



Welcome to Nebraska Total Care

What is the Nebraska Total Care Value-Add Drug List?

Nebraska Medicaid covered drugs on the State Preferred Drug List can be found: <https://nebraska.fhsc.com/PDL/PDLlistings.asp>. Nebraska Total Care also covers additional drugs. A team of doctors and pharmacists meets regularly to choose which drugs should be on the Nebraska Total Care drug list. The team reviews new and existing drugs and chooses drugs that work best and are safe.

How do I use the Nebraska Total Care Value-Add Drug List?

Look for your drug in the index at the end of this booklet. The index lists all of the drugs on the drug list. Both brand name drugs and generic drugs are listed in the index. Next to your drug, you will see the page number where you can find your drug.

The table below tells you what the abbreviations on the Drug List mean.

<i>Abbreviation</i>	<i>Term</i>	<i>What it means</i>
AL	Age Limit	Some drugs are only covered for certain ages.
F	Formulary	These drugs are covered on the Drug List.
PA, SmartPA	Prior Authorization	Some drugs need approval from Nebraska Total Care before they will be covered.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.
SP	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions and may be limited to a specific pharmacy.
MP	Maintenance Therapy	Nebraska Total Care allows 90-day supply of medications used to treat chronic conditions at participating pharmacies.

What if my drug is not on the Nebraska Total Care Value-Add Drug List?

If your drug is not on the Nebraska Total Care drug list, or the State Preferred Drug List, call Member Services at 1-844-385-2192 and ask if your drug is covered. If your drug is not covered, you can ask your doctor to prescribe a similar drug that is covered. If your doctor feels you need to have the drug that is not covered, your doctor can ask us to make an exception.

Can I go to any pharmacy?

Members must use pharmacies that are in the network. These pharmacies have a contract with Nebraska Total Care. To find a pharmacy, call Member Services at 1-844-385-2192.

Are there any limits on my drug coverage?

Some drugs have limits on coverage. If a drug has limits, it will be noted in the requirements/limits column on the Drug List.

How can I get an exception to the rules for drug coverage?

Your doctor can ask for an exception to our rules for drug cover.

- Your doctor can ask us to cover your drug even if it is not on the drug list
- Your doctor can ask us to make an exception for limits on your drug. For example, if your drug has a quantity limit of 1 tablet per day, your doctor can ask us to cover more.

To request an exception, your doctor can fax a prior authorization form to us at 1-833-404-2254. Once we receive your doctor's request, we will make our decision within one business day.

What if I am a new member?

If you are a new member in our plan, you may be taking drugs that are not on our drug list. This drug may also not be on the State Preferred Drug List. You may also be taking a drug that is on our drug list, but the drug may have some limits. In these cases, you should talk to your doctor to see if you should change to drugs that we cover. Your doctor may request an exception so that we could cover the drug you have been taking. See the section, "How do I get an exception to the rules for the drug coverage?" for more information.

What are over-the-counter drugs?

Over-the-counter (OTC) drugs are drugs you can buy without a prescription. The Nebraska Total Care Value-Add Drug List covers OTC drugs that are not covered by the State Preferred Drug List. However, if you want Nebraska Total Care to cover an OTC drug on the drug list, your doctor must write a prescription for that drug.

Are brand name drugs covered?

Your pharmacy benefit does not cover brand name drugs when generic drugs are available. Brand name drugs may be covered when generic drugs are not available. Brand name drugs could be covered if your doctor states the brand name drug is medically necessary. If a brand name drug is covered, a \$3.00 copay may apply.

What is a generic drug?

A generic drug contains the same active ingredient and works the same way as the brand name drug. Generic drugs must be safe and effective.

Will the pharmacist give me a generic drug if one is available?

Yes. Pharmacies may give you a generic drug, unless your doctor says that you must take the brand name drug or preferred by the state.

Are there any excluded drugs?*Excluded drugs*

The Nebraska Total Care Value-Add Drug List does not include certain drugs. The following types of drugs are not included on the drug list because they are excluded from coverage:

- Drugs that do not have FDA approval
- Drugs that are being tested but not approved yet
- Drugs to help you get pregnant
- Drugs used for weight loss
- Cosmetic or hair-growth drugs
- Drugs used to treat sexual problems-
- Drugs not on the OTC Drug List

Need more information?

For more information about your pharmacy benefits, please review your Member Handbook or call Member Services at 1-844-385-2192.

Nebraska Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Nebraska Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Nebraska Total Care:

- **Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language**

interpreters and written information in other formats (large print, accessible electronic formats, other formats).

- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Nebraska Total Care Contact Center at

1-844-385-2192, TTY: 1-844-307-0342, Relay 711.

If you believe that Nebraska Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Nebraska Total Care Member Service Center is available to help you.

You can also use the member portal on our website at: www.NebraskaTotalCare.com

Give it to us in person or by mail:

Nebraska Total Care ATTN: Grievances:

2525 North 117th Ave

Omaha NE, 68164

When filing for a grievance be sure to include:

- Your first and last name
- Your Nebraska Medicaid ID number
- Your address and telephone number
- What you are unhappy with
- What you would like to have happen

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>aspirin-cafeine TABS 500 MG-32.5 MG</i>	1	
Analeptics			<i>butalbital-acetaminophen-cafeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>caffeine citrate SOLN OR</i>	1		<i>butalbital-acetaminophen-cafeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>caffeine TABS</i>	1		<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	1	
Stimulants - Misc.			<i>butalbital-acetaminophen TABS 25 MG-325 MG, 50 MG-300 MG, 50 MG-325 MG</i>	1	
<i>methylphenidate hcl TBCR 54 MG</i>	2	QL(1 ea daily)	<i>butalbital-aspirin-cafeine CAPS</i>	1	
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	2	QL(1 ea daily); AL(At least 5 yrs old)	CVS TENSION HEADACHE CAPS	1	
<i>methylphenidate hcl TBCR 10 MG, 36 MG</i>	2	QL(2 ea daily); AL(At least 5 yrs old)	Analgesics Other		
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			<i>acetaminophen CAPS 500 MG</i>	1	
Aminoglycosides			<i>acetaminophen CHEW</i>	1	
<i>tobramycin sulfate SOLN IJ</i>	1		<i>acetaminophen ELIX</i>	1	
<i>tobramycin sulfate SOLR</i>	1		<i>acetaminophen LIQD 160 MG/5ML, 500 MG/15ML</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	1	
Pyrimidine Synthesis Inhibitors			<i>acetaminophen SUPP 120 MG, 650 MG</i>	1	
<i>leflunomide</i>	1	MP	<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			<i>acetaminophen TABS 325 MG, 500 MG</i>	1	
Analgesic Combinations			<i>acetaminophen TBCR</i>	1	
<i>acetaminophen-cafeine TABS</i>	1		<i>acetaminophen TBDP</i>	1	
<i>acetaminophen-pamabrom-pyrilamine TABS</i>	1		FEVERALL INFANTS SUPP	1	
ALLZITAL TABS	1				
<i>aspirin-acetaminophen-cafeine TABS</i>	1				
<i>aspirin-cafeine PACK</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FEVERALL JUNIOR STRENGTH SUPP	1		<i>alum & mag hydrox-simethicone LIQD</i>	1	
Salicylates			<i>alum & mag hydrox-simethicone SUSP</i>	1	
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1		<i>aluminum hydroxide-mag carb CHEW</i>	1	
<i>aspirin effervescent</i>	1		<i>aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML, 358 MG/15ML-95 MG/15ML</i>	1	
<i>aspirin CHEW</i>	1		<i>calcium carbonate-simethicone CHEW 1000 MG-60 MG</i>	1	
ASPIRIN SUPP 300 MG	1	QL(0.4 ea daily)	MAG-AL LIQD	1	
<i>aspirin TABS 325 MG</i>	1		Antacids - Aluminum Salts		
<i>aspirin TBEC 81 MG, 325 MG</i>	1		ALUMINUM HYDROXIDE SUSP 320 MG/5ML	1	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			Antacids - Bicarbonate		
Intrarectal Steroids			<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	
<i>hydrocortisone (intrarectal)</i>	1		Antacids - Calcium Salts		
Rectal Combinations			<i>calcium carbonate (antacid) CHEW 400 MG, 500 MG, 750 MG, 1000 MG</i>	1	
<i>phenylephrine in hard fat</i>	1		<i>calcium carbonate (antacid) SUSP</i>	1	
<i>phenylephrine-cocoa butter 0.25 %-88.44 %</i>	1		CALCIUM CARBONATE TABS 648 MG	1	
<i>phenylephrine-mineral oil-petrolatum 0.25 %-74.9 %-14 %</i>	1		CVS ANTACID CHILDRENS LIQD	1	
<i>phenylephrine-witch hazel EX</i>	1		Antacids - Magnesium Salts		
<i>pramoxine-phenylephrine-glycerin-petrolatum EX</i>	1		<i>magnesium oxide TABS 400 MG, 420 MG</i>	1	
Rectal Local Anesthetics			ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
<i>lidocaine (anorectal) CREA</i>	1		Antianginals-Other		
<i>pramoxine hcl (rectal) FOAM EX</i>	1				
ANTACIDS					
Antacid Combinations					
<i>alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG</i>	1				

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine TB12</i>	1	QL(2 ea daily); MP
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>hydroxyzine hcl SOLN 25 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS 25 MG, 50 MG</i>	1	
Benzodiazepines		
<i>lorazepam SOLN 2 MG/ML, 20 MG/10ML</i>	1	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CR CP12 150 MG	1	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl CP12</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS</i>	1	MP
<i>dofetilide</i>	1	MP
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
Xanthines		
THEO-24 CP24	1	MP
<i>theophylline ELIX</i>	1	
<i>theophylline SOLN</i>	1	MP
<i>theophylline TB12</i>	1	MP
<i>theophylline TB24</i>	1	MP
ANTICOAGULANTS - Blood Thinners		
Heparins And Heparinoid-Like Agents		
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	1	Smart PA; MP
FYCOMPA TABS	1	Smart PA; MP
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1	Smart PA; MP
<i>clobazam TABS</i>	1	Smart PA; MP
<i>clonazepam TABS</i>	1	Smart PA
<i>clonazepam TBDP</i>	1	Smart PA
<i>diazepam (anticonvulsant) GEL</i>	1	Smart PA
VALTOCO 10 MG DOSE LIQD	1	Smart PA; QL(0.36 ea daily); AL(At least 6 yrs old); PA
VALTOCO 15 MG DOSE LQPK	1	Smart PA; QL(0.72 ea daily); AL(At least 6 yrs old); PA
VALTOCO 20 MG DOSE LQPK	1	Smart PA; QL(0.72 ea daily); AL(At least 6 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 5 MG DOSE LIQD	1	Smart PA; QL(0.36 ea daily); AL(At least 6 yrs old); PA	<i>lacosamide TABS</i>	1	Smart PA; QL(2 ea daily)
Anticonvulsants - Misc.			LAMICTAL ODT KIT	1	Smart PA
			LAMICTAL XR KIT	1	Smart PA
			<i>lamotrigine CHEW</i>	1	Smart PA; QL(4 ea daily); AL(Up to 11 yrs old); MP
			<i>lamotrigine KIT</i>	1	Smart PA
			<i>lamotrigine KIT 25 MG</i>	1	Smart PA; AL(At least 4 yrs old)
			<i>lamotrigine TABS</i>	1	Smart PA; QL(4 ea daily); MP
			<i>lamotrigine TB24</i>	1	Smart PA; MP
			<i>lamotrigine TBDP</i>	1	Smart PA; AL(At least 4 yrs old); MP
			<i>levetiracetam in sodium chloride 540 MG/100ML-1500 MG/100ML, 820 MG/100ML-500 MG/100ML</i>	1	Smart PA
			<i>levetiracetam in sodium chloride 750 MG/100ML-1000 MG/100ML</i>	1	Smart PA; PA
			<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	Smart PA; MP
			<i>levetiracetam TABS</i>	1	Smart PA; MP
			<i>levetiracetam TB24</i>	1	Smart PA; MP
			<i>oxcarbazepine SUSP</i>	1	Smart PA; MP
			<i>oxcarbazepine TABS</i>	1	Smart PA; MP
			OXTELLAR XR TB24	1	Smart PA; MP
			<i>pregabalin CAPS 225 MG, 300 MG</i>	1	Smart PA; QL(2 ea daily)
			<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	Smart PA; QL(3 ea daily)
			<i>pregabalin SOLN</i>	1	Smart PA; QL(30 ml daily)
			<i>primidone 50 MG, 250 MG</i>	1	Smart PA; MP
APTOM	1	Smart PA; MP			
BRIVIACT SOLN OR 10 MG/ML	1	SP; MP			
BRIVIACT SOLN IV 50 MG/5ML	1	Smart PA; SP			
BRIVIACT TABS	1	SP; MP			
<i>carbamazepine CHEW</i>	1	Smart PA; MP			
<i>carbamazepine CP12</i>	1	Smart PA; MP			
<i>carbamazepine SUSP</i>	1	Smart PA; MP			
<i>carbamazepine TABS</i>	1	Smart PA; MP			
<i>carbamazepine TB12</i>	1	Smart PA; MP			
DIACOMIT CAPS	1	Smart PA; AL(At least 2 yrs old); SP			
DIACOMIT PACK	1	Smart PA; AL(At least 2 yrs old); SP			
EPIDIOLEX	1	Smart PA; SP			
<i>gabapentin CAPS 300 MG</i>	1	Smart PA; QL(12 ea daily); MP			
<i>gabapentin CAPS 100 MG</i>	1	Smart PA; QL(36 ea daily); MP			
<i>gabapentin CAPS 400 MG</i>	1	Smart PA; QL(9 ea daily); MP			
<i>gabapentin SOLN</i>	1	Smart PA; QL(72 ml daily); MP			
<i>gabapentin TABS 600 MG</i>	1	Smart PA; QL(6 ea daily); MP			
<i>gabapentin TABS 800 MG</i>	1	Smart PA; QL(4.5 ea daily); MP			
<i>lacosamide SOLN OR 10 MG/ML</i>	1	Smart PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>rufinamide SUSP</i>	1	Smart PA; AL(Up to 11 yrs old); SP; MP
<i>rufinamide TABS 200 MG</i>	1	Smart PA; QL(3 ea daily); AL(Up to 11 yrs old); SP; MP
<i>rufinamide TABS 400 MG</i>	1	Smart PA; QL(8 ea daily); AL(Up to 11 yrs old); SP; MP
SPRITAM TB3D	1	Smart PA; MP
<i>topiramate CPSP</i>	1	Smart PA; AL(Up to 11 yrs old); MP
<i>topiramate CS24</i>	1	Smart PA; MP
<i>topiramate TABS</i>	1	Smart PA; MP
<i>zonisamide CAPS</i>	1	Smart PA; MP
Carbamates		
<i>felbamate SUSP</i>	1	Smart PA; MP
<i>felbamate TABS</i>	1	Smart PA; MP
GABA Modulators		
<i>tiagabine hcl</i>	1	Smart PA; MP
<i>vigabatrin PACK</i>	1	Smart PA; SP
<i>vigabatrin TABS</i>	1	Smart PA; QL(6 ea daily); SP
Hydantoins		
DILANTIN 30 MG	1	Smart PA; MP
<i>fosphenytoin sodium</i>	1	Smart PA
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	Smart PA; MP
<i>phenytoin sodium SOLN</i>	1	Smart PA
<i>phenytoin CHEW</i>	1	Smart PA; MP
<i>phenytoin SUSP</i>	1	Smart PA; MP
Succinimides		
<i>ethosuximide CAPS</i>	1	Smart PA; MP
<i>ethosuximide SOLN</i>	1	Smart PA; MP
<i>methsuximide</i>	1	Smart PA; MP

Drug Name	Drug Tier	Requirements/ Limits
Valproic Acid		
<i>divalproex sodium CSDR</i>	1	Smart PA; MP
<i>divalproex sodium TB24</i>	1	Smart PA; MP
<i>divalproex sodium TBEC</i>	1	Smart PA; MP
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	Smart PA; MP
<i>valproic acid CAPS</i>	1	Smart PA; MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>mirtazapine TBDP</i>	1	Smart PA; AL(At least 4 yrs old); MP
Antidepressants - Misc.		
APLENZIN	1	Smart PA; QL(1 ea daily); AL(At least 4 yrs old); MP; PA
<i>bupropion hcl TABS</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>bupropion hcl TB12</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>bupropion hcl TB24</i>	1	Smart PA; QL(1 ea daily); AL(At least 4 yrs old); MP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old); MP
MARPLAN	1	Smart PA; AL(At least 4 yrs old); MP
<i>phenelzine sulfate</i>	1	Smart PA; AL(At least 4 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tranylcypromine sulfate</i>	1	Smart PA; AL(At least 4 yrs old); MP	<i>paroxetine hcl TABS 10 MG</i>	1	Smart PA; QL(6 ea daily); AL(At least 13 yrs old); MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>paroxetine hcl TB24 12.5 MG</i>	1	Smart PA; AL(At least 13 yrs old); MP
SPRAVATO 56MG DOSE	1	Smart PA; SP; PA	<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1	Smart PA; MP
SPRAVATO 84MG DOSE	1	Smart PA; SP; PA	PEXEVA	1	Smart PA; AL(At least 13 yrs old); MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>sertraline hcl CONC</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>citalopram hydrobromide SOLN</i>	1	Smart PA; MP	<i>sertraline hcl TABS 100 MG</i>	1	Smart PA; QL(2 ea daily); AL(At least 4 yrs old); MP
<i>citalopram hydrobromide TABS</i>	1	Smart PA; QL(1 ea daily); AL(At least 4 yrs old); MP	<i>sertraline hcl TABS 50 MG</i>	1	Smart PA; QL(3 ea daily); AL(At least 4 yrs old); MP
<i>escitalopram oxalate SOLN</i>	1	Smart PA; QL(1 ml daily); AL(At least 6 yrs old - Up to 18 yrs old); MP	<i>sertraline hcl TABS 25 MG</i>	1	Smart PA; QL(1 ea daily); AL(At least 4 yrs old); MP
<i>escitalopram oxalate TABS</i>	1	Smart PA; QL(1 ea daily); AL(At least 6 yrs old); MP	Serotonin Modulators		
<i>fluoxetine hcl CAPS</i>	1	Smart PA; AL(At least 4 yrs old); MP	<i>nefazodone hcl</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>fluoxetine hcl CPDR</i>	1	Smart PA; AL(At least 4 yrs old); MP	<i>trazodone hcl TABS 50 MG, 100 MG</i>	1	Smart PA; AL(At least 14 yrs old); MP
<i>fluoxetine hcl SOLN</i>	1	Smart PA; MP	<i>trazodone hcl TABS 300 MG</i>	1	Smart PA; QL(2 ea daily); AL(At least 14 yrs old); MP
<i>fluoxetine hcl TABS</i>	1	Smart PA; AL(At least 4 yrs old); MP	<i>trazodone hcl TABS 150 MG</i>	1	Smart PA; QL(1 ea daily); AL(At least 19 yrs old); MP
<i>fluvoxamine maleate CP24</i>	1	Smart PA; MP	TRINTELLIX	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old); MP
<i>fluvoxamine maleate TABS</i>	1	Smart PA; AL(At least 8 yrs old); MP			
<i>paroxetine hcl SUSP</i>	1	Smart PA; MP			
<i>paroxetine hcl TABS 20 MG, 30 MG, 40 MG</i>	1	Smart PA; QL(1 ea daily); AL(At least 13 yrs old); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIIBRYD STARTER PACK KIT	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old)	<i>doxepin hcl CAPS</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>vilazodone hcl TABS</i>	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old); MP	<i>doxepin hcl CONC</i>	1	Smart PA; MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>imipramine hcl TABS</i>	1	Smart PA; AL(At least 4 yrs old); MP
DESVENLAFAXINE ER	1	Smart PA; QL(1 ea daily); AL(At least 12 yrs old); MP	<i>imipramine pamoate</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>desvenlafaxine succinate</i>	1	Smart PA; AL(At least 12 yrs old); MP	<i>nortriptyline hcl CAPS</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>duloxetine hcl CPEP</i>	1	Smart PA; AL(At least 13 yrs old); MP	<i>nortriptyline hcl SOLN</i>	1	Smart PA; MP
FETZIMA TITRATION PACK C4PK	1	Smart PA; AL(At least 18 yrs old)	<i>protriptyline hcl</i>	1	Smart PA; AL(At least 4 yrs old); MP
FETZIMA CP24	1	Smart PA; AL(At least 18 yrs old); MP	<i>trimipramine maleate CAPS</i>	1	Smart PA; AL(At least 4 yrs old); MP
<i>venlafaxine hcl CP24</i>	1	Smart PA; AL(At least 13 yrs old); MP	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>venlafaxine hcl TABS</i>	1	Smart PA; AL(At least 13 yrs old); MP	Diabetic Other		
<i>venlafaxine hcl TB24</i>	1	Smart PA; AL(At least 13 yrs old); MP	CVS GLUCOSE CHEW	1	
Tricyclic Agents			CVS SOFT GLUCOSE CHEW	1	
<i>amitriptyline hcl TABS</i>	1	Smart PA; AL(At least 4 yrs old); MP	DEX4	1	
<i>amoxapine</i>	1	Smart PA; AL(At least 4 yrs old); MP	DEX4 FAST ACTING GLUCOSE	1	
<i>clomipramine hcl</i>	1	Smart PA; AL(At least 4 yrs old); MP	DEX4 NATURALS	1	
<i>desipramine hcl TABS</i>	1	Smart PA; AL(At least 4 yrs old); MP	DEX4 POUCH PACK	1	
			DEX4 QUICK DISSOLVE GLUCOSE CHEW	1	
			<i>dextrose (diabetic use) GEL</i>	1	
			GLUCO TO GO CHEW	1	
			GLUCOSE INSTANT ENERGY	1	
			GLUCOSE CHEW	1	
			GNP GLUCOSE CHEW	1	
			GNP QUICK DISSOLVE GLUCOSE CHEW	1	
			GOODSENSE GLUCOSE	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HY-VEE GLUCOSE	1		<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1	
INSTA-GLUCOSE GEL	1		<i>bismuth subsalicylate</i> TABS	1	
KROGER GLUCOSE	1		Antidiarrheal/Probiotic Combinations		
LEADER GLUCOSE 6 MG-4 GM	1		<i>lactobacillus acidophilus-pectin</i> CAPS	1	
LEADER QUICK DISSOLVE GLUCOSE CHEW	1		Antiperistaltic Agents		
LONGS GLUCOSE	1		<i>diphenoxylate w/ atropine</i> LIQD	1	
MEIJER GLUCOSE	1		<i>diphenoxylate w/ atropine</i> TABS	1	
PREFERRED PLUS GLUCOSE	1		<i>loperamide hcl</i> CAPS	1	QL(8 ea daily); RX/OTC
PX GLUCOSE	1		<i>loperamide hcl</i> SUSP	1	
RA GLUCOSE	1		<i>loperamide hcl</i> TABS	1	QL(8 ea daily)
RELION GLUCOSE	1		LOPERAMIDE HYDROCHLORIDE SUSP	1	
SM GLUCOSE CHEW	1		ANTIDOTES AND SPECIFIC ANTAGONISTS		
SMART SENSE GLUCOSE	1		Antidotes - Chelating Agents		
SMART SENSE GLUCOSE TABLETS	1		CHEMET	1	
TGT GLUCOSE	1		<i>deferasirox</i> PACK	1	SP; PA
TRUEPLUS GLUCOSE ON THE GO CHEW	1		<i>deferasirox</i> TABS	1	SP; PA
TRUEPLUS GLUCOSE CHEW	1		<i>deferasirox</i> TBSO	1	SP; PA
UP & UP GLUCOSE	1		Opioid Antagonists		
VALUE PLUS GLUCOSE	1		VIVITROL	1	QL(1 ea per 28 days retail); AL(At least 16 yrs old); SP
WALGREENS GLUCOSE CHEW	1		ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
Insulin			5-HT3 Receptor Antagonists		
ADMELOG SOLN IJ	2	MP	<i>ondansetron hcl</i> SOLN IJ	1	QL(16 ml daily)
HUMALOG SOLN IJ	1	MP	<i>ondansetron hcl</i> SOSY	1	QL(16 ml daily)
INSULIN LISPRO SOLN IJ	1	MP	ANTI-HISTAMINES - Drugs to Treat Allergies		
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea					
Antidiarrheal/Probiotic Agents - Misc.					
<i>bismuth subsalicylate</i> CHEW 262 MG	1				

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Alkylamines		
ALA-HIST IR TABS	1	
<i>chlorpheniramine maleate</i> SYRP	1	
<i>chlorpheniramine maleate</i> TABS	1	
<i>chlorpheniramine maleate</i> TBCR	1	
HISTEX SYRP	1	
PEDIAVENT SYRP	1	
<i>triprolidine hcl</i> LIQD 0.625 MG/ML, 0.938 MG/ML	1	
Antihistamines - Ethanolamines		
<i>clemastine fumarate</i> TABS 1.34 MG	1	QL(4 ea daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	1	QL(4 ea daily)
<i>diphenhydramine hcl</i> CAPS 50 MG	1	
<i>diphenhydramine hcl</i> CAPS 25 MG	1	QL(4 ea daily)
<i>diphenhydramine hcl</i> CHEW	1	
<i>diphenhydramine hcl</i> ELIX 12.5 MG/5ML	1	
<i>diphenhydramine hcl</i> LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1	
<i>diphenhydramine hcl</i> TABS 25 MG	1	
Antihistamines - Piperidines		
<i>ciproheptadine hcl</i> SYRP	1	
<i>ciproheptadine hcl</i> TABS	1	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
Antiadrenergic Antihypertensives		
<i>prazosin hcl</i> CAPS	1	MP
Vasodilators		

Drug Name	Drug Tier	Requirements/ Limits
<i>hydralazine hcl</i> TABS	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim</i> SUSP	1	
<i>sulfamethoxazole-trimethoprim</i> TABS	1	
Glycopeptides		
<i>vancomycin hcl</i> SOLR IV 500 MG	1	QL(4 ea daily)
<i>vancomycin hcl</i> SOLR IV 1 GM, 1000 MG	1	QL(2 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	1	QL(4 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	1	QL(2 ea daily)
Lincosamides		
CLINDAMYCIN/SODIUM CHLORIDE	1	
Urinary Anti-infectives		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	1	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate</i> TABS	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>primaquine phosphate TABS</i>	1		<i>lithium carbonate TBCR</i>	1	Smart PA; AL(At least 4 yrs old); MP
SOVUNA	1		Antipsychotics - Misc.		
ANTIMYASTHENIC/CHOLINERGIC AGENTS			CAPLYTA	1	Smart PA; QL(1 ea daily); MP; PA
Antimychasthenic/Cholinergic Agents			EQUETRO	1	Smart PA; MP
<i>pyridostigmine bromide SOLN OR</i>	1		<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1	Smart PA; QL(1 ea daily); AL(At least 10 yrs old); MP
<i>pyridostigmine bromide TABS 60 MG</i>	1	MP	<i>lurasidone hcl 80 MG</i>	1	Smart PA; QL(2 ea daily); AL(At least 10 yrs old); MP
<i>pyridostigmine bromide TBCR</i>	1	MP	NUPLAZID CAPS	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old); PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			NUPLAZID TABS 10 MG	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old); PA
Antimycobacterial Agents			VRAYLAR CAPS	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old); MP
<i>isoniazid SYRP</i>	1		VRAYLAR CPPK	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old)
<i>isoniazid TABS</i>	1		<i>ziprasidone hcl 20 MG</i>	1	Smart PA; QL(8 ea daily); AL(At least 6 yrs old); MP
RIFAMPIN/SYRSPEND SF PH4 SUSP	1		<i>ziprasidone hcl 40 MG</i>	1	Smart PA; QL(4 ea daily); AL(At least 6 yrs old); MP
<i>rifampin CAPS</i>	1		<i>ziprasidone hcl 80 MG</i>	1	Smart PA; QL(2 ea daily); AL(At least 6 yrs old); MP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>ziprasidone hcl 60 MG</i>	1	Smart PA; QL(2.6 ea daily); AL(At least 6 yrs old); MP
Antineoplastic - Hormonal and Related Agents					
<i>megestrol acetate SUSP</i>	1				
<i>megestrol acetate TABS</i>	1				
Chemotherapy Rescue/Antidote/Protective Agents					
<i>leucovorin calcium TABS</i>	1				
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders					
Antimanic Agents					
<i>lithium</i>	1	Smart PA; AL(At least 4 yrs old); MP			
<i>lithium carbonate CAPS</i>	1	Smart PA; AL(At least 4 yrs old); MP			
<i>lithium carbonate TABS</i>	1	Smart PA; AL(At least 4 yrs old); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone mesylate</i>	1	Smart PA; QL(6 ea daily)	INVEGA TRINZA 546 MG/1.75ML	1	1 rtl MAX fill; 90 rtl day(s) supply; QL(1.75 ml per fill retail); SP
Benzisoxazoles			INVEGA TRINZA 819 MG/2.63ML	1	1 rtl MAX fill; 90 rtl day(s) supply; QL(2.63 ml per fill retail); SP
FANAPT	1	Smart PA; AL(At least 6 yrs old)	<i>paliperidone 6 MG</i>	1	Smart PA; QL(2 ea daily); AL(At least 12 yrs old); MP
FANAPT TITRATION PACK	1	Smart PA; AL(At least 6 yrs old)	<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1	Smart PA; QL(1 ea daily); AL(At least 12 yrs old); MP
INVEGA HAFYERA 1092 MG/3.5ML	1	Smart PA; QL(3.5 ml per 180 days retail); SP	PERSERIS PRSY	1	Smart PA; QL(1 ea per 30 days retail); SP
INVEGA HAFYERA 1560 MG/5ML	1	Smart PA; QL(5 ml per 180 days retail); SP	<i>risperidone microspheres</i>	1	Smart PA; QL(1 ea per 14 days retail); SP
INVEGA SUSTENNA 78 MG/0.5ML	1	Smart PA; QL(0.5 ml per 28 days retail); SP	<i>risperidone SOLN</i>	1	Smart PA; AL(At least 5 yrs old); MP
INVEGA SUSTENNA 39 MG/0.25ML	1	Smart PA; QL(0.25 ml per 28 days retail); SP	<i>risperidone TABS</i>	1	Smart PA; AL(At least 5 yrs old); MP
INVEGA SUSTENNA 156 MG/ML	1	Smart PA; QL(1 ml per 28 days retail); SP	<i>risperidone TBDP</i>	1	Smart PA; AL(At least 5 yrs old); MP
INVEGA SUSTENNA 117 MG/0.75ML	1	Smart PA; QL(0.75 ml per 28 days retail); SP	RYKINDO SRER	1	QL(2 ea per 28 days retail); SP
INVEGA SUSTENNA 234 MG/1.5ML	1	Smart PA; QL(1.5 ml per 28 days retail); SP	Butyrophenones		
INVEGA TRINZA 410 MG/1.32ML	1	1 rtl MAX fill; 90 rtl day(s) supply; QL(1.32 ml per fill retail); SP	<i>haloperidol decanoate</i>	1	Smart PA; QL(5 ml per 28 days retail)
INVEGA TRINZA 273 MG/0.88ML	1	1 rtl MAX fill; 90 rtl day(s) supply; QL(0.88 ml per fill retail); SP	<i>haloperidol lactate CONC</i>	1	Smart PA; MP
			<i>haloperidol lactate SOLN</i>	1	Smart PA
			<i>haloperidol TABS</i>	1	Smart PA; AL(At least 6 yrs old); MP
			Dibenzapines		

Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate</i>	1	Smart PA; QL(2 ea daily); AL(At least 10 yrs old); MP
<i>clozapine TABS</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>clozapine TBDP</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>loxapine succinate</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>olanzapine SOLR</i>	1	Smart PA; AL(At least 6 yrs old)
<i>olanzapine TABS</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>olanzapine TBDP</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>quetiapine fumarate TABS</i> 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	Smart PA; AL(At least 6 yrs old); MP
<i>quetiapine fumarate TABS</i> 150 MG	1	Smart PA; MP
<i>quetiapine fumarate TB24</i> 50 MG, 300 MG, 400 MG	1	Smart PA; QL(2 ea daily); AL(At least 6 yrs old); MP
<i>quetiapine fumarate TB24</i> 150 MG, 200 MG	1	Smart PA; QL(1 ea daily); AL(At least 6 yrs old); MP
SAPHRIS 5 MG	1	Smart PA; QL(2 ea daily); AL(At least 10 yrs old); MP
SECUADO	1	Smart PA; QL(1 ea daily); MP; PA
VERSACLOZ SUSP	1	Smart PA; PA
ZYPREXA RELPREVV 210 MG, 300 MG	1	Smart PA; QL(2 ea per 28 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV 405 MG	1	Smart PA; QL(1 ea per 28 days retail); SP
Dihydroindolones		
<i>molindone hcl</i>	1	Smart PA; AL(At least 6 yrs old); MP
Phenothiazines		
<i>chlorpromazine hcl CONC</i> 30 MG/ML	1	Smart PA; MP
<i>chlorpromazine hcl SOLN</i>	1	Smart PA
<i>chlorpromazine hcl TABS</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>fluphenazine decanoate</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>fluphenazine hcl CONC</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>fluphenazine hcl ELIX</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>fluphenazine hcl SOLN</i>	1	Smart PA; AL(At least 6 yrs old)
<i>fluphenazine hcl TABS</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>perphenazine TABS 16</i> MG	1	Smart PA; QL(4 ea daily); AL(At least 6 yrs old); MP
<i>perphenazine TABS 2 MG</i>	1	Smart PA; QL(32 ea daily); AL(At least 6 yrs old); MP
<i>perphenazine TABS 8 MG</i>	1	Smart PA; QL(8 ea daily); AL(At least 6 yrs old); MP
<i>perphenazine TABS 4 MG</i>	1	Smart PA; QL(16 ea daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine edisylate</i> 10 MG/2ML	1	Smart PA
<i>thioridazine hcl</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>trifluoperazine hcl TABS</i>	1	Smart PA; AL(At least 6 yrs old); MP
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	1	QL(3.2 ml per 56 days retail); SP
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	1	QL(2.4 ml per 56 days retail); SP
ABILIFY MAINTENA PRSY	1	Smart PA; QL(1 ea per 28 days retail); SP
ABILIFY MAINTENA SRER	1	Smart PA; QL(1 ea per 28 days retail); SP
<i>aripiprazole SOLN OR</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>aripiprazole TABS 5 MG, 10 MG, 15 MG</i>	1	Smart PA; QL(1.5 ea daily); AL(At least 6 yrs old); MP
<i>aripiprazole TABS 2 MG</i>	1	Smart PA; QL(2 ea daily); AL(At least 6 yrs old); MP
<i>aripiprazole TABS 20 MG, 30 MG</i>	1	Smart PA; QL(1 ea daily); AL(At least 6 yrs old); MP
<i>aripiprazole TBDP</i>	1	Smart PA; QL(1.5 ea daily); AL(At least 6 yrs old); MP
ARISTADA 1064 MG/3.9ML	1	QL(3.9 ml per 56 days retail); SP
ARISTADA 662 MG/2.4ML	1	QL(2.4 ml per 28 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 882 MG/3.2ML	1	QL(3.2 ml per 28 days retail); SP
ARISTADA 441 MG/1.6ML	1	QL(1.6 ml per 28 days retail); SP
ARISTADA INITIO	1	Smart PA; QL(2.4 ml per fill retail); SP
REXULTI	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old); MP
Thioxanthenes		
<i>thiothixene</i>	1	Smart PA; AL(At least 6 yrs old); MP
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	1	
PAXLOVID 100 MG-150 MG	1	QL(40 ea per 30 days retail); AL(At least 12 yrs old)
CMV Agents		
GANCICLOVIR SOLN	1	
<i>valganciclovir hcl TABS</i>	1	QL(2 ea daily)
Misc. Antivirals		
LAGEVRIO	1	QL(40 ea per fill retail; 40 ea per 30 days retail); AL(At least 18 yrs old)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TB24 (Use diltiazem hcl)	2	MP
diltiazem hcl TB24	2	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN OR 0.05 MG/ML	1	MP
digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	1	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Prostaglandin Vasodilators		
REMODULIN SOLN IJ	1	SP; PA
treprostinil SOLN IJ	1	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 3rd Generation		
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	1	QL(10 ea per fill retail)
ceftriaxone sodium IJ 2 GM	1	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	1	MP
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	1	MP
Progestin Contraceptives - Injectable		
medroxyprogesterone acetate (contraceptive) SUSP IM	1	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate (contraceptive) SUSP IM	1	
Progestin Contraceptives - IUD		
KYLEENA	1	SP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
dexamethasone sodium phosphate SOLN IJ	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	1	
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	1	
Mineralocorticoids		
fludrocortisone acetate TABS	1	MP
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG	1	
benzonatate 200 MG	1	QL(1 ea daily)
dextromethorphan polistirex LQCR	1	
dextromethorphan polistirex SUER	1	
Cough/Cold/Allergy Combinations		
brompheniramine & phenyleph ELIX	1	
brompheniramine & pseudoeph ELIX	1	
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	1	
chlorpheniramine & phenylephrine LIQD 10 MG/5ML-4 MG/5ML	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine & phenylephrine TABS 10 MG-4 MG</i>	1		LOHIST-DM SYRP	1	
<i>chlorpheniramine & pseudoeph TABS</i>	1		<i>loratadine & pseudoephedrine TB12</i>	1	
COLD & ALLERGY CHILDRENS LIQD	1		<i>loratadine & pseudoephedrine TB24</i>	1	
COUGH AND CHEST CONGESTION DM COUGH SYRUP SYRP	1		<i>phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-2.5 MG/5ML-5 MG/5ML-5 MG/5ML-1 MG/5ML-1 MG/5ML, 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML</i>	1	
CVS COLD & ALLERGY CHILDRENS LIQD	1		<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	1	
<i>dextromethorphan-guaifenesin CAPS</i>	1		<i>phenylephrine-dm-gg w/ apap CAPS</i>	1	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	1		<i>phenylephrine-dm-gg w/ apap LIQD</i>	1	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1		<i>phenylephrine-dm-gg w/ apap TABS</i>	1	
<i>dextromethorphan-guaifenesin TABS</i>	1		<i>promethazine & phenylephrine SYRP</i>	1	AL(At least 2 yrs old)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	1	QL(2 ea daily)	<i>promethazine-dm SYRP</i>	1	AL(At least 2 yrs old)
<i>dextromethorphan-guaifenesin TB12 1200 MG-60 MG</i>	1		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
DIMETAPP CHILDREN'S COLD& ALLERGY LIQD	1		<i>pseudoephedrine-guaifenesin TABS 400 MG-40 MG</i>	1	
ED A-HIST DM TABS	1		<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i>	1	
HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD	1		QC DIBROMM CHILDRENS COLD& ALLERGY LIQD	1	
LOHIST-D LIQD	1		SCOT-TUSSIN SENIOR LIQD	1	
			SM COLD & ALLERGY CHILDRENS LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits
WAL-TAP COLD/ALLERGY LIQD	1	
Expectorants		
GILTUSS EX EXPECTORANT CHILDRENS LIQD	1	
GILTUSS EX MAXIMUM STRENGTH LIQD	1	
<i>guaifenesin LIQD</i>	1	
<i>guaifenesin SYRP</i>	1	
<i>guaifenesin TABS</i>	1	
<i>guaifenesin TB12 1200 MG</i>	1	
<i>guaifenesin TB12 600 MG</i>	1	QL(40 ea per fill retail)
Misc. Respiratory Inhalants		
<i>camphor-eucalyptus-menthol OINT</i>	1	
CHEST RUB OINT	1	
SM MEDICATED CHEST RUB	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	1	AL(At least 12 yrs old); PA
Analgesics - Topical		
<i>menthol (topical analgesic) GEL 2 %</i>	1	
<i>menthol (topical analgesic) PADS</i>	1	
<i>menthol (topical analgesic) PTCH</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines-Topical		
<i>diphenhydramine-zinc acetate CREA</i>	1	
<i>diphenhydramine-zinc acetate LIQD</i>	1	
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>fluorouracil (topical) CREA</i>	1	
<i>fluorouracil (topical) SOLN</i>	1	
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	1	
<i>camphor & phenol LIQD</i>	1	
Antipsoriatics		
STELARA SOLN 45 MG/0.5ML	1	SP; PA
Antiseborrheic Products		
<i>pyrithione zinc SHAM 1 %</i>	1	
SEBEX	1	
<i>selenium sulfide LOTN</i>	1	
<i>selenium sulfide SHAM</i>	1	
Antivirals - Topical		
<i>docosanol</i>	1	
Burn Products		
<i>silver sulfadiazine</i>	1	
Emollient/Keratolytic Agents		
<i>urea CREA 10 %, 20 %, 40 %</i>	1	
<i>urea LOTN 10 %, 40 %</i>	1	
Emollients		
A + D PERSONAL CARE LOTION LOTN	1	AL(Up to 18 yrs old)
AMLACTION RAPID RELIEF LOTN	1	AL(Up to 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMLACTIN ULTRA SMOOTHING CREA	1	AL(Up to 18 yrs old)	CERAVE AM FACIAL MOISTURIZING LOTION/SPF30 LOTN	1	AL(Up to 18 yrs old)
AQUA GLYCOLIC FACE CREAM CREA	1	AL(Up to 18 yrs old)	CERAVE DAILY MOISTURIZING LOTN	1	AL(Up to 18 yrs old)
AQUA GLYCOLIC HAND & BODYLOTION LOTN	1	AL(Up to 18 yrs old)	CERAVE DIABETICS DRY SKIN RELIEF CREA	1	AL(Up to 18 yrs old)
AQUA LACTEN LOTN	1	AL(Up to 18 yrs old)	CERAVE MOISTURIZING CREA	1	AL(Up to 18 yrs old)
AQUAMED LOTN	1	AL(Up to 18 yrs old)	CERAVE PM FACIAL MOISTURIZING LOTION ULTRA LIGHTWEIGHT LOTN	1	AL(Up to 18 yrs old)
AVEENO DAILY MOISTURIZING FACE CREA	1	AL(Up to 18 yrs old)	CERAVE SA/ROUGH AND BUMPYSKIN CREA	1	AL(Up to 18 yrs old)
AVEENO DAILY MOISTURIZING SHEER HYDRATION LOTN	1	AL(Up to 18 yrs old)	CERAVE SA/ROUGH AND BUMPYSKIN LOTN	1	AL(Up to 18 yrs old)
AVEENO INTENSE RELIEF HAND CREA	1	AL(Up to 18 yrs old)	CETAPHIL ADVANCED RELIEF LOTN	1	AL(Up to 18 yrs old)
AVEENO POSITIVELY RADIANTINTENSIVE NIGHT CREA	1	AL(Up to 18 yrs old)	CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	1	AL(Up to 18 yrs old)
AVEENO RESTORATIVE SKIN THERAPY OAT REPAIRING CREA	1	AL(Up to 18 yrs old)	CETAPHIL DAILY FACIAL MOISTURIZER LOTN	1	AL(Up to 18 yrs old)
AVEENO SKIN RELIEF MOISTURE REPAIR CREA	1	AL(Up to 18 yrs old)	CETAPHIL MOISTURIZING LOTN	1	AL(Up to 18 yrs old)
AVEENO STRESS RELIEF MOISTURIZING LOTN	1	AL(Up to 18 yrs old)	CETAPHIL RESTORADERM LOTN	1	AL(Up to 18 yrs old)
BALMBARR HAND & BODY CREA	1	AL(Up to 18 yrs old)	CETAPHIL THERAPEUTIC HAND CREA	1	AL(Up to 18 yrs old)
BALMBARR MOISTURIZING CREA	1	AL(Up to 18 yrs old)	CICAPLAST BAUME B5 SOOTHING MULTI-PURPOSE BALM CREA	1	AL(Up to 18 yrs old)
BEAUTY 360 ADVANCED SKINCARE LOTN	1	AL(Up to 18 yrs old)	CLN FACIAL MOISTURIZER NOURISHING LOTN	1	AL(Up to 18 yrs old)
BETA CARE CREA	1	AL(Up to 18 yrs old)	COCOA BUTTER HAND & BODYLOTION LOTN	1	AL(Up to 18 yrs old)
BETA CARE LOTN	1	AL(Up to 18 yrs old)	COCOA BUTTER LOTN	1	AL(Up to 18 yrs old)
BETA XMA CREA	1	AL(Up to 18 yrs old)	COCONUT OIL BEAUTY CREA	1	AL(Up to 18 yrs old)
CAM LOTN	1	AL(Up to 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COLLAGEN PREMIUM SKIN CREAM CREA	1	AL(Up to 18 yrs old)	DERMEND ALPHA + BETA HYDROXY THERAPY CREA	1	AL(Up to 18 yrs old)
CORN HUSKERS LOTN	1	AL(Up to 18 yrs old)	DERMEND ALPHA + BETA HYDROXY THERAPY LOTN	1	AL(Up to 18 yrs old)
CUTEMOL CREA	1	AL(Up to 18 yrs old)	DERMEND FRAGILE SKIN MOISTURIZING FORMULA CREA	1	AL(Up to 18 yrs old)
CVS BEAUTY 360 DRY SKIN LOTN	1	AL(Up to 18 yrs old)	DERMEND MOISTURIZING BRUISE FORMULA CREA	1	AL(Up to 18 yrs old)
CVS DAILY ULTRA MOISTURE LOTION LOTN	1	AL(Up to 18 yrs old)	DIABETIDERM FOOT REJUVENATING CREA	1	AL(Up to 18 yrs old)
CVS DRY SKIN THERAPY CREA	1	AL(Up to 18 yrs old)	DIABETIDERM CREA	1	AL(Up to 18 yrs old)
CVS DRY SKIN THERAPY LOTN	1	AL(Up to 18 yrs old)	DIABETIDERM LOTN	1	AL(Up to 18 yrs old)
CVS GENTLE SKIN CLEANSER LOTN	1	AL(Up to 18 yrs old)	DML FORTE CREA	1	AL(Up to 18 yrs old)
CVS MOISTURIZING CREAM CREA	1	AL(Up to 18 yrs old)	ELON SKIN REPAIR SYSTEM CREA	1	AL(Up to 18 yrs old)
CVS MOISTURIZING LOTION LOTN	1	AL(Up to 18 yrs old)	EMOLLIA-CREME CREA	1	AL(Up to 18 yrs old)
DAILY MOISTURIZING LOTION LOTN	1	AL(Up to 18 yrs old)	EMOLLIA-LOTION LOTN	1	AL(Up to 18 yrs old)
DAILY MOISTURIZING LOTN	1	AL(Up to 18 yrs old)	<i>emollient CREA</i>	1	AL(Up to 18 yrs old)
D-CERIN CREA	1	AL(Up to 18 yrs old)	<i>emollient LOTN</i>	1	AL(Up to 18 yrs old)
DERMABASE OIL IN WATER CREA	1	AL(Up to 18 yrs old)	EPILYT LOTN	1	AL(Up to 18 yrs old)
DERMAIDE ALOE CREA	1	AL(Up to 18 yrs old)	EQ THERAPEUTIC DRY SKIN CREA	1	AL(Up to 18 yrs old)
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	1	AL(Up to 18 yrs old)	EQ THERAPEUTIC MOISTURIZING CREAM CREA	1	AL(Up to 18 yrs old)
DERMAL THERAPY FACE CARE MOISTURIZING LOTION LOTN	1	AL(Up to 18 yrs old)	EQL ADVANCED RECOVERY SKIN CARE LOTN	1	AL(Up to 18 yrs old)
DERMAL THERAPY FOOT MASSAGE LOTN	1	AL(Up to 18 yrs old)	EQL MOISTURIZING CREAM CREA	1	AL(Up to 18 yrs old)
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	1	AL(Up to 18 yrs old)	EQL ULTRA MOISTURIZING DAILY LOTION LOTN	1	AL(Up to 18 yrs old)
DERMAL THERAPY HEEL CARE LOTN	1	AL(Up to 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EUCERIN ADVANCED REPAIR HAND CREA	1	AL(Up to 18 yrs old)	GOLD BOND DIABETICS DRY SKIN RELIEF HAND CREA	1	AL(Up to 18 yrs old)
EUCERIN ADVANCED REPAIR CREA	1	AL(Up to 18 yrs old)	GOLD BOND ESSENTIALS EVERYDAY MOISTURE MENS CREA	1	AL(Up to 18 yrs old)
EUCERIN BABY LOTN	1	AL(Up to 18 yrs old)	GOLD BOND EVERYDAY MOISTURE MENS ESSENTIALS LOTN	1	AL(Up to 18 yrs old)
EUCERIN DAILY HYDRATION SPF15 LOTN	1	AL(Up to 18 yrs old)	GOLD BOND HEALING HAND CREA	1	AL(Up to 18 yrs old)
EUCERIN DAILY HYDRATION CREA	1	AL(Up to 18 yrs old)	GOLD BOND HEALING LOTN	1	AL(Up to 18 yrs old)
EUCERIN DAILY HYDRATION LOTN	1	AL(Up to 18 yrs old)	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	1	AL(Up to 18 yrs old)
EUCERIN DAILY PROTECTION/SPF 30 LOTN	1	AL(Up to 18 yrs old)	GOLD BOND MEDICATED BODYLOTION LOTN	1	AL(Up to 18 yrs old)
EUCERIN INTENSIVE REPAIR LOTN	1	AL(Up to 18 yrs old)	GOLD BOND PURE MOISTURE DAILY BODY & FACE LOTN	1	AL(Up to 18 yrs old)
EUCERIN ORIGINAL HEALING LOTN	1	AL(Up to 18 yrs old)	GOLD BOND RADIANCE RENEWAL HYDRATING CREA	1	AL(Up to 18 yrs old)
EUCERIN PLUS CREA	1	AL(Up to 18 yrs old)	GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	1	AL(Up to 18 yrs old)
EUCERIN PLUS LOTN	1	AL(Up to 18 yrs old)	GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	1	AL(Up to 18 yrs old)
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	1	AL(Up to 18 yrs old)	GOLD BOND ULTIMATE HEALING CREA	1	AL(Up to 18 yrs old)
EUCERIN REDNESS RELIEF NIGHT CREME CREA	1	AL(Up to 18 yrs old)	GOLD BOND ULTIMATE HEALING LOTN	1	AL(Up to 18 yrs old)
EUCERIN ROUGHNESS RELIEF CREA	1	AL(Up to 18 yrs old)	GOLD BOND ULTIMATE OVERNIGHT LOTN	1	AL(Up to 18 yrs old)
EUCERIN ROUGHNESS RELIEF LOTN	1	AL(Up to 18 yrs old)	GOLD BOND ULTIMATE PROTECTION LOTN	1	AL(Up to 18 yrs old)
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	1	AL(Up to 18 yrs old)	GOLD BOND ULTIMATE RESTORING LOTN	1	AL(Up to 18 yrs old)
EUCERIN LOTN	1	AL(Up to 18 yrs old)			
<i>glycerin (topical)</i>	1				
GOLD BOND AGE RENEW CREPE CORRECTOR CREA	1	AL(Up to 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND ULTIMATE ROUGH& BUMPY SKIN CREA	1	AL(Up to 18 yrs old)	KERI RENEWAL MILK BODY LOTN	1	AL(Up to 18 yrs old)
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	1	AL(Up to 18 yrs old)	KERI RENEWAL SKIN FIRMING LOTN	1	AL(Up to 18 yrs old)
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	1	AL(Up to 18 yrs old)	KERI RENEWAL STRETCH MARK MINIMIZER LOTN	1	AL(Up to 18 yrs old)
GOLD BOND ULTIMATE SOFTENING LOTN	1	AL(Up to 18 yrs old)	KERI SENSITIVE SKIN LOTN	1	AL(Up to 18 yrs old)
GOLD BOND ULTIMATE SOOTHING CREA	1	AL(Up to 18 yrs old)	<i>lactic acid (ammonium lactate) CREA</i>	1	AL(Up to 18 yrs old); RX/OTC
GOLD BOND ULTIMATE SOOTHING LOTN	1	AL(Up to 18 yrs old)	<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	AL(Up to 18 yrs old); RX/OTC
GOLD BOND ULTIMATE LOTN	1	AL(Up to 18 yrs old)	LACTIC ACID LOTN	1	
HYDRASYN25 CREA	1	AL(Up to 18 yrs old)	LACTINOL HX CREA	1	AL(Up to 18 yrs old)
HYDRAZONE LOTION LOTN	1	AL(Up to 18 yrs old)	LEADER FINGER CREAM CREA	1	AL(Up to 18 yrs old)
J & J BURN CREAM CREA	1	AL(Up to 18 yrs old)	LUBRIDERM ADVANCED THERAPY CREA	1	AL(Up to 18 yrs old)
JOHNSONS SKIN NOURISH MOISTURIZING LOTN	1	AL(Up to 18 yrs old)	LUBRIDERM ADVANCED THERAPY LOTN	1	AL(Up to 18 yrs old)
KERADAN CREA	1	AL(Up to 18 yrs old)	LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	1	AL(Up to 18 yrs old)
KERI ADVANCED MOISTURE THERAPY LOTN	1	AL(Up to 18 yrs old)	LUBRIDERM DAILY MOISTURE LOTN	1	AL(Up to 18 yrs old)
KERI BASIC ESSENTIALS LOTN	1	AL(Up to 18 yrs old)	LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	1	AL(Up to 18 yrs old)
KERI LONG LASTING CREA	1	AL(Up to 18 yrs old)	LUBRIDERM INTENSE SKIN REPAIR LOTN	1	AL(Up to 18 yrs old)
KERI NOURISHING SHEA BUTTER LOTN	1	AL(Up to 18 yrs old)	LUBRIDERM LOTN	1	AL(Up to 18 yrs old)
KERI ORIGINAL DAILY MOISTURE LOTN	1	AL(Up to 18 yrs old)	LUBRISOFT LOTN	1	AL(Up to 18 yrs old)
KERI ORIGINAL LOTN	1	AL(Up to 18 yrs old)	MEDERMA AG FACE CREAM CREA	1	AL(Up to 18 yrs old)
KERI OVERNIGHT LOTN	1	AL(Up to 18 yrs old)	MEDERMA AG HAND & BODY LOTION LOTN	1	AL(Up to 18 yrs old)
			MEDERMA STRETCH MARKS THERAPY CREA	1	AL(Up to 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOISTURIZING CREAM CREA	1	AL(Up to 18 yrs old)	NIVEA CREA	1	AL(Up to 18 yrs old)
MSM SKIN LOTION LOTN	1	AL(Up to 18 yrs old)	NIVEA LOTN	1	AL(Up to 18 yrs old)
NEUTROGENA HAND CREA	1	AL(Up to 18 yrs old)	NUTRADERM ADVANCED FORMULA LOTN	1	AL(Up to 18 yrs old)
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	1	AL(Up to 18 yrs old)	NUTRADERM CREA	1	AL(Up to 18 yrs old)
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	1	AL(Up to 18 yrs old)	NUTRADERM LOTN	1	AL(Up to 18 yrs old)
NISEKO HYDRATING FACIAL MOISTURIZER CREA	1	AL(Up to 18 yrs old)	OKEEFFES WORKING HANDS CREA	1	AL(Up to 18 yrs old)
NIVEA ESSENTIALLY ENRICHED LOTN	1	AL(Up to 18 yrs old)	PALMERS COCOA BUTTER FORMULA CONCENTRATED CREAM CREA	1	AL(Up to 18 yrs old)
NIVEA EXTRA ENRICHED LOTION LOTN	1	AL(Up to 18 yrs old)	PALMERS COCOA BUTTER FORMULA CREAM CREA	1	AL(Up to 18 yrs old)
NIVEA EXTRA ENRICHED LOTN	1	AL(Up to 18 yrs old)	PALMERS COCOA BUTTER FORMULA INTENSIVE RELIEF HAND CREAM CREA	1	AL(Up to 18 yrs old)
NIVEA GENTLE BODY EXFOLIATOR LOTN	1	AL(Up to 18 yrs old)	PALMERS COCOA BUTTER FORMULA LOTION FRAGRANCE FREE LOTN	1	AL(Up to 18 yrs old)
NIVEA IN-SHOWER LOTN	1	AL(Up to 18 yrs old)	PALMERS COCOA BUTTER FORMULA LOTION LOTN	1	AL(Up to 18 yrs old)
NIVEA INTENSE HEALING LOTN	1	AL(Up to 18 yrs old)	PALMERS COCOA BUTTER FORMULA MASSAGE CREAM/STRETCH MARKS CREA	1	AL(Up to 18 yrs old)
NIVEA LIGHT CREA	1	AL(Up to 18 yrs old)	PALMERS COCOA BUTTER FORMULA MASSAGE LOTION/STRETCH MARKS LOTN	1	AL(Up to 18 yrs old)
NIVEA LIGHT LOTN	1	AL(Up to 18 yrs old)	PALMERS COCOA BUTTER FORMULA NIGHT CREAM MOISTURE RICH CREA	1	AL(Up to 18 yrs old)
NIVEA ORIGINAL MOISTURE LOTN	1	AL(Up to 18 yrs old)			
NIVEA ORIGINAL LOTN	1	AL(Up to 18 yrs old)			
NIVEA SHEA NOURISH LOTN	1	AL(Up to 18 yrs old)			
NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL CREA	1	AL(Up to 18 yrs old)			
NIVEA VISAGE CREA	1	AL(Up to 18 yrs old)			
NIVEA VISAGE LOTN	1	AL(Up to 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PALMERS COCONUT OIL FORMULA BODY LOTION LOTN	1	AL(Up to 18 yrs old)	UDDERLY SMOOTH CREA	1	AL(Up to 18 yrs old)
PALMERS COCONUT OIL FORMULA HAND CREAM CREA	1	AL(Up to 18 yrs old)	VANICREAM CREA	1	AL(Up to 18 yrs old)
PEN-KERA CREA	1	AL(Up to 18 yrs old)	VANICREAM LOTN	1	AL(Up to 18 yrs old)
PENTRAVAN PLUS CREA	1	AL(Up to 18 yrs old)	VELVACHOL CREA	1	AL(Up to 18 yrs old)
PENTRAVAN CREA	1	AL(Up to 18 yrs old)	VITAMIN E WITH PANTHENOL CREA	1	AL(Up to 18 yrs old)
PETROLATUM	1	AL(Up to 18 yrs old)	<i>vitamins a & d (topical) OINT</i>	1	AL(Up to 18 yrs old)
PRETTY FEET & HANDS CREA	1	AL(Up to 18 yrs old)	WIBI LOTN	1	AL(Up to 18 yrs old)
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	1	AL(Up to 18 yrs old)	Keratolytic/Antimitotic/Vesicant Agents		
RADIAGUARD ADVANCED LOTN	1	AL(Up to 18 yrs old)	<i>salicylic acid LIQD 3 %, 17 %</i>	1	
RESTA LITE LOTN	1	AL(Up to 18 yrs old)	<i>salicylic acid PADS 40 %</i>	1	
RESTA CREA	1	AL(Up to 18 yrs old)	<i>salicylic acid STRP</i>	1	
RISABAL-PH CREA	1	AL(Up to 18 yrs old)	Liniments		
SKIN REPAIR LOTN	1	AL(Up to 18 yrs old)	<i>camphor-menthol-methyl salicylate CREA</i>	1	
SPECIAL CARE CREAM CREA	1	AL(Up to 18 yrs old)	<i>camphor-menthol-methyl salicylate PTCH EX</i>	1	
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	1	AL(Up to 18 yrs old)	COATS ALOE LINIMENT LOTN	1	
STUDIO 35 MOISTURIZING SKIN CREA	1	AL(Up to 18 yrs old)	<i>menthol-methyl salicylate (liniments) CREA</i>	1	
THERABETIC SKIN CARE LOTN	1	AL(Up to 18 yrs old)	<i>trolamine salicylate CREA</i>	1	
THERAPEUTIC MOISTURIZING CREA	1	AL(Up to 18 yrs old)	Local Anesthetics - Topical		
UDDERLY SMOOTH EXTRA CARE20 CREA	1	AL(Up to 18 yrs old)	<i>benzocaine-isopropyl alcohol</i>	1	
UDDERLY SMOOTH EXTRA CARE CREA	1	AL(Up to 18 yrs old)	<i>capsaicin CREA 0.025 %, 0.075 %, 0.1 %</i>	1	
			CAPZASIN LIQD	1	
			CVS CAPSAICIN LIQD	1	
			<i>dibucaine</i>	1	
			GOODSENSE CAPSAICIN ARTHRITIS PAIN RELIEF LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl CREA 3 %, 4 %</i>	1		CHAPSTICK ULTRASMOOTH NOURISH OINT	1	
<i>lidocaine hcl GEL</i>	1		CHAPSTICK ULTRASMOOTH REJUVENATE OINT	1	
<i>lidocaine hcl LIQD</i>	1		CHAPSTICK ULTRASMOOTH SOOTHE OINT	1	
<i>lidocaine hcl PRSY</i>	1		CRITIC-AID CLEAR MOISTUREBARRIER OINT 86.5 %	1	
<i>lidocaine AERO</i>	1		<i>dimethicone (topical) LOTN 3 %</i>	1	
<i>lidocaine CREA 4 %</i>	1		DR SMITHS DIAPER QUICK RELIEF OINT	1	
<i>lidocaine-prilocaine CREA</i>	1		DR SMITHS DIAPER OINT	1	
<i>lidocaine PTCH 5 %</i>	1	QL(90 ea per fill retail)	HYDROCERIN CREA	1	AL(Up to 18 yrs old)
<i>lidocaine PTCH 4 %</i>	1		<i>isopropyl alcohol (skin cleanser) MISC</i>	1	QL(13.34 ea daily)
<i>pramoxine-calamine LOTN</i>	1		<i>lubricants GEL</i>	1	
<i>pramoxine-zinc acetate</i>	1		NEOSPORIN LIP HEALTH OVERNIGHT RENEWAL THERAPY OINT	1	
QC PAIN RELIEF LIQUID CAPSAICIN LIQD	1		PETROLEUM JELLY LIP TREATMENT OINT	1	
RA ARTHRITIS PAIN RELIEF CREA	1		SENSI-CARE MOISTURIZING CREA	1	AL(Up to 18 yrs old)
Misc. Topical			<i>skin protectants, misc. CREA</i>	1	AL(Up to 18 yrs old)
ABSORBASE OINT	1		<i>skin protectants, misc. OINT</i>	1	
ALOE VESTA PROTECTIVE OINT	1		SORBIDON HYDRATE CREA	1	AL(Up to 18 yrs old)
AMERIDERM PERISHIELD OINT	1		<i>witch hazel (hamamelis virginiana) PADS</i>	1	
AQUAGARD HYDRATING OINT	1		<i>witch hazel-glycerin</i>	1	
AQUAPHOR LIP REPAIR OINT	1		<i>zinc oxide (topical) OINT 20 %, 25 %, 40 %</i>	1	
BASIS FACIAL MOISTURIZER CREA	1	AL(Up to 18 yrs old)	Rosacea Agents		
BASIS OVERNIGHT CREA	1	AL(Up to 18 yrs old)			
CARMEX CLASSIC LIP BALM OINT	1				
CHAPSTICK OVERNIGHT OINT	1				
CHAPSTICK ULTRASMOOTH FORTIFY OINT	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) CREA</i>	1		INTELISWAB COVID-19 RAPID TEST KIT	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1		KETONE TEST STRIPS STRP	1	
<i>metronidazole (topical) LOTN</i>	1		KETONE STRP	1	
Scabicides & Pediculicides			KETOSTIX STRP	1	
LYCELLE GEL	1		NOVA MAX PLUS KETONE TESTSTRIPS	1	
<i>nit remover GEL</i>	1		ON/GO COVID-19 ANTIGEN SELF-TEST KIT	1	
<i>permethrin LIQD EX</i>	1		ONETOUCH ULTRA STRP	1	RX/OTC
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1		ONETOUCH VERIO TEST STRIPS STRP	1	RX/OTC
Tar Products			PRECISION XTRA	1	
<i>coal tar extract SHAM 0.5 %</i>	1		PTS PANELS KETONE TEST	1	
DIAGNOSTIC PRODUCTS			QUICKVUE AT-HOME COVID-19 TEST KIT	1	
Diagnostic Tests			RELION KETONE TEST STRIPS STRP	1	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	1		DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
CARESTART COVID-19 ANTIGEN HOME TEST KIT	1		Digestive Enzymes		
CHEMSTRIP-K STRP	1		<i>lactase CHEW 9000 UNIT</i>	1	
ELLUME COVID-19 HOME TEST KIT	1		<i>lactase TABS 3000 UNIT, 9000 UNIT</i>	1	
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	1		DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
FORA GTEL BLOOD KETONE TEST STRIPS	1		Carbonic Anhydrase Inhibitors		
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1		<i>acetazolamide CP12</i>	1	MP
GOJJI BLOOD KETONE TEST STRIPS	1		<i>acetazolamide TABS</i>	1	MP
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	1		<i>methazolamide TABS</i>	1	MP
			Loop Diuretics		
			<i>furosemide SOLN IJ 10 MG/ML</i>	1	
			ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate		

Drug Name	Drug Tier	Requirements/ Limits
Hormones		
LHRH/GnRH Agonist Analog Pituitary Suppressants		
TRIPTODUR	1	SP; PA
Metabolic Modifiers		
<i>calcitriol CAPS 0.25 MCG</i>	1	MP
<i>calcitriol CAPS 0.5 MCG</i>	1	MP; PA
<i>calcitriol SOLN OR</i>	1	AL(Up to 11 yrs old); MP
<i>cinacalcet hcl</i>	1	SP; MP
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	MP
<i>levocarnitine (metabolic modifiers) TABS</i>	1	MP
<i>nitisinone CAPS 2 MG, 5 MG, 10 MG</i>	1	SP; PA
NITYR TABS	1	SP; PA
RAYALDEE	1	QL(2 ea daily); MP; PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	PA
<i>desmopressin acetate spray refrigerated</i>	1	PA
<i>desmopressin acetate TABS</i>	1	MP
Somatostatic Agents		
SIGNIFOR LAR 20 MG, 40 MG, 60 MG	1	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
<i>estradiol & norethindrone acetate TABS</i>	1	
PREMPRO	1	
Estrogens		

