

A young Black woman with curly hair, wearing a white lab coat and a gold necklace, is smiling and looking at a tablet computer. She is standing in a pharmacy with shelves of medicine boxes in the background.

GHP FAMILY

**2026 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, glucagon-like peptide-1 agonists (GLP-1s), and specialty medications are excluded from this 90-day supply program. If you have questions about which medications are considered maintenance medications you can check online at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger> or call GHP Family Pharmacy services at (855) 552-6028 or (570) 214-3554. A medication may be refilled when 85% has been used. Controlled medications, which may cause addiction, such as those used for pain or anxiety, may be refilled when 90% has been used. If for some reason you need a refill before 85% or 90% of the medication has been used please call GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 for assistance.

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

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

Blood Glucose Monitors and Strips

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

Medical Benefit Drugs

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

Vaccines

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

Are there any requirements or limits on my drugs?

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

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

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

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

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

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

How much will I pay for my drugs?

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

There are no copays for:

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

Non-covered medications

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

- Drugs that are designated by the FDA as less than effective (DESI) drugs
- Any drug marketed by a drug company that does not participate in the Medicaid Rebate Program
- Drugs used for cosmetic purposes or hair growth
- GLP-1s when used to treat obesity
- Drugs used for fertility
- Drugs used for erectile dysfunction
- Drugs and devices classified as experimental
- Drugs ordered by a prescriber who has been barred or suspended from participating the MA program

What if my drug requires prior authorization?

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

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

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

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

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

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

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

Discrimination is against the law

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

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

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

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Geisinger Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Geisinger Health Plan at 800-447-4000.

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

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

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

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are available to help you.

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

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

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

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

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

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

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

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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-447-4000 (رقم هاتف الصم والبكم والبيكم: PA RELAY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क 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, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នកមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>mapap 500 mg cap</i>	OTC	QL (6 units per 1 day)
<i>mapap childrens 80 mg chew tab</i>	OTC	QL (30 units per 1 day)
SALICYLATES		
<i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab)</i>	OTC	QL (12 units per 1 day)
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	QL (4 units per 1 day)
<i>sm aspirin low dose 81 mg tab dr</i>	OTC	QL (12 units per 1 day)
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>lidocaine-hydrocortisone ace (1-3 % kit, 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>rectasmothe 5 % cream</i>	1	
RECTAL STEROIDS		
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
ANTACIDS (CONTINUED)		
ANTACID COMBINATIONS		
ACID GONE (95-358 MG/15ML SUSPENSION, 160-105 MG CHEW TAB)	OTC	

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

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

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Drug Name	Drug Tier	Requirements / Limits
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	QL (4 units per 1 day)
EMVERM 100 MG CHEW TAB	2	PA, QL (2 units per 1 day)
<i>praziquantel 600 mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
TRIMETHOPRIM 100 MG TAB	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	QL (20 units per 1 day)
MEPRON 750 MG/5ML SUSPENSION	2	QL (20 units per 1 day)
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
OXAZOLIDINONES		
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	1	
SIVEXTRO 200 MG TAB	2	PA, QL (1 unit per 1 day)
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	1	QL (2 units per 1 day)
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
XANTHINES		
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	1	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS (CONTINUED)		
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) +rfid 1000 unit/ml solution</i>	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>ft stomach relief 262 mg chew tab</i>	OTC	
MICROFLOR CAP	OTC	
RESTORA CAP	OTC	
<i>stomach relief 262 mg chew tab</i>	OTC	
WOMENS 50 BILLION CAP	OTC	
ANTIPERISTALTIC AGENTS		
<i>anti-diarrheal 2 mg cap</i>	1	QL (8 units per 1 day)
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ft anti-diarrheal 2 mg cap</i>	1	QL (8 units per 1 day)
<i>gnp anti-diarrheal 2 mg cap</i>	1	QL (8 units per 1 day)
<i>hm anti-diarrheal 2 mg cap</i>	1	QL (8 units per 1 day)
<i>loperamide hcl 2 mg cap</i>	1	QL (8 units per 1 day)
<i>sm anti-diarrheal 2 mg cap</i>	1	QL (8 units per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>acetylcysteine 200 mg/ml solution</i>	1	
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ALKYLAMINES		
<i>chlorpheniramine maleate er 12 mg tab er</i>	OTC	
ANTIHISTAMINES - ETHANOLAMINES		
<i>allergy 25 mg cap</i>	OTC	
<i>diphenhydramine hcl (12.5 mg/5ml liquid, 25 mg cap, 25 mg tab, 50 mg cap)</i>	OTC	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERTENSIVES (CONTINUED)		
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone 25 mg tab</i>	1	QL (4 units per 1 day)
<i>eplerenone 50 mg tab</i>	1	QL (2 units per 1 day)
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10 MG TAB	2	PA, SP
<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	
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
MELPHALAN 2 MG TAB	1	
ANTIMETABOLITES		
<i>mercaptopurine 50 mg tab</i>	1	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
EMCYT 140 MG CAP	2	
FLUTAMIDE 125 MG CAP	1	QL (6 units per 1 day)
LYSODREN 500 MG TAB	2	SP
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide 150 mg tab</i>	1	QL (2 units per 1 day), SP
ANTINEOPLASTIC COMBINATIONS		
INQOVI 35-100 MG TAB	2	PA, SP
ANTINEOPLASTICS MISC.		
<i>bexarotene 75 mg cap</i>	1	PA, SP
MATULANE 50 MG CAP	2	SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	1	SP
<i>vincasar pfs 1 mg/ml solution</i>	1	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	SP
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium 8 meq/5ml solution</i>	1	
LITHIUM CARBONATE (150 MG CAP, 300 MG CAP, 300 MG TAB, 600 MG CAP)	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
ANTIVIRALS (CONTINUED)		
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	2	
MISC. ANTIVIRALS		
VEKLURY 100 MG RECON SOLN	2	SP
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek (125 mcg tab, 250 mcg tab)</i>	1	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	2	PA, QL (1 unit per 1 day), SP
PROSTAGLANDIN VASODILATORS		
<i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i>	1	PA, SP
CONTRACEPTIVES (CONTINUED)		
EMERGENCY CONTRACEPTIVES		
<i>econtra ez 1.5 mg tab</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>econtra one-step 1.5 mg tab</i>	OTC	
<i>her style 1.5 mg tab</i>	OTC	
<i>levonorgestrel 1.5 mg tab</i>	OTC	
<i>my way 1.5 mg tab</i>	OTC	
<i>opcicon one-step 1.5 mg tab</i>	OTC	
<i>option 2 1.5 mg tab</i>	OTC	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
<i>hydrocortisone sod suc (pf) 100 mg recon soln</i>	1	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	
HYCODAN 5-1.5 MG/5ML SOLUTION	1	QL (30 units per 1 day)
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	QL (6 units per 1 day)
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	2	QL (30 units per 1 day)
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	QL (30 units per 1 day)
<i>hydromet 5-1.5 mg/5ml solution</i>	1	QL (30 units per 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	QL (10 units per 1 day)
<i>promethazine-codeine 6.25-10 mg/5ml solution</i>	1	QL (30 units per 1 day), AL (18 to 999 yrs old)
<i>promethazine-codeine 6.25-10 mg/5ml syrup</i>	1	QL (30 units per 1 day), AL (18 to 999 yrs old)
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i>	1	
ANTISEBORRHEIC PRODUCTS		
SELENIUM SULFIDE (2.25 % SHAMPOO, 2.3 % SHAMPOO, 2.5 % LOTION)	1	
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>dermacinrx urea 41 % cream</i>	1	
<i>dermacure 41 % cream</i>	1	
<i>urea (20 % cream, 39 % cream, 40 % cream, 41 % cream)</i>	1	
<i>urea 20 intensive hydrating 20 % cream</i>	OTC	
UREA HYDRATING 35 % FOAM	1	
EMOLLIENTS		
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, QL (0.8 units per 1 day), SP
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5 % SOLUTION	1	
LOCAL ANESTHETICS - TOPICAL		
<i>pramoxine hcl 1 % lotion</i>	OTC	
MISC. TOPICAL		
DRYSOL 20 % SOLUTION	2	
XERAC AC 6.25 % SOLUTION	2	
<i>zinc oxide (20 % ointment, 25 % ointment)</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	1	
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC TESTS		
PRECISION XTRA KETONE STRIP	1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED)		
DIETARY MANAGEMENT PRODUCTS		
FOLTANX 3-35-2 MG TAB	1	
L-METHYLFOLATE (7.5 MG TAB, 15 MG TAB)	1	
L-METHYLFOLATE CALCIUM (7.5 MG TAB, 15 MG TAB)	1	
L-METHYLFOLATE-B6-B12 3-35-2 MG TAB	1	
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG TAB, 40 MG TAB, 80 MG TAB)	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
METABOLIC MODIFIERS		
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	1	PA, QL (4 units per 1 day)
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, SP
NULIBRY 9.5 MG RECON SOLN	2	PA, SP
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 units per 1 day), SP
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	2	PA, QL (0.15 units per 1 day), SP
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, QL (3 units per 1 day), SP
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	2	PA, SP
<i>zelvysia (100 mg packet, 500 mg packet)</i>	1	PA, SP
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, QL (1 unit per 1 day), SP
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	QL (0.4 units per 1 day)
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SOMATOSTATIC AGENTS		
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	SP
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	1	PA, QL (2 units per 1 day), SP
TOLVAPTAN 15 MG TAB	1	PA, QL (1 unit per 1 day), SP
<i>tolvaptan 15 mg tab</i>	1	PA, QL (1 unit per 1 day), SP
<i>tolvaptan 30 mg tab</i>	1	PA, QL (2 units per 1 day), SP
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
ANTIFLATULENTS		
<i>ft gas relief extra strength 125 mg cap</i>	OTC	
<i>ft gas relief ultra strength 180 mg cap</i>	OTC	
<i>gas relief extra strength 125 mg cap</i>	OTC	
<i>gas relief ultra strength 180 mg cap</i>	OTC	
<i>gnp anti-gas 180 mg cap</i>	OTC	
<i>gnp gas relief extra strength 125 mg cap</i>	OTC	
<i>simethicone ultra strength 180 mg cap</i>	OTC	
<i>sm gas relief 180 mg cap</i>	OTC	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
HEPATOTROPICS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	2	PA, QL (1 tab per day), SP
INTESTINAL ACIDIFIERS		
<i>enulose 10 gm/15ml solution</i>	1	
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LIVE FECAL MICROBIOTA		
VOWST CAP	2	PA, SP
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)</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, QL (1 unit per 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, QL (5.72 units per 1 day), SP
FABHALTA 200 MG CAP	2	PA, QL (2 units per 1 day), SP
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab er</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	1	
CABLIVI 11 MG KIT	2	PA, SP
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	QL (2 units per 1 day)
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	2	PA, SP
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	2	PA, SP
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>ferrex 150 150 mg cap</i>	OTC	
<i>ferrous sulfate 300 (60 fe) mg/5ml solution</i>	OTC	
<i>ferrous sulfate 75 (15 fe) mg/ml solution</i>	OTC	
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	OTC	
STEM CELL MOBILIZERS		
XOLREMDI 100 MG CAP	2	PA, QL (4 units per 1 day), SP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
ANTIHISTAMINE HYPNOTICS		
<i>sleep tabs 25 mg tab</i>	OTC	
LAXATIVES (CONTINUED)		
BULK LAXATIVES		
<i>fiber laxative + calcium 625 mg tab</i>	OTC	
<i>fiber-lax 625 mg tab</i>	OTC	
<i>ft fiber laxative 625 mg tab</i>	OTC	
<i>hm fiber 500 mg tab</i>	OTC	
<i>soluble fiber therapy powder</i>	OTC	
LAXATIVE COMBINATIONS		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	2	
<i>colace 2-in-1 8.6-50 mg tab</i>	OTC	
<i>ft senna-s 8.6-50 mg tab</i>	OTC	
<i>ft stool softener 50-8.6 mg tab</i>	OTC	
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	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>hm laxative 5 mg tab dr</i>	OTC	
<i>proctozone-b 10 mg suppos</i>	OTC	
<i>senna 8.8 mg/5ml liquid</i>	OTC	
<i>sm gentle laxative 5 mg tab dr</i>	OTC	
SURFACTANT LAXATIVES		
<i>docusate sodium 100 mg/10ml liquid</i>	OTC	
<i>silace 60 mg/15ml syrup</i>	OTC	
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
AIMSCO LUBRICATED MISC	OTC	QL (48 units per 30 days)
CAYA DIAPHRAGM	2	
DUREX EXTRA SENSITIVE THIN MISC	OTC	QL (48 units per 30 days)
DUREX TROPICAL MISC	OTC	QL (48 units per 30 days)
FANTASY LUBRICATED MISC	OTC	QL (48 units per 30 days)
FANTASY LUBRICATED/SPERMICIDE MISC	OTC	QL (48 units per 30 days)
FC2 FEMALE CONDOM MISC	OTC	QL (48 units per 30 days)
KIMONO MISC	OTC	QL (48 units per 30 days)
KIMONO MICRO THIN MISC	OTC	QL (48 units per 30 days)
KIMONO MICRO THIN PLUS MISC	OTC	QL (48 units per 30 days)
KIMONO SENSATION MISC	OTC	QL (48 units per 30 days)
MAXX MISC	OTC	QL (48 units per 30 days)
TROJAN BARESKIN DEVICE	OTC	QL (48 units per 30 days)
TRUE COVER DEVICE	OTC	QL (48 units per 30 days)
TRUSTEX LUBRICATED MISC	OTC	QL (48 units per 30 days)
TRUSTEX NON-LUBRICATED MISC	OTC	QL (48 units per 30 days)
TRUSTEX RIA LUB/SPERMICIDE MISC	OTC	QL (48 units per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	OTC	QL (48 units per 30 days)
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH MISC	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	

