

A smiling Black woman with curly hair, wearing a white lab coat, is looking at a tablet in a pharmacy. She is standing behind a white counter. In the background, there are shelves filled with various boxes of medicine.

GHP FAMILY

2024 member formulary

List of covered drugs

Geisinger

What is the Statewide PDL and GHP Family Formulary?

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

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

Can the Formulary change?

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

How do I use the Formulary?

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

Drug Class

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

Alphabetical Listing

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

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

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

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

What are generic drugs?

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

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

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

Dispensing Limits

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

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

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

Blood Glucose Monitors and Strips

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

Medical Benefit Drugs

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

Vaccines

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

Are there any requirements or limits on my drugs?

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

- **Prior Authorization:** GHP Family requires your physician to get prior approval for certain drugs. This means that your prescriber will need to get approval from GHP Family before you fill prescriptions for these drugs. Without this approval, GHP Family will not pay for the drug. If GHP denies the prior authorization request, you can appeal the decision. Please see the GHP member handbook, section 15, Complaint, Appeal and Fair Hearing Processes, for information about filing an appeal.
- **Quantity Limits:** For certain drugs, there are limits to the amount of the drug that you can get. GHP Family follows DHS' quantity limits except for blood glucose meters and strips, 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 www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Quantity-Limits-and-Daily-Dose-Limits.aspx or [GHP Family Formulary.pdf \(geisinger.org\)](#) 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](#). Unless noted on the 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
- 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 \(papdl.com\)](https://www.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 emergency 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 1-800-447-4000 (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 নিঃখরচায় 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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Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	14
ALTERNATIVE MEDICINES	14
ANALGESICS - ANTI-INFLAMMATORY	14
ANALGESICS - NONNARCOTIC	14
ANDROGENS-ANABOLIC	15
ANORECTAL AND RELATED PRODUCTS	15
ANTACIDS	15
ANTHELMINTICS	16
ANTI-INFECTIVE AGENTS - MISC	17
ANTIARRHYTHMICS	17
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	18
ANTICOAGULANTS	18
ANTIDIARRHEAL/PROBIOTIC AGENTS	18
ANTIDOTES AND SPECIFIC ANTAGONISTS	19
ANTIHISTAMINES	19
ANTIHYPERTENSIVES	19
ANTIMYASTHENIC/CHOLINERGIC AGENTS	19
ANTIMYCOBACTERIAL AGENTS	20
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	20
ANTIPSYCHOTICS/ANTIMANIC AGENTS	21
ANTIVIRALS	21
CARDIOTONICS	21
CARDIOVASCULAR AGENTS - MISC	21
CONTRACEPTIVES	22
CORTICOSTEROIDS	22
COUGH/COLD/ALLERGY	22
DERMATOLOGICALS	23
DIAGNOSTIC PRODUCTS	24
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	24
DIURETICS	24
ENDOCRINE AND METABOLIC AGENTS - MISC	25
GASTROINTESTINAL AGENTS - MISC	26
GENITOURINARY AGENTS - MISCELLANEOUS	27
HEMATOLOGICAL AGENTS - MISC	27
HEMATOPOIETIC AGENTS	28
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	28
LAXATIVES	28
MEDICAL DEVICES AND SUPPLIES	30
MINERALS ELECTROLYTES	53
MISCELLANEOUS THERAPEUTIC CLASSES	54
MOUTH/THROAT/DENTAL AGENTS	55
MULTIVITAMINS	55
MUSCULOSKELETAL THERAPY AGENTS	57
NASAL AGENTS - SYSTEMIC AND TOPICAL	57
NEUROMUSCULAR AGENTS	57
NUTRIENTS	58

OPHTHALMIC AGENTS.....	58
OTIC AGENTS.....	59
OXYTOCICS _____	59
PASSIVE IMMUNIZING AND TREATMENT AGENTS.....	59
PHARMACEUTICAL ADJUVANTS.....	59
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC _____	60
RESPIRATORY AGENTS - MISC.....	60
THYROID AGENTS.....	60
TOXOIDS _____	60
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS _____	61
URINARY ANTISPASMODICS.....	61
VACCINES _____	61
VASOPRESSORS.....	63
VITAMINS.....	64

Drug Name	Requirements / Limits	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)
ANALEPTICS		
<i>caffeine citrate 20 mg/ml solution</i>	1	AL (Up to 2 yrs old)
<i>caffeine citrate 60 mg/3ml solution</i>	1	AL (Up to 2 yrs old)
ALTERNATIVE MEDICINES (CONTINUED)		
ALTERNATIVE MEDICINE - M'S		
<i>melatonin 3 mg tab</i>	OTC	
MELATONINMAX GUMMIES 10 MG CHEW TAB	OTC	
ALTERNATIVE MEDICINE COMBINATIONS		
<i>melatonin-pyridoxine 5-10 mg tab</i>	OTC	
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
GOLD COMPOUNDS		
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	(20 UNITS / 1 DAY)
<i>acetaminophen (160 mg/5ml liquid, 160 mg/5ml solution, 325 mg/10.15ml solution, 650 mg/20.3ml solution)</i>	OTC	(75 UNITS / 1 DAY)
<i>acetaminophen 325 mg tab</i>	OTC	(10 UNITS / 1 DAY)
<i>acetaminophen 650 mg suppos</i>	OTC	(6 UNITS / 1 DAY)
<i>acetaminophen 650 mg/20.3ml suspension</i>	OTC	(100 UNITS / 1 DAY)
<i>acetaminophen childrens 160 mg/5ml solution</i>	OTC	(75 UNITS / 1 DAY)
<i>acetaminophen extra strength 500 mg tab</i>	OTC	(6 UNITS / 1 DAY)
<i>childrens acetaminophen 160 mg/5ml suspension</i>	OTC	(75 UNITS / 1 DAY)
<i>childrens silapap 160 mg/5ml liquid</i>	OTC	(75 UNITS / 1 DAY)
<i>m-pap 160 mg/5ml liquid</i>	OTC	(75 UNITS / 1 DAY)
<i>mapap 500 mg cap</i>	OTC	(6 UNITS / 1 DAY)
<i>mapap childrens 80 mg chew tab</i>	OTC	(30 UNITS / 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
SALICYLATES		
<i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab)</i>	OTC	(12 UNITS / 1 DAY)
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	(4 UNITS / 1 DAY)
<i>sm aspirin low dose 81 mg tab dr</i>	OTC	(12 UNITS / 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		
<i>lidocaine-hydrocortisone ace (2-2 % kit, 3-1 % kit, 3-2.5 % kit)</i>	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>rectasmoothe 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		
<i>acid gone (95-358 mg/15ml suspension, 160-105 mg chew tab)</i>	OTC	
<i>alumina-magnesia-simethicone 200-200-20 mg/5ml suspension</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>antacid (200-200-20 mg/5ml suspension, 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>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	
<i>calcium carbonate antacid 1250 mg/5ml suspension</i>	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>sm calcium antacid ex st 750 mg chew tab</i>	OTC	
<i>sm smooth antacid ex st 750 mg chew tab</i>	OTC	
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide 400 mg tab</i>	OTC	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	(4 UNITS / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
EMVERM 100 MG CHEW TAB	2	PA, (2 UNITS / 1 DAY)
<i>praziquantel 600 mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
<i>trimethoprim 100 mg tab</i>	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	(20 UNITS / 1 DAY)
MEPRON 750 MG/5ML SUSPENSION	2	(20 UNITS / 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</i>	1	
<i>linezolid 600 mg tab</i>	1	(112 UNITS / 180 DAYS)
SIVEXTRO 200 MG TAB	2	PA, (1 UNIT / 1 DAY)
PLEUROMUTILINS		
XENLETA 600 MG TAB	2	PA
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	(2 UNITS / 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 (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
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	
HEPARIN SODIUM (PORCINE) PF (5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismatrol 262 mg chew tab</i>	OTC	
FLORANEX ONE 200-250 MG CAP	OTC	
<i>ft stomach relief 262 mg chew tab</i>	OTC	
<i>peptic relief 262 mg chew tab</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	(8 UNITS / 1 DAY)
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	1	
<i>ft anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
<i>gnp anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 1 DAY)
<i>hm anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 1 DAY)
<i>loperamide hcl 2 mg cap</i>	1	(8 UNITS / 1 DAY)
<i>sm anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 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	
DAYHIST ALLERGY 12 HOUR RELIEF 1.34 MG TAB	OTC	
<i>diphenhydramine hcl (12.5 mg/5ml liquid, 25 mg cap, 25 mg tab, 50 mg cap)</i>	OTC	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERTENSIVES (CONTINUED)		
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>epplerenone 25 mg tab</i>	1	(4 UNITS / 1 DAY)
<i>epplerenone 50 mg tab</i>	1	(2 UNITS / 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
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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	SP
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	SP
LEUKERAN 2 MG TAB	2	
MELPHALAN 2 MG TAB	1	
MYLERAN 2 MG TAB	2	SP
ANTIMETABOLITES		
<i>mercaptopurine 50 mg tab</i>	1	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
EMCYT 140 MG CAP	2	SP
FLUTAMIDE 125 MG CAP	1	(6 UNITS / 1 DAY)
LYSODREN 500 MG TAB	2	SP
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide 150 mg tab</i>	1	(2 UNITS / 1 DAY), SP
ANTINEOPLASTIC COMBINATIONS		
INQOVI 35-100 MG TAB	2	PA, SP
ANTINEOPLASTICS MISC.		
<i>bexarotene 75 mg cap</i>	1	PA, SP
INTRON A (10000000 RECON SOLN, 50000000 RECON SOLN)	2	SP

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Drug Name	Drug Tier	Requirements / Limits
INTRON A 18000000 UNIT RECON SOLN	2	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	
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	1	SP
<i>toposar 100 mg/5ml solution</i>	1	SP
<i>vincasar pfs 1 mg/ml solution</i>	1	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	SP
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
LITHIUM 8 MEQ/5ML SOLUTION	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
ANTIVIRALS (CONTINUED)		
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	(20 UNITS / 1 FILL)
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>digox (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, (1 UNIT / 1 DAY), SP

