

## **Pharmacy Program**

NH Healthy Families is committed to providing appropriate, high quality, and cost effective drug therapy to all NH Healthy Families members. NH Healthy Families works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. NH Healthy Families covers prescription medications and certain over-the-counter (OTC) medications when ordered by a practitioner. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

## **Preferred Drug List**

The NH Healthy Families Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs members can receive at retail pharmacies. The NH Healthy Families PDL is continually evaluated by the NH Healthy Families Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the NH Healthy Families Medical Director, NH Healthy Families Pharmacy Director, and several New Hampshire physicians, pharmacists, and other healthcare professionals.

## **Pharmacy Benefit Manager**

NH Healthy Families works with Envolve Pharmacy Solutions to process pharmacy claims for prescribed drugs. Some drugs on the NH Healthy Families PDL may require PA, and Envolve Pharmacy Solutions is responsible for administering this process. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager (PBM).

## **Specialty Drugs**

NH Healthy Families contracts with a number of specialty pharmacies, such as AcariaHealth Specialty Pharmacy, to ensure members have adequate access to the specialty drugs they require. Specialty drugs, such as biopharmaceuticals and injectables, may require PA to be approved for payment by NH Healthy Families. PA requirements are programmed specific to the drug.

## **Dispensing Limits**

Drugs may be dispensed up to a maximum of thirty-four (34) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for PDL drugs except for ophthalmic drugs.

## **Appropriate Use and Safety Edits**

The health and safety of the member are top priorities for NH Healthy Families. One of the ways we address member safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

## Prior Authorizations

Some medications listed on the NH Healthy Families PDL may require PA. The information should be submitted by the practitioner to Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**. This document can be found on the NH Healthy Families website.

NH Healthy Families will cover the medication if it is determined that:

1. There is a medical reason the member needs the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

Authorization requests are reviewed by a licensed clinical pharmacist using the criteria established by the NH Healthy Families P&T Committee. If the request is approved, Envolve Pharmacy Solutions notifies the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, NH Healthy Families will notify the member and their practitioner of alternatives and provide information regarding the appeal process.

## Quantity Limits

NH Healthy Families may limit how much of a certain medication a member can get at one time. If the practitioner feels the member has a medical reason for getting a greater amount, a PA may be requested. If NH Healthy Families does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

## Age Limits

Some medications on the NH Healthy Families PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

## Non-Preferred

NH Healthy Families incorporates a Preferred Drug List. A notation of 'Non-Preferred' corresponds to drugs identified on the NH Healthy Families PDL indicating the trial and failure of preferred alternatives. The number of preferred drugs that must be tried prior to approval of non-preferred drugs varies by therapeutic drug class. To request the approval of a non-preferred drug please submit rationale via prior authorization request form to Envolve Pharmacy Solutions (fax 1-866-399-0929).

## Medical Necessity Requests

If the member requires a medication that does not appear on the PDL, the member's practitioner can make a medical necessity (MN) request for the medication. It is anticipated that such exceptions will be rare as the PDL medications are appropriate to treat the vast majority of medical conditions.

For a MN request NH Healthy Families requires:

- Documentation of failure of PDL agent(s) within the same therapeutic class (provided agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to PDL agent(s) within the same therapeutic class (provided agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for PDL agents for the indication.

These requests are reviewed by a licensed clinical pharmacist using the criteria established by the NH Healthy Families P&T Committee. If the request is approved, Envolve Pharmacy Solutions will notify the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, the member and their practitioner will be notified of alternatives and provide information regarding the appeal process.

## **72 Hour Emergency Supply Policy**

State and Federal law require that a pharmacy dispense at least a 72-hour (3 day) supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. A provision of a 72-hour supply does not guarantee that the medication will be approved after a PA review. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call Envolve Pharmacy Solutions at 1-866-862-8615 for a prescription override to submit the 72-hour medication supply for payment.