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Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK FASTCLIX LANCETS MISC	2	
ACCU-CHEK SAFE-T PRO LANCETS MISC	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS MISC	2	
ACTI-LANCE 28G MISC	2	
ACTI-LANCE LITE LANCETS 28G MISC	2	
ACTI-LANCE SPECIAL LANCETS 17G MISC	2	
ACTI-LANCE UNIVERSAL 23G MISC	2	
ADVANCED MOBILE LANCET MISC	2	
ADVOCATE LANCETS MISC	2	
ADVOCATE LANCETS 30G MISC	2	
ADVOCATE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
ADVOCATE RAPID-SAFE LANCING MISC	2	QL (1 unit per 1 day)
ADVOCATE SAFETY LANCETS MISC	2	
ADVOCATE SAFETY LANCETS 21G MISC	2	
ADVOCATE SAFETY LANCETS 23G MISC	2	
ADVOCATE SAFETY LANCETS 26G MISC	2	
ADVOCATE SAFETY LANCETS 28G MISC	2	
AGAMATRIX ULTRA-THIN LANCETS MISC	2	
AIMSCO TWIST LANCETS 32G MISC	2	
AIMSCO TWIST LANCETS 33G MISC	2	
AQUALANCE LANCETS 30G MISC	2	
ASSURE COMFORT LANCETS 28G MISC	2	
ASSURE HAEMOLANCE PLUS HIGH MISC	2	
ASSURE HAEMOLANCE PLUS LOW MISC	2	
ASSURE HAEMOLANCE PLUS MICRO MISC	2	
ASSURE HAEMOLANCE PLUS NORMAL MISC	2	
ASSURE HAEMOLANCE PLUS PED MISC	2	
ASSURE LANCE LANCETS MISC	2	
ASSURE LANCE LANCETS 21G MISC	2	
ASSURE LANCE PLUS SAFETY 25G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
ASSURE LANCE PLUS SAFETY 30G MISC	2	
ASSURE LANCE SAFETY LANCET 28G MISC	2	
AUTO-LANCET MISC	2	QL (1 unit per 1 day)
AUTO-LANCET MINI MISC	2	QL (1 unit per 1 day)
AUTOLET LANCING DEVICE MISC	2	QL (1 unit per 1 day)
AUTOLET LITE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
BD MICROTAINER LANCETS MISC	2	
CARDIOCOM LANCING DEVICE MISC	2	QL (1 unit per 1 day)
CAREONE ADVANCED LANCING DEV MISC	2	QL (1 unit per 1 day)
CAREONE LANCET SUPER THIN 30G MISC	2	
CARESENS CONTROL SOLUTION A/B SOLUTION	2	
CARESENS LANCETS MISC	2	
CARESENS LANCETS 30G MISC	2	
CARESENS S CONTROL SOLN A/B LIQUID	2	
CARETOUCH LANCING/EJECTOR MISC	2	QL (1 unit per 1 day)
CARETOUCH SAFETY LANCETS MISC	2	
CARETOUCH SAFETY LANCETS 26G MISC	2	
CARETOUCH TWIST LANCETS 28G MISC	2	
CARETOUCH TWIST LANCETS 30G MISC	2	
CARETOUCH TWIST LANCETS 33G MISC	2	
CARETOUCH TWIST MC LANCETS 30G MISC	2	
CHOSEN LANCETS 30G MISC	2	
CHOSEN LANCING DEVICE MISC	2	QL (1 unit per 1 day)
CHOSEN SAFETY LANCETS 28G MISC	2	
CLEANLET LANCETS 28G MISC	2	
CLEVER CHEK LANCETS MISC	2	
CLEVER CHOICE LANCETS 21G MISC	2	
CLEVER CHOICE LANCETS 23G MISC	2	
CLEVER CHOICE LANCETS 28G MISC	2	
COAGUCHEK LANCETS MISC	2	
COMFORT ASSURED LANCETS 28G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
COMFORT ASSURED LANCETS 33G MISC	2	
COMFORT LANCETS MISC	2	
COMFORT TOUCH LANCETS 31G MISC	2	
COMFORT TOUCH PLUS LANCETS 28G MISC	2	
COMFORT TOUCH TWIST LANCET 30G MISC	2	
CONTOUR PLUS CONTROL SOLUTION LIQUID	2	
DIATHRIVE LANCET ULTRA THIN 30 MISC	2	
DIATHRIVE LANCETS MISC	2	
DIATHRIVE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
DROPLET INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DROPLET LANCETS ULTRA THIN 30G MISC	2	
DROPLET LANCING DEVICE MISC	2	QL (1 unit per 1 day)
DROPSAFE ACTI-LANCE 23G MISC	2	
E-Z JECT LANCET MICRO-THIN 33G MISC	2	
E-Z JECT LANCET SUPER THIN 30G MISC	2	
E-Z JECT LANCETS MISC	2	
E-Z JECT LANCETS 21G MISC	2	
E-Z JECT LANCETS THIN 26G MISC	2	
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	2	
EASY COMFORT LANCETS MISC	2	
EASY COMFORT LANCETS TWIST TOP MISC	2	
EASY MINI EJECT LANCING DEVICE MISC	2	QL (1 unit per 1 day)
EASY TOUCH LANCETS 21G MISC	2	
EASY TOUCH LANCETS 23G MISC	2	
EASY TOUCH LANCETS 26G MISC	2	
EASY TOUCH LANCETS 28G MISC	2	
EASY TOUCH LANCETS 28G/TWIST MISC	2	
EASY TOUCH LANCETS 30G MISC	2	
EASY TOUCH LANCETS 30G/TWIST MISC	2	
EASY TOUCH LANCETS 32G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH LANCETS 32G/TWIST MISC	2	
EASY TOUCH LANCETS 33G/TWIST MISC	2	
EASY TOUCH LANCING DEVICE MISC	2	QL (1 unit per 1 day)
EASY TOUCH SAFETY LANCETS 21G MISC	2	
EASY TOUCH SAFETY LANCETS 23G MISC	2	
EASY TOUCH SAFETY LANCETS 26G MISC	2	
EASY TOUCH SAFETY LANCETS 28G MISC	2	
EMBRACE LANCETS ULTRA THIN 30G MISC	2	
EZ-LETS LANCETS 21G MISC	2	
EZ-LETS LANCETS 28G MISC	2	
EZ-LETS LANCETS 30G MISC	2	
FINGERSTIX LANCETS MISC	2	
FONDCIRCLE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
FONDCIRCLE SINGLE USE LANCETS MISC	2	
FORA LANCETS MISC	2	
FORA LANCING DEVICE MISC	2	QL (1 unit per 1 day)
FREESTYLE LANCETS MISC	2	
FREESTYLE UNISTICK II LANCETS MISC	2	
GENTEEL BUTTERFLY TOUCH LANCET MISC	2	
GENTEEL LANCING KIT (BLUE) KIT	2	
GLOBAL INJECT EASE LANCETS 28G MISC	2	
GLOBAL INJECT EASE LANCETS 30G MISC	2	
GLOBAL LANCING DEVICE MISC	2	QL (1 unit per 1 day)
GLUCOCOM LANCETS 28G MISC	2	
GLUCOCOM LANCETS 30G MISC	2	
GLUCOCOM LANCETS 33G MISC	2	
GNP STERILE LANCETS 28G MISC	2	
GNP STERILE LANCETS 33G MISC	2	
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	QL (1 unit per 1 day)
GOJJI STERILE LANCETS MISC	2	
HEALTH CARE LANCING DEVICE MISC	2	QL (1 unit per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
HEALTHY ACCENTS LANCING DEVICE MISC	2	QL (1 unit per 1 day)
HEALTHY ACCENTS UNILET LANCETS MISC	2	
HYPOLANCE AST LANCING KIT	2	
IHEALTH LANCING DEVICE MISC	2	QL (1 unit per 1 day)
IN TOUCH LANCING DEVICE MISC	2	QL (1 unit per 1 day)
IN TOUCH STERILE LANCETS 30G MISC	2	
LANCET DEVICE WITH EJECTOR MISC	2	QL (1 unit per 1 day)
LANCET TRANSPORTER CASE MISC	2	QL (1 unit per 1 day)
LANCETS MISC	2	
LANCETS 28G THIN MISC	2	
LANCETS 30G MISC	2	
LANCETS 33G MISC	2	
LANCETS MICRO THIN 33G MISC	2	
LANCETS SUPER THIN MISC	2	
LANCETS SUPER THIN 28G MISC	2	
LANCETS ULTRA THIN 30G MISC	2	
LANCING DEVICE MISC	2	QL (1 unit per 1 day)
LANZO MISC	2	QL (1 unit per 1 day)
LEADER ADVANCED LANCING DEVICE MISC	2	QL (1 unit per 1 day)
LIBERTY MEDICAL LANCETS MISC	2	
LITE TOUCH LANCETS MISC	2	
LITE TOUCH LANCING PEN MISC	2	QL (1 unit per 1 day)
LITETOUCH LANCETS MISC	2	
LIVE BETTER ADV LANCING DEVICE MISC	2	QL (1 unit per 1 day)
LIVE BETTER LANCET ULTRA THIN MISC	2	
LONGS LANCETS THIN MISC	2	
LONGS LANCETS ULTRA THIN MISC	2	
MEDICHOICE SAFETY LANCET MISC	2	
MEDICHOICE SAFETY LANCET EXTRA MISC	2	
MEDICHOICE SAFETY LANCET NORM MISC	2	
MEDLANCE PLUS EXTRA 21G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
MEDLANCE PLUS LITE 25G MISC	2	
MEDLANCE PLUS SPECIAL 0.8MM MISC	2	
MEDLANCE PLUS SUPERLITE 30G MISC	2	
MEDLANCE PLUS UNIVERSAL 21G MISC	2	
MEIJER LANCETS THIN MISC	2	
MEIJER LANCETS UNIVERSAL 30G MISC	2	
MEIJER LANCETS UNIVERSAL 33G MISC	2	
MEIJER SUPER THIN LANCETS MISC	2	
MICROLET LANCETS MISC	2	
MICROLET NEXT LANCING DEVICE MISC	2	QL (1 unit per 1 day)
MINI LANCING DEVICE MISC	2	QL (1 unit per 1 day)
MM LANCING DEVICE MISC	2	QL (1 unit per 1 day)
MM TWIST LANCETS MISC	2	
MOBILE LANCETS 30G MISC	2	
MONOLET LANCETS MISC	2	
MONOLET OPD LANCETS MISC	2	
MONOLETTOR SAFETY LANCETS MISC	2	
MPD SAFETY LANCET 21G MISC	2	
MPD SAFETY LANCET 23G MISC	2	
MPD SAFETY LANCET 28G MISC	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH LANCETS 30G MISC	2	
NOVA SAFETY LANCETS 23G MISC	2	
NOVA SAFETY LANCETS 28G MISC	2	
NOVA SUREFLEX LANCETS MISC	2	
NOVA SUREFLEX LANCING DEVICE MISC	2	QL (1 unit per 1 day)
ONETOUCH DELICA PLUS LANCET30G MISC	2	
ONETOUCH DELICA PLUS LANCET33G MISC	2	
ONETOUCH DELICA PLUS LANCING MISC	2	QL (1 unit per 1 day)
ONETOUCH DELICA SAFETY LANCING MISC	2	QL (1 unit per 1 day)
ONETOUCH ULTRA CONTROL LIQUID	2	

