ENGERIX-B	61
ENSPRYNG	53
enulose	26
eplerenone	19
ergocalciferol	63
ethambutol hcl	20
ETOPOSIDE	21
EVRYSDI	57
EXEL COMFORT POINT INSULIN SYR	45
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EZ-LETS LANCETS 21G	34
EZ-LETS LANCETS 28G	34
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FANTASY LUBRICATED	30
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FC2 FEMALE CONDOM	30
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fiber laxative + calcium	28
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FINGERSTIX LANCETS	34
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fish oil	57	ft pain reliever children	14
FLEBOGAMMA DIF	58	ft senna-s	28
flecainide acetate	18	ft stomach relief	18
FLOTREX	55	ft stool softener	28
FLUAD	61	ft vitamin d3	64
FLUAD QUADRIVALENT	61	FUROSEMIDE	24
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FLUARIX QUADRIVALENT	61	G	
FLUBLOK	61	GABLOFEN	56
FLUBLOK QUADRIVALENT	61	GAMMAGARD	58
FLUCELVAX	62	GAMMAGARD ERC	58
FLUCELVAX QUADRIVALENT	62	GARDASIL 9	62
FLULAVAL	62	gas relief extra strength	26
FLULAVAL QUADRIVALENT	62	gas relief ultra strength	26
FLUMIST	62	GAVILYTE-C	29
FLUMIST QUADRIVALENT	62	gavilyte-g	29
fluorouracil	23	gavilyte-n with flavor pack	29
FLUTAMIDE	20	generlac	27
FLUZONE	62	genteal tears night-time	57
FLUZONE HIGH-DOSE	62	GENTEEL BUTTERFLY TOUCH LANCET	34
FLUZONE HIGH-DOSE QUADRIVALENT	62	GENTEEL LANCING KIT (BLUE)	34
FLUZONE QUADRIVALENT	62	gentle laxative	30
folic acid	28	GLOBAL EASE INJECT PEN NEEDLES	45
FOLTANX	24	GLOBAL EASY GLIDE INSULIN SYR	45
FONDCIRCLE LANCING DEVICE	34	GLOBAL EASY GLIDE PEN NEEDLES	45
FONDCIRCLE SINGLE USE LANCETS	34	GLOBAL INJECT EASE INSULIN SYR	45
FORA LANCETS	34	GLOBAL INJECT EASE LANCETS 28G	34
FORA LANCING DEVICE	34	GLOBAL INJECT EASE LANCETS 30G	34
FREESTYLE LANCETS	34	GLOBAL INSULIN SYRINGES	45
FREESTYLE UNISTICK II LANCETS	34	GLOBAL LANCING DEVICE	34
ft antacid & antigas	16	GLUCOCOM LANCETS 28G	34
ft antacid extra strength	16	GLUCOCOM LANCETS 30G	34
ft anti-diarrheal	19	GLUCOCOM LANCETS 33G	34
ft fiber laxative	28	GLUCOPRO INSULIN SYRINGE	45
ft gas relief extra strength	26	glycerin (adult)	29
ft gas relief ultra strength	26	glycerin adult	29
ft gentle laxative	30	glycopyrrolate	60
ft laxative	30	gnp anorectal	15
ft magnesium citrate	29	gnp anti-diarrheal	19
ft nasal spray	56	gnp anti-gas	26
ft pain reliever adults	14	gnp gas relief extra strength	26

GNP INSULIN SYRINGES	45	hm clearlax	29
GNP INSULIN SYRINGES 28GX1/2"	45	hm fiber	28
GNP INSULIN SYRINGES 29GX1/2"	45	hm gentle laxative	30
GNP INSULIN SYRINGES 30GX5/16"	45	hm laxative	30
GNP INSULIN SYRINGES 31GX5/16"	45	hm magnesium citrate	29
gnp nasal four spray	56	hm nasal spray	56
gnp nasal mist extra moisturiz	56	hm nose drops	56
gnp nasal spray fast acting	56	hm saline nasal spray	56
gnp nighttime relief lub eye	57	hm senna-s	29
GNP PEN NEEDLES	45	hm sinus nasal spray	56
gnp sore throat spray	54	hm sore throat spray	54
GNP STERILE LANCETS 28G	34	hm stool softener/laxative	29
GNP STERILE LANCETS 33G	34	HM ULTICARE INSULIN SYRINGE	46
GNP ULTIGUARD SAFEPAK NEEDLE	45	HM ULTICARE SHORT PEN NEEDLES	46