## **Newly Approved Products**

New Hampshire Healthy Families reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If NH Healthy Families does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

## **Over-the-Counter Medications**

NH Healthy Families covers a variety of OTC medications. These medications can be found throughout the NH Healthy Families PDL. NH Healthy Families covers OTC products listed on the PDL if the member has a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

## **Drug Efficacy Study and Implementation (DESI) Drugs**

DESI products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all

labeling indications and because a compelling justification for their medical need has not been established. DESI products are not covered by NH Healthy Families.

### Filling a Prescription

A member can have prescriptions filled at a NH Healthy Families network pharmacy. If the member decides to have a prescription filled at a network pharmacy, they can locate a pharmacy near them by contacting NH Healthy Families Member Services. At the pharmacy, the member will need to provide the pharmacist with the prescription and their NH Healthy Families ID card.

### Step Therapy

Some medications listed on the NH Healthy Families' PDL may require specific medications to be used before the member can receive the step therapy medication. If NH Healthy Families has a record that the required medication was tried first the step therapy medications are automatically covered. If NH Healthy Families does not have a record that the required medication was tried, the member's practitioner may be required to provide additional information. If authorization is not granted, NH Healthy Families will notify the member and their practitioner and provide information regarding the appeal process.

#### **Trial and failure of 1 Preferred product required prior to Non-Preferred products.**

ANTIBIOTICS - 3RD GENERATION QUINOLONES  
ANTICONSULSANTS - CARBAMAZEPINE DERIVATIVES  
BEHAVIORAL HEALTH - ATYPICAL ANTIPSYCHOTICS & COMBOS  
CARDIOVASCULAR - ORAL PULMONARY HYPERTENSION AGENTS  
CENTRAL NERVOUS SYSTEM - CALCITONIN GENE-RELATED PEPTIDE INHIBITORS  
CENTRAL NERVOUS SYSTEM - MULTIPLE SCLEROSIS - OTHER  
ENDOCRINOLOGY - BIGUANIDES & COMBOS  
ENDOCRINOLOGY - Dipeptidyl Peptidase-4 (DPP4) Inhibitors and combinations  
ENDOCRINOLOGY - GLUCAGON-LIKE PEPTIDE-1 (glp-1) AGONISTS AND COMBINATIONS  
ENDOCRINOLOGY - INSULINS  
ENDOCRINOLOGY - Meglitinides  
ENDOCRINOLOGY - SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR and combinations  
ENDOCRINOLOGY - Thiazolidinediones & combinations  
GASTROINTESTINAL - HEPATITIS C AGENTS  
GENITOURINARY/RENAL - ANDROGEN HORMONE INHIBITORS  
GENITOURINARY/RENAL - ELECTROLYTE DEPLETERS  
IMMUNOLOGIC - SYSTEMIC IMMUNOMODULATORS  
MISCELLANEOUS - SMOKING CESSATION  
MISCELLANEOUS - TOPICAL ANDROGENIC AGENTS  
OSTEOPOROSIS - NASAL CALCITONINS  
RESPIRATORY - LONG ACTING BETA ADRENERGICS & COMBINATIONS- inhalers/nebs  
RESPIRATORY - SHORT ACTING BETA ADRENERGICS & COMBINATIONS - INHALERS/NEBS  
TOPICAL - ANTIPARASITICS  
TOPICAL - STEROIDS - Very High Potency  
TOPICAL - TOPICAL COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS

**Trial and failure of 2 Preferred products required prior to Non-Preferred products**

ANALGESIC - ANTI-INFLAMMATORY - NON-SELECTIVE NSAIDS  
ANALGESICS - Long Acting Opioids  
ANALGESICS - (TRAMADOL & TRAMADOL LIKE DERIVATIVES)  
ANTIBIOTICS - 2ND GENERATION CEPHALOSPORINS  
ANTIBIOTICS - 2ND GENERATION QUINOLONES  
ANTIBIOTICS - 3rd GENERATION CEPHALOSPORINS  
ANTIBIOTICS - HERPETIC ANTIVIRALS  
ANTIBIOTICS - MACROLIDES  
ANTICONVULSANTS - FIRST GENERATION  
ANTICONVULSANTS - SECOND GENERATION  
ANTIFUNGALS - ONYCHOMYCOSIS  
ANTIVIRALS - TREATMENT/PROPHYLAXIS OF INFLUENZA  
BEHAVIORAL HEALTH - ALZHEIMER'S AGENTS  
BEHAVIORAL HEALTH - ANTIHYPERKINESIS  
BEHAVIORAL HEALTH - SEROTONIN REUPTAKE INHIBITORS & COMBOS  
CARDIOVASCULAR - ANGIOTENSIN II RECEPTOR BLOCKERS & COMBINATIONS  
CARDIOVASCULAR - CALCIUM CHANNEL BLOCKERS (NON-DHP) & COMBINATIONS  
CARDIOVASCULAR - HIGH POTENCY STATINS & COMBINATIONS  
CARDIOVASCULAR - PLATELET INHIBITORS  
CARDIOVASCULAR - TRIGLYCERIDE LOWERING AGENTS  
CENTRAL NERVOUS SYSTEM - TRIPTANS  
ENDOCRINOLOGY - 2nd Generation Sulfonylureas & Combinations  
ENDOCRINOLOGY - alpha-glucosidase inhibitors  
ENDOCRINOLOGY - GROWTH HORMONE  
GASTROINTESTINAL - ANTIEMETICS  
GASTROINTESTINAL - PROTON PUMP INHIBITORS & COMBINATIONS  
GASTROINTESTINAL - ULCERATIVE COLITIS  
GENITOURINARY/RENAL - ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA  
HEMATOLOGIC - ANTICOAGULANTS  
MISCELLANEOUS - PANCREATIC ENZYMES  
OPHTHALMIC - NON-STEROIDAL ANTIINFLAMMATORY  
OPHTHALMIC/ANTIBIOTIC - QUINOLONES  
OPHTHALMIC/ANTIHISTAMINES - ANTIHISTAMINES  
OPHTHALMIC/GLAUCOMA - CARBONIC ANHYDRASE INHIBITORS  
OPHTHALMIC/GLAUCOMA - PROSTAGLANDIN AGONISTS  
OSTEOPOROSIS - BIPHOSPHONATES  
OTIC/ANTIBIOTIC - QUINOLONES AND COMBINATIONS  
RESPIRATORY - CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)  
RESPIRATORY - LEUKOTRIENE MODIFIERS  
RESPIRATORY - NASAL ANTIHISTAMINES  
RESPIRATORY - NASAL CORTICOSTEROIDS\*\*\*  
TOPICAL - STEROIDS - High Potency  
TOPICAL - STEROIDS - Low Potency  
TOPICAL - STEROIDS - Medium Potency  
TOPICAL - TOPICAL AGENTS FOR PSORIASIS  
TOPICAL - TOPICAL ANTIBIOTICS  
TOPICAL - TOPICAL ANTIVIRALS  
TOPICAL - TOPICAL RETINOIDS

**Trial and failure of 3 Preferred products required prior to Non-Preferred products.**

BEHAVIORAL HEALTH - ANXIOLYTICS  
CARDIOVASCULAR - ACE INHIBITORS & COMBINATIONS  
CARDIOVASCULAR - BETA-BLOCKERS & COMBINATIONS  
CARDIOVASCULAR - CALCIUM CHANNEL BLOCKERS (DHP) & COMBINATIONS  
CENTRAL NERVOUS SYSTEM - MULTIPLE SCLEROSIS - Disease Modifying Therapy  
GENITOURINARY/RENAL - URINARY ANTISPASMODICS  
MISCELLANEOUS - SKELETAL MUSCLE RELAXANTS  
RESPIRATORY - INHALED CORTICOSTEROIDS  
RESPIRATORY - INHALED CORTICOSTEROIDS ADRENERGIC & COMBINATIONS  
RESPIRATORY - LOW SEDATING ANTIHISTAMINES & COMBINATIONS