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Drug Name	Drug Tier	Requirements / Limits
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>curae 1.5 mg tab</i>	OTC	
<i>econtra ez 1.5 mg tab</i>	OTC	
<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	
<i>react 1.5 mg tab</i>	OTC	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
<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	(30 UNITS / 1 DAY)
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	(6 UNITS / 1 DAY)
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	(30 UNITS / 1 DAY)
<i>hydromet 5-1.5 mg/5ml solution</i>	1	(30 UNITS / 1 DAY)
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	1	(10 UNITS / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	(10 UNITS / 1 DAY)
<i>promethazine-codeine 6.25-10 mg/5ml solution</i>	1	(30 UNITS / 1 DAY), AL (18 to 999 yrs old)
<i>promethazine-codeine 6.25-10 mg/5ml syrup</i>	1	(30 UNITS / 1 DAY), AL (18 to 999 yrs old)
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
CARAC 0.5 % CREAM	1	
<i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i>	1	
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide (2.25 % shampoo, 2.3 % shampoo, 2.5 % lotion)</i>	1	
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea (20 % cream, 39 % cream, 40 % cream, 40 % lotion, 41 % cream)</i>	1	
<i>urea 20 intensive hydrating 20 % cream</i>	OTC	
UREA HYDRATING 35 % FOAM	1	
<i>ureacin-20 20 % cream</i>	OTC	
EMOLLIENTS		
<i>amlactin daily 12 % lotion</i>	1	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, SP
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox 0.5 % solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LOCAL ANESTHETICS - TOPICAL		
<i>pramoxine hcl 1 % lotion</i>	OTC	
PRIZOTRAL-II 2.5-2.5 & 3.88 % KIT	1	
MISC. TOPICAL		
DRYSOL 20 % SOLUTION	2	
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	OTC	
L-METHYLFOLATE (7.5 MG TAB, 15 MG TAB)	OTC	
L-METHYLFOLATE-B6-B12 3-35-2 MG TAB	OTC	
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		
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>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	
DIURIL 250 MG/5ML SUSPENSION	2	AL (Up to 2 yrs old)
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<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, (4 UNITS / 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, (0.5 UNITS / 1 DAY), SP
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	2	PA, (0.15 UNITS / 1 DAY), SP
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, (3 UNITS / 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
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	(0.4 UNITS / 1 DAY)
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		
JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	2	PA, (2 UNITS / 1 DAY), SP
TOLVAPTAN 15 MG TAB	1	PA, (1 UNIT / 1 DAY)
<i>tolvaptan 15 mg tab</i>	1	PA, (1 UNIT / 1 DAY), SP
<i>tolvaptan 30 mg tab</i>	1	PA, (2 UNITS / 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	
GAS RELIEF 250 MG CAP	OTC	
<i>gas relief extra strength 125 mg cap</i>	OTC	
<i>gas relief ultra strength 180 mg cap</i>	OTC	
<i>gnp gas relief extra strength 125 mg cap</i>	OTC	
PHAZYME MAXIMUM STRENGTH 250 MG CAP	OTC	
<i>simethicone 180 mg cap</i>	OTC	
<i>simethicone ultra strength 180 mg cap</i>	OTC	
<i>sm gas relief 180 mg cap</i>	OTC	
<i>sm gas relief extra strength 125 mg cap</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose 10 gm/15ml solution</i>	1	
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LIVE FECAL MICROBIOTA		
VOWST CAP	2	PA, SP
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250 MG TAB	2	PA, (3 UNITS / 1 DAY), SP
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
<i>cytra-2 500-334 mg/5ml solution</i>	OTC	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	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, (1 UNIT / 1 DAY), SP
URINARY ANALGESICS		
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
COMPLEMENT INHIBITORS		
EMPAVELI 1080 MG/20ML SOLUTION	2	PA, (5.72 UNITS / 1 DAY), SP
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab er</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl 0.5 mg cap</i>	1	SP
<i>anagrelide hcl 1 mg cap</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CABLIVI 11 MG KIT	2	PA, SP
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	(2 UNITS / 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
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 (75 (15 fe) mg/ml solution, 300 (60 fe) mg/5ml solution)</i>	OTC	
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	OTC	
<i>poly-iron 150 150 mg cap</i>	OTC	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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-s 8.6-50 mg tab</i>	OTC	
<i>senna-time s 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	
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>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
PEDIA-LAX 1 GM SUPPOS	OTC	
<i>peg 3350 (17 gm packet, 17 gm/scoop powder)</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	
<i>milk of magnesia concentrate 2400 mg/10ml suspension</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
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>senna 8.8 mg/5ml liquid</i>	OTC	
<i>sm gentle laxative 5 mg tab dr</i>	OTC	
<i>womens 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	(48 UNITS / 30 DAYS)
CAYA DIAPHRAGM	2	
FANTASY LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)
FANTASY LUBRICATED/SPERMICIDE MISC	OTC	(48 UNITS / 30 DAYS)
FC2 FEMALE CONDOM MISC	OTC	(48 UNITS / 30 DAYS)
KIMONO MISC	OTC	(48 UNITS / 30 DAYS)
KIMONO MICRO THIN MISC	OTC	(48 UNITS / 30 DAYS)
KIMONO MICRO THIN PLUS MISC	OTC	(48 UNITS / 30 DAYS)
KIMONO SENSATION MISC	OTC	(48 UNITS / 30 DAYS)
MAXX MISC	OTC	(48 UNITS / 30 DAYS)
PREMIUM CONDOMS LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)
TRUSTEX LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)
TRUSTEX NON-LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)

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Drug Name	Drug Tier	Requirements / Limits
TRUSTEX RIA LUB/SPERMICIDE MISC	OTC	(48 UNITS / 30 DAYS)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	OTC	(48 UNITS / 30 DAYS)
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH MISC	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS MISC	2	
ACCU-CHEK SAFE-T PRO LANCETS MISC	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS MISC	2	
ACTI-LANCE 28G MISC	2	
ACTI-LANCE LITE LANCETS 28G MISC	2	
ACTI-LANCE SPECIAL LANCETS 17G MISC	2	
ACTI-LANCE UNIVERSAL 23G MISC	2	
ADJUSTABLE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ADVANCED MOBILE LANCET MISC	2	
ADVOCATE LANCETS MISC	2	
ADVOCATE LANCETS 30G MISC	2	
ADVOCATE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ADVOCATE RAPID-SAFE LANCING MISC	2	(1 UNIT / 1 DAY)
ADVOCATE SAFETY LANCETS MISC	2	
ADVOCATE SAFETY LANCETS 26G MISC	2	
AGAMATRIX ULTRA-THIN LANCETS MISC	2	
AIMSCO TWIST LANCETS 32G MISC	2	
AIMSCO TWIST LANCETS 33G MISC	2	
ALTERNATE SITE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
AQUA LANCE ADJUSTABLE LANCING DEVICE	2	(1 UNIT / 1 DAY)
AQUALANCE LANCETS 30G MISC	2	
ASSURE COMFORT LANCETS 28G MISC	2	
ASSURE HAEMOLANCE PLUS HIGH MISC	2	
ASSURE HAEMOLANCE PLUS LOW MISC	2	
ASSURE HAEMOLANCE PLUS MICRO MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
ASSURE HAEMOLANCE PLUS NORMAL MISC	2	
ASSURE HAEMOLANCE PLUS PED MISC	2	
ASSURE LANCE LANCETS MISC	2	
ASSURE LANCE LANCETS 21G MISC	2	
ASSURE LANCE PLUS SAFETY 25G MISC	2	
ASSURE LANCE PLUS SAFETY 30G MISC	2	
ASSURE LANCE SAFETY LANCET 28G MISC	2	
AUTO-LANCET MISC	2	(1 UNIT / 1 DAY)
AUTO-LANCET MINI MISC	2	(1 UNIT / 1 DAY)
AUTOLET LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
BD LANCET ULTRAFINE 30G MISC	2	
BD LANCET ULTRAFINE 33G MISC	2	
BD MICROTAINER LANCETS MISC	2	
CARDIOCOM LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
CAREONE ADVANCED LANCING DEV MISC	2	(1 UNIT / 1 DAY)
CAREONE LANCET SUPER THIN 30G MISC	2	
CARESENS CONTROL SOLUTION A/B SOLUTION	2	
CARESENS LANCETS MISC	2	
CARESENS LANCETS 30G MISC	2	
CARETOUCH LANCING/EJECTOR MISC	2	(1 UNIT / 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	
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 LANCETS MISC	2	
COMFORT TOUCH LANCETS 31G MISC	2	
COMFORT TOUCH PLUS LANCETS 28G MISC	2	
DIATHRIVE LANCET ULTRA THIN 30 MISC	2	
DIATHRIVE LANCETS MISC	2	
DIATHRIVE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
DROPLET LANCETS ULTRA THIN 30G MISC	2	
DROPLET LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
E-ZJECT LANCET MICRO-THIN 33G MISC	2	
E-ZJECT LANCET SUPER THIN 30G MISC	2	
E-ZJECT LANCETS MISC	2	
E-ZJECT LANCETS 21G MISC	2	
E-ZJECT LANCETS THIN 26G MISC	2	
EASY COMFORT LANCETS MISC	2	
EASY COMFORT LANCETS TWIST TOP MISC	2	
EASY MINI EJECT LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
EASY TOUCH LANCETS 21G MISC	2	
EASY TOUCH LANCETS 23G MISC	2	
EASY TOUCH LANCETS 26G MISC	2	
EASY TOUCH LANCETS 28G MISC	2	
EASY TOUCH LANCETS 28G/TWIST MISC	2	
EASY TOUCH LANCETS 30G MISC	2	
EASY TOUCH LANCETS 30G/TWIST MISC	2	
EASY TOUCH LANCETS 32G MISC	2	
EASY TOUCH LANCETS 32G/TWIST MISC	2	
EASY TOUCH LANCETS 33G/TWIST MISC	2	
EASY TOUCH LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
EASY TOUCH SAFETY LANCETS 21G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH SAFETY LANCETS 23G MISC	2	
EASY TOUCH SAFETY LANCETS 26G MISC	2	
EASY TOUCH SAFETY LANCETS 28G MISC	2	
EASY TWIST & CAP LANCETS MISC	2	
EMBRACE LANCETS ULTRA THIN 30G MISC	2	
EZ-LETS LANCETS 21G MISC	2	
EZ-LETS LANCETS 28G MISC	2	
EZ-LETS LANCETS 30G MISC	2	
FINE 30 MISC	2	
FINGERSTIX LANCETS MISC	2	
FORA LANCETS MISC	2	
FORA LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
FREESTYLE LANCETS MISC	2	
FREESTYLE LIBRE READER DEVICE	2	PA, (1 UNIT / 365 DAYS)
FREESTYLE UNISTICK II LANCETS MISC	2	
GENTEEL BUTTERFLY TOUCH LANCET MISC	2	
GENTEEL LANCING DEVICE (GOLD) MISC	2	(1 UNIT / 1 DAY)
GENTEEL LANCING DEVICE(PLATNM) MISC	2	(1 UNIT / 1 DAY)
GENTEEL LANCING DEVICE(SILVER) MISC	2	(1 UNIT / 1 DAY)
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	(1 UNIT / 1 DAY)
GLUCOCOM LANCETS 28G MISC	2	
GLUCOCOM LANCETS 30G MISC	2	
GLUCOCOM LANCETS 33G MISC	2	
GNP STERILE LANCETS 28G MISC	2	
GNP STERILE LANCETS 30G MISC	2	
GNP STERILE LANCETS 33G MISC	2	
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	(1 UNIT / 1 DAY)
GOJJI STERILE LANCETS MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
GOODSENSE COLOR LANCETS 33G MISC	2	
GOODSENSE LANCETS 26G UNIV MISC	2	
GOODSENSE LANCETS 30G MISC	2	
GOODSENSE LANCETS 30G UNIV MISC	2	
GOODSENSE LANCETS 33G MISC	2	
GOODSENSE LANCETS 33G UNIV MISC	2	
HEALTH CARE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
HEALTHY ACCENTS LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
HEALTHY ACCENTS UNILET LANCETS MISC	2	
HYPOLANCE AST LANCING KIT	2	
IN TOUCH LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
IN TOUCH STERILE LANCETS 30G MISC	2	
LANCET DEVICE WITH EJECTOR MISC	2	(1 UNIT / 1 DAY)
LANCET TRANSPORTER CASE MISC	2	(1 UNIT / 1 DAY)
LANCETS MISC	2	
LANCETS 28G MISC	2	
LANCETS 30G MISC	2	
LANCETS 33G MISC	2	
LANCETS MICRO THIN 33G MISC	2	
LANCETS SUPER THIN 28G MISC	2	
LANCETS THIN MISC	2	
LANCETS ULTRA FINE MISC	2	
LANCETS ULTRA THIN MISC	2	
LANCETS ULTRA THIN 30G MISC	2	
LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
LANZO MISC	2	(1 UNIT / 1 DAY)
LEADER ADVANCED LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
LIBERTY MEDICAL LANCETS MISC	2	
LITE TOUCH LANCETS MISC	2	
LITE TOUCH LANCING PEN MISC	2	(1 UNIT / 1 DAY)
LITETOUCH LANCETS MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
LIVE BETTER ADV LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
LIVE BETTER LANCET ULTRA THIN MISC	2	
LONGS LANCETS THIN MISC	2	
LONGS LANCETS ULTRA THIN MISC	2	
MEDICHOICE SAFETY LANCET MISC	2	
MEDICHOICE SAFETY LANCET EXTRA MISC	2	
MEDICHOICE SAFETY LANCET NORM MISC	2	
MEDISENSE THIN LANCETS MISC	2	
MEDLANCE LITE 25G MISC	2	
MEDLANCE PLUS EXTRA 21G MISC	2	
MEDLANCE PLUS LANCETS MISC	2	
MEDLANCE PLUS LITE 25G MISC	2	
MEDLANCE PLUS SPECIAL 0.8MM MISC	2	
MEDLANCE PLUS SUPERLITE 30G MISC	2	
MEDLANCE PLUS UNIVERSAL 21G MISC	2	
MEDLANCE 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 LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
MINI LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
MM LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
MM TWIST LANCETS 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	

