



Preferred Drug List

The PA Health & Wellness Health Plan utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list to determine drugs covered by your prescription benefit. These lists are updated often and may change. You may view the Statewide PDL at <https://papdl.com>. To view the latest supplemental drug list, visit our website at www.PAHealthWellness.com or call us at 1-844-626-6813 (TTY/TDD: 1-844-349-8916).

Supplemental Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find
2. In the Find box type the name of the medication you want to locate
3. Click the Next button until you find the medication(s) you are looking for

PA Health & Wellness Health Plan Pharmacy Program

PA Health & Wellness Health Plan, Inc. (PA Health & Wellness) is committed to providing appropriate, high quality, and cost effective drug therapy to all PA Health & Wellness participants. PA Health & Wellness works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered according to Centers for Medicare & Medicaid (CMS) designation of an outpatient covered drug. PA Health & Wellness covers prescription medications and certain over-the-counter (OTC) medications when ordered by a physician/clinician. The pharmacy program covers all outpatient drugs as defined by CMS. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the PA Health & Wellness pharmacy program. For more detailed information, please visit our website at www.PAHealthWellness.com.

Plan Preferred Drug List and Prior Authorization List

PA Health & Wellness utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list. To view the Statewide PDL, visit <https://papdl.com> or visit www.PAHealthWellness.com and follow the links to the Statewide PDL. All drugs covered under the Pennsylvania Medicaid program are available for PA Health & Wellness participants. The Statewide PDL lists all drugs available and includes the restrictions that apply to each drug, such as Age Limits (AL), Quantity Limits (QL), and prior authorization requirements. The Statewide PDL applies to drugs you receive in outpatient setting. The supplemental drug list is continually evaluated by the PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the PA Health & Wellness Medical Director, PA Health & Wellness Pharmacy Director, and several Pennsylvania primary care physicians, pharmacists, and specialists and a consumer representative. The PDL and supplemental drug list do not:

- Require or prohibit the prescribing or dispensing of any medication
- Substitute for the independent professional judgment of the physician/clinician or pharmacist
- Relieve the physician/clinician or pharmacist of any obligation to the patient or others

Participant Copay Responsibility

- Generics - \$0
- Brands - \$3

No copay applies to the following categories:

- Participants under age 18
- Participants in long-term care, hospice, women in the Breast and Cervical Cancer Program, Foster Care, Pregnant women
- Antihypertensive agents
- Anticonvulsants
- Antineoplastic agents
- Antiglaucoma agents
- Antipsychotic agents, except those that are also Schedule C-IV antianxiety agents

- Antidiabetic agents
- Cardiovascular preparations
- HIV/AIDs
- Antiparkinson drugs
- Naloxone

Centene's Pharmacy Department

PA Health & Wellness works with Centene's Pharmacy Department to process all pharmacy claims for prescribed drugs. Some drugs on the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list require a PA and Centene's Pharmacy Department is responsible for administering this process.

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form.
2. Fax to Centene's Pharmacy Department at 1-844-205-3386.
3. Prior Authorization decisions will be completed within 24 hours of receipt.
4. Once approved, notification will be sent to the prescriber and participant.
5. If the clinical information provided does not explain the medical necessity for the requested PA medication, the request will be denied and the prescriber and the participant will be notified.
6. A pharmacy can provide up to a 72-hour supply of a new medication or 15-day supply for ongoing medication by calling 1-800-681-4572.

Prior Authorization Process

The Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list include a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from these preferred drug lists for their patients who are participants of PA Health & Wellness. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed, the information should be submitted by your physician/clinician to Centene's Pharmacy Department on the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form. This form should be faxed to 1-844-205-3386. This document is located on the PA Health & Wellness website at www.PAHealthWellness.com.

PA Health & Wellness will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked or cannot be tried.

For requests for drugs that are listed on the Pennsylvania Medical Assistance Program's Statewide PDL, reviews are performed by professionals using the criteria established by the Pennsylvania Medical Assistance Program. For requests for drugs that are listed on the PA Health & Wellness supplemental drug list, reviews are performed by professionals using the criteria established by the PA Health & Wellness P&T Committee. Once approved, Centene's Pharmacy Department notifies the physician/clinician and participant. If the clinical information provided does not meet the coverage criteria for the requested medication, a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

The PA Health & Wellness P&T Committee has reviewed and approved, with input from its participants and in consideration of medical evidence, the supplemental list of drugs requiring prior authorization. This supplemental drug list attempts to provide appropriate and cost-effective drug therapy in addition to the Pennsylvania Medical Assistance Program's Statewide PDL to all participants covered under the PA Health & Wellness pharmacy program. If a patient requires a brand name medication that does not appear on the supplemental drug list, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that Statewide PDL and supplemental drug list medications will be appropriate to treat the vast majority of medical conditions.

Clinicians are requested to utilize the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list when prescribing medication for those patients covered by the PA Health & Wellness pharmacy program. If a pharmacist receives a prescription for a non-preferred drug that requires a PA, the pharmacist should attempt to contact the clinician to request a change to a product included in the PDL.

Phone Numbers for PA Health & Wellness Health Plan Participant Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Participants cannot be assisted if they call the PA toll-free number. PA Health & Wellness Participant Services may be reached at 1-844-626-6813 (TTY 1-844-349-8916).

Transition Period

PA Health & Wellness participants age 21 and older new to managed care will be able to receive their prescription drugs with no new PA requirements for first 60 days they are enrolled in our plan. Participants under the age of 21 will be allowed to complete the course of treatment without any new PA requirements. This will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting PA. The Pennsylvania Medical Assistance Program's Statewide PDL and the PA Health & Wellness supplemental drug list identify the drugs that will require PA. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call participant services at 1-844-626-6813 (TTY 1-844-349-8916).

72-Hour and 15-Day Supply Policy

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. If the prescription is for continuation of an existing drug a 15-day supply may be provided. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. All participating pharmacies are authorized to provide a 15-day supply of a continuation of an existing medication, not including diabetic supplies and will be reimbursed for the ingredient cost and dispensing fee of the 15-day supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Help Desk at 1-800-681-4572 for a prescription override to submit the 72-hour or 15-day medication supply for payment.

Dispensing Limits, Quantity Limits, and Age Limits

You may receive up to a maximum 34-day supply for each new or refill non-controlled substance. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription for a non-controlled medication can be refilled. For example with a 34-day supply, you must have taken 28 days of the medication before you can get the next refill. A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a controlled medication can be refilled. Prescriptions that exceed the Quantity Limit (QL) allowed or Age Limits (AL) require PA. PA Health & Wellness may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on the PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling and for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Opioid medications are subject to a cumulative daily morphine milligram equivalent (MME) limit of 50MME daily. Prescriptions exceeding that dose will require a prior authorization. Additionally, short-acting opioid prescriptions exceeding a 5 day (participants 21 years or older) or 3 day (participants under 21 years of age) duration will also be subject to prior authorization. Note: all prescriptions for long-acting opioids require prior authorization. Exceptions to the above requirements will be made for those participants with an active cancer, sickle cell with crisis, or those in hospice or palliative care.

Certain oral cancer drugs will be limited to a 15-day supply until you and your prescriber determine you are able to tolerate the medication. A list of these medications is located at www.PAHealthWellness.com.

Medical Necessity Requests

If you require a medication that does not appear on either the Pennsylvania Medical Assistance Program's Statewide PDL or the PA Health & Wellness supplemental drug list, you or your physician/clinician can make a medical necessity request for the medication by submitting a request

for prior authorization. It is anticipated that such exceptions will be rare and that medications included on the Statewide PDL and supplemental drug list will be appropriate to treat the vast majority of medical conditions.

Such reviews are performed by professionals using the criteria established by the Pennsylvania Department of Human Services P&T Committee for drugs included in the Statewide PDL, or using criteria established by the PA Health & Wellness P&T Committee for drugs not included in the Statewide PDL. If the clinical information provided does not meet the coverage criteria for the requested medication a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Participants started and stabilized on medications in the following classes will not be required to try a PDL medication.

- Antipsychotics
- Antidepressants
- Anticonvulsants
- Hepatitis C antivirals
- MS Treatments
- Human Immunodeficiency Virus (HIV)
- Cytokine and CAM Antagonists
- Dupixent
- Hereditary Angioedema Treatments
- Oral Immunosuppressives
- MABs, -Anti-IL, Anti-IgE
- Pancreatic Enzymes
- Pulmonary Arterial Hypertension Agents
- Stimulants and Related Agents
- Ulcerative Colitis Agents
- Enzyme Replacements, Gauchers Disease
- Idiopathic Pulmonary Fibrosis
- Oral Oncology Agents
- Thalidomide and Derivatives
- Antiparkinson's Agents

Appropriate Use and Safety Edits

Your health and safety is a priority for PA Health & Wellness. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Medicare Eligible Participants

Participants that are also eligible for Medicare must bill the pharmacy claim to Medicare first. The

pharmacy will bill Medicare first and then bill the plan. PA Health & Wellness will cover certain medications, like OTC drugs, that Medicare does not cover. If the drug is part of the Medicare benefit but Medicare denies coverage PA Health & Wellness will not cover the drug.

DUR (Drug Utilization Review) Programs

PA Health & Wellness will monitor ongoing prescribing of medications for clinical appropriateness. PA Health & Wellness reviews prescribing retrospectively to review for both safety and efficacy. PA Health & Wellness will work with Centene's Pharmacy Department to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or participant outreach may occur based on prescribing/dispensing patterns. PA Health & Wellness will continue to monitor for issues going forward and take action as needed.

Over-The-Counter Medications

The pharmacy program covers a selection of OTC medications as allowed by Pennsylvania rules. All covered OTC medications appear in the PDL. All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed. OTC categories covered:

- Analgesics except long acting products
- Antacids
- Antidiarrheal
- Antiflatulent
- Antinauseant
- Bronchodilators
- Cough and cold preparations for recipients under 21 years of age
- Contraceptives
- Hematinics (low iron)
- Insulin and insulin syringes
- Laxatives and stool softeners
- Nasal preparations
- Ophthalmic preparations
- Topical products containing anesthetics, antibacterial, dermatological baths, fungicidal, rectal preparations, tar preparations, wet dressing
- Vitamins and minerals
- Vitamins for prenatal use
- Vitamins containing Nicotinic acid and Calcium salts
- Diagnostic agents
- Quinine

Filling a Prescription

You can have prescriptions filled at a PA Health & Wellness network pharmacy. If you decide to have a prescription filled at a network pharmacy, you can locate a pharmacy near you by contacting a PA Health & Wellness Participant Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your PA Health & Wellness ID card. Please visit the PA Health & Wellness website at www.PAHealthWellness.com to access the PA Health & Wellness PDL, PA Health & Wellness PA lists, important forms, and provider/participant information 24 hours a day, seven days a week.

Maintenance Medications

PA Health & Wellness Health Plan offers participants a longer days supply of maintenance medications by mail and at certain retail pharmacies. You can receive up to 90 days of these medications at a time. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications and pharmacies in the Maintenance Drug Pharmacy Program document located on the PA Health & Wellness website at www.PAHealthWellness.com.

Please contact a PA Health & Wellness Participant Service Representative if you have any questions.
PA Health & Wellness Health Plan Pharmacy Program - Additional Information

Specialty Medications

PA Health & Wellness works with a network of specialty pharmacies. Most specialty medication requires prior authorization by Centene's Pharmacy Department. A list of specialty pharmacies and medications is located at www.PAHealthWellness.com. Fax prior authorization forms to 1-844-205-3386.

Pharmacy and Therapeutics Committee

The PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PA Health & Wellness supplemental drug list. The Committee is composed of the PA Health & Wellness Medical Directors, PA Health & Wellness Pharmacists, and several community based primary care physicians, specialists, and a consumer representative. The primary purpose of the Committee is to assist in developing and monitoring the PA Health & Wellness supplemental drug list and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly, and coordinates reviews with a national P&T Committee that meets at least 4 times a year. Changes to the PA Health & Wellness supplemental drug list are done in conjunction with the approval of the State of Pennsylvania. PA Health & Wellness will submit any proposed changes to the State for approval and update the supplemental drug list accordingly. PA Health & Wellness will follow all State policies regarding participant notification when changes are made to the supplemental drug list.

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current

medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by PA Health & Wellness. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

The following drug categories are not part of the PA Health & Wellness benefit and are not covered by the 72-hour supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Drugs and other agents used for cosmetic purposes or for hair growth - erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.
- Drugs and devices classified as experimental by the FDA
- Drugs and devices not approved by the FDA
- Legend and non-legend soaps, cleansing agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants and other person care items
- Specific items when prescribed for recipients in a skilled nursing facility, an intermediate care facility or an intermediate care facility for the mentally retarded (Intravenous solutions: non-legend: analgesics, antacids, cough/cold, contraceptives, laxative and stool softeners, ophthalmic preparations, diagnostic agents, and legend laxatives
- Legend and non-legend cough and cold preparations, except for recipients under 21 years of age
- Non-legend drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes and similar items

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the PA Health & Wellness supplemental drug list. During this period, access to these medications will be considered through the PA review process. If PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process.

DME/Home Health Benefits

The following medical services are a part of the PA Health & Wellness medical benefit and are not available at the retail pharmacy:

1. Enteral products

2. Nebulizers
3. Medical supplies – this does not include diabetic supplies, as those are available at the retail pharmacy.

Injectable Drugs

A number of injectable drugs appear on the Statewide PDL and the PA Health & Wellness supplemental drug list. Injectable drugs that are self-administered by the participant and/or family member are covered by the PA Health & Wellness pharmacy program. Most injectable drugs require PA.

We help keep you informed

The PA Health & Wellness Pharmacy Director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service. The most current Statewide PDL and supplemental drug list can be downloaded from our website at www.PAHealthWellness.com.

Contacts for Pharmacy Appeals/Grievances

Participants: In the event that a participant disagrees with the decision regarding coverage of a medication, the participant may file an appeal with PA Health & Wellness by calling PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 1-844-3498916).

Physicians / Clinicians: In the event that a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to PA Health & Wellness in writing to the Appeals Department at the following address:

PA Health & Wellness Health Plan
Appeal Department
300 Corporate Center Drive
Camp Hill, PA 17011
Fax: 1-844-873-7451

A decision will be rendered and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a participant by calling PA Health & Wellness Health Plan at 1-844-626-6813 (TTY 1-844-349-8916). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Abbreviations

The following notations and abbreviations may be found throughout the supplemental drug listing in the limitations and restrictions column.

AL:	Age Limit
PA:	Prior Authorization
QL:	Quantity Limit
SP:	Specialty Medication
MT:	Maintenance Therapy
APA:	Advanced Prior Authorization – an automated prior authorization process to determine whether clinical criteria is met. If clinical criteria is not fully met, an electronic or manual prior authorization will still need to be done.
\$0 Copay:	Member will not be charged a copay for the specific drug

Drug Tier Definitions

P:	Preferred	These drugs are covered on the preferred drug list
NP:	Non-preferred	These drugs require a Prior Authorization (PA) and are covered when found to be medically necessary.

Drug Name	Tier	Drug Restriction
ALTERNATIVE THERAPY		
ALTERNATIVE THERAPY - ANTIARTHRITICS		
Glucoten 375 mg-300 mg-25 mg-0.5 mg tablet	P	
ALTERNATIVE THERAPY - ANTIOXIDANT		
Ocuvite Eye Health 50 mg-15 unit-4.5 mg-2.5 mg chewable tablet	P	
Ocuvite Lutein and Zeaxanthin 60 mg-13.5 mg-15 mg-2 mg-6 mg capsule	P	
PreserVision AREDS-2 250 mg-90 mg-40 mg-1 mg capsule	P	
ALTERNATIVE THERAPY - UNCLASSIFIED		
Airborne (ascorbate sodium) 333 mg-1.7 mg chewable tablet	P	
Airborne (with lysine acetate) 250 mg-12.5 mg chewable tablet	P	
Airshield 250 mg-1.25 mg chewable tablet	P	
Immune Support 250 mg-12.5 mg chewable tablet	P	

Drug Name	Tier	Drug Restriction
VitaMent 0.5 mg-270 mg-200 mg-25 mg oral powder packet	P	
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC		
ANALGESIC OR ANTIPYRETIC NON-OPIOID		
acetaminophen 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
acetaminophen 160 mg chewable tablet	P	
acetaminophen 160 mg/5 mL (5 mL) oral solution	P	
acetaminophen 160 mg/5 mL oral elixir	P	
acetaminophen 160 mg/5 mL oral liquid	P	
acetaminophen 325 mg tablet	P	
acetaminophen 325 mg/10.15 mL oral solution	P	
acetaminophen 325 mg/10.15 mL oral suspension	P	
acetaminophen 500 mg tablet	P	
acetaminophen 500 mg/15 mL oral liquid	P	

Drug Name	Tier	Drug Restriction
acetaminophen 650 mg rectal suppository	P	QL(Allowed 12 per Rx)
acetaminophen 650 mg/20.3 mL oral solution	P	
acetaminophen 650 mg/20.3 mL oral suspension	P	
acetaminophen 80 mg chewable tablet	P	
acetaminophen 80 mg/0.8 mL oral drops,suspension	P	
Aspirin Free Extra Strength 500 mg tablet	P	
Children's Acetaminophen 160 mg chewable tablet	P	
Children's Acetaminophen 160 mg/5 mL (5 mL) oral suspension	P	
Children's Acetaminophen 160 mg/5 mL oral liquid	P	
Children's Acetaminophen 160 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Children's Acetaminophen 325 mg/10.15 mL oral suspension	P	
Children's Mapap 160 mg chewable tablet	P	
Children's Mapap 80 mg chewable tablet	P	
Children's Pain and Fever Relief 160 mg/5 mL oral liquid	P	
Children's Pain and Fever Relief 160 mg/5 mL oral suspension	P	
Children's Pain and Fever Relief 80 mg chewable tablet	P	
Children's Pain Relief 160 mg chewable tablet	P	
Children's Pain Relief 160 mg/5 mL oral suspension	P	
Children's Pain Reliever 160 mg/5 mL oral suspension	P	
Children's Pain Reliever 80 mg chewable tablet	P	

Drug Name	Tier	Drug Restriction
Children's Silapap 160 mg/5 mL oral liquid	P	
Children's Tactinal 80 mg chewable tablet	P	
Ed-APAP 160 mg/5 mL oral liquid	P	
Feverall 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
Feverall 325 mg rectal suppository	P	QL(Allowed 12 per Rx)
Feverall 650 mg rectal suppository	P	QL(Allowed 12 per Rx)
Feverall 80 mg rectal suppository	P	
Infant Pain Reliever 160 mg/5 mL oral suspension	P	
Infant's Acetaminophen 160 mg/5 mL oral suspension	P	
Infants' Pain and Fever 160 mg/5 mL oral suspension	P	
Infants' Pain Relief 160 mg/5 mL oral suspension	P	
Infant's Tylenol 160 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Mapap (acetaminophen) 160 mg/5 mL oral liquid	P	
Mapap (acetaminophen) 160 mg/5 mL oral suspension	P	
Mapap (acetaminophen) 325 mg tablet	P	
Mapap (acetaminophen) 500 mg capsule	P	
Mapap (acetaminophen) 500 mg/15 mL oral liquid	P	
Mapap Extra Strength 500 mg tablet	P	
Non-Aspirin 160 mg chewable tablet	P	
Non-Aspirin 325 mg tablet	P	
Non-Aspirin 80 mg chewable tablet	P	
Non-Aspirin Children's 80 mg chewable tablet	P	
Non-Aspirin Extra Strength 500 mg tablet	P	

Drug Name	Tier	Drug Restriction
Non-Aspirin Jr Strength 160 mg chewable tablet	P	
Non-Aspirin Pain Relief 325 mg tablet	P	
Non-Aspirin Pain Relief 500 mg tablet	P	
Nortemp 80 mg/0.8 mL oral drops	P	
Pain and Fever 325 mg tablet	P	
Pain and Fever 500 mg tablet	P	
Pain Relief (acetaminophen) 500 mg tablet	P	
Pain Relief Extra Strength 500 mg tablet	P	
Pain Reliever (acetaminophen) 325 mg tablet	P	
Pain Reliever (acetaminophen) 500 mg capsule	P	
Pain Reliever (acetaminophen) 500 mg tablet	P	
Pain Reliever Extra Strength 500 mg tablet	P	

Drug Name	Tier	Drug Restriction
Pharbetol 325 mg tablet	P	
Pharbetol 500 mg tablet	P	
Silapap 160 mg/5 mL oral liquid	P	
Tactinal 325 mg tablet	P	
Tactinal Extra Strength 500 mg tablet	P	
SALICYLATE ANALGESIC COMBINATIONS		
choline and magnesium salicylate 500 mg/5 mL oral liquid	P	
SALICYLATE ANALGESICS		
aspirin 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 200 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 300 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 325 mg tablet	P	QL(Allowed 56 per Rx)
aspirin 325 mg tablet,delayed release	P	
aspirin 600 mg rectal suppository	P	QL(Allowed 12 per Rx)

Drug Name	Tier	Drug Restriction
E.C. Prin 325 mg tablet, delayed release	P	
Lite Coat Aspirin 325 mg tablet	P	
salsalate 500 mg tablet	P	
salsalate 750 mg tablet	P	
SALICYLATE ANALGESICS, BUFFERED		
aspirin, buffered (calcium carbonate-magnesium) 325 mg tablet	P	
Buffered Aspirin 325 mg tablet	P	
Tri-Buffered Aspirin 325 mg tablet	P	
ANESTHETICS		
GENERAL ANESTHETIC - PARENTERAL, BENZODIAZEPINES		
midazolam (PF) 1 mg/mL injection solution	P	APA
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection cartridge	P	APA
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection syringe	P	APA

Drug Name	Tier	Drug Restriction
midazolam (PF) 5 mg/mL injection cartridge	P	APA
midazolam (PF) 5 mg/mL injection solution	P	APA
midazolam (PF) 5 mg/mL injection syringe	P	APA
midazolam 1 mg/mL injection solution	P	APA
midazolam 5 mg/mL injection solution	P	APA
GENERAL ANESTHETIC ADJUNCTS - NEUROLEPTIC, BUTYROPHENONE DERIVATIVE		
droperidol 2.5 mg/mL injection solution	P	
ANORECTAL PREPARATIONS		
ANORECTAL - GLUCOCORTICIODS		
hydrocortisone 2.5 % topical cream with perineal applicator	P	QL(Allowed 30 per Rx)
ANTIDOTES AND OTHER REVERSAL AGENTS		
CHELATING AGENTS - COPPER		
Depen Titratabs 250 mg tablet	P	
penicillamine 250 mg tablet	P	
CHELATING AGENTS - LEAD POISONING		
Chemet 100 mg capsule	P	

Drug Name	Tier	Drug Restriction
ANTI-INFECTIVE AGENTS		
AMINOGLYCOSIDE ANTIBIOTIC		
tobramycin 1.2 gram solution for injection	P	
tobramycin 10 mg/mL injection solution	P	
tobramycin 40 mg/mL injection solution	P	
ANTIBACTERIAL FOLATE ANTAGONIST – OTHER		
COMBINATIONS		
sulfamethoxazole 200 mg- trimethoprim 40 mg/5 mL oral suspension	P	
sulfamethoxazole 400 mg- trimethoprim 80 mg tablet	P	
sulfamethoxazole 800 mg- trimethoprim 160 mg tablet	P	
ANTIBACTERIAL FOLATE ANTAGONIST OTHERS		
trimethoprim 100 mg tablet	P	
ANTILEPTIC - SULFONE AGENTS		
dapsone 100 mg tablet	P	PA
dapsone 25 mg tablet	P	PA

Drug Name	Tier	Drug Restriction
isoniazid 100 mg tablet	P	MT
isoniazid 300 mg tablet	P	MT
isoniazid 50 mg/5 mL oral solution	P	MT
ANTITUBERCULAR - NIACINAMIDE DERIVATIVES		
pyrazinamide 500 mg tablet	P	
ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES		
rifampin 150 mg capsule	P	
rifampin 300 mg capsule	P	
ANTITUBERCULAR AGENTS OTHER		
ethambutol 100 mg tablet	P	MT
ethambutol 400 mg tablet	P	MT
Trecator 250 mg tablet	P	
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION		
ceftriaxone 1 gram intravenous piggyback	P	QL(Allowed 3 per Rx)
ceftriaxone 1 gram intravenous solution	P	QL(Allowed 3 per Rx)
ceftriaxone 1 gram solution for injection	P	QL(Allowed 3 per Rx)

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
ceftriaxone 250 mg solution for injection	P	QL(Allowed 3 per Rx)
ceftriaxone 500 mg solution for injection	P	QL(Allowed 3 per Rx)
GLYCOPEPTIDE ANTIBIOTICS		
vancomycin 1,000 mg intravenous injection	P	
vancomycin 500 mg intravenous solution	P	
LINCOSAMIDE ANTIBIOTICS		
clindamycin 75 mg/5 mL oral solution	P	
clindamycin HCl 150 mg capsule	P	
clindamycin HCl 300 mg capsule	P	
Clindamycin Pediatric 75 mg/5 mL oral solution	P	
OXAZOLIDINONE ANTIBIOTICS		
Sivextro 200 mg tablet	P	PA; QL(Allowed 6 per Rx)
SARS-COV-2 ANTIVIRAL AGENT - MAIN PROTEASE (MPRO) INHIBITORS		
Paxlovid (EUA) 150 mg x 2-100 mg tablet	P	AL(Minimum Age 12 Years); QL(QL Overtime: Allowed 30 over 30 days)
SARS-COV-2 ANTIVIRAL AGENT - RNA POLYMERASE INHIBITORS		

Drug Name	Tier	Drug Restriction
molnupiravir 200 mg capsule (EUA)	P	AL(Minimum Age 18 Years); QL(QL Overtime: Allowed 40 over 30 days)
ANTINEOPLASTICS		
ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES		
Myleran 2 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES		
Matulane 50 mg capsule	P	SP; \$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS		
cyclophosphamide 25 mg capsule	P	\$0 Copay
cyclophosphamide 50 mg capsule	P	\$0 Copay
Leukeran 2 mg tablet	P	\$0 Copay
melphalan 2 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES		
Temodar 100 mg intravenous solution	P	PA; SP; \$0 Copay
ANTINEOPLASTIC - ANTIADRENALS		
Lysodren 500 mg tablet	P	SP; \$0 Copay
ANTINEOPLASTIC - ANTIANDROGENS		
flutamide 125 mg capsule	P	\$0 Copay
ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS		

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
mercaptopurine 50 mg tablet	P	\$0 Copay
Purixan 20 mg/mL oral suspension	P	\$0 Copay
ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS		
etoposide 50 mg capsule	P	SP; \$0 Copay
ANTINEOPLASTIC - ESTROGENS		
Emcyt 140 mg capsule	P	SP; \$0 Copay
ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS		
Istodax 10 mg/2 mL intravenous solution	P	PA; \$0 Copay
romidepsin 10 mg/2 mL intravenous powder for solution	P	PA; \$0 Copay
ANTINEOPLASTIC - PROGESTINS		
megestrol 20 mg tablet	P	\$0 Copay
megestrol 40 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - RETINOIDS		
tretinoin (antineoplastic) 10 mg capsule	P	SP; \$0 Copay
ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene 75 mg capsule	P	PA; SP; \$0 Copay
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS		

Drug Name	Tier	Drug Restriction
Hycamtin 0.25 mg capsule	P	PA; SP; \$0 Copay
Hycamtin 1 mg capsule	P	PA; SP; \$0 Copay
METHOTREXATE RESCUE AGENTS		
leucovorin calcium 10 mg tablet	P	\$0 Copay
leucovorin calcium 15 mg tablet	P	\$0 Copay
leucovorin calcium 25 mg tablet	P	\$0 Copay
leucovorin calcium 5 mg tablet	P	\$0 Copay
URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY		
Mesnex 400 mg tablet	P	SP; \$0 Copay
ANTISEPTICS AND DISINFECTANTS		
ANTISEPTIC - ALCOHOLS		
Alcohol Prep Pads	P	QL(Allowed 400 per Rx)
alcohol swabs	P	QL(Allowed 400 per Rx)
Alcohol Wipes	P	QL(Allowed 400 per Rx)
BD Alcohol Swabs	P	QL(Allowed 400 per Rx)
CareTouch Alcohol Prep Pad topical pads	P	QL(Allowed 400 per Rx)

Drug Name	Tier	Drug Restriction
Curity Alcohol Swabs	P	QL(Allowed 400 per Rx)
Easy Comfort Alcohol Pad topical pads	P	QL(Allowed 400 per Rx)
Easy Touch Alcohol Prep Pads	P	QL(Allowed 400 per Rx)
inControl Alcohol Pads	P	QL(Allowed 400 per Rx)
Pure Comfort Alcohol Pads	P	QL(Allowed 400 per Rx)
Reality Swabs	P	QL(Allowed 400 per Rx)
Webcol topical pads	P	QL(Allowed 400 per Rx)
BIOLOGICALS		
ALLERGENIC EXTRACTS - GRASS POLLEN		
Oralair 100 index of reactivity sublingual tablet	P	AL(Between 10 Years And 65 Years); QL(Allowed 3 per 1 day)
Oralair 300 IR sublingual tablet	P	AL(Between 10 Years And 65 Years); QL(Allowed 1 per 1 day)
ANTIVIRAL MONOCLONAL ANTIBODIES - RESPIRATORY SYNCYTIAL VIRUS (RSV)		
Synagis 100 mg/mL intramuscular solution	P	PA; SP
Synagis 50 mg/0.5 mL intramuscular solution	P	PA; SP
HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS		

Drug Name	Tier	Drug Restriction
Twinrix (PF) 720 ELISA unit-20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
HEPATITIS A VACCINE - SINGLE AGENTS		
Havrix (PF) 1,440 ELISA unit/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Havrix (PF) 1,440 ELISA unit/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Vaqta (PF) 25 unit/0.5 mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Vaqta (PF) 25 unit/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Vaqta (PF) 50 unit/mL intramuscular suspension	P	AL(Minimum Age 19 Years)

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Vaqta (PF) 50 unit/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
HEPATITIS B VACCINES - SINGLE AGENTS		
Engerix-B (Hepatitis B) Vaccine 10 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Engerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Engerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Engerix-B (PF) 20 mcg/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Engerix-B (PF) 20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Engerix-B Pediatric (PF) 10 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)

Drug Name	Tier	Drug Restriction
Recombivax HB (PF) 10 mcg/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Recombivax HB (PF) 10 mcg/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Recombivax HB (PF) 40 mcg/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Recombivax HB (PF) 5 mcg/0.5 mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Recombivax HB (PF) 5 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
TOXOID VACCINE COMBINATIONS		
Adacel (Tdap Adolesn/Adult)(PF)2 Lf-(2.5-5-3-5)-5 Lf/0.5 mL IM syringe	P	AL(Minimum Age 19 Years)
Adacel (Tdap Adolesn/Adult)(PF)2Lf-(2.5-5-3-5mcg)-5 Lf/0.5 mL IM susp	P	AL(Minimum Age 19 Years)
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular suspension	P	AL(Minimum Age 19 Years)

Drug Name	Tier	Drug Restriction
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)		
Typhim VI 25 mcg/0.5 mL intramuscular solution	P	AL(Minimum Age 2 Years)
Typhim VI 25 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 2 Years)
VACCINE BACTERIAL - GRAM NEGATIVE COCCI		
Menactra (PF) 4 mcg/0.5 mL intramuscular solution	P	AL(Maximum Age 55 Years)
Menveo A-C-Y-W-135-Dip (PF) 10 mcg-5 mcg/0.5 mL intramuscular kit	P	AL(Maximum Age 55 Years)
VACCINE BACTERIAL - GRAM POSITIVE COCCI		
Pneumovax-23 25 mcg/0.5 mL injection solution	P	

Drug Name	Tier	Drug Restriction
Pneumovax-23 25 mcg/0.5 mL injection syringe	P	
Prevnar 13 (PF) 0.5 mL intramuscular syringe	P	
VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES		
Bexsero 50 mcg-50 mcg-50 mcg-25 mcg/0.5 mL intramuscular syringe	P	AL(Between 10 Years And 25 Years)
Trumenba 120 mcg/0.5 mL intramuscular syringe	P	AL(Between 10 Years And 25 Years)
VACCINE BACTERIAL - TOXIN-PRODUCING BACILLI		
BioThrax 0.5 mL/dose intramuscular suspension	P	AL(Between 18 Years And 65 Years)
VACCINE VIRAL - COVID-19 (SARS-COV-2)		
Comirnaty (PF) 30 mcg/0.3 mL intramuscular suspension	P	AL(Minimum Age 16 Years); QL(QL Overtime: Allowed .3 over 21 days); QL(QL (Limit 1 days supply(ies) per claim))
Janssen COVID-19 Vaccine (PF) 0.5 mL intramuscular suspension (EUA)	P	AL(Minimum Age 18 Years); QL(Allowed 0.5 per Rx); QL(QL (Limit 1 days supply(ies) per claim))
Moderna COVID-19 Vaccine (PF) 100 mcg/0.5 mL intramuscular susp. (EUA)	P	AL(Minimum Age 18 Years); QL(QL Overtime: Allowed .5 over 28 days); QL(QL (Limit 1 days supply(ies) per claim))

Drug Name	Tier	Drug Restriction
Pfizer-BioNT COVID19 tris (12y up) Vacc(PF)30 mcg/0.3 mL IM susp(gray)	P	AL(Minimum Age 12 Years); QL(QL Overtime: Allowed .3 over 21 days)
Pfizer-BioNT COVID19 tris(5-11y) Vacc(PF)10 mcg/0.2 mL IM susp(orange)	P	AL(Between 5 Years And 11 Years); QL(QL Overtime: Allowed .2 over 21 days); QL(QL (Limit 1 days supply(ies) per claim))
Pfizer-BioNTech COVID-19 Vaccine (PF) 30 mcg/0.3 mL IM susp (purple)	P	AL(Minimum Age 12 Years); QL(QL Overtime: Allowed .3 over 21 days); QL(QL (Limit 1 days supply(ies) per claim))
VACCINE VIRAL - HUMAN PAPILOMAVIRUS (HPV) VACCINES		
Gardasil 9 (PF) 0.5 mL intramuscular suspension	P	AL(Between 19 Years And 45 Years)
Gardasil 9 (PF) 0.5 mL intramuscular syringe	P	AL(Between 19 Years And 45 Years)
VACCINE VIRAL - INFLUENZA A AND B		
Afluria Qd 2020-21 (36 mos up)(PF)60 mcg (15 mcg x4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Afluria Qd 2020-21 (6-35 mos)(PF) 30 mcg(7.5 mcgx4)/0.25 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.25 per Rx); QL(Limit 1 fill(s) per 180 days)

