

Comprehensive

PREFERRED DRUG LIST



Pharmacy Program

YouthCare HealthChoice Illinois (YouthCare) is committed to providing high quality drug coverage to our members. We work with providers and pharmacists, as well as the Illinois Department of Healthcare and Family Services and the Department of Children and Family Services to make sure we cover drugs used to treat many conditions and diseases. YouthCare covers prescription and certain over-the-counter (OTC) medications when ordered by a network provider. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Filling a Prescription

You can have your prescriptions filled at a network pharmacy. At the pharmacy, you will need to give the pharmacist your prescription and your ID card. You can find a pharmacy that is in the YouthCare network by using the Find a Provider tool on www.ilyouthcare.com. If you need help finding a pharmacy near you, or if you have any questions about drug coverage, call us at 844-289-2264 (TTY: 711).

There is no cost for covered drugs.

If your medication is not on the preferred drug list or is on the preferred drug list but has limitations, you can:

1. Speak with your doctor about switching to a similar medication that is on the preferred drug list.
2. Request a prior authorization; or speak to your doctor about submitting a prior authorization for you. You or your doctor may do this by submitting the medication prior authorization form, found on www.ilyouthcare.com.

Psychotropic Medication Consent (DCFS Rule 325)

For Children in YouthCare whom the Illinois Department of Children and Family Services (DCFS) is legally responsible for, consent must be obtained prior to the administration of any psychotropic medication. Consent requests must be submitted directly to the DCFS Centralized Consent Unit (CCU) using Form CSF431-A, available on www2.illinois.gov/dcfs.

[CFS 431-A Psychotropic Medication Request Form](#)

[CFS 431-A Psychotropic Medication Request Cover Sheet](#)

Generic Drugs

Generic drugs have the same active ingredient and work the same as brand name drugs. When generic drugs are available, the brand name drug will not be covered without prior authorization, unless the brand name is preferred over the generic.

Specialty Drugs

Specialty drugs are usually not available at retail pharmacies; and require additional review and monitoring. These drugs are only covered when supplied by a YouthCare network specialty pharmacy. We work with AcariaHealth to help oversee these drugs. Prior authorization request forms for specialty drugs are located on the YouthCare website at www.ilyouthcare.com.

Pharmacy Benefit Exclusions

The following drug categories are not part of the YouthCare pharmacy benefit:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- OTC products (unless listed on the PDL)
- Drugs not included in the Medicaid Drug Rebate Program, drug product data file (unless listed on the PDL)

Legend

P	Preferred Drug	Drugs preferred by YouthCare
NP	Non-Preferred	Drugs not preferred by YouthCare
AL	Age Limit	Drug is limited to specific ages
PA	Prior Authorization	Prior Authorization required before prescription can be filled
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame
SP	Specialty Drug	Products that must be dispensed by a specialty pharmacy
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage
RX/OTC	Both RX and OTC NDCs	Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician
MP	Maintenance Product	Products used to treat long-term conditions or illnesses, available for a 90-Day (3-month) supply
NF	Non-formulary	Drugs that are not included on the formulary by YouthCare.

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date.

For more information regarding the preferred drug list or to receive updated information, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

For a printed copy of the preferred drug list or to report inaccuracies, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	QL(2 ea daily); AL(At least 3 yrs old)
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate TABS	NP	
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	NP	
amphetamine-dextroamphetamine TABS	P	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
DESOXYN (Use methamphetamine hcl)	NP	
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	NP	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN	NP	
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(3 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
dextroamphetamine sulfate TABS 10 MG	NP	QL(3 ea daily)
DYANAVEL XR CHER	NP	
DYANAVEL XR SUER	P	PA
EVEKEO ODT TBDP	NP	
EVEKEO TABS (Use amphetamine sulfate)	NP	
lisdexamfetamine dimesylate CAPS	NP	QL(1 ea daily)
lisdexamfetamine dimesylate CHEW	NP	QL(1 ea daily)
methamphetamine hcl	NP	
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	
VYVANSE CAPS	P	QL(1 ea daily)
VYVANSE CHEW	P	QL(1 ea daily)
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate SOLN OR</i>	P	QL(45 ml per fill retail); AL(Up to 18 yrs old)	DAYTRANA PTCH 15 MG/9HR (<i>Use methylphenidate</i>)	P	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>Use methylphenidate</i>)	P	PA
<i>atomoxetine hcl</i>	NP	AL(At least 6 yrs old); MP	<i>dexmethylphenidate hcl CP24</i>	NP	
<i>clonidine hcl (adhd) TB12</i>	P	MP	<i>dexmethylphenidate hcl TABS</i>	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily); MP	FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	P	
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old); MP	FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
QELBREE	NP		JORNAY PM CP24	P	PA
STRATTERA (<i>Use atomoxetine hcl</i>)	P	AL(At least 6 yrs old); MP	METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NP	
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)			<i>methylphenidate hcl CHEW</i>	NP	
SUNOSI	NP		<i>methylphenidate hcl CP24</i>	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists			<i>methylphenidate hcl CP24</i>	NP	QL(1 ea daily); AL(At least 6 yrs old)
WAKIX	NP	SP	<i>methylphenidate hcl SOLN</i>	NP	
Stimulants - Misc.			<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	P	QL(3 ea daily); AL(At least 3 yrs old)
APTENSIO XR CP24 (<i>Use methylphenidate hcl</i>)	NP		<i>methylphenidate hcl TABS 5 MG</i>	P	QL(6 ea daily); AL(At least 3 yrs old)
<i>armodafinil</i>	NP		<i>methylphenidate hcl TB24 36 MG</i>	NP	QL(2 ea daily); AL(At least 6 yrs old)
AZSTARYS	NP		<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (<i>Use methylphenidate hcl</i>)	P	QL(2 ea daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 10 MG</i>	P	QL(2 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>Use methylphenidate hcl</i>)	P	QL(1 ea daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	NP	QL(1 ea daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP				
DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR (<i>Use methylphenidate</i>)	P	AL(At least 6 yrs old); PA			

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TBCR 36 MG	NP	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl</i> TBCR 20 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
<i>methylphenidate PTCH 15</i> MG/9HR	NP	QL(3 ea daily)
<i>methylphenidate PTCH 15</i> MG/9HR	NP	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>methylphenidate PTCH 10</i> MG/9HR, 20 MG/9HR, 30 MG/9HR	NP	AL(At least 6 yrs old - Up to 18 yrs old)
<i>methylphenidate PTCH 10</i> MG/9HR, 20 MG/9HR, 30 MG/9HR	NP	
<i>modafinil</i>	P	
NUVIGIL (<i>Use</i> <i>armodafinil</i>)	NP	
PROVIGIL (<i>Use</i> <i>modafinil</i>)	NP	
QUILLICHEW ER CHER	NP	
QUILLIVANT XR SRER	NP	
RELEXXII TBCR 36 MG	NP	QL(2 ea daily)
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 ea daily)
RITALIN LA CP24 (<i>Use</i> <i>methylphenidate hcl</i>)	NP	
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NP	QL(6 ea daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate</i> <i>hcl</i>)	NP	QL(3 ea daily); AL(At least 3 yrs old)
AMEBICIDES		
Amebicides		

Drug Name	Drug Tier	Requirements/Limits
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1</i> GM/4ML, 500 MG/2ML	P	
ARIKAYCE	NP	SP
BETHKIS NEBU (<i>Use</i> <i>tobramycin</i>)	NP	SP
BETHKIS NEBU (<i>Use</i> <i>tobramycin</i>)	NF	SP
<i>gentamicin in saline 0.8</i> MG/ML-0.9 %, 1 MG/ML- 0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	P	
<i>gentamicin sulfate IJ</i>	P	
KITABIS PAK NEBU (<i>Use</i> <i>tobramycin</i>)	P	SP
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU (<i>Use</i> <i>tobramycin</i>)	NP	SP
TOBI NEBU (<i>Use</i> <i>tobramycin</i>)	NF	SP
<i>tobramycin sulfate SOLN</i> IJ 1.2 GM/30ML	P	
<i>tobramycin sulfate SOLN</i> IJ 10 MG/ML, 80 MG/2ML	P	
<i>tobramycin sulfate SOLR</i>	P	
<i>tobramycin NEBU</i>	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ	NP	SP
XELJANZ XR TB24	P	SP; PA
XELJANZ SOLN	NP	SP
XELJANZ SOLN	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS	P	SP; PA	AMJEVITA SOSY	NP	SP
Antirheumatic Antimetabolites			CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP	CYLTEZO AJKT	NP	SP
REDITREX SOSY	NP	SP	CYLTEZO PSKT	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies			HADLIMA PUSHTOUCH SOAJ	NP	SP
ABRILADA AJKT	NP	SP	HADLIMA SOSY	NP	SP
ABRILADA PSKT	NP	SP	HULIO AJKT	NP	SP
ADALIMUMAB-AACF AJKT	NP		HULIO PSKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	NP	SP	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP; PA
ADALIMUMAB-ADAZ SOSY	NP	SP	HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	NP	SP	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	NP	SP	HUMIRA PEN PNKT	P	SP; PA
ADALIMUMAB-ADBM AJKT	NP	SP	HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
ADALIMUMAB-ADBM PSKT	NP	SP	HUMIRA PSKT	P	SP; PA
ADALIMUMAB-FKJP AJKT	NP	SP	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP
ADALIMUMAB-FKJP PSKT	NP	SP	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP
AMJEVITA SOAJ	NP	SP	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP
			HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP
			HYRIMOZ SOAJ	NP	SP
			HYRIMOZ SOSY	NP	SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP		ADVIL MIGRAINE CAPS <i>(Use ibuprofen)</i>	NF	
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP		ADVIL CAPS <i>(Use ibuprofen)</i>	NF	
IDACIO AJKT	NP		ADVIL TABS <i>(Use ibuprofen)</i>	NF	
IDACIO PSKT	NP		ARTHROTEC 50 TBEC <i>(Use diclofenac w/ misoprostol)</i>	NP	MP
SIMPONI ARIA SOLN	NP	SP	ARTHROTEC 75 TBEC <i>(Use diclofenac w/ misoprostol)</i>	NP	MP
SIMPONI SOAJ	NP	SP	CELEBREX <i>(Use celecoxib)</i>	NP	QL(2 ea daily); MP
SIMPONI SOSY	NP	SP	CELEBREX 50 MG, 400 MG <i>(Use celecoxib)</i>	NF	QL(2 ea daily); MP
YUFLYMA 1-PEN KIT AJKT	NP	SP	<i>celecoxib</i>	P	QL(2 ea daily); MP
YUFLYMA 2-PEN KIT AJKT	NP	SP	CHILDRENS ADVIL SUSP 100 MG/5ML <i>(Use ibuprofen)</i>	NF	MP; RX/OTC
YUFLYMA 2-SYRINGE KIT PSKT	NP	SP	CHILDRENS MOTRIN SUSP 100 MG/5ML <i>(Use ibuprofen)</i>	NF	MP; RX/OTC
YUFLYMA CD/UC/HS STARTER AJKT	NP	SP	DAYPRO TABS <i>(Use oxaprozin)</i>	NP	MP
YUFLYMA AJKT	NP	SP	<i>diclofenac potassium CAPS</i>	NP	
YUSIMRY	NP	SP	<i>diclofenac potassium TABS 50 MG</i>	P	MP
Gold Compounds			<i>diclofenac potassium TABS 25 MG</i>	NP	
RIDAURA	NP		<i>diclofenac sodium TB24</i>	P	MP
Interleukin-1 Blockers			<i>diclofenac sodium TBEC</i>	P	MP
ARCALYST	NP	SP	<i>diclofenac w/ misoprostol TBEC</i>	NP	MP
Interleukin-1 Receptor Antagonist (IL-1Ra)			DUEXIS <i>(Use ibuprofen-famotidine)</i>	NP	
KINERET SOSY	NP	SP	<i>etodolac CAPS</i>	P	MP
Interleukin-1beta Blockers			<i>etodolac TABS</i>	P	MP
ILARIS SOLN	NP	SP	<i>etodolac TB24</i>	P	MP
Interleukin-6 Receptor Inhibitors					
ACTEMRA ACTPEN SOAJ	NP	SP			
ACTEMRA SOLN	NP	SP			
ACTEMRA SOSY	NP	SP			
KEVZARA SOAJ	NP	SP			
KEVZARA SOSY	NP	SP			
Nonsteroidal Anti-inflammatory Agents (NSAIDs)					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FELDENE CAPS (<i>Use piroxicam</i>)	NP	MP	NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP	MP
<i>fenoprofen calcium CAPS 400 MG</i>	NP	MP	NALFON TABS (<i>Use fenoprofen calcium</i>)	NP	MP
<i>fenoprofen calcium TABS</i>	NP	MP	NAPRELAN TB24 (<i>Use naproxen sodium</i>)	NP	MP
<i>flurbiprofen TABS 100 MG</i>	P	MP	NAPRELAN TB24 500 MG (<i>Use naproxen sodium</i>)	NF	MP
<i>ibuprofen CAPS</i>	P		<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	MP
<i>ibuprofen-famotidine</i>	NP		<i>naproxen sodium TB24</i>	NP	MP
<i>ibuprofen SUSP</i>	P	MP; RX/OTC	<i>naproxen-esomeprazole magnesium</i>	NP	MP
<i>ibuprofen SUSP 100 MG/5ML</i>	NP	MP; RX/OTC	<i>naproxen SUSP</i>	P	MP
<i>ibuprofen TABS</i>	P	MP	<i>naproxen TABS</i>	P	MP
<i>ibuprofen TABS</i>	P		<i>naproxen TBEC</i>	P	QL(2 ea daily); MP
<i>indomethacin CAPS 25 MG, 50 MG</i>	P	MP	<i>oxaprozin TABS</i>	NP	MP
<i>indomethacin CPCR</i>	P	MP	<i>piroxicam CAPS</i>	NP	MP
<i>indomethacin SUPP</i>	P		RELAFEN DS	NP	
INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	NF		<i>sulindac TABS</i>	P	MP
<i>ketoprofen CAPS 50 MG, 75 MG</i>	P	MP	TIVORBEX CAPS (<i>Use indomethacin</i>)	NF	
<i>ketoprofen CP24</i>	NP	MP	<i>tolmetin sodium CAPS</i>	NP	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP		<i>tolmetin sodium TABS 600 MG</i>	NP	
<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 30 days retail)	VIMOVO (<i>Use naproxen-esomeprazole magnesium</i>)	NP	MP
<i>meclofenamate sodium CAPS</i>	NP	MP	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>mefenamic acid CAPS</i>	NP	MP	OTEZLA TABS	NP	SP
<i>meloxicam CAPS</i>	NP		OTEZLA TBPK	NP	SP
<i>meloxicam TABS</i>	P	MP	Pyrimidine Synthesis Inhibitors		
MOBIC TABS 15 MG (<i>Use meloxicam</i>)	NF	MP	ARAVA (<i>Use leflunomide</i>)	NP	QL(1 ea daily)
MOBIC TABS 7.5 MG (<i>Use meloxicam</i>)	NP	MP	<i>leflunomide</i>	P	QL(1 ea daily)
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	NF		Selective Costimulation Modulators		
<i>nabumetone</i>	P	MP	ORENCIA CLICKJECT SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORENCIA SOLR	NP	SP	<i>acetaminophen LIQD 160 MG/5ML</i>	P	
ORENCIA SOSY	NP	SP	<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
Soluble Tumor Necrosis Factor Receptor Agents			<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 ea per 31 days retail)
ENBREL MINI SOCT	P	SP; PA	<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	
ENBREL SURECLICK SOAJ	P	SP; PA	<i>acetaminophen TABS 325 MG, 500 MG</i>	P	
ENBREL SOLN	P	SP; PA	FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)
ENBREL SOSY	P	SP; PA	OFIRMEV SOLN IV (<i>Use acetaminophen</i>)	NF	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			TYLENOL CHILDRENS PAIN +FEVER SUSP (<i>Use acetaminophen</i>)	NF	
Analgesic Combinations			TYLENOL CHILDRENS SUSP (<i>Use acetaminophen</i>)	NF	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	P		TYLENOL EXTRA STRENGTH TABS (<i>Use acetaminophen</i>)	NF	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily)	TYLENOL FOR CHILDREN/ADULTS SUSP (<i>Use acetaminophen</i>)	NF	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily)	TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	NF	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NP		TYLENOL TABS (<i>Use acetaminophen</i>)	NF	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	P		Salicylates		
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 ea daily)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily)	<i>aspirin CHEW</i>	P	
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP		BUFFERIN (<i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NF	
Analgesics Other			<i>diflunisal TABS</i>	P	
<i>acetaminophen CAPS 500 MG</i>	P				
<i>acetaminophen CHEW 80 MG</i>	P				
<i>acetaminophen ELIX</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>salsalate</i>	P		<i>hydromorphone hcl TABS</i>	P	QL(180 ea per 27 days retail)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydromorphone hcl TB24</i>	NP	
Opioid Agonists			HYSINGLA ER T24A	NP	
ACTIQ LPOP 1600 MCG (Use <i>fentanyl citrate</i>)	NF		<i>levorphanol tartrate TABS</i>	NP	
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (Use <i>fentanyl citrate</i>)	NP		<i>meperidine hcl SOLN OR 50 MG/5ML</i>	NP	QL(500 ml per fill retail)
<i>codeine sulfate TABS 30 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old)	<i>meperidine hcl TABS 50 MG</i>	NP	QL(180 ea per 27 days retail)
CODEINE SULFATE TABS 60 MG	P	QL(2 ea daily); AL(At least 12 yrs old)	<i>methadone hcl CONC</i>	NP	
CODEINE SULFATE TABS 15 MG	P	QL(2 ea daily)	<i>methadone hcl SOLN OR</i>	NP	
CONZIP CP24 (Use <i>tramadol hcl</i>)	NP		<i>methadone hcl TABS 10 MG</i>	NP	QL(10 ea daily)
DILAUDID LIQD (Use <i>hydromorphone hcl</i>)	NP		<i>methadone hcl TABS 5 MG</i>	NP	QL(4 ea daily)
DILAUDID TABS (Use <i>hydromorphone hcl</i>)	NP	QL(180 ea per 27 days retail)	<i>methadone hcl TBSO</i>	NP	
<i>fentanyl citrate LPOP</i>	NP		METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NP	
<i>fentanyl citrate TABS</i>	NP		METHADOSE CONC (Use <i>methadone hcl</i>)	NP	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	NP	QL(0.34 ea daily)	<i>morphine sulfate beads</i>	NP	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	
FENTORA TABS (Use <i>fentanyl citrate</i>)	NP		<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>hydrocodone bitartrate CP12</i>	NP		<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	QL(500 ml per 23 days retail)
<i>hydrocodone bitartrate T24A</i>	NP		<i>morphine sulfate SUPP</i>	P	QL(24 ea per fill retail)
<i>hydromorphone hcl LIQD</i>	P		<i>morphine sulfate TABS</i>	P	
HYDROMORPHONE HCL SUPP	P	QL(12 ea per fill retail)	<i>morphine sulfate TBCR</i>	P	QL(3 ea daily); PA
			MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NP	QL(3 ea daily)
			NUCYNTA ER TB12	NP	
			NUCYNTA TABS	NP	
			<i>oxycodone hcl CAPS</i>	P	QL(180 ea per 27 days retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(6 ml daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	NP	
<i>oxycodone hcl SOLN</i>	P		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	NP	QL(4 ea daily)
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	QL(2 ea daily)	<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>oxycodone hcl TABS</i>	P	QL(180 ea per 27 days retail)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	
OXYCONTIN T12A	NP	QL(2 ea daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	QL(180 ml daily)
<i>oxymorphone hcl TABS</i>	NP		<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	
<i>oxymorphone hcl TB12</i>	NP		<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	
ROXICODONE TABS (Use <i>oxycodone hcl</i>)	NP	QL(180 ea per 27 days retail)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(180 ea per 27 days retail)
ROXYBOND TABA	NP		<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP		NALOCET TABS	NP	
<i>tramadol hcl SOLN</i>	NP		<i>oxycodone w/ acetaminophen SOLN</i>	P	
<i>tramadol hcl TABS 100 MG</i>	NP	AL(At least 18 yrs old)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(180 ea per 27 days retail)
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 ea daily)			
<i>tramadol hcl TB24</i>	NP				
TRAMADOL HYDROCHLORIDE SOLN (Use <i>tramadol hcl</i>)	NP				
ULTRAM TABS (Use <i>tramadol hcl</i>)	NF	QL(8 ea daily); AL(At least 18 yrs old)			
XTAMPZA ER	NP				
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ml daily)			
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ml daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	QL(180 ea per 27 days retail); AL(At least 12 yrs old)			
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP	QL(180 ea per 27 days retail)
PERCOCET TABS 325 MG-2.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP	
PROLATE SOLN	NP	
PROLATE TABS	NP	
SEGLENTIS	NP	
<i>tramadol-acetaminophen</i>	NP	QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET (Use <i>tramadol-acetaminophen</i>)	NF	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
BRIXADI SOSY	P	SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	
<i>buprenorphine hcl SUBL</i>	P	
<i>buprenorphine PTWK</i>	NP	
<i>butorphanol tartrate NA 10 MG/ML</i>	NP	
BUTRANS PTWK (Use <i>buprenorphine</i>)	NP	
<i>pentazocine w/ naloxone hcl</i>	NP	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	
ZUBSOLV SUBL	P	

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD 1.62 % (Use <i>testosterone</i>)	NF	
ANDROGEL GEL TD (Use <i>testosterone</i>)	NF	
ANDROGEL GEL TD (Use <i>testosterone</i>)	NF	
FORTESTA GEL TD (Use <i>testosterone</i>)	NF	
TESTIM GEL TD (Use <i>testosterone</i>)	NF	
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ml per 30 days retail)
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	P	QL(4 ml per 30 days retail)
<i>testosterone enanthate SOLN IM</i>	P	
<i>testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	P	
<i>testosterone SOLN</i>	P	
VOGELXO PUMP GEL TD (Use <i>testosterone</i>)	NF	
VOGELXO GEL TD (Use <i>testosterone</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NP	QL(420 ml per fill retail)
CORTIFOAM EX 10 %	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (intrarectal)</i>	P	QL(420 ml per fill retail)
UCERIS (<i>Use budesonide (intrarectal)</i>)	NP	
Rectal Combinations		
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP	
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NP	
<i>phenylephrine-cocoa butter 0.25 %-85.39 %, 0.25 %-88.44 %</i>	P	
<i>phenylephrine-mineral oil-petrolatum 0.25 %-74.9 %-14 %</i>	P	QL(90 gm per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter</i>	P	QL(12 ea per 31 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	QL(31 gm per 31 days retail)
PREPARATION H (<i>Use phenylephrine-mineral oil-petrolatum</i>)	NF	QL(90 gm per 30 days retail)
PROCTOFOAM HC FOAM EX	NP	
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 gm per fill retail)
PROCTOFOAM FOAM EX (<i>Use pramoxine hcl (rectal)</i>)	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	QL(30 gm per fill retail)
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	QL(30 gm per fill retail)
<i>hydrocortisone (rectal) EX 1 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
PROCTOCORT EX (<i>Use hydrocortisone (rectal)</i>)	NF	
Vasodilating Agents		
RECTIV	NP	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	P	
<i>alum & mag hydrox-simethicone SUSP</i>	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	
<i>calcium carbonate (antacid) SUSP</i>	P	QL(500 ml per 30 days retail)
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	NP	
ALBENZA (<i>Use albendazole</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
BENZNIDAZOLE	NP	SP
BILTRICIDE (Use praziquantel)	NP	
EMVERM CHEW	NP	QL(1 ea per 20 days retail)
<i>ivermectin</i>	NP	
<i>praziquantel</i>	P	
STROMEKTOL (Use ivermectin)	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
RANEXA TB12 (Use ranolazine)	NP	MP
<i>ranolazine TB12</i>	NP	MP
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS (Use isosorbide dinitrate)	NP	MP
<i>isosorbide dinitrate TABS</i>	P	MP
<i>isosorbide mononitrate TABS</i>	P	QL(2 ea daily); MP
<i>isosorbide mononitrate TB24</i>	P	QL(1 ea daily); MP
NITRO-BID OINT	P	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 (Use nitroglycerin)	NP	
NITRO-DUR PT24 0.1 MG/HR, 0.3 MG/HR, 0.8 MG/HR (Use nitroglycerin)	NF	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	MP
<i>nitroglycerin SUBL</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
NITROLINGUAL PUMPSPRAY SOLN TL (Use nitroglycerin)	NP	MP
NITROSTAT SUBL (Use nitroglycerin)	NP	MP
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl 15 MG</i>	P	QL(4 ea daily); MP
<i>bupirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily); MP
<i>bupirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily); MP
<i>hydroxyzine hcl SYRP</i>	P	MP
<i>hydroxyzine hcl TABS</i>	P	MP
<i>hydroxyzine pamoate CAPS</i>	P	MP
<i>meprobamate</i>	NP	MP
VISTARIL CAPS (Use hydroxyzine pamoate)	NP	MP
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	
<i>alprazolam TABS</i>	P	QL(4 ea daily)
<i>alprazolam TB24</i>	NP	
<i>alprazolam TBDP</i>	NP	
ATIVAN TABS 1 MG (Use lorazepam)	NP	QL(4 ea daily)
ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	NP	QL(3 ea daily)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 ea daily)
<i>clorazepate dipotassium TABS</i>	P	QL(3 ea daily)
<i>diazepam CONC</i>	P	
<i>diazepam SOLN OR 5 MG/5ML</i>	P	QL(500 ml per fill retail)
<i>diazepam TABS</i>	P	QL(4 ea daily)
<i>lorazepam CONC</i>	P	
<i>lorazepam TABS 1 MG</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 ea daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	P	QL(4 ea daily)
TRANXENE T TABS 7.5 MG (<i>Use clorazepate dipotassium</i>)	NF	QL(3 ea daily)
XANAX XR TB24 (<i>Use alprazolam</i>)	NP	
XANAX TABS (<i>Use alprazolam</i>)	NP	QL(4 ea daily)

ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms

Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	MP
NORPACE CR CP12	P	
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NP	MP
<i>quinidine gluconate TBCR</i>	P	MP
<i>quinidine sulfate TABS</i>	P	MP
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	MP
<i>propafenone hcl CP12</i>	NP	MP
<i>propafenone hcl TABS</i>	P	MP
RYTHMOL SR CP12 (<i>Use propafenone hcl</i>)	NP	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS</i>	P	MP
<i>dofetilide</i>	P	MP
MULTAQ	NP	
TIKOSYN (<i>Use dofetilide</i>)	NP	MP

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions

Antiasthmatic - Monoclonal Antibodies

Drug Name	Drug Tier	Requirements/Limits
CINQAIR	NP	SP
FASENRA PEN SOAJ	P	SP; PA
FASENRA SOSY	P	SP; PA
NUCALA SOAJ	P	SP; PA
NUCALA SOLR	P	SP; PA
NUCALA SOSY	P	SP; PA
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(240 ml per 30 days retail)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25 gm per 30 days retail)
INCRUSE ELLIPTA	P	QL(30 ea per fill retail)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ml per 27 days retail)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	P	
SPIRIVA RESPIMAT AERS	P	
<i>tiotropium bromide monohydrate CAPS</i>	P	
TUDORZA PRESSAIR	NP	QL(1 ea per 30 days retail)
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE (<i>Use zafirlukast</i>)	NP	MP
<i>montelukast sodium CHEW</i>	P	QL(1 ea daily); MP
<i>montelukast sodium PACK</i>	P	QL(1 ea daily); MP
<i>montelukast sodium TABS</i>	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily); MP	FLOVENT DISKUS AEPB 50 MCG/BLIST	P	QL(60 ea per fill retail)
SINGULAIR CHEW 4 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily); MP	FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	P	QL(2 ea daily)
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily); MP	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail)
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily); MP	FLOVENT HFA 44 MCG/ACT	P	QL(11 gm per fill retail)
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily); MP	<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT</i>	NP	QL(2 ea daily)
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily); MP	<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	NP	QL(60 ea per fill retail)
<i>zafirlukast</i>	P	MP	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 gm per fill retail)
<i>zileuton TB12</i>	NP	MP	<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 gm per fill retail)
ZYFLO TABS	NP		PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 days retail)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	QL(120 ml per 30 days retail); AL(Up to 8 yrs old)
DALIRESP (<i>Use roflumilast</i>)	NP		QVAR REDHALER	NP	
<i>roflumilast</i>	NP		Sympathomimetics		
Steroid Inhalants			ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	P	QL(2 ea daily)
ALVESCO	NP		ADVAIR HFA AERO	P	
ARMONAIR DIGIHALER	NP		AIRDUO DIGIHALER 113/14	P	
ARNUITY ELLIPTA	NP		AIRDUO DIGIHALER 232/14	P	
ASMANEX HFA AERO	NP		AIRDUO DIGIHALER 55/14	P	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P		AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	P	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P				
ASMANEX TWISTHALER 30 METERED DOSES AEPB	P				
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P				
<i>budesonide (inhalation) SUSP</i>	P	QL(120 ml per 30 days retail); AL(Up to 8 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	P		fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	P		fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 ea daily)
AIRSUPRA	NP		fluticasone-salmeterol AERO	NP	
albuterol sulfate AERS	NP	QL(36 gm per 30 days retail)	formoterol fumarate NEBU	NP	
albuterol sulfate AERS	P	QL(17 gm per 30 days retail)	ipratropium-albuterol SOLN	P	QL(12 ml daily)
albuterol sulfate AERS	P	QL(13.4 gm per 30 days retail)	levalbuterol hcl	NP	
albuterol sulfate NEBU 2.5 MG/0.5ML	P	QL(2 ea daily)	levalbuterol tartrate	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s)
albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML	P	QL(375 ml per 27 days retail)	PERFOROMIST NEBU (Use formoterol fumarate)	NP	
albuterol sulfate SYRP	NP	MP	PROAIR DIGIHALER	NP	
albuterol sulfate TABS	NP		PROAIR HFA AERS (Use albuterol sulfate)	P	QL(17 gm per 30 days retail)
ANORO ELLIPTA	P		PROAIR RESPICLICK AEPB	NP	
arformoterol tartrate	NP		PROVENTIL HFA AERS (Use albuterol sulfate)	NF	QL(13.4 gm per 30 days retail)
BEVESPI AEROSPHERE	NP		PROVENTIL HFA AERS (Use albuterol sulfate)	P	QL(13.4 gm per 30 days retail)
BREO ELLIPTA	NP		SEREVENT DISKUS	P	QL(2 ea daily)
BREZTRI AEROSPHERE	NP		STIOLTO RESPIMAT	NP	
BROVANA (Use arformoterol tartrate)	NP		STRIVERDI RESPIMAT	NP	
budesonide-formoterol fumarate dihydrate	NP	QL(11 gm per fill retail)	SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	NP	QL(4 gm per 30 days retail)	terbutaline sulfate TABS	P	
DUAKLIR PRESSAIR	NP		TRELEGY ELLIPTA	NP	
DULERA 50 MCG/ACT-5 MCG/ACT	P		VENTOLIN HFA AERS (Use albuterol sulfate)	NP	QL(16 gm per 30 days retail)
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(13 gm per fill retail)			
fluticasone furoate-vilanterol	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA (Use levalbuterol tartrate)	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s)	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(12 ml per fill retail); SP
Xanthines					
THEO-24 CP24	P				
theophylline ELIX	P				
theophylline SOLN	P	QL(475 ml per fill retail); MP	enoxaparin sodium SOSY 40 MG/0.4ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(6 ml per fill retail; 6 ml per 7 days retail)
theophylline TB12	P				
theophylline TB24	P				
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
warfarin sodium TABS	P		enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(14 ml per fill retail); SP
Direct Factor Xa Inhibitors					
ELIQUIS STARTER PACK TBPK	P	QL(4 ea daily); PA	enoxaparin sodium SOSY 40 MG/0.4ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(6 ml per fill retail; 7 ml per 7 days retail); SP
ELIQUIS TABS	P	QL(4 ea daily); PA			
SAVAYSA	NP		enoxaparin sodium SOSY 30 MG/0.3ML, 80 MG/0.8ML, 100 MG/ML, 120 MG/0.8ML, 150 MG/ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(5 ml per fill retail)
XARELTO STARTER PACK TBPK	P	PA			
XARELTO SUSR	NP		enoxaparin sodium SOSY 30 MG/0.3ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(5 ml per fill retail); SP
XARELTO TABS 15 MG	P	QL(2 ea daily); PA			
XARELTO TABS 2.5 MG	P	PA			
XARELTO TABS 10 MG	P	QL(1 ea daily; 35 ea per 180 days retail); PA			
XARELTO TABS 20 MG	P	QL(1 ea daily); PA			
Heparins And Heparinoid-Like Agents					
ARIXTRA (Use fondaparinux sodium)	NP	SP	enoxaparin sodium SOSY 60 MG/0.6ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail)
enoxaparin sodium SOLN IJ 300 MG/3ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(42 ml per fill retail); SP	enoxaparin sodium SOSY 60 MG/0.6ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail); SP
			fondaparinux sodium	P	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(12 ml per fill retail); SP
FRAGMIN SOSY	P	SP	Thrombin Inhibitors		
<i>heparin sodium (porcine) lock flush 10 UNIT/ML</i>	P		<i>dabigatran etexilate mesylate CAPS</i>	NP	
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P		PRADAXA CAPS	NP	
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P		PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i>)	NP	
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P		PRADAXA PACK	NP	SP
LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(42 ml per fill retail); SP	ANTICONVULSANTS - Drugs to Treat Seizures		
LOVENOX SOSY 30 MG/0.3ML (Use <i>enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(5 ml per fill retail); SP	AMPA Glutamate Receptor Antagonists		
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use <i>enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(14 ml per fill retail); SP	FYCOMPA SUSP	NP	
LOVENOX SOSY 60 MG/0.6ML (Use <i>enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail); SP	FYCOMPA TABS	NP	
LOVENOX SOSY 40 MG/0.4ML (Use <i>enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(6 ml per fill retail; 7 ml per 7 days retail); SP	Anticonvulsants - Benzodiazepines		
			<i>clobazam SUSP</i>	NP	
			<i>clobazam TABS</i>	NP	
			<i>clonazepam TABS</i>	P	QL(4 ea daily)
			<i>clonazepam TBDP</i>	NP	
			DIASTAT ACUDIAL GEL (Use <i>diazepam (anticonvulsant)</i>)	P	QL(1 ea per fill retail)
			DIASTAT PEDIATRIC GEL (Use <i>diazepam (anticonvulsant)</i>)	P	QL(1 ea per fill retail)
			<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 ea per fill retail)
			KLONOPIN TABS (Use <i>clonazepam</i>)	NP	QL(4 ea daily)
			NAYZILAM	NP	
			ONFI SUSP (Use <i>clobazam</i>)	NP	
			ONFI TABS (Use <i>clobazam</i>)	NP	
			SYMPAZAN FILM	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALTOCO 10 MG DOSE LIQD	NP		KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	NP	QL(30 ml daily); MP
VALTOCO 15 MG DOSE LQPK	NP		KEPPRA TABS 500 MG (Use levetiracetam)	NP	QL(6 ea daily); MP
VALTOCO 20 MG DOSE LQPK	NP		KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	NP	QL(4 ea daily); MP
VALTOCO 5 MG DOSE LIQD	NP		KEPPRA TABS 1000 MG (Use levetiracetam)	NP	MP
Anticonvulsants - Misc.			lacosamide SOLN OR 10 MG/ML	NP	
APTIOM	NP		lacosamide TABS	NP	
BANZEL SUSP (Use rufinamide)	NP	SP	LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	NP	MP
BANZEL TABS (Use rufinamide)	NP	SP	LAMICTAL ODT KIT (Use lamotrigine)	NP	MP
BRIVIACT SOLN OR 10 MG/ML	NP		LAMICTAL ODT KIT	NP	MP
BRIVIACT TABS	NP		LAMICTAL ODT TBDP (Use lamotrigine)	NP	MP
carbamazepine CHEW	P	MP	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	NP	MP
carbamazepine CP12	NP	MP	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	NP	MP
carbamazepine SUSP	P	MP	LAMICTAL XR KIT	NP	
carbamazepine TABS	P	MP	LAMICTAL XR TB24 (Use lamotrigine)	NP	ST; MP
carbamazepine TB12	P	MP	LAMICTAL TABS (Use lamotrigine)	NP	MP
CARBATROL CP12 (Use carbamazepine)	NP	MP	lamotrigine CHEW	P	MP
DIACOMIT CAPS	NP	SP	lamotrigine KIT 25 MG	NP	MP
DIACOMIT PACK	NP	SP	lamotrigine TABS	P	MP
ELEPSIA XR TB24	NP		lamotrigine TB24	NP	ST; MP
EPIDIOLEX	NP	SP			
EPRONTIA SOLN	NP				
FINTEPLA	NP	SP			
gabapentin CAPS	P	QL(9 ea daily); MP			
gabapentin SOLN	P	MP			
gabapentin TABS 600 MG	P	QL(6 ea daily); MP			
gabapentin TABS 800 MG	P	QL(4 ea daily); MP			
KEPPRA XR TB24 (Use levetiracetam)	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine TBDP</i>	NP	MP	TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	MP
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	QL(30 ml daily); MP	TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	MP
<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily); MP	TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	MP
<i>levetiracetam TABS 500 MG</i>	P	QL(6 ea daily); MP	TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily); MP
<i>levetiracetam TABS 1000 MG</i>	P	MP	TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 ea daily); MP
<i>levetiracetam TB24</i>	P	MP	TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 ea daily); MP
<i>LYRICA CAPS (Use pregabalin)</i>	NP	MP	TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily); MP
<i>LYRICA SOLN (Use pregabalin)</i>	NP	MP	TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(2 ea daily); MP
<i>MOTPOLY XR CP24</i>	NP		<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	NP	
<i>MYSOLINE (Use primidone)</i>	NP	MP	<i>topiramate CP24</i>	NP	
<i>NEURONTIN CAPS (Use gabapentin)</i>	NP	QL(9 ea daily); MP	<i>topiramate CPSP 25 MG</i>	P	QL(8 ea daily); MP
<i>NEURONTIN SOLN (Use gabapentin)</i>	NF	MP	<i>topiramate CPSP 15 MG</i>	P	QL(6 ea daily); MP
<i>NEURONTIN SOLN (Use gabapentin)</i>	NP	MP	<i>topiramate CS24</i>	NP	MP
<i>NEURONTIN TABS 600 MG (Use gabapentin)</i>	NP	QL(6 ea daily); MP	<i>topiramate TABS 200 MG</i>	P	QL(2 ea daily); MP
<i>NEURONTIN TABS 800 MG (Use gabapentin)</i>	NP	QL(4 ea daily); MP	<i>topiramate TABS 100 MG</i>	P	QL(4 ea daily); MP
<i>oxcarbazepine SUSP</i>	P	MP	<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 ea daily); MP
<i>oxcarbazepine TABS</i>	P	MP	TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	MP
<i>OXTELLAR XR TB24</i>	NP		TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NF	MP
<i>pregabalin CAPS</i>	P	MP	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	MP
<i>pregabalin SOLN</i>	P	MP	TROKENDI XR CP24 (<i>Use topiramate</i>)	NP	
<i>primidone 50 MG, 250 MG</i>	P	MP	VIMPAT SOLN OR 10 MG/ML (<i>Use lacosamide</i>)	NP	
<i>primidone 125 MG</i>	P				
<i>QUDEXY XR CS24 (Use topiramate)</i>	NP	MP			
<i>rufinamide SUSP</i>	NP	SP			
<i>rufinamide TABS</i>	NP	SP			
<i>SPRITAM TB3D</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIMPAT TABS (<i>Use lacosamide</i>)	NP		Succinimides		
ZONISADE SUSP	NP		CELONTIN (<i>Use methsuximide</i>)	NP	
zonisamide CAPS	P	MP	ethosuximide CAPS	P	MP
ZTALMY	NP		ethosuximide SOLN	P	MP
Carbamates			methsuximide	NP	
felbamate SUSP	NP	MP	ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	MP
felbamate TABS	NP	MP	ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	MP
FELBATOL SUSP (<i>Use felbamate</i>)	NP	MP	Valproic Acid		
FELBATOL TABS (<i>Use felbamate</i>)	NP	MP	DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NF	MP
XCOPRI TABS	P		DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NP	MP
XCOPRI TBPK	P		DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	MP
GABA Modulators			DEPAKOTE TBEC 125 MG (<i>Use divalproex sodium</i>)	NF	MP
GABITRIL (<i>Use tiagabine hcl</i>)	NP	MP	DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NP	MP
SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; MP	divalproex sodium CSDR	P	MP
SABRIL TABS (<i>Use vigabatrin</i>)	NP	QL(6 ea daily); SP; MP	divalproex sodium TB24	P	MP
tiagabine hcl	NP	MP	divalproex sodium TBEC	P	MP
vigabatrin PACK	NP	MP	valproate sodium SOLN OR 250 MG/5ML	P	MP
vigabatrin TABS	NP	QL(6 ea daily); SP; MP	valproic acid CAPS	P	MP
Hydantoins			ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN	NP		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP	mirtazapine TABS 7.5 MG, 45 MG	P	QL(1 ea daily); MP
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP	MP	mirtazapine TABS 15 MG	P	QL(3 ea daily); MP
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NP	MP	mirtazapine TABS 30 MG	P	QL(1.5 ea daily); MP
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	MP	mirtazapine TBDP 30 MG	P	QL(1.5 ea daily); MP
phenytoin CHEW	P	MP			
phenytoin SUSP	P	MP			

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily); MP
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily); MP
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily); MP
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily); MP
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily); MP
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily); MP
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NP	QL(1 ea daily); MP
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily); MP
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily); MP
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily); MP
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN	NP	
<i>bupropion hcl TABS</i>	P	QL(3 ea daily); MP
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily); MP
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 ea daily); MP
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 ea daily); MP
<i>bupropion hcl TB24 450 MG</i>	P	MP
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily); MP
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP	MP
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NP	QL(2 ea daily); MP
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily); MP
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NP	QL(4 ea daily); MP
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily); MP
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NP	QL(1 ea daily); MP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
NARDIL (<i>Use phenelzine sulfate</i>)	NP	MP
<i>phenelzine sulfate</i>	P	MP
<i>tranylcypromine sulfate</i>	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	NP	SP
SPRAVATO 84MG DOSE	NP	SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(2 ea daily); MP
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(4 ea daily); MP
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(1 ea daily); MP
CITALOPRAM HYDROBROMIDE CAPS	NP	

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram hydrobromide SOLN</i>	P	QL(240 ml per 30 days retail; 720 ml per 90 days mail); MP	<i>paroxetine hcl SUSP</i>	P	QL(40 ml daily)
<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 ea daily); MP	<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 ea daily); MP
<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 ea daily); MP	<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 ea daily); MP
<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 ea daily); MP	<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 ea daily); MP
<i>escitalopram oxalate SOLN</i>	P	MP	<i>paroxetine hcl TB24</i>	NP	MP
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 ea daily); MP	PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NP	MP
<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 ea daily); MP	PAXIL SUSP (Use <i>paroxetine hcl</i>)	NP	QL(40 ml daily)
<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 ea daily); MP	PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>)	NP	QL(6 ea daily); MP
<i>fluoxetine hcl CAPS</i>	P	QL(4 ea daily); MP	PAXIL TABS 30 MG, 40 MG (Use <i>paroxetine hcl</i>)	NP	QL(2 ea daily); MP
<i>fluoxetine hcl CPDR</i>	NP	MP	PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NP	QL(3 ea daily); MP
<i>fluoxetine hcl SOLN</i>	P	QL(600 ml per 30 days retail; 1800 ml per 90 days mail); MP	PEXEVA	NP	
<i>fluoxetine hcl TABS</i>	P	MP	PROZAC CAPS (Use <i>fluoxetine hcl</i>)	NP	QL(4 ea daily); MP
FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>)	P	MP	<i>sertraline hcl CONC</i>	P	QL(10 ml daily); MP
<i>fluvoxamine maleate CP24</i>	NP	MP	<i>sertraline hcl TABS 100 MG</i>	P	QL(2 ea daily); MP
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 ea daily); MP	<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 ea daily); MP
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 ea daily); MP	SERTRALINE HYDROCHLORIDE CAPS	NP	
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1 ea daily); MP	ZOLOFT CONC (Use <i>sertraline hcl</i>)	NP	QL(10 ml daily); MP
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NP	QL(4 ea daily); MP	ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i>)	NP	QL(4 ea daily); MP
LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>)	NP	QL(2 ea daily); MP	ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>)	NP	QL(2 ea daily); MP
			Serotonin Modulators		
			<i>nefazodone hcl</i>	NP	MP
			<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	MP
			<i>trazodone hcl TABS 300 MG</i>	P	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX	NP	QL(1 ea daily)
VIIBRYD STARTER PACK KIT	NP	
VIIBRYD TABS (Use vilazodone hcl)	NP	QL(1 ea daily)
<i>vilazodone hcl</i> TABS	NP	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 ea daily); MP
DESVENLAFAXINE ER	NP	MP
<i>desvenlafaxine succinate</i> 25 MG, 50 MG	NP	QL(1 ea daily); ST; MP
<i>desvenlafaxine succinate</i> 100 MG	NP	QL(4 ea daily); ST; MP
DRIZALMA SPRINKLE CSDR	NP	
<i>duloxetine hcl</i> CPEP 40 MG	P	MP
<i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 60 MG	P	QL(1 ea daily); MP
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily); MP
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily); MP
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily); MP
FETZIMA TITRATION PACK C4PK	NP	
FETZIMA CP24	NP	
PRISTIQ 50 MG (Use desvenlafaxine succinate)	NF	QL(1 ea daily); ST; MP
PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 ea daily); ST; MP
PRISTIQ 100 MG (Use desvenlafaxine succinate)	NP	QL(4 ea daily); ST; MP
VENLAFAXINE BESYLATE ER	P	
<i>venlafaxine hcl</i> CP24 75 MG	P	QL(5 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl</i> CP24 150 MG	P	QL(2 ea daily); MP
<i>venlafaxine hcl</i> CP24 37.5 MG	P	QL(4 ea daily); MP
<i>venlafaxine hcl</i> TABS	P	MP
<i>venlafaxine hcl</i> TB24	NP	MP
Tricyclic Agents		
<i>amitriptyline hcl</i> TABS	P	MP
<i>amoxapine</i>	NP	MP
ANAFRANIL (Use clomipramine hcl)	NP	MP
<i>clomipramine hcl</i>	P	MP
<i>desipramine hcl</i> TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	MP
<i>desipramine hcl</i> TABS 25 MG	P	QL(2 ea daily); MP
<i>doxepin hcl</i> CAPS	P	MP
<i>doxepin hcl</i> CONC	P	MP
<i>imipramine hcl</i> TABS	P	MP
<i>imipramine pamoate</i>	NP	MP
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily); MP
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP	MP
<i>nortriptyline hcl</i> CAPS	P	MP
<i>nortriptyline hcl</i> SOLN	P	QL(20 ml daily); MP
PAMELOR CAPS (Use nortriptyline hcl)	NP	MP
<i>protriptyline hcl</i>	P	MP
<i>trimipramine maleate</i> CAPS	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	P	MP
<i>miglitol</i>	P	MP
PRECOSE (Use acarbose)	NF	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antidiabetic - Amylin Analogs			OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (Use alogliptin-pioglitazone)	NF	QL(1 ea daily); MP
SYMLINPEN 120 SOPN	NP	QL(11 ml per 30 days retail)	pioglitazone hcl-glimepiride	NP	MP
SYMLINPEN 60 SOPN	NP	QL(6 ml per 30 days retail)	pioglitazone hcl-metformin hcl TABS	NP	QL(2 ea daily); MP
Antidiabetic Combinations			QTERN	NP	
ACTOPLUS MET TABS 500 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NF	QL(2 ea daily); MP	saxagliptin-metformin hcl	NP	
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NP	QL(2 ea daily); MP	SEGLUROMET	NP	QL(2 ea daily); ST
alogliptin-metformin hcl	NP	QL(2 ea daily); MP	SOLIQUA 100/33	NP	
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 ea daily); MP	STEGLUJAN	NP	
DUETACT (Use pioglitazone hcl-glimepiride)	NP	MP	SYNJARDY XR TB24	NP	
glipizide-metformin hcl	P	MP	SYNJARDY TABS	NP	
glyburide-metformin	P	MP	TRIJARDY XR	NP	
GLYXAMBI	NP		XIGDUO XR	NP	
INVOKAMET XR TB24	NP		XULTOPHY 100/3.6	NP	
INVOKAMET TABS	NP		Biguanides		
JANUMET XR TB24	NP		GLUMETZA TB24 (Use metformin hcl)	NP	MP
JANUMET TABS	NP		metformin hcl SOLN	NP	MP
JENTADUETO XR TB24	NP		metformin hcl TABS 625 MG	NP	
JENTADUETO TABS	NP	QL(2 ea daily)	metformin hcl TABS 500 MG	P	QL(5 ea daily); MP
KAZANO (Use alogliptin-metformin hcl)	NP	QL(2 ea daily); MP	metformin hcl TABS 1000 MG	P	QL(2 ea daily); MP
KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	NP		metformin hcl TABS 850 MG	P	QL(3 ea daily); MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	NP	QL(1 ea daily); MP	metformin hcl TB24 500 MG, 1000 MG	NP	MP
			metformin hcl TB24 500 MG	P	QL(4 ea daily); MP
			metformin hcl TB24 750 MG	P	QL(2 ea daily); MP
			RIOMET SOLN (Use metformin hcl)	NP	MP
			Diabetic Other		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BAQSIMI ONE PACK POWD	P		BYETTA SOPN 10 MCG/0.04ML	NP	QL(2.4 ml per 30 days retail)
BAQSIMI TWO PACK POWD	P		BYETTA SOPN 5 MCG/0.02ML	NP	QL(1.2 ml per 30 days retail)
<i>diazoxide</i>	P		MOUNJARO	NP	
GLUCAGEN HYPOKIT	NP		OZEMPIC SOPN	NP	
<i>glucagon (rdna)</i>	NP	QL(1 ea per fill retail)	RYBELSUS TABS	P	PA
GLUCAGON EMERGENCY KIT (Use <i>glucagon (rdna)</i>)	NP	QL(1 ea per fill retail)	TRULICITY	P	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP		VICTOZA	P	QL(0.3 ml daily)
GVOKE HYPOPEN 1-PACK SOAJ	P		Insulin		
GVOKE HYPOPEN 2-PACK SOAJ	P		ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily); MP
GVOKE KIT SOLN	P		ADMELOG SOLN IJ	NP	
GVOKE PFS SOSY	P		AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
KORLYM	NP	SP	APIDRA SOLOSTAR SOPN	NP	QL(2 ml daily); MP
PROGLYCEM (Use <i>diazoxide</i>)	P		APIDRA SOLN	NP	QL(2 ml daily); MP
ZEGALOGUE SOAJ	P		BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily); MP
ZEGALOGUE SOSY	P		BASAGLAR TEMPO PEN SOPN	NP	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			FIASP FLEXTOUCH SOPN	NP	QL(2 ml daily); MP
<i>alogliptin benzoate</i>	NP	QL(1 ea daily); MP	FIASP PENFILL SOCT	NP	QL(2 ml daily); MP
JANUVIA	P		FIASP PUMPCART SOCT	NP	QL(2 ml daily); MP
NESINA (Use <i>alogliptin benzoate</i>)	NP	QL(1 ea daily); MP	FIASP SOLN	NP	QL(2 ml daily); MP
ONGLYZA (Use <i>saxagliptin hcl</i>)	NP		HUMALOG JUNIOR KWIKPEN SOPN	P	QL(2 ml daily); MP
<i>saxagliptin hcl</i>	NP		HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	QL(1 ml daily); MP
TRADJENTA	P	QL(1 ea daily)	HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ml daily); MP
Dopamine Receptor Agonists - Antidiabetic			HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(2 ml daily); MP
CYCLOSET	NP		HUMALOG MIX 50/50 SUSP	P	QL(2 ml daily); MP
Incretin Mimetic Agents					
BYDUREON BCISE AUJ	NP	QL(3.4 ml per 28 days retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(2 ml daily); MP	INSULIN GLARGINE-YFGN SOLN	NP	
HUMALOG MIX 75/25 SUSP	P	QL(2 ml daily); MP	INSULIN GLARGINE-YFGN SOPN	NP	
HUMALOG TEMPO PEN SOPN	NP		INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(2 ml daily); MP
HUMALOG SOCT	P	QL(2 ml daily); MP	INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily); MP
HUMALOG SOLN IJ	P		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ml daily); MP	INSULIN LISPRO SOLN IJ	P	
HUMULIN 70/30 SUSP	P	QL(2 ml daily); MP	LANTUS SOLOSTAR SOPN	P	QL(2 ml daily); MP
HUMULIN N KWIKPEN SUPN	P	QL(2 ml daily); MP	LANTUS SOLN	P	QL(2 ml daily); MP
HUMULIN N SUSP	P	QL(2 ml daily); MP	LEVEMIR FLEXPEN SOPN	P	QL(2 ml daily); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	QL(2 ml daily); MP	LEVEMIR FLEXTOUCH SOPN	P	QL(2 ml daily); MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	QL(0.6 ml daily); MP	LEVEMIR SOLN	P	QL(2 ml daily); MP
HUMULIN R SOLN IJ	P	QL(2 ml daily); MP	LYUMJEV KWIKPEN SOPN	NP	MP
INSULIN ASPART FLEXPEN SOPN	NP	QL(2 ml daily); MP	LYUMJEV TEMPO PEN SOPN	NP	
INSULIN ASPART PENFILL SOCT	NP	QL(2 ml daily); MP	LYUMJEV SOLN	NP	MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	NP	QL(2 ml daily); MP	NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	NP	QL(2 ml daily); MP	NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(2 ml daily); MP
INSULIN ASPART SOLN IJ	NP		NOVOLIN 70/30 RELION SUSP	NP	QL(2 ml daily); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	QL(2 ml daily); MP	NOVOLIN 70/30 SUSP	NP	QL(2 ml daily); MP
INSULIN DEGLUDEC SOLN	NP	QL(2 ml daily); MP	NOVOLIN N FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
INSULIN GLARGINE SOLOSTAR SOPN	NP	QL(2 ml daily); MP	NOVOLIN N FLEXPEN SUPN	NP	QL(2 ml daily); MP
INSULIN GLARGINE SOLN	NP	QL(2 ml daily); MP	NOVOLIN N RELION SUSP	NP	QL(2 ml daily); MP
			NOVOLIN N SUSP	NP	QL(2 ml daily); MP

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	QL(2 ml daily); MP
NOVOLIN R FLEXPEN SOPN IJ	NP	QL(2 ml daily); MP
NOVOLIN R RELION SOLN IJ	NP	QL(2 ml daily); MP
NOVOLIN R SOLN IJ	NP	QL(2 ml daily); MP
NOVOLOG FLEXPEN RELION SOPN	NP	QL(2 ml daily); MP
NOVOLOG FLEXPEN SOPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 SUSP	NP	QL(2 ml daily); MP
NOVOLOG PENFILL SOCT	NP	QL(2 ml daily); MP
NOVOLOG RELION SOLN IJ	NP	
NOVOLOG SOLN IJ	NP	
REZVOGLAR KWIKPEN	NP	
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	
TOUJEO MAX SOLOSTAR SOPN	NP	QL(0.4 ml daily); MP
TOUJEO SOLOSTAR SOPN	NP	QL(0.45 ml daily); MP
TRESIBA FLEXTOUCH SOPN	NP	QL(2 ml daily); MP
TRESIBA SOLN	NP	QL(2 ml daily); MP
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i>	P	QL(1 ea daily); MP
Meglitinide Analogues		
<i>nateglinide</i>	P	QL(3 ea daily); MP
<i>repaglinide</i>	NP	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	P	
INVOKANA	P	
JARDIANCE	P	QL(1 ea daily)
STEGLATRO	NP	QL(1 ea daily); ST
Sulfonylureas		
AMARYL 4 MG (Use <i>glimepiride</i>)	NF	QL(2 ea daily); MP
AMARYL 1 MG, 2 MG (Use <i>glimepiride</i>)	NF	QL(4 ea daily); MP
<i>glimepiride 4 MG</i>	P	QL(2 ea daily); MP
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 ea daily); MP
<i>glipizide TABS</i>	P	MP
<i>glipizide TB24</i>	P	MP
GLUCOTROL XL TB24 (Use <i>glipizide</i>)	NP	MP
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	MP
<i>glyburide TABS</i>	P	MP
GLYNASE 3 MG (Use <i>glyburide micronized</i>)	NF	MP
GLYNASE (Use <i>glyburide micronized</i>)	NP	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	P		FERRIPROX TWICE-A-DAY TABS	NP	SP
<i>bismuth subsalicylate TABS</i>	P		FERRIPROX SOLN	NP	SP
PEPTO BISMOL TABS (Use <i>bismuth subsalicylate</i>)	NF		FERRIPROX TABS (Use <i>deferiprone</i>)	NP	SP
PEPTO-BISMOL MAX STRENGTH SUSP (Use <i>bismuth subsalicylate</i>)	NF		JADENU SPRINKLE PACK (Use <i>deferasirox</i>)	NP	SP
PEPTO-BISMOL TO-GO CHEW (Use <i>bismuth subsalicylate</i>)	NF		JADENU TABS (Use <i>deferasirox</i>)	NP	SP
PEPTO-BISMOL CHEW (Use <i>bismuth subsalicylate</i>)	NF		Antidotes and Specific Antagonists		
Antiperistaltic Agents			VISTOGARD	P	
<i>diphenoxylate w/ atropine LIQD</i>	P		Opioid Antagonists		
<i>diphenoxylate w/ atropine TABS</i>	P		KLOXXADO LIQD	P	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i>)	NF	QL(8 ea daily); RX/OTC	LIFEMS NALOXONE PSKT	P	
IMODIUM A-D TABS (Use <i>loperamide hcl</i>)	NF	QL(8 ea daily)	NALMEFENE HYDROCHLORIDE IJ	P	
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i>)	NF		<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>loperamide hcl CAPS</i>	P	QL(8 ea daily); RX/OTC	<i>naloxone hcl SOCT</i>	P	
<i>loperamide hcl TABS</i>	P	QL(8 ea daily)	<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS			<i>naloxone hcl SOSY</i>	P	
Antidotes - Chelating Agents			<i>naltrexone hcl</i>	P	
CHEMET	P		NARCAN LIQD (Use <i>naloxone hcl</i>)	P	RX/OTC
<i>deferasirox PACK</i>	NP	SP	OPVEE NA	P	
<i>deferasirox TABS</i>	NP	SP	VIVITROL	P	SP
<i>deferasirox TBSO</i>	NP	SP	ZIMHI SOSY	P	
<i>deferiprone TABS</i>	NP	SP	ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
EXJADE TBSO (Use <i>deferasirox</i>)	NP	SP	5-HT3 Receptor Antagonists		
			ANZEMET TABS 50 MG	NP	
			<i>granisetron hcl TABS</i>	NP	
			<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	QL(50 ml per fill retail)
			<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron TBDP</i>	P	QL(20 ea per fill retail)
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NP	RX/OTC
ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	P	RX/OTC
<i>scopolamine</i>	P	
TRANSDERM-SCOP (<i>Use scopolamine</i>)	P	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NP	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	NP	
MARINOL CAPS 5 MG, 10 MG (<i>Use dronabinol</i>)	NF	
MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	P	
<i>aprepitant MISC</i>	P	
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NP	
EMEND CAPS 80 MG (<i>Use aprepitant</i>)	NP	
EMEND SUSR	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
BREXAFEMME	NP	
MICAFUNGIN	P	
<i>micafungin sodium</i>	P	
MYCAMINE (<i>Use micafungin sodium</i>)	NF	
Antifungals		
ANCOBON (<i>Use flucytosine</i>)	NP	
<i>flucytosine</i>	NP	
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin TABS</i>	P	QL(6 ea daily)
<i>terbinafine hcl TABS</i>	P	QL(1 ea daily; 90 ea per 120 days retail)
<i>terbinafine hcl TABS</i>	P	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG (<i>Use fluconazole</i>)	NP	QL(1 ea daily)
DIFLUCAN TABS 50 MG (<i>Use fluconazole</i>)	NF	QL(7 ea per fill retail)
DIFLUCAN TABS 200 MG (<i>Use fluconazole</i>)	NP	QL(2 ea daily)
DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NF	QL(2 ea per fill retail)
<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	P	
FLUCONAZOLE/SODIUM CHLORIDE	P	
<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)
<i>fluconazole TABS 50 MG</i>	P	QL(7 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill retail)
<i>fluconazole TABS 100 MG</i>	P	QL(1 ea daily)
<i>fluconazole TABS 200 MG</i>	P	QL(2 ea daily)
<i>itraconazole CAPS</i>	P	QL(1 ea daily)
<i>itraconazole SOLN</i>	NP	
<i>ketoconazole</i>	P	
NOXAFIL PACK	NP	
NOXAFIL SUSP (<i>Use posaconazole</i>)	NP	
NOXAFIL TBEC (<i>Use posaconazole</i>)	NP	
<i>posaconazole SUSP</i>	NP	
<i>posaconazole TBEC</i>	NP	
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NF	QL(1 ea daily)
SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 ea daily)
SPORANOX SOLN (<i>Use itraconazole</i>)	NP	
TOLSURA CAPS	NP	
VFEND SUSR (<i>Use voriconazole</i>)	NP	
VFEND TABS (<i>Use voriconazole</i>)	NP	
VIVJOA	NP	
<i>voriconazole SUSR</i>	NP	
<i>voriconazole TABS</i>	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ml daily)
<i>chlorpheniramine maleate TABS</i>	P	QL(120 ea per fill retail)
Antihistamines - Ethanolamines		

Drug Name	Drug Tier	Requirements/Limits
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
<i>clemastine fumarate TABS 1.34 MG</i>	P	QL(2 ea daily)
<i>diphenhydramine hcl CAPS</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	P	QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NF	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NF	QL(2 ea daily)
<i>cetirizine hcl CHEW</i>	P	QL(1 ea daily)
<i>cetirizine hcl SOLN OR</i>	P	QL(480 ml per fill retail); RX/OTC
<i>cetirizine hcl SYRP OR</i>	P	QL(480 ml per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN REDITABS JUNIORS TBDP (<i>Use loratadine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
CLARITIN REDITABS TBDP (Use loratadine)	NF	
CLARITIN SOLN (Use loratadine)	NF	QL(240 ml per fill retail)
CLARITIN TABS (Use loratadine)	NF	
fexofenadine hcl TABS 180 MG	P	QL(1 ea daily)
fexofenadine hcl TABS 60 MG	P	QL(2 ea daily)
levocetirizine dihydrochloride TABS	P	QL(1 ea daily); RX/OTC
loratadine SOLN	P	QL(240 ml per fill retail)
loratadine TABS	P	
loratadine TBDP 10 MG	P	
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	NF	QL(480 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl SOLN 6.25 MG/5ML	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl SUPP	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl SYRP	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL)		

Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
NEXLETOL	NP	
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	ST; MP
NEXLIZET	NP	
VYTORIN (Use ezetimibe-simvastatin)	NF	ST; MP
VYTORIN (Use ezetimibe-simvastatin)	NP	ST; MP
Antihyperlipidemics - Misc.		
icosapent ethyl	NP	
LOVAZA (Use omega-3-acid ethyl esters)	NP	MP
omega-3-acid ethyl esters	NP	MP
VASCEPA (Use icosapent ethyl)	NP	
Bile Acid Sequestrants		
cholestyramine light PACK	P	MP
cholestyramine light POWD	P	MP
cholestyramine PACK	P	MP
cholestyramine POWD	P	MP
colesevelam hcl PACK	NP	MP
colesevelam hcl TABS	NP	MP
COLESTID FLAVORED GRAN (Use colestipol hcl)	NP	MP
COLESTID FLAVORED PACK (Use colestipol hcl)	NP	MP
COLESTID GRAN (Use colestipol hcl)	NP	MP
COLESTID PACK (Use colestipol hcl)	NP	MP
COLESTID TABS (Use colestipol hcl)	NP	MP
colestipol hcl GRAN	NP	MP
colestipol hcl PACK	NP	MP
colestipol hcl TABS	NP	MP