Drug Name	Drug Tier	Requirements/ Limits
ALORA PTTW	1	MP
<i>estradiol PTTW</i>	1	MP
<i>estradiol PTWK</i>	1	MP
<i>estradiol TABS</i>	1	MP
PREMARIN TABS	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS RELIEF CAPS	1	
PHAZYME ULTIMATE CAPS	1	
<i>simethicone CAPS 125 MG, 180 MG, 250 MG</i>	1	
<i>simethicone CHEW</i>	1	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	1	
<i>simethicone SUSP</i>	1	
Inflammatory Bowel Agents		
INFLECTRA SOLR	1	SP; PA
RENFLEXIS	1	SP; PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Tryptophan Hydroxylase Inhibitors		
XERMELO	1	QL(3 ea daily); SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
ORACIT	1	
ORAL CITRATE	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>sodium citrate & citric acid</i>	1	RX/OTC
Genitourinary Irrigants		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin/polymyxin b gu</i>	1		<i>carbonyl iron SUSP</i>	1	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1		EZFE 200 CAPS	1	
Interstitial Cystitis Agents			FERRETTS IPS SOLN	1	
ELMIRON CAPS	1		FERRETTS TABS	1	
Urinary Analgesics			<i>ferrous fumarate TABS 324 MG</i>	1	
<i>phenazopyridine hcl TABS</i>	1		<i>ferrous gluconate TABS 27 MG, 240 MG, 324 MG</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			FERROUS GLUCONATE TABS 324 MG	1	
Hematorheologic Agents			<i>ferrous sulfate SOLN</i>	1	
<i>pentoxifylline</i>	1	MP	<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	MP
Platelet Aggregation Inhibitors			<i>ferrous sulfate TBCR 45 MG</i>	1	MP
<i>cilostazol</i>	1	MP	<i>ferrous sulfate TBEC</i>	1	MP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			<i>polysaccharide iron complex CAPS 150 MG</i>	1	
Cobalamins			HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	QL(1 ml per fill retail)	Hemostatics - Systemic		
<i>cyanocobalamin TABS 500 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	1		<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP
Folic Acid/Folates			<i>aminocaproic acid TABS</i>	1	SP
<i>folic acid SOLN</i>	1		<i>tranexamic acid TABS</i>	1	
<i>folic acid TABS</i>	1	MP	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Hematopoietic Mixtures			Antihistamine Hypnotics		
<i>folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG</i>	1		<i>diphenhydramine hcl (sleep) CAPS</i>	1	
FOLTABS 800 TABS	1		<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>iron-docusate-b12-folic acid-vit c-vit e-copper-biotin</i>	1	RX/OTC	<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	
<i>iron-vitamin c</i>	1		<i>diphenhydramine-acetaminophen (sleep) TABS</i>	1	
Iron			<i>doxylamine succinate (sleep)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen-diphenhydramine citrate</i>	1	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	MP
<i>phenobarbital TABS</i>	1	MP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	
KONSYL DAILY FIBER PACK 28.3 %, 100 %	1	
KONSYL DAILY FIBER POWD	1	
KONSYL ORIGINAL DAILY FIBER PACK	1	
KONSYL-D POWD	1	
<i>methylcellulose (laxative) POWD</i>	1	
<i>methylcellulose (laxative) TABS</i>	1	
<i>psyllium CAPS 0.52 GM</i>	1	
<i>psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %, 58.6 %, 95 %</i>	1	
<i>wheat dextrin POWD</i>	1	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
SENNAPLUS CAPS	1	
<i>sennosides-docusate sodium TABS</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
STOOL SOFTENER + STIMULANT LAXATIVE CAPS	1	
Laxatives - Miscellaneous		
FLEET LIQUID GLYCERIN SUPPOSITORIES ENEM	1	
<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %</i>	1	
<i>lactulose SOLN</i>	1	
PEDIA-LAX SUPP	1	
<i>polyethylene glycol 3350 PACK</i>	1	
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
Lubricant Laxatives		
<i>mineral oil ENEM</i>	1	
<i>mineral oil OIL OR</i>	1	RX/OTC
Saline Laxatives		
<i>magnesium citrate</i>	1	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(32 ml daily)
<i>magnesium sulfate (laxative) GRAN OR</i>	1	
MILK OF MAGNESIA CONCENTRATE SUSP	1	
PEDIA-LAX CHEW	1	
<i>sodium phosphates ENEM</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	
<i>bisacodyl TBEC</i>	1	
<i>castor oil OIL 100 %</i>	1	
FLEET BISACODYL ENEM	1	
<i>sennosides CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sennosides CHEW</i>	1		ADVOCATE ARM BLOOD PRESSURE MONITOR/LARGE DEVI	1	QL(1 ea per 730 days retail)
<i>sennosides LIQD</i>	1		AUTOMATIC BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)
<i>sennosides SYRP 8.8 MG/5ML</i>	1		BLOOD PRESSURE MONITOR 3SERIES DEVI	1	QL(1 ea per 730 days retail)
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i>	1		BLOOD PRESSURE MONITOR AUTOMATIC WRIST MISC	1	QL(1 ea per 730 days retail)
Surfactant Laxatives			BLOOD PRESSURE MONITOR AUTOMATIC/ARM DEVI	1	QL(1 ea per 730 days retail)
<i>benzocaine-docusate sodium ENEM</i>	1		BLOOD PRESSURE MONITOR AUTOMATIC/ARM MISC	1	QL(1 ea per 730 days retail)
<i>docusate calcium</i>	1		BLOOD PRESSURE MONITOR AUTOMATIC/WRIST MISC	1	QL(1 ea per 730 days retail)
<i>docusate sodium CAPS 100 MG</i>	1	QL(3 ea daily)	BLOOD PRESSURE MONITOR PREMIUM ARM/VOICE ASSIST MISC	1	QL(1 ea per 730 days retail)
<i>docusate sodium CAPS 250 MG</i>	1		BLOOD PRESSURE MONITOR/AUTO ARM DEVI	1	QL(1 ea per 730 days retail)
<i>docusate sodium ENEM 283 MG/5ML</i>	1		BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE MISC	1	QL(1 ea per 730 days retail)
<i>docusate sodium LIQD</i>	1		BLOOD PRESSURE MONITOR/AUTOMATIC/WRIST DEVI	1	QL(1 ea per 730 days retail)
<i>docusate sodium SYRP</i>	1		BLOOD PRESSURE MONITOR/AUTOMATIC MISC	1	QL(1 ea per 730 days retail)
DOCUSATE SODIUM SYRP	1		BLOOD PRESSURE MONITOR/BASIC ARM DEVI	1	QL(1 ea per 730 days retail)
<i>docusate sodium TABS</i>	1		BLOOD PRESSURE MONITOR/DELUXE ARM DEVI	1	QL(1 ea per 730 days retail)
PEDIA-LAX LIQD	1				
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing					
Local Anesthetics - Amides					
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 1.5 %, 2 %</i>	1				
LIDOCAINE HYDROCHLORIDE SOLN	1				
MEDICAL DEVICES AND SUPPLIES					
Blood Pressure Devices					
3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	1	QL(1 ea per 730 days retail)			
ADVANCED ONE STEP BLOOD PRESSURE MONITOR MISC	1	QL(1 ea per 730 days retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BLOOD PRESSURE MONITOR/DELUXE ARM MISC	1	QL(1 ea per 730 days retail)	CVS BLOOD PRESSURE MONITOR PROFESSIONAL/ARM MISC	1	QL(1 ea per 730 days retail)
BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	1	QL(1 ea per 730 days retail)	CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC	1	QL(1 ea per 730 days retail)
BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	CVS SERIES 100 BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)
BLOOD PRESSURE MONITOR/PREMIUM ARM DEVI	1	QL(1 ea per 730 days retail)	CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	1	QL(1 ea per 730 days retail)
BLOOD PRESSURE MONITOR/DIGITAL/AUTOMATIC MISC	1	QL(1 ea per 730 days retail)	CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI	1	QL(1 ea per 730 days retail)
BLOOD PRESSURE MONITOR MISC	1	QL(1 ea per 730 days retail)	CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)
CARETOUCH BLOOD PRESSURE MONITOR/AUTOMATIC/ARM DEVI	1	QL(1 ea per 730 days retail)	FORA P20 BLOOD PRESSURE MONITORING SYSTEM DEVI	1	QL(1 ea per 730 days retail)
CARETOUCH BLOOD PRESSURE MONITOR/AUTOMATIC/WRIST DEVI	1	QL(1 ea per 730 days retail)	FORA TEST N' GO BP BLOOD PRESSURE MONITORING SYSTEM DEVI	1	QL(1 ea per 730 days retail)
CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM DEVI	1	QL(1 ea per 730 days retail)	HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER-ARM DEVI	1	QL(1 ea per 730 days retail)
CLEVER CHOICE BLOOD PRESSURE MONITOR/UPPER ARM DEVI	1	QL(1 ea per 730 days retail)	HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	1	QL(1 ea per 730 days retail)
CLEVER CHOICE ELECTRONIC BLOOD PRESSURE MONITOR/WRIST DEVI	1	QL(1 ea per 730 days retail)	HEART CHECK BLOOD PRESSURE MONITOR/WRIST DEVI	1	QL(1 ea per 730 days retail)
CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	1	QL(1 ea per 730 days retail)	H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR MISC	1	QL(1 ea per 730 days retail)
CVS ADVANCED BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)	HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)
CVS BLOOD PRESSURE MONITOR PREMIUM/WRIST MISC	1	QL(1 ea per 730 days retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI	1	QL(1 ea per 730 days retail)	OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	1	QL(1 ea per 730 days retail)
HM BLOOD PRESSURE MONITORFULLY AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI	1	QL(1 ea per 730 days retail)
HM DELUXE BLOOD PRESSUREMONITOR/W RIST DEVI	1	QL(1 ea per 730 days retail)	OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	1	QL(1 ea per 730 days retail)
KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	1	QL(1 ea per 730 days retail)
KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	1	QL(1 ea per 730 days retail)	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	1	QL(1 ea per 730 days retail)
KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	OMRON 7 SERIES BLOOD PRESSURE MONITOR/WRIST/BLUETOOTH DEVI	1	QL(1 ea per 730 days retail)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST DEVI	1	QL(1 ea per 730 days retail)	PROCARE UPPER ARM BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DELUXE DEVI	1	QL(1 ea per 730 days retail)	PROCARE WRIST BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	QC BLOOD PRESSURE MONITOR/AUTOMATIC MISC	1	QL(1 ea per 730 days retail)
MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)	RA BLOOD PRESSURE CUFF MONITOR AUTOMATIC MISC	1	QL(1 ea per 730 days retail)
MICROLIFE DELUXE BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)	RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)
OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART DEVI	1	QL(1 ea per 730 days retail)	RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC DEVI	1	QL(1 ea per 730 days retail)
RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)	SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI	1	QL(1 ea per 730 days retail)
RELION BP200W WRIST BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)	TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI	1	QL(1 ea per 730 days retail)
RELION BP300W WRIST BLOOD PRESSURE MONITOR DEVI	1	QL(1 ea per 730 days retail)	TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	1	QL(1 ea per 730 days retail)
RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	1	QL(1 ea per 730 days retail)	WRIST CUFF BLOOD PRESSURE UNIT MISC	1	QL(1 ea per 730 days retail)
SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	Contraceptives		
SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC	1	QL(1 ea per 730 days retail)	AIMSCO LUBRICATED MISC	1	
SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	DUREX EXTRA SENSITIVE THIN DEVI	1	
SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	1	QL(1 ea per 730 days retail)	FANTASY LUBRICATED/SPERMICIDE MISC	1	
SM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	1	QL(1 ea per 730 days retail)	FANTASY LUBRICATED MISC	1	
SM BLOOD PRESSURE MONITOR/SERIES 600 DEVI	1	QL(1 ea per 730 days retail)	KAMELEON LUBRICATED MISC	1	
SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI	1	QL(1 ea per 730 days retail)	KIMONO COLORS DEVI	1	
SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI	1	QL(1 ea per 730 days retail)	KIMONO LUBRICATED MISC	1	
			KIMONO MAXX/LARGE FLARE MISC	1	
			KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	1	
			KIMONO PLUS SPERMICIDE LUBRICATED MISC	1	
			KIMONO PLUS SPERMICIDE/LUBRICATED MISC	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO PS LUBRICATED MISC	1		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	1	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	1		TRUSTEX LUBRICATED/SPERMICIDE MISC	1	
KIMONO SENSATION LUBRICATED MISC	1		TRUSTEX LUBRICATED MISC	1	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	1		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	1	
KIMONO SPECIAL DEVI	1		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	1	
K-Y ME & YOU EXTRA LUBRICATED DEVI	1		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	1	
K-Y ME & YOU INTENSE DEVI	1		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	1	
MAXX LUBRICATED MISC	1		TRUSTEX/RIA LUBRICATED MISC	1	
MAXX PLUS SPERMICIDE LUBRICATED MISC	1		Diabetic Supplies		
PREMIUM CONDOMS LUBRICATED MISC	1		1ST TIER UNILET COMFORTOUCH LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
REALITY LATEX CONDOMS/LUBRICATED MISC	1		1ST TIER UNILET COMFORTOUCH LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
REALITY LATEX/ULTRA TEXTURED DEVI	1		ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	1	
REALITY LATEX/ULTRA THIN DEVI	1		ACCU-CHEK FASTCLIX LANCETS	1	QL(6.67 ea daily); RX/OTC
TRUSTEX COLOR CONDOMS + LUBE MISC	1		ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	1	
TRUSTEX LUBRICATED EXTRALARGE MISC	1		ACCU-CHEK SAFE-T-PRO LANCETS	1	QL(6.67 ea daily); RX/OTC
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	1		ACCU-CHEK SAFE-T-PRO PLUSLANCETS	1	QL(6.67 ea daily); RX/OTC
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	1		ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	1	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SOFTCLIX LANCETS	1	QL(6.67 ea daily); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	1	QL(6.67 ea daily); RX/OTC
ACTI-LANCE LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	1	QL(6.67 ea daily); RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	1	QL(6.67 ea daily); RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	1	QL(6.67 ea daily); RX/OTC	ASSURE LANCE LANCETS	1	QL(6.67 ea daily); RX/OTC
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	1	QL(6.67 ea daily); RX/OTC	ASSURE LANCE LANCETS 21G	1	QL(6.67 ea daily); RX/OTC
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	1	QL(6.67 ea daily); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 25G	1	QL(6.67 ea daily); RX/OTC
ADJUSTABLE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	ASSURE LANCE PLUS SAFETYLANCETS 30G	1	QL(6.67 ea daily); RX/OTC
ADVANCED MOBILE LANCET 30G	1	QL(6.67 ea daily); RX/OTC	ASSURE LANCE SAFETY LANCET 28G	1	QL(6.67 ea daily); RX/OTC
ADVOCATE LANCETS	1	QL(6.67 ea daily); RX/OTC	AURORA LANCET SUPER THIN30G	1	QL(6.67 ea daily); RX/OTC
ADVOCATE LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	AURORA LANCET THIN 23G	1	QL(6.67 ea daily); RX/OTC
ADVOCATE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	AUTO-LANCET MINI MISC	1	QL(1 ea per 160 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	AUTO-LANCET MISC	1	QL(1 ea per 160 days retail)
ADVOCATE SAFETY LANCETS	1	QL(6.67 ea daily); RX/OTC	AUTOLET II CLINISAFE KIT	1	
ADVOCATE SAFETY LANCETS 26G	1	QL(6.67 ea daily); RX/OTC	AUTOLET IMPRESSION LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
AGAMATRIX ULTRA-THIN LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	AUTOLET LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
AIMSCO TWIST LANCETS 32G	1	QL(6.67 ea daily); RX/OTC	AUTOLET LITE CLINISAFE KIT	1	
AIMSCO TWIST LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	AUTOLET LITE STARTER PACK KIT	1	
AQUALANCE LANCETS ULTRA THIN 30G	1	QL(6.67 ea daily); RX/OTC	AUTOLET MINI MISC	1	QL(1 ea per 160 days retail)
ASSURE COMFORT LANCETS ULTRA THIN 28G	1	QL(6.67 ea daily); RX/OTC	AUTOLET PLUS MISC	1	QL(1 ea per 160 days retail)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	1	QL(6.67 ea daily); RX/OTC	BD MICROTAINER LANCETS	1	QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	1	QL(6.67 ea daily); RX/OTC	CARDIOCOM LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAREONE ADVANCED LANCINGDEVICE MISC	1	QL(1 ea per 160 days retail)	COMFORT ASSURED LANCETS MICRO THIN 33G	1	QL(6.67 ea daily); RX/OTC
CAREONE LANCET SUPER THIN/30G	1	QL(6.67 ea daily); RX/OTC	COMFORT ASSURED LANCETS SUPER THIN 28G	1	QL(6.67 ea daily); RX/OTC
CAREONE LANCET THIN	1	QL(6.67 ea daily); RX/OTC	COMFORT LANCETS	1	QL(6.67 ea daily); RX/OTC
CARESENS LANCETS	1	QL(6.67 ea daily); RX/OTC	COMFORT TOUCH LANCETS ULTRA THIN 31G	1	QL(6.67 ea daily); RX/OTC
CARETOUCH LANCING DEVICewith EJECTOR MISC	1	QL(1 ea per 160 days retail)	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	1	QL(6.67 ea daily); RX/OTC
CARETOUCH SAFETY LANCETS/26G	1	QL(6.67 ea daily); RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	1	QL(6.67 ea daily); RX/OTC
CARETOUCH SAFETY LANCETS/28G	1	QL(6.67 ea daily); RX/OTC	CVS LANCETS 21G	1	QL(6.67 ea daily); RX/OTC
CARETOUCH SAFETY LANCETS/30G	1	QL(6.67 ea daily); RX/OTC	CVS LANCETS MICRO THIN 33G	1	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	CVS LANCETS MICRO-THIN 33G	1	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	CVS LANCETS ORIGINAL	1	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	CVS LANCETS THIN 26G	1	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	1	QL(6.67 ea daily); RX/OTC	CVS LANCETS ULTRA THIN 30G	1	QL(6.67 ea daily); RX/OTC
CLEANLET LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	CVS LANCETS ULTRA-THIN 30G	1	QL(6.67 ea daily); RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	1	QL(6.67 ea daily); RX/OTC	CVS LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
CLEVER CHEK LANCETS ULTRATHIN 30G	1	QL(6.67 ea daily); RX/OTC	CVS ULTRA THIN LANCETS	1	QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 21G	1	QL(6.67 ea daily); RX/OTC	DEXCOM G6 RECEIVER	1	QL(1 ea per 365 days retail); PA
CLEVER CHOICE COMFORT EZLANCETS 23G	1	QL(6.67 ea daily); RX/OTC	DEXCOM G6 SENSOR	1	QL(3 ea per 30 days retail); PA
CLEVER CHOICE COMFORT EZLANCETS 28G	1	QL(6.67 ea daily); RX/OTC	DEXCOM G6 TRANSMITTER	1	QL(1 ea per 90 days retail); PA
COAGUCHEK LANCETS	1	QL(6.67 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G7 RECEIVER	1	QL(1 ea per 365 days retail); PA	EASY MINI EJECT LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
DEXCOM G7 SENSOR	1	QL(3 ea per 30 days retail); PA	EASY MINI LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
DIATHRIVE LANCETS	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	1	QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS ULTRA THIN 30G	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	1	QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	1	QL(6.67 ea daily); RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	EASY TOUCH LANCETS 26G/PULL-TOP	1	QL(6.67 ea daily); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	1	QL(6.67 ea daily); RX/OTC
DROPLET LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	EASY TOUCH LANCETS 28G/PULL-TOP	1	QL(6.67 ea daily); RX/OTC
DROPLET PERSONAL LANCETS30G	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	1	QL(6.67 ea daily); RX/OTC
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	1	QL(6.67 ea daily); RX/OTC
DRUG MART LANCETS THIN	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	1	QL(6.67 ea daily); RX/OTC
DRUG MART ON-THE-GO LANCETS GENTLE 30G	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	1	QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	1	QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	1	QL(6.67 ea daily); RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	1	QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	1	QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	1	QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	1	QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	QL(1 ea per 160 days retail)
EASY COMFORT LANCETS TWIST TOP	1	QL(6.67 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS21G/PRESSUR E ACTIVATED	1	QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS23G/PRESSUR E ACTIVATED	1	QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS THIN 26G	1	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	1	QL(6.67 ea daily); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	1	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSUR E ACTIVATED	1	QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 21G	1	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	1	QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	1	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSUR E ACTIVATED	1	QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	1	QL(6.67 ea daily); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	1	QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	QL(1 ea per 160 days retail)	FIFTY50 SAFETY SEAL LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	1	QL(6.67 ea daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS 32G	1	QL(6.67 ea daily); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	1	QL(6.67 ea daily); RX/OTC	FIFTY50 UNILET LANCETS 33G	1	QL(6.67 ea daily); RX/OTC
ENLITE GLUCOSE SENSOR	1	QL(5 ea per 30 days retail); PA	FINE 30	1	QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS 21G	1	QL(6.67 ea daily); RX/OTC	FINGERSTIX LANCETS	1	QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	1	QL(6.67 ea daily); RX/OTC	FORA LANCETS	1	QL(6.67 ea daily); RX/OTC
EQL SUPER THIN LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	FORA LANCING DEVICE/CLEARCAP MISC	1	QL(1 ea per 160 days retail)
EQL THIN LANCETS 26G	1	QL(6.67 ea daily); RX/OTC	FORA LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
E-Z JECT LANCETS	1	QL(6.67 ea daily); RX/OTC	FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
E-Z JECT LANCETS 21G	1	QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC
E-Z JECT LANCETS COLOR	1	QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	1	QL(6.67 ea daily); RX/OTC
			FREESTYLE LANCETS	1	QL(6.67 ea daily); RX/OTC
			FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	1	QL(1 ea per 365 days retail); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	1	QL(2 ea per 28 days retail); PA	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	1	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	1	QL(1 ea per 365 days retail); PA	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	1	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	1	QL(2 ea per 28 days retail); PA	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	1	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	1	QL(2 ea per 28 days retail); PA	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	1	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	1	QL(1 ea per 365 days retail); PA	GLOBAL INJECT EASE LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
FREESTYLE UNISTICK II LANCETS	1	QL(6.67 ea daily); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	1	QL(6.67 ea daily); RX/OTC	GLOBAL LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	1		GLUCOCOM LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1	QL(1 ea per 160 days retail)	GLUCOCOM LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1	QL(1 ea per 160 days retail)	GLUCOCOM LANCETS 33G	1	QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1	QL(1 ea per 160 days retail)	GNP LANCETS 21G	1	QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1	QL(1 ea per 160 days retail)	GNP LANCETS THIN 26G	1	QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1	QL(1 ea per 160 days retail)	GNP LANCING SYSTEM DEVICE MISC	1	QL(1 ea per 160 days retail)
GENTLE-LET GP LANCETS	1	QL(6.67 ea daily); RX/OTC	GNP STERILE LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
			GNP STERILE LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
			GNP STERILE LANCETS 33G	1	QL(6.67 ea daily); RX/OTC
			GOJJI LANCING DEVICE/CLEAR CAP MISC	1	QL(1 ea per 160 days retail)
			GOJJI STERILE LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
			GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	1	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS MICRO-THIN 33G	1	QL(6.67 ea daily); RX/OTC	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	1	QL(6.67 ea daily); RX/OTC	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	1	QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
GOODSENSE LANCETS ULTRA-THIN 30G	1	QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	1	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	1	QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	H-E-B INCONTROL LANCETS ULTRA THIN 28G	1	QL(6.67 ea daily); RX/OTC
GUARDIAN CONNECT TRANSMITTER KIT	1	QL(1 ea per 365 days retail); PA	HYPOLANCE AST LANCING KIT KIT	1	
GUARDIAN LINK 3 TRANSMITTER KIT	1	QL(1 ea per 365 days retail); PA	HY-VEE LANCETS	1	QL(6.67 ea daily); RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	1	QL(1 ea per 365 days retail); PA	HY-VEE THIN LANCETS	1	QL(6.67 ea daily); RX/OTC
GUARDIAN SENSOR (3)	1	QL(5 ea per 30 days retail); PA	IN TOUCH LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
GUARDIAN SENSOR 3	1	QL(5 ea per 30 days retail); PA	IN TOUCH STERILE LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
HAEMOLANCE	1	QL(6.67 ea daily); RX/OTC	KINNEY LANCETS	1	QL(6.67 ea daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	1	QL(6.67 ea daily); RX/OTC	KINNEY THIN LANCETS	1	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS	1	QL(6.67 ea daily); RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
HAEMOLANCE PLUS HIGH FLOW	1	QL(6.67 ea daily); RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	1	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	1	QL(6.67 ea daily); RX/OTC	KROGER LANCETS	1	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	1	QL(6.67 ea daily); RX/OTC	KROGER LANCETS 21G	1	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL(6.67 ea daily); RX/OTC	KROGER LANCETS MICRO THIN 33G	1	QL(6.67 ea daily); RX/OTC
HEALTH CARE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	KROGER LANCETS SUPER THIN	1	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS THIN	1	QL(6.67 ea daily); RX/OTC	LITE TOUCH LANCETS	1	QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN 26G	1	QL(6.67 ea daily); RX/OTC	LITE TOUCH LANCING PEN MISC	1	QL(1 ea per 160 days retail)
KROGER LANCETS ULTRATHIN30G	1	QL(6.67 ea daily); RX/OTC	LITETOUCH LANCETS MICRO THIN 33G	1	QL(6.67 ea daily); RX/OTC
KROGER LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	LIVE BETTER ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
LANCET DEVICE ADJUSTABLE MISC	1	QL(1 ea per 160 days retail)	LIVE BETTER LANCET SUPERTHIN 30G	1	QL(6.67 ea daily); RX/OTC
LANCET DEVICE WITH EJECTOR MISC	1	QL(1 ea per 160 days retail)	LIVE BETTER LANCET ULTRATHIN 28G	1	QL(6.67 ea daily); RX/OTC
LANCETS	1	QL(6.67 ea daily); RX/OTC	LONGS LANCETS STANDARD	1	QL(6.67 ea daily); RX/OTC
LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	LONGS LANCETS THIN	1	QL(6.67 ea daily); RX/OTC
LANCETS 30G TWIST TOP	1	QL(6.67 ea daily); RX/OTC	LONGS LANCETS ULTRA THIN	1	QL(6.67 ea daily); RX/OTC
LANCETS 30G/TWIST TOP	1	QL(6.67 ea daily); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	1	QL(6.67 ea daily); RX/OTC
LANCETS 33G EXTRA FINE	1	QL(6.67 ea daily); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	1	QL(6.67 ea daily); RX/OTC
LANCETS 33G UNIVERSAL DESIGN	1	QL(6.67 ea daily); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	1	QL(6.67 ea daily); RX/OTC
LANCETS MICRO THIN 33G	1	QL(6.67 ea daily); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	1	QL(6.67 ea daily); RX/OTC
LANCETS SUPER THIN 28G	1	QL(6.67 ea daily); RX/OTC	MEDICHOICE SAFETY LANCETEXTRA	1	QL(6.67 ea daily); RX/OTC
LANCETS THIN	1	QL(6.67 ea daily); RX/OTC	MEDICHOICE SAFETY LANCETNORMAL	1	QL(6.67 ea daily); RX/OTC
LANCETS ULTRA THIN	1	QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS EXTRA LANCETS 21G	1	QL(6.67 ea daily); RX/OTC
LANCETS ULTRA THIN 30G	1	QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS LANCETS	1	QL(6.67 ea daily); RX/OTC
LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	MEDLANCE PLUS LANCETS LITE 25G	1	QL(6.67 ea daily); RX/OTC
LANZO MISC	1	QL(1 ea per 160 days retail)	MEDLANCE PLUS LITE LANCETS 25G	1	QL(6.67 ea daily); RX/OTC
LEADER ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)			
LIBERTY MEDICAL LANCETS 30G	1	QL(6.67 ea daily); RX/OTC			
LIBERTY MINI LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	1	QL(6.67 ea daily); RX/OTC	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	1	QL(1 ea per 365 days retail); PA
MEDLANCE PLUS SUPERLITE 30G	1	QL(6.67 ea daily); RX/OTC	MM LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	1	QL(6.67 ea daily); RX/OTC	MM TWIST LANCETS	1	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS UNIVERSAL LANCETS 21G	1	QL(6.67 ea daily); RX/OTC	MONOLET LANCETS	1	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS/LITE 25G	1	QL(6.67 ea daily); RX/OTC	MONOLET OPD LANCETS	1	QL(6.67 ea daily); RX/OTC
MEDLANCE/EXTRA	1	QL(6.67 ea daily); RX/OTC	MONOLETTOR SAFETY LANCETS	1	QL(6.67 ea daily); RX/OTC
MEDLANCE/LITE	1	QL(6.67 ea daily); RX/OTC	MPD SAFETY LANCET 21G/1.8MM	1	QL(6.67 ea daily); RX/OTC
MEDLANCE/UNIVERSAL	1	QL(6.67 ea daily); RX/OTC	MPD SAFETY LANCET 28G/1.8MM	1	QL(6.67 ea daily); RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	1	QL(6.67 ea daily); RX/OTC	MPD SAFETY LANCET 30G/1.8MM	1	QL(6.67 ea daily); RX/OTC
MEIJER LANCETS	1	QL(6.67 ea daily); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	1	QL(6.67 ea daily); RX/OTC
MEIJER LANCETS THIN	1	QL(6.67 ea daily); RX/OTC	MULTI-LANCET DEVICE 2 KIT	1	
MEIJER LANCETS UNIVERSAL 21G	1	QL(6.67 ea daily); RX/OTC	MULTI-LANCET DEVICE MISC	1	QL(1 ea per 160 days retail)
MEIJER LANCETS UNIVERSAL 30G	1	QL(6.67 ea daily); RX/OTC	MYGLUCOHEALTH MGH SOFTLANCET LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	1	QL(6.67 ea daily); RX/OTC	NOVA SAFETY LANCETS 23G	1	QL(6.67 ea daily); RX/OTC
MEIJER SUPER THIN LANCETS	1	QL(6.67 ea daily); RX/OTC	NOVA SAFETY LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
MICROLET LANCETS	1	QL(6.67 ea daily); RX/OTC	NOVA SUREFLEX LANCETS	1	QL(6.67 ea daily); RX/OTC
MICROLET NEXT MISC	1	QL(1 ea per 160 days retail)	NOVA SUREFLEX LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
MINI LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	1	PA
MINILINK REAL-TIME TRANSMITTER	1	QL(1 ea per 365 days retail); PA	OMNIPOD 5 G6 PODS (GEN 5) MISC	1	QL(10 ea per 30 days retail); PA
			OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	1	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 G7 PODS (GEN 5) MISC	1	QL(10 ea per 30 days retail); PA	ONETOUCH ULTRA CONTROL SOLUTION LIQD	1	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	1	PA	ONETOUCH ULTRA CONTROL LIQD	1	
OMNIPOD CLASSIC PODS (GEN 3) MISC	1	QL(10 ea per 30 days retail); PA	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	1	QL(6.67 ea daily); RX/OTC
OMNIPOD DASH INTRO KIT (GEN 4) KIT	1	PA	ONETOUCH ULTRASOFT LANCETS	1	QL(6.67 ea daily); RX/OTC
OMNIPOD DASH PDM KIT (GEN 4) KIT	1	PA	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	1	QL(1 ea per 365 days retail); RX/OTC
OMNIPOD DASH PODS (GEN 4) MISC	1	QL(10 ea per 30 days retail); PA	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	1	
OMNIPOD GO 20 UNITS/DAY KIT	1	PA	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	1	
OMNIPOD GO 30 UNITS/DAY KIT	1	PA	ONETOUCH VERIO REFLECT KIT	1	QL(1 ea per 365 days retail); RX/OTC
OMNIPOD GO 40 UNITS/DAY KIT	1	PA	PARADIGM REAL-TIME TRANSMITTER	1	QL(1 ea per 365 days retail); PA
OMNIPOD POD PALS	1	PA	PC LANCETS SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	1	QL(6.67 ea daily); RX/OTC	PERFECT LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	1	QL(6.67 ea daily); RX/OTC	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	1	QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE	1	QL(6.67 ea daily); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS	1	QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1	QL(6.67 ea daily); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	1	QL(1 ea per 160 days retail)	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRA 2 KIT	1	QL(1 ea per 365 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	1	QL(6.67 ea daily); RX/OTC	PX ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	PX LANCET AUTO INJECTOR MISC	1	QL(1 ea per 160 days retail)
PHARMACY COUNTER LANCETS	1	QL(6.67 ea daily); RX/OTC	PX LANCETS MICROTHIN 33G	1	QL(6.67 ea daily); RX/OTC
PIP LANCETS/28G	1	QL(6.67 ea daily); RX/OTC	PX LANCETS ULTRA THIN	1	QL(6.67 ea daily); RX/OTC
PIP LANCETS/30G	1	QL(6.67 ea daily); RX/OTC	PX LANCETS ULTRA THIN 28G	1	QL(6.67 ea daily); RX/OTC
PRECISION THINS GP LANCET	1	QL(6.67 ea daily); RX/OTC	QC ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
PREFERRED PLUS LANCETS COLORED 21G	1	QL(6.67 ea daily); RX/OTC	QC LANCETS SUPER THIN	1	QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC	QC LANCETS ULTRA THIN	1	QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS THIN 26G	1	QL(6.67 ea daily); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	1	QL(6.67 ea daily); RX/OTC
PRO COMFORT LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	QC UNILET LANCETS 33G/MICRO THIN	1	QL(6.67 ea daily); RX/OTC
PRO COMFORT LANCETS 31G	1	QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	1	QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS THIN 26G	1	QL(6.67 ea daily); RX/OTC
PRODIGY LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	RA E-ZJECT LANCETS THIN 28G	1	QL(6.67 ea daily); RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	1	QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	1	QL(6.67 ea daily); RX/OTC
PRODIGY SAFETY LANCETS	1	QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/21G/2.2MM	1	QL(6.67 ea daily); RX/OTC
PRODIGY TWIST TOP LANCETS	1	QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/23G/1.8MM	1	QL(6.67 ea daily); RX/OTC
PSS SELECT GP LANCETS	1	QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/26G/1.8MM	1	QL(6.67 ea daily); RX/OTC
PSS SELECT SAFETY LANCETS	1	QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/28G/1.8MM	1	QL(6.67 ea daily); RX/OTC
PURE COMFORT LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/30G/1.6MM	1	QL(6.67 ea daily); RX/OTC
			REALITY LANCETS	1	QL(6.67 ea daily); RX/OTC
			REALITY TRIGGER LANCETS	1	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION 2-IN-1 LANCET DEVICES 30G	1	QL(6.67 ea daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACTIVATED	1	QL(6.67 ea daily); RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	1	QL(6.67 ea daily); RX/OTC	SAFETY LANCETS	1	QL(6.67 ea daily); RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	1	QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 21G	1	QL(6.67 ea daily); RX/OTC
RELION LANCETS MICRO-THIN33G	1	QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 23G	1	QL(6.67 ea daily); RX/OTC
RELION LANCETS THIN 26G	1	QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
RELION LANCETS ULTRA-THIN30G	1	QL(6.67 ea daily); RX/OTC	SAFETY LANCETS/PRESSURE ACTIVATED/28G	1	QL(6.67 ea daily); RX/OTC
RELION LANCING DEVICE KIT	1		SAPS HEALTH CARE TWIST TOP LANCETS	1	QL(6.67 ea daily); RX/OTC
RELION LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS/30G	1	QL(6.67 ea daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS30G	1	QL(6.67 ea daily); RX/OTC	SAPSCARE TWIST TOP LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	1	QL(6.67 ea daily); RX/OTC	SB LANCETS THIN	1	QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	SB LANCETS ULTRA THIN	1	QL(6.67 ea daily); RX/OTC
REXALL LANCETS ULTRA THIN	1	QL(6.67 ea daily); RX/OTC	SELECT-LITE DEVICE/LANCETS KIT	1	
RIGHTEST GD500 LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	SELECT-LITE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
RIGHTEST GL300 LANCETS	1	QL(6.67 ea daily); RX/OTC	SHOPKO AUTOLET LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
SAFE-T-LANCE LOW FLOW 25G	1	QL(6.67 ea daily); RX/OTC	SHOPKO ON-THE-GO COMFORTLANCETS 30G	1	QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	1	QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	1	QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	1	QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	1	QL(6.67 ea daily); RX/OTC	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	1	QL(6.67 ea daily); RX/OTC	SINGLE-LET	1	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SM MICRO THIN LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCING PEN MISC	1	QL(1 ea per 160 days retail)
SM TRUEDRAW LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	SURELITE LANCETS	1	QL(6.67 ea daily); RX/OTC
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	TECHLITE AST LANCETS	1	QL(6.67 ea daily); RX/OTC
SMART SENSE COLOR LANCETS UNIVERSAL 33G	1	QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS	1	QL(6.67 ea daily); RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	1	QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS 26G	1	QL(6.67 ea daily); RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	1	QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
SMART SENSE THIN LANCETS UNIVERSAL 26G	1	QL(6.67 ea daily); RX/OTC	TGT LANCET MICRO THIN 33G	1	QL(6.67 ea daily); RX/OTC
SMARTEST LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	TGT LANCET THIN 26G	1	QL(6.67 ea daily); RX/OTC
SOLUS V2 LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	TGT LANCET ULTRA THIN 30G	1	QL(6.67 ea daily); RX/OTC
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	TGT LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
SOLUS V2 TWIST LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	THINLETS GP LANCETS	1	QL(6.67 ea daily); RX/OTC
STERILANCE PA MISC	1	QL(6.67 ea daily)	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
STERILANCE TL	1	QL(6.67 ea daily); RX/OTC	TODAYS HEALTH SUPER THIN LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
SUPER THIN LANCETS	1	QL(6.67 ea daily); RX/OTC	TODAYS HEALTH ULTRA THIN LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 18G	1	QL(6.67 ea daily); RX/OTC	TOPCARE LANCETS MICRO-THIN 33G	1	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 21G	1	QL(6.67 ea daily); RX/OTC	TRAVEL LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 23G	1	QL(6.67 ea daily); RX/OTC	TRAVEL LANCETS ADVANCED 28G	1	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	TRUE COMFORT SAFETY LANCETS/30G	1	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	TRUE COMFORT TWIST TOP LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
			TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	1	QL(1 ea per 75 days retail)	ULTRA-THIN II LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
TRUEDRAW LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	ULTRA-THIN II LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 26G	1	QL(6.67 ea daily); RX/OTC	UNILET COMFORTOUCH LANCET	1	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	UNILET EXCELITE	1	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	1	QL(6.67 ea daily); RX/OTC	UNILET EXCELITE II	1	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	UNILET G.P. LANCET	1	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	1	QL(6.67 ea daily); RX/OTC	UNILET G.P. SUPERLITE LANCET	1	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	UNILET GP 28 ULTRA THIN	1	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	1	QL(6.67 ea daily); RX/OTC	UNILET LANCET	1	QL(6.67 ea daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	UNILET LANCETS MICRO-THIN33G	1	QL(6.67 ea daily); RX/OTC
TWIST TOP LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	UNILET LANCETS SUPER-THIN30G	1	QL(6.67 ea daily); RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1	QL(1 ea per 160 days retail)	UNILET LANCETS ULTRA-THIN 28G	1	QL(6.67 ea daily); RX/OTC
ULTILET CLASSIC LANCETS	1	QL(6.67 ea daily); RX/OTC	UNILET SUPERLITE LANCET	1	QL(6.67 ea daily); RX/OTC
ULTILET LANCETS	1	QL(6.67 ea daily); RX/OTC	UNISTIK 3 GENTLE	1	QL(6.67 ea daily); RX/OTC
ULTILET LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 21G	1	QL(6.67 ea daily); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	1	QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 25G	1	QL(6.67 ea daily); RX/OTC
ULTILET SAFETY LANCETS 23G	1	QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 28G	1	QL(6.67 ea daily); RX/OTC
ULTRA THIN LANCETS 31G	1	QL(6.67 ea daily); RX/OTC	UNISTIK SAFETY LANCETS 28G	1	QL(6.67 ea daily); RX/OTC
ULTRA-CARE LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	UNISTIK SAFETY LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
ULTRA-THIN II AUTO LANCET	1	QL(6.67 ea daily); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 21G	1	QL(6.67 ea daily); RX/OTC
			UNISTIK TOUCH SAFETY LANCETS 23G	1	QL(6.67 ea daily); RX/OTC
			UNISTIK TOUCH SAFETY LANCETS 28G	1	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK TOUCH SAFETY LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	VIDA MIA AUTOLET LANCINGDEVICE MISC	1	QL(1 ea per 160 days retail)
UNIVERSAL 1 LANCETS THIN26G	1	QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	1	QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	1	QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	1	QL(6.67 ea daily); RX/OTC	VIVAGUARD LANCETS	1	QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS STANDARD 21G	1	QL(6.67 ea daily); RX/OTC	VIVAGUARD LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	1	QL(6.67 ea daily); RX/OTC	VIVAGUARD LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)
VALUE PLUS LANCETS THIN 26G	1	QL(6.67 ea daily); RX/OTC	VIVAGUARD SAFETY LANCETS/28G	1	QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCING DEVICE MISC	1	QL(1 ea per 160 days retail)	WALGREENS ADVANCED TRAVELLANCETS 28G	1	QL(6.67 ea daily); RX/OTC
VALUMARK LANCET SUPER THIN 30G	1	QL(6.67 ea daily); RX/OTC	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	1	QL(6.67 ea daily); RX/OTC
VALUMARK LANCET ULTRA THIN 28G	1	QL(6.67 ea daily); RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	1	QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	1	QL(6.67 ea daily); RX/OTC	WALGREENS LANCETS	1	QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	1	QL(6.67 ea daily); RX/OTC	WALGREENS THIN LANCETS	1	QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	1	QL(6.67 ea daily); RX/OTC	WALGREENS ULTRA THIN LANCETS	1	QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	1	QL(6.67 ea daily); RX/OTC	ZEVRX TWIST TOP LANCETS 30G	1	QL(6.67 ea daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	1	QL(6.67 ea daily); RX/OTC	Misc. Devices		
VERIFINE UNIVERSAL LANCETS 30G	1	QL(6.67 ea daily); RX/OTC	ALCOHOL PREPS	1	QL(13.34 ea daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	1	QL(6.67 ea daily); RX/OTC	ALCOHOL SWABS	1	QL(13.34 ea daily); RX/OTC
V-GO 20 KIT	1	PA	GNP ALCOHOL SWABS	1	QL(13.34 ea daily); RX/OTC
V-GO 30 KIT	1	PA	HM STERILE ALCOHOL PREP PADS	1	QL(13.34 ea daily); RX/OTC
V-GO 40 KIT	1	PA	SM ALCOHOL PREP PADS	1	QL(13.34 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Parenteral Therapy Supplies			BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	1	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	BD EXAM ROOM SHARPS COLLECTOR/NEXT GENERATION PATIENT	1	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	1	QL(5 ea daily); MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	1	QL(5 ea daily); MP
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	1	QL(5 ea daily); MP
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
AQ INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	1	MP; RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	1	QL(5 ea daily); MP	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE/1ML/27G X 12.7MM	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE/1ML/29G X 12.7MM	1	QL(5 ea daily); MP; RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	QL(5 ea daily); MP; RX/OTC	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	1	QL(5 ea daily); MP; RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	QL(5 ea daily); MP
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	BD PHLEBOTOMY SHARPS COLLECTOR	1	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	1	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	1	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	1	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	1	QL(5 ea daily); MP; RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	1	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	1	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	1	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP
BD SHARPS COLLECTOR COUNTERBALANCED DOOR	1	RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
BD SHARPS COLLECTOR/MULTI-USE/ONE PIECE	1	RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
BD SHARPS COLLECTOR/MULTI-USE/ONE-PIECE	1	RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
BD SHARPS CONTAINER HOME	1	RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
BD SHARPS DISPOSAL BY MAIL 1.4 QUART	1	RX/OTC	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	1	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
			CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	COMPLETE NEEDLE COLLECTION & DISPOSAL SYSTEM	1	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	CVS NEEDLE COLLECTION & DISPOSAL	1	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
			DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
			DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	1	MP	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	1	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	1	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	1	MP	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	1	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	1	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	1	MP	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	1	QL(5 ea daily); MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	1	MP; RX/OTC			
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY COMFORT SHARPS CONTAINER	1	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	1	QL(5 ea daily); MP	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	EQL INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	EQL INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	EQL INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	1	QL(5 ea daily); MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	1	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	1	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
			GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	GNP INSULIN SYRINGES/1ML/28GX1/2"	1	QL(5 ea daily); MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	GNP INSULIN SYRINGES/1ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	GNP INSULIN SYRINGES/1ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	GNP INSULIN SYRINGES/3ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGE 1ML/31G X1/4"	1	MP; RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES 0.3ML/31G X 1/4"	1	MP; RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES 0.5ML/31G X 1/4"	1	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES/U-100/1ML/27GX1/2"	1	QL(5 ea daily); MP; RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	INSULIN SYRINGES/U-100/1ML/28GX1/2"	1	QL(5 ea daily); MP; RX/OTC