Drug Name	Tier	Drug Restriction
Afluria Qd 2021-22 (36 mos up)(PF)60 mcg (15 mcg x4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Afluria Qd 2021-22 (6-35 mos)(PF) 30 mcg(7.5 mcgx4)/0.25 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.25 per Rx); QL(Limit 1 fill(s) per 180 days)
Afluria Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Afluria Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluad 2020-21 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluad Quad 2020-2021(65yr up)(PF) 60 mcg (15 mcg x 4)/0.5mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluad Quad 2021-2022(65yr up)(PF) 60 mcg (15 mcg x 4)/0.5mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluarix Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)

Drug Name	Tier	Drug Restriction
Fluarix Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flublok Quad 2020-2021 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flublok Quad 2021-2022 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flucelvax Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flucelvax Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flucelvax Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flucelvax Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flulaval Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)

Drug Name	Tier	Drug Restriction
Flulaval Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flumist Quad 2020-2021 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	P	AL(Between 2 Years And 49 Years); QL(Allowed 1 per Rx); QL(Limit 1 fill(s) per 180 days)
Flumist Quad 2021-2022 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	P	AL(Between 2 Years And 49 Years); QL(Allowed 1 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone High-Dose Quad 2020-21 (PF) 240 mcg/0.7 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.7 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone High-Dose Quad 2021-22 (PF) 240 mcg/0.7 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.7 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)

Drug Name	Tier	Drug Restriction
YF-Vax (PF) 10 exp4.74 unit/0.5 mL subcutaneous suspension	P	
VACCINE VIRAL COMBINATIONS		
M-M-R II (PF) 1,000-12,500 TCID50/0.5 mL subcutaneous solution	P	AL(Minimum Age 1 Years)
CARDIOVASCULAR THERAPY AGENTS		
ANTIARRHYTHMIC - CLASS IA		
disopyramide phosphate 100 mg capsule	P	MT; \$0 Copay
disopyramide phosphate 150 mg capsule	P	MT; \$0 Copay
Norpace CR 150 mg capsule,extended release	P	\$0 Copay
quinidine gluconate ER 324 mg tablet,extended release	P	\$0 Copay
quinidine sulfate 200 mg tablet	P	\$0 Copay
quinidine sulfate 300 mg tablet	P	\$0 Copay
ANTIARRHYTHMIC - CLASS IB		
mexiletine 150 mg capsule	P	MT; \$0 Copay
mexiletine 200 mg capsule	P	MT; \$0 Copay

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Fluzone Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
VACCINE VIRAL - POLIOMYELITIS		
IPOL 40 unit-8 unit-32 unit/0.5 mL suspension for injection	P	
VACCINE VIRAL - VARICELLA		
Shingrix (PF) 50 mcg/0.5 mL intramuscular suspension, kit	P	AL(Minimum Age 50 Years)
Varivax (PF) 1,350 unit/0.5 mL subcutaneous suspension	P	AL(Minimum Age 1 Years)
Zostavax (PF) 19,400 unit/0.65 mL subcutaneous suspension	P	AL(Minimum Age 50 Years)
VACCINE VIRAL - YELLOW FEVER		
Stamaril (PF) 1,000 unit/0.5 mL subcutaneous suspension	P	

Drug Name	Tier	Drug Restriction
mexiletine 250 mg capsule	P	MT; \$0 Copay
ANTIARRHYTHMIC - CLASS IC		
flecainide 100 mg tablet	P	MT; \$0 Copay
flecainide 150 mg tablet	P	MT; \$0 Copay
flecainide 50 mg tablet	P	MT; \$0 Copay
propafenone 150 mg tablet	P	MT; \$0 Copay
propafenone 225 mg tablet	P	MT; \$0 Copay
propafenone 300 mg tablet	P	MT; \$0 Copay
ANTIARRHYTHMIC - CLASS III		
amiodarone 200 mg tablet	P	MT; \$0 Copay
dofetilide 125 mcg capsule	P	\$0 Copay
dofetilide 250 mcg capsule	P	\$0 Copay
dofetilide 500 mcg capsule	P	\$0 Copay
Tikosyn 250 mcg capsule	P	\$0 Copay
Tikosyn 500 mcg capsule	P	\$0 Copay
CARDIOVASCULAR SYMPATHOMIMETICS		

Drug Name	Tier	Drug Restriction
midodrine 10 mg tablet	P	
midodrine 2.5 mg tablet	P	
midodrine 5 mg tablet	P	
DIGITALIS GLYCOSIDES		
digoxin 125 mcg (0.125 mg) tablet	P	MT; \$0 Copay
digoxin 250 mcg (0.25 mg) tablet	P	MT; \$0 Copay
digoxin 50 mcg/mL (0.05 mg/mL) oral solution	P	MT; \$0 Copay
DIRECT ACTING VASODILATORS		
hydralazine 10 mg tablet	P	MT; \$0 Copay
hydralazine 100 mg tablet	P	MT; \$0 Copay
hydralazine 25 mg tablet	P	MT; \$0 Copay
hydralazine 50 mg tablet	P	MT; \$0 Copay
minoxidil 10 mg tablet	P	MT; \$0 Copay
minoxidil 2.5 mg tablet	P	MT; \$0 Copay
DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE		
spironolactone 100 mg tablet	P	MT; \$0 Copay

Drug Name	Tier	Drug Restriction
spironolactone 25 mg tablet	P	MT; \$0 Copay
spironolactone 50 mg tablet	P	MT; \$0 Copay
DIURETIC - CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125 mg tablet	P	MT; \$0 Copay
acetazolamide 250 mg tablet	P	MT; \$0 Copay
acetazolamide ER 500 mg capsule, extended release	P	MT; \$0 Copay
methazolamide 25 mg tablet	P	\$0 Copay
methazolamide 50 mg tablet	P	\$0 Copay
DIURETIC - LOOP		
bumetanide 0.5 mg tablet	P	MT; \$0 Copay
bumetanide 1 mg tablet	P	MT; \$0 Copay
bumetanide 2 mg tablet	P	MT; \$0 Copay
furosemide 10 mg/mL injection solution	P	\$0 Copay
furosemide 10 mg/mL injection syringe	P	\$0 Copay

Drug Name	Tier	Drug Restriction
furosemide 10 mg/mL oral solution	P	MT; \$0 Copay
furosemide 20 mg tablet	P	MT; \$0 Copay
furosemide 40 mg tablet	P	MT; \$0 Copay
furosemide 40 mg/5 mL (8 mg/mL) oral solution	P	MT; \$0 Copay
furosemide 80 mg tablet	P	MT; \$0 Copay
Lasix 20 mg tablet	P	MT; \$0 Copay
Lasix 40 mg tablet	P	MT; \$0 Copay
torseamide 10 mg tablet	P	MT; \$0 Copay
torseamide 100 mg tablet	P	MT; \$0 Copay
torseamide 20 mg tablet	P	MT; \$0 Copay
torseamide 5 mg tablet	P	MT; \$0 Copay
DIURETIC - POTASSIUM SPARING		
amiloride 5 mg tablet	P	QL(Allowed 4 per 1 day); \$0 Copay
DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS		

Drug Name	Tier	Drug Restriction
amiloride 5 mg- hydrochlorothiazid e 50 mg tablet	P	QL(Allowed 1 per 1 day); \$0 Copay
Dyazide 37.5 mg- 25 mg capsule	P	QL(Allowed 1 per 1 day); MT; \$0 Copay
spironolactone 25 mg- hydrochlorothiazid e 25 mg tablet	P	MT; \$0 Copay
triamterene 37.5 mg- hydrochlorothiazid e 25 mg capsule	P	QL(Allowed 1 per 1 day); MT; \$0 Copay
triamterene 37.5 mg- hydrochlorothiazid e 25 mg tablet	P	QL(Allowed 1 per 1 day); MT; \$0 Copay
triamterene 75 mg- hydrochlorothiazid e 50 mg tablet	P	QL(Allowed 1 per 1 day); MT; \$0 Copay
DIURETIC - THIAZIDES AND RELATED		
chlorothiazide 250 mg tablet	P	QL(Allowed 2 per 1 day); MT; \$0 Copay
chlorothiazide 500 mg tablet	P	QL(Allowed 4 per 1 day); MT; \$0 Copay
chlorthalidone 25 mg tablet	P	MT; \$0 Copay
chlorthalidone 50 mg tablet	P	MT; \$0 Copay
hydrochlorothiazid e 12.5 mg tablet	P	MT; \$0 Copay
hydrochlorothiazid e 25 mg tablet	P	MT; \$0 Copay

Drug Name	Tier	Drug Restriction
hydrochlorothiazid e 50 mg tablet	P	MT; \$0 Copay
indapamide 1.25 mg tablet	P	MT; \$0 Copay
indapamide 2.5 mg tablet	P	MT; \$0 Copay
metolazone 10 mg tablet	P	MT; \$0 Copay
metolazone 2.5 mg tablet	P	MT; \$0 Copay
metolazone 5 mg tablet	P	MT; \$0 Copay
PERIPHERAL VASODILATORS, SINGLE AGENTS		
isoxsuprine 10 mg tablet	P	\$0 Copay
PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE		
epoprostenol (glycine) 0.5 mg intravenous solution	P	PA; SP; \$0 Copay
epoprostenol (glycine) 1.5 mg intravenous solution	P	PA; SP; \$0 Copay
treprostinil sodium 1 mg/mL injection solution	P	\$0 Copay
treprostinil sodium 10 mg/mL injection solution	P	\$0 Copay

Drug Name	Tier	Drug Restriction
treprostinil sodium 2.5 mg/mL injection solution	P	\$0 Copay
treprostinil sodium 5 mg/mL injection solution	P	\$0 Copay
Velettri 0.5 mg intravenous solution	P	PA; SP; \$0 Copay
Velettri 1.5 mg intravenous solution	P	PA; SP; \$0 Copay
PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP-PDE5 INHIBITORS		
sildenafil (pulmonary hypertension) 10 mg/12.5 mL intravenous solution	P	PA; SP; \$0 Copay
CENTRAL NERVOUS SYSTEM AGENTS		
ANTI-ANXIETY AGENT - ANTIHISTAMINE TYPE		
hydroxyzine HCl 25 mg/mL intramuscular solution	P	
hydroxyzine HCl 50 mg/mL intramuscular solution	P	
ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES		
valproate sodium 500 mg/5 mL (100 mg/mL) intravenous solution	P	\$0 Copay
ANTICONVULSANT - PYRROLIDINE DERIVATIVES		

Drug Name	Tier	Drug Restriction
levetiracetam 500 mg/5 mL intravenous solution	P	\$0 Copay
ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS		
benztropine 1 mg/mL injection solution	P	\$0 Copay
BIPOLAR THERAPY AGENTS - LITHIUM		
lithium carbonate 150 mg capsule	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate 300 mg capsule	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate 300 mg tablet	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate 600 mg capsule	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate ER 300 mg tablet, extended release	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate ER 450 mg tablet, extended release	P	AL(Minimum Age 18 Years); \$0 Copay
lithium citrate 8 mEq/5 mL oral solution	P	AL(Minimum Age 18 Years); \$0 Copay
CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE		
caffeine citrate 60 mg/3 mL (20 mg/mL) oral solution	P	QL(Allowed 45 per Rx)
SEDATIVE-HYPNOTIC - ANTIHISTAMINES		

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
NightTime Sleep Aid (diphenhydramine) 50 mg capsule	P	QL(Allowed 4 per 1 day)
Ormir 50 mg capsule	P	QL(Allowed 4 per 1 day)
Sleep Aid (diphenhydramine) 50 mg capsule	P	QL(Allowed 4 per 1 day)
CHEMICAL DEPENDENCY, AGENTS TO TREAT		
ALCOHOL DETERRENTS		
disulfiram 250 mg tablet	P	
CHEMICALS-PHARMACEUTICAL ADJUVANTS		
BULK CHEMICALS		
cherry flavor (bulk) oral syrup	P	
grape flavor (bulk) liquid	P	MT
PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES		
NebuSal 3 % solution for nebulization	P	
sodium chloride 0.9 % for nebulization	P	
sodium chloride 10 % for nebulization	P	
sodium chloride 3 % for nebulization	P	
PHARMACEUTICAL ADJUVANT - ORAL VEHICLES		
Base, PCCA Syrup Vehicle oral liquid	P	

Drug Name	Tier	Drug Restriction
Flavor Plus oral suspension	P	
Flavor Sweet oral syrup	P	
Flavor Sweet-SF oral liquid	P	
MX-Sol Blend oral suspension	P	
MX-Sol Blend SF oral suspension	P	
MX-Sol oral syrup	P	
MX-Sol SF oral liquid	P	
MX-Sol Suspend oral	P	
Ora-Blend oral suspension	P	
Ora-Blend SF oral suspension	P	
Oral Suspend oral	P	
Oral Syrup oral liquid	P	
Oral Syrup SF oral liquid	P	
Ora-Plus oral suspension	P	
Ora-Sweet oral syrup	P	

Drug Name	Tier	Drug Restriction
Ora-Sweet SF oral liquid	P	
simple syrup	P	
sorbitol 70 % solution	P	
SoSweet Syrup Vehicle	P	
Sweet-SF oral liquid	P	
SyrPalta Vehicle oral syrup	P	
SyrSpend SF Liquid oral suspension	P	
Syrup Vehicle SF oral solution	P	
Versa Free oral solution	P	
Versa Plus oral suspension	P	
COGNITIVE DISORDER THERAPY		
COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS		
ergoloid 1 mg tablet	P	\$0 Copay
CONTRACEPTIVES		
EMERGENCY CONTRACEPTIVES		
Aftera 1.5 mg tablet	P	\$0 Copay

Drug Name	Tier	Drug Restriction
EContra EZ 1.5 mg tablet	P	\$0 Copay
Econtra One-Step 1.5 mg tablet	P	\$0 Copay
Ella 30 mg tablet	P	\$0 Copay
levonorgestrel 1.5 mg tablet	P	\$0 Copay
My Choice 1.5 mg tablet	P	\$0 Copay
New Day 1.5 mg tablet	P	\$0 Copay
Opcicon One-Step 1.5 mg tablet	P	\$0 Copay
Option-2 1.5 mg tablet	P	\$0 Copay
Plan B One-Step 1.5 mg tablet	P	\$0 Copay
React 1.5 mg tablet	P	\$0 Copay
Take Action 1.5 mg tablet	P	\$0 Copay
SPERMICIDES		
Gynol II 3 % vaginal gel	P	
Vaginal Contraceptive Film 28 %	P	
Vaginal Contraceptive Foam 12.5 %	P	

Drug Name	Tier	Drug Restriction
VCF Contraceptive 4 % vaginal gel	P	
DERMATOLOGICAL		
DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES		
Efudex 5 % topical cream	P	QL(Allowed 40 per Rx); \$0 Copay
fluorouracil 0.5 % topical cream	P	QL(Allowed 30 per Rx); \$0 Copay
fluorouracil 2 % topical solution	P	QL(Allowed 10 per Rx); \$0 Copay
fluorouracil 5 % topical cream	P	QL(Allowed 40 per Rx); \$0 Copay
fluorouracil 5 % topical solution	P	QL(Allowed 10 per Rx); \$0 Copay
DERMATOLOGICAL - ANTIPERSPIRANTS		
Drysol 20 % topical solution	P	QL(Allowed 60 per Rx)
Drysol Dab-O- Matic 20 % topical solution	P	QL(Allowed 60 per Rx)
DERMATOLOGICAL - ANTISEBORRHEIC		
selenium sulfide 2.5 % lotion	P	QL(Allowed 120 per Rx)
DERMATOLOGICAL - BURN PRODUCTS ANTI- INFECTIVE		
silver sulfadiazine 1 % topical cream	P	
DERMATOLOGICAL - EMOLLIENTS		
AmLactin 12 % lotion	P	

Drug Name	Tier	Drug Restriction
ammonium lactate 12 % lotion	P	
ammonium lactate 12 % topical cream	P	
DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS		
Epifoam 1 %-1 % topical	P	
DERMATOLOGICAL - INSECT REPELLENTS		
Coleman 100 Max Insect Repellent 98.11 % topical spray	P	
Coleman High and Dry Insect Repellent 25 % topical spray powder	P	
Coleman Sportsmen Insect Repellent 40 % topical spray	P	
Cutter Backwoods 25 % topical spray	P	
Cutter Backwoods Dry 25 % topical spray	P	
Insect Repellent (DEET) 15 % topical spray	P	
Off Active 15 % topical spray	P	
Off Deep Woods 25 % topical spray	P	

Drug Name	Tier	Drug Restriction
Off Deep Woods Dry 25 % topical spray powder	P	
Off Deep Woods Sportsmen 30 % topical spray	P	
Off FamilyCare (with DEET) 15 % topical spray powder	P	
Repel Family 10 % topical spray	P	
Repel Family 15 % topical spray powder	P	
Repel Hunter's 25 % topical spray	P	
Repel Sportsmen 25 % topical spray	P	
Repel Sportsmen Dry 25 % topical spray	P	
Repel Sportsmen Max 40 % lotion	P	
Repel Sportsmen Max 40 % topical spray	P	
Total Home Insect Repellent 30 % topical spray	P	
Ultrathon 25 % topical spray	P	

Drug Name	Tier	Drug Restriction
Ultrathon 34.34 % lotion	P	
DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS		
podofilox 0.5 % topical solution	P	QL(Allowed 4 per Rx)
salicylic acid 6 % topical gel	P	QL(Allowed 40 per Rx)
urea 40 % lotion	P	QL(Allowed 240 per Rx)
urea 40 % topical cream	P	QL(Allowed 210 per Rx)
Urea-C40 40 % lotion	P	QL(Allowed 240 per Rx)
DERMATOLOGICAL - KERATOPLASTIC TAR PRODUCTS		
Anti-Dandruff (coal tar) 0.5 % shampoo	P	
Thera-Gel 0.5 % shampoo	P	
Therapeutic Shampoo 2 %	P	
DERMATOLOGICAL - PROTECTANTS		
zinc oxide 20 % topical ointment	P	QL(Allowed 60 per Rx)
zinc oxide topical ointment	P	QL(Allowed 60 per Rx)
DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL		
MetroLotion 0.75 % topical	P	

Drug Name	Tier	Drug Restriction
metronidazole 0.75 % lotion	P	
metronidazole 0.75 % topical cream	P	QL(Allowed 45 per Rx)
metronidazole 0.75 % topical gel	P	QL(Allowed 45 per Rx)
DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES		
dibucaine 1 % topical ointment	P	QL(Allowed 30 per Rx)
WOUND CARE - DRESSINGS		
Biatain 4" X 4" bandage	P	
Bioguard gauze 0.3 %-2" X 2" bandage	P	
Bioguard gauze 0.3 %-4" X 4" bandage	P	
Bioguard gauze 0.3 %-4.5" X 4.1 yard bandage	P	
CarraSmart 4" X 4" bandage	P	
CarraSmart Foam 4" X 4" bandage	P	
Copa Hydrophilic Foam 4" X 4" bandage	P	
Curity AMD (with polyhexamethylene) 0.2 %-2" X 2" sponge	P	

Drug Name	Tier	Drug Restriction
Dermalevin 4" X 4" bandage	P	
DryMax Extra 4" X 4" bandage	P	
Excilon AMD (with polyhexamethylene) 0.2 %-4" X 4" sponge	P	
Hydrocell Adhesive 4" X 4" bandage	P	
Optifoam Non-Adhesive 4" X 4" bandage	P	
Restore 4" X 4" bandage	P	
Versiva XC 4" X 4" bandage	P	
DIAGNOSTIC AGENTS		
DIAGNOSTIC - BLOOD TEST OTHERS		
Gojji Blood Ketone Test Strip	P	QL(Allowed 1 per 1 day)
novaMax Plus Ketone strips	P	QL(Allowed 1 per 1 day)
Precision Xtra B-Ketone strips	P	QL(Allowed 1 per 1 day)
PTS Panels Ketone strips	P	QL(Allowed 1 per 1 day)
EATING DISORDER THERAPY		
APPETITE STIMULANTS - PROGESTIN HORMONE TYPE		

Drug Name	Tier	Drug Restriction
megestrol 400 mg/10 mL (10 mL) oral suspension	P	\$0 Copay
megestrol 400 mg/10 mL (40 mg/mL) oral suspension	P	\$0 Copay
ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS		
AMINO ACID - CARNITINE DERIVATIVES		
levocarnitine 330 mg tablet	P	
B-COMPLEX VITAMIN COMBINATIONS		
B Complex Plus Vitamin C 15 mg-10 mg-50 mg-5 mg-300 mg capsule	P	QL(Allowed 1 per 1 day)
Balance B-50 (with folic acid) 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
B-complex with vitamin C capsule	P	QL(Allowed 1 per 1 day)
B-complex with vitamin C tablet	P	QL(Allowed 1 per 1 day)
Dialyvite 100 mg-1 mg tablet	P	QL(Allowed 1 per 1 day)
Multivitamin-Zinc-Stress 500 mg-400 mcg-23.9 mg-3 mg tablet	P	QL(Allowed 1 per 1 day)
Nephronex-SL 800 mcg-2,000 unit disintegrating tablet	P	QL(Allowed 1 per 1 day)
Renal Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Renal Multivitamin/Zinc tablet	P	QL(Allowed 1 per 1 day)
Reno Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Stress Formula with Iron 500 mg-400 mcg-18 mg iron tablet	P	QL(Allowed 1 per 1 day)
Stress Formula With Iron(sulf) 500 mg-400 mcg-27 mg iron tablet	P	QL(Allowed 1 per 1 day)
Stresstabs Energy 120 mg-400 mcg-62.5 mg tablet	P	QL(Allowed 1 per 1 day)
Super B/C capsule	P	QL(Allowed 1 per 1 day)
Synagex 1.25 mg-30 mg-5 mg capsule	P	
Triphrocaps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Virt-Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Vitamin B Complex With C capsule	P	QL(Allowed 1 per 1 day)
B-COMPLEX VITAMINS		
B Complex 50 tablet	P	QL(Allowed 1 per 1 day)
B Complex-Vitamin B12 tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
vitamin B complex tablet	P	QL(Allowed 1 per 1 day)
Vitamins B Complex capsule	P	QL(Allowed 1 per 1 day)
B-COMPLEX VITAMINS AND COMBINATIONS		
Rena-Vite Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Vol-Care Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
VP-Vite Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
DIETARY PRODUCT - DIETARY SUPPLEMENTS		
Dry Eye Formula 133 mg-167 mg-170 mg capsule	P	
Hair-Skin-Nail (vit A,C-biotin-Zn-Cu) 2,500 unit-100 mg-2,500 mcg cap	P	
Phlexy-Vits oral powder packet	P	
DILUENTS - SODIUM CHLORIDE		
sodium chloride 0.9 % injection solution	P	
ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN		
Kionex (with sorbitol) 15 gram-19.3 gram/60 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral susp	P	
sodium polystyrene sulfonate 15 gram/60 mL oral suspension	P	
sodium polystyrene sulfonate oral powder	P	QL(Allowed 454 per Rx)
SPS (with sorbitol) 15 gram-20 gram/60 mL oral suspension	P	
SPS (with sorbitol) 30 gram-40 gram/120 mL enema	P	
GERIATRIC VITAMINS		
Eldertonic 0.5 mg-0.6 mg-7 mg-0.7 mg oral elixir	P	
IRRIGATION SOLUTIONS		
sodium chloride 0.9 % irrigation solution	P	
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT		
Calci-Chew 500 mg calcium (1,250 mg) tablet	P	
Calcitrate 200 mg (950 mg) tablet	P	

Drug Name	Tier	Drug Restriction
Calcium 500 500 mg calcium (1,250 mg) tablet	P	
calcium carbonate 500 mg calcium (1,250 mg) chewable tablet	P	
calcium carbonate 500 mg calcium (1,250 mg) tablet	P	
calcium carbonate 500 mg/5 mL calcium (1,250 mg/5 mL) oral suspension	P	
calcium citrate 200 mg (950 mg) tablet	P	
Hi-Cal 500 mg tablet	P	
Oysco-500 500 mg calcium (1,250 mg) tablet	P	
Oyster Shell Calcium 500 500 mg calcium (1,250 mg) tablet	P	
Oyster Shell Calcium 500 mg calcium (1,250 mg) tablet	P	
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT COMBINATIONS		
Biocal 500 mg-100 unit-45 mg-800 mcg capsule	P	

Drug Name	Tier	Drug Restriction
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT/VITAMIN D COMBINATIONS		
	P	QL(Allowed 2 per 1 day)
Calcium 500 + D 500 mg-10 mcg (400 unit) chewable tablet	P	
Calcium 500 + D 500 mg-10 mcg (400 unit) tablet	P	
Calcium 500 + D 500 mg-5 mcg (200 unit) tablet	P	
Calcium 500 mg + D (D3) 3.125 mcg (125 unit) tablet	P	
Calcium 500 With D 500 mg-10 mcg (400 unit) tablet	P	
Calcium 600 + D(3) 600 mg-10 mcg (400 unit) tablet	P	QL(Allowed 2 per 1 day)
Calcium 600 + D(3) 600 mg-5 mcg (200 unit) tablet	P	QL(Allowed 2 per 1 day)
Calcium 600 with Vitamin D3 600 mg-5 mcg (200 unit) tablet	P	QL(Allowed 2 per 1 day)
calcium carb-ergocalciferol (vit D2) 500 mg-125 unit tablet	P	

Drug Name	Tier	Drug Restriction
calcium carbonate 500 mg-vitamin D3 10 mcg (400 unit) chewable tablet	P	
calcium carbonate 500 mg-vitamin D3 10 mcg (400 unit) tablet	P	
calcium carbonate 500 mg-vitamin D3 2.5 mcg (100 unit) chewable tablet	P	
calcium carbonate 500 mg-vitamin D3 3.125 mcg (125 unit) tablet	P	
calcium carbonate 500 mg-vitamin D3 5 mcg (200 unit) tablet	P	
calcium carbonate 600 mg-vitamin D3 20 mcg (800 unit) tablet	P	QL(Allowed 2 per 1 day)
calcium carbonate 600 mg-vitamin D3 5 mcg (200 unit) tablet	P	QL(Allowed 2 per 1 day)
Calcium with Vitamin D 600 mg- 10 mcg (400 unit) tablet	P	QL(Allowed 2 per 1 day)
calcium-vitamin D3 600 mg-5 mcg (200 unit) tablet	P	

Drug Name	Tier	Drug Restriction
Centrum Pro Nutrients 600 mg- 20 mcg (800 unit) tablet	P	
Hi-Cal Plus Vit D 500 mg-5 mcg (200 unit) tablet	P	
Os-Cal 500 + D3 500 mg-5 mcg (200 unit) tablet	P	
Oysco 500/D 500 mg-5 mcg (200 unit) tablet	P	
Oyster Shell Calcium-Vit D2 250 mg (625 mg)- 125 unit tablet	P	
Oyster Shell Calcium-Vit D2 500 mg (1,250 mg)-200 unit tablet	P	
Oyster Shell Calcium-Vit D2 500 mg-125 unit tablet	P	
Oyster Shell Calcium-Vitamin D3 250 mg-3.125 mcg (125 unit) tablet	P	
Oyster Shell Calcium-Vitamin D3 500 mg-10 mcg (400 unit) tablet	P	

Drug Name	Tier	Drug Restriction
Oyster Shell Calcium-Vitamin D3 500 mg-5 mcg (200 unit) tablet	P	
Oystercal-D 500 mg-10 mcg (400 unit) tablet	P	
MINERALS AND ELECTROLYTES - IRON		
Slow Release Iron 47.5 mg iron tablet,extended release	P	
MINERALS AND ELECTROLYTES - IRON COMBINATIONS		
Stress Formula tablet	P	QL(Allowed 1 per 1 day)
MINERALS AND ELECTROLYTES - MAGNESIUM		
magnesium 400 mg (as magnesium oxide) tablet	P	
magnesium oxide 400 mg (241.3 mg magnesium) tablet	P	
MINERALS AND ELECTROLYTES - ORAL ELECTROLYTES		
CeraSport 115 mg-40 mg-40 kcal/250 mL oral liquid	P	
CeraSport EX1 200 mg-100 mg-20 kcal/250mL oral liquid	P	
electrolytes-dextrose oral solution	P	

Drug Name	Tier	Drug Restriction
Enfamil Enfalyte oral solution	P	
Naturalyte oral solution	P	
Oralyte oral solution	P	
Pediatric Electrolyte oral solution	P	
Pediatric Freezer Pops oral solution	P	
PediaVance 5.3 mEq-2.35 mEq-4.15 mEq oral concentrate in packet	P	
Rehydralyte(oral electrolytes) oral solution	P	
ReVital Freezer Pops oral solution	P	
ReVital Jell Cups oral solution	P	
ReVital Liquid Squeezers oral solution	P	
MINERALS AND ELECTROLYTES - POTASSIUM, ORAL		
Effer-K 25 mEq effervescent tablet	P	
K-Effervescent 25 mEq tablet	P	

Drug Name	Tier	Drug Restriction
Klor-Con M15 mEq tablet,extended release	P	
Klor-Con/EF 25 mEq effervescent tablet	P	
K-Tab 10 mEq tablet,extended release	P	MT
K-Tab 8 mEq tablet,extended release	P	MT
potassium bicarbonate-citric acid 25 mEq effervescent tablet	P	
potassium chloride 20 mEq oral packet	P	
potassium chloride 20 mEq/15 mL oral liquid	P	
potassium chloride 40 mEq/15 mL oral liquid	P	
potassium chloride ER 10 mEq capsule,extended release	P	MT
potassium chloride ER 10 mEq tablet,extended release	P	MT

Drug Name	Tier	Drug Restriction
potassium chloride ER 10 mEq tablet,extended release(part/cryst)	P	MT
potassium chloride ER 20 mEq tablet,extended release(part/cryst)	P	MT
potassium chloride ER 8 mEq capsule,extended release	P	QL(Allowed 1 per 1 day); MT
potassium chloride ER 8 mEq tablet,extended release	P	MT
MINERALS AND ELECTROLYTES - ZINC		
Orazinc 50 mg zinc (220 mg) capsule	P	
zinc sulfate 50 mg zinc (220 mg) capsule	P	
Zinc-220 50 mg zinc (220 mg) capsule	P	
MULTIVITAMIN AND MINERAL COMBINATIONS		
50 Plus Adult Eye Health 250 mg-5 mg-1 mg capsule	P	
A Thru Z Select 500 mcg-250 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
ABDEK Multivitamin 1,000 unit-800 mcg capsule	P	
Actical capsule	P	
Adult 50 Plus Eye Health 250 mg-5 mg-1 mg capsule	P	
Adult Multi plus Omega-3 200 mcg-1,000 unit-25 mg chewable tablet	P	
Adult Multivitamin Extra Vitamin D3 200 mcg chewable tablet	P	
Adult Multivitamin Gummies 200 mcg chewable tablet	P	
Adult One Daily Gummies 200 mcg chewable tablet	P	
Adult One Daily Multivitamin 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
Advanced Multi EA 22.5 mg-400 mcg-150 mcg-10 mg chewable tablet	P	
Antioxidant A/C/E/Selenium capsule	P	

Drug Name	Tier	Drug Restriction
Antioxidant Formula (selenium yeast) 8,333 unit-167 mg-133 unit tablet	P	QL(Allowed 1 per 1 day)
AquADEKs 100 mcg-350 mcg-5 mg chewable tablet	P	
Bio-35, Gluten Free 3 mg-133 mcg-33 mcg-33 mcg capsule	P	
Biotect Plus capsule	P	
Biovol oral syrup	P	
Body, Hair, Skin and Nails 3 mg-133 mcg capsule	P	
Centrum 3,500 unit-18 mg-0.4 mg chewable tablet	P	
Centrum Flavor Burst Adult chewable tablet	P	
Centrum Flavor Burst Kids chewable tablet	P	
Centrum MultiGummies 80 mcg chewable tablet	P	
Centrum Silver 400 mcg-250 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
Complete Men 50 Plus 300 mcg-600 mcg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Complete Multivitamin Adult 50 Plus 0.4 mg-300 mcg-250 mcg tablet	P	QL(Allowed 1 per 1 day)
Corvita 1.25 mg-2.5 mg-7 mg tablet	P	
Corvite Free 1.25 mg-400 mcg-125 mcg-35 mg tablet	P	QL(Allowed 1 per 1 day)
Daily Gummies 200 mcg chewable tablet	P	
Daily Multiple tablet	P	QL(Allowed 1 per 1 day)
Daily Multivitamin 200 mcg-100 mcg-500 mcg capsule	P	
Daily Vitamin with Iron tablet	P	QL(Allowed 1 per 1 day)
Daily Vites/Iron tablet	P	QL(Allowed 1 per 1 day)
DEKAs Bariatric 22.5 mg-400 mcg-500 mcg-10 mg chewable tablet	P	
DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg capsule	P	

Drug Name	Tier	Drug Restriction
DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg chewable tablet	P	
Endur-VM Iron-Free 400 mcg tablet,extended release	P	
Endur-VM with Iron 18 mg iron-400 mcg tablet,extended release	P	
Healthy Eyes 1,000 unit-200 mg-60 unit-2mg tablet	P	QL(Allowed 1 per 1 day)
Healthy Eyes SuperVision 14,320 unit-226 mg-200 unit capsule	P	
I-Caps 280 mg-10 mg-2 mg capsule	P	
ICaps AREDS 14,320 unit-226 mg-200 unit capsule	P	
ICaps AREDS2 (copper citrate) 250 mg-200 unit-12.5 mg-1 mg chew tablet	P	
ICaps AREDS2 250 mg-200 unit-12.5 mg-1 mg capsule	P	

Drug Name	Tier	Drug Restriction
K-PAX 4.5 mg iron-200 mcg capsule	P	
K-PAX 9 mg iron-400 mcg capsule	P	
Macular Health Formula 5 mg-1 mg-7.5 mg capsule	P	
Maximin Pack 0.8 mg-250 mcg oral pack	P	
Mega-Marathon 100 TR tablet,extended release	P	
Men 50 Plus Multivitamin 300 mcg-600 mcg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Men's 50+ Advanced Multivitamin 400 mcg-300 mcg capsule	P	
Men's Daily 0.4 mg-600 mcg capsule	P	
Men's Daily Gummies 200 mcg chewable tablet	P	
Men's Multivitamin Gummies 200 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
Minis Multi For Her 50+ 400 mcg-80 mcg capsule	P	
Multi For Her 18 mg iron-600 mcg-40 mcg capsule	P	
Multi For Her 50 Plus 400 mcg-80 mcg capsule	P	
Multi For Him (with lycopene) 18 mg-400 mcg-1,000 unit oral powder pkt	P	
Multi-Day Plus Iron tablet	P	QL(Allowed 1 per 1 day)
Multilex 15 mg iron tablet	P	QL(Allowed 1 per 1 day)
Multilex-T and M 15 mg iron tablet	P	QL(Allowed 1 per 1 day)
multivit with min-folic acid-lutein 200 mcg-137.5 mcg chewable tablet	P	
multivitamin with iron tablet	P	QL(Allowed 1 per 1 day)
multivitamin with minerals-ferrous fumarate 15 mg iron tablet	P	QL(Allowed 1 per 1 day)
My-Vitalife capsule	P	