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Drug Name	Drug Tier	Requirements / Limits
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	(1 UNIT / 1 DAY)
ON CALL LANCETS MISC	2	
ON CALL LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ON CALL PLUS LANCETS MISC	2	
ON CALL PLUS LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ONETOUCH DELICA PLUS LANCET30G MISC	2	
ONETOUCH DELICA PLUS LANCET33G MISC	2	
ONETOUCH DELICA PLUS LANCING MISC	2	(1 UNIT / 1 DAY)
ONETOUCH DELICA SAFETY LANCING MISC	2	(1 UNIT / 1 DAY)
ONETOUCH ULTRA LIQUID	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC	2	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	
PC LANCETS SUPER THIN 30G MISC	2	
PERFECT LANCETS 28G MISC	2	
PERFECT LANCETS 30G MISC	2	
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	
PRESSURE ACTIVAT SAFETY LANCET MISC	2	
PRO COMFORT LANCETS 30G MISC	2	
PRO COMFORT LANCETS 31G MISC	2	
PRO COMFORT SAFETY LANCETS 30G MISC	2	
PRODIGY LANCETS 28G MISC	2	
PRODIGY LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
PRODIGY SAFETY LANCETS 26G MISC	2	
PRODIGY TWIST TOP LANCETS 28G MISC	2	
PUSH BUTTON SAFETY LANCETS MISC	2	
PUSH BUTTON SAFETY LANCETS 28G MISC	2	
PX LANCETS MICROTHIN 33G MISC	2	
READYLANCE SAFETY LANCETS MISC	2	
RELION LANCET DEVICES 30G MISC	2	(1 UNIT / 1 DAY)
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	(1 UNIT / 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	(1 UNIT / 1 DAY)
RIGHTEST GL300 LANCETS MISC	2	
SAFETY LANCET 21G/PRESSURE ACT MISC	2	
SAFETY LANCET 23G/PRESSURE ACT MISC	2	
SAFETY LANCET 28G/PRESSURE ACT MISC	2	
SAFETY LANCET 30G/PRESSURE ACT MISC	2	
SAFETY LANCETS MISC	2	
SAFETY LANCETS 21G MISC	2	
SAFETY LANCETS 23G MISC	2	
SAFETY LANCETS 28G MISC	2	
SAFETY LET LANCETS MISC	2	
SAFETY SEAL LANCETS MISC	2	
SAPS HEALTH TWIST TOP LANCETS MISC	2	
SAPS TWIST TOP LANCETS MISC	2	
SHOPKO AUTOLET LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
SHOPKO ON-THE-GO LANCETS 30G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
SHOPKO UNILET LANCETS 28G MISC	2	
SHOPKO UNILET LANCETS 30G MISC	2	
SIDE BUTTON SAFETY LANCET MISC	2	
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	(1 UNIT / 1 DAY)
SMART DIABETES VANTAGE LANCING MISC	2	(1 UNIT / 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	(1 UNIT / 1 DAY)
SOLUS V2 TWIST LANCETS 30G MISC	2	
STERILANCE PA MISC	2	(1 UNIT / 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	(1 UNIT / 1 DAY)
SURE-LANCE FLAT LANCETS MISC	2	
SURE-LANCE LANCETS 26G MISC	2	
SURE-LANCE THIN LANCETS 28G MISC	2	
SURE-LANCE ULTRA THIN LANCETS MISC	2	
SURE-TOUCH LANCETS UNIVERSAL MISC	2	
SURELITE LANCETS MISC	2	
TECHLITE LANCETS MISC	2	
TECHLITE LANCETS 26G MISC	2	
TECHLITE LANCETS 30G MISC	2	
TOPCARE LANCETS MICRO-THIN 33G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
TRAVEL LANCETS MISC	2	
TRAVEL LANCETS ADVANCED 28G MISC	2	
TRUE COMFORT TWIST TOP LANCETS MISC	2	
TRUEDRAW LANCING DEVICE MISC	2	(1 UNIT / 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	(1 UNIT / 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	
ULTRALANCE MISC	2	(1 UNIT / 1 DAY)
UNILET COMFORTOUCH LANCET MISC	2	
UNILET EXCELITE MISC	2	
UNILET EXCELITE II MISC	2	
UNILET G.P. SUPERLITE LANCET MISC	2	
UNILET GP 28 ULTRA THIN MISC	2	
UNILET LANCET MISC	2	
UNILET MICRO-THIN 33G MISC	2	
UNILET SUPER-THIN 30G MISC	2	
UNILET ULTRA-THIN 28G MISC	2	
UNISTIK 2 MISC	2	(1 UNIT / 1 DAY)
UNISTIK 2 COMFORT MISC	2	(1 UNIT / 1 DAY)
UNISTIK 2 EXTRA MISC	2	(1 UNIT / 1 DAY)
UNISTIK 2 NORMAL MISC	2	(1 UNIT / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
UNISTIK 2 SUPER MISC	2	(1 UNIT / 1 DAY)
UNISTIK 3 COMFORT MISC	2	(1 UNIT / 1 DAY)
UNISTIK 3 EXTRA MISC	2	(1 UNIT / 1 DAY)
UNISTIK 3 GENTLE MISC	2	
UNISTIK 3 NEONATAL MISC	2	(1 UNIT / 1 DAY)
UNISTIK 3 NORMAL MISC	2	(1 UNIT / 1 DAY)
UNISTIK CZT COMFORT MISC	2	(1 UNIT / 1 DAY)
UNISTIK CZT NORMAL MISC	2	(1 UNIT / 1 DAY)
UNISTIK NORMAL MISC	2	(1 UNIT / 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	(1 UNIT / 1 DAY)
VALUMARK LANCET SUPER THIN 30G MISC	2	
VALUMARK LANCET ULTRA THIN 28G MISC	2	
VERIFINE SAFE LANCET MINI 21G MISC	2	
VERIFINE SAFE LANCET MINI 23G MISC	2	
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	(1 UNIT / 1 DAY)
VIDA MIA UNILET LANCETS 28G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
VIDA MIA UNILET LANCETS 30G MISC	2	
VIVAGUARD LANCETS MISC	2	
VIVAGUARD LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ZEV RX 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	
ABOUTTIME PEN NEEDLE (30G X 8 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 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 5 MISC, 30G X 8 MISC, 31G X 5 MISC)	2	
AUM INSULIN SAFETY PEN NEEDLE (X 4 MISC, X 5 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	
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 (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 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, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
BD INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	2	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML 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 SYRINGE U/F (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)	2	
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	2	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 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	

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

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Drug Name	Drug Tier	Requirements / Limits
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	2	
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (30G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)	2	
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 ULTIGUARD SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	2	
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
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, 33G X 4 MM MISC)	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	2	
PC UNIFINE PENTIPS 29G X 12MM 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 3/16" 31G X 5 MM MISC	2	
PEN NEEDLES 5/16" (30G X 8 MISC, 31G X 8 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	
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 (31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC)	2	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
SAFESNAP INSULIN SYRINGE (28G X 1/2" 1 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)	2	
SAFETY INSULIN SYRINGES (27G 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" 0.5 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	
SURE-FINE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC)	2	
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	2	