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Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRASOFT 2 LANCETS MISC	2	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	
PC LANCETS SUPER THIN 30G MISC	2	
PERFECT LANCETS 28G MISC	2	
PERFECT LANCETS 30G MISC	2	
PERFECT POINT SAFETY LANCETS MISC	2	
PHARMACIST CHOICE LANCETS MISC	2	
PHARMACY COUNTER LANCETS MISC	2	
PIP LANCETS 28G MISC	2	
PIP LANCETS 30G MISC	2	
PREFERRED PLUS LANCETS THIN MISC	2	
PRO COMFORT LANCETS 30G MISC	2	
PRO COMFORT LANCETS 31G MISC	2	
PRO COMFORT SAFETY LANCETS 30G MISC	2	
PRODIGY LANCETS 28G MISC	2	
PRODIGY LANCING DEVICE MISC	2	QL (1 unit per 1 day)
PRODIGY SAFETY LANCETS 26G MISC	2	
PRODIGY TWIST TOP LANCETS 28G MISC	2	
PX LANCETS MICROTHIN 33G MISC	2	
READYLANCE SAFETY LANCETS MISC	2	
RELION LANCET DEVICES 30G MISC	2	QL (1 unit per 1 day)
RELION LANCETS MISC	2	
RELION LANCETS MICRO-THIN 33G MISC	2	
RELION LANCETS THIN 26G MISC	2	
RELION LANCETS ULTRA-THIN 30G MISC	2	
RELION LANCING DEVICE KIT	2	
RELION LANCING DEVICE MISC	2	QL (1 unit per 1 day)
RELION ULTRA THIN LANCETS 30G MISC	2	
RELION ULTRA THIN PLUS LANCETS MISC	2	
REXALL LANCETS ULTRA THIN 30G MISC	2	
RIGHTTEST GD500 LANCING DEVICE MISC	2	QL (1 unit per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
RIGHTEST GL300 LANCETS 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	
SAPS HEALTH TWIST TOP LANCETS MISC	2	
SAPS TWIST TOP LANCETS MISC	2	
SHOPKO AUTOLET LANCING DEVICE MISC	2	QL (1 unit per 1 day)
SHOPKO ON-THE-GO LANCETS 30G MISC	2	
SHOPKO UNILET LANCETS 28G MISC	2	
SHOPKO UNILET LANCETS 30G MISC	2	
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	QL (1 unit per 1 day)
SMART DIABETES VANTAGE LANCING MISC	2	QL (1 unit per 1 day)
SMART SENSE COLOR LANCETS 33G MISC	2	
SMART SENSE STANDARD LANCETS MISC	2	
SMART SENSE SUPER THIN LANCETS MISC	2	
SMART SENSE THIN LANCETS 26G MISC	2	
SMARTEST LANCETS 28G MISC	2	
SOLUS V2 LANCETS 28G MISC	2	
SOLUS V2 LANCING DEVICE MISC	2	QL (1 unit per 1 day)
SOLUS V2 TWIST LANCETS 30G MISC	2	
STERILANCE PA MISC	2	QL (1 unit per 1 day)
STERILANCE TL MISC	2	
SURE COMFORT LANCETS 18G MISC	2	
SURE COMFORT LANCETS 21G MISC	2	
SURE COMFORT LANCETS 23G MISC	2	
SURE COMFORT LANCETS 28G MISC	2	
SURE COMFORT LANCETS 30G MISC	2	
SURE COMFORT LANCING PEN MISC	2	QL (1 unit per 1 day)
SURE-LANCE FLAT LANCETS MISC	2	