**Trial and failure of 5 Preferred products required prior to Non-Preferred products**

OPHTHALMIC/GLAUCOMA - BETA BLOCKER AGENTS

**Trial and failure of all Preferred products required prior to Non-Preferred products**

OPHTHALMIC/GLAUCOMA - ALPHA 2 ADRENERGIC AGENTS

## Abbreviations

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

DS/DU:	Day Supply per Dosage Unit
Max Days Sply:	Maximum Day Supply
Max Fills:	Maximum Fills (per a designated time period)
Max Qty:	Maximum Quantity (per claim or designated time period)
Min DS:	Minimum Day Supply
PA:	Prior Authorization
Pkg Size:	Package Size
SP	Specialty Drug
PV	Preventative
QL	Quantity Limit
ST	Step Therapy
AL	Age Limit
RX/OTC	Over-the-Counter Medication (prescription required)

## Contact Information

NH Healthy Families

Phone: 1-866-769-3085

Website: [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)

## Tier Definitions

0	\$0 Copay
1	Preferred Generic
2	Preferred Brand
CO	Carve-Out Drug - Covered by State Medicaid
NP	Non- Preferred

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS (Use Amphetamine-Dextroamphetamine)	2	QL(90 ea per 30 days retail)
ADDERALL XR CP24 (Use Amphetamine-Dextroamphetamine)	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADZENYS ER SUER	NP	
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate tabs	1	PA
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	1	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	1	QL(90 ea per 30 days retail)
DESOXYN TABS (Use Methamphetamine HCl)	NP	PA
DEXEDRINE CP24 10 MG, 15 MG (Use Dextroamphetamine Sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	NP	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	1	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate soln 5 mg/5ml	1	PA
dextroamphetamine sulfate tabs 5 mg, 10 mg	NP	AL(At least 3 yrs old)
dextroamphetamine sulfate tabs 5 mg, 10 mg	1	AL(At least 3 yrs old)
DYANAVEL XR SUER	2	PA
EVEKEO TABS (Use Amphetamine Sulfate)	NP	PA
methamphetamine hcl tabs	1	PA
PROCENTRA SOLN (Use Dextroamphetamine Sulfate)	NP	PA
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA
ZENZEDI TABS	NP	
<b>Analeptics</b>		
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	1	QL(45 ml per fill retail)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
atomoxetine hcl caps	1	AL(At least 6 yrs old)
clonidine hcl (adhd) tb12	1	
guanfacine hcl (adhd) tb24	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	NP	
STRATTERA CAPS (Use Atomoxetine HCl)	NP	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<b>Stimulants - Misc.</b>		
APTENSIO XR CP24	2	PA
CONCERTA TBCR (Use Methylphenidate HCl)	NP	AL(At least 6 yrs old)
DAYTRANA PTCH	NP	
dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	PA
dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use Dexmethylphenidate HCl)	2	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use Dexmethylphenidate HCl)	2	PA
METHYLIN SOLN (Use Methylphenidate HCl)	2	PA
methylphenidate hcl chew or 5 mg, 10 mg, 2.5 mg	1	PA
methylphenidate hcl cp24 or 10 mg, 20 mg, 30 mg, 40 mg	1	PA
methylphenidate hcl cpcr or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	AL(At least 6 yrs old)
methylphenidate hcl soln or 5 mg/5ml, 10 mg/5ml	1	PA
methylphenidate hcl tabs or 5 mg, 10 mg, 20 mg	1	AL(At least 3 yrs old)
methylphenidate hcl tbcr or 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER (LA) CP24	2	PA
METHYLPHENIDATE HYDROCHLORIDE ER TB24	2	
QUILLICHEW ER CHER	2	PA
QUILLIVANT XR SUSR	2	PA