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

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

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Drug Name	Drug Tier	Requirements / Limits
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	(2 UNITS / 365 DAYS)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	(2 UNITS / 365 DAYS)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	(2 UNITS / 365 DAYS)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	(2 UNITS / 365 DAYS)
OPTICHAMBER DIAMOND MISC	2	(2 UNITS / 365 DAYS)
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	(2 UNITS / 365 DAYS)
OPTICHAMBER DIAMOND-MD MASK MISC	2	(2 UNITS / 365 DAYS)
OPTICHAMBER DIAMOND-SM MASK MISC	2	(2 UNITS / 365 DAYS)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	OTC	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	OTC	
MAGNESIUM		
<i>magnesium oxide 400 (240 mg) mg tab</i>	OTC	
<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
<i>phospha 250 neutral 155-852-130 mg tab</i>	OTC	
<i>phospho-trin k500 500 mg tab</i>	2	
POTASSIUM		
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er (10 tab er, 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	SP
<i>trientine hcl 250 mg cap</i>	1	SP
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, (2 UNITS / 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 powder</i>	1	
SPS 15 GM/60ML SUSPENSION	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>denta 5000 plus 1.1 % cream</i>	1	
<i>dentagel 1.1 % gel</i>	1	
<i>sf 1.1 % gel</i>	1	
<i>sf 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 0.2 % solution</i>	1	
<i>sodium fluoride 1.1 % gel</i>	1	
<i>sodium fluoride 5000 enamel 1.1-5 % gel</i>	1	
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel, 1.1 % paste)</i>	1	
<i>sodium fluoride 5000 sensitive 1.1-5 % gel</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone 0.1 % paste</i>	1	(0.72 UNITS / 1 DAY)
<i>triamcinolone acetonide 0.1 % paste</i>	1	(0.72 UNITS / 1 DAY)
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX W/ FOLIC ACID		
<i>dialyvite tab</i>	OTC	
<i>nephronex tab</i>	OTC	
<i>renal 1 mg cap</i>	OTC	
<i>tm-vite rx 1 mg tab</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>triphrocaps 1 mg cap</i>	OTC	
<i>virt-caps 1 mg cap</i>	OTC	
<i>vp-vite rx 1 mg tab</i>	OTC	
<i>wescaps 1 mg cap</i>	OTC	
MULTIPLE VITAMINS W/ MINERALS		
<i>cerovite senior tab</i>	OTC	
<i>certavite/antioxidants tab</i>	OTC	
<i>multivitamin liquid</i>	OTC	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID		
QUFLORA FE 0.25 MG CHEW TAB	OTC	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>	OTC	
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i>	OTC	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	OTC	
QUFLORA FE PEDIATRIC 0.25-9.5 MG/ML LIQUID	OTC	
PED MV W/ FLUORIDE		
FLORIVA PLUS 0.25 MG/ML SOLUTION	OTC	
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	OTC	
<i>multi-vitamin/fluoride (multi-vitamin/fluoride 0.25 mg/ml solution, multi-vitamin/fluoride 0.5 mg/ml solution)</i>	OTC	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	OTC	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	OTC	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	OTC	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.25 MG/ML SOLUTION, 0.5 MG CHEW TAB, 0.5 MG/ML SOLUTION, 1 MG CHEW TAB)	OTC	
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	OTC	
<i>tri-vite/fluoride 0.25 mg/ml solution</i>	OTC	
<i>vitamins acd-fluoride 0.25 mg/ml solution</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	OTC	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
GABLOFEN 50 MCG/ML SOLN PRSYR	2	SP
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENTS - MISC.		
<i>hm saline nasal 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>gnp nasal four spray 1 % 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>mucinex sinus-max clear & cool 0.05 % solution</i>	OTC	
<i>nasal decongestant spray 0.05 % solution</i>	OTC	
<i>nasal four 1 % solution</i>	OTC	
<i>nasal relief 0.05 % 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>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, SP

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Drug Name	Drug Tier	Requirements / Limits
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, (2.5 UNITS / 1 DAY), SP
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, (2.5 UNITS / 1 DAY), SP
RELYVRIO 3-1 GM PACKET	2	PA, SP
<i>riluzole 50 mg tab</i>	1	(2 UNITS / 1 DAY)
TEGLUTIK 50 MG/10ML SUSPENSION	2	PA, (20 UNITS / 1 DAY), SP
TIGLUTIK 50 MG/10ML SUSPENSION	2	PA, (20 UNITS / 1 DAY), SP
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, (3 UNITS / 1 DAY), SP
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
SOHONOS (1 MG CAP, 1.5 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	PA, SP
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, 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>puralube 85-15 % ointment</i>	OTC	
<i>refresh lacri-lube ointment</i>	OTC	
<i>refresh p.m. ointment</i>	OTC	
REFRESH PLUS 0.5 % SOLUTION	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>sysstane nighttime ointment</i>	OTC	
<i>ultra lubricating eye drops pf 0.4-0.3 % solution</i>	OTC	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
ISOPTO ATROPINE 1 % SOLUTION	1	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	
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>methergine 0.2 mg tab</i>	1	
<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
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	

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Drug Name	Drug Tier	Requirements / Limits
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
<i>sterile water for injection solution</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, (0.22 UNITS / 1 DAY), SP
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, (2 UNITS / 1 DAY), SP
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, (4 UNITS / 1 DAY), SP
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, (2 UNITS / 1 DAY), SP
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, (5 UNITS / 1 DAY), SP
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, (2 UNITS / 1 DAY), SP
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, (3 UNITS / 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 SUSPENSION	2	AL (19 to 64 yrs old)
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	2	AL (At least 19 yrs old)
TDVAX 2-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
TENIVAC 5-2 LFU INJECTABLE	2	AL (At least 19 yrs old)

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Drug Name	Drug Tier	Requirements / Limits
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>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
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)
HIBERIX 10 MCG RECON SOLN	2	
MENACTRA SOLUTION	2	AL (At least 19 yrs old)
MENQUADFI SOLUTION	2	AL (At least 19 yrs old)
MENVEO RECON SOLN	2	AL (19 to 55 yrs old)
MENVEO SOLUTION	2	AL (19 to 55 yrs old)
PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE	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	(0.5 UNITS / 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	(0.58 UNITS / 1 DAY)
VIRAL VACCINES		
ABRYSV0 120 MCG/0.5ML RECON SOLN	2	AL (19 to 999 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
AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION)	2	
AREXVY 120 MCG/0.5ML RECON SUSP	2	(1 EA / lifetime), AL (60 to 999 yrs old)
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 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 QUADRIVALENT 0.5 ML SUSP PRSYR	2	
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	2	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLULAVAL QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLUMIST QUADRIVALENT SUSPENSION	2	
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR	2	
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	2	
FLUZONE QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	2	
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	2	AL (19 to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	2	AL (At least 19 yrs old)
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	2	AL (At least 19 yrs old)
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	2	
JYNNEOS 0.5 ML SUSPENSION	2	AL (At least 19 yrs old)
M-M-R II RECON SOLN	2	AL (At least 19 yrs old)
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	2	
MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION	2	
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	2	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	2	
MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION	2	

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Drug Name	Drug Tier	Requirements / Limits
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	2	
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	2	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	2	
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)
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	2	
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	(2 UNITS / 365 DAYS), AL (At least 19 yrs old)
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	2	
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	2	AL (At least 19 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	2	AL (At least 19 yrs old)
VARIVAX 1350 PFU/0.5ML INJECTABLE	2	AL (At least 19 yrs old)
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	2	AL (At least 49 yrs old)
VASOPRESSORS (CONTINUED)		
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ergocalciferol 200 mcg/ml solution</i>	OTC	
<i>ft vitamin d3 50 mcg cap</i>	OTC	
MEPHYTON 5 MG TAB	2	
<i>phytonadione 5 mg tab</i>	1	
<i>true vitamin d3 10 mcg (400 unit) tab</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, 50 mcg (2000 ut) cap)</i>	OTC	
WATER SOLUBLE VITAMINS		
<i>sm vitamin b-6 100 mg tab</i>	OTC	
<i>sm vitamin c 250 mg tab</i>	OTC	
TRUE VITAMIN B1 50 MG TAB	OTC	
<i>true vitamin b6 (10 mg tab, 100 mg tab)</i>	OTC	
<i>true vitamin c 250 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

Index

1

12 hour nasal decongestant _____	57
12 hour nasal spray _____	57
1ST TIER UNIFINE PENTIPS _____	42
1ST TIER UNIFINE PENTIPS PLUS _____	42
1ST TIER UNILET COMFORTOUCH _____	31

A

ABOUTTIME PEN NEEDLE _____	42
ABRYSVO _____	61
ACCU-CHEK FASTCLIX LANCET _____	31
ACCU-CHEK FASTCLIX LANCETS _____	31
ACCU-CHEK SAFE-T PRO LANCETS _____	31
ACCU-CHEK SOFTCLIX LANCET DEV _____	31
ACCU-CHEK SOFTCLIX LANCETS _____	31
acetaminophen.....	14
acetaminophen childrens _____	14
acetaminophen extra strength _____	14
acetazolamide _____	24
acetazolamide er _____	24
acetic acid _____	59
acetylcysteine _____	19,23
acid gone _____	15
ACTI-LANCE 28G _____	31
ACTI-LANCE LITE LANCETS 28G _____	31
ACTI-LANCE SPECIAL LANCETS 17G _____	31
ACTI-LANCE UNIVERSAL 23G _____	31
ADACEL _____	60
ADJUSTABLE LANCING DEVICE _____	31
ADVANCED MOBILE LANCET _____	31
ADVOCATE INSULIN PEN NEEDLE _____	42
ADVOCATE INSULIN PEN NEEDLES _____	42
ADVOCATE INSULIN SYRINGE _____	42
ADVOCATE LANCETS _____	31
ADVOCATE LANCETS 30G _____	31
ADVOCATE LANCING DEVICE _____	31
ADVOCATE RAPID-SAFE LANCING _____	31
ADVOCATE SAFETY LANCETS _____	31
ADVOCATE SAFETY LANCETS 26G _____	31
AEROCHAMBER PLS FLOVU MTHPIECE _____	53

AEROCHAMBER PLUS FLO-VU LARGE _____	53
AEROCHAMBER PLUS FLO-VU MEDIUM _____	53
AEROCHAMBER PLUS FLO-VU SMALL _____	53
AFLURIA QUADRIVALENT _____	62
AGAMATRIX ULTRA-THIN LANCETS _____	31
AIMSCO LUBRICATED _____	30
AIMSCO TWIST LANCETS 32G _____	31
AIMSCO TWIST LANCETS 33G _____	31
albendazole _____	16
ALCON TEARS _____	58
allergy _____	19
ALTERNATE SITE LANCING DEVICE _____	31
alumina-magnesia-simethicone _____	15
ALUMINUM HYDROXIDE GEL _____	16
amiloride hcl _____	25
amiloride-hydrochlorothiazide _____	24
amiodarone hcl _____	18
amlactin daily _____	23
ammonium lactate _____	23
anagrelide hcl _____	27
antacid _____	16
antacid calcium _____	16
antacid extra strength _____	16
antacid plus anti-gas relief _____	16
antacid regular strength _____	16
antacid ultra strength _____	16
antacid/antigas _____	16
anti-diarrheal _____	18
AQUA LANCE ADJUSTABLE LANCING _____	31
AQUALANCE LANCETS 30G _____	31
AREXVY _____	62
aspirin _____	15
ASSURE COMFORT LANCETS 28G _____	31
ASSURE HAEMOLANCE PLUS HIGH _____	31
ASSURE HAEMOLANCE PLUS LOW _____	31
ASSURE HAEMOLANCE PLUS MICRO _____	31
ASSURE HAEMOLANCE PLUS NORMAL _____	32
ASSURE HAEMOLANCE PLUS PED _____	32
ASSURE ID DUO PRO PEN NEEDLES _____	42
ASSURE ID INSULIN SAFETY SYR _____	42
ASSURE ID PRO PEN NEEDLES _____	42