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

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Drug Name	Drug Tier	Requirements / Limits
UNILET LANCET MISC	2	
UNILET MICRO-THIN 33G MISC	2	
UNILET SUPER-THIN 30G MISC	2	
UNILET ULTRA-THIN 28G MISC	2	
UNISTIK 2 MISC	2	QL (1 unit per 1 day)
UNISTIK 2 COMFORT MISC	2	QL (1 unit per 1 day)
UNISTIK 2 EXTRA MISC	2	QL (1 unit per 1 day)
UNISTIK 2 NORMAL MISC	2	QL (1 unit per 1 day)
UNISTIK 2 SUPER MISC	2	QL (1 unit per 1 day)
UNISTIK 3 COMFORT MISC	2	QL (1 unit per 1 day)
UNISTIK 3 EXTRA MISC	2	QL (1 unit per 1 day)
UNISTIK 3 GENTLE MISC	2	
UNISTIK 3 NEONATAL MISC	2	QL (1 unit per 1 day)
UNISTIK 3 NORMAL MISC	2	QL (1 unit per 1 day)
UNISTIK CZT COMFORT MISC	2	QL (1 unit per 1 day)
UNISTIK CZT NORMAL MISC	2	QL (1 unit per 1 day)
UNISTIK NORMAL MISC	2	QL (1 unit per 1 day)
UNISTIK PRO SAFETY LANCET MISC	2	
UNISTIK SAFETY LANCETS 28G MISC	2	
UNISTIK SAFETY LANCETS 30G MISC	2	
UNISTIK TOUCH SAFETY LANC 21G MISC	2	
UNISTIK TOUCH SAFETY LANC 23G MISC	2	
UNISTIK TOUCH SAFETY LANC 28G MISC	2	
UNISTIK TOUCH SAFETY LANC 30G MISC	2	
UNIVERSAL 1 LANCETS THIN 26G MISC	2	
UNIVERSAL 1 LANCETS THIN 33G MISC	2	
UNIVERSAL 1 LANCETS ULTRA THIN MISC	2	
VALUE PLUS LANCING DEVICE MISC	2	QL (1 unit per 1 day)
VALUMARK LANCET SUPER THIN 30G MISC	2	
VALUMARK LANCET ULTRA THIN 28G MISC	2	
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
VERIFINE SAFE LANCET MINI 21G MISC	2	
VERIFINE SAFE LANCET MINI 23G MISC	2	
VERIFINE SAFE LANCET MINI 28G MISC	2	
VERIFINE SAFE LANCET MINI 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 28G MISC	2	
VERIFINE UNIVERSAL LANCETS 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 33G MISC	2	
VIDA MIA AUTOLET LANCING DEV MISC	2	QL (1 unit per 1 day)
VIDA MIA UNILET LANCETS 28G MISC	2	
VIDA MIA UNILET LANCETS 30G MISC	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID	2	
VIVAGUARD LANCETS MISC	2	
VIVAGUARD LANCETS 30G MISC	2	
VIVAGUARD LANCING DEVICE MISC	2	QL (1 unit per 1 day)
VIVAGUARD SAFETY LANCETS 28G MISC	2	
ZEVRX TWIST TOP LANCETS 30G MISC	2	
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
1ST TIER UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	2	
ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	2	
ASSURE ID INSULIN SAFETY SYR (X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	2	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM MISC	2	

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

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

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

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

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

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Drug Name	Drug Tier	Requirements / Limits
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
INSUPEN32G EXTR3ME 32G X 6 MM MISC	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM MISC	2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM MISC	2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	2	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
MEDICINE SHOPPE PEN NEEDLES 31G X 6 MM MISC	2	

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

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

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

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
UNIFINE OTC PEN NEEDLES (31G X 5 MISC, 32G X 4 MISC)	2	
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE ULTRA PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ZEVXR INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL (2 units per 365 days)
OPTICHAMBER DIAMOND MISC	2	QL (2 units per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	QL (2 units per 365 days)
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL (2 units per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL (2 units per 365 days)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
<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>	1	
MAGNESIUM		
<i>magnesium-oxide 400 (240 mg) mg tab</i>	OTC	
<i>true magnesium oxide 400 mg tab</i>	OTC	
PHOSPHATE		
K-PHOS 500 MG TAB	2	
<i>phospha 250 neutral 155-852-130 mg tab</i>	1	
<i>phospho-trin 250 neutral 155-852-130 mg tab</i>	1	
<i>phospho-trin k500 500 mg tab</i>	2	
WES-PHOS 250 NEUTRAL 155-852-130 MG TAB	1	
POTASSIUM		
KLOR-CON (8 TAB ER, 20 PACKET)	1	
KLOR-CON 10 10 MEQ TAB ER	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine 250 mg cap</i>	1	
<i>trientine hcl 250 mg cap</i>	1	SP
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, QL (2 units per 1 day), SP

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Drug Name	Drug Tier	Requirements / Limits
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 (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	2	PA, SP
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>gnp sore throat spray 1.4 % liquid</i>	OTC	
<i>hm sore throat spray 1.4 % liquid</i>	OTC	
<i>phenaseptic 1.4 % liquid</i>	OTC	
<i>sore throat 1.4 % liquid</i>	OTC	
<i>sore throat spray 1.4 % liquid</i>	OTC	
DENTAL PRODUCTS		
<i>denta 5000 plus 1.1 % cream</i>	1	
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	1	
<i>dentagel 1.1 % gel</i>	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
<i>sodium fluoride (0.2 % solution, 1.1 % gel)</i>	1	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel, 1.1 % paste)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone 0.1 % paste</i>	1	QL (0.72 units per 1 day)
<i>triamcinolone acetonide 0.1 % paste</i>	1	QL (0.72 units per 1 day)
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX W/ FOLIC ACID		
<i>dialyvite tab</i>	1	
<i>nephronex tab</i>	1	
<i>tm-vite rx 1 mg tab</i>	1	
<i>triphrocaps 1 mg cap</i>	1	
<i>virt-caps 1 mg cap</i>	1	
<i>vp-vite rx 1 mg tab</i>	1	
<i>wescaps 1 mg cap</i>	1	
MULTIPLE VITAMINS W/ MINERALS		
<i>cerovite senior tab</i>	OTC	
<i>certavite/antioxidants tab</i>	OTC	
<i>multiple vitamins-minerals liquid</i>	OTC	
MVW COMPLETE FORMULATION CAP	OTC	
MVW COMPLETE FORMULATION D5000 CAP	OTC	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID		
QUFLORA FE 0.25 MG CHEW TAB	1	
MULTIVITAMINS		
DEKAS ESSENTIAL LIQUID	OTC	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>	OTC	
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1	
QUFLORA FE PEDIATRIC 0.25-9.5 MG/ML LIQUID	1	
PED MULTIPLE VITAMINS W/ MINERALS		
DEKAS PLUS LIQUID	OTC	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>gnp nasal four spray 1 % solution</i>	OTC	
<i>gnp nasal mist extra moisturiz 0.05 % solution</i>	OTC	
<i>gnp nasal spray fast acting 1 % solution</i>	OTC	
<i>hm nasal spray 0.05 % solution</i>	OTC	
<i>hm nose drops 1 % solution</i>	OTC	
<i>hm sinus nasal spray 0.05 % solution</i>	OTC	
<i>mucinex sinus-max clear & cool 0.05 % solution</i>	OTC	
<i>mucinex sinus-max sinus/allrgy 0.05 % solution</i>	OTC	
<i>nasal decongestant spray 0.05 % solution</i>	OTC	
<i>nasal four 1 % solution</i>	OTC	
<i>nasal spray 12 hour 0.05 % solution</i>	OTC	
<i>nasal spray extra moisturizing 0.05 % solution</i>	OTC	
<i>nasal spray no drip 0.05 % solution</i>	OTC	
<i>oxymetazoline hcl 0.05 % solution</i>	OTC	
<i>sinus nasal spray 0.05 % solution</i>	OTC	
<i>sinus relief extra strength 1 % solution</i>	OTC	
<i>sm nose drops nasal decongest 1 % solution</i>	OTC	
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
EXSERVAN 50 MG FILM	2	PA, QL (2 units per 1 day)
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, QL (2.5 units per 1 day), SP
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, QL (2.5 units per 1 day), SP
<i>riluzole 50 mg tab</i>	1	QL (2 units per 1 day)
TEGLUTIK 50 MG/10ML SUSPENSION	2	PA, QL (20 units per 1 day), SP
TIGLUTIK 50 MG/10ML SUSPENSION	2	PA, QL (20 units per 1 day), SP
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, QL (3 units per 1 day), SP
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, QL (6.67 units per 1 day), SP
NUTRIENTS (CONTINUED)		
MISC. NUTRITIONAL SUBSTANCES		
<i>fish oil 1000 mg cap</i>	OTC	

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

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
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	
<i>diluent for treprostinil solution</i>	1	SP
ORA-BLEND SUSPENSION	OTC	
ORA-BLEND SF SUSPENSION	OTC	
ORA-PLUS LIQUID	OTC	
ORA-SWEET SF SYRUP	OTC	
<i>sterile diluent/epoprostenol solution</i>	1	SP
STERILE WATER FOR INJECTION SOLUTION	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA 1 GM PACKET	2	PA, QL (4 units per 1 day), SP
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	2	PA, QL (3 units per 1 day), SP
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, QL (0.22 units per 1 day)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	2	PA, QL (2 units per 1 day), SP
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, QL (4 units per 1 day), SP
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, QL (2 units per 1 day), SP

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
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, QL (5 units per 1 day), SP
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, QL (2 units per 1 day), SP
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, QL (3 units per 1 day), SP
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	2	PA, QL (2 units per 1 day), SP
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	2	AL (At least 19 yrs old)
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)
PEDIARIX SUSP PRSYR	2	
PENTACEL RECON SUSP	2	
TDVAX 2-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
TENIVAC 5-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
TETANUS-DIPHThERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
VAXELIS (SUSP PRSYR, SUSPENSION)	2	
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	