			INSULIN SYRINGES/U-100/1ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
			INSULIN SYRINGES/U-100/1ML/30GX1/2"	1	QL(5 ea daily); MP; RX/OTC
			INSULIN SYRINGES/U-100/1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
			KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
			KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	1	QL(5 ea daily)	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	1	QL(5 ea daily); MP	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	1	QL(5 ea daily); MP	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	1	QL(5 ea daily); MP; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	1	QL(5 ea daily); MP; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	RA INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
			REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
			REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	1	MP; RX/OTC	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	1	QL(5 ea daily); MP; RX/OTC	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	1	MP; RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	SHARP CONTAINER	1	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	SHARPS COLLECTOR	1	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC	SHARPS CONTAINER/UNIVERSAL	1	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	SHARPS DISPOSAL BY MAIL SYSTEM	1	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	1	MP; RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	1	QL(5 ea daily); MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	1	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	1	QL(5 ea daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	1	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	1	MP; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	1	MP; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily); MP
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	1	QL(5 ea daily); MP; RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	1	QL(5 ea daily); MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	1	MP; RX/OTC	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	1	QL(5 ea daily); MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	1	MP; RX/OTC	ULTILET SHARPS CONTAINER1 QUART	1	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	1	RX/OTC	ULTILET SHARPS CONTAINER2 QUART	1	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	1	MP; RX/OTC	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X 1/4"	1	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	1	QL(5 ea daily); MP	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	1	QL(5 ea daily); MP
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	1	QL(5 ea daily); MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	1	QL(5 ea daily); MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	1	QL(5 ea daily); MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	1	QL(5 ea daily); MP	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	1	QL(5 ea daily); MP; RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	1	QL(5 ea daily); MP	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	1	QL(5 ea daily); MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	1	QL(5 ea daily); MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	1	QL(5 ea daily); MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	1	QL(5 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	ADULT AEROSOL MASK MISC	1	RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	1	QL(5 ea daily); MP; RX/OTC	ADULT MASK LARGE MISC	1	RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	ADULT MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	AEROBIKA DEVI	1	QL(2 ea per 350 days retail); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER MV MISC	1	QL(2 ea per 350 days retail); RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	1	QL(2 ea per 350 days retail); RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	1	QL(2 ea per 350 days retail); RX/OTC
VERIFINE PERSONAL SHARPSCONTAINER	1	RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily); MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC
Respiratory Therapy Supplies					
ACE AEROSOL CLOUD ENHANCER MISC	1	RX/OTC			
ACTIVITY POUCH MISC	1	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	1	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	1	QL(2 ea per 350 days retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	1	QL(2 ea per 350 days retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	1	QL(2 ea per 350 days retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	1	QL(2 ea per 350 days retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	1	RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROECLIPSE MASK LARGE MISC	1	RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	1	RX/OTC
AEROECLIPSE MASK MEDIUM MISC	1	RX/OTC	BREATHE EASE NEBULIZER MASK/INFANT MISC	1	RX/OTC
AEROECLIPSE MASK SMALL MISC	1	RX/OTC	BREATHE EASE/LARGE MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROTRACH PLUS MISC	1	RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	1	QL(2 ea per 350 days retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	1	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	1	QL(2 ea per 350 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	1	QL(2 ea per 350 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	1	QL(2 ea per 350 days retail); RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	1	RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	1	RX/OTC	CO MONITOR DEVI	1	QL(2 ea per 350 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	1	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	1	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	1	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	1	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC	1	QL(2 ea per 350 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	1	RX/OTC	EASIVENT/MASK-LARGE MISC	1	QL(2 ea per 350 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	1	RX/OTC	EASIVENT/MASK-MEDIUM MISC	1	QL(2 ea per 350 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	1	QL(2 ea per 350 days retail); RX/OTC	EASIVENT/MASK-SMALL MISC	1	QL(2 ea per 350 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	1	QL(2 ea per 350 days retail); RX/OTC	EASIVENT MISC	1	QL(2 ea per 350 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	1	QL(2 ea per 350 days retail); RX/OTC	EASY FLOW 300 MM HOSE MISC	1	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	1	QL(2 ea per 350 days retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	1	RX/OTC
			EASY FLOW AIR NOZZLE MISC	1	RX/OTC
			EASY FLOW BLACK/BLUE DEVI	1	QL(2 ea per 350 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW BLACK/ORANGE DEVI	1	QL(2 ea per 350 days retail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	1	RX/OTC
EASY FLOW BLACK/RED DEVI	1	QL(2 ea per 350 days retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	1	RX/OTC
EASY FLOW BLACK/WHITE DEVI	1	QL(2 ea per 350 days retail); RX/OTC	FLEXICHAMBER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	1	QL(2 ea per 350 days retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	1	RX/OTC
EASY FLOW HEPA FILTER MISC	1	RX/OTC	FULL KIT NEBULIZER SET MISC	1	RX/OTC
EASY FLOW WHITE/BLUE DEVI	1	QL(2 ea per 350 days retail); RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	1	QL(2 ea per 350 days retail); RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	1	QL(2 ea per 350 days retail); RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	1	QL(2 ea per 350 days retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	1	QL(2 ea per 350 days retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	1	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	1	QL(2 ea per 350 days retail); RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	1	QL(2 ea per 350 days retail); RX/OTC
EASE CONTROLLER KIT MISC	1	RX/OTC	LITETOUCH MASK LARGE MISC	1	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	1	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC	LITETOUCH MASK SMALL MISC	1	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC	MASK VORTEX/CHILD/FROG	1	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	1	QL(2 ea per 350 days retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	1	RX/OTC
FILTER AIR PP MISC	1	RX/OTC	MICROCHAMBER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	1	RX/OTC	MICROCHAMBER MISC	1	QL(2 ea per 350 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICROSPACER MISC	1	QL(2 ea per 350 days retail); RX/OTC	PARI BABY CONVERSION KIT SIZE 1 MISC	1	RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	1	RX/OTC	PARI BABY CONVERSION KIT SIZE 2 MISC	1	RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	1	RX/OTC	PARI BABY CONVERSION KIT SIZE 3 MISC	1	RX/OTC
NEBULIZER CUP/TUBING DEVI	1	QL(2 ea per 350 days retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	1	RX/OTC
NEBULIZER MASK ADULT MISC	1	RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	1	RX/OTC
NEBULIZER MASK CHILD MISC	1	RX/OTC	PARI MANUAL INTERRUPTER DEVI	1	QL(2 ea per 350 days retail); RX/OTC
NOSE CLIP MISC	1	RX/OTC	PARI MASK SET MISC	1	RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	1	RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	1	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	1	QL(2 ea per 350 days retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	1	RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	1	QL(2 ea per 350 days retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	1	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC	PARI TREK S COMBO PACK DEVI	1	QL(2 ea per 350 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC	PARI VORTEX ADULT MASK	1	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	1	QL(2 ea per 350 days retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	1	RX/OTC
OPTICHAMBER DIAMOND DEVI	1	QL(2 ea per 350 days retail); RX/OTC	PEDIATRIC PANDA MASK	1	RX/OTC
OPTICHAMBER DIAMOND MISC	1	QL(2 ea per 350 days retail); RX/OTC	PFLEX MISC	1	RX/OTC
PANDA MASK LARGE	1	RX/OTC	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	1	RX/OTC
PANDA MASK MEDIUM	1	RX/OTC	PILLOW MASK/ADULT MISC	1	RX/OTC
PANDA MASK SMALL	1	RX/OTC	PILLOW MASK/CHILD MISC	1	RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	1	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PILLOW MASK/PEDIATRIC MISC	1	RX/OTC	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	1	RX/OTC
POCKET CHAMBER DEVI	1	QL(2 ea per 350 days retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	1	RX/OTC
POCKET SPACER DEVI	1	QL(2 ea per 350 days retail); RX/OTC	RITEFLO DEVI	1	QL(2 ea per 350 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	1	QL(2 ea per 350 days retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	1	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	1	QL(2 ea per 350 days retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	1	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	1	QL(2 ea per 350 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	1	RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	1	RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	1	QL(2 ea per 350 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	1	RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	1	QL(2 ea per 350 days retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	1	RX/OTC
PRONEB ULTRA FILTER SET MISC	1	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	1	RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	1	QL(2 ea per 350 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	1	RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	1	QL(2 ea per 350 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	1	RX/OTC
QUAKE DEVI	1	QL(2 ea per 350 days retail); RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	1	RX/OTC
REPLACEMENT AIR FILTER MISC	1	RX/OTC	SOOTHENE NBL 100 CHILD MASK MISC	1	RX/OTC
REPLACEMENT FILTERS MISC	1	RX/OTC			
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	1	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOOTHENEB NBL 100 MEDICATION CUP MISC	1	RX/OTC	<i>calcium carbonate-cholecalciferol TABS</i>	1	
SOOTHENEB NBL 100 MESH CAP MISC	1	RX/OTC	<i>calcium carbonate TABS 600 MG, 1500 MG</i>	1	
SOOTHENEB NBL100 ADULT MASK MISC	1	RX/OTC	<i>calcium carbonate-vitamin d w/ minerals CHEW</i>	1	
SPIRO PD DEVI	1	QL(2 ea per 350 days retail); RX/OTC	<i>calcium carbonate-vitamin d w/ minerals TABS</i>	1	
THRESHOLD IMT MISC	1	RX/OTC	<i>calcium carbonate-vitamin d CAPS</i>	1	
THRESHOLD PEP DEVI	1	QL(2 ea per 350 days retail); RX/OTC	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	1	
TUBING/WING TIP MISC	1	RX/OTC	CALCIUM CITRATE + D3 TABS	1	
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	1	RX/OTC	CALCIUM CITRATE W/D TABS	1	
VERSAPAP/UNIVERSAL TUBING DEVI	1	QL(2 ea per 350 days retail); RX/OTC	CALCIUM CITRATE/VITAMIN D3 LIQD	1	
VERSAPAP DEVI	1	QL(2 ea per 350 days retail); RX/OTC	CALCIUM CITRATE+ D TABS	1	
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	1	QL(2 ea per 350 days retail); RX/OTC	<i>calcium citrate TABS 200 MG</i>	1	
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	1	QL(2 ea per 350 days retail); RX/OTC	<i>calcium citrate-vitamin d TABS</i>	1	
VORTEX VALVED HOLDING CHAMBER DEVI	1	QL(2 ea per 350 days retail); RX/OTC	CALCIUM PLUS D3 ABSORBABLE CAPS	1	
WINDMILL TRAINER MISC	1	RX/OTC	CALCIUM/VITAMIN D CAPS	1	
MINERALS & ELECTROLYTES			CALCIUM CHEW 10 MCG-500 MG	1	
Calcium			<i>calcium-magnesium-zinc</i>	1	
CAL-CITRATE PLUS VITAMIND TABS	1		CAL-QUICK LIQD	1	
CALCIUM 1000 + D TABS	1		CALTRATE 600+D3 SOFT CHEWS CHEW	1	
<i>calcium carbonate-cholecalciferol CAPS</i>	1		CALTRATE BONE HEALTH CHEW	1	
<i>calcium carbonate-cholecalciferol CHEW 400 UNIT-500 MG, 600 UNIT-500 MG</i>	1		LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH CAPS	1	
			<i>oyster shell</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OYSTER SHELL CALCIUM/D TABS	1		MAGNESIUM CAPS 400 MG	1	
RISACAL-D TABS	1		<i>magnesium TABS 250 MG, 250 MG</i>	1	
Electrolyte Mixtures			MAGONATE LIQD	1	
BIOLYTE SOLN	1	QL(6084 ml per fill retail)	NU-MAG	1	
CERALYTE 70 SOLN	1	QL(6084 ml per fill retail)	SLOW-MAG	1	
CERASPORT EX1 SOLN	1	QL(6084 ml per fill retail)	SLOWMAG MG MUSCLE/HEART	1	
CERASPORT SOLN	1	QL(6084 ml per fill retail)	Mineral Combinations		
ENFAMIL ENFALYTE SOLN	1	QL(6084 ml per fill retail)	ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS	1	
HYDRALYTE FREEZER POPS SOLN	1	QL(6084 ml per fill retail)	BONE DENSITY BUILDER TABS	1	
HYDRALYTE SOLN	1	QL(6084 ml per fill retail)	CAL MAG ZINC +D3 TABS	1	
KINDERLYTE PREMAX SOLN	1	QL(6084 ml per fill retail)	CALCIUM 600+D3 PLUS MINERALS TABS	1	
KINDERLYTE SOLN	1	QL(6084 ml per fill retail)	CALCIUM/MAGNESIUM/ZINC/D3 TABS	1	
<i>oral electrolytes SOLN</i>	1	QL(6084 ml per fill retail)	CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	1	
TRUELYTE SOLN	1	QL(6084 ml per fill retail)	CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG	1	
Fluoride			CAL-MAG-ZINC-D3 TABS	1	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	1	MP	CAL-MAG-ZINC-D TABS	1	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	QL(50 ml per fill retail); MP; RX/OTC	CITRACAL MAXIMUM PLUS TABS	1	
Magnesium			CITRACAL PLUS TABS	1	
<i>magnesium chloride TBEC</i>	1		CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	1	
MAGNESIUM EXTRA STRENGTH CAPS	1		CVS CALCIUM CITRATE+D3 TABS	1	
<i>magnesium oxide (mg supplement) TABS 400 MG, 500 MG</i>	1		FEM-CAL CITRATE TABS	1	
MAGNESIUM OXIDE CAPS	1		MULTI MEGA MINERALS TABS	1	
			<i>multiple minerals w/ vitamins TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS	1	
PROSTEON TABS	1	
THERACAL D2000 TABS	1	
THERACAL D4000 TABS	1	
THERACAL RAPID REPLETION TABS	1	
Phosphate		
PHOS-NAK POWDER CONCENTRATE PACK (Use <i>potassium & sodium phosphates</i>)	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	MP
<i>potassium & sodium phosphates PACK</i>	1	
Potassium		
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR</i>	1	MP
<i>potassium chloride PACK OR 20 MEQ</i>	1	MP
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	MP
<i>potassium chloride TBCR</i>	1	MP
Sodium		
<i>sodium chloride flush</i>	1	
<i>sodium chloride SOLN IJ 0.9 %</i>	1	
<i>sodium chloride TABS</i>	1	
Trace Minerals		
<i>selenium TABS 200 MCG</i>	1	
Zinc		
<i>zinc gluconate TABS 50 MG</i>	1	
<i>zinc sulfate TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>zinc TABS 50 MG, 50 MG</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Irrigation Solutions		
<i>water for irrigation, sterile</i>	1	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD</i>	1	
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	1	QL(1 ml per 7 days retail); SP; PA
BENLYSTA SOLR	1	SP; PA
BENLYSTA SOSY	1	QL(1 ml per 7 days retail); SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>benzocaine-menthol (mouth-throat) LOZG 15 MG-3.6 MG</i>	1	
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
MUCINEX INSTASOOTHESORETHROAT + PAIN RELIEF LIQD	1	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>phenol (antiseptic) LIQD 1.4 %</i>	1	
Dental Products		
PREVIDENT RINSE SOLN	1	MP
<i>sodium fluoride (dental) CREA</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride (dental) GEL</i>	1	MP
<i>sodium fluoride (dental) PSTE DT</i>	1	MP
<i>sodium fluoride (dental) SOLN 0.05 %, 0.2 %</i>	1	MP
Lozenges		
COUGH DROPS	1	
DENTIVA	1	
<i>dextromethorphan-benzocaine 7.5 MG-5 MG</i>	1	
DIABETIC TUSSIN COUGH DROPS	1	
LUDENS DUAL RELIEF	1	
<i>menthol (mouth-throat) 3.1 MG, 4.8 MG, 5 MG, 5.4 MG, 5.8 MG, 6.5 MG, 7 MG, 7.5 MG, 7.6 MG, 8 MG, 10 MG</i>	1	
SALESE	1	
<i>throat lozenges</i>	1	
ZINC W/A&C	1	
Throat Products - Misc.		
AQUORAL SOLN	1	RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	1	RX/OTC
CAPHOSOL SOLN	1	RX/OTC
CVS DRY MOUTH SPRAY SOLN	1	RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	1	RX/OTC
MOI-STIR SOLN	1	RX/OTC
MOUTH KOTE REMINT SOLN	1	RX/OTC
MOUTH KOTE SOLN	1	RX/OTC
NUMOISYN LIQD	1	RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl (oral)</i>	1	
RA DRY MOUTH SOLN	1	RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	1	RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	1	
<i>b-complex vitamins TABS</i>	1	
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	1	RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	1	
<i>b-complex w/ folic acid TABS</i>	1	
<i>b-complex w/biotin & folic acid TABS</i>	1	
B-Complex w/ Minerals		
<i>b-complex w/ minerals LIQD</i>	1	
Bioflavonoid Products		
ADRENAL C FORMULA TABS	1	RX/OTC
ADVANCED C PLUS TABS	1	RX/OTC
<i>bioflavonoid products TABS</i>	1	RX/OTC
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium TABS</i>	1	
SM ONE DAILY ESSENTIAL TABS	1	
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	1		ALIVE DIABETIC MULTIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
Multiple Vitamins w/ Minerals			ALIVE ENERGY 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ALIVE EVERYDAY IMMUNE HEALTH CAPS	1	RX/OTC
ABC COMPLETE SENIOR MEN'S 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ALIVE HAIR, SKIN & NAILS CHEW	1	
ABC COMPLETE SENIOR WOMENS 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ALIVE MENS 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	1	RX/OTC	ALIVE MENS COMPLETE MULTIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	1	RX/OTC	ALIVE MULTI-VITAMIN CHEW	1	
ACTIVNUTRIENTS CAPS	1	RX/OTC	ALIVE MULTI-VITAMIN LIQD	1	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	1		ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ADULT ONE DAILY GUMMIES CHEW	1		ALIVE ULTRA POTENCY WOMENS 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ALIVE WOMENS 50+ COMPLETE MULTIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
AIRBORNE KIDS CHEW	1		ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	1	
AIRBORNE+GOOD REST CHEW	1		ALIVE WOMENS 50+ CHEW	1	
AIRBORNE+NATURAL ENERGY LIQD	1	RX/OTC	ALIVE WOMENS ENERGY TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
AIRBORNE+PROBIOTIC CHEW	1		ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	1	
AIRBORNE CHEW	1				
ALGAE BASED CALCIUM TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTIOXIDANT FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CAL-DAY 1000 TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
APETIBEX CAPS	1	RX/OTC	CELEBRATE MULTI-COMplete18 CAPS	1	RX/OTC
APPE-CURB CAPS	1	RX/OTC	CELEBRATE MULTI-COMplete18 CHEW	1	
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CELEBRATE MULTI-COMplete36 CAPS	1	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CELEBRATE MULTI-COMplete36 CHEW	1	
BACMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CELEBRATE MULTI-COMplete45 CAPS	1	RX/OTC
BARIATRIC FUSION CHEW	1		CELEBRATE MULTI-COMplete45 CHEW	1	
BARIATRIC MULTIVITAMINS/IRON CAPS	1	RX/OTC	CELEBRATE MULTI-COMplete60 CAPS	1	RX/OTC
BASIC AM TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CELEBRATE MULTI-COMplete60 CHEW	1	
BASIC PM TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CENTRAVITES 50 PLUS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
BIO-35 GLUTEN-FREE CAPS	1	RX/OTC	CENTRAVITES ADULTS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
BIO-35 IRON FREE CAPS	1	RX/OTC	CENTRUM ADULT MULTIGUMMIES CHEW	1	
BIOCAL CAPS	1	RX/OTC	CENTRUM CARDIO TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
BONEUP 3 PER DAY CAPS	1	RX/OTC	CENTRUM FLAVOR BURST ADULT CHEW	1	
BONEUP VEGETARIAN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CENTRUM FLAVOR BURST CHEW	1	
BONEUP CAPS	1	RX/OTC	CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	1	
BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX LIQD	1	RX/OTC	CENTRUM FRESH/FRUITY ADULTS CHEW	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM MEN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CERTAVITE SENIOR TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CERTAVITE/ANTIOXIDANTS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
CENTRUM MINIS MEN 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CHOICEFUL MULTIVITAMIN CAPS	1	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CHOICEFUL MULTIVITAMIN CHEW	1	
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	1		CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	1	
CENTRUM SILVER ULTRA WOMENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CVS ADULT 50+ EYE HEALTH CAPS	1	RX/OTC
CENTRUM SILVER CHEW	1		CVS AIRSHIELD IMMUNITY SUPPORT CHEW	1	
CENTRUM SPECIALIST HEART TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CVS EYE HEALTH ADULT 50+ CAPS	1	RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CVS ONE DAILY MENS 50+ ADVANCED TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
CENTRUM SPECIALIST VISION TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CVS ONE DAILY WOMENS 50+ADVANCED TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
CENTRUM ULTRA WOMENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CVS SPECTRAVITE ADULT 50+ CHEW	1	
CENTRUM VITAMINTS CHEW	1		CVS SPECTRAVITE ADULT 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	CVS SPECTRAVITE ADULTS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
			CVS SPECTRAVITE ULTRA MEN50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	DIALYVITE SUPREME D TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	DIATROL TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
CVS SPECTRAVITE WOMEN CHEW	1		EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	1	
CVS VISION HEALTH CAPS	1	RX/OTC	EMERGEN-C VITAMIN C CHEW	1	
DAYAVITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ENDUR-VM WITH IRON TBCR	1	
DECUBI-VITE CAPS	1	RX/OTC	ENDUR-VM TBCR	1	
DEKAS BARIATRIC CHEW	1		EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
DEKAS PLUS OCEAN CAPS	1	AL(At least 4 yrs old - Up to 18 yrs old); RX/OTC	EQ MULTIVITAMINS ADULT GUMMY CHEW	1	
DEKAS PLUS CAPS	1	AL(At least 4 yrs old - Up to 18 yrs old); RX/OTC	EQ ONE DAILY MENS 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
DEKAS PLUS CHEW	1	AL(At least 4 yrs old - Up to 18 yrs old)	EQ ONE DAILY MENS HEALTH TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
DERMACINRX MULTITAM TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	EQ ONE DAILY WOMENS 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
DERMACINRX RIBOTIN-E TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
DERMACINRX ZINTREXYL-C TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	EQL CENTURY MATURE ADULTS50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
DERMAVITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	EQL CENTURY MENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
DEXATLAN CAPS	1	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL CENTURY WOMENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	FOLIKA-MG TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW	1		FOLITIN-Z TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
EQL ONE DAILY MENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	FREEDAVITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	GENADEK STEP 1 CAPS	1	RX/OTC
EYE HEALTH/LUTEIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	GENADEK STEP 2 CAPS	1	RX/OTC
EYE HEALTH CAPS	1	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	1	RX/OTC	HAIR SKIN & NAILS ADVANCED FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	HAIR SKIN & NAILS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
EYE MULTIVITAMIN CAPS	1	RX/OTC	HAIR/SKIN/NAILS CAPS	1	RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	HEAD CARE PROACTIVE HEALTH TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	HEALTHY EYES SUPERVISION2 CAPS	1	RX/OTC
FOLAGENT DHA CAPS	1	RX/OTC	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
FOLAMAX TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
FOLAMED DHA CAPS	1	RX/OTC	HM COMPLETE MEN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
FOLIFLEX TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HM HAIR/SKIN/NAILS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	MEGAVITE FRUITS & VEGGIES TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
HYLAZINC TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	MEGAVITE GOLDEN YEARS 55+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ICAPS AREDS FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	MENS 50+ ADVANCED CAPS	1	RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	1	RX/OTC	MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
IMMUNE SUPPORT CHEW	1		MENS 50+ MULTIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
KEYFOLIC TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	MENS MULTI VITAMIN & MINERAL FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
KEYLOSA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	MENS MULTIVITAMIN CHEW	1	
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	MENS MULTIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
LIVER DETOX TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	MOOD FOOD ES CAPS	1	RX/OTC
LIVITA ADULTS LIQD	1	RX/OTC	MOOD FOOD CAPS	1	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	MULTI-BETIC DIABETES TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
LYSIPLEX PLUS LIQD	1	RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	1	RX/OTC
MEGA MULTI FOR MEN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	<i>multiple vitamins w/ minerals CHEW</i>	1	
MEGA MULTI FOR WOMEN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	<i>multiple vitamins w/ minerals LIQD</i>	1	RX/OTC
			<i>multiple vitamins w/ minerals TABS</i>	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
			<i>multiple vitamins w/ minerals TBCR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN ADULTS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MULTIVITAMIN MEN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	NATRUL-VITES TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MULTI-VITAMIN MONOCAPS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	NEOVITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MULTIVITAMIN WOMEN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	NICADAN ZX TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	NICADAN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MULTIVITAMIN TABS 150 MG-2 MG-2.5 MG-10 MCG-7.5 MCG-10 MG-100 MG-3000 MCG-10 MG-15 MG-15 MG-5 MG-1 MG-1.5 MG-150 MCG-1 MG	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	NICAZEL FORTE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MULTI-VITE LIQD	1	RX/OTC	NICAZEL TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MVW COMPLETE FORMULATION CAPS	1	RX/OTC	NO IRON MULTIPLE VITAMIN/MINERALS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	1	RX/OTC	NUTRICAP TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	1	RX/OTC	OCULAR VITAMINS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	1	RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	1	RX/OTC
MVW HI-D ADEK GUMMIES CHEW	1		OCUVITE ADULT 50+ CAPS	1	RX/OTC
MVW MODULATOR FORMULATION MINIS CAPS	1	RX/OTC	OCUVITE ADULT FORMULA CAPS	1	RX/OTC
MVW MODULATOR FORMULATION CAPS	1	RX/OTC	OCUVITE LUTEIN CAPS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONCOVITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ONE-A-DAY MENS 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	1		ONE-A-DAY MENS HEALTH FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	1		ONE-A-DAY MENS PRO EDGE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ONE A DAY WOMENS 50+ ADVANCED CHEW	1		ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	1	
ONE DAILY MENS 50+ MULTIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ONE-A-DAY MENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ONE DAILY WOMENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ONE-A-DAY VITACRAVES ADULT CHEW	1	
ONE-A-DAY ENERGY TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	1	
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	1		ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	1	
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	1		ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	1	
ONE-A-DAY MENOPAUSE FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ONE-A-DAY VITACRAVES CHEW	1	
ONE-A-DAY MENS 50+ ADVANTAGE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ONE-A-DAY WOMENS 50+ TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	1		PRESERVISION AREDS CAPS	1	RX/OTC
ONE-A-DAY WOMENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	PRESERVISION AREDS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ONE-DAILY MULTI CAPS CAPS	1	RX/OTC	PRESERVISION/LUTEIN CAPS	1	RX/OTC
ONEVITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	PRO-CAL TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
OPTIFAST POST BARIATRIC CHEW	1		PROCERV HP TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
OPTIMUM AIRVITES CHEW	1		PROFOLA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
OPTISOURCE POST BARIATRIC SURGERY CHEW	1		PRORENAL+D/OMEGA-3 CAPS	1	RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	1		PRORENAL+D TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
OPURITY TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	PROTECT CARDIO AF CAPS	1	RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	PROTECT PLUS SO CAPS	1	RX/OTC
PARVLEX TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	PROTEGRA CAPS	1	RX/OTC
PHYTOMULTI TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	PROVIT TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	1	RX/OTC	QC MULTI-VITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
PRESERVISION AREDS 2 CAPS	1	RX/OTC	QC OCUHEALTH VISION SUPPORT 2 CAPS	1	RX/OTC
PRESERVISION AREDS 2 CHEW	1		QUIN B STRONG TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QUINTABS-M TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	SUPER ANTIOXIDANT CAPS	1	RX/OTC
RA CENTRAL-VITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	SUPERIOR MENS MULTI TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
RAYAVIT TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	SUPERIOR WOMENS MULTI TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
REMEDIENT CAPS	1	RX/OTC	SUPPORT-500 CAPS	1	RX/OTC
RENAPLEX-D TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	SUPPORT LIQD	1	RX/OTC
SENTRY SENIOR/LUTEIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	SYSTANE ICAPS AREDS2 CHEW	1	
SENTRY TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	SYSTANE ICAPS AREDS2 TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
SIDEROL TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	THERA M PLUS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
SM ONE DAILY MENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	THERABETIC MULTI-VITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
SM ONE DAILY WOMENS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	THERAGRAN-M ADVANCED 50 PLUS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
SOLO TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	THERAGRAN-M ADVANCED TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
SPECTRAVITE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	THERAGRAN-M PREMIER 50 PLUS TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
STROVITE ONE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	THERAGRAN-M PREMIER TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
			THERAGRAN-M TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
			THERAMILL FORTE CAPS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERA-M TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VENTRIXYL TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
THERANATAL LACTATION ONE CAPS	1	RX/OTC	VISION HEALTH CAPS	1	RX/OTC
THERA-TABS M TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	1	RX/OTC
THEREMS-M TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	1	RX/OTC
THRIVITE 19 TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VITABEX PLUS CAPS	1	RX/OTC
T-VITES TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VITABEX CAPS	1	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VITACHEW ADULT MULTI VITAMIN CHEW	1	
ULTRA BONEUP TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VITAMIN D3 COMPLETE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ULTRA MEGA GOLD TBCR	1		VITASANA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ULTRA MEGA TWO TBCR	1		VITATRUM TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
ULTRA MEGA TBCR	1		VITEYES CLASSIC ADVANCED CAPS	1	RX/OTC
VENEXA FE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VITEYES CLASSIC MACULAR SUPPORT CAPS	1	RX/OTC
VENEXA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VITEYES CLASSIC MULTIIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
VENTRIXYL FE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
			VITEYES CLASSIC/OMEGA-3 CAPS	1	RX/OTC
			VITEYES CLASSIC+OMEGA-3 CAPS	1	RX/OTC
			VITEYES CLASSIC CAPS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITEYES OPTIC NERVE SUPPORT TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	WOMENS 50+ MULTIVITAMIN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
VITRAMYN TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	WOMENS MULTI GUMMIES CHEW	1	
VITRANOL FE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
VITRANOL TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	1	
VITREXATE FE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	YELETS TEENAGE FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC
VITREXATE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	YOUR LIFE MULTI ADULT GUMMIES CHEW	1	
VITREXYL/IRON TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	YUMVS MULTI ZERO CHEW	1	
VITREXYL TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	1	
VITRUM 50+ ADULT-MULTI IRON FREE TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	ZYVANA CAPS	1	RX/OTC
VITRUM 50+ SENIOR MULTI TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	Multivitamins		
WAL-BORN VITAMIN C CHEW	1		ALTRIXA TABS	1	RX/OTC
WELLFOLA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	AMLADEX TABS	1	RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	1	QL(2 ea daily); AL(At least 12 yrs old); RX/OTC	DAILY MULTIPLE VITAMINS TABS	1	RX/OTC
			ESTROFACTORS TABS	1	RX/OTC
			FOLCYTEINE TABS	1	RX/OTC
			GENICIN VITA-Q TABS	1	RX/OTC
			HIGH POTENCY MULTIVITAMIN TABS	1	RX/OTC
			MULTI VITAMIN/D-3 TABS	1	RX/OTC
			MULTI VITAMIN TABS	1	RX/OTC
			<i>multiple vitamin TABS</i>	1	RX/OTC
			MULTIVITAMIN ADULT TABS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG- 2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	1	RX/OTC
NEOMULTIVITE TABS	1	RX/OTC
OMNICAP TABS	1	RX/OTC
ONE DAILY ESSENTIAL TABS	1	RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	1	RX/OTC
QUINTABS TABS	1	RX/OTC
THERA TABS	1	RX/OTC
THEREMS MULTIVITAMIN TABS	1	RX/OTC
TM-DAILY VITE TABS	1	RX/OTC
TRUE MULTIVITAMIN TABS	1	RX/OTC
VITAZYME TABS	1	RX/OTC
Prenatal Vitamins		
PRENATAL-U CAPS	1	
Vitamin Mixtures		
COD LIVER OIL FOR KIDS OIL	1	RX/OTC
<i>cod liver oil CAPS</i>	1	
COD LIVER OIL OIL	1	RX/OTC
NORWEGIAN COD LIVER OIL OIL	1	RX/OTC
QC COD LIVER OIL OIL	1	RX/OTC
RA COD LIVER OIL OIL	1	RX/OTC
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
CVS NASAL MIST AERS 0.9 %	1	
LITTLE REMEDIES BABY STERILE SALINE MIST FOR NOSES AERS	1	
RA STERILE SALINE NASAL MIST SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>saline SOLN</i>	1	
SIMPLY SALINE AERS	1	
ZARBEES SOOTHING SALINE NASAL MIST/ALOE AERS	1	
Nasal Antiallergy		
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(0.867 ml daily)
Nasal Steroids		
<i>budesonide (nasal)</i>	1	
<i>triamcinolone acetonide (nasal) AERO</i>	1	
Sympathomimetic Decongestants		
<i>oxymetazoline hcl SOLN 0.05 %</i>	1	
<i>phenylephrine hcl (oral) TABS</i>	1	
<i>phenylephrine hcl SOLN 1 %</i>	1	
<i>pseudoephedrine hcl TABS</i>	1	
<i>pseudoephedrine hcl TB12</i>	1	
SUDAFED CHILDRENS LIQD	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	1	MP
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
ALCON TEARS SOLN	1	
<i>artificial tear solution</i>	1	
BION TEARS	1	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	1		REFRESH TEARS PF SOLN	1	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	1		SYSTANE GEL GEL	1	
GENTEAL SEVERE TEARS GEL	1		<i>white petrolatum-mineral oil</i>	1	
GENTEAL TEARS SEVERE DAY/NIGHT GEL	1		Cycloplegic Mydriatics		
<i>glycerin-hypromellose-polyethylene glycol 400</i>	1		<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ISOPTO TEARS SOLN	1		ATROPINE SULFATE SOLN 1 %	1	
<i>polyethylene glycol-propylene glycol (ophth) GEL</i>	1		CYCLOGYL	1	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	1		<i>cyclopentolate hcl</i>	1	
<i>polyvinyl alcohol 1.4 %</i>	1		ISOPTO ATROPINE SOLN	1	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	1		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
REFRESH	1		<i>tropicamide SOLN</i>	1	
REFRESH DIGITAL	1		Ophthalmic Anti-infectives		
REFRESH DIGITAL PF	1		<i>trifluridine</i>	1	
REFRESH LIQUIGEL GEL (Use <i>carboxymethylcellulose sodium (ophth)</i>)	1		Ophthalmic Decongestants		
REFRESH OPTIVE ADVANCED	1		EQL REDNESS RELIEF	1	
REFRESH OPTIVE ADVANCED SENSITIVE	1		<i>naphazoline-glycerin</i>	1	
REFRESH OPTIVE MEGA-3	1		<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	
REFRESH OPTIVE PRESERVATIVE FREE SOLN	1		<i>tetrahydrozoline-dextran-polyethylene glycol-povidone</i>	1	
REFRESH OPTIVE GEL	1		Ophthalmics - Misc.		
REFRESH RELIEVA PF SOLN 0.9 %-0.5 %	1		MURO 128 SOLN	1	
			<i>ophthalmic irrigation solution</i>	1	
			<i>sodium chloride hypertonic OINT</i>	1	
			<i>sodium chloride hypertonic SOLN</i>	1	
			OTIC AGENTS - Drugs to Treat the Ear		
			Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamide peroxide (otic) 6.5 %</i>	1	
<i>isopropyl alcohol (otic)</i>	1	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	1	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Penicillin Combinations		
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM</i>	1	
<i>piperacillin sodium-tazobactam sodium 12 GM-1.5 GM</i>	1	QL(1 ea daily)
PHARMACEUTICAL ADJUVANTS		
Semi Solid Vehicles		
ALPAWASH	1	RX/OTC
BABY SKIN PROTECTANT	1	RX/OTC
DAILY MOISTURIZER	1	RX/OTC
FATTIBASE	1	RX/OTC
LIP BALM BASE	1	RX/OTC
PCCA POLYPEG BASE	1	RX/OTC
PEG	1	RX/OTC
PEG OINTMENT BASE	1	RX/OTC
PETROLATUM	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PETROLATUM WHITE OINT	1	RX/OTC
PETROLEUM JELLY	1	RX/OTC
PETROLEUM JELLYBABY	1	RX/OTC
POLYETHYLENE GLYCOL BLEND	1	RX/OTC
RA PETROLEUM JELLY	1	RX/OTC
SKIN PROTECTANT PETROLATUM	1	RX/OTC
<i>white petrolatum GEL EX 99.89 %, 100 %</i>	1	RX/OTC
WHITE PETROLATUM OINT	1	RX/OTC
YELLOW PETROLATUM	1	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	MP
<i>disulfiram</i>	1	MP
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	1	SP; PA
XYREM SOLN	1	SP; PA
Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/ Limits
LYBALVI	1	Smart PA; QL(1 ea daily); AL(At least 18 yrs old); MP
<i>olanzapine-fluoxetine hcl</i>	1	Smart PA; AL(At least 6 yrs old); MP
<i>perphenazine-amitriptyline</i>	1	Smart PA; AL(At least 6 yrs old); MP
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	1	Smart PA; QL(2 ea daily); AL(At least 13 yrs old)
SAVELLA TABS	1	Smart PA; QL(2 ea daily); AL(At least 13 yrs old)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	1	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	1	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
<i>pimozide 2 MG</i>	1	QL(5 ea daily); AL(At least 6 yrs old); MP
<i>pimozide 1 MG</i>	1	QL(10 ea daily); AL(At least 6 yrs old); MP
Smoking Deterrents		
APO-VARENICLINE TABS	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	1	QL(2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine polacrilex GUM</i>	1	QL(10.27 ea daily); AL(At least 18 yrs old)
<i>nicotine polacrilex LOZG</i>	1	QL(10.27 ea daily); AL(At least 18 yrs old)
NICOTINE TRANSDERMAL SYSTEM KIT	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>nicotine MISC XX</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
NICOTROL INHALER INHA	1	QL(168 ea per fill retail; 504 ea per 90 days retail); AL(At least 18 yrs old)
NICOTROL NS SOLN	1	QL(40 ml per fill retail; 120 ml per 90 days retail); AL(At least 18 yrs old)
<i>varenicline tartrate TABS</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>varenicline tartrate TBPK</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	MP
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
PULMOZYME	1	Smart PA; SP
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antithyroid Agents			<i>dicyclomine hcl SOLN OR</i>	1	
<i>methimazole TABS</i>	1	MP	<i>dicyclomine hcl TABS</i>	1	
<i>propylthiouracil</i>	1	MP	<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1	
Thyroid Hormones			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	<i>hyoscyamine sulfate ELIX</i>	1	
TOXOIDS			<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1	
Toxoid Combinations			<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
ADACEL SUSP	1		<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
BOOSTRIX SUSP	1		<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
BOOSTRIX SUSY	1		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
DAPTACEL	1		Misc. Anti-Ulcer		
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	1		<i>sucralfate SUSP</i>	1	AL(Up to 6 yrs old); MP
INFANRIX	1		<i>sucralfate TABS</i>	1	MP
KINRIX SUSY	1		Proton Pump Inhibitors		
PEDIARIX SUSY	1		VOQUEZNA	2	240 rtl lmt day(s); 365 mail lmt day(s)
PENTACEL	1		Ulcer Drugs - Prostaglandins		
QUADRACEL SUSP	1		<i>misoprostol</i>	1	
QUADRACEL SUSY	1		URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
TDVAX SUSP	1		Urinary Antispasmodics - Cholinergic Agonists		
TENIVAC INJ	1		<i>bethanechol chloride</i>	1	MP
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	1		VACCINES		
VAXELIS SUSP	1		Bacterial Vaccines		
VAXELIS SUSY	1		ACTHIB SOLR IM	1	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			BCG VACCINE	1	
Antispasmodics			BEXSERO	1	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1		BIOTHRAX	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML	1		HIBERIX SOLR IJ	1	
<i>dicyclomine hcl CAPS</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MENACTRA	1		COMIRNATY 2023-24 SUSP	1	
MENQUADFI	1		COMIRNATY 2023-24 SUSY	1	
MENVEO SOLN	1		COMIRNATY SUSP	1	
MENVEO SOLR	1		DENGVAIXA	1	
PEDVAX HIB SUSP	1		ENGERIX-B SUSP 20 MCG/ML	1	3 rtl MAX fill; 999 rtl day(s) supply
PENBRAYA	1		ENGERIX-B SUSY	1	3 rtl MAX fill; 999 rtl day(s) supply
PNEUMOVAX 23	1		FLUAD QUADRIVALENT 2021-2022	1	
PNEUMOVAX 23/1 DOSE	1		FLUAD QUADRIVALENT 2022-2023	1	
PREVNAR 13	1		FLUAD QUADRIVALENT 2023-2024	1	
PREVNAR 20	1		FLUARIX QUADRIVALENT 2021-2022 SUSY	1	
TRUMENBA	1		FLUARIX QUADRIVALENT 2022-2023 SUSY	1	
TYPHIM VI SOLN	1		FLUARIX QUADRIVALENT 2023-2024 SUSY	1	
TYPHIM VI SOSY	1		FLUBLOK QUADRIVALENT 2021-2022	1	
VAXCHORA	1		FLUBLOK QUADRIVALENT 2022-2023	1	
VAXNEUVANCE	1		FLUBLOK QUADRIVALENT 2023-2024	1	
VIVOTIF	1		FLUCELVAX QUADRIVALENT 2021-2022 SUSP	1	
Viral Vaccines			FLUCELVAX QUADRIVALENT 2021-2022 SUSY	1	
ABRYSVO	1				
ACAM2000	1				
AFLURIA QUADRIVALENT 2021-2022 SUSP	1				
AFLURIA QUADRIVALENT 2021-2022 SUSY	1				
AFLURIA QUADRIVALENT 2022-2023 SUSP	1				
AFLURIA QUADRIVALENT 2022-2023 SUSY	1				
AFLURIA QUADRIVALENT 2023-2024 SUSP	1				
AFLURIA QUADRIVALENT 2023-2024 SUSY	1				
AREXVY	1	AL (At least 60 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	1		FLUZONE QUADRIVALENT 2023-2024 SUSY	1	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	1		GARDASIL 9 SUSP	1	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	1		GARDASIL 9 SUSY	1	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	1		HAVRIX	1	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	1		HEPLISAV-B SOSY	1	3 rtl MAX fill; 999 rtl day(s) supply
FLULAVAL QUADRIVALENT 2022-2023 SUSY	1		IMOVAX RABIES (H.D.C.V.) SUSR	1	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	1		IPOL INACTIVATED IPV	1	
FLUMIST QUADRIVALENT	1		IXCHIQ	1	QL(1 ea per 365 days retail); AL(At least 18 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	1		IXIARO	1	
FLUZONE HIGH-DOSE PF 2022-2023	1		JANSSEN COVID-19 VACCINE	1	
FLUZONE HIGH-DOSE PF 2023-2024	1		JYNNEOS	1	
FLUZONE QUADRIVALENT 2021-2022 SUSP	1		M-M-R II SOLR	1	
FLUZONE QUADRIVALENT 2021-2022 SUSY	1		MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	1	
FLUZONE QUADRIVALENT 2022-2023 SUSP	1		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	1	
FLUZONE QUADRIVALENT 2022-2023 SUSY	1		MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	1	
FLUZONE QUADRIVALENT 2023-2024 SUSP	1		MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	1	
			MODERNA COVID-19 VACCINE6-11Y SUSP	1	
			MODERNA COVID-19 VACCINE6MO-5Y SUSP	1	

Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VACCINE SUSP	1	
NOVAVAX COVID-19 VACCINE	1	
NOVAVAX COVID-19 VACCINE/2023-24	1	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	1	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	1	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	1	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	1	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	1	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	1	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	1	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	1	
PFIZER-BIONTECH COVID-19VACCINE SUSP	1	
PREHEVBRIO	1	3 rtl MAX fill; 999 rtl day(s) supply
PRIORIX SUSR	1	
PROQUAD SUSR	1	
RABAVERT	1	

Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP	1	3 rtl MAX fill; 999 rtl day(s) supply
RECOMBIVAX HB SUSY	1	3 rtl MAX fill; 999 rtl day(s) supply
ROTARIX SUSP	1	
ROTARIX SUSR	1	
ROTATEQ SOLN	1	
SHINGRIX	1	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	1	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	1	
SPIKEVAX COVID-19 VACCINE SUSP	1	
STAMARIL SUSR	1	
TICOVAC	1	
TWINRIX SUSY	1	
VAQTA	1	
VARIVAX INJ	1	2 rtl MAX fill; 999 rtl day(s) supply
YF-VAX INJ	1	

VAGINAL AND RELATED PRODUCTS

Miscellaneous Vaginal Products

INTRAROSA	1	PA
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Spermicides

OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	1	
VCF VAGINAL CONTRACEPTIVE FILM FILM	1	
VCF VAGINAL CONTRACEPTIVEGEL GEL	1	

Vaginal Anti-infectives

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole vaginal CREA</i>	1		<i>cholecalciferol CHEW 25 MCG, 400 UNIT, 1000 UNIT</i>	1	
<i>miconazole nitrate vaginal CREA</i>	1		<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	1	
<i>miconazole nitrate vaginal KIT</i>	1		<i>cholecalciferol TABS 1.25 MG, 10 MCG, 25 MCG, 50 MCG, 250 MCG, 400 UNIT, 1000 UNIT, 1250 MCG, 2000 UNIT, 10000 UNIT, 50000 UNIT</i>	1	
<i>miconazole nitrate vaginal SUPP</i>	1		<i>ergocalciferol CAPS</i>	1	AL(At least 17 yrs old); MP
<i>terconazole vaginal CREA</i>	1		<i>ergocalciferol SOLN OR</i>	1	QL(2 ml daily)
<i>terconazole vaginal SUPP</i>	1		<i>VITAMIN A 7500 UNIT FISH CAPS</i>	1	
<i>tioconazole vaginal 6.5 %</i>	1		<i>vitamin a CAPS 3000 MCG, 10000 UNIT</i>	1	
Vaginal Estrogens			<i>VITAMIN D2 TABS 400 UNIT</i>	1	MP
<i>estradiol vaginal CREA</i>	1	MP	<i>vitamin e CAPS 100 UNIT, 180 MG, 400 UNIT, 450 MG, 1000 UNIT</i>	1	
PREMARIN	1	MP	<i>vitamin e SOLN</i>	1	
Vaginal Progestins			Water Soluble Vitamins		
CRINONE GEL	1	PA	<i>ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 500 MG</i>	1	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			<i>ascorbic acid LOZG</i>	1	
Neurogenic Orthostatic Hypotension (NOH) - Agents			<i>ascorbic acid TABS 1000 MG, 1000 MG-37 MG, 1000 MG</i>	1	
<i>droxidopa</i>	1	QL(3 ea daily); SP; PA	<i>ascorbic acid TABS</i>	1	QL(3.34 ea daily)
Vasopressors			<i>ascorbic acid TBCR 1500 MG</i>	1	
<i>midodrine hcl</i>	1		<i>niacin CPCR 250 MG, 500 MG</i>	1	
VITAMINS			<i>niacin TABS 100 MG</i>	1	
Oil Soluble Vitamins			<i>niacin TBCR 500 MG</i>	1	
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	QL(0.286 ea daily)			
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 ea daily)			
<i>cholecalciferol CAPS 250 MCG, 10 MCG, 25 MCG, 50 MCG, 250 MCG, 400 UNIT, 1000 UNIT, 2000 UNIT, 10000 UNIT</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	1	MP
<i>thiamine hcl TABS 100 MG</i>	1	QL(3.34 ea daily)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(3.34 ea daily)
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BOOSTRIX SUSY93	bupropion hcl (smoking deterrent) 92	calcium carbonate TABS 600 MG, 1500 MG73
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI68	bupropion hcl TABS5	CALCIUM CARBONATE TABS 648 MG2
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI68	bupropion hcl TB125	calcium carbonate-cholecalciferol CAPS73
	bupropion hcl TB245	calcium carbonate-cholecalciferol CHEW 400 UNIT-500 MG, 600 UNIT- 500 MG73
	BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX LIQD 78	calcium carbonate-cholecalciferol TABs73
	butalbital-acetaminophen CAPS 50 MG-300 MG1	

calcium carbonate-simethicone CHEW 1000 MG-60 MG 2	CAL-QUICK LIQD73	hcl) 14
calcium carbonate-vitamin d CAPS 73	CALTRATE 600+D3 SOFT CHEWS CHEW73	CAREONE ADVANCED LANCINGDEVICE MISC34
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT73	CALTRATE BONE HEALTH CHEW . 73	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"49
calcium carbonate-vitamin d w/ minerals CHEW73	CAM LOTN17	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" ...49
calcium carbonate-vitamin d w/ minerals TABS73	camphor & menthol LOTN16	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"49
CALCIUM CHEW 10 MCG-500 MG 73	camphor & phenol LIQD16	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" ...49
CALCIUM CITRATE + D3 TABS .. 73	camphor-eucalyptus-menthol OINT 16	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"49
calcium citrate TABS 200 MG 73	camphor-menthol-methyl salicylate CREA22	CAREONE INSULIN SYRINGES/1ML/31GX5/16"49
CALCIUM CITRATE W/D TABS ...73	camphor-menthol-methyl salicylate PTCH EX22	CAREONE LANCET SUPER THIN/30G34
CALCIUM CITRATE/VITAMIN D3 LIQD73	CAPHOSOL SOLN76	CAREONE LANCET THIN34
CALCIUM CITRATE+ D TABS 73	CAPLYTA10	CARESENS LANCETS34
calcium citrate-vitamin d TABS 73	capsaicin CREA 0.025 %, 0.075 %, 0.1 %22	CARESTART COVID-19 ANTIGEN HOME TEST KIT24
CALCIUM PLUS D3 ABSORBABLE CAPS73	CAPZASIN LIQD22	CARETOUCH 2 CPAP HOSE HANGER MISC69
calcium polycarbophil TABS27	carbamazepine CHEW4	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ ARM DEVI29
CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG .74	carbamazepine CP124	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ WRIST DEVI29
CALCIUM/MAGNESIUM/ZINC/D3 TABS74	carbamazepine SUSP4	CARETOUCH CPAP & BIPAP HOSE/6FT MISC69
CALCIUM/MAGNESIUM/ZINC/VITA MIN D3 TABS74	carbamazepine TABS4	CARETOUCH CPAP MASK WIPES MISC69
CALCIUM/VITAMIN D CAPS73	carbamazepine TB124	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 69
calcium-magnesium-zinc73	carbamide peroxide (otic) 6.5 % ...91	
CAL-DAY 1000 TABS78	carbonyl iron SUSP26	
CAL-MAG-ZINC-D TABS74	carboxymethylcellulose sodium (ophth) GEL89	
CAL-MAG-ZINC-D3 TABS74	carboxymethylcellulose sodium (ophth) SOLN 0.5 %90	
	CARDIOCOM LANCING DEVICE MISC33	
	CARDIZEM LA TB24 (Use diltiazem	

CARETOUCH CPAP TUBE	CELEBRATE MULTI-COMPLETE18	TABS79
CLEANING BRUSH MISC69	CAPS78	CENTRUM MULTIGUMMIES MULTI
CARETOUCH INSULIN	CELEBRATE MULTI-COMPLETE18	+OMEGA 3 CHEW79
SYRINGE/0.3ML/31GX5/16"49	CHEW78	CENTRUM SILVER CHEW79
CARETOUCH INSULIN	CELEBRATE MULTI-COMPLETE36	CENTRUM SILVER ULTRA
SYRINGE/0.5ML/31GX5/16"49	CAPS78	WOMENS TABS79
CARETOUCH INSULIN	CELEBRATE MULTI-COMPLETE36	CENTRUM SPECIALIST HEART
SYRINGE/1ML/30GX5/16"50	CHEW78	TABS79
CARETOUCH INSULIN	CELEBRATE MULTI-COMPLETE45	CENTRUM SPECIALIST IMMUNE
SYRINGE/1ML/31GX5/16"50	CAPS78	SUPPORT TABS79
CARETOUCH INSULIN	CELEBRATE MULTI-COMPLETE45	CENTRUM SPECIALIST VISION
SYRINGE0.5ML/30GX5/16"50	CHEW78	TABS79
CARETOUCH LANCING	CELEBRATE MULTI-COMPLETE60	CENTRUM ULTRA WOMENS TABS
DEVICewith EJECTOR MISC ...34	CAPS78	79
CARETOUCH SAFETY	CELEBRATE MULTI-COMPLETE60	CENTRUM VITAMINTS CHEW ...79
LANCETS/26G34	CHEW78	CERALYTE 70 SOLN74
CARETOUCH SAFETY	CENTRAVITES 50 PLUS TABS ...78	CERASPORT EX1 SOLN74
LANCETS/28G34	CENTRAVITES ADULTS TABS ...78	CERASPORT SOLN74
CARETOUCH SAFETY	CENTRUM ADULT MULTIGUMMIES	CERAVE AM FACIAL
LANCETS/30G34	CHEW78	MOISTURIZING LOTION/SPF30
CARETOUCH TWIST LANCETS	CENTRUM CARDIO TABS78	LOTN17
28G34	CENTRUM FLAVOR BURST ADULT	CERAVE DAILY MOISTURIZING
CARETOUCH TWIST LANCETS	CHEW78	LOTN17
30G34	CENTRUM FLAVOR BURST CHEW	CERAVE DIABETICS DRY SKIN
CARETOUCH TWIST LANCETS	78	RELIEF CREA17
33G34	CENTRUM FRESH/FRUITY	CERAVE MOISTURIZING CREA .17
CARETOUCH TWIST LANCETS	ADULTS 50+ CHEW78	CERAVE PM FACIAL
MULTI COLOR/30G34	CENTRUM FRESH/FRUITY	MOISTURIZING LOTION ULTRA
CARETOUCH UNIVERSAL	ADULTS CHEW78	LIGHTWEIGHT LOTN17
CPAPFILTERS MISC69	CENTRUM MEN TABS79	CERAVE SA/ROUGH AND
CARMEX CLASSIC LIP BALM OINT	CENTRUM MINIS ADULTS 50+	BUMPYSKIN CREA17
23	TABS79	CERAVE SA/ROUGH AND
castor oil OIL 100 %27	CENTRUM MINIS MEN 50+ TABS	BUMPYSKIN LOTN17
ceftriaxone sodium IJ 1 GM, 250 MG,	79	CERTAVITE SENIOR TABS79
500 MG14	CENTRUM MINIS WOMEN 50+	CERTAVITE
ceftriaxone sodium IJ 2 GM14		