ASSURE ID SAFETY PEN NEEDLES _____	42
ASSURE LANCE LANCETS,.....	32
ASSURE LANCE LANCETS 21G _____	32
ASSURE LANCE PLUS SAFETY 25G _____	32
ASSURE LANCE PLUS SAFETY 30G _____	32
ASSURE LANCE SAFETY LANCET 28G _____	32
atovaquone _____	17
atropine sulfate _____	59
AUM INSULIN SAFETY PEN NEEDLE _____	42
AUM MINI INSULIN PEN NEEDLE _____	42
AUM PEN NEEDLE _____	42
AUM READYGARD DUO PEN NEEDLE _____	42
AUM SAFETY PEN NEEDLE,.....	42
AURORA PEN NEEDLES _____	42
AURORA UNIFINE PENTIPS,.....	42
AUTO-LANCET _____	32
AUTO-LANCET MINI _____	32
AUTOLET LANCING DEVICE _____	32
azelaic acid _____	24

B

BACTERIOSTATIC WATER(BENZ ALC) _____	59
BD ALLERGY SYRINGE _____	42
BD AUTOSHIELD DUO _____	43
BD INSULIN SYRINGE _____	43
BD INSULIN SYRINGE HALF-UNIT _____	43
BD INSULIN SYRINGE MICROFINE _____	43
BD INSULIN SYRINGE U-500,.....	43
BD INSULIN SYRINGE U/F,.....	43
BD INSULIN SYRINGE U/F 1/2UNIT _____	43
BD INSULIN SYRINGE ULTRAFINE _____	43
BD LANCET ULTRAFINE 30G,.....	32
BD LANCET ULTRAFINE 33G,.....	32
BD LUER-LOK SYRINGE _____	43
BD MICROTAINER LANCETS _____	32
BD PEN NEEDLE MICRO U/F,.....	43
BD PEN NEEDLE MINI U/F _____	43
BD PEN NEEDLE NANO 2ND GEN _____	43
BD PEN NEEDLE NANO U/F,.....	43
BD PEN NEEDLE ORIGINAL U/F _____	43
BD PEN NEEDLE SHORT U/F,.....	43

BD SAFETY-LOK INSULIN SYRINGE _____	43
BD SAFETYGLIDE INSULIN SYRINGE _____	43
BD SAFETYGLIDE SYRINGE/NEEDLE _____	43
BD TB SYRINGE _____	43
BD VEO INSULIN SYR U/F 1/2UNIT _____	43
BD VEO INSULIN SYRINGE U/F _____	43
BENLYSTA _____	54
benzonatate _____	22
bethanechol chloride _____	61
bexarotene _____	20
BEXSERO _____	61
bion tears pf _____	58
bisacodyl _____	30
bisacodyl ec _____	30
bismatrol _____	18
BOOSTRIX _____	60
bumetanide _____	25

C

cabergoline _____	26
CABLIVI _____	28
caffeine citrate _____	14
calcium antacid _____	16
calcium antacid extra strength _____	16
calcium carbonate antacid _____	16
CAMZYOS _____	21
CARAC _____	23
CARAFATE _____	61
carboplatin _____	20
CARDIOCOM LANCING DEVICE _____	32
CAREFINE PEN NEEDLES _____	43
CAREONE ADVANCED LANCING DEV _____	32
CAREONE LANCET SUPER THIN 30G _____	32
CAREONE UNIFINE PENTIPS _____	43
CAREONE UNIFINE PENTIPS PLUS _____	44
CARESENS CONTROL SOLUTION A/B _____	32
CARESENS LANCETS _____	32
CARESENS LANCETS 30G _____	32
CARETOUCH INSULIN SYRINGE _____	44
CARETOUCH LANCING/EJECTOR _____	32
CARETOUCH PEN NEEDLES _____	44

CARETOUCH SAFETY LANCETS _____	32	constulose _____	29
CARETOUCH SAFETY LANCETS 26G _____	32	cromolyn sodium _____	18,27
CARETOUCH TWIST LANCETS 28G _____	32	curae _____	22
CARETOUCH TWIST LANCETS 30G _____	32	cyanocobalamin _____	28
CARETOUCH TWIST LANCETS 33G _____	32	cyclopentolate hcl _____	59
CARETOUCH TWIST MC LANCETS 30G _____	32	cyclophosphamide _____	20
CAYA _____	30	cyproheptadine hcl _____	19
cerovite senior _____	56	CYSTAGON _____	27
certavite/antioxidants _____	56	cytra-2 _____	27
childrens acetaminophen _____	14	D	
childrens silapap _____	14	danazol _____	15
chlorhexidine gluconate _____	55	dapsone _____	17
chlorpheniramine maleate er _____	19	DAYHIST ALLERGY 12 HOUR RELIEF _____	19
chlorthalidone _____	25	denta 5000 plus _____	55
cilostazol _____	28	dentagel _____	55
cinacalcet hcl _____	25	desmopressin acetate _____	26
CLEANLET LANCETS 28G _____	32	desmopressin acetate spray _____	26
CLENPIQ _____	28	dialyvite _____	55
CLEVER CHEK LANCETS _____	32	DIATHRIVE LANCET ULTRA THIN 30 _____	33
CLEVER CHOICE COMFORT EZ _____	44	DIATHRIVE LANCETS _____	33
CLEVER CHOICE LANCETS 21G _____	32	DIATHRIVE LANCING DEVICE _____	33
CLEVER CHOICE LANCETS 23G _____	32	DIATHRIVE PEN NEEDLE _____	44
CLEVER CHOICE LANCETS 28G _____	32	dicyclomine hcl _____	61
CLICKFINE PEN NEEDLES _____	44	digitek _____	21
clindamycin hcl _____	17	digox _____	21
clindamycin palmitate hcl _____	17	digoxin _____	21
COAGUCHEK LANCETS _____	33	diphenhydramine hcl _____	19
colace 2-in-1 _____	29	DIPHENOXYLATE-ATROPINE _____	18
COMFORT ASSIST INSULIN SYRINGE _____	44	disopyramide phosphate _____	17
COMFORT ASSURED LANCETS 28G _____	33	DIURIL _____	25
COMFORT ASSURED LANCETS 33G _____	33	docusate sodium _____	30
COMFORT EZ INSULIN SYRINGE _____	44	dodex _____	28
COMFORT EZ MICRO PEN NEEDLES _____	44	dofetilide _____	18
COMFORT EZ PEN NEEDLES _____	44	DROPLET INSULIN SYRINGE _____	44
COMFORT EZ PRO PEN NEEDLES _____	44	DROPLET LANCETS ULTRA THIN 30G _____	33
COMFORT EZ SHORT PEN NEEDLES _____	44	DROPLET LANCING DEVICE _____	33
COMFORT LANCETS _____	33	DROPLET MICRON _____	44
COMFORT TOUCH INSULIN PEN NEED _____	44	DROPLET PEN NEEDLES _____	45
COMFORT TOUCH LANCETS 31G _____	33	DROPSAFE SAFETY PEN NEEDLES _____	45
COMFORT TOUCH PLUS LANCETS 28G _____	33	DRYSOL _____	24
COMIRNATY _____	62		

E

E-Z JECT LANCET MICRO-THIN 33G	33	EMVERM	17
E-Z JECT LANCET SUPER THIN 30G	33	ENGERIX-B	62
E-Z JECT LANCETS	33	ENSPRYNG	54
E-Z JECT LANCETS 21G	33	enulose	27
E-Z JECT LANCETS THIN 26G	33	eplerenone	19
EASY COMFORT INSULIN SYRINGE	45	ergocalciferol	64
EASY COMFORT LANCETS	33	ethambutol hcl	20
EASY COMFORT LANCETS TWIST TOP	33	ETOPOSIDE	21
EASY COMFORT PEN NEEDLES	45	EVRYSDI	58
EASY GLIDE PEN NEEDLES	45	EXEL COMFORT POINT INSULIN SYR	45
EASY MINI EJECT LANCING DEVICE	33	EXEL COMFORT POINT PEN NEEDLE	45
EASY TOUCH FLIPLOCK INSULIN SY	45	EXSERVAN	57
EASY TOUCH INSULIN SAFETY SYR	45	EZ-LETS LANCETS 21G	34
EASY TOUCH INSULIN SYRINGE	45	EZ-LETS LANCETS 28G	34
EASY TOUCH LANCETS 21G	33	EZ-LETS LANCETS 30G	34
EASY TOUCH LANCETS 23G	33	EZFE 200	28
EASY TOUCH LANCETS 26G	33		
EASY TOUCH LANCETS 28G	33	F	
EASY TOUCH LANCETS 28G/TWIST	33	FANTASY LUBRICATED	30
EASY TOUCH LANCETS 30G	33	FANTASY LUBRICATED/SPERMICIDE	30
EASY TOUCH LANCETS 30G/TWIST	33	FC2 FEMALE CONDOM	30
EASY TOUCH LANCETS 32G	33	ferrex 150	28
EASY TOUCH LANCETS 32G/TWIST	33	ferrous sulfate	28
EASY TOUCH LANCETS 33G/TWIST	33	fiber laxative + calcium	28
EASY TOUCH LANCING DEVICE	33	fiber-lax	28
EASY TOUCH PEN NEEDLES	45	FIFTY50 PEN NEEDLES	46
EASY TOUCH SAFETY LANCETS 21G	33	FILSPARI	27
EASY TOUCH SAFETY LANCETS 23G	34	FINE 30	34
EASY TOUCH SAFETY LANCETS 26G	34	FINGERSTIX LANCETS	34
EASY TOUCH SAFETY LANCETS 28G	34	FIRDAPSE	19
EASY TOUCH SAFETY PEN NEEDLES	45	fish oil	58
EASY TOUCH SHEATHLOCK SYRINGE	45	FLEBOGAMMA DIF	59
EASY TWIST & CAP LANCETS	34	flecainide acetate	17
econtra ez	22	FLORANEX ONE	18
econtra one-step	22	FLORIVA	53,57
EMBRACE LANCETS ULTRA THIN 30G	34	FLORIVA PLUS	56
EMBRACE PEN NEEDLES	45	FLUAD	62
EMCYT	20	FLUAD QUADRIVALENT	62
EMPAVELI	27	FLUARIX QUADRIVALENT	62
		FLUBLOK QUADRIVALENT	62
		FLUCELVAX QUADRIVALENT	62