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
UNCATEGORIZED (CONTINUED)		
UNCLASSIFIED		
ALYFTREK 10-50-125 MG TAB	2	PA, QL (2 units per 1 day), SP
ALYFTREK 4-20-50 MG TAB	2	PA, QL (3 units per 1 day), SP
CRENESSITY (25 MG CAP, 50 MG CAP, 50 MG/ML SOLUTION, 100 MG CAP)	2	PA, SP
VYKAT XR (25 MG TAB ER 24H, 75 MG TAB ER 24H)	2	PA, SP
VYKAT XR 150 MG TAB ER 24H	2	PA, SP
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB RECON SOLN	2	
BCG VACCINE 50 MG RECON SOLN	2	
BEXSERO SUSP PRSYR	2	AL (19 to 25 yrs old)
BIOTHRAX SUSPENSION	2	
CAPVAXIVE 0.5 ML SOLN PRSYR	2	QL (0.5 units per lifetime), AL (19 to 999 yrs old)
HIBERIX 10 MCG RECON SOLN	2	
MENACTRA SOLUTION	2	AL (At least 19 yrs old)
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	2	AL (At least 19 yrs old)
MENVEO RECON SOLN	2	AL (19 to 55 yrs old)
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	2	
PENBRAYA RECON SUSP	2	AL (19 to 999 yrs old)
PNEUMOVAX 23 (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	2	AL (At least 19 yrs old)
PREVNAR 13 SUSPENSION	2	AL (At least 19 yrs old)
PREVNAR 20 0.5 ML SUSP PRSYR	2	QL (0.5 units per 1 day), AL (At least 19 yrs old)
TRUMENBA SUSP PRSYR	2	AL (19 to 25 yrs old)
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	2	

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Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE 0.5 ML SUSP PRSYR	2	AL (At least 19 yrs old)
VIVOTIF CAP DR	2	QL (0.58 units per 1 day)
VIRAL VACCINES		
ABRYSCO 120 MCG/0.5ML RECON SOLN	2	AL (19 to 999 yrs old)
ABRYSCO 120 MCG/0.5ML RECON SOLN	1	AL (19 to 999 yrs old)
ACAM2000 RECON SOLN	2	
AFLURIA SUSPENSION	2	
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	2	
AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION)	2	
AREXVY 120 MCG/0.5ML RECON SUSP	2	QL (1 ea per lifetime), AL (60 to 999 yrs old)
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)	2	
COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION	2	
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	2	AL (19 to 19 yrs old)
ENGERIX-B 20 MCG/ML SUSP PRSYR	2	AL (At least 20 yrs old)
ENGERIX-B 20 MCG/ML SUSPENSION	2	AL (At least 20 yrs old)
FLUAD 0.5 ML SUSP PRSYR	2	
FLUAD QUADRIVALENT 0.5 ML PRSYR	2	
FLUARIX 0.5 ML SUSP PRSYR	2	
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	2	
FLUBLOK 0.5 ML SOLN PRSYR	2	
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	2	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLULAVAL 0.5 ML SUSP PRSYR	2	
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	2	
FLUMIST LIQUID	2	
FLUMIST QUADRIVALENT SUSPENSION	2	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR	2	

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Drug Name	Drug Tier	Requirements / Limits
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	2	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	2	
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	2	AL (19 to 45 yrs old)
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	2	
HAVRIX 1440 EL U/ML SUSP PRSYR	2	AL (At least 19 yrs old)
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	2	AL (At least 19 yrs old)
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	2	
IXIARO SUSPENSION	2	
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	2	
JYNNEOS 0.5 ML SUSPENSION	2	AL (At least 19 yrs old)
M-M-R II RECON SOLN	2	AL (At least 19 yrs old)
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	2	
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	2	
MODERNA COVID-19 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 SUSP PRSYR, 25 MCG/0.25ML SUSPENSION)	2	
MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION	2	
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	2	
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	
MRESVIA 50 MCG/0.5ML SUSP PRSYR	2	QL (0.5 units per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	2	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	2	
NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	2	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	2	

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

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION)	2	
PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION)	2	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	2	
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	2	
PREHEVBRIO 10 MCG/ML SUSPENSION	2	AL (At least 19 yrs old)
PRIORIX RECON SUSP	2	AL (At least 19 yrs old)
PROQUAD RECON SUSP	2	AL (At least 19 yrs old)
RABAVERT RECON SUSP	2	
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)
ROTARIX RECON SUSP	2	
ROTATEQ SOLUTION	2	
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	2	
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	QL (2 units per 365 days), AL (At least 19 yrs old)
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	2	
SPIKEVAX 6M-11Y 25 MCG/0.25ML SUSP PRSYR	2	
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	
STAMARIL RECON SUSP	2	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	2	AL (At least 19 yrs old)
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	2	AL (At least 19 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	2	
VARIVAX 1350 PFU/0.5ML RECON SUSP	2	AL (At least 19 yrs old)
VASOPRESSORS (CONTINUED)		
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	

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>ergocalciferol 200 mcg/ml solution</i>	OTC	
<i>ft vitamin d3 50 mcg cap</i>	OTC	
<i>phytonadione 5 mg tab</i>	1	
<i>true vitamin d3 (10 mcg (400 unit) tab, 50 mcg (2000 ut) cap)</i>	OTC	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
<i>vitamin d 10 mcg/ml liquid</i>	OTC	
<i>vitamin d3 (10 mcg (400 unit) tab, 10 mcg/ml liquid, 50 mcg (2000 ut) cap)</i>	OTC	
WATER SOLUBLE VITAMINS		
TRUE VITAMIN B1 50 MG TAB	OTC	
TRUE VITAMIN B6 (10 MG TAB, 100 MG TAB)	OTC	
<i>true vitamin c 250 mg tab</i>	OTC	

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colace 2-in-1	28	DIATHRIVE LANCING DEVICE	33
COMFORT ASSIST INSULIN SYRINGE	43	DIATHRIVE PEN NEEDLE	44
COMFORT ASSURED LANCETS 28G	32	dicyclomine hcl	60
COMFORT ASSURED LANCETS 33G	33	digitek	21
COMFORT EZ INSULIN SYRINGE	43	digoxin	21
COMFORT EZ MICRO PEN NEEDLES	43	diluent for treprostinil	59
COMFORT EZ PEN NEEDLES	43	diphenhydramine hcl	19
COMFORT EZ PRO PEN NEEDLES	43	DIPHENHYDRAMINE HCL	19
COMFORT EZ SHORT PEN NEEDLES	43	diphenoxylate-atropine	18

disopyramide phosphate	17
docusate sodium	30
dodex	27
dofetilide	18
DROPLET INSULIN SYRINGE	33,44
DROPLET LANCETS ULTRA THIN 30G	33
DROPLET LANCING DEVICE	33
DROPLET MICRON	44
DROPLET PEN NEEDLES	44
DROPSAFE ACTI-LANCE 23G	33
DROPSAFE SAFETY PEN NEEDLES	44
DRYSOL	23
DUREX EXTRA SENSITIVE THIN	30
DUREX TROPICAL	30

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E-Z JECT LANCET MICRO-THIN 33G	33
E-Z JECT LANCET SUPER THIN 30G	33
E-Z JECT LANCETS	33
E-Z JECT LANCETS 21G	33
E-Z JECT LANCETS THIN 26G	33
EASY COMFORT INSULIN SYRINGE	33,44
EASY COMFORT LANCETS	33
EASY COMFORT LANCETS TWIST TOP	33
EASY COMFORT PEN NEEDLES	44
EASY GLIDE PEN NEEDLES	44
EASY MINI EJECT LANCING DEVICE	33
EASY TOUCH FLIPLOCK INSULIN SY	44
EASY TOUCH INSULIN SAFETY SYR	44
EASY TOUCH INSULIN SYRINGE	44
EASY TOUCH LANCETS 21G	33
EASY TOUCH LANCETS 23G	33
EASY TOUCH LANCETS 26G	33
EASY TOUCH LANCETS 28G	33
EASY TOUCH LANCETS 28G/TWIST	33
EASY TOUCH LANCETS 30G	33
EASY TOUCH LANCETS 30G/TWIST	33
EASY TOUCH LANCETS 32G	33
EASY TOUCH LANCETS 32G/TWIST	34
EASY TOUCH LANCETS 33G/TWIST	34
EASY TOUCH LANCING DEVICE	34

EASY TOUCH PEN NEEDLES	44
EASY TOUCH SAFETY LANCETS 21G	34
EASY TOUCH SAFETY LANCETS 23G	34
EASY TOUCH SAFETY LANCETS 26G	34
EASY TOUCH SAFETY LANCETS 28G	34
EASY TOUCH SAFETY PEN NEEDLES	44,45
EASY TOUCH SHEATHLOCK SYRINGE	45
econtra ez	21
econtra one-step	22
EMBECTA AUTOSHIELD DUO	45
EMBECTA INS SYR U/F 1/2 UNIT	45
EMBECTA INSULIN SYRINGE U-100	45
EMBECTA INSULIN SYRINGE U/F	45
EMBECTA PEN NEEDLE NANO	45
EMBECTA PEN NEEDLE NANO 2 GEN	45
EMBECTA PEN NEEDLE U/F	45
EMBECTA PEN NEEDLE ULTRAFINE	45
EMBRACE LANCETS ULTRA THIN 30G	34
EMBRACE PEN NEEDLES	45
EMCYT	20
EMPAVELI	27
EMVERM	17
ENGERIX-B	62
ENSPRYNG	54
enulose	26
eplerenone	19
ergocalciferol	64,65
ethambutol hcl	20
ETOPOSIDE	21
EVRYSDI	57
EXEL COMFORT POINT INSULIN SYR	45
EXEL COMFORT POINT PEN NEEDLE	45
EXSERVAN	57
EZ-LETS LANCETS 21G	34
EZ-LETS LANCETS 28G	34
EZ-LETS LANCETS 30G	34
EZFE 200	27