Drug Name	Drug Tier	Requirements/Limits
QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	MP
QUESTRAN PACK (Use cholestyramine)	NP	MP
QUESTRAN POWD (Use cholestyramine)	NP	MP
WELCHOL PACK (Use colesevelam hcl)	NP	MP
WELCHOL TABS (Use colesevelam hcl)	NP	MP
Fibric Acid Derivatives		
ANTARA 30 MG	NP	
ANTARA 90 MG (Use fenofibrate micronized)	NF	
choline fenofibrate	P	MP
fenofibrate micronized 67 MG	P	QL(2 ea daily); MP
fenofibrate micronized 134 MG, 200 MG	P	QL(1 ea daily); MP
fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	P	
fenofibrate CAPS	P	MP
fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG	P	MP
fenofibrate TABS 54 MG	P	QL(3 ea daily); MP
fenofibrate TABS 160 MG	P	QL(1 ea daily); MP
fenofibric acid	NP	
FENOGLIDE TABS (Use fenofibrate)	NP	MP
gemfibrozil TABS	P	QL(2 ea daily); MP
LIPOFEN CAPS (Use fenofibrate)	NP	MP
LIPOFEN CAPS (Use fenofibrate)	NF	MP
LOPID TABS (Use gemfibrozil)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
TRICOR TABS (Use fenofibrate)	NP	MP
TRILIPIX (Use choline fenofibrate)	NP	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
atorvastatin calcium TABS	P	QL(1 ea daily); MP
CRESTOR TABS 5 MG, 10 MG, 40 MG (Use rosuvastatin calcium)	NF	QL(1 ea daily); MP
CRESTOR TABS 5 MG, 10 MG, 20 MG (Use rosuvastatin calcium)	NP	QL(1 ea daily); MP
EZALLOR SPRINKLE CPSP	NP	
fluvastatin sodium CAPS	NP	MP
fluvastatin sodium TB24	NP	MP
LESCOL XL TB24 (Use fluvastatin sodium)	NP	MP
LIPITOR TABS 10 MG, 40 MG, 80 MG (Use atorvastatin calcium)	NF	QL(1 ea daily); MP
LIPITOR TABS (Use atorvastatin calcium)	NP	QL(1 ea daily); MP
LIVALO (Use pitavastatin calcium)	NP	
lovastatin TABS 10 MG, 20 MG	P	QL(1 ea daily); MP
lovastatin TABS 40 MG	P	QL(2 ea daily); MP
pitavastatin calcium	NP	
pravastatin sodium	P	QL(1 ea daily); MP
rosuvastatin calcium TABS	P	QL(1 ea daily); MP
simvastatin TABS	P	QL(1 ea daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use simvastatin)	NF	QL(1 ea daily); MP

Illinois YouthCare

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use <i>simvastatin</i>)	NP	QL(1 ea daily); MP
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	MP
ZETIA (Use <i>ezetimibe</i>)	NF	MP
ZETIA (Use <i>ezetimibe</i>)	NP	MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	NP	MP
NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i>)	NF	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP
PRALUENT SOAJ	NP	SP
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP
REPATHA SURECLICK SOAJ	NP	SP
REPATHA SOSY	NP	SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use <i>quinapril hcl</i>)	NP	QL(1 ea daily); MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use <i>ramipril</i>)	NP	QL(2 ea daily); MP
<i>benazepril hcl</i> 5 MG, 10 MG, 20 MG	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl</i> 40 MG	P	QL(2 ea daily); MP
<i>captopril</i>	P	QL(3 ea daily); MP
<i>enalapril maleate</i> SOLN	NP	MP
<i>enalapril maleate</i> TABS	P	QL(2 ea daily); MP
EPANED SOLN (Use <i>enalapril maleate</i>)	NP	MP
<i>fosinopril sodium</i>	P	QL(1 ea daily); MP
<i>lisinopril</i> TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 40 MG (Use <i>benazepril hcl</i>)	NP	QL(2 ea daily); MP
LOTENSIN 10 MG, 20 MG (Use <i>benazepril hcl</i>)	NP	QL(1 ea daily); MP
<i>moexipril hcl</i>	P	MP
<i>perindopril erbumine</i>	NP	MP
QBRELIS SOLN	NP	MP
<i>quinapril hcl</i>	P	QL(1 ea daily); MP
<i>ramipril</i> CAPS	P	QL(2 ea daily); MP
<i>trandolapril</i> 1 MG, 2 MG	P	QL(1 ea daily); MP
<i>trandolapril</i> 4 MG	P	QL(2 ea daily); MP
VASOTEC TABS (Use <i>enalapril maleate</i>)	NP	QL(2 ea daily); MP
ZESTRIL TABS (Use <i>lisinopril</i>)	NP	MP
Agents for Pheochromocytoma		
DEMSER (Use <i>metyrosine</i>)	P	SP; MP
<i>metyrosine</i>	P	SP; MP
<i>phenoxybenzamine hcl</i>	NP	MP
Angiotensin II Receptor Antagonists		
ATACAND (Use <i>candesartan cilexetil</i>)	NP	MP
AVAPRO (Use <i>irbesartan</i>)	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BENICAR (Use olmesartan medoxomil)	NP	ST; MP	prazosin hcl CAPS	P	MP
candesartan cilexetil	NP	MP	terazosin hcl	P	MP
COZAAR (Use losartan potassium)	NP	QL(1 ea daily); MP	Antihypertensive Combinations		
COZAAR (Use losartan potassium)	NF	QL(1 ea daily); MP	ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 ea daily); MP
DIOVAN TABS (Use valsartan)	NP	QL(1 ea daily); MP	ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(4 ea daily); MP
EDARBI	NP		ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(2 ea daily); MP
irbesartan	P	QL(1 ea daily); MP	amlodipine besylate-benazepril hcl	P	QL(1 ea daily); MP
losartan potassium	P	QL(1 ea daily); MP	amlodipine besylate-olmesartan medoxomil	NP	ST; MP
MICARDIS (Use telmisartan)	NP	QL(1 ea daily); MP	amlodipine besylate-valsartan	NP	ST; MP
olmesartan medoxomil	NP	ST; MP	amlodipine-valsartan-hydrochlorothiazide	NP	ST; MP
telmisartan	NP	QL(1 ea daily); MP	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NP	MP
VALSARTAN SOLN	P		atenolol & chlorthalidone	P	QL(1 ea daily); MP
valsartan TABS	P	QL(1 ea daily); MP	AVALIDE (Use irbesartan-hydrochlorothiazide)	NP	QL(1 ea daily); MP
Antiadrenergic Antihypertensives			AZOR (Use amlodipine besylate-olmesartan medoxomil)	NP	ST; MP
CARDURA (Use doxazosin mesylate)	NF	MP	AZOR 5 MG-40 MG (Use amlodipine besylate-olmesartan medoxomil)	NF	ST; MP
CARDURA (Use doxazosin mesylate)	NP	MP	benazepril & hydrochlorothiazide	P	QL(1 ea daily); MP
CATAPRES-TTS-1 (Use clonidine)	NP		BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NP	ST; MP
CATAPRES-TTS-2 (Use clonidine)	NP		bisoprolol & hydrochlorothiazide	P	QL(1 ea daily); MP
CATAPRES-TTS-3 (Use clonidine)	NP		candesartan cilexetil-hydrochlorothiazide	NP	MP
clonidine	P				
clonidine hcl TABS	P	MP			
clonidine hcl TB24	NP				
doxazosin mesylate	P	MP			
guanfacine hcl	P	MP			
methyldopa TABS	P	MP			
MINIPRESS CAPS (Use prazosin hcl)	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide</i>	P	QL(2 ea daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	ST; MP
DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	NP	ST; MP
EDARBYCLOR	NP		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 ea daily); MP
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 ea daily); MP	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 ea daily); MP
EXFORGE (Use <i>amlodipine besylate-valsartan</i>)	NP	ST; MP	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 ea daily); MP
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	ST; MP	TEKTURNA HCT	NP	
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily); MP	<i>telmisartan-amlodipine</i>	NP	MP
HYZAAR (Use <i>losartan potassium & hydrochlorothiazide</i>)	NF	QL(1 ea daily); MP	<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 ea daily); MP
HYZAAR (Use <i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP	TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NP	QL(1 ea daily); MP
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily); MP	TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NP	QL(1 ea daily); MP
<i>lisinopril & hydrochlorothiazide</i>	P	MP	<i>trandolapril-verapamil hcl</i>	P	MP
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily); MP	TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST; MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily); MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily); MP	VASERETIC 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP
<i>metoprolol & hydrochlorothiazide TABS</i>	P	QL(2 ea daily); MP	ZESTORETIC (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	MP
MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP	ZIAC (Use <i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP
			Direct Renin Inhibitors		
			<i>aliskiren fumarate</i>	NP	MP
			TEKTURNA (Use <i>aliskiren fumarate</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	NP	MP
INSPRA (<i>Use eplerenone</i>)	NF	MP
INSPRA (<i>Use eplerenone</i>)	NP	MP
Vasodilators		
<i>hydralazine hcl TABS</i>	P	MP
<i>minoxidil 2.5 MG, 10 MG</i>	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS (<i>Use metronidazole</i>)	NP	
<i>metronidazole CAPS</i>	NP	
<i>metronidazole SOLN</i>	P	
METRONIDAZOLE SOLN (<i>Use metronidazole</i>)	NF	
<i>metronidazole TABS</i>	P	
NEBUPENT IN (<i>Use pentamidine isethionate</i>)	P	
<i>pentamidine isethionate IN</i>	P	
<i>tinidazole</i>	NP	
<i>trimethoprim TABS</i>	P	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NP	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal CAPS</i>	NP	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	NP	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
URIBEL	NP	
UROGESIC-BLUE TABS (<i>Use methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP	
Antiprotozoal Agents		
<i>atovaquone</i>	P	
LAMPIT	NP	
MEPRON (<i>Use atovaquone</i>)	NP	
<i>nitazoxanide TABS</i>	NP	
Carbapenems		
<i>ertapenem sodium IJ</i>	P	SP
<i>imipenem-cilastatin IV</i>	P	
INVANZ IJ (<i>Use ertapenem sodium</i>)	NF	SP
<i>meropenem</i>	P	
MEROPENEM/SODIUM CHLORIDE	P	
PRIMAXIN IV IV 500 MG-500 MG (<i>Use imipenem-cilastatin</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Glycopeptides			<i>clindamycin phosphate in d5w</i>	P	
FIRVANQ SOLR OR 25 MG/ML (<i>Use vancomycin hcl</i>)	NP	QL(300 ml per fill retail)	<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 9000 MG/60ML</i>	P	
FIRVANQ SOLR OR 50 MG/ML (<i>Use vancomycin hcl</i>)	NP		<i>clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	P	
VANCOGIN CAPS 125 MG (<i>Use vancomycin hcl</i>)	NP	QL(4 ea daily)	CLINDAMYCIN/SODIUM CHLORIDE	P	
VANCOGIN CAPS 250 MG (<i>Use vancomycin hcl</i>)	NP	QL(8 ea daily)	Monobactams		
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 ea daily)	AZACTAM (<i>Use aztreonam</i>)	NF	
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 ea daily)	<i>aztreonam</i>	P	
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	P	QL(300 ml per fill retail)	CAYSTON	NP	SP
<i>vancomycin hcl SOLR OR 50 MG/ML, 250 MG/5ML</i>	P		Oxazolidinones		
Leprostatics			<i>linezolid SUSR</i>	NP	
<i>dapsone</i>	P		<i>linezolid TABS</i>	NP	
Lincosamides			SIVEXTRO TABS	NP	QL(6 ea per fill retail)
CLEOCIN (<i>Use clindamycin hcl</i>)	NP		ZYVOX SUSR (<i>Use linezolid</i>)	NP	
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NP	QL(300 ml per fill retail)	ZYVOX TABS (<i>Use linezolid</i>)	NP	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML (<i>Use clindamycin phosphate</i>)	NF		Urinary Anti-infectives		
CLEOCIN PHOSPHATE SOLN IJ 600 MG/4ML, 900 MG/6ML (<i>Use clindamycin phosphate</i>)	NF		<i>fosfomicin tromethamine</i>	P	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML	P		HIPREX (<i>Use methenamine hippurate</i>)	NP	
<i>clindamycin hcl</i>	P		HIPREX (<i>Use methenamine hippurate</i>)	NF	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)	MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NP	
			MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	NP	
			<i>methenamine hippurate</i>	P	
			<i>methenamine mandelate 0.5 GM, 1 GM</i>	P	

Drug Name	Drug Tier	Requirements/Limits
MONUROL (<i>Use fosfomycin tromethamine</i>)	NF	
<i>nitrofurantoin</i>	P	QL(40 ml daily)
NITROFURANTOIN	P	
<i>nitrofurantoin macrocrystal</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	P	MP
COARTEM	NP	QL(24 ea per fill retail)
MALARONE (<i>Use atovaquone-proguanil hcl</i>)	NP	MP
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	P	QL(2 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(8 ea per 56 days retail)
DARAPRIM (<i>Use pyrimethamine</i>)	NP	SP
<i>hydroxychloroquine sulfate</i>	P	MP
KRINTAFEL	NP	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	P	MP
<i>primaquine phosphate TABS</i>	P	MP
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	P	MP
<i>pyrimethamine</i>	NP	SP
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NP	
<i>quinine sulfate CAPS 324 MG</i>	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE	NP	SP
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NP	
MESTINON SOLN OR (<i>Use pyridostigmine bromide</i>)	NP	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide SOLN OR</i>	P	
<i>pyridostigmine bromide TABS</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	P	
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	MP
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NP	
MYCOBUTIN (<i>Use rifabutin</i>)	NP	
PRETOMANID	NP	
PRIFTIN	P	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
SIRTURO	NP	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE TABS	P		LENVIMA 18 MG DAILY DOSE	NP	SP
LEUKERAN	P		LENVIMA 20 MG DAILY DOSE	NP	SP
<i>melphalan</i>	P		LENVIMA 24 MG DAILY DOSE	NP	SP
MYLERAN TABS	P		LENVIMA 4 MG DAILY DOSE	NP	SP
TEMODAR CAPS 180 MG, 250 MG (<i>Use temozolomide</i>)	NF	QL(2 ea daily); SP	LENVIMA 8 MG DAILY DOSE	NP	SP
TEMODAR CAPS 100 MG, 140 MG (<i>Use temozolomide</i>)	NF	SP	Antineoplastic - Anti-HER2 Agents		
<i>temozolomide CAPS 180 MG, 250 MG</i>	P	QL(2 ea daily); SP	TUKYSA	NP	SP
<i>temozolomide CAPS 5 MG, 20 MG, 100 MG, 140 MG</i>	P	SP	Antineoplastic - BCL-2 Inhibitors		
Antimetabolites			VENCLEXTA STARTING PACK TBPK	NP	SP
<i>capecitabine</i>	NP	SP	VENCLEXTA TABS	NP	SP
JYLAMVO SOLN	NP	SP	Antineoplastic - EGFR Inhibitors		
<i>mercaptopurine TABS</i>	P		<i>erlotinib hcl</i>	P	SP
<i>methotrexate sodium TABS 2.5 MG</i>	P		EXKIVITY	NP	SP
ONUREG TABS	NP	SP	<i>gefitinib</i>	P	SP
PURIXAN SUSP	NP		GILOTRIF	NP	SP
TABLOID	P	SP	IRESSA (<i>Use gefitinib</i>)	P	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		TAGRISO	NP	SP
XATMEP SOLN	NP		TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP
XELODA (<i>Use capecitabine</i>)	NP	SP	VIZIMPRO	NP	SP
Antineoplastic - Angiogenesis Inhibitors			Antineoplastic - Hedgehog Pathway Inhibitors		
FRUZAQLA	NP	SP	DAURISMO	NP	SP
INLYTA	NP	SP	ERIVEDGE	P	SP
LENVIMA 10 MG DAILY DOSE	NP	SP	ODOMZO	NP	SP
LENVIMA 12MG DAILY DOSE	NP	SP	Antineoplastic - Hormonal and Related Agents		
LENVIMA 14 MG DAILY DOSE	NP	SP	<i>abiraterone acetate</i>	P	SP
			AKEEGA	NP	SP
			<i>anastrozole</i>	P	
			ARIMIDEX (<i>Use anastrozole</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
AROMASIN (<i>Use exemestane</i>)	NP	
<i>bicalutamide</i>	P	QL(1 ea daily)
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 ea daily)
EMCYT	P	SP
ERLEADA	NP	SP
<i>exemestane</i>	P	
FARESTON (<i>Use toremifene citrate</i>)	NP	
FEMARA (<i>Use letrozole</i>)	NP	
<i>flutamide</i>	P	
<i>letrozole</i>	P	
LYSODREN	P	SP
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate TABS</i>	P	
<i>nilutamide</i>	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP
ORSERDU	P	SP
SOLTAMOX SOLN	P	
<i>tamoxifen citrate TABS</i>	P	
<i>toremifene citrate</i>	P	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA	NP	SP
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP
Antineoplastic - Immunomodulators		
POMALYST	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO	NP	SP
XPOVIO 60 MG TWICE WEEKLY	NP	SP

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY	NP	SP
Antineoplastic Combinations		
INQOVI	NP	SP
KISQALI FEMARA 200 DOSE	NP	SP
KISQALI FEMARA 400 DOSE	NP	SP
KISQALI FEMARA 600 DOSE	NP	SP
LONSURF	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP
ALECENSA	NP	SP
ALUNBRIG TABS	NP	SP
ALUNBRIG TBPk	NP	SP
AUGTYRO	NP	
BALVERSA	NP	SP
BOSULIF	NP	SP
BRAFTOVI 75 MG	NP	SP
BRUKINSA	NP	SP
CABOMETYX TABS	NP	SP
CALQUENCE	NP	SP
CALQUENCE	NP	SP
CAPRELSA	P	SP
COMETRIQ KIT	NP	SP
COPIKTRA	NP	SP
COTELLIC	NP	SP
<i>everolimus TABS</i>	NP	SP
<i>everolimus TBSO</i>	NP	SP
FOTIVDA	NP	SP
GAVRETO	NP	SP
GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP
IBRANCE CAPS	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS	NP	SP	RUBRACA	NP	SP
ICLUSIG	NP	SP	RYDAPT	NP	SP
IDHIFA	NP	SP	SCEMBLIX	NP	SP
<i>imatinib mesylate</i>	NP	SP	<i>sorafenib tosylate</i>	P	SP
IMBRUVICA CAPS	NP	SP	SPRYCEL	NP	SP
IMBRUVICA SUSP	NP	SP	STIVARGA	NP	SP
IMBRUVICA TABS	NP	SP	<i>sunitinib malate</i>	P	SP
INREBIC	NP	SP	SUTENT (<i>Use sunitinib malate</i>)	P	SP
JAKAFI	P	SP	TABRECTA	NP	SP
JAYPIRCA	NP	SP	TAFINLAR CAPS	NP	SP
KISQALI	NP	SP	TAFINLAR TBSO	NP	SP
KOSELUGO	NP	SP	TALZENNA	NP	SP
KRAZATI	NP	SP	TASIGNA	NP	SP
<i>lapatinib ditosylate</i>	NP	SP	TAZVERIK	NP	SP
LORBRENA	NP	SP	TEPMETKO	NP	SP
LUMAKRAS	NP	SP	TIBSOVO	NP	SP
LYNPARZA TABS	NP	SP	TRUQAP	NP	SP
LYTGOBI	NP	SP	TRUSELTIQ	NP	SP
MEKINIST SOLR	NP	SP	TURALIO	NP	SP
MEKINIST TABS	NP	SP	TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP
MEKTOVI	NP	SP	VANFLYTA	NP	SP
NERLYNX	NP	SP	VERZENIO	NP	SP
NEXAVAR (<i>Use sorafenib tosylate</i>)	P	SP	VITRAKVI CAPS	NP	SP
NINLARO	NP	SP	VITRAKVI SOLN	NP	SP
<i>pazopanib hcl</i>	P	SP	VONJO	NP	SP
PEMAZYRE	NP	SP	VOTRIENT (<i>Use pazopanib hcl</i>)	P	SP
PIQRAY 200MG DAILY DOSE	NP	SP	XALKORI CAPS	NP	SP
PIQRAY 250MG DAILY DOSE	NP	SP	XALKORI CPSP	NP	SP
PIQRAY 300MG DAILY DOSE	NP	SP	XOSPATA	NP	SP
QINLOCK	NP	SP	ZEJULA CAPS	NP	SP
RETEVMO	NP	SP	ZEJULA TABS	NP	SP
REZLIDHIA	NP	SP	ZELBORAF	NP	SP
ROZLYTREK CAPS	NP	SP	ZOLINZA	NP	SP
ROZLYTREK PACK	NP	SP	ZYDELIG	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
<i>bexarotene</i>	P	SP
HYDREA (<i>Use hydroxyurea</i>)	NP	
<i>hydroxyurea</i>	P	
MATULANE	P	SP
TARGRETIN (<i>Use bexarotene</i>)	NP	SP
<i>tretinoin (chemotherapy)</i>	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	P	MP
LODOSYN (<i>Use carbidopa</i>)	NP	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	P	MP
<i>trihexyphenidyl hcl SOLN</i>	P	MP
<i>trihexyphenidyl hcl TABS</i>	P	MP
Antiparkinson COMT Inhibitors		
COMTAN (<i>Use entacapone</i>)	NP	MP
<i>entacapone</i>	P	MP
ONGENTYS	NP	

Drug Name	Drug Tier	Requirements/Limits
TASMAR (<i>Use tolcapone</i>)	NP	MP
<i>tolcapone</i>	NP	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	P	MP
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl TABS</i>	P	MP
APOKYN SOCT	NP	SP
<i>apomorphine hydrochloride SOCT</i>	NP	SP
<i>bromocriptine mesylate CAPS</i>	P	MP
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	MP
<i>carbidopa-levodopa-entacapone</i>	NP	MP
<i>carbidopa-levodopa TABS</i>	P	MP
<i>carbidopa-levodopa TBCR</i>	P	MP
<i>carbidopa-levodopa TBDP</i>	NP	MP
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
MIRAPEX ER TB24 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	MP
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>Use pramipexole dihydrochloride</i>)	NP	MP
NEUPRO	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NP	MP
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NP	MP
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride TB24</i>	NP	MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 ea daily); MP
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 ea daily); MP
<i>ropinirole hydrochloride TB24</i>	NP	MP
RYTARY CPR	NP	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NF	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NP	MP
STALEVO 100 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
STALEVO 125 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
STALEVO 200 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
STALEVO 50 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
STALEVO 75 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (Use <i>rasagiline mesylate</i>)	NP	MP
<i>rasagiline mesylate</i>	NP	MP
<i>selegiline hcl CAPS</i>	P	MP
<i>selegiline hcl TABS</i>	P	MP
XADAGO	NP	

Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TBDP	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
LITHIUM	P	
<i>lithium carbonate CAPS</i>	P	MP
<i>lithium carbonate TABS</i>	P	MP
<i>lithium carbonate TBCR</i>	P	MP
LITHOBID TBCR (Use <i>lithium carbonate</i>)	NP	MP
Antipsychotics - Misc.		
CAPLYTA	NP	
EQUETRO	NP	
GEODON (Use <i>ziprasidone hcl</i>)	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
GEODON 40 MG (Use <i>ziprasidone hcl</i>)	NP	QL(2 ea daily); MP
GEODON 20 MG, 60 MG, 80 MG (Use <i>ziprasidone hcl</i>)	NF	QL(2 ea daily); AL(At least 8 yrs old); MP
GEODON (Use <i>ziprasidone mesylate</i>)	NP	
LATUDA (Use <i>lurasidone hcl</i>)	NP	
<i>lurasidone hcl</i>	P	AL(At least 8 yrs old)
<i>lurasidone hcl</i>	P	
NUPLAZID CAPS	NP	QL(1 ea daily)
NUPLAZID TABS 10 MG	NP	QL(1 ea daily)
VRAYLAR CAPS	NP	AL(At least 8 yrs old)
VRAYLAR CPPK	NP	AL(At least 8 yrs old)
<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 8 yrs old); MP
<i>ziprasidone hcl</i>	P	QL(2 ea daily); MP
<i>ziprasidone mesylate</i>	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Benzisoxazoles			HALDOL DECANOATE 100 (Use haloperidol decanoate)	NF	
FANAPT	NP		HALDOL DECANOATE 50 (Use haloperidol decanoate)	NF	
FANAPT TITRATION PACK	NP		haloperidol decanoate	P	
INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	NP	AL(At least 8 yrs old); MP	haloperidol lactate CONC	P	MP
INVEGA 1.5 MG (Use paliperidone)	NF	AL(At least 8 yrs old); MP	haloperidol TABS 2 MG, 5 MG, 20 MG	P	MP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; PA	haloperidol TABS 0.5 MG, 1 MG, 10 MG	P	QL(3 ea daily); MP
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; PA	Dibenzapines		
INVEGA TRINZA	P	AL(At least 18 yrs old); SP; PA	ADASUVE	NP	
paliperidone	NP	AL(At least 8 yrs old); MP	asenapine maleate	NP	
PERSERIS PRSY	NP	SP	clozapine TABS 100 MG	P	QL(9 ea daily); AL(At least 8 yrs old); MP
RISPERDAL CONSTA 12.5 MG, 25 MG, 37.5 MG, 50 MG (Use risperidone microspheres)	NP	SP	clozapine TABS 25 MG, 50 MG, 200 MG	P	QL(3 ea daily); AL(At least 8 yrs old); MP
RISPERDAL SOLN (Use risperidone)	NP	QL(4 ml daily); AL(At least 5 yrs old); MP	clozapine TBDP	NP	MP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	QL(4 ea daily); AL(At least 5 yrs old); MP	CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	NF	QL(3 ea daily); AL(At least 8 yrs old); MP
risperidone SOLN	P	QL(4 ml daily); MP	CLOZARIL TABS 100 MG (Use clozapine)	NP	QL(9 ea daily); AL(At least 8 yrs old); MP
risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	QL(4 ea daily); MP	CLOZARIL TABS 25 MG (Use clozapine)	NP	QL(3 ea daily); AL(At least 8 yrs old); MP
risperidone TABS	P	QL(4 ea daily); AL(At least 5 yrs old); MP	loxapine succinate	P	QL(4 ea daily); MP
risperidone TBDP	NP	QL(2 ea daily); AL(At least 5 yrs old); MP	olanzapine SOLR	NP	
UZEDY SUSY	NP	AL(At least 18 yrs old); SP	olanzapine TABS 7.5 MG, 10 MG	P	QL(2 ea daily); MP
Butyrophenones			olanzapine TABS 7.5 MG, 10 MG	P	QL(2 ea daily); AL(At least 8 yrs old); MP
			olanzapine TABS 15 MG, 20 MG	P	QL(1 ea daily); MP
			olanzapine TABS 15 MG, 20 MG	P	QL(1 ea daily); AL(At least 8 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 ea daily); MP	ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 ea daily); AL(At least 8 yrs old); MP
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 ea daily); AL(At least 8 yrs old); MP	ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 ea daily); AL(At least 8 yrs old); MP
<i>olanzapine TBDP</i>	P	MP	Dihydroindolones		
<i>olanzapine TBDP 20 MG</i>	P	AL(At least 8 yrs old); MP	<i>molindone hcl 5 MG, 25 MG</i>	NP	QL(4 ea daily); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 ea daily); MP	Phenothiazines		
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 ea daily); AL(At least 8 yrs old); MP	<i>chlorpromazine hcl CONC</i>	P	
<i>quetiapine fumarate TABS 150 MG</i>	P		<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 ea daily); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 8 yrs old); MP	<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily); MP
<i>quetiapine fumarate TB24</i>	P	MP	<i>fluphenazine decanoate</i>	P	
SAPHRIS 5 MG, 10 MG (<i>Use asenapine maleate</i>)	NF		<i>fluphenazine hcl CONC</i>	P	MP
SAPHRIS (<i>Use asenapine maleate</i>)	NP		<i>fluphenazine hcl ELIX</i>	P	MP
SECUADO	NP		<i>fluphenazine hcl TABS</i>	P	MP
SEROQUEL XR TB24 (<i>Use quetiapine fumarate</i>)	NP	MP	<i>perphenazine TABS</i>	P	QL(4 ea daily); MP
SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NP	QL(2 ea daily); AL(At least 8 yrs old); MP	<i>prochlorperazine</i>	P	
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 8 yrs old); MP	<i>prochlorperazine maleate TABS</i>	P	MP
VERSACLOZ SUSP	NP		<i>thioridazine hcl</i>	P	QL(3 ea daily); MP
ZYPREXA RELPREVV	NP	SP	<i>trifluoperazine hcl TABS</i>	P	QL(3 ea daily); MP
ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NP	MP	Quinolinone Derivatives		
ZYPREXA SOLR (<i>Use olanzapine</i>)	NP		ABILIFY ASIMTUFII PRSY	NP	SP
ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 ea daily); AL(At least 8 yrs old); MP	ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; PA
			ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA
			ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 8 yrs old); SP
			ABILIFY MYCITE STARTER KIT	NP	AL(At least 8 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS (<i>Use aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old); MP	APTIVUS CAPS	P	QL(4 ea daily); MP
<i>aripiprazole SOLN OR</i>	NP	QL(750 ml per 30 days retail; 2250 ml per 90 days mail); AL(At least 8 yrs old); MP	<i>atazanavir sulfate CAPS</i>	P	QL(2 ea daily); MP
<i>aripiprazole TABS</i>	P	QL(1 ea daily); MP	BIKTARVY 120 MG-30 MG-15 MG	P	
<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old); MP	BIKTARVY 200 MG-50 MG-25 MG	P	QL(1 ea daily); MP
<i>aripiprazole TBDP</i>	NP	QL(1 ea daily); MP	CABENUVA	P	PA
ARISTADA	P	SP; PA	CIMDUO	NP	QL(1 ea daily); MP
ARISTADA INITIO	P	SP; PA	COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NP	QL(2 ea daily); MP
REXULTI	NP		COMPLERA	P	QL(1 ea daily); MP
Thioxanthenes			<i>darunavir TABS</i>	P	
<i>thiothixene</i>	P	QL(3 ea daily); MP	DELSTRIGO	P	QL(1 ea daily); MP
ANTISEPTICS & DISINFECTANTS					
Antiseptics & Disinfectants					
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ml per fill retail)	DESCOVY 120 MG-15 MG	P	
Chlorine Antiseptics					
<i>chlorhexidine gluconate LIQD</i>	P		DESCOVY 200 MG-25 MG	P	QL(1 ea daily); MP
HIBICLENS LIQD (<i>Use chlorhexidine gluconate</i>)	NF		DOVATO	P	MP
ANTIVIRALS - Drugs to Treat Viral Infections					
Antiretrovirals					
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily); MP	EDURANT	P	QL(1 ea daily); MP
<i>abacavir sulfate SOLN</i>	P	QL(30 ml daily); MP	<i>efavirenz CAPS 200 MG</i>	P	QL(1 ea daily); MP
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily); MP	<i>efavirenz CAPS 50 MG</i>	P	QL(2 ea daily); MP
APRETUDE	NP		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily); MP
APRETUDE	P		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG</i>	NP	QL(1 ea daily); MP
			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG</i>	NP	MP
			<i>efavirenz TABS</i>	P	QL(1 ea daily); MP
			<i>emtricitabine CAPS</i>	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 ea daily); MP	ISENTRESS PACK	P	QL(2 ea daily); MP
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P	MP	ISENTRESS TABS	P	QL(2 ea daily); MP
EMTRIVA CAPS (<i>Use emtricitabine</i>)	P	QL(1 ea daily); MP	JULUCA	NP	QL(1 ea daily); MP
EMTRIVA SOLN	P	QL(24 ml daily); MP	KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	NP	QL(10.67 ml daily); MP
EPIVIR SOLN (<i>Use lamivudine</i>)	NP	QL(30 ml daily); MP	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	P	QL(6 ea daily); MP
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NP	QL(2 ea daily); MP	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	P	QL(4 ea daily); MP
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NP	QL(1 ea daily); MP	<i>lamivudine SOLN</i>	P	QL(30 ml daily); MP
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily); MP	<i>lamivudine TABS 150 MG</i>	P	QL(2 ea daily); MP
<i>etravirine 100 MG</i>	P	QL(4 ea daily); MP	<i>lamivudine TABS 300 MG</i>	P	QL(1 ea daily); MP
<i>etravirine 200 MG</i>	P	QL(2 ea daily); MP	<i>lamivudine-zidovudine</i>	P	QL(2 ea daily); MP
EVOTAZ	NP	QL(1 ea daily); MP	LEXIVA SUSP	P	QL(56 ml daily); MP
<i>fosamprenavir calcium TABS</i>	P	QL(4 ea daily); MP	LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	P	QL(4 ea daily); MP
FUZEON SOLR	NP	SP; MP	<i>lopinavir-ritonavir SOLN</i>	P	QL(10.67 ml daily); MP
GENVOYA	P	QL(1 ea daily); MP	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 ea daily); MP
INTELENCE	P	QL(4 ea daily); MP	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 ea daily); MP
INTELENCE 200 MG (<i>Use etravirine</i>)	P	QL(2 ea daily); MP	<i>maraviroc TABS 300 MG</i>	NP	QL(4 ea daily); MP
INTELENCE (<i>Use etravirine</i>)	P	QL(4 ea daily); MP	<i>maraviroc TABS 150 MG</i>	NP	QL(2 ea daily); MP
INVIRASE TABS	P	QL(4 ea daily); MP	<i>nevirapine SUSP</i>	P	QL(40 ml daily); MP
ISENTRESS HD TABS	P	QL(2 ea daily); MP	<i>nevirapine TABS</i>	P	QL(2 ea daily); MP
ISENTRESS CHEW 25 MG	P	QL(12 ea daily); MP	<i>nevirapine TB24 400 MG</i>	P	QL(1 ea daily); MP
ISENTRESS CHEW 100 MG	P	QL(6 ea daily); MP	<i>nevirapine TB24 100 MG</i>	P	QL(3 ea daily); MP
			NORVIR PACK	P	MP
			NORVIR TABS (<i>Use ritonavir</i>)	P	QL(12 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ODEFSEY	P	QL(1 ea daily); MP	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	P	QL(1 ea daily); MP
PIFELTRO	NP	QL(1 ea daily); MP	SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	P	MP
PREZCOBIX	NP	QL(1 ea daily); MP	SYMTUZA	P	QL(1 ea daily); MP
PREZISTA SUSP	P		tenofovir disoproxil fumarate TABS	P	QL(1 ea daily); MP
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P		TIVICAY PD TBSO	P	MP
PREZISTA TABS (Use darunavir)	P		TIVICAY TABS	P	MP
RETROVIR CAPS (Use zidovudine)	NP	QL(6 ea daily); MP	TRIUMEQ PD TBSO	P	
RETROVIR SYRP (Use zidovudine)	NP	QL(60 ml daily); MP	TRIUMEQ TABS	P	MP
REYATAZ CAPS 150 MG (Use atazanavir sulfate)	NF	QL(2 ea daily); MP	TRIZIVIR	NP	QL(2 ea daily); MP
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	P	QL(2 ea daily); MP	TROGARZO	P	SP; MP; PA
REYATAZ PACK	P	QL(6 ea daily); MP	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	MP
ritonavir TABS	P	QL(12 ea daily); MP	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	QL(1 ea daily); MP
RUKOBIA	NP	MP	TYBOST	NP	QL(1 ea daily); MP
SELZENTRY SOLN	NP	QL(35 ml daily); MP	VIRACEPT TABS 625 MG	P	QL(4 ea daily); MP
SELZENTRY TABS 25 MG, 75 MG, 150 MG	NP	QL(2 ea daily); MP	VIRACEPT TABS 250 MG	P	QL(9 ea daily); MP
SELZENTRY TABS 300 MG (Use maraviroc)	NP	QL(4 ea daily); MP	VIRAMUNE XR TB24 400 MG (Use nevirapine)	NP	QL(1 ea daily); MP
SELZENTRY TABS (Use maraviroc)	NP	QL(2 ea daily); MP	VIREAD POWD	P	QL(8 gm daily); MP
STRIBILD	NP	QL(1 ea daily); MP	VIREAD TABS	P	QL(1 ea daily); MP
SUNLENCA SOLN	P	SP; PA	VIREAD TABS (Use tenofovir disoproxil fumarate)	P	QL(1 ea daily); MP
SUNLENCA TBPK	P	SP; PA	ZIAGEN SOLN (Use abacavir sulfate)	P	QL(30 ml daily); MP
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(1 ea daily); MP			
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(2 ea daily); MP			
SUSTIVA TABS (Use efavirenz)	NF	QL(1 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NP	QL(2 ea daily); MP	LEDIPASVIR/SOFOSBUVIR TABS	NP	SP
<i>zidovudine CAPS</i>	P	QL(6 ea daily); MP	MAVYRET PACK	P	SP
<i>zidovudine SYRP</i>	P	QL(60 ml daily); MP	MAVYRET TABS	P	QL(3 ea daily); SP
<i>zidovudine TABS</i>	P	QL(2 ea daily); MP	PEGASYS SOLN	NP	SP
Antiviral Combinations			PEGASYS SOSY	NP	
PAXLOVID 100 MG-150 MG	P	Maximum 5-day supply; AL(At least 12 yrs old)	<i>ribavirin (hepatitis c) CAPS</i>	P	SP
CMV Agents			<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP
LIVTENCITY	P	SP; PA	SOFOSBUVIR/VELPATA SVIR TABS	P	SP
PREVYMIS TABS	NP	SP	SOVALDI PACK	NP	SP
VALCYTE SOLR (<i>Use valganciclovir hcl</i>)	NP		SOVALDI TABS	NP	SP
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	QL(2 ea daily)	VEMLIDY	NP	SP
<i>valganciclovir hcl SOLR</i>	NP		VIEKIRA PAK TBPK	NP	SP
<i>valganciclovir hcl TABS</i>	P	QL(2 ea daily)	VOSEVI	NP	SP
Hepatitis Agents			ZEPATIER	NP	SP
<i>adefovir dipivoxil</i>	NP		Herpes Agents		
BARACLUDE SOLN	NP		<i>acyclovir CAPS</i>	P	QL(50 ea per 30 days retail)
BARACLUDE TABS (<i>Use entecavir</i>)	NP		<i>acyclovir CAPS</i>	P	
<i>entecavir TABS</i>	P		<i>acyclovir SUSP</i>	P	QL(400 ml per 30 days retail)
EPCLUSA PACK	NP	SP	<i>acyclovir TABS OR 800 MG</i>	P	QL(50 ea per 30 days retail)
EPCLUSA TABS	NP	SP	<i>acyclovir TABS OR 800 MG</i>	P	
EPCLUSA TABS	NP	SP	<i>acyclovir TABS OR 400 MG</i>	P	QL(3 ea daily)
EPIVIR HBV SOLN	NP		<i>famciclovir</i>	NP	
EPIVIR HBV TABS (<i>Use lamivudine (hbv)</i>)	NP		SITAVIG TABS BU	NP	
HARVONI PACK	NP	SP	<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
HARVONI TABS	NP	SP	<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 days retail)
HARVONI TABS	NP	SP	VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
HEPSERA (<i>Use adefovir dipivoxil</i>)	NF		VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NF	QL(2 ea daily)
<i>lamivudine (hbv) TABS</i>	NP				

Drug Name	Drug Tier	Requirements/Limits
VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 ea daily)
ZOVIRAX SUSP (<i>Use acyclovir</i>)	NF	QL(400 ml per 30 days retail)
Influenza Agents		
<i>oseltamivir phosphate CAPS 30 MG</i>	P	QL(40 ea per 30 days retail)
<i>oseltamivir phosphate CAPS 45 MG</i>	P	QL(20 ea per 30 days retail)
<i>oseltamivir phosphate CAPS 75 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 30 days retail)
<i>oseltamivir phosphate SUSR</i>	P	QL(120 ml per 30 days retail)
RELENZA DISKHALER	P	QL(20 ea per fill retail)
<i>rimantadine hydrochloride TABS</i>	NP	
TAMIFLU CAPS 45 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(20 ea per 30 days retail)
TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(40 ea per 30 days retail)
TAMIFLU CAPS 75 MG (<i>Use oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 30 days retail)
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NP	QL(120 ml per 30 days retail)
XOFLUZA 40 MG, 80 MG	NP	
Misc. Antivirals		
LAGEVRIO	P	Maximum 5-day supply; AL(At least 18 yrs old)
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	P	
VIRAZOLE (<i>Use ribavirin</i>)	NP	

BETA BLOCKERS - Drugs to Treat High Blood

Drug Name	Drug Tier	Requirements/Limits
Pressure		
Alpha-Beta Blockers		
<i>carvedilol 25 MG</i>	P	QL(4 ea daily); MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 ea daily); MP
<i>carvedilol phosphate</i>	NP	QL(1 ea daily); MP
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(3 ea daily); MP
COREG 25 MG (<i>Use carvedilol</i>)	NP	QL(4 ea daily); MP
COREG CR (<i>Use carvedilol phosphate</i>)	NP	QL(1 ea daily); MP
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily); MP
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily); MP
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 ea daily); MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	P	MP
<i>atenolol TABS</i>	P	QL(2 ea daily); MP
<i>betaxolol hcl</i>	P	MP
<i>bisoprolol fumarate</i>	P	QL(1 ea daily); MP
BYSTOLIC (<i>Use nebivolol hcl</i>)	NP	
BYSTOLIC 2.5 MG, 5 MG, 20 MG (<i>Use nebivolol hcl</i>)	NF	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4.5 ea daily); MP
LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 ea daily); MP
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG	P	QL(4 ea daily); MP	<i>sotalol hcl (afib/af)</i>	NP	QL(2 ea daily); MP
<i>metoprolol tartrate</i> TABS 37.5 MG, 75 MG	P	MP	<i>sotalol hcl</i> TABS 80 MG, 120 MG, 160 MG	P	QL(2 ea daily); MP
<i>metoprolol tartrate</i> TABS 100 MG	P	QL(4.5 ea daily); MP	<i>sotalol hcl</i> TABS 240 MG	P	MP
<i>metoprolol tartrate</i> TABS 25 MG, 50 MG	P	QL(4 ea daily); MP	SOTYLIZE SOLN OR	NP	MP
<i>nebivolol hcl</i>	NP		<i>timolol maleate</i> TABS	P	MP
TENORMIN TABS (<i>Use atenolol</i>)	NP	QL(2 ea daily); MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 ea daily); MP	Calcium Channel Blockers		
TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 ea daily); MP	<i>amlodipine besylate</i> TABS	P	QL(1 ea daily); MP
Beta Blockers Non-Selective			CALAN SR TBCR 120 MG, 240 MG (<i>Use verapamil hcl</i>)	NF	QL(2 ea daily); MP
BETAPACE AF (<i>Use sotalol hcl (afib/af)</i>)	NP	QL(2 ea daily); MP	CALAN SR TBCR 180 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily); MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	QL(2 ea daily); MP	CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(2 ea daily); MP
CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	NP	QL(2 ea daily); MP	CARDIZEM CD CP24 360 MG (<i>Use diltiazem hcl coated beads</i>)	NP	MP
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>Use nadolol</i>)	NF	QL(2 ea daily); MP	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(1 ea daily); MP
HEMANGEOL SOLN OR	P	SP; MP; PA	CARDIZEM LA TB24 (<i>Use diltiazem hcl</i>)	NP	
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	QL(2 ea daily); MP	CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NP	QL(3 ea daily); MP
INDERAL XL	NP		<i>diltiazem hcl coated beads</i> CP24 360 MG	P	MP
INNOPRAN XL	NP		<i>diltiazem hcl coated beads</i> CP24 240 MG	P	QL(2 ea daily); MP
<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	P	QL(2 ea daily); MP	<i>diltiazem hcl coated beads</i> CP24 120 MG, 180 MG, 300 MG	P	QL(1 ea daily); MP
<i>pindolol</i> TABS	P	MP	<i>diltiazem hcl extended release beads</i>	P	QL(1 ea daily); MP
<i>propranolol hcl</i> CP24	P	QL(2 ea daily); MP	<i>diltiazem hcl</i> CP12	P	QL(2 ea daily); MP
<i>propranolol hcl</i> SOLN OR 20 MG/5ML, 40 MG/5ML	P	MP			
<i>propranolol hcl</i> TABS	P	MP			

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 ea daily); MP
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 ea daily); MP
<i>diltiazem hcl TABS</i>	P	QL(3 ea daily); MP
<i>diltiazem hcl TB24</i>	P	MP
<i>diltiazem hcl TB24</i>	P	
<i>felodipine</i>	P	QL(1 ea daily); MP
<i>isradipine CAPS</i>	NP	MP
KATERZIA	NP	MP
<i>levamlodipine maleate</i>	NP	
<i>nicardipine hcl CAPS</i>	NP	MP
<i>nifedipine CAPS</i>	P	QL(4 ea daily); MP
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 ea daily); MP
<i>nifedipine TB24 60 MG</i>	P	QL(2 ea daily); MP
<i>nimodipine CAPS</i>	P	MP
<i>nisoldipine</i>	NP	MP
NORLIQVA SOLN	NP	
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	QL(1 ea daily); MP
NYMALIZE SOLN 6 MG/ML	NP	
PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NP	QL(2 ea daily); MP
PROCARDIA XL TB24 30 MG, 90 MG (<i>Use nifedipine</i>)	NP	QL(1 ea daily); MP
SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP	MP
TIAZAC (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily); MP
<i>verapamil hcl CP24 300 MG, 360 MG</i>	P	QL(1 ea daily); MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	P	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl TABS</i>	P	QL(3 ea daily); MP
<i>verapamil hcl TBCR</i>	P	QL(2 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	P	QL(2 ea daily); MP
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily); MP
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily); MP
VERELAN CP24 360 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	P	MP
<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	NP	
<i>digoxin TABS 0.125 MG, 125 MCG, 250 MCG</i>	P	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	NP	SP
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP
BIDIL (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NF	MP	TYVASO REFILL SOLN IN	NP	SP
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NP	MP	TYVASO STARTER SOLN IN	NP	SP
ENTRESTO	P		TYVASO SOLN IN	NP	SP
<i>isosorbide dinitrate-hydralazine hcl</i>	P		VELETRI (Use <i>epoprostenol sodium</i>)	NP	SP
Impotence Agents			VENTAVIS	NP	SP
CIALIS 2.5 MG, 10 MG, 20 MG (Use <i>tadalafil</i>)	NF		Pulmonary Hypertension - Endothelin Receptor Antagonists		
CIALIS 5 MG (Use <i>tadalafil</i>)	NP		<i>ambrisentan</i>	NP	SP
<i>tadalafil 5 MG</i>	NP		<i>bosentan TABS</i>	NP	SP
Prostaglandin Vasodilators			LETAIRIS (Use <i>ambrisentan</i>)	P	SP; PA
<i>epoprostenol sodium</i>	P	SP; PA	OPSUMIT	NP	SP
FLOLAN (Use <i>epoprostenol sodium</i>)	P	SP; PA	TRACLEER TABS (Use <i>bosentan</i>)	P	SP; PA
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP	TRACLEER TBSO	P	SP; PA
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP	ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	P	SP; PA
ORENITRAM TBCR	NP	SP	LIQREV SUSP	NP	SP
REMODULIN SOLN IJ	NP	SP	REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>treprostinil SOLN IJ</i>	NP	SP	REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	P	SP; PA
TYVASO DPI MAINTENANCE KIT POWD	NP	SP	REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP	<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	NP	SP
			<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	NP	SP
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	
CORLANOR TABS	NP	
Transthyretin Stabilizers		
VYNDAMAX	NP	SP
VYNDAQEL	NP	SP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	P	PA
VERQUVO	NP	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ	P	
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SODIUM/DEXTROSE SOLR	P	
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 0.9 %-3 GM/100ML	P	
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	P	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	P	
CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM	P	
CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	P	
CEFAZOLIN/SODIUM CHLORIDE SOLN 0.9 %-2 GM/100ML	P	
CEFAZOLIN SOLN	P	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	P	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	NP	
<i>cefactor CAPS</i>	P	
<i>cefactor SUSR 125 MG/5ML, 375 MG/5ML</i>	P	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	P	
CEFOXITIN SODIUM	P	
<i>cefprozil SUSR 250 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>cefprozil SUSR 125 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>cefprozil TABS</i>	NP	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir SUSR</i>	P	QL(100 ml per fill retail)	BALCOLTRA (Use <i>levonorgestrel-ethinyl estradiol-iron</i>)	P	MP
<i>cefixime CAPS</i>	P		BEYAZ (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	MP
<i>cefixime SUSR</i>	NP		<i>desogestrel & ethinyl estradiol</i>	P	QL(1 ea daily); MP
<i>cefprozime proxetil SUSR</i>	NP		<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 ea daily); MP
<i>cefprozime proxetil TABS</i>	NP		<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	QL(1 ea daily); MP
<i>ceftazidime IJ 1 GM, 6 GM</i>	P		<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily); MP
CEFTAZIDIME/DEXTROSE	P		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	MP
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P		ESTROSTEP FE (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	NF	MP
CEFTRIAZONE SODIUM IJ 100 GM	P		<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	P	MP
<i>ceftriaxone sodium in dextrose</i>	P		<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	P	QL(1 ea daily); MP
CEFTRIAZONE/DEXTROSE	P		GENERESS FE (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NF	MP
FORTAZ IJ 1 GM (Use <i>ceftazidime</i>)	NF		<i>levonorgestrel & eth estradiol TABS</i>	P	QL(1 ea daily); MP
SUPRAX CAPS (Use <i>cefixime</i>)	NF		<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 ea daily); MP
SUPRAX SUSR 100 MG/5ML (Use <i>cefixime</i>)	NP		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(1 ea daily)
Cephalosporins - 4th Generation			<i>levonorgestrel-ethinyl estradiol (91-day)</i>	P	
<i>cefepime hcl SOLR IJ 1 GM</i>	P		<i>levonorgestrel-ethinyl estradiol (continuous)</i>	P	
CEFEPIME/DEXTROSE	P		<i>levonorgestrel-ethinyl estradiol-iron</i>	P	MP
CEFEPIME SOLN	P		LO LOESTRIN FE TABS	P	MP
CHEMICALS					
Liquids					
CASTOR OIL	P	RX/OTC			
HM CASTOR OIL	P	RX/OTC			
QC CASTOR OIL	P	RX/OTC			
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	P		SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	P	QL(1 ea daily)
MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	P	MP	TAYTULLA CAPS (Use norethin acet & estrad-fe)	P	MP
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	P	QL(1 ea daily); MP	TYBLUME CHEW	P	
NATAZIA	P	MP	YASMIN 28 (Use drospirenone-ethinyl estradiol)	P	QL(1 ea daily); MP
NEXTSTELLIS	P		YAZ (Use drospirenone-ethinyl estradiol)	P	QL(1 ea daily); MP
norethin acet & estrad-fe CAPS	P	MP	Combination Contraceptives - Transdermal		
norethin acet & estrad-fe CHEW	P	MP	norelgestromin-ethinyl estradiol	P	QL(3 ea per 28 days retail; 9 ea per 84 days mail); MP
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 ea daily); MP	TWIRLA	P	
norethindrone & eth estradiol	P	QL(1 ea daily); MP	Combination Contraceptives - Vaginal		
norethindrone & ethinyl estradiol-fe	P	MP	ANNOVERA	P	MP
norethindrone acet & eth estra	P	QL(1 ea daily); MP	etonogestrel-ethinyl estradiol	P	MP
norethindrone acetate-ethinyl estradiol-fe	P	MP	NUVARING (Use etonogestrel-ethinyl estradiol)	NF	MP
norethindrone-eth estradiol (triphasic)	P	QL(1 ea daily); MP	NUVARING (Use etonogestrel-ethinyl estradiol)	P	MP
norgestimate-ethinyl estradiol	P	QL(1 ea daily); MP	Emergency Contraceptives		
norgestimate-ethinyl estradiol (triphasic)	P	QL(1 ea daily); MP	ELLA	P	QL(3 ea per 63 days retail; 3 ea per 63 days mail); MP
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(2 ea daily); MP	levonorgestrel (emergency oc) 1.5 MG	P	QL(3 ea per 30 days retail; 9 ea per 90 days mail); MP
QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))	P		Progestin Contraceptives - Injectable		
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	P	MP	DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	P	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	P		hydrocortisone TABS	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P		MEDROL DOSEPAK TBPK (Use methylprednisolone)	NP	
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ml per fill retail)	MEDROL TABS (Use methylprednisolone)	NP	
medroxyprogesterone acetate (contraceptive) SUSY IM	P		MEDROL TABS 32 MG (Use methylprednisolone)	NF	
Progestin Contraceptives - Oral			MEDROL TABS	NP	
norethindrone (contraceptive)	P	QL(1 ea daily); MP	methylprednisolone TABS	P	
SLYND	P	MP	methylprednisolone TBPK	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			MILLIPRED TABS	P	
Glucocorticosteroids			PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
ALKINDI SPRINKLE CPSP	NP		prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ml per fill retail)
budesonide CPEP	NP		prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	P	
budesonide TB24	NP		prednisolone sodium phosphate SOLN 15 MG/5ML	P	QL(240 ml per fill retail)
CORTEF TABS (Use hydrocortisone)	NP		prednisolone sodium phosphate TBDP	NP	
CORTISONE ACETATE TABS	NP		prednisolone SOLN	P	
DEXAMETHASONE INTENSOL CONC	P		prednisolone TABS	P	
dexamethasone ELIX	P		PREDNISON INTENSOL CONC	P	
dexamethasone SOLN	P		prednisone SOLN	P	
dexamethasone TABS	P		prednisone TABS	P	
dexamethasone TBPK	NP		prednisone TBPK	P	
dexamethasone TBPK	P		RAYOS TBEC	NP	
EMFLAZA SUSP	NP	SP	TARPEYO CPDR	NP	SP
EMFLAZA TABS	NP	SP	UCERIS TB24 (Use budesonide)	NP	
ENTOCORT EC CPEP (Use budesonide)	NF		Mineralocorticoids		
HEMADY TABS	NP		fludrocortisone acetate TABS	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)	<i>cetirizine-pseudoephedrine</i>	P	QL(2 ea daily)
<i>benzonatate 200 MG</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ea per 30 days retail); AL(At least 10 yrs old)	CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	NF	QL(2 ea daily)
DELSYM COUGH CHILDRENS SUER (<i>Use dextromethorphan polistirex</i>)	NF	QL(240 ml per 7 days retail)	CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	NF	QL(1 ea daily)
DELSYM SUER (<i>Use dextromethorphan polistirex</i>)	NF	QL(240 ml per 7 days retail)	COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
<i>dextromethorphan polistirex LQCR</i>	P	QL(240 ml per 7 days retail)	<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	
<i>dextromethorphan polistirex SUER</i>	P	QL(240 ml per 7 days retail)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	QL(240 ml per fill retail)
HYCODAN SOLN (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NF	AL(At least 18 yrs old)	<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)	<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	
Cough/Cold/Allergy Combinations			DIMETAPP CHILDREN'S COLD& ALLERGY LIQD	P	QL(120 ml per fill retail)
ADVIL COLD & SINUS TABS (<i>Use pseudoephedrine-ibuprofen</i>)	NF		ED BRON GP LIQD	P	QL(240 ml per 7 days retail)
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ml per fill retail)	<i>guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML</i>	P	
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ml per fill retail)	<i>guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML</i>	P	
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ml per fill retail)	<i>guaifenesin-codeine SYRP</i>	P	
			HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
LOHIST-D LIQD	P	QL(240 ml per fill retail)
<i>loratadine & pseudoephedrine TB12</i>	P	QL(2 ea daily)
<i>loratadine & pseudoephedrine TB24</i>	P	QL(1 ea daily)
MAXI-TUSS PE MAX LIQD	P	QL(240 ml per 7 days retail)
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>phenylephrine-dm SOLN</i>	P	QL(240 ml per fill retail)
<i>promethazine & phenylephrine SYRP</i>	P	
<i>promethazine w/codeine SOLN</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine w/codeine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail)
<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>pseudoephedrine-ibuprofen TABS</i>	P	
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD	P	QL(120 ml per fill retail)
QC TRIACTING DAYTIME CHILDRENS SYRP	P	QL(240 ml per fill retail)
SM COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	QL(240 ml per fill retail)
VIRTUSSIN DAC SOLN	P	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
WAL-TAP COLD/ALLERGY LIQD	P	QL(120 ml per fill retail)
ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	NF	QL(2 ea daily)
ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	NF	QL(2 ea daily)
Expectorants		
GERI-TUSSIN SYRP	P	QL(240 ml per fill retail)
<i>guaifenesin LIQD</i>	P	QL(240 ml per fill retail)
<i>guaifenesin SYRP</i>	P	QL(240 ml per fill retail)
<i>guaifenesin TB12 600 MG</i>	P	QL(40 ea per fill retail)
MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	NF	
MUCINEX TB12 (Use guaifenesin)	NF	QL(40 ea per fill retail)
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	P	
Mucolytics		
<i>acetylcysteine SOLN</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin		
Conditions		
Acne Products		
ABSORICA 25 MG, 30 MG, 35 MG (Use isotretinoin)	NP	
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	NP	QL(2 ea daily); AL(At least 12 yrs old)
ABSORICA LD	NP	
ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACZONE 7.5 % (Use dapsone (topical))	NF		clindamycin phosphate (topical) LOTN	P	QL(60 ml per fill retail)
ADAPALENE/BENZOYL PEROXIDE PADS	NP		clindamycin phosphate (topical) SOLN	P	
adapalene-benzoyl peroxide GEL	NP		clindamycin phosphate (topical) SWAB	P	
adapalene CREA	NP		clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	
adapalene GEL 0.3 %	NP		clindamycin phosphate-benzoyl peroxide GEL	NP	
ALTRENO LOTN	NP		clindamycin phosphate-tretinoin	NP	
ARAZLO LOTN	NP		dapsone (topical)	NP	
ATRALIN GEL (Use tretinoin)	NP		dapsone (topical) 7.5 %	NP	AL(At least 10 yrs old - Up to 20 yrs old)
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	NF		ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 gm per fill retail)
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur)	NF		erythromycin (acne aid) GEL	P	QL(60 gm per fill retail)
BENZACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	NF		erythromycin (acne aid) PADS	NP	
BENZACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)	NF		erythromycin (acne aid) SOLN	P	
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NP		EVOCLIN FOAM (Use clindamycin phosphate (topical))	NF	
benzoyl peroxide-erythromycin GEL	P		FABIOR FOAM	NP	
CABTREO	NP		isotretinoin 25 MG, 30 MG, 35 MG	NP	
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)	isotretinoin 10 MG, 20 MG, 40 MG	NP	QL(2 ea daily); AL(At least 12 yrs old)
CLINDACIN ETZ	NP		isotretinoin 10 MG, 20 MG, 40 MG	NP	QL(2 ea daily)
CLINDACIN PAC	NP		KLARON (Use sulfacetamide sodium (acne))	NP	QL(120 ml per fill retail)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(75 ml per fill retail)	NEUAC KIT	NP	
clindamycin phosphate (topical) FOAM	NP		ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide)	NP	
clindamycin phosphate (topical) GEL	P	QL(75 gm per fill retail)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO	NP		SUMAXIN CP KIT	NP	
RETIN-A MICRO (Use tretinoin microsphere)	NP		SUMAXIN PADS	NP	
RETIN-A MICRO PUMP (Use tretinoin microsphere)	NP		TAZAROTENE FOAM	NP	
RETIN-A CREA 0.025 % (Use tretinoin)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>tretinoin microsphere</i>	NP	
RETIN-A CREA 0.05 %, 0.1 % (Use tretinoin)	NP	QL(20 gm per 30 days retail); AL(Up to 35 yrs old)	<i>tretinoin CREA 0.025 %</i>	P	QL(20 gm per fill retail)
RETIN-A GEL (Use tretinoin)	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old)	<i>tretinoin CREA 0.05 %, 0.1 %</i>	P	QL(20 gm per 30 days retail)
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP		<i>tretinoin GEL 0.05 %</i>	P	
<i>sulfacetamide sodium (acne)</i>	NP	QL(120 ml per fill retail)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	QL(45 gm per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP		WINLEVI	NP	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP		ZIANA (Use clindamycin phosphate-tretinoin)	NP	
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP		ZMA CLEAR SUSP	NP	
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP		Agents for External Genital and Perianal Warts		
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP		VEREGEN	NP	
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP		Antibiotics - Topical		
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP		CENTANY AT KIT	NP	
SUMADAN KIT	NP		CENTANY OINT	NP	QL(2160 gm per fill retail)
SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	NP		<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 gm per fill retail)
SUMADAN XLT KIT	NP		<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 gm per fill retail)
			<i>mupirocin calcium (topical)</i>	NP	QL(30 gm per fill retail)
			<i>mupirocin OINT</i>	P	QL(2160 gm per fill retail)
			<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(454 gm per fill retail)
			<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(28.3 gm per fill retail)
			NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	NF	QL(454 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	NF	QL(28.3 gm per fill retail)	LOPROX KIT	NP	
NEO-SYNALAR	NP		LOPROX SHAMPOO SHAM (Use ciclopirox)	NF	
NEO-SYNALAR KIT	NP		LOPROX CREA (Use ciclopirox olamine)	NP	
XEPI	NP		LOPROX SUSP (Use ciclopirox olamine)	NP	
Antifungals - Topical			LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	NF	QL(113 gm per fill retail); RX/OTC
ciclopirox olamine CREA	NP		LOTRIMIN AF CREA (Use clotrimazole (topical))	NF	QL(113 gm per fill retail); RX/OTC
ciclopirox olamine SUSP	NP		luliconazole	NP	
ciclopirox GEL	NP		LUZU (Use luliconazole)	NP	
ciclopirox KIT	NP		miconazole-zinc oxide-white petrolatum	NP	
ciclopirox SHAM	NP		naftifine hcl CREA	NP	
ciclopirox SOLN	NP		naftifine hcl GEL 2 %	NP	
clotrimazole (topical) CREA	P	QL(113 gm per fill retail); RX/OTC	NAFTIN GEL	NP	
clotrimazole (topical) SOLN	NP	QL(60 ml per fill retail); RX/OTC	NAFTIN GEL (Use naftifine hcl)	NP	
clotrimazole w/ betamethasone CREA	NP	QL(45 gm per fill retail)	nystatin (topical) CREA	P	QL(30 gm per fill retail)
clotrimazole w/ betamethasone LOTN	NP	QL(30 ml per fill retail)	nystatin (topical) OINT	P	QL(30 gm per fill retail)
econazole nitrate CREA	P	QL(30 gm per fill retail)	nystatin (topical) POWD EX	P	QL(60 gm per fill retail)
ERTACZO	NP		nystatin-triamcinolone CREA	NP	QL(60 gm per fill retail)
EXTINA FOAM (Use ketoconazole (topical))	NF		nystatin-triamcinolone OINT	NP	QL(60 gm per fill retail)
JUBLIA	NP		oxiconazole nitrate CREA	NP	
KERYDIN (Use tavaborole)	NF		OXISTAT CREA (Use oxiconazole nitrate)	NF	
ketoconazole (topical) CREA	P	QL(60 gm per fill retail)	OXISTAT LOTN	NP	
ketoconazole (topical) FOAM	NP		tavaborole	NP	
ketoconazole (topical) SHAM 2 %	P	QL(120 ml per fill retail)	tolnaftate SOLN	NP	RX/OTC
KETODAN KIT	NP		VUSION (Use miconazole-zinc oxide-white petrolatum)	NP	
LOPROX	NP		Anti-inflammatory Agents - Topical		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACINRX LEXITRAL PHARMAPAK (Use diclofenac sodium-capsaicin (topical))	NF		TARGRETIN (Use bexarotene (topical))	P	SP
DERMACINRX LEXITRAL PHARMAPAK II (Use diclofenac sodium-capsaicin (topical))	NF		VALCHLOR	NP	SP
diclofenac epolamine PTCH EX	NP		Antipruritics - Topical		
diclofenac sodium (topical) GEL EX	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s); RX/OTC	camphor & menthol LOTN	P	QL(222 ml per fill retail)
diclofenac sodium (topical) SOLN EX	NP		doxepin hcl (antipruritic)	NP	
diclofenac sodium-capsaicin (topical)	NP		PRUDOXIN (Use doxepin hcl (antipruritic))	NP	
FLECTOR PTCH EX (Use diclofenac epolamine)	NP		SARNA LOTN (Use camphor & menthol)	NF	QL(222 ml per fill retail)
LICART PT24	NP		ZONALON (Use doxepin hcl (antipruritic))	NP	
PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	NP		Antipsoriatics		
Antineoplastic or Premalignant Lesion Agents - Topical			acitretin	NP	
AMELUZ GEL	NP		BIMZELX SOAJ	NP	SP
bexarotene (topical)	NP	SP	BIMZELX SOSY	NP	SP
CARAC CREA (Use fluorouracil (topical))	NP	QL(30 gm per fill retail)	calcipotriene CREA	P	QL(60 gm per fill retail)
diclofenac sodium (actinic keratoses) EX	NP		CALCIPOTRIENE FOAM	NP	
EFUDEX CREA (Use fluorouracil (topical))	NP	QL(40 gm per fill retail)	calcipotriene OINT	P	
fluorouracil (topical) CREA 0.5 %	NP	QL(30 gm per fill retail)	calcipotriene SOLN	P	QL(60 ml per fill retail)
fluorouracil (topical) CREA 5 %	NP	QL(40 gm per fill retail)	calcitriol (topical)	NP	
fluorouracil (topical) SOLN	NP	QL(10 ml per fill retail)	COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
LEVULAN KERASTICK SOLR	P	SP	COSENTYX UNOREADY SOAJ	P	SP; PA
			COSENTYX SOSY	P	SP; PA
			DOVONEX CREA (Use calcipotriene)	NF	QL(60 gm per fill retail)
			ILUMYA	NP	SP
			methoxsalen rapid	NP	
			SILIQ	NP	SP
			SKYRIZI PEN SOAJ	NP	SP
			SKYRIZI SOSY	NP	SP
			SORILUX FOAM	NP	
			SOTYKTU	NP	SP
			STELARA SOSY	NP	SP