FLULAVAL QUADRIVALENT.....	62	gentle laxative _____	30
FLUMIST QUADRIVALENT.....	62	GLOBAL EASE INJECT PEN NEEDLES _____	46
fluorouracil _____	23	GLOBAL EASY GLIDE INSULIN SYR _____	46
FLUTAMIDE.....	20	GLOBAL EASY GLIDE PEN NEEDLES _____	46
FLUZONE HIGH-DOSE _____	62	GLOBAL INJECT EASE INSULIN SYR _____	46
FLUZONE HIGH-DOSE QUADRIVALENT _____	62	GLOBAL INJECT EASE LANCETS 28G _____	34
FLUZONE QUADRIVALENT.....	62	GLOBAL INJECT EASE LANCETS 30G _____	34
folic acid _____	28	GLOBAL INSULIN SYRINGES _____	46
FOLTANX.....	24	GLOBAL LANCING DEVICE _____	34
FORA LANCETS _____	34	GLUCOCOM LANCETS 28G _____	34
FORA LANCING DEVICE _____	34	GLUCOCOM LANCETS 30G _____	34
FREESTYLE LANCETS _____	34	GLUCOCOM LANCETS 33G _____	34
FREESTYLE LIBRE READER.....	34	GLUCOPRO INSULIN SYRINGE _____	46
FREESTYLE PRECISION INS SYR _____	46	glycerin (adult) _____	29
FREESTYLE UNISTICK II LANCETS _____	34	glycerin adult _____	29
ft antacid & antigas _____	16	glycopyrrolate _____	61
ft antacid extra strength _____	16	gnp anorectal _____	15
ft anti-diarrheal _____	18	gnp anti-diarrheal _____	19
ft fiber laxative _____	28	gnp gas relief extra strength _____	26
ft gas relief extra strength.....	26	GNP INSULIN SYRINGES _____	46
ft gas relief ultra strength.....	26	GNP INSULIN SYRINGES 28GX1/2" _____	46
ft gentle laxative _____	30	GNP INSULIN SYRINGES 29GX1/2" _____	46
ft laxative _____	30	GNP INSULIN SYRINGES 30GX5/16" _____	46
ft magnesium citrate _____	29	GNP INSULIN SYRINGES 31GX5/16" _____	46
ft senna-s _____	29	gnp nasal four spray _____	57
ft stomach relief _____	18	gnp nasal spray fast acting _____	57
ft stool softener _____	29	gnp nighttime relief lub eye _____	58
ft vitamin d3 _____	64	gnp sore throat spray _____	55
furosemide _____	25	GNP STERILE LANCETS 28G _____	34
		GNP STERILE LANCETS 30G _____	34
		GNP STERILE LANCETS 33G _____	34
		GNP ULTIGUARD SAFEPACK NEEDLE _____	46
		gnp womens gentle laxative _____	30
		GOJJI LANCING DEVICE/CLEAR CAP _____	34
		GOJJI STERILE LANCETS _____	34

G

GABLOFEN _____	57		
GAMMAGARD _____	59		
GARDASIL 9 _____	62		
GAS RELIEF _____	26		
gas relief extra strength _____	26		
gas relief ultra strength _____	26		
GAVILYTE-C _____	29		
gavilyte-g _____	29		
gavilyte-n with flavor pack.....	29		
generlac _____	27		

GOODSENSE CLICKFINE PEN NEEDLE	46
GOODSENSE COLOR LANCETS 33G	35
GOODSENSE LANCETS 26G UNIV	35
GOODSENSE LANCETS 30G	35
GOODSENSE LANCETS 30G UNIV	35
GOODSENSE LANCETS 33G	35
GOODSENSE LANCETS 33G UNIV	35
goodsense lubricant eye drops	58
GOODSENSE PEN NEEDLE PENFINE	46

H

HAVRIX	62
HEALTH CARE LANCING DEVICE	35
HEALTHWISE INSULIN SYR/NEEDLE	46
HEALTHWISE MICRON PEN NEEDLES	46
HEALTHWISE MINI PEN NEEDLES	46
HEALTHWISE PEN NEEDLES	46
HEALTHWISE SHORT PEN NEEDLES	47
HEALTHWISE UNIFINE PENTIPS	47
HEALTHY ACCENTS LANCING DEVICE	35
HEALTHY ACCENTS UNIFINE PENTIP	47
HEALTHY ACCENTS UNILET LANCETS	35
hemorrhoidal relief	15
heparin sodium (porcine)	18
HEPARIN SODIUM (PORCINE) PF	18
HEPLISAV-B	62
her style	22
HIBERIX	61
hm antacid	16
hm anti-diarrheal	19
hm calcium antacid ex st	16
hm clearlax	29
hm fiber	28
hm gentle laxative	30
hm laxative	30
hm magnesium citrate	29
hm nasal spray	57
hm nose drops	57
hm saline nasal spray	57
hm senna-s	29
hm sinus nasal spray	57

hm sore throat spray	55
hm stool softener/laxative	29
HM ULTICARE INSULIN SYRINGE	47
HM ULTICARE SHORT PEN NEEDLES	47
HYCANTIN	21
HYCODAN	22
hydralazine hcl	19
hydrochlorothiazide	25
hydrocod poli-chlorphe poli er	22
HYDROCOD POLI-CHLORPHE POLI ER	23
hydrocodone bit-homatrop mbr	22
hydrocortisone	15
hydrocortisone (perianal)	15
hydromet	22
HYFTOR	23
HYPOLANCE AST LANCING	35

I

IN TOUCH LANCING DEVICE	35
IN TOUCH STERILE LANCETS 30G	35
INCONTROL ULTICARE PEN NEEDLES	47
indapamide	25
INQOVI	20
INSULIN SYRINGE	47
INSULIN SYRINGE-NEEDLE U-100	47
INSUPEN PEN NEEDLES	47
INTRON A	20,21
iron (ferrous sulfate)	28
isoniazid	20
ISOPTO ATROPINE	59
ivermectin	24

J

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

K

K-PHOS	53
--------	----

KALYDECO	60
KIMONO	30
KIMONO MICRO THIN	30
KIMONO MICRO THIN PLUS	30
KIMONO SENSATION	30
KINRAY INSULIN SYRINGE	47
klor-con	54
klor-con 10	54
klor-con m10	54
klor-con m15	54
klor-con m20	54
KMART VALU INSULIN SYRINGE 29G	47
KMART VALU INSULIN SYRINGE 30G	47

L

L-METHYLFOLATE	24
L-METHYLFOLATE-B6-B12	24
lactulose	29
lactulose encephalopathy	27
LANCET DEVICE WITH EJECTOR	35
LANCET TRANSPORTER CASE	35
LANCETS	35
LANCETS 28G	35
LANCETS 30G	35
LANCETS 33G	35
LANCETS MICRO THIN 33G	35
LANCETS SUPER THIN 28G	35
LANCETS THIN	35
LANCETS ULTRA FINE	35
LANCETS ULTRA THIN	35
LANCETS ULTRA THIN 30G	35
LANCING DEVICE	35
LANZO	35
LEADER ADVANCED LANCING DEVICE	35
LEADER INSULIN SYRINGE	47
LEADER UNIFINE PENTIPS PLUS	47
leflunomide	14
leucovorin calcium	21
LEUKERAN	20
levocarnitine	25
levocarnitine sf	25

levonorgestrel	22
LIBERTY MEDICAL LANCETS	35
lidocaine (anorectal)	15
lidocaine-hydrocortisone ace	15
linezolid	17
LITE TOUCH LANCETS	35
LITE TOUCH LANCING PEN	35
LITETOUCH INSULIN SYRINGE	47
LITETOUCH LANCETS	35
LITETOUCH PEN NEEDLES	48
LITHIUM	21
lithium carbonate	21
lithium carbonate er	21
LIVE BETTER ADV LANCING DEVICE	36
LIVE BETTER LANCET ULTRA THIN	36
LONGS INSULIN SYRINGE	48
LONGS LANCETS THIN	36
LONGS LANCETS ULTRA THIN	36
loperamide hcl	19
lubricant eye drops (pf)	58
lubricant eye nighttime	58
lubrifresh p.m	58
LYSODREN	20

M

M-M-R II	62
m-pap	14
mag-al plus	16
MAGELLAN INSULIN SAFETY SYR	48
magnesium citrate	29
magnesium oxide	16,53
magnesium-oxide	53
mapap	14
mapap childrens	14
MARATHON MEDICAL PENTIPS	48
MATULANE	21
MAXI-COMFORT INSULIN SYRINGE	48
MAXI-COMFORT SAFETY PEN NEEDLE	48
MAXICOMFORT II PEN NEEDLE	48
MAXICOMFORT SYR 27G X 1/2"	48
MAXX	30

MEDIC INSULIN SYRINGE _____	48	mifepristone _____	26
MEDICHOICE SAFETY LANCET _____	36	milk of magnesia _____	29
MEDICHOICE SAFETY LANCET EXTRA _____	36	milk of magnesia concentrate _____	29
MEDICHOICE SAFETY LANCET NORM _____	36	MINI LANCING DEVICE _____	36
MEDICINE SHOPPE PEN NEEDLES _____	48	minoxidil _____	19
MEDISENSE THIN LANCETS.	36	misoprostol _____	61
MEDLANCE LITE 25G _____	36	MM INSULIN SYRINGE/NEEDLE _____	48
MEDLANCE PLUS EXTRA 21G _____	36	MM LANCING DEVICE _____	36
MEDLANCE PLUS LANCETS.	36	MM PEN NEEDLES _____	48
MEDLANCE PLUS LITE 25G.	36	MM TWIST LANCETS _____	36
MEDLANCE PLUS SPECIAL 0.8MM _____	36	MODERNA COVID-19 BIVAL 6M-5Y _____	62
MEDLANCE PLUS SUPERLITE 30G _____	36	MODERNA COVID-19 BIVAL BOOSTER _____	62
MEDLANCE PLUS UNIVERSAL 21G _____	36	MODERNA COVID-19 BIVALENT _____	62
MEDLANCE UNIVERSAL 21G _____	36	MODERNA COVID-19 VAC 6M-11Y _____	62
megestrol acetate _____	20	MODERNA COVID-19 VACC 6-11Y _____	62
MEIJER LANCETS THIN _____	36	MODERNA COVID-19 VACC 6M-5Y _____	63
MEIJER LANCETS UNIVERSAL 30G _____	36	MODERNA COVID-19 VACCINE _____	63
MEIJER LANCETS UNIVERSAL 33G _____	36	MONOJECT INSULIN SYRINGE _____	48
MEIJER SUPER THIN LANCETS _____	36	MONOJECT ULTRA COMFORT SYRINGE _____	48
melatonin _____	14	MONOLET LANCETS _____	36
melatonin-pyridoxine _____	14	MONOLET OPD LANCETS _____	36
MELATONINMAX GUMMIES _____	14	MONOLETTOR SAFETY LANCETS _____	36
MELPHALAN _____	20	MPD SAFETY LANCET 21G _____	36
MENACTRA _____	61	MPD SAFETY LANCET 23G _____	36
MENQUADFI _____	61	MPD SAFETY LANCET 28G _____	36
MENVEO _____	61	MS INSULIN SYRINGE _____	48
MEPHYTON _____	64	mucinex sinus-max clear & cool _____	57
MEPRON _____	17	MULTI-LANCET DEVICE 2 _____	37
mercaptopurine _____	20	MULTI-VIT-FLOR _____	56
methazolamide _____	24	multi-vit/iron/fluoride _____	56
methergine _____	59	multi-vitamin/fluoride _____	56
methimazole _____	60	multi-vitamin/fluoride/iron _____	56
methylergonovine maleate _____	59	multivitamin _____	56
methylprednisolone acetate _____	22	MULTIVITAMIN W/FLUORIDE _____	56
methylprednisolone sodium succ _____	22	MULTIVITAMIN/FLUORIDE _____	56
metolazone _____	25	my way _____	22
metronidazole _____	24	MYGLUCOHEALTH LANCETS 30G _____	37
mexiletine hcl _____	17	MYLERAN _____	20
MICROLET LANCETS _____	36		
MICROLET NEXT LANCING DEVICE _____	36	N	
midodrine hcl _____	63	nasal decongestant spray _____	57