gnp womens gentle laxative	30	HYCAMTIN	21
GOJJI LANCING DEVICE/CLEAR CAP	35	HYCODAN	22
GOJJI STERILE LANCETS	35	hydralazine hcl	19
GOODSENSE CLICKFINE PEN NEEDLE	46	hydrochlorothiazide	25
goodsense lubricant eye drops	57	HYDROCOD POLI-CHLORPHE POLI ER	22
GOODSENSE PEN NEEDLE PENFINE	46	hydrocodone bit-homatrop mbr	22
		hydrocortisone	15
H		hydrocortisone (perianal)	15
HAVRIX	62	hydrocortisone sod suc (pf)	22
HEALTH CARE LANCING DEVICE	35	hydromet	22
HEALTHWISE INSULIN SYR/NEEDLE	46	HYFTOR	23
HEALTHWISE MICRON PEN NEEDLES	46	HYPOLANCE AST LANCING	35
HEALTHWISE MINI PEN NEEDLES	46		
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HEALTHWISE UNIFINE PENTIPS	46	IN TOUCH LANCING DEVICE	35
HEALTHY ACCENTS LANCING DEVICE	35	IN TOUCH STERILE LANCETS 30G	35
HEALTHY ACCENTS UNIFINE PENTIP	46	INCONTROL ULTICARE PEN NEEDLES	46
hemorrhoidal relief	15	indapamide	25
heparin sodium (porcine)	18	INQOVI	20
heparin sodium (porcine) +rfid	18	instalax	29
HEPARIN SODIUM (PORCINE) PF	18	INSULIN SYRINGE	46
HEPLISAV-B	62	INSULIN SYRINGE-NEEDLE U-100	46
her style	22	INSUPEN PEN NEEDLES	46
hm antacid	16	INSUPEN32G EXTR3ME	46
hm anti-diarrheal	19	iron (ferrous sulfate)	28
hm calcium antacid ex st	16	isoniazid	20

ISOPTO ATROPINE	58
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KIMONO	30
KIMONO MICRO THIN	30
KIMONO MICRO THIN PLUS	30
KIMONO SENSATION	30
KINRAY INSULIN SYRINGE	46
KLOR-CON	53
KLOR-CON 10	53
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klor-con m15	53
klor-con m20	53
KMART VALU INSULIN SYRINGE 29G	46
KMART VALU INSULIN SYRINGE 30G	46

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L-METHYLFOLATE CALCIUM	24
L-METHYLFOLATE-B6-B12	24
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LANCETS	35
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LANCETS MICRO THIN 33G	35
LANCETS SUPER THIN	35
LANCETS SUPER THIN 28G	35
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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	22
LIBERTY MEDICAL LANCETS	35
lidocaine (anorectal)	15
LIDOCAINE-HYDROCORTISONE ACE	15
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LITETOUCH INSULIN SYRINGE	47
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magnesium oxide	16
magnesium oxide -mg supplement	16
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mapap	14	MICROLET LANCETS	36
mapap childrens	15	MICROLET NEXT LANCETS	36
MARATHON MEDICAL PENTIPS	47	MICROLET NEXT LANCING DEVICE	36
MATULANE	20	midodrine hcl	63
MAXI-COMFORT INSULIN SYRINGE	47	mifepristone	26
MAXI-COMFORT SAFETY PEN NEEDLE	47	milk of magnesia	29
MAXICOMFORT II PEN NEEDLE	47	MILK OF MAGNESIA CONCENTRATE	29
MAXICOMFORT SYR 27G X 1/2"	47	MINI LANCING DEVICE	36
MAXX	30	minoxidil	19
MEDIC INSULIN SYRINGE	47	MIPLYFFA	59
MEDICHOICE SAFETY LANCET	35	misoprostol	60
MEDICHOICE SAFETY LANCET EXTRA	35	MM INSULIN SYRINGE/NEEDLE	47
MEDICHOICE SAFETY LANCET NORM	35	MM LANCING DEVICE	36
MEDICINE SHOPPE PEN NEEDLES	47	MM PEN NEEDLES	47
MEDLANCE PLUS EXTRA 21G	35	MM TWIST LANCETS	36
MEDLANCE PLUS LITE 25G	35	MNEXSPIKE	62
MEDLANCE PLUS SPECIAL 0.8MM	36	MOBILE LANCETS 30G	36