SENIOR/ANTIOXIDANT NUTRIENTS TABS	79	TABS 10 MG-4 MG	15	citalopram hydrobromide SOLN	6
CERTAVITE/ANTIOXIDANTS TABS .	79	chlorpheniramine & pseudoeph TABS	15	citalopram hydrobromide TABS	6
CETAPHIL ADVANCED RELIEF LOTN	17	chlorpheniramine maleate SYRP ...	9	CITRACAL MAXIMUM PLUS TABS	74
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	17	chlorpheniramine maleate TABS ...	9	CITRACAL PLUS TABS	74
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	17	chlorpheniramine maleate TBCR ...	9	CLEANLET LANCETS 28G	34
CETAPHIL MOISTURIZING LOTN	17	chlorpromazine hcl CONC 30 MG/ML	12	clemastine fumarate TABS 1.34 MG .	9
CETAPHIL RESTORADERM LOTN .	17	chlorpromazine hcl SOLN	12	CLEVER CHEK LANCETS ULTRATHIN	34
CETAPHIL THERAPEUTIC HAND CREA	17	chlorpromazine hcl TABS	12	CLEVER CHEK LANCETS ULTRATHIN 30G	34
CHAPSTICK OVERNIGHT OINT ..23		CHOICEFUL MULTIVITAMIN CAPS .	79	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .	69
CHAPSTICK ULTRASMOOTH FORTIFY OINT	23	CHOICEFUL MULTIVITAMIN CHEW	79	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	69
CHAPSTICK ULTRASMOOTH NOURISH OINT	23	cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	97	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	69
CHAPSTICK ULTRASMOOTH REJUVENATE OINT	23	cholecalciferol CAPS 125 MCG, 5000 UNIT	97	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	69
CHAPSTICK ULTRASMOOTH SOOTHE OINT	23	cholecalciferol CAPS 250 MCG, 10 MCG, 25 MCG, 50 MCG, 250 MCG, 400 UNIT, 1000 UNIT, 2000 UNIT, 10000 UNIT	97	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	69
CHEMET	8	cholecalciferol CHEW 25 MCG, 400 UNIT, 1000 UNIT	97	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .	69
CHEMSTRIP-K STRP	24	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	97	CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM DEVI	29
CHEST RUB OINT	16	cholecalciferol TABS 1.25 MG, 10 MCG, 25 MCG, 50 MCG, 250 MCG, 400 UNIT, 1000 UNIT, 1250 MCG, 2000 UNIT, 10000 UNIT, 50000 UNIT	97	CLEVER CHOICE BLOOD PRESSURE MONITOR/UPPER ARM DEVI	29
chlorhexidine gluconate (mouth- throat)	75	CICAPLAST BAUME B5 SOOTHING MULTI-PURPOSE BALM CREA ...	17	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	50
chlorhexidine gluconate SOLN EX	13	cilostazol	26	CLEVER CHOICE COMFORT	
chloroquine phosphate TABS	9	cinacalcet hcl	25		
chlorpheniramine & phenylephrine LIQD 10 MG/5ML-4 MG/5ML	14				
chlorpheniramine & phenylephrine					

EZINSULIN SYRINGE/0.3ML/30G X 1/2" 50	EZLANCETS 21G34	COCONUT OIL BEAUTY CREA ...17
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" 50	CLEVER CHOICE COMFORT EZLANCETS 23G34	cod liver oil CAPS89
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" 50	CLEVER CHOICE COMFORT EZLANCETS 28G34	COD LIVER OIL FOR KIDS OIL ...89
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" 50	CLEVER CHOICE ELECTRONICBLOOD PRESSURE MONITOR/WRIST DEVI29	COD LIVER OIL OIL89
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" 50	CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI29	COLD & ALLERGY CHILDRENS LIQD15
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" 50	CLINDAMYCIN/SODIUM CHLORIDE9	COLLAGEN PREMIUM SKIN CREAM CREA18
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" 50	CLN FACIAL MOISTURIZER NOURISHING LOTN17	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"50
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" 50	clobazam SUSP3	COMFORT ASSURED LANCETS MICRO THIN 33G34
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" 50	clobazam TABS3	COMFORT ASSURED LANCETS SUPER THIN 28G34
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" 50	clomipramine hcl7	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"50
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" 50	clonazepam TABS3	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" 50
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" 50	clonazepam TBDP3	COMFORT LANCETS34
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" 50	clotrimazole vaginal CREA97	COMFORT TOUCH LANCETS ULTRA THIN 31G34
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" 50	clozapine TABS12	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G34
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" 50	clozapine TBDP12	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G34
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16"50	CO MONITOR DEVI69	COMIRNATY 2023-24 SUSP94
CLEVER CHOICE COMFORT	CO MONITOR REPLACEMENT TPIECES MISC69	COMIRNATY 2023-24 SUSY94
	COAGUCHEK LANCETS34	COMIRNATY SUSP94
	coal tar extract SHAM 0.5 %24	
	COARTEM9	
	COATS ALOE LINIMENT LOTN ..22	
	COCOA BUTTER HAND & BODYLOTION LOTN17	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ...69
	COCOA BUTTER LOTN17	COMPACT SPACE

CHAMBER/ANTI-STATIC/LARGE MASK DEVI	69	CVS BLOOD PRESSURE MONITOR PROFESSIONAL/ARM MISC	29	CVS MOISTURIZING LOTION LOTN	18
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	69	CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC	29	CVS NASAL MIST AERS 0.9 %	89
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	69	CVS CALCIUM CITRATE+D3 TABS .74		CVS NEEDLE COLLECTION & DISPOSAL	50
COMPLETE NEEDLE COLLECTION & DISPOSAL SYSTEM	50	CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	74	CVS ONE DAILY MENS 50+ ADVANCED TABS	79
CORN HUSKERS LOTN	18	CVS CAPSAICIN LIQD	22	CVS ONE DAILY WOMENS 50+ADVANCED TABS	79
COUGH AND CHEST CONGESTION DM COUGH SYRUP SYRP	15	CVS COLD & ALLERGY CHILDRENS LIQD	15	CVS SERIES 100 BLOOD PRESSURE MONITOR DEVI	29
COUGH DROPS	76	CVS DAILY ULTRA MOISTURELOTION LOTN	18	CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	29
CRINONE GEL	97	CVS DRY MOUTH SPRAY SOLN .76		CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI	29
CRITIC-AID CLEAR MOISTUREBARRIER OINT 86.5 % 23		CVS DRY SKIN THERAPY CREA .18		CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	29
cromolyn sodium (nasal) 5.2 MG/ACT	89	CVS DRY SKIN THERAPY LOTN .18		CVS SOFT GLUCOSE CHEW	7
cromolyn sodium NEBU	3	CVS EYE HEALTH ADULT 50+ CAPS	79	CVS SPECTRAVITE ADULT 50+ CHEW	79
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	79	CVS GENTLE SKIN CLEANSER LOTN	18	CVS SPECTRAVITE ADULT 50+ TABS	79
CUTEMOL CREA	18	CVS GLUCOSE CHEW	7	CVS SPECTRAVITE ADULTS TABS 79	
CVS ADULT 50+ EYE HEALTH CAPS	79	CVS LANCETS 21G	34	CVS SPECTRAVITE ULTRA MEN50+ TABS	79
CVS ADVANCED BLOOD PRESSURE MONITOR DEVI	29	CVS LANCETS MICRO THIN 33G 34		CVS SPECTRAVITE ULTRA MENS HEALTH TABS	80
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	79	CVS LANCETS MICRO-THIN 33G 34		CVS SPECTRAVITE ULTRA WOMEN TABS	80
CVS ANTACID CHILDRENS LIQD .2		CVS LANCETS ORIGINAL	34	CVS SPECTRAVITE WOMEN CHEW	80
CVS BEAUTY 360 DRY SKIN LOTN .18		CVS LANCETS THIN 26G	34	CVS TENSION HEADACHE CAPS .1	
CVS BLOOD PRESSURE MONITOR PREMIUM/WRIST MISC	29	CVS LANCETS ULTRA THIN 30G 34			
		CVS LANCETS ULTRA-THIN 30G 34			
		CVS LANCING DEVICE MISC	34		
		CVS MOISTURIZING CREAM CREA			

CVS ULTRA THIN LANCETS34	DERMABASEOIL IN WATER CREA . 18	desvenlafaxine succinate7
CVS VISION HEALTH CAPS80	DERMACINRX MULTITAM TABS .80	DEX47
cyanocobalamin SOLN IJ 1000 MCG/ML26	DERMACINRX RIBOTIN-E TABS .80	DEX4 FAST ACTING GLUCOSE ..7
cyanocobalamin TABS 500 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG26	DERMACINRX ZINTREXYL-C TABS80	DEX4 NATURALS7
CYCLOGYL90	DERMAIDE ALOE CREA18	DEX4 POUCH PACK7
cyclopentolate hcl90	DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN 18	DEX4 QUICK DISSOLVE GLUCOSE CHEW7
cyproheptadine hcl SYRP9	DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN18	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML 14
cyproheptadine hcl TABS9	DERMAL THERAPY FOOT MASSAGE LOTN18	dexamethasone sodium phosphate SOLN IJ14
DAILY MOISTURIZER91	DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN18	dexamethasone sodium phosphate SOSY IJ 4 MG/ML14
DAILY MOISTURIZING LOTION LOTN18	DERMAL THERAPY HEEL CARE LOTN18	DEXATRAM CAPS80
DAILY MOISTURIZING LOTN18	DERMAVITE TABS80	DEXCOM G6 RECEIVER34
DAILY MULTIPLE VITAMINS TABS . 88	DERMEND ALPHA + BETA HYDROXY THERAPY CREA18	DEXCOM G6 SENSOR34
DAPTACEL93	DERMEND ALPHA + BETA HYDROXY THERAPY LOTN18	DEXCOM G6 TRANSMITTER34
DAYAVITE TABS80	DERMEND FRAGILE SKIN MOISTURIZING FORMULA CREA 18	DEXCOM G7 RECEIVER35
DAYHIST ALLERGY 12 HOUR RELIEF TABS9	DERMEND MOISTURIZING BRUISE FORMULA CREA18	DEXCOM G7 SENSOR35
D-CERIN CREA18	desipramine hcl TABS7	dextran 70-hypromellose 0.3 %-0.1 %90
DECUBI-VITE CAPS80	desmopressin acetate spray25	dextromethorphan polistirex LQCR 14
deferasirox PACK8	desmopressin acetate spray refrigerated25	dextromethorphan polistirex SUER 14
deferasirox TABS8	desmopressin acetate TABS25	dextromethorphan-benzocaine 7.5 MG-5 MG76
deferasirox TBSO8	DESVENLAFAXINE ER7	dextromethorphan-guaifenesin CAPS15
DEKAS BARIATRIC CHEW80		dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML,
DEKAS PLUS CAPS80		
DEKAS PLUS CHEW80		
DEKAS PLUS OCEAN CAPS80		
DENG VAXIA94		
DENTIVA76		

400 MG/20ML-20 MG/20ML	15	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	14	divalproex sodium CSDR	5
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	15	DILANTIN 30 MG	5	divalproex sodium TB24	5
dextromethorphan-guaifenesin TABS	15	diltiazem hcl TB24	14	divalproex sodium TBEC	5
dextromethorphan-guaifenesin TB12 1200 MG-60 MG	15	DIMETAPP CHILDREN'S COLD& ALLERGY LIQD	15	DML FORTE CREA	18
dextromethorphan-guaifenesin TB12 600 MG-30 MG	15	dimethicone (topical) LOTN 3 %	23	docosanol	16
dextrose (diabetic use) GEL	7	diphenhydramine hcl (sleep) CAPS 26	26	docusate calcium	28
DIABETIC TUSSIN COUGH DROPS	76	diphenhydramine hcl (sleep) LIQD	26	docusate sodium CAPS 100 MG	28
DIABETIDERM CREA	18	diphenhydramine hcl (sleep) TABS 25 MG	26	docusate sodium CAPS 250 MG	28
DIABETIDERM FOOT REJUVENATING CREA	18	diphenhydramine hcl CAPS 25 MG	9	docusate sodium ENEM 283 MG/5ML	28
DIABETIDERM LOTN	18	diphenhydramine hcl CAPS 50 MG	9	docusate sodium LIQD	28
DIACOMIT CAPS	4	diphenhydramine hcl CHEW	9	docusate sodium SYRP	28
DIACOMIT PACK	4	diphenhydramine hcl ELIX 12.5 MG/5ML	9	DOCUSATE SODIUM SYRP	28
DIALYVITE SUPREME D TABS	80	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	9	docusate sodium TABS	28
DIATHRIVE LANCETS	35	diphenhydramine hcl TABS 25 MG	9	dofetilide	3
DIATHRIVE LANCETS ULTRA THIN 30G	35	diphenhydramine-acetaminophen (sleep) TABS	26	doxepin hcl CAPS	7
DIATHRIVE LANCING DEVICE MISC	35	diphenhydramine-zinc acetate CREA 16	16	doxepin hcl CONC	7
DIATROL TABS	80	diphenhydramine-zinc acetate LIQD . 16	16	doxylamine succinate (sleep)	26
diazepam (anticonvulsant) GEL	3	diphenoxylate w/ atropine LIQD	8	DR SMITHS DIAPER OINT	23
dibucaine	22	diphenoxylate w/ atropine TABS	8	DR SMITHS DIAPER QUICK RELIEF OINT	23
dicyclomine hcl CAPS	93	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	93	DROPLET GENTEEL LANCING DEVICE MISC	35
dicyclomine hcl SOLN OR	93	disopyramide phosphate CAPS	3	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	50
dicyclomine hcl TABS	93	disulfiram	91	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	50
digoxin SOLN OR 0.05 MG/ML	14			DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	50
				DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	50
				DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	51

DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 15/64"51	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"51	DRUG MART UNILET LANCETSSUPER THIN 30G 35
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16" 51	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 5/16" 51	DRUG MART UNILET LANCETSULTRA THIN 28G35
DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64"51	DROPLET LANCETS ULTRA THIN 30G35	DRUG MART UNILET MICRO THIN LANCETS 33G35
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" 51	DROPLET LANCING DEVICE MISC . 35	duloxetine hcl CPEP 7
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 15/64"51	DROPLET PERSONAL LANCETS30G35	DUREX EXTRA SENSITIVE THIN DEVI31
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16" 51	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML 51	EASIVENT MISC69
DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" 51	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML51	EASIVENT/MASK-LARGE MISC ..69
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2"51	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML51	EASIVENT/MASK-MEDIUM MISC 69
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 15/64"51	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML51	EASIVENT/MASK-SMALL MISC ..69
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16" 51	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML51	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" 52
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DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" 51	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML51	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" 52
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"51	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML51	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" 52
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 51	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML51	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" 52
DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"51	droxidopa97	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 52
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EASY FLOW AIR NOZZLE MISC . 69	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" 52	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" 52
EASY FLOW BLACK/BLUE DEVI . 69	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" 52	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" 53
EASY FLOW BLACK/ORANGE DEVI70	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" 52	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 53
EASY FLOW BLACK/RED DEVI .. 70	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" 52	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 53
EASY FLOW BLACK/WHITE DEVI 70	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2" 52	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" 53
EASY FLOW BLACK/YELLOW DEVI70	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" 52	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 53
EASY FLOW HEPA FILTER MISC 70	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" 52	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED ... 35
EASY FLOW WHITE/BLUE DEVI . 70	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" 52	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED ... 35
EASY FLOW WHITE/GREEN DEVI 70	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 52	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED ... 35
EASY FLOW WHITE/PINK DEVI .. 70	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" . 52	EASY TOUCH LANCETS 26G/PULL- TOP 35
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EASY MINI LANCING DEVICE MISC 35		
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 52		
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" 52		

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EASY TOUCH LANCETS 30G/TWIST35	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" 53	EPILYT LOTN18 EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS80
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ...35	EBASE CONTROLLER KIT MISC .70	EQ MULTIVITAMINS ADULT GUMMY CHEW80
EASY TOUCH LANCETS 32G/PULL- TOP35	ED A-HIST DM TABS15	EQ ONE DAILY MENS 50+ TABS .80
EASY TOUCH LANCETS 32G/TWIST35	ELLUME COVID-19 HOME TEST KIT24	EQ ONE DAILY MENS HEALTH TABS80
EASY TOUCH LANCETS 33G/TWIST35	ELMIRON CAPS26	EQ ONE DAILY WOMENS 50+ TABS80
EASY TOUCH LANCING DEVICE/EJECTOR MISC35	ELON SKIN REPAIR SYSTEM CREA18	EQ ONE DAILY WOMENS HEALTH TABS80
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED36	EMBRACE LANCETS ULTRA THIN 30G36	EQ ONE DAILY WOMENS HEALTH TABS80
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED36	EMBRACE LANCING DEVICE WITH EJECTOR MISC36	EQ SPACE CHAMBER ANTI- STATIC DEVI70
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED36	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G36	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI70
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EQL COLOR LANCETS MICRO THIN 33G36	ergocalciferol SOLN OR97	EUCERIN PLUS CREA19
EQL DRY MOUTH ORAL RINSE SOLN76	ergoloid mesylates TABS92	EUCERIN PLUS LOTN19
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"53	escitalopram oxalate SOLN6	EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN19
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"53	escitalopram oxalate TABS6	EUCERIN REDNESS RELIEF NIGHT CREME CREA19
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"53	estradiol & norethindrone acetate TABS25	EUCERIN ROUGHNESS RELIEF CREA19
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"53	estradiol PTTW25	EUCERIN ROUGHNESS RELIEF LOTN19
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"53	estradiol PTWK25	EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN19
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"53	estradiol TABS25	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"53
EQL INSULIN SYRINGE/1ML/29G X 1/2"53	estradiol vaginal CREA97	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"53
EQL INSULIN SYRINGE/1ML/30G X 5/16"53	ESTROFACTORS TABS88	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"53
EQL INSULIN SYRINGE/1ML/31G X 5/16"53	ESTROVEN MENOPAUSE SUPPLEMENT TABS81	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"53
EQL MOISTURIZING CREAM CREA18	ethosuximide CAPS5	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"53
EQL ONE DAILY ADULT GUMMIES CHEW81	ethosuximide SOLN5	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"53
EQL ONE DAILY MENS TABS81	etonogestrel-ethinyl estradiol14	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"53
EQL REDNESS RELIEF90	EUCERIN ADVANCED REPAIR CREA19	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"53
EQL SUPER THIN LANCETS 30G 36	EUCERIN ADVANCED REPAIR HAND CREA19	EYE HEALTH CAPS81
EQL THIN LANCETS 26G36	EUCERIN BABY LOTN19	EYE HEALTH/LUTEIN TABS81
EQL ULTRA MOISTURIZING DAILY LOTION LOTN18	EUCERIN DAILY HYDRATION CREA19	EYE MULTIVITAMIN CAPS81
EQUETRO10	EUCERIN DAILY HYDRATION LOTN19	EYE MULTIVITAMIN/LUTEIN CAPS .
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	EUCERIN DAILY PROTECTION/SPF 30 LOTN19	
	EUCERIN INTENSIVE REPAIR LOTN19	
	EUCERIN LOTN19	

81	FERROUS GLUCONATE TABS 324 MG	26	FLEET BISACODYL ENEM	27	
EYE MULTIVITAMIN/SODIUM TABS	81	ferrous sulfate SOLN	26	FLEET LIQUID GLYCERIN SUPPOSITORIES ENEM	27
E-Z JECT LANCETS	36	ferrous sulfate TABS 65 MG, 325 MG	26	FLEXICHAMBER ADULT MASK/SMALL	70
E-Z JECT LANCETS 21G	36	ferrous sulfate TBCR 45 MG	26	FLEXICHAMBER CHILD MASK/LARGE	70
E-Z JECT LANCETS COLOR	36	ferrous sulfate TBEC	26	FLEXICHAMBER CHILD MASK/SMALL	70
E-Z JECT LANCETS SUPER THIN 30G	36	FETZIMA CP24	7	FLEXICHAMBER CHILD MASK/SMALL	70
E-Z JECT LANCETS THIN 26G ..	36	FETZIMA TITRATION PACK C4PK 7		FLEXICHAMBER DEVI	70
EZFE 200 CAPS	26	FEVERALL INFANTS SUPP	1	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	24
E-ZJECT LANCETS MICRO-THIN 33G	36	FEVERALL JUNIOR STRENGTH SUPP	2	FLUAD QUADRIVALENT 2021-2022	94
EZ-LETS LANCETS 21G	36	FIFTY50 SAFETY SEAL LANCETS 30G	36	FLUAD QUADRIVALENT 2022-2023	94
EZ-LETS LANCETS 26G SUPER-SOFT	36	FIFTY50 SAFETY SEAL LANCETS 32G	36	FLUAD QUADRIVALENT 2023-2024	94
EZ-LETS LANCETS 28G ULTRA-SOFT	36	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	53	FLUARIX QUADRIVALENT 2021-2022 SUSY	94
EZ-LETS LANCETS 30G	36	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	54	FLUARIX QUADRIVALENT 2022-2023 SUSY	94
FANAPT	11	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	54	FLUARIX QUADRIVALENT 2023-2024 SUSY	94
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FATTIBASE	91	FINGERSTIX LANCETS	36	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	94
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felbamate TABS	5	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	81	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	95
FEM-CAL CITRATE TABS	74	flecainide acetate	3		
FERRETTS IPS SOLN	26				
FERRETTS TABS	26				
ferrous fumarate TABS 324 MG ...	26				
ferrous gluconate TABS 27 MG, 240 MG, 324 MG	26				

FLUCELVAX QUADRIVALENT 2022-2023 SUSY95	FLUZONE HIGH-DOSE PF 2023- 202495	FORA P20 BLOOD PRESSURE MONITORING SYSTEM DEVI 29
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FLULAVAL QUADRIVALENT 2022- 2023 SUSY95	FLUZONE QUADRIVALENT 2023- 2024 SUSP95	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G36
FLULAVAL QUADRIVALENT 2023- 2024 SUSY95	FLUZONE QUADRIVALENT 2023- 2024 SUSY95	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G36
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fluoxetine hcl (pmdd) TABS92	FOLCYTEINE TABS88	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM37
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FLUZONE HIGH-DOSE PF 2022- 202395		

furosemide SOLN IJ 10 MG/ML ...	24	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	37	SYRINGE/U-100/0.3ML/31G X 5/16"	54
FYCOMPA SUSP	3	GENTLE-LET GP LANCETS	37	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	54
FYCOMPA TABS	3	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	37	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	54
gabapentin CAPS 100 MG	4	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	37	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	54
gabapentin CAPS 300 MG	4	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	37	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	54
gabapentin CAPS 400 MG	4	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	37	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	54
gabapentin SOLN	4	GERI-FREEDA SENIOR FORMULA TABs	81	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	54
gabapentin TABS 600 MG	4	GILTUSS EX EXPECTORANT CHILDRENS LIQD	16	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	54
gabapentin TABS 800 MG	4	GILTUSS EX MAXIMUM STRENGTH LIQD	16	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	54
GANCICLOVIR SOLN	13	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	54	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	54
GARDASIL 9 SUSP	95	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	54	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	54
GARDASIL 9 SUSY	95	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	54	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	54
GAS RELIEF CAPS	25	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	54	GLOBAL INJECT EASE LANCETS 28G	37
GENADEK STEP 1 CAPS	81	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	54	GLOBAL INJECT EASE LANCETS 30G	37
GENADEK STEP 2 CAPS	81	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	54	GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	54
GENICIN VITA-Q TABS	88	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	54	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16"	54
GENTEAL SEVERE TEARS GEL	90	GLOBAL INJECT EASE INSULIN		GLOBAL LANCING DEVICE MISC	
GENTEAL TEARS SEVERE DAY/NIGHT GEL	90				
GENTEEL BUTTERFLY TOUCH LANCETS	37				
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	37				
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	37				
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	37				
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	37				
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	37				

37	GNP GLUCOSE CHEW7	GNP LANCING SYSTEM DEVICE MISC37
GLUCO TO GO CHEW 7	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"55	GNP QUICK DISSOLVE GLUCOSE CHEW7
GLUCOCOM LANCETS 28G37	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"55	GNP STERILE LANCETS 28G ... 37
GLUCOCOM LANCETS 30G37	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"55	GNP STERILE LANCETS 30G ... 37
GLUCOCOM LANCETS 33G37	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"55	GNP STERILE LANCETS 33G ... 37
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"54	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"55	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"55
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"54	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"55	GOJJI BLOOD KETONE TEST STRIPS24
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"54	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"55	GOJJI LANCING DEVICE/CLEAR CAP MISC37
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"54	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"55	GOJJI STERILE LANCETS 30G ..37
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"54	GNP INSULIN SYRINGE/1ML/29G X 1/2" 55	GOLD BOND AGE RENEW CREPE CORRECTOR CREA 19
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"54	GNP INSULIN SYRINGE/1ML/30G X 5/16"55	GOLD BOND DIABETICS DRY SKIN RELIEF HAND CREA19
GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 1/2"55	GNP INSULIN SYRINGE/1ML/31G X 5/16"55	GOLD BOND ESSENTIALS EVERYDAY MOISTURE MENS CREA19
GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 5/16"55	GNP INSULIN SYRINGES/0.3ML/30GX5/16"55	GOLD BOND EVERYDAY MOISTURE MENS ESSENTIALS LOTN19
GLUCOPRO INSULIN SYRINGE/U- 100/1ML/31G X 5/16"55	GNP INSULIN SYRINGES/1/2ML/29GX1/2" 55	GOLD BOND HEALING HAND CREA19
GLUCOSE CHEW7	GNP INSULIN SYRINGES/1ML/28GX1/2" 55	GOLD BOND HEALING LOTN 19
GLUCOSE INSTANT ENERGY7	GNP INSULIN SYRINGES/1ML/29GX1/2" 55	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN19
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %27	GNP INSULIN SYRINGES/1ML/30GX5/16"55	GOLD BOND MEDICATED BODYLOTION LOTN 19
glycerin (topical)19	GNP INSULIN SYRINGES/3ML/31GX5/16"55	GOLD BOND PURE MOISTURE DAILY BODY & FACE LOTN 19
glycerin-hypromellose-polyethylene glycol 40090	GNP LANCETS 21G37	GOLD BOND RADIANCE RENEWAL HYDRATING CREA19
glycopyrrolate SOLN OR 1 MG/5ML . 93	GNP LANCETS THIN 26G37	
glycopyrrolate TABS 1 MG, 2 MG .93		
GNP ALCOHOL SWABS46		

GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN ..19	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL38	HAEMOLANCE PLUS PEDIATRIC FLOW38
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN19	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL38	HAIR SKIN & NAILS ADVANCED FORMULA TABS81
GOLD BOND ULTIMATE HEALING CREA19	GOODSENSE LANCETS ULTRA- THIN 30G38	HAIR SKIN & NAILS TABS81
GOLD BOND ULTIMATE HEALING LOTN19	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL38	HAIR/SKIN/NAILS CAPS81
GOLD BOND ULTIMATE LOTN ...20	GOODSENSE LANCING DEVICE MISC38	haloperidol decanoate11
GOLD BOND ULTIMATE OVERNIGHT LOTN19	guaifenesin LIQD16	haloperidol lactate CONC11
GOLD BOND ULTIMATE PROTECTION LOTN19	guaifenesin SYRP16	haloperidol lactate SOLN11
GOLD BOND ULTIMATE RESTORING LOTN19	guaifenesin TABS16	haloperidol TABS11
GOLD BOND ULTIMATE ROUGH& BUMPY SKIN CREA20	guaifenesin TB12 1200 MG16	HAVRIX95
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN20	guaifenesin TB12 600 MG16	HEAD CARE PROACTIVE HEALTH TABS81
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN20	GUARDIAN CONNECT TRANSMITTER KIT38	HEALTH CARE LANCING DEVICE MISC38
GOLD BOND ULTIMATE SOFTENING LOTN20	GUARDIAN LINK 3 TRANSMITTER KIT38	HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER- ARM DEVI29
GOLD BOND ULTIMATE SOOTHING CREA20	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC38	HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI29
GOLD BOND ULTIMATE SOOTHING LOTN20	GUARDIAN SENSOR (3)38	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"55
GOODSENSE CAPSAICIN ARTHRITIS PAIN RELIEF LIQD ..22	GUARDIAN SENSOR 338	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"55
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..37	HAEMOLANCE38	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"55
GOODSENSE GLUCOSE7	HAEMOLANCE LOW FLOW LANCETS38	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"55
GOODSENSE LANCETS MICRO- THIN 33G38	HAEMOLANCE PLUS38	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 55
	HAEMOLANCE PLUS HIGH FLOW . 38	
	HAEMOLANCE PLUS LOW FLOW . 38	
	HAEMOLANCE PLUS MAX FLOW 38	

HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 55	81	hydroxyzine hcl SOLN 25 MG/ML ... 3
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC38	HISTEX SYRP9	hydroxyzine hcl SYRP 3
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G38	HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC DEVI29	hydroxyzine hcl TABS3
HEALTHY EYES SUPERVISION2 CAPS81	HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI30	hydroxyzine pamoate CAPS 25 MG, 50 MG 3
HEART CHECK BLOOD PRESSURE MONITOR/WRIST DEVI29	HM BLOOD PRESSURE MONITORFULLY AUTOMATIC DEVI30	HYLAZINC TABS82
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC38	HM COMPLETE MEN TABS81	hyoscyamine sulfate ELIX93
H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR MISC29	HM DELUXE BLOOD PRESSUREMONITOR/WRIST DEVI 30	hyoscyamine sulfate SOLN OR 0.125 MG/ML93
H-E-B INCONTROL LANCETS MICRO THIN 33G38	HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD15	hyoscyamine sulfate SUBL 0.125 MG93
H-E-B INCONTROL LANCETS SUPER THIN 30G38	HM HAIR/SKIN/NAILS TABS82	hyoscyamine sulfate TABS 0.125 MG93
H-E-B INCONTROL LANCETS ULTRA THIN 28G38	HM STERILE ALCOHOL PREP PADS46	hyoscyamine sulfate TB12 0.375 MG 93
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 3	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"55	hyoscyamine sulfate TBDP 0.125 MG93
HEPLISAV-B SOSY95	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"55	HYPOLANCE AST LANCING KIT KIT38
HIBERIX SOLR IJ93	HUMALOG SOLN IJ 8	HY-VEE GLUCOSE 8
HIGH POTENCY MULTIVITAMIN TABS88	hydralazine hcl TABS 9	HY-VEE LANCETS38
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS81	HYDRALYTE FREEZER POPS SOLN74	HY-VEE THIN LANCETS38
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	HYDRALYTE SOLN 74	ibuprofen-diphenhydramine citrate 27
	HYDRASYN25 CREA20	ICAPS AREDS FORMULA TABS .82
	HYDRAZONE LOTION LOTN20	IHEALTH COVID-19 ANTIGENRAPID TEST KIT24
	HYDROCERIN CREA 23	imipramine hcl TABS7
	hydrocortisone (intrarectal)2	imipramine pamoate7
	hydroxychloroquine sulfate9	IMMUNE ESSENTIALS DAILY CAPS82
		IMMUNE SUPPORT CHEW82
		IMOVAX RABIES (H.D.C.V.) SUSR 95

IN TOUCH LANCING DEVICE MISC 38	INSULIN SYRINGE/1ML/29G X 1/2" 56	INSULIN SYRINGES/U- 100/0.5ML/28GX1/2"56
IN TOUCH STERILE LANCETS30G 38	INSULIN SYRINGE/1ML/30G X 5/16"56	INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"56
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI70	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"56	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16"56
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI70	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"56	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16"56
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI70	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"56	INSULIN SYRINGES/U- 100/1ML/27GX1/2"56
INFANRIX93	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"56	INSULIN SYRINGES/U- 100/1ML/28GX1/2"56
INFLECTRA SOLR25	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"56	INSULIN SYRINGES/U- 100/1ML/29GX1/2"56
INNOSPIRE REPLACEMENT FILTER MISC70	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"56	INSULIN SYRINGES/U- 100/1ML/30GX1/2"56
INSPIREASE DRUG DELIVERYSYSTEM MISC70	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"56	INSULIN SYRINGES/U- 100/1ML/31GX5/16"56
INSTA-GLUCOSE GEL8	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"56	INTELISWAB COVID-19 RAPID TEST KIT24
INSULIN LISPRO SOLN IJ8	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"56	INTRAROSA96
INSULIN SYRINGE 1ML/31G X1/4" . 55	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"56	INVEGA HAFYERA 1092 MG/3.5ML . 11
INSULIN SYRINGE/0.3ML/30G X 5/16"55	INSULIN SYRINGE/U-100/1ML/29G X 1/2"56	INVEGA HAFYERA 1560 MG/5ML 11
INSULIN SYRINGE/0.3ML/31G X 5/16"56	INSULIN SYRINGE/U-100/1ML/30G X 5/16"56	INVEGA SUSTENNA 117 MG/0.75ML11
INSULIN SYRINGE/0.5ML/27G X 1/2"56	INSULIN SYRINGE/U-100/1ML/31G X 5/16"56	INVEGA SUSTENNA 156 MG/ML .11
INSULIN SYRINGE/0.5ML/28G X 1/2"56	INSULIN SYRINGES 0.3ML/31G X 1/4"56	INVEGA SUSTENNA 234 MG/1.5ML 11
INSULIN SYRINGE/0.5ML/30G X 5/16"56	INSULIN SYRINGES 0.5ML/31G X 1/4"56	INVEGA SUSTENNA 39 MG/0.25ML 11
INSULIN SYRINGE/0.5ML/31G X 5/16"56	INSULIN SYRINGES/U- 100/0.5ML/27GX1/2"56	INVEGA SUSTENNA 78 MG/0.5ML 11
INSULIN SYRINGE/1ML/28G X 1/2" 56		INVEGA TRINZA 273 MG/0.88ML 11