Drug Name	Drug Tier	Requirements/Limits
TALTZ SOAJ	NP	SP
TALTZ SOSY	NP	SP
<i>tazarotene CREA</i>	NP	QL(60 gm per fill retail)
<i>tazarotene GEL</i>	NP	QL(100 gm per fill retail)
TREMFYA SOPN	NP	SP
TREMFYA SOSY	NP	SP
VTAMA	NP	
ZORYVE	NP	
Antiseborrheic Products		
OVACE PLUS WASH GEL (Use <i>sulfacetamide sodium</i>)	NF	
OVACE PLUS WASH LIQD (Use <i>sulfacetamide sodium</i>)	NF	QL(480 ml per fill retail)
OVACE WASH LIQD (Use <i>sulfacetamide sodium</i>)	NF	QL(480 ml per fill retail)
<i>selenium sulfide LOTN 2.5 %</i>	P	QL(120 ml per fill retail)
<i>selenium sulfide SHAM 2.25 %, 2.3 %</i>	NP	
<i>sulfacetamide sodium GEL</i>	NP	
<i>sulfacetamide sodium LIQD</i>	NP	QL(480 gm per fill retail)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	NP	QL(5 gm per fill retail)
<i>acyclovir topical OINT</i>	NP	QL(30 gm per 30 days retail)
DENAVIR (Use <i> penciclovir</i>)	NP	
<i>penciclovir</i>	NP	
XERESE	NP	
ZOVIRAX CREA (Use <i>acyclovir topical</i>)	NP	QL(5 gm per fill retail)
ZOVIRAX OINT (Use <i>acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
Burn Products		
<i>mafenide acetate PACK</i>	P	
SILVADENE (Use <i>silver sulfadiazine</i>)	NP	QL(1000 gm per fill retail)
<i>silver sulfadiazine</i>	P	QL(1000 gm per fill retail)
SULFAMYLON CREA	P	
Cauterizing Agents		
SILVER NITRATE SOLN 0.5 %	NP	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	P	
<i>alclometasone dipropionate OINT</i>	P	
<i>amcinonide CREA</i>	NP	
APEXICON E CREA	NP	QL(60 gm per fill retail)
<i>betamethasone dipropionate (topical) CREA</i>	NP	1 rtl pack lmt per fill
<i>betamethasone dipropionate (topical) LOTN</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	NP	
<i>betamethasone dipropionate augmented CREA</i>	NP	QL(45 gm per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>betamethasone valerate CREA</i>	P	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate FOAM</i>	NP		DERMA-SMOOTHIE/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	
<i>betamethasone valerate LOTN</i>	P	QL(60 ml per fill retail)	DERMA-SMOOTHIE/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	
<i>betamethasone valerate OINT</i>	P	QL(45 gm per fill retail)	<i>desonide CREA</i>	P	1 rtl pack lmt per fill
BRYHALI LOTN	NP		<i>desonide LOTN</i>	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		<i>desonide OINT</i>	P	1 rtl pack lmt per fill
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desoximetasone CREA 0.05 %</i>	NP	QL(300 gm per fill retail)
<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 gm per fill retail)	<i>desoximetasone CREA 0.25 %</i>	NP	QL(2 gm daily)
<i>clobetasol propionate emulsion</i>	NP		<i>desoximetasone GEL</i>	NP	QL(2 gm daily)
<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)	<i>desoximetasone LIQD</i>	NP	
<i>clobetasol propionate FOAM</i>	NP		<i>desoximetasone OINT 0.05 %</i>	NP	
<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 gm per fill retail)	<i>desoximetasone OINT 0.25 %</i>	NP	QL(2 gm daily)
<i>clobetasol propionate LIQD</i>	NP		<i>diflorasone diacetate CREA</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate LOTN</i>	NP		<i>diflorasone diacetate OINT</i>	P	QL(100 gm per fill retail)
<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 gm per fill retail)	DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NF	QL(45 gm per fill retail)
<i>clobetasol propionate SHAM</i>	NP		DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF	
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ml per fill retail)	DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NP	
<i>clocortolone pivalate</i>	NP		DUOBRII	NP	
CLODAN KIT	NP		ENSTILAR FOAM	NP	
CLODERM (Use <i>clocortolone pivalate</i>)	NP		EPIFOAM FOAM	NP	
CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF		<i>fluocinolone acetonide CREA</i>	P	
DERMA-SMOOTHIE/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NP		<i>fluocinolone acetonide OIL</i>	P	
			<i>fluocinolone acetonide OINT</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide SOLN</i>	P		<i>hydrocortisone (topical) CREA 1 %</i>	P	1 rtl pack lmt per fill; QL(454 gm per fill retail); RX/OTC
<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(118 ml per fill retail)
<i>fluocinonide CREA 0.05 %</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>fluocinonide CREA 0.1 %</i>	P		<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	
<i>fluocinonide GEL</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone butyrate CREA</i>	NP	
<i>fluocinonide OINT</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone butyrate LOTN</i>	NP	
<i>fluocinonide SOLN</i>	P	QL(60 ml per fill retail)	<i>hydrocortisone butyrate OINT</i>	NP	
<i>flurandrenolide CREA</i>	NP		<i>hydrocortisone butyrate SOLN</i>	NP	QL(60 ml per fill retail)
<i>flurandrenolide LOTN</i>	NP		HYDROCORTISONE COMPLETE KIT	NP	
<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone valerate CREA</i>	P	
<i>fluticasone propionate LOTN</i>	NP		<i>hydrocortisone valerate OINT</i>	P	
<i>fluticasone propionate OINT</i>	P	QL(60 gm per fill retail)	KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	NP	
<i>halcinonide CREA</i>	NP		LEXETTE FOAM	NP	
<i>halobetasol propionate CREA</i>	P		LOCOID LIPOCREAM (<i>Use hydrocortisone butyrate hydrophilic lipo base</i>)	NP	
HALOBETASOL PROPIONATE FOAM	NP		LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NP	
<i>halobetasol propionate OINT</i>	P		LUXIQ FOAM (<i>Use betamethasone valerate</i>)	NF	
HALOG CREA (<i>Use halcinonide</i>)	NP		<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)
HALOG OINT	NP		<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)
HALOG SOLN	NP		<i>mometasone furoate SOLN</i>	P	QL(60 ml per fill retail)
<i>hydrocortisone (topical) CREA 0.5 %</i>	P				
<i>hydrocortisone (topical) CREA 1 %</i>	P	1 rtl pack lmt per fill; QL(454 gm per fill retail); RX/OTC			
<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(454 gm per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA (Use hydrocortisone (topical))	NF	1 rtl pack lmt per fill; QL(454 gm per fill retail); RX/OTC	TOPICORT LIQD (Use desoximetasone)	NP	
OLUX-E (Use clobetasol propionate emulsion)	NF		TOPICORT OINT 0.25 % (Use desoximetasone)	NF	QL(2 gm daily)
OLUX FOAM (Use clobetasol propionate)	NF		TOPICORT OINT 0.05 % (Use desoximetasone)	NF	
PANDEL	NP		TOPICORT OINT 0.05 % (Use desoximetasone)	NP	
prednicarbate OINT	NP	QL(60 gm per fill retail)	TOVET KIT	NP	
RADIAURA CREA	NP		triamcinolone acetonide (topical) AERS	NP	
SYNALAR CREAM KIT	NP		triamcinolone acetonide (topical) CREA 0.025 %	P	QL(908 gm per fill retail)
SYNALAR OINTMENT KIT	NP		triamcinolone acetonide (topical) CREA 0.1 %	P	QL(454 gm per fill retail)
SYNALAR TS	NP		triamcinolone acetonide (topical) CREA 0.5 %	P	QL(15 gm per fill retail)
SYNALAR CREA (Use fluocinolone acetonide)	NP		triamcinolone acetonide (topical) LOTN	P	QL(60 ml per fill retail)
SYNALAR OINT (Use fluocinolone acetonide)	NP		triamcinolone acetonide (topical) OINT 0.5 %	P	QL(15 gm per fill retail)
SYNALAR SOLN (Use fluocinolone acetonide)	NP		triamcinolone acetonide (topical) OINT 0.1 %	P	QL(60 gm per fill retail)
TACLONEX OINT (Use calcipotriene-betamethasone dipropionate)	NP		triamcinolone acetonide (topical) OINT 0.025 %	P	QL(454 gm per fill retail)
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	NP		triamcinolone acetonide (topical) OINT 0.05 %	NP	
TEMOVATE CREA (Use clobetasol propionate)	NF	QL(60 gm per fill retail)	ULTRAVATE LOTN	NP	
TEMOVATE OINT (Use clobetasol propionate)	NF	QL(60 gm per fill retail)	VANOS CREA (Use fluocinonide)	NP	
TEXACORT SOLN 2.5 %	NP		Eczema Agents		
TOPICORT CREA 0.25 % (Use desoximetasone)	NP	QL(2 gm daily)	ADBRY	NP	SP
TOPICORT CREA 0.05 % (Use desoximetasone)	NF	QL(300 gm per fill retail)	CIBINQO	NP	SP
TOPICORT GEL (Use desoximetasone)	NP	QL(2 gm daily)	DUPIXENT SOPN	P	SP; MP; PA
			DUPIXENT SOPN	NP	SP
			DUPIXENT SOSY 100 MG/0.67ML	NP	SP
			DUPIXENT SOSY	P	SP; PA
			OPZELURA	NP	
			Emollient/Keratolytic Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>urea in lactic acid vehicle</i>	NP		CONDYLOX GEL 0.5 % (Use <i>podofilox</i>)	P	
<i>urea CREA 39 %, 41 %</i>	P		ODOCON-25 SOLN	NP	
<i>urea CREA 40 %</i>	P	QL(200 gm per fill retail); RX/OTC	<i>podofilox SOLN</i>	P	QL(4 ml per fill retail)
UREA CREA	P		SALICATE LIQD	NP	
<i>urea LOTN 40 %</i>	P	QL(325 gm per fill retail)	<i>salicylic acid FOAM</i>	NP	
Emollients			<i>salicylic acid GEL 6 %</i>	P	
<i>lactic acid (ammonium lactate) CREA</i>	NP	QL(385 gm per fill retail); RX/OTC	<i>salicylic acid LIQD 27.5 %</i>	P	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 gm per fill retail); RX/OTC	SALICYLIC ACID OINT	P	RX/OTC
Immunomodulating Agents - Topical			UREA/SALICYLIC ACID CREA	NP	
ALDARA (Use <i>imiquimod</i>)	NF	QL(48 ea per 180 days retail)	Liniments		
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)	<i>menthol-methyl salicylate (liniments) CREA</i>	P	
<i>imiquimod 3.75 %</i>	NP		Local Anesthetics - Topical		
ZYCLARA (Use <i>imiquimod</i>)	NP		DERMACINRX LIDOGEL GEL	NP	
ZYCLARA PUMP (Use <i>imiquimod</i>)	NP		<i>lidocaine hcl CREA 3 %</i>	P	RX/OTC
ZYCLARA PUMP	NP		<i>lidocaine hcl PRSY</i>	P	QL(30 ml per fill retail)
Immunosuppressive Agents - Topical			<i>lidocaine hcl SOLN</i>	P	
ELIDEL (Use <i>pimecrolimus</i>)	P	QL(30 gm per 30 days retail); PA	LIDOCAINE HYDROCHLORIDE CREA	NP	
HYFTOR	NP		<i>lidocaine OINT</i>	P	
<i>pimecrolimus</i>	P	QL(30 gm per 30 days retail); PA	<i>lidocaine OINT</i>	P	
PROTOPIC OINT (Use <i>tacrolimus (topical)</i>)	P	QL(30 gm per 30 days retail); PA	<i>lidocaine-prilocaine CREA</i>	NP	QL(30 gm per fill retail)
<i>tacrolimus (topical) OINT</i>	P	QL(30 gm per 30 days retail); PA	<i>lidocaine-prilocaine KIT</i>	NP	
Keratolytic/Antimitotic Agents			<i>lidocaine PTCH 5 %</i>	P	
BENSAL HP OINT	NP	RX/OTC	LIDODERM PTCH (Use <i>lidocaine</i>)	NP	
			LIDOREX GEL	NP	
			LIDOTRAL/MENTHOL LIQD	NP	
			LIDOTRAL CREA	NP	
			LIDOTRAN CREA	NP	
			LYDEXA CREA	NP	
			PLIAGLIS CREA	NP	

Drug Name	Drug Tier	Requirements/Limits
QUTENZA	NP	
XYLIDERM	NP	
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
HYLATOPIC PLUS CREA	NP	RX/OTC
NUVAIL SOLN	NP	RX/OTC
TETRIX CREA	NP	RX/OTC
Misc. Topical		
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER ALL FAMILY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER BACKWOODS DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER BACKWOODS AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER SKINSATIONS AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER SPORT AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
CUTTER AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CVS INSECT REPELLENT AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CVS TOTAL HOME INSECT REPELLENT AERO	P	QL(170 ml per fill retail; 340 ml per 30 days retail)
HYCLODEX	NP	
HYPOCYN SOLN	NP	RX/OTC
OFF ACTIVE AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
OFF DEEP WOODS DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
OFF DEEP WOODS SPORTSMEN AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
OFF DEEP WOODS AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
OFF FAMILYCARE SMOOTH & DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
OFF SMOOTH & DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
REPEL FAMILY DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
REPEL FAMILY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REPEL HUNTERS FORMULA AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	<i>doxycycline (rosacea)</i>	NP	
REPEL SPORTSMEN DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	FINACEA FOAM	NP	
REPEL SPORTSMEN MAX AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	FINACEA GEL (<i>Use azelaic acid</i>)	NP	
REPEL SPORTSMEN MAX LOTN	P	QL(57 gm per fill retail; 114 gm per 30 days retail)	<i>ivermectin (rosacea)</i>	NP	
REPEL SPORTSMEN AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	<i>metronidazole (topical) CREA</i>	P	QL(45 gm per fill retail)
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	P	QL(57 ml per fill retail; 114 ml per 30 days retail)	<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 gm per fill retail)
SAWYER INSECT REPELLENT AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	<i>metronidazole (topical) GEL 1 %</i>	P	
ULTRATHON INSECT REPELLENT 8 AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	<i>metronidazole (topical) LOTN</i>	P	
ULTRATHON INSECT REPELLENT LOTN	P	QL(57 gm per fill retail; 114 gm per 30 days retail)	NORITATE CREA	NP	
XERAC AC	NP		RHOFADE	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			ROSADAN KIT	NP	
EUCRISA	P	PA	Scabicides & Pediculicides		
Pigmenting-Depigmenting Agents			<i>crotaimton LOTN</i>	NP	QL(454 gm per fill retail)
<i>hydroquinone CREA 4 %</i>	P	QL(56.8 gm per fill retail)	<i>ivermectin (pediculicide)</i>	NP	RX/OTC
Rosacea Agents			<i>malathion</i>	NP	QL(59 ml per fill retail)
<i>azelaic acid GEL</i>	NP		NATROBA (<i>Use spinosad</i>)	P	
<i>brimonidine tartrate (topical)</i>	NP		OVIDE (<i>Use malathion</i>)	NP	QL(59 ml per fill retail)
			<i>permethrin CREA</i>	P	QL(60 gm per fill retail)
			<i>permethrin LIQD EX</i>	P	2 rtl pack lmt per fill
			<i>permethrin LOTN</i>	P	2 rtl pack lmt per fill
			<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	
			<i>spinosad</i>	NP	
			Tar Products		
			<i>coal tar extract SHAM 0.5 %, 1 %</i>	P	
			DHS TAR GEL SHAM (<i>Use coal tar extract</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DHS TAR SHAM <i>(Use coal tar extract)</i>	NF		KENDALL CALCIUM ALGINATEDRESSING 4"X4" MISC	P	
IONIL-T SHAM <i>(Use coal tar extract)</i>	NF		KENDALL CALCIUM ALGINATEDRESSING 4"X5-1/2" MISC	P	
NEUTROGENA T/GEL SHAM 0.5 % <i>(Use coal tar extract)</i>	NF		KENDALL CALCIUM ALGINATEDRESSING 6"X10" MISC	P	
Wound Care Products			KENDALL CALCIUM ALGINATEDRESSING 8"X4" MISC	P	
ALGICELL CALCIUM DRESSING2"X2" MISC	P		KENDALL CALCIUM ALGINATEDRESSING PLUS 4"X4" MISC	P	
ALGICELL CALCIUM DRESSING3/4"X12" MISC	P		KENDALL CALCIUM ALGINATEDRESSING ROPE 12" MISC	P	
ALGICELL CALCIUM DRESSING4"X4" MISC	P		KENDALL CALCIUM ALGINATEDRESSING ROPE 24" MISC	P	
ALGICELL CALCIUM DRESSING4"X8" MISC	P		KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	P	
ALGISITE M 2"X2" MISC	P		RESTORE CALCICARE DRESSING 12" ROPE MISC	P	
ALGISITE M 3/4"X12" MISC	P		RESTORE CALCICARE DRESSING 2"X2" MISC	P	
ALGISITE M 4"X4" MISC	P		RESTORE CALCICARE DRESSING 4"X4" MISC	P	
ALGISITE M 6"X8" MISC	P		RESTORE CALCICARE DRESSING 4"X8" MISC	P	
CARETOUCH 4"X4" MISC	P		RESTORE CALCIUM ALGINATEDRESSING 4"X4" MISC	P	
DYNAGINATE CALCIUM ALGINATE DRESSING 2"X2" MISC	P		VYJUVEK	NP	SP
DYNAGINATE CALCIUM ALGINATE DRESSING 4"X8" MISC	P		ZENIFIBER 2"X2" MISC	P	
DYNAGINATE CALCIUM ALGINATE DRESSING 4-1/4"X4-1/4" MISC	P		ZENIFIBER 4"X5" MISC	P	
DYNAGINATE CALCIUM ALGINATE ROPE DRESSING 2GMX30CM MISC	P		ZENIFIBER 6"X6" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 12"X24" MISC	P		ZENIFIBER 8"X8" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 2"X2" MISC	P		DIAGNOSTIC PRODUCTS		
			Diagnostic Tests		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC	ASSURE PRISM MULTI TEST STRIPS STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC	ASSURE PRO TEST STRIPS STRP	NP	RX/OTC
ACCU-CHEK GUIDE STRP	NP	RX/OTC	BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	RX/OTC	BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ACCUTREND GLUCOSE STRP	NP	RX/OTC	BIOTEL CARE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ADVANCE INTUITION TEST STRIPS STRP	NP	RX/OTC	BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	RX/OTC	BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	RX/OTC	BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ADVOCATE REDI-CODE STRP	NP	RX/OTC	BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ADVOCATE TEST STRIPS STRP	NP	RX/OTC	CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	RX/OTC
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	RX/OTC	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	RX/OTC
AGAMATRIX JAZZ TEST STRIPS STRP	NP	RX/OTC	CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	RX/OTC	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX PRESTO TEST STRIPS STRP	NP	RX/OTC	CHEMSTRIP-K STRP	P	
ASSURE 3 TEST STRIPS STRP	NP	RX/OTC	CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	RX/OTC
ASSURE 4 TEST STRIPS STRP	NP	RX/OTC	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	RX/OTC
ASSURE II CHECK STRIP STRP	NP	RX/OTC	CLEVER CHEK TEST STRIPS STRP	NP	RX/OTC
ASSURE II TEST STRIPS STRP	NP	RX/OTC	CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	RX/OTC
ASSURE II STRP	NP	RX/OTC			
ASSURE PLATINUM TEST STRIPS STRP	NP	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	RX/OTC	EASY STEP TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	RX/OTC	EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	RX/OTC	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P		EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	RX/OTC	EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
COVID-19 AT-HOME TEST KIT KIT	P		EASYGLUCO STRP	NP	RX/OTC
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P		EASYMAX 15 TEST STRIPS STRP	NP	RX/OTC
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P		EASYMAX TEST STRIPS STRP	NP	RX/OTC
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC	EASYPRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC	EASYPRO PLUS STRP	NP	RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	RX/OTC	ELEMENT COMPACT TEST STRIPS STRP	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ELEMENT TEST STRIPS STRP	NP	RX/OTC
DIATHRIVE+ BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC	ELLUME COVID-19 HOME TEST KIT	P	
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DUO-CARE TEST STRIPS STRP	NP	RX/OTC	EMBRACE EVO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	RX/OTC	EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVOLUTION AUTOCODE STRP	NP	RX/OTC	FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	RX/OTC	FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P		FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORACARE GD40 STRP	NP	RX/OTC
FORA 6 CONNECT STRP	NP	RX/OTC	FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	RX/OTC
FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORACARE TEST N GO TEST STRIPS STRP	NP	RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORTISCARE BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	RX/OTC
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FREESTYLE LITE TEST STRIPS STRP	NP	RX/OTC
FORA GD20 TEST STRIPS STRP	NP	RX/OTC	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FREESTYLE TEST STRIPS STRP	NP	RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC	GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	NP	RX/OTC
GENULTIMATE TEST STRIPS STRP	NP	RX/OTC	GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
GHT TEST STRIPS STRP	NP	RX/OTC	GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCO PERFECT 3 TEST STRIPS STRP	NP	RX/OTC	HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC	HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	RX/OTC	IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	
GLUCOCARD SHINE TEST STRIPS STRP	NP	RX/OTC	IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD VITAL TEST STRIPS STRP	NP	RX/OTC	INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD X-SENSOR STRP	NP	RX/OTC	INFINITY VOICE STRP	NP	RX/OTC
GLUCOCOM TEST STRIPS STRP	NP	RX/OTC	INTELISWAB COVID-19 RAPID TEST KIT	P	
GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC	KETONE TEST STRIPS STRP	P	
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	RX/OTC	KETONE STRP	P	
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KETOSTIX STRP	P	
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KROGER BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KROGER HEALTHPRO GLUCOSETEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ONETOUCH ULTRA STRP	P	RX/OTC
LIBERTY TEST STRIPS STRP	NP	RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
LUCIRA CHECK IT COVID-19TEST KIT KIT	P	RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	P	RX/OTC	OPTIUMEZ TEST STRIPS STRP	NP	RX/OTC
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MICRODOT TEST STRIPS STRP	NP	RX/OTC	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MICRODOT XTRA TEST STRIPS STRP	NP	RX/OTC	PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC	PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	RX/OTC	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	RX/OTC	PTS PANELS EGLU STRP	NP	RX/OTC
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	RX/OTC	PTS PANELS GLUCOSE TEST STRP	NP	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	QUICKTEK TEST STRIPS STRP	NP	RX/OTC
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P		QUICKVUE AT-HOME COVID-19 TEST KIT	P	
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
REFUAH PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	RX/OTC	SOLUS V2 AUDIBLE TEST STRP	NP	RX/OTC
RELION KETONE TEST STRIPS STRP	P		SUPREME TEST STRIPS STRP	NP	RX/OTC
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
RELION TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUETEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUETRACK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUETRACK TEST STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	UNISTRIP1 GENERIC STRP	NP	RX/OTC
SMART SENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
			VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
			DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Digestive Enzymes			<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 ea daily); MP
CREON CPEP	P		<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 ea daily); MP
PERTZYE CPEP	NP		Loop Diuretics		
VIOKACE TABS	NP		<i>bumetanide TABS</i>	P	MP
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P		BUMEX TABS 0.5 MG (Use bumetanide)	NP	MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			EDECRIN (Use ethacrynic acid)	NP	MP
Carbonic Anhydrase Inhibitors			<i>ethacrynic acid</i>	P	MP
<i>acetazolamide CP12</i>	P	MP	<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	MP
<i>acetazolamide TABS</i>	P	MP	<i>furosemide TABS</i>	P	MP
<i>dichlorphenamide</i>	NP	SP	LASIX TABS (Use furosemide)	NP	MP
KEVEYIS (Use dichlorphenamide)	NP	SP	<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	P	QL(1 ea daily); MP
<i>methazolamide TABS</i>	P	MP	<i>torseamide TABS 20 MG</i>	P	MP
Diuretic Combinations			Potassium Sparing Diuretics		
ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	NF	MP	ALDACTONE TABS (Use spironolactone)	NP	MP
ALDACTAZIDE	NP		<i>amiloride hcl TABS</i>	P	QL(4 ea daily); MP
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily); MP	CAROSPIR SUSP (Use spironolactone)	NP	MP
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	NP	QL(1 ea daily); MP	<i>spironolactone SUSP</i>	NP	MP
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	NP	QL(1 ea daily); MP	<i>spironolactone TABS</i>	P	MP
<i>spironolactone & hydrochlorothiazide</i>	P	MP	<i>triamterene CAPS</i>	P	MP
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	P	MP
			DIURIL SUSP	P	MP
			<i>hydrochlorothiazide CAPS</i>	P	MP
			<i>hydrochlorothiazide TABS</i>	P	MP
			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	MP
			<i>metolazone</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	NP	SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 35 MG (Use risedronate sodium)	NP	QL(4 ea per 28 days retail; 12 ea per 84 days mail); MP
ACTONEL TABS 150 MG (Use risedronate sodium)	NP	MP
<i>alendronate sodium SOLN</i>	P	QL(10.8 ml daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.143 ea daily); MP
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 ea daily); MP
ATELVIA TBEC (Use risedronate sodium)	NP	MP
BINOSTO TBEF	NP	
BONIVA TABS (Use ibandronate sodium)	NF	MP
<i>calcitonin (salmon) NA</i>	P	QL(4 ml per 30 days retail)
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (Use alendronate sodium)	NF	QL(0.143 ea daily); MP
FOSAMAX TABS 70 MG (Use alendronate sodium)	NP	QL(0.143 ea daily); MP
<i>ibandronate sodium TABS</i>	NP	MP
<i>risedronate sodium TABS 150 MG</i>	NP	MP
<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 ea per 28 days retail; 12 ea per 84 days mail); MP
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TBEC</i>	NP	MP
GnRH/LHRH Antagonists		
ORLISSA	P	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NP	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN CART SC	P	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPRO SOPN	NP	SP
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	
SAIZEN IJ	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (Use raloxifene hcl)	NF	QL(1 ea daily); MP
EVISTA (Use raloxifene hcl)	NP	QL(1 ea daily); MP
OSPHENA	NP	
<i>raloxifene hcl</i>	NP	QL(1 ea daily); MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP

Drug Name	Drug Tier	Requirements/Limits
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	NP	SP
Metabolic Modifiers		
<i>betaine</i>	NP	SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP
<i>calcitriol CAPS</i>	P	
<i>calcitriol SOLN OR</i>	P	
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP
<i>carglumic acid</i>	P	SP; PA
<i>carglumic acid</i>	NP	SP
CARNITOR SF SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily)
<i>cinacalcet hcl</i>	NP	SP
CYSTADANE (<i>Use betaine</i>)	NP	SP
<i>doxercalciferol CAPS</i>	P	
GALAFOLD	NP	SP
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	NP	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone CAPS</i>	P	SP
NITYR TABS	NP	SP
OLPRUVA THPK	NP	SP
ORFADIN CAPS (<i>Use nitisinone</i>)	P	SP
ORFADIN CAPS	P	SP
ORFADIN SUSP	NP	SP
<i>paricalcitol CAPS</i>	NP	
PHEBURANE PLLT	NP	
RAVICTI	NP	SP
RAYALDEE	NP	
ROCALTROL CAPS (<i>Use calcitriol</i>)	NP	
ROCALTROL SOLN OR (<i>Use calcitriol</i>)	NP	
<i>sapropterin dihydrochloride PACK</i>	NP	SP
<i>sapropterin dihydrochloride TABS</i>	NP	SP
SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP
<i>sodium phenylbutyrate POWD</i>	NP	SP
<i>sodium phenylbutyrate TABS</i>	NP	SP
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>Use paricalcitol</i>)	NP	
Mineralocorticoid Receptor Antagonists		
KERENDIA	P	PA
Posterior Pituitary Hormones		
DDAVP TABS (<i>Use desmopressin acetate</i>)	NP	QL(6 ea daily)
<i>desmopressin acetate spray</i>	P	1 rtl pack lmt per fill; QL(1 ml daily)
<i>desmopressin acetate spray refrigerated</i>	P	1 rtl pack lmt per fill; QL(1 ml daily)
<i>desmopressin acetate TABS</i>	P	QL(6 ea daily)

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits
NOCDURNA SUBL	NP	
Progesterone Receptor Antagonists		
MIFEPREX (Use mifepristone)	P	
mifepristone	P	
Prolactin Inhibitors		
cabergoline	P	
Somatostatic Agents		
LANREOTIDE ACETATE	NP	SP
MYCAPSSA CPDR	NP	SP
octreotide acetate SOLN	NP	SP
octreotide acetate SOLN 100 MCG/ML, 500 MCG/ML	NP	
octreotide acetate SOSY	NP	SP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	NP	SP
SIGNIFOR	NP	SP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS	NP	SP
JYNARQUE TBPK	NP	SP
SAMSCA TABS (Use tolvaptan)	NP	SP
tolvaptan TABS	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	NP	QL(1 ea daily)
ANGELIQ	NP	

Drug Name	Drug Tier	Requirements/Limits
BIJUVA 1 MG-100 MG	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	QL(0.29 ea daily)
DUAVEE	NP	
esterified estrogens & methyltestosterone	P	
estradiol & norethindrone acetate TABS	P	QL(1 ea daily)
FEMHRT (Use norethindrone acetate-ethinyl estradiol)	NF	
MYFEMBREE	P	PA
norethindrone acetate-ethinyl estradiol	NP	
ORIAHNN	P	PA
PREFEST	NP	
PREMPHASE	P	QL(1 ea daily)
PREMPRO	P	QL(1 ea daily)
Estrogens		
CLIMARA PTWK 0.025 MG/24HR (Use estradiol)	NP	
CLIMARA PTWK 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR (Use estradiol)	NP	QL(0.143 ea daily)
DELESTROGEN (Use estradiol valerate)	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL (Use estradiol)	NP	
ELESTRIN GEL	NP	
ESTRACE TABS (Use estradiol)	NP	
estradiol valerate	NP	
estradiol valerate 40 MG/ML	P	
estradiol GEL	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTTW</i>	P	QL(0.29 ea daily)
<i>estradiol PTWK 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR</i>	P	QL(0.143 ea daily)
<i>estradiol PTWK 0.025 MG/24HR</i>	P	
<i>estradiol TABS</i>	P	
EVAMIST SOLN	NP	
MENEST	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(0.29 ea daily)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin in d5w</i>	P	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin in d5w</i>	P	
<i>levofloxacin SOLN IV</i>	P	
<i>levofloxacin SOLN OR</i>	P	
<i>levofloxacin TABS</i>	P	QL(1 ea daily)
<i>moxifloxacin hcl TABS</i>	P	
<i>ofloxacin 300 MG</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 400 MG</i>	NP	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>Use simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NF	
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	P	
<i>simethicone SUSP</i>	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 ea daily); SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
CHENODAL	NP	SP
RELTONE CAPS	NP	
URSO 250 TABS (<i>Use ursodiol</i>)	NP	QL(7 ea daily)
URSO FORTE TABS (<i>Use ursodiol</i>)	NP	
<i>ursodiol CAPS</i>	P	QL(3 ea daily)
<i>ursodiol TABS 500 MG</i>	NP	
<i>ursodiol TABS 250 MG</i>	NP	QL(7 ea daily)
Gastrointestinal Antiallergy Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (mastocytosis)</i>	P		DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
GASTROCROM (<i>Use cromolyn sodium (mastocytosis)</i>)	NP		DIPENTUM	NP	
Gastrointestinal Chloride Channel Activators			ENTYVIO SOLR	NP	SP
AMITIZA (<i>Use lubiprostone</i>)	NP		ENTYVIO SOPN	NP	SP
<i>lubiprostone</i>	NP		INFLECTRA	NP	SP
Gastrointestinal Stimulants			INFLIXIMAB	NP	SP
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P		LIALDA TBEC (<i>Use mesalamine</i>)	NP	
<i>metoclopramide hcl TABS</i>	P		LIALDA TBEC (<i>Use mesalamine</i>)	NF	
METOCLOPRAMIDE ODT TBDP	NP		<i>mesalamine w/ cleanser</i>	NP	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP		<i>mesalamine CP24</i>	NP	
Inflammatory Bowel Agents			<i>mesalamine CPCR</i>	P	
APRISO CP24 (<i>Use mesalamine</i>)	NP		<i>mesalamine CPDR</i>	NP	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	QL(3 ea daily)	<i>mesalamine ENEM</i>	P	QL(60 ml daily)
AVSOLA	NP	SP	<i>mesalamine SUPP</i>	P	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP		<i>mesalamine TBEC 1.2 GM</i>	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF		<i>mesalamine TBEC 800 MG</i>	NP	QL(3 ea daily)
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP		OMVOH SOAJ	NP	SP
<i>balsalazide disodium CAPS</i>	P	QL(9 ea daily)	OMVOH SOLN	NP	SP
CANASA SUPP (<i>Use mesalamine</i>)	NP		PENTASA CPCR	P	
CIMZIA STARTER KIT PSKT	P	SP; PA	PENTASA CPCR (<i>Use mesalamine</i>)	P	
CIMZIA KIT	NP	SP	REMICADE	NP	SP
CIMZIA PSKT	P	SP; PA	RENFLEXIS	NP	SP
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)	ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP	
			SFROWASA ENEM	P	
			SKYRIZI SOCT	NP	SP
			SKYRIZI SOLN	NP	SP
			STELARA 130 MG/26ML	NP	SP
			<i>sulfasalazine TABS</i>	P	
			<i>sulfasalazine TBEC</i>	P	
			Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	NP	
IBSRELA	NP	
LINZESS	NP	
LOTRONEX (<i>Use alose tron hcl</i>)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	NP	
ENTEREG (<i>Use alvimopan</i>)	NP	
MOVANTIK	NP	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	NP	
FOSRENOL PACK	P	
<i>lanthanum carbonate CHEW</i>	P	
RENAGEL (<i>Use sevelamer hcl</i>)	NP	
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer hcl</i>	P	

Drug Name	Drug Tier	Requirements/Limits
VELPHORO	NP	
Short Bowel Syndrome (SBS) Agents		
GATTEX	NP	SP
Tryptophan Hydroxylase Inhibitors		
XERMELO	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	NP	
Alkalinizers		
ORACIT	P	
<i>pot & sod citrates w/citric ac SOLN</i>	NP	
<i>potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG</i>	NP	
<i>potassium citrate-citric acid SOLN</i>	NP	RX/OTC
<i>sodium citrate & citric acid</i>	P	QL(500 ml per 30 days retail); RX/OTC
<i>sodium citrate & citric acid</i>	P	RX/OTC
UROKIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROKIT-K 15 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROKIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI CPDR	NP	SP
PROCYSBI PACK	NP	SP
Genitourinary Irrigants		

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	MP
AVODART (<i>Use dutasteride</i>)	NP	MP
CARDURA XL	NP	
<i>dutasteride</i>	NP	MP
<i>dutasteride-tamsulosin hcl</i>	NP	MP
ENTADFI	NP	
<i>finasteride</i>	P	QL(1 ea daily); MP
FLOMAX (<i>Use tamsulosin hcl</i>)	NP	QL(2 ea daily); MP
JALYN (<i>Use dutasteride-tamsulosin hcl</i>)	NP	MP
PROSCAR (<i>Use finasteride</i>)	NP	QL(1 ea daily); MP
PROSCAR (<i>Use finasteride</i>)	NF	QL(1 ea daily); MP
RAPAFLO 8 MG (<i>Use silodosin</i>)	NF	MP
RAPAFLO (<i>Use silodosin</i>)	NP	MP
<i>silodosin</i>	NP	MP
<i>tamsulosin hcl</i>	P	QL(2 ea daily); MP
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (<i>Use phenazopyridine hcl</i>)	NF	
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	P	
PYRIDIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		

Drug Name	Drug Tier	Requirements/Limits
LITHOSTAT	NP	
THIOLA EC TBEC	NP	SP
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP
<i>tiopronin TABS</i>	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	MP
Gout Agents		
<i>allopurinol</i>	P	MP
ALLOPURINOL	P	
<i>colchicine CAPS</i>	NP	MP
<i>colchicine TABS</i>	NP	QL(6 ea per fill retail); MP
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 ea per fill retail); MP
<i>febuxostat</i>	NP	MP
MITIGARE CAPS (<i>Use colchicine</i>)	NP	MP
ULORIC (<i>Use febuxostat</i>)	NP	MP
ZYLOPRIM (<i>Use allopurinol</i>)	NF	MP
Uricosurics		
<i>probenecid</i>	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
HEMLIBRA	P	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KOATE-DVI SOLR 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP
<i>icatibant acetate</i> SOSY	NP	SP
Complement Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
BERINERT KIT	P	SP; PA
EMPAVELI	NP	SP
ENJAYMO	NP	SP
FABHALTA CAPS OR 200 MG	NP	
HAEGARDA SOLR SC	NP	SP
SOLIRIS	NP	SP
TAVNEOS	NP	SP
ULTOMIRIS	NP	SP
VEOPOZ	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
Hematological Enzymes - Misc		
ADZYNMA	NP	
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Kallikrein Inhibitors		
KALBITOR	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOLN	NP	SP
TAKHZYRO SOSY	NP	SP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i>)	NP	
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	
BRILINTA	P	QL(2 ea daily)
<i>cilostazol</i>	NP	QL(2 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	P	
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 ea daily)
<i>dipyridamole</i>	P	MP
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	QL(1 ea daily)
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl</i>	NP	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
ADAKVEO	NP	SP
DROXIA CAPS	P	
ENDARI	P	SP
OXBRYTA TABS	NP	SP
OXBRYTA TBSO	NP	SP
SIKLOS TABS	NP	
Cobalamins		
<i>cyanocobalamin SOLN IJ</i>	P	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP
ARANESP ALBUMIN FREE SOSY	NP	SP
DOPTELET	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP
GRANIX SOSY	NP	SP
JESDUVROQ	NP	

Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR IJ	P	SP
MIRCERA	NP	SP
MULPLETA	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP
NEULASTA SOSY	NP	SP
NEUPOGEN SOLN	P	SP
NEUPOGEN SOSY	P	SP
NIVESTYM SOLN	NP	SP
NIVESTYM SOSY	NP	SP
NPLATE	NP	SP
NYVEPRIA	NP	SP
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
PROMACTA PACK	NP	SP
PROMACTA TABS	NP	SP
REBLOZYL	NP	SP
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	NP	SP
RETACRIT	NP	SP
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	NP	SP
Iron		
FEOSOL TABS (<i>Use ferrous sulfate dried</i>)	NF	
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NF	QL(10 ml daily)
FERRETTS TABS	P	QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	P	QL(2 ea daily)
<i>ferrous sulfate dried TABS 200 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	QL(10 ml daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	
<i>ferrous sulfate TBEC</i>	P	
<i>polysaccharide iron complex CAPS 150 MG</i>	P	QL(1 ea daily)

HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders

Hemostatics - Systemic		
AMICAR TABS 500 MG (Use aminocaproic acid)	NF	QL(24 ea per fill retail); SP
aminocaproic acid TABS 500 MG	P	QL(24 ea per fill retail); SP
LYSTEDA TABS (Use tranexamic acid)	NF	2 rtl MAX fill; 30 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)
tranexamic acid TABS	P	2 rtl MAX fill; 30 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 ea daily)
<i>doxylamine succinate (sleep)</i>	P	

Drug Name	Drug Tier	Requirements/Limits
UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	NF	
UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	NF	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	
SILENOR (Use doxepin hcl (sleep))	NF	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use zolpidem tartrate)	NP	
AMBIEN TABS (Use zolpidem tartrate)	NP	QL(1 ea daily)
DORAL (Use quazepam)	NP	
EDLUAR SUBL	NP	
<i>estazolam</i>	P	
<i>eszopiclone</i>	NP	
<i>flurazepam hcl</i>	NP	QL(1 ea daily)
HALCION 0.25 MG (Use triazolam)	NP	QL(1 ea daily)
LUNESTA 2 MG, 3 MG (Use eszopiclone)	NF	
LUNESTA (Use eszopiclone)	NP	
<i>midazolam hcl SYRP</i>	NP	
<i>quazepam</i>	P	
RESTORIL 7.5 MG, 22.5 MG (Use temazepam)	NP	
RESTORIL 15 MG, 30 MG (Use temazepam)	NP	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triazolam</i>	P	QL(1 ea daily)	<i>psyllium POWD 25 %, 28.3 %, 30.9 %, 43 %, 48.57 %, 49 %, 51.7 %, 58.6 %</i>	P	
<i>zaleplon</i>	NP	QL(1 ea daily)			
ZOLPIDEM TARTRATE CAPS	NP		REGULOID POWD	P	
<i>zolpidem tartrate SUBL</i>	NP		Laxative Combinations		
<i>zolpidem tartrate TABS</i>	P	QL(1 ea daily)	GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	QL(4000 ml per fill retail)
<i>zolpidem tartrate TBCR</i>	NP		NULYTELY (Use <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NF	QL(4000 ml per fill retail)
Orexin Receptor Antagonists			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ml per fill retail)
BELSOMRA	NP		<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ml per fill retail)
DAYVIGO	NP		<i>sennosides-docusate sodium TABS</i>	P	QL(4 ea daily)
QUVIVIQ	NP		SENOKOT S TABS (Use <i>sennosides-docusate sodium</i>)	NF	QL(4 ea daily)
Selective Melatonin Receptor Agonists			Laxatives - Miscellaneous		
HETLIOZ LQ SUSP	NP	SP	<i>glycerin (laxative) SUPP 2 GM, 2.1 GM, 80.7 %</i>	P	
HETLIOZ CAPS (Use <i>tasimelteon</i>)	NP	SP	GLYCERIN ADULT SUPP (Use <i>glycerin (laxative)</i>)	NF	
<i>ramelteon</i>	NP		<i>lactulose SOLN</i>	P	
ROZEREM (Use <i>ramelteon</i>)	NP		MIRALAX MIX-IN PAX PACK (Use <i>polyethylene glycol 3350</i>)	NF	
<i>tasimelteon CAPS</i>	NP	SP	MIRALAX PACK (Use <i>polyethylene glycol 3350</i>)	NF	
LAXATIVES - Bowel Treatment Drugs			MIRALAX POWD (Use <i>polyethylene glycol 3350</i>)	NF	QL(34 gm daily)
Bulk Laxatives			PEDIA-LAX SUPP (Use <i>glycerin (laxative)</i>)	NF	
<i>calcium polycarbophil TABS</i>	P	QL(10 ea daily)	<i>polyethylene glycol 3350 PACK</i>	P	
KONSYL DAILY FIBER POWD (Use <i>psyllium</i>)	NF				
METAMUCIL FREE & NATURAL POWD (Use <i>psyllium</i>)	NF				
METAMUCIL ORIGINAL TEXTURE POWD (Use <i>psyllium</i>)	NF				
METAMUCIL CAPS (Use <i>psyllium</i>)	NF				
METAMUCIL POWD (Use <i>psyllium</i>)	NF				
NATURAL FIBER LAXATIVE POWD	P				
<i>psyllium CAPS 0.52 GM, 400 MG</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)	<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 ea daily)
Lubricant Laxatives			<i>docusate sodium LIQD</i>	P	
FLEET OIL ENEM (<i>Use mineral oil</i>)	NF		<i>docusate sodium SYRP</i>	P	
<i>mineral oil ENEM</i>	P		DOCUSATE SODIUM SYRP	P	
Saline Laxatives			<i>docusate sodium TABS</i>	P	QL(3 ea daily)
FLEET ENEMA ENEM (<i>Use sodium phosphates</i>)	NF		MACROLIDES - Drugs to Treat Bacterial Infections		
FLEET PEDIATRIC ENEM (<i>Use sodium phosphates</i>)	NF		Azithromycin		
<i>magnesium citrate</i>	P		<i>azithromycin PACK</i>	P	QL(2 ea per fill retail)
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P		<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ml per fill retail)
<i>sodium phosphates ENEM</i>	P		<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ml per fill retail)
Stimulant Laxatives			<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
<i>bisacodyl SUPP</i>	P	QL(12 ea per fill retail)	<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
<i>bisacodyl TBEC</i>	P	QL(1 ea daily)	<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 days retail)
<i>castor oil OIL 100 %</i>	P		ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP	QL(4 ea daily)
DULCOLAX PINK LAXATIVE TBEC (<i>Use bisacodyl</i>)	NF	QL(1 ea daily)	ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)
DULCOLAX SUPP (<i>Use bisacodyl</i>)	NF	QL(12 ea per fill retail)	ZITHROMAX PACK (<i>Use azithromycin</i>)	P	QL(2 ea per fill retail)
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NF	QL(1 ea daily)	ZITHROMAX SUSR 200 MG/5ML (<i>Use azithromycin</i>)	NP	QL(60 ml per fill retail)
<i>sennosides LIQD</i>	P		ZITHROMAX SUSR 100 MG/5ML (<i>Use azithromycin</i>)	NP	QL(15 ml per fill retail)
<i>sennosides SYRP 8.8 MG/5ML</i>	P		ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NF	QL(4 ea daily)
<i>sennosides TABS 8.6 MG</i>	P		ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)
SENOKOT TABS (<i>Use sennosides</i>)	NF		ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail)
Surfactant Laxatives			ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(4 ea daily)
COLACE CAPS 100 MG (<i>Use docusate sodium</i>)	NF	QL(3 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Clarithromycin			BAND-AID FLEXIBLE ROLLED GAUZE 3" X 2.1 YARDS MISC	P	RX/OTC
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ml per fill retail)	BAND-AID FLEXIBLE ROLLED GAUZE 4" X 2.1 YARDS MISC	P	RX/OTC
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ml per fill retail)	BAND-AID GAUZE PADS LARGE 4" X 4" PADS	P	RX/OTC
<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)	BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	P	
<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)	BAND-AID GAUZE PADS SMALL 2" X 2" PADS	P	RX/OTC
Erythromycins			BAND-AID KLING ROLLED GAUZE LARGE 4" X 2.5 YDS MISC	P	RX/OTC
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	P		BAND-AID KLING ROLLED GAUZE MEDIUM 3" X 2.5 YDS MISC	P	RX/OTC
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	P		BAND-AID KLING ROLLED GAUZE SMALL 2" X 2.5 YDS MISC	P	RX/OTC
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	P		BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC
<i>erythromycin base CPEP</i>	P		BIOGUARD BARRIER DRESSING/LARGE ROLL MISC	P	RX/OTC
<i>erythromycin base TABS</i>	P		BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
<i>erythromycin base TBEC</i>	P		BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
<i>erythromycin ethylsuccinate SUSR</i>	P		COMPEED SKIN PROTECTOR DRESSING/MEDIUM/OVAL MISC	P	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	P		COMPEED SKIN PROTECTOR DRESSING/SMALL/STRIP MISC	P	RX/OTC
<i>erythromycin stearate TABS 250 MG</i>	P		COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC
Fidaxomicin					
DIFICID SUSR	NP				
DIFICID TABS	NP				
MEDICAL DEVICES AND SUPPLIES					
Bandages-Dressings-Tape					
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC			
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC	CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC	CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	P	RX/OTC	CURITY AMD ANTIMICROBIALPACKIN G STRIPS 1"X3' MISC	P	RX/OTC
CURAD HOLD TITE TUBULAR STRETCH BANDAGE/LARGE/5YDS MISC	P	RX/OTC	CURITY AMD ANTIMICROBIALPACKIN G STRIPS 1/2"X3' MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/12"X12" MISC	P	RX/OTC	CURITY AMD ANTIMICROBIALPACKIN G STRIPS 1/4"X3' MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/18"X18" MISC	P	RX/OTC	CURITY COVER SPONGE 4"X4" PADS	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/36"X36" MISC	P	RX/OTC	CURITY COVER SPONGES 3"X3" PADS	P	RX/OTC
CURITY #10 GAUZE BOLT/OVAL FOLD/36"X300' MISC	P	RX/OTC	CURITY COVER SPONGES 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	P	RX/OTC	CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	P	RX/OTC	CURITY GAUZE PADS 2"X2" 12 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	P	RX/OTC	CURITY GAUZE PADS 3"X3" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4 PLY PADS	P	RX/OTC	CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC	CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC	CURITY GAUZE SPONGE 2"X2"12 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC	CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	P	RX/OTC
			CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC

Illinois YouthCare

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC	CURITY NON-ADHERENT STRIPS 3"X3" PADS	P	
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC	CURITY PLAIN PACKING STRIP MISC	P	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	P	RX/OTC	CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC	CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC	CURITY TRIANGULAR BANDAGE 40"X40"X56" MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP 1"X15' MISC	P	RX/OTC	CVS GAUZE PAD 3"X3" PADS	P	
CURITY IODOFORM PACKING STRIP 1/2"X15' MISC	P	RX/OTC	CVS GAUZE PADS 2"X2" 12-PLY PADS	P	RX/OTC
CURITY IODOFORM PACKING STRIP 1/4"X15' MISC	P	RX/OTC	CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
CURITY IODOFORM PACKING STRIP 2"X15' MISC	P	RX/OTC	CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC
CURITY IODOFORM PACKING STRIP MISC	P	RX/OTC	CVS TUBULAR GAUZE MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 1"X30' MISC	P	RX/OTC	DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 2"X30' MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 2"X3YD MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 3"X30' MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 2.25"X3 YD 6 PLY MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 4"X30' MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 3.4"X3.6 YD 6 PLY MISC	P	RX/OTC
CURITY NON-ADHERENT STRIPS 1/2"X12' MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 3.4"X3-1/2YD 6PLY MISC	P	RX/OTC
			DERMACEA GAUZE FLUFF ROLL 4.5"X4.1 YD 6 PLY MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DERMACEA GAUZE FLUFF ROLL 4-1/2"X4-1/8YD 6PLY MISC	P	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC
DERMACEA GAUZE ROLL 2"X4-1/8YD MISC	P	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
DERMACEA GAUZE ROLL 3"X4-1/8YD MISC	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 2"X12' MISC	P	RX/OTC
DERMACEA GAUZE ROLL 4"X4-1/8YD MISC	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 3"X12' MISC	P	RX/OTC
DERMACEA GAUZE ROLL 6"X4-1/8YD MISC	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 4"X12' MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 6"X12' MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE2"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS	P		DERMACEA STRETCH BANDAGE3"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS	P		DERMACEA STRETCH BANDAGE4"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE6"X12.3' MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE6"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGEROLL 3"X12' MISC	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	P	RX/OTC	DERMACEA STRETCH BANDAGEROLL 4"X12' MISC	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC	DERMACEA STRETCH BANDAGEROLL 6"X12' MISC	P	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	P	RX/OTC	DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	P	RX/OTC			
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	P	RX/OTC	EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS	P		GAUZE BANDAGE 3" MISC	P	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS	P		GAUZE BANDAGE ROLL 4.5"X2.5YD MISC	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	P	RX/OTC	GAUZE BANDAGE/2" X 4YDS MISC	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	P	RX/OTC	GAUZE DRESSING 4"X4" PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC	GAUZE PADS 2"X2" PADS	P	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC	GAUZE PADS 3"X3" PADS	P	
DRYMAX EXTRA PADS	P	RX/OTC	GAUZE PADS 4"X4" PADS	P	RX/OTC
EQ GAUZE PADS 4"X4" PADS	P	RX/OTC	GAUZE PADS PADS	P	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	P	RX/OTC	GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	P	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC	GAUZE STRETCH BANDAGE 3"X2.5YD MISC	P	RX/OTC
EQL GAUZE STERILE PADS 3"X3" PADS	P		GNP STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	GNP STERILE GAUZE PADS 3"X3" PADS	P	
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	HM STERILE PADS 2"X2" PADS	P	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC	HM STERILE PADS PADS	P	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC
			HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC
			J & J GAUZE 2"X2" 8 PLY PADS	P	RX/OTC
			J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
			J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
			J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC	KERLIX GAUZE ROLL MEDIUM 3.4"X3.6YD 6 PLY MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	P	RX/OTC	KERLIX GAUZE ROLL SMALL 2.25"X 3YD 6 PLY MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESSING 2"X2" PADS	P	RX/OTC	KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESSING 3"X3" PADS	P		KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC	KERLIX X-RAY DETECTABLE PACKING SPONGE 4-1/2"X22" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS DRESSING 2"X2" PADS	P	RX/OTC	KERLIX X-RAY DETECTABLE SPONGES EXTRA LARGE 1-5/8" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS DRESSING 3"X3" PADS	P		KLING FLUFF MISC	P	RX/OTC
KERLIX AMD ANTIMICROBIAL BANDAGE ROLL 4-1/2"X12.3YD 6 PLY MISC	P	RX/OTC	MIRASORB SPONGES 2" X 2" MISC	P	RX/OTC
KERLIX AMD ANTIMICROBIAL BANDAGE ROLL/6 PLY/4.5"X4-1/8YD MISC	P	RX/OTC	MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
KERLIX BANDAGE ROLL 2-1/4"X9' 6PLY MISC	P	RX/OTC	NEXCARE ABSOLUTE WATERPROOF PREMIUM ADHESIVE PAD 2-3/8"X45" MISC	P	RX/OTC
KERLIX BANDAGE ROLL 3-7/16"X3-3/16' 6PLY MISC	P	RX/OTC	NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
KERLIX BANDAGE ROLL 4-1/2"X4-1/8YD 6PLY MISC	P	RX/OTC	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC
KERLIX BANDAGE ROLL 4-1/2"X9.3' 8PLY MISC	P	RX/OTC	NU GAUZE PACKING STRIPS PLAIN 1/2" X 5 YDS MISC	P	RX/OTC
KERLIX BANDAGE ROLL/6 PLY/MEDIUM MISC	P	RX/OTC	NU GAUZE UTERINE PACKING STRIPS IODOFORM 8" X 10 YDS MISC	P	RX/OTC
KERLIX GAUZE ROLL LARGE 4.5"X 4.1YD 6 PLY MISC	P	RX/OTC	OIL EMULSION DRESSINGS/NON-ADHERENT PADS	P	
			POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRIMAPORE 11-3/4"X4" MISC	P	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/BORDED PADS	P	RX/OTC
PRIMAPORE 13-3/4"X4" MISC	P	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	P	RX/OTC
PRIMAPORE 2-7/8"X2" MISC	P	RX/OTC	SM BANDAGE ROLL 4.5"X144" MISC	P	RX/OTC
PRIMAPORE 4"X3-1/8" MISC	P	RX/OTC	SM GAUZE PADS 2"X2" PADS	P	RX/OTC
PRIMAPORE 6"X3-1/8" MISC	P	RX/OTC	SM GAUZE PADS 3"X3" PADS	P	
PRIMAPORE 8"X4" MISC	P	RX/OTC	SM GAUZE PADS 4"X4" PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS	P	RX/OTC	SM ROLLED GAUZE BANDAGE 2"X4.1YD MISC	P	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	P	RX/OTC	SM ROLLED GAUZE BANDAGE 3"X4.1YD MISC	P	RX/OTC
QC STERILE PADS PADS	P	RX/OTC	SM STERILE PADS 2"X2" PADS	P	RX/OTC
RA STERILE PADS 2"X2" PADS	P	RX/OTC	SM STERILE PADS PADS	P	RX/OTC
RA STERILE PADS 3"X3" PADS	P		SOF-WICK 4"X4" PADS	P	RX/OTC
RA STERILE PADS 4"X4" PADS	P	RX/OTC	SOF-WIK MISC	P	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC	STERILE BANDAGE ROLL 2.25"X3YD MISC	P	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	P	RX/OTC	STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC	STERILE GAUZE PADS 3"X3" PADS	P	
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC	STERILE PADS 2"X2" PADS	P	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC	STERILE PADS 3"X3" PADS	P	
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	P		STERILE PADS 4"X4" PADS	P	RX/OTC
ROLLED GAUZE 2"X2YD MISC	P	RX/OTC	STRETCH GAUZE BANDAGE MISC	P	RX/OTC
			SURGICAL GAUZE SPONGE PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 1-3/4"X1-3/4" MISC	P	RX/OTC	KIMONO MICRO THIN MISC	P	QL(36 ea per fill retail)
TEGADERM FOAM DRESSING 2"X2" PADS	P	RX/OTC	KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per fill retail)
TEGADERM FOAM DRESSING ROLL 4"X24" MISC	P	RX/OTC	KIMONO PS LUBRICATED MISC	P	QL(36 ea per fill retail)
TELFAMAD AMD ADHESIVE BANDAGE 2"X3.75" MISC	P	RX/OTC	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per fill retail)
TENDEROL UNDERCAST PADDING 2"X4 YD MISC	P	RX/OTC	KIMONO SENSATION LUBRICATED MISC	P	QL(36 ea per fill retail)
TENDEROL UNDERCAST PADDING 3"X4 YD MISC	P	RX/OTC	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
TENDEROL UNDERCAST PADDING 4"X4 YD MISC	P	RX/OTC	KIMONO SPECIAL DEVI	P	QL(36 ea per fill retail)
TENDEROL UNDERCAST PADDING 6"X4 YD MISC	P	RX/OTC	K-Y ME & YOU EXTRA LUBRICATED DEVI	P	QL(36 ea per fill retail)
THERAGAUZE PADS	P	RX/OTC	K-Y ME & YOU INTENSE DEVI	P	QL(36 ea per fill retail)
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC	MAXX LUBRICATED MISC	P	QL(36 ea per fill retail)
Contraceptives			MAXX PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
AIMSCO LUBRICATED MISC	P	QL(36 ea per fill retail)	PREMIUM CONDOMS LUBRICATED MISC	P	QL(36 ea per fill retail)
DUREX EXTRA SENSITIVE THIN DEVI	P	QL(36 ea per fill retail)	REALITY LATEX CONDOMS/LUBRICATED MISC	P	QL(36 ea per fill retail)
FANTASY LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)	REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 ea per fill retail)
FANTASY LUBRICATED MISC	P	QL(36 ea per fill retail)	REALITY LATEX/ULTRA THIN DEVI	P	QL(36 ea per fill retail)
KAMELEON LUBRICATED MISC	P	QL(36 ea per fill retail)	TRUSTEX COLOR CONDOMS + LUBE MISC	P	QL(36 ea per fill retail)
KIMONO COLORS DEVI	P	QL(36 ea per fill retail)	TRUSTEX LUBRICATED EXTRALARGE MISC	P	QL(36 ea per fill retail)
KIMONO LUBRICATED MISC	P	QL(36 ea per fill retail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	QL(36 ea per fill retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)			

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TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	QL(1 ea per 180 days retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	QL(36 ea per fill retail)	ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	QL(36 ea per fill retail)	ACCU-CHEK GUIDE ME KIT	NP	RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)	ACCU-CHEK GUIDE KIT	NP	RX/OTC
TRUSTEX LUBRICATED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	P	QL(1 ea per 180 days retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK SAFE-T-PRO LANCETS	P	RX/OTC
TRUSTEX NON-LUBRICATED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	RX/OTC
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	QL(1 ea per 180 days retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	QL(36 ea per fill retail)	ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)	ACTI-LANCE LANCETS 28G	P	RX/OTC
TRUSTEX/RIA LUBRICATED MISC	P	QL(36 ea per fill retail)	ACTI-LANCE LITE SAFETY LANCETS 28G	P	RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	P	QL(36 ea per fill retail)	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	RX/OTC
Diabetic Supplies			ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	RX/OTC	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	RX/OTC	ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ACCU-CHEK AVIVA PLUS KIT	NP	RX/OTC	ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NP	
			ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
			ADVANCE MICRO-DRAW METER DEVI	NP	
			ADVANCED MOBILE LANCET 30G	P	RX/OTC
			ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

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ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	AIMSCO TWIST LANCETS 33G	P	RX/OTC
ADVOCATE LANCETS	P	RX/OTC	AQUALANCE LANCETS ULTRA THIN 30G	P	RX/OTC
ADVOCATE LANCETS 30G	P	RX/OTC	ASSURE 3 METER KIT	NP	
ADVOCATE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	ASSURE COMFORT LANCETS ULTRA THIN 28G	P	RX/OTC
ADVOCATE REDI-CODE/TALKING KIT	NP	RX/OTC	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	RX/OTC
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP		ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	RX/OTC
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP		ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	RX/OTC
ADVOCATE REDI-CODE DEVI	NP		ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	RX/OTC
ADVOCATE SAFETY LANCETS	P	RX/OTC	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	RX/OTC	ASSURE LANCE LANCETS	P	RX/OTC
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP		ASSURE LANCE LANCETS 21G	P	RX/OTC
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 25G	P	RX/OTC
AGAMATRIX PRESTO PRO METER DEVI	NP		ASSURE LANCE PLUS SAFETYLANCETS 30G	P	RX/OTC
AGAMATRIX PRESTO KIT	NP	RX/OTC	ASSURE LANCE SAFETY LANCET 28G	P	RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	P	RX/OTC	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	
AIMSCO TWIST LANCETS 32G	P	RX/OTC	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
			ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	
			AURORA LANCET SUPER THIN30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AURORA LANCET THIN 23G	P	RX/OTC	BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	RX/OTC
AUTO-LANCET MINI MISC	P	QL(1 ea per 180 days retail)	BLOOD GLUCOSE SYSTEM PAK KIT	NP	RX/OTC
AUTO-LANCET MISC	P	QL(1 ea per 180 days retail)	BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
AUTOLET II CLINISAFE KIT	P	QL(1 ea per 180 days retail)	CARDIOCOM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	CAREONE ADVANCED LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	RX/OTC
AUTOLET LITE CLINISAFE KIT	P	QL(1 ea per 180 days retail)	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	RX/OTC
AUTOLET LITE STARTER PACK KIT	P	QL(1 ea per 180 days retail)	CAREONE LANCET SUPER THIN/30G	P	RX/OTC
AUTOLET MINI MISC	P	QL(1 ea per 180 days retail)	CAREONE LANCET THIN	P	RX/OTC
AUTOLET PLUS MISC	P	QL(1 ea per 180 days retail)	CARESENS LANCETS	P	RX/OTC
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	RX/OTC	CARESENS N BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC	CARESENS N FELIZ BT DEVI	NP	
BD MICROTAINER LANCETS	P	RX/OTC	CARESENS N FELIZ DEVI	NP	
BIGFOOT UNITY PROGRAM KIT KIT	NP	RX/OTC	CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	
BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC	CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI	NP		CARETOUCH LANCING DEVICEWITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NP	RX/OTC	CARETOUCH SAFETY LANCETS/26G	P	RX/OTC