MEDLANCE PLUS SUPERLITE 30G	36	MODERNA COVID-19 BIVAL 6M-5Y	62
MEDLANCE PLUS UNIVERSAL 21G	36	MODERNA COVID-19 BIVALENT	62
megestrol acetate	20	MODERNA COVID-19 VAC 6M-11Y	62
MEIJER LANCETS THIN	36	MODERNA COVID-19 VACC 6M-5Y	62
MEIJER LANCETS UNIVERSAL 30G	36	MODERNA COVID-19 VACCINE	62
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MELPHALAN	20	MONOLETTOR SAFETY LANCETS	36
MENACTRA	61	MPD SAFETY LANCET 21G	36
MENQUADFI	61	MPD SAFETY LANCET 23G	36
MENVEO	61	MPD SAFETY LANCET 28G	36
MEPRON	17	MRESVIA	62
mercaptapurine	20	MS INSULIN SYRINGE	48
methazolamide	24	MULTI-LANCET DEVICE 2	36
methimazole	59	multi-vit/iron/fluoride	55
methylergonovine maleate	58	MULTI-VITAMIN/FLUORIDE	55
methylprednisolone acetate	22	MULTI-VITAMIN/FLUORIDE/IRON	55
methylprednisolone sodium succ	22	MULTIPLE VITAMINS-MINERALS	55
metolazone	25	MULTIVITAMIN W/FLUORIDE	55
metronidazole	24	MULTIVITAMIN/FLUORIDE	55
mexiletine hcl	17	MVW COMPLETE FORMULATION	55
microflor	18	MVW COMPLETE FORMULATION D5000	55

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nasal four	56
nasal moisturizing spray	56
nasal spray 12 hour	56
nasal spray extra moisturizing	56
nasal spray no drip	56
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NILUTAMIDE	20
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NOVOPEN ECHO	48
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ONETOUCH DELICA PLUS LANCET30G	36
ONETOUCH DELICA PLUS LANCET33G	36
ONETOUCH DELICA PLUS LANCING	36
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OPTICHAMBER DIAMOND-LG MASK	52
OPTICHAMBER DIAMOND-MD MASK	52
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ORA-BLEND	59
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PALYNZIQ	25
PAXLOVID (150/100)	21
PAXLOVID (300/100 & 150/100)	21
PAXLOVID (300/100)	21
PC LANCETS SUPER THIN 30G	37
PC UNIFINE PENTIPS	48
peg 3350	29
peg 3350-kcl-na bicarb-nacl	29
peg-3350/electrolytes	29
PEN NEEDLE/5-BEVEL TIP	48
PEN NEEDLES	48
PEN NEEDLES 5/16"	48
PENBRAYA	61
penicillamine	53
PENMENVY	60
PENTIPS	48
PENTIPS GENERIC PEN NEEDLES	48
pentoxifylline er	27
PERFECT LANCETS 28G	37
PERFECT LANCETS 30G	37
PERFECT POINT SAFETY LANCETS	37
PFIZER COVID-19 BIVAL 6MO-4YR	62
PFIZER COVID-19 VAC BIVAL 5-11	63
PFIZER COVID-19 VAC BIVALENT	63
PFIZER COVID-19 VAC-TRIS 5-11Y	63
PFIZER COVID-19 VAC-TRIS 6M-4Y	63
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PFIZER-BIONTECH COVID-19 VACC	63
PHARMACIST CHOICE LANCETS	37
PHARMACY COUNTER LANCETS	37
phenaseptic	54
PHENAZOPYRIDINE HCL	27
phenylephrine hcl	58

PHOSPHA 250 NEUTRAL	53	proctozone-hc	15
PHOSPHO-TRIN 250 NEUTRAL	53	PRODIGY INSULIN SYRINGE	49
PHOSPHO-TRIN K500	53	PRODIGY LANCETS 28G	37
phytonadione	64	PRODIGY LANCING DEVICE	37
pilocarpine hcl	54	PRODIGY SAFETY LANCETS 26G	37
PIP LANCETS 28G	37	PRODIGY TWIST TOP LANCETS 28G	37
PIP LANCETS 30G	37	promethazine-codeine	22
PIP PEN NEEDLES 31G X 5MM	48	promethazine-dm	22
PIP PEN NEEDLES 32G X 4MM	48	propafenone hcl	18
PNEUMOVAX 23	61	propylthiouracil	59
PODOFILOX	23	PROQUAD	63
polyethylene glycol 3350	29	PULMOZYME	59
polyvinyl alcohol	57	PURE COMFORT PEN NEEDLE	49