Drug Name	Drug Tier	Requirements/ Limits
RITALIN LA CP24 (Use Methylphenidate HCl)	NP	PA
RITALIN TABS (Use Methylphenidate HCl)	NP	AL(At least 3 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
ORALAIR ADULT SAMPLE KIT SUBL	2	PA; SP
ORALAIR ADULT STARTER PACK SUBL	2	PA; SP
ORALAIR SUBL	2	PA; SP
<b>Biologicals Misc</b>		
ADAGEN SOLN	2	PA; SP
<b>ALTERNATIVE MEDICINES</b>		
<b>Alternative Medicine - G's</b>		
ginger (zingiber officinalis) caps 250 mg	1	QL(4 ea daily)
<b>Alternative Medicine - K's</b>		
KRILL OIL CAPS 30MG-1000MG-30MG-40MG-20MG-300MCG, 130MG-20MG-1000MG-5MG-80MG-40MG-1500MCG	2	
krill oil caps 500 mg, 90mg-300mg-45mg-27mg, 90mg-300mg-75mg-50mg-24mg, 90mg-300mg-130mg-50mg-24mg, 115mg-500mg-167mg-64mg-30mg, 500mg-202mg-40mg-25mg-101mcg, 90mg-300mg-130mg-50mg-24mg-17mcg, 110mg-500mg-200mg-60mg-28mg-40mcg, 115mg-500mg-167mg-64mg-30mg-25mcg, 90mg-300mg-120mg-45mg-27mg-450mcg, 133mg-33mg-6mg-500mg-210mg-75mg-45mg-0.5mg-28mg-32unit	1	