Illinois YouthCare

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SAFETY LANCETS/28G	P	RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 28G	P	RX/OTC
CARETOUCH SAFETY LANCETS/30G	P	RX/OTC	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CARETOUCH TWIST LANCETS 28G	P	RX/OTC	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
CARETOUCH TWIST LANCETS 30G	P	RX/OTC	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
CARETOUCH TWIST LANCETS 33G	P	RX/OTC	COAGUCHEK LANCETS	P	RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	RX/OTC	COMFORT ASSURED LANCETS MICRO THIN 33G	P	RX/OTC
CLEANLET LANCETS 28G	P	RX/OTC	COMFORT ASSURED LANCETS SUPER THIN 28G	P	RX/OTC
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT LANCETS	P	RX/OTC
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT TOUCH LANCETS ULTRA THIN 31G	P	RX/OTC
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	RX/OTC
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	P	RX/OTC	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK LANCETS ULTRATHIN 30G	P	RX/OTC	CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 21G	P	RX/OTC			
CLEVER CHOICE COMFORT EZLANCETS 23G	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		CVS LANCETS ULTRA THIN 30G	P	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	CVS LANCETS ULTRA-THIN 30G	P	RX/OTC
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	RX/OTC	CVS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	CVS ULTRA THIN LANCETS	P	RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	RX/OTC	D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP		DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC	DEXCOM G4 PLATINUM RECEIVER KIT	NP	
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	
CVS ADVANCED GLUCOSE METER KIT	NP	RX/OTC	DEXCOM G4 PLATINUM TRANSMITTER KIT	NP	
CVS LANCETS 21G	P	RX/OTC	DEXCOM G5 MOBILE RECEIVERKIT	NP	
CVS LANCETS MICRO THIN 33G	P	RX/OTC	DEXCOM G5 MOBILE TRANSMITTER KIT	NP	
CVS LANCETS MICRO-THIN 33G	P	RX/OTC	DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	NP	
CVS LANCETS ORIGINAL	P	RX/OTC	DEXCOM G5 RECEIVER KIT	NP	
CVS LANCETS THIN 26G	P	RX/OTC	DEXCOM G6 RECEIVER	P	PA
			DEXCOM G6 SENSOR	P	PA
			DEXCOM G6 TRANSMITTER	P	PA
			DEXCOM G7 RECEIVER	P	PA
			DEXCOM G7 SENSOR	P	PA
			DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NP	RX/OTC
			DIABETES MONITORING DIGITAL SOLUTION KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP		EASY COMFORT LANCETS 30G/THIN TOP	P	RX/OTC
DIATHRIVE LANCETS	P	RX/OTC	EASY COMFORT LANCETS TWIST TOP	P	RX/OTC
DIATHRIVE LANCETS ULTRA THIN 30G	P	RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DIATHRIVE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	EASY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DIATHRIVE+ BLOOD GLUCOSE MONITORING SYSTEM/BLUETOOTH DEVI	NP		EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
DROPLET LANCETS ULTRA THIN 30G	P	RX/OTC	EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DROPLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DROPLET PERSONAL LANCETS 30G	P	RX/OTC	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	RX/OTC
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	RX/OTC
DRUG MART LANCETS THIN	P	RX/OTC	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	RX/OTC
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	P	RX/OTC
DRUG MART UNILET LANCET SUPER THIN 30G	P	RX/OTC	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	RX/OTC
DRUG MART UNILET LANCETS ULTRA THIN 28G	P	RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	P	RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	P	RX/OTC	EASY TOUCH LANCETS 28G/TWIST	P	RX/OTC
EASY COMFORT LANCETS	P	RX/OTC			
EASY COMFORT LANCETS 30G/PULL TOP	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	RX/OTC	EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	RX/OTC	EASYGLUCO STARTER KIT KIT	NP	
EASY TOUCH LANCETS 30G/PULL-TOP	P	RX/OTC	EASYGLUCO KIT	NP	
EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	RX/OTC	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASY TOUCH LANCETS 32G/PULL-TOP	P	RX/OTC	EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	
EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC	EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASY TOUCH LANCETS 33G/TWIST	P	RX/OTC	EASYPRO PLUS KIT	NP	RX/OTC
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	QL(1 ea per 180 days retail)	ELEMENT AUTOCODE SYSTEM KIT	NP	RX/OTC
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P	RX/OTC	ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P	RX/OTC	ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	RX/OTC	ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P	RX/OTC	EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	RX/OTC	EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P	RX/OTC	EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)	E-Z JECT LANCETS SUPER THIN 30G	P	RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	RX/OTC	E-Z JECT LANCETS THIN 26G	P	RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	P	RX/OTC
EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP		EZ-LETS LANCETS 21G	P	RX/OTC
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP		EZ-LETS LANCETS 26G SUPER-SOFT	P	RX/OTC
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	P	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE METER DEVI	NP		EZ-LETS LANCETS 30G	P	RX/OTC
ENLITE GLUCOSE SENSOR	NP		FIFTY50 GLUCOSE METER 2.0 KIT	NP	RX/OTC
EQL COLOR LANCETS 21G	P	RX/OTC	FIFTY50 SAFETY SEAL LANCETS 30G	P	RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	P	RX/OTC	FIFTY50 SAFETY SEAL LANCETS 32G	P	RX/OTC
EQL SUPER THIN LANCETS 30G	P	RX/OTC	FIFTY50 UNILET LANCETS 33G	P	RX/OTC
EQL THIN LANCETS 26G	P	RX/OTC	FINE 30	P	RX/OTC
EVERSENSE E3 SENSOR/HOLDER	NP		FINGERSTIX LANCETS	P	RX/OTC
EVERSENSE E3 SMART TRANSMITTER	NP		FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EVERSENSE SENSOR/HOLDER	NP		FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVERSENSE SMART TRANSMITTER	NP		FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVOLUTION AUTOCODE DEVI	NP		FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
E-Z JECT LANCETS	P	RX/OTC	FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NP	
E-Z JECT LANCETS 21G	P	RX/OTC	FORA LANCETS	P	RX/OTC
E-Z JECT LANCETS COLOR	P	RX/OTC	FORA LANCING DEVICE/CLEARCAP MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FORTISCARE CONTROL SOLUTIONS HIGH SOLN	P	QL(1 ea per 90 days retail)
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FORTISCARE CONTROL SOLUTIONS LOW SOLN	P	QL(1 ea per 90 days retail)
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	FORTISCARE CONTROL SOLUTIONS NORMAL SOLN	P	QL(1 ea per 90 days retail)
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP		FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT	NP		FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP		FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	RX/OTC
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP		FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	RX/OTC
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FREESTYLE FREEDOM LITE KIT	NP	RX/OTC
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FREESTYLE LANCETS	P	RX/OTC
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	PA
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	PA
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	PA
			FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	PA
			FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	P	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	PA	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	QL(1 ea per 180 days retail)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	NP		GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	QL(1 ea per 180 days retail)
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		GENTLE-LET GP LANCETS	P	RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	RX/OTC
FREESTYLE UNISTICK II LANCETS	P	RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	P	RX/OTC	GLOBAL INJECT EASE LANCETS 28G	P	RX/OTC
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	P	QL(1 ea per 180 days retail)	GLOBAL INJECT EASE LANCETS 30G	P	RX/OTC
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	QL(1 ea per 180 days retail)	GLOBAL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	QL(1 ea per 180 days retail)	GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NP	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	QL(1 ea per 180 days retail)	GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NP	
			GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	
			GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	RX/OTC
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	RX/OTC	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GLUCOCOM LANCETS 28G	P	RX/OTC
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GLUCOCOM LANCETS 30G	P	RX/OTC
GLUCOCARD SHINE XL DEVI	NP		GLUCOCOM LANCETS 33G	P	RX/OTC
GLUCOCARD SHINE DEVI	NP		GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE KIT	NP	RX/OTC	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	RX/OTC	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NP	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	RX/OTC	GNP LANCETS 21G	P	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	RX/OTC	GNP LANCETS THIN 26G	P	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GNP LANCING SYSTEM DEVICE MISC	P	QL(1 ea per 180 days retail)
GLUCOCARD X-METER KIT	NP	RX/OTC	GNP STERILE LANCETS 28G	P	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP		GNP STERILE LANCETS 30G	P	RX/OTC
			GNP STERILE LANCETS 33G	P	RX/OTC
			GNP TRUE METRIX AIR SELF MONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
			GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
			GOJJI CONTROL SOLUTION NORMAL SOLN	P	QL(1 ea per 90 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 ea per 180 days retail)	GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
GOJJI STERILE LANCETS 30G	P	RX/OTC	GUARDIAN SENSOR (3)	NP	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	RX/OTC	GUARDIAN SENSOR 3	NP	
GOODSENSE LANCETS MICRO-THIN 33G	P	RX/OTC	HAEMOLANCE	P	RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	RX/OTC	HAEMOLANCE PLUS	P	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G	P	RX/OTC	HAEMOLANCE PLUS HIGH FLOW	P	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	RX/OTC	HAEMOLANCE PLUS LOW FLOW	P	RX/OTC
GOODSENSE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	HAEMOLANCE PLUS MAX FLOW	P	RX/OTC
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	P	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP		HEALTH CARE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GUARDIAN 4 TRANSMITTER KIT	NP		HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GUARDIAN CONNECT TRANSMITTER	NP		HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GUARDIAN CONNECT TRANSMITTER KIT	NP		HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	RX/OTC
GUARDIAN LINK 3 TRANSMITTER KIT	NP		H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	P	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP		H-E-B INCONTROL LANCETS SUPER THIN 30G	P	RX/OTC
			H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	RX/OTC
			HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP		KROGER LANCETS ULTRATHIN30G	P	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	KROGER LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HYPOLANCE AST LANCING KIT KIT	P	QL(1 ea per 180 days retail)	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
HY-VEE LANCETS	P	RX/OTC	LANCET DEVICE ADJUSTABLE MISC	P	QL(1 ea per 180 days retail)
HY-VEE THIN LANCETS	P	RX/OTC	LANCET DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
IGLUOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	RX/OTC	LANCETS	P	RX/OTC
IN TOUCH LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	LANCETS 30G	P	RX/OTC
IN TOUCH STERILE LANCETS30G	P	RX/OTC	LANCETS 30G TWIST TOP	P	RX/OTC
IN TOUCH DEVI	NP		LANCETS 30G/TWIST TOP	P	RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	LANCETS 33G EXTRA FINE	P	RX/OTC
INFINITY VOICE KIT	NP	RX/OTC	LANCETS 33G UNIVERSAL DESIGN	P	RX/OTC
KINNEY LANCETS	P	RX/OTC	LANCETS MICRO THIN 33G	P	RX/OTC
KINNEY THIN LANCETS	P	RX/OTC	LANCETS SUPER THIN 28G	P	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	LANCETS THIN	P	RX/OTC
KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC	LANCETS ULTRA THIN	P	RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	P	RX/OTC	LANCETS ULTRA THIN 30G	P	RX/OTC
KROGER LANCETS	P	RX/OTC	LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KROGER LANCETS 21G	P	RX/OTC	LANZO MISC	P	QL(1 ea per 180 days retail)
KROGER LANCETS MICRO THIN33G	P	RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KROGER LANCETS SUPER THIN	P	RX/OTC	LIBERTY BLOOD GLUCOSE METER DEVI	NP	
KROGER LANCETS THIN	P	RX/OTC	LIBERTY MEDICAL LANCETS 30G	P	RX/OTC
KROGER LANCETS THIN 26G	P	RX/OTC	LIBERTY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP		MEDLANCE PLUS LITE LANCETS 25G	P	RX/OTC
LITE TOUCH LANCETS	P	RX/OTC	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	RX/OTC
LITE TOUCH LANCING PEN MISC	P	QL(1 ea per 180 days retail)	MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC
LITETOUCH LANCETS MICRO THIN 33G	P	RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	RX/OTC
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	RX/OTC
LIVE BETTER LANCET SUPERTHIN 30G	P	RX/OTC	MEDLANCE PLUS/LITE 25G	P	RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	P	RX/OTC	MEDLANCE/EXTRA	P	RX/OTC
LONGS LANCETS STANDARD	P	RX/OTC	MEDLANCE/LITE	P	RX/OTC
LONGS LANCETS THIN	P	RX/OTC	MEDLANCE/UNIVERSAL	P	RX/OTC
LONGS LANCETS ULTRA THIN	P	RX/OTC	MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	P	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	RX/OTC	MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	RX/OTC	MEIJER LANCETS	P	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	RX/OTC	MEIJER LANCETS THIN	P	RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	P	RX/OTC	MEIJER LANCETS UNIVERSAL21G	P	RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	P	RX/OTC	MEIJER LANCETS UNIVERSAL30G	P	RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	P	RX/OTC	MEIJER LANCETS UNIVERSAL33G	P	RX/OTC
MEDLANCE PLUS LANCETS	P	RX/OTC	MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	P	RX/OTC	MEIJER SUPER THIN LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	MULTI-LANCET DEVICE 2 KIT	P	QL(1 ea per 180 days retail)
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	MULTI-LANCET DEVICE MISC	P	QL(1 ea per 180 days retail)
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC	MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	RX/OTC
MICROLET LANCETS	P	RX/OTC	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
MICROLET NEXT MISC	P	QL(1 ea per 180 days retail)	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	NOVA SAFETY LANCETS 23G	P	RX/OTC
MINILINK REAL-TIME TRANSMITTER	NP		NOVA SAFETY LANCETS 28G	P	RX/OTC
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NP		NOVA SUREFLEX LANCETS	P	RX/OTC
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	RX/OTC	NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA
MM TWIST LANCETS	P	RX/OTC	OMNIPOD 5 G6 PODS (GEN 5) MISC	P	PA
MONOLET LANCETS	P	RX/OTC	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	P	PA
MONOLET OPD LANCETS	P	RX/OTC	OMNIPOD CLASSIC PODS (GEN 3) MISC	P	PA
MONOLETTOR SAFETY LANCETS	P	RX/OTC	OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	PA
MPD SAFETY LANCET 21G/1.8MM	P	RX/OTC	OMNIPOD DASH PDM KIT (GEN 4) KIT	P	PA
MPD SAFETY LANCET 28G/1.8MM	P	RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	P	PA
MPD SAFETY LANCET 30G/1.8MM	P	RX/OTC	OMNIPOD GO 10 UNITS/DAY KIT	NP	
MPD SAFETY LANCETS 23G/1.8MM	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO 15 UNITS/DAY KIT	NP		ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
OMNIPOD GO 20 UNITS/DAY KIT	NP		ONETOUCH VERIO REFLECT KIT	NP	RX/OTC
OMNIPOD GO 25 UNITS/DAY KIT	NP		OVAL TAPE MISC	NP	RX/OTC
OMNIPOD GO 30 UNITS/DAY KIT	NP		PARADIGM REAL-TIME TRANSMITTER	NP	
OMNIPOD GO 35 UNITS/DAY KIT	NP		PC LANCETS SUPER THIN 30G	P	RX/OTC
OMNIPOD GO 40 UNITS/DAY KIT	NP		PERFECT LANCETS 30G	P	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	RX/OTC
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	RX/OTC	PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	RX/OTC	PHARMACIST CHOICE SELECTLANCETS/ULTR A THIN	P	RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	PHARMACIST CHOICE ULTRA THIN LANCETS	P	RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	P	QL(1 ea per 180 days retail)	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	RX/OTC
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP		PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	RX/OTC
ONETOUCH ULTRA 2 KIT	P	RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	RX/OTC	PHARMACY COUNTER LANCETS	P	RX/OTC
ONETOUCH ULTRASOFT LANCETS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
PIP LANCETS/28G	P	RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	RX/OTC
PIP LANCETS/30G	P	RX/OTC	PRODIGY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PRODIGY NO CODING BLOOD GLUCOSE KIT	NP	RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC
PRECISION THINS GP LANCET	P	RX/OTC	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	RX/OTC
PRECISION XTRA KIT	NP	RX/OTC	PRODIGY SAFETY LANCETS	P	RX/OTC
PREFERRED PLUS LANCETS COLORED 21G	P	RX/OTC	PRODIGY TWIST TOP LANCETS	P	RX/OTC
PREFERRED PLUS LANCETS SUPER THIN 30G	P	RX/OTC	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC
PREFERRED PLUS LANCETS THIN 26G	P	RX/OTC	PSS SELECT GP LANCETS	P	RX/OTC
PRO COMFORT LANCETS 30G	P	RX/OTC	PSS SELECT SAFETY LANCETS	P	RX/OTC
PRO COMFORT LANCETS 31G	P	RX/OTC	PURE COMFORT LANCETS 30G	P	RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	P	RX/OTC	PX ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PX LANCET AUTO INJECTOR MISC	P	QL(1 ea per 180 days retail)
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PX LANCETS MICROTHIN 33G	P	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PX LANCETS ULTRA THIN	P	RX/OTC
			PX LANCETS ULTRA THIN 28G	P	RX/OTC
			QC ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QC LANCETS SUPER THIN	P	RX/OTC	RELION 2-IN-1 LANCING DEVICE 30G MISC	P	QL(1 ea per 180 days retail)
QC LANCETS ULTRA THIN	P	RX/OTC	RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	NP	
QC UNILET LANCETS 28G/ULTRA THIN	P	RX/OTC	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	P	RX/OTC	RELION LANCETS MICRO-THIN33G	P	RX/OTC
QUICKTEK KIT	NP		RELION LANCETS THIN 26G	P	RX/OTC
QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP		RELION LANCETS ULTRA-THIN30G	P	RX/OTC
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		RELION LANCING DEVICE KIT	P	QL(1 ea per 180 days retail)
RA E-ZJECT LANCETS 28G	P	RX/OTC	RELION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RA E-ZJECT LANCETS THIN 26G	P	RX/OTC	RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RA E-ZJECT LANCETS THIN 28G	P	RX/OTC	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RA E-ZJECT LANCETS ULTRATHIN 30G	P	RX/OTC	RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
READYLANCE SAFETY LANCETS/21G/2.2MM	P	RX/OTC	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
READYLANCE SAFETY LANCETS/23G/1.8MM	P	RX/OTC	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
READYLANCE SAFETY LANCETS/26G/1.8MM	P	RX/OTC	RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
READYLANCE SAFETY LANCETS/28G/1.8MM	P	RX/OTC	RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NP	RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	P	RX/OTC			
REALITY LANCETS	P	RX/OTC			
REALITY TRIGGER LANCETS	P	RX/OTC			
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC			
RELION 2-IN-1 LANCET DEVICES 30G MISC	P	QL(1 ea per 180 days retail)			
RELION 2-IN-1 LANCING DEVICE 25G MISC	P	QL(1 ea per 180 days retail)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	RX/OTC
RELION ULTRA THIN LANCETS/30G	P	RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	RX/OTC
RELION ULTRA THIN LANCETS30G	P	RX/OTC	SAFETY LANCET 30G/PRESSURE ACTIVATED	P	RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	P	RX/OTC	SAFETY LANCETS	P	RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	P	RX/OTC	SAFETY LANCETS 21G	P	RX/OTC
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAFETY LANCETS 23G	P	RX/OTC
REXALL LANCETS ULTRA THIN	P	RX/OTC	SAFETY LANCETS 28G	P	RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	SAFETY LANCETS/PRESSURE ACTIVATED/28G	P	RX/OTC
RIGHTEST GL300 LANCETS	P	RX/OTC	SAPS HEALTH CARE TWIST TOP LANCETS	P	RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAPS HEALTH TWIST TOP LANCETS 30G	P	RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAPSCARE TWIST TOP LANCETS 30G	P	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		SB LANCETS THIN	P	RX/OTC
SAFE-T-LANCE LOW FLOW 25G	P	RX/OTC	SB LANCETS ULTRA THIN	P	RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	P	RX/OTC	SELECT-LITE DEVICE/LANCETS KIT	P	QL(1 ea per 180 days retail)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	RX/OTC	SELECT-LITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
			SHOPKO AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
			SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	RX/OTC
			SHOPKO UNILET LANCETS SUPER THIN 30G	P	RX/OTC
			SHOPKO UNILET LANCETS ULTRA THIN 28G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SINGLE-LET	P	RX/OTC	SMARTEST PROTEGE STARTERKIT KIT	NP	RX/OTC
SM MICRO THIN LANCETS 33G	P	RX/OTC	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	
SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	RX/OTC
SMART DIABETES VANTAGE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	SOLUS V2 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	RX/OTC	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SOLUS V2 TWIST LANCETS 30G	P	RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	RX/OTC	STERILANCE TL	P	RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	RX/OTC	SUPER THIN LANCETS	P	RX/OTC
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	RX/OTC	SURE COMFORT LANCETS 18G	P	RX/OTC
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SURE COMFORT LANCETS 21G	P	RX/OTC
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		SURE COMFORT LANCETS 23G	P	RX/OTC
SMARTEST EJECT STARTER KIT KIT	NP	RX/OTC	SURE COMFORT LANCETS 28G	P	RX/OTC
SMARTEST LANCETS 28G	P	RX/OTC	SURE COMFORT LANCETS 30G	P	RX/OTC
SMARTEST PERSONA STARTERKIT KIT	NP	RX/OTC	SURE COMFORT LANCING PEN MISC	P	QL(1 ea per 180 days retail)
SMARTEST PRONTO STARTERKIT KIT	NP	RX/OTC	SURE-LANCE FLAT LANCETS	P	RX/OTC
			SURE-LANCE LANCETS 26G	P	RX/OTC
			SURE-LANCE THIN LANCETS 28G	P	RX/OTC
			SURE-LANCE ULTRA THIN LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURELITE LANCETS	P	RX/OTC	TRUE COMFORT SAFETY LANCETS/30G	P	RX/OTC
SURE-PEN MISC	P	QL(1 ea per 180 days retail)	TRUE COMFORT TWIST TOP LANCETS 30G	P	RX/OTC
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP		TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	
SURE-TOUCH LANCETS UNIVERSAL	P	RX/OTC	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	RX/OTC
TECHLITE AST LANCETS	P	RX/OTC	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	
TECHLITE LANCETS	P	RX/OTC	TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	RX/OTC
TECHLITE LANCETS 30G	P	RX/OTC	TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	RX/OTC
TEMPO REFILL KIT	NP		TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	QL(1 ea per 90 days retail)
TEMPO WELCOME KIT	NP	RX/OTC	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	P	QL(1 ea per 90 days retail)
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	RX/OTC	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	QL(1 ea per 90 days retail)
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	RX/OTC
TGT LANCET MICRO THIN 33G	P	RX/OTC	TRUE METRIX DEVI	NP	
TGT LANCET THIN 26G	P	RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	QL(1 ea per 90 days retail)
TGT LANCET ULTRA THIN 30G	P	RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	QL(1 ea per 90 days retail)
TGT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
THINLETS GP LANCETS	P	RX/OTC	TRUEPLUS LANCETS 26G	P	RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)			
TODAYS HEALTH SUPER THINLANCETS 30G	P	RX/OTC			
TODAYS HEALTH ULTRA THINLANCETS 28G	P	RX/OTC			
TOPCARE LANCETS MICRO-THIN 33G	P	RX/OTC			
TRAVEL LANCETS 30G	P	RX/OTC			
TRAVEL LANCETS ADVANCED 28G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 28G	P	RX/OTC	ULTRA-THIN II AUTO LANCET	P	RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	P	RX/OTC	ULTRA-THIN II LANCETS 28G	P	RX/OTC
TRUEPLUS LANCETS 30G	P	RX/OTC	ULTRA-THIN II LANCETS 30G	P	RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	P	RX/OTC	UNILET COMFORTOUCH LANCET	P	RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC	UNILET EXCELITE	P	RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	P	RX/OTC	UNILET EXCELITE II	P	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	RX/OTC	UNILET G.P. LANCET	P	RX/OTC
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING KIT	NP	RX/OTC	UNILET G.P. SUPERLITE LANCET	P	RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		UNILET GP 28 ULTRA THIN	P	RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	UNILET LANCET	P	RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	RX/OTC	UNILET LANCETS MICRO-THIN33G	P	RX/OTC
TWIST TOP LANCETS 30G	P	RX/OTC	UNILET LANCETS SUPER-THIN30G	P	RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	QL(1 ea per 180 days retail)	UNILET LANCETS ULTRA-THIN 28G	P	RX/OTC
ULILET CLASSIC LANCETS	P	RX/OTC	UNILET SUPERLITE LANCET	P	RX/OTC
ULILET LANCETS	P	RX/OTC	UNISTIK 3 GENTLE	P	RX/OTC
ULILET LANCETS 33G	P	RX/OTC	UNISTIK PRO SAFETY LANCET 21G	P	RX/OTC
ULILET SAFETY LANCETS 21G X 2.2MM	P	RX/OTC	UNISTIK PRO SAFETY LANCET 25G	P	RX/OTC
ULILET SAFETY LANCETS 23G	P	RX/OTC	UNISTIK PRO SAFETY LANCET 28G	P	RX/OTC
ULTRA THIN LANCETS 31G	P	RX/OTC	UNISTIK SAFETY LANCETS 28G	P	RX/OTC
ULTRA-CARE LANCETS 30G	P	RX/OTC	UNISTIK SAFETY LANCETS 30G	P	RX/OTC
			UNISTIK TOUCH SAFETY LANCETS 21G	P	RX/OTC
			UNISTIK TOUCH SAFETY LANCETS 23G	P	RX/OTC
			UNISTIK TOUCH SAFETY LANCETS 28G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK TOUCH SAFETY LANCETS 30G	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	P	RX/OTC
UNIVERSAL 1 LANCETS THIN26G	P	RX/OTC	V-GO 20 KIT	NP	
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	RX/OTC	V-GO 30 KIT	NP	
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	RX/OTC	V-GO 40 KIT	NP	
VALUE PLUS LANCETS STANDARD 21G	P	RX/OTC	VIDA MIA AUTOLET LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
VALUE PLUS LANCETS SUPERTHIN 30G	P	RX/OTC	VIDA MIA UNILET LANCETS SUPER THIN 30G	P	RX/OTC
VALUE PLUS LANCETS THIN 26G	P	RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	RX/OTC
VALUE PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	
VALUMARK LANCET SUPER THIN 30G	P	RX/OTC	VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	
VALUMARK LANCET ULTRA THIN 28G	P	RX/OTC	VIVAGUARD LANCETS	P	RX/OTC
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP		VIVAGUARD LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	VIVAGUARD SAFETY LANCETS/28G	P	RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	P	RX/OTC	WALGREENS ADVANCED TRAVELLANCETS 28G	P	RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	P	RX/OTC	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	P	RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	P	RX/OTC	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	P	RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	P	RX/OTC	WALGREENS LANCETS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	RX/OTC	WALGREENS THIN LANCETS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	P	RX/OTC	WALGREENS ULTRA THIN LANCETS	P	RX/OTC
			WAVESENSE AMP KIT	NP	RX/OTC
			ZEVrx TWIST TOP LANCETS 30G	P	RX/OTC
			Misc. Devices		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC	PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC	PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
ALCOHOL PADS	P	RX/OTC	PRO COMFORT ALCOHOL PADS	P	RX/OTC
ALCOHOL PREP PAD	P	RX/OTC	PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC	QC ALCOHOL SWABS	P	RX/OTC
ALCOHOL PREPS	P	RX/OTC	RA ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC	REALITY SWABS	P	RX/OTC
ALCOHOL SWABSTICKS	P	RX/OTC	RELION ALCOHOL SWABS	P	RX/OTC
BD SWABS SINGLE USE	P	RX/OTC	SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC	SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC	SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC	SB ALCOHOL PREP PADS	P	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC	SM ALCOHOL PREP PADS	P	RX/OTC
CVS ALCOHOL PREP PADS	P	RX/OTC	SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
CVS PREP PADS	P	RX/OTC	SURE-PREP ALCOHOL PREP PADS	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC	TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC	ULTICARE ALCOHOL SWABS	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC	ULTILET ALCOHOL SWABS	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC			
HM STERILE ALCOHOL PREP PADS	P	RX/OTC			
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	NP	QL(5 ea daily); RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS	P	RX/OTC	3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	P	RX/OTC
Parenteral Therapy Supplies			3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2"	P	RX/OTC
12ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	P	RX/OTC	3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	P	RX/OTC
12ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC	3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1"	P	RX/OTC
12ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC	3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1"	P	RX/OTC
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1" MISC	P		3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8"	P	RX/OTC
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	NP	QL(5 ea daily); RX/OTC	3ML LUER-LOK SYRINGE 25G X 5/8"	P	RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/20G X 1"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/20G X 1"/LUER SLIP TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	NP	QL(5 ea daily)	3ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPS33GX4MM	NP		3ML SYRINGE/21G X 1"/LUER SLIP TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	NP		3ML SYRINGE/22G X 1"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	NP	QL(5 ea daily); RX/OTC			
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE/22G X 3/4"/LUER LOCK TIP	P	
3ML SYRINGE/22G X 3/4"/LUER SLIP TIP	P	
3ML SYRINGE/25G X 1"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/LUER LOCK TIP23GX1"	P	RX/OTC
3ML SYRINGE/LUER LOCK TIP25G X 1-1/2"	P	
3ML SYRINGE/LUER SLIP TIP23GX1"	P	RX/OTC
6ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC
6ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
6ML SYRINGE/22G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	NP	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16"	NP	QL(5 ea daily)
ABOUTTIME PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES	NP	
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	NP	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
AQ INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
AQINJECT PEN NEEDLE/31G X 3/16"	NP	QL(5 ea daily); RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	NP	RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	NP		AURORA PEN NEEDLES 31G X8MM	NP	QL(5 ea daily); RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	QL(5 ea daily); RX/OTC	AURORA UNIFINE PENTIPS/32GX5/32"	NP	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	QL(5 ea daily); RX/OTC	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	NP	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM	NP	QL(5 ea daily); RX/OTC	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	QL(5 ea daily)	BD 10ML LUER-LOK SYRINGE20G X 1-1/2"	P	
AUM MINI INSULIN PEN NEEDLE/32GX8MM	NP		BD 10ML LUER-LOK SYRINGE21G X 1"	P	
AUM MINI INSULIN PEN NEEDLE/33GX4MM	NP		BD 10ML LUER-LOK SYRINGE21G X 1-1/2"	P	
AUM MINI INSULIN PEN NEEDLE/33GX5MM	NP		BD 10ML LUER-LOK SYRINGE22GX1"	P	
AUM MINI INSULIN PEN NEEDLE/33GX6MM	NP		BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8"	P	RX/OTC
AUM PEN NEEDLE/32GX4MM	NP	QL(5 ea daily); RX/OTC	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	P	RX/OTC
AUM PEN NEEDLE/32GX5MM	NP	QL(5 ea daily); RX/OTC	BD 3ML LUER-LOK SYRINGE/20G X 1"	P	RX/OTC
AUM PEN NEEDLE/32GX6MM	NP	QL(5 ea daily)	BD 3ML LUER-LOK SYRINGE/21G X 1"	P	RX/OTC
AUM PEN NEEDLE/33GX4MM	NP		BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"	P	RX/OTC
AUM PEN NEEDLE/33GX5MM	NP		BD 3ML LUER-LOK SYRINGE/23G X 1"	P	RX/OTC
AUM PEN NEEDLE/33GX6MM	NP		BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	P	RX/OTC
AUM READYGARD DUO SAFETY PEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	QL(5 ea daily); RX/OTC	BD 3ML LUER-LOK SYRINGE/25G X 1"	P	RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM	NP		BD 3ML LUER-LOK SYRINGE/26G X 5/8"	P	
AUM SAFETY PEN NEEDLE/31G X 5MM	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	P	RX/OTC
AURORA PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 22GX1"	P	RX/OTC
AURORA PEN NEEDLES 31G X6MM	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD 3ML SYRINGE LUER-LOK 23GX1"	P	RX/OTC	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/22G X 1"	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	P		BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1"	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 25GX5/8"	P	RX/OTC	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/25G X 5/8"	P	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	P	RX/OTC	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	NP	QL(5 ea daily); RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	P	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	P	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)
BD 5ML LUER-LOK SYRINGE/20G X 1"	P		BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD 5ML LUER-LOK SYRINGE/20G X 1-1/2"	P		BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)
BD 5ML LUER-LOK SYRINGE/21G X 1"	P		BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD 5ML LUER-LOK SYRINGE/21G X 1-1/2"	P		BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD 5ML LUER-LOK SYRINGE/22G X 1"	P		BD INSULIN SYRINGE SLIP TIP/U-100/1ML	NP	QL(5 ea daily); RX/OTC
BD 5ML LUER-LOK SYRINGE/22G X 1-1/2"	P		BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	NP	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2"	P	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD ECLIPSE SYRINGE 3ML/21G X 1"	P	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	P	QL(5 ea daily); RX/OTC
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	P	RX/OTC			
BD ECLIPSE SYRINGE/1ML/27GX1/2"	P				
BD ECLIPSE SYRINGE/1ML/30GX1/2"	P				

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/1ML/27G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	NP	
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	BD INTEGRA SYRINGE RETRACTING SAFETY/3ML/21G X 1"	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	NP	QL(5 ea daily); RX/OTC	BD INTEGRA SYRINGE/3ML 25GX1"	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC	BD INTEGRA SYRINGE/3ML/21G X 1-1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	BD INTEGRA SYRINGE/3ML/22G X 1.5"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INTEGRA SYRINGE/3ML/23G X 1"	P	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8	P	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD LUER LOCK SYRINGE/1ML/20G X 1"	P		BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE	P	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	NP	QL(5 ea daily)	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	NP	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	NP	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE SYRINGE 3ML/25GX1"	P	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	NP	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE SYRINGE 5ML/22GX1.5"	P	
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	NP	QL(5 ea daily); RX/OTC	BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8"	P	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	NP	QL(5 ea daily)	BD SYRINGE 10ML/20G X 1"	P	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	NP	QL(5 ea daily); RX/OTC	BD SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1-1/2"	P	RX/OTC
BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	P	RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	NP	RX/OTC
BD SAFETYGLIDE 1ML 27GX5/8"	P		BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	NP	RX/OTC
BD SAFETYGLIDE 21G X 1-1/2"	P	RX/OTC			
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC			
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	NP	RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	NP	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC	CAREONE UNIFINE PENTIPS 29GX12MM	NP	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	NP	RX/OTC	CAREONE UNIFINE PENTIPS 31GX6MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS 31GX8MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16"	NP	QL(5 ea daily)	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM	NP	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM	NP	QL(5 ea daily)	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	NP	
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1"	P	
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1"	P	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1"	P	RX/OTC	CARETOUCH INSULIN SYRINGE 0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8"	P	RX/OTC	CARETOUCH LUER LOCK 3ML/22GX1"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	P	RX/OTC	CARETOUCH LUER LOCK 3ML/22GX1-1/2"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2"	P	RX/OTC	CARETOUCH LUER LOCK 3ML/23GX1"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1"	P	RX/OTC	CARETOUCH LUER LOCK 3ML/23GX1-1/2'	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2"	P	RX/OTC	CARETOUCH LUER LOCK 3ML/25GX1"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1"	P	RX/OTC	CARETOUCH LUER LOCK 3ML/25GX1-1/2"	P	
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2"	P	RX/OTC	CARETOUCH LUER LOCK 3ML/25GX5/8"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1"	P	RX/OTC	CARETOUCH PEN NEEDLE 29GX1/2"	NP	QL(5 ea daily); RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1"	P	RX/OTC	CARETOUCH PEN NEEDLE 33GX5/32"	NP	
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31G X 6 MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 5MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 8MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 4MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	NP		CARETOUCH PEN NEEDLES 32GX 5MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	NP		CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
			CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	NP	
			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	NP	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	NP	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	NP	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	NP	
			CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	NP	
			CLICKFINE PEN NEEDLE 32GX5/32"	NP	QL(5 ea daily); RX/OTC
			CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 5MM	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 6MM	NP	QL(5 ea daily)
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 8MM	NP	
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/33G X 5/32"	NP	
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX 3/16"	NP	
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX1/4"	NP	
COMFORT EZ MICRO/32G X 4MM	NP	QL(5 ea daily); RX/OTC	DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2"	P	RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	NP	QL(5 ea daily)	DIATHRIVE PEN NEEDLE/31 G X 6MM	NP	QL(5 ea daily); RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	NP		DIATHRIVE PEN NEEDLE/31 GX 8MM	NP	QL(5 ea daily); RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC	DIATHRIVE PEN NEEDLE/31GX 5MM	NP	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM	NP	QL(5 ea daily); RX/OTC	DIATHRIVE PEN NEEDLE/32GX 4MM	NP	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 5MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 6MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 4MM	NP		DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
			DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	NP	QL(5 ea daily); RX/OTC

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NP		DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	NP	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	NP	RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	NP		DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	DROPLET MICRON 34G X 9/64"	NP	
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 29G X1/2"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 29GX10MM	NP	
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NP		DROPLET PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 31G X3/16"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 31G X5/16"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC	DROPLET PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 32G X 1/4"	NP	QL(5 ea daily)
			DROPLET PEN NEEDLES 32G X 3/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 32G X 5/16"	NP		DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS29G X 12MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM	NP	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS31GX6MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM	NP	QL(5 ea daily)	DRUG MART UNIFINE PENTIPS31GX8MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX8MM	NP		DRUG MART UNIFINE PENTIPS32GX4MM	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	NP	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	NP	RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	NP	
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	NP	RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NP	
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/21GX1"	P	
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	NP		EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	P	
EASY COMFORT PEN NEEDLES31GX1/4"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8"	P	
EASY COMFORT PEN NEEDLES31GX5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2"	P	
EASY COMFORT PEN NEEDLES32GX5/32"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 21G/10ML1-1/2"	P	
EASY COMFORT PEN NEEDLES33G X 4MM	NP		EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1"	P	RX/OTC
EASY COMFORT PEN NEEDLES33G X 5MM	NP		EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1"	P	RX/OTC
EASY COMFORT PEN NEEDLES33G X 6MM	NP		EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1"	P	RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32"	NP		EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1"	P	RX/OTC
EASY TOUCH 32GX5MM	NP	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8"	P	RX/OTC
EASY TOUCH 32GX6MM	NP	QL(5 ea daily)	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/20GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1-1/2"	P	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1"	P	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC			
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC			
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC			
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC			
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/22GX1-1/2"	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	P		EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1"	P		EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1-1/2"	P		EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 5ML/20GX1"	P		EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX5/8"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 5/8"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC

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EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	NP	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY SYRINGE/1ML/25G X 5/8"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/21G X 1"	P	RX/OTC
EASY TOUCH PEN NEEDLE 30G X 5/16"	NP	QL(5 ea daily)	EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	P	RX/OTC
EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2"	P	RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	P	RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	P	RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	P	RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	NP	QL(5 ea daily)	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX3/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/21GX1-1/2"	P	
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP				
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	NP	QL(5 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	P		EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC	EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1"	P	RX/OTC	EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2"	P	RX/OTC	EASYPOINT NEEDLE/SYRINGE 3ML/25G X 5/8"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1"	P	RX/OTC	EMBRACE PEN NEEDLES/29G X 12MM	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	P	RX/OTC	EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1"	P	RX/OTC	EMBRACE PEN NEEDLES/30G X 8MM	NP	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	P	RX/OTC	EMBRACE PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8"	P	RX/OTC	EMBRACE PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	P		EMBRACE PEN NEEDLES/31G X 8MM	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/22GX1-1/2"	P		EMBRACE PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/26GX5/8"	P		EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1"	P	RX/OTC	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
			EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
			EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
			EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
			EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC

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EQL INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	NP	QL(5 ea daily); RX/OTC
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	NP		FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/31GX8MM	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/32GX4MM	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/32GX6MM	NP	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	FLOW-EZE VENTED NEEDLE	P	
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
			FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	NP	QL(5 ea daily); RX/OTC
			FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	NP	QL(5 ea daily); RX/OTC

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GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
			GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC

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GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/31GX5/16"	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/32GX 5/32"	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/32GX1/4"	NP	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES31G X 5MM	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	NP	QL(5 ea daily)
			GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	NP	QL(5 ea daily); RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	NP	QL(5 ea daily); RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	NP	QL(5 ea daily)	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	NP	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	NP	QL(5 ea daily); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	NP		INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE 1ML/31G X1/4"	NP	RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSUPEN 32G X 4MM	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSUPEN 33GX4MM	NP	
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSUPEN PEN NEEDLES 32G X4MM	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSUPEN SENSITIVE 32GX6MM	NP	QL(5 ea daily)
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSUPEN SENSITIVE 32GX8MM	NP	
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSUPEN ULTRAFIN 30GX8MM	NP	QL(5 ea daily)
INSULIN SYRINGES 0.3ML/31G X 1/4"	NP	RX/OTC	INSUPEN ULTRAFIN 31GX6MM	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES 0.5ML/31G X 1/4"	NP	RX/OTC	INSUPEN ULTRAFIN 31GX8MM	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	NP	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	NP	
INSULIN SYRINGES/U-100/1ML/27GX1/2"	NP	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	NP	QL(5 ea daily)
INSULIN SYRINGES/U-100/1ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	NP	QL(5 ea daily)
INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC			
INSUPEN 29G X 12MM	NP	QL(5 ea daily); RX/OTC			
INSUPEN 31G X 5MM	NP	QL(5 ea daily); RX/OTC			
INSUPEN 31G X 8MM	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 29G X12MM	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM	NP	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	NP	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X1/4"	NP	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	NP	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X3/16"	NP	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	NP	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16"	NP	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	NP	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32"	NP	QL(5 ea daily); RX/OTC			
KROGER PEN NEEDLES/33G X5/32"	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	NP	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	NP	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES 29GX12.7MM	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES 31GX8MM SHORT	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MEIJER PEN NEEDLES 29G X12MM	NP	QL(5 ea daily); RX/OTC
MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1"	P		MEIJER PEN NEEDLES 31G X6MM	NP	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM	NP	QL(5 ea daily); RX/OTC	MEIJER PEN NEEDLES 31G X8MM	NP	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM	NP	QL(5 ea daily); RX/OTC	MICRODOT PEN NEEDLE/31G X 6 MM	NP	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM	NP	QL(5 ea daily); RX/OTC	MICRODOT PEN NEEDLE/32G X 4 MM	NP	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM	NP	QL(5 ea daily); RX/OTC	MICRODOT PEN NEEDLE/33G X 4 MM	NP	
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	NP	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP		MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	NP	QL(5 ea daily)	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 1/4"	P	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 3/16"	P	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily); RX/OTC
			MM PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MM PEN NEEDLES 31G X 5/16"	P	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32"	P	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2"	P	RX/OTC	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML	NP	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	NP	QL(5 ea daily)	MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT LIFESHIELD SYRINGE/12ML/18GX1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/18G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/20G X 1-1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1-1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 5/8"	P	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/22G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	P	RX/OTC	MONOJECT MEDICATION TRANSFER NEEDLE/20GX1"	P	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/12ML/18GX1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1"	P	RX/OTC	MONOJECT SYRINGE/12ML/20GX1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/20G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/6ML/20G X 1-1/2"	P	
			MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/27GX1-1/4"	P	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1"	P	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/20GX1-1/2"	P	
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/21G X1"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1"	P	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/21GX1-1/2"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1-1/2"	P	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/22GX1-1/2"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/21GX1"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1-1/2"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/23GX1"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1-1/4"	P		MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX5/8"	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	NP	QL(5 ea daily)	PEN NEEDLES 31GX6MM (1/4")	NP	QL(5 ea daily); RX/OTC
NOVOFINE PEN NEEDLE 32G X 6MM	NP	QL(5 ea daily)	PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 31GX8MM (5/16")	NP	QL(5 ea daily); RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X 1/2"	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 32G X 5MM	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 5MM MINI	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 32G X 6MM	NP	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 8MM SHORT	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 32GX5MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX12MM	NP	QL(5 ea daily)	PEN NEEDLES 33G X 5/32"	NP	
PEN NEEDLES 30GX5MM	NP	RX/OTC	PEN NEEDLES/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM	NP	QL(5 ea daily)	PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC
			PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC
			PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
			PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC
			PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
			PENTIPS 29G X 12MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PENTIPS 29GX12MM	NP	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM	NP	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	NP	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM	NP	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM	NP	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	NP	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM	NP	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	NP	QL(5 ea daily); RX/OTC
PENTIPS 31GX8MM	NP	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	NP	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM	NP	QL(5 ea daily); RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM	NP	QL(5 ea daily); RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC
PENTIPS 32GX6MM	NP	QL(5 ea daily)	PREVENT SAFETY PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC
PIP PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC	PREVENT SAFETY PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC			

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PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	PX PEN NEEDLE 29GX12MM	NP	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	NP	QL(5 ea daily); RX/OTC	PX PEN NEEDLE 31GX8MM	NP	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC	PX SHORTLENGTH PEN NEEDLES/31GX8MM	NP	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	NP	QL(5 ea daily); RX/OTC	QC PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	NP	QL(5 ea daily)	QC PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	QC PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	QC UNIFINE PENTIPS 32GX4MM	NP	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	NP	QL(5 ea daily)	RA INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X8MM	NP		RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X 5MM	NP	QL(5 ea daily); RX/OTC	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	NP	QL(5 ea daily); RX/OTC	RA PEN NEEDLES 31G X 5MM3/16"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	QL(5 ea daily); RX/OTC	RA PEN NEEDLES 31G X 8MM5/16"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 29GX 12MM	NP	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 4MM	NP	
PX EXTRA SHORT PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 5MM	NP	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 6MM	NP	QL(5 ea daily); RX/OTC
PX MINI PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 8MM	NP	QL(5 ea daily); RX/OTC
			REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
			REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 32G X4MM	NP	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 32G X5/32"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	NP	RX/OTC	RELION PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES/31G X1/4"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC	RELION SHORT PEN NEEDLES31GX8MM	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SAFETY PEN NEEDLES/30G X3/16"	NP	RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	SAFETY PEN NEEDLES/30G X5/16"	NP	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 10ML/20GX1-1/2"	P	
RELION PEN NEEDLES 31G X6MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 10ML/22GX1-1/2"	P	
RELION PEN NEEDLES 31G X8MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 1ML/25GX5/8"	P	RX/OTC
RELION PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 1ML/27GX1/2"	P	
RELION PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/20GX1"	P	RX/OTC
RELION PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2"	P	RX/OTC

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SAFETY SYRINGES/NEEDLE 3ML/21GX1"	P	RX/OTC	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	NP	QL(5 ea daily)
SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2"	P	RX/OTC	SECURESAFE SYRINGE/NEEDLE/1ML/27G X 1/2"	P	
SAFETY SYRINGES/NEEDLE 3ML/22GX1"	P	RX/OTC	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2"	P	RX/OTC	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1-1/2"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/23GX1"	P	RX/OTC	SECURESAFE SYRINGE/NEEDLE/3ML/21G X 1-1/2"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8"	P	RX/OTC	SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1-1/2"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 5ML/20GX1-1/2"	P		SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 5ML/21GX1-1/2"	P		SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	NP	QL(5 ea daily); RX/OTC
SAFETY SYRINGES/NEEDLE 5ML/22GX1-1/2"	P		SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	NP	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC			
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVER/31GX8MM	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	NP	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	NP	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	NP	RX/OTC	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	QL(5 ea daily); RX/OTC
			SURE COMFORT PEN NEEDLES32GX6MM	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	NP	QL(5 ea daily)	SYRINGE/LUER LOCK/10ML/21G X 1"	P	
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/20G X 1"	P	RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/20GX1-1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/21G X 1"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/21G X 1-1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/21GX1"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/21GX1-1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/22G X 1"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/22GX1"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/22GX1-1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/23G X 1"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/23GX1"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/25G X 1"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/25G X 1-1/2"	P	
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/25G X 5/8"	P	RX/OTC
SYRINGE/HYPODERMIC SAFETY12ML 18GX1"	P	RX/OTC	SYRINGE/LUER LOCK/3ML/25GX1"	P	RX/OTC
			SYRINGE/LUER LOCK/3ML/25GX5/8"	P	RX/OTC
			SYRINGE/LUER LOCK/5ML/20G X 1-1/2"	P	

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SYRINGE/LUER SLIP/1ML/25G X 5/8"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
SYRINGE/LUER SLIP/1ML/26G X 3/8"	P		TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
SYRINGE/LUER SLIP/1ML/27G X 1/2"	P		TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/10ML/20GX1"	P		TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	NP	RX/OTC
SYRINGES/LUER LOCK/10ML/20GX1-1/2"	P		TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/10ML/21G X 1"	P		TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/10ML/22GX1"	P		TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/10ML/22GX1-1/2"	P		TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/1ML/20GX1"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/5ML/20GX1"	P		TECHLITE PEN NEEDLES 29GX 10MM	NP	
SYRINGES/LUER LOCK/5ML/20GX1-1/2"	P		TECHLITE PEN NEEDLES 29GX 12 MM	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/5ML/21GX1"	P		TECHLITE PEN NEEDLES 31GX 5MM	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/5ML/21GX1-1/2"	P		TECHLITE PEN NEEDLES/31GX 8MM	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/5ML/22GX1-1/2"	P		TECHLITE PEN NEEDLES/32GX 4MM	NP	QL(5 ea daily); RX/OTC
SYRINGES/LUER SLIP/1ML/25GX5/8"	P	RX/OTC	TECHLITE PEN NEEDLES/32GX 6MM	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC			
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	NP	RX/OTC			
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PEN NEEDLES31G X 5MM	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PEN NEEDLES31G X 6MM	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PEN NEEDLES32G X 4MM	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	NP	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	NP	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
			TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
			TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	NP	QL(5 ea daily)	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	NP		TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	NP		TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	NP		TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	P	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/32GX5/16"	NP		TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily); RX/OTC
			TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 29GX12MM	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM	P	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES/32G X 1/4"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES/31GX6MM	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE PEN NEEDLES 31GX 5MM/MINI	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE PEN NEEDLES/29GX 12.7MM	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2"	P	
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC	ULTICARE SHORT PEN NEEDLES/31G X 8MM	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC	ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	P	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC	ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8"	P	
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily); RX/OTC	ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC	P	
ULTICARE MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 1/2"	P	
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	RX/OTC	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	QL(5 ea daily); RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	NP	QL(5 ea daily)
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	NP	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	NP	QL(5 ea daily); RX/OTC
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	NP	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC
ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X 1/4"	NP	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM	NP	QL(5 ea daily)	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX5MM	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16"	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	NP		ULTRA THIN PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	NP	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX8MM	NP	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC			
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5 /16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PEN NEEDLE/32G X4MM	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 29GX12MM	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	NP	QL(5 ea daily)	UNIFINE PENTIPS 31G X 3/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 3/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 31GX6MM	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32"	NP		UNIFINE PENTIPS 31GX8MM	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 32GX4MM	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 32GX6MM	NP	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 33GX4MM	NP	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 29GX12MM	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 31GX5MM	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 31GX6MM	NP	QL(5 ea daily); RX/OTC
			UNIFINE PENTIPS PLUS 31GX8MM	NP	QL(5 ea daily); RX/OTC
			UNIFINE PENTIPS PLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC
			UNIFINE PENTIPS PLUS 33GX 5/32"	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 33GX4MM	NP		VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS/30GX 3/16"	NP	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	NP	
UNIFINE PENTIPS/30G X 3/16"	NP	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	NP	
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	NP	RX/OTC	VANISHPOINT SAFETY SYRINGE/10ML/21GX1-1/2"	P	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	NP	QL(5 ea daily)	VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX5MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/20GX1-1/2"	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX6MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/21GX1"	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2"	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/22GX1"	P	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2"	P	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/23GX1"	P	RX/OTC
VALUMARK PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2"	P	RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/25GX1"	P	RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2"	P	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8"	P	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	NP		VANISHPOINT SAFETY SYRINGE/5ML/21GX1"	P	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT SAFETY SYRINGE/5ML/21GX1-1/2"	P		VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SAFETY SYRINGE/5ML/22GX1-1/2"	P		VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/10ML/21G X 1-1/2"	P		VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/1ML/25G X 1"	P	RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP	QL(5 ea daily)
VANISHPOINT SYRINGE/3ML/20G X 1"	P	RX/OTC	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1-1/2"	P	RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1"	P	RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1-1/2"	P	RX/OTC	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1"	P	RX/OTC	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1-1/2"	P	RX/OTC	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1"	P	RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1-1/2"	P	RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1"	P	RX/OTC	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1-1/2"	P		VERIFINE INSULIN SYRINGE1ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 5/8"	P	RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/5ML/21G X 1-1/2"	P		VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM	NP	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	NP	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	NP	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	NP	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	NP	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	NP	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	NP	QL(5 ea daily); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
ZEV RX PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC
ZEV RX PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC
ZEV RX PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZEV RX PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail); RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROBIKA DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Illinois YouthCare

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	AEROECLIPSE MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	AEROECLIPSE MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 ea per 360 days retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CO MONITOR DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC			
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC			
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EASY FLOW BLACK/RED DEVI	P	QL(2 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	P	QL(2 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	QL(2 ea per 360 days retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT MISC	P	QL(2 ea per 360 days retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
			FILTER AIR PP MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 ea per 360 days retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 days retail); RX/OTC	MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC	MICROCHAMBER MISC	P	QL(2 ea per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	MICROSPACER MISC	P	QL(2 ea per 360 days retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail); RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER CUP/TUBING DEVI	P	QL(2 ea per 360 days retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	P	QL(2 ea per 360 days retail); RX/OTC	OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	QL(2 ea per 360 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 days retail); RX/OTC			

Illinois YouthCare

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PANDA MASK LARGE	P	QL(1 ea per 360 days retail); RX/OTC	PARI VORTEX ADULT MASK	P	QL(1 ea per 360 days retail); RX/OTC
PANDA MASK MEDIUM	P	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PANDA MASK SMALL	P	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC PANDA MASK	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC	PFLEX MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail); RX/OTC	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC	PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC	PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail); RX/OTC	PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC
			POCKET CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POCKET SPACER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 360 days retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 360 days retail); RX/OTC	RITEFLO DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
QUAKE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOOTHENE NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	AIMOVIG	P	SP; PA
SOOTHENE NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail); RX/OTC	AJOVY SOAJ	P	SP; PA
SOOTHENE NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail); RX/OTC	AJOVY SOSY	P	SP; PA
SOOTHENE NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	EMGALITY SOAJ	P	SP; PA
SPIRO PD DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EMGALITY SOSY	P	SP; PA
THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail); RX/OTC	NURTEC	P	PA
THRESHOLD PEP DEVI	P	QL(2 ea per 360 days retail); RX/OTC	QULIPTA	P	PA
TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail); RX/OTC	UBRELVY	P	PA
VERSAPAP/UNIVERSAL TUBING DEVI	P	QL(2 ea per 360 days retail); RX/OTC	VYEPTI	NP	SP
VERSAPAP DEVI	P	QL(2 ea per 360 days retail); RX/OTC	ZAVZPRET	NP	
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	QL(2 ea per 360 days retail); RX/OTC	Migraine Combinations		
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	QL(2 ea per 360 days retail); RX/OTC	<i>ergotamine w/ caffeine SUPP</i>	P	
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	<i>sumatriptan-naproxen sodium</i>	NP	
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC	TREXIMET (<i>Use sumatriptan-naproxen sodium</i>)	NF	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			Migraine Products		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			D.H.E. 45 SOLN IJ (<i>Use dihydroergotamine mesylate</i>)	NF	
			<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	NP	
			MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NP	
			TRUDHESA	NP	
			Migraine Products - NSAIDs		
			<i>diclofenac potassium (migraine)</i>	NP	
			ELYXYB	NP	
			Serotonin Agonists		
			<i>almotriptan malate</i>	NP	
			AMERGE (<i>Use naratriptan hcl</i>)	NF	QL(9 ea per 30 days retail)
			<i>eletriptan hydrobromide</i>	NP	QL(6 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FROVA (Use frovatriptan succinate)	NP		sumatriptan succinate SOAJ 6 MG/0.5ML	P	QL(2 ml per 30 days retail)
frovatriptan succinate	NP		sumatriptan succinate SOAJ 4 MG/0.5ML	P	QL(3 ml per 30 days retail)
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	NP	QL(6 ea per 30 days retail)	sumatriptan succinate SOCT 4 MG/0.5ML	P	QL(3 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	NP	QL(3 ml per 30 days retail)	sumatriptan succinate SOCT 6 MG/0.5ML	P	QL(2 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	NP	QL(2 ml per 30 days retail)	sumatriptan succinate SOLN 6 MG/0.5ML	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(2.5 ml per 30 days retail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	NP	QL(2 ml per 30 days retail)	sumatriptan succinate TABS	P	QL(9 ea per 30 days retail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)	NP	QL(3 ml per 30 days retail)	TOSYMRA	NP	
IMITREX TABS (Use sumatriptan succinate)	NP	QL(9 ea per 30 days retail)	ZEMBRACE SYMTOUCH SOAJ	NP	
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NP	QL(12 ea per 30 days retail)	zolmitriptan SOLN 2.5 MG	NP	
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NF	QL(12 ea per 30 days retail)	zolmitriptan SOLN 5 MG	NP	QL(6 ea per 30 days retail)
MAXALT TABS 10 MG (Use rizatriptan benzoate)	NP	QL(12 ea per 30 days retail)	zolmitriptan TABS	NP	QL(6 ea per 30 days retail)
MAXALT TABS 10 MG (Use rizatriptan benzoate)	NF	QL(12 ea per 30 days retail)	zolmitriptan TBDP	NP	QL(6 ea per 30 days retail)
naratriptan hcl	NP	QL(9 ea per 30 days retail)	ZOMIG SOLN 2.5 MG	NP	
RELPAX (Use eletriptan hydrobromide)	NP	QL(6 ea per 30 days retail)	ZOMIG SOLN (Use zolmitriptan)	NP	QL(6 ea per 30 days retail)
REYVOW	NP		ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	NF	QL(6 ea per 30 days retail)
rizatriptan benzoate TABS	P	QL(12 ea per 30 days retail)	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	NP	
rizatriptan benzoate TBDP	P	QL(12 ea per 30 days retail)	MINERALS & ELECTROLYTES		
sumatriptan	P	QL(6 ea per 30 days retail)	Calcium		
			CALCIUM CARBONATE CHEW 500 MG	P	
			calcium carbonate-cholecalciferol TABS 200 UNIT-600 MG, 5 MCG-600 MG	P	
			Electrolyte Mixtures		
			BIOLYTE SOLN	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CERALYTE 70 SOLN	P		MAGOX 400 TABS (Use magnesium oxide (mg supplement))	NF	
CERASPORT EX1 SOLN	P				
CERASPORT SOLN	P		Phosphate		
ENFAMIL ENFALYTE SOLN	P		K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NF	QL(8 ea daily)
EQUALYTE SOLN (Use oral electrolytes)	NF		pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 ea daily)
HYDRALYTE FREEZER POPS SOLN	P		Potassium		
HYDRALYTE SOLN	P		K-TAB TBCR (Use potassium chloride)	NF	
KINDERLYTE PREMAX SOLN	P		potassium bicarbonate TBEF	P	
KINDERLYTE SOLN	P		potassium chloride microencapsulated crystals er	P	
oral electrolytes SOLN	P		potassium chloride CPCR 10 MEQ	P	
PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	NF		potassium chloride CPCR 8 MEQ	P	QL(1 ea daily)
PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	NF		potassium chloride PACK OR 20 MEQ	P	
PEDIALYTE SINGLES SOLN (Use oral electrolytes)	NF		potassium chloride SOLN OR 10 %, 20 %	P	
PEDIALYTE SOLN (Use oral electrolytes)	NF		potassium chloride TBCR 8 MEQ, 10 MEQ	P	
TRUELYTE SOLN	P		Sodium		
Fluoride			sodium chloride flush	P	
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	P		sodium chloride SOLN IJ 0.9 %	P	
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	P		MISCELLANEOUS THERAPEUTIC CLASSES		
Magnesium			Chelating Agents		
magnesium oxide (mg supplement) TABS 400 MG	P		CUPRIMINE CAPS (Use penicillamine)	NP	
magnesium TABS 400 MG, 400 MG	P		CUVRIOR	NP	SP
			DEPEN TITRATABS TABS (Use penicillamine)	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine CAPS</i>	P		<i>mycophenolate mofetil SUSR</i>	P	QL(15 ml daily)
<i>penicillamine TABS</i>	P		<i>mycophenolate mofetil TABS</i>	P	QL(4 ea daily)
SYPRINE (<i>Use trientine hcl</i>)	NP	SP	<i>mycophenolate sodium 360 MG</i>	P	QL(4 ea daily)
<i>trientine hcl</i>	P	SP	<i>mycophenolate sodium 180 MG</i>	P	QL(2 ea daily)
Immunomodulators			MYFORTIC 360 MG (<i>Use mycophenolate sodium</i>)	NP	QL(4 ea daily)
JOENJA	NP		MYFORTIC 180 MG (<i>Use mycophenolate sodium</i>)	NP	QL(2 ea daily)
<i>lenalidomide</i>	NP	SP	NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	QL(4 ea daily)
REVLIMID	NP	SP	NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	QL(8 ml daily)
REZUROCK	NP	SP	PROGRAF CAPS (<i>Use tacrolimus</i>)	NP	QL(3 ea daily)
RYSTIGGO	NP	SP	PROGRAF PACK	NP	
THALOMID	NP	SP	RAPAMUNE SOLN (<i>Use sirolimus</i>)	NP	
VYVGART	NP	SP	RAPAMUNE TABS (<i>Use sirolimus</i>)	NP	
VYVGART HYTRULO	NP	SP	SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NP	
Immunosuppressive Agents			SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	P	
ASTAGRAF XL CP24	NP		<i>sirolimus TABS</i>	P	
<i>azathioprine TABS 50 MG</i>	P		<i>tacrolimus CAPS</i>	P	QL(3 ea daily)
<i>azathioprine TABS 75 MG, 100 MG</i>	NP	QL(3 ea daily)	ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	NP	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	QL(2 ea daily)	Potassium Removing Agents		
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	QL(15 ml daily)	LOKELMA	NP	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	QL(4 ea daily)	<i>sodium polystyrene sulfonate POWD</i>	P	QL(454 gm per fill retail)
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	QL(4 ea daily)	<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	NP	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	QL(8 ml daily)			
<i>cyclosporine CAPS</i>	P				
ENVARUSUS XR TB24	NP				
<i>everolimus (immunosuppressant)</i>	NP				
IMURAN TABS (<i>Use azathioprine</i>)	NP				
LUPKYNIS	NP	SP			
<i>mycophenolate mofetil CAPS</i>	P	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	NP	SP
BENLYSTA SOSY	NP	SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>clotrimazole</i>	P	
<i>nystatin (mouth-throat)</i>	P	QL(120 ml per fill retail)
ORAVIG	NP	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(672 ml per fill retail)
PREVIDENT FLUORIDE GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(672 gm per fill retail)
<i>sodium fluoride (dental) CREA</i>	NP	QL(102 gm per fill retail)
<i>sodium fluoride (dental) GEL</i>	NP	QL(672 gm per fill retail)
<i>sodium fluoride (dental) PSTE DT</i>	NP	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	NP	
<i>sodium fluoride-potassium nitrate GEL</i>	NP	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Throat Products - Misc.		
AQUORAL SOLN	NP	RX/OTC
<i>cevimeline hcl</i>	NP	
EVOXAC (<i>Use cevimeline hcl</i>)	NP	
GELX GEL	NP	
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	P	
MULTIVITAMINS		
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium TABS</i>	P	QL(1 ea daily)
ONE-A-DAY WOMENS FORMULA TABS (<i>Use multiple vitamins w/ calcium</i>)	NF	QL(1 ea daily)
SM ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTIVNUTRIENTS CAPS	P	QL(1 ea daily); RX/OTC	BARIATRIC FUSION CHEW	P	QL(1 ea daily)
ADEK GUMMIES PLUS ZN CHEW	P	QL(1 ea daily)	BARIATRIC MULTIVITAMINS/IRON CAPS	P	QL(1 ea daily); RX/OTC
ADULT ONE DAILY GUMMIES CHEW	P	QL(1 ea daily)	BASIC AM TABS	P	QL(1 ea daily); RX/OTC
AIRBORNE KIDS CHEW	P	QL(1 ea daily)	BIO-35 GLUTEN-FREE CAPS	P	QL(1 ea daily); RX/OTC
AIRBORNE+GOOD REST CHEW	P	QL(1 ea daily)	BIO-35 IRON FREE CAPS	P	QL(1 ea daily); RX/OTC
AIRBORNE+PROBIOTIC CHEW	P	QL(1 ea daily)	BIOCAL CAPS	P	QL(1 ea daily); RX/OTC
AIRBORNE CHEW	P	QL(1 ea daily)	BONEUP 3 PER DAY CAPS	P	QL(1 ea daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	BONEUP VEGETARIAN TABS	P	QL(1 ea daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	QL(1 ea daily); RX/OTC	BONEUP CAPS	P	QL(1 ea daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	P	QL(1 ea daily)	BOOSTNOW IMMUNE SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
ALIVE MULTI-VITAMIN CHEW	P	QL(1 ea daily)	CELEBRATE MULTI-COMPLETE18 CAPS	P	QL(1 ea daily); RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC	CELEBRATE MULTI-COMPLETE18 CHEW	P	QL(1 ea daily)
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)	CELEBRATE MULTI-COMPLETE36 CAPS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS 50+ CHEW	P	QL(1 ea daily)	CELEBRATE MULTI-COMPLETE36 CHEW	P	QL(1 ea daily)
ALIVE WOMENS ENERGY TABS	P	QL(1 ea daily); RX/OTC	CELEBRATE MULTI-COMPLETE45 CAPS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)	CELEBRATE MULTI-COMPLETE45 CHEW	P	QL(1 ea daily)
ANTIOXIDANT FORMULA TABS	P	QL(1 ea daily); RX/OTC	CELEBRATE MULTI-COMPLETE60 CAPS	P	QL(1 ea daily); RX/OTC
APETIBEX CAPS	P	QL(1 ea daily); RX/OTC	CELEBRATE MULTI-COMPLETE60 CHEW	P	QL(1 ea daily)
APPE-CURB CAPS	P	QL(1 ea daily); RX/OTC	CENTRAVITES 50 PLUS TABS	P	QL(1 ea daily); RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	P	QL(1 ea daily); RX/OTC	CENTRAVITES ADULTS TABS	P	QL(1 ea daily); RX/OTC
BACMIN TABS	P	QL(1 ea daily); RX/OTC	CENTRUM ADULT MULTIGUMMIES CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CENTRUM ADULTS TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC	CENTRUM SILVER ADULT 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM ADULTS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC	CENTRUM SILVER ADULT 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
CENTRUM CARDIO TABS	P	QL(1 ea daily); RX/OTC	CENTRUM SILVER ADULTS 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	P	QL(1 ea daily)	CENTRUM SILVER ADULTS 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
CENTRUM FLAVOR BURST CHEW	P	QL(1 ea daily)	CENTRUM SILVER CHEW	P	QL(1 ea daily)
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	P	QL(1 ea daily)	CENTRUM SILVER TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
CENTRUM FRESH/FRUITY ADULTS CHEW	P	QL(1 ea daily)	CENTRUM SILVER TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM MEN TABS	P	QL(1 ea daily); RX/OTC	CENTRUM SPECIALIST HEART TABS	P	QL(1 ea daily); RX/OTC
CENTRUM MEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC	CENTRUM SPECIALIST VISION TABS	P	QL(1 ea daily); RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	P	QL(1 ea daily)	CENTRUM ULTRA WOMENS TABS	P	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+MEN TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC	CENTRUM VITAMINTS CHEW	P	QL(1 ea daily)
CENTRUM SILVER 50+MEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC	CENTRUM WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC	CERTAVITE SENIOR TABS	P	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC	CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 ea daily); RX/OTC
			CHOICEFUL MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
			CHOICEFUL MULTIVITAMIN CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	P	QL(1 ea daily)	EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	P	QL(1 ea daily)
CVS ADULT 50+ EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC	EMERGEN-C VITAMIN C CHEW	P	QL(1 ea daily)
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	QL(1 ea daily)	EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	P	QL(1 ea daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC	EQ MULTIVITAMINS ADULT GUMMY CHEW	P	QL(1 ea daily)
CVS ONE DAILY MENS 50+ ADVANCED TABS	P	QL(1 ea daily); RX/OTC	EQ ONE DAILY MENS 50+ TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW	P	QL(1 ea daily)	EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 ea daily); RX/OTC	EQL CENTURY MENS TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULTS TABS	P	QL(1 ea daily); RX/OTC	EQL ONE DAILY ADULT GUMMIES CHEW	P	QL(1 ea daily)
CVS SPECTRAVITE ULTRA MEN50+ TABS	P	QL(1 ea daily); RX/OTC	EQL ONE DAILY MENS TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	QL(1 ea daily); RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE WOMEN CHEW	P	QL(1 ea daily)	EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
CVS VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC	EYE MULTIVITAMIN/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
DAYAVITE TABS	P	QL(1 ea daily); RX/OTC	EYE MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
DECUBI-VITE CAPS	P	QL(1 ea daily); RX/OTC	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	P	QL(1 ea daily); RX/OTC
DEKAS BARIATRIC CHEW	P	QL(1 ea daily)	FOLAGENT DHA CAPS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS OCEAN CAPS	P	QL(1 ea daily); RX/OTC	FOLAMED DHA CAPS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS CAPS	P	QL(1 ea daily); RX/OTC	FOLIFLEX TABS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS CHEW	P	QL(1 ea daily)	FOLIKA-MG TABS	P	QL(1 ea daily); RX/OTC
DERMACINRX RIBOTIN-E TABS	P	QL(1 ea daily); RX/OTC	FREEDAVITE TABS	P	QL(1 ea daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	QL(1 ea daily); RX/OTC	GENADEK STEP 1 CAPS	P	QL(1 ea daily); RX/OTC
DEXATRAN CAPS	P	QL(1 ea daily); RX/OTC			