Drug Name	Tier	Drug Restriction
Ocuvite 100 mg-15 unit-2 mg-100 mg capsule	P	
Ocuvite Adult 50 Plus 250 mg-5 mg-1 mg capsule	P	
Omnicap 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
One Daily Essential 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
One Daily Gummy Vites 200 mcg chewable tablet	P	
One Daily Multivitamin with Iron 18 mg iron tablet	P	QL(Allowed 1 per 1 day)
One Daily Plus Iron tablet	P	QL(Allowed 1 per 1 day)
One Daily With Iron tablet	P	QL(Allowed 1 per 1 day)
One Daily Women's 18 mg iron-400 mcg-25 mcg tablet	P	QL(Allowed 1 per 1 day)
One-A-Day Men VitaCraves 200 mcg chewable tablet	P	
One-A-Day VitaCraves 200 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
One-A-Day Vitacraves Immunity 200 mcg chewable tablet	P	
One-A-Day Women VitaCraves 200 mcg chewable tablet	P	
Optisource 9 mg iron-200 mcg-40 mcg chewable tablet	P	
Opurity Multivitamin 30 mg iron-800 mcg chewable tablet	P	
PreserVision AREDS 14,320 unit-226 mg-200 unit capsule	P	
PreserVision AREDS-2 (with omega-3) 250 mg-2.5 mg-0.5 mg capsule	P	
PreserVision Lutein 226 mg-200 unit-5 mg-0.8 mg capsule	P	
Prevent capsule	P	
ProRenal QD 400 mcg-500 unit capsule	P	

Drug Name	Tier	Drug Restriction
Prosight with Lutein 60 mg-30 unit-6 mg capsule	P	
Protect Cardio AF 0.5 mg-30 mg-60 mg-90 mg capsule	P	
Protect Plus capsule	P	
Protect Plus SO 0.5 mg-15 mg capsule	P	
Protegra capsule	P	
Spectravite Adult 200 mcg chewable tablet	P	
Spectravite Adult 50 Plus(with lutein) 500 mcg-250 mcg chewable tablet	P	
Strovite Forte 10 mg-1 mg/15 mL oral liquid	P	
Super Antioxidant capsule	P	
Super Multiple 0.4 mg capsule	P	
Tab-A-Vite Multivitamin w-iron 15 mg iron-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Tab-A-Vite/Iron tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Therems tablet	P	QL(Allowed 1 per 1 day)
Totalday Multiple tablet,extended release	P	
Ultra Mega Gold tablet,extended release	P	
Ultra Mega tablet,extended release	P	
Ultra Mega Two tablet,extended release	P	
V-C Forte 1 mg capsule	P	
VIC-Forte 1 mg capsule	P	
Vitalee 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
Vitatum 3,500 unit-18 mg-0.4 mg chewable tablet	P	
Women's 50+ Advanced 400 mcg capsule	P	
Womens Daily Gummies 200 mcg chewable tablet	P	
Women's Multi 18 mg-600 mcg capsule	P	

Drug Name	Tier	Drug Restriction
Women's Multivitamin Gummies 200 mcg chewable tablet	P	
MULTIVITAMINS		
Anti-Oxidant tablet	P	QL(Allowed 1 per 1 day)
Daily Multiple Vitamins with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Multi-Vitamin tablet	P	QL(Allowed 1 per 1 day)
Daily Multivitamin with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Value tablet	P	QL(Allowed 1 per 1 day)
Daily Vitamin Formula tablet	P	QL(Allowed 1 per 1 day)
Daily Vitamin Formula-Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Vitamin tablet	P	QL(Allowed 1 per 1 day)
Decubi Vite 400 mcg-50 mg-500 mg capsule	P	
E-400 C-500 and Beta Carotene tablet	P	QL(Allowed 1 per 1 day)
ESSENTIAL One Daily tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Fortavit capsule	P	
Hair-Skin-Nails (multivit-folic-biotin) 400 mcg-2,000 mcg tablet	P	QL(Allowed 1 per 1 day)
Multi-Day tablet	P	QL(Allowed 1 per 1 day)
Multi-Day with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Multi-Delyn oral liquid	P	
Multiple Vitamin Essential tablet	P	QL(Allowed 1 per 1 day)
Multiple Vitamins tablet	P	QL(Allowed 1 per 1 day)
multivitamin tablet	P	QL(Allowed 1 per 1 day)
Multi-Vitamin tablet	P	QL(Allowed 1 per 1 day)
Once Daily tablet	P	QL(Allowed 1 per 1 day)
One Daily Essential 400 mcg tablet	P	QL(Allowed 1 per 1 day)
One Daily Essential tablet	P	QL(Allowed 1 per 1 day)
One Daily Multivitamin tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
One Daily Multivitamin with Iron (folic acid) 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
One Daily Plus Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
One Daily tablet	P	QL(Allowed 1 per 1 day)
Quintabs 400 mcg tablet	P	QL(Allowed 1 per 1 day)
Replace capsule	P	
Super Nu-Thera oral powder	P	
Tab-A-Vite 400 mcg tablet	P	QL(Allowed 1 per 1 day)
Tab-A-Vite Multivitamin w-iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Thera 400 mcg tablet	P	QL(Allowed 1 per 1 day)
Thera tablet	P	QL(Allowed 1 per 1 day)
Therapeutic tablet	P	QL(Allowed 1 per 1 day)
Thera-Tabs tablet	P	QL(Allowed 1 per 1 day)
Therems Multivitamin 400 mcg tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Vita-Bob capsule	P	
Vita-Plus E capsule	P	QL(Allowed 2 per 1 day)
PEDIATRIC VITAMINS		
ABDEK Multivitamin 500 unit-400 mcg/mL oral drops	P	
ANIMAL CHEWS tablet	P	QL(Allowed 1 per 1 day)
Animal Shape Vitamins chewable tablet	P	QL(Allowed 1 per 1 day)
Animal Shapes chewable tablet	P	QL(Allowed 1 per 1 day)
Chewable-Vite tablet	P	QL(Allowed 1 per 1 day)
Children's Chewable Multivitamin 300 mcg tablet	P	QL(Allowed 1 per 1 day)
Children's Chewable Vitamin tablet	P	QL(Allowed 1 per 1 day)
Children's Chewables 300 mcg tablet	P	QL(Allowed 1 per 1 day)
Children's Chewables with Iron 15 mg tablet	P	
Childs Chew Vite tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Flintstones Multivitamin 300 mcg chewable tablet	P	
Little Animals-Iron 15 mg chewable tablet	P	
MVW Complete Formulation D3000 3,000 unit-800 mcg capsule	P	
MVW Complete Formulation D5000 5,000 unit-800 mcg capsule	P	
MVW Complete Formulation Multivitamin 1,500 unit-1,000 mcg chew tablet	P	
MVW Complete Formulation Multivitamin 1,500 unit-800 mcg capsule	P	
MVW Complete Formulation Multivitamin 750 unit-500 mcg capsule	P	
One-A-Day Teen for Her VitaCraves 300 unit-37.5 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
One-A-Day Teen for Him VitaCraves 300 unit-37.5 mcg chewable tablet	P	
Pedia Poly-Vite 750 unit-35 mg-400 unit/mL oral drops	P	QL(Allowed 50 per Rx)
pediatric multivitamin chewable tablet	P	QL(Allowed 1 per 1 day)
Poly-Vitamins chewable tablet	P	QL(Allowed 1 per 1 day)
Vitamax 300 mcg/mL oral drops	P	
Zoo Friends chewable tablet	P	QL(Allowed 1 per 1 day)
Zoo Friends Original 300 mcg chewable tablet	P	
Zoo Friends Plus Iron 15 mg chewable tablet	P	
PEDIATRIC VITAMINS AND MINERAL COMBINATIONS		
Animal Shapes Complete 18 mg iron chewable tablet	P	
Animal Shapes Complete chewable tablet	P	QL(Allowed 1 per 1 day)
Animal Shapes Plus Iron chewable tablet	P	

Drug Name	Tier	Drug Restriction
AquADEKs Pediatric 400 mcg/mL oral drops	P	
Chewable-Vite with Iron tablet	P	
Child Chewable Vitamins with Iron 15 mg tablet	P	
Child Chewable Vitamins with Iron tablet	P	
Child Complete Multivitamin 18 mg iron chewable tablet	P	
Child Vitamin with Minerals chewable tablet	P	
Children's Chew Multivit with Iron 15 mg iron tablet	P	
Children's Chewable with Minerals tablet	P	
Children's Complete Vitamin 18 mg iron chewable tablet	P	
Children's Vitamin with Iron chewable tablet	P	
Emergen-C Kidz oral effervescent powder packet	P	

Drug Name	Tier	Drug Restriction
Flintstones Complete (iron) 18 mg iron chewable tablet	P	
Flintstones Complete (iron) chewable tablet	P	
Flintstones with Iron 18 mg iron chewable tablet	P	
Fruity Chews/Iron tablet	P	
Land Before Time chewable tablet	P	
Pedia Poly-Vite with Iron 10 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Polyvitamin with Iron 12 mg chewable tablet	P	
PEDIATRIC VITAMINS WITH FLUORIDE AND MINERALS COMBINATIONS		
Multi-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Tri-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops	P	QL(Allowed 50 per Rx)
PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS		
Floriva Plus (with biotin) 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)

Drug Name	Tier	Drug Restriction
Floriva Plus 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Multi-Vitamin With Fluoride 0.25 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multi-Vitamin With Fluoride 0.25 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Multi-Vitamin With Fluoride 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multi-Vitamin With Fluoride 0.5 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Multi-Vitamin With Fluoride 1 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multi-Vitamin-Fluoride (vit E acetate) 0.25 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Multivitamins With Fluoride 0.25 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multivitamins With Fluoride 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multivitamins With Fluoride 1 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multivitamins-Fluoride-Folic Acid 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Quflora Pediatric 0.25mg fluoride (0.55 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric 0.5 mg fluoride (1.1 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric 1 mg fluoride (2.2 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric Drops 0.25 mg fluoride (0.55 mg)/mL oral	P	QL(Allowed 50 per Rx)
Quflora Pediatric Drops 0.5 mg fluoride (1.1 mg)/mL oral	P	QL(Allowed 50 per Rx)
Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
SODIUM CHLORIDE FLUSHES		

Drug Name	Tier	Drug Restriction
BD PosiFlush Normal Saline 0.9 % injection syringe	P	
BD Pre-Filled Normal Saline 0.9 % injection syringe	P	
Monoject 0.9% Sodium Chloride injection syringe	P	
Monoject Prefill Advanced 0.9 % Sodium Chloride injection syringe	P	
Normal Saline Flush 0.9 % injection syringe	P	
Saline Flush injection syringe	P	
sodium chloride 0.9 % (flush) injection syringe	P	
SwabFlush 0.9 % injection syringe with alcohol swab cap	P	
Syrex Sodium Chloride 0.9 % injection syringe	P	
SODIUM CHLORIDE, PARENTERAL		
sodium chloride 0.9 % intravenous piggyback	P	
sodium chloride 0.9 % intravenous solution	P	

Drug Name	Tier	Drug Restriction
VITAMIN C COMBINATIONS		
Emergen-C 1,000 mg oral effervescent powder packet	P	
Emergen-C 500 mg chewable tablet	P	
Emergen-C Heart Health 1,000 mg-2 mg-650 mg powder effervescent packet	P	
Emergen-C Immune Plus 1,000 mg oral effervescent powder packet	P	
Emergen-C MSM Lite 1,000 mg-1,000 mg oral effervescent powder packet	P	
Emergen-C Vit D-Calcium 500 mg-500 mg-1,000 unit effervescent pwdr pkt	P	
Essence C 1,000 mg oral effervescent powder packet	P	
Vitamin C Energy Booster 1,000 mg oral effervescent powder packet	P	

Drug Name	Tier	Drug Restriction
Vitamin C Fizzy Drink 1,000 mg oral effervescent powder packet	P	
VITAMINS - A		
vitamin A 10,000 unit capsule	P	
vitamin A 10,000 unit tablet	P	
vitamin A 2,400 mcg capsule	P	
vitamin A palmitate 10,000 unit capsule	P	
vitamin A palmitate 10,000 unit tablet	P	
VITAMINS - B-1, THIAMINE AND DERIVATIVES		
thiamine HCl (vitamin B1) 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
thiamine HCl (vitamin B1) 50 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
thiamine mononitrate (vitamin B1) 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-1 (mononitrate) 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-1 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)

Drug Name	Tier	Drug Restriction
Vitamin B-1 250 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-1 50 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES		
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	P	
VITAMINS - B-2, RIBOFLAVIN AND DERIVATIVES		
riboflavin (vitamin B2) 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-2 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-2 50 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
VITAMINS - B-6, PYRIDOXINE AND DERIVATIVES		
Neuro-K-250 250 mg tablet	P	
pyridoxine (vitamin B6) 100 mg tablet	P	
pyridoxine (vitamin B6) 25 mg tablet	P	
pyridoxine (vitamin B6) 50 mg tablet	P	\$0 Copay
Vitamin B-6 100 mg tablet	P	
Vitamin B-6 25 mg tablet	P	
Vitamin B-6 250 mg tablet	P	

Drug Name	Tier	Drug Restriction
Vitamin B-6 50 mg tablet	P	
VITAMINS - BIOTIN		
biotin 5 mg capsule	P	
Meribin 5 mg capsule	P	
VITAMINS - C, ASCORBIC ACID AND DERIVATIVES		
ascorbic acid (vitamin C) 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
ascorbic acid (vitamin C) 250 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
ascorbic acid (vitamin C) 500 mg chewable tablet	P	
ascorbic acid (vitamin C) 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Asco-Tabs-1000 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-1000 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-1000 with Rose Hips 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-500 500 mg chewable tablet	P	
C-Buff oral powder	P	

Drug Name	Tier	Drug Restriction
Chewable Vitamin C 500 mg tablet	P	
Vitamin C 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C 250 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C 500 mg chewable tablet	P	
Vitamin C 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C 500 mg/5 mL oral syrup	P	
Vitamin C ER 1,000 mg tablet, extended release	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C oral powder	P	
Vitamin C with Acerola 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C With Rose Hips 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C With Rose Hips 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
VITAMINS - D DERIVATIVES		
Calcitol 200 mcg/mL (8,000 unit/mL) oral drops	P	

Drug Name	Tier	Drug Restriction
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
cholecalciferol (vitamin D3) 10 mcg (400 unit) chewable tablet	P	
cholecalciferol (vitamin D3) 10 mcg (400 unit) tablet	P	
cholecalciferol (vitamin D3) 10 mcg/mL (400 unit/mL) oral drops	P	
cholecalciferol (vitamin D3) 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) capsule	P	QL(Allowed 1 per 1 day)
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) tablet	P	
cholecalciferol (vitamin D3) 50 mcg (2,000 unit) capsule	P	
D3-2000 50 mcg (2,000 unit) capsule	P	
D-3-5 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)

Drug Name	Tier	Drug Restriction
D3-50 Cholecalciferol 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
Decara 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
Delta D3 10 mcg (400 unit) tablet	P	
Dialyvite Vitamin D 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)
ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule	P	
ergocalciferol (vitamin D2) 200 mcg/mL (8,000 unit/mL) oral drops	P	
Just D 10 mcg/mL (400 unit/mL) oral drops	P	
Kids Vitamin D3 10 mcg (400 unit) chewable tablet	P	
Optimal D3 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
Pedia D-Vite 10 mcg/mL (400 unit/mL) oral drops	P	
Vitamin D2 1,250 mcg (50,000 unit) capsule	P	

Drug Name	Tier	Drug Restriction
Vitamin D2 10 mcg (400 unit) tablet	P	
Vitamin D3 10 mcg (400 unit) chewable tablet	P	
Vitamin D3 10 mcg (400 unit) tablet	P	
Vitamin D3 25 mcg (1,000 unit) capsule	P	
Vitamin D3 25 mcg (1,000 unit) tablet	P	
Vitamin D3 50 mcg (2,000 unit) capsule	P	
Weekly-D 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
VITAMINS - E		
Alph-E 400 unit capsule	P	QL(Allowed 2 per 1 day)
Alph-E-Mixed 200 unit capsule	P	QL(Allowed 2 per 1 day)
Alph-E-Mixed 400 unit capsule	P	QL(Allowed 2 per 1 day)
E-200 90 mg (200 unit) capsule	P	QL(Allowed 2 per 1 day)
E-400-Clear 400 unit capsule	P	QL(Allowed 2 per 1 day)
E-400-Mixed 400 unit capsule	P	QL(Allowed 2 per 1 day)

Drug Name	Tier	Drug Restriction
Ester-E 400 Unit capsule	P	QL(Allowed 2 per 1 day)
Formula E 400 400 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 180 mg (400 unit) capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 22.5 mg (50 unit)/mL oral drops	P	
vitamin E (dl, acetate) 45 mg (100 unit) capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 90 mg (200 unit) capsule	P	QL(Allowed 2 per 1 day)
vitamin E 100 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E 200 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E 400 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E mixed 400 unit capsule	P	QL(Allowed 2 per 1 day)
VITAMINS - FOLIC ACID AND DERIVATIVES		
Deplin (algal oil) 15 mg-90.314 mg capsule	P	
Deplin (algal oil) 7.5 mg-90.314 mg capsule	P	

Drug Name	Tier	Drug Restriction
Elfolate 15 mg tablet	P	
Elfolate 7.5 mg tablet	P	
folic acid 1 mg tablet	P	MT
folic acid 400 mcg tablet	P	QL(Allowed 1 per 1 day)
folic acid 800 mcg tablet	P	QL(Allowed 1 per 1 day)
levomefolate 15 mg-algal oil 90.314 mg capsule	P	
levomefolate 7.5 mg-algal oil 90.314 mg capsule	P	
levomefolate calcium 15 mg tablet	P	
levomefolate calcium 7.5 mg tablet	P	
L-Methylfolate 15 mg tablet	P	
L-Methylfolate 7.5 mg tablet	P	
L-Methylfolate Formula 15 mg-90.314 mg capsule	P	
L-Methylfolate Formula 7.5 mg-90.314 mg capsule	P	

Drug Name	Tier	Drug Restriction
L-Methylfolate Forte 15 mg-90.314 mg capsule	P	
L-Methylfolate Forte 7.5 mg-90.314 mg capsule	P	
VITAMINS - K, PHYTONADIONE AND DERIVATIVES		
phytonadione (vitamin K1) 5 mg tablet	P	
ENDOCRINE		
ANTIDIURETIC AND VASOPRESSOR HORMONES		
DDAVP 0.1 mg/mL (refrigerate) nasal solution	P	QL(Allowed 5 per Rx)
desmopressin 0.1 mg tablet	P	QL(Allowed 3 per 1 day)
desmopressin 0.2 mg tablet	P	QL(Allowed 3 per 1 day)
desmopressin 10 mcg/spray (0.1 mL) nasal spray	P	QL(Allowed 5 per Rx)
desmopressin 10 mcg/spray (0.1 mL) nasal spray (non-refrigerated)	P	QL(Allowed 5 per Rx)
desmopressin 4 mcg/mL injection solution	P	PA; SP
ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES		
methimazole 10 mg tablet	P	MT

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
methimazole 5 mg tablet	P	MT
ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES		
propylthiouracil 50 mg tablet	P	
GLUCOCORTICOIDS		
dexamethasone sodium phosphate 4 mg/mL injection solution	P	QL(Allowed 5 per 1 day)
dexamethasone sodium phosphate 4 mg/mL injection syringe	P	QL(Allowed 5 per 1 day)
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)		
Increlex 10 mg/mL subcutaneous solution	P	PA; SP
GASTROINTESTINAL THERAPY AGENTS		
ANTACID - ALGINATE COMBINATIONS		
Antacid Tablet 80 mg-20 mg chewable tablet	P	
ANTACID - ALUMINUM		
aluminum hydroxide gel 320 mg/5 mL oral suspension	P	
ANTACID - BICARBONATE		
sodium bicarbonate 325 mg tablet	P	
sodium bicarbonate 650 mg tablet	P	
ANTACID - CALCIUM		

Drug Name	Tier	Drug Restriction
Antacid (calcium carbonate) 200 mg calcium (500 mg) chewable tablet	P	
Antacid (calcium carbonate) 215 mg calcium (500 mg) chewable tablet	P	
Antacid (calcium carbonate) 320 mg calcium (750 mg) chewable tablet	P	
Antacid Calcium 215 mg calcium (500 mg) chewable tablet	P	
Antacid Extra Strength (calcium carb) 300 mg (750 mg) chewable tablet	P	
Antacid Extra-Strength 200 mg calcium (500 mg) chewable tablet	P	
Antacid Extra-Strength 300 mg (750 mg) chewable tablet	P	
Antacid Ultra Strength 400 mg calcium (1,000 mg) chewable tablet	P	
Antacid Ultra Strength 430 mg calcium (1,000 mg) chewable tablet	P	

Drug Name	Tier	Drug Restriction
Calcium Antacid 200 mg calcium (500 mg) chewable tablet	P	
Calcium Antacid 300 mg (750 mg) chewable tablet	P	
Calcium Antacid 320 mg calcium (750 mg) chewable tablet	P	
Calcium Antacid 400 mg calcium (1,000 mg) chewable tablet	P	
Calcium Antacid 430 mg calcium (1,000 mg) chewable tablet	P	
Calcium Antacid Ultra Max St 400 mg calcium (1,000 mg) chewable tablet	P	
calcium carbonate 200 mg calcium (500 mg) chewable tablet	P	
calcium carbonate 300 mg (750 mg) chewable tablet	P	
calcium carbonate 400 mg calcium (1,000 mg) chewable tablet	P	

Drug Name	Tier	Drug Restriction
Cal-Gest Antacid 200 mg calcium (500 mg) chewable tablet	P	
Flavor Chews Antacid 300 mg (750 mg) tablet	P	
Smooth Antacid 300 mg (750 mg) chewable tablet	P	
Tame The Flame 195 mg calcium (500 mg) chewable tablet	P	
Tums 200 mg calcium (500 mg) chewable tablet	P	
Tums 300 mg (750 mg) chewable tablet	P	
Tums E-X 300 mg (750 mg) chewable tablet	P	
Tums Extra Strength Smoothies 300 mg (750 mg) chewable tablet	P	
Tums Freshers 200 mg calcium (500 mg) chewable tablet	P	
Tums Ultra 400 mg calcium (1,000 mg) chewable tablet	P	

Drug Name	Tier	Drug Restriction
Ultra Strength Antacid 400 mg calcium (1,000 mg) chewable tablet	P	
ANTACID - SIMETHICONE COMBINATIONS		
Advanced Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Almacone 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Almacone 200 mg-200 mg-25 mg chewable tablet	P	
aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp	P	
Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Extra-Strength 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid M 200 mg-200 mg-20 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Antacid Plus Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Regular Strength 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid with Simethicone 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Liquid Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mag-Al Plus 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mi-Acid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Milantex 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mintox 200 mg-200 mg-20 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Mintox Plus 200 mg-200 mg-25 mg chewable tablet	P	
Rulox 200 mg-200 mg-20 mg/5 mL oral suspension	P	
ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS		
Anti-Diarrheal (loperamide) 1 mg/5 mL oral liquid	P	
Anti-Diarrheal (loperamide) 2 mg capsule	P	
Anti-Diarrheal (loperamide) 2 mg tablet	P	
loperamide 1 mg/5 mL oral liquid	P	
loperamide 2 mg capsule	P	
loperamide 2 mg tablet	P	
ANTIDIARRHEAL - BISMUTH AGENTS		
Bismatrol 262 mg chewable tablet	P	
Bismatrol 262 mg/15 mL oral suspension	P	
Bismatrol 525 mg/15 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Bismuth Maximum Strength 525 mg/15 mL oral suspension	P	
bismuth subsalicylate 262 mg chewable tablet	P	
Diarrhea Relief (bismuth subsalicylate) 262 mg/15 mL oral suspension	P	
Kaopectate (bismuth subsalicylate) 262 mg tablet	P	
Kaopectate (bismuth subsalicylate) 262 mg/15 mL oral suspension	P	
Kaopectate Ex Str (bismuth ss) 525 mg/15 mL oral suspension	P	
Kao-Tin (bismuth subsalicylate) 262 mg/15 mL oral suspension	P	
K-Pec Antidiarrheal (bism sub) 262 mg/15 mL oral suspension	P	
Peptic Relief 262 mg chewable tablet	P	

Drug Name	Tier	Drug Restriction
Peptic Relief 262 mg/15 mL oral suspension	P	
Pink Bismuth 262 mg chewable tablet	P	
Pink Bismuth 262 mg tablet	P	
Pink Bismuth 262 mg/15 mL oral suspension	P	
Pink Bismuth 525 mg/15 mL oral suspension	P	
Pink Bismuth Maximum Strength 525 mg/15 mL oral suspension	P	
Stomach Relief 262 mg chewable tablet	P	
Stomach Relief 262 mg tablet	P	
Stomach Relief 262 mg/15 mL oral suspension	P	
Stomach Relief 525 mg/15 mL oral suspension	P	
Stomach Relief Max Strength 525 mg/15 mL oral suspension	P	
Stomach Relief Original 262 mg/15 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS		
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	P	
diphenoxylate-atropine 2.5 mg-0.025 mg/5 mL oral liquid	P	
COLONIC ACIDIFIER (AMMONIA INHIBITOR)		
lactulose 10 gram/15 mL (15 mL) oral solution	P	
GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS		
misoprostol 100 mcg tablet	P	
misoprostol 200 mcg tablet	P	
GASTROINTESTINAL ANTIFLATULENTS		
Gas Relief (simethicone) 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Gas Relief (simethicone) 80 mg chewable tablet	P	
Gas Relief 80 (simethicone) 80 mg chewable tablet	P	
Infants Gas Relief 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Infants' Mylicon 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Little Remedies Gas Relief 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Little Tummys Gas Relief 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Mi-Acid Gas Relief (simethicone) 80 mg chewable tablet	P	
Mytab Gas (simethicone) 80 mg chewable tablet	P	
Simeped 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
simethicone 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
simethicone 80 mg chewable tablet	P	
GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS		
glycopyrrolate 1 mg tablet	P	QL(Allowed 4 per 1 day)
glycopyrrolate 2 mg tablet	P	QL(Allowed 4 per 1 day)
GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES		
dicyclomine 10 mg capsule	P	
dicyclomine 10 mg/5 mL oral solution	P	QL(Allowed 40 per 1 day)

Drug Name	Tier	Drug Restriction
dicyclomine 20 mg tablet	P	
INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS		
hydrocortisone 100 mg/60 mL enema	P	
LAXATIVE - BULK FORMING		
Fiber (calcium polycarbophil) 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fiber (psyllium husk) 0.52 gram capsule	P	
Fiber (psyllium husk-sugar) 3.4 gram/11 gram oral powder	P	
Fiber (psyllium husk-sugar) 3.4 gram/12 gram oral powder	P	
Fiber (psyllium husk-sugar) 3.4 gram/7 gram oral powder	P	
Fiber (with aspartame) 3.4 gram/5.8 gram oral powder	P	
Fiber Laxative (calcium polycarbophil) 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fiber Laxative (psyllium husk) 0.52 gram capsule	P	

Drug Name	Tier	Drug Restriction
fiber oral powder	P	
Fiber Smooth (with sucrose) oral powder	P	
Fiber Smooth oral powder	P	
Fiber Therapy Laxative (psyllium husk) 0.52 gram capsule	P	
Fiber-Caps (psyllium husk) 0.52 gram capsule	P	
Fiber-Lax 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fibertab 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fiber-Tabs 625 mg tablet	P	QL(Allowed 10 per 1 day)
Konsyl (sugar) 3.4 gram/11 gram oral powder	P	
Konsyl (sugar) 3.4 gram/12 gram oral powder	P	
Konsyl Fiber 625 mg tablet	P	QL(Allowed 10 per 1 day)
Konsyl Sugar-Free 0.52 gram capsule	P	
Konsyl Sugar-Free 6 gram oral powder packet	P	

Drug Name	Tier	Drug Restriction
Natural Fiber Laxative (aspartame) 3.4 gram/5.8 gram oral powder	P	
Natural Fiber Laxative (aspartame) oral powder	P	
Natural Fiber Laxative (sugar) 3.4 gram/12 gram oral powder	P	
Natural Fiber Laxative (sugar) 3.4 gram/7 gram oral powder	P	
Natural Fiber Laxative (sugar) oral powder	P	
Natural Fiber Laxative 0.52 gram capsule	P	
Natural Fiber Laxative Therapy oral powder	P	
Psyldex oral powder	P	
Reguloid (aspartame) 3 gram/5.8 gram oral powder	P	
Reguloid (psyllium husk) 0.4 gram capsule	P	

Drug Name	Tier	Drug Restriction
Reguloid (psyllium husk-sucrose) 3.4 gram/12 gram oral powder	P	
Reguloid (psyllium husk-sucrose) 3.4 gram/7 gram oral powder	P	
Reguloid, Sugar Free oral powder	P	
LAXATIVE - LUBRICANT		
Fleet Mineral Oil enema	P	
mineral oil enema	P	
mineral oil oral	P	
Ready-To-Use Enema (mineral oil)	P	
LAXATIVE - SALINE AND OSMOTIC		
Citrate of Magnesia oral	P	
Citroma oral solution	P	
ClearLax 17 gram oral powder packet	P	
ClearLax 17 gram/dose oral powder	P	
Fleet Glycerin (Adult) rectal suppository	P	

Drug Name	Tier	Drug Restriction
Gavilax 17 gram/dose oral powder	P	
glycerin (adult) rectal suppository	P	
glycerin (child) rectal suppository	P	
GlycoLax 17 gram/dose oral powder	P	
HealthyLax 17 gram oral powder packet	P	
lactulose 10 gram/15 mL oral solution	P	
lactulose 20 gram/30 mL oral solution	P	
Laxative (glycerin-pediatric) rectal suppository	P	
magnesium citrate oral solution	P	
magnesium hydroxide 400 mg/5 mL oral suspension	P	
Milk of Magnesia 400 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Milk Of Magnesia Concentrated 2,400 mg/10 mL oral suspension	P	
Miralax 17 gram oral powder packet	P	
Natura-LAX 17 gram/dose oral powder	P	
Pedia-Lax 2.8 gram/2.7 mL rectal solution	P	
polyethylene glycol 3350 17 gram oral powder packet	P	
polyethylene glycol 3350 17 gram/dose oral powder	P	
SmoothLax 17 gram oral powder packet	P	
LAXATIVE - SALINE/OSMOTIC MIXTURES		
Colyte with Flavor Packs 240 gram-22.72 g-6.72 g-5.84 g oral solution	P	
Enema 19 gram-7 gram/118 mL	P	
Enema Disposable 19 gram-7 gram/118 mL	P	
Fleet Enema 19 gram-7 gram/118 mL	P	

Drug Name	Tier	Drug Restriction
Golytely 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	P	
NuLYTELY with Flavor Packs 420 gram oral solution	P	
peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powdr for soln	P	
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	P	
peg-electrolyte solution 420 gram oral solution	P	
Ready-To-Use Enema 19 gram-7 gram/118 mL	P	
LAXATIVE - STIMULANT		
bisacodyl 10 mg rectal suppository	P	
bisacodyl 5 mg tablet,delayed release	P	
Bisa-Lax (bisacodyl) 5 mg tablet,delayed release	P	
Biscolax 10 mg rectal suppository	P	

Drug Name	Tier	Drug Restriction
castor oil 100 % oral	P	
Correct 5 mg tablet,delayed release	P	
Ducodyl (bisacodyl) 5 mg tablet,delayed release	P	
Fleet Laxative (bisacodyl) 5 mg tablet,delayed release	P	
Gentle Laxative (bisacodyl) 10 mg rectal suppository	P	
Gentle Laxative (bisacodyl) 5 mg tablet,delayed release	P	
Laxative (bisacodyl) 10 mg rectal suppository	P	
Laxative (bisacodyl) 5 mg tablet	P	
Laxative (bisacodyl) 5 mg tablet,delayed release	P	
Laxative Feminine 5 mg tablet	P	
Laxative Pills Regular 15 mg tablet	P	

Drug Name	Tier	Drug Restriction
Natural Vegetable Laxative (sennosides) 8.6 mg tablet	P	
Senexon 8.6 mg tablet	P	
senna 176 mg/5 mL oral syrup	P	
senna 8.6 mg tablet	P	
senna 8.8 mg/5 mL oral syrup	P	
Senna Lax 8.6 mg tablet	P	
Senna Laxative 8.6 mg tablet	P	
Senno 8.6 mg tablet	P	
Senokot 8.6 mg tablet	P	
Senokot Extra Strength 17.2 mg tablet	P	
Woman's Laxative (bisacodyl) 5 mg tablet,delayed release	P	
Women's Gentle Laxative (bisacodyl) 5 mg tablet,delayed release	P	

Drug Name	Tier	Drug Restriction
Women's Laxative (bisacodyl) 5 mg tablet	P	
Women's Laxative (bisacodyl) 5 mg tablet, delayed release	P	
LAXATIVE - STIMULANT AND SURFACTANT COMBINATIONS		
casanthranol-docusate sodium 30 mg-100 mg capsule	P	
Colace 2-In-1 8.6 mg-50 mg tablet	P	
DOK Plus 8.6 mg-50 mg tablet	P	
Laxative Plus Stool Softener 8.6 mg-50 mg tablet	P	
Senexon-S 8.6 mg-50 mg tablet	P	
Senna Plus 8.6 mg-50 mg tablet	P	MT
Senna with Docusate Sodium 8.6 mg-50 mg tablet	P	
Senna-S 8.6 mg-50 mg tablet	P	
Senna-Time S 8.6 mg-50 mg tablet	P	
sennosides 8.6 mg-docusate sodium 50 mg tablet	P	