potassium chloride	53	PURE COMFORT SAFETY LANCET 30G	37
potassium chloride crys er	53	PURE COMFORT SAFETY PEN NEEDLE	49
potassium chloride er	53	PX LANCETS MICROTHIN 33G	37
potassium citrate er	27	pyrazinamide	20
pramoxine hcl	23	pyridostigmine bromide	20
pramoxine hcl (perianal)	15	PYRUKYND	27
praziquantel	17	PYRUKYND TAPER PACK	27
PRECISION XTRA KETONE	24		
PREFERRED PLUS INSULIN SYRINGE	48	Q	
PREFERRED PLUS LANCETS THIN	37	qc antacid extra strength	16
PREFERRED PLUS UNIFINE PENTIPS	48	qc antacid/anti-gas	16
PREHEVBRIO	63	qc anti-diarrheal	19
PRETOMANID	20	qc magnesium citrate	30
PREVENT DROPSAFE PEN NEEDLES	48	QUFLORA FE	55
PREVENT SAFETY PEN NEEDLES	48	QUFLORA FE PEDIATRIC	55
PREVNAR 13	61	QUINIDINE SULFATE	17
PREVNAR 20	61		
PRIORIX	63	R	
PRO COMFORT INSULIN SYRINGE	48	RADICAVA ORS	57
PRO COMFORT LANCETS 30G	37	RADICAVA ORS STARTER KIT	57
PRO COMFORT LANCETS 31G	37	RAYA SURE PEN NEEDLE	49
PRO COMFORT PEN NEEDLES	48	RECOMBIVAX HB	63
PRO COMFORT SAFETY LANCETS 30G	37	rectasmothe	15
procto-med hc	15	refresh lacri-lube	57
PROCTOFOAM HC	15	refresh p.m.	58
proctosol hc	15	refresh plus	58
proctozone-b	30	RELION INSULIN SYRINGE	49
proctozone-gmax adult	29	RELION LANCETS	37

RELION LANCETS MICRO-THIN 33G	37	SENSILANCE SAFETY LANCETS 21G	38
RELION LANCETS THIN 26G	37	SENSILANCE SAFETY LANCETS 26G	38
RELION LANCETS ULTRA-THIN 30G	37	SENSILANCE SAFETY LANCETS 28G	38
RELION LANCING DEVICE	37	SHINGRIX	60,63
RELION MINI PEN NEEDLES	49	SHOPKO AUTOLET LANCING DEVICE	38
RELION PEN NEEDLES	49	SHOPKO UNIFINE PENTIPS	49
RELION SHORT PEN NEEDLES	49	SHOPKO UNIFINE PENTIPS PLUS	49
RELION ULTRA THIN LANCETS 30G	37	silace	30
RELION ULTRA THIN PLUS LANCETS	37	silver sulfadiazine	23
restora	18	simethicone ultra strength	26
REXALL LANCETS ULTRA THIN 30G	37	SIMPLE DIAGNOSTICS LANCING DEV	38
REZDIFFRA	26	sinus nasal spray	57
RIDAURA	14	sinus relief extra strength	57
rifabutin	20	SIVEXTRO	17
rifampin	20	SKYCLARYS	57
RIGHTEST GD500 LANCING DEVICE	37	sleep tabs	28
RIGHTEST GL300 LANCETS	37	sm antacid	16
riluzole	57	sm anti-diarrheal	19
rosadan	24	sm aspirin low dose	15
		sm calcium antacid ex st	16
S		sm gas relief	26
SAFETY INSULIN SYRINGES	49	sm gentle laxative	30
SAFETY LANCET 30G/PRESSURE ACT	37	sm nose drops nasal decongest	57
SAFETY LANCETS 21G	38	SMART DIABETES VANTAGE LANCING	38
SAFETY LANCETS 23G	38	SMART SENSE COLOR LANCETS 33G	38
SAFETY LANCETS 28G	38	SMART SENSE STANDARD LANCETS	38
SAFETY PEN NEEDLES	49	SMART SENSE SUPER THIN LANCETS	38
saline mist spray	56	SMART SENSE THIN LANCETS 26G	38
saline nasal spray	56	SMARTEST LANCETS 28G	38
SALSALATE	15	SOD CITRATE-CITRIC ACID	27
sapropterin dihydrochloride	25	sod citrate-citric acid	27
SAPS HEALTH TWIST TOP LANCETS	38	SOD FLUORIDE-POTASSIUM NITRATE	54
SAPS TWIST TOP LANCETS	38	sodium bicarbonate	16
SECURESAFE INSULIN SYRINGE	49	SODIUM CHLORIDE	22
SELENIUM SULFIDE	23	sodium chloride (hypertonic)	58
senexon-s	29	SODIUM FLUORIDE	52,54
senna	30	SODIUM FLUORIDE 5000 ENAMEL	54
senna plus	29	SODIUM FLUORIDE 5000 PLUS	54
senna-docusate sodium	29	SODIUM FLUORIDE 5000 PPM	54