Illinois YouthCare

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENADEK STEP 2 CAPS	P	QL(1 ea daily); RX/OTC	MULTI-BETIC DIABETES TABS	P	QL(1 ea daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 ea daily); RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	P	QL(1 ea daily); RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	P	QL(1 ea daily); RX/OTC	<i>multiple vitamins w/ minerals CHEW</i>	P	QL(1 ea daily)
HAIR/SKIN/NAILS CAPS	P	QL(1 ea daily); RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	P	QL(1 ea daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 ea daily); RX/OTC	MULTIVITAMIN ADULTS TABS	P	QL(1 ea daily); RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	P	QL(1 ea daily); RX/OTC	MULTIVITAMIN MEN TABS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	P	QL(1 ea daily); RX/OTC	MULTI-VITAMIN MONOCAPS TABS	P	QL(1 ea daily); RX/OTC
HM HAIR/SKIN/NAILS TABS	P	QL(1 ea daily); RX/OTC	MULTIVITAMIN WOMEN TABS	P	QL(1 ea daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 ea daily); RX/OTC	MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	P	QL(1 ea daily); RX/OTC	MVW COMPLETE FORMULATION CAPS	P	QL(1 ea daily); RX/OTC
IMMUNE SUPPORT CHEW	P	QL(1 ea daily)	MVW COMPLETE FORMULATIOND3000 CAPS	P	QL(1 ea daily); RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	QL(1 ea daily); RX/OTC	MVW COMPLETE FORMULATIOND500 CAPS	P	QL(1 ea daily); RX/OTC
MEGA MULTI FOR MEN TABS	P	QL(1 ea daily); RX/OTC	MVW COMPLETE FORMULATIONMINIS CAPS	P	QL(1 ea daily); RX/OTC
MENS 50+ ADVANCED CAPS	P	QL(1 ea daily); RX/OTC	MVW HI-D ADEK GUMMIES CHEW	P	QL(1 ea daily)
MENS MULTI VITAMIN & MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC	MVW MODULATOR FORMULATION MINIS CAPS	P	QL(1 ea daily); RX/OTC
MENS MULTIVITAMIN CHEW	P	QL(1 ea daily)	MVW MODULATOR FORMULATION CAPS	P	QL(1 ea daily); RX/OTC
MENS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	NAT-RUL THERAVITE- M/HIGHPOTENCY TABS	P	QL(1 ea daily); RX/OTC
MOOD FOOD ES CAPS	P	QL(1 ea daily); RX/OTC	NEOVITE TABS	P	QL(1 ea daily); RX/OTC
MOOD FOOD CAPS	P	QL(1 ea daily); RX/OTC	NICADAN ZX TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NO IRON MULTIPLE VITAMIN/MINERALS TABS	P	QL(1 ea daily); RX/OTC	ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	P	QL(1 ea daily)
NUTRICAP TABS	P	QL(1 ea daily); RX/OTC	ONE-A-DAY MENS TABS	P	QL(1 ea daily); RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	QL(1 ea daily); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC	ONE-A-DAY VITACRAVES ADULT CHEW	P	QL(1 ea daily)
OCUVITE ADULT FORMULA CAPS	P	QL(1 ea daily); RX/OTC	ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	P	QL(1 ea daily)
OCUVITE LUTEIN CAPS	P	QL(1 ea daily); RX/OTC	ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	P	QL(1 ea daily)
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	P	QL(1 ea daily)	ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	P	QL(1 ea daily)
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	P	QL(1 ea daily)	ONE-A-DAY VITACRAVES CHEW	P	QL(1 ea daily)
ONE A DAY MENS VITACRAVES CHEW	P	QL(1 ea daily)	ONE-A-DAY WEIGHT SMART ADVANCED TABS (Use multiple vitamins w/ minerals)	NF	QL(1 ea daily); RX/OTC
ONE A DAY WOMENS 50+ ADVANCED CHEW	P	QL(1 ea daily)	ONE-A-DAY WEIGHT SMART ADVANCED TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC
ONE DAILY MENS 50+ MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY ENERGY TABS	P	QL(1 ea daily); RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	P	QL(1 ea daily)	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	P	QL(1 ea daily)			
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 ea daily); RX/OTC			
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 ea daily); RX/OTC			
ONE-A-DAY MENS 50+ TABS	P	QL(1 ea daily); RX/OTC			
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC	PRESERVISION AREDS TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC	PRESERVISION/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC	PRO-CAL TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	P	QL(1 ea daily)	PROCERV HP TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS TABS	P	QL(1 ea daily); RX/OTC	PRORENAL+D/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	QL(1 ea daily); RX/OTC	PRORENAL+D TABS	P	QL(1 ea daily); RX/OTC
OPTIFAST POST BARIATRIC CHEW	P	QL(1 ea daily)	PROTECT CARDIO AF CAPS	P	QL(1 ea daily); RX/OTC
OPTIMUM AIRVITES CHEW	P	QL(1 ea daily)	PROTECT PLUS SO CAPS	P	QL(1 ea daily); RX/OTC
OPTISOURCE POST BARIATRIC SURGERY CHEW	P	QL(1 ea daily)	PROTEGRA CAPS	P	QL(1 ea daily); RX/OTC
OPTIVITE P.M.T. TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC	PROVIT TABS	P	QL(1 ea daily); RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	P	QL(1 ea daily)	QC OCUHEALTH VISION SUPPORT 2 CAPS	P	QL(1 ea daily); RX/OTC
OPURITY TABS	P	QL(1 ea daily); RX/OTC	QUIN B STRONG TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	P	QL(1 ea daily); RX/OTC	QUINTABS-M TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CAPS	P	QL(1 ea daily); RX/OTC	RAYAVIT TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CHEW	P	QL(1 ea daily)	REMEDIENT CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS CAPS	P	QL(1 ea daily); RX/OTC	RENAPLEX-D TABS	P	QL(1 ea daily); RX/OTC
			SENTRY TABS	P	QL(1 ea daily); RX/OTC
			SIDEROL TABS	P	QL(1 ea daily); RX/OTC
			SM ONE DAILY MENS TABS	P	QL(1 ea daily); RX/OTC
			SPECTRAVITE TABS	P	QL(1 ea daily); RX/OTC
			STROVITE FORTE TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
			SUPER ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPPORT-500 CAPS	P	QL(1 ea daily); RX/OTC	VITAROCA PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 CHEW	P	QL(1 ea daily)	VITAROCA PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	QL(1 ea daily); RX/OTC	VITASANA TABS	P	QL(1 ea daily); RX/OTC
THERA M PLUS TABS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED TABS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER TABS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M TABS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
THERAMILL FORTE CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
THERANATAL LACTATION ONE CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC CAPS	P	QL(1 ea daily); RX/OTC
THERA-TABS M TABS	P	QL(1 ea daily); RX/OTC	VITRANOL TABS	P	QL(1 ea daily); RX/OTC
T-VITES TABS	P	QL(1 ea daily); RX/OTC	VITREXATE TABS	P	QL(1 ea daily); RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG- 2.5 MG-17 MG-7.5 MG- 100 MCG-75 UNIT-320 MG	P	QL(1 ea daily); RX/OTC	VITREXYL TABS	P	QL(1 ea daily); RX/OTC
VENEXA TABS	P	QL(1 ea daily); RX/OTC	VITRUM 50+ ADULT- MULTI IRON FREE TABS	P	QL(1 ea daily); RX/OTC
VENTRIXYL FE TABS	P	QL(1 ea daily); RX/OTC	VITRUM 50+ SENIOR MULTI TABS	P	QL(1 ea daily); RX/OTC
VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC	WAL-BORN VITAMIN C CHEW	P	QL(1 ea daily)
VISTA ADVANCED AREDS2 FORMULA CAPS	P	QL(1 ea daily); RX/OTC	WOMENS 50+ MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	P	QL(1 ea daily); RX/OTC	WOMENS MULTI GUMMIES CHEW	P	QL(1 ea daily)
VITABEX PLUS CAPS	P	QL(1 ea daily); RX/OTC	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
VITABEX CAPS	P	QL(1 ea daily); RX/OTC	WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	P	QL(1 ea daily)
VITACHEW ADULT MULTI VITAMIN CHEW	P	QL(1 ea daily)			
VITAMIN D3 COMPLETE TABS	P	QL(1 ea daily); RX/OTC			

Illinois YouthCare

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits
YOUR LIFE MULTI ADULT GUMMIES CHEW	P	QL(1 ea daily)
YUMVS MULTI ZERO CHEW	P	QL(1 ea daily)
YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	P	QL(1 ea daily)
ZYVANA CAPS	P	QL(1 ea daily); RX/OTC
Multivitamins		
AMLADEX TABS	P	QL(1 ea daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 ea daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 ea daily); RX/OTC
FOLCYTEINE TABS	P	QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS	P	QL(1 ea daily); RX/OTC
<i>multiple vitamin TABS</i>	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULT TABS	P	QL(1 ea daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC
OMNICAP TABS	P	QL(1 ea daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NF	QL(1 ea daily); RX/OTC
QUINTABS TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERA TABS	P	QL(1 ea daily); RX/OTC
THEREMS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
TM-DAILY VITE TABS	P	QL(1 ea daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CHEWABLE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
ACTIVNUTRIENTS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CENTRUM FLAVOR BURST KIDS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CENTRUM KIDS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
DEKAS PLUS LIQD	P	
FLINTSTONES COMPLETE CHEW 90 MG-30 MCG-240 MCG-0.97 MG-12 MG-1.7 MG-5 MG-1.3 MG-20 MCG-7.5 MG-10 MG-15 MG-0.44 MG-5 MG-140 MG-150 MCG-400 MCG-2.4 MCG	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES COMPLETE CHEW (<i>Use pediatric multiple vitamin w/ minerals</i>)	NF	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW (<i>Use pediatric multiple vitamin w/ minerals</i>)	NF	QL(1 ea daily); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLINTSTONES GUMMIES CHEW <i>(Use pediatric multiple vitamin w/ minerals)</i>	NF	QL(1 ea daily); AL(Up to 13 yrs old)	VITALETS CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES SOUR GUMMIES CHEW <i>(Use pediatric multiple vitamin w/ minerals)</i>	NF	QL(1 ea daily); AL(Up to 13 yrs old)	YUMVSKIDS MULTI ZERO CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES TODDLER/TASTISMOOTH CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	Ped MV w/ Fluoride		
GENADEK LIQD	P		FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
GNP MULTI CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
HEALTHY KIDS GUMMIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	MULTIVITAMIN WITH FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	MULTI-VIT-FLOR CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
MVW COMPLETE FORMULATION CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
MVW HI-D DROPS WITH EXTRA VITAMIN D LIQD	P		<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW <i>(Use pediatric multiple vitamin w/ minerals)</i>	NF	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY/JOLLY RANCHER CHEW <i>(Use pediatric multiple vitamin w/ minerals)</i>	NF	QL(1 ea daily); AL(Up to 13 yrs old)	QUFLORA PEDIATRIC CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
<i>pediatric multiple vitamin w/ minerals CHEW</i>	P	QL(1 ea daily); AL(Up to 13 yrs old)	QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
UPSPRING BABY IRON & IMMUNITY LIQD	P		Ped MV w/ Iron		
UPSPRINGBABY MULTIVITAMIN/IRON LIQD	P		BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	POLY-VI-SOL SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	POLY-VITA SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VI-SOL/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	POLY-VITE PEDIATRIC SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VITA/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	Prenatal Vitamins		
POLY-VITE/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	
Pediatric Multiple Vitamins			CITRANATAL ASSURE	NP	
BPROTECTED PEDIA POLY-VITE SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	MP
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL BLOOM	NP	
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL DHA	NP	
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use pediatric multiple vitamins)	NF	QL(1 ea daily); AL(Up to 13 yrs old)	CITRANATAL ESSENCE	NP	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NP	
<i>pediatric multiple vitamins CHEW</i>	P	QL(1 ea daily); AL(Up to 13 yrs old)	CITRANATAL MEDLEY	NP	
			CLASSIC PRENATAL TABS	P	
			C-NATE DHA CAPS	NP	MP
			COMPLETENATE CHEW	P	
			DERMACINRX PRETRATE TABS	NP	
			ENBRACE HR	NP	MP
			EQL PRENATAL FORMULA TABS	P	
			GNP PRENATAL TABS	P	
			KP PRENATAL MULTIVITAMINS TABS	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MASONATAL TABS	P		<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	P	QL(1 ea daily); RX/OTC
M-NATAL PLUS TABS	P	RX/OTC			
MULTI-MAC	NP	MP			
NATAL PNV TABS	NP				
NESTABS	NP	MP			
NESTABS DHA	NP	MP			
NESTABS ONE	NP	MP			
NIVA-PLUS TABS	P	RX/OTC			
OB COMPLETE ONE	NP	MP			
OB COMPLETE PETITE	NP	MP			
OB COMPLETE PREMIER	NP	MP			
OB COMPLETE/DHA	NP	MP			
OB COMPLETE TABS	P	MP			
PNV-DHA+DOCUSATE	NP				
PRENAISSANCE	NP		PRENATAL VITAMIN & MINERAL TABS	P	
PRENAISSANCE PLUS CAPS	NP		PRENATAL VITAMIN/IRON TABS	P	
PRENATAL 19 CHEW	P		PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	
PRENATAL MULTIVITAMIN TABS	P		<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NP	MP
PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	RX/OTC	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-30 UNIT-4000 UNIT	P	
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	P				
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	MP			
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG</i>	P	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	RX/OTC	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	MP
PRENATE	NP	MP	PRENATE PIXIE	NP	MP
PRENATE AM	NP	MP	PRENATE RESTORE	NP	MP
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	MP	PRENATRIX TABS	NP	RX/OTC
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	MP	PRENATRYL TABS	NP	RX/OTC
PRENATE ENHANCE	NP	MP	PRIMACARE	NP	MP
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	MP	PX PRENATAL MULTIVITAMINS TABS	P	
			QC PRENATAL TABS	P	
			RA PRENATAL FORMULA/FOLICACID TABS	P	
			RA PRENATAL TABS	P	
			RELNATE DHA CAPS	NP	MP
			SELECT-OB+DHA MISC	NP	MP
			SELECT-OB CHEW	NP	MP
			SE-NATAL 19 CHEW	P	
			SE-NATAL 19 TABS	P	QL(1 ea daily); RX/OTC
			SM PRENATAL VITAMINS TABS	P	
			TARON-PREX	NP	
			THRIVITE RX TABS	P	QL(1 ea daily); RX/OTC
			TRICARE TABS	P	RX/OTC
			TRINATAL RX 1 TABS	P	QL(1 ea daily)
			TRISTART DHA	NP	MP
			TRISTART FREE	NP	
			TRISTART ONE	NP	
			VINATE DHA RF	NP	
			VIRT-NATE DHA CAPS	NP	MP
			VIRT-PN DHA	NP	MP
			VITAFOL FE+	NP	MP
			VITAFOL GUMMIES	NP	MP
			VITAFOL STRIPS	NP	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL ULTRA	NP	MP
VITAFOL-NANO	NP	MP
VITAFOL-OB+DHA MISC	NP	MP
VITAFOL-OB TABS	P	QL(1 ea daily)
VITAFOL-ONE CAPS	NP	MP
VITAMEDMD ONE RX/QUATREFOLIC	NP	
VITAPEARL	NP	
WESCAP-C DHA	NP	MP
WESCAP-PN DHA	NP	MP
WESNATAL DHA COMPLETE	NP	
WESNATE DHA CAPS	NP	MP
WESTAB PLUS TABS	P	RX/OTC
WESTGEL DHA	NP	MP
ZATEAN-PN DHA	NP	MP
ZATEAN-PN PLUS	NP	MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (Use cyclobenzaprine hcl)	NP	
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	P	
baclofen TABS	P	
carisoprodol TABS	NP	
chlorzoxazone TABS	P	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 ea daily)
cyclobenzaprine hcl TABS 7.5 MG	P	QL(4 ea daily)
FLEQSUVY SUSP (Use baclofen)	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
methocarbamol TABS	P	

Drug Name	Drug Tier	Requirements/Limits
orphenadrine citrate TB12	P	
SKELAXIN (Use metaxalone)	NF	
SOMA TABS (Use carisoprodol)	NP	
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS (Use tizanidine hcl)	NP	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 50 MG (Use dantrolene sodium)	NF	
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	NP	
dantrolene sodium CAPS	P	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS	NP	SP
Muscle Relaxant Combinations		
NORGESIC FORTE (Use orphenadrine w/ aspirin & caff)	NP	
orphenadrine w/ aspirin & caff	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	QL(480 ml per fill retail)
OCEAN NASAL SPRAY SOLN (Use saline)	NF	QL(480 ml per fill retail)
saline SOLN	P	QL(480 ml per fill retail)
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	QL(1 ml daily)
azelastine hcl 0.15 %	P	RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	P	QL(26 ml per fill retail)
NASALCROM (Use cromolyn sodium (nasal))	NF	QL(26 ml per fill retail)
olopatadine hcl (nasal)	P	
PATANASE (Use olopatadine hcl (nasal))	NP	
PATANASE (Use olopatadine hcl (nasal))	NF	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	NP	QL(25 ml per fill retail)
ipratropium bromide (nasal) 0.03 %	NP	QL(30 ml per fill retail)
Nasal Steroids		
BECONASE AQ	NP	
flunisolide (nasal) 0.025 %	P	QL(25 ml per fill retail)
fluticasone propionate (nasal) SUSP	P	QL(16 gm per fill retail); RX/OTC
mometasone furoate (nasal) SUSP	NP	RX/OTC
OMNARIS SUSP	NP	
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
SINUVA IMPL	NP	
XHANCE EXHU	NP	

Drug Name	Drug Tier	Requirements/Limits
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
phenylephrine hcl (oral) TABS	P	QL(24 ea per fill retail)
pseudoephedrine hcl TABS	P	
pseudoephedrine hcl TB12	P	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	P	
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NF	
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	NF	QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	NP	SP
RADICAVA ORS STARTER KIT SUSP	NP	SP
RADICAVA ORS SUSP	NP	SP
RELYVRIO	NP	SP
RILUTEK TABS (Use riluzole)	NP	
riluzole TABS	P	
TIGLUTIK SUSP	NP	SP
Rett Syndrome Agents		
DAYBUE	NP	SP
NUTRIENTS		
Carbohydrates		
dextrose SOLN 5 %	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Artificial Tears and Lubricants			TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NP	QL(60 ea per fill retail)
LACRISERT	P		TIMOPTIC SOLN (Use timolol maleate (ophth))	NP	QL(15 ml per fill retail)
polyvinyl alcohol 1.4 %	P	QL(15 ml per fill retail)	TIMOPTIC-XE SOLG 0.5 % (Use timolol maleate (ophth))	NP	QL(5 ml per fill retail)
white petrolatum-mineral oil	P	QL(4 gm per fill retail)	TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	NP	
Beta-blockers - Ophthalmic			Cycloplegic Mydriatics		
betaxolol hcl (ophth) SOLN	P	QL(15 ml per fill retail)	atropine sulfate (ophthalmic) OINT	P	QL(4 gm per fill retail)
BETIMOL	NP		atropine sulfate (ophthalmic) SOLN	P	QL(15 ml per fill retail)
BETOPTIC-S SUSP	NP	QL(15 ml per fill retail)	ATROPINE SULFATE SOLN 1 %	P	QL(15 ea per fill retail)
brimonidine tartrate-timolol maleate	NP		CYCLOGYL (Use cyclopentolate hcl)	NP	QL(15 ml per fill retail)
carteolol hcl (ophth)	P	3 rtl MAX fill; 90 rtl day(s) supply	CYCLOGYL	NP	QL(15 ml per fill retail)
COMBIGAN (Use brimonidine tartrate-timolol maleate)	NP		CYCLOGYL 0.5 %	NP	
COSOPT (Use dorzolamide hcl-timolol maleate)	NP	QL(10 ml per fill retail)	CYCLOMYDRIL	P	
COSOPT PF (Use dorzolamide hcl-timolol maleate)	NP		cyclopentolate hcl 1 %	P	QL(15 ml per fill retail)
dorzolamide hcl-timolol maleate	P	QL(10 ml per fill retail)	MYDRIACYL SOLN (Use tropicamide)	NP	QL(15 ml per fill retail)
dorzolamide hcl-timolol maleate	NP		phenylephrine hcl (mydriatic) SOLN 2.5 %	NP	QL(30 ml per fill retail)
ISTALOL SOLN (Use timolol maleate (ophth))	NP	QL(15 ml per fill retail)	phenylephrine hcl (mydriatic) SOLN 10 %	NP	
levobunolol hcl 0.5 %	P	QL(15 ml per fill retail)	tropicamide SOLN	P	QL(15 ml per fill retail)
timolol maleate (ophth) SOLG 0.25 %	P		Miotics		
timolol maleate (ophth) SOLG 0.5 %	P	QL(5 ml per fill retail)	ISOPTO CARPINE SOLN 1 %, 2 % (Use pilocarpine hcl)	NF	
timolol maleate (ophth) SOLN	NP	QL(60 ea per fill retail)	PHOSPHOLINE IODIDE	NP	
timolol maleate (ophth) SOLN	P	QL(15 ml per fill retail)	pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	
			VUITY SOLN	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Adrenergic Agents			<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ml per fill retail)
ALPHAGAN P (<i>Use brimonidine tartrate</i>)	P		OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	QL(10 ml per fill retail)
<i>apraclonidine hcl</i>	NP		<i>ofloxacin (ophth)</i>	P	QL(10 ml per fill retail)
<i>brimonidine tartrate 0.2 %</i>	P	QL(15 ml per fill retail)	<i>polymyxin b-trimethoprim</i>	P	QL(10 ml per fill retail)
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	P		POLYTRIM (<i>Use polymyxin b-trimethoprim</i>)	NF	QL(10 ml per fill retail)
IOPIDINE	NP		<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 gm per fill retail)
SIMBRINZA	NP		<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ml per fill retail)
Ophthalmic Anti-infectives			<i>tobramycin (ophth) SOLN</i>	P	QL(5 ml per fill retail)
AZASITE	NP		TOBREX OINT	P	QL(4 gm per fill retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per fill retail)	TOBREX SOLN (<i>Use tobramycin (ophth)</i>)	NF	QL(5 ml per fill retail)
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 gm per fill retail)	<i>trifluridine</i>	P	QL(8 ml per fill retail)
BESIVANCE	NP		VIGAMOX SOLN OP (<i>Use moxifloxacin hcl (ophth)</i>)	NP	QL(3 ml per fill retail)
BETADINE OPHTHALMIC PREP	NP		ZIRGAN GEL	P	
BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	NF	QL(15 ml per fill retail)	ZYMAXID (<i>Use gatifloxacin (ophth)</i>)	NP	
CILOXAN OINT	P	QL(4 gm per fill retail)	Ophthalmic Decongestants		
CILOXAN SOLN (<i>Use ciprofloxacin hcl (ophth)</i>)	NF	QL(10 ml per fill retail)	<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	QL(1 ml daily)
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	QL(10 ml per fill retail)	VISINE RED EYE COMFORT (<i>Use tetrahydrozoline hcl (ophth)</i>)	NF	QL(1 ml daily)
ERYTHROMYCIN	P	QL(4 gm per fill retail)	Ophthalmic Immunomodulators		
<i>erythromycin (ophth)</i>	P	QL(4 gm per fill retail)	CEQUA SOLN	NP	
<i>gatifloxacin (ophth)</i>	NP		<i>cyclosporine (ophth) EMUL</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	P	QL(15 ml per fill retail)	RESTASIS MULTIDOSE EMUL	NP	
MOXEZA SOLN OP (<i>Use moxifloxacin hcl (ophth)</i>)	NF		RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	NP	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	QL(3 ml per fill retail)			
NATACYN	NP				
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 gm per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERKAZIA EMUL	NP		LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	NP	
Ophthalmic Integrin Antagonists			LOTEMAX OINT	NP	
XIIDRA	NP		LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NP	
Ophthalmic Kinase Inhibitors			<i>loteprednol etabonate GEL</i>	NP	
RHOPRESSA	NP		<i>loteprednol etabonate SUSP</i>	P	
ROCKLATAN	NP		MAXIDEX SUSP OP	P	
Ophthalmic Local Anesthetics			MAXITROL OINT (<i>Use neomycin-polymyx-dexameth</i>)	NP	QL(4 gm per fill retail)
AKTEN	NP		MAXITROL SUSP (<i>Use neomycin-polymyx-dexameth</i>)	NP	QL(5 ml per fill retail)
ALCAINE (<i>Use proparacaine hcl</i>)	NP		<i>neomycin-polymyx-dexameth OINT</i>	P	QL(4 gm per fill retail)
<i>proparacaine hcl</i>	NP		<i>neomycin-polymyx-dexameth SUSP</i>	P	QL(5 ml per fill retail)
<i>tetracaine hcl (ophth)</i>	NP		<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(8 ml per fill retail)
Ophthalmic Nerve Growth Factors			PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	NP	QL(15 ml per fill retail)
OXERVATE	NP	SP	PRED MILD	P	QL(10 ml per fill retail)
Ophthalmic Steroids			<i>prednisolone acetate (ophth)</i>	P	QL(15 ml per fill retail)
ALREX SUSP	P		PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	P		<i>sulfacetamide sod-prednisolone SOLN</i>	NP	QL(10 ml per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	P	QL(5 ml per fill retail)	TOBRADEX ST SUSP	NP	
DEXTENZA INST	NP	SP	TOBRADEX OINT	NP	QL(4 gm per fill retail)
<i>difluprednate</i>	NP		TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NP	QL(10 ml per fill retail)
DUREZOL (<i>Use difluprednate</i>)	NF		TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NF	QL(10 ml per fill retail)
DUREZOL (<i>Use difluprednate</i>)	NP				
EYSUVIS SUSP	NP				
FLAREX	P				
<i>fluorometholone (ophth) SUSP</i>	P	QL(15 ml per fill retail)			
FML FORTE SUSP	P				
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NP	QL(15 ml per fill retail)			
INVELTYS SUSP	NP				
LOTEMAX SM GEL	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ml per fill retail)
ZYLET	NP	
Ophthalmics - Misc.		
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(10 ml per fill retail)
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	3 rtl MAX fill; 90 rtl day(s) supply
ACUVAIL	NP	
ALOCRIAL	NP	QL(5 ml per fill retail)
ALOMIDE	NP	QL(10 ml per fill retail)
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per fill retail)
AZOPT (<i>Use brinzolamide</i>)	NF	QL(15 ml per fill retail)
AZOPT (<i>Use brinzolamide</i>)	NP	QL(15 ml per fill retail)
<i>bepotastine besilate</i>	NP	
BEPREVE (<i>Use bepotastine besilate</i>)	NP	
<i>brinzolamide</i>	NP	QL(15 ml per fill retail)
<i>bromfenac sodium (ophth)</i>	NP	
BROMSITE	NP	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)
CYSTADROPS	NP	SP
CYSTARAN	NP	SP
<i>diclofenac sodium (ophth)</i>	P	QL(5 ml per fill retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per fill retail)
<i>epinastine hcl (ophth)</i>	NP	
FLUORESCHEIN SODIUM/BENOXINATE HYDROCHLORIDE	NP	
<i>flurbiprofen sodium</i>	P	QL(3 ml per fill retail)
GLOSTRIPS STRP 1 MG	NP	
ILEVRO	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	QL(10 ml per fill retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	3 rtl MAX fill; 90 rtl day(s) supply
NEVANAC	NP	
<i>olopatadine hcl</i>	NP	RX/OTC
PATADAY (<i>Use olopatadine hcl</i>)	NF	RX/OTC
PROLENSA	NP	
TRUSOPT (<i>Use dorzolamide hcl</i>)	NF	QL(10 ml per fill retail)
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	QL(3 ml per fill retail)
LUMIGAN SOLN 0.01 %	NP	
<i>tafluprost</i>	NP	
TRAVATAN Z (<i>Use travoprost</i>)	NP	
<i>travoprost</i>	NP	
VYZULTA	NP	
XALATAN SOLN (<i>Use latanoprost</i>)	NP	QL(3 ml per fill retail)
XELPROS EMUL	NP	
ZIOPTAN (<i>Use tafluprost</i>)	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ml per fill retail)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	QL(10 ml per fill retail)
Otic Combinations		

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX (Use ciprofloxacin-dexamethasone)	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-dexamethasone	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-fluocinolone acetonide	NP	
CORTISPORIN-TC	NP	
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) SUSP	P	QL(10 ml per fill retail)
OTOVEL (Use ciprofloxacin-fluocinolone acetonide)	NF	
Otic Steroids		
DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ml per fill retail)
fluocinolone acetonide (otic)	NP	QL(20 ml per fill retail)
hydrocortisone w/acetic acid	NP	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP

Drug Name	Drug Tier	Requirements/Limits
Monoclonal Antibodies		
CASIRIVIMAB	P	
IMDEVIMAB	P	
REGEN-COV 1332 MG/11.1ML-1332 MG/11.1ML, 1332 MG/11.1ML-300 MG/2.5ML, 300 MG/2.5ML-1332 MG/11.1ML, 300 MG/2.5ML-300 MG/2.5ML, 600 MG/10ML-600 MG/10ML	P	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
amoxicillin TABS	P	
ampicillin sodium IV 1 GM, 2 GM, 10 GM	P	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
BICILLIN L-A SUSY	P	
penicillin g potassium	P	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	P	
PENICILLIN G PROCAINE	P	
penicillin g sodium	P	
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	NP	QL(40 ea per 30 days retail)
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	P	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(400 ml per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(20 ea per fill retail)
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	P	
<i>piperacillin sodium-tazobactam sodium</i>	P	
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use <i>ampicillin & sulbactam sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
UNASYN BULK PACK IV (Use <i>ampicillin & sulbactam sodium</i>)	NF	
ZOSYN	P	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD	P	QL(34 gm daily); RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>norethindrone acetate</i>)	NP	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	MP
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	NP	
<i>progesterone CAPS 200 MG</i>	P	QL(20 ea per 30 days retail)
<i>progesterone CAPS 100 MG</i>	P	QL(1 ea daily)
<i>progesterone OIL</i>	P	
PROMETRIUM CAPS 100 MG (Use <i>progesterone</i>)	NF	QL(1 ea daily)
PROMETRIUM CAPS 100 MG (Use <i>progesterone</i>)	NP	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (Use <i>progesterone</i>)	NP	QL(20 ea per 30 days retail)
PROVERA (Use <i>medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		

Drug Name	Drug Tier	Requirements/Limits
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	P	
<i>disulfiram</i>	P	
LUCEMYRA	P	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	NP	SP
XYREM SOLN	NP	SP
XYWAV	NP	SP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NP	SP
ARICEPT TABS 23 MG (Use <i>donepezil hydrochloride</i>)	NP	MP
ARICEPT TABS 5 MG, 10 MG (Use <i>donepezil hydrochloride</i>)	NP	QL(1 ea daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	P	MP
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 ea daily); MP
<i>donepezil hydrochloride TBDP</i>	P	MP
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	NP	QL(1 ea daily)
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	NP	
<i>galantamine hydrobromide CP24</i>	NP	QL(1 ea daily); MP
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ml daily); MP
<i>galantamine hydrobromide TABS</i>	NP	QL(2 ea daily); MP
LEQEMBI	NP	SP
<i>memantine hcl CP24</i>	NP	MP
<i>memantine hcl SOLN 2 MG/ML</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl TABS</i>	NP	QL(49 ea per fill retail); MP
<i>memantine hcl TABS</i>	P	QL(2 ea daily); MP
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP	QL(49 ea per fill retail); MP
NAMENDA XR CP24 (Use <i>memantine hcl</i>)	NP	MP
NAMENDA XR CP24 14 MG, 28 MG (Use <i>memantine hcl</i>)	NF	MP
NAMENDA TABS (Use <i>memantine hcl</i>)	NP	QL(2 ea daily); MP
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NF	QL(1 ea daily); MP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 ea daily)
<i>rivastigmine 13.3 MG/24HR</i>	NP	
<i>rivastigmine tartrate CAPS</i>	NP	QL(2 ea daily); MP
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	P	
LYBALVI	NP	
<i>olanzapine-fluoxetine hcl</i>	NP	
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NP	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	QL(55 ea per 365 days retail)
SAVELLA TABS	NP	QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION KIT TEPK	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24	NP	SP	PLEGRIDY STARTER PACK SOPN	NP	SP
AUSTEDO TABS	P	SP; PA	PLEGRIDY STARTER PACK SOSY SC	NP	SP
INGREZZA CAPS	P	SP; PA	PLEGRIDY SOPN	NP	SP
INGREZZA CPPK	P	SP; PA	PLEGRIDY SOSY IM	NP	SP
<i>tetrabenazine</i>	NP	SP	PONVORY 14-DAY STARTER PACK TBPk	NP	SP
XENAZINE (Use <i>tetrabenazine</i>)	NP	SP	PONVORY TABS	NP	SP
Multiple Sclerosis Agents			REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP
AMPYRA (Use <i>dalfampridine</i>)	NP	SP	REBIF REBIDOSE SOAJ	P	SP
AUBAGIO (Use <i>teriflunomide</i>)	NP	SP	REBIF TITRATION PACK SOSY	P	SP
AUBAGIO (Use <i>teriflunomide</i>)	NF	SP	REBIF SOSY	P	SP
AVONEX PEN AJKT	NP	SP	TASCENSO ODT	NP	SP
AVONEX PSKT	NP	SP	TECFIDERA STARTER PACK CDPK (Use <i>dimethyl fumarate</i>)	P	SP
BAFIERTAM	NP	SP	TECFIDERA CPDR (Use <i>dimethyl fumarate</i>)	P	SP
BETASERON KIT	P	SP	<i>teriflunomide 7 MG</i>	P	
BRIUMVI	NP	SP	<i>teriflunomide</i>	NP	SP
COPAXONE SOSY (Use <i>glatiramer acetate</i>)	P	SP	TYSABRI	NP	SP
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	NF	SP	VUMERITY	NP	SP
<i>dalfampridine</i>	NP	SP	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
<i>dimethyl fumarate CDPK</i>	P	SP	ZEPOSIA STARTER KIT CPPK	NP	SP
<i>dimethyl fumarate CPDR</i>	P	SP	ZEPOSIA CAPS	NP	SP
EXTAVIA KIT	NP	SP	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i> fingolimod hcl</i>	NP	SP; MP	GRALISE TABS	NP	
GILENYA (Use <i> fingolimod hcl</i>)	P	SP; PA	LYRICA CR (Use <i>pregabalin (once-daily)</i>)	NP	
<i>glatiramer acetate SOSY</i>	NP	SP	<i>pregabalin (once-daily)</i>	NP	
KESIMPTA	NP	SP	Premenstrual Dysphoric Disorder (PMDD) Agents		
LEMTRADA	NP	SP	<i>fluoxetine hcl (pmdd)</i>	NP	MP
MAVENCLAD	NP	SP	TABS		
MAYZENT STARTER PACK TBPk	NP	SP			
MAYZENT TABS	NP	SP			
OCREVUS	NP	SP			

Drug Name	Drug Tier	Requirements/Limits
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	NP	
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	P	
<i>pimozide</i>	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(24 ea daily)
<i>nicotine polacrilex LOZG</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(56 ea per fill retail)
<i>nicotine PT24 TD 7 MG/24HR</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s)
<i>nicotine PT24 TD 14 MG/24HR, 21 MG/24HR</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(1 ea daily)
NICOTROL INHALER INHA	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(16.8 ea daily; 504 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(4 ml daily; 120 ml per 30 days retail)
<i>varenicline tartrate TABS</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(2 ea daily)
<i>varenicline tartrate TBPk</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s)
Transthyretin Amyloidosis Agents		
AMVUTTRA	NP	SP
TEGSEDI	NP	SP
Vasomotor Symptom Agents		
BRISDELLE (<i>Use paroxetine mesylate (vasomotor)</i>)	NF	
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	NP	SP
BRONCHITOL TOLERANCE TEST	NP	SP
KALYDECO PACK	NP	SP
KALYDECO TABS	NP	SP
ORKAMBI PACK	NP	SP
ORKAMBI TABS	NP	SP
PULMOZYME	P	SP
SYMDEKO	NP	SP
TRIKAFTA TBPk	NP	SP
TRIKAFTA THPK	NP	SP
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
ESBRIET CAPS (<i>Use pirfenidone</i>)	NP	SP
ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP
OFEV	NP	SP
<i>pirfenidone CAPS</i>	NP	SP
<i>pirfenidone TABS</i>	NP	SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	P	
DORYX MPC TBEC	NP	
DORYX TBEC 50 MG, 80 MG, 200 MG (<i>Use doxycycline hyclate</i>)	NP	
<i>doxycycline (monohydrate) CAPS</i>	P	
<i>doxycycline (monohydrate) SUSR</i>	P	
<i>doxycycline (monohydrate) TABS</i>	P	
<i>doxycycline hyclate CAPS</i>	P	
<i>doxycycline hyclate SOLR</i>	P	
<i>doxycycline hyclate TABS</i>	P	
<i>doxycycline hyclate TBEC</i>	NP	
<i>minocycline hcl CAPS</i>	P	
<i>minocycline hcl TABS</i>	P	
<i>minocycline hcl TB24</i>	NP	
MINOLIRA TB24	NP	

Drug Name	Drug Tier	Requirements/Limits
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>Use minocycline hcl</i>)	NP	
<i>tetracycline hcl CAPS</i>	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP	
VIBRAMYCIN SUSR (<i>Use doxycycline (monohydrate)</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	P	MP
<i>propylthiouracil</i>	P	MP
Thyroid Hormones		
ADTHYZA TABS	P	
ARMOUR THYROID TABS	P	MP
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	MP
ERMEZA SOLN OR	NP	
<i>levothyroxine sodium CAPS</i>	NP	
<i>levothyroxine sodium TABS</i>	P	MP
<i>liothyronine sodium TABS</i>	P	MP
NIVA THYROID TABS	P	MP
NP THYROID 120 TABS	P	MP
NP THYROID 15 TABS	P	MP
NP THYROID 30 TABS	P	MP
NP THYROID 60 TABS	P	MP
NP THYROID 90 TABS	P	MP
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NP	MP
THYQUIDITY SOLN OR	NP	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAPS	NP	
TIROSINT CAPS (Use <i>levothyroxine sodium</i>)	NP	
TIROSINT-SOL SOLN OR	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	QL(0.5 ml per 3650 days retail); AL(At least 7 yrs old)
BOOSTRIX SUSP	P	QL(0.5 ml per 3650 days retail); AL(At least 7 yrs old)
BOOSTRIX SUSY	P	QL(0.5 ml per 999 days retail); AL(At least 7 yrs old)
DAPTACEL	P	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	QL(0.5 ml per 999 days retail)
QUADRACEL SUSY	P	
TDVAX SUSP	P	QL(0.5 ml per 3650 days retail); AL(At least 19 yrs old)
TENIVAC INJ	P	QL(0.5 ml per 3650 days retail); AL(At least 19 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	QL(0.5 ml per 3650 days retail); AL(At least 19 yrs old)
VAXELIS SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BELLADONNA/OPIUM	P	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	
CUVPOSA SOLN OR (Use <i>glycopyrrolate</i>)	NP	
DARTISLA ODT TBDP	NP	
<i>dicyclomine hcl CAPS</i>	P	
<i>dicyclomine hcl SOLN OR</i>	P	QL(40 ml daily)
<i>dicyclomine hcl TABS</i>	P	
GLYCATE TABS	NP	
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	P	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate ELIX</i>	P	
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	P	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	P	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	
LEVBID TB12 (Use <i>hyoscyamine sulfate</i>)	NF	QL(4 ea daily)
LEVSIN/SL SUBL (Use <i>hyoscyamine sulfate</i>)	NP	
LEVSIN SOLN IJ 0.5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NF	
LEVSIN TABS (Use <i>hyoscyamine sulfate</i>)	NP	

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIBRAX (Use chlordiazepoxide hcl-clidinium bromide)	NP		<i>lansoprazole TBDD</i>	P	RX/OTC
<i>methscopolamine bromide</i>	NP		NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	NF	QL(2 ea daily); RX/OTC
ROBINUL FORTE TABS (Use glycopyrrolate)	NP	QL(4 ea daily)	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NF	QL(2 ea daily); RX/OTC
ROBINUL TABS (Use glycopyrrolate)	NP	QL(4 ea daily)	NEXIUM CPDR 40 MG (Use esomeprazole magnesium)	NP	
H-2 Antagonists			NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NP	QL(2 ea daily); RX/OTC
<i>cimetidine TABS</i>	P	RX/OTC	NEXIUM PACK	NP	
<i>famotidine SUSR</i>	P		NEXIUM PACK (Use esomeprazole magnesium)	NP	
<i>famotidine TABS 20 MG, 40 MG</i>	P		<i>omeprazole CPDR</i>	P	QL(2 ea daily)
<i>nizatidine CAPS</i>	P		<i>pantoprazole sodium PACK</i>	NP	
PEPCID TABS (Use famotidine)	NP	RX/OTC	<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 ea daily)
Misc. Anti-Ulcer			<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 ea daily)
CARAFATE SUSP (Use sucralfate)	P		PREVACID 24HR CPDR (Use lansoprazole)	NF	QL(2 ea daily); RX/OTC
CARAFATE TABS (Use sucralfate)	NP	QL(4 ea daily)	PREVACID SOLUTAB TBDD (Use lansoprazole)	NP	RX/OTC
<i>sucralfate SUSP</i>	P		PREVACID CPDR 30 MG (Use lansoprazole)	NP	QL(2 ea daily)
<i>sucralfate TABS</i>	P	QL(4 ea daily)	PRIOLOSEC PACK	NP	
Proton Pump Inhibitors			PROTONIX PACK (Use pantoprazole sodium)	NP	
ACIPHEX TBEC (Use rabeprazole sodium)	NP		PROTONIX TBEC 40 MG (Use pantoprazole sodium)	NP	QL(2 ea daily)
DEXILANT (Use dexlansoprazole)	NP	ST	PROTONIX TBEC 20 MG (Use pantoprazole sodium)	NP	QL(1 ea daily)
<i>dexlansoprazole</i>	NP	ST	<i>rabeprazole sodium TBEC</i>	NP	
<i>dexlansoprazole 30 MG</i>	NP	AL(Up to 20 yrs old); ST	Ulcer Drugs - Prostaglandins		
<i>esomeprazole magnesium CPDR 40 MG</i>	NP				
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 ea daily); RX/OTC			
<i>esomeprazole magnesium PACK</i>	NP				
FIRST PANTOPRAZOLE SUSP	NP				
<i>lansoprazole CPDR</i>	NP	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC (<i>Use misoprostol</i>)	NP	
<i>misoprostol</i>	P	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	
KONVOMEPEL SUSR	NP	
OMECLAMOX-PAK	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
PYLERA (<i>Use bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NP	
TALICIA	NP	
ZEGERID CAPS (<i>Use omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
ZEGERID PACK 1680 MG-40 MG (<i>Use omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID PACK (<i>Use omeprazole-sodium bicarbonate</i>)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	MP
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NP	QL(1 ea daily); MP
DETROL TABS (<i>Use tolterodine tartrate</i>)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL TB24 5 MG, 10 MG (<i>Use oxybutynin chloride</i>)	NF	QL(2 ea daily); MP
<i>fesoterodine fumarate</i>	NP	
GELNIQUE GEL 10 %	NP	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 ea daily); MP
<i>oxybutynin chloride TB24</i>	P	QL(2 ea daily); MP
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	MP
<i>tolterodine tartrate CP24</i>	NP	QL(1 ea daily); MP
<i>tolterodine tartrate TABS</i>	NP	QL(2 ea daily); MP
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP	
<i>tropium chloride CP24</i>	NP	MP
<i>tropium chloride TABS</i>	NP	QL(2 ea daily); MP
VESICARE LS SUSP	NP	
VESICARE TABS (<i>Use solifenacin succinate</i>)	NP	MP
VESICARE TABS 10 MG (<i>Use solifenacin succinate</i>)	NF	MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24	NP	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	MP
VACCINES		

Drug Name	Drug Tier	Requirements/Limits
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO	P	AL(At least 19 yrs old)
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	AL(At least 19 yrs old)
MENQUADFI	P	AL(At least 19 yrs old)
MENVEO SOLN	P	
MENVEO SOLR	P	AL(At least 19 yrs old)
PEDVAX HIB SUSP	P	
PNEUMOVAX 23	P	AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE	P	AL(At least 19 yrs old)
PREVNAR 13	P	AL(At least 19 yrs old)
PREVNAR 20	P	
TRUMENBA	P	AL(At least 19 yrs old)
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	AL(At least 60 yrs old)
ACAM2000	P	
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2023-2024 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
AREXVY	P	AL(At least 60 yrs old)
COMIRNATY 2023-24 SUSP	P	
COMIRNATY 2023-24 SUSY	P	1 rtl MAX fill; 365 rtl day(s) supply
COMIRNATY SUSP	P	
DENGVAIXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
ENGERIX-B SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 65 yrs old)	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
FLUARIX QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
FLUBLOK QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
FLUBLOK QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)	FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
FLUBLOK QUADRIVALENT 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)	FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)
			FLUMIST QUADRIVALENT	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 10 yrs old - Up to 49 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGH-DOSE PF 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 65 yrs old)	GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 45 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 65 yrs old)	GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 45 yrs old)
FLUZONE HIGH-DOSE PF 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 65 yrs old)	HAVRIX	P	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	HEPLISAV-B SOSY	P	3 rtl MAX fill; 999 rtl day(s) supply
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	IMOVAX RABIES (H.D.C.V.) SUSR	P	
FLUZONE QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	IPOLE INACTIVATED IPV	P	
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	IXIARO	P	
FLUZONE QUADRIVALENT 2023-2024 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	JANSSEN COVID-19 VACCINE	P	QL(0.5 ml per fill retail); AL(At least 18 yrs old)
FLUZONE QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 10 yrs old)	JYNNEOS	P	
			M-M-R II SOLR	P	AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	P	
			MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P	
			MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	P	
			MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	P	
			MODERNA COVID-19 VACCINE6-11Y SUSP	P	
			MODERNA COVID-19 VACCINE6MO-5Y SUSP	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE SUSP	P		RECOMBIVAX HB SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE	P		RECOMBIVAX HB SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE/2023-24	P		ROTARIX SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P		ROTARIX SUSR	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P		ROTATEQ SOLN	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P		SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	1 rtl MAX fill; 365 rtl day(s) supply
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	P		SPIKEVAX COVID-19 VACCINE SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	P		STAMARIL SUSR	P	
PFIZER-BIONTECH COVID-19VACCINE SUSP	P		TWINRIX SUSY	P	
PREHEVBRIO	P	3 rtl MAX fill; 999 rtl day(s) supply	VAQTA	P	AL(At least 19 yrs old)
PRIORIX SUSR	P		VARIVAX INJ	P	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
PROQUAD SUSR	P		YF-VAX INJ	P	
RABAVERT	P		VAGINAL AND RELATED PRODUCTS		
			Miscellaneous Vaginal Products		
			INTRAROSA	NP	
			TRIMO-SAN	NP	
			Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	QL(40 gm per fill retail)
CLEOCIN SUPP	P	
<i>clindamycin phosphate vaginal CREA</i>	P	QL(40 gm per fill retail)
CLINDESSE	NP	
GYNAZOLE-1	NP	
<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 ea per fill retail)
NUVESSA	NP	
<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 gm per fill retail)
<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 gm per fill retail)
<i>terconazole vaginal SUPP</i>	P	QL(3 ea per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail)
XACIATO GEL	NP	
Vaginal Contraceptive - pH Modulators		
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 gm per 30 days retail; 129 gm per 90 days mail); MP
<i>estradiol vaginal CREA</i>	P	QL(43 gm per 30 days retail; 129 gm per 90 days mail); MP
<i>estradiol vaginal TABS</i>	NP	MP
ESTRING RING	NP	MP
FEMRING	NP	MP
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	MP

Drug Name	Drug Tier	Requirements/Limits
PREMARIN	P	QL(43 gm per 30 days retail; 129 gm per 90 days mail); MP
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	
ENDOMETRIN INST	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	P	QL(4 ea per 365 days retail)
AUVI-Q SOAJ 0.1 MG/0.1ML	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(4 ea per 365 days retail)
EPIPEN-JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(4 ea per 365 days retail)
SYMJEPI SOSY	NP	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	NP	SP
NORTHERA (<i>Use droxidopa</i>)	NP	SP
Vasopressors		
<i>midodrine hcl</i>	P	MP
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (<i>Use cholecalciferol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT</i>	P	
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	P	
<i>cholecalciferol TABS 25 MCG, 400 UNIT, 1000 UNIT</i>	P	
D3 BABY DROPS LIQD OR	P	
DRISDOL CAPS (<i>Use ergocalciferol</i>)	NF	
D-VI-SOL LIQD OR (<i>Use cholecalciferol</i>)	NF	
EQ D3 DROPS INFANTS/CHILDRENS LIQD OR	P	
<i>ergocalciferol CAPS</i>	P	
<i>ergocalciferol SOLN OR</i>	P	
MEPHYTON TABS (<i>Use phytonadione</i>)	NF	
<i>phytonadione TABS 5 MG</i>	P	
UPSPRING BABY VITAMIN D LIQD OR	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	
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<i>niacin CPCR 250 MG, 500 MG</i>	P	

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12ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	123	LANCETS 28G	99	LOCK TIP	124
12ML SYRINGE/21G X 1"/LUER LOCK TIP	123	1ST TIER UNILET COMFORTOUCH LANCETS 30G	99	3ML SYRINGE/22G X 3/4"/LUER SLIP TIP	124
12ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	123	3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2" ...	123	3ML SYRINGE/25G X 1"/LUER LOCK TIP	124
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1ST TIER UNIFINE PENTIPS32GX6MM	123	3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	123	6ML SYRINGE/22G X 1-1/2"/LUER LOCK TIP	124
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ACCU-CHEK GUIDE KIT	99	acetaminophen SUPP 120 MG, 650 MG	7	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (Use fentanyl citrate)	8
ACCU-CHEK GUIDE ME KIT	99	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	7	ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	81
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AFINITOR DISPERZ TBSO (Use everolimus)	40	AGRYLIN 0.5 MG (Use anagrelide hcl)	86	ALBENZA (Use albendazole)	11
AFINITOR TABS (Use everolimus)	40	AIMOVIG	175	albuterol sulfate AERS	15
AFLURIA QUADRIVALENT 2021-2022 SUSP	207	AIMSCO LUBRICATED MISC	98	albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML	15
AFLURIA QUADRIVALENT 2021-2022 SUSY	207	AIMSCO TWIST LANCETS 32G	100	albuterol sulfate NEBU 2.5 MG/0.5ML	15
AFLURIA QUADRIVALENT 2022-2023 SUSP	207	AIMSCO TWIST LANCETS 33G	100	albuterol sulfate SYRP	15
AFLURIA QUADRIVALENT 2022-2023 SUSY	207	AIRBORNE CHEW	180	albuterol sulfate TABS	15
AFLURIA QUADRIVALENT 2023-2024 SUSP	207	AIRBORNE KIDS CHEW	180	ALCAINE (Use proparacaine hcl)	196
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amlodipine-valsartan- hydrochlorothiazide	34				
amoxapine	23				
amoxicillin & pot clavulanate CHEW .					

hydrocortisone (rectal))	11	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	87	ASACOL HD TBEC (Use mesalamine)	83
ANZEMET TABS 50 MG	28			asenapine maleate	44
APETIBEX CAPS	180			ASMANEX HFA AERO	14
APEXICON E CREA	64	ARANESP ALBUMIN FREE SOSY	87	ASMANEX TWISTHALER 120 METERED DOSES AEPB	14
APIDRA SOLN	25	ARAVA (Use leflunomide)	6	ASMANEX TWISTHALER 14 METERED DOSES AEPB	14
APIDRA SOLOSTAR SOPN	25	ARAZLO LOTN	60	ASMANEX TWISTHALER 30 METERED DOSES AEPB	14
APLENZIN	21	ARCALYST	5	ASMANEX TWISTHALER 60 METERED DOSES AEPB	14
APOKYN SOCT	42	AREXVY	207	aspirin buffered (cal carb-mag carb- mag oxide)	7
apomorphine hydrochloride SOCT	42	arformoterol tartrate	15	aspirin CHEW	7
APPE-CURB CAPS	180	ARICEPT TABS 23 MG (Use donepezil hydrochloride)	200	aspirin-dipyridamole	86
apraclonidine hcl	195	ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	200	ASPRUZYO SPRINKLE PACK	12
aprepitant CAPS	29	ARIKAYCE	3	ASSURE 3 METER KIT	100
aprepitant MISC	29	ARIMIDEX (Use anastrozole)	39	ASSURE 3 TEST STRIPS STRP	72
APRETUDE	46	aripiprazole SOLN OR	46	ASSURE 4 BLOOD GLUCOSE METER DEVI	100
APRISO CP24 (Use mesalamine)	83	aripiprazole TABS	46	ASSURE 4 TEST STRIPS STRP	72
APTENSIO XR CP24 (Use methyphenidate hcl)	2	aripiprazole TBDP	46	ASSURE COMFORT LANCETS ULTRA THIN 28G	100
APTIOM	18	ARISTADA	46	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	100
APTIVUS CAPS	46	ARISTADA INITIO	46	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	100
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	124	ARIXTRA (Use fondaparinux sodium)	16	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	100
AQ INSULIN SYRINGE/1ML/29G X 1/2"	124	armodafinil	2	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	100
AQ INSULIN SYRINGE/1ML/31G X 5/16"	124	ARMONAIR DIGIHALER	14	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	100
AQINJECT PEN NEEDLE/31G X 3/16"	124	ARMOUR THYROID TABS	203		
AQINJECT PEN NEEDLE/32G X 5/32"	124	ARNUITY ELLIPTA	14		
AQUALANCE LANCETS ULTRA THIN 30G	100	AROMASIN (Use exemestane)	40		
AQUORAL SOLN	179	ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	5		
		ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	5		

ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	124	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	34	NEEDLE/31GX4MM	125
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	124	atazanavir sulfate CAPS	46	AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	125
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	124	ATELVIA TBEC (Use risedronate sodium)	79	AUM MINI INSULIN PEN NEEDLE/32GX4MM	125
ASSURE II CHECK STRIP STRP ..	72	atenolol & chlorthalidone	34	AUM MINI INSULIN PEN NEEDLE/32GX5MM	125
ASSURE II STRP	72	atenolol TABS	50	AUM MINI INSULIN PEN NEEDLE/32GX6MM	125
ASSURE II TEST STRIPS STRP ..	72	ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	12	AUM MINI INSULIN PEN NEEDLE/32GX8MM	125
ASSURE LANCE LANCETS	100	ATIVAN TABS 1 MG (Use lorazepam)	12	AUM MINI INSULIN PEN NEEDLE/33GX4MM	125
ASSURE LANCE LANCETS 21G 100		atomoxetine hcl	2	AUM MINI INSULIN PEN NEEDLE/33GX5MM	125
ASSURE LANCE PLUS SAFETY LANCETS 25G	100	ATORVALIQ SUSP	32	AUM MINI INSULIN PEN NEEDLE/33GX6MM	125
ASSURE LANCE PLUS SAFETY LANCETS 30G	100	atorvastatin calcium TABS	32	AUM PEN NEEDLE/32GX4MM ..	125
ASSURE LANCE SAFETY LANCET 28G	100	atovaquone	36	AUM PEN NEEDLE/32GX5MM ..	125
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	100	atovaquone-proguanil hcl	38	AUM PEN NEEDLE/32GX6MM ..	125
ASSURE PLATINUM TEST STRIPS STRP	72	ATRALIN GEL (Use tretinoin)	60	AUM PEN NEEDLE/33GX4MM ..	125
ASSURE PRISM MULTI BLOOD GLUCOSE MONITORING SYSTEM DEVI	100	atropine sulfate (ophthalmic) OINT 194		AUM PEN NEEDLE/33GX5MM ..	125
ASSURE PRISM MULTI TEST STRIPS STRP	72	atropine sulfate (ophthalmic) SOLN 194		AUM PEN NEEDLE/33GX6MM ..	125
ASSURE PRO BLOOD GLUCOSE METER DEVI	100	ATROPINE SULFATE SOLN 1 % 194		AUM READYGARD DUO SAFETY PEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	125
ASSURE PRO TEST STRIPS STRP ..	72	ATROVENT HFA	13	AUM SAFETY PEN NEEDLE/31G X 4MM	125
ASTAGRAF XL CP24	178	AUBAGIO (Use teriflunomide) ...	201	AUM SAFETY PEN NEEDLE/31G X 5MM	125
ATACAND (Use candesartan cilexetil)	33	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	199	AURORA LANCET SUPER THIN 30G	100
		AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	199	AURORA LANCET THIN 23G ...	101
		AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 199		AURORA PEN NEEDLES	
		AUGTYRO	40		
		AUM INSULIN SAFETY PEN			