Drug Name	Tier	Drug Restriction
Senokot-S 8.6 mg-50 mg tablet	P	
Stimulant Laxative Plus 8.6 mg-50 mg tablet	P	
Stool Softener-Laxative 8.6 mg-50 mg tablet	P	
Stool Softener-Stimulant Laxative 8.6 mg-50 mg tablet	P	
Vegetable Laxative-Stool Softener 8.6 mg-50 mg tablet	P	
LAXATIVE - SURFACTANT		
Colace 100 mg capsule	P	
Diocto 50 mg/5 mL oral liquid	P	
Diocto 60 mg/15 mL oral syrup	P	
Doc-Q-Lace 100 mg capsule	P	
Docu 50 mg/5 mL oral liquid	P	
docusate calcium 240 mg capsule	P	
docusate sodium 100 mg capsule	P	

Drug Name	Tier	Drug Restriction
docusate sodium 100 mg tablet	P	
docusate sodium 250 mg capsule	P	
docusate sodium 50 mg/5 mL oral liquid	P	
Docusil 100 mg capsule	P	
DOK 100 mg capsule	P	
DOK 100 mg tablet	P	
DOK 250 mg capsule	P	
Dulcolax Stool Softener (docusate) 100 mg capsule	P	
Kao-Tin (docusate calcium) 240 mg capsule	P	
Silace 50 mg/5 mL oral liquid	P	
Silace 60 mg/15 mL oral syrup	P	
Sof-Lax 100 mg capsule	P	
Stool Softener (docusate calcium) 240 mg capsule	P	

Drug Name	Tier	Drug Restriction
Stool Softener 100 mg capsule	P	
Stool Softener 100 mg tablet	P	
Stool Softener 250 mg capsule	P	
Stool Softener 50 mg/5 mL oral liquid	P	
Stool Softener 60 mg/15 mL oral syrup	P	
Surfak 240 mg capsule	P	
PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES		
Carafate 100 mg/mL oral suspension	P	
sucralfate 1 gram tablet	P	
sucralfate 100 mg/mL oral suspension	P	
GENITOURINARY THERAPY		
INTERSTITIAL CYSTITIS AGENTS		
Elmiron 100 mg capsule	P	QL(Allowed 3 per 1 day)
POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS		
Jynarque 45 mg (AM)/15 mg (PM) tablets	P	PA

Drug Name	Tier	Drug Restriction
Jynarque 60 mg (AM)/30 mg (PM) tablets	P	PA
Jynarque 90 mg (AM)/30 mg (PM) tablets	P	PA
URINARY ACIDIFIER - PHOSPHATES		
K-Phos-Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
Phospha 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
Phosphorous 250 mg tablet	P	QL(Allowed 8 per 1 day)
Phospho-Trin 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
Virt-Phos 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
URINARY ALKALINIZER - CITRATES		
Cytra K Crystals 3,300 mg-1,002 mg oral packet	P	
Cytra-2 500 mg-334 mg/5 mL oral solution	P	
potassium citrate ER 10 mEq (1,080 mg) tablet,extended release	P	

Drug Name	Tier	Drug Restriction
potassium citrate ER 5 mEq (540 mg) tablet,extended release	P	
potassium citrate-citric acid 3,300 mg-1,002 mg oral packet	P	
sodium citrate-citric acid 500 mg-334 mg/5 mL oral solution	P	
Taron-Crystals 3,300 mg-1,002 mg oral packet	P	
Virtrate-2 500 mg-334 mg/5 mL oral solution	P	
URINARY ANALGESICS		
phenazopyridine 100 mg tablet	P	
phenazopyridine 200 mg tablet	P	
URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS		
bethanechol chloride 10 mg tablet	P	MT
bethanechol chloride 25 mg tablet	P	MT
bethanechol chloride 5 mg tablet	P	MT

Drug Name	Tier	Drug Restriction
bethanechol chloride 50 mg tablet	P	MT
HEMATOLOGICAL AGENTS		
CXCR4 CHEMOKINE RECEPTOR ANTAGONISTS		
Mozobil 24 mg/1.2 mL (20 mg/mL) subcutaneous solution	P	PA; SP
FACTOR XIII PREPARATIONS		
Corifact 1,000 unit-1,600 unit intravenous solution	P	PA; SP; \$0 Copay
Tretten 2,500 unit intravenous solution	P	PA; SP; \$0 Copay
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER 400 mg tablet, extended release	P	MT; \$0 Copay
HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS		
Fibryga 1 gram (700 mg-1,300 mg) intravenous solution	P	PA; SP; \$0 Copay
RiaSTAP 1 gram (900 mg-1,300 mg) intravenous solution	P	PA; SP; \$0 Copay
tranexamic acid 650 mg tablet	P	QL(QL Overtime: Allowed 30 over 5 days)
HEPARINS		

Drug Name	Tier	Drug Restriction
heparin (porcine) 20,000 unit/mL injection solution	P	\$0 Copay
heparin (porcine) 5,000 unit/mL (1 mL) injection cartridge	P	\$0 Copay
heparin (porcine) 5,000 unit/mL injection solution	P	\$0 Copay
heparin (porcine) 5,000 unit/mL injection syringe	P	\$0 Copay
heparin, porcine (PF) 1,000 unit/mL injection solution	P	\$0 Copay
heparin, porcine (PF) 5,000 unit/0.5 mL injection solution	P	\$0 Copay
heparin, porcine (PF) 5,000 unit/0.5 mL injection syringe	P	\$0 Copay
heparin, porcine (PF) 5,000 unit/0.5 mL subcutaneous syringe	P	\$0 Copay
PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS		
cilostazol 100 mg tablet	P	QL(Allowed 2 per 1 day); MT; \$0 Copay
cilostazol 50 mg tablet	P	QL(Allowed 2 per 1 day); MT; \$0 Copay
PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS		

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
anagrelide 0.5 mg capsule	P	\$0 Copay
anagrelide 1 mg capsule	P	\$0 Copay
PLATELET AGGREGATION INHIBITORS - SALICYLATES		
Adult Aspirin Regimen 81 mg tablet, delayed release	P	
Aspir-81 mg tablet, delayed release	P	
aspirin 81 mg chewable tablet	P	
aspirin 81 mg tablet, delayed release	P	
Aspir-Low 81 mg tablet, delayed release	P	
Children's Aspirin 81 mg chewable tablet	P	
Enteric Coated Aspirin 81 mg tablet, delayed release	P	
Lo-Dose Aspirin 81 mg tablet, delayed release	P	
Miniprin 81 mg tablet, delayed release	P	

Drug Name	Tier	Drug Restriction
IMMUNOSUPPRESSIVE AGENTS		
IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS		
Prograf 5 mg/mL intravenous solution	P	PA
IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
mycophenolate 500 mg intravenous solution	P	
LOCOMOTOR SYSTEM		
ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS		
pyridostigmine bromide 60 mg tablet	P	
pyridostigmine bromide ER 180 mg tablet, extended release	P	
MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)		
MEDICAL SUPPLIES AND DME - GAUZE BANDAGES		
Band-Aid Gauze Pads 2" X 2" bandage	P	
Band-Aid Gauze Pads 4" X 4" bandage	P	
Band-Aid Mirasorb Gauze 4" X 4" sponge	P	
Bordered Gauze 4" X 4" bandage	P	
Curad Gauze Pad 2" X 2" bandage	P	

Drug Name	Tier	Drug Restriction
Curity Gauze 2" X 2" bandage	P	
Curity Gauze 2" X 2" sponge	P	
Curity Gauze 4" X 4" bandage	P	
Curity Gauze 4" X 4" sponge	P	
Dermacea 2" X 2" bandage	P	
Dermacea 2" X 2" sponge	P	
Dermacea 4" X 4" bandage	P	
Dermacea 4" X 4" sponge	P	
Dermacea Non-Woven 2" X 2" sponge	P	
Dermacea Non-Woven 4" X 4" sponge	P	
gauze bandage 2" X 2"	P	
gauze bandage 4" X 4"	P	
Gauze Pad 2" X 2" bandage	P	
Gauze Pad 4" X 4" bandage	P	

Drug Name	Tier	Drug Restriction
J and J Gauze 2" X 2" sponge	P	
J and J Gauze 4" X 4" sponge	P	
Kerlix 4" X 4" sponge	P	
Lisco 2" X 2" sponge	P	
Lisco 4" X 4" sponge	P	
Sof-Wick 4" X 4" sponge	P	
Sterile Pads 2" X 2" bandage	P	
Sterile Pads 4" X 4" bandage	P	
Topper Dressing Sponges 4" X 4"	P	
Versalon 2" X 2" sponge	P	
Versalon 4" X 4" sponge	P	
Versalon Nonwoven All-Purpose 2" X 2" sponge	P	
Versalon Nonwoven All-Purpose 4" X 4" sponge	P	
MEDICAL SUPPLIES AND DME - GAUZE PADS AND DRESSINGS		

Drug Name	Tier	Drug Restriction
Curity Cover 4" X 4" sponge	P	
Dermacea I.V. 2" X 2" sponge	P	
Excilon 4" X 4" sponge	P	
Excilon Drain 4" X 4" sponge	P	
Excilon I.V. 2" X 2" sponge	P	
Nu Gauze 4ply 4" X 4" sponge	P	
Polymem Dressing 4" X 4"	P	
Restore 2" X 2" bandage	P	
Restore Odor-Absorbent 4" X 4" bandage	P	
MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES		
2-In-1 Lancet Device 30 gauge	P	QL(QL Overtime: Allowed 1 over 180 days)
Accu-Chek Fastclix Lancet Drum	P	
Accu-Chek Softclix Lancets	P	
Acti-Lance Lancets 17 gauge	P	

Drug Name	Tier	Drug Restriction
Acti-Lance Lancets 23 gauge	P	
Acti-Lance Lancets 28 gauge	P	
Adjustable Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Advanced Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Advanced Travel Lancets 30 gauge	P	
Advocate Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Advocate Rapid-Safe Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Alternate Site Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Aqua Lance Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Assure Haemolance Plus 1.2 mm	P	
Assure Haemolance Plus 18 gauge	P	
Assure Haemolance Plus 21 gauge	P	
Assure Haemolance Plus 25 gauge	P	

Drug Name	Tier	Drug Restriction
Assure Haemolance Plus 28 gauge	P	
Assure Lance 25 gauge	P	
Assure Lance 28 gauge	P	
Assure Lance Plus 21 gauge	P	
Assure Lance Plus 25 gauge	P	
Assure Lance Plus 30 gauge	P	
Auto-Lancet Mini	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Impression Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Mini kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Plus Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
BD Microtainer Lancet 1.5 mm X 2 mm	P	
BD Microtainer Lancet 21 gauge	P	
BD Microtainer Lancet 30 gauge	P	

Drug Name	Tier	Drug Restriction
BD Ultra-Fine II Lancets 30 gauge	P	
blood glucose control, normal solution	P	
Bullseye Mini Safety Lancets 21 gauge	P	
Bullseye Mini Safety Lancets 25 gauge	P	
Bullseye Mini Safety Lancets 28 gauge	P	
Careone Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Careone Ultra Thin Lancet	P	
CareTouch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
CareTouch Safety Lancets 26 gauge	P	
CareTouch Safety Lancets 28 gauge	P	
CareTouch Twist Lancet 30 gauge	P	
Comfort Lancets	P	
Droplet Lancets 30 gauge	P	

Drug Name	Tier	Drug Restriction
Droplet Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Click Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Mini Eject Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Touch Lancets 30 gauge	P	
Easy Touch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Touch Safety Lancets 21 gauge	P	
Easy Touch Safety Lancets 28 gauge	P	
Easy Touch Safety Lancets 30 gauge	P	
Easy Touch Safety Lancets 32 gauge	P	
Easy Touch Twist Lancets 30 gauge	P	
Easy Twist and Cap Lancets 28 gauge	P	
E-Z Ject Lancets	P	
E-Z Ject Lancets 26 gauge	P	
E-Z Ject Lancets 30 gauge	P	

Drug Name	Tier	Drug Restriction
E-Z Ject Lancets 33 gauge	P	
E-Z Ject Thin Lancets 28 gauge	P	
EZ-Lets 26 gauge	P	
Fifty50 Safety Seal Lancets 32 gauge	P	
Fine 30 Universal Lancets 30 gauge	P	
Fingerstix Lancets	P	
Fora Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
ForaCare Lancets 30 gauge	P	
Glucocom Lancets 33 gauge	P	
Gojji Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Healthy Accents Autolet Impression Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
inControl Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
inControl Super Thin Lancets 30 gauge	P	
inControl Ultra Thin Lancets 28 gauge	P	

Drug Name	Tier	Drug Restriction
lancets	P	
lancets 26 gauge	P	
lancets 28 gauge	P	
lancets 30 gauge	P	
lancets 33 gauge	P	
Lancets, Super Thin	P	
Lancets,Thin	P	
Lancets,Thin 23 gauge	P	
Lancets,Ultra Thin	P	
Lancets,Ultra Thin 26 gauge	P	
lancing device	P	QL(QL Overtime: Allowed 1 over 180 days)
lancing device with lancets	P	QL(QL Overtime: Allowed 1 over 180 days)
lancing device with lancets kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Lanzo Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Lite Touch Lancets 28 gauge	P	

Drug Name	Tier	Drug Restriction
Lite Touch Lancets 33 gauge	P	
Lite Touch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Medlance Plus Lancets 21 gauge	P	
Medlance Plus Lancets 25 gauge	P	
Medlance Plus Lancets 30 gauge	P	
Medlance Plus Special Blade 0.8 mm X 2 mm misc	P	
Micro Thin Lancets 33 gauge	P	
Microlet Lancet	P	
Microlet Next Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Mini Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Multi-Lancet Device	P	QL(QL Overtime: Allowed 1 over 180 days)
On Call Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
On Call Plus Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
OneTouch Delica Lancets 30 gauge	P	

Drug Name	Tier	Drug Restriction
OneTouch Delica Lancets 33 gauge	P	
OneTouch Delica Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
OneTouch Delica Plus Lancet 30 gauge	P	
OneTouch Delica Plus Lancet 33 gauge	P	
OneTouch Delica Plus Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
OneTouch UltraSoft Lancets	P	
On-The-Go Lancets 30 gauge	P	
Pip Lancet 28 gauge	P	
Pip Lancet 30 gauge	P	
Prodigy Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Pure Comfort Lancets 30 gauge	P	
Pure Comfort Safety Lancets 30 gauge	P	
ReliaMed Lancet 28 gauge	P	

Drug Name	Tier	Drug Restriction
ReliaMed Lancet 30 gauge	P	
ReliaMed Mini Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
ReliaMed Safety Seal Lancets 28 gauge	P	
ReliaMed Safety Seal Lancets 30 gauge	P	
ReliOn Thin Lancets 26 gauge	P	
Rightest GD500 Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Rightest GL300 Lancets 30 gauge	P	
Safety Lancets 28 gauge	P	
Safety Seal Lancets 30 gauge	P	
Safety-Let Lancets 30 gauge	P	
Select-Lite Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Smart Sense Lancets 21 gauge	P	
Smart Sense Lancets 26 gauge	P	
Smart Sense Lancets 33 gauge	P	

Drug Name	Tier	Drug Restriction
SmartDiabetes Vantage	P	QL(QL Overtime: Allowed 1 over 180 days)
Smartest Lancet	P	
Solus V2 Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Super Thin Lancets 28 gauge	P	
Super Thin Lancets 30 gauge	P	
Sure Comfort Lancing Pen	P	QL(QL Overtime: Allowed 1 over 180 days)
Sureflex Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Sureflex Lancing Device with Lancets kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Sure-Lance 28 gauge	P	
Sure-Lance Ultra Thin 30 gauge	P	
Sure-Touch Lancet	P	
TechLITE Lancets 25 gauge	P	
TechLITE Lancets 30 gauge	P	
Thin Lancets 26 gauge	P	

Drug Name	Tier	Drug Restriction
Topcare Universal1 Lancet	P	
True Metrix Level 1 solution	P	
True Metrix Level 2 solution	P	
True Metrix Level 3 solution	P	
TrueControl Level 0 solution	P	
TrueControl Level 1 solution	P	
TRUEdraw Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
TRUEplus Lancets 26 gauge	P	
TRUEplus Lancets 28 gauge	P	
TRUEplus Lancets 30 gauge	P	
Twist Lancets 30 gauge	P	
Twist Lancets 32 gauge	P	
Ulti-Lance misc	P	QL(QL Overtime: Allowed 1 over 180 days)
Ultilet Classic Lancets	P	
Ultilet Classic Lancets 28 gauge	P	

Drug Name	Tier	Drug Restriction
Utileit Classic Lancets 30 gauge	P	
Utileit Classic Lancets 33 gauge	P	
Utileit Lancets 28 gauge	P	
Utileit Lancets 30 gauge	P	
Utileit Lancets 33 gauge	P	
Ultra Thin Lancets	P	
Ultra Thin Lancets 28 gauge	P	
Ultra Thin Lancets 30 gauge	P	
Ultra Thin Plus Lancets 33 gauge	P	
Unilet ComforTouch Lancet 26 gauge	P	
Unilet GP Lancet	P	
Unilet Lancet 28 gauge	P	
Unilet Lancet 33 gauge	P	
Unilet Lancets 30 gauge	P	

Drug Name	Tier	Drug Restriction
Unilet Super Thin Lancets 30 gauge	P	
Unistik Touch Lancets 23 gauge	P	
Universal 1 Lancets 21 gauge	P	
Universal 1 Lancets 26 gauge	P	
Universal 1 Lancets 30 gauge	P	
Universal 1 Lancets 33 gauge	P	
MEDICAL SUPPLIES AND DME - INSULIN NEEDLES- SYRINGES AND ADMIN SUPPLIES		
1st Tier Unifine Pentips 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
1st Tier Unifine Pentips Plus 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
AboutTime Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
AboutTime Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
AboutTime Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
AboutTime Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Advocate Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Advocate Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Anti-Stick Insulin 1/2 mL syringe	P	QL(Allowed 5 per 1 day)
Anti-Stick Insulin Syringe 1cc/29G	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Assure ID Insulin Safety 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Assure ID Insulin Safety 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Assure ID Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Assure ID Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 25 gauge x 5/8"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 25 x 1"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 26 x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
BD Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Micro-Fine 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Micro-Fine 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Safety-Lok 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine (half unit) 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
BD Insulin Syringe Ultra-Fine 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Lo-Dose Micro-Fine IV 1/2 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
BD Lo-Dose Ultra-Fine 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
BD Lo-Dose Ultra-Fine 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
BD Nano 2nd Gen Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
BD Ultra Fine II Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Ultra Fine II Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Micro Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Nano Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Original Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Short Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Veo Insulin Syringe Ultra-Fine 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
CareFine Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Clickfine Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Clickfine Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Clickfine Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Comfort EZ Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Comfort EZ Pen Needles 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe (half unit) 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe (half unit) 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe (half unit) 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe (half unit) 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Droplet Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
DropSafe Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
DropSafe Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Touch 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Touch Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Touch Insulin Syringe 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1/2 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Touch SheathLock Insulin 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Elite-Thin 1/2 mL 30 X 3/4" syringe	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Exel Insulin 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Exel Insulin 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Exel Insulin 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Exel Insulin 1/2 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
FreeStyle Precision 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
FreeStyle Precision 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
FreeStyle Precision 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
FreeStyle Precision 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.3 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.3 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.5 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
GlucoPro 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 1 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
inControl Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 0.5cc/28G	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1/2 mL 29 X 1"	P	QL(Allowed 5 per 1 day)
Insulin Syringe MicroFine 1 mL 27 gauge x 5/8"	P	QL(Allowed 5 per 1 day)
Insulin Syringe MicroFine 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
insulin syringe U-100 with needle	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 29 gauge	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
insulin syringe U-100 with needle 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 28 gauge	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 29 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
insulin syringe U-100 with needle 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 29	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 30 gauge	P	QL(Allowed 5 per 1 day)
Insulin Syringe Ultrafine 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe Ultrafine 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe/Needle 1/2 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insured 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Insupen 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Insupen 30 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 32 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Insupen 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Lite Touch Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 29 gauge	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 30 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Lite Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 29	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 30 gauge	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 0.3 mL 29 x 1/2"	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Magellan Syringe 0.3 mL 30 x 5/16"	P	QL(Allowed 5 per 1 day)
Magellan Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Maxi-Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Maxi-Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Mini Ultra-Thin II 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Monoject Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 25 gauge x 5/8"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Monoject Ultra Comfort Insulin 1/2 mL 28 gauge syringe	P	QL(Allowed 5 per 1 day)
NovoFine 30 30 gauge x 1/3" needle	P	QL(Allowed 5 per 1 day)
Novofine 32 32 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Novofine Autocover 30 gauge x 1/3" needle	P	QL(Allowed 5 per 1 day)
NovoFine Plus 32 gauge x 1/6" needle	P	QL(Allowed 5 per 1 day)
NovoTwist 32 gauge x 1/5" needle	P	QL(Allowed 5 per 1 day)
Pen Needle 29 gauge	P	QL(Allowed 5 per 1 day)
Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 1/3"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
pen needle, diabetic 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Pentips 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Pentips 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Precision 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Precision Sure-Dose 0.3 mL 30 x 3/8" syringe	P	QL(Allowed 5 per 1 day)
Precision Sure-Dose 1/2 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Precision Sure-Dose Insulin 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Precision Sure-Dose Insulin 1 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Precision SureDose Plus 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Pro Comfort Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pure Comfort Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Pure Comfort Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Pure Comfort Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Reality 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Reality Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Reality Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Reality Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
ReliOn Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
ReliOn Pen Needles 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe U-100 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Sure Comfort Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Sure-Ject Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe (half unit) 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe (half unit) 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe (half unit) 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe (half unit) 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TechLITE Insulin Syringe (half unit) 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe (half unit) 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe (half unit) 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe (half unit) 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TechLITE Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Topcare Clickfine 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Topcare Clickfine 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Topcare Ultra Comfort 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
True Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
True Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TRUEplus Insulin 0.3 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1/2 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TRUEplus Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
UltiCare 0.3 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
UltiCare 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
UltiCare 0.5 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
UltiCare 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
UltiCare 1 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
UltiCare 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
UltiCare Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
UltiCare Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
UltiCare Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
UltiCare Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
UltiCare Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
UltiGuard SafePack-Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
UltiGuard SafePack-Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
UltiGuard SafePack-Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
UltiGuard SafePack-Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
UltiGuard SafePack-Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Ultilet Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Ultra Comfort Insulin Syringe	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe (half unit) 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe (half unit) 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe (half unit) 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 30	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Ultra Comfort Insulin Syringe 1 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 29 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 29	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Ultra Comfort Insulin Syringe 1/2 mL 30 gauge	P	QL(Allowed 5 per 1 day)
Ultra Fine Insulin 0.3 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Ultra Fine Insulin 0.5 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Ultra Flo Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Flo Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Thin Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Ultra-Thin II (Short) Insulin syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Pen NDL 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Unifine Pentips 29 gauge needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Unifine Pentips 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Unifine SafeControl 30 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
VanishPoint Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
VanishPoint Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
MEDICAL SUPPLIES AND DME - MALE CONDOMS		

Drug Name	Tier	Drug Restriction
Aimsco Latex Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Atlas Color Lubricated Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Atlas Lub Condom-Spermicide	P	QL(Allowed 36 per Rx); \$0 Copay
Atlas Lubricated Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Class Act Lubricated Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Condoms-Prem Lubricated	P	QL(Allowed 36 per Rx); \$0 Copay
Fantasy Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Kimono Condoms(Non-lubricated)	P	QL(Allowed 36 per Rx); \$0 Copay
Kimono Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Kimono Maxx Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Kimono MicroThin Aqua Lube Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Kimono MicroThin Large Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Kimono Textured Condoms	P	QL(Allowed 36 per Rx); \$0 Copay

Drug Name	Tier	Drug Restriction
Kimono with Aqua Lube Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Maxx Plus Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Reality Latex Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Magnum Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Ribbed/Spermicide I Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Very Sensistive Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Very Sensitive Spermicid Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Very Thin Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Very Thin Spermicide Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan-Enz Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan-Enz/Spermicidal Condoms	P	QL(Allowed 36 per Rx); \$0 Copay

Drug Name	Tier	Drug Restriction
Trustex Latex Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Trustex Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trustex-RIA Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trustex-RIA Lubricated/Spermicide Condom	P	QL(Allowed 36 per Rx); \$0 Copay
MEDICAL SUPPLIES AND DME - MISCELLANEOUS OTHER		
blood pressure test kit-large cuff	P	QL(QL Overtime: Allowed 1 over 730 days)
blood pressure test kit-medium cuff	P	QL(QL Overtime: Allowed 1 over 730 days)
blood pressure test kit-small cuff	P	QL(QL Overtime: Allowed 1 over 730 days)
MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES		
Aerochamber Mini	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber MV spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu, Large Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu, Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
Aerochamber Plus Flow-Vu, Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Z Stat Large Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Plus Z Stat Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Plus Z Stat Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Z Stat spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber with Flowsignal	P	QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Z-Stat Plus-Flow Signal	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerovent Plus spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite MDI Spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Adult	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Child	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Infant	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Neonate	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
BreatheRite Spacer and Mask, Small Child	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite with Mask, Large	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite with Mask, Medium	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite with Mask, Small	P	QL(QL Overtime: Allowed 2 over 360 days)
Clever Choice Holding Chamber-Large Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Clever Choice Holding Chamber-Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Clever Choice Holding Chamber-Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Lrg Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Med Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Sm Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Holding Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Mask Large	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
EasiVent Mask Medium	P	QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Mask Small	P	QL(QL Overtime: Allowed 2 over 360 days)
Flexichamber spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber with Mask-Large	P	QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber with Mask-Med	P	QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber with Mask-Small	P	QL(QL Overtime: Allowed 2 over 360 days)
Inspirease Reservoir Bags device	P	QL(QL Overtime: Allowed 3 over 180 days)
Inspirease spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
LiteAire MDI Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Microchamber spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Microspacer	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Advantage-Lg Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Advantage-Med Mask	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
OptiChamber Advantage-Sml Msk device	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Large Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Large Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Medium Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Small Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiHaler Drug Delivery System spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
POCKET CHAMBER spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Pocket Spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Pro Comfort Spacer-Adult Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Pro Comfort Spacer-Child Mask	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
ProChamber	P	QL(QL Overtime: Allowed 2 over 360 days)
RiteFlo Aerochamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Vortex Holding Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Vortex VHC Frog Mask-Child	P	QL(QL Overtime: Allowed 2 over 360 days)
Watchhaler spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
MEDICAL SUPPLIES AND DME - URINARY CATHETERS AND RELATED DEVICES		
Curity Urethral Catheter 14 Fr	P	
MEDICAL SUPPLIES AND DME - URINE KETONE TESTS		
Chek-Stix Control strips	P	
Chemstrip K	P	
Ketone Urine Test strips	P	
Ketostix strips	P	
TRUEplus Ketone strips	P	
METABOLIC DISEASE ENZYME REPLACEMENT AGENTS		
METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DISEASE		
Fabrazyme 35 mg intravenous solution	P	PA; SP

Drug Name	Tier	Drug Restriction
Fabrazyme 5 mg intravenous solution	P	PA; SP
METABOLIC MODIFIERS		
METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS		
Carnitor 100 mg/mL oral solution	P	
levocarnitine (with sugar) 100 mg/mL oral solution	P	
levocarnitine 100 mg/mL oral solution	P	
PHARMACOLOGICAL CHAPERONE TX - ALPHA-GALACTOSIDASE A ENZYME STABILIZER		
Galafold 123 mg capsule	P	PA; QL(Allowed 0.5 per 1 day)
MISCELLANEOUS		
OTHER		
MOUTH-THROAT-DENTAL - PREPARATIONS		
DENTAL PRODUCT - FLUORIDE PREPARATIONS		
Caverest 1.1 % dental gel	P	QL(Allowed 60 per Rx)
Denta 5000 Plus 1.1 % cream	P	QL(Allowed 60 per Rx)

Drug Name	Tier	Drug Restriction
DentaGel 1.1 %	P	QL(Allowed 60 per Rx)
Fluor-a-day 2.5 mg fluoride (5.56 mg sodium fluoride)/mL oral drops	P	AL(Maximum Age 15 Years)
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15 Years)
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15 Years)
fluoride 0.5 mg (1.1 mg sodium fluoride)/mL oral drops	P	AL(Maximum Age 15 Years)
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15 Years)
NeutraGard Advanced 1.1 % dental gel	P	QL(Allowed 60 per Rx)
SF 1.1 % dental gel	P	QL(Allowed 60 per Rx)
SF 5000 Plus 1.1 % dental cream	P	QL(Allowed 60 per Rx)
sodium fluoride 0.2 % dental solution	P	
sodium fluoride 1.1 % dental cream	P	QL(Allowed 60 per Rx)

Drug Name	Tier	Drug Restriction
sodium fluoride 1.1 % dental gel	P	QL(Allowed 60 per Rx)
MOUTH AND THROAT - ANTISEPTICS		
chlorhexidine gluconate 0.12 % mouthwash	P	
MOUTH AND THROAT - ARTIFICIAL SALIVA		
Aquoral mucosal spray	P	QL(Allowed 900 per Rx)
Caphosol mucosal solution	P	QL(Allowed 900 per Rx)
Moi-Stir mucosal spray with pump	P	QL(Allowed 900 per Rx)
Mouth Kote Spray	P	QL(Allowed 900 per Rx)
Numoisyn oral mucosal liquid	P	QL(Allowed 900 per Rx)
Oral Relief Dry Mouth mucosal spray with pump	P	QL(Allowed 900 per Rx)
MOUTH AND THROAT - GLUCOCORTICOIDS		
triamcinolone acetonide 0.1 % dental paste	P	QL(Allowed 5 per Rx)
MOUTH AND THROAT - SALIVA STIMULANTS		
Biotene Moisturizing Mouth mucosal spray	P	QL(Allowed 900 per Rx)
Dry Mouth mucosal spray	P	QL(Allowed 900 per Rx)

Drug Name	Tier	Drug Restriction
pilocarpine 5 mg tablet	P	QL(Allowed 6 per 1 day)
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANT COMBINATIONS		
Artificial Tears (petrolatum/mineral oil) 83 %-15 % eye ointment	P	QL(Allowed 4 per Rx)
Artificial Tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops	P	
GenTeal PM 94 %-3 % eye ointment	P	QL(Allowed 4 per Rx)
GenTeal Tears Moderate 0.1 %-0.3 %-0.2 % eye drops	P	
GenTeal Tears Severe (petrolatum-mineral oil) 94 %-3 % eye ointment	P	QL(Allowed 4 per Rx)
Lubricant Eye 57.3 %-42.5 % ointment	P	QL(Allowed 4 per Rx)
Lubrifax PM 83 %-15 % eye ointment	P	QL(Allowed 4 per Rx)
Puralube 85 %-15 % eye ointment	P	QL(Allowed 4 per Rx)
Refresh Lacri-Lube 56.8 %-42.5 % eye ointment	P	QL(Allowed 4 per Rx)

Drug Name	Tier	Drug Restriction
Refresh P.M. 57.3 % -42.5 % eye ointment	P	QL(Allowed 4 per Rx)
Systane Nighttime 94 % -3 % eye ointment	P	QL(Allowed 4 per Rx)
ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS		
Artificial Tears (polyvinyl alcohol) 1.4 % eye drops	P	QL(Allowed 15 per Rx)
LiquiTears 1.4 % eye drops	P	QL(Allowed 15 per Rx)
polyvinyl alcohol 1.4 % eye drops	P	QL(Allowed 15 per Rx)
CONTACT LENS PREPARATION - HARD/SOFT/GAS PERMEABLE PRODUCTS		
Systane Contacts eye drops	P	
OPHTHALMIC - ANTICHOLINERGICS		
atropine 1 % eye drops	P	QL(Allowed 15 per Rx)
atropine 1 % eye ointment	P	QL(Allowed 4 per Rx)
cyclopentolate 0.5 % eye drops	P	QL(Allowed 15 per Rx)
cyclopentolate 1 % eye drops	P	QL(Allowed 15 per Rx)
cyclopentolate 2 % eye drops	P	
Isopto Atropine 1 % eye drops	P	QL(Allowed 15 per Rx)

Drug Name	Tier	Drug Restriction
tropicamide 0.5 % eye drops	P	QL(Allowed 15 per Rx)
tropicamide 1 % eye drops	P	QL(Allowed 15 per Rx)
OPHTHALMIC - DECONGESTANTS		
phenylephrine 2.5 % eye drops	P	QL(Allowed 15 per Rx)
OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS		
metipranolol 0.3 % eye drops	P	\$0 Copay
OPHTHALMIC ANTIVIRALS		
trifluridine 1 % eye drops	P	QL(Allowed 8 per Rx)
OPHTHALMIC OTHERS		
Soothe XP 1 % -4.5 % eye drops	P	
OTIC (EAR)		
OTIC (EAR) - ANTI-INFECTIVES OTHER		
acetic acid 2 % ear solution	P	QL(Allowed 15 per Rx)
OTIC (EAR) - GLUCOCORTICOIDS		
DermOtic Oil 0.01 % ear drops	P	QL(Limit 1 package(s) per 30 days)
fluocinolone acetonide oil 0.01 % ear drops	P	QL(Limit 1 package(s) per 30 days)
hydrocortisone-acetic acid 1 %-2 % ear drops	P	QL(Allowed 10 per Rx)
RESPIRATORY THERAPY AGENTS		
1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS		

Drug Name	Tier	Drug Restriction
Brotapp 1 mg-15 mg/5 mL oral liquid	P	QL(Allowed 120 per Rx)
Children's Cold-Allergy (phenylephrine) 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
Children's Dibromm Cold and Allergy 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
Cold and Allergy (bromphen-PE) 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
Dimaphen (PE) 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
LoHist - D 2 mg-30 mg/5 mL oral liquid	P	
promethazine-phenylephrine 6.25 mg-5 mg/5 mL oral syrup	P	AL(Minimum Age 2 Years); QL(Allowed 240 per Rx)
Rynex PE 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
Rynex PSE 1 mg-15 mg/5 mL oral liquid	P	QL(Allowed 120 per Rx)
Valu-Tapp 1 mg-15 mg/5 mL oral liquid	P	QL(Allowed 120 per Rx)

Drug Name	Tier	Drug Restriction
ANTIHISTAMINES - 1ST GENERATION		
Aller-Chlor 4 mg tablet	P	QL(Allowed 120 per Rx)
Aller-G-Time 25 mg tablet	P	QL(Allowed 4 per 1 day)
Allergy (chlorpheniramine) 4 mg tablet	P	QL(Allowed 120 per Rx)
Allergy (diphenhydramine) 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy (diphenhydramine) 25 mg tablet	P	QL(Allowed 4 per 1 day)
Allergy 4-Hour 4 mg tablet	P	QL(Allowed 120 per Rx)
Allergy Medicine 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy Relief (chlorpheniramine) 4 mg tablet	P	QL(Allowed 120 per Rx)
Allergy Relief (clemastine) 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Allergy Relief (diphenhydramine) 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Allergy Relief (diphenhydramine) 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy Relief (diphenhydramine) 25 mg tablet	P	QL(Allowed 4 per 1 day)