Drug Name	Drug Tier	Requirements/ Limits
KRILL OIL OMEGA-3 CAPS	2	
KRILL OIL TRIPLE STRENGTH RED CAPS	2	
KRILL OIL ULTRA STRENGTH CAPS	2	
KRILL OIL WITH ASTAXANTHIN TRIPLE STRENGTH CAPS	2	
OMEGA-3 KRILL OIL CAPS	2	
RA KRILL OIL CAPS	2	
<b>Alternative Medicine - M's</b>		
<i>melatonin tabs or 3 mg, 5 mg</i>	1	QL(1 ea daily)
<b>Alternative Medicine Combinations</b>		
ADULT OMEGA PLUS DHA CHEW	2	
CARDIOSTEROL CAPS	2	
<i>fish oil-cholecalciferol caps</i>	1	
<i>fish oil-krill oil caps</i>	1	
FLAX + DHA CAPS	2	
<i>flaxseed oil-fish oil-borage oil caps</i>	1	
GNP TRIPLE OMEGA COMPLEX CPDR	2	
HM OMEGA-3-6-9 FATTY ACIDS CAPS	2	
OMEGA 3-6-9 COMPLEX CAPS	2	
OMEGA DHA CHEW	2	
OMEGA-3 + D CAPS	2	
OMEGA-3 EXTRA STRENGTH +VITAMIN D3 CAPS	2	
OMEGA-3 GUMMIES CHEW	2	
OMEGA-3-6-9 CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
PA FISH OIL/PHYTOSTEROLSTRIP LE STRENGTH CAPS	2	
RA OMEGA 3-6-9 CAPS	2	
SM OMEGA-3 CAPS	2	
SM OMEGA-3-6-9 FATTY ACIDS CAPS	2	
SUPER OMEGA-3 CAPS	2	
TRIPLE OMEGA COMPLEX CPDR	2	
TRIPLE OMEGA-3-6-9 CAPS	2	
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
ARIKAYCE SUSP	2	PA
BETHKIS NEBU	2	PA; SP
KITABIS PAK NEBU	2	PA; SP
<i>neomycin sulfate tabs or</i>	1	
TOBI NEBU (Use Tobramycin)	NP	PA; SP
TOBI PODHALER CAPS	2	PA; SP
<i>tobramycin nebu in</i>	1	PA; SP
TOBRAMYCIN NEBU IN	2	PA; SP
TOBRAMYCIN SULFATE SOLN IJ 10 MG/ML, 40 MG/ML	2	PA
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	1	PA
<i>tobramycin sulfate solr ij 1.2 gm</i>	1	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	2	PA; SP
HUMIRA PEN PNKT	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	2	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	2	PA; SP
HUMIRA PSKT	2	PA; SP
SIMPONI ARIA SOLN	NP	SP
SIMPONI SOAJ	NP	SP
SIMPONI SOSY	NP	SP
<b>Antirheumatic - Enzyme Inhibitors</b>		
OLUMIANT TABS	NP	SP
XELJANZ TABS	NP	SP
XELJANZ XR TB24	NP	SP
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE TABS OR	2	
OTREXUP SOAJ	2	PA; SP
RASUVO SOAJ	2	PA; SP
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR	NP	SP
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SOSY	NP	SP
<b>Interleukin-1beta Blockers</b>		
ILARIS SOLN 150 MG/ML	NP	SP
ILARIS SOLR 150 MG	NP	
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA ACTPEN SOAJ	NP	SP
ACTEMRA SOLN	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOSY	NP	SP
KEVZARA SOAJ	NP	SP
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ADVIL TABS ( <i>Use Ibuprofen</i> )	NP	
ALEVE ARTHRITIS TABS ( <i>Use Naproxen Sodium</i> )	NP	QL(2 ea daily)
ALEVE TABS ( <i>Use Naproxen Sodium</i> )	NP	QL(2 ea daily)
ANAPROX DS TABS ( <i>Use Naproxen Sodium</i> )	NP	
CELEBREX CAPS ( <i>Use Celecoxib</i> )	NP	PA; QL(2 ea daily)
<i>celecoxib caps or 50 mg, 100 mg, 200 mg, 400 mg</i>	1	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP ( <i>Use Ibuprofen</i> )	NP	RX/OTC
CHILDRENS MOTRIN SUSP ( <i>Use Ibuprofen</i> )	NP	RX/OTC
DAYPRO TABS ( <i>Use Oxaprozin</i> )	NP	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24 or 100 mg</i>	1	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	
EC-NAPROSYN TBEC ( <i>Use Naproxen</i> )	NP	QL(2 ea daily)
EC-NAPROXEN TBEC ( <i>Use Naproxen</i> )	NP	QL(2 ea daily)
<i>etodolac caps</i>	1	
<i>etodolac tabs</i>	1	
<i>etodolac tb24</i>	1	
FELDENE CAPS ( <i>Use Piroxicam</i> )	NP	
<i>flurbiprofen tabs or 50 mg, 100 mg</i>	1	
<i>ibuprofen chew or 100 mg</i>	1	
<i>ibuprofen susp or 100 mg/5ml</i>	1	RX/OTC