F

FABHALTA	27
FANTASY LUBRICATED	30

FANTASY LUBRICATED/SPERMICIDE	30	ft anti-diarrheal	19
FC2 FEMALE CONDOM	30	ft fiber laxative	28
ferrex 150	28	ft gas relief extra strength	26
ferrous sulfate	28	ft gas relief ultra strength	26
fiber laxative + calcium	28	ft gentle laxative	29
fiber-lax	28	ft laxative	29
FILSPARI	27	ft magnesium citrate	29
FINGERSTIX LANCETS	34	ft nasal spray	56
FIRDAPSE	19	ft pain reliever adults	14
fish oil	57	ft pain reliever children	14
FLEBOGAMMA DIF	59	ft senna-s	28
flecainide acetate	18	ft stomach relief	18
FLOTREX	56	ft stool softener	28
FLUAD	62	ft vitamin d3	65
FLUAD QUADRIVALENT	62	FUROSEMIDE	24
FLUARIX	62		
FLUARIX QUADRIVALENT	62	G	
FLUBLOK	62	GABLOFEN	56
FLUBLOK QUADRIVALENT	62	GAMMAGARD	59
FLUCELVAX	62	GARDASIL 9	63
FLUCELVAX QUADRIVALENT	62	gas relief extra strength	26
FLULAVAL	62	gas relief ultra strength	26
FLULAVAL QUADRIVALENT	62	GAVILYTE-C	28
FLUMIST	62	gavilyte-g	28
FLUMIST QUADRIVALENT	62	gavilyte-n with flavor pack	28
fluorouracil	23	generlac	26
FLUTAMIDE	20	genteal tears night-time	58
FLUZONE	62	GENTEEL BUTTERFLY TOUCH LANCET	34
FLUZONE HIGH-DOSE	62	GENTEEL LANCING KIT (BLUE)	34
FLUZONE HIGH-DOSE QUADRIVALENT	63	gentle laxative	29
FLUZONE QUADRIVALENT	63	GLOBAL EASE INJECT PEN NEEDLES	45
folic acid	27	GLOBAL EASY GLIDE INSULIN SYR	45
FOLTANX	24	GLOBAL EASY GLIDE PEN NEEDLES	45
FONDCIRCLE LANCING DEVICE	34	GLOBAL INJECT EASE INSULIN SYR	45
FONDCIRCLE SINGLE USE LANCETS	34	GLOBAL INJECT EASE LANCETS 28G	34
FORA LANCETS	34	GLOBAL INJECT EASE LANCETS 30G	34
FORA LANCING DEVICE	34	GLOBAL INSULIN SYRINGES	45
FREESTYLE LANCETS	34	GLOBAL LANCING DEVICE	34
FREESTYLE UNISTICK II LANCETS	34	GLUCOCOM LANCETS 28G	34
ft antacid & antigas	16	GLUCOCOM LANCETS 30G	34
ft antacid extra strength	16	GLUCOCOM LANCETS 33G	34

GLUCOPRO INSULIN SYRINGE	45	hemorrhoidal relief	15
GLYCERIN (ADULT)	29	heparin sodium (porcine)	18
glycerin adult	29	heparin sodium (porcine) +rfid	18
glycopyrrolate	60	HEPARIN SODIUM (PORCINE) PF	18
gnp anorectal	15	HEPLISAV-B	63
gnp anti-diarrheal	19	her style	22
gnp anti-gas	26	HIBERIX	61
gnp gas relief extra strength	26	hm antacid	16
GNP INSULIN SYRINGES	46	hm anti-diarrheal	19
GNP INSULIN SYRINGES 28GX1/2"	46	hm calcium antacid ex st	16
GNP INSULIN SYRINGES 29GX1/2"	46	hm clearlax	29
GNP INSULIN SYRINGES 30GX5/16"	46	hm fiber	28
GNP INSULIN SYRINGES 31GX5/16"	46	hm gentle laxative	29
gnp nasal four spray	57	hm laxative	30
gnp nasal mist extra moisturiz	57	hm magnesium citrate	29
gnp nasal spray fast acting	57	hm nasal spray	57
gnp nighttime relief lub eye	58	hm nose drops	57
GNP PEN NEEDLES	46	hm saline nasal spray	56
gnp sore throat spray	54	hm senna-s	28
GNP STERILE LANCETS 28G	34	hm sinus nasal spray	57
GNP STERILE LANCETS 33G	34	hm sore throat spray	54
GNP ULTIGUARD SAFEPAK NEEDLE	46	hm stool softener/laxative	28
gnp womens gentle laxative	29	HM ULTICARE INSULIN SYRINGE	46
GOJJI LANCING DEVICE/CLEAR CAP	34	HM ULTICARE SHORT PEN NEEDLES	46
GOJJI STERILE LANCETS	34	HYCAMTIN	21
GOODSENSE CLICKFINE PEN NEEDLE	46	HYCODAN	22
goodsense lubricant eye drops	58	hydralazine hcl	19
GOODSENSE PEN NEEDLE PENFINE	46	hydrochlorothiazide	25
H		HYDROCOD POLI-CHLORPHE POLI ER	22
HAVRIX	63	hydrocodone bit-homatrop mbr	22
HEALTH CARE LANCING DEVICE	34	hydrocortisone	15
HEALTHWISE INSULIN SYR/NEEDLE	46	hydrocortisone (perianal)	15
HEALTHWISE MICRON PEN NEEDLES	46	hydrocortisone sod suc (pf)	22
HEALTHWISE MINI PEN NEEDLES	46	hydromet	22
HEALTHWISE PEN NEEDLES	46	HYFTOR	23
HEALTHWISE SHORT PEN NEEDLES	46	HYPOLANCE AST LANCING	35
HEALTHWISE UNIFINE PENTIPS	46	I	
HEALTHY ACCENTS LANCING DEVICE	35	IHEALTH LANCING DEVICE	35
HEALTHY ACCENTS UNIFINE PENTIP	46	IMOVAX RABIES	63
HEALTHY ACCENTS UNILET LANCETS	35	IN TOUCH LANCING DEVICE	35

IN TOUCH STERILE LANCETS 30G	35	lactulose encephalopathy	26
INCONTROL ULTICARE PEN NEEDLES	46	LANCET DEVICE WITH EJECTOR	35
indapamide	25	LANCET TRANSPORTER CASE	35
INQOVI	20	LANCETS	35
INSULIN SYRINGE	46	LANCETS 28G THIN	35
INSULIN SYRINGE-NEEDLE U-100	46	LANCETS 30G	35
INSUPEN PEN NEEDLES	47	LANCETS 33G	35
INSUPEN32G EXTR3ME	47	LANCETS MICRO THIN 33G	35
iron (ferrous sulfate)	28	LANCETS SUPER THIN	35
isoniazid	20	LANCETS SUPER THIN 28G	35
ISOPTO ATROPINE	58	LANCETS ULTRA THIN 30G	35
ivermectin	24	LANCING DEVICE	35
IXIARO	63	LANZO	35
J		LEADER ADVANCED LANCING DEVICE	35
JANSSEN COVID-19 VACCINE	63	LEADER INSULIN SYRINGE	47
javygtor	25	LEADER UNIFINE PENTIPS PLUS	47
JOENJA	53	leflunomide	14
JYNNEOS	63	leucovorin calcium	20
K		levocarnitine	25
K-PHOS	53	levocarnitine sf	25
KALYDECO	59	levonorgestrel	22
KIMONO	30	LIBERTY MEDICAL LANCETS	35
KIMONO MICRO THIN	30	lidocaine (anorectal)	15
KIMONO MICRO THIN PLUS	30	lidocaine-hydrocortisone ace	15
KIMONO SENSATION	30	linezolid	17
KINRAY INSULIN SYRINGE	47	LITE TOUCH LANCETS	35
KLOR-CON	53	LITE TOUCH LANCING PEN	35
KLOR-CON 10	53	LITETOUCH INSULIN SYRINGE	47
klor-con m10	53	LITETOUCH LANCETS	35
klor-con m15	53	LITETOUCH PEN NEEDLES	47
klor-con m20	53	lithium	21
KMART VALU INSULIN SYRINGE 29G	47	LITHIUM CARBONATE	21
KMART VALU INSULIN SYRINGE 30G	47	lithium carbonate er	21
L		LIVE BETTER ADV LANCING DEVICE	35
L-METHYLFOLATE	24	LIVE BETTER LANCET ULTRA THIN	35
L-METHYLFOLATE CALCIUM	24	LONGS INSULIN SYRINGE	47
L-METHYLFOLATE-B6-B12	24	LONGS LANCETS THIN	35
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		loperamide hcl	19
		lubricant eye drops (pf)	58
		lubricant eye nighttime	58

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LYSODREN	20

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m-pap	14
mag-al plus	16
MAGELLAN INSULIN SAFETY SYR	47
magnesium citrate	29
magnesium oxide	16
magnesium oxide -mg supplement	16
magnesium-aluminum-simethicone	16
magnesium-oxide	53
mapap	15
mapap childrens	15
MARATHON MEDICAL PENTIPS	47
MATULANE	20
MAXI-COMFORT INSULIN SYRINGE	47
MAXI-COMFORT SAFETY PEN NEEDLE	47
MAXICOMFORT II PEN NEEDLE	47
MAXICOMFORT SYR 27G X 1/2"	47
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MEDIC INSULIN SYRINGE	47
MEDICHOICE SAFETY LANCET	35
MEDICHOICE SAFETY LANCET EXTRA	35
MEDICHOICE SAFETY LANCET NORM	35
MEDICINE SHOPPE PEN NEEDLES	47
MEDLANCE PLUS EXTRA 21G	35
MEDLANCE PLUS LITE 25G	36
MEDLANCE PLUS SPECIAL 0.8MM	36
MEDLANCE PLUS SUPERLITE 30G	36
MEDLANCE PLUS UNIVERSAL 21G	36
megestrol acetate	20
MEIJER LANCETS THIN	36
MEIJER LANCETS UNIVERSAL 30G	36
MEIJER LANCETS UNIVERSAL 33G	36
MEIJER SUPER THIN LANCETS	36
melatonin	14
melatonin-pyridoxine	14
MELPHALAN	20
MENACTRA	61