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Allergy-Time 4 mg tablet	P	QL(Allowed 120 per Rx)
Allerhist (clemastine) 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Banophen 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Banophen 25 mg capsule	P	QL(Allowed 4 per 1 day)
Banophen 25 mg tablet	P	QL(Allowed 4 per 1 day)
Banophen 50 mg capsule	P	QL(Allowed 4 per 1 day)
Banophen Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Children's Allergy (diphenhydramine) 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
chlorpheniramine 4 mg tablet	P	QL(Allowed 120 per Rx)
Complete Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Complete Allergy 25 mg capsule	P	QL(Allowed 4 per 1 day)
Complete Allergy 25 mg tablet	P	QL(Allowed 4 per 1 day)
Complete Allergy Medicine 25 mg capsule	P	QL(Allowed 4 per 1 day)

Drug Name	Tier	Drug Restriction
Complete Allergy Medicine 25 mg tablet	P	QL(Allowed 4 per 1 day)
cyproheptadine 2 mg/5 mL oral syrup	P	
cyproheptadine 4 mg tablet	P	MT
Dayhist 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Dayhist Allergy 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Diphedryl 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Diphedryl 25 mg capsule	P	QL(Allowed 4 per 1 day)
Diphedryl 25 mg tablet	P	QL(Allowed 4 per 1 day)
Diphen 12.5 mg/5 mL oral elixir	P	QL(Allowed 240 per Rx)
Diphenhist 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Diphenhist 25 mg capsule	P	QL(Allowed 4 per 1 day)
Diphenhist 25 mg tablet	P	QL(Allowed 4 per 1 day)
diphenhydramine 12.5 mg/5 mL oral elixir	P	QL(Allowed 240 per Rx)

Drug Name	Tier	Drug Restriction
diphenhydramine 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
diphenhydramine 25 mg capsule	P	QL(Allowed 4 per 1 day)
diphenhydramine 25 mg tablet	P	QL(Allowed 4 per 1 day)
diphenhydramine 50 mg capsule	P	QL(Allowed 4 per 1 day)
ED Chlorped Jr 2 mg/5 mL oral syrup	P	QL(Allowed 60 per 1 day)
Ed-Chlortan 4 mg tablet	P	QL(Allowed 120 per Rx)
Pharbechlor 4 mg tablet	P	QL(Allowed 120 per Rx)
Pharbedryl 25 mg capsule	P	QL(Allowed 4 per 1 day)
Pharbedryl 50 mg capsule	P	QL(Allowed 4 per 1 day)
Ryclora 2 mg/5 mL oral solution	P	
Siladryl SA 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Silphen Cough 12.5 mg/5 mL oral syrup	P	QL(Allowed 240 per Rx)
Valu-Dryl Allergy 25 mg capsule	P	QL(Allowed 4 per 1 day)
ANTITUSSIVES - NON-OPIOID		
benzonatate 100 mg capsule	P	AL(Minimum Age 10 Years); AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
benzonatate 200 mg capsule	P	AL(Minimum Age 10 Years); AL (Maximum Age 20 Years)
Children's Cough DM ER 30 mg/5 mL oral suspension,extended release	P	AL (Maximum Age 20 Years)
Children's Delsym Cough 30 mg/5 mL oral suspension,extended release	P	AL(Maximum Age 20 Years)
Cough DM ER 30 mg/5 mL oral suspension,extended release	P	AL (Maximum Age 20 Years)
Delsym 12 hour 30 mg/5 mL oral suspension,extended release	P	AL(Maximum Age 20 Years)
dextromethorphan polistirex ER 30 mg/5 mL oral susp ext.release 12hr	P	AL (Maximum Age 20 Years)
ASTHMA THERAPY - MAST CELL STABILIZERS		
cromolyn 20 mg/2 mL solution for nebulization	P	QL(Allowed 8 per 1 day)
ASTHMA THERAPY - XANTHINES		
Elixophyllin 80 mg/15 mL oral elixir	P	
Theo-24 100 mg capsule,extended release	P	

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Theo-24 200 mg capsule,extended release	P	
Theo-24 300 mg capsule,extended release	P	
Theo-24 400 mg capsule,extended release	P	
theophylline 80 mg/15 mL oral elixir	P	QL(Allowed 475 per Rx); MT
theophylline 80 mg/15 mL oral solution	P	QL(Allowed 475 per Rx); MT
theophylline ER 100 mg tablet,extended release,12 hr	P	MT
theophylline ER 200 mg tablet,extended release,12 hr	P	MT
theophylline ER 300 mg tablet,extended release,12 hr	P	MT
theophylline ER 400 mg tablet,extended release 24 hr	P	MT
theophylline ER 450 mg tablet,extended release,12 hr	P	

Drug Name	Tier	Drug Restriction
theophylline ER 600 mg tablet,extended release 24 hr	P	MT
CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR		
Kalydeco 150 mg tablet	P	PA; SP
Kalydeco 25 mg oral granules in packet	P	PA
Kalydeco 50 mg oral granules in packet	P	PA; SP
Kalydeco 75 mg oral granules in packet	P	PA; SP
CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB		
Orkambi 100 mg-125 mg oral granules in packet	P	PA; SP
Orkambi 100 mg-125 mg tablet	P	PA; SP
Orkambi 150 mg-188 mg oral granules in packet	P	PA; SP
Orkambi 200 mg-125 mg tablet	P	PA; SP
Symdeko 100 mg-150 mg (day)/150 mg (night) tablets	P	PA
Symdeko 50 mg-75 mg (day)/75 mg (night) tablets	P	PA

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Trikafta 100-50-75 mg (d)/150 mg (n) tablets	P	PA
Trikafta 50-25-37.5 mg (d)/75 mg (n) tablets	P	PA
DECONGESTANT-ANALGESIC, NSAID COX NON-SPECIFIC		
Cold-Sinus Relief 30 mg-200 mg tablet	P	AL (Maximum Age 20 Years)
Ibuprofen Cold-Sinus (with pseudoephedrine) 30 mg-200 mg tablet	P	AL (Maximum Age 20 Years)
DECONGESTANT-EXPECTORANT COMBINATIONS		
ED Bron GP 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucinex D 60 mg-600 mg tablet,extended release	P	AL (Maximum Age 20 Years)
Mucus D 60 mg-600 mg tablet,extended release	P	AL (Maximum Age 20 Years)
Mucus Relief D (pseudoephed) 60 mg-600 mg tablet,extended release	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
pseudoephedrine-guaifenesin ER 60 mg-600 mg tablet,extended release 12hr	P	AL (Maximum Age 20 Years)
EXPECTORANTS - SINGLE AGENTS, GENERAL		
Adult Tussin Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Child Mucus Relief Expectorant 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Children's Mucinex Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Cough Syrup 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Diabetic Siltussin DAS-Na 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Diabetic Tussin EX 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
guaifenesin 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
guaifenesin ER 1,200 mg tablet, extended release 12 hr	P	AL (Maximum Age 20 Years)

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Medifin Expectorant Mucus Rlf 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucinex 1,200 mg tablet, extended release	P	AL(Maximum Age 20 Years)
Mucinex 600 mg tablet, extended release	P	AL(Maximum Age 20 Years)
Mucus Relief 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucus Relief ER 1,200 mg tablet, extended release	P	AL (Maximum Age 20 Years)
Mucus Relief ER 600 mg tablet, extended release	P	AL (Maximum Age 20 Years)
Mucus-Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucus-ER MAX 1,200 mg tablet, extended release	P	AL (Maximum Age 20 Years)
Robafen 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Siltussin DAS 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Siltussin SA 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Tusnel-Ex 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin Expectorant 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin Mucus- Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
MUCOLYTICS		
acetylcysteine 100 mg/mL (10 %) solution	P	
acetylcysteine 200 mg/mL (20 %) solution	P	
Pulmozyme 1 mg/mL solution for inhalation	P	PA; SP
NASAL SYMPATHOMIMETIC DECONGESTANTS (INTRANASAL)		
Adrenalin 1 mg/mL nasal solution	P	AL(Maximum Age 20 Years)
NON-OPIOID ANTITUS-1ST GEN ANTIHIST.- DECONGEST-ANALGESIC, NON-SALICYLAT		
Daytime-Nighttime 10-5-325mg(d)/15- 325-6.25mg capsules	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)

P Preferred Drug	NP Non- Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE-ANALGESIC, NON-SALICYLATE		
Contac Cold-Flu Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Cough-Sore Throat Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Night Time Cold 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Night Time Cold-Flu 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Night Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Nite Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Nite-Time 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
brompheniramine-pseudoephedrine-DM 2 mg-30 mg-10 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Brotapp DM 1 mg-15 mg-5 mg/5 mL oral elixir	P	AL (Maximum Age 20 Years)
Ed A-Hist DM 4 mg-10 mg-15 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Kidkare Cough/Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
NoHist-DM 4 mg-10 mg-15 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Pedia Relief Cough-Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Pediatric Cough and Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-ANTI-HISTAMINE COMBINATIONS		
promethazine-DM 6.25 mg-15 mg/5 mL oral syrup	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-DECONGESTANT COMBINATIONS		
Cold and Cough (pe-dm) 2.5 mg-5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
Triacting Cough and Cold 2.5 mg-5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-DECONGESTANT-ANALGESIC, NON-SALICYLATE COMB		

P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Drug Name	Tier	Drug Restriction
Day Time PE 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
DayTime 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
Daytime Cold and Flu Relief (phenylephrine) 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
Mucinex Fast-Max Congestion-Headache (DM) 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
Mucinex Fast-Max Severe Cold and Sinus 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
Mucinex Sinus-Max Severe Congestion-Pain(DM) 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS		
Adult Tussin Cough Congestion DM 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Adult Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Chest Congestion Relief DM 20 mg-400 mg tablet	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Chest Congestion-Cough Relief 20 mg-400 mg tablet	P	AL (Maximum Age 20 Years)
Child Mucinex Freefrom Day Cough 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20 Years)
Child Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Children Delsym Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Children's Mucinex Cough 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Cough Suppressant-Expectorant 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Cough Syrup DM 10 mg-100 mg/5 mL	P	AL (Maximum Age 20 Years)
Delsym Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Diabetic Siltussin-DM 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Diabetic Siltussin-DM Max Str 10 mg-200 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Diabetic Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Giltuss HBP 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20 Years)
Mucinex DM 30 mg-600 mg tablet,extended release 12 hr	P	AL (Maximum Age 20 Years)
Mucinex Fast-Max DM Max 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucosa DM 20 mg-400 mg tablet	P	AL (Maximum Age 20 Years)
Mucus DM 30 mg-600 mg tablet,extended release	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucus Relief DM 20 mg-400 mg tablet	P	AL (Maximum Age 20 Years)
Mucus Relief DM Cough 20 mg-400 mg tablet	P	AL (Maximum Age 20 Years)
Mucus Relief DM Max 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Robafen DM 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Robafen DM Cough 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Robafen DM Cough-Chest Congestion 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Robafen DM Peak Cold 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Siltussin DM DAS 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Siltussin-DM 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Tab Tussin DM 20 mg-400 mg tablet	P	AL (Maximum Age 20 Years)
Tusnel Diabetic 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin DM 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Tussin DM 20 mg-400 mg tablet	P	AL (Maximum Age 20 Years)
Tussin DM Clear 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Tussin DM Cough and Chest 10 mg-100 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Tussin DM Cough and Chest 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin DM Max 10 mg-200 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS		
promethazine 6.25 mg-codeine 10 mg/5 mL syrup	P	AL(Minimum Age 2 Years); QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB.		

Drug Name	Tier	Drug Restriction
Promethazine VC-Codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup	P	AL(Minimum Age 2 Years); QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup	P	AL(Minimum Age 2 Years); QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS		
hydrocodone-homatropine 5 mg-1.5 mg/5 mL (5 mL) oral syrup	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
hydrocodone-homatropine 5 mg-1.5 mg/5 mL oral syrup	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS		
Guaifenesin DAC 30 mg-10 mg-100 mg/5 mL oral syrup	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
Virtussin DAC 30 mg-10 mg-100 mg/5 mL oral syrup	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS		
Cheratussin AC 10 mg-100 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
codeine 10 mg-guaifenesin 100 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Guaiatussin AC 10 mg-100 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
Guaifenesin AC 10 mg-100 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
Robafen AC 10 mg-100 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
Virtussin AC 10 mg-100 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
SYSTEMIC SYMPATHOMIMETIC DECONGESTANTS		
12 Hour Decongestant ER 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
12 Hour Nasal Decongestant (PSE) 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
Children's Silfedrine 15 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Nasal Decongestant (phenylephrine) 10 mg tablet	P	QL(Allowed 24 per Rx); AL (Maximum Age 20 Years)
Nasal Decongestant (pseudoephedrine) 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Nasal Decongestant (pseudoephedrine) 30 mg tablet	P	AL (Maximum Age 20 Years)
Nasal Decongestant (pseudoephedrine) 30 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
pseudoephedrine 30 mg tablet	P	AL (Maximum Age 20 Years)
pseudoephedrine 30 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
pseudoephedrine 60 mg tablet	P	AL (Maximum Age 20 Years)
pseudoephedrine ER 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
Sinus 12 Hour 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
Sudogest 12-hour 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
Sudogest 30 mg tablet	P	AL (Maximum Age 20 Years)
Sudogest 60 mg tablet	P	AL (Maximum Age 20 Years)
Sudogest PE 10 mg tablet	P	QL(Allowed 24 per Rx); AL (Maximum Age 20 Years)
Suphedrin 15 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Suphedrin 30 mg tablet	P	AL (Maximum Age 20 Years)
Suphedrine 12 Hour 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
Suphedrine 30 mg tablet	P	AL (Maximum Age 20 Years)
Suphedrine PE 10 mg tablet	P	QL(Allowed 24 per Rx); AL (Maximum Age 20 Years)

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P Preferred Drug	NP Non-Preferred	AL Age Limit	PA Prior Authorization	APA Advanced Prior Authorization	QL Quantity Limit	SP Specialty Drug	ST Step Therapy	RX/OTC Both RX and OTC NDCs	MT Maintenance Therapy
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Assure Lance 25 gauge.....	74
Assure Lance 28 gauge.....	74
Assure Lance Plus 21 gauge	74
Assure Lance Plus 25 gauge	74
Assure Lance Plus 30 gauge	74
Atlas Color Lubricated Condom	103
Atlas Lub Condom-Spermicide.....	103
Atlas Lubricated Condom.....	103
atropine 1 % eye drops.....	109
atropine 1 % eye ointment	109
Auto-Lancet Mini	74
Autolet Impression Lancing Device kit...	74
Autolet Lancing Device	74
Autolet Mini kit.....	74
Autolet Plus Lancing Device	74

B

B Complex 50 tablet.....	35
B Complex Plus Vitamin C 15 mg-10 mg-50 mg-5 mg-300 mg capsule.....	35
B Complex-Vitamin B12 tablet.....	35
Balance B-50 (with folic acid) 0.4 mg tablet	35
Band-Aid Gauze Pads 2	71
Band-Aid Gauze Pads 4	71
Band-Aid Mirasorb Gauze 4	71
Banophen 12.5 mg/5 mL oral liquid.....	111
Banophen 25 mg capsule.....	111
Banophen 25 mg tablet	111
Banophen 50 mg capsule.....	111
Banophen Allergy 12.5 mg/5 mL oral liquid	111
Base, PCCA Syrup Vehicle oral liquid.....	30
B-complex with vitamin C capsule	35
B-complex with vitamin C tablet.....	35
BD Alcohol Swabs	19
BD Insulin Syringe 0.3 mL 29 gauge x 1/2	81
BD Insulin Syringe 0.5 mL 29 gauge x 1/2	81
BD Insulin Syringe 1 mL 25 gauge x 5/8 .	81
BD Insulin Syringe 1 mL 25 x 1	81
BD Insulin Syringe 1 mL 26 x 1/2.....	81
BD Insulin Syringe 1 mL 27 gauge x 1/2 .	81
BD Insulin Syringe 1 mL 28 gauge x 1/2 .	81
BD Insulin Syringe 1 mL 29 gauge x 1/2 .	81
BD Insulin Syringe Micro-Fine 1 mL 28 gauge x 1/2	81
BD Insulin Syringe Micro-Fine 1/2 mL 28 gauge x 1/2	81
BD Insulin Syringe Safety-Lok 1 mL 29 gauge x 1/2	81

BD Insulin Syringe Ultra-Fine (half unit) 0.3 mL 31 gauge x 5/16	81
BD Insulin Syringe Ultra-Fine 0.3 mL 30 gauge x 1/2	81
BD Insulin Syringe Ultra-Fine 0.3 mL 31 gauge x 5/16	81
BD Insulin Syringe Ultra-Fine 0.5 mL 30 gauge x 1/2	81
BD Insulin Syringe Ultra-Fine 0.5 mL 31 gauge x 5/16	81
BD Insulin Syringe Ultra-Fine 1 mL 29 gauge x 1/2	81
BD Insulin Syringe Ultra-Fine 1 mL 30 gauge x 1/2	81
BD Insulin Syringe Ultra-Fine 1 mL 31 gauge x 5/16	82
BD Lo-Dose Micro-Fine IV 1/2 mL 28 gauge x 1/2.....	82
BD Lo-Dose Ultra-Fine 0.3 mL 29 gauge x 1/2	82
BD Lo-Dose Ultra-Fine 0.5 mL 29 gauge x 1/2	82
BD Microtainer Lancet 1.5 mm X 2 mm	74
BD Microtainer Lancet 21 gauge	74
BD Microtainer Lancet 30 gauge	74
BD Nano 2nd Gen Pen Needle 32 gauge x 5/32	82
BD PosiFlush Normal Saline 0.9 % injection syringe	51
BD Pre-Filled Normal Saline 0.9 % injection syringe	51
BD SafetyGlide Insulin Syringe 0.3 mL 29 gauge x 1/2	82
BD SafetyGlide Insulin Syringe 0.3 mL 31 gauge x 5/16	82
BD SafetyGlide Insulin Syringe 0.5 mL 30 gauge x 5/16	82
BD SafetyGlide Insulin Syringe 1 mL 29 gauge x 1/2	82
BD SafetyGlide Insulin Syringe 1 mL 31 gauge x 15/64	82
BD Ultra Fine II Insulin Syringe 0.3 mL 31 gauge x 5/16	82
BD Ultra Fine II Insulin Syringe 0.5 mL 31 gauge x 5/16	82
BD Ultra-Fine II Lancets 30 gauge	74
BD Ultra-Fine Micro Pen Needle 32 gauge x 1/4.....	82
BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16	82
BD Ultra-Fine Nano Pen Needle 32 gauge x 5/32	82
BD Ultra-Fine Original Pen Needle 29 gauge x 1/2	82

BD Ultra-Fine Short Pen Needle 31 gauge x 5/16	82
BD Veo Insulin Syringe Ultra-Fine 1 mL 31 gauge x 15/64.....	82
benzonatate 100 mg capsule.....	112
benzonatate 200 mg capsule.....	112
benzotropine 1 mg/mL injection solution	29
bethanechol chloride 10 mg tablet	69
bethanechol chloride 25 mg tablet	69
bethanechol chloride 5 mg tablet	69
bethanechol chloride 50 mg tablet	70
bexarotene 75 mg capsule	19
Bexsero 50 mcg-50 mcg-50 mcg-25 mcg/0.5 mL intramuscular syringe	22
Biatain 4	34
Bio-35, Gluten Free 3 mg-133 mcg-33 mcg-33 mcg capsule	41
Biocal 500 mg-100 unit-45 mg-800 mcg capsule	37
Bioguard gauze 0.3 %-2	34
Bioguard gauze 0.3 %-4	34
Bioguard gauze 0.3 %-4.5	34
Biotect Plus capsule.....	41
Biotene Moisturizing Mouth mucosal spray.....	108
BioThrax 0.5 mL/dose intramuscular suspension.....	22
biotin 5 mg capsule	53
Biovol oral syrup.....	41
bisacodyl 10 mg rectal suppository	65
bisacodyl 5 mg tablet,delayed release ...	65
Bisa-Lax (bisacodyl) 5 mg tablet,delayed release	65
Biscolax 10 mg rectal suppository	65
Bismatrol 262 mg chewable tablet.....	60
Bismatrol 262 mg/15 mL oral suspension	60
Bismatrol 525 mg/15 mL oral suspension	60
Bismuth Maximum Strength 525 mg/15 mL oral suspension	60
bismuth subsalicylate 262 mg chewable tablet	60
blood glucose control, normal solution ..	74
blood pressure test kit-large cuff	104
blood pressure test kit-medium cuff	104
blood pressure test kit-small cuff	104
Body, Hair, Skin and Nails 3 mg-133 mcg capsule	41
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular suspension	21
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular syringe	22
Bordered Gauze 4.....	71

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BreatheRite MDI Spacer	104
BreatheRite Spacer and Mask, Adult ...	104
BreatheRite Spacer and Mask, Child....	104
BreatheRite Spacer and Mask, Infant ..	104
BreatheRite Spacer and Mask, Neonate	104
BreatheRite Spacer and Mask, Small Child	105
BreatheRite with Mask, Large.....	105
BreatheRite with Mask, Medium.....	105
BreatheRite with Mask, Small.....	105
brompheniramine-pseudoephedrine-DM 2 mg-30 mg-10 mg/5 mL oral syrup.	116
Brotapp 1 mg-15 mg/5 mL oral liquid ..	110
Brotapp DM 1 mg-15 mg-5 mg/5 mL oral elixir	116
Buffered Aspirin 325 mg tablet.....	16
Bullseye Mini Safety Lancets 21 gauge ..	74
Bullseye Mini Safety Lancets 25 gauge ..	74
Bullseye Mini Safety Lancets 28 gauge ..	74
bumetanide 0.5 mg tablet	27
bumetanide 1 mg tablet	27
bumetanide 2 mg tablet	27

C

C-1000 1,000 mg tablet	53
C-1000 with Rose Hips 1,000 mg tablet	53
C-500 500 mg chewable tablet	53
caffeine citrate 60 mg/3 mL (20 mg/mL) oral solution.....	29
Calci-Chew 500 mg calcium (1,250 mg) tablet	36
Calcidol 200 mcg/mL (8,000 unit/mL) oral drops.....	53
Calcitrate 200 mg (950 mg) tablet	36
Calcium 500 500 mg calcium (1,250 mg) tablet	37
Calcium 500 + D 500 mg-10 mcg (400 unit) chewable tablet	37
Calcium 500 + D 500 mg-10 mcg (400 unit) tablet	37
Calcium 500 + D 500 mg-5 mcg (200 unit) tablet	37
Calcium 500 mg + D (D3) 3.125 mcg (125 unit) tablet	37
Calcium 500 With D 500 mg-10 mcg (400 unit) tablet	37
Calcium 600 + D(3) 600 mg-10 mcg (400 unit) tablet	37
Calcium 600 + D(3) 600 mg-5 mcg (200 unit) tablet	37
Calcium 600 with Vitamin D3 600 mg-5 mcg (200 unit) tablet	37

Calcium Antacid 200 mg calcium (500 mg) chewable tablet	58
Calcium Antacid 300 mg (750 mg) chewable tablet	58
Calcium Antacid 320 mg calcium (750 mg) chewable tablet	58
Calcium Antacid 400 mg calcium (1,000 mg) chewable tablet	58
Calcium Antacid 430 mg calcium (1,000 mg) chewable tablet	58
Calcium Antacid Ultra Max St 400 mg calcium (1,000 mg) chewable tablet ..	58
calcium carb-ergocalciferol (vit D2) 500 mg-125 unit tablet.....	37
calcium carbonate 200 mg calcium (500 mg) chewable tablet	58
calcium carbonate 300 mg (750 mg) chewable tablet	58
calcium carbonate 400 mg calcium (1,000 mg) chewable tablet	58
calcium carbonate 500 mg calcium (1,250 mg) chewable tablet	37
calcium carbonate 500 mg calcium (1,250 mg) tablet	37
calcium carbonate 500 mg/5 mL calcium (1,250 mg/5 mL) oral suspension.....	37
calcium carbonate 500 mg-vitamin D3 10 mcg (400 unit) chewable tablet	38
calcium carbonate 500 mg-vitamin D3 10 mcg (400 unit) tablet	38
calcium carbonate 500 mg-vitamin D3 2.5 mcg (100 unit) chewable tablet	38
calcium carbonate 500 mg-vitamin D3 3.125 mcg (125 unit) tablet	38
calcium carbonate 500 mg-vitamin D3 5 mcg (200 unit) tablet	38
calcium carbonate 600 mg-vitamin D3 20 mcg (800 unit) tablet	38
calcium carbonate 600 mg-vitamin D3 5 mcg (200 unit) tablet	38
calcium citrate 200 mg (950 mg) tablet	37
Calcium with Vitamin D 600 mg-10 mcg (400 unit) tablet.....	38
calcium-vitamin D3 600 mg-5 mcg (200 unit) tablet.....	38
Cal-Gest Antacid 200 mg calcium (500 mg) chewable tablet	58
Caphosol mucosal solution	108
Carafate 100 mg/mL oral suspension	68
CareFine Pen Needle 29 gauge x 1/2	82
CareFine Pen Needle 30 gauge x 5/16	82
CareFine Pen Needle 31 gauge x 1/4	83
CareFine Pen Needle 31 gauge x 5/16	83
CareFine Pen Needle 32 gauge x 1/4	83

CareFine Pen Needle 32 gauge x 3/16....	83
CareFine Pen Needle 32 gauge x 5/32....	83
Careone Lancing Device	74
Careone Ultra Thin Lancet	74
CareTouch Alcohol Prep Pad topical pads	19
CareTouch Lancing Device	74
CareTouch Pen Needle 31 gauge x 1/4 ..	83
CareTouch Pen Needle 31 gauge x 3/16.83	
CareTouch Pen Needle 31 gauge x 5/16.83	
CareTouch Pen Needle 32 gauge x 3/16.83	
CareTouch Pen Needle 32 gauge x 5/32.83	
CareTouch Safety Lancets 26 gauge	74
CareTouch Safety Lancets 28 gauge	74
CareTouch Twist Lancet 30 gauge	74
Carnitor 100 mg/mL oral solution	107
CarraSmart 4	34
CarraSmart Foam 4.....	34
casanthranol-docusate sodium 30 mg-100 mg capsule.....	67
castor oil 100 % oral	66
Caverest 1.1 % dental gel	107
C-Buff oral powder	53
ceftriaxone 1 gram intravenous piggyback	17
ceftriaxone 1 gram intravenous solution	17
ceftriaxone 1 gram solution for injection	17
ceftriaxone 250 mg solution for injection	18
ceftriaxone 500 mg solution for injection	18
Centrum 3,500 unit-18 mg-0.4 mg chewable tablet.....	41
Centrum Flavor Burst Adult chewable tablet	41
Centrum Flavor Burst Kids chewable tablet	41
Centrum MultiGummies 80 mcg chewable tablet	41
Centrum Pro Nutrients 600 mg-20 mcg (800 unit) tablet.....	38
Centrum Silver 400 mcg-250 mcg chewable tablet.....	41
CeraSport 115 mg-40 mg-40 kcal/250 mL oral liquid.....	39
CeraSport EX1 200 mg-100 mg-20 kcal/250mL oral liquid	39
Chek-Stix Control strips	106
Chemet 100 mg capsule	16
Chemstrip K	106
Cheratussin AC 10 mg-100 mg/5 mL oral liquid.....	119
cherry flavor (bulk) oral syrup	30

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Chest Congestion Relief DM 20 mg-400 mg tablet.....	117	Children's Delsym Cough 30 mg/5 mL oral suspension,extended release	112	cholecalciferol (vitamin D3) 25 mcg (1,000 unit) tablet.....	54
Chest Congestion-Cough Relief 20 mg-400 mg tablet.....	117	Children's Dibromm Cold and Allergy 1 mg-2.5 mg/5 mL oral solution.....	110	cholecalciferol (vitamin D3) 50 mcg (2,000 unit) capsule	54
Chewable Vitamin C 500 mg tablet.....	53	Children's Mapap 160 mg chewable tablet	13	choline and magnesium salicylate 500 mg/5 mL oral liquid.....	15
Chewable-Vite tablet	47	Children's Mapap 80 mg chewable tablet	13	cilostazol 100 mg tablet.....	70
Chewable-Vite with Iron tablet.....	49	Children's Mucinex Chest Congestion 100 mg/5 mL oral liquid.....	114	cilostazol 50 mg tablet.....	70
Child Chewable Vitamins with Iron 15 mg tablet	49	Children's Mucinex Cough 5 mg-100 mg/5 mL oral liquid	117	Citrate of Magnesia oral.....	64
Child Chewable Vitamins with Iron tablet	49	Children's Pain and Fever Relief 160 mg/5 mL oral liquid	13	Citroma oral solution.....	64
Child Complete Multivitamin 18 mg iron chewable tablet	49	Children's Pain and Fever Relief 160 mg/5 mL oral suspension	13	Class Act Lubricated Condom	103
Child Mucinex Freefrom Day Cough 5 mg-100 mg/5 mL oral liquid	117	Children's Pain and Fever Relief 80 mg chewable tablet	13	ClearLax 17 gram oral powder packet	64
Child Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	117	Children's Pain Relief 160 mg chewable tablet	13	ClearLax 17 gram/dose oral powder	64
Child Mucus Relief Expectorant 100 mg/5 mL oral liquid	114	Children's Pain Relief 160 mg/5 mL oral suspension.....	13	Clever Choice Holding Chamber-Large Mask.....	105
Child Vitamin with Minerals chewable tablet	49	Children's Pain Reliever 160 mg/5 mL oral suspension.....	13	Clever Choice Holding Chamber-Medium Mask.....	105
Children Delsym Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid ..	117	Children's Pain Reliever 80 mg chewable tablet	13	Clever Choice Holding Chamber-Small Mask.....	105
Children's Acetaminophen 160 mg chewable tablet	13	Children's Silapap 160 mg/5 mL oral liquid	14	Clickfine Pen Needle 31 gauge x 1/4	83
Children's Acetaminophen 160 mg/5 mL (5 mL) oral suspension	13	Children's Silfedrine 15 mg/5 mL oral liquid.....	120	Clickfine Pen Needle 31 gauge x 5/16	83
Children's Acetaminophen 160 mg/5 mL oral suspension.....	13	Children's Tactinal 80 mg chewable tablet	14	Clickfine Pen Needle 32 gauge x 5/32	83
Children's Acetaminophen 325 mg/10.15 mL oral suspension	13	Children's Vitamin with Iron chewable tablet	49	clindamycin 75 mg/5 mL oral solution....	18
Children's Allergy (diphenhydramine) 12.5 mg/5 mL oral liquid.....	111	Childs Chew Vite tablet.....	47	clindamycin HCl 150 mg capsule	18
Children's Aspirin 81 mg chewable tablet	71	chlorhexidine gluconate 0.12 % mouthwash.....	108	clindamycin HCl 300 mg capsule	18
Children's Chew Multivit with Iron 15 mg iron tablet	49	chlorothiazide 250 mg tablet.....	28	Clindamycin Pediatric 75 mg/5 mL oral solution.....	18
Children's Chewable Multivitamin 300 mcg tablet	47	chlorothiazide 500 mg tablet.....	28	codeine 10 mg-guaifenesin 100 mg/5 mL oral liquid.....	119
Children's Chewable Vitamin tablet.....	47	chlorpheniramine 4 mg tablet	111	Colace 100 mg capsule	67
Children's Chewable with Minerals tablet	49	chlorthalidone 25 mg tablet	28	Colace 2-In-1 8.6 mg-50 mg tablet	67
Children's Chewables 300 mcg tablet	47	chlorthalidone 50 mg tablet	28	Cold and Allergy (bromphen-PE) 1 mg-2.5 mg/5 mL oral solution	110
Children's Chewables with Iron 15 mg tablet	47	cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule	54	Cold and Cough (pe-dm) 2.5 mg-5 mg/5 mL oral liquid.....	116
Children's Cold-Allergy (phenylephrine) 1 mg-2.5 mg/5 mL oral solution.....	110	cholecalciferol (vitamin D3) 10 mcg (400 unit) chewable tablet.....	54	Cold-Sinus Relief 30 mg-200 mg tablet.....	114
Children's Complete Vitamin 18 mg iron chewable tablet	49	cholecalciferol (vitamin D3) 10 mcg (400 unit) tablet.....	54	Coleman 100 Max Insect Repellent 98.11 % topical spray	32
Children's Cough DM ER 30 mg/5 mL oral suspension,extended release.....	112	cholecalciferol (vitamin D3) 10 mcg/mL (400 unit/mL) oral drops.....	54	Coleman High and Dry Insect Repellent 25 % topical spray powder	32
		cholecalciferol (vitamin D3) 125 mcg (5,000 unit) capsule	54	Coleman Sportsmen Insect Repellent 40 % topical spray	32
		cholecalciferol (vitamin D3) 25 mcg (1,000 unit) capsule	54	Colyte with Flavor Packs 240 gram-22.72 g-6.72 g-5.84 g oral solution	65
				Comfort EZ Insulin Syringe 0.3 mL 29 gauge x 1/2	83
				Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 1/2	83
				Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 5/16	83
				Comfort EZ Insulin Syringe 0.3 mL 31 gauge x 5/16	83
				Comfort EZ Insulin Syringe 0.5 mL 29 gauge x 1/2	83

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Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 1/2	83
Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 5/16	83
Comfort EZ Insulin Syringe 0.5 mL 31 gauge x 5/16	83
Comfort EZ Insulin Syringe 1 mL 28 gauge x 1/2.....	83
Comfort EZ Insulin Syringe 1 mL 29 gauge x 1/2.....	84
Comfort EZ Insulin Syringe 1 mL 30 gauge x 1/2.....	84
Comfort EZ Insulin Syringe 1 mL 30 gauge x 5/16.....	84
Comfort EZ Insulin Syringe 1 mL 31 gauge x 5/16.....	84
Comfort EZ Insulin Syringe 1/2 mL 28 gauge x 1/2	84
Comfort EZ Pen Needles 29 gauge x 1/2	84
Comfort EZ Pen Needles 31 gauge x 1/4	84
Comfort EZ Pen Needles 31 gauge x 3/16	84
Comfort EZ Pen Needles 31 gauge x 5/16	84
Comfort EZ Pen Needles 32 gauge x 1/4	84
Comfort EZ Pen Needles 32 gauge x 3/16	84
Comfort EZ Pen Needles 32 gauge x 5/32	84
Comfort Lancets	74
Comirnaty (PF) 30 mcg/0.3 mL intramuscular suspension	22
Compact Space Chamber	105
Compact Space Chamber-Lrg Mask	105
Compact Space Chamber-Med Mask... ..	105
Compact Space Chamber-Sm Mask	105
Complete Allergy 12.5 mg/5 mL oral liquid	111
Complete Allergy 25 mg capsule	111
Complete Allergy 25 mg tablet	111
Complete Allergy Medicine 25 mg capsule	111
Complete Allergy Medicine 25 mg tablet	111
Complete Men 50 Plus 300 mcg-600 mcg-300 mcg tablet	42
Complete Multivitamin Adult 50 Plus 0.4 mg-300 mcg-250 mcg tablet	42
Condoms-Prem Lubricated	103
Contact Cold-Flu Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	116
Copa Hydrophilic Foam 4.....	34
Corifact 1,000 unit-1,600 unit intravenous solution	70