New Hampshire Healthy Families

Updated September 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen susp or 40 mg/ml, 50 mg/1.25ml</i>	1	
<i>ibuprofen tabs or 200 mg, 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps or 25 mg, 50 mg</i>	1	
<i>indomethacin cpcr or 75 mg</i>	1	
INFANTS ADVIL SUSP (Use <i>Ibuprofen</i> )	NP	
<i>ketoprofen caps or 50 mg, 75 mg</i>	1	
KETOPROFEN CAPS OR 50 MG, 75 MG	2	
KETOPROFEN ER CP24	2	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per fill retail); AL(At least 17 yrs old)
LODINE TABS (Use <i>Etodolac</i> )	NP	
<i>meloxicam tabs or 15 mg, 7.5 mg</i>	1	
MOBIC TABS (Use <i>Meloxicam</i> )	NP	
MOTRIN INFANTS DROPS SUSP (Use <i>Ibuprofen</i> )	NP	
<i>nabumetone tabs or 500 mg, 750 mg</i>	1	
NAPROSYN SUSP (Use <i>Naproxen</i> )	NP	
NAPROSYN TABS (Use <i>Naproxen</i> )	NP	
<i>naproxen sodium tabs or 220 mg</i>	1	QL(2 ea daily)
<i>naproxen sodium tabs or 275 mg, 550 mg</i>	1	
<i>naproxen susp or 125 mg/5ml</i>	1	
<i>naproxen tabs or 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec or 375 mg, 500 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps or 10 mg, 20 mg</i>	1	
<i>sulindac tabs or 150 mg, 200 mg</i>	1	
TOLMETIN SODIUM CAPS	2	
TOLMETIN SODIUM TABS	2	
VIMOVO TBEC	NP	
VIVLODEX CAPS	NP	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	NP	SP
OTEZLA TBPK	NP	SP
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS (Use <i>Leflunomide</i> )	NP	QL(1 ea daily)
<i>leflunomide tabs or 10 mg, 20 mg</i>	1	QL(1 ea daily)
<b>Selective Costimulation Modulators</b>		
ORENCIA CLICKJECT SOAJ	NP	SP
ORENCIA SOLR	NP	SP
ORENCIA SOSY	NP	SP
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	2	PA
ENBREL SOLR	2	PA; SP
ENBREL SOSY	2	PA; SP
ENBREL SURECLICK SOAJ	2	PA; SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	1	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps</i>	1	QL(4 ea daily)
BUTALBITAL/ASPIRIN/CAFFEINE TABS	2	QL(4 ea daily)
ESGIC TABS (Use <i>Butalbital-Acetaminophen-Caffeine</i> )	NP	QL(4 ea daily)
FIORINAL CAPS (Use <i>Butalbital-Aspirin-Caffeine</i> )	NP	QL(4 ea daily)
TENCON TABS	2	
<b>Analgesics Other</b>		
<i>acetaminophen chew or 80 mg, 160 mg</i>	1	
<i>acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml</i>	1	
<i>acetaminophen liqd or 160 mg/5ml</i>	1	
<i>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</i>	1	
<i>acetaminophen supp re 120 mg, 325 mg, 650 mg</i>	1	QL(12 ea per fill retail)
<i>acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml</i>	1	
<i>acetaminophen tabs or 325 mg, 500 mg</i>	1	
FEVERALL JUNIOR STRENGTH SUPP	2	QL(12 ea per fill retail)
NORTEMP INFANTS SUSP	2	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use <i>Acetaminophen</i> )	NP	
TYLENOL CHILDRENS SUSP (Use <i>Acetaminophen</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
TYLENOL EXTRA STRENGTH TABS (Use <i>Acetaminophen</i> )	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>Acetaminophen</i> )	NP	
TYLENOL INFANTS SUSP (Use <i>Acetaminophen</i> )	NP	
TYLENOL TABS (Use <i>Acetaminophen</i> )	NP	
<b>Analgesics-Peptide Channel Blockers</b>		
PRIALT SOLN	2	PA; SP
<b>Salicylates</b>		
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	1	
<i>aspirin chew or 81 mg</i>	1	
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	2	QL(12 ea per fill retail)
<i>aspirin supp re 300 mg, 600 mg</i>	1	QL(12 ea per fill retail)
<i>aspirin tabs or 325 mg</i>	1	
<i>aspirin tbec or 81 mg, 324 mg, 325 mg, 500 mg</i>	1	
BUFFERIN TABS (Use <i>Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide)</i> )	NP	
<i>choline &amp; mag salicylate liqd</i>	1	
<i>diflunisal tabs</i>	1	
ECOTRIN MAXIMUM STRENGTH TBEC (Use <i>Aspirin</i> )	NP	
ECOTRIN REGULAR STRENGTH TBEC (Use <i>Aspirin</i> )	NP	
<i>salsalate tabs or 500 mg, 750 mg</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		