INVEGA TRINZA 410 MG/1.32ML	11	LOTN	20	SPERMICIDE LUBRICATED MISC	32
INVEGA TRINZA 546 MG/1.75ML	11	KERI ORIGINAL LOTN	20	KIMONO SPECIAL DEVI	32
INVEGA TRINZA 819 MG/2.63ML	11	KERI OVERNIGHT LOTN	20	KINDERLYTE PREMAX SOLN	74
IPOL INACTIVATED IPV	95	KERI RENEWAL MILK BODY LOTN	20	KINDERLYTE SOLN	74
iron-docusate-b12-folic acid-vit c-vit		KERI RENEWAL SKIN FIRMING		KINNEY LANCETS	38
e-copper-biotin	26	LOTN	20	KINNEY THIN LANCETS	38
iron-vitamin c	26	KERI RENEWAL STRETCH MARK		KINRAY INSULIN SYRINGE	
isoniazid SYRP	10	MINIMIZER LOTN	20	PREFERRED PLUS/0.3ML/31G X	
isoniazid TABS	10	KERI SENSITIVE SKIN LOTN	20	5/16"	56
isopropyl alcohol (otic)	91	KETONE STRP	24	KINRAY INSULIN SYRINGE	
isopropyl alcohol (skin cleanser)		KETONE TEST STRIPS STRP	24	PREFERRED PLUS/0.5ML/31G X	
MISC	23	KETOSTIX STRP	24	5/16"	56
ISOPTO ATROPINE SOLN	90	KEYFOLIC TABS	82	KINRAY INSULIN SYRINGE	
ISOPTO TEARS SOLN	90	KEYLOSA TABS	82	PREFERRED PLUS/1ML/31G X	
isotretinoin 10 MG, 20 MG, 30 MG,		KIMONO COLORS DEVI	31	5/16"	57
40 MG	16	KIMONO LUBRICATED MISC	31	KINRAY INSULIN	
IXCHIQ	95	KIMONO MAXX/LARGE FLARE		SYRINGE/0.5ML/29G X 1/2"	57
IXIARO	95	MISC	31	KINRIX SUSY	93
J & J BURN CREAM CREA	20	KIMONO MICRO THIN PLUS		KMART VALU PLUS INSULIN	
JANSSEN COVID-19 VACCINE	95	SPERMICIDE LUBRICATED MISC	31	SYRINGE/0.3ML/30G	57
JOHNSONS SKIN NOURISH		KIMONO PLUS SPERMICIDE		KMART VALU PLUS INSULIN	
MOISTURIZING LOTN	20	LUBRICATED MISC	31	SYRINGE/0.5ML/29G	57
JYNNEOS	95	KIMONO PLUS		KMART VALU PLUS INSULIN	
KAMELEON LUBRICATED MISC	31	SPERMICIDE/LUBRICATED MISC	31	SYRINGE/1ML/29G	57
KERADAN CREA	20	KIMONO PS LUBRICATED MISC	32	KMART VALU PLUS INSULIN	
KERI ADVANCED MOISTURE		KIMONO PS PLUS		SYRINGE/1ML/30G	57
THERAPY LOTN	20	SPERMICIDE/LUBRICATED MISC	32	KONSYL DAILY FIBER PACK 28.3	
KERI BASIC ESSENTIALS LOTN	20	KIMONO SENSATION		%, 100 %	27
KERI LONG LASTING CREA	20	LUBRICATED MISC	32	KONSYL DAILY FIBER POWD	27
KERI NOURISHING SHEA BUTTER		KIMONO SENSATION PLUS		KONSYL ORIGINAL DAILY FIBER	
LOTN	20			PACK	27
KERI ORIGINAL DAILY MOISTURE				KONSYL-D POWD	27

K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS82	THIN33G 38	lamotrigine KIT 4
KROGER AUTOLET LANCING DEVICE MISC 38	KROGER LANCETS SUPER THIN 38	lamotrigine TABS 4
KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI 30	KROGER LANCETS THIN39	lamotrigine TB24 4
KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI .30	KROGER LANCETS THIN 26G ...39	lamotrigine TBDP 4
KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI30	KROGER LANCETS ULTRATHIN30G 39	LANCET DEVICE ADJUSTABLE MISC 39
KROGER GLUCOSE8	KROGER LANCING DEVICE MISC 39	LANCET DEVICE WITH EJECTOR MISC 39
KROGER HEALTHPRO TWIST LANCETS/26G38	K-Y ME & YOU EXTRA LUBRICATED DEVI32	LANCETS 39
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"57	K-Y ME & YOU INTENSE DEVI ...32	LANCETS 30G39
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" 57	KYLEENA 14	LANCETS 30G TWIST TOP39
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" 57	lacosamide SOLN OR 10 MG/ML .. 4	LANCETS 30G/TWIST TOP39
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"57	lacosamide TABS 4	LANCETS 33G EXTRA FINE39
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" 57	lactase CHEW 9000 UNIT24	LANCETS 33G UNIVERSAL DESIGN 39
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" 57	lactase TABS 3000 UNIT, 9000 UNIT24	LANCETS MICRO THIN 33G39
KROGER INSULIN SYRINGE/1ML/29G X 1/2"57	lactic acid (ammonium lactate) CREA20	LANCETS SUPER THIN 28G39
KROGER INSULIN SYRINGE/1ML/30G X 5/16" 57	lactic acid (ammonium lactate) LOTN 12 %20	LANCETS THIN39
KROGER INSULIN SYRINGE/1ML/31G X 5/16" 57	LACTIC ACID LOTN20	LANCETS ULTRA THIN 39
KROGER LANCETS38	LACTINOL HX CREA20	LANCETS ULTRA THIN 30G39
KROGER LANCETS 21G38	lactobacillus acidophilus-pectin CAPS8	LANCING DEVICE MISC39
KROGER LANCETS MICRO	lactulose (encephalopathy) 25	LANZO MISC 39
	lactulose SOLN 27	LEADER ADVANCED LANCING DEVICE MISC 39
	LAGEVRIO 13	LEADER FINGER CREAM CREA .20
	LAMICTAL ODT KIT 4	LEADER GLUCOSE 6 MG-4 GM ...8
	LAMICTAL XR KIT 4	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"57
	lamotrigine CHEW4	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" 57
	lamotrigine KIT 25 MG 4	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" 57

LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"57	LIBERTY MINI LANCING DEVICE MISC39	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" 58
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"57	lidocaine (anorectal) CREA 2	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" 58
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" 57	lidocaine AERO23	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 58
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" 57	lidocaine CREA 4 %23	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" 58
LEADER INSULIN SYRINGE/1ML/28G X 1/2"57	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 1.5 %, 2 % 28	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 58
LEADER INSULIN SYRINGE/1ML/29G X 1/2"57	lidocaine hcl (mouth-throat) 2 % ...75	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" 58
LEADER INSULIN SYRINGE/1ML/30G X 5/16" 57	lidocaine hcl CREA 3 %, 4 %23	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" 58
LEADER INSULIN SYRINGE/1ML/31G X 5/16" 57	lidocaine hcl GEL 23	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2" 58
LEADER QUICK DISSOLVE GLUCOSE CHEW8	lidocaine hcl LIQD23	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2" 58
leflunomide1	lidocaine hcl PRSY23	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16" 58
leucovorin calcium TABS 10	LIDOCAINE HYDROCHLORIDE SOLN28	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16" 58
levetiracetam in sodium chloride 540 MG/100ML-1500 MG/100ML, 820 MG/100ML-500 MG/100ML4	lidocaine PTCH 4 %23	LITETOUCH LANCETS MICRO THIN 33G39
levetiracetam in sodium chloride 750 MG/100ML-1000 MG/100ML4	lidocaine PTCH 5 %23	LITETOUCH MASK LARGE MISC 70
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML4	lidocaine-prilocaine CREA23	LITETOUCH MASK MEDIUM MISC . 70
levetiracetam TABS4	LIP BALM BASE91	LITETOUCH MASK SMALL MISC .70
levetiracetam TB244	LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH CAPS73	lithium10
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML25	LITE TOUCH LANCETS39	lithium carbonate CAPS 10
levocarnitine (metabolic modifiers) TABS25	LITE TOUCH LANCING PEN MISC 39	lithium carbonate TABS10
LIBERTY MEDICAL LANCETS 30G . 39	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"57	lithium carbonate TBCR 10
	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" 57	LITTLE REMEDIES BABY STERILE SALINE MIST FOR NOSES AERS 89
	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" 58	
	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" 58	
	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" 58	

LIVE BETTER ADVANCED LANCING DEVICE MISC	39	LUBRIDERM DAILY MOISTURE LOTN	20	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	58
LIVE BETTER LANCET SUPERTHIN 30G	39	LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	20	MAGNESIUM CAPS 400 MG	74
LIVE BETTER LANCET ULTRATHIN 28G	39	LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	20	magnesium chloride TBEC	74
LIVER DETOX TABS	82	LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	20	magnesium citrate	27
LIVITA ADULTS LIQD	82	LUBRIDERM INTENSE SKIN REPAIR LOTN	20	MAGNESIUM EXTRA STRENGTH CAPS	74
LOHIST-D LIQD	15	LUBRIDERM LOTN	20	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	27
LOHIST-DM SYRP	15	LUBRISOFT LOTN	20	magnesium oxide (mg supplement) TABS 400 MG, 500 MG	74
LONGS GLUCOSE	8	LUDENS DUAL RELIEF	76	MAGNESIUM OXIDE CAPS	74
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	58	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	10	magnesium oxide TABS 400 MG, 420 MG	2
LONGS LANCETS STANDARD	39	lurasidone hcl 80 MG	10	magnesium sulfate (laxative) GRAN OR	27
LONGS LANCETS THIN	39	LUTEIN PLUS/ZEAXANTHIN TABS . 82		magnesium TABS 250 MG, 250 MG . 74	
LONGS LANCETS ULTRA THIN	39	LYBALVI	92	MAGONATE LIQD	74
loperamide hcl CAPS	8	LYCELLE GEL	24	MARPLAN	5
loperamide hcl SUSP	8	LYSIPLEX PLUS LIQD	82	MASK VORTEX/CHILD/FROG ...	70
LOPERAMIDE HYDROCHLORIDE SUSP	8	MAG-AL LIQD	2	MASK VORTEX/TODDLER/LADYBUG ..	70
loratadine & pseudoephedrine TB12 . 15		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" . 58		MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	58
loratadine & pseudoephedrine TB24 . 15		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	58	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" ..	58
lorazepam SOLN 2 MG/ML, 20 MG/10ML	3	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 58		MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	58
loxapine succinate	12	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 58		MAXX LUBRICATED MISC	32
lubricants GEL	23	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	58	MAXX PLUS SPERMICIDE LUBRICATED MISC	32
LUBRIDERM ADVANCED THERAPY CREA	20	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 58			

MEDERMA AG FACE CREAM CREA	20	LANCETS 21G	40	MENACTRA	94
MEDERMA AG HAND & BODY LOTION LOTN	20	MEDLANCE PLUS/LITE 25G	40	MENQUADFI	94
MEDERMA STRETCH MARKS THERAPY CREA	20	MEDLANCE/EXTRA	40	MENS 50+ ADVANCED CAPS	82
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	58	MEDLANCE/LITE	40	MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	82
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	58	MEDLANCE/UNIVERSAL	40	MENS 50+ MULTIVITAMIN TABS	82
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	39	medroxyprogesterone acetate (contraceptive) SUSP IM	14	MENS MULTI VITAMIN & MINERAL FORMULA TABS	82
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	39	medroxyprogesterone acetate (contraceptive) SUSY IM	14	MENS MULTIVITAMIN CHEW	82
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	39	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	91	MENS MULTIVITAMIN TABS	82
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	39	mefloquine hcl	9	menthol (mouth-throat) 3.1 MG, 4.8 MG, 5 MG, 5.4 MG, 5.8 MG, 6.5 MG, 7 MG, 7.5 MG, 7.6 MG, 8 MG, 10 MG	76
MEDICHOICE SAFETY LANCETEXTRA	39	MEGA MULTI FOR MEN TABS	82	menthol (topical analgesic) GEL 2 % . 16	
MEDICHOICE SAFETY LANCETNORMAL	39	MEGA MULTI FOR WOMEN TABS 82		menthol (topical analgesic) PADS .16	
MEDLANCE PLUS EXTRA LANCETS 21G	39	MEGAVITE FRUITS & VEGGIES TABS	82	menthol (topical analgesic) PTCH .16	
MEDLANCE PLUS LANCETS	39	MEGAVITE GOLDEN YEARS 55+ TABS	82	menthol-methyl salicylate (liniments) CREA	22
MEDLANCE PLUS LANCETS LITE 25G	39	megestrol acetate SUSP	10	MENVEO SOLN	94
MEDLANCE PLUS LITE LANCETS 25G	39	megestrol acetate TABS	10	MENVEO SOLR	94
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	40	MEIJER COLOR LANCETS UNIVERSAL 33G	40	methazolamide TABS	24
MEDLANCE PLUS SUPERLITE 30G	40	MEIJER GLUCOSE	8	methenamine hippurate	9
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	40	MEIJER LANCETS	40	methenamine mandelate	9
MEDLANCE PLUS UNIVERSAL		MEIJER LANCETS THIN	40	methimazole TABS	93
		MEIJER LANCETS UNIVERSAL21G	40	methsuximide	5
		MEIJER LANCETS UNIVERSAL30G	40	methylcellulose (laxative) POWD ..	27
		MEIJER LANCETS UNIVERSAL33G	40	methylcellulose (laxative) TABS ...	27
		MEIJER SUPER THIN LANCETS 40		methylergonovine maleate TABS ..	91
				methylphenidate hcl TBCR 10 MG, 36 MG	1
				methylphenidate hcl TBCR 18 MG,	

27 MG, 54 MG1	CONCENTRATE SUSP 27	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 95
methylphenidate hcl TBCR 54 MG ..1	mineral oil ENEM 27	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ...95
metronidazole (topical) CREA 24	mineral oil OIL OR 27	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 .95
metronidazole (topical) GEL 0.75 % 24	MINI LANCING DEVICE MISC 40	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y95
metronidazole (topical) LOTN 24	MINIELITE FILTER	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 .95
mexiletine hcl 3	REPLACEMENTS MISC71	MODERNA COVID-19 VACCINE6- 11Y SUSP95
miconazole nitrate vaginal CREA ..97	MINILINK REAL-TIME TRANSMITTER 40	MODERNA COVID-19 VACCINE6MO-5Y SUSP95
miconazole nitrate vaginal KIT97	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT ...40	MODERNA COVID-19 VACCINE6MO-5Y SUSP95
miconazole nitrate vaginal SUPP ..97	minoxidil 2.5 MG, 10 MG9	MOI-STIR SOLN76
MICROCHAMBER DEVI70	mirtazapine TABS5	MOISTURIZING CREAM CREA ...21
MICROCHAMBER MISC 70	mirtazapine TBDP5	molindone hcl12
MICROLET LANCETS40	misoprostol93	MONOJECT INSULIN SYRINGE/1ML59
MICROLET NEXT MISC40	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" 58	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" 59
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI30	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 58	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"59
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST DEVI30	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16" 58	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"59
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DELUXE DEVI30	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16" 58	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"59
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DEVI30	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16" 58	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"59
MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI30	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16" 59	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"59
MICROLIFE DELUXE BLOOD PRESSURE MONITOR DEVI 30	MM LANCING DEVICE MISC 40	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"59
MICROSPACER MISC 71	MM TWIST LANCETS 40	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" 59
midodrine hcl97	M-M-R II SOLR95	MONOJECT INSULIN
MILK OF MAGNESIA	MODERNA COVID-19 VACCINE SUSP96	MONOJECT INSULIN
	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON95	MONOJECT INSULIN

SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	59	1/2"	59	MSM SKIN LOTION LOTN	21
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	59	MUCINEX INSTASOOTHE SORETHROAT + PAIN RELIEF LIQD	75
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	59	MULTI MEGA MINERALS TABS ..	74
MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" 59		MULTI VITAMIN TABS	88
MONOJECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTI VITAMIN/D-3 TABS	88
MONOJECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTI-BETIC DIABETES TABS ..	82
MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTI-LANCET DEVICE 2 KIT ...	40
MONOJECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTI-LANCET DEVICE MISC ...	40
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple minerals w/ vitamins TABS 74	
MONOJECT SHARPS CONTAINER/14 QUART	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple vitamin TABS	88
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple vitamins w/ calcium TABS	76
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple vitamins w/ iron TABS	76
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple vitamins w/ minerals CAPS 82	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple vitamins w/ minerals CHEW . 82	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple vitamins w/ minerals LIQD 82	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple vitamins w/ minerals TABS 82	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		multiple vitamins w/ minerals TBCR 82	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS . 75	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTIVITAMIN ADULT TABS	88
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTIVITAMIN ADULTS TABS ...	83
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTIVITAMIN MEN TABS	83
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTI-VITAMIN MONOCAPS TABS 83	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	59	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 60		MULTIVITAMIN TABS 150 MG-2	

MG-2.5 MG-10 MCG-7.5 MCG-10	NEBULIZER MASK ADULT MISC .71	nit remover GEL 24
MG-100 MG-3000 MCG-10 MG-15	NEBULIZER MASK CHILD MISC .71	nitisinone CAPS 2 MG, 5 MG, 10 MG
MG-15 MG-5 MG-1 MG-1.5 MG-150	nefazodone hcl 6	25
MCG-1 MG83	NEOMULTIVITE TABS 89	NITYR TABS25
MULTIVITAMIN TABS 37.5 MG-0.1	neomycin/polymyxin b gu 26	NIVEA CREA 21
MG-10 MCG-2 MG-20 MG-1500	NEOSPORIN LIP HEALTH	NIVEA ESSENTIALLY ENRICHED
MCG-1 MG-1.5 MG-28.5 MG89	OVERNIGHT RENEWAL THERAPY	LOTN21
MULTIVITAMIN WOMEN TABS ...83	OINT 23	NIVEA EXTRA ENRICHED LOTION
MULTIVITAMIN/ZINC	NEOVITE TABS83	LOTN21
STRESSFORMULA TABS83	NEUTROGENA HAND CREA21	NIVEA EXTRA ENRICHED LOTN .21
MULTI-VITE LIQD 83	NEUTROGENA HEALTHY SKIN	NIVEA GENTLE BODY
MURO 128 SOLN90	FACE SPF 15 LOTN21	EXFOLIATOR LOTN21
MVW COMPLETE FORMULATION	NEUTROGENA MOISTURE	NIVEA IN-SHOWER LOTN21
CAPS83	SENSITIVE SKIN LOTN21	NIVEA INTENSE HEALING LOTN 21
MVW COMPLETE	niacin CPCR 250 MG, 500 MG ...97	NIVEA LIGHT CREA21
FORMULATIOND3000 CAPS83	niacin TABS 100 MG97	NIVEA LIGHT LOTN21
MVW COMPLETE	niacin TBCR 500 MG 97	NIVEA LOTN21
FORMULATIOND500 CAPS 83	NICADAN TABS 83	NIVEA ORIGINAL LOTN 21
MVW COMPLETE	NICADAN ZX TABS83	NIVEA ORIGINAL MOISTURE LOTN
FORMULATIONMINIS CAPS83	NICAZEL FORTE TABS 83	21
MVW HI-D ADEK GUMMIES CHEW .	NICAZEL TABS83	NIVEA SHEA NOURISH LOTN ...21
83	nicotine MISC XX92	NIVEA VISAGE CREA21
MVW MODULATOR FORMULATION	nicotine polacrilex GUM92	NIVEA VISAGE INNER BEAUTY
CAPS83	nicotine polacrilex LOZG92	NIGHTTIME RENEWAL CREA ...21
MVW MODULATOR FORMULATION	nicotine PT24 TD 7 MG/24HR, 14	NIVEA VISAGE LOTN21
MINIS CAPS83	MG/24HR, 21 MG/24HR92	NO IRON MULTIPLE
MYGLUCOHEALTH MGH	NICOTINE TRANSDERMAL	VITAMIN/MINERALS TABS83
SOFTLANCE LANCETS 30G40	SYSTEM KIT92	norelgestromin-ethinyl estradiol ...14
naphazoline-glycerin 90	NICOTROL INHALER INHA92	norethindrone acetate TABS91
NAT-RUL THERAVITE-	NICOTROL NS SOLN92	NORPACE CR CP12 150 MG3
M/HIGHPOTENCY TABS83	NISEKO HYDRATING FACIAL	nortriptyline hcl CAPS7
NATRUL-VITES TABS83	MOISTURIZER CREA21	nortriptyline hcl SOLN7
NEBULIZER AIR TUBE/PLUGS		
MISC71		
NEBULIZER CUP/TUBING DEVI ..71		

NORWEGIAN COD LIVER OIL OIL 89	olanzapine TABS 12	MONITOR/ARM/BLEETOOTH SMART DEVI 30
NOSE CLIP MISC71	olanzapine TBP 12	OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLEETOOTH DEVI30
NOVA MAX PLUS KETONE TESTSTRIPS24	olanzapine-fluoxetine hcl92	OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI 30
NOVA SAFETY LANCETS 23G .. 40	OMBRA COMPRESSOR AIR FILTERS MISC71	OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI30
NOVA SAFETY LANCETS 28G .. 40	OMBRA TABLE TOP COMPRESSOR DEVI 71	OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLEETOOTH DEVI30
NOVA SUREFLEX LANCETS 40	OMNICAP TABS89	OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI 30
NOVA SUREFLEX LANCING DEVICE MISC 40	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT40	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLEETOOTH DEVI30
NOVAVAX COVID-19 VACCINE . 96	OMNIPOD 5 G6 PODS (GEN 5) MISC 40	ON/GO COVID-19 ANTIGEN SELF-TEST KIT 24
NOVAVAX COVID-19 VACCINE/2023-2496	OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT40	ONCOVITE TABS 84
NUEDEXTA 92	OMNIPOD 5 G7 PODS (GEN 5) MISC41	ondansetron hcl SOLN IJ 8
NU-MAG74	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT 41	ondansetron hcl SOSY8
NUMOISYN LIQD76	OMNIPOD CLASSIC PODS (GEN 3) MISC41	ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW84
NUPLAZID CAPS10	OMNIPOD DASH INTRO KIT (GEN 4) KIT41	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW 84
NUPLAZID TABS 10 MG 10	OMNIPOD DASH PDM KIT (GEN 4) KIT41	ONE A DAY WOMENS 50+ ADVANCED CHEW 84
NUTRADERM ADVANCED FORMULA LOTN21	OMNIPOD DASH PODS (GEN 4) MISC41	ONE DAILY ESSENTIAL TABS ... 89
NUTRADERM CREA21	OMNIPOD GO 20 UNITS/DAY KIT 41	ONE DAILY MENS 50+ MULTIVITAMIN TABS84
NUTRADERM LOTN21	OMNIPOD GO 30 UNITS/DAY KIT 41	
NUTRICAP TABS83	OMNIPOD GO 40 UNITS/DAY KIT 41	
OCULAR VITAMINS TABS83	OMNIPOD POD PALS41	
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 83	OMRON 10 SERIES BLOOD PRESSURE	
OCUVITE ADULT 50+ CAPS83		
OCUVITE ADULT FORMULA CAPS . 83		
OCUVITE LUTEIN CAPS83		
OKEEFFES WORKING HANDS CREA21		
olanzapine SOLR 12		

ONE DAILY MENS FORMULA W/O IRON TABS84	ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW84	GLUCOSE MONITORING SYSTEM KIT41
ONE DAILY WOMENS TABS84	ONE-A-DAY VITACRAVES SOURGUMMIES CHEW84	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD41
ONE DIALY MULTIVITAMIN WOMENS TABS84	ONE-A-DAY VITACRAVES WOMENS MULTI CHEW84	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD41
ONE FLOW FVC MONITORING SPIROMETER DEVI71	ONE-A-DAY WOMENS 50+ TABS 84	ONETOUCH VERIO REFLECT KIT 41
ONE VITE DAILY MULTIVITAMIN TABS89	ONE-A-DAY WOMENS TABS85	ONETOUCH VERIO TEST STRIPS STRP24
ONE-A-DAY ENERGY TABS84	ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW .85	ONEVITE TABS85
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW84	ONE-DAILY MULTI CAPS CAPS .85	ophthalmic irrigation solution90
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW ..84	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G41	OPTICHAMBER DIAMOND DEVI .71
ONE-A-DAY MENOPAUSE FORMULA TABS84	ONETOUCH DELICA PLUS LANCETS FINE 30G41	OPTICHAMBER DIAMOND MISC .71
ONE-A-DAY MENS 50+ ADVANTAGE TABS84	ONETOUCH DELICA PLUS LANCING DEVICE MISC41	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI71
ONE-A-DAY MENS 50+ TABS84	ONETOUCH DELICA SAFETY LANCING DEVICE41	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC71
ONE-A-DAY MENS HEALTH FORMULA TABS84	ONETOUCH DELICA SAFETY LANCING DEVICE 30G41	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC71
ONE-A-DAY MENS PRO EDGE TABS84	ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC41	OPTIFAST POST BARIATRIC CHEW85
ONE-A-DAY MENS TABS84	ONETOUCH ULTRA 2 KIT41	OPTIMUM AIRVITES CHEW85
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW84	ONETOUCH ULTRA CONTROL LIQD41	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL .96
ONE-A-DAY PROACTIVE 65+ TABS84	ONETOUCH ULTRA CONTROL SOLUTION LIQD41	OPTISOURCE POST BARIATRIC SURGERY CHEW85
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS84	ONETOUCH ULTRA STRP24	OPURITY TABS85
ONE-A-DAY VITACRAVES ADULT CHEW84	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G41	OPURITY/BYPASS OPTIMIZED CHEW85
ONE-A-DAY VITACRAVES CHEW 84	ONETOUCH ULTRASOFT LANCETS41	ORACIT25
	ONETOUCH VERIO FLEX BLOOD	ORAL CITRATE25
		oral electrolytes SOLN74

ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT SOLN76	MOISTURE RICH CREA 21	paroxetine hcl TABS 10 MG 6
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS 85	PALMERS COCONUT OIL FORMULA BODY LOTION LOTN .22	paroxetine hcl TABS 20 MG, 30 MG, 40 MG 6
oxcarbazepine SUSP 4	PALMERS COCONUT OIL FORMULA HAND CREAM CREA .22	paroxetine hcl TB24 12.5 MG 6
oxcarbazepine TABS 4	PANDA MASK LARGE71	paroxetine hcl TB24 25 MG, 37.5 MG 6
OXTELLAR XR TB24 4	PANDA MASK MEDIUM 71	paroxetine mesylate (vasomotor) .92
oxymetazoline hcl SOLN 0.05 % .. 89	PANDA MASK SMALL71	PARVLEX TABS85
oyster shell 73	PARADIGM REAL-TIME TRANSMITTER 41	PAXLOVID 100 MG-150 MG 13
OYSTER SHELL CALCIUM/D TABS . 74	PARI ALTERA NEBULIZER HANDSET MISC71	PC LANCETS SUPER THIN 30G .41
paliperidone 1.5 MG, 3 MG, 9 MG .11	PARI BABY CONVERSION KIT SIZE 1 MISC 71	PCCA POLYPEG BASE 91
paliperidone 6 MG 11	PARI BABY CONVERSION KIT SIZE 2 MISC71	PEDIA-LAX CHEW 27
PALMERS COCOA BUTTER FORMULA CONCENTRATED CREAM CREA21	PARI BABY CONVERSION KIT SIZE 3 MISC71	PEDIA-LAX LIQD28
PALMERS COCOA BUTTER FORMULA CREAM CREA 21	PARI ERAPID NEBULIZER HANDSET MISC71	PEDIA-LAX SUPP 27
PALMERS COCOA BUTTER FORMULA INTENSIVE RELIEF HAND CREAM CREA 21	PARI EXPIRATORY FILTER VALVE SET DEVI71	PEDIARIX SUSY93
PALMERS COCOA BUTTER FORMULA LOTION FRAGRANCE FREE LOTN 21	PARI MANUAL INTERRUPTER DEVI71	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 71
PALMERS COCOA BUTTER FORMULA LOTION LOTN 21	PARI MASK SET MISC71	PEDIATRIC PANDA MASK71
PALMERS COCOA BUTTER FORMULA MASSAGE CREAM/STRETCH MARKS CREA 21	PARI SMARTMASK BABY/ELBOW MISC 71	PEDIAVENT SYRP 9
PALMERS COCOA BUTTER FORMULA MASSAGE LOTION/STRETCH MARKS LOTN 21	PARI SOFT PLASTIC ADULT MASK MISC71	PEDVAX HIB SUSP 94
PALMERS COCOA BUTTER FORMULA NIGHT CREAM	PARI SOFT PLASTIC PEDIATRIC MASK MISC71	PEG91
	PARI TREK S COMBO PACK DEVI . 71	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid27
	PARI VORTEX ADULT MASK71	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR27
	paroxetine hcl SUSP 6	peg 3350-potassium chloride-sod bicarbonate-sod chloride27
		PEG OINTMENT BASE91
		PENBRAYA 94
		PEN-KERA CREA 22
		PENTACEL93

pentoxifylline	26	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	96	phenylephrine hcl (oral) TABS	89
PENTRAVAN CREA	22	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ...	96	phenylephrine hcl SOLN 1 %	89
PENTRAVAN PLUS CREA	22	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...	96	phenylephrine in hard fat	2
PERFECT LANCETS 30G	41	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	96	phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-2.5 MG/5ML-5 MG/5ML-5 MG/5ML-1 MG/5ML-1 MG/5ML, 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML	15
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	41	PFLEX MISC	71	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	15
permethrin LIQD EX	24	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER		phenylephrine-cocoa butter 0.25 %-88.44 %	2
perphenazine TABS 16 MG	12	CHAMBER MASK WIPES MISC ..	71	phenylephrine-dm-gg w/ apap CAPS	15
perphenazine TABS 2 MG	12	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	41	phenylephrine-dm-gg w/ apap LIQD	15
perphenazine TABS 4 MG	12	PHARMACIST CHOICE ULTRA THIN LANCETS	41	phenylephrine-dm-gg w/ apap TABS	15
perphenazine TABS 8 MG	12	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	41	phenylephrine-mineral oil-petrolatum 0.25 %-74.9 %-14 %	2
perphenazine-amitriptyline	92	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	41	phenylephrine-witch hazel EX	2
PERSERIS PRSY	11	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	42	phenytoin CHEW	5
PETROLATUM	22	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	42	phenytoin sodium extended 100 MG, 200 MG, 300 MG	5
PETROLATUM	91	PHARMACY COUNTER LANCETS	42	phenytoin sodium SOLN	5
PETROLATUM WHITE OINT	91	PHAZYME ULTIMATE CAPS	25	phenytoin SUSP	5
PETROLEUM JELLY	91	phenazopyridine hcl TABS	26	PHOS-NAK POWDER CONCENTRATE PACK (Use potassium & sodium phosphates)	75
PETROLEUM JELLY LIP TREATMENT OINT	23	phenelzine sulfate	5	PHYTOMULTI TABS	85
PETROLEUM JELLYBABY	91	phenobarbital ELIX	27	PILLOW MASK/ADULT MISC	71
PEXEVA	6	phenobarbital TABS	27	PILLOW MASK/CHILD MISC	71
PFIZER-BIONTECH COVID-19VACCINE SUSP	96	phenol (antiseptic) LIQD 1.4 %	75	PILLOW MASK/PEDIATRIC MISC	72
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	96	phenylephrine hcl (mydriatic) SOLN 2.5 %	90		
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	96				
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	96				
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	96				

pilocarpine hcl (oral)	76	potassium chloride SOLN OR 10 %, 20 %	75	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 60	
pimozide 1 MG	92	potassium chloride TBCR	75	PREFERRED PLUS LANCETS COLORED 21G	42
pimozide 2 MG	92	potassium citrate (alkalinizer) TBCR . 25		PREFERRED PLUS LANCETS SUPER THIN 30G	42
PIP LANCETS/28G	42	pramoxine hcl (rectal) FOAM EX ...	2	PREFERRED PLUS LANCETS THIN 26G	42
PIP LANCETS/30G	42	pramoxine-calamine LOTN	23	pregabalin CAPS 225 MG, 300 MG .	4
piperacillin sodium-tazobactam sodium 12 GM-1.5 GM	91	pramoxine-phenylephrine-glycerin-petrolatum EX	2	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	4
PNEUMOVAX 23	94	pramoxine-zinc acetate	23	pregabalin SOLN	4
PNEUMOVAX 23/1 DOSE	94	prazosin hcl CAPS	9	PREHEVBRIO	96
POCKET CHAMBER DEVI	72	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	60	PREMARIN	97
POCKET SPACER DEVI	72	PRECISION THINS GP LANCET .	42	PREMARIN TABS	25
polyethylene glycol 3350 PACK ...	27	PRECISION XTRA	24	PREMIUM CONDOMS LUBRICATED MISC	32
polyethylene glycol 3350 POWD ..	27	PREFERRED PLUS GLUCOSE ...	8	PREMPRO	25
POLYETHYLENE GLYCOL BLEND . 91		PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 60		PRENATAL-U CAPS	89
polyethylene glycol-propylene glycol (ophth) GEL	90	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	60	PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	85
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	90	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 60		PRESERVISION AREDS 2 CAPS .	85
polysaccharide iron complex CAPS 150 MG	26	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 60		PRESERVISION AREDS 2 CHEW 85	
polyvinyl alcohol 1.4 %	90	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	60	PRESERVISION AREDS CAPS ...	85
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML ..	90	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" 60		PRESERVISION AREDS TABS ...	85
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	75	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" 60		PRESERVISION/LUTEIN CAPS ..	85
potassium & sodium phosphates PACK	75	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	60	PRETTY FEET & HANDS CREA ..	22
potassium chloride CPCR	75	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" 60		PREVIDENT RINSE SOLN	75
potassium chloride microencapsulated crystals er	75	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" 60		PREVNAR 13	94
potassium chloride PACK OR 20 MEQ	75			PREVNAR 20	94
				primaquine phosphate TABS	10

primidone 50 MG, 250 MG4	HOLDINGCHAMBER DEVI72	protriptyline hcl7
PRIORIX SUSR96	prochlorperazine edisylate 10 MG/2ML13	PROVIT TABS85
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC72	PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"60	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 15
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC72	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"60	pseudoephedrine hcl TABS89
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI72	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"60	pseudoephedrine hcl TB1289
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"60	PRODIGY LANCING DEVICE MISC . 42	pseudoephedrine-guaifenesin TABS 400 MG-40 MG15
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" ...60	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS42	pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG 15
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" ...60	PRODIGY SAFETY LANCETS ...42	PSS SELECT GP LANCETS42
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"60	PRODIGY TWIST TOP LANCETS 42	PSS SELECT SAFETY LANCETS 42
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"60	PROFOLA TABS85	psyllium CAPS 0.52 GM27
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"60	progesterone CAPS91	psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %, 58.6 %, 95 %27
PRO COMFORT LANCETS 30G .42	promethazine & phenylephrine SYRP15	PTS PANELS KETONE TEST24
PRO COMFORT LANCETS 31G .42	promethazine-dm SYRP15	PULMOZYME92
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ...42	PRONEB ULTRA FILTER SET MISC72	PURE COMFORT 3-BALL BREATH EXERCISER DEVI72
PRO-CAL TABS85	propafenone hcl CP123	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 72
PROCARE SPACER CHAMBER W/ADULT MASK DEVI72	propafenone hcl TABS3	PURE COMFORT LANCETS 30G 42
PROCARE SPACER CHAMBER W/CHILD MASK DEVI72	propylthiouracil93	PX ADVANCED LANCING DEVICE MISC42
PROCARE UPPER ARM BLOOD PRESSURE MONITOR DEVI30	PROQUAD SUSR96	PX GLUCOSE8
PROCARE WRIST BLOOD PRESSURE MONITOR DEVI30	PRORENAL+D TABS85	PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"60
PROCERV HP TABS85	PRORENAL+D/OMEGA-3 CAPS .85	PX LANCET AUTO INJECTOR MISC42
PROCHAMBER VALVED	PROSTEON TABS75	PX LANCETS MICROTHIN 33G .42
	PROTECT CARDIO AF CAPS85	
	PROTECT PLUS SO CAPS85	
	PROTEGRA CAPS85	