Correct 5 mg tablet,delayed release.....	66
Corvita 1.25 mg-2.5 mg-7 mg tablet	42
Corvite Free 1.25 mg-400 mcg-125 mcg-35 mg tablet	42
Cough DM ER 30 mg/5 mL oral suspension,extended release	112
Cough Suppressant-Expectorant 10 mg-100 mg/5 mL oral syrup	117
Cough Syrup 100 mg/5 mL oral liquid ...	114
Cough Syrup DM 10 mg-100 mg/5 mL	117
Cough-Sore Throat Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	116
cromolyn 20 mg/2 mL solution for nebulization	112
Curad Gauze Pad 2.....	71
Curity Alcohol Swabs	20
Curity AMD (with polyhexamethylene) 0.2 %-2	34
Curity Cover 4	73
Curity Gauze 2	72
Curity Gauze 4	72
Curity Urethral Catheter 14 Fr	106
Cutter Backwoods 25 % topical spray.....	32
Cutter Backwoods Dry 25 % topical spray	32
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	52
cyclopentolate 0.5 % eye drops.....	109
cyclopentolate 1 % eye drops.....	109
cyclopentolate 2 % eye drops.....	109
cyclophosphamide 25 mg capsule	18
cyclophosphamide 50 mg capsule	18
cyproheptadine 2 mg/5 mL oral syrup .	111
cyproheptadine 4 mg tablet	111
Cytra K Crystals 3,300 mg-1,002 mg oral packet	69
Cytra-2 500 mg-334 mg/5 mL oral solution	69

D

D3-2000 50 mcg (2,000 unit) capsule	54
D-3-5 125 mcg (5,000 unit) capsule	54
D3-50 Cholecalciferol 1,250 mcg (50,000 unit) capsule	54
Daily Gummies 200 mcg chewable tablet	42
Daily Multiple tablet	42
Daily Multiple Vitamins with Iron 18 mg-400 mcg tablet	46
Daily Multivitamin 200 mcg-100 mcg-500 mcg capsule	42
Daily Multi-Vitamin tablet	46

Daily Multivitamin with Iron 18 mg-400 mcg tablet.....	46
Daily Value tablet	46
Daily Vitamin Formula tablet.....	46
Daily Vitamin Formula-Iron 18 mg-400 mcg tablet.....	46
Daily Vitamin tablet.....	46
Daily Vitamin with Iron tablet.....	42
Daily Vites/Iron tablet	42
dapsone 100 mg tablet.....	17
dapsone 25 mg tablet.....	17
Day Time PE 5 mg-10 mg-325 mg capsule	117
Dayhist 1.34 mg tablet	111
Dayhist Allergy 1.34 mg tablet.....	111
DayTime 5 mg-10 mg-325 mg capsule	117
Daytime Cold and Flu Relief (phenylephrine) 5 mg-10 mg-325 mg capsule	117
Daytime-Nighttime 10 5-325mg(d)/15-325-6.25mg capsules	115
DDAVP 0.1 mg/mL (refrigerate) nasal solution.....	56
Decara 1,250 mcg (50,000 unit) capsule	54
Decubi Vite 400 mcg-50 mg-500 mg capsule	46
DEKAs Bariatric 22.5 mg-400 mcg-500 mcg-10 mg chewable tablet	42
DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg capsule	42
DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg chewable tablet	42
Delsym 12 hour 30 mg/5 mL oral suspension,extended release	112
Delsym Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	117
Delta D3 10 mcg (400 unit) tablet.....	54
Denta 5000 Plus 1.1 % cream	107
DentaGel 1.1 %.....	107
Depen Titratabs 250 mg tablet.....	16
Deplin (algal oil) 15 mg-90.314 mg capsule	55
Deplin (algal oil) 7.5 mg-90.314 mg capsule	55
Dermacea 2	72
Dermacea 4	72
Dermacea I.V. 2	73
Dermacea Non-Woven 2	72
Dermacea Non-Woven 4	72
Dermalevin 4	34
DermOtic Oil 0.01 % ear drops	109
desmopressin 0.1 mg tablet	56
desmopressin 0.2 mg tablet	56

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desmopressin 10 mcg/spray (0.1 mL) nasal spray	56	diphenhydramine 25 mg capsule	112	Droplet Lancets 30 gauge.....	74
desmopressin 10 mcg/spray (0.1 mL) nasal spray (non-refrigerated)	56	diphenhydramine 25 mg tablet	112	Droplet Lancing Device.....	75
desmopressin 4 mcg/mL injection solution	56	diphenhydramine 50 mg capsule	112	Droplet Pen Needle 29 gauge x 1/2.....	85
dexamethasone sodium phosphate 4 mg/mL injection solution	57	diphenoxylate-atropine 2.5 mg-0.025 mg tablet	61	Droplet Pen Needle 31 gauge x 1/4.....	85
dexamethasone sodium phosphate 4 mg/mL injection syringe.....	57	diphenoxylate-atropine 2.5 mg-0.025 mg/5 mL oral liquid.....	61	Droplet Pen Needle 31 gauge x 3/16.....	85
dextromethorphan polistirex ER 30 mg/5 mL oral susp ext.release 12hr	112	disopyramide phosphate 100 mg capsule	25	Droplet Pen Needle 32 gauge x 1/4.....	85
dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral liquid	118	disopyramide phosphate 150 mg capsule	25	Droplet Pen Needle 32 gauge x 3/16.....	85
dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral syrup	118	disulfiram 250 mg tablet.....	30	Droplet Pen Needle 32 gauge x 5/32.....	85
Diabetic Siltussin DAS-Na 100 mg/5 mL oral liquid	114	Doc-Q-Lace 100 mg capsule.....	67	DropSafe Pen Needle 31 gauge x 1/4.....	85
Diabetic Siltussin-DM 10 mg-100 mg/5 mL oral liquid	118	Docu 50 mg/5 mL oral liquid.....	67	DropSafe Pen Needle 31 gauge x 5/16.....	85
Diabetic Siltussin-DM Max Str 10 mg-200 mg/5 mL oral liquid	118	docusate calcium 240 mg capsule	67	Dry Eye Formula 133 mg-167 mg-170 mg capsule	36
Diabetic Tussin DM 10 mg-100 mg/5 mL oral syrup	118	docusate sodium 100 mg capsule.....	67	Dry Mouth mucosal spray	108
Diabetic Tussin EX 100 mg/5 mL oral liquid	114	docusate sodium 100 mg tablet	68	DryMax Extra 4.....	34
Dialyvite 100 mg-1 mg tablet.....	35	docusate sodium 250 mg capsule.....	68	Drysol 20 % topical solution	32
Dialyvite Vitamin D 125 mcg (5,000 unit) capsule.....	54	docusate sodium 50 mg/5 mL oral liquid.....	68	Drysol Dab-O-Matic 20 % topical solution	32
Diarrhea Relief (bismuth subsalicylate) 262 mg/15 mL oral suspension	60	Docusil 100 mg capsule	68	Ducodyl (bisacodyl) 5 mg tablet, delayed release	66
dibucaine 1 % topical ointment	34	dofetilide 125 mcg capsule	26	Dulcolax Stool Softener (docusate) 100 mg capsule	68
dicyclomine 10 mg capsule	62	dofetilide 250 mcg capsule	26	Dyazide 37.5 mg-25 mg capsule	28
dicyclomine 10 mg/5 mL oral solution	62	dofetilide 500 mcg capsule	26		
dicyclomine 20 mg tablet.....	62	DOK 100 mg capsule.....	68	E	
digoxin 125 mcg (0.125 mg) tablet	26	DOK 100 mg tablet	68	E.C. Prin 325 mg tablet, delayed release	16
digoxin 250 mcg (0.25 mg) tablet	26	DOK 250 mg capsule.....	68	E-200 90 mg (200 unit) capsule	55
digoxin 50 mcg/mL (0.05 mg/mL) oral solution	26	DOK Plus 8.6 mg-50 mg tablet	67	E-400 C-500 and Beta Carotene tablet	46
Dimaphen (PE) 1 mg-2.5 mg/5 mL oral solution	110	droperidol 2.5 mg/mL injection solution	16	E-400-Clear 400 unit capsule	55
Diecto 50 mg/5 mL oral liquid.....	67	Droplet Insulin Syringe (half unit) 0.5 mL 29 gauge x 1/2	84	E-400-Mixed 400 unit capsule	55
Diecto 60 mg/15 mL oral syrup.....	67	Droplet Insulin Syringe (half unit) 0.5 mL 30 gauge x 1/2	84	EasiVent Holding Chamber	105
Diphedryl 12.5 mg/5 mL oral liquid.....	111	Droplet Insulin Syringe (half unit) 0.5 mL 30 gauge x 5/16	84	EasiVent Mask Large	105
Diphedryl 25 mg capsule.....	111	Droplet Insulin Syringe (half unit) 0.5 mL 31 gauge x 5/16	84	EasiVent Mask Medium.....	105
Diphedryl 25 mg tablet	111	Droplet Insulin Syringe (half unit) 0.5 mL 31 gauge x 5/16	84	EasiVent Mask Small	105
Diphen 12.5 mg/5 mL oral elixir.....	111	Droplet Insulin Syringe 0.3 mL 29 gauge x 1/2	84	Easy Click Lancing Device	75
Diphenhist 12.5 mg/5 mL oral liquid.....	111	Droplet Insulin Syringe 0.3 mL 30 gauge x 1/2	84	Easy Comfort Alcohol Pad topical pads	20
Diphenhist 25 mg capsule.....	111	Droplet Insulin Syringe 0.3 mL 30 gauge x 5/16	84	Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2.....	85
Diphenhist 25 mg tablet	111	Droplet Insulin Syringe 0.3 mL 31 gauge x 5/16	84	Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16.....	85
diphenhydramine 12.5 mg/5 mL oral elixir	111	Droplet Insulin Syringe 1 mL 29 gauge x 1/2	84	Easy Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16.....	85
diphenhydramine 12.5 mg/5 mL oral liquid	112	Droplet Insulin Syringe 1 mL 30 gauge x 1/2	85	Easy Comfort Insulin Syringe 1 mL 30 gauge x 5/16.....	85
		Droplet Insulin Syringe 1 mL 30 gauge x 5/16	85	Easy Comfort Insulin Syringe 1 mL 31 gauge x 5/16.....	85
		Droplet Insulin Syringe 1 mL 31 gauge x 15/64	85	Easy Comfort Pen Needles 31 gauge x 1/4	85
		Droplet Insulin Syringe 1 mL 31 gauge x 5/16	85	Easy Comfort Pen Needles 31 gauge x 3/16.....	85

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Easy Comfort Pen Needles 31 gauge x 5/16	85	Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16.....	87	Elixophyllin 80 mg/15 mL oral elixir.....	112
Easy Comfort Pen Needles 32 gauge x 5/32	85	Easy Touch Insulin Syringe 1/2 mL 27 gauge x 1/2	87	Ella 30 mg tablet.....	31
Easy Mini Eject Lancing Device	75	Easy Touch Insulin Syringe 1/2 mL 28 gauge x 1/2	87	Elmiron 100 mg capsule	68
Easy Touch 29 gauge x 1/2.....	86	Easy Touch Lancets 30 gauge.....	75	Emcyt 140 mg capsule	19
Easy Touch 31 gauge x 1/4.....	86	Easy Touch Lancing Device	75	Emergen-C 1,000 mg oral effervescent powder packet.....	51
Easy Touch 31 gauge x 3/16.....	86	Easy Touch Pen Needle 30 gauge x 5/16	87	Emergen-C 500 mg chewable tablet.....	51
Easy Touch 31 gauge x 5/16.....	86	Easy Touch Safety Lancets 21 gauge.....	75	Emergen-C Heart Health 1,000 mg-2 mg-650 mg powder effervescent packet .	51
Easy Touch 32 gauge x 1/4.....	86	Easy Touch Safety Lancets 28 gauge.....	75	Emergen-C Immune Plus 1,000 mg oral effervescent powder packet	51
Easy Touch 32 gauge x 3/16.....	86	Easy Touch Safety Lancets 30 gauge.....	75	Emergen-C Kidz oral effervescent powder packet.....	49
Easy Touch 32 gauge x 5/32.....	86	Easy Touch Safety Lancets 32 gauge.....	75	Emergen-C MSM Lite 1,000 mg-1,000 mg oral effervescent powder packet.....	51
Easy Touch Alcohol Prep Pads	20	Easy Touch SheathLock Insulin 1 mL 29 gauge x 1/2	87	Emergen-C Vit D-Calcium 500 mg-500 mg-1,000 unit effervescent pwdr pkt	51
Easy Touch FlipLock Insulin 1 mL 29 gauge x 1/2.....	86	Easy Touch SheathLock Insulin 1 mL 30 gauge x 5/16	87	Endur-VM Iron-Free 400 mcg tablet,extended release.....	42
Easy Touch FlipLock Insulin 1 mL 31 gauge x 5/16.....	86	Easy Touch SheathLock Insulin 1 mL 31 gauge x 5/16	87	Endur-VM with Iron 18 mg iron-400 mcg tablet,extended release.....	42
Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 1/2	86	Easy Touch SheathLock Insulin syringe 1 mL 30 gauge x 1/2.....	87	Enema 19 gram-7 gram/118 mL.....	65
Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 5/16	86	Easy Touch Twist Lancets 30 gauge	75	Enema Disposable 19 gram-7 gram/118 mL.....	65
Easy Touch Insulin Safety Syringe 0.5 mL 29 gauge x 1/2	86	Easy Twist and Cap Lancets 28 gauge	75	Enfamil Enfalyte oral solution.....	39
Easy Touch Insulin Safety Syringe 0.5 mL 30 gauge x 5/16	86	EContra EZ 1.5 mg tablet	31	Engerix-B (Hepatitis B) Vaccine 10 mcg/0.5 mL intramuscular syringe	21
Easy Touch Insulin Safety Syringe 1 mL 29 gauge x 1/2	86	Econtra One-Step 1.5 mg tablet	31	Engerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular suspension.....	21
Easy Touch Insulin Safety Syringe 1 mL 30 gauge x 1/2	86	Ed A-Hist DM 4 mg-10 mg-15 mg/5 mL oral liquid.....	116	Engerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular syringe	21
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 1/2	86	ED Bron GP 5 mg-100 mg/5 mL oral liquid	114	Engerix-B (PF) 20 mcg/mL intramuscular suspension.....	21
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 5/16	86	ED Chlorped Jr 2 mg/5 mL oral syrup....	112	Engerix-B (PF) 20 mcg/mL intramuscular syringe	21
Easy Touch Insulin Syringe 0.3 mL 31 gauge x 5/16	86	Ed-APAP 160 mg/5 mL oral liquid.....	14	Engerix-B (PF) 20 mcg/mL intramuscular syringe	21
Easy Touch Insulin Syringe 0.5 mL 29 gauge x 1/2	86	Ed-Chlortan 4 mg tablet	112	Engerix-B (PF) 20 mcg/mL intramuscular syringe	21
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 1/2	86	Effer-K 25 mEq effervescent tablet.....	39	Engerix-B Pediatric (PF) 10 mcg/0.5 mL intramuscular syringe	21
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 5/16	86	Efudex 5 % topical cream	32	Enteric Coated Aspirin 81 mg tablet,delayed release	71
Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16	86	Eldertonic 0.5 mg-0.6 mg-7 mg-0.7 mg oral elixir	36	Epifoam 1 %-1 % topical.....	32
Easy Touch Insulin Syringe 1 mL 27 gauge x 1/2.....	87	electrolytes-dextrose oral solution.....	39	epoprostenol (glycine) 0.5 mg intravenous solution.....	28
Easy Touch Insulin Syringe 1 mL 28 gauge x 1/2.....	87	Elfolate 15 mg tablet	56	epoprostenol (glycine) 1.5 mg intravenous solution.....	28
Easy Touch Insulin Syringe 1 mL 29 gauge x 1/2.....	87	Elfolate 7.5 mg tablet	56	ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule	54
Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2.....	87	Elite-Thin 1/2 mL 30 X 3/4	87	ergocalciferol (vitamin D2) 200 mcg/mL (8,000 unit/mL) oral drops.....	54
Easy Touch Insulin Syringe 1 mL 30 gauge x 5/16.....	86	Elite-Thin Insulin Syringe 0.3 mL 31 gauge x 5/16.....	87	ergoloid 1 mg tablet	31
Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16	86	Elite-Thin Insulin Syringe 0.5 mL 29 gauge x 1/2.....	87	Essence C 1,000 mg oral effervescent powder packet.....	51
Easy Touch Insulin Syringe 1 mL 27 gauge x 1/2.....	87	Elite-Thin Insulin Syringe 0.5 mL 31 gauge x 5/16.....	87	ESSENTIAL One Daily tablet	46
Easy Touch Insulin Syringe 1 mL 28 gauge x 1/2.....	87	Elite-Thin Insulin Syringe 1 mL 28 gauge x 1/2	87	Ester-E 400 Unit capsule.....	55
Easy Touch Insulin Syringe 1 mL 29 gauge x 1/2.....	87	Elite-Thin Insulin Syringe 1 mL 30 gauge x 5/16	87	ethambutol 100 mg tablet.....	17
Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2.....	87	Elite-Thin Insulin Syringe 1 mL 31 gauge x 5/16	87		
Easy Touch Insulin Syringe 1 mL 30 gauge x 5/16.....	87	Elite-Thin Insulin Syringe 1/2 mL 28 gauge x 1/2.....	87		

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ethambutol 400 mg tablet.....	17
etoposide 50 mg capsule	19
Excilon 4.....	73
Excilon AMD (with polyhexamethylene) 0.2 %-4	34
Excilon Drain 4	73
Excilon I.V. 2	73
Exel Insulin 0.3 mL 29 gauge x 1/2.....	87
Exel Insulin 0.5 mL 30 gauge x 5/16.....	88
Exel Insulin 1 mL 30 gauge x 5/16.....	88
Exel Insulin 1/2 mL 28 gauge x 1/2	88
E-Z Ject Lancets.....	75
E-Z Ject Lancets 26 gauge	75
E-Z Ject Lancets 30 gauge	75
E-Z Ject Lancets 33 gauge	75
E-Z Ject Thin Lancets 28 gauge.....	75
EZ-Lets 26 gauge	75

F

Fabrazyme 35 mg intravenous solution	106
Fabrazyme 5 mg intravenous solution	107
Fantasy Condom	103
Feverall 120 mg rectal suppository	14
Feverall 325 mg rectal suppository	14
Feverall 650 mg rectal suppository	14
Feverall 80 mg rectal suppository.....	14
Fiber (calcium polycarbophil) 625 mg tablet	62
Fiber (psyllium husk) 0.52 gram capsule	62
Fiber (psyllium husk-sugar) 3.4 gram/11 gram oral powder	62
Fiber (psyllium husk-sugar) 3.4 gram/12 gram oral powder	62
Fiber (psyllium husk-sugar) 3.4 gram/7 gram oral powder	62
Fiber (with aspartame) 3.4 gram/5.8 gram oral powder	62
Fiber Laxative (calcium polycarbophil) 625 mg tablet.....	62
Fiber Laxative (psyllium husk) 0.52 gram capsule.....	62
fiber oral powder	63
Fiber Smooth (with sucrose) oral powder	63
Fiber Smooth oral powder	63
Fiber Therapy Laxative (psyllium husk) 0.52 gram capsule.....	63
Fiber-Caps (psyllium husk) 0.52 gram capsule.....	63
Fiber-Lax 625 mg tablet	63
Fibertab 625 mg tablet	63
Fiber-Tabs 625 mg tablet	63

Fibryga 1 gram (700 mg-1,300 mg) intravenous solution	70
Fifty50 Safety Seal Lancets 32 gauge	75
Fine 30 Universal Lancets 30 gauge	75
Fingerstix Lancets	75
Flavor Chews Antacid 300 mg (750 mg) tablet	58
Flavor Plus oral suspension.....	30
Flavor Sweet oral syrup	30
Flavor Sweet-SF oral liquid	30
flecainide 100 mg tablet	26
flecainide 150 mg tablet	26
flecainide 50 mg tablet	26
Fleet Enema 19 gram-7 gram/118 mL	65
Fleet Glycerin (Adult) rectal suppository	64
Fleet Laxative (bisacodyl) 5 mg tablet, delayed release	66
Fleet Mineral Oil enema	64
Flexichamber spacer.....	105
Flintstones Complete (iron) 18 mg iron chewable tablet	49
Flintstones Complete (iron) chewable tablet	49
Flintstones Multivitamin 300 mcg chewable tablet	48
Flintstones with Iron 18 mg iron chewable tablet	49
Floriva Plus (with biotin) 0.25 mg fluoride (0.55 mg)/mL oral drops.....	49
Floriva Plus 0.25 mg fluoride (0.55 mg)/mL oral drops	50
Fluad 2020-21 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe	23
Fluad Quad 2020-2021(65yr up)(PF) 60 mcg (15 mcg x 4)/0.5mL IM syringe ...	23
Fluad Quad 2021-2022(65yr up)(PF) 60 mcg (15 mcg x 4)/0.5mL IM syringe ...	23
Fluarix Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe.....	23
Fluarix Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe.....	24
Flublok Quad 2020-2021 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe.....	24
Flublok Quad 2021-2022 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe.....	24
Flucelvax Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe.....	24
Flucelvax Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp ..	24
Flucelvax Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe.....	24
Flucelvax Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp ..	24

Flulaval Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	24
Flulaval Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	24
Flumist Quad 2020-2021 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	24
Flumist Quad 2021-2022 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	24
fluocinolone acetonide oil 0.01 % ear drops	109
Fluor-a-day 2.5 mg fluoride (5.56 mg sodium fluoride)/mL oral drops.....	107
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet	107
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet.....	107
fluoride 0.5 mg (1.1 mg sodium fluoride)/mL oral drops	107
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet.....	107
fluorouracil 0.5 % topical cream.....	32
fluorouracil 2 % topical solution	32
fluorouracil 5 % topical cream.....	32
fluorouracil 5 % topical solution.....	32
flutamide 125 mg capsule	18
Fluzone High-Dose Quad 2020-21 (PF) 240 mcg/0.7 mL IM syringe	24
Fluzone High-Dose Quad 2021-22 (PF) 240 mcg/0.7 mL IM syringe	24
Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	24
Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe.....	24
Fluzone Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.....	24
Fluzone Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	25
Fluzone Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe.....	25
Fluzone Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.....	25
folic acid 1 mg tablet	56
folic acid 400 mcg tablet.....	56
folic acid 800 mcg tablet.....	56
Fora Lancing Device.....	75
ForaCare Lancets 30 gauge.....	75
Formula E 400 400 unit capsule	55
Fortavit capsule	46
FreeStyle Precision 0.5 mL 30 gauge x 5/16	88
FreeStyle Precision 0.5 mL 31 gauge x 5/16	88
FreeStyle Precision 1 mL 30 gauge x 5/16	88

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FreeStyle Precision 1 mL 31 gauge x 5/16	88
Fruity Chews/Iron tablet	49
furosemide 10 mg/mL injection solution	27
furosemide 10 mg/mL injection syringe	27
furosemide 10 mg/mL oral solution	27
furosemide 20 mg tablet	27
furosemide 40 mg tablet	27
furosemide 40 mg/5 mL (8 mg/mL) oral solution	27
furosemide 80 mg tablet	27

G

Galafold 123 mg capsule	107
Gardasil 9 (PF) 0.5 mL intramuscular suspension	23
Gardasil 9 (PF) 0.5 mL intramuscular syringe	23
Gas Relief (simethicone) 40 mg/0.6 mL oral drops, suspension	61
Gas Relief (simethicone) 80 mg chewable tablet	61
Gas Relief 80 (simethicone) 80 mg chewable tablet	61
gauze bandage 2	72
gauze bandage 4	72
Gauze Pad 2	72
Gauze Pad 4	72
Gavilax 17 gram/dose oral powder	64
GenTeal PM 94 %-3 % eye ointment	108
GenTeal Tears Moderate 0.1 %-0.3 %-0.2 % eye drops	108
GenTeal Tears Severe (petrolatum-mineral oil) 94 %-3 % eye ointment	108
Gentle Laxative (bisacodyl) 10 mg rectal suppository	66
Gentle Laxative (bisacodyl) 5 mg tablet, delayed release	66
Giltuss HBP 10 mg-100 mg/5 mL oral liquid	118
Glucocom Lancets 33 gauge	75
GlucoPro 0.3 mL 30 gauge x 1/2	88
GlucoPro 0.3 mL 30 gauge x 5/16	88
GlucoPro 0.3 mL 31 gauge x 5/16	88
GlucoPro 0.5 mL 30 gauge x 1/2	88
GlucoPro 0.5 mL 30 gauge x 5/16	88
GlucoPro 0.5 mL 31 gauge x 5/16	88
GlucoPro 1 mL 30 gauge x 1/2	88
GlucoPro 1 mL 30 gauge x 5/16	88
GlucoPro 1 mL 31 gauge x 5/16	88
Glucoten 375 mg-300 mg-25 mg-0.5 mg tablet	12
glycerin (adult) rectal suppository	64

glycerin (child) rectal suppository	64
GlycoLax 17 gram/dose oral powder	64
glycopyrrolate 1 mg tablet	62
glycopyrrolate 2 mg tablet	62
Gojji Blood Ketone Test Strip	34
Gojji Lancing Device	75
Golytely 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	65
grape flavor (bulk) liquid	30
Guaiatussin AC 10 mg-100 mg/5 mL oral liquid	120
guaifenesin 100 mg/5 mL oral liquid	114
Guaifenesin AC 10 mg-100 mg/5 mL oral liquid	120
Guaifenesin DAC 30 mg-10 mg-100 mg/5 mL oral syrup	119
guaifenesin ER 1,200 mg tablet, extended release 12 hr	114
Gynol II 3 % vaginal gel	31

H

Hair-Skin-Nail (vit A,C-biotin-Zn-Cu) 2,500 unit-100 mg-2,500 mcg cap	36
Hair-Skin-Nails (multivit-folic-biotin) 400 mcg-2,000 mcg tablet	46
Havrix (PF) 1,440 ELISA unit/mL intramuscular suspension	20
Havrix (PF) 1,440 ELISA unit/mL intramuscular syringe	20
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular suspension	20
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular syringe	20
Healthy Accents Autolet Impression Lancing Device	75
Healthy Accents Unifine Pentip 29 gauge x 1/2	88
Healthy Accents Unifine Pentip 31 gauge x 1/4	88
Healthy Accents Unifine Pentip 31 gauge x 3/16	88
Healthy Accents Unifine Pentip 31 gauge x 5/16	88
Healthy Accents Unifine Pentip 32 gauge x 5/32	88
Healthy Eyes 1,000 unit-200 mg-60 unit-2mg tablet	42
Healthy Eyes SuperVision 14,320 unit-226 mg-200 unit capsule	42
HealthyLax 17 gram oral powder packet	64
heparin (porcine) 20,000 unit/mL injection solution	70

heparin (porcine) 5,000 unit/mL (1 mL) injection cartridge	70
heparin (porcine) 5,000 unit/mL injection solution	70
heparin (porcine) 5,000 unit/mL injection syringe	70
heparin, porcine (PF) 1,000 unit/mL injection solution	70
heparin, porcine (PF) 5,000 unit/0.5 mL injection solution	70
heparin, porcine (PF) 5,000 unit/0.5 mL injection syringe	70
heparin, porcine (PF) 5,000 unit/0.5 mL subcutaneous syringe	70
Hi-Cal 500 mg tablet	37
Hi-Cal Plus Vit D 500 mg-5 mcg (200 unit) tablet	38
Hycamtin 0.25 mg capsule	19
Hycamtin 1 mg capsule	19
hydralazine 10 mg tablet	26
hydralazine 100 mg tablet	26
hydralazine 25 mg tablet	26
hydralazine 50 mg tablet	26
Hydrocell Adhesive 4	34
hydrochlorothiazide 12.5 mg tablet	28
hydrochlorothiazide 25 mg tablet	28
hydrochlorothiazide 50 mg tablet	28
hydrocodone-homatropine 5 mg-1.5 mg/5 mL (5 mL) oral syrup	119
hydrocodone-homatropine 5 mg-1.5 mg/5 mL oral syrup	119
hydrocortisone 100 mg/60 mL enema	62
hydrocortisone 2.5 % topical cream with perineal applicator	16
hydrocortisone-acetic acid 1 %-2 % ear drops	109
hydroxyzine HCl 25 mg/mL intramuscular solution	29
hydroxyzine HCl 50 mg/mL intramuscular solution	29

I

Ibuprofen Cold-Sinus (with pseudoephedrine) 30 mg-200 mg tablet	114
I-Caps 280 mg-10 mg-2 mg capsule	42
ICaps AREDS 14,320 unit-226 mg-200 unit capsule	42
ICaps AREDS2 (copper citrate) 250 mg-200 unit-12.5 mg-1 mg chew tablet	42
ICaps AREDS2 250 mg-200 unit-12.5 mg-1 mg capsule	42

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Immune Support 250 mg-12.5 mg chewable tablet	12	insulin syringe U-100 with needle 0.3 mL 30 gauge x 1/2	89	Insupen 31 gauge x 3/16	91
inControl Alcohol Pads.....	20	insulin syringe U-100 with needle 0.3 mL 30 gauge x 5/16	89	Insupen 31 gauge x 5/16	91
inControl Lancing Device	75	insulin syringe U-100 with needle 0.3 mL 31 gauge x 5/16	89	Insupen 32 gauge x 1/4	91
inControl Pen Needle 29 gauge x 1/2	89	insulin syringe U-100 with needle 0.5 mL 29 gauge x 1/2	89	Insupen 32 gauge x 5/32	91
inControl Pen Needle 31 gauge x 1/4	89	insulin syringe U-100 with needle 0.5 mL 30 gauge x 1/2	89	IPOLE 40 unit-8 unit-32 unit/0.5 mL suspension for injection.....	25
inControl Pen Needle 31 gauge x 3/16 ..	89	insulin syringe U-100 with needle 0.5 mL 30 gauge x 1/2	89	isoniazid 100 mg tablet	17
inControl Pen Needle 31 gauge x 5/16 ..	89	insulin syringe U-100 with needle 0.5 mL 31 gauge x 5/16	90	isoniazid 300 mg tablet	17
inControl Pen Needle 32 gauge x 5/32 ..	89	insulin syringe U-100 with needle 1 mL 27 gauge x 1/2	90	isoniazid 50 mg/5 mL oral solution.....	17
inControl Super Thin Lancets 30 gauge..	75	insulin syringe U-100 with needle 1 mL 28 gauge	90	Isopto Atropine 1 % eye drops	109
inControl Ultra Thin Lancets 28 gauge ...	75	insulin syringe U-100 with needle 1 mL 28 gauge x 1/2	90	isoxsuprine 10 mg tablet	28
Increlex 10 mg/mL subcutaneous solution	57	insulin syringe U-100 with needle 1 mL 29 gauge x 1/2	90	Istdox 10 mg/2 mL intravenous solution	19
indapamide 1.25 mg tablet.....	28	insulin syringe U-100 with needle 1 mL 29 gauge x 7/16	90		
indapamide 2.5 mg tablet.....	28	insulin syringe U-100 with needle 1 mL 30 gauge x 1/2	90	J	
Infant Pain Reliever 160 mg/5 mL oral suspension	14	insulin syringe U-100 with needle 1 mL 30 gauge x 5/16	90	J and J Gauze 2	72
Infant's Acetaminophen 160 mg/5 mL oral suspension	14	insulin syringe U-100 with needle 1 mL 30 gauge x 7/16	90	J and J Gauze 4	72
Infants Gas Relief 40 mg/0.6 mL oral drops,suspension	61	insulin syringe U-100 with needle 1 mL 31 gauge x 15/64	90	Janssen COVID-19 Vaccine (PF) 0.5 mL intramuscular suspension (EUA).....	22
Infants' Mylicon 40 mg/0.6 mL oral drops,suspension	61	insulin syringe U-100 with needle 1 mL 31 gauge x 5/16	90	Just D 10 mcg/mL (400 unit/mL) oral drops	54
Infants' Pain and Fever 160 mg/5 mL oral suspension	14	insulin syringe U-100 with needle 1/2 mL 27 gauge x 1/2	90	Jynarque 45 mg (AM)/15 mg (PM) tablets	68
Infants' Pain Relief 160 mg/5 mL oral suspension	14	insulin syringe U-100 with needle 1/2 mL 28 gauge	90	Jynarque 60 mg (AM)/30 mg (PM) tablets	69
Infant's Tylenol 160 mg/5 mL oral suspension	14	insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2	90	Jynarque 90 mg (AM)/30 mg (PM) tablets	69
Insect Repellent (DEET) 15 % topical spray	32	insulin syringe U-100 with needle 1/2 mL 29.....	90		
InspiraChamber spacer	105	insulin syringe U-100 with needle 1/2 mL 30 gauge	90	K	
InspiraChamber with Mask-Large	105	insulin syringe U-100 with needle 1/2 mL 29.....	90	Kalydeco 150 mg tablet	113
InspiraChamber with Mask-Med	105	insulin syringe U-100 with needle 1/2 mL 30 gauge	90	Kalydeco 25 mg oral granules in packet	113
InspiraChamber with Mask-Small	105	insulin syringe U-100 with needle 1/2 mL 30 gauge	90	Kalydeco 50 mg oral granules in packet	113
Inspirease Reservoir Bags device	105	insulin syringe U-100 with needle 1/2 mL 30 gauge	90	Kalydeco 75 mg oral granules in packet	113
Inspirease spacer	105	insulin syringe U-100 with needle 1/2 mL 30 gauge	90	Kaopectate (bismuth subsalicylate) 262 mg tablet	60
Insulin Syringe 0.5 mL 29 gauge x 1/2	89	Insulin Syringe Ultrafine 0.3 mL 29 gauge x 1/2	90	Kaopectate (bismuth subsalicylate) 262 mg/15 mL oral suspension.....	60
Insulin Syringe 0.5cc/28G	89	Insulin Syringe Ultrafine 0.5 mL 29 gauge x 1/2	90	Kaopectate Ex Str (bismuth ss) 525 mg/15 mL oral suspension	60
Insulin Syringe 1 mL 29 gauge x 1/2	89	Insulin Syringe/Needle 1/2 mL 27 gauge x 1/2	90	Kao-Tin (bismuth subsalicylate) 262 mg/15 mL oral suspension	60
Insulin Syringe 1 mL 30 gauge x 5/16	89	Insused 0.3 mL 31 gauge x 5/16.....	90	Kao-Tin (docsate calcium) 240 mg capsule	68
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insulin syringe U-100 with needle 0.3 mL 29 gauge x 1/2	89				
insulin syringe U-100 with needle 0.3 mL 30	89				