29GX12MM	125	AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...	60	AZO HORMONAL HEALTH HAPPY CYCLE TABS	180
AURORA PEN NEEDLES 31G X6MM	125	AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ...	60	AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (Use phenazopyridine hcl)	85
AURORA PEN NEEDLES 31G X8MM	125	AVODART (Use dutasteride)	85	AZOPT (Use brinzolamide)	197
AURORA UNIFINE PENTIPS/32GX5/32"	125	AVONEX PEN AJKT	201	AZOR (Use amlodipine besylate- olmesartan medoxomil)	34
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	125	AVONEX PSKT	201	AZOR 5 MG-40 MG (Use amlodipine besylate-olmesartan medoxomil) ..	34
AURYXIA	84	AVSOLA	83	AZOSTARYS	2
AUSTEDO TABS	201	AVYCAZ	54	aztreonam	37
AUSTEDO XR PATIENT TITRATION KIT TEPK	200	AYGESTIN TABS (Use norethindrone acetate)	199	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	83
AUSTEDO XR TB24	201	AYVAKIT	40	AZULFIDINE TABS (Use sulfasalazine)	83
AUTO-LANCET MINI MISC	101	AZACTAM (Use aztreonam)	37	BABY DDROPS LIQD OR (Use cholecalciferol)	211
AUTO-LANCET MISC	101	AZASITE	195	bacitracin (ophthalmic)	195
AUTOLET II CLINISAFE KIT	101	azathioprine TABS 50 MG	178	bacitracin-polymyxin b (ophth) ...	195
AUTOLET IMPRESSION LANCING DEVICE MISC	101	azathioprine TABS 75 MG, 100 MG 178		bacitracin-poly-neomycin-hc	196
AUTOLET LANCING DEVICE MISC . 101		azelaic acid GEL	70	baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	192
AUTOLET LITE CLINISAFE KIT .	101	azelastine hcl (ophth)	197	baclofen SUSP	192
AUTOLET LITE STARTER PACK KIT	101	azelastine hcl 0.1 %, 137 MCG/SPRAY	193	baclofen TABS	192
AUTOLET MINI MISC	101	azelastine hcl 0.15 %	193	BACMIN TABS	180
AUTOLET PLUS MISC	101	azelastine hcl-fluticasone propionate SUSP	192	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	36
AUVELITY	21	AZILECT (Use rasagiline mesylate) . 43		BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	36
AUVI-Q SOAJ 0.1 MG/0.1ML	211	azithromycin PACK	90	BAFIERTAM	201
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	211	azithromycin SUSR 100 MG/5ML .	90	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron)	55
AVALIDE (Use irbesartan- hydrochlorothiazide)	34	azithromycin SUSR 200 MG/5ML .	90	balsalazide disodium CAPS	83
AVAPRO (Use irbesartan)	33	azithromycin TABS 250 MG	90		
		azithromycin TABS 500 MG	90		
		azithromycin TABS 600 MG	90		

BALVERSA	40	BAXDELA TABS	82	BD 3ML SYRINGE LUER-LOK 22GX1"	125
BAND-AID FLEXIBLE ROLLEDGAUZE 3" X 2.1 YARDS MISC	91	b-complex w/ c & folic acid CAPS 179		BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	125
BAND-AID FLEXIBLE ROLLEDGAUZE 4" X 2.1 YARDS MISC	91	b-complex w/ c & folic acid TABS	179	BD 3ML SYRINGE LUER-LOK 23GX1"	126
BAND-AID GAUZE PADS LARGE4" X 4" PADS	91	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" 125		BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	126
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	91	BD 10ML LUER-LOK SYRINGE20G X 1-1/2"	125	BD 3ML SYRINGE LUER-LOK 25GX5/8"	126
BAND-AID GAUZE PADS SMALL2" X 2" PADS	91	BD 10ML LUER-LOK SYRINGE21G X 1"	125	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	126
BAND-AID KLING ROLLED GAUZE LARGE 4" X 2.5 YDS MISC	91	BD 10ML LUER-LOK SYRINGE21G X 1-1/2"	125	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1" 126	
BAND-AID KLING ROLLED GAUZE MEDIUM 3" X 2.5 YDS MISC	91	BD 10ML LUER-LOK SYRINGE22GX1"	125	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8" 125	
BAND-AID KLING ROLLED GAUZE SMALL 2" X 2.5 YDS MISC	91	BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8" 125		BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8" .	126
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	91	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	125	BD 5ML LUER-LOK SYRINGE/20G X 1"	126
BANZEL SUSP (Use rufinamide) ..	18	BD 3ML LUER-LOK SYRINGE/20G X 1"	125	BD 5ML LUER-LOK SYRINGE/20G X 1-1/2"	126
BANZEL TABS (Use rufinamide) ..	18	BD 3ML LUER-LOK SYRINGE/21G X 1"	125	BD 5ML LUER-LOK SYRINGE/21G X 1"	126
BAQSIMI ONE PACK POWD	25	BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"	125	BD 5ML LUER-LOK SYRINGE/21G X 1-1/2"	126
BAQSIMI TWO PACK POWD	25	BD 3ML LUER-LOK SYRINGE/23G X 1"	125	BD 5ML LUER-LOK SYRINGE/22G X 1"	126
BARACLUDE SOLN	49	BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	125	BD 5ML LUER-LOK SYRINGE/22G X 1-1/2"	126
BARACLUDE TABS (Use entecavir) .	49	BD 3ML LUER-LOK SYRINGE/25G X 1"	125	BD AUTOSHIELD DUO 30G X 5MM	126
BARIATRIC FUSION CHEW	180	BD 3ML LUER-LOK SYRINGE/26G X 5/8"	125	BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2"	126
BARIATRIC MULTIVITAMINS/IRON CAPS	180	BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	125	BD ECLIPSE SYRINGE 3ML/21G X 1"	126
BASAGLAR KWIKPEN SOPN	25			BD ECLIPSE SYRINGE LUER-	
BASAGLAR TEMPO PEN SOPN ..	25				
BASIC AM TABS	180				

LOK/3ML/25G X 1"	126	II/0.5ML/31G X 5/16"	126	1/2"	127
BD ECLIPSE SYRINGE/1ML/27GX1/2"	126	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	126	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	127
BD ECLIPSE SYRINGE/1ML/30GX1/2"	126	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..	127	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	127
BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/22G X 1"	126	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..	127	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	127
BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/23G X 1"	126	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM	127	BD INSULIN SYRINGE/1ML/27G X 12.7MM	127
BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/25G X 5/8"	126	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM	127	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" ..	127
BD INSULIN SYRINGE LUER- LOK/U-100/1ML	126	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..	127	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	127
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	126	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..	127	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	127
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	126	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	127	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2"	127
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	126	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" ..	127	BD INSULIN SYRINGE/U- 100/2ML/27.5G X 5/8"	127
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" 126		BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM	127	BD INSULIN SYRINGE RETRACTING SAFETY/3ML/21G X 1"	127
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 126		BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM 127		BD INTEGRA SYRINGE RETRACTING SAFETY/3ML/21G X 1"	127
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" ..	126	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	127	BD INTEGRA SYRINGE/3ML 25GX1"	127
BD INSULIN SYRINGE SLIP TIP/U- 100/1ML	126	BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM	127	BD INTEGRA SYRINGE/3ML/21G X 1-1/2"	127
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" ..	126	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	127	BD INTEGRA SYRINGE/3ML/22G X 1.5"	127
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	126	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	127	BD INTEGRA SYRINGE/3ML/23G X 1"	128
B-D INSULIN SYRINGE ULTRAFINE		BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X		BD INTEGRA SYRINGE/3ML/25G X	

5/8	128	SYRINGE/0.3ML/31G X 5/16" ...	128	129
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT ...	101	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	128	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ..
BD LOGIC BLOOD GLUCOSE MONITOR KIT	101	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	128	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" 129
BD LUER LOCK SYRINGE/1ML/20G X 1"	128	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..	128	BECONASE AQ
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE	128	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	128	BELBUCA FILM
BD MICROTAINER LANCETS ..	101	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" 128		BELLADONNA/OPIUM
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM	128	BD SAFETYGLIDE SYRINGE 3ML/25GX1"	128	BELSOMRA
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM	128	BD SAFETYGLIDE SYRINGE 5ML/22GX1.5"	128	BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	128	BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8" 128		BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) ..
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	128	BD SWABS SINGLE USE	122	BENADRYL ALLERGY TABS (Use diphenhydramine hcl)
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM	128	BD SWABS SINGLE USE BUTTERFLY	122	BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) .
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	128	BD SYRINGE 10ML/20G X 1" ...	128	benazepril & hydrochlorothiazide .
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM	128	BD SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1- 1/2"	128	benazepril hcl 40 MG
BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	128	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM	128	benazepril hcl 5 MG, 10 MG, 20 MG . 33
BD SAFETYGLIDE 1ML 27GX5/8" 128		BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM	128	BENEFIX KIT
BD SAFETYGLIDE 21G X 1-1/2" 128		BD VEO INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 6MM 129		BENICAR (Use olmesartan medoxomil)
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	128	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM	129	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ..	128	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64"		BENLYSTA SOAJ
BD SAFETYGLIDE INSULIN				BENLYSTA SOSY
				BENSAL HP OINT
				BENZAACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)
				BENZAACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl

peroxide) .....60	betamethasone valerate OINT .....65	bimatoprost SOLN .....197
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin) .....60	BETAPACE AF (Use sotalol hcl (afib/afll)) .....51	BIMZELX SOAJ .....63
BENZNIDAZOLE .....12	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl) .....51	BIMZELX SOSY .....63
benzonatate 100 MG .....58	BETASERON KIT .....201	BINAXNOW COVID-19 AG CARD HOME TEST KIT .....72
benzonatate 200 MG .....58	betaxolol hcl (ophth) SOLN .....194	BINOSTO TBEP .....79
benzoyl peroxide-erythromycin GEL .60	betaxolol hcl .....50	BIO-35 GLUTEN-FREE CAPS ...180
benztropine mesylate TABS .....42	bethanechol chloride .....206	BIO-35 IRON FREE CAPS .....180
bepotastine besilate .....197	BETHKIS NEBU (Use tobramycin) .3	BIOCAL CAPS .....180
BEPREVE (Use bepotastine besilate) .....197	BETIMOL .....194	BIOGUARD BARRIER DRESSING/LARGE ROLL MISC ..91
BERINERT KIT .....86	BETOPTIC-S SUSP .....194	BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS .....91
BESIVANCE .....195	BEVESPI AEROSPHERE .....15	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS .....91
BETADINE OPHTHALMIC PREP 195	bexarotene (topical) .....63	BIOLYTE SOLN .....176
betaine .....80	bexarotene .....42	BIOSCANNER GLUCOSE TEST STRIPS STRP .....72
betamethasone dipropionate (topical) CREA .....64	BEXSERO .....207	BIOTEL CARE BLOOD GLUCOSE TEST STRIPS STRP .....72
betamethasone dipropionate (topical) LOTN .....64	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...55	BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT .....101
betamethasone dipropionate (topical) OINT .....64	bicalutamide .....40	BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT .....101
betamethasone dipropionate augmented CREA .....64	BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML .....199	BIOTHRAX .....207
betamethasone dipropionate augmented GEL 0.05 %64	BICILLIN L-A SUSY .....198	bisacodyl SUPP .....90
betamethasone dipropionate augmented LOTN .....64	BIDIL (Use isosorbide dinitrate-hydralazine hcl) .....52	bisacodyl TBEC .....90
betamethasone dipropionate augmented OINT .....64	BIGFOOT UNITY PROGRAM KIT .....101	bismuth subcitrate potassium-metronidazole-tetracycline .....206
betamethasone valerate CREA ...64	BIJUVA 1 MG-100 MG .....81	bismuth subsalicylate CHEW 262 MG .....27
betamethasone valerate FOAM ...65	BIKTARVY 120 MG-30 MG-15 MG 46	bismuth subsalicylate SUSP 525
betamethasone valerate LOTN ....65	BIKTARVY 200 MG-50 MG-25 MG 46	
	BILTRICIDE (Use praziquantel) ...12	

MG/15ML, 1050 MG/30ML	28	BOOSTRIX SUSY	204	brimonidine tartrate 0.2 %	195
bismuth subsalicylate TABS	28	bosentan TABS	53	brimonidine tartrate-timolol maleate .	194
bisoprolol & hydrochlorothiazide ..	34	BOSULIF	40	brinzolamide	197
bisoprolol fumarate	50	BPROTECTED PEDIA POLY-VITE		BRISDELLE (Use paroxetine	
BLEPH-10 SOLN (Use sulfacetamide		SOLN OR	189	mesylate (vasomotor))	202
sodium (ophth))	195	BPROTECTED PEDIA POLY-		BRIUMVI	201
BLOOD GLUCOSE		VITE/IRON SOLN	188	BRIVIACT SOLN OR 10 MG/ML ..	18
MONITORINGSYSTEM 333 DEVI		BRAFTOVI 75 MG	40	BRIVIACT TABS	18
101		BREATHE COMFORT ANTI-STATIC		BRIXADI SOSY	10
BLOOD GLUCOSE		VALVED HOLDING		bromfenac sodium (ophth)	197
MONITORINGSYSTEM KIT	101	CHAMBER/ADULT DEVI	169	bromocriptine mesylate CAPS	42
BLOOD GLUCOSE		BREATHE COMFORT ANTI-STATIC		bromocriptine mesylate TABS 2.5	
MONITORINGSYSTEM PREMIUM		VALVED HOLDING		MG	42
KIT	101	CHAMBER/CHILD DEVI	170	brompheniramine & phenyleph ELIX .	58
BLOOD GLUCOSE SYSTEM PAK		BREATHE EASE NEBULIZER		brompheniramine & pseudoeph ELIX	58
KIT	101	MASK/CHILD MISC	170	brompheniramine & pseudoeph LIQD	
BLOOD GLUCOSE TEST STRIPS		BREATHE EASE NEBULIZER		15 MG/5ML-1 MG/5ML	58
PREMIUM STRP	72	MASK/INFANT MISC	170	BROMSITE	197
BLOOD GLUCOSE TEST STRIPS		BREATHE EASE/LARGE MASK		BRONCHITOL	202
STRP	72	DEVI	170	BRONCHITOL TOLERANCE TEST .	202
BLOOD GLUCOSE TEST		BREATHE EASE/MEDIUM MASK		BROVANA (Use arformoterol	
STRIPS333 STRP	72	DEVI	170	tartrate)	15
BLULINK BLOOD GLUCOSE		BREATHE EASE/SMALL MASK		BRUKINSA	40
MONITORING SYSTEM DEVI ...	101	DEVI	170	BRYHALI LOTN	65
BLULINK GLUCOSE TEST STRIPS		BREATHERITE VALVED MDI		BUBBLES THE FISH II PEDIATRIC	
STRP	72	CHAMBER/COLLAPSIBLE DEVI	170	MASK/PVC MISC	170
BONEUP 3 PER DAY CAPS	180	BREATHERITE VALVED MDI		budesonide (inhalation) SUSP	14
BONEUP CAPS	180	CHAMBER/RIGID DEVI	170	budesonide (intrarectal)	10
BONEUP VEGETARIAN TABS ..	180	BREO ELLIPTA	15	budesonide CPEP	57
BONIVA TABS (Use ibandronate		BREXAFEMME	29		
sodium)	79	BREZTRI AEROSPHERE	15		
BONJESTA TBCR	29	BRILINTA	86		
BOOSTNOW IMMUNE SUPPORT		brimonidine tartrate (topical)	70		
CAPS	180	brimonidine tartrate 0.1 %, 0.15 %			
BOOSTRIX SUSP	204	195			

budesonide TB24	57	MG-300 MG, 50 MG-325 MG	7	caffeine citrate)	1
budesonide-formoterol fumarate dihydrate	15	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	7	caffeine citrate SOLN OR	2
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	7	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	7	CALAN SR TBCR 120 MG, 240 MG (Use verapamil hcl)	51
bumetanide TABS	78	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	7	CALAN SR TBCR 180 MG (Use verapamil hcl)	51
BUMEX TABS 0.5 MG (Use bumetanide)	78	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	9	calcipotriene CREA	63
BUPHENYL POWD (Use sodium phenylbutyrate)	80	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	9	CALCIPOTRIENE FOAM	63
BUPHENYL TABS (Use sodium phenylbutyrate)	80	butalbital-aspirin-caffeine CAPS	7	calcipotriene OINT	63
buprenorphine hcl SUBL	10	butalbital-aspirin-caffeine w/cod	9	calcipotriene SOLN	63
buprenorphine hcl-naloxone hcl dihydrate FILM SL	10	butorphanol tartrate NA 10 MG/ML 10		calcipotriene-betamethasone dipropionate OINT	65
buprenorphine hcl-naloxone hcl dihydrate SUBL	10	BUTRANS PTWK (Use buprenorphine)	10	calcipotriene-betamethasone dipropionate SUSP	65
buprenorphine PTWK	10	BYDUREON BCISE AUIJ	25	calcitonin (salmon) NA	79
bupropion hcl (smoking deterrent) 202		BYETTA SOPN 10 MCG/0.04ML	25	calcitriol (topical)	63
bupropion hcl TABS	21	BYETTA SOPN 5 MCG/0.02ML	25	calcitriol CAPS	80
bupropion hcl TB12 100 MG	21	BYSTOLIC (Use nebivolol hcl)	50	calcitriol SOLN OR	80
bupropion hcl TB12 150 MG	21	BYSTOLIC 2.5 MG, 5 MG, 20 MG (Use nebivolol hcl)	50	calcium acetate (phosphate binder) CAPS	84
bupropion hcl TB12 200 MG	21	CABENUVA	46	calcium acetate (phosphate binder) TABS	84
bupropion hcl TB24 150 MG	21	cabergoline	81	calcium carbonate (antacid) CHEW 500 MG	11
bupropion hcl TB24 300 MG	21	CABOMETYX TABS	40	calcium carbonate (antacid) SUSP	11
bupropion hcl TB24 450 MG	21	CABTREO	60	CALCIUM CARBONATE CHEW 500 MG	176
buspironone hcl 15 MG	12	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	53	calcium carbonate-cholecalciferol TABS 200 UNIT-600 MG, 5 MCG-600 MG	176
buspironone hcl 5 MG, 10 MG	12	CAFCIT SOLN IV 60 MG/3ML (Use		calcium polycarbophil TABS	89
buspironone hcl 7.5 MG, 30 MG	12			CALQUENCE	40
butalbital-acetaminophen CAPS 50 MG-300 MG	7			camphor & menthol LOTN	63
butalbital-acetaminophen TABS 50					

CAMZYOS	52	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	51	TEST STRIPS/PREMIUM STRP ..	72
CANASA SUPP (Use mesalamine) 83		CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	51	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	72
candesartan cilexetil	34	CARDIZEM CD CP24 360 MG (Use diltiazem hcl coated beads)	51	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ..	129
candesartan cilexetil-hydrochlorothiazide	34	CARDIZEM LA TB24 (Use diltiazem hcl)	51	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" ..	129
capecitabine	39	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	51	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ..	129
CAPLYTA	43	CARDURA (Use doxazosin mesylate)	34	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	129
CAPRELSA	40	CARDURA XL	85	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	129
captopril & hydrochlorothiazide ...	35	CAREFINE PEN NEEDLE 32GX4MM	129	CAREONE LANCET SUPER THIN/30G	101
captopril	33	CAREFINE PEN NEEDLES 29GX1/2"	129	CAREONE LANCET THIN	101
CARAC CREA (Use fluorouracil (topical))	63	CAREFINE PEN NEEDLES 30GX5/16"	129	CAREONE UNIFINE PENTIPS 29GX12MM	129
CARAFATE SUSP (Use sucralfate) 205		CAREFINE PEN NEEDLES 31GX6MM	129	CAREONE UNIFINE PENTIPS 31GX5MM	129
CARAFATE TABS (Use sucralfate) 205		CAREFINE PEN NEEDLES 31GX8MM	129	CAREONE UNIFINE PENTIPS 31GX6MM	129
CARBAGLU (Use carglumic acid) 80		CAREFINE PEN NEEDLES 32GX5MM	129	CAREONE UNIFINE PENTIPS 31GX8MM	129
carbamazepine CHEW	18	CAREFINE PEN NEEDLES 32GX6MM	129	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	129
carbamazepine CP12	18	CAREONE ADVANCED LANCINGDEVICE MISC	101	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	129
carbamazepine SUSP	18	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	101	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	129
carbamazepine TABS	18	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	101	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	129
carbamazepine TB12	18	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	101	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	129
CARBATROL CP12 (Use carbamazepine)	18				
carbidopa	42				
carbidopa-levodopa TABS	42				
carbidopa-levodopa TBCR	42				
carbidopa-levodopa TBDP	42				
carbidopa-levodopa-entacapone ..	42				
CARDIOCOM LANCING DEVICE MISC	101				

CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM .....129	CARESENS N BLOOD GLUCOSETEST STRIPS STRP ...72	100/1ML/28G X 5/16" .....130
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" 129	CARESENS N FELIZ BT DEVI ...101	CARETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 5/16" .....130
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1" 129	CARESENS N FELIZ DEVI 101	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" .....130
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1" 129	CARESENS N GLUCOSE MONITORING SYSTEM DEVI ...101	CARETOUCH LANCING DEVICEWITH EJECTOR MISC ..101
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1" 129	CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI 101	CARETOUCH LUER LOCK 3ML/22GX1" 130
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1" 129	CARETOUCH 2 CPAP HOSE HANGER MISC .....170	CARETOUCH LUER LOCK 3ML/22GX1-1/2" 130
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1" 130	CARETOUCH 4"X4" MISC 71	CARETOUCH LUER LOCK 3ML/23GX1" 130
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8" 130	CARETOUCH ALCOHOL PREP PADS .....122	CARETOUCH LUER LOCK 3ML/23GX1-1/2' .....130
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1" .....130	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT .....101	CARETOUCH LUER LOCK 3ML/25GX1" 130
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2" .....130	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP 72	CARETOUCH LUER LOCK 3ML/25GX1-1/2" 130
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1" .....130	CARETOUCH CPAP & BIPAP HOSE/6FT MISC 170	CARETOUCH LUER LOCK 3ML/25GX5/8" 130
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2" .....130	CARETOUCH CPAP MASK WIPES MISC .....170	CARETOUCH PEN NEEDLE 29GX1/2" .....130
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1" .....130	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 170	CARETOUCH PEN NEEDLE 33GX5/32" 130
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1" .....130	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....170	CARETOUCH PEN NEEDLES 31G X 6 MM .....130
CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1" .....130	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" 130	CARETOUCH PEN NEEDLES 31GX 5MM .....130
CARESENS LANCETS .....101	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" 130	CARETOUCH PEN NEEDLES 31GX 8MM .....130
CARESENS N BLOOD GLUCOSEMONITORING SYSTEM DEVI 101	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" 130	CARETOUCH PEN NEEDLES 32GX 4MM .....130
	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" 130	CARETOUCH PEN NEEDLES 32GX 5MM .....130
	CARETOUCH INSULIN SYRINGE/U-	CARETOUCH SAFETY

LANCETS/26G	101	castor oil OIL 100 %	90	CEFEPIME SOLN	55
CARETOUCH SAFETY LANCETS/28G	102	CATAPRES-TTS-1 (Use clonidine) 34		CEFEPIME/DEXTROSE	55
CARETOUCH SAFETY LANCETS/30G	102	CATAPRES-TTS-2 (Use clonidine) 34		cefixime CAPS	55
CARETOUCH TWIST LANCETS 28G	102	CATAPRES-TTS-3 (Use clonidine) 34		cefixime SUSR	55
CARETOUCH TWIST LANCETS 30G	102	CAYSTON	37	CEFOXITIN SODIUM	54
CARETOUCH TWIST LANCETS 33G	102	cefaclor CAPS	54	cefoxitin sodium IV 1 GM, 2 GM ...	54
CARETOUCH TWIST LANCETS MULTI COLOR/30G	102	CEFACLOR ER TB12	54	cefopodoxime proxetil SUSR	55
CARETOUCH UNIVERSAL CPAPFILTERS MISC	170	cefaclor SUSR 125 MG/5ML, 375 MG/5ML	54	cefopodoxime proxetil TABS	55
carglumic acid	80	cefadroxil CAPS	54	cefprozil SUSR 125 MG/5ML	54
carisoprodol TABS	192	cefadroxil SUSR	54	cefprozil SUSR 250 MG/5ML	54
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 80		cefadroxil TABS	54	cefprozil TABS	54
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	80	CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	54	ceftazidime IJ 1 GM, 6 GM	55
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	80	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	54	CEFTAZIDIME/DEXTROSE	55
CAROSPIR SUSP (Use spironolactone)	78	CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM	54	ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	55
carteolol hcl (ophth)	194	CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	54	CEFTRIAOXONE SODIUM IJ 100 GM 55	
carvedilol 25 MG	50	CEFAZOLIN SODIUM/DEXTROSE SOLR	54	ceftriaxone sodium in dextrose ...	55
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	50	CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 0.9 %-3 GM/100ML	54	CEFTRIAOXONE/DEXTROSE	55
carvedilol phosphate	50	CEFAZOLIN SOLN	54	cefuroxime axetil TABS	54
CASIRIVIMAB	198	CEFAZOLIN/SODIUM CHLORIDE SOLN 0.9 %-2 GM/100ML	54	CELEBRATE MULTI-COMPLETE18 CAPS	180
CASODEX (Use bicalutamide) ...	40	cefdinir CAPS	54	CELEBRATE MULTI-COMPLETE18 CHEW	180
CASTOR OIL	55	cefdinir SUSR	55	CELEBRATE MULTI-COMPLETE36 CAPS	180
		cefepime hcl SOLR IJ 1 GM	55	CELEBRATE MULTI-COMPLETE36 CHEW	180
				CELEBRATE MULTI-COMPLETE45 CAPS	180
				CELEBRATE MULTI-COMPLETE45 CHEW	180
				CELEBRATE MULTI-COMPLETE60	

CAPS	180	CHEW	187	cephalexin SUSR	54
CELEBRATE MULTI-COMPLETE60 CHEW	180	CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	181	cephalexin TABS	54
CELEBREX (Use celecoxib)	5	CENTRUM FRESH/FRUITY ADULTS CHEW	181	CEQUA SOLN	195
CELEBREX 50 MG, 400 MG (Use celecoxib)	5	CENTRUM KIDS CHEW	187	CERALYTE 70 SOLN	177
celecoxib	5	CENTRUM MEN TABS (Use multiple vitamins w/ minerals)	181	CERASPORT EX1 SOLN	177
CELEXA TABS 10 MG (Use citalopram hydrobromide)	21	CENTRUM MEN TABS	181	CERASPORT SOLN	177
CELEXA TABS 20 MG (Use citalopram hydrobromide)	21	CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	181	CERTAVITE SENIOR TABS	181
CELEXA TABS 40 MG (Use citalopram hydrobromide)	21	CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals) 181		CERTAVITE/ANTIOXIDANTS TABS . 181	
CELLCEPT CAPS (Use mycophenolate mofetil)	178	CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals)	181	cetirizine hcl CHEW	30
CELLCEPT SUSR (Use mycophenolate mofetil)	178	CENTRUM SILVER ADULT 50+ TABS (Use multiple vitamins w/ minerals)	181	cetirizine hcl SOLN OR	30
CELLCEPT TABS (Use mycophenolate mofetil)	178	CENTRUM SILVER ADULTS 50+ TABS (Use multiple vitamins w/ minerals)	181	cetirizine hcl SYRP OR	30
CELONTIN (Use methsuximide) ..	20	CENTRUM SILVER CHEW	181	cetirizine hcl TABS	30
CENTANY AT KIT	61	CENTRUM SILVER TABS (Use multiple vitamins w/ minerals)	181	cetirizine-pseudoephedrine	58
CENTANY OINT	61	CENTRUM SPECIALIST HEART TABS	181	cevimeline hcl	179
CENTRAVITES 50 PLUS TABS .	180	CENTRUM SPECIALIST VISION TABS	181	CHEMET	28
CENTRAVITES ADULTS TABS ..	180	CENTRUM ULTRA WOMENS TABS 181		CHEMSTRIP-K STRP	72
CENTRUM ADULT MULTIGUMMIES CHEW	180	CENTRUM VITAMINTS CHEW ..	181	CHENODAL	82
CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals)	181	CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals)	181	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	5
CENTRUM CARDIO TABS	181	cephalexin CAPS	54	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	5
CENTRUM FLAVOR BURST ADULT CHEW	181			chlordiazepoxide hcl CAPS	12
CENTRUM FLAVOR BURST CHEW 181				chlordiazepoxide hcl-clidinium bromide	204
CENTRUM FLAVOR BURST KIDS				chlordiazepoxide-amitriptyline ...	200

MG	38	ciclopirox olamine CREA	62	CAPS	21
chlorpheniramine maleate SYRP ..	30	ciclopirox olamine SUSP	62	citalopram hydrobromide SOLN ...	22
chlorpheniramine maleate TABS ..	30	ciclopirox SHAM	62	citalopram hydrobromide TABS 10	
chlorpromazine hcl CONC	45	ciclopirox SOLN	62	MG	22
chlorpromazine hcl TABS 10 MG ..	45	cilostazol	86	citalopram hydrobromide TABS 20	
chlorpromazine hcl TABS 25 MG, 50		CILOXAN OINT	195	MG	22
MG, 100 MG, 200 MG	45	CILOXAN SOLN (Use ciprofloxacin		citalopram hydrobromide TABS 40	
chlorthalidone 25 MG, 50 MG	78	hcl (ophth))	195	MG	22
chlorzoxazone TABS	192	CIMDUO	46	CITRANATAL 90 DHA 120 MG-20	
CHOICEFUL MULTIVITAMIN CAPS .		cimetidine TABS	205	MG-1 MG-3 MG-400 UNIT-3.4 MG-	
181		CIMZIA KIT	83	20 MG-50 MG-25 MG-2 MG-159 MG-	
CHOICEFUL MULTIVITAMIN CHEW		CIMZIA PSKT	83	90 MG-150 MCG-30 UNIT-0.75 MG-	
.....	181	CIMZIA STARTER KIT PSKT	83	300 MG	189
CHOLBAM	82	cinacalcet hcl	80	CITRANATAL ASSURE	189
cholecalciferol CAPS 1.25 MG, 1.25		CINQAIR	13	CITRANATAL B-CALM 120 MG-25	
MG, 25 MCG, 50 MCG, 125 MCG,		CIPRO SUSR	82	MG-1 MG-400 UNIT-120 MG-20 MG	
1000 UNIT, 2000 UNIT, 5000 UNIT,		CIPRO TABS 250 MG, 500 MG (Use		189	
50000 UNIT	212	ciprofloxacin hcl)	82	CITRANATAL BLOOM	189
cholecalciferol LIQD OR 10 MCG/ML,		CIPRODEX (Use ciprofloxacin-		CITRANATAL DHA	189
400 UNIT/ML, 400 UT/0.028ML ..	212	dexamethasone)	198	CITRANATAL ESSENCE	189
cholecalciferol TABS 25 MCG, 400		ciprofloxacin hcl (ophth) SOLN ...	195	CITRANATAL HARMONY 25 MG-1	
UNIT, 1000 UNIT	212	ciprofloxacin hcl (otic)	197	MG-400 UNIT-50 MG-104 MG-27	
cholestyramine light PACK	31	ciprofloxacin hcl TABS 100 MG ...	82	MG-30 UNIT-260 MG	189
cholestyramine light POWD	31	ciprofloxacin hcl TABS 250 MG, 500		CITRANATAL MEDLEY	189
cholestyramine PACK	31	MG, 750 MG	82	clarithromycin SUSR 125 MG/5ML	91
cholestyramine POWD	31	ciprofloxacin in d5w	82	clarithromycin SUSR 250 MG/5ML	91
choline fenofibrate	32	ciprofloxacin SUSR 5 GM/100ML,		clarithromycin TABS	91
CIALIS 2.5 MG, 10 MG, 20 MG (Use		500 MG/5ML	82	clarithromycin TB24	91
tadalafil)	53	ciprofloxacin-dexamethasone	198	CLARITIN ALLERGY CHILDRENS	
CIALIS 5 MG (Use tadalafil)	53	ciprofloxacin-fluocinolone acetone		SOLN (Use loratadine)	30
CIBINQO	67	198		CLARITIN REDITABS JUNIORS	
ciclopirox GEL	62	CITALOPRAM HYDROBROMIDE		TBDP (Use loratadine)	30
ciclopirox KIT	62			CLARITIN REDITABS TBDP (Use	
				loratadine)	31
				CLARITIN SOLN (Use loratadine) .	31

CLARITIN TABS (Use loratadine) . 31	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP 72	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" 130
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) 58	CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT 102	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" 131
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine) 58	CLEVER CHEK LANCETS ULTRATHIN 102	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" 131
CLASSIC PRENATAL TABS 189	CLEVER CHEK LANCETS ULTRATHIN 30G 102	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" 131
CLEANLET LANCETS 28G 102	CLEVER CHEK TEST STRIPS STRP 72	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" 131
clemastine fumarate TABS 1.34 MG . 30	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI 170	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" 131
CLEOCIN (Use clindamycin hcl) . 37	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI 170	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" 131
CLEOCIN CREA (Use clindamycin phosphate vaginal) 211	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI 170	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" 131
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride) 37	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI 170	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" 131
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML 37	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI 170	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" 131
CLEOCIN PHOSPHATE SOLN IJ 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate) 37	CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI ... 102	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" 131
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML (Use clindamycin phosphate) 37	CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP 72	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" 131
CLEOCIN SUPP 211	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM 130	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" 131
CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) 60	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM 130	

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CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM ...	131	CLICKFINE PEN NEEDLE 32GX5/32"	131	clindamycin phosphate (topical) GEL 60	
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clobetasol propionate emollient base 0.05 %	65	clozapine TABS 100 MG	44	COLEMAN INSECT REPELLENT/HIGH & DRY AERO .	69
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clobetasol propionate GEL 0.05 %	65	CLOZARIL TABS 100 MG (Use clozapine)	44	COLESEVELAM hcl TABS	31
clobetasol propionate LIQD	65	CLOZARIL TABS 25 MG (Use clozapine)	44	COLESTID FLAVORED GRAN (Use colestipol hcl)	31
clobetasol propionate LOTN	65	CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	44	COLESTID FLAVORED PACK (Use colestipol hcl)	31
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clobetasol propionate SHAM	65	CO MONITOR DEVI	170	COLESTID PACK (Use colestipol hcl)	31
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clonidine hcl (adhd) TB12	2	COLACE CAPS 100 MG (Use docusate sodium)	90	COMETRIQ KIT	40
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CVS GLUCOSE METER TEST STRIPS STRP	73	CVS ULTRA THIN LANCETS	103	cyproheptadine hcl TABS	31
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CVS LANCETS THIN 26G	103	CYCLOGYL (Use cyclopentolate hcl)	194	CYTOTEC (Use misoprostol)	206
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CVS SPECTRAVITE ADULT 50+ TABS	182	cycloserine	38	DANTRIUM CAPS 25 MG (Use dantrolene sodium)	192
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CVS TOTAL HOME INSECT		cyclosporine modified (for microemulsion) SOLN	178	dapsone	37
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		CYLTEZO PSKT	4	DARAPRIM (Use pyrimethamine) 38	
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DAYBUE	193	demeclocycline hcl TABS	203	DERMACEA GAUZE FLUFF ROLL 3.4"X3-1/2YD 6PLY MISC	93
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DEKAS PLUS CHEW	182				
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DERMACEA STRETCH BANDAGE4"X4-1/8YD MISC94	DERMACINRX RIBOTIN-E TABS 182	desoximetasone CREA 0.05 %65
DERMACEA STRETCH BANDAGE6"X12.3' MISC94	DERMACINRX ZINTREXYL-C TABS182	desoximetasone CREA 0.25 %65
DERMACEA STRETCH BANDAGE6"X4-1/8YD MISC94	DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)65	desoximetasone GEL65
DERMACEA STRETCH BANDAGEROLL 3"X12' MISC94	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)65	desoximetasone LIQD65
DERMACEA STRETCH BANDAGEROLL 4"X12' MISC94	DERMOTIC (Use fluocinolone acetonide (otic))198	desoximetasone OINT 0.05 %65
DERMACEA STRETCH BANDAGEROLL 6"X12' MISC94	DESCOVY 120 MG-15 MG46	desoximetasone OINT 0.25 %65
		DESOXYN (Use methamphetamine hcl)1
		DESVENLAFAXINE ER23
		desvenlafaxine succinate 100 MG .23
		desvenlafaxine succinate 25 MG, 50 MG23
		DETROL LA CP24 (Use tolterodine tartrate)206
		DETROL TABS (Use tolterodine tartrate)206
		dexamethasone ELIX57

DEXAMETHASONE INTENSOL CONC	57	dextroamphetamine sulfate)	1	dextromethorphan-phenylephrine- acetaminophen CAPS	58
dexamethasone sodium phosphate (ophth)	196	DEXILANT (Use dexlansoprazole) 205		dextrose SOLN 5 %	193
dexamethasone SOLN	57	dexlansoprazole	205	DHIVY TABS	42
dexamethasone TABS	57	dexlansoprazole 30 MG	205	DHS TAR GEL SHAM (Use coal tar extract)	70
dexamethasone TBPK	57	dexmethylphenidate hcl CP24	2	DHS TAR SHAM (Use coal tar extract)	71
DEXATRAN CAPS	182	dexmethylphenidate hcl TABS	2	DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	103
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	103	DEXTENZA INST	196	DIABETES MONITORING DIGITAL SOLUTION KIT	103
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	103	dextroamphetamine sulfate CP24 10 MG, 15 MG	1	DIACOMIT CAPS	18
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	103	dextroamphetamine sulfate CP24 5 MG	1	DIACOMIT PACK	18
DEXCOM G4 PLATINUM RECEIVER KIT	103	dextroamphetamine sulfate SOLN ..	1	DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2" ..	132
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	103	dextroamphetamine sulfate TABS 10 MG	1	DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	17
DEXCOM G4 PLATINUM TRANSMITTER KIT	103	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG ..	1	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	17
DEXCOM G5 MOBILE RECEIVERKIT	103	dextroamphetamine sulfate TABS 5 MG, 10 MG	1	DIATHRIVE BLOOD GLUCOSE METER DEVI	104
DEXCOM G5 MOBILE TRANSMITTER KIT	103	dextromethorphan polistirex LQCR 58		DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	73
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	103	dextromethorphan polistirex SUER 58		DIATHRIVE LANCETS	104
DEXCOM G5 RECEIVER KIT ...	103	dextromethorphan-doxyamine- acetaminophen LIQD	58	DIATHRIVE LANCETS ULTRA THIN 30G	104
DEXCOM G6 RECEIVER	103	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML- 15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	58	DIATHRIVE LANCING DEVICE MISC	104
DEXCOM G6 SENSOR	103	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML	58	DIATHRIVE PEN NEEDLE/31 G X 6MM	132
DEXCOM G6 TRANSMITTER ...	103			DIATHRIVE PEN NEEDLE/31 GX 8MM	132
DEXCOM G7 RECEIVER	103			DIATHRIVE PEN NEEDLE/31GX 5MM	132
DEXCOM G7 SENSOR	103				
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...	1				
DEXEDRINE CP24 5 MG (Use					

DIATHRIVE PEN NEEDLE/32GX 4MM	132	diclofenac sodium-capsaicin (topical)	63	DILANTIN INFATABS CHEW (Use phenytoin)	20
DIATHRIVE+ BLOOD GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI	104	diclofenac w/ misoprostol TBEC	5	DILANTIN-125 SUSP (Use phenytoin)	20
DIATHRIVE+ BLOOD GLUCOSETEST STRIPS STRP ...	73	dicloxacillin sodium	199	DILAUDID LIQD (Use hydromorphone hcl)	8
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	104	dicyclomine hcl CAPS	204	DILAUDID TABS (Use hydromorphone hcl)	8
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	73	dicyclomine hcl SOLN OR	204	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	51
diazepam (anticonvulsant) GEL ...	17	DIFICID SUSR	91	diltiazem hcl coated beads CP24 240 MG	51
diazepam CONC	12	DIFICID TABS	91	diltiazem hcl coated beads CP24 360 MG	51
diazepam SOLN OR 5 MG/5ML ...	12	diflorasone diacetate CREA	65	diltiazem hcl CP12	51
diazepam TABS	12	diflorasone diacetate OINT	65	diltiazem hcl CP24 120 MG, 180 MG 52	52
diazoxide	25	DIFLUCAN SUSR (Use fluconazole) . 29	29	diltiazem hcl CP24 240 MG	52
dichlorphenamide	78	DIFLUCAN TABS 100 MG (Use fluconazole)	29	diltiazem hcl extended release beads	51
DICLEGIS TBEC (Use doxylamine- pyridoxine)	29	DIFLUCAN TABS 150 MG (Use fluconazole)	29	diltiazem hcl TABS	52
diclofenac epolamine PTCH EX ...	63	DIFLUCAN TABS 200 MG (Use fluconazole)	29	diltiazem hcl TB24	52
diclofenac potassium (migraine) .	175	DIFLUCAN TABS 50 MG (Use fluconazole)	29	DIMETAPP CHILDREN'S COLD& ALLERGY LIQD	58
diclofenac potassium CAPS	5	diflunisal TABS	7	dimethyl fumarate CDPK	201
diclofenac potassium TABS 25 MG .	5	difluprednate	196	dimethyl fumarate CPDR	201
diclofenac potassium TABS 50 MG .	5	digoxin SOLN OR 0.05 MG/ML ...	52	DIOVAN HCT (Use valsartan- hydrochlorothiazide)	35
diclofenac sodium (actinic keratoses) EX	63	digoxin TABS 0.0625 MG, 62.5 MCG 52	52	DIOVAN TABS (Use valsartan)	34
diclofenac sodium (ophth)	197	digoxin TABS 0.125 MG, 125 MCG, 250 MCG	52	DIPENTUM	83
diclofenac sodium (topical) GEL EX 63	63	dihydroergotamine mesylate SOLN NA 4 MG/ML	175	diphenhydramine hcl (sleep) CAPS 50 MG	88
diclofenac sodium (topical) SOLN EX	63	DILANTIN (Use phenytoin sodium extended)	20	diphenhydramine hcl (sleep) TABS 25 MG	88
diclofenac sodium TB24	5	DILANTIN	20		
diclofenac sodium TBEC	5				

diphenhydramine hcl CAPS	30	divalproex sodium CSDR	20	doxycycline (monohydrate) CAPS	203
diphenhydramine hcl ELIX 12.5		divalproex sodium TB24	20	doxycycline (monohydrate) SUSR	203
MG/5ML	30	divalproex sodium TBEC	20	doxycycline (monohydrate) TABS	203
diphenhydramine hcl LIQD 12.5		DIVIGEL GEL (Use estradiol)	81	doxycycline (rosacea)	70
MG/5ML, 25 MG/10ML, 50 MG/20ML		docusate sodium CAPS 100 MG, 250		doxycycline hyclate CAPS	203
.....	30	MG	90	doxycycline hyclate SOLR	203
diphenhydramine hcl TABS 25 MG		docusate sodium LIQD	90	doxycycline hyclate TABS	203
30		docusate sodium SYRP	90	doxycycline hyclate TBEC	203
diphenoxylate w/ atropine LIQD ...	28	DOCUSATE SODIUM SYRP	90	doxylamine succinate (sleep)	88
diphenoxylate w/ atropine TABS ..	28	DOPTELET	87	doxylamine-pyridoxine TBEC	29
DIPHThERIA/TETANUS TOXOIDS		DORAL (Use quazepam)	88	DRISDOL CAPS (Use ergocalciferol)	212
ADSORBED PEDIATRIC SUSP .	204	DORYX MPC TBEC	203	DRIZALMA SPRINKLE CSDR	23
DIPROLENE AF CREA (Use		DORYX TBEC 50 MG, 80 MG, 200		dronabinol CAPS	29
betamethasone dipropionate		MG (Use doxycycline hyclate) ...	203	DROPLET GENTEEL LANCING	
augmented)	65	MG (Use doxycycline hyclate) ...	203	DEVICE MISC	104
DIPROLENE OINT (Use		donepezil hydrochloride TBEP ...	200	DROPLET INSULIN SYRINGE	
betamethasone dipropionate		DOPTLET	87	0.3ML/29G X 1/2"	132
augmented)	65	DORAL (Use quazepam)	88	DROPLET INSULIN SYRINGE	
dipyridamole	86	DORYX MPC TBEC	203	0.5ML/29G X 1/2"	132
disopyramide phosphate CAPS ...	13	DORYX TBEC 50 MG, 80 MG, 200		DROPLET INSULIN SYRINGE	
DISPOSABLE MOUTHPIECE FULL		MG (Use doxycycline hyclate) ...	203	1ML/29G X 1/2"	132
RANGE MISC	171	MG (Use doxycycline hyclate) ...	203	DROPLET INSULIN SYRINGE U-	
DISPOSABLE MOUTHPIECE		doxolamide hcl	197	100/0.3/31G X 5/16"	132
LOWRANGE/PEDIATRIC MISC .	171	doxolamide hcl-timolol maleate .	194	DROPLET INSULIN SYRINGE U-	
DISPOSABLE MOUTHPIECE/LOW		DOVATO	46	100/0.3ML/30G X 1/2"	133
RANGE MISC	171	DOVONEX CREA (Use calcipotriene)		DROPLET INSULIN SYRINGE U-	
DISPOSABLE		.....	63	100/0.3ML/30G X 15/64"	133
MOUTHPIECE/UNIVERSAL RANGE		doxazosin mesylate	34	DROPLET INSULIN SYRINGE U-	
MISC	171	doxepin hcl (antipruritic)	63	100/0.3ML/30G X 5/16"	133
DISPOSABLE PAPER		doxepin hcl (sleep)	88	DROPLET INSULIN SYRINGE U-	
MOUTHPIECE MISC	171	doxepin hcl CAPS	23	100/0.3ML/30G X 5/16"	133
disulfiram	200	doxepin hcl CONC	23	DROPLET INSULIN SYRINGE U-	
DITROPAN XL TB24 5 MG, 10 MG		doxercalciferol CAPS	80		
(Use oxybutynin chloride)	206				
DIURIL SUSP	78				

100/0.3ML/31G X 15/64"	133	30G	104	32GX6MM	134
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2"	133	DROPLET LANCING DEVICE MISC . 104		DROPLET PEN NEEDLES 32GX8MM	134
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 15/64"	133	DROPLET MICRON 34G X 9/64" 133		DROPLET PERSONAL LANCETS30G	104
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16"	133	DROPLET PEN NEEDLES 29G X1/2"	133	DROPSAFE ALCOHOL PREP PADS	122
DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16"	133	DROPLET PEN NEEDLES 29GX10MM	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	134
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2"	133	DROPLET PEN NEEDLES 29GX12MM	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	134
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 15/64"	133	DROPLET PEN NEEDLES 30G X 5/16"	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	134
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16"	133	DROPLET PEN NEEDLES 31G X3/16"	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	134
DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"	133	DROPLET PEN NEEDLES 31G X5/16"	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	134
DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16"	133	DROPLET PEN NEEDLES 31GX5MM	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	134
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	133	DROPLET PEN NEEDLES 31GX6MM	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	134
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	133	DROPLET PEN NEEDLES 31GX8MM	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	134
DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	133	DROPLET PEN NEEDLES 32G X 1/4"	133	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	134
DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64"	133	DROPLET PEN NEEDLES 32G X 3/16"	133	DROPSAFE SAFETY PEN NEEDLE/31GX5MM	134
DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	133	DROPLET PEN NEEDLES 32G X 5/16"	134	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	134
DROPLET INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	133	DROPLET PEN NEEDLES 32G X 5/32"	134	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	134
DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	133	DROPLET PEN NEEDLES 32GX4MM	134	drosiprenone-ethinyl estradiol	55
DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	133	DROPLET PEN NEEDLES 32GX5MM	134	drosiprenone-ethinyl estradiol- levomefolate calcium	55
DROPLET LANCETS ULTRA THIN		DROPLET PEN NEEDLES			

DROXIA CAPS	87	90	DYNAGINATE CALCIUM ALGINATE ROPE DRESSING 2GMX30CM MISC	71
droxidopa	211	DULCOLAX TBEC (Use bisacodyl) 90	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	91
DRUG MART ADJUSTABLE LANCING DEVICE MISC	104	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	EASIVENT MISC	171
DRUG MART LANCETS THIN ..	104	DULERA 50 MCG/ACT-5 MCG/ACT . 15	EASIVENT/MASK-LARGE MISC .	171
DRUG MART ON-THE-GO LANCETS GENTLE 30G	104	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	EASIVENT/MASK-MEDIUM MISC 171	
DRUG MART UNIFINE PENTIPS 31GX5MM	134	duloxetine hcl CPEP 40 MG	EASIVENT/MASK-SMALL MISC .	171
DRUG MART UNIFINE PENTIPS29G X 12MM	134	DUOBRII	EASY COMFORT ALCOHOL PADS 122	
DRUG MART UNIFINE PENTIPS31GX6MM	134	DUO-CARE TEST STRIPS STRP .	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	134
DRUG MART UNIFINE PENTIPS31GX8MM	134	DUPIXENT SOPN	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" ...	134
DRUG MART UNIFINE PENTIPS32GX4MM	134	DUPIXENT SOSY 100 MG/0.67ML 67	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	134
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	134	DUPIXENT SOSY	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	134
DRUG MART UNILET LANCETSSUPER THIN 30G	104	DUREX EXTRA SENSITIVE THIN DEVI	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	134
DRUG MART UNILET LANCETSULTRA THIN 28G	104	DUREZOL (Use difluprednate) ..	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	134
DRUG MART UNILET LANCETS MICRO THIN LANCETS 33G	104	dutasteride	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	134
DRYMAX EXTRA PADS	95	dutasteride-tamsulosin hcl	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	134
DUAKLIR PRESSAIR	15	D-VI-SOL LIQD OR (Use cholecalciferol)	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 135	
DUAVEE	81	DYANAVEL XR CHER	EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" ...	135
DUETACT (Use pioglitazone hcl- glimepiride)	24	DYANAVEL XR SUER	EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" ...	135
DUEXIS (Use ibuprofen-famotidine) . 5		DYMISTA SUSP (Use azelastine hcl- fluticasone propionate)	EASY COMFORT LANCETS	104
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	90	DYNAGINATE CALCIUM ALGINATE DRESSING 2"X2" MISC	EASY COMFORT LANCETS	
DULCOLAX SUPP (Use bisacodyl)		DYNAGINATE CALCIUM ALGINATE DRESSING 4"X8" MISC		
		DYNAGINATE CALCIUM ALGINATE DRESSING 4-1/4"X4-1/4" MISC ...		

30G/PULL TOP 104	EASY FLOW WHITE/BLUE DEVI 171	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 135
EASY COMFORT LANCETS 30G/THIN TOP .....104	EASY FLOW WHITE/GREEN DEVI 171	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" 135
EASY COMFORT LANCETS TWIST TOP 104	EASY FLOW WHITE/PINK DEVI .171	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 135
EASY COMFORT PEN NEEDLES31GX1/4" 135	EASY FLOW WHITE/WHITE DEVI 171	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 135
EASY COMFORT PEN NEEDLES31GX3/16" 135	EASY FLOW WHITE/YELLOW DEVI 171	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 135
EASY COMFORT PEN NEEDLES31GX5/16" 135	EASY GLIDE PEN NEEDLES 33G X 5/32" .....135	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/22GX1-1/2" .....135
EASY COMFORT PEN NEEDLES32GX5/32" 135	EASY MINI EJECT LANCING DEVICE MISC 104	EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/21GX1" 135
EASY COMFORT PEN NEEDLES33G X 4MM .....135	EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI ...104	EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/22GX1-1/2" 135
EASY COMFORT PEN NEEDLES33G X 5MM 135	EASY PLUS II BLOOD GLUCOSE TEST STRP .....73	EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1" .....135
EASY COMFORT PEN NEEDLES33G X 6MM .....135	EASY STEP BLOOD GLUCOSE MONITOR DEVI 104	EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8" .....135
EASY FLOW 300 MM HOSE MISC 171	EASY STEP TEST STRIPS STRP 73	EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2" .....135
EASY FLOW 400 MM HOSE MISC 171	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI 104	EASY TOUCH FLIPLOCK SAFETY SYRINGE 21G/10ML1-1/2" .....135
EASY FLOW AIR NOZZLE MISC 171	EASY TALK BLOOD GLUCOSE TEST STRIPS STRP 73	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1" .....135
EASY FLOW BLACK/BLUE DEVI 171	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..73	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1" .....135
EASY FLOW BLACK/ORANGE DEVI.....171	EASY TOUCH 32GX5MM 135	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2" .....135
EASY FLOW BLACK/RED DEVI .171	EASY TOUCH 32GX6MM 135	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1" .....135
EASY FLOW BLACK/WHITE DEVI 171	EASY TOUCH ALCOHOL PREP PADS/MEDIUM 122	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2" .....135
EASY FLOW BLACK/YELLOW DEVI.....171	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1-1/2" ....135	EASY TOUCH FLIPLOCK SAFETY
EASY FLOW HEPA FILTER MISC 171		

SYRINGE 3ML/25GX1"	135	EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1"	136	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" .	136
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8"	135	EASY TOUCH FLURINGE SYRINGE/1ML/25G X 5/8"	136	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	136
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/20GX1-1/2"	135	EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	104	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	136
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1"	135	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	104	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" .	136
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	136	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	73	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	136
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1"	136	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...	136	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	137
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1-1/2" ...	136	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...	136	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	137
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1"	136	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	136	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	137
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	136	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...	136	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	137
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2"	136	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	136	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	137
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2"	136	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	136	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	137
EASY TOUCH FLIPLOCK SAFETY SYRINGES 5ML/20GX1"	136	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	136	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	137
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	136	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	136	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED ..	104
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX5/8"	136	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	136	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED ..	104
EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1" .	136	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	136	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED ..	104
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1"	136				
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8"	136				

EASY TOUCH LANCETS 26G/PULL-TOP	104	EASY TOUCH PEN NEEDLES 32GX1/4"	137	EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	137
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED ..	104	EASY TOUCH PEN NEEDLES 32GX3/16"	137	EASY TOUCH SAFETY SYRINGE/3ML/21G X 1"	137
EASY TOUCH LANCETS 28G/PULL-TOP	104	EASY TOUCH PEN NEEDLES 32GX5/32"	137	EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	137
EASY TOUCH LANCETS 28G/TWIST	104	EASY TOUCH PEN NEEDLES/31G X 3/16"	137	EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2"	137
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	105	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	105	EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	137
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED ..	105	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	105	EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	137
EASY TOUCH LANCETS 30G/PULL-TOP	105	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	105	EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	137
EASY TOUCH LANCETS 30G/TWIST	105	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	105	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	137
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ..	105	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	105	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	137
EASY TOUCH LANCETS 32G/PULL-TOP	105	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	105	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	137
EASY TOUCH LANCETS 32G/TWIST	105	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	105	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/21GX1-1/2"	137
EASY TOUCH LANCETS 33G/TWIST	105	EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	138
EASY TOUCH LANCING DEVICE/EJECTOR MISC	105	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	138
EASY TOUCH PEN NEEDLE 30G X 5/16"	137	EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1"	138
EASY TOUCH PEN NEEDLE/30G X 3/16"	137	EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2"	138
EASY TOUCH PEN NEEDLES 29GX1/2"	137	EASY TOUCH SAFETY SYRINGE/1ML/25G X 5/8"	137		
EASY TOUCH PEN NEEDLES 31GX1/4"	137				
EASY TOUCH PEN NEEDLES 31GX5/16"	137				

EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1" 138	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI 105	efavirenz CAPS 200 MG 46
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2" .....138	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT 105	efavirenz CAPS 50 MG 46
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1" 138	EASYMAX TEST STRIPS STRP ..73	efavirenz TABS 46
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1" 138	EASYMAX V BLOOD GLUCOSE SYSTEM DEVI .....105	efavirenz-emtricitabine-tenofovir disoproxil fumarate 46
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8" 138	EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1" 138	efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG 46
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/21GX1-1/2" .....138	EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2" .....138	efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG 46
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/22GX1-1/2" .....138	EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1" 138	EFFEXOR XR CP24 150 MG (Use venlafaxine hcl) 23
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/26GX5/8" 138	EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1" 138	EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl) 23
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI ... 105	EASYPOINT NEEDLE/SYRINGE 3ML/25G X 5/8" 138	EFFEXOR XR CP24 75 MG (Use venlafaxine hcl) 23
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP 73	EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT 105	EFFIENT (Use prasugrel hcl) 86
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI ... 105	EASYPRO BLOOD GLUCOSE TEST STRIPS STRP 73	EFUDEX CREA (Use fluorouracil (topical)) 63
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP 73	EASYPRO PLUS KIT .....105	EGRIFTA SV 79
EASYGLUCO KIT 105	EASYPRO PLUS STRP 73	ELEMENT AUTOCODE SYSTEM KIT 105
EASYGLUCO STARTER KIT KIT 105	EBASE CONTROLLER KIT MISC 171	ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI 105
EASYGLUCO STRP .....73	econazole nitrate CREA 62	ELEMENT COMPACT TEST STRIPS STRP 73
EASYMAX 15 TEST STRIPS STRP . 73	ED BRON GP LIQD .....58	ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI .....105
	EDARBI .....34	ELEMENT PLUS BLOOD GLUCOSE METER DEVI 105
	EDARBYCLOR .....35	ELEMENT TEST STRIPS STRP .. 73
	EDECRIIN (Use ethacrynic acid) ..78	ELEPSIA XR TB24 .....18
	EDLUAR SUBL 88	
	EDURANT .....46	

ELESTRIN GEL	81	EMBRACE PEN NEEDLES/31G X 6MM	138	EMFLAZA TABS	57
eletriptan hydrobromide	175	EMBRACE PEN NEEDLES/31G X 8MM	138	EMGALITY SOAJ	175
ELIDEL (Use pimecrolimus)	68	EMBRACE PEN NEEDLES/32G X 4MM	138	EMGALITY SOSY	175
ELIQUIS STARTER PACK TBPK .	16	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	106	EMPAVELI	86
ELIQUIS TABS	16	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	106	EMSAM	21
ELLA	56	EMBRACE PRO BLOOD GLUCOSE METER DEVI	106	emtricitabine CAPS	46
ELLUME COVID-19 HOME TEST KIT	73	EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP ..	73	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	47
ELMIRON CAPS	85	EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	106	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	47
ELOCTATE	86	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	106	EMTRIVA CAPS (Use emtricitabine) .	47
ELYXYB	175	EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	73	EMTRIVA SOLN	47
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	105	EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	74	EMVERM CHEW	12
EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	73	EMBRACE WAVE BLOOD GLUCOSE METER DEVI	106	enalapril maleate & hydrochlorothiazide	35
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	105	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP ..	74	enalapril maleate SOLN	33
EMBRACE EVO BLOOD GLUCOSETEST STRIPS STRP ...	73	EMCYT	40	enalapril maleate TABS	33
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI .	105	EMEND CAPS 80 MG (Use aprepitant)	29	ENBRACE HR	189
EMBRACE LANCETS ULTRA THIN 30G	105	EMEND SUSR	29	ENBREL MINI SOCT	7
EMBRACE LANCING DEVICE WITH EJECTOR MISC	106	EMEND TRIPACK CAPS (Use aprepitant)	29	ENBREL SOLN	7
EMBRACE PEN NEEDLES/29G X 12MM	138	EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	182	ENBREL SOSY	7
EMBRACE PEN NEEDLES/30G X 5MM	138	EMERGEN-C VITAMIN C CHEW 182		ENBREL SURECLICK SOAJ	7
EMBRACE PEN NEEDLES/30G X 8MM	138	EMFLAZA SUSP	57	ENDARI	87
EMBRACE PEN NEEDLES/31G X 5MM	138			ENDOMETRIN INST	211
				ENFAMIL ENFALYTE SOLN	177
				ENGERIX-B SUSP 20 MCG/ML .	207
				ENGERIX-B SUSY	207
				ENJAYMO	86
				ENLITE GLUCOSE SENSOR ...	106
				enoxaparin sodium SOLN IJ 300	

MG/3ML	16	epinephrine (anaphylaxis) SOAJ ..211	EQ SPACE CHAMBER ANTI- STATIC DEVI	171	
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	16	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	211	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	171
enoxaparin sodium SOSY 30 MG/0.3ML, 80 MG/0.8ML, 100 MG/ML, 120 MG/0.8ML, 150 MG/ML 16		EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	211	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ..	171
enoxaparin sodium SOSY 30 MG/0.3ML	16	EPIVIR HBV SOLN	49	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI	171
enoxaparin sodium SOSY 40 MG/0.4ML	16	EPIVIR HBV TABS (Use lamivudine (hbv))	49	EQL ALCOHOL SWABS	122
enoxaparin sodium SOSY 60 MG/0.6ML	16	EPIVIR SOLN (Use lamivudine) ...	47	EQL CENTURY MENS TABS	182
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	16	EPIVIR TABS 150 MG (Use lamivudine)	47	EQL COLOR LANCETS 21G	106
ENSTILAR FOAM	65	EPIVIR TABS 300 MG (Use lamivudine)	47	EQL COLOR LANCETS MICRO THIN 33G	106
entacapone	42	eplerenone	36	EQL GAUZE PADS 2"X2"/SMALL PADS	95
ENTADFI	85	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	87	EQL GAUZE PADS 4"X4"/LARGE PADS	95
entecavir TABS	49	epoprostenol sodium	53	EQL GAUZE STERILE PADS 3"X3" PADS	95
ENTEREG (Use alvimopan)	84	EPRONTIA SOLN	18	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	138
ENTOCORT EC CPEP (Use budesonide)	57	EPZICOM (Use abacavir sulfate- lamivudine)	47	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	138
ENTRESTO	53	EQ BLOOD GLUCOSE TEST STRIPS STRP	74	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	138
ENTYVIO SOLR	83	EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	182	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	138
ENTYVIO SOPN	83	EQ D3 DROPS INFANTS/CHILDRENS LIQD OR	212	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	138
ENVARUSUS XR TB24	178	EQ GAUZE PADS 4"X4" PADS ...	95	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	138
EPANED SOLN (Use enalapril maleate)	33	EQ MULTIVITAMINS ADULT GUMMY CHEW	182	EQL INSULIN SYRINGE/1ML/29G X 1/2"	139
EPCLUSA PACK	49	EQ ONE DAILY MENS 50+ TABS 182		EQL INSULIN SYRINGE/1ML/30G X 5/16"	139
EPCLUSA TABS	49	EQ ONE DAILY WOMENS HEALTH TABS	182		
EPIDIOLEX	18				
EPIFOAM FOAM	65				
epinastine hcl (ophth)	197				