MENQUADFI	61
MENVEO	61
MEPRON	17
mercaptapurine	20
methazolamide	24
methimazole	60
methylergonovine maleate	58
methylprednisolone acetate	22
methylprednisolone sodium succ	22
metolazone	25
metronidazole	24
mexiletine hcl	17
MICROFLOR	18
MICROLET LANCETS	36
MICROLET NEXT LANCING DEVICE	36
midodrine hcl	64
mifepristone	25
milk of magnesia	29
MILK OF MAGNESIA CONCENTRATE	29
MINI LANCING DEVICE	36
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MIPLYFFA	59
misoprostol	60
MM INSULIN SYRINGE/NEEDLE	48
MM LANCING DEVICE	36
MM PEN NEEDLES	48
MM TWIST LANCETS	36
MNEXSPIKE	63
MOBILE LANCETS 30G	36
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MODERNA COVID-19 BIVAL BOOSTER	63
MODERNA COVID-19 BIVALENT	63
MODERNA COVID-19 VAC 6M-11Y	63
MODERNA COVID-19 VACC 6-11Y	63
MODERNA COVID-19 VACC 6M-5Y	63
MODERNA COVID-19 VACCINE	63
MONOJECT INSULIN SYRINGE	48
MONOJECT ULTRA COMFORT SYRINGE	48
MONOLET LANCETS	36
MONOLET OPD LANCETS	36
MONOLETTOR SAFETY LANCETS	36

MPD SAFETY LANCET 21G	36
MPD SAFETY LANCET 23G	36
MPD SAFETY LANCET 28G	36
MRESVIA	63
MS INSULIN SYRINGE	48
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MULTI-LANCET DEVICE 2	36
multi-vit/iron/fluoride	55
MULTI-VITAMIN/FLUORIDE	56
MULTI-VITAMIN/FLUORIDE/IRON	55
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MULTIVITAMIN W/FLUORIDE	56
MULTIVITAMIN/FLUORIDE	56
MVW COMPLETE FORMULATION	55
MVW COMPLETE FORMULATION D5000	55
my way	22
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nasal four	57
nasal moisturizing spray	56
nasal spray 12 hour	57
nasal spray extra moisturizing	57
nasal spray no drip	57
nephronex	55
nilutamide	20
NITYR	25
NOVA SAFETY LANCETS 23G	36
NOVA SAFETY LANCETS 28G	36
NOVA SUREFLEX LANCETS	36
NOVA SUREFLEX LANCING DEVICE	36
NOVAVAX COVID-19 VACCINE	63
NOVOFINE AUTOCOVER PEN NEEDLE	48
NOVOFINE PEN NEEDLE	48
NOVOFINE PLUS PEN NEEDLE	48
NOVOPEN ECHO	48
NULIBRY	25
NUVAXOVID COVID-19 VACCINE	63

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ONETOUCH DELICA PLUS LANCET30G	36
ONETOUCH DELICA PLUS LANCET33G	36
ONETOUCH DELICA PLUS LANCING	36
ONETOUCH DELICA SAFETY LANCING	36
ONETOUCH ULTRA CONTROL	36
ONETOUCH ULTRASOFT 2 LANCETS	37
ONETOUCH VERIO	37
opcicon one-step	22
OPTICHAMBER DIAMOND	52
OPTICHAMBER DIAMOND-LG MASK	52
OPTICHAMBER DIAMOND-MD MASK	52
OPTICHAMBER DIAMOND-SM MASK	53
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ORA-BLEND	59
ORA-BLEND SF	59
ORA-PLUS	59
ORA-SWEET SF	59
oralone	55
ORKAMBI	59
oxymetazoline hcl	57

P

pacerone	18
PALYNZIQ	25
PAXLOVID	21
PAXLOVID (150/100)	21
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PC LANCETS SUPER THIN 30G	37
PC UNIFINE PENTIPS	48
PEDIARIX	60
PEDVAX HIB	61
peg 3350	29
peg 3350-kcl-na bicarb-nacl	28
peg-3350/electrolytes	28
PEN NEEDLE/5-BEVEL TIP	48
PEN NEEDLES	48
PEN NEEDLES 5/16"	48
PENBRAYA	61

penicillamine	53	PREFERRED PLUS INSULIN SYRINGE	48
PENTACEL	60	PREFERRED PLUS LANCETS THIN	37
PENTIPS	48	PREFERRED PLUS UNIFINE PENTIPS	49
PENTIPS GENERIC PEN NEEDLES	48	PREHEVBRIO	64
pentoxifylline er	27	PRETOMANID	20
PERFECT LANCETS 28G	37	PREVENT DROPSAFE PEN NEEDLES	49
PERFECT LANCETS 30G	37	PREVENT SAFETY PEN NEEDLES	49
PERFECT POINT SAFETY LANCETS	37	PREVNAR 13	61
PFIZER COVID-19 BIVAL 6MO-4YR	63	PREVNAR 20	61
PFIZER COVID-19 VAC BIVAL 5-11	63	PRIORIX	64
PFIZER COVID-19 VAC BIVALENT	63	PRO COMFORT INSULIN SYRINGE	49
PFIZER COVID-19 VAC-TRIS 5-11Y	64	PRO COMFORT LANCETS 30G	37
PFIZER COVID-19 VAC-TRIS 6M-4Y	64	PRO COMFORT LANCETS 31G	37
PFIZER-BIONT COVID-19 VAC-TRIS	64	PRO COMFORT PEN NEEDLES	49
PFIZER-BIONTECH COVID-19 VACC	64	PRO COMFORT SAFETY LANCETS 30G	37
PHARMACIST CHOICE LANCETS	37	procto-med hc	15
PHARMACY COUNTER LANCETS	37	PROCTOFOAM HC	15
phenaseptic	54	proctosol hc	15
phenazopyridine hcl	27	proctozone-b	30
phenylephrine hcl	58	proctozone-gmax adult	29
phospha 250 neutral	53	proctozone-hc	15
phospho-trin 250 neutral	53	PRODIGY INSULIN SYRINGE	49
phospho-trin k500	53	PRODIGY LANCETS 28G	37
phytonadione	65	PRODIGY LANCING DEVICE	37
pilocarpine hcl	55	PRODIGY SAFETY LANCETS 26G	37
PIP LANCETS 28G	37	PRODIGY TWIST TOP LANCETS 28G	37
PIP LANCETS 30G	37	promethazine-codeine	22
PIP PEN NEEDLES 31G X 5MM	48	promethazine-dm	22
PIP PEN NEEDLES 32G X 4MM	48	propafenone hcl	18
PNEUMOVAX 23	61	propylthiouracil	60
PODOFILOX	23	PROQUAD	64
polyethylene glycol 3350	29	PULMOZYME	60
polyvinyl alcohol	58	PURE COMFORT PEN NEEDLE	49
potassium chloride	53	PURE COMFORT SAFETY PEN NEEDLE	49
potassium chloride crys er	53	PX LANCETS MICROTHIN 33G	37
potassium chloride er	53	pyrazinamide	20
potassium citrate er	26	pyridostigmine bromide	19
pramoxine hcl	23	PYRUKYND	27
pramoxine hcl (perianal)	15	PYRUKYND TAPER PACK	27
praziquantel	17		
PRECISION XTRA KETONE	24		

Q

qc antacid/anti-gas	16
qc magnesium citrate	29
QUFLORA FE	55
QUFLORA FE PEDIATRIC	55
QUINIDINE SULFATE	17

R

RABAVERT	64
RADICAVA ORS	57
RADICAVA ORS STARTER KIT	57
RAYA SURE PEN NEEDLE	49
READYLANCE SAFETY LANCETS	37
RECOMBIVAX HB	64
rectasmoothe	15
refresh lacri-lube	58
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RELION INSULIN SYRINGE	49
RELION LANCET DEVICES 30G	37
RELION LANCETS	37
RELION LANCETS MICRO-THIN 33G	37
RELION LANCETS THIN 26G	37
RELION LANCETS ULTRA-THIN 30G	37
RELION LANCING DEVICE	37
RELION MINI PEN NEEDLES	49
RELION PEN NEEDLES	49
RELION SHORT PEN NEEDLES	49
RELION ULTRA THIN LANCETS 30G	37
RELION ULTRA THIN PLUS LANCETS	37
RESTORA	18
REXALL LANCETS ULTRA THIN 30G	37
REZDIFFRA	26
RIDAURA	14
rifabutin	20
rifampin	20
RIGHTEST GD500 LANCING DEVICE	37
RIGHTEST GL300 LANCETS	38
riluzole	57
rosadan	24