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Kimono MicroThin Large Condoms.....	103
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Klor-Con M15 mEq tablet,extended release	40
Klor-Con/EF 25 mEq effervescent tablet	40
Konsyl (sugar) 3.4 gram/11 gram oral powder.....	63
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Konsyl Sugar-Free 0.52 gram capsule	63
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K-Pec Antidiarrheal (bism sub) 262 mg/15 mL oral suspension	60
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Laxative (bisacodyl) 10 mg rectal suppository	66
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Laxative (bisacodyl) 5 mg tablet,delayed release	66
Laxative (glycerin-pediatric) rectal suppository	64
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levocarnitine 100 mg/mL oral solution.....	107
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levomefolate calcium 7.5 mg tablet	56
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Liquid Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	59
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Lite Touch Insulin Syringe 0.3 mL 29 gauge x 1/2.....	91
Lite Touch Insulin Syringe 0.3 mL 30 gauge x 5/16.....	91
Lite Touch Insulin Syringe 0.3 mL 31 gauge x 5/16.....	91
Lite Touch Insulin Syringe 0.5 mL 29 gauge x 1/2.....	91
Lite Touch Insulin Syringe 0.5 mL 30 gauge x 5/16.....	91

Lite Touch Insulin Syringe 0.5 mL 31 gauge x 5/16	91
Lite Touch Insulin Syringe 1 mL 28 gauge	91
Lite Touch Insulin Syringe 1 mL 28 gauge x 1/2	91
Lite Touch Insulin Syringe 1 mL 29 gauge	91
Lite Touch Insulin Syringe 1 mL 29 gauge x 1/2	91
Lite Touch Insulin Syringe 1 mL 30 gauge x 5/16	91
Lite Touch Insulin Syringe 1 mL 30 gauge x 7/16	91
Lite Touch Insulin Syringe 1 mL 31 gauge x 5/16	91
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lithium carbonate ER 300 mg tablet,extended release.....	29
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Little Animals-Iron 15 mg chewable tablet	48
Little Remedies Gas Relief 40 mg/0.6 mL oral drops,suspension.....	62
Little Tummys Gas Relief 40 mg/0.6 mL oral drops,suspension.....	62
L-Methylfolate 15 mg tablet.....	56
L-Methylfolate 7.5 mg tablet.....	56
L-Methylfolate Formula 15 mg-90.314 mg capsule	56
L-Methylfolate Formula 7.5 mg-90.314 mg capsule	56
L-Methylfolate Forte 15 mg-90.314 mg capsule	56
L-Methylfolate Forte 7.5 mg-90.314 mg capsule	56
Lo-Dose Aspirin 81 mg tablet,delayed release	71

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LoHist - D 2 mg-30 mg/5 mL oral liquid	110
loperamide 1 mg/5 mL oral liquid	60
loperamide 2 mg capsule	60
loperamide 2 mg tablet	60
Lubricant Eye 57.3 %-42.5 % ointment	108
Lubrifresh PM 83 %-15 % eye ointment	108
Lysodren 500 mg tablet	18

M

Macular Health Formula 5 mg-1 mg-7.5 mg capsule	43
Mag-Al Plus 200 mg-200 mg-20 mg/5 mL oral suspension	59
Magellan Insulin Safety Syringe 0.3 mL 29 x 1/2	92
Magellan Insulin Safety Syringe 0.5 mL 29 gauge x 1/2	92
Magellan Insulin Safety Syringe 1 mL 29 gauge x 1/2	92
Magellan Insulin Safety Syringe 1 mL 30 gauge x 5/16	92
Magellan Syringe 0.3 mL 30 x 5/16	92
Magellan Syringe 0.5 mL 30 gauge x 5/16	92
magnesium 400 mg (as magnesium oxide) tablet	39
magnesium citrate oral solution	64
magnesium hydroxide 400 mg/5 mL oral suspension	64
magnesium oxide 400 mg (241.3 mg magnesium) tablet	39
Mapap (acetaminophen) 160 mg/5 mL oral liquid	14
Mapap (acetaminophen) 160 mg/5 mL oral suspension	14
Mapap (acetaminophen) 325 mg tablet	14
Mapap (acetaminophen) 500 mg capsule	14
Mapap (acetaminophen) 500 mg/15 mL oral liquid	14
Mapap Extra Strength 500 mg tablet	14
Matulane 50 mg capsule	18
Maxi-Comfort Insulin Syringe 1 mL 28 gauge x 1/2	92
Maxi-Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2	92
Maximin Pack 0.8 mg-250 mcg oral pack	43
Maxx Plus Condoms	103
Medifex Expectorant Mucus Rlf 100 mg/5 mL oral liquid	115
Medlance Plus Lancets 21 gauge	76
Medlance Plus Lancets 25 gauge	76

Medlance Plus Lancets 30 gauge	76
Medlance Plus Special Blade 0.8 mm X 2 mm misc	76
Mega-Marathon 100 TR tablet,extended release	43
megestrol 20 mg tablet	19
megestrol 40 mg tablet	19
megestrol 400 mg/10 mL (10 mL) oral suspension	35
megestrol 400 mg/10 mL (40 mg/mL) oral suspension	35
melphalan 2 mg tablet	18
Men 50 Plus Multivitamin 300 mcg-600 mcg-300 mcg tablet	43
Menactra (PF) 4 mcg/0.5 mL intramuscular solution	22
Men's 50+ Advanced Multivitamin 400 mcg-300 mcg capsule	43
Men's Daily 0.4 mg-600 mcg capsule	43
Men's Daily Gummies 200 mcg chewable tablet	43
Men's Multivitamin Gummies 200 mcg chewable tablet	43
Menveo A-C-Y-W-135-Dip (PF) 10 mcg-5 mcg/0.5 mL intramuscular kit	22
mercaptopurine 50 mg tablet	19
Meribin 5 mg capsule	53
Mesnex 400 mg tablet	19
methazolamide 25 mg tablet	27
methazolamide 50 mg tablet	27
methimazole 10 mg tablet	56
methimazole 5 mg tablet	57
metipranolol 0.3 % eye drops	109
metolazone 10 mg tablet	28
metolazone 2.5 mg tablet	28
metolazone 5 mg tablet	28
MetroLotion 0.75 % topical	33
metronidazole 0.75 % lotion	34
metronidazole 0.75 % topical cream	34
metronidazole 0.75 % topical gel	34
mexiletine 150 mg capsule	25
mexiletine 200 mg capsule	25
mexiletine 250 mg capsule	26
Mi-Acid 200 mg-200 mg-20 mg/5 mL oral suspension	59
Mi-Acid Gas Relief (simethicone) 80 mg chewable tablet	62
Micro Thin Lancets 33 gauge	76
Microchamber spacer	105
Microlet Lancet	76
Microlet Next Lancing Device kit	76
Microspacer	105
midazolam (PF) 1 mg/mL injection solution	16

midazolam (PF) 2 mg/2 mL (1 mg/mL) injection cartridge	16
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection syringe	16
midazolam (PF) 5 mg/mL injection cartridge	16
midazolam (PF) 5 mg/mL injection solution	16
midazolam (PF) 5 mg/mL injection syringe	16
midazolam 1 mg/mL injection solution	16
midazolam 5 mg/mL injection solution	16
midodrine 10 mg tablet	26
midodrine 2.5 mg tablet	26
midodrine 5 mg tablet	26
Milantex 200 mg-200 mg-20 mg/5 mL oral suspension	59
Milk of Magnesia 400 mg/5 mL oral suspension	64
Milk Of Magnesia Concentrated 2,400 mg/10 mL oral suspension	65
mineral oil enema	64
mineral oil oral	64
Mini Lancing Device	76
Mini Ultra-Thin II 31 gauge x 3/16	92
Miniprin 81 mg tablet,delayed release	71
Minis Multi For Her 50+ 400 mcg-80 mcg capsule	43
minoxidil 10 mg tablet	26
minoxidil 2.5 mg tablet	26
Mintox 200 mg-200 mg-20 mg/5 mL oral suspension	59
Mintox Plus 200 mg-200 mg-25 mg chewable tablet	60
Miralax 17 gram oral powder packet	65
misoprostol 100 mcg tablet	61
misoprostol 200 mcg tablet	61
M-M-R II (PF) 1,000-12,500 TCID50/0.5 mL subcutaneous solution	25
Moderna COVID-19 Vaccine (PF) 100 mcg/0.5 mL intramuscular susp. (EUA)	22
Moi-Stir mucosal spray with pump	108
molnupiravir 200 mg capsule (EUA)	18
Monoject 0.9% Sodium Chloride injection syringe	51
Monoject Insulin Safety Syringe 0.3 mL 29 gauge x 1/2	92
Monoject Insulin Safety Syringe 0.3 mL 30 gauge x 5/16	92
Monoject Insulin Safety Syringe 0.5 mL 29 gauge x 1/2	92
Monoject Insulin Safety Syringe 0.5 mL 30 gauge x 5/16	92

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Monoject Insulin Safety Syringe 29 gauge x 1/2.....	92	Mucus D 60 mg-600 mg tablet,extended release	114	multivitamin with iron tablet	43
Monoject Insulin Syringe 0.3 mL 29 gauge x 1/2.....	92	Mucus DM 30 mg-600 mg tablet,extended release	118	multivitamin with minerals-ferrous fumarate 15 mg iron tablet	43
Monoject Insulin Syringe 0.3 mL 30 gauge x 5/16.....	92	Mucus Relief 100 mg/5 mL oral liquid ..	115	Multi-Vitamin-Fluoride (vit E acetate) 0.25 mg/mL oral drops	50
Monoject Insulin Syringe 0.3 mL 31 gauge x 5/16.....	92	Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid.....	118	Multivitamins With Fluoride 0.25 mg chewable tablet.....	50
Monoject Insulin Syringe 0.5 mL 29 gauge x 1/2.....	92	Mucus Relief D (pseudoephed) 60 mg-600 mg tablet,extended release	114	Multivitamins With Fluoride 0.5 mg chewable tablet.....	50
Monoject Insulin Syringe 0.5 mL 30 gauge x 5/16.....	92	Mucus Relief DM 20 mg-400 mg tablet	118	Multivitamins With Fluoride 1 mg chewable tablet.....	50
Monoject Insulin Syringe 0.5 mL 31 gauge x 5/16.....	93	Mucus Relief DM Cough 20 mg-400 mg tablet	118	Multivitamins-Fluoride-Folic Acid 0.5 mg chewable tablet.....	50
Monoject Insulin Syringe 1 mL 25 gauge x 5/8	93	Mucus Relief DM Max 5 mg-100 mg/5 mL oral liquid.....	118	Multivitamin-Zinc-Stress 500 mg-400 mcg-23.9 mg-3 mg tablet	35
Monoject Insulin Syringe 1 mL 27 gauge x 1/2	93	Mucus Relief ER 1,200 mg tablet, extended release	115	MVW Complete Formulation D3000 3,000 unit-800 mcg capsule.....	48
Monoject Insulin Syringe 1 mL 28 gauge x 1/2	93	Mucus Relief ER 600 mg tablet, extended release	115	MVW Complete Formulation D5000 5,000 unit-800 mcg capsule.....	48
Monoject Insulin Syringe 1 mL 29 gauge x 1/2	93	Mucus-Chest Congestion 100 mg/5 mL oral liquid.....	115	MVW Complete Formulation Multivitamin 1,500 unit-1,000 mcg chew tablet	48
Monoject Insulin Syringe 1 mL 30 gauge x 5/16	93	Mucus-ER MAX 1,200 mg tablet, extended release	115	MVW Complete Formulation Multivitamin 1,500 unit-800 mcg capsule.....	48
Monoject Insulin Syringe 1 mL 31 gauge x 5/16	93	Multi For Her 18 mg iron-600 mcg-40 mcg capsule.....	43	MVW Complete Formulation Multivitamin 750 unit-500 mcg capsule.....	48
Monoject Insulin Syringe 1/2 mL 28 gauge x 1/2.....	93	Multi For Her 50 Plus 400 mcg-80 mcg capsule.....	43	MX-Sol Blend oral suspension	30
Monoject Prefill Advanced 0.9 % Sodium Chloride injection syringe	51	Multi For Him (with lycopene) 18 mg-400 mcg-1,000 unit oral powder pkt	43	MX-Sol Blend SF oral suspension.....	30
Monoject Syringe 1/2 mL 28 gauge	93	Multi-Day Plus Iron tablet.....	43	MX-Sol oral syrup	30
Monoject Ultra Comfort Insulin 1/2 mL 28 gauge syringe	93	Multi-Day tablet	46	MX-Sol SF oral liquid.....	30
Mouth Kote Spray.....	108	Multi-Day with Iron 18 mg-400 mcg tablet	46	MX-Sol Suspend oral	30
Mozobil 24 mg/1.2 mL (20 mg/mL) subcutaneous solution.....	70	Multi-Delyn oral liquid.....	46	My Choice 1.5 mg tablet	31
Mucinex 1,200 mg tablet, extended release	115	Multi-Lancet Device.....	76	mycophenolate 500 mg intravenous solution.....	71
Mucinex 600 mg tablet, extended release	115	Multilex 15 mg iron tablet	43	Myleran 2 mg tablet	18
Mucinex D 60 mg-600 mg tablet,extended release	114	Multilex-T and M 15 mg iron tablet.....	43	Mytab Gas (simethicone) 80 mg chewable tablet	62
Mucinex DM 30 mg-600 mg tablet,extended release 12 hr.....	118	Multiple Vitamin Essential tablet.....	46	My-Vitalife capsule.....	43
Mucinex Fast-Max Congestion-Headache (DM) 5 mg-10 mg-325 mg capsule ..	117	Multiple Vitamins tablet.....	46	N	
Mucinex Fast-Max DM Max 5 mg-100 mg/5 mL oral liquid.....	118	Multi-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops.....	49	Nasal Decongestant (phenylephrine) 10 mg tablet	120
Mucinex Fast-Max Severe Cold and Sinus 5 mg-10 mg-325 mg capsule	117	multivit with min-folic acid-lutein 200 mcg-137.5 mcg chewable tablet.....	43	Nasal Decongestant (pseudoephedrine) 120 mg tablet,extended release	120
Mucinex Sinus-Max Severe Congestion-Pain(DM) 5 mg-10 mg-325 mg capsule	117	multivitamin tablet.....	46	Nasal Decongestant (pseudoephedrine) 30 mg tablet	120
Mucosa DM 20 mg-400 mg tablet	118	Multi-Vitamin tablet.....	46	Nasal Decongestant (pseudoephedrine) 30 mg/5 mL oral liquid.....	120
		Multi-Vitamin With Fluoride 0.25 mg chewable tablet	50	Nasal Decongestant (pseudoephedrine) 30 mg/5 mL oral liquid.....	120
		Multi-Vitamin With Fluoride 0.25 mg/mL oral drops.....	50	Natural Fiber Laxative (aspartame) 3.4 gram/5.8 gram oral powder	63
		Multi-Vitamin With Fluoride 0.5 mg chewable tablet	50	Natural Fiber Laxative (aspartame) oral powder	63
		Multi-Vitamin With Fluoride 0.5 mg/mL oral drops.....	50	Natural Fiber Laxative (sugar) 3.4 gram/12 gram oral powder	63
		Multi-Vitamin With Fluoride 1 mg chewable tablet	50		

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Natural Fiber Laxative (sugar) 3.4 gram/7 gram oral powder 63

Natural Fiber Laxative (sugar) oral powder63

Natural Fiber Laxative 0.52 gram capsule63

Natural Fiber Laxative Therapy oral powder..... 63

Natural Vegetable Laxative (sennosides) 8.6 mg tablet..... 66

Natura-LAX 17 gram/dose oral powder 65

Naturalyte oral solution 39

NebuSal 3 % solution for nebulization ... 30

Nephronex-SL 800 mcg-2,000 unit disintegrating tablet..... 35

Neuro-K-250 250 mg tablet 52

NeutraGard Advanced 1.1 % dental gel107

New Day 1.5 mg tablet 31

Night Time Cold 12.5 mg-30 mg-1,000 mg/30 mL oral liquid 116

Night Time Cold-Flu 12.5 mg-30 mg-1,000 mg/30 mL oral liquid 116

Night Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid 116

NightTime Sleep Aid (diphenhydramine) 50 mg capsule 30

Nite Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid 116

Nite-Time 12.5 mg-30 mg-1,000 mg/30 mL oral liquid 116

NoHist-DM 4 mg-10 mg-15 mg/5 mL oral liquid 116

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Non-Aspirin 325 mg tablet 14

Non-Aspirin 80 mg chewable tablet..... 14

Non-Aspirin Children's 80 mg chewable tablet 14

Non-Aspirin Extra Strength 500 mg tablet14

Non-Aspirin Jr Strength 160 mg chewable tablet 15

Non-Aspirin Pain Relief 325 mg tablet ... 15

Non-Aspirin Pain Relief 500 mg tablet ... 15

Normal Saline Flush 0.9 % injection syringe 51

Norpace CR 150 mg capsule,extended release 25

Nortemp 80 mg/0.8 mL oral drops 15

novaMax Plus Ketone strips..... 34

NovoFine 30 30 gauge x 1/3 93

Novofine 32 32 gauge x 1/4 93

Novofine Autocover 30 gauge x 1/3 93

NovoFine Plus 32 gauge x 1/6..... 93

NovoTwist 32 gauge x 1/5 93

Nu Gauze 4ply 4.....73

NuLYTELY with Flavor Packs 420 gram oral solution.....65

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Ocuvite 100 mg-15 unit-2 mg-100 mg capsule.....44

Ocuvite Adult 50 Plus 250 mg-5 mg-1 mg capsule.....44

Ocuvite Eye Health 50 mg-15 unit-4.5 mg-2.5 mg chewable tablet12

Ocuvite Lutein and Zeaxanthin 60 mg-13.5 mg-15 mg-2 mg-6 mg capsule.....12

Off Active 15 % topical spray32

Off Deep Woods 25 % topical spray32

Off Deep Woods Dry 25 % topical spray powder33

Off Deep Woods Sportsmen 30 % topical spray33

Off FamilyCare (with DEET) 15 % topical spray powder33

Omnicap 0.4 mg tablet44

On Call Lancing Device76

On Call Plus Lancing Device76

Once Daily tablet46

One Daily Essential 0.4 mg tablet44

One Daily Essential 400 mcg tablet.....46

One Daily Essential tablet46

One Daily Gummy Vites 200 mcg chewable tablet44

One Daily Multivitamin tablet46

One Daily Multivitamin with Iron (folic acid) 18 mg-400 mcg tablet47

One Daily Multivitamin with Iron 18 mg iron tablet44

One Daily Plus Iron 18 mg-400 mcg tablet47

One Daily Plus Iron tablet44

One Daily tablet47

One Daily With Iron tablet44

One Daily Women's 18 mg iron-400 mcg-25 mcg tablet44

One-A-Day Men VitaCraves 200 mcg chewable tablet44

One-A-Day Teen for Her VitaCraves 300 unit-37.5 mcg chewable tablet48

One-A-Day Teen for Him VitaCraves 300 unit-37.5 mcg chewable tablet48

One-A-Day VitaCraves 200 mcg chewable tablet44

One-A-Day Vitacraves Immunity 200 mcg chewable tablet44

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OptiChamber Diamond VHC spacer 106

OptiChamber Diamond VHC with Large Mask 106

OptiChamber Diamond VHC with Medium Mask 106

OptiChamber Diamond VHC with Small Mask 106

OptiChamber Large Face Mask..... 106

OptiChamber Medium Face Mask 106

OptiChamber Small Face Mask..... 106

Optifoam Non-Adhesive 4 34

OptiHaler Drug Delivery System spacer106

Optimal D3 1,250 mcg (50,000 unit) capsule 54

Option-2 1.5 mg tablet 31

Optisource 9 mg iron-200 mcg-40 mcg chewable tablet 44

Opurity Multivitamin 30 mg iron-800 mcg chewable tablet 44

Ora-Blend oral suspension 30

Ora-Blend SF oral suspension 30

Oral Relief Dry Mouth mucosal spray with pump 108

Oral Suspend oral 30

Oral Syrup oral liquid 30

Oral Syrup SF oral liquid 30

Oralair 100 index of reactivity sublingual tablet 20

Oralair 300 IR sublingual tablet 20

Oralyte oral solution 39

Ora-Plus oral suspension 30

Ora-Sweet oral syrup..... 30

Ora-Sweet SF oral liquid 31

Orazinc 50 mg zinc (220 mg) capsule..... 40

Orkambi 100 mg-125 mg oral granules in packet 113

Orkambi 100 mg-125 mg tablet 113

Orkambi 150 mg-188 mg oral granules in packet 113

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Orkambi 200 mg-125 mg tablet.....	113
Ormir 50 mg capsule.....	30
Os-Cal 500 + D3 500 mg-5 mcg (200 unit) tablet	38
Oysco 500/D 500 mg-5 mcg (200 unit) tablet	38
Oysco-500 500 mg calcium (1,250 mg) tablet	37
Oyster Shell Calcium 500 500 mg calcium (1,250 mg) tablet	37
Oyster Shell Calcium 500 mg calcium (1,250 mg) tablet	37
Oyster Shell Calcium-Vit D2 250 mg (625 mg)-125 unit tablet	38
Oyster Shell Calcium-Vit D2 500 mg (1,250 mg)-200 unit tablet	38
Oyster Shell Calcium-Vit D2 500 mg-125 unit tablet	38
Oyster Shell Calcium-Vitamin D3 250 mg-3.125 mcg (125 unit) tablet.....	38
Oyster Shell Calcium-Vitamin D3 500 mg-10 mcg (400 unit) tablet.....	38
Oyster Shell Calcium-Vitamin D3 500 mg-5 mcg (200 unit) tablet	39
Oystercal-D 500 mg-10 mcg (400 unit) tablet	39

P

Pain and Fever 325 mg tablet	15
Pain and Fever 500 mg tablet	15
Pain Relief (acetaminophen) 500 mg tablet	15
Pain Relief Extra Strength 500 mg tablet.....	15
Pain Reliever (acetaminophen) 325 mg tablet	15
Pain Reliever (acetaminophen) 500 mg capsule.....	15
Pain Reliever (acetaminophen) 500 mg tablet	15
Pain Reliever Extra Strength 500 mg tablet	15
Paxlovid (EUA) 150 mg x 2-100 mg tablet	18
Pedia D-Vite 10 mcg/mL (400 unit/mL) oral drops.....	54
Pedia Poly-Vite 750 unit-35 mg-400 unit/mL oral drops	48
Pedia Poly-Vite with Iron 10 mg/mL oral drops.....	49
Pedia Relief Cough-Cold 1 mg-15 mg-5 mg/5 mL oral liquid.....	116
Pedia-Lax 2.8 gram/2.7 mL rectal solution	65

Pediatric Cough and Cold 1 mg-15 mg-5 mg/5 mL oral liquid.....	116
Pediatric Electrolyte oral solution.....	39
Pediatric Freezer Pops oral solution	39
pediatric multivitamin chewable tablet	48
PediaVance 5.3 mEq-2.35 mEq-4.15 mEq oral concentrate in packet	39
peg 3350 240 gram-electrolytes	22.72
gram-6.72 g-5.84 g powdr for soln	65
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	65
peg-electrolyte solution 420 gram oral solution.....	65
Pen Needle 29 gauge.....	93
Pen Needle 29 gauge x 1/2.....	93
Pen Needle 30 gauge x 5/16.....	93
Pen Needle 31 gauge x 1/4.....	93
Pen Needle 31 gauge x 3/16.....	93
Pen Needle 31 gauge x 5/16.....	93
Pen Needle 32 gauge x 5/32	93
pen needle, diabetic 29 gauge x 1/2.....	93
pen needle, diabetic 31 gauge x 1/3.....	93
pen needle, diabetic 31 gauge x 1/4.....	93
pen needle, diabetic 31 gauge x 3/16.....	93
pen needle, diabetic 31 gauge x 5/16.....	94
pen needle, diabetic 32 gauge x 1/4.....	94
pen needle, diabetic 32 gauge x 3/16.....	94
pen needle, diabetic 32 gauge x 5/32.....	94
penicillamine 250 mg tablet	16
Pentips 29 gauge x 1/2	94
Pentips 31 gauge x 1/4	94
Pentips 31 gauge x 3/16	94
Pentips 31 gauge x 5/16	94
Pentips 32 gauge x 5/32	94
pentoxifylline ER 400 mg tablet,extended release	70
Peptic Relief 262 mg chewable tablet	60
Peptic Relief 262 mg/15 mL oral suspension.....	61
Pfizer-BioNT COVID19 tris (12y up) Vacc(PF)30 mcg/0.3 mL IM susp(gray)	23
Pfizer-BioNT COVID19 tris(5-11y) Vacc(PF)10 mcg/0.2 mL IM susp(orange).....	23
Pfizer-BioNTech COVID-19 Vaccine (PF) 30 mcg/0.3 mL IM susp (purple)	23
Pharbechlor 4 mg tablet	112
Pharbedryl 25 mg capsule	112
Pharbedryl 50 mg capsule	112
Pharbetol 325 mg tablet.....	15
Pharbetol 500 mg tablet.....	15
phenazopyridine 100 mg tablet.....	69
phenazopyridine 200 mg tablet.....	69

phenylephrine 2.5 % eye drops.....	109
Phlexy-Vits oral powder packet	36
Phospha 250 Neutral 250 mg tablet.....	69
Phosphorous 250 mg tablet	69
Phospho-Trin 250 Neutral 250 mg tablet	69
phytonadione (vitamin K1) 5 mg tablet	56
pilocarpine 5 mg tablet	108
Pink Bismuth 262 mg chewable tablet ...	61
Pink Bismuth 262 mg tablet.....	61
Pink Bismuth 262 mg/15 mL oral suspension.....	61
Pink Bismuth 525 mg/15 mL oral suspension.....	61
Pink Bismuth Maximum Strength 525 mg/15 mL oral suspension.....	61
Pip Lancet 28 gauge.....	77
Pip Lancet 30 gauge.....	77
Plan B One-Step 1.5 mg tablet.....	31
Pneumovax-23 25 mcg/0.5 mL injection solution.....	22
Pneumovax-23 25 mcg/0.5 mL injection syringe	22
POCKET CHAMBER spacer	106
Pocket Spacer.....	106
podofilox 0.5 % topical solution	33
polyethylene glycol 3350 17 gram oral powder packet.....	65
polyethylene glycol 3350 17 gram/dose oral powder	65
Polymem Dressing 4	73
polyvinyl alcohol 1.4 % eye drops.....	109
Polyvitamin with Iron 12 mg chewable tablet	49
Poly-Vitamins chewable tablet.....	48
potassium bicarbonate-citric acid 25 mEq effervescent tablet	40
potassium chloride 20 mEq oral packet	40
potassium chloride 20 mEq/15 mL oral liquid.....	40
potassium chloride 40 mEq/15 mL oral liquid.....	40
potassium chloride ER 10 mEq capsule,extended release	40
potassium chloride ER 10 mEq tablet,extended release.....	40
potassium chloride ER 10 mEq tablet,extended release(part/cryst) ..	40
potassium chloride ER 20 mEq tablet,extended release(part/cryst) ..	40
potassium chloride ER 8 mEq capsule,extended release	40
potassium chloride ER 8 mEq tablet,extended release.....	40

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potassium citrate ER 10 mEq (1,080 mg) tablet,extended release	69	Prodigy Lancing Device	77	pyridoxine (vitamin B6) 50 mg tablet	52
potassium citrate ER 5 mEq (540 mg) tablet,extended release	69	Prograf 5 mg/mL intravenous solution ...	71	Q	
potassium citrate-citric acid 3,300 mg- 1,002 mg oral packet	69	promethazine 6.25 mg-codeine 10 mg/5 mL syrup	119	Quflora Pediatric 0.25mg fluoride (0.55 mg) chewable tablet	50
Precision 1 mL 29 gauge x 1/2	94	Promethazine VC-Codeine 6.25 mg-5 mg- 10 mg/5 mL oral syrup	119	Quflora Pediatric 0.5 mg fluoride (1.1 mg) chewable tablet	50
Precision Sure-Dose 0.3 mL 30 x 3/8.....	94	promethazine-DM 6.25 mg-15 mg/5 mL oral syrup	116	Quflora Pediatric 1 mg fluoride (2.2 mg) chewable tablet	50
Precision Sure-Dose 1/2 mL 28 gauge x 1/2	94	promethazine-phenylephrine 6.25 mg-5 mg/5 mL oral syrup	110	Quflora Pediatric Drops 0.25 mg fluoride (0.55 mg)/mL oral	50
Precision Sure-Dose Insulin 0.5 mL 29 gauge x 1/2	94	promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup	119	Quflora Pediatric Drops 0.5 mg fluoride (1.1 mg)/mL oral	50
Precision Sure-Dose Insulin 1 mL 28 gauge x 1/2	94	propafenone 150 mg tablet	26	quinidine gluconate ER 324 mg tablet,extended release.....	25
Precision SureDose Plus 0.3 mL 29 gauge x 1/2	94	propafenone 225 mg tablet	26	quinidine sulfate 200 mg tablet	25
Precision Xtra B-Ketone strips.....	34	propafenone 300 mg tablet	26	quinidine sulfate 300 mg tablet	25
PreserVision AREDS 14,320 unit-226 mg- 200 unit capsule	44	propylthiouracil 50 mg tablet	57	Quintabs 400 mcg tablet	47
PreserVision AREDS-2 (with omega-3) 250 mg-2.5 mg-0.5 mg capsule	44	ProRenal QD 400 mcg-500 unit capsule .44		R	
PreserVision AREDS-2 250 mg-90 mg-40 mg-1 mg capsule	12	Prosight with Lutein 60 mg-30 unit-6 mg capsule.....	45	React 1.5 mg tablet	31
PreserVision Lutein 226 mg-200 unit-5 mg-0.8 mg capsule	44	Protect Cardio AF 0.5 mg-30 mg-60 mg-90 mg capsule	45	Ready-To-Use Enema (mineral oil)	64
Prevent capsule	44	Protect Plus capsule	45	Ready-To-Use Enema 19 gram-7 gram/118 mL.....	65
Prevnar 13 (PF) 0.5 mL intramuscular syringe	22	Protect Plus SO 0.5 mg-15 mg capsule ...	45	Reality 1 mL 29 gauge x 1/2	95
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2	94	Protegra capsule.....	45	Reality Insulin Syringe 0.5 mL 29 gauge x 1/2	95
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16	94	pseudoephedrine 30 mg tablet	120	Reality Insulin Syringe 1 mL 28 gauge x 1/2	95
Pro Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	94	pseudoephedrine 30 mg/5 mL oral liquid	120	Reality Insulin Syringe 1/2 mL 28 gauge x 1/2	95
Pro Comfort Insulin Syringe 1 mL 30 gauge x 1/2	94	pseudoephedrine 60 mg tablet	120	Reality Latex Condoms	103
Pro Comfort Insulin Syringe 1 mL 30 gauge x 5/16.....	94	pseudoephedrine ER 120 mg tablet,extended release.....	120	Reality Swabs	20
Pro Comfort Insulin Syringe 1 mL 31 gauge x 5/16.....	94	pseudoephedrine-guaifenesin ER 60 mg- 600 mg tablet,extend release 12hr	114	Recombivax HB (PF) 10 mcg/mL intramuscular suspension.....	21
Pro Comfort Pen Needle 31 gauge x 5/16	94	Psyldex oral powder	63	Recombivax HB (PF) 10 mcg/mL intramuscular syringe	21
Pro Comfort Pen Needle 32 gauge x 1/4	94	PTS Panels Ketone strips.....	34	Recombivax HB (PF) 40 mcg/mL intramuscular suspension.....	21
Pro Comfort Pen Needle 32 gauge x 3/16	95	Pulmozyme 1 mg/mL solution for inhalation.....	115	Recombivax HB (PF) 5 mcg/0.5 mL intramuscular suspension.....	21
Pro Comfort Spacer-Adult Mask	106	Puralube 85 %-15 % eye ointment.....	108	Recombivax HB (PF) 5 mcg/0.5 mL intramuscular syringe	21
Pro Comfort Spacer-Child Mask.....	106	Pure Comfort Alcohol Pads.....	20	Refresh Lacri-Lube 56.8 %-42.5 % eye ointment.....	108
ProChamber.....	106	Pure Comfort Lancets 30 gauge.....	77	Refresh P.M. 57.3 %-42.5 % eye ointment	109
Prodigy Insulin Syringe 0.3 mL 31 gauge x 5/16	95	Pure Comfort Pen Needle 32 gauge x 1/4	95	Reguloid (aspartame) 3 gram/5.8 gram oral powder	63
Prodigy Insulin Syringe 0.5 mL 31 gauge x 5/16	95	Pure Comfort Pen Needle 32 gauge x 3/16	95	Reguloid (psyllium husk) 0.4 gram capsule	63
Prodigy Insulin Syringe 1 mL 28 gauge x 1/2.	95	Pure Comfort Pen Needle 32 gauge x 5/32	95		