EQL INSULIN SYRINGE/1ML/31G X 5/16"	139	ERYTHROMYCIN	195	TABS	81
EQL ONE DAILY ADULT GUMMIES CHEW	182	erythromycin base CPEP	91	estradiol GEL	81
EQL ONE DAILY MENS TABS ...	182	erythromycin base TABS	91	estradiol PTTW	82
EQL PRENATAL FORMULA TABS 189		erythromycin base TBEC	91	estradiol PTWK 0.025 MG/24HR ..	82
EQL SUPER THIN LANCETS 30G 106		erythromycin ethylsuccinate SUSR 91		estradiol PTWK 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR	82
EQL THIN LANCETS 26G	106	erythromycin ethylsuccinate TABS 91		estradiol TABS	82
EQUALYTE SOLN (Use oral electrolytes)	177	erythromycin stearate TABS 250 MG 91		estradiol vaginal CREA	211
EQUETRO	43	ESBRIET CAPS (Use pirfenidone) 203		estradiol vaginal TABS	211
ergocalciferol CAPS	212	ESBRIET TABS (Use pirfenidone) 203		estradiol valerate	81
ergocalciferol SOLN OR	212	escitalopram oxalate SOLN	22	estradiol valerate 40 MG/ML	81
ergoloid mesylates TABS	202	escitalopram oxalate TABS 10 MG 22		ESTRING RING	211
ergotamine w/ caffeine SUPP	175	escitalopram oxalate TABS 20 MG 22		ESTROFACTORS TABS	187
ERIVEDGE	39	escitalopram oxalate TABS 5 MG .22		ESTROSTEP FE (Use norethindrone acetate-ethinyl estradiol-fe)	55
ERLEADA	40	ESGIC TABS (Use butalbital-acetaminophen-caffeine)	7	ESTROVEN MENOPAUSE SUPPLEMENT TABS	182
erlotinib hcl	39	esomeprazole magnesium CPDR 20 MG	205	eszopiclone	88
ERMEZA SOLN OR	203	esomeprazole magnesium CPDR 40 MG	205	ethacrynic acid	78
ERTACZO	62	esomeprazole magnesium PACK 205		ethambutol hcl TABS	38
ertapenem sodium IJ	36	ESPEROCT	86	ethosuximide CAPS	20
ERYGEL GEL (Use erythromycin (acne aid))	60	estazolam	88	ethosuximide SOLN	20
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	91	esterified estrogens & methyltestosterone	81	ethynodiol diacet & eth estrad 35 MCG-1 MG	55
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	91	ESTRACE CREA (Use estradiol vaginal)	211	ethynodiol diacet & eth estrad 50 MCG-1 MG	55
erythromycin (acne aid) GEL	60	ESTRACE TABS (Use estradiol) ..	81	etodolac CAPS	5
erythromycin (acne aid) PADS	60	estradiol & norethindrone acetate		etodolac TABS	5
erythromycin (acne aid) SOLN	60			etodolac TB24	5
erythromycin (ophth)	195			etonogestrel-ethinyl estradiol	56

etoposide CAPS	42	SPONGES 4"X4" 6 PLY PADS	95	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	35
etravirine 100 MG	47	EXCILON DRAIN SPONGE 4"X4" PADS	95	EXJADE TBSO (Use deferasirox) .	28
etravirine 200 MG	47	EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	95	EXKIVITY	39
EUCRISA	70	EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	95	EXPIRATORY MOUTHPIECE MISC .	171
EVAMIST SOLN	82	EXCEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	139	EXSERVAN FILM	193
EVEKEO ODT TBDP	1	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	139	EXTAVIA KIT	201
EVEKEO TABS (Use amphetamine sulfate)	1	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	139	EXTINA FOAM (Use ketoconazole (topical))	62
everolimus (immunosuppressant) 178		EXCEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	139	EYE HEALTH CAPS	182
everolimus TABS	40	EXCEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	139	EYE MULTIVITAMIN CAPS	182
everolimus TBSO	40	EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	139	EYE MULTIVITAMIN/LUTEIN CAPS .	182
EVERSENSE E3 SENSOR/HOLDER	106	EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	139	EYSUVIS SUSP	196
EVERSENSE E3 SMART TRANSMITTER	106	EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	139	E-Z JECT LANCETS	106
EVERSENSE SENSOR/HOLDER 106		EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	139	E-Z JECT LANCETS 21G	106
EVERSENSE SMART TRANSMITTER	106	EXCEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	139	E-Z JECT LANCETS COLOR ...	106
EVISTA (Use raloxifene hcl)	79	EXCEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	139	E-Z JECT LANCETS SUPER THIN 30G	106
EVOCLIN FOAM (Use clindamycin phosphate (topical))	60	EXCEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	139	E-Z JECT LANCETS THIN 26G .	106
EVOLUTION AUTOCODE DEVI .	106	EXCELON 13.3 MG/24HR (Use rivastigmine)	200	EZALLOR SPRINKLE CPSP	32
EVOLUTION AUTOCODE STRP .	74	EXCELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	200	ezetimibe	33
EVOTAZ	47	exemestane	40	ezetimibe-simvastatin	31
EVOXAC (Use cevimeline hcl) ...	179	EXFORGE (Use amlodipine besylate-valsartan)	35	E-ZJECT LANCETS MICRO-THIN 33G	106
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	139			EZ-LETS LANCETS 21G	106
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	95			EZ-LETS LANCETS 26G SUPER-SOFT	106
EXCILON AMD ANTIMICROBIALNON-WOVEN				EZ-LETS LANCETS 28G ULTRA-SOFT	106
				EZ-LETS LANCETS 30G	106
				FABHALTA CAPS OR 200 MG ...	86

FABIOR FOAM	60	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	32	ferrous sulfate SOLN 15 MG/ML ..	88
famciclovir	49	fenofibrate micronized 67 MG	32	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	88
famotidine SUSR	205	fenofibrate TABS 160 MG	32	ferrous sulfate TABS 65 MG, 325 MG	88
famotidine TABS 20 MG, 40 MG ..	205	fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG	32	ferrous sulfate TBEC	88
FANAPT	44	fenofibrate TABS 54 MG	32	fesoterodine fumarate	206
FANAPT TITRATION PACK	44	fenofibric acid	32	FETZIMA CP24	23
FANTASY LUBRICATED MISC	98	FENOGLIDE TABS (Use fenofibrate)	32	FETZIMA TITRATION PACK C4PK 23	
FANTASY LUBRICATED/SPERMICIDE MISC 98		fenoprofen calcium CAPS 400 MG .	6	FEVERALL JUNIOR STRENGTH SUPP	7
FARESTON (Use toremifene citrate)	40	fenoprofen calcium TABS	6	fexofenadine hcl TABS 180 MG ...	31
FARXIGA	27	fentanyl citrate LPOP	8	fexofenadine hcl TABS 60 MG	31
FASENRA PEN SOAJ	13	fentanyl citrate TABS	8	FIASP FLEXTOUCH SOPN	25
FASENRA SOSY	13	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8	FIASP PENFILL SOCT	25
febuxostat	85	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	FIASP PUMPCART SOCT	25
FEIBA	86	FENTORA TABS (Use fentanyl citrate)	8	FIASP SOLN	25
felbamate SUSP	20	FEOSOL TABS (Use ferrous sulfate dried)	87	FIFTY50 ALCOHOL PREP PADS 122	
felbamate TABS	20	FER-IN-SOL SOLN (Use ferrous sulfate)	87	FIFTY50 GLUCOSE METER 2.0 KIT 106	
FELBATOL SUSP (Use felbamate) 20		FERRETTS TABS	87	FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	74
FELBATOL TABS (Use felbamate) 20		FERRIPROX SOLN	28	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	139
FELDENE CAPS (Use piroxicam) ..	6	FERRIPROX TABS (Use deferiprone)	28	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	139
felodipine	52	FERRIPROX TWICE-A-DAY TABS 28		FIFTY50 PEN NEEDLES 31GX5MM	139
FEMARA (Use letrozole)	40	ferrous fumarate TABS 324 MG ...	87	FIFTY50 PEN NEEDLES/31GX8MM	139
FEMHRT (Use norethindrone acetate-ethinyl estradiol)	81	ferrous sulfate dried TABS 200 MG 87		FIFTY50 PEN NEEDLES/32GX4MM	139
FEMRING	211				
fenofibrate CAPS	32				
fenofibrate micronized 134 MG, 200 MG	32				

FIFTY50 PEN NEEDLES/32GX6MM139	FIRVANQ SOLR OR 25 MG/ML (Use vancomycin hcl)37	FLINTSTONES GUMMIES COMPLETE CHEW (Use pediatric multiple vitamin w/ minerals) 187
FIFTY50 SAFETY SEAL LANCETS 30G106	FIRVANQ SOLR OR 50 MG/ML (Use vancomycin hcl)37	FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW (Use pediatric multiple vitamin w/ minerals) 187
FIFTY50 SAFETY SEAL LANCETS 32G106	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS182	FLINTSTONES SOUR GUMMIES CHEW (Use pediatric multiple vitamin w/ minerals)188
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FREESTYLE UNISTICK II LANCETS	108	GASTROCROM (Use cromolyn sodium (mastocytosis))	GENADEK STEP 2 CAPS	183
FROVA (Use frovatriptan succinate) 176		gatifloxacin (ophth)	GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	55
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furosemide SOLN OR 10 MG/ML, 40 MG/5ML	78	GAUZE DRESSING 4"X4" PADS . 95	gentamicin sulfate (ophth) SOLN .195	
furosemide TABS	78	GAUZE PADS 2"X2" PADS	gentamicin sulfate (topical) CREA .61	
FUZEON SOLR	47	GAUZE PADS 3"X3" PADS	gentamicin sulfate (topical) OINT ..61	
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GENTLE-LET GP LANCETS	108	glipizide TB24	27	140
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	108	glipizide-metformin hcl	24	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	108	GLOBAL ALCOHOL PREP EASEPADS	122	140
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	108	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	140	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	108	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	140	140
GENULTIMATE TEST STRIPS STRP	75	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	140	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"
GENVOYA	47	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	140	140
GEODON (Use ziprasidone hcl)	43	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	140	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"
GEODON (Use ziprasidone mesylate)	43	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	140	140
GEODON 20 MG, 60 MG, 80 MG (Use ziprasidone hcl)	43	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	140	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"
GEODON 40 MG (Use ziprasidone hcl)	43	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	140	140
GERI-FREEDA SENIOR FORMULA TABS	183	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	140	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"
GERI-TUSSIN SYRP	59	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	140	140
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	108	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	140	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"
GHT TEST STRIPS STRP	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	140	140
GILENYA (Use fingolimod hcl)	201	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	140	GLOBAL INJECT EASE LANCETS 28G
GILOTRIF	39	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	140	108
glatiramer acetate SOSY	201	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	140	GLOBAL INJECT EASE LANCETS 30G
GLEEVEC (Use imatinib mesylate)	40	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	140	108
glimepiride 1 MG, 2 MG	27	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	140	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"
glimepiride 4 MG	27	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	108	140
glipizide TABS	27			GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"

GLOSTRIPS STRP 1 MG	197	BLOOD GLUCOSE MONITORING SYSTEM KIT	109	KIT	109
GLUCAGEN HYPOKIT	25	GLUCOCARD SHINE KIT	109	GLUCONAVII BLOOD	
glucagon (rdna)	25	GLUCOCARD SHINE TEST STRIPS STRP	75	GLUCOSETEST STRIPS STRP ...	75
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	25	GLUCOCARD SHINE XL DEVI ..	109	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	140
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	25	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	109	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	140
GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	108	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	109	GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	140
GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	108	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	109	GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	141
GLUCO PERFECT 3 TEST STRIPS STRP	75	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	109	GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	141
GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	108	GLUCOCARD VITAL TEST STRIPS STRP	75	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	141
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	108	GLUCOCARD X-METER KIT	109	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	141
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GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	75	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	109	GLUCOSE METER TEST STRIPS ADVANCED STRP	75
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	109	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	109	GLUCOTROL XL TB24 (Use glipizide)	27
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT ...	109	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	109	GLUMETZA TB24 (Use metformin hcl)	24
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	75	GLUCOCOM LANCETS 28G	109	glyburide micronized 1.5 MG, 3 MG, 6 MG	27
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	109	GLUCOCOM LANCETS 30G	109	glyburide TABS	27
GLUCOCARD SHINE DEVI	109	GLUCOCOM LANCETS 33G	109	glyburide-metformin	24
GLUCOCARD SHINE EXPRESS		GLUCOCOM TEST STRIPS STRP 75		GLYCATE TABS	204
		GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM		glycerin (laxative) SUPP 2 GM, 2.1 GM, 80.7 %	89
				GLYCERIN ADULT SUPP (Use	

glycerin (laxative)	89	GNP INSULIN SYRINGE/1ML/29G X 1/2"	141	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	109
glycopyrrolate SOLN OR 1 MG/5ML . 204		GNP INSULIN SYRINGE/1ML/30G X 5/16"	141	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	75
glycopyrrolate TABS 1 MG, 2 MG 204		GNP INSULIN SYRINGE/1ML/31G X 5/16"	141	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	75
GLYNASE (Use glyburide micronized)	27	GNP INSULIN SYRINGES/0.3ML/30GX5/16" ...	141	GNP TRUETRACK SMART SYSTEM STRP	75
GLYNASE 3 MG (Use glyburide micronized)	27	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	141	GNP ULTICARE PEN NEEDLES/31GX5/16"	141
GLYXAMBI	24	GNP INSULIN SYRINGES/1ML/28GX1/2"	141	GNP ULTICARE PEN NEEDLES/32GX 5/32"	141
GNP ALCOHOL SWABS	122	GNP INSULIN SYRINGES/1ML/30GX5/16"	141	GNP ULTICARE PEN NEEDLES/32GX1/4"	141
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	141	GNP INSULIN SYRINGES/1ML/29GX1/2"	141	GNP ULTICARE PEN NEEDLES31G X 5MM	141
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	141	GNP INSULIN SYRINGES/3ML/31GX5/16"	141	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	141
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI ...	109	GNP LANCETS 21G	109	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	141
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	109	GNP LANCETS THIN 26G	109	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	141
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	75	GNP LANCING SYSTEM DEVICE MISC	109	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	141
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	141	GNP MULTI CHILDRENS CHEW 188		GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	142
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	141	GNP PRENATAL TABS	189	GOCOVRI CP24	42
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	141	GNP STERILE GAUZE PADS 2"X2" PADS	95	GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	75
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	141	GNP STERILE GAUZE PADS 3"X3" PADS	95	GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	75
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	141	GNP STERILE LANCETS 28G ..	109	GOJJI CONTROL SOLUTION	
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	141	GNP STERILE LANCETS 30G ..	109		
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	141	GNP STERILE LANCETS 33G ..	109		
		GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	109		

NORMAL SOLN	109	GLUCOSE TEST STRIPS STRP ..75	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	110	
GOJJI LANCING DEVICE/CLEAR CAP MISC	110	GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	110	GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	110
GOJJI STERILE LANCETS 30G	110	GRALISE TABS	201	GUARDIAN SENSOR (3)	110
GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate)	89	granisetron hcl TABS	28	GUARDIAN SENSOR 3	110
GONITRO PACK	12	GRANIX SOLN	87	GVOKE HYPOPEN 1-PACK SOAJ 25	
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	142	GRANIX SOSY	87	GVOKE HYPOPEN 2-PACK SOAJ 25	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	110	griseofulvin microsize SUSP	29	GVOKE KIT SOLN	25
GOODSENSE LANCETS MICRO- THIN 33G	110	griseofulvin microsize TABS	29	GVOKE PFS SOSY	25
GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL	110	griseofulvin ultramicrosize	29	GYNAZOLE-1	211
GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL	110	guaifenesin LIQD	59	HADLIMA PUSHTOUCH SOAJ	4
GOODSENSE LANCETS ULTRA- THIN 30G	110	guaifenesin SYRP	59	HADLIMA SOSY	4
GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL	110	guaifenesin TB12 600 MG	59	HAEGARDA SOLR SC	86
GOODSENSE LANCING DEVICE MISC	110	guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML	58	HAEMOLANCE	110
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	142	guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	58	HAEMOLANCE LOW FLOW LANCETS	110
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	142	guaifenesin-codeine SYRP	58	HAEMOLANCE PLUS	110
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	142	guanfacine hcl (adhd)	2	HAEMOLANCE PLUS HIGH FLOW .	110
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	142	guanfacine hcl	34	HAEMOLANCE PLUS LOW FLOW .	110
GOODSENSE PREMIUM BLOOD		GUARDIAN 4 GLUCOSE SENSOR .	110	HAEMOLANCE PLUS MAX FLOW	110
Index 53		GUARDIAN 4 TRANSMITTER KIT	110	HAEMOLANCE PLUS PEDIATRIC FLOW	110
		GUARDIAN CONNECT TRANSMITTER	110	HAIR SKIN & NAILS ADVANCED FORMULA TABS	183
		GUARDIAN CONNECT TRANSMITTER KIT	110	HAIR/SKIN/NAILS CAPS	183
		GUARDIAN LINK 3 TRANSMITTER KIT	110	halcinonide CREA	66
		GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	110	HALCION 0.25 MG (Use triazolam)	

88	SYRINGE/U-100/0.5ML/30G X 5/16"	PENTIPS PEN NEEDLES 31GX8MM
	142	.....142
HALDOL DECANOATE 100 (Use	HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE
haloperidol decanoate) 44	SYRINGE/U-100/0.5ML/31G X 5/16"	PENTIPS PEN NEEDLES 32GX4MM
HALDOL DECANOATE 50 (Use	.....142	.....142
haloperidol decanoate) 44	HEALTHWISE INSULIN	HEALTHY ACCENTS UNILET
halobetasol propionate CREA 66	SYRINGE/U-100/1ML/30G X 5/16"	LANCETS SUPER THIN 30G ... 110
HALOBETASOL PROPIONATE	142	
FOAM 66	HEALTHWISE INSULIN	HEALTHY EYES SUPERVISION2
halobetasol propionate OINT 66	SYRINGE/U-100/1ML/31G X 5/16"	CAPS 183
HALOG CREA (Use halcinonide) . 66	142	HEALTHY KIDS GUMMIES CHEW
HALOG OINT 66	HEALTHWISE MICRON PEN	188
HALOG SOLN 66	NEEDLES/32G X 5/32" 142	H-E-B IN CONTROL PEN NEEDLE
haloperidol decanoate 44	HEALTHWISE MINI PEN NEEDLES	31GX3/16" 142
haloperidol lactate CONC 44	31GX6MM 142	H-E-B IN CONTROL PEN NEEDLES
haloperidol TABS 0.5 MG, 1 MG, 10	HEALTHWISE PEN NEEDLES	31GX5MM 142
MG 44	29GX12MM 142	H-E-B IN CONTROL PEN NEEDLES
haloperidol TABS 2 MG, 5 MG, 20	HEALTHWISE SHORT PEN	31GX6MM 142
MG 44	NEEDLES 31GX8MM 142	H-E-B IN CONTROL PEN NEEDLES
HARVONI PACK 49	HEALTHWISE SHORT PEN	31GX8MM 142
HARVONI TABS 49	NEEDLES/31G X 3/16" 142	H-E-B IN CONTROL PEN
HAVRIX 209	HEALTHWISE SHORT PEN	NEEDLES/NANO/32GX4MM 142
HEAD CARE PROACTIVE HEALTH	NEEDLES/31G X 5/16" 142	H-E-B IN CONTROL
TABS 183	HEALTHWISE UNIFINE PENTIPS	UNIFINEPENTIPS PLUS 31GX1/4" .
HEALTH CARE LANCING DEVICE	PEN NEEDLES 32GX4MM 142	142
MISC 110	HEALTHY ACCENTS AUTOLET	H-E-B IN CONTROL
HEALTHPRO BLOOD GLUCOSE	IMPRESSION LANCING DEVICE	UNIFINEPENTIPS PLUS 31GX3/16"
MONITORING SYSTEM KIT 110	MISC 110	..... 142
HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE	H-E-B IN CONTROL
SYRINGE/U-100/0.3ML/30G X 5/16"	PENTIPS PEN NEEDLES	UNIFINEPENTIPS PLUS 31GX5/16"
..... 142	29GX12MM 142	..... 143
HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE	H-E-B IN CONTROL
SYRINGE/U-100/0.3ML/31G X 5/16"	PENTIPS PEN NEEDLES 31GX5MM	UNIFINEPENTIPS PLUS 31GX5MM
..... 142	..... 142	..... 143
HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE	H-E-B IN CONTROL
SYRINGE/U-100/0.3ML/31G X 5/16"	PENTIPS PEN NEEDLES 31GX6MM	UNIFINEPENTIPS PLUS 32GX4MM
..... 142	..... 142	..... 143
HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE	H-E-B IN CONTROL
		UNIFINEPENTIPS PLUS 32GX5/32"

143			
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	143	HETLIOZ LQ SUSP	89
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	110	HIBERIX SOLR IJ	207
H-E-B INCONTROL ALCOHOL PADS	122	HIBICLENS LIQD (Use chlorhexidine gluconate)	46
H-E-B INCONTROL LANCETS MICRO THIN 33G	110	HIGH POTENCY MULTIVITAMIN TABS	187
H-E-B INCONTROL LANCETS SUPER THIN 30G	110	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS 183	
H-E-B INCONTROL LANCETS ULTRA THIN 28G	110	HIPREX (Use methenamine hippurate)	37
H-E-B INCONTROL PEN NEEDLES 29GX12MM	143	HM CASTOR OIL	55
HEMADY TABS	57	HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD	58
HEMANGEOL SOLN OR	51	HM HAIR/SKIN/NAILS TABS	183
HEMLIBRA	86	HM STERILE ALCOHOL PREP PADS	122
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	86	HM STERILE PADS 2"X2" PADS	95
heparin sodium (porcine) lock flush 10 UNIT/ML	17	HM STERILE PADS PADS	95
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	17	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	143
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	17	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	143
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	17	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") ..	143
HEPLISAV-B SOSY	209	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	143
HEPSERA (Use adefovir dipivoxil) 49		HORIZANT	202
HETLIOZ CAPS (Use tasimelteon)		HULIO AJKT	4
		HULIO PSKT	4
		HUMALOG JUNIOR KWIKPEN SOPN	25
		HUMALOG KWIKPEN SOPN 100 UNIT/ML	25
		HUMALOG KWIKPEN SOPN 200 UNIT/ML	25
		HUMALOG MIX 50/50 KWIKPEN SUPN	25
		HUMALOG MIX 50/50 SUSP	25
		HUMALOG MIX 75/25 KWIKPEN SUPN	26
		HUMALOG MIX 75/25 SUSP	26
		HUMALOG SOCT	26
		HUMALOG SOLN IJ	26
		HUMALOG TEMPO PEN SOPN ..	26
		HUMATE-P SOLR	86
		HUMATROPE CART IJ	79
		HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4
		HUMIRA PEN PNKT	4
		HUMIRA PEN-CD/UC/HS STARTER PNKT	4
		HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4
		HUMIRA PEN-PS/UV STARTER PNKT	4
		HUMIRA PSKT	4
		HUMULIN 70/30 KWIKPEN SUPN	26
		HUMULIN 70/30 SUSP	26
		HUMULIN N KWIKPEN SUPN	26
		HUMULIN N SUSP	26
		HUMULIN R SOLN IJ	26
		HUMULIN R U-500 (CONCENTRATED) SOLN SC	26

HUMULIN R U-500 KWIKPEN SOPN SC	26	MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	hydrocortisone w/acetic acid	198
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	110	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	9	hydromorphone hcl LIQD	8
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP ..	75	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	HYDROMORPHONE HCL SUPP ..	8
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	111	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG .	9	hydromorphone hcl TABS	8
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	111	hydrocortisone (intrarectal)	11	hydromorphone hcl TB24	8
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP ..	75	hydrocortisone (rectal) EX 1 %	11	hydroquinone CREA 4 %	70
HYCAMTIN CAPS	42	hydrocortisone (rectal) EX 2.5 % ..	11	hydroxychloroquine sulfate	38
HYCLODEX	69	hydrocortisone (topical) CREA 0.5 %	66	hydroxyurea	42
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	58	hydrocortisone (topical) CREA 1 %	66	hydroxyzine hcl SYRP	12
hydralazine hcl TABS	36	hydrocortisone (topical) CREA 2.5 %	66	hydroxyzine hcl TABS	12
HYDRALYTE FREEZER POPS SOLN	177	hydrocortisone (topical) CREA 2.5 %	66	hydroxyzine pamoate CAPS	12
HYDRALYTE SOLN	177	hydrocortisone (topical) LOTN 2.5 % .	66	HYFTOR	68
HYDREA (Use hydroxyurea)	42	hydrocortisone (topical) OINT 1 %, 2.5 %	66	HYLATOPIC PLUS CREA	69
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	95	hydrocortisone (topical) OINT 1 %, 2.5 %	66	hyoscyamine sulfate ELIX	204
HYDROCELL DRESSING 4"X4" PADS	95	hydrocortisone butyrate CREA	66	hyoscyamine sulfate SOLN OR 0.125 MG/ML	204
hydrochlorothiazide CAPS	78	hydrocortisone butyrate hydrophilic lipo base	66	hyoscyamine sulfate SUBL 0.125 MG	204
hydrochlorothiazide TABS	78	hydrocortisone butyrate LOTN	66	hyoscyamine sulfate TABS 0.125 MG	204
hydrocodone bitartrate CP12	8	hydrocortisone butyrate OINT	66	hyoscyamine sulfate TB12 0.375 MG	204
hydrocodone bitartrate T24A	8	hydrocortisone butyrate SOLN	66	HYPOCYN SOLN	69
hydrocodone bitartrate-homatropine methylbromide SOLN	58	HYDROCORTISONE COMPLETE KIT	66	HYPOLANCE AST LANCING KIT	111
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217		hydrocortisone TABS	57	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	4
		hydrocortisone valerate CREA	66	HYRIMOZ PEDIATRIC	
		hydrocortisone valerate OINT	66		

CROHNSDISEASE STARTER PACK SOSY	4	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	5	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	176
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	4	IDELVION	86	IMITREX TABS (Use sumatriptan succinate)	176
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 4		IDHIFA	41	IMMUNE ESSENTIALS DAILY CAPS	183
HYRIMOZ SOAJ	4	IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	111	IMMUNE SUPPORT CHEW	183
HYRIMOZ SOSY	4	IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	75	IMODIUM A-D CAPS (Use loperamide hcl)	28
HYSINGLA ER T24A	8	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	75	IMODIUM A-D TABS (Use loperamide hcl)	28
HY-VEE LANCETS	111	ILARIS SOLN	5	IMOVAX RABIES (H.D.C.V.) SUSR	209
HY-VEE THIN LANCETS	111	ILEVRO	197	IMURAN TABS (Use azathioprine)	178
HYZAAR (Use losartan potassium & hydrochlorothiazide)	35	ILUMYA	63	IMVEXXY MAINTENANCE PACK INST	211
ibandronate sodium TABS	79	imatinib mesylate	41	IMVEXXY STARTER PACK INST	211
IBRANCE CAPS	40	IMBRUVICA CAPS	41	IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	75
IBRANCE TABS	41	IMBRUVICA SUSP	41	IN TOUCH DEVI	111
IBSRELA	84	IMBRUVICA TABS	41	IN TOUCH LANCING DEVICE MISC	111
ibuprofen CAPS	6	IMDEVIMAB	198	IN TOUCH STERILE LANCETS30G	111
ibuprofen SUSP 100 MG/5ML	6	imipenem-cilastatin IV	36	INBRIJA CAPS	42
ibuprofen SUSP	6	imipramine hcl TABS	23	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	172
ibuprofen TABS	6	imipramine pamoate	23	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	172
ibuprofen-famotidine	6	imiquimod 3.75 %	68	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	172
ICAPS AREDS FORMULA TABS 183		imiquimod 5 %	68		
icatibant acetate SOSY	86	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	176		
ICLUSIG	41	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	176		
icosapent ethyl	31	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	176		
IDACIO AJKT	5	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)	176		
IDACIO PSKT	5				
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	5				

INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	143	INQOVI	40	143
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	143	INREBIC	41	INSULIN SYRINGE/0.3ML/30G X 5/16"
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	143	INSPIREASE DRUG DELIVERY SYSTEM MISC	172	143
INCRELEX	79	INSPRA (Use eplerenone)	36	INSULIN SYRINGE/0.3ML/31G X 5/16"
INCRUSE ELLIPTA	13	INSULIN ASPART FLEXPEN SOPN	26	143
indapamide TABS 1.25 MG, 2.5 MG	78	INSULIN ASPART PENFILL SOCT	26	INSULIN SYRINGE/0.5ML/27G X 1/2"
INDERAL LA CP24 (Use propranolol hcl)	51	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	26	143
INDERAL XL	51	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	26	143
indomethacin CAPS 25 MG, 50 MG	6	INSULIN ASPART SOPN	26	INSULIN SYRINGE/0.5ML/30G X 5/16"
indomethacin CPCP	6	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	26	143
indomethacin SUPP	6	INSULIN ASPART SOLN IJ	26	INSULIN SYRINGE/0.5ML/31G X 5/16"
INFANRIX	204	INSULIN DEGLUDEC FLEXTOUCH SOPN	26	143
INFANTS ADVIL SUSP (Use ibuprofen)	6	INSULIN DEGLUDEC SOLN	26	INSULIN SYRINGE/1ML/28G X 1/2"
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	111	INSULIN GLARGINE SOLN	26	143
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	75	INSULIN GLARGINE SOLOSTAR SOPN	26	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"
INFINITY VOICE KIT	111	INSULIN GLARGINE-YFGN SOLN	26	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"
INFINITY VOICE STRP	75	INSULIN GLARGINE-YFGN SOPN	26	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"
INFLECTRA	83	INSULIN GLARGINE-YFGN SOPN	26	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"
INFLIXIMAB	83	INSULIN LISPRO JUNIOR KWIKPEN SOPN	26	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"
INGREZZA CAPS	201	INSULIN LISPRO KWIKPEN SOPN	26	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"
INGREZZA CPPK	201	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	26	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"
INLYTA	39	INSULIN LISPRO SOLN IJ	26	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"
INNOPRAN XL	51	INSULIN SYRINGE 1ML/31G X1/4"		INSULIN SYRINGE/U-
INNOSPIRE REPLACEMENT FILTER MISC	172			

100/0.3ML/29G X 1/2"	144	INSUPEN 31G X 8MM	144	INVIRASE TABS	47
INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	144	INSUPEN 32G X 4MM	144	INVOKAMET TABS	24
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	144	INSUPEN 33GX4MM	144	INVOKAMET XR TB24	24
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	144	INSUPEN PEN NEEDLES 32G X4MM	144	INVOKANA	27
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	144	INSUPEN SENSITIVE 32GX6MM 144		IONIL-T SHAM (Use coal tar extract) 71	
INSULIN SYRINGES 0.3ML/31G X 1/4"	144	INSUPEN SENSITIVE 32GX8MM 144		IOPIDINE	195
INSULIN SYRINGES 0.5ML/31G X 1/4"	144	INSUPEN ULTRAFIN 30GX8MM 144		IPOL INACTIVATED IPV	209
INSULIN SYRINGES/U- 100/0.5ML/27GX1/2"	144	INSUPEN ULTRAFIN 31GX6MM 144		ipratropium bromide (nasal) 0.03 % 193	
INSULIN SYRINGES/U- 100/0.5ML/28GX1/2"	144	INSUPEN ULTRAFIN 31GX8MM 144		ipratropium bromide (nasal) 0.06 % 193	
INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	144	INTELENCE (Use etravirine)	47	ipratropium bromide SOLN 0.02 % 13	
INSULIN SYRINGES/U- 100/0.5ML/30GX5/16"	144	INTELENCE	47	ipratropium-albuterol SOLN	15
INSULIN SYRINGES/U- 100/0.5ML/31GX5/16"	144	INTELENCE 200 MG (Use etravirine)	47	irbesartan	34
INSULIN SYRINGES/U- 100/1ML/27GX1/2"	144	INTELISWAB COVID-19 RAPID TEST KIT	75	irbesartan-hydrochlorothiazide	35
INSULIN SYRINGES/U- 100/1ML/28GX1/2"	144	INTRAROSA	210	IRESSA (Use gefitinib)	39
INSULIN SYRINGES/U- 100/1ML/29GX1/2"	144	INTUNIV (Use guanfacine hcl (adhd))	2	ISENTRESS CHEW 100 MG	47
INSULIN SYRINGES/U- 100/1ML/30GX1/2"	144	INVANZ IJ (Use ertapenem sodium) . 36		ISENTRESS CHEW 25 MG	47
INSULIN SYRINGES/U- 100/1ML/31GX1/2"	144	INVEGA 1.5 MG (Use paliperidone) 44		ISENTRESS HD TABS	47
INSUPEN 29G X 12MM	144	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	44	ISENTRESS PACK	47
INSUPEN 31G X 5MM	144	INVEGA HAFYERA	44	ISENTRESS TABS	47
		INVEGA SUSTENNA	44	isoniazid SYRP	38
		INVEGA TRINZA	44	isoniazid TABS	38
		INVELTYS SUSP	196	ISOPTO CARPINE SOLN 1 %, 2 % (Use pilocarpine hcl)	194
				ISORDIL TITRADOSE TABS (Use isosorbide dinitrate)	12
				isosorbide dinitrate TABS	12
				isosorbide dinitrate-hydralazine hcl 53	
				isosorbide mononitrate TABS	12

isosorbide mononitrate TB24	12	JANUMET XR TB24	24	KATERZIA	52
isotretinoin 10 MG, 20 MG, 40 MG	60	JANUVIA	25	KAZANO (Use alogliptin-metformin hcl)	24
isotretinoin 25 MG, 30 MG, 35 MG	60	JARDIANCE	27	KENALOG AERS (Use triamcinolone acetonide (topical))	66
isradipine CAPS	52	JAYPIRCA	41	KENDALL CALCIUM ALGINATEDRESSING 12"X24" MISC	71
ISTALOL SOLN (Use timolol maleate (ophth))	194	JENTADUETO TABS	24	KENDALL CALCIUM ALGINATEDRESSING 2"X2" MISC	71
ISTURISA	79	JENTADUETO XR TB24	24	KENDALL CALCIUM ALGINATEDRESSING 4"X4" MISC	71
itraconazole CAPS	30	JESDUVROQ	87	KENDALL CALCIUM ALGINATEDRESSING 4"X5-1/2" MISC	71
itraconazole SOLN	30	JIVI	86	KENDALL CALCIUM ALGINATEDRESSING 6"X10" MISC	71
ivermectin (pediculicide)	70	JOENJA	178	KENDALL CALCIUM ALGINATEDRESSING 8"X4" MISC	71
ivermectin (rosacea)	70	JORNAY PM CP24	2	KENDALL CALCIUM ALGINATEDRESSING PLUS 4"X4" MISC	71
ivermectin	12	JUBLIA	62	KENDALL CALCIUM ALGINATEDRESSING ROPE 12" MISC	71
IXIARO	209	JULUCA	47	KENDALL CALCIUM ALGINATEDRESSING ROPE 24" MISC	71
IXINITY SOLR	86	JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	188	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
IYUZEH SOLN	197	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	33	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
J & J GAUZE 2"X2" 8 PLY PADS	95	JYLAMVO SOLN	39	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
J & J GAUZE 4"X4" 12 PLY PADS	95	JYNARQUE TABS	81	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
J & J GAUZE 4"X4" 8 PLY PADS	95	JYNARQUE TBPK	81	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	95	JYNNEOS	209	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	96	KALBITOR	86	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	96	KALETRA SOLN (Use lopinavir-ritonavir)	47	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
JADENU SPRINKLE PACK (Use deferasirox)	28	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	47	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
JADENU TABS (Use deferasirox)	28	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	47	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
JAKAFI	41	KALYDECO PACK	202	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
JALYN (Use dutasteride-tamsulosin hcl)	85	KALYDECO TABS	202	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
JANSSEN COVID-19 VACCINE	209	KAMELEON LUBRICATED MISC	98	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
JANUMET TABS	24	KAPSPARGO SPRINKLE CS24	50	KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	71
				KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	96
				KENDALL HYDROPHILIC	

FOAMDRESSING 3"X3" PADS ...96	4.1YD 6 PLY MISC 96	KEVEYIS (Use dichlorphenamide) 78
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS ...96	KERLIX GAUZE ROLL MEDIUM3.4"X3.6YD 6 PLY MISC .96	KEVZARA SOAJ 5
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS .....96	KERLIX GAUZE ROLL SMALL 2.25"X 3YD 6 PLY MISC .....96	KEVZARA SOSY .....5
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS .....96	KERLIX SPONGES 4" X 4" 12 PLY PADS .....96	KIMONO COLORS DEVI .....98
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam) 18	KERLIX SPONGES 4" X 4" 16 PLY PADS .....96	KIMONO MICRO THIN MISC 98
KEPPRA TABS 1000 MG (Use levetiracetam) 18	KERLIX X-RAY DETECTABLE PACKING SPONGE 4-1/2"X22" MISC 96	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 98
KEPPRA TABS 250 MG, 750 MG (Use levetiracetam) 18	KERLIX X-RAY DETECTABLE SPONGES EXTRA LARGE 1-5/8" MISC 96	KIMONO PLUS SPERMICIDE LUBRICATED MISC .....98
KEPPRA TABS 500 MG (Use levetiracetam) 18	KERYDIN (Use tavaborole) 62	KIMONO PLUS SPERMICIDE/LUBRICATED MISC 98
KEPPRA XR TB24 (Use levetiracetam) 18	KESIMPTA .....201	KIMONO PS LUBRICATED MISC .98
KERENDIA .....80	ketoconazole (topical) CREA 62	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 98
KERLIX AMD ANTIMICROBIALBANDAGE ROLL 4-1/2"X12.3YD 6 PLY MISC .....96	ketoconazole (topical) FOAM .....62	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 98
KERLIX AMD ANTIMICROBIALBANDAGE ROLL/6 PLY/4.5"X4-1/8YD MISC 96	ketoconazole (topical) SHAM 2 % .62	KIMONO SENSATION LUBRICATED MISC .....98
KERLIX BANDAGE ROLL 2-1/4"X9' 6PLY MISC .....96	ketoconazole 30	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 98
KERLIX BANDAGE ROLL 3-7/16"X3- 3/16' 6PLY MISC .....96	KETODAN KIT 62	KIMONO SPECIAL DEVI .....98
KERLIX BANDAGE ROLL 4-1/2"X4- 1/8YD 6PLY MISC96	KETONE STRP75	KINDERLYTE PREMAX SOLN .. 177
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KERLIX BANDAGE ROLL/6 PLY/MEDIUM MISC 96	ketoprofen CAPS 50 MG, 75 MG ...6	KINERET SOSY5
KERLIX GAUZE ROLL LARGE 4.5"X	ketoprofen CP24 6	KINNEY LANCETS 111
Index 61	ketorolac tromethamine (ophth) 0.4 %197	KINNEY THIN LANCETS .....111
	ketorolac tromethamine (ophth) 0.5 %197	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" .....144
	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY6	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X
	ketorolac tromethamine TABS6	
	KETOSTIX STRP75	

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KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	144	KOMBIGLYZE XR (Use saxagliptin- metformin hcl)	24	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	145
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	144	KONSYL DAILY FIBER POWD (Use psyllium)	89	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	145
KINRIX SUSY	204	KONVOMEK SUSR	206	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	145
KISQALI	41	KORLYM	25	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	145
KISQALI FEMARA 200 DOSE	40	KOSELUGO	41	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	145
KISQALI FEMARA 400 DOSE	40	KOVALTRY	86	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	145
KISQALI FEMARA 600 DOSE	40	KP PRENATAL MULTIVITAMINS TABS	189	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	145
KITABIS PAK NEBU (Use tobramycin)	3	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	183	KROGER LANCETS	111
KLARON (Use sulfacetamide sodium (acne))	60	K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) .	177	KROGER LANCETS 21G	111
KLING FLUFF MISC	96	K-PHOS NO 2	84	KROGER LANCETS MICRO THIN33G	111
KLONOPIN TABS (Use clonazepam)	17	KRAZATI	41	KROGER LANCETS SUPER THIN 111	
KLOXXADO LIQD	28	KRINTAFEL	38	KROGER LANCETS THIN	111
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	144	KROGER AUTOLET LANCING DEVICE MISC	111	KROGER LANCETS THIN 26G .	111
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	144	KROGER BLOOD GLUCOSE MONITORING KIT KIT	111	KROGER LANCETS ULTRATHIN30G	111
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	144	KROGER BLOOD GLUCOSE TESTSTRIPS STRP	75	KROGER LANCING DEVICE MISC 111	
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	144	KROGER HEALTHPRO GLUCOSETEST STRIPS STRP ...	75	KROGER PEN NEEDLES 29G X12MM	145
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	144	KROGER HEALTHPRO TWIST LANCETS/26G	111	KROGER PEN NEEDLES 31G X8MM	145
KOATE SOLR	86	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	145	KROGER PEN NEEDLES 31GX1/4"	145
KOATE-DVI SOLR 1000 UNIT	86	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	145	KROGER PEN NEEDLES/31G X1/4"	145
KOGENATE FS KIT	86	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	145	KROGER PEN NEEDLES/31G X3/16"	145
KOKO PEAK PRO REPLACEMENTPLASTIC					

KROGER PEN NEEDLES/31G X5/16"	145	DISPERSIBLE CHEW (Use lamotrigine)	18	MISC	111
KROGER PEN NEEDLES/32G X5/32"	145	LAMICTAL ODT KIT (Use lamotrigine)	18	LANCET DEVICE WITH EJECTOR MISC	111
KROGER PEN NEEDLES/33G X5/32"	145	LAMICTAL ODT KIT	18	LANCETS	111
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 111		LAMICTAL ODT TBDP (Use lamotrigine)	18	LANCETS 30G	111
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP ..	75	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	18	LANCETS 30G TWIST TOP	111
K-TAB TBCR (Use potassium chloride)	177	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine) 18		LANCETS 30G/TWIST TOP	111
KUVAN PACK (Use sapropterin dihydrochloride)	80	LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine) 18		LANCETS 33G EXTRA FINE	111
KUVAN TABS (Use sapropterin dihydrochloride)	80	LAMICTAL TABS (Use lamotrigine) 18		LANCETS 33G UNIVERSAL DESIGN	111
K-Y ME & YOU EXTRA LUBRICATED DEVI	98	LAMICTAL XR KIT	18	LANCETS MICRO THIN 33G	111
K-Y ME & YOU INTENSE DEVI ...	98	LAMICTAL XR TB24 (Use lamotrigine)	18	LANCETS SUPER THIN 28G ...	111
labetalol hcl TABS 100 MG	50	lamivudine (hbv) TABS	49	LANCETS THIN	111
labetalol hcl TABS 200 MG	50	lamivudine SOLN	47	LANCETS ULTRA THIN	111
labetalol hcl TABS 300 MG	50	lamivudine TABS 150 MG	47	LANCETS ULTRA THIN 30G	111
lacosamide SOLN OR 10 MG/ML .	18	lamivudine TABS 300 MG	47	LANCING DEVICE MISC	111
lacosamide TABS	18	lamivudine-zidovudine	47	LANREOTIDE ACETATE	81
LACRISERT	194	lamotrigine CHEW	18	lansoprazole CPDR	205
lactic acid (ammonium lactate) CREA	68	lamotrigine KIT 25 MG	18	lansoprazole TBDD	205
lactic acid (ammonium lactate) LOTN 12 %	68	lamotrigine TABS	18	lanthanum carbonate CHEW	84
lactulose (encephalopathy)	84	lamotrigine TB24	18	LANTUS SOLN	26
lactulose SOLN	89	lamotrigine TBDP	19	LANTUS SOLOSTAR SOPN	26
LAGEVRIO	50	LAMPIT	36	LANZO MISC	111
LAMICTAL CHEWABLE		LANCET DEVICE ADJUSTABLE		lapatinib ditosylate	41
				LASIX TABS (Use furosemide)	78
				latanoprost SOLN	197
				LATUDA (Use lurasidone hcl)	43
				LEADER ADVANCED LANCING DEVICE MISC	111
				LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	145

LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	145	LENVIMA 10 MG DAILY DOSE ...	39	levetiracetam TB24	19
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" ...	145	LENVIMA 12MG DAILY DOSE ...	39	levobunolol hcl 0.5 %	194
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	145	LENVIMA 14 MG DAILY DOSE ...	39	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	80
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	145	LENVIMA 18 MG DAILY DOSE ...	39	levocarnitine (metabolic modifiers) TABS	80
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	145	LENVIMA 20 MG DAILY DOSE ...	39	levocetirizine dihydrochloride TABS 31	
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	145	LENVIMA 24 MG DAILY DOSE ...	39	levofloxacin in d5w	82
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	145	LENVIMA 4 MG DAILY DOSE ...	39	levofloxacin SOLN IV	82
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	145	LEQEMBI	200	levofloxacin SOLN OR	82
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	145	LEQVIO	33	levofloxacin TABS	82
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	145	LESCOL XL TB24 (Use fluvastatin sodium)	32	levonorgestrel & eth estradiol TABS 55	
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	145	LETAIRIS (Use ambrisentan)	53	levonorgestrel (emergency oc) 1.5 MG	56
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	145	letrozole	40	levonorgestrel-eth estradiol (triphasic)	55
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	145	leucovorin calcium TABS	42	levonorgestrel-ethinyl estradiol (91- day)	55
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	145	LEUKERAN	39	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	55
LEADER UNIFINE PENTIPS MINI/31GX3/16"	145	LEUKINE SOLR IJ	87	levonorgestrel-ethinyl estradiol (continuous)	55
LEADER UNIFINE PENTIPS MINI/31GX3/16"	145	levabuterol hcl	15	levonorgestrel-ethinyl estradiol-iron 55	
LEADER UNIFINE PENTIPS NANO/32GX5/32"	145	levabuterol tartrate	15	levorphanol tartrate TABS	8
LEADER UNIFINE PENTIPS PLUS/32GX5/32"	146	levamlodipine maleate	52	levothyroxine sodium CAPS	203
LEDIPASVIR/SOFOSBUVIR TABS 49		LEVVID TB12 (Use hyoscyamine sulfate)	204	levothyroxine sodium TABS	203
leflunomide	6	LEVEMIR FLEXPEN SOPN	26	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	204
LEMTRADA	201	LEVEMIR FLEXTOUCH SOPN ...	26	LEVSIN TABS (Use hyoscyamine sulfate)	204
lenalidomide	178	LEVEMIR SOLN	26	LEVSIN/SL SUBL (Use hyoscyamine	
		levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	19		
		levetiracetam TABS 1000 MG	19		
		levetiracetam TABS 250 MG, 750 MG	19		
		levetiracetam TABS 500 MG	19		

sulfate)	204	LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	11	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	33
LEVULAN KERASTICK SOLR	63	LIDOCAINE HYDROCHLORIDE CREA	68	LITE TOUCH LANCETS	112
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	22	lidocaine OINT	68	LITE TOUCH LANCING PEN MISC 112	
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	22	lidocaine PTCH 5 %	68	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	146
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	22	lidocaine-hydrocortisone acetate (rectal) CREA EX	11	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	146
LEXETTE FOAM	66	lidocaine-hydrocortisone acetate (rectal) KIT	11	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	146
LEXIVA SUSP	47	lidocaine-prilocaine CREA	68	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	146
LEXIVA TABS (Use fosamprenavir calcium)	47	lidocaine-prilocaine KIT	68	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	146
LIALDA TBEC (Use mesalamine) .	83	LIDODERM PTCH (Use lidocaine)	68	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	146
LIBERTY BLOOD GLUCOSE METER DEVI	111	LIDOREX GEL	68	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	146
LIBERTY MEDICAL LANCETS 30G . 111		LIDOTRAL CREA	68	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	146
LIBERTY MINI LANCING DEVICE MISC	111	LIDOTRAL/MENTHOL LIQD	68	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	146
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI 112		LIDOTRAN CREA	68	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	146
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	76	LIFEMS NALOXONE PSKT	28	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	146
LIBERTY TEST STRIPS STRP	76	linezolid SUSR	37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	146
LIBRAX (Use chlorthalidone hcl- clidinium bromide)	205	linezolid TABS	37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	146
LICART PT24	63	LINZESS	84	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	146
lidocaine hcl (mouth-throat) 2 % ..	179	liothyronine sodium TABS	203	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	146
lidocaine hcl (mouth-throat) 4 % ..	179	LIPITOR TABS (Use atorvastatin calcium)	32	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	146
lidocaine hcl CREA 3 %	68	LIPITOR TABS 10 MG, 40 MG, 80 MG (Use atorvastatin calcium)	32	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	146
lidocaine hcl PRSY	68	LIPOFEN CAPS (Use fenofibrate) .	32	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	146
lidocaine hcl SOLN	68	LIQREV SUSP	53	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	146
		lisdexamphetamine dimesylate CAPS 1		LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	146
		lisdexamphetamine dimesylate CHEW . 1		LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	146
		lisinopril & hydrochlorothiazide ...	35	LITETOUCH INSULIN SYRINGE/U-	

100/1ML/30G X 5/16"	146	32	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	146	LIVE BETTER ADVANCED LANCING DEVICE MISC	112	LITETOUCH LANCETS MICRO THIN 33G	112	LIVE BETTER LANCET SUPERTHIN 30G	112	LITETOUCH MASK LARGE MISC 172	LIVE BETTER LANCET ULTRATHIN 28G	112	LITETOUCH MASK MEDIUM MISC . 172	LIVTENCITY	49	LITETOUCH MASK SMALL MISC 172	LO LOESTRIN FE TABS	55	LITETOUCH PEN NEEDLES 29GX12.7MM	146	LOCOID LIPOCREAM (Use hydrocortisone butyrate hydrophilic lipo base)	66	LITETOUCH PEN NEEDLES 31G X 6MM	146	LOCOID LOTN (Use hydrocortisone butyrate)	66	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	146	LODOSYN (Use carbidopa)	42	LITETOUCH PEN NEEDLES 31GX8MM SHORT	146	LOHIST-D LIQD	59	LITETOUCH PEN NEEDLES/31G X 3/16"	146	LOKELMA	178	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	146	LOMOTIL TABS (Use diphenoxylate w/ atropine)	28	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	146	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" ...	146	LITHIUM	43	LONGS LANCETS STANDARD	112	lithium carbonate CAPS	43	LONGS LANCETS THIN	112	lithium carbonate TABS	43	LONGS LANCETS ULTRA THIN 112	112	lithium carbonate TBCR	43	LONSURF	40	LITHOBID TBCR (Use lithium carbonate)	43	loperamide hcl CAPS	28	LITHOSTAT	85	loperamide hcl TABS	28	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	193	LOPID TABS (Use gemfibrozil) ...	32	lopinavir-ritonavir SOLN	47	LIVALO (Use pitavastatin calcium)	47	lopinavir-ritonavir TABS 25 MG-100 MG	47	LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	50	lopinavir-ritonavir TABS 50 MG-200 MG	47	LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	50	LOPROX	62	LOPROX CREA (Use ciclopirox olamine)	62	LOPROX KIT	62	LOPROX SHAMPOO SHAM (Use ciclopirox)	62	LOPROX SUSP (Use ciclopirox olamine)	62	loratadine & pseudoephedrine TB12 . 59	59	loratadine & pseudoephedrine TB24 . 59	59	loratadine SOLN	31	loratadine TABS	31	loratadine TBDP 10 MG	31	lorazepam CONC	12	lorazepam TABS 0.5 MG, 2 MG ...	13	lorazepam TABS 1 MG	12	LORBRENA	41	LOREEV XR CS24	13	losartan potassium & hydrochlorothiazide	35	losartan potassium	34	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91- day))	56	LOTEMAX GEL (Use loteprednol etabonate)	196	LOTEMAX OINT	196	LOTEMAX SM GEL	196
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LOTEMAX SUSP (Use loteprednol etabonate)	17	LYUMJEV TEMPO PEN SOPN ...	26
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	33	LYUMJEV KWIKPEN SOPN	26
LOTENSIN 40 MG (Use benazepril hcl)	33	LYUMJEV SOLN	26
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	35	LYVISPAH PACK	192
loteprednol etabonate GEL	196	MACROBID (Use nitrofurantoin monohyd macro)	37
loteprednol etabonate SUSP	196	MACRODANTIN (Use nitrofurantoin macrocrystal)	37
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	35	mafenide acetate PACK	64
LOTRIMIN AF CREA (Use clotrimazole (topical))	62	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" .	146
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	62	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	146
LOTRONEX (Use alosetron hcl) ..	84	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" .	146
lovastatin TABS 10 MG, 20 MG ...	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	146
lovastatin TABS 40 MG	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 147	
LOVAZA (Use omega-3-acid ethyl esters)	31	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 147	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	17	MAGELLAN INSULIN SAFETY SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1"	147
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) .	17	magnesium citrate	90
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	17	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	90
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	17	magnesium oxide (mg supplement) TABS 400 MG	177
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	17	magnesium oxide TABS 400 MG ..	11
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) .		magnesium TABS 400 MG, 400 MG .	177
loxapine succinate	44		
lubiprostone	83		
LUCEMYRA	200		
LUCIRA CHECK IT COVID-19TEST KIT KIT	76		
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	76		
luliconazole	62		
LUMAKRAS	41		
LUMIGAN SOLN 0.01 %	197		
LUNESTA (Use eszopiclone)	88		
LUNESTA 2 MG, 3 MG (Use eszopiclone)	88		
LUPKYNIS	178		
lurasidone hcl	43		
LUXIQ FOAM (Use betamethasone valerate)	66		
LUZU (Use luliconazole)	62		
LYBALVI	200		
LYDEXA CREA	68		
LYNPARZA TABS	41		
LYRICA CAPS (Use pregabalin) ...	19		
LYRICA CR (Use pregabalin (once-daily))	201		
LYRICA SOLN (Use pregabalin) ...	19		
LYSODREN	40		
LYSTEDA TABS (Use tranexamic acid)	88		
LYTGOBI	41		
LYUMJEV KWIKPEN SOPN	26		
LYUMJEV SOLN	26		

MAGOX 400 TABS (Use magnesium oxide (mg supplement))	177	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	147	LANCET DUAL USE	112
MALARONE (Use atovaquone-proguanil hcl)	38	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	147	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	112
malathion	70	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	147	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	112
MARATHON MEDICAL PENTIPS29GX12MM	147	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	147	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	112
MARATHON MEDICAL PENTIPS31GX5MM	147	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	147	MEDICHOICE SAFETY LANCETEXTRA	112
MARATHON MEDICAL PENTIPS31GX8MM	147	MAXIDEX SUSP OP	196	MEDICHOICE SAFETY LANCETNORMAL	112
MARATHON MEDICAL PENTIPS32GX4MM	147	MAXITROL OINT (Use neomycin-polymy-dexameth)	196	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	147
maraviroc TABS 150 MG	47	MAXITROL SUSP (Use neomycin-polymy-dexameth)	196	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	147
maraviroc TABS 300 MG	47	MAXI-TUSS PE MAX LIQD	59	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	147
MARINOL CAPS 2.5 MG (Use dronabinol)	29	MAXX LUBRICATED MISC	98	MEDLANCE PLUS EXTRA LANCETS 21G	112
MARINOL CAPS 5 MG, 10 MG (Use dronabinol)	29	MAXX PLUS SPERMICIDE LUBRICATED MISC	98	MEDLANCE PLUS LANCETS	112
MARPLAN	21	MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	78	MEDLANCE PLUS LANCETS LITE 25G	112
MASK VORTEX/CHILD/FROG	172	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	78	MEDLANCE PLUS LITE LANCETS 25G	112
MASK VORTEX/TODDLER/LADYBUG	172	MAYZENT STARTER PACK TBPK 201		MEDLANCE PLUS SPECIAL LANCETS 0.8MM	112
MASONATAL TABS	190	MAYZENT TABS	201	MEDLANCE PLUS SUPERLITE 30G	112
MATULANE	42	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	29	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	112
MAVENCLAD	201	meclofenamate sodium CAPS	6	MEDLANCE PLUS UNIVERSAL LANCETS 21G	112
MAVYRET PACK	49	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	147	MEDLANCE PLUS/LITE 25G	112
MAVYRET TABS	49	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	147	MEDLANCE/EXTRA	112
MAXALT TABS 10 MG (Use rizatriptan benzoate)	176	MEDICHOICE PRE-SET SAFETY		MEDLANCE/LITE	112
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	176				
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	147				

MEDLANCE/UNIVERSAL	112	MEIJER LANCETS THIN	112	melphalan	39
MEDROL DOSEPAK TBPK (Use methylprednisolone)	57	MEIJER LANCETS UNIVERSAL21G	112	memantine hcl CP24	200
MEDROL TABS (Use methylprednisolone)	57	MEIJER LANCETS UNIVERSAL30G	112	memantine hcl SOLN 2 MG/ML ..	200
MEDROL TABS 32 MG (Use methylprednisolone)	57	MEIJER LANCETS UNIVERSAL33G	112	memantine hcl TABS	200
MEDROL TABS	57	MEIJER PEN NEEDLES 29G X12MM	147	MENACTRA	207
medroxyprogesterone acetate (contraceptive) SUSP IM	57	MEIJER PEN NEEDLES 31G X6MM	147	MENEST	82
medroxyprogesterone acetate (contraceptive) SUSY IM	57	MEIJER PEN NEEDLES 31G X8MM	147	MENOSTAR PTWK	82
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	199	MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 112		MENQUADFI	207
mefenamic acid CAPS	6	MEIJER SUPER THIN LANCETS 112		MENS 50+ ADVANCED CAPS ...	183
mefloquine hcl	38	MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	113	MENS MULTI VITAMIN & MINERAL FORMULA TABS	183
MEGA MULTI FOR MEN TABS ..	183	MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	113	MENS MULTIVITAMIN CHEW ...	183
megestrol acetate (appetite)	199	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT 113		MENS MULTIVITAMIN TABS	183
megestrol acetate SUSP	40	MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP ..	76	menthol-methyl salicylate (liniments) CREA	68
megestrol acetate TABS	40	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT 113		MENVEO SOLN	207
MEIJER ALCOHOL SWABS EXTRA- THICK	122	MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	76	MENVEO SOLR	207
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	112	MEKINIST SOLR	41	meperidine hcl SOLN OR 50 MG/5ML	8
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	76	MEKINIST TABS	41	meperidine hcl TABS 50 MG	8
MEIJER COLOR LANCETS UNIVERSAL 33G	112	MEKTOVI	41	MEPHYTON TABS (Use phytonadione)	212
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	112	meloxicam CAPS	6	meprobamate	12
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP ..	76	meloxicam TABS	6	MEPRON (Use atovaquone)	36
MEIJER LANCETS	112			mercaptopurine TABS	39

mesalamine SUPP	83	methadone hcl TBSO	8	methylphenidate hcl SOLN	2
mesalamine TBEC 1.2 GM	83	METHADOSE CONC (Use		methylphenidate hcl TABS 10 MG,	
mesalamine TBEC 800 MG	83	methadone hcl)	8	20 MG	2
mesalamine w/ cleanser	83	METHADOSE SUGAR-FREE CONC		methylphenidate hcl TABS 5 MG ...	2
MESNEX TABS	42	(Use methadone hcl)	8	methylphenidate hcl TB24 18 MG, 27	
MESTINON SOLN OR (Use		methamphetamine hcl	1	MG, 54 MG	2
pyridostigmine bromide)	38	methazolamide TABS	78	methylphenidate hcl TB24 36 MG ..	2
MESTINON TABS (Use		methenamine hippurate	37	methylphenidate hcl TBCR 10 MG ..	2
pyridostigmine bromide)	38	methenamine mandelate 0.5 GM, 1		methylphenidate hcl TBCR 18 MG,	
MESTINON TIMESPAN TBCR (Use		GM	37	27 MG, 54 MG	2
pyridostigmine bromide)	38	methenamine-hyoscamine-methylene		methylphenidate hcl TBCR 20 MG ..	3
METAMUCIL CAPS (Use psyllium)		blue-sodium phosphate TABS	36	methylphenidate hcl TBCR 36 MG ..	3
89		methenamine-hyosc-methylene blue-		METHYLPHENIDATE	
METAMUCIL FREE & NATURAL		benzoic acid-phenyl sal	36	HYDROCHLORIDE ER TBCR	3
POWD (Use psyllium)	89	methenamine-hyosc-methylene blue-		methylphenidate PTCH 10 MG/9HR,	
METAMUCIL ORIGINAL TEXTURE		sod phos-phenyl sal CAPS	36	20 MG/9HR, 30 MG/9HR	3
POWD (Use psyllium)	89	methenamine-hyosc-methylene blue-		methylphenidate PTCH 15 MG/9HR .	
METAMUCIL POWD (Use psyllium) .		sod phos-phenyl sal TABS 10.8 MG-		3	
89		81.6 MG-36.2 MG-0.12 MG-40.8 MG		methylprednisolone TABS	57
metaxalone	192	36		methylprednisolone TBPk	57
metformin hcl SOLN	24	methimazole TABS	203	metoclopramide hcl SOLN OR 5	
metformin hcl TABS 1000 MG	24	methocarbamol TABS	192	MG/5ML, 10 MG/10ML	83
metformin hcl TABS 500 MG	24	methotrexate sodium TABS 2.5 MG		metoclopramide hcl TABS	83
metformin hcl TABS 625 MG	24	39		METOCLOPRAMIDE ODT TBDP ..	83
metformin hcl TABS 850 MG	24	methoxsalen rapid	63	metolazone	78
metformin hcl TB24 500 MG, 1000		methscopolamine bromide	205	metoprolol & hydrochlorothiazide	
MG	24	methsuximide	20	TABS	35
metformin hcl TB24 500 MG	24	methylidopa TABS	34	metoprolol succinate TB24 200 MG	
metformin hcl TB24 750 MG	24	methylergonovine maleate TABS	198	50	
methadone hcl CONC	8	METHYLIN SOLN (Use		metoprolol succinate TB24 25 MG,	
methadone hcl SOLN OR	8	methylphenidate hcl)	2	50 MG, 100 MG	51
methadone hcl TABS 10 MG	8	methylphenidate hcl CHEW	2	metoprolol tartrate TABS 100 MG .	51
methadone hcl TABS 5 MG	8	methylphenidate hcl CP24	2	metoprolol tartrate TABS 25 MG, 50	
		methylphenidate hcl CPCR	2	MG	51

metoprolol tartrate TABS 37.5 MG, 75 MG	51	MM	147	minoxidil 2.5 MG, 10 MG	36
metronidazole (topical) CREA	70	MICRODOT TEST STRIPS STRP	76	MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	89
metronidazole (topical) GEL 0.75 % 70		MICRODOT XTRA TEST STRIPS STRP	76	MIRALAX PACK (Use polyethylene glycol 3350)	89
metronidazole (topical) GEL 1 % ..	70	MICROLET LANCETS	113	MIRALAX POWD (Use polyethylene glycol 3350)	89
metronidazole (topical) LOTN	70	MICROLET NEXT MISC	113	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use pramipexole dihydrochloride)	42
metronidazole CAPS	36	MICROSPACER MISC	172	MIRAPEX ER TB24 1.5 MG (Use pramipexole dihydrochloride)	42
METRONIDAZOLE SOLN (Use metronidazole)	36	midazolam hcl SYRP	88	MIRASORB SPONGES 2" X 2" MISC	96
metronidazole SOLN	36	midodrine hcl	211	MIRASORB SPONGES 4" X 4" MISC	96
metronidazole TABS	36	MIFEPREX (Use mifepristone) ...	81	MIRCERA	87
metronidazole vaginal	211	mifepristone	81	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	56
metirosine	33	miglitol	23	mirtazapine TABS 15 MG	20
mexiletine hcl	13	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	175	mirtazapine TABS 30 MG	20
MICAFUNGIN	29	MILLIPRED TABS	57	mirtazapine TABS 7.5 MG, 45 MG	20
micafungin sodium	29	MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	56	mirtazapine TBDP 15 MG	21
MICARDIS (Use telmisartan)	34	mineral oil ENEM	90	mirtazapine TBDP 30 MG	20
MICARDIS HCT (Use telmisartan- hydrochlorothiazide)	35	MINI LANCING DEVICE MISC ...	113	mirtazapine TBDP 45 MG	21
miconazole nitrate vaginal SUPP 200 MG	211	MINIELITE FILTER REPLACEMENTS MISC	172	misoprostol	206
miconazole-zinc oxide-white petrolatum	62	MINILINK REAL-TIME TRANSMITTER	113	MITIGARE CAPS (Use colchicine)	85
MICROCHAMBER DEVI	172	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT .	113	MM EASY TOUCH BLOOD GLUCOSE METER KIT	113
MICROCHAMBER MISC	172	MINIPRESS CAPS (Use prazosin hcl)	34	MM EASY TOUCH GLUCOSE TEST STRIPS STRP	76
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	113	MINIVELLE PTTW (Use estradiol)	82	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	147
MICRODOT PEN NEEDLE/31G X 6 MM	147	minocycline hcl CAPS	203		
MICRODOT PEN NEEDLE/32G X 4 MM	147	minocycline hcl TABS	203		
MICRODOT PEN NEEDLE/33G X 4		minocycline hcl TB24	203		
		MINOLIRA TB24	203		

MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	147	209	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"	148	
MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	147	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	209	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	148
MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	147	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	209	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	148
MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	147	MODERNA COVID-19 VACCINE6- 11Y SUSP	209	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	148
MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	147	MODERNA COVID-19 VACCINE6MO-5Y SUSP	209	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	148
MM LANCING DEVICE MISC	113	moexipril hcl	33	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	148
MM PEN NEEDLES 31G X 1/4" ..	147	molindone hcl 5 MG, 25 MG	45	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	148
MM PEN NEEDLES 31G X 3/16" 147		mometasone furoate (nasal) SUSP 193		MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	148
MM PEN NEEDLES 31G X 5/16" 147		mometasone furoate CREA	66	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	148
MM PEN NEEDLES 31G X 5/16" 148		mometasone furoate OINT	66	MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2"	148
MM PEN NEEDLES 32G X 5/32" 148		mometasone furoate SOLN	66	MONOJECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	148
MM TWIST LANCETS	113	MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA (Use hydrocortisone (topical)) . 67		MONOJECT INSULIN SYRINGE/U- 100/0.5ML/28G X 5/16"	148
M-M-R II SOLR	209	MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2"	148	MONOJECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	148
M-NATAL PLUS TABS	190	MONOJECT INSULIN SYRINGE/1ML	148	MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	148
MOBIC TABS 15 MG (Use meloxicam)	6	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	148	MONOJECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	148
MOBIC TABS 7.5 MG (Use meloxicam)	6	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	148	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	148
modafinil	3	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	148	MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1"	148
MODERNA COVID-19 VACCINE SUSP	210	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	148	MONOJECT LIFESHIELD SYRINGE/12ML/18GX1"	148
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	209			MONOJECT MAGELLAN	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .					