nasal four	57
nasal relief	57
nasal spray 12 hour	57
nasal spray extra moisturizing	57
nasal spray no drip	57
nephronex	55
nilutamide	20
NITYR	25
NOVA SAFETY LANCETS 23G	37
NOVA SAFETY LANCETS 28G	37
NOVA SUREFLEX LANCETS	37
NOVA SUREFLEX LANCING DEVICE	37
NOVAVAX COVID-19 VACCINE	63
NOVOFINE AUTOCOVER PEN NEEDLE	48
NOVOFINE PEN NEEDLE	48
NOVOFINE PLUS PEN NEEDLE	48
NOVOTWIST PEN NEEDLE	49
NULIBRY	25

O

octreotide acetate	26
ON CALL LANCETS	37
ON CALL LANCING DEVICE	37
ON CALL PLUS LANCETS	37
ON CALL PLUS LANCING DEVICE	37
ONETOUCH DELICA PLUS LANCET30G	37
ONETOUCH DELICA PLUS LANCET33G	37
ONETOUCH DELICA PLUS LANCING	37
ONETOUCH DELICA SAFETY LANCING	37
ONETOUCH ULTRA	37
ONETOUCH ULTRASOFT 2 LANCETS	37
ONETOUCH VERIO	37
opcicon one-step	22
OPTICHAMBER DIAMOND	53
OPTICHAMBER DIAMOND-LG MASK	53
OPTICHAMBER DIAMOND-MD MASK	53
OPTICHAMBER DIAMOND-SM MASK	53
option 2	22
ORA-BLEND	60
ORA-BLEND SF	60
ORA-PLUS	60

ORA-SWEET SF	60
oralone	55
ORKAMBI	60

P

pacerone	18
PALYNZIQ	25
PAXLOVID (150/100)	21
PAXLOVID (300/100)	21
PC LANCETS SUPER THIN 30G	37
PC UNIFINE PENTIPS	49
PEDIA-LAX	29
peg 3350	29
peg 3350-kcl-na bicarb-nacl	29
peg-3350/electrolytes	29
PEN NEEDLES	49
PEN NEEDLES 3/16"	49
PEN NEEDLES 5/16"	49
penicillamine	54
PENTIPS	49
pentoxifylline er	27
peptic relief	18
PERFECT LANCETS 28G	37
PERFECT LANCETS 30G	37
PFIZER COVID-19 BIVAL 6MO-4YR	63
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
PFIZER-BIONT COVID-19 VAC-TRIS	63
PFIZER-BIONTECH COVID-19 VACC	63
PHARMACIST CHOICE LANCETS	37
PHARMACY COUNTER LANCETS	37
PHAZYME MAXIMUM STRENGTH	26
phenaseptic	55
phenazopyridine hcl	27
phenylephrine hcl	59
phospha 250 neutral	54
phospho-trin k500	54
phytonadione	64
pilocarpine hcl	55

PIP LANCETS 28G _____	37	PRODIGY LANCETS 28G _____	37
PIP LANCETS 30G _____	37	PRODIGY LANCING DEVICE _____	37
PIP PEN NEEDLES 31G X 5MM _____	49	PRODIGY SAFETY LANCETS 26G _____	38
PIP PEN NEEDLES 32G X 4MM _____	49	PRODIGY TWIST TOP LANCETS 28G _____	38
PNEUMOVAX 23.....	61	promethazine-codeine _____	23
podofilox _____	23	propafenone hcl _____	18
poly-iron 150.....	28	propylthiouracil _____	60
POLY-VI-FLOR _____	56	PROQUAD _____	63
POLY-VI-FLOR/IRON _____	56	PULMOZYME _____	60
polyvinyl alcohol _____	58	puralube _____	58
potassium chloride _____	54	PURE COMFORT PEN NEEDLE _____	49
potassium chloride crys er _____	54	PURE COMFORT SAFETY PEN NEEDLE _____	49
potassium chloride er _____	54	PUSH BUTTON SAFETY LANCETS _____	38
potassium citrate er _____	27	PUSH BUTTON SAFETY LANCETS 28G _____	38
pramoxine hcl _____	24	PX LANCETS MICROTHIN 33G _____	38
pramoxine hcl (perianal).....	15	pyrazinamide _____	20
praziquantel _____	17	pyridostigmine bromide _____	19
PRECISION XTRA KETONE _____	24	PYRUKYND _____	28
PREFERRED PLUS INSULIN SYRINGE _____	49	PYRUKYND TAPER PACK _____	28
PREFERRED PLUS LANCETS THIN _____	37		
PREFERRED PLUS UNIFINE PENTIPS _____	49	Q	
PREHEVBRIO.....	63	QUFLORA FE _____	56
PREMIUM CONDOMS LUBRICATED _____	30	QUFLORA FE PEDIATRIC _____	56
PRESSURE ACTIVAT SAFETY LANCET _____	37	QUFLORA PEDIATRIC _____	56
PRETOMANID.....	20	quinidine sulfate _____	17
PREVENT DROPSAFE PEN NEEDLES _____	49		
PREVENT SAFETY PEN NEEDLES _____	49	R	
PREVNAR 13 _____	61	RADICAVA ORS _____	58
PREVNAR 20 _____	61	RADICAVA ORS STARTER KIT _____	58
PRIORIX _____	63	RAYA SURE PEN NEEDLE _____	49
PRIZOTRAL-II _____	24	react _____	22
PRO COMFORT INSULIN SYRINGE _____	49	READYLANCE SAFETY LANCETS _____	38
PRO COMFORT LANCETS 30G _____	37	RECOMBIVAX HB _____	63
PRO COMFORT LANCETS 31G _____	37	rectasmoothe _____	15
PRO COMFORT PEN NEEDLES _____	49	refresh lacri-lube _____	58
PRO COMFORT SAFETY LANCETS 30G _____	37	refresh p.m _____	58
procto-med hc _____	15	REFRESH PLUS _____	58
PROCTOFOAM HC _____	15	RELION INSULIN SYRINGE _____	49
proctosol hc _____	15	RELION LANCET DEVICES 30G _____	38
proctozone-hc _____	15	RELION LANCETS MICRO-THIN 33G _____	38
PRODIGY INSULIN SYRINGE _____	49	RELION LANCETS THIN 26G _____	38

RELION LANCETS ULTRA-THIN 30G	38	senexon-s	29
RELION LANCING DEVICE	38	senna	30
RELION MINI PEN NEEDLES	49	senna plus	29
RELION PEN NEEDLES	50	senna-docusate sodium	29
RELION SHORT PEN NEEDLES	50	senna-s	29
RELION ULTRA THIN LANCETS 30G	38	senna-time s	29
RELION ULTRA THIN PLUS LANCETS	38	sf	55
RELYVRIO	58	sf 5000 plus	55
renal	55	SHINGRIX	63
REXALL LANCETS ULTRA THIN 30G	38	SHOPKO AUTOLET LANCING DEVICE	38
RIDAURA	14	SHOPKO ON-THE-GO LANCETS 30G	38
rifabutin	20	SHOPKO UNIFINE PENTIPS	50
rifampin	20	SHOPKO UNIFINE PENTIPS PLUS	50
RIGHTEST GD500 LANCING DEVICE	38	SHOPKO UNILET LANCETS 28G	39
RIGHTEST GL300 LANCETS	38	SHOPKO UNILET LANCETS 30G	39
riluzole	58	SIDE BUTTON SAFETY LANCET	39
rosadan	24	silace	30
		silver sulfadiazine	23
S		simethicone	26
SAFESNAP INSULIN SYRINGE	50	simethicone ultra strength	26
SAFETY INSULIN SYRINGES	50	SIMPLE DIAGNOSTICS LANCING DEV	39
SAFETY LANCET 21G/PRESSURE ACT	38	sinus nasal spray	57
SAFETY LANCET 23G/PRESSURE ACT	38	sinus relief extra strength	57
SAFETY LANCET 28G/PRESSURE ACT	38	SIVEXTRO	17
SAFETY LANCET 30G/PRESSURE ACT	38	SKYCLARYS	58
SAFETY LANCETS	38	sleep tabs	28
SAFETY LANCETS 21G	38	sm antacid	16
SAFETY LANCETS 23G	38	sm anti-diarrheal	19
SAFETY LANCETS 28G	38	sm aspirin low dose	15
SAFETY LET LANCETS	38	sm calcium antacid ex st	16
SAFETY PEN NEEDLES	50	sm gas relief	26
SAFETY SEAL LANCETS	38	sm gas relief extra strength	26
saline mist spray	57	sm gentle laxative	30
saline nasal spray	57	sm nose drops nasal decongest	57
salsalate	15	sm smooth antacid ex st	16
SANOFI COVID-19 VAC (BOOSTER)	63	sm vitamin b-6	64
sapropterin dihydrochloride	25	sm vitamin c	64
SAPS HEALTH TWIST TOP LANCETS	38	SMART DIABETES VANTAGE LANCING	39
SAPS TWIST TOP LANCETS	38	SMART SENSE COLOR LANCETS 33G	39
SECURESAFE INSULIN SYRINGE	50	SMART SENSE STANDARD LANCETS	39
selenium sulfide	23	SMART SENSE SUPER THIN LANCETS	39