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Reguloid (psyllium husk-sucrose) 3.4 gram/12 gram oral powder.....	64	romidepsin 10 mg/2 mL intravenous powder for solution	19	Silace 60 mg/15 mL oral syrup.....	68
Reguloid (psyllium husk-sucrose) 3.4 gram/7 gram oral powder.....	64	Rulox 200 mg-200 mg-20 mg/5 mL oral suspension.....	60	Siladryl SA 12.5 mg/5 mL oral liquid	112
Reguloid, Sugar Free oral powder.....	64	Ryclora 2 mg/5 mL oral solution	112	Silapap 160 mg/5 mL oral liquid	15
Rehydralyte(oral electrolytes) oral solution	39	Rynex PE 1 mg-2.5 mg/5 mL oral solution	110	sildenafil (pulmonary hypertension) 10 mg/12.5 mL intravenous solution.....	29
ReliaMed Lancet 28 gauge.....	77	Rynex PSE 1 mg-15 mg/5 mL oral liquid	110	Silphen Cough 12.5 mg/5 mL oral syrup	112
ReliaMed Lancet 30 gauge.....	77	S		Siltussin DAS 100 mg/5 mL oral liquid ..	115
ReliaMed Mini Lancing Device	77	SafeSnap Insulin Syringe 0.3 mL 30 gauge x 5/16.....	95	Siltussin DM DAS 10 mg-100 mg/5 mL oral liquid.....	118
ReliaMed Safety Seal Lancets 28 gauge	77	SafeSnap Insulin Syringe 0.5 mL 29 gauge x 1/2.....	95	Siltussin SA 100 mg/5 mL oral liquid.....	115
ReliaMed Safety Seal Lancets 30 gauge	77	SafeSnap Insulin Syringe 0.5 mL 30 gauge x 5/16.....	95	Siltussin-DM 10 mg-100 mg/5 mL oral syrup.....	118
ReliOn Needles 31 gauge x 1/4	95	SafeSnap Insulin Syringe 1 mL 28 gauge x 1/2	95	silver sulfadiazine 1 % topical cream	32
ReliOn Pen Needles 32 gauge x 5/32	95	SafeSnap Insulin Syringe 1 mL 29 gauge x 1/2	95	Simeped 40 mg/0.6 mL oral drops,suspension.....	62
ReliOn Thin Lancets 26 gauge	77	Safety Lancets 28 gauge	77	simethicone 40 mg/0.6 mL oral drops,suspension.....	62
Renal Caps 1 mg capsule.....	35	Safety Seal Lancets 30 gauge	77	simethicone 80 mg chewable tablet.....	62
Renal Multivitamin/Zinc tablet	35	Safety-Let Lancets 30 gauge	77	simple syrup	31
Rena-Vite Rx 1 mg-60 mg-300 mcg tablet	36	salicylic acid 6 % topical gel	33	Sinus 12 Hour 120 mg tablet,extended release	120
Reno Caps 1 mg capsule	35	Saline Flush injection syringe.....	51	Sivextro 200 mg tablet	18
Repel Family 10 % topical spray.....	33	salsalate 500 mg tablet.....	16	Sleep Aid (diphenhydramine) 50 mg capsule	30
Repel Family 15 % topical spray powder	33	salsalate 750 mg tablet.....	16	Slow Release Iron 47.5 mg iron tablet,extended release.....	39
Repel Hunter's 25 % topical spray	33	Select-Lite Lancing Device	77	Smart Sense Lancets 21 gauge	77
Repel Sportsmen 25 % topical spray.....	33	selenium sulfide 2.5 % lotion	32	Smart Sense Lancets 26 gauge	77
Repel Sportsmen Dry 25 % topical spray	33	Senexon 8.6 mg tablet.....	66	Smart Sense Lancets 33 gauge	77
Repel Sportsmen Max 40 % lotion.....	33	Senexon-S 8.6 mg-50 mg tablet	67	SmartDiabetes Vantage.....	78
Repel Sportsmen Max 40 % topical spray	33	senna 176 mg/5 mL oral syrup	66	Smartest Lancet.....	78
Replace capsule	47	senna 8.6 mg tablet	66	Smooth Antacid 300 mg (750 mg) chewable tablet.....	58
Restore 2	73	senna 8.8 mg/5 mL oral syrup	66	SmoothLax 17 gram oral powder packet	65
Restore 4	34	Senna Lax 8.6 mg tablet.....	66	sodium bicarbonate 325 mg tablet	57
Restore Odor-Absorbent 4.....	73	Senna Laxative 8.6 mg tablet.....	66	sodium bicarbonate 650 mg tablet	57
ReVital Freezer Pops oral solution	39	Senna Plus 8.6 mg-50 mg tablet	67	sodium chloride 0.9 % (flush) injection syringe	51
ReVital Jell Cups oral solution	39	Senna with Docusate Sodium 8.6 mg-50 mg tablet	67	sodium chloride 0.9 % for nebulization ..	30
ReVital Liquid Squeezers oral solution ...	39	Senna-S 8.6 mg-50 mg tablet.....	67	sodium chloride 0.9 % injection solution	36
RiaSTAP 1 gram (900 mg-1,300 mg) intravenous solution	70	Senna-Time S 8.6 mg-50 mg tablet.....	67	sodium chloride 0.9 % intravenous piggyback.....	51
riboflavin (vitamin B2) 100 mg tablet.....	52	Senno 8.6 mg tablet.....	66	sodium chloride 0.9 % intravenous solution.....	51
rifampin 150 mg capsule.....	17	senosides 8.6 mg-docusate sodium 50 mg tablet	67	sodium chloride 0.9 % irrigation solution	36
rifampin 300 mg capsule.....	17	Senokot 8.6 mg tablet	66	sodium chloride 10 % for nebulization ...	30
Rightest GD500 Lancing Device	77	Senokot Extra Strength 17.2 mg tablet ...	66	sodium chloride 3 % for nebulization	30
Rightest GL300 Lancets 30 gauge	77	Senokot-S 8.6 mg-50 mg tablet	67	sodium citrate-citric acid 500 mg-334 mg/5 mL oral solution	69
RiteFlo Aerochamber	106	SF 1.1 % dental gel.....	107	sodium fluoride 0.2 % dental solution ..	107
Robafen 100 mg/5 mL oral liquid.....	115	SF 5000 Plus 1.1 % dental cream	107	sodium fluoride 1.1 % dental cream.....	107
Robafen AC 10 mg-100 mg/5 mL oral liquid	120	Shingrix (PF) 50 mcg/0.5 mL intramuscular suspension, kit	25	sodium fluoride 1.1 % dental gel	108
Robafen DM 10 mg-100 mg/5 mL oral syrup	118	Silace 50 mg/5 mL oral liquid.....	68		
Robafen DM Cough 10 mg-100 mg/5 mL oral liquid	118				
Robafen DM Cough-Chest Congestion 10 mg-100 mg/5 mL oral syrup	118				
Robafen DM Peak Cold 10 mg-100 mg/5 mL oral liquid	118				

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sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral susp	36	Stress Formula with Iron 500 mcg-18 mg iron tablet	35	Sure Comfort Insulin Syringe 1 mL 30 gauge x 5/16	96
sodium polystyrene sulfonate 15 gram/60 mL oral suspension	36	Stress Formula With Iron(sulf) 500 mg-400 mcg-27 mg iron tablet.....	35	Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16	96
sodium polystyrene sulfonate oral powder	36	Stresstabs Energy 120 mg-400 mcg-62.5 mg tablet	35	Sure Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2	96
Sof-Lax 100 mg capsule.....	68	Strovite Forte 10 mg-1 mg/15 mL oral liquid	45	Sure Comfort Insulin Syringe U-100 0.5 mL 29 gauge x 1/2	96
Sof-Wick 4.....	72	sucralfate 1 gram tablet	68	Sure Comfort Lancing Pen	78
Solus V2 Lancing Device kit	78	sucralfate 100 mg/mL oral suspension ...	68	Sure Comfort Pen Needle 29 gauge x 1/2	96
Soothe XP 1 %-4.5 % eye drops	109	Sudogest 12-hour 120 mg tablet,extended release	120	Sure Comfort Pen Needle 30 gauge x 5/16	96
sorbitol 70 % solution	31	Sudogest 30 mg tablet.....	120	Sure Comfort Pen Needle 31 gauge x 3/16	96
SoSweet Syrup Vehicle.....	31	Sudogest 60 mg tablet.....	120	Sure Comfort Pen Needle 31 gauge x 5/16	96
Spectravite Adult 200 mcg chewable tablet	45	Sudogest PE 10 mg tablet.....	120	Sure Comfort Pen Needle 32 gauge x 1/4	96
Spectravite Adult 50 Plus(with lutein) 500 mcg-250 mcg chewable tablet	45	sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension	17	Sure Comfort Pen Needle 32 gauge x 5/32	96
spironolactone 100 mg tablet	26	sulfamethoxazole 400 mg-trimethoprim 80 mg tablet.....	17	Sure-Fine Pen Needles 29 gauge x 1/2	96
spironolactone 25 mg tablet.....	27	sulfamethoxazole 800 mg-trimethoprim 160 mg tablet.....	17	Sure-Fine Pen Needles 31 gauge x 3/16	.96
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet.....	28	Super Antioxidant capsule	45	Sure-Fine Pen Needles 31 gauge x 5/16	.96
spironolactone 50 mg tablet	27	Super B/C capsule.....	35	Sureflex Lancing Device	78
SPS (with sorbitol) 15 gram-20 gram/60 mL oral suspension	36	Super Multiple 0.4 mg capsule	45	Sureflex Lancing Device with Lancets kit	78
SPS (with sorbitol) 30 gram-40 gram/120 mL enema	36	Super Nu-Thera oral powder	47	Sure-Ject Insulin Syringe 0.3 mL 29 gauge x 1/2.....	96
Stamaril (PF) 1,000 unit/0.5 mL subcutaneous suspension	25	Super Thin Lancets 28 gauge	78	Sure-Ject Insulin Syringe 0.3 mL 30 gauge x 5/16	96
Sterile Pads 2	72	Super Thin Lancets 30 gauge	78	Sure-Ject Insulin Syringe 0.5 mL 29 gauge x 1/2	97
Sterile Pads 4	72	Suphedrin 15 mg/5 mL oral liquid.....	120	Sure-Ject Insulin Syringe 0.5 mL 30 gauge x 5/16	97
Stimulant Laxative Plus 8.6 mg-50 mg tablet	67	Suphedrin 30 mg tablet	121	Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2	97
Stomach Relief 262 mg chewable tablet	61	Suphedrine 12 Hour 120 mg tablet,extended release.....	121	Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2	97
Stomach Relief 262 mg tablet	61	Suphedrine 30 mg tablet	121	Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2	97
Stomach Relief 262 mg/15 mL oral suspension	61	Suphedrine PE 10 mg tablet	121	Sure-Ject Insulin Syringe 1 mL 30 gauge x 5/16	97
Stomach Relief 525 mg/15 mL oral suspension	61	Sure Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2	95	Sure-Ject Insulin Syringe 1 mL 30 gauge x 1/2	97
Stomach Relief Max Strength 525 mg/15 mL oral suspension	61	Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 1/2	95	Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2	97
Stomach Relief Original 262 mg/15 mL oral suspension	61	Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16	95	Sure-Ject Insulin Syringe 1/2 mL 28 gauge x 1/2	97
Stool Softener (docusate calcium) 240 mg capsule.....	68	Sure Comfort Insulin Syringe 0.3 mL 31 gauge x 5/16	95	Sure-Lance 28 gauge	78
Stool Softener 100 mg capsule	68	Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2	96	Sure-Lance Ultra Thin 30 gauge.....	78
Stool Softener 100 mg tablet	68	Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16	96	Sure-Touch Lancet.....	78
Stool Softener 250 mg capsule	68	Sure Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	96	Surfak 240 mg capsule.....	68
Stool Softener 50 mg/5 mL oral liquid ...	68	Sure Comfort Insulin Syringe 1 mL 28 gauge x 1/2	96	SwabFlush 0.9 % injection syringe with alcohol swab cap	51
Stool Softener 60 mg/15 mL oral syrup .	68	Sure Comfort Insulin Syringe 1 mL 29 gauge x 1/2	96	Sweet-SF oral liquid.....	31
Stool Softener-Laxative 8.6 mg-50 mg tablet	67	Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2	96	Symdeko 100 mg-150 mg (day)/150 mg (night) tablets	113
Stool Softener-Stimulant Laxative 8.6 mg-50 mg tablet.....	67	Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2	96	Symdeko 50 mg-75 mg (day)/75 mg (night) tablets	113
Stress Formula tablet.....	39			Synagex 1.25 mg-30 mg-5 mg capsule....	35

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Synagis 100 mg/mL intramuscular solution	20
Synagis 50 mg/0.5 mL intramuscular solution	20
Syrex Sodium Chloride 0.9 % injection syringe	51
SyrPalta Vehicle oral syrup	31
SyrSpend SF Liquid oral suspension	31
Syrup Vehicle SF oral solution	31
Systane Contacts eye drops	109
Systane Nighttime 94 %-3 % eye ointment	109

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Tab Tussin DM 20 mg-400 mg tablet ...	119
Tab-A-Vite 400 mcg tablet	47
Tab-A-Vite Multivitamin w-iron 15 mg iron-400 mcg tablet.....	45
Tab-A-Vite Multivitamin w-iron 18 mg-400 mcg tablet	47
Tab-A-Vite/Iron tablet	45
Tactical 325 mg tablet	15
Tactical Extra Strength 500 mg tablet....	15
Take Action 1.5 mg tablet	31
Tame The Flame 195 mg calcium (500 mg) chewable tablet	58
Taron-Crystals 3,300 mg-1,002 mg oral packet	69
TechLITE Insulin Syringe (half unit) 0.3 mL 29 gauge x 1/2	97
TechLITE Insulin Syringe (half unit) 0.3 mL 30 gauge x 1/2	97
TechLITE Insulin Syringe (half unit) 0.3 mL 30 gauge x 5/16	97
TechLITE Insulin Syringe (half unit) 0.3 mL 31 gauge x 5/16	97
TechLITE Insulin Syringe (half unit) 0.5 mL 29 gauge x 1/2	97
TechLITE Insulin Syringe (half unit) 0.5 mL 30 gauge x 1/2	97
TechLITE Insulin Syringe (half unit) 0.5 mL 30 gauge x 5/16	97
TechLITE Insulin Syringe (half unit) 0.5 mL 31 gauge x 5/16	97
TechLITE Insulin Syringe 1 mL 29 gauge x 1/2	97
TechLITE Insulin Syringe 1 mL 30 gauge x 1/2	97
TechLITE Insulin Syringe 1 mL 30 gauge x 5/16	97
TechLITE Insulin Syringe 1 mL 31 gauge x 15/64	97

TechLITE Insulin Syringe 1 mL 31 gauge x 5/16	97
TechLITE Lancets 25 gauge	78
TechLITE Lancets 30 gauge	78
TechLITE Pen Needle 29 gauge x 1/2	97
TechLITE Pen Needle 31 gauge x 1/4	98
TechLITE Pen Needle 31 gauge x 3/16	98
TechLITE Pen Needle 31 gauge x 5/16	98
TechLITE Pen Needle 32 gauge x 1/4	98
TechLITE Pen Needle 32 gauge x 5/32	98
Temodar 100 mg intravenous solution ...	18
Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular suspension	22
Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular syringe	22
Theo-24 100 mg capsule,extended release	112
Theo-24 200 mg capsule,extended release	113
Theo-24 300 mg capsule,extended release	113
Theo-24 400 mg capsule,extended release	113
theophylline 80 mg/15 mL oral elixir	113
theophylline 80 mg/15 mL oral solution	113
theophylline ER 100 mg tablet,extended release,12 hr	113
theophylline ER 200 mg tablet,extended release,12 hr	113
theophylline ER 300 mg tablet,extended release,12 hr	113
theophylline ER 400 mg tablet,extended release 24 hr	113
theophylline ER 450 mg tablet,extended release,12 hr	113
theophylline ER 600 mg tablet,extended release 24 hr	113
Thera 400 mcg tablet.....	47
Thera tablet	47
Thera-Gel 0.5 % shampoo.....	33
Therapeutic Shampoo 2 %.....	33
Therapeutic tablet	47
Thera-Tabs tablet	47
Therems Multivitamin 400 mcg tablet....	47
Therems tablet	45
thiamine HCl (vitamin B1) 100 mg tablet	52
thiamine HCl (vitamin B1) 50 mg tablet	52
thiamine mononitrate (vitamin B1) 100 mg tablet	52
Thin Lancets 26 gauge	78
Tikosyn 250 mcg capsule	26
Tikosyn 500 mcg capsule	26

tobramycin 1.2 gram solution for injection	17
tobramycin 10 mg/mL injection solution	17
tobramycin 40 mg/mL injection solution	17
Topcare Clickfine 31 gauge x 1/4	98
Topcare Clickfine 31 gauge x 5/16	98
Topcare Ultra Comfort 0.3 mL 29 gauge x 1/2	98
Topcare Ultra Comfort 0.3 mL 30 gauge x 5/16	98
Topcare Ultra Comfort 0.3 mL 31 gauge x 5/16	98
Topcare Ultra Comfort 0.5 mL 29 gauge x 1/2	98
Topcare Ultra Comfort 0.5 mL 30 gauge x 5/16	98
Topcare Ultra Comfort 0.5 mL 31 gauge x 5/16	98
Topcare Ultra Comfort 1 mL 29 gauge x 1/2	98
Topcare Ultra Comfort 1 mL 30 gauge x 5/16	98
Topcare Ultra Comfort 1 mL 31 gauge x 5/16	98
Topcare Universal1 Lancet	78
Topper Dressing Sponges 4	72
torsemide 10 mg tablet	27
torsemide 100 mg tablet	27
torsemide 20 mg tablet	27
torsemide 5 mg tablet	27
Total Home Insect Repellent 30 % topical spray.....	33
Totaday Multiple tablet,extended release	45
tranexamic acid 650 mg tablet	70
Trecator 250 mg tablet	17
treprostinil sodium 1 mg/mL injection solution	28
treprostinil sodium 10 mg/mL injection solution	28
treprostinil sodium 2.5 mg/mL injection solution	29
treprostinil sodium 5 mg/mL injection solution	29
tretinoin (antineoplastic) 10 mg capsule	19
Tretten 2,500 unit intravenous solution.	70
Triacting Cough and Cold 2.5 mg-5 mg/5 mL oral liquid.....	116
triamcinolone acetonide 0.1 % dental paste.....	108
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule.....	28
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet	28

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triamterene 75 mg-hydrochlorothiazide 50 mg tablet.....	28	TRUEplus Ketone strips	106	Typhim VI 25 mcg/0.5 mL intramuscular solution.....	22
Tri-Buffered Aspirin 325 mg tablet	16	TRUEplus Lancets 26 gauge	78	Typhim VI 25 mcg/0.5 mL intramuscular syringe	22
trifluridine 1 % eye drops.....	109	TRUEplus Lancets 28 gauge	78		
Trikafta 100-50-75 mg (d)/150 mg (n) tablets	114	TRUEplus Lancets 30 gauge	78		
Trikafta 50-25-37.5 mg (d)/75 mg (n) tablets	114	TRUEplus Pen Needle 29 gauge x 1/2	99		
trimethoprim 100 mg tablet	17	TRUEplus Pen Needle 31 gauge x 1/4	99		
Triphrocaps 1 mg capsule	35	TRUEplus Pen Needle 31 gauge x 3/16	99		
Tri-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops.....	49	TRUEplus Pen Needle 31 gauge x 5/16	99		
Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	50	TRUEplus Pen Needle 32 gauge x 5/32	99		
Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	50	Trumenba 120 mcg/0.5 mL intramuscular syringe	22		
Trojan Condoms.....	103	Trustex Latex Condom	104		
Trojan Magnum Condoms	103	Trustex Lubricated Condoms	104		
Trojan Ribbed/Spermicidal Condoms ..	103	Trustex-RIA Lubricated Condoms	104		
Trojan Very Sensistive Lubricated Condoms.....	103	Trustex-RIA Lubricated/Spermicide Condom	104		
Trojan Very Sensitive Spermicid Condoms	103	Tums 200 mg calcium (500 mg) chewable tablet	58		
Trojan Very Thin Lubricated Condoms .	103	Tums 300 mg (750 mg) chewable tablet	58		
Trojan Very Thin Spermicide Condoms	103	Tums E-X 300 mg (750 mg) chewable tablet	58		
Trojan-Enz Lubricated Condoms	103	Tums Extra Strength Smoothies 300 mg (750 mg) chewable tablet	58		
Trojan-Enz/Spermicidal Condoms	103	Tums Freshers 200 mg calcium (500 mg) chewable tablet	58		
tropicamide 0.5 % eye drops	109	Tums Ultra 400 mg calcium (1,000 mg) chewable tablet	58		
tropicamide 1 % eye drops	109	Tusnel Diabetic 10 mg-100 mg/5 mL oral liquid.....	119		
True Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	98	Tusnel-Ex 100 mg/5 mL oral liquid.....	115		
True Comfort Insulin Syringe 1 mL 31 gauge x 5/16	98	Tussin 100 mg/5 mL oral liquid.....	115		
True Metrix Level 1 solution	78	Tussin Chest Congestion 100 mg/5 mL oral liquid.....	115		
True Metrix Level 2 solution	78	Tussin DM 10 mg-100 mg/5 mL oral liquid	119		
True Metrix Level 3 solution	78	Tussin DM 10 mg-100 mg/5 mL oral syrup	119		
TrueControl Level 0 solution.....	78	Tussin DM 20 mg-400 mg tablet.....	119		
TRUEdraw Lancing Device.....	78	Tussin DM Clear 10 mg-100 mg/5 mL oral syrup.....	119		
TRUEplus Insulin 0.3 mL 29 gauge x 1/2 .	98	Tussin DM Cough and Chest 10 mg-100 mg/5 mL oral syrup.....	119		
TRUEplus Insulin 0.3 mL 30 gauge x 5/16	99	Tussin DM Cough and Chest 5 mg-100 mg/5 mL oral liquid.....	119		
TRUEplus Insulin 0.3 mL 31 gauge x 5/16	99	Tussin DM Max 10 mg-200 mg/5 mL oral liquid.....	119		
TRUEplus Insulin 0.5 mL 29 gauge x 1/2 .	99	Tussin Expectorant 100 mg/5 mL oral liquid.....	115		
TRUEplus Insulin 0.5 mL 30 gauge x 5/16	99	Tussin Mucus-Chest Congestion 100 mg/5 mL oral liquid	115		
TRUEplus Insulin 0.5 mL 31 gauge x 5/16	99	Twinrix (PF) 720 ELISA unit-20 mcg/mL intramuscular syringe	20		
TRUEplus Insulin 1 mL 28 gauge x 1/2	99	Twist Lancets 30 gauge.....	78		
TRUEplus Insulin 1 mL 29 gauge x 1/2	99	Twist Lancets 32 gauge.....	78		
TRUEplus Insulin 1 mL 30 gauge x 5/16 .	99				
TRUEplus Insulin 1 mL 31 gauge x 5/16 .	99				
TRUEplus Insulin 1/2 mL 28 gauge x 1/2.	99				

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UltiCare 0.3 mL 30 gauge x 1/2.....	99
UltiCare 0.3 mL 31 gauge x 5/16.....	99
UltiCare 0.5 mL 30 gauge x 1/2.....	99
UltiCare 0.5 mL 31 gauge x 5/16.....	99
UltiCare 1 mL 30 gauge x 1/2.....	99
UltiCare 1 mL 31 gauge x 5/16.....	99
UltiCare Pen Needle 29 gauge x 1/2.....	99
UltiCare Pen Needle 31 gauge x 1/4.....	100
UltiCare Pen Needle 31 gauge x 3/16...	100
UltiCare Pen Needle 31 gauge x 5/16...	100
UltiCare Pen Needle 32 gauge x 5/32...	100
UltiGuard SafePack-Pen Needle 31 gauge x 1/4.....	100
UltiGuard SafePack-Pen Needle 31 gauge x 3/16	100
UltiGuard SafePack-Pen Needle 31 gauge x 5/16	100
UltiGuard SafePack-Pen Needle 32 gauge x 1/4.....	100
UltiGuard SafePack-Pen Needle 32 gauge x 5/32	100
Ulti-Lance misc	78
Ultilet Classic Lancets	78
Ultilet Classic Lancets 28 gauge	78
Ultilet Classic Lancets 30 gauge	79
Ultilet Classic Lancets 33 gauge	79
Ultilet Lancets 28 gauge	79
Ultilet Lancets 30 gauge	79
Ultilet Lancets 33 gauge	79
Ultilet Pen Needle 32 gauge x 5/32	100
Ultra Comfort Insulin Syringe	100
Ultra Comfort Insulin Syringe (half unit) 0.3 mL 29 gauge x 1/2	100
Ultra Comfort Insulin Syringe (half unit) 0.3 mL 30 gauge x 5/16	100
Ultra Comfort Insulin Syringe (half unit) 0.3 mL 31 gauge x 5/16	100
Ultra Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2	100
Ultra Comfort Insulin Syringe 0.3 mL 30	100
Ultra Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16	100
Ultra Comfort Insulin Syringe 0.5 mL 29 gauge x 1/2	100
Ultra Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16	100

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Ultra Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	100	Ultra-Thin II (Short) Insulin syringe 1 mL 31 gauge x 5/16	102	VanishPoint Syringe 0.5 mL 30 gauge x 1/2	102
Ultra Comfort Insulin Syringe 1 mL 28 gauge	101	Ultra-Thin II (Short) Pen ND 31 gauge x 5/16	102	VanishPoint Syringe 1 mL 29 gauge x 1/2	102
Ultra Comfort Insulin Syringe 1 mL 28 gauge x 1/2	101	Ultra-Thin II Insulin Pen Needles 29 gauge x 1/2.....	102	Vaqta (PF) 25 unit/0.5 mL intramuscular suspension.....	20
Ultra Comfort Insulin Syringe 1 mL 29 gauge	101	Ultra-Thin II Insulin Syringe 0.3 mL 29 gauge x 1/2	102	Vaqta (PF) 25 unit/0.5 mL intramuscular syringe	20
Ultra Comfort Insulin Syringe 1 mL 29 gauge x 1/2	101	Ultra-Thin II Insulin Syringe 0.5 mL 29 gauge x 1/2	102	Vaqta (PF) 50 unit/mL intramuscular suspension.....	20
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 5/16	101	Ultra-Thin II Insulin Syringe 1 mL 29 gauge x 1/2.....	102	Vaqta (PF) 50 unit/mL intramuscular syringe	21
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 7/16	101	Ultrathon 25 % topical spray	33	Varivax (PF) 1,350 unit/0.5 mL subcutaneous suspension	25
Ultra Comfort Insulin Syringe 1 mL 31 gauge x 5/16	101	Ultrathon 34.34 % lotion	33	V-C Forte 1 mg capsule.....	45
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge	101	Unifine Pentips 29 gauge needle	102	VCF Contraceptive 4 % vaginal gel.....	32
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2	101	Unifine Pentips 29 gauge x 1/2	102	Vegetable Laxative-Stool Softener 8.6 mg-50 mg tablet	67
Ultra Comfort Insulin Syringe 1/2 mL 29	101	Unifine Pentips 31 gauge x 1/4	102	Veletri 0.5 mg intravenous solution	29
Ultra Comfort Insulin Syringe 1/2 mL 30 gauge	101	Unifine Pentips 31 gauge x 3/16	102	Veletri 1.5 mg intravenous solution	29
Ultra Fine Insulin 0.3 mL 30 gauge x 1/2	101	Unifine Pentips 31 gauge x 5/16	102	Versa Free oral solution.....	31
Ultra Fine Insulin 0.5 mL 30 gauge x 1/2	101	Unifine Pentips 32 gauge x 5/32	102	Versa Plus oral suspension	31
Ultra Flo Insulin Syringe 0.3 mL 29 gauge x 1/2	101	Unifine Pentips needle	102	Versalon 2	72
Ultra Flo Pen Needle 29 gauge x 1/2....	101	Unifine Pentips Plus 29 gauge x 1/2	102	Versalon 4	72
Ultra Mega Gold tablet,extended release	45	Unifine Pentips Plus 31 gauge x 1/4	102	Versalon Nonwoven All-Purpose 2	72
Ultra Mega tablet,extended release	45	Unifine Pentips Plus 31 gauge x 3/16 ...	102	Versalon Nonwoven All-Purpose 4	72
Ultra Mega Two tablet,extended release	45	Unifine Pentips Plus 31 gauge x 5/16 ...	102	Versiva XC 4.....	34
Ultra Strength Antacid 400 mg calcium (1,000 mg) chewable tablet	59	Unifine SafeControl 30 gauge x 5/16	102	VIC-Forte 1 mg capsule.....	45
Ultra Thin Lancets	79	Unilet ComforTouch Lancet 26 gauge.....	79	Virt-Caps 1 mg capsule	35
Ultra Thin Lancets 28 gauge.....	79	Unilet GP Lancet	79	Virt-Phos 250 Neutral 250 mg tablet	69
Ultra Thin Lancets 30 gauge.....	79	Unilet Lancet 28 gauge	79	Virtrate-2 500 mg-334 mg/5 mL oral solution	69
Ultra Thin Pen Needle 32 gauge x 5/32	101	Unilet Lancet 33 gauge	79	Virtussin AC 10 mg-100 mg/5 mL oral liquid.....	120
Ultra Thin Plus Lancets 33 gauge	79	Unilet Lancets 30 gauge.....	79	Virtussin DAC 30 mg-10 mg-100 mg/5 mL oral syrup.....	119
Ultra-Thin II (Short) Insulin syringe 0.3 mL 30 gauge x 5/16	101	Unilet Super Thin Lancets 30 gauge.....	79	Vita-Bob capsule	47
Ultra-Thin II (Short) Insulin syringe 0.3 mL 31 gauge x 5/16	101	Unistik Touch Lancets 23 gauge.....	79	Vitalee 0.4 mg tablet	45
Ultra-Thin II (Short) Insulin syringe 0.5 mL 30 gauge x 5/16	101	Universal 1 Lancets 21 gauge	79	Vitamax 300 mcg/mL oral drops	48
Ultra-Thin II (Short) Insulin syringe 0.5 mL 31 gauge x 5/16	101	Universal 1 Lancets 26 gauge	79	VitaMent 0.5 mg-270 mg-200 mg-25 mg oral powder packet.....	12
Ultra-Thin II (Short) Insulin syringe 1 mL 30 gauge x 5/16	102	Universal 1 Lancets 30 gauge	79	vitamin A 10,000 unit capsule	52
		Universal 1 Lancets 33 gauge	79	vitamin A 10,000 unit tablet.....	52
		urea 40 % lotion	33	vitamin A 2,400 mcg capsule	52
		urea 40 % topical cream	33	vitamin A palmitate 10,000 unit capsule	52
		Urea-C40 40 % lotion.....	33	vitamin A palmitate 10,000 unit tablet ..	52
				vitamin B complex tablet.....	36
		V		Vitamin B Complex With C capsule	35
		Vaginal Contraceptive Film 28 %	31	Vitamin B-1 (mononitrate) 100 mg tablet	52
		Vaginal Contraceptive Foam 12.5 %	31	Vitamin B-1 100 mg tablet.....	52
		valproate sodium 500 mg/5 mL (100 mg/mL) intravenous solution.....	29	Vitamin B-1 250 mg tablet.....	52
		Valu-Dryl Allergy 25 mg capsule	112	Vitamin B-1 50 mg tablet.....	52
		Valu-Tapp 1 mg-15 mg/5 mL oral liquid	110	Vitamin B-2 100 mg tablet.....	52
		vancomycin 1,000 mg intravenous injection.....	18		
		vancomycin 500 mg intravenous solution	18		

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Vitamin B-2 50 mg tablet	52	vitamin E (dl, acetate) 22.5 mg (50 unit)/mL oral drops.....	55	Women's 50+ Advanced 400 mcg capsule	45
Vitamin B-6 100 mg tablet	52	vitamin E (dl, acetate) 45 mg (100 unit) capsule.....	55	Womens Daily Gummies 200 mcg chewable tablet	45
Vitamin B-6 25 mg tablet	52	vitamin E (dl, acetate) 90 mg (200 unit) capsule.....	55	Women's Gentle Laxative (bisacodyl) 5 mg tablet,delayed release	66
Vitamin B-6 250 mg tablet	52	vitamin E 100 unit capsule.....	55	Women's Laxative (bisacodyl) 5 mg tablet	67
Vitamin B-6 50 mg tablet	53	vitamin E 200 unit capsule.....	55	Women's Laxative (bisacodyl) 5 mg tablet,delayed release	67
Vitamin C 1,000 mg tablet	53	vitamin E 400 unit capsule.....	55	Women's Multi 18 mg-600 mcg capsule	45
Vitamin C 250 mg tablet	53	vitamin E mixed 400 unit capsule	55	Women's Multivitamin Gummies 200 mcg chewable tablet.....	46
Vitamin C 500 mg chewable tablet	53	Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops.....	50		
Vitamin C 500 mg tablet	53	Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops.....	50		
Vitamin C 500 mg/5 mL oral syrup.....	53	Vitamins B Complex capsule.....	36	Y	
Vitamin C Energy Booster 1,000 mg oral effervescent powder packet	51	Vita-Plus E capsule.....	47	YF-Vax (PF) 10 exp4.74 unit/0.5 mL subcutaneous suspension	25
Vitamin C ER 1,000 mg tablet,extended release	53	Vitatum 3,500 unit-18 mg-0.4 mg chewable tablet	45		
Vitamin C Fizzy Drink 1,000 mg oral effervescent powder packet	52	Vol-Care Rx 1 mg-60 mg-300 mcg tablet	36	Z	
Vitamin C oral powder	53	Vortex Holding Chamber	106	zinc oxide 20 % topical ointment.....	33
Vitamin C with Acerola 500 mg tablet ...	53	Vortex VHC Frog Mask-Child.....	106	zinc oxide topical ointment	33
Vitamin C With Rose Hips 1,000 mg tablet	53	VP-Vite Rx 1 mg-60 mg-300 mcg tablet ..	36	zinc sulfate 50 mg zinc (220 mg) capsule....	40
Vitamin C With Rose Hips 500 mg tablet	53			Zoo Friends chewable tablet	48
Vitamin D2 1,250 mcg (50,000 unit) capsule.....	54			Zoo Friends Original 300 mcg chewable tablet	48
Vitamin D2 10 mcg (400 unit) tablet.....	55			Zoo Friends Plus Iron 15 mg chewable tablet	48
Vitamin D3 10 mcg (400 unit) chewable tablet	55			Zostavax (PF) 19,400 unit/0.65 mL subcutaneous suspension	25
Vitamin D3 10 mcg (400 unit) tablet.....	55				
Vitamin D3 25 mcg (1,000 unit) capsule.	55				
Vitamin D3 25 mcg (1,000 unit) tablet...	55				
Vitamin D3 50 mcg (2,000 unit) capsule.	55				
vitamin E (dl, acetate) 180 mg (400 unit) capsule.....	55				

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Watchhaler spacer.....	106
Webcol topical pads	20
Weekly-D 1,250 mcg (50,000 unit) capsule	55
Woman's Laxative (bisacodyl) 5 mg tablet,delayed release	66