SYRINGE/SAFETY NEEDLE/12ML/18G X 1" 148	SYRINGE/SAFETY NEEDLE/3ML/23G X 1" .....149	MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1" .....149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/20G X 1-1/2" 148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1" .....149	MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8" .....149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1" 148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8" .....149	MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4" .....149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1-1/2" 148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/20G X 1-1/2" 149	MONOJECT SYRINGE/LUER LOCK/6ML/20G X 1-1/2" .....149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1" .....148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1" .....149	MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2" .....150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 1" .....148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2" 149	MONOJECT SYRINGE/LUER- LOCK/3ML/21G X 1" .....150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 5/8" .....149	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/22G X 1-1/2" 149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/20GX1" .....150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1" .....149	MONOJECT MEDICATION TRANSFER NEEDLE/20GX1" ...149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/20GX1-1/2" 150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2" 149	MONOJECT SYRINGE/12ML/18GX1" 149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/21GX1" .....150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1" .....149	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1" .....149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/22GX1" .....150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2" 149	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2" .....149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/22GX1-1/2" 150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1" .....149	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1" .....149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/23GX1" .....150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2" 149	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2" .....149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/25GX1" .....150
MONOJECT MAGELLAN	MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1" .....149	MONOJECT

SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/25GX1-1/4" 150	INSULIN SYRINGE/0.5ML/31G X 5/16"151	(Use ibuprofen)6
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/25GX5/8"150	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" 151	MOUNJARO25
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/27GX1-1/4" 150	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 151	MOVANTIK84
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/6ML/20GX1-1/2" 150	MONOLET LANCETS 113	MOXEZA SOLN OP (Use moxifloxacin hcl (ophth))195
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/6ML/21G X1"150	MONOLET OPD LANCETS 113	moxifloxacin hcl (ophth) SOLN OP 195
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/6ML/21GX1-1/2" 150	MONOLETTOR SAFETY LANCETS 113	moxifloxacin hcl TABS82
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/6ML/22GX1-1/2" 150	montelukast sodium CHEW13	MPD SAFETY LANCET 21G/1.8MM 113
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" 150	montelukast sodium PACK 13	MPD SAFETY LANCET 28G/1.8MM 113
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"150	montelukast sodium TABS13	MPD SAFETY LANCET 30G/1.8MM 113
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"150	MONUROL (Use fosfomycin tromethamine)38	MPD SAFETY LANCETS 23G/1.8MM113
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" 150	MOOD FOOD CAPS 183	MS CONTIN TBCR (Use morphine sulfate)8
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" 150	MOOD FOOD ES CAPS 183	MS INSULIN SYRINGE/0.3ML/31G X 5/16"151
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NAMENDA XR CP24 (Use memantine hcl)	200	NAYZILAM	17	NEO-SYNALAR	62
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naproxen sodium TB24	6	nefazodone hcl	22	NESTABS ONE	190
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NEVANAC	197	nicardipine hcl CAPS	52	nitroglycerin SOLN TL 0.4 MG/SPRAY	12
nevirapine SUSP	47	nicotine polacrilex GUM	202	nitroglycerin SUBL	12
nevirapine TABS	47	nicotine polacrilex LOZG	202	NITROLINGUAL PUMPSPRAY SOLN TL (Use nitroglycerin)	12
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NUEDEXTA	202	OB COMPLETE ONE	190	OFIRMEV SOLN IV (Use acetaminophen)	7
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NUPLAZID CAPS	43	OB COMPLETE PREMIER	190	ofloxacin (otic)	197
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NUTROPIN AQ NUSPIN 5 SOPN .79		OCREVUS	201	olanzapine TABS 2.5 MG, 5 MG ..	45
NUVAIL SOLN	69	octreotide acetate SOLN 100 MCG/ML, 500 MCG/ML	81	olanzapine TABS 7.5 MG, 10 MG ..	44
NUVARING (Use etonogestrel- ethinyl estradiol)	56	octreotide acetate SOLN	81	olanzapine TABS 20 MG	45
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NUVIGIL (Use armodafinil)	3	OCUFLOX (Use ofloxacin (ophth)) 195		olanzapine-fluoxetine hcl	200
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NUWIQ SOLR	86	OCUVITE ADULT 50+ CAPS	184	olmesartan medoxomil-amlodipine- hydrochlorothiazide	35
NUZYRA TABS	203	OCUVITE ADULT FORMULA CAPS . 184		olmesartan medoxomil- hydrochlorothiazide	35
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OLUMIANT	3	OMNIPOD GO 20 UNITS/DAY KIT 114	ONE DAILY ESSENTIAL TABS ..	187
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omeprazole CPDR	205	OMVOH SOAJ	83	ONE-A-DAY ENERGY TABS
omeprazole-sodium bicarbonate CAPS	206	OMVOH SOLN	83	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)
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OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	113	ondansetron hcl SOLN OR 4 MG/5ML	28	ONE-A-DAY MENS 50+ ADVANTAGE TABS
OMNIPOD 5 G6 PODS (GEN 5) MISC	113	ondansetron hcl TABS 4 MG, 8 MG 28	ONE-A-DAY MENS 50+ TABS ...	184
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OMNIPOD CLASSIC PODS (GEN 3) MISC	113	ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	184	ONE-A-DAY MENS TABS (Use multiple vitamin)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	113	ONE A DAY MENS VITACRAVES CHEW	184	ONE-A-DAY MENS TABS
OMNIPOD DASH PDM KIT (GEN 4) KIT	113	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	184	ONE-A-DAY MENS VITACRAVES GUMMIES CHEW
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ORENCIA SOSY	7	OTEZLA TBPK	6	oxycodone hcl CAPS	8
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ORENITRAM TITRATION KIT MONTH 1 TEPK	53	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	oxycodone hcl SOLN	9
ORENITRAM TITRATION KIT MONTH 2 TEPK	53	OVACE PLUS WASH GEL (Use sulfacetamide sodium)	64	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	9
ORENITRAM TITRATION KIT MONTH 3 TEPK	53	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	64	oxycodone hcl TABS	9
ORFADIN CAPS (Use nitisinone) .	80	OVACE WASH LIQD (Use sulfacetamide sodium)	64	oxycodone w/ acetaminophen SOLN	9
ORFADIN CAPS	80	OVAL TAPE MISC	114	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9
ORFADIN SUSP	80	OVIDE (Use malathion)	70	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	10
ORGOVYX	40	OXAPROZIN TABS	6	OXYCONTIN T12A	9
ORIAHNN	81	OXAZEPAM CAPS	13	oxymorphone hcl TABS	9
ORLISSA	79	OXBRYTA TABS	87	oxymorphone hcl TB12	9
ORKAMBI PACK	202	OXBRYTA TBSO	87	OXYTROL PTTW	206
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peg 3350-potassium chloride-sod bicarbonate-sod chloride	89	PEN NEEDLES/32G X 5/32"	151	PEPTO BISMOL TABS (Use bismuth subsalicylate)	28
PEGASYS SOLN	49	peniclovir	64	PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	28
PEGASYS SOSY	49	penicillamine CAPS	178	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	28
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PEN NEEDLES	151	penicillin g potassium	198	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	10
PEN NEEDLES 29GX12MM	151	PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	198	PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) .	10
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PEN NEEDLES 31G X 6MM	151	PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	63	permethrin CREA	70
PEN NEEDLES 31G X 8MM	151	PENTACEL	204	permethrin LIQD EX	70
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PEN NEEDLES 31GX6MM (1/4")	151	PENTASA CPCR	83	perphenazine-amitriptyline	200
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PROLATE SOLN	10	PROQUAD SUSR	210	PSS SELECT GP LANCETS	115
PROLATE TABS	10	PRORENAL+D TABS	185	PSS SELECT SAFETY LANCETS	115
PROLENSA	197	PRORENAL+D/OMEGA-3 CAPS	185	psyllium CAPS 0.52 GM, 400 MG	89
PROMACTA PACK	87	PROSCAR (Use finasteride)	85	psyllium POWD 25 %, 28.3 %, 30.9 %, 43 %, 48.57 %, 49 %, 51.7 %, 58.6 %	89
PROMACTA TABS	87	PROTECT CARDIO AF CAPS	185	PTS PANELS EGLU STRP	76
promethazine & phenylephrine SYRP	59	PROTECT PLUS SO CAPS	185	PTS PANELS GLUCOSE TEST STRP	76
promethazine hcl SOLN 6.25 MG/5ML	31	PROTEGRA CAPS	185	PULMICORT FLEXHALER AEPB	14
promethazine hcl SUPP	31	PROTONIX PACK (Use pantoprazole sodium)	205	PULMICORT SUSP (Use budesonide (inhalation))	14
promethazine hcl SYRP	31	PROTONIX TBEC 20 MG (Use pantoprazole sodium)	205	PULMOZYME	202
promethazine hcl TABS	31	PROTONIX TBEC 40 MG (Use pantoprazole sodium)	205	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	174
promethazine w/codeine SOLN	59	PROTOPIC OINT (Use tacrolimus (topical))	68	PURE COMFORT ALCOHOL	
promethazine w/codeine SYRP	59	protriptyline hcl	23	PREPPADS	122
promethazine-dm SYRP	59	PROVENTIL HFA AERS (Use		PURE COMFORT INHALER	
promethazine-phenylephrine-codeine	59				

SPACER CHAMBER ADULT DEVI 174	PX PRENATAL MULTIVITAMINS TABS .....191	QC PEN NEEDLES 31G X 8MM 153
PURE COMFORT LANCETS 30G 115	PX SHORTLENGTH PEN NEEDLES/31GX8MM .....153	QC PRENATAL TABS .....191
PURE COMFORT PEN NEEDLE 32G X6MM .....153	PYLERA (Use bismuth subcitrate potassium-metronidazole- tetracycline) .....206	QC STERILE PADS PADS 97
PURE COMFORT PEN NEEDLE 32G X8MM .....153	pyrazinamide .....38	QC TRIACTING DAYTIME CHILDRENS SYRP .....59
PURE COMFORT PEN NEEDLE/32G X 5MM .....153	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %70	QC UNIFINE PENTIPS 32GX4MM 153
PURE COMFORT PEN NEEDLE/32G X4MM .....153	PYRIDIDIUM TABS (Use phenazopyridine hcl) .....85	QC UNILET LANCETS 28G/ULTRA THIN .....116
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM .....153	pyridostigmine bromide SOLN OR 38	QC UNILET LANCETS 33G/MICRO THIN .....116
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM .....153	pyridostigmine bromide TABS .....38	QELBREE 2
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM .....153	pyridostigmine bromide TBCR .....38	QINLOCK 41
PURIXAN SUSP .....39	pyrimethamine .....38	QNASL .....193
PX ADVANCED LANCING DEVICE MISC .....115	QBRELIS SOLN 33	QNASL CHILDRENS 193
PX EXTRA SHORT PEN NEEDLES 31GX6MM .....153	QC ADVANCED LANCING DEVICE MISC .....115	QTERN .....24
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" 153	QC ALCOHOL SWABS .....122	QUADRACEL SUSP 204
PX LANCET AUTO INJECTOR MISC115	QC ALL PURPOSE DRESSINGS4"X4" PADS97	QUADRACEL SUSY 204
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PX LANCETS ULTRA THIN115	QC CASTOR OIL55	QUALAQUIN CAPS (Use quinine sulfate) 38
PX LANCETS ULTRA THIN 28G 115	QC DIBROMM CHILDRENS COLD& ALLERGY LIQD59	QUARTETTE (Use levonorgestrel- ethinyl estradiol (91-day))56
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	QC PEN NEEDLES 31G X 6MM 153	QUESTRAN POWD (Use cholestyramine)32
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quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	45	QUINTET BLOOD GLUCOSE TEST STRIPS STRP	77	RADIAURA CREA	67
quetiapine fumarate TABS 300 MG, 400 MG	45	QULIPTA	175	RADICAVA ORS STARTER KIT SUSP	193
quetiapine fumarate TB24	45	QUTENZA	69	RADICAVA ORS SUSP	193
QUFLORA PEDIATRIC CHEW ..	188	QUVIVIQ	89	raloxifene hcl	79
QUFLORA PEDIATRIC SOLN ...	188	QVAR REDIHALER	14	ramelteon	89
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QUICKTEK TEST STRIPS STRP .	76	RA E-ZJECT LANCETS 28G	116	RANEXA TB12 (Use ranolazine) ..	12
QUICKVUE AT-HOME COVID-19 TEST KIT	76	RA E-ZJECT LANCETS THIN 26G 116		ranolazine TB12	12
QUILLICHEW ER CHER	3	RA E-ZJECT LANCETS THIN 28G 116		RAPAFLO (Use silodosin)	85
QUILLIVANT XR SRER	3	RA E-ZJECT LANCETS THIN 28G 116		RAPAFLO 8 MG (Use silodosin) ..	85
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quinapril-hydrochlorothiazide 12.5 MG-20 MG	35	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	153	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	4
quinapril-hydrochlorothiazide 25 MG-20 MG	35	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	153	RAVICTI	80
quinidine gluconate TBCR	13	RA PEN NEEDLES 31G X 5MM3/16"	153	RAYA SURE PEN NEEDLE 29GX 12MM	153
quinidine sulfate TABS	13	RA PEN NEEDLES 31G X 8MM5/16"	153	RAYA SURE PEN NEEDLE 31GX 4MM	153
quinine sulfate CAPS 324 MG	38	RA PRENATAL FORMULA/FOLICACID TABS ...	191	RAYA SURE PEN NEEDLE 31GX 5MM	153
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QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP ...	76	RA STERILE PADS 4"X4" PADS ..	97	RAYAVIT TABS	185
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RAZADYNE ER CP24 (Use galantamine hydrobromide)	200	REBINYN	86	RELION 2-IN-1 LANCING DEVICE 30G MISC	116
READYLANCE SAFETY LANCETS/21G/2.2MM	116	REBLOZYL	87	RELION ALCOHOL SWABS	122
READYLANCE SAFETY LANCETS/23G/1.8MM	116	RECOMBINATE SOLR	86	RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	116
READYLANCE SAFETY LANCETS/26G/1.8MM	116	RECOMBIVAX HB SUSP	210	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	116
READYLANCE SAFETY LANCETS/28G/1.8MM	116	RECOMBIVAX HB SUSY	210	RELION CONFIRM/MICRO TEST STRIPS STRP	77
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REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	153	REDITREX SOSY	4	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	154
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REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	154	REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP ..	77	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	154
REALITY LANCETS	116	REGEN-COV 1332 MG/11.1ML-1332 MG/11.1ML, 1332 MG/11.1ML-300 MG/2.5ML, 300 MG/2.5ML-1332 MG/11.1ML, 300 MG/2.5ML-300 MG/2.5ML, 600 MG/10ML-600 MG/10ML	198	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	154
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REALITY LATEX/ULTRA THIN DEVI 98		RELAFEN DS	6	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	154
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		RELEXXII TBCR 36 MG	3		
		RELEXXII TBCR 45 MG, 63 MG, 72 MG	3		

RELION LANCETS ULTRA-THIN30G	116	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	116	RELYVRIO	193
RELION LANCING DEVICE KIT .	116	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	116	REMEDIENT CAPS	185
RELION LANCING DEVICE MISC 116		RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	116	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	21
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	116	RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	77	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	21
RELION MINI PEN NEEDLES 31GX6MM	154	RELION SHORT PEN NEEDLES31GX8MM	154	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	21
RELION PEN NEEDLES 29GX12MM	154	RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	116	REMERON TABS 15 MG (Use mirtazapine)	21
RELION PEN NEEDLES 31G X6MM	154	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	77	REMERON TABS 30 MG (Use mirtazapine)	21
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RELION PEN NEEDLES 31GX8MM 154		RELION ULTRA THIN LANCETS30G	117	RENAPLEX-D TABS	185
RELION PEN NEEDLES 32G X4MM	154	RELION ULTRA THIN PLUS LANCETS 32G	117	RENFLEXIS	83
RELION PEN NEEDLES 32G X5/32"	154	RELION ULTRA THIN PLUS LANCETS 33G	117	RENVELA PACK (Use sevelamer carbonate)	84
RELION PEN NEEDLES 32GX4MM 154		RELISTOR SOLN	84	RENVELA TABS (Use sevelamer carbonate)	84
RELION PEN NEEDLES/31G X1/4" . 154		RELISTOR TABS	84	repaglinide	27
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP ..	77	RELNATE DHA CAPS	191	REPATHA PUSHTRONEX SYSTEM SOCT	33
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	116	REL PAX (Use eletriptan hydrobromide)	176	REPATHA SOSY	33
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	116	RELTONE CAPS	82	REPATHA SURECLICK SOAJ	33
				REPEL FAMILY AERO	69
				REPEL FAMILY DRY AERO	69
				REPEL HUNTERS FORMULA AERO	70
				REPEL SPORTSMEN AERO	70
				REPEL SPORTSMEN DRY AERO 70	

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RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP ..77	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl) 3	ROTARIX SUSP 210
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rimantadine hydrochloride TABS .. 50	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR 200	ROXYBOND TABA 9
RINVOQ 3	rivastigmine tartrate CAPS 200	ROZEREM (Use ramelteon) 89
RIOMET SOLN (Use metformin hcl) . 24	RIXUBIS SOLR 86	ROZLYTREK CAPS 41
risedronate sodium TABS 150 MG 79	rizatriptan benzoate TABS 176	ROZLYTREK PACK 41
risedronate sodium TABS 35 MG ..79	rizatriptan benzoate TBDP 176	RUBRACA 41
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risedronate sodium TBEC 79	ROBINUL TABS (Use glycopyrrolate) 205	rufinamide TABS 19
RISPERDAL CONSTA 12.5 MG, 25 MG, 37.5 MG, 50 MG (Use risperidone microspheres) 44	ROCALTROL CAPS (Use calcitriol) 80	RUKOBIA 48
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RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 44	ROCKLATAN 196	RYBELSUS TABS 25
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	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG 43	RYTHMOL SR CP12 (Use propafenone hcl) 13
	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG 43	SABRIL PACK (Use vigabatrin) ... 20
		SABRIL TABS (Use vigabatrin) 20
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		SAFE-T-LANCE NORMAL FLOW21G 117
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SAFETYLANCET HIGH FLOW ..117	3ML/20GX1"	154	SANCUSO PTCH	29
SAFE-T-LANCE PLUS	SAFETY SYRINGES/NEEDLE		SANDIMMUNE CAPS (Use	
SAFETYLANCET LOW FLOW .. 117	3ML/20GX1-1/2"	154	cyclosporine)	178
SAFE-T-LANCE PLUS	SAFETY SYRINGES/NEEDLE		SANDIMMUNE SOLN OR	178
SAFETYLANCET NORMAL FLOW	3ML/21GX1"	155	SANDOSTATIN LAR DEPOT KIT .81	
117	SAFETY SYRINGES/NEEDLE		SANDOSTATIN SOLN 50 MCG/ML,	
SAFETY INSULIN SYRINGES	3ML/21GX1-1/2"	155	100 MCG/ML, 500 MCG/ML (Use	
0.5ML/29GX1/2"	SAFETY SYRINGES/NEEDLE		octreotide acetate)	81
154	3ML/22GX1"	155	SANOFI COVID-19	
SAFETY INSULIN SYRINGES	SAFETY SYRINGES/NEEDLE		VACCINE/ANTIGEN COMPONENT .	
0.5ML/30GX5/16"	3ML/22GX1-1/2"	155	210	
154	SAFETY SYRINGES/NEEDLE		SAPHRIS (Use asenapine maleate) .	
SAFETY INSULIN SYRINGES	3ML/23GX1"	155	45	
1ML/29GX1/2"	SAFETY SYRINGES/NEEDLE		SAPHRIS 5 MG, 10 MG (Use	
154	3ML/25GX5/8"	155	asenapine maleate)	45
SAFETY LANCET 30G/PRESSURE	SAFETY SYRINGES/NEEDLE		sapropterin dihydrochloride PACK .80	
ACTIVATED	5ML/20GX1-1/2"	155	sapropterin dihydrochloride TABS .80	
117	SAFETY SYRINGES/NEEDLE		SAPS CARE ALCOHOL PREP	
SAFETY LANCETS	5ML/21GX1-1/2"	155	PADS	122
117	SAFETY SYRINGES/NEEDLE		SAPS HEALTH ALCOHOL	
SAFETY LANCETS 21G	5ML/22GX1-1/2"	155	PREPPADS	122
117	SAFYRAL (Use drospirenone-ethinyl		SAPS HEALTH CARE	
SAFETY LANCETS 23G	estradiol-levomefolate calcium) ...	56	ALCOHOLPREP PADS	122
117	SAIZEN IJ	79	SAPS HEALTH CARE TWIST TOP	
SAFETY LANCETS 28G	SALICATE LIQD	68	LANCETS	117
117	salicylic acid FOAM	68	SAPS HEALTH PLUS TWIST TOP	
SAFETY LANCETS/PRESSURE	salicylic acid GEL 6 %	68	LANCETS 30G	117
ACTIVATED/28G	salicylic acid LIQD 27.5 %	68	SAPS HEALTH TWIST TOP	
117	SALICYLIC ACID OINT	68	LANCETS 30G	117
SAFETY PEN NEEDLES/30G X3/16"	saline SOLN	193	SAPSCARE TWIST TOP LANCETS	
.....	salsalate	8	30G	117
154	SAMI THE SEAL		SARNA LOTN (Use camphor &	
SAFETY SYRINGES/NEEDLE	REPLACEMENTFILTERS MISC .174		menthol)	63
10ML/20GX1-1/2"	SAMSCA TABS (Use tolvaptan) ..	81	SAVAYSA	16
154			SAVELLA TABS	200
SAFETY SYRINGES/NEEDLE				
1ML/27GX1/2"				
154				
SAFETY SYRINGES/NEEDLE				
1ML/25GX5/8"				
154				
SAFETY SYRINGES/NEEDLE				
1ML/27GX1/2"				
154				
SAFETY SYRINGES/NEEDLE				
1ML/25GX5/8"				
154				

SAVELLA TITRATION PACK MISC 200	SYRINGE/NEEDLE/1ML/27G X 1/2" 155	SELZENTRY TABS 300 MG (Use maraviroc)48
SAWYER INSECT REPELLENT AERO 70	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1" 155	SEMGLEE SOLN 27 SEMGLEE SOPN27
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN ..70	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1- 1/2"155	SE-NATAL 19 CHEW191 SE-NATAL 19 TABS191
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saxagliptin-metformin hcl24	SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1- 1/2"155	sennosides TABS 8.6 MG 90 sennosides-docusate sodium TABS 89
SB ALCOHOL PREP PADS122	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 155	SENOKOT S TABS (Use sennosides-docusate sodium)89
SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 155	SECURESAFE SYRINGE/NEEDLE/3ML/29G X 1/2" 155	SENOKOT TABS (Use sennosides) 90
SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"155	SEGLENTIS10	SENSIPAR (Use cinacalcet hcl) .. 80
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SECURESAFE		

sevelamer carbonate TABS	84	THIN 28G	117	SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	97
sevelamer hcl	84	SIDEROL TABS	185	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	97
SEVENFACT	86	SIDESTREAM ADULT FACE MASK MISC	174	SILIQ	63
SFROWASA ENEM	83	SIDESTREAM PEDIATRIC FACEMASK MISC	174	silodosin	85
SHINGRIX	210	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 174		SILVADENE (Use silver sulfadiazine)	64
SHOPKO AUTOLET LANCING DEVICE MISC	117	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	174	SILVER NITRATE SOLN 0.5 % ...	64
SHOPKO ON-THE-GO COMFORTLANCETS 30G	117	SIDESTREAM PLUS ADULT FACE MASK MISC	174	silver sulfadiazine	64
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM ...	155	SIGNIFOR	81	SIMBRINZA	195
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	155	SIGNIFOR LAR	81	simethicone CHEW 80 MG	82
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM 155		SIKLOS TABS	87	simethicone LIQD OR 20 MG/0.3ML . 82	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM ..	155	sildenafil citrate (pulmonary hypertension) SOLN	53	simethicone SUSP	82
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM	155	sildenafil citrate (pulmonary hypertension) SUSR	53	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	118
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5M M	155	sildenafil citrate (pulmonary hypertension) TABS	54	SIMPONI ARIA SOLN	5
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SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM	156	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	174	SIMPONI SOSY	5
SHOPKO UNILET LANCETS SUPER THIN 30G	117	SILICONE MASK FOR BREATHRITE CHAMBER/INFANT MISC	174	simvastatin TABS	32
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				SINGULAIR CHEW (Use montelukast sodium)	14
				SINGULAIR CHEW 4 MG (Use montelukast sodium)	14
				SINGULAIR PACK (Use montelukast sodium)	14
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SM ROLLED GAUZE BANDAGE		

SODIUM	SOOTHENE NBL 100	itraconazole)	30
SULFACETAMIDE/SULFUR	MEDICATION CUP MISC	SPORANOX PULSEPAK CAPS (Use	
CLEANSER IN UREA EMUL	61	itraconazole)	30
SOFOBUVIR/VELPATASVIR TABS	SOOTHENE NBL 100 MESH CAP	SPORANOX SOLN (Use	
.....	MISC	itraconazole)	30
49	SOOTHENE NBL100 ADULT	SPRAVATO 56MG DOSE	21
SOF-WICK 4"X4" PADS	MASK MISC	SPRAVATO 84MG DOSE	21
97	175	SPRITAM TB3D	19
SOF-WIK MISC	sorafenib tosylate	SPRYCEL	41
97	41	STALEVO 100 (Use carbidopa-	
SOGROYA	SORILUX FOAM	levodopa-entacapone)	43
79	63	STALEVO 125 (Use carbidopa-	
SOHONOS	sotalol hcl (afib/af)	levodopa-entacapone)	43
192	51	STALEVO 150 (Use carbidopa-	
solifenacin succinate TABS	sotalol hcl TABS 240 MG	levodopa-entacapone)	43
206	51	STALEVO 200 (Use carbidopa-	
SOLQUA 100/33	sotalol hcl TABS 80 MG, 120 MG,	levodopa-entacapone)	43
24	160 MG	STALEVO 50 (Use carbidopa-	
SOLIRIS	51	levodopa-entacapone)	43
86	SOTYKTU	STALEVO 75 (Use carbidopa-	
SOLODYN TB24 55 MG, 65 MG, 80	SOTYLIZE SOLN OR	levodopa-entacapone)	43
MG, 105 MG, 115 MG (Use	51	STAMARIL SUSR	210
minocycline hcl)	SOVALDI PACK	STEGLATRO	27
203	49	STEGLUJAN	24
SOLOSEC	SOVALDI TABS	STELARA 130 MG/26ML	83
3	49	STELARA SOSY	63
SOLTAMOX SOLN	SPECTRAVITE TABS	STERILANCE TL	118
40	185	STERILE BANDAGE ROLL	
SOLUS V2 AUDIBLE BLOOD	SPIKEVAX COVID-19 VACCINE	2.25"X3YD MISC	97
GLUCOSE MANAGEMENT	SUSP	STERILE GAUZE PADS 2"X2" PADS	
SYSTEM DEVI	210	.....	97
118	SPIKEVAX COVID-19	STERILE GAUZE PADS 3"X3" PADS	
SOLUS V2 AUDIBLE BLOOD	VACCINE/2023-24 SUSP	97
GLUCOSE MANAGEMENT	210	STERILE PADS 2"X2" PADS	97
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118	VACCINE/2023-24 SUSY		
SOLUS V2 AUDIBLE TEST STRP 77	210		
SOLUS V2 LANCING DEVICE MISC	spinosad		
118	70		
SOLUS V2 PRESSURE ACTIVATED	SPIRIVA HANDHALER CAPS (Use		
SAFETY LANCETS 28G	tiotropium bromide monohydrate) .		
118	13		
SOLUS V2 TWIST LANCETS 30G	SPIRIVA RESPIMAT AERS		
118	13		
SOMA TABS (Use carisoprodol) .	SPIRO PD DEVI		
192	175		
SOMATULINE DEPOT	spironolactone & hydrochlorothiazide		
81	.....	
SOOTHENE NBL 100 CHILD	78		
MASK MISC	spironolactone SUSP		
175	78		
	spironolactone TABS		
	78		
	SPORANOX CAPS (Use		

STERILE PADS 3"X3" PADS97	sulfacetamide sodium (ophth) SOLN . 195	sumatriptan succinate SOAJ 4 MG/0.5ML176
STERILE PADS 4"X4" PADS97	sulfacetamide sodium GEL 64	sumatriptan succinate SOAJ 6 MG/0.5ML176
STIMUFEND 87	sulfacetamide sodium LIQD 64	sumatriptan succinate SOCT 4 MG/0.5ML176
STIOLTO RESPIMAT 15	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 % 61	sumatriptan succinate SOCT 6 MG/0.5ML176
STIVARGA 41	sulfacetamide sodium w/ sulfur EMUL 10 %-1 % 61	sumatriptan succinate SOLN 6 MG/0.5ML176
STRATTERA (Use atomoxetine hcl) . 2	sulfacetamide sodium w/ sulfur FOAM 61	sumatriptan succinate TABS 176
STRETCH GAUZE BANDAGE MISC 97	sulfacetamide sodium w/ sulfur LIQD 61	sumatriptan-naproxen sodium ...175
STRIBILD 48	sulfacetamide sodium w/ sulfur PADS 10 %-4 %61	SUMAXIN CP KIT61
STRIVERDI RESPIMAT15	sulfacetamide sodium w/ sulfur SUSP 8 %-4 %61	SUMAXIN PADS61
STROMECTOL (Use ivermectin) . 12	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %61	sunitinib malate 41
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SUBLOCADE SOSY10	sulfadiazine TABS203	SUNLENCA TBPK48
SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate) 10	sulfamethoxazole-trimethoprim SUSP36	SUNOSI 2
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SURE-PEN MISC	119	SYMTUZA	48	SYRINGE/LUER LOCK/3ML/22G X	
SURE-PREP ALCOHOL PREP		SYNALAR CREA (Use fluocinolone		1"	157
PADS	122	acetonide)	67	SYRINGE/LUER LOCK/3ML/22G X	
SURE-TEST EASYPLUS MINI		SYNALAR CREAM KIT	67	1-1/2"	157
BLOOD GLUCOSE TEST STRIPS		SYNALAR OINT (Use fluocinolone		SYRINGE/LUER LOCK/3ML/22GX1"	
STRP	77	acetonide)	67	.....	157
SURE-TEST EASYPLUS MINI SELF		SYNALAR OINTMENT KIT	67	SYRINGE/LUER LOCK/3ML/22GX1-	
MONITORING BLOOD GLUCOSE		SYNALAR SOLN (Use fluocinolone		1/2"	157
METER DEVI	119	acetonide)	67	SYRINGE/LUER LOCK/3ML/23G X	
SURE-TOUCH LANCETS		SYNALAR TS	67	1"	157
UNIVERSAL	119	SYNAREL	80	SYRINGE/LUER LOCK/3ML/23G X	
SURGICAL GAUZE SPONGE PADS		SYNJARDY TABS	24	1-1/2"	157
97		SYNJARDY XR TB24	24	SYRINGE/LUER LOCK/3ML/23GX1"	
SUSTIVA CAPS 200 MG (Use		SYNTHROID TABS (Use		.....	157
efavirenz)	48	levothyroxine sodium)	203	SYRINGE/LUER LOCK/3ML/25G X	
SUSTIVA CAPS 50 MG (Use		SYPRINE (Use trientine hcl)	178	1"	157
efavirenz)	48	SYRINGE/HYPODERMIC		SYRINGE/LUER LOCK/3ML/25G X	
SUSTIVA TABS (Use efavirenz) ..	48	SAFETY12ML 18GX1"	157	1-1/2"	157
SUTENT (Use sunitinib malate) ..	41	SYRINGE/LUER LOCK/10ML/21G X		SYRINGE/LUER LOCK/3ML/25GX1"	
SYMBICORT (Use budesonide-		1"	157	.....	157
formoterol fumarate dihydrate)	15	SYRINGE/LUER LOCK/3ML/20G X		SYRINGE/LUER	
SYMBYAX 25 MG-3 MG, 25 MG-6		1"	157	LOCK/3ML/25GX5/8"	157
MG (Use olanzapine-fluoxetine hcl)		SYRINGE/LUER LOCK/3ML/20G X		SYRINGE/LUER LOCK/5ML/20G X	
200		1-1/2"	157	1-1/2"	157
SYMDEKO	202	SYRINGE/LUER LOCK/3ML/20GX1-		SYRINGE/LUER SLIP/1ML/25G X	
SYMFI (Use efavirenz-lamivudine-		1/2"	157	5/8"	158
tenofovir disoproxil fumarate)	48	SYRINGE/LUER LOCK/3ML/21G X		SYRINGE/LUER SLIP/1ML/26G X	
SYMFI LO (Use efavirenz-		1"	157	3/8"	158
lamivudine-tenofovir disoproxil		SYRINGE/LUER LOCK/3ML/21G X		SYRINGE/LUER SLIP/1ML/27G X	
fumarate)	48	1-1/2"	157	1/2"	158
SYMJEPI SOSY	211	SYRINGE/LUER LOCK/3ML/21GX1"		SYRINGES/LUER	
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SYMLINPEN 60 SOPN	24	SYRINGE/LUER LOCK/3ML/21GX1-		SYRINGES/LUER	
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LOCK/10ML/20GX1-1/2"	158	tacrolimus CAPS	178	TASIGNA	41
SYRINGES/LUER LOCK/10ML/21G X 1"	158	tadalafil (pulmonary hypertension) TABS	54	tasimelteon CAPS	89
SYRINGES/LUER LOCK/10ML/22GX1"	158	tadalafil 5 MG	53	TASMAR (Use tolcapone)	42
SYRINGES/LUER LOCK/10ML/22GX1-1/2"	158	TADLIQ SUSP	54	tavorole	62
SYRINGES/LUER LOCK/1ML/20GX1"	158	TAFINLAR CAPS	41	TAVALISSE	86
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SYRINGES/LUER LOCK/5ML/20GX1-1/2"	158	tafluprost	197	TAYTULLA CAPS (Use norethin acet & estrad-fe)	56
SYRINGES/LUER LOCK/5ML/21GX1"	158	TAGRISSE	39	tazarotene CREA	64
SYRINGES/LUER LOCK/5ML/22GX1-1/2"	158	TAKHZYRO SOLN	86	TAZAROTENE FOAM	61
SYRINGES/LUER LOCK/5ML/21GX1-1/2"	158	TAKHZYRO SOSY	86	tazarotene GEL	64
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SYRINGES/LUER LOCK/5ML/21GX1-1/2"	158	TALTZ SOSY	64	TECFIDERA CPDR (Use dimethyl fumarate)	201
SYRINGES/LUER SLIP/1ML/25GX5/8"	158	TALZENNA	41	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	201
SYSTANE ICAPS AREDS2 CHEW 186		TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	50	TECHLITE AST LANCETS	119
SYSTANE ICAPS AREDS2 TABS 186		TAMIFLU CAPS 45 MG (Use oseltamivir phosphate)	50	TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2"	158
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TABRECTA	41	tamoxifen citrate TABS	40	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16"	158
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TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	67	TARCEVA (Use erlotinib hcl)	39	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	158
tacrolimus (topical) OINT	68	TARGRETIN (Use bexarotene (topical))	63	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	158
		TARGRETIN (Use bexarotene) ..	42	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16"	158
		TARON-PREX	191	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64"	158
		TARPEYO CPDR	57		
		TASCENSO ODT	201		

TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	158	carbamazepine)	19	TENDEROL UNDERCAST PADDING 6"X4 YD MISC	98
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"	158	TEGRETOL-XR TB12 (Use carbamazepine)	19	TENIVAC INJ	204
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	158	TEGSEDI	202	tenofovir disoproxil fumarate TABS 48	
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64"	158	TEKTURNA (Use aliskiren fumarate)	35	TENORETIC 100 (Use atenolol & chlorthalidone)	35
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	158	TEKTURNA HCT	35	TENORETIC 50 (Use atenolol & chlorthalidone)	35
TECHLITE LANCETS	119	TELFAM AMD ADHESIVE BANDAGE 2"X3.75" MISC	98	TENORMIN TABS (Use atenolol) .	51
TECHLITE LANCETS 30G	119	telmisartan	34	TEPMETKO	41
TECHLITE PEN NEEDLES 29GX 10MM	158	telmisartan-amlodipine	35	terazosin hcl	34
TECHLITE PEN NEEDLES 29GX 12 MM	158	telmisartan-hydrochlorothiazide ..	35	terbinafine hcl TABS	29
TECHLITE PEN NEEDLES 31GX 5MM	158	temazepam 15 MG, 30 MG	88	terbutaline sulfate TABS	15
TECHLITE PEN NEEDLES/31GX 8MM	158	temazepam 7.5 MG, 22.5 MG	88	terconazole vaginal CREA 0.4 %	211
TECHLITE PEN NEEDLES/32GX 4MM	158	TEMODAR CAPS 100 MG, 140 MG (Use temozolomide)	39	terconazole vaginal CREA 0.8 %	211
TECHLITE PEN NEEDLES/32GX 6MM	158	TEMODAR CAPS 180 MG, 250 MG (Use temozolomide)	39	terconazole vaginal SUPP	211
TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 1-3/4"X1- 3/4" MISC	98	TEMOVATE CREA (Use clobetasol propionate)	67	teriflunomide	201
TEGADERM FOAM DRESSING 2"X2" PADS	98	TEMOVATE OINT (Use clobetasol propionate)	67	teriflunomide 7 MG	201
TEGADERM FOAM DRESSING 4"X4" PADS	98	temozolomide CAPS 180 MG, 250 MG	39	TESTIM GEL TD (Use testosterone) .	10
TEGADERM FOAM DRESSING ROLL 4"X24" MISC	98	temozolomide CAPS 5 MG, 20 MG, 100 MG, 140 MG	39	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	10
TEGRETOL SUSP (Use carbamazepine)	19	TEMPO REFILL KIT	119	testosterone cypionate SOLN IM 100 MG/ML	10
TEGRETOL TABS (Use		TEMPO WELCOME KIT	119	testosterone cypionate SOLN IM 200 MG/ML	10
		TENDEROL UNDERCAST PADDING 2"X4 YD MISC	98	testosterone enanthate SOLN IM ..	10
		TENDEROL UNDERCAST PADDING 3"X4 YD MISC	98	testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	10
		TENDEROL UNDERCAST PADDING 4"X4 YD MISC	98	testosterone SOLN	10
				TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP	204

tetrabenazine	201	THERAGAUZE PADS	98	timolol maleate (ophth) SOLN	194
tetracaine hcl (ophth)	196	THERAGRAN-M ADVANCED TABS	186	timolol maleate TABS	51
tetracycline hcl CAPS	203	THERAGRAN-M PREMIER TABS	186	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	194
tetrahydrozoline hcl (ophth) 0.05 %	195	THERAGRAN-M TABS	186	TIMOPTIC SOLN (Use timolol maleate (ophth))	194
TETRIX CREA	69	THERAMILL FORTE CAPS	186	TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	194
TEXACORT SOLN 2.5 %	67	THERANATAL LACTATION ONE CAPS	186	TIMOPTIC-XE SOLG 0.5 % (Use timolol maleate (ophth))	194
TEZSPIRE SOAJ	13	THERA-TABS M TABS	186	tinidazole	36
TEZSPIRE SOSY	13	THEREMS MULTIVITAMIN TABS	187	tiopronin TABS	85
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	119	THINLETS GP LANCETS	119	tiotropium bromide monohydrate CAPS	13
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	119	THIOLA EC TBEC	85	TIROSINT CAPS (Use levothyroxine sodium)	204
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	77	THIOLA TABS (Use tiopronin)	85	TIROSINT CAPS	204
TGT BLOOD GLUCOSE TEST STRIPS STRP	77	thioridazine hcl	45	TIROSINT-SOL SOLN OR	204
TGT LANCET MICRO THIN 33G	119	thiothixene	46	TIVICAY PD TBSO	48
TGT LANCET THIN 26G	119	THRESHOLD IMT MISC	175	TIVICAY TABS	48
TGT LANCET ULTRA THIN 30G	119	THRESHOLD PEP DEVI	175	TIVORBEX CAPS (Use indomethacin)	6
TGT LANCING DEVICE MISC ...	119	THRIVITE RX TABS	191	tizanidine hcl CAPS	192
THALITONE	79	THYQUIDITY SOLN OR	203	tizanidine hcl TABS	192
THALOMID	178	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	203	TM-DAILY VITE TABS	187
THEO-24 CP24	16	tiagabine hcl	20	TOBI NEBU (Use tobramycin)	3
theophylline ELIX	16	TIAZAC (Use diltiazem hcl extended release beads)	52	TOBI PODHALER CAPS	3
theophylline SOLN	16	TIBSOVO	41	TOBRADEX OINT	196
theophylline TB12	16	TIGLUTIK SUSP	193	TOBRADEX ST SUSP	196
theophylline TB24	16	TIKOSYN (Use dofetilide)	13	TOBRADEX SUSP (Use tobramycin-dexamethasone)	196
THERA M PLUS TABS	186	timolol maleate (ophth) SOLG 0.25 %	194	tobramycin (ophth) SOLN	195
THERA TABS	187	timolol maleate (ophth) SOLG 0.5 %	194	tobramycin NEBU	3

tobramycin sulfate SOLN IJ 1.2 GM/30ML	3	TOPAMAX TABS 100 MG (Use topiramate)	19	X 1/2"	159
tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML	3	TOPAMAX TABS 200 MG (Use topiramate)	19	TOPICORT CREA 0.05 % (Use desoximetasone)	67
tobramycin sulfate SOLR	3	TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	19	TOPICORT CREA 0.25 % (Use desoximetasone)	67
tobramycin-dexamethasone SUSP 197		TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	159	TOPICORT GEL (Use desoximetasone)	67
TOBREX OINT	195	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	159	TOPICORT LIQD (Use desoximetasone)	67
TOBREX SOLN (Use tobramycin (ophth))	195	TOPCARE LANCETS MICRO-THIN 33G	119	TOPICORT OINT 0.05 % (Use desoximetasone)	67
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	119	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	159	TOPICORT OINT 0.25 % (Use desoximetasone)	67
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	159	topiramate CP24 25 MG, 50 MG, 100 MG	19
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	159	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	159	topiramate CP24	19
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	159	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	159	topiramate CPSP 15 MG	19
TODAYS HEALTH SUPER THINLANCETS 30G	119	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	159	topiramate CPSP 25 MG	19
TODAYS HEALTH ULTRA THINLANCETS 28G	119	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	159	topiramate CS24	19
tolcapone	42	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	159	topiramate TABS 100 MG	19
tolmetin sodium CAPS	6	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	159	topiramate TABS 200 MG	19
tolmetin sodium TABS 600 MG	6	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	159	topiramate TABS 25 MG, 50 MG ..	19
tolnaftate SOLN	62	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G	159	TOPPER DRESSING SPONGES 4"X4" MISC	98
TOLSURA CAPS	30	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G	159	TOPROL XL TB24 200 MG (Use metoprolol succinate)	51
tolterodine tartrate CP24	206	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	159	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 51	
tolterodine tartrate TABS	206	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	159	toremifene citrate	40
tolvaptan TABS	81	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	159	torse mide TABS 20 MG	78
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	19	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	159	torse mide TABS 5 MG, 10 MG, 100 MG	78
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	19	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G		TOSYMRA	176

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TOUJEO SOLOSTAR SOPN 27	trazodone hcl TABS 50 MG, 100 MG, 150 MG 22	triamcinolone acetonide (topical) OINT 0.05 % 67
TOVET KIT 67	TRECTOR 38	triamcinolone acetonide (topical) OINT 0.1 % 67
TOVIAZ (Use fesoterodine fumarate) 206	TRELEGY ELLIPTA 15	triamcinolone acetonide (topical) OINT 0.5 % 67
TRACLEER TABS (Use bosentan) 53	TREMFYA SOPN 64	TRIAMINIC COLD & COUGH DAY
TRACLEER TBSO 53	TREMFYA SOSY 64	TIME CHILDRENS SYRP 59
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tramadol hcl SOLN 9	TRESIBA SOLN 27	triamterene CAPS 78
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tramadol hcl TABS 50 MG 9	tretinoin CREA 0.025 % 61	TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide) 35
tramadol hcl TB24 9	tretinoin CREA 0.05 %, 0.1 % 61	TRICARE TABS 191
TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl) 9	tretinoin GEL 0.01 %, 0.025 % 61	TRICOR TABS (Use fenofibrate) .. 32
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trandolapril 1 MG, 2 MG 33	tretinoin microsphere 61	trifluoperazine hcl TABS 45
trandolapril 4 MG 33	TRETTEN 86	trifluridine 195
trandolapril-verapamil hcl 35	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 39	trihexyphenidyl hcl SOLN 42
tranexamic acid TABS 88	TREXIMET (Use sumatriptan- naproxen sodium) 175	trihexyphenidyl hcl TABS 42
TRANSDERM-SCOP (Use scopolamine) 29	triamcinolone acetonide (mouth) 179	TRIJARDY XR 24
TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium) 13	triamcinolone acetonide (topical) AERS 67	TRIKAFTA TBPK 202
tranylcypromine sulfate 21	triamcinolone acetonide (topical) CREA 0.025 % 67	TRIKAFTA THPK 202
TRAVATAN Z (Use travoprost) .. 197	triamcinolone acetonide (topical) CREA 0.1 % 67	TRILEPTAL SUSP (Use oxcarbazepine) 19
TRAVEL LANCETS 30G 119	triamcinolone acetonide (topical) CREA 0.5 % 67	TRILEPTAL TABS (Use oxcarbazepine) 19
TRAVEL LANCETS ADVANCED 28G 119	triamcinolone acetonide (topical) LOTN 67	TRILIPIX (Use choline fenofibrate) 32
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trimethoprim TABS36	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"159	TRUE COMFORT PRO PEN NEEDLES 33G X 6MM 160
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TRINATAL RX 1 TABS 191	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"159	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16" 160
TRINTELLIX23	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"159	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16" 160
TRISTART DHA191	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"159	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/32GX5/16" 160
TRISTART FREE 191	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"159	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 160
TRISTART ONE 191	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"159	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2" 160
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TRIZIVIR48	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM 160	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM 160
TROGARZO48	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM 160	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM 160
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TRUE METRIX BLOOD GLUCOSEMETER KIT	119	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	160	TRUEPLUS PEN NEEDLES 31GX8MM	161
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ...	77	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	160	TRUEPLUS PEN NEEDLES 32GX4MM	161
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TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	119	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	161	TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	120
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TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	160	TRUEPLUS LANCETS 30G ULTRA THIN	120	TRUSELTIQ	41
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TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	99	TUMS CHEW (Use calcium carbonate (antacid))	11	TYVASO STARTER SOLN IN	53
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	99	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) .	11	UBRELVY	175
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	99	TURALIO	41	UCERIS (Use budesonide (intrarectal))	11
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TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	99	TWINRIX SUSY	210	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG .	186
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TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (Use emtricitabine-tenofovir disoproxil fumarate)	48	TYLENOL CHILDRENS SUSP (Use acetaminophen)	7	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	161
TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	48	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	7	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	161
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VANISHPOINT SYRINGE/3ML/20G X 1-1/2"	167	VASOTEC TABS (Use enalapril maleate)	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	52
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VANISHPOINT SYRINGE/3ML/23G X 1"	167	VELETRI (Use epoprostenol sodium)	VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	52
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VANISHPOINT SYRINGE/3ML/25G X 1"	167	VELTASSA	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	52
VANISHPOINT SYRINGE/3ML/25G X 1-1/2"	167	VEMLIDY	VERELAN PM CP24 300 MG (Use verapamil hcl)	52
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		venlafaxine hcl CP24 37.5 MG		
		venlafaxine hcl CP24 75 MG		
		venlafaxine hcl TABS		
		venlafaxine hcl TB24		
		VENTAVIS		
		VENTOLIN HFA AERS (Use		

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VERIFINE INSULIN SYRINGE1ML/29G X 12MM	167	VESICARE TABS 10 MG (Use solifenacin succinate)	206	VIIBRYD STARTER PACK KIT	23
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	167	VFEND SUSR (Use voriconazole) .	30	VIIBRYD TABS (Use vilazodone hcl) 23	
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VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	168	V-GO 30 KIT	121	VIMPAT SOLN OR 10 MG/ML (Use lacosamide)	19
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	121	V-GO 40 KIT	121	VIMPAT TABS (Use lacosamide) .	20
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	121	VIBERZI	84	VINATE DHA RF	191
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	121	VIBRAMYCIN CAPS (Use doxycycline hyclate)	203	VIOKACE TABS	78
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	121	VIBRAMYCIN SUSR (Use doxycycline (monohydrate))	203	VIRACEPT TABS 250 MG	48
		VICTOZA	25	VIRACEPT TABS 625 MG	48
		VIDA MIA AUTOLET LANCINGDEVICE MISC	121	VIRAMUNE XR TB24 400 MG (Use nevirapine)	48
		VIDA MIA UNIFINE PENTIPS32GX4MM	168	VIRAZOLE (Use ribavirin)	50
				VIREAD POWD	48
				VIREAD TABS (Use tenofovir	

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VIREAD TABS	48	VITAPEARL	192	VIVELLE-DOT PTTW (Use estradiol) 82	
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VIRTUSSIN DAC SOLN	59	VITEYES CLASSIC ADVANCED CAPS	186	VIVOTIF	207
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	195	VITEYES CLASSIC CAPS	186	VIZIMPRO	39
VISION HEALTH CAPS	186	VITEYES CLASSIC MACULAR SUPPORT CAPS	186	VOGELXO GEL TD (Use testosterone)	10
VISTA ADVANCED AREDS2 FORMULA CAPS	186	VITEYES CLASSIC MULTIVITAMIN TABs	186	VOGELXO PUMP GEL TD (Use testosterone)	10
VISTA ADVANCED DRY EYE FORMULA CAPS	186	VITEYES CLASSIC/OMEGA-3 CAPS	186	VONJO	41
VISTARIL CAPS (Use hydroxyzine pamoate)	12	VITEYES CLASSIC+OMEGA-3 CAPS	186	VONVENDI	86
VISTOGARD	28	VITRAXVI CAPS	41	voriconazole SUSR	30
VITABEX CAPS	186	VITRAXVI SOLN	41	voriconazole TABS	30
VITABEX PLUS CAPS	186	VITRANOL TABS	186	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	175
VITACHEW ADULT MULTI VITAMIN CHEW	186	VITREXATE TABS	186	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	175
VITAFOL FE+	191	VITREXYL TABS	186	VORTEX VALVED HOLDING CHAMBER DEVI	175
VITAFOL GUMMIES	191	VITRUM 50+ ADULT-MULTI IRON FREE TABS	186	VOSEVI	49
VITAFOL STRIPS	191	VITRUM 50+ SENIOR MULTI TABS . 186		VOTRIENT (Use pazopanib hcl) ..	41
VITAFOL ULTRA	192	VIVAGUARD INO BLOOD GLUCOSE METER DEVI	121	VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	168
VITAFOL-NANO	192	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	77	VRAYLAR CAPS	43
VITAFOL-OB TABS	192	VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	121	VRAYLAR CPPK	43
VITAFOL-OB+DHA MISC	192	VIVAGUARD LANCETS	121	VTAMA	64
VITAFOL-ONE CAPS	192	VIVAGUARD LANCING DEVICE MISC	121	VUITY SOLN	194
VITALETS CHILDRENS CHEW ..	188			VUMERITY	201
VITAMEDMD ONE RX/QUATREFOLIC	192				
VITAMIN D3 COMPLETE TABS .	186				
VITAMIN D3 LIQD OR 5000					

VUSION (Use miconazole-zinc oxide-white petrolatum)	62	2 PLY	122	WINDMILL TRAINER MISC	175
VYEPTI	175	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	123	WINLEVI	61
VYJUVEK	71	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	168	WOMENS 50+ MULTIVITAMIN TABS	186
VYNDAMAX	54	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	168	WOMENS MULTI GUMMIES CHEW 186	
VYNDAQEL	54	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	168	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	186
VYTORIN (Use ezetimibe- simvastatin)	31	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM 168		WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW ..	186
VYVANSE CAPS	1	WELCHOL PACK (Use colesevelam hcl)	32	XACIATO GEL	211
VYVANSE CHEW	1	WELCHOL TABS (Use colesevelam hcl)	32	XADAGO	43
VYVGART	178	WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	21	XALATAN SOLN (Use latanoprost) 197	
VYVGART HYTRULO	178	WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	21	XALKORI CAPS	41
VYZULTA	197	WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	21	XALKORI CPSP	41
WAKIX	2	WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	21	XANAX TABS (Use alprazolam) ...	13
WAL-BORN VITAMIN C CHEW ..	186	WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	21	XANAX XR TB24 (Use alprazolam) 13	
WALGREENS ADVANCED TRAVELLANCETS 28G	121	WESCAP-C DHA	192	XARELTO STARTER PACK TBP 16	
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	121	WESCAP-PN DHA	192	XARELTO SUSR	16
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	121	WESNATAL DHA COMPLETE ..	192	XARELTO TABS 10 MG	16
WALGREENS LANCETS	121	WESNATE DHA CAPS	192	XARELTO TABS 15 MG	16
WALGREENS THIN LANCETS ..	121	WESTAB PLUS TABS	192	XARELTO TABS 2.5 MG	16
WALGREENS ULTRA THIN LANCETS	121	WESTGEL DHA	192	XARELTO TABS 20 MG	16
WAL-TAP COLD/ALLERGY LIQD .	59	white petrolatum-mineral oil	194	XATMEP SOLN	39
warfarin sodium TABS	16	WILATE KIT	86	XCOPRI TABS	20
WAVESENSE AMP KIT	121			XCOPRI TBP	20
WEBCOL ALCOHOL PREP LARGE 1 PLY	122			XELJANZ SOLN	3
WEBCOL ALCOHOL PREP LARGE				XELJANZ TABS	4
				XELJANZ XR TB24	3

XELODA (Use capecitabine)	39	XYWAV	200	ZARXIO	87
XELPROS EMUL	197	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	31	ZATEAN-PN DHA	192
XELSTRYM	1	YASMIN 28 (Use drospirenone- ethinyl estradiol)	56	ZATEAN-PN PLUS	192
XENAZINE (Use tetrabenazine) .	201	YAZ (Use drospirenone-ethinyl estradiol)	56	ZAVZPRET	175
XEPI	62	YF-VAX INJ	210	ZEGALOGUE SOAJ	25
XERAC AC	70	YONSA	40	ZEGALOGUE SOSY	25
XERESE	64	YOUR LIFE MULTI ADULT GUMMIES CHEW	187	ZEGERID CAPS (Use omeprazole- sodium bicarbonate)	206
XERMELO	84	YUFLYMA 1-PEN KIT AJKT	5	ZEGERID PACK (Use omeprazole- sodium bicarbonate)	206
XHANCE EXHU	193	YUFLYMA 2-PEN KIT AJKT	5	ZEGERID PACK 1680 MG-40 MG (Use omeprazole-sodium bicarbonate)	206
XIFAXAN	36	YUFLYMA 2-SYRINGE KIT PSKT .	5	ZEJULA CAPS	41
XIGDUO XR	24	YUFLYMA AJKT	5	ZEJULA TABS	41
XIIDRA	196	YUFLYMA CD/UC/HS STARTER AJKT	5	ZELAPAR TBDP	43
XOFLUZA 40 MG, 80 MG	50	YUMVS MULTI ZERO CHEW	187	ZELBORAF	41
XOLAIR SOLR	13	YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	187	ZEMBRACE SYMTOUCH SOAJ .	176
XOLAIR SOSY	13	YUMVSKIDS MULTI ZERO CHEW 188		ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol)	80
XOPENEX HFA (Use levalbuterol tartrate)	16	YUPELRI	13	ZENIFIBER 2"X2" MISC	71
XOSPATA	41	YUSIMRY	5	ZENIFIBER 4"X5" MISC	71
XPOVIO	40	zafirlukast	14	ZENIFIBER 6"X6" MISC	71
XPOVIO 60 MG TWICE WEEKLY 40		zaleplon	89	ZENIFIBER 8"X8" MISC	71
XPOVIO 80 MG TWICE WEEKLY 40		ZANAFLEX CAPS (Use tizanidine hcl)	192	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	78
XTAMPZA ER	9	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	192	ZEPATIER	49
XTANDI CAPS	40	ZARONTIN CAPS (Use ethosuximide)	20		
XTANDI TABS	40	ZARONTIN SOLN (Use ethosuximide)	20		
XULTOPHY 100/3.6	24				
XYLIDERM	69				
XYNTHA	86				
XYNTHA SOLOFUSE	86				
XYREM SOLN	200				

ZEPOSIA 7-DAY STARTER PACK CPPK	49 201	zolmitriptan SOLN 2.5 MG	176
ZEPOSIA CAPS	201	zolmitriptan SOLN 5 MG	176
ZEPOSIA STARTER KIT CPPK ..	201	zolmitriptan TABS	176
ZERVIATE	197	zolmitriptan TBDP	176
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	35	ZOLOFT CONC (Use sertraline hcl) 22	
ZESTRIL TABS (Use lisinopril)	33	ZOLOFT TABS 100 MG (Use sertraline hcl)	22
ZETIA (Use ezetimibe)	33	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	22
ZETONNA AERS	193	ZOLPIDEM TARTRATE CAPS	89
ZEVX INSULIN SYRINGE/0.5ML/30G X 1/2"	168	zolpidem tartrate SUBL	89
ZEVX INSULIN SYRINGE/0.5ML/30G X 5/16" ..	168	zolpidem tartrate TABS	89
ZEVX INSULIN SYRINGE/1ML/30G X 1/2"	168	zolpidem tartrate TBCR	89
ZEVX INSULIN SYRINGE/1ML/30G X 5/16"	168	ZOMACTON SOLR SC	79
ZEVX PEN NEEDLES 31G X 5MM	168	ZOMIG SOLN (Use zolmitriptan) .	176
ZEVX PEN NEEDLES 31G X 6MM	168	ZOMIG SOLN 2.5 MG	176
ZEVX PEN NEEDLES 31G X 8MM	168	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	176
ZEVX PEN NEEDLES 32G X 4MM	168	ZONALON (Use doxepin hcl (antipruritic))	63
ZEVX STERILE ALCOHOL PREP PADS	123	ZONISADE SUSP	20
ZEVX TWIST TOP LANCETS 30G 121		zonisamide CAPS	20
ZIAC (Use bisoprolol & hydrochlorothiazide)	35	ZORTRESS (Use everolimus (immunosuppressant))	178
ZIAGEN SOLN (Use abacavir sulfate)	48	ZORYVE	64
ZIAGEN TABS (Use abacavir sulfate).		ZOSYN	199
ZIANA (Use clindamycin phosphate- tretinoin)	61	ZOVIRAX CREA (Use acyclovir topical)	64
zidovudine CAPS	49	ZOVIRAX OINT (Use acyclovir topical)	64
zidovudine SYRP	49	ZOVIRAX SUSP (Use acyclovir) ..	50
zidovudine TABS	49	ZTALMY	20
ZIEXTENZO	87		
zileuton TB12	14		
ZIMHI SOSY	28		
ZIOPTAN (Use tafluprost)	197		
ziprasidone hcl	43		
ziprasidone mesylate	43		
ZIRGAN GEL	195		
ZITHROMAX PACK (Use azithromycin)	90		
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	90		
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	90		
ZITHROMAX TABS 250 MG (Use azithromycin)	90		
ZITHROMAX TABS 500 MG (Use azithromycin)	90		
ZITHROMAX TRI-PAK TABS (Use azithromycin)	90		
ZITHROMAX Z-PAK TABS (Use azithromycin)	90		
ZMA CLEAR SUSP	61		
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	33		
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use simvastatin)	32		
ZOLINZA	41		

ZTLIDO PTCH	69	ZYTIGA (Use abiraterone acetate)	
ZUBSOLV SUBL	10		40
ZYCLARA (Use imiquimod)	68	ZYVANA CAPS	187
ZYCLARA PUMP (Use imiquimod)		ZYVOX SUSR (Use linezolid)	37
68		ZYVOX TABS (Use linezolid)	37
ZYCLARA PUMP	68		
ZYDELIG	41		
ZYFLO TABS	14		
ZYKADIA TABS	42		
ZYLET	197		
ZYLOPRIM (Use allopurinol)	85		
ZYMAXID (Use gatifloxacin (ophth)) .			
195			
ZYPITAMAG 2 MG, 4 MG	33		
ZYPREXA RELPREVV	45		
ZYPREXA SOLR (Use olanzapine)			
45			
ZYPREXA TABS 15 MG, 20 MG			
(Use olanzapine)	45		
ZYPREXA TABS 2.5 MG, 5 MG (Use			
olanzapine)	45		
ZYPREXA TABS 7.5 MG, 10 MG			
(Use olanzapine)	45		
ZYPREXA ZYDIS TBDP (Use			
olanzapine)	45		
ZYRTEC ALLERGY TABS (Use			
cetirizine hcl)	31		
ZYRTEC CHILDRENS ALLERGY			
SOLN OR (Use cetirizine hcl)	31		
ZYRTEC-D			
ALLERGY/CONGESTION (Use			
cetirizine-pseudoephedrine)	59		
ZYRTEC-D ALLERGY/SINUS (Use			
cetirizine-pseudoephedrine)	59		