senna-time s	29	SODIUM FLUORIDE 5000 SENSITIVE	54
senosides-docusate sodium	29	sodium polystyrene sulfonate	53

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soluble fiber therapy	28
SOLUS V2 LANCETS 28G	38
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SPIKEVAX	63
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spironolactone	25
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SPS (SODIUM POLYSTYRENE SULF)	53
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STERILANCE PA	38
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sterile diluent/epoprostenol	59
STERILE WATER FOR INJECTION	59
sterile water for irrigation	53
stimulant laxative	29
stomach relief	18
stool softener plus laxative	29
STRENSIQ	25
sucrafate	60
sulfamethoxazole-trimethoprim	17
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SURE COMFORT INSULIN SYRINGE	49
SURE COMFORT LANCETS 18G	38
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SURE COMFORT LANCETS 23G	38
SURE COMFORT LANCETS 28G	38
SURE COMFORT LANCETS 30G	38
SURE COMFORT LANCING PEN	38
SURE COMFORT PEN NEEDLES	49
SURELITE LANCETS	38
SUTAB	29
SYMDEKO	59
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TECHLITE INSULIN SYRINGE	49
TECHLITE LANCETS	38
TECHLITE LANCETS 26G	38
TECHLITE LANCETS 30G	38
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 (hyponatremia)	26
TOPCARE CLICKFINE PEN NEEDLES	50
TOPCARE LANCETS MICRO-THIN 33G	39
TOPCARE ULTRA COMFORT INS SYR	50
torseamide	25
TRAVEL LANCETS ADVANCED 28G	39
treprostinil	21
TRI-VITAMIN WITH FLUORIDE	56
TRI-VITE/FLUORIDE	56
triamcinolone acetonide	54
triamterene-hctz	24
trientine hcl	53
TRIFLURIDINE	58
TRIKAFTA	59
TRIMETHOPRIM	17
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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 LANCETS	39

TRUE COMFORT SAFETY PEN NEEDLE	50	ultra lubricating eye drops pf	58
TRUE COMFORT TWIST TOP LANCETS	39	ULTRA THIN LANCETS 31G	39
TRUE COVER	31	ULTRA THIN PEN NEEDLES	51
true magnesium oxide	17,52	ULTRA-CARE LANCETS 30G	39
TRUE VITAMIN B1	64	ULTRA-THIN II INS SYR SHORT	51
TRUE VITAMIN B6	64	ULTRA-THIN II INSULIN SYRINGE	51
true vitamin c	64	ULTRA-THIN II LANCETS	39
true vitamin d3	64	ULTRA-THIN II MINI PEN NEEDLE	51
TRUEDRAW LANCING DEVICE	39	ULTRA-THIN II PEN NEEDLE SHORT	51
TRUEPLUS 5-BEVEL PEN NEEDLES	50	ULTRA-THIN II PEN NEEDLES	51
TRUEPLUS INSULIN SYRINGE	50	ULTRACARE INSULIN SYRINGE	51
TRUEPLUS LANCETS 28G	39	ULTRACARE PEN NEEDLES	51
TRUEPLUS LANCETS 30G	39	UNIFINE OTC PEN NEEDLES	51
TRUEPLUS LANCETS 33G	39	UNIFINE PENTIPS	51
TRUEPLUS PEN NEEDLES	50	UNIFINE PENTIPS PLUS	51
TRUEPLUS SAFETY LANCETS 28G	39	UNIFINE PROTECT PEN NEEDLE	51
TRUMENBA	61	UNIFINE SAFECONTROL PEN NEEDLE	51
TRUSTEX LUBRICATED	31	UNIFINE ULTRA PEN NEEDLE	52
TRUSTEX NON-LUBRICATED	31	UNILET COMFORTOUCH LANCET	39
TRUSTEX RIA LUB/SPERMICIDE	31	UNILET G.P. SUPERLITE LANCET	39
TRUSTEX-NONOXYNOL-9/RIB/STUD	31	UNILET GP 28 ULTRA THIN	39
TWINRIX	63	UNILET LANCET	39
TWIST TOP LANCETS 30G	39	UNILET MICRO-THIN 33G	39
		UNILET SUPER-THIN 30G	39
		UNILET ULTRA-THIN 28G	39
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