SMART SENSE THIN LANCETS 26G _____	39	SURE COMFORT LANCETS 21G _____	39
SMARTEST LANCETS 28G _____	39	SURE COMFORT LANCETS 23G _____	39
sod citrate-citric acid _____	27	SURE COMFORT LANCETS 28G _____	39
sodium bicarbonate _____	16	SURE COMFORT LANCETS 30G _____	39
sodium chloride _____	23	SURE COMFORT LANCING PEN _____	39
sodium chloride (hypertonic) _____	59	SURE COMFORT PEN NEEDLES _____	50
sodium fluoride _____	53,55	SURE-FINE PEN NEEDLES _____	50
sodium fluoride 5000 enamel _____	55	SURE-JECT INSULIN SYRINGE _____	50
sodium fluoride 5000 plus _____	55	SURE-LANCE FLAT LANCETS _____	39
sodium fluoride 5000 ppm _____	55	SURE-LANCE LANCETS 26G _____	39
sodium fluoride 5000 sensitive _____	55	SURE-LANCE THIN LANCETS 28G _____	39
sodium polystyrene sulfonate _____	54	SURE-LANCE ULTRA THIN LANCETS _____	39
SOHONOS _____	58	SURE-TOUCH LANCETS UNIVERSAL _____	39
SOLU-CORTEF _____	22	SURELITE LANCETS _____	39
SOLU-MEDROL (PF) _____	22	SYMDEKO _____	60
soluble fiber therapy _____	28	systane nighttime _____	59
SOLUS V2 LANCETS 28G _____	39		
SOLUS V2 LANCING DEVICE _____	39	T	
SOLUS V2 TWIST LANCETS 30G _____	39	TDVAX _____	60
sore throat _____	55	TECHLITE INSULIN SYRINGE _____	50
sore throat spray _____	55	TECHLITE LANCETS _____	39
SPIKEVAX, _____	63	TECHLITE LANCETS 26G _____	39
SPIKEVAX COVID-19 VACCINE _____	63	TECHLITE LANCETS 30G _____	39
spironolactone _____	25	TECHLITE PEN NEEDLES _____	50
spironolactone-hctz _____	24	TEGLUTIK _____	58
SPS _____	54	TEGSEDI _____	60
ssd _____	23	TENIVAC _____	60
STERILANCE PA _____	39	TETANUS-DIPHThERIA TOXOIDS TD _____	61
STERILANCE TL _____	39	theophylline _____	18
sterile diluent/epoprostenol _____	60	theophylline er _____	18
sterile water for injection _____	60	TIGLUTIK _____	58
sterile water for irrigation _____	54	tm-vite rx _____	55
stimulant laxative _____	29	TODAYS HEALTH MINI PEN NEEDLES _____	50
stomach relief _____	18	TOLVAPTAN _____	26
stool softener plus laxative _____	29	tolvaptan _____	26
STRENSIQ _____	25	TOPCARE CLICKFINE PEN NEEDLES _____	51
sucralfate _____	61	TOPCARE LANCETS MICRO-THIN 33G _____	39
sulfamethoxazole-trimethoprim _____	17	TOPCARE ULTRA COMFORT INS SYR _____	51
sulfatrim pediatric _____	17	toposar _____	21
SURE COMFORT INSULIN SYRINGE _____	50	torsemidate _____	25
SURE COMFORT LANCETS 18G _____	39	TRAVEL LANCETS _____	40

TRAVEL LANCETS ADVANCED 28G _____	40	ULTICARE MICRO PEN NEEDLES _____	51
treprostinil _____	22	ULTICARE MINI PEN NEEDLES _____	51
TRI-VI-FLOR _____	56	ULTICARE PEN NEEDLES _____	51
tri-vite/fluoride _____	56	ULTICARE SHORT PEN NEEDLES _____	51
triamcinolone acetonide _____	55	ULTIGUARD SAFEPACK PEN NEEDLE _____	51
triamterene-hctz.....	24	ULTILET CLASSIC LANCETS.....	40
trientine hcl _____	54	ULTILET INSULIN SYRINGE _____	52
TRIFLURIDINE _____	59	ULTILET INSULIN SYRINGE SHORT _____	52
TRIKAFTA _____	60	ULTILET LANCETS _____	40
trimethoprim _____	17	ULTILET PEN NEEDLE _____	52
triphrocaps _____	56	ULTILET SAFETY LANCETS _____	40
TRUE COMFORT INSULIN SYRINGE _____	51	ULTILET SAFETY LANCETS 23G _____	40
TRUE COMFORT PEN NEEDLES _____	51	ULTRA FLO INSULIN PEN NEEDLES _____	52
TRUE COMFORT PRO INSULIN SYR _____	51	ULTRA FLO INSULIN SYRINGE _____	52
TRUE COMFORT TWIST TOP LANCETS _____	40	ultra lubricating eye drops pf _____	59
true magnesium oxide _____	53	ULTRA THIN LANCETS 31G _____	40
TRUE VITAMIN B1 _____	64	ULTRA THIN PEN NEEDLES _____	52
true vitamin b6 _____	64	ULTRA-CARE LANCETS 30G _____	40
true vitamin c _____	64	ULTRA-THIN II INS SYR SHORT _____	52
true vitamin d3 _____	64	ULTRA-THIN II INSULIN SYRINGE _____	52
TRUEDRAW LANCING DEVICE _____	40	ULTRA-THIN II LANCETS _____	40
TRUEPLUS 5-BEVEL PEN NEEDLES _____	51	ULTRA-THIN II MINI PEN NEEDLE _____	52
TRUEPLUS INSULIN SYRINGE _____	51	ULTRA-THIN II PEN NEEDLE SHORT _____	52
TRUEPLUS LANCETS 28G _____	40	ULTRA-THIN II PEN NEEDLES _____	52
TRUEPLUS LANCETS 30G _____	40	ULTRACARE INSULIN SYRINGE _____	52
TRUEPLUS LANCETS 33G _____	40	ULTRACARE PEN NEEDLES _____	52
TRUEPLUS PEN NEEDLES _____	51	ULTRALANCE _____	40
TRUEPLUS SAFETY LANCETS 28G _____	40	UNIFINE PENTIPS _____	52
TRUMENBA _____	61	UNIFINE PENTIPS PLUS _____	52
TRUSTEX LUBRICATED _____	30	UNIFINE PROTECT PEN NEEDLE _____	52
TRUSTEX NON-LUBRICATED _____	30	UNIFINE SAFECONTROL PEN NEEDLE _____	52
TRUSTEX RIA LUB/SPERMICIDE _____	31	UNIFINE ULTRA PEN NEEDLE _____	52
TRUSTEX-NONOXYNOL-9/RIB/STUD _____	31	UNILET COMFORTOUCH LANCET _____	40
TWINRIX _____	63	UNILET EXCELITE _____	40
TWIST TOP LANCETS 30G _____	40	UNILET EXCELITE II _____	40
		UNILET G.P. SUPERLITE LANCET _____	40
		UNILET GP 28 ULTRA THIN _____	40
		UNILET LANCET _____	40
		UNILET MICRO-THIN 33G _____	40
		UNILET SUPER-THIN 30G _____	40
		UNILET ULTRA-THIN 28G _____	40
U			
ULTI-LANCE AUTOMATIC.....	40		
ULTICARE INSULIN SAFETY SYR _____	51		
ULTICARE INSULIN SYR 1/2 UNIT _____	51		
ULTICARE INSULIN SYRINGE _____	51		

UNISTIK 2.....	40	VERIFINE SAFE LANCET MINI 21G _____	41
UNISTIK 2 COMFORT.....	40	VERIFINE SAFE LANCET MINI 23G _____	41
UNISTIK 2 EXTRA _____	40	VERIFINE SAFE LANCET MINI 28G _____	41
UNISTIK 2 NORMAL _____	40	VERIFINE SAFE LANCET MINI 30G _____	41
UNISTIK 2 SUPER _____	41	VERIFINE UNIVERSAL LANCETS 28G _____	41
UNISTIK 3 COMFORT.....	41	VERIFINE UNIVERSAL LANCETS 30G _____	41
UNISTIK 3 EXTRA _____	41	VERIFINE UNIVERSAL LANCETS 33G _____	41
UNISTIK 3 GENTLE _____	41	VIDA MIA AUTOLET LANCING DEV _____	41
UNISTIK 3 NEONATAL.....	41	VIDA MIA UNIFINE PENTIPS.....	53
UNISTIK 3 NORMAL _____	41	VIDA MIA UNILET LANCETS 28G _____	41
UNISTIK CZT COMFORT _____	41	VIDA MIA UNILET LANCETS 30G _____	42
UNISTIK CZT NORMAL.....	41	vincasar pfs _____	21
UNISTIK NORMAL _____	41	virt-caps _____	56
UNISTIK PRO SAFETY LANCET _____	41	vitamin d _____	64
UNISTIK SAFETY LANCETS 28G _____	41	vitamin d (ergocalciferol) _____	64
UNISTIK SAFETY LANCETS 30G _____	41	vitamin d3 _____	64
UNISTIK TOUCH SAFETY LANC 21G _____	41	vitamins acd-fluoride _____	56
UNISTIK TOUCH SAFETY LANC 23G _____	41	VIVAGUARD LANCETS _____	42
UNISTIK TOUCH SAFETY LANC 28G _____	41	VIVAGUARD LANCING DEVICE _____	42
UNISTIK TOUCH SAFETY LANC 30G _____	41	VIVOTIF _____	61
UNIVERSAL 1 LANCETS THIN 26G _____	41	VOWST _____	27
UNIVERSAL 1 LANCETS THIN 33G _____	41	VOXZOGO _____	25
UNIVERSAL 1 LANCETS ULTRA THIN _____	41	vp-vite rx _____	56
urea _____	23	W	
urea 20 intensive hydrating _____	23	water for irrigation, sterile _____	54
UREA HYDRATING _____	23	wescaps _____	56
ureacin-20 _____	23	WINRHO SDF _____	59
V		WOMENS 50 BILLION.....	18
VALUE PLUS LANCING DEVICE _____	41	womens laxative _____	30
VALUMARK LANCET SUPER THIN 30G _____	41	X	
VALUMARK LANCET ULTRA THIN 28G _____	41	XDEMVY _____	59
VALUMARK PEN NEEDLES _____	53	XENLETA _____	17
VANISHPOINT INSULIN SYRINGE _____	53	XERAC AC _____	24
VAQTA _____	63	XERMELO _____	27
VARIVAX _____	63	Z	
VAXNEUVANCE _____	61	ZEV RX INSULIN SYRINGE _____	53
VEKLURY _____	21	ZEV RX TWIST TOP LANCETS 30G _____	42
VERIFINE INSULIN PEN NEEDLE _____	53	zinc oxide _____	24
VERIFINE INSULIN SYRINGE _____	53		
VERIFINE PLUS PEN NEEDLE _____	53		

ZOKINVY	54
ZOSTAVAX	63