ROTARIX	64
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SAFETY LANCET 30G/PRESSURE ACT	38
SAFETY LANCETS	38
SAFETY LANCETS 21G	38
SAFETY LANCETS 23G	38
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SAFETY PEN NEEDLES	49
saline mist spray	56
saline nasal spray	56
salsalate	15
SANOFI COVID-19 VAC (BOOSTER)	64
sapropterin dihydrochloride	25
SAPS HEALTH TWIST TOP LANCETS	38
SAPS TWIST TOP LANCETS	38
SECURESAFE INSULIN SYRINGE	49
SELENIUM SULFIDE	23
senexon-s	28
senna	30
senna plus	28
senna-docusate sodium	29
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sennosides-docusate sodium	29
SHINGRIX	64
SHOPKO AUTOLET LANCING DEVICE	38
SHOPKO ON-THE-GO LANCETS 30G	38
SHOPKO UNIFINE PENTIPS	49
SHOPKO UNIFINE PENTIPS PLUS	49
SHOPKO UNILET LANCETS 28G	38
SHOPKO UNILET LANCETS 30G	38
silace	30
silver sulfadiazine	23
simethicone ultra strength	26
SIMPLE DIAGNOSTICS LANCING DEV	38
sinus nasal spray	57
sinus relief extra strength	57
SIVEXTRO	17
SKYCLARYS	57

sleep tabs	28	STAMARIL	64
sm antacid	16	STERILANCE PA	38
sm anti-diarrheal	19	STERILANCE TL	38
sm aspirin low dose	15	sterile diluent/epoprostenol	59
sm calcium antacid ex st	16	STERILE WATER FOR INJECTION	59
sm gas relief	26	sterile water for irrigation	54
sm gentle laxative	30	stimulant laxative	29
sm nose drops nasal decongest	57	stomach relief	18
SMART DIABETES VANTAGE LANCING	38	stool softener plus laxative	29
SMART SENSE COLOR LANCETS 33G	38	STRENSIQ	25
SMART SENSE STANDARD LANCETS	38	sucralfate	60
SMART SENSE SUPER THIN LANCETS	38	sulfamethoxazole-trimethoprim	17
SMART SENSE THIN LANCETS 26G	38	sulfatrim pediatric	17
SMARTTEST LANCETS 28G	38	SURE COMFORT INSULIN SYRINGE	49
sod citrate-citric acid	27	SURE COMFORT LANCETS 18G	38
SOD FLUORIDE-POTASSIUM NITRATE	54	SURE COMFORT LANCETS 21G	38
sodium bicarbonate	16	SURE COMFORT LANCETS 23G	38
sodium chloride	22	SURE COMFORT LANCETS 28G	38
sodium chloride (hypertonic)	58	SURE COMFORT LANCETS 30G	38
sodium fluoride	53,54	SURE COMFORT LANCING PEN	38
SODIUM FLUORIDE 5000 ENAMEL	54	SURE COMFORT PEN NEEDLES	50
sodium fluoride 5000 plus	54	SURE-FINE PEN NEEDLES	50
sodium fluoride 5000 ppm	54	SURE-JECT INSULIN SYRINGE	50
SODIUM FLUORIDE 5000 SENSITIVE	55	SURE-LANCE FLAT LANCETS	38
sodium polystyrene sulfonate	54	SURE-LANCE LANCETS 26G	39
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SOLU-CORTEF	22	SURE-LANCE ULTRA THIN LANCETS	39
SOLU-MEDROL (PF)	22	SURE-TOUCH LANCETS UNIVERSAL	39
soluble fiber therapy	28	SURELITE LANCETS	39
SOLUS V2 LANCETS 28G	38	SUTAB	29
SOLUS V2 LANCING DEVICE	38	SYMDEKO	60
SOLUS V2 TWIST LANCETS 30G	38	systane nighttime	58
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SPIKEVAX	64	TDVAX	60
SPIKEVAX 6M-11Y	64	TECHLITE INSULIN SYRINGE	50
SPIKEVAX COVID-19 VACCINE	64	TECHLITE LANCETS	39
spironolactone	25	TECHLITE LANCETS 26G	39
spironolactone-hctz	24	TECHLITE LANCETS 30G	39
SPS (SODIUM POLYSTYRENE SULF)	54	TECHLITE PEN NEEDLES	50
ssd	23	TECHLITE PLUS PEN NEEDLES	50

TEGLUTIK	57	TRUEPLUS 5-BEVEL PEN NEEDLES	50
TEGSEDI	59	TRUEPLUS INSULIN SYRINGE	50
TENIVAC	60	TRUEPLUS LANCETS 28G	39
TETANUS-DIPHThERIA TOXOIDS TD	60	TRUEPLUS LANCETS 30G	39
theophylline	18	TRUEPLUS LANCETS 33G	39
theophylline er	18	TRUEPLUS PEN NEEDLES	51
TIGLUTIK	57	TRUEPLUS SAFETY LANCETS 28G	39
tm-vite rx	55	TRUMENBA	61
TODAYS HEALTH MINI PEN NEEDLES	50	TRUSTEX LUBRICATED	30
tolvaptan	26	TRUSTEX NON-LUBRICATED	30
TOLVAPTAN	26	TRUSTEX RIA LUB/SPERMICIDE	30
TOPCARE CLICKFINE PEN NEEDLES	50	TRUSTEX-NONOXYNOL-9/RIB/STUD	30
TOPCARE LANCETS MICRO-THIN 33G	39	TWINRIX	64
TOPCARE ULTRA COMFORT INS SYR	50	TWIST TOP LANCETS 30G	39
torseamide	24	TYPHIM VI	61
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treprostinil	21	ULTI-LANCE AUTOMATIC	39
TRI-VITAMIN WITH FLUORIDE	56	ULTICARE INSULIN SAFETY SYR	51
TRI-VITE/FLUORIDE	56	ULTICARE INSULIN SYR 1/2 UNIT	51
triamcinolone acetonide	55	ULTICARE INSULIN SYRINGE	51
triamterene-hctz	24	ULTICARE MICRO PEN NEEDLES	51
trientine hcl	53	ULTICARE MINI PEN NEEDLES	51
TRIFLURIDINE	58	ULTICARE PEN NEEDLES	51
TRIKAFTA	60	ULTICARE SHORT PEN NEEDLES	51
TRIMETHOPRIM	17	ULTIGUARD SAFEPAK PEN NEEDLE	51
triphrocaps	55	ULTILET CLASSIC LANCETS	39
TROJAN BARESKIN	30	ULTILET LANCETS	39
TRUE COMFORT INSULIN SYRINGE	50	ULTILET PEN NEEDLE	51
TRUE COMFORT PEN NEEDLES	50	ULTILET SAFETY LANCETS	39
TRUE COMFORT PRO INSULIN SYR	50	ULTILET SAFETY LANCETS 23G	39
TRUE COMFORT PRO PEN NEEDLES	50	ULTRA FLO INSULIN PEN NEEDLES	51
TRUE COMFORT SAFETY PEN NEEDLE	50	ULTRA FLO INSULIN SYRINGE	51
TRUE COMFORT TWIST TOP LANCETS	39	ultra lubricating eye drops pf	58
TRUE COVER	30	ULTRA THIN LANCETS 31G	39
true magnesium oxide	16,53	ULTRA THIN PEN NEEDLES	51
TRUE VITAMIN B1	65	ULTRA-CARE LANCETS 30G	39
TRUE VITAMIN B6	65	ULTRA-THIN II INS SYR SHORT	51
true vitamin c	65	ULTRA-THIN II INSULIN SYRINGE	51
true vitamin d3	65	ULTRA-THIN II LANCETS	39
TRUEDRAW LANCING DEVICE	39	ULTRA-THIN II MINI PEN NEEDLE	51

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UNIFINE PENTIPS	52	VALUE PLUS LANCING DEVICE	40
UNIFINE PENTIPS PLUS	52	VALUMARK LANCET SUPER THIN 30G	40
UNIFINE PROTECT PEN NEEDLE	52	VALUMARK LANCET ULTRA THIN 28G	40
UNIFINE SAFECONTROL PEN NEEDLE	52	VALUMARK PEN NEEDLES	52
UNIFINE ULTRA PEN NEEDLE	52	VANISHPOINT INSULIN SYRINGE	52
UNILET COMFORTOUCH LANCET	39	VAQTA	64
UNILET EXCELITE	39	VARIVAX	64
UNILET EXCELITE II	39	VAXELIS	60
UNILET G.P. SUPERLITE LANCET	39	VAXNEUVANCE	62
UNILET GP 28 ULTRA THIN	39	VEKLURY	21
UNILET LANCET	40	VERIFINE INSULIN PEN NEEDLE	52
UNILET MICRO-THIN 33G	40	VERIFINE INSULIN SYRINGE	40,52
UNILET SUPER-THIN 30G	40	VERIFINE PLUS PEN NEEDLE	52
UNILET ULTRA-THIN 28G	40	VERIFINE SAFE LANCET MINI 21G	41
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UNISTIK 2 COMFORT	40	VERIFINE SAFE LANCET MINI 28G	41
UNISTIK 2 EXTRA	40	VERIFINE SAFE LANCET MINI 30G	41
UNISTIK 2 NORMAL	40	VERIFINE UNIVERSAL LANCETS 28G	41
UNISTIK 2 SUPER	40	VERIFINE UNIVERSAL LANCETS 30G	41
UNISTIK 3 COMFORT	40	VERIFINE UNIVERSAL LANCETS 33G	41
UNISTIK 3 EXTRA	40	VIDA MIA AUTOLET LANCING DEV	41
UNISTIK 3 GENTLE	40	VIDA MIA UNIFINE PENTIPS	52
UNISTIK 3 NEONATAL	40	VIDA MIA UNILET LANCETS 28G	41
UNISTIK 3 NORMAL	40	VIDA MIA UNILET LANCETS 30G	41
UNISTIK CZT COMFORT	40	vincasar pfs	21
UNISTIK CZT NORMAL	40	virt-caps	55
UNISTIK NORMAL	40	vitamin d	65
UNISTIK PRO SAFETY LANCET	40	vitamin d (ergocalciferol)	65
UNISTIK SAFETY LANCETS 28G	40	vitamin d3	65
UNISTIK SAFETY LANCETS 30G	40	VITAMINS ACD-FLUORIDE	56
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UNISTIK TOUCH SAFETY LANC 28G	40	VIVAGUARD LANCETS 30G	41
UNISTIK TOUCH SAFETY LANC 30G	40	VIVAGUARD LANCING DEVICE	41
UNIVERSAL 1 LANCETS THIN 26G	40	VIVAGUARD SAFETY LANCETS 28G	41
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