PX LANCETS ULTRA THIN	42	12	RA E-ZJECT LANCETS ULTRATHIN 30G	42	
PX LANCETS ULTRA THIN 28G	42	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	12	RA GLUCOSE	8
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	24	quetiapine fumarate TB24 150 MG, 200 MG	12	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	60
pyridostigmine bromide SOLN OR	10	quetiapine fumarate TB24 50 MG, 300 MG, 400 MG	12	RA INSULIN SYRINGE/1ML/29G X 1/2"	60
pyridostigmine bromide TABS 60 MG	10	QUICKVUE AT-HOME COVID-19 TEST KIT	24	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	60
pyridostigmine bromide TBCR	10	QUIN B STRONG TABS	85	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	60
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	98	quinidine gluconate TBCR	3	RA PETROLEUM JELLY	91
pyrithione zinc SHAM 1 %	16	quinidine sulfate TABS	3	RA STERILE SALINE NASAL MIST SOLN	89
QC ADVANCED LANCING DEVICE MISC	42	QUINTABS TABS	89	RABAVERT	96
QC BLOOD PRESSURE MONITOR/AUTOMATIC MISC	30	QUINTABS-M TABS	86	RADIAGUARD ADVANCED LOTN 22	
QC COD LIVER OIL OIL	89	RA ARTHRITIS PAIN RELIEF CREAM 23		ranolazine TB12	3
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD	15	RA BLOOD PRESSURE CUFF MONITOR AUTOMATIC MISC	30	RAYALDEE	25
QC LANCETS SUPER THIN	42	RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC DEVI	30	RAYAVIT TABS	86
QC LANCETS ULTRA THIN	42	RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC DEVI	30	READYLANCE SAFETY LANCETS/21G/2.2MM	42
QC MULTI-VITE TABS	85	RA CENTRAL-VITE TABS	86	READYLANCE SAFETY LANCETS/23G/1.8MM	42
QC OCUHEALTH VISION SUPPORT 2 CAPS	85	RA COD LIVER OIL OIL	89	READYLANCE SAFETY LANCETS/26G/1.8MM	42
QC PAIN RELIEF LIQUID CAPSAICIN LIQD	23	RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	22	READYLANCE SAFETY LANCETS/28G/1.8MM	42
QC UNILET LANCETS 28G/ULTRA THIN	42	RA DRY MOUTH SOLN	76	READYLANCE SAFETY LANCETS/30G/1.6MM	42
QC UNILET LANCETS 33G/MICRO THIN	42	RA E-ZJECT LANCETS 28G	42	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	60
QUADRACEL SUSP	93	RA E-ZJECT LANCETS THIN 26G 42		REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	60
QUADRACEL SUSY	93	RA E-ZJECT LANCETS THIN 28G 42		REALITY INSULIN SYRINGE/U-	
QUAKE DEVI	72				
quetiapine fumarate TABS 150 MG	42				

100/1ML/28G X 1/2"	60	30G	43	RELION LANCING DEVICE MISC	43
REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	61	RELION BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	31	RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	31
REALITY LANCETS	42	RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR DEVI	31	RELION ULTRA THIN LANCETS/30G	43
REALITY LATEX CONDOMS/LUBRICATED MISC ..	32	RELION BP200W WRIST BLOOD PRESSURE MONITOR DEVI	31	RELION ULTRA THIN LANCETS30G	43
REALITY LATEX/ULTRA TEXTURED DEVI	32	RELION BP300W WRIST BLOOD PRESSURE MONITOR DEVI	31	RELION ULTRA THIN PLUS LANCETS 32G	43
REALITY LATEX/ULTRA THIN DEVI 32		RELION GLUCOSE	8	RELION ULTRA THIN PLUS LANCETS 33G	43
REALITY TRIGGER LANCETS ...	42	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	61	REMEDIENT CAPS	86
RECOMBIVAX HB SUSP	96	RELION INSULIN SYRINGE 1ML/31GX15/64"	61	REMODULIN SOLN IJ	14
RECOMBIVAX HB SUSY	96	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	61	RENAPLEX-D TABS	86
REFRESH	90	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	61	RENFLEXIS	25
REFRESH DIGITAL	90	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	61	REPLACEMENT AIR FILTER MISC . 72	
REFRESH DIGITAL PF	90	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	61	REPLACEMENT FILTERS MISC ..	72
REFRESH LIQUIGEL GEL (Use carboxymethylcellulose sodium (ophth))	90	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	61	RESTA CREA	22
REFRESH OPTIVE ADVANCED ..	90	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	61	RESTA LITE LOTN	22
REFRESH OPTIVE ADVANCED SENSITIVE	90	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	61	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	72
REFRESH OPTIVE GEL	90	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	61	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	72
REFRESH OPTIVE MEGA-3	90	RELION KETONE TEST STRIPS STRP	24	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	72
REFRESH OPTIVE PRESERVATIVE FREE SOLN	90	RELION LANCETS MICRO- THIN33G	43	REXALL LANCETS ULTRA THIN	43
REFRESH RELIEVA PF SOLN 0.9 %-0.5 %	90	RELION LANCETS THIN 26G ...	43	REXULTI	13
REFRESH TEARS PF SOLN	90	RELION LANCETS ULTRA- THIN30G	43	rifampin CAPS	10
RELION 2-IN-1 LANCET DEVICES 30G	43	RELION LANCING DEVICE KIT ..	43	RIFAMPIN/SYRSPEND SF PH4 SUSP	10
RELION 2-IN-1 LANCING DEVICE 25G	43				
RELION 2-IN-1 LANCING DEVICE					

RIGHTEST GD500 LANCING DEVICE MISC	43	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	61	100/0.5ML/30G X 5/16"	61
RIGHTEST GL300 LANCETS	43	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	61	SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	61
riluzole TABS	89	SAFETY LANCET 30G/PRESSURE ACTIVATED	43	SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	61
RISABAL-PH CREA	22	SAFETY LANCETS	43	SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	61
RISACAL-D TABS	74	SAFETY LANCETS 21G	43	SB LANCETS THIN	43
risperidone microspheres	11	SAFETY LANCETS 23G	43	SB LANCETS ULTRA THIN	43
risperidone SOLN	11	SAFETY LANCETS 28G	43	SCOT-TUSSIN SENIOR LIQD	15
risperidone TABS	11	SAFETY LANCETS/PRESSURE ACTIVATED/28G	43	SEBEX	16
risperidone TBDP	11	SALESE	76	SECUADO	12
RITEFLO DEVI	72	salicylic acid LIQD 3 %, 17 %	22	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" ..	61
ROTARIX SUSP	96	salicylic acid PADS 40 %	22	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" ..	61
ROTARIX SUSR	96	salicylic acid STRP	22	SELECT-LITE DEVICE/LANCETS KIT	43
ROTATEQ SOLN	96	saline SOLN	89	SELECT-LITE LANCING DEVICE MISC	43
rufinamide SUSP	5	SAMI THE SEAL REPLACEMENTFILTERS MISC ..	72	selenium sulfide LOTN	16
rufinamide TABS 200 MG	5	SAPHRIS 5 MG	12	selenium sulfide SHAM	16
rufinamide TABS 400 MG	5	SAPS HEALTH CARE TWIST TOP LANCETS	43	selenium TABS 200 MCG	75
RYKINDO SRER	11	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	43	SENNAPLUS CAPS	27
SAFE-T-LANCE LOW FLOW 25G 43		SAPS HEALTH TWIST TOP LANCETS 30G	43	sennosides CAPS	27
SAFE-T-LANCE NORMAL FLOW21G	43	SAPSCARE TWIST TOP LANCETS 30G	43	sennosides CHEW	28
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ...	43	SAVELLA TABS	92	sennosides LIQD	28
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ...	43	SAVELLA TITRATION PACK MISC 92		sennosides SYRP 8.8 MG/5ML ...	28
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 43		SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	61	sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	28
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	61	SB INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	61	sennosides-docusate sodium TABS 27	

SENSI-CARE MOISTURIZING CREA23	SIDESTREAM PLUS ADULT FACE MASK MISC72	SM ALCOHOL PREP PADS46
SENTRY SENIOR/LUTEIN TABS .86	SIGNIFOR LAR 20 MG, 40 MG, 60 MG25	SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI31
SENTRY TABS86	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC72	SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC31
sertraline hcl CONC6	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC72	SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI31
sertraline hcl TABS 100 MG6	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC72	SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI .31
sertraline hcl TABS 25 MG6	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC72	SM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI31
sertraline hcl TABS 50 MG6	silver sulfadiazine16	SM BLOOD PRESSURE MONITORSERIES 600 DEVI31
SHARP CONTAINER61	simethicone CAPS 125 MG, 180 MG, 250 MG25	SM COLD & ALLERGY CHILDRENS LIQD15
SHARPS COLLECTOR61	simethicone CHEW25	SM GLUCOSE CHEW8
SHARPS CONTAINER/UNIVERSAL61	simethicone LIQD OR 20 MG/0.3ML . 25	SM MEDICATED CHEST RUB ...16
SHARPS DISPOSAL BY MAIL SYSTEM61	simethicone SUSP25	SM MICRO THIN LANCETS 33G .44
SHINGRIX96	SIMPLE DIAGNOSTICS LANCING DEVICE MISC43	SM ONE DAILY ESSENTIAL TABS 76
SHOPKO AUTOLET LANCING DEVICE MISC43	SIMPLY SALINE AERS89	SM ONE DAILY MENS TABS86
SHOPKO ON-THE-GO COMFORTLANCETS 30G43	SINGLE-LET43	SM ONE DAILY WOMENS TABS .86
SHOPKO UNILET LANCETS SUPER THIN 30G43	SKIN PROTECTANT PETROLATUM91	SM TRUEDRAW LANCING DEVICE MISC44
SHOPKO UNILET LANCETS ULTRA THIN 28G43	skin protectants, misc. CREA23	SMART DIABETES VANTAGE LANCING DEVICE MISC44
SIDEROL TABS86	skin protectants, misc. OINT23	SMART SENSE COLOR LANCETS UNIVERSAL 33G44
SIDESTREAM ADULT FACE MASK MISC72	SKIN REPAIR LOTN22	SMART SENSE GLUCOSE8
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SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 72	SLOWMAG MG MUSCLE/HEART 74	
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC72		

SMART SENSE STANDARD LANCETS UNIVERSAL 21G 44	SOLUS V2 LANCING DEVICE MISC 44	STROVITE ONE TABS 86
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G 44	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G 44	STUDIO 35 EXTRA MOISTURIZING LOTION LOTN 22
SMART SENSE THIN LANCETS UNIVERSAL 26G 44	SOLUS V2 TWIST LANCETS 30G 44	STUDIO 35 MOISTURIZING SKIN CREA 22
SMARTEST LANCETS 28G 44	SOOTHENEB NBL 100 CHILD MASK MISC 72	sucrafate SUSP 93
sodium bicarbonate (antacid) TABS 325 MG, 650 MG 2	SOOTHENEB NBL 100 MEDICATION CUP MISC 73	sucrafate TABS 93
sodium chloride (gu irrigant) 0.9 % 26	SOOTHENEB NBL 100 MESH CAP MISC 73	SUDAFED CHILDRENS LIQD 89
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 % 16	SOOTHENEB NBL 100 ADULT MASK MISC 73	sulfamethoxazole-trimethoprim SUSP 9
sodium chloride flush 75	SORBIDON HYDRATE CREA 23	sulfamethoxazole-trimethoprim TABS 9
sodium chloride hypertonic OINT .. 90	SOVUNA 10	SUPER ANTIOXIDANT CAPS 86
sodium chloride hypertonic SOLN . 90	SPECIAL CARE CREAM CREA .. 22	SUPER THIN LANCETS 44
sodium chloride SOLN IJ 0.9 % ... 75	SPECTRAVITE TABS 86	SUPERIOR MENS MULTI TABS .. 86
sodium chloride TABS 75	SPIKEVAX COVID-19 VACCINE SUSP 96	SUPERIOR WOMENS MULTI TABS 86
sodium citrate & citric acid 25	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP 96	SUPPORT LIQD 86
sodium fluoride (dental) CREA 75	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY 96	SUPPORT-500 CAPS 86
sodium fluoride (dental) GEL 76	SPIRO PD DEVI 73	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 61
sodium fluoride (dental) PSTE DT . 76	SPRAVATO 56MG DOSE 6	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 61
sodium fluoride (dental) SOLN 0.05 %, 0.2 % 76	SPRAVATO 84MG DOSE 6	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . 61
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG 74	SPRITAM TB3D 5	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . 61
sodium fluoride SOLN 0.5 MG/ML . 74	STAMARIL SUSR 96	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . 61
SODIUM OXYBATE SOLN 91	STELARA SOLN 45 MG/0.5ML ... 16	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . 61
sodium phosphates ENEM 27	STERILANCE PA MISC 44	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . 61
sodium polystyrene sulfonate POWD 75	STERILANCE TL 44	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . 61
sodium polystyrene sulfonate SUSP OR 15 GM/60ML 75	STOOL SOFTENER + STIMULANT LAXATIVE CAPS 27	
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SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 61	SURE COMFORT LANCETS 28G 44	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 15/64"62
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 61	SURE COMFORT LANCETS 30G 44	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16"62
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 62	SURE COMFORT LANCING PEN MISC44	TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2"62
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"62	SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI31	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"62
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 . 62	SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI .31	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16"62
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" 62	SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC DEVI 31	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64"62
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" 62	SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI 31	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"62
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 62	SURELITE LANCETS44	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"62
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" 62	SYNAGIS SOLN91	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"62
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" 62	SYSTANE GEL GEL90	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64"62
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM ...62	SYSTANE ICAPS AREDS2 CHEW 86	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"62
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM 62	SYSTANE ICAPS AREDS2 TABS .86	TECHLITE LANCETS44
SURE COMFORT LANCETS 18G 44	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS77	TECHLITE LANCETS 26G44
SURE COMFORT LANCETS 21G 44	TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI31	TECHLITE LANCETS 30G44
	TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI31	TENIVAC INJ93
	TDVAX SUSP93	terconazole vaginal CREA97
	TECHLITE AST LANCETS44	terconazole vaginal SUPP97
	TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2"62	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP93
		tetrahydrozoline hcl (ophth) 0.05 % 90
		tetrahydrozoline-dextran-

polyethylene glycol-povidone	90	THERAPEUTIC MOISTURIZING	INSULIN SYRINGE/0.3ML/31G X
TGT GLUCOSE	8	CREA	22 5/16"
TGT LANCET MICRO THIN 33G .44		THERA-TABS M TABS	87 TOPCARE ULTRA COMFORT
TGT LANCET THIN 26G	44	THEREMS MULTIVITAMIN TABS .89	INSULIN SYRINGE/0.5ML/30G X
TGT LANCET ULTRA THIN 30G .44		THEREMS-M TABS	87 5/16"
TGT LANCING DEVICE MISC	44	thiamine hcl TABS 100 MG	98 TOPCARE ULTRA COMFORT
THEO-24 CP24	3	thiamine mononitrate TABS 100 MG .	98 INSULIN SYRINGE/0.5ML/31G X
theophylline ELIX	3	98	5/16"
theophylline SOLN	3	THINLETS GP LANCETS	44 TOPCARE ULTRA COMFORT
theophylline TB12	3	thioridazine hcl	13 INSULIN SYRINGE/1ML/30G X 5/16"
theophylline TB24	3	thiothixene	13
THERA M PLUS TABS	86	THRESHOLD IMT MISC	73
THERA TABS	89	THRESHOLD PEP DEVI	73
THERABETIC MULTI-VITAMIN		THRIVITE 19 TABS	87
TABS	86	throat lozenges	76
THERABETIC SKIN CARE LOTN .22		tiagabine hcl	5
THERACAL D2000 TABS	75	TICOVAC	96
THERACAL D4000 TABS	75	tioconazole vaginal 6.5 %	97
THERACAL RAPID REPLETION		TM-DAILY VITE TABS	89
TABS	75	tobramycin sulfate SOLN IJ	1
THERAGRAN-M ADVANCED 50		tobramycin sulfate SOLR	1
PLUS TABS	86	TODAYS HEALTH ADVANCED	
THERAGRAN-M ADVANCED TABS .	86	LANCING DEVICE MISC	44
86		TODAYS HEALTH SUPER	
THERAGRAN-M PREMIER 50 PLUS		THINLANCETS 30G	44
TABS	86	TODAYS HEALTH ULTRA	
THERAGRAN-M PREMIER TABS .86		THINLANCETS 28G	44
THERAGRAN-M TABS	86	TOPCARE LANCETS MICRO-THIN	
THERA-M TABS	87	33G	44
THERAMILL FORTE CAPS	86	TOPCARE ULTRA COMFORT	
THERANATAL LACTATION ONE		INSULIN SYRINGE/0.3ML/30G X	
CAPS	87	5/16"	62
		TOPCARE ULTRA COMFORT	
		INSULIN SYRINGE/0.3ML/31G X	62
		TOPCARE ULTRA COMFORT	
		INSULIN SYRINGE/0.5ML/30G X	62
		TOPCARE ULTRA COMFORT	
		INSULIN SYRINGE/0.5ML/31G X	62
		TOPCARE ULTRA COMFORT	
		INSULIN SYRINGE/1ML/30G X 5/16"	63
		TOPCARE ULTRA COMFORT	
		INSULIN SYRINGE/1ML/31G X 5/16"	63
		TOPCARE ULTRA COMFORT	
		INSULIN SYRINGE/U-	
		100/0.3ML/29G X 1/2"	63
		TOPCARE ULTRA COMFORT	
		INSULIN SYRINGE/U-	
		100/0.5ML/29G X 1/2"	63
		TOPCARE ULTRA COMFORT	
		INSULIN SYRINGE/U-100/1ML/29G	
		X 1/2"	63
		topiramate CPSP	5
		topiramate CS24	5
		topiramate TABS	5
		tranexamic acid TABS	26
		tranylcypromine sulfate	6
		TRAVEL LANCETS 30G	44
		TRAVEL LANCETS ADVANCED	
		28G	44
		trazodone hcl TABS 150 MG	6
		trazodone hcl TABS 300 MG	6
		trazodone hcl TABS 50 MG, 100 MG	6
		treprostinil SOLN IJ	14

triamcinolone acetonide (nasal)	SYRINGE/0.5ML/31G X 5/16" 63	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" 63
AERO 89	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16" 63	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" 63
trifluoperazine hcl TABS 13	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16" 63	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" 64
trifluridine 90	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 63	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" 64
trimipramine maleate CAPS 7	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2" 63	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 64
TRINTELLIX 6	TRUE COMFORT SAFETY LANCETS/30G 44	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" 64
triprolidine hcl LIQD 0.625 MG/ML, 0.938 MG/ML 9	TRUE COMFORT TWIST TOP LANCETS 30G 44	TRUEPLUS LANCETS 26G 45
TRIPTODUR 25	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN 44	TRUEPLUS LANCETS 28G 45
trolamine salicylate CREA 22	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN 45	TRUEPLUS LANCETS 28G SUPER THIN 45
tropicamide SOLN 90	TRUE MULTIVITAMIN TABS 89	TRUEPLUS LANCETS 30G 45
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" 63	TRUEDRAW LANCING DEVICE MISC 45	TRUEPLUS LANCETS 30G ULTRA THIN 45
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" 63	TRUELYTE SOLN 74	TRUEPLUS LANCETS 33G 45
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" 63	TRUEPLUS GLUCOSE CHEW 8	TRUEPLUS LANCETS 33G MICRO THIN 45
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" 63	TRUEPLUS GLUCOSE ON THE GO CHEW 8	TRUEPLUS SAFETY LANCETS 28G 45
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" 63	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" 63	TRUMENBA 94
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" 63	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" 63	TRUSTEX COLOR CONDOMS + LUBE MISC 32
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" 63	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" 63	TRUSTEX LUBRICATED EXTRALARGE MISC 32
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" 63	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" 63	TRUSTEX LUBRICATED EXTRASTRENGTH MISC 32
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16" 63	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" 63	TRUSTEX LUBRICATED MISC ... 32
TRUE COMFORT SAFETY INSULIN	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" 63	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC 32

TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC32	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"64	SYRINGE/SHORT/1ML/30G X 5/16"64
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC32	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"64	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"64
TRUSTEX LUBRICATED/SPERMICIDE MISC 32	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"64	ULTICARE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"64
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC32	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"64	ULTICARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"64
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC32	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"64	ULTICARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"64
TRUSTEX/RIA LUBRICATED MISC . 32	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"64	ULTICARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"64
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC32	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"64	ULTICARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"64
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 32	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"64	ULTICARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16"64
TUBING/WING TIP MISC73	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"64	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16"64
T-VITES TABS87	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"64	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16"64
TWINRIX SUSY96	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"64	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16"65
TWIST TOP LANCETS 30G45	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"64	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16"65
TYPHIM VI SOLN94	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"64	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"65
TYPHIM VI SOSY94	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"64	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"65
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG ...87	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"64	ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"65
UDDERLY SMOOTH CREA22	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"64	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"65
UDDERLY SMOOTH EXTRA CARE CREA22	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"64	ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X 1/4"65
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"64	ULTICARE INSULIN	

ULTIGUARD SAFEPAK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C65	ULTRA BONEUP TABS87	ULTRA MEGA TWO TBCR87
ULTIGUARD SAFEPAK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C65	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"65	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC 73
ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON65	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"65	ULTRA THIN LANCETS 31G45
ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO65	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"65	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"66
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C65	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"65	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"66
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS65	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"65	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"66
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C65	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"65	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"66
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.5ML/31G X 5/16"/SHARPS65	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"65	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"66
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C65	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"65	ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"66
ULTIGUARD SAFEPAK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN65	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"65	ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 5/16"66
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC45	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"66	ULTRACARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16"66
ULTILET CLASSIC LANCETS45	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"66	ULTRA-CARE LANCETS 30G45
ULTILET LANCETS45	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"66	ULTRA-THIN II AUTO LANCET ..45
ULTILET LANCETS 33G45	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"66	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" .66
ULTILET SAFETY LANCETS 21G X 2.2MM45	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"66	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" .66
ULTILET SAFETY LANCETS 23G 45	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"66	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" .66
ULTILET SHARPS CONTAINER1 QUART65	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"66	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" .66
ULTILET SHARPS CONTAINER2 QUART65	ULTRA MEGA GOLD TBCR87	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ...66
	ULTRA MEGA TBCR87	ULTRA-THIN II INSULIN

SYRINGE/U-100/0.5ML/29GX1/2" 66	LANCETS 21G45	VALUE PLUS LANCETS THIN 26G . 46
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" ..66	UNISTIK TOUCH SAFETY LANCETS 23G45	VALUE PLUS LANCING DEVICE MISC46
ULTRA-THIN II LANCETS 28G ...45	UNISTIK TOUCH SAFETY LANCETS 28G45	VALUMARK LANCET SUPER THIN 30G46
ULTRA-THIN II LANCETS 30G ...45	UNISTIK TOUCH SAFETY LANCETS 30G46	VALUMARK LANCET ULTRA THIN 28G46
UNILET COMFORTOUCH LANCET 45	UNIVERSAL 1 LANCETS THIN26G . 46	vancomycin hcl SOLR IV 1 GM, 1000 MG9
UNILET EXCELITE45	UNIVERSAL 1 LANCETS ULTRA THIN 30G46	vancomycin hcl SOLR IV 500 MG ..9
UNILET EXCELITE II45	UNIVERSAL 1 LANCETS/33G/MICRO-THIN46	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM9
UNILET G.P. LANCET45	UP & UP GLUCOSE8	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG9
UNILET G.P. SUPERLITE LANCET . 45	urea CREA 10 %, 20 %, 40 %16	VANICREAM CREA22
UNILET GP 28 ULTRA THIN45	urea LOTN 10 %, 40 %16	VANICREAM LOTN22
UNILET LANCET45	valganciclovir hcl TABS13	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"66
UNILET LANCETS MICRO-THIN33G45	valproate sodium SOLN OR 250 MG/5ML5	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"66
UNILET LANCETS SUPER- THIN30G45	valproic acid CAPS5	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"66
UNILET LANCETS ULTRA-THIN 28G45	VALTOCO 10 MG DOSE LIQD3	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"66
UNILET SUPERLITE LANCET ...45	VALTOCO 15 MG DOSE LQPK3	VAQTA96
UNISTIK 3 GENTLE45	VALTOCO 20 MG DOSE LQPK3	varenicline tartrate TABS92
UNISTIK PRO SAFETY LANCET 21G45	VALTOCO 5 MG DOSE LIQD4	varenicline tartrate TBPK92
UNISTIK PRO SAFETY LANCET 25G45	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 66	VARIVAX INJ96
UNISTIK PRO SAFETY LANCET 28G45	VALUE PLUS GLUCOSE8	VAXCHORA94
UNISTIK SAFETY LANCETS 28G 45	VALUE PLUS LANCETS STANDARD 21G46	VAXELIS SUSP93
UNISTIK SAFETY LANCETS 30G 45	VALUE PLUS LANCETS SUPERTHIN 30G46	VAXELIS SUSY93
UNISTIK TOUCH SAFETY		VAXNEUVANCE94
		VCF VAGINAL CONTRACEPTIVE

FILM FILM96	21G X 2.4MM46	FORMULA CAPS87
VCF VAGINAL CONTRACEPTIVEGEL GEL96	VERIFINE SAFETY LANCET MINI 23G X 1.8MM46	VITABEX CAPS87
VELVACHOL CREA22	VERIFINE SAFETY LANCET MINI 28G X 1.8MM46	VITABEX PLUS CAPS87
VENEXA FE TABS87	VERIFINE SAFETY LANCET MINI 30G X 1.8MM46	VITACHEW ADULT MULTI VITAMIN CHEW87
VENEXA TABS87	VERIFINE UNIVERSAL LANCETS 28G46	VITAMIN A 7500 UNIT FISH CAPS 97
venlafaxine hcl CP247	VERIFINE UNIVERSAL LANCETS 30G46	vitamin a CAPS 3000 MCG, 10000 UNIT97
venlafaxine hcl TABS7	VERIFINE UNIVERSAL LANCETS 33G46	VITAMIN C TR TBCR98
venlafaxine hcl TB247	VERSACLOZ SUSP12	VITAMIN D2 TABS 400 UNIT97
VENTRIXYL FE TABS87	VERSAPAP DEVI73	VITAMIN D3 COMPLETE TABS ..87
VENTRIXYL TABS87	VERSAPAP/UNIVERSAL TUBING DEVI73	vitamin e CAPS 100 UNIT, 180 MG, 400 UNIT, 450 MG, 1000 UNIT ...97
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VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM ...66	V-GO 30 KIT46	VITAMIN E WITH PANTHENOL CREA22
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM67	V-GO 40 KIT46	vitamins a & d (topical) OINT22
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM67	VIDA MIA AUTOLET LANCINGDEVICE MISC46	VITASANA TABS87
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM67	VIDA MIA UNILET LANCETS SUPER THIN 30G46	VITATRUM TABS87
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM67	VIDA MIA UNILET LANCETS ULTRA THIN 28G46	VITAZYME TABS89
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM67	vigabatrin PACK5	VITEYES CLASSIC ADVANCED CAPS87
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM67	vigabatrin TABS5	VITEYES CLASSIC CAPS87
VERIFINE INSULIN SYRINGE1ML/29G X 12MM67	VIIBRYD STARTER PACK KIT7	VITEYES CLASSIC MACULAR SUPPORT CAPS87
VERIFINE INSULIN SYRINGE1ML/31G X 8MM67	vilazodone hcl TABS7	VITEYES CLASSIC MULTIVITAMIN TABS87
VERIFINE PERSONAL SHARPSCONTAINER67	VISION HEALTH CAPS87	VITEYES CLASSIC/OMEGA-3 CAPS87
VERIFINE SAFETY LANCET MINI	VISTA ADVANCED AREDS2 FORMULA CAPS87	VITEYES CLASSIC+OMEGA-3 CAPS87
	VISTA ADVANCED DRY EYE	

VITEYES OPTIC NERVE SUPPORT TABS88	WAL-BORN VITAMIN C CHEW ...88	MINERAL FORMULA TABS88
VITRAMYN TABS88	WALGREENS ADVANCED TRAVELLANCETS 28G46	WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW ...88
VITRANOL FE TABS88	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G46	WRIST CUFF BLOOD PRESSUREUNIT MISC31
VITRANOL TABS88	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G46	XERMELO25
VITREXATE FE TABS88	WALGREENS GLUCOSE CHEW ..8	XEROSTOMIA RELIEF SPRAY SOLN76
VITREXATE TABS88	WALGREENS LANCETS46	XYREM SOLN91
VITREXYL TABS88	WALGREENS THIN LANCETS ..46	YELETS TEENAGE FORMULA TABS88
VITREXYL/IRON TABS88	WALGREENS ULTRA THIN LANCETS46	YELLOW PETROLATUM91
VITRUM 50+ ADULT-MULTI IRON FREE TABS88	WAL-TAP COLD/ALLERGY LIQD .16	YF-VAX INJ96
VITRUM 50+ SENIOR MULTI TABS . 88	water for irrigation, sterile75	YOUR LIFE MULTI ADULT GUMMIES CHEW88
VIVAGUARD LANCETS46	WELLFOLA TABS88	YUMVS MULTI ZERO CHEW88
VIVAGUARD LANCETS 30G46	wheat dextrin POWD27	YUMVS ZERO DIABETIC MULTIVITAMIN CHEW88
VIVAGUARD LANCING DEVICE MISC46	white petrolatum GEL EX 99.89 %, 100 %91	ZARBEES SOOTHING SALINE NASAL MIST/ALOE AERS89
VIVAGUARD SAFETY LANCETS/28G46	WHITE PETROLATUM OINT91	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"67
VIVITROL8	white petrolatum-mineral oil90	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"67
VIVOTIF94	WIBI LOTN22	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"67
VOQUEZNA93	WINDMILL TRAINER MISC73	ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"67
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI73	witch hazel (hamamelis virginiana) PADS23	ZEV RX TWIST TOP LANCETS 30G 46
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI73	witch hazel-glycerin23	zinc gluconate TABS 50 MG75
VORTEX VALVED HOLDING CHAMBER DEVI73	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS88	zinc oxide (topical) OINT 20 %, 25 %, 40 %23
VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"67	WOMENS 50+ MULTIVITAMIN TABS88	zinc sulfate TABS75
VRAYLAR CAPS10	WOMENS MULTI GUMMIES CHEW 88	
VRAYLAR CPPK10	WOMENS MULTI VITAMIN &	

zinc TABS 50 MG, 50 MG	75
ZINC W/A&C	76
ziprasidone hcl 20 MG	10
ziprasidone hcl 40 MG	10
ziprasidone hcl 60 MG	10
ziprasidone hcl 80 MG	10
ziprasidone mesylate	11
zonisamide CAPS	5
ZYPREXA RELPREVV 210 MG, 300 MG	12
ZYPREXA RELPREVV 405 MG ...	12
ZYVANA CAPS	88