Drug Name	Drug Tier	Requirements/Limits
ARYMO ER TBEA	NP	
CODEINE SULFATE TABS 15 MG, 60 MG	2	QL(2 ea daily)
CODEINE SULFATE TABS 30 MG (Use Codeine Sulfate)	NP	QL(2 ea daily)
codeine sulfate tabs 30 mg, 60 mg	1	QL(2 ea daily)
CONZIP CP24	NP	
DEMEROL TABS OR 100 MG (Use Meperidine HCl)	NP	QL(6 ea daily)
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (Use Hydromorphone HCl)	NP	QL(8 ea daily)
DOLOPHINE TABS 10 MG (Use Methadone HCl)	NP	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use Methadone HCl)	NP	PA; QL(4 ea daily)
DURAGESIC PT72 (Use Fentanyl)	NP	10 per month; QL(0.34 ea daily)
EMBEDA CPR	2	PA
EXALGO T24A (Use Hydromorphone HCl)	NP	PA
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	10 per month; QL(0.34 ea daily)
fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	PA
HYDROMORPHONE HCL SUPP RE 3 MG	2	QL(12 ea per fill retail)
hydromorphone hcl t24a or 8 mg, 12 mg, 16 mg, 32 mg	1	PA
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	1	QL(8 ea daily)
HYSINGLA ER T24A	NP	
KADIAN CP24 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate)	NP	PA
KADIAN CP24 200 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
MEPERIDINE HCL SOLN OR 50 MG/5ML	2	QL(500 ml per fill retail)
MEPERIDINE HCL TABS OR 50 MG, 100 MG	2	QL(6 ea daily)
meperidine hcl tabs or 50 mg, 100 mg	1	QL(6 ea daily)
methadone hcl tabs or 10 mg	1	PA; QL(10 ea daily)
methadone hcl tabs or 5 mg	1	PA; QL(4 ea daily)
morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg	1	PA
MORPHINE SULFATE ER CP24	2	PA
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	1	QL(16.67 ml daily)
morphine sulfate soln or 20 mg/ml, 100 mg/5ml	1	QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	2	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	2	QL(6 ea daily)
morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	1	QL(3 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NP	QL(3 ea daily)
NUCYNTA ER TB12	NP	
NUCYNTA TABS	NP	
OPANA ER (CRUSH RESISTANT) T12A	NP	
oxycodone hcl caps or 5 mg	1	QL(6 ea daily)
oxycodone hcl conc or 100 mg/5ml	1	QL(6 ml daily)
OXYCODONE HCL ER T12A	2	PA; QL(2 ea daily)
oxycodone hcl soln or 5 mg/5ml	1	
oxycodone hcl tabs or 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OXYCODONE HYDROCHLORIDE ER T12A	2	PA; QL(2 ea daily)
OXYCONTIN T12A	NP	QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12	2	PA
OXYMORPHONE HYDROCHLORIDEER TB12	2	PA
ROXICODONE TABS (Use Oxycodone HCl)	NP	QL(6 ea daily)
TRAMADOL HCL ER CP24	2	PA
<i>tramadol hcl tabs or 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 or 100 mg, 200 mg, 300 mg</i>	1	PA
ULTRAM TABS (Use Tramadol HCl)	NP	QL(8 ea daily)
XTAMPZA ER C12A	NP	
ZOHYDRO ER C12A	NP	
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	QL(30 ml daily)
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</i>	1	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	QL(4 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	QL(4 ea daily)
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	NP	QL(4 ea daily)
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10mg-325mg</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tabs 5mg-325mg</i>	1	QL(12 ea daily)
<i>hydrocodone-acetaminophen tabs 7.5mg-325mg</i>	1	QL(8 ea daily)
NORCO TABS 10MG-325MG (Use Hydrocodone-Acetaminophen)	NP	QL(6 ea daily)
NORCO TABS 5MG-325MG (Use Hydrocodone-Acetaminophen)	NP	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (Use Hydrocodone-Acetaminophen)	NP	QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	2	QL(30 ml daily)
OXYCODONE/ASPIRIN TABS	2	QL(6 ea daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NP	QL(6 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	QL(4 ea daily)
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NP	QL(6 ea daily)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NP	QL(6 ea daily)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NP	QL(4 ea daily)
<b>Opioid Partial Agonists</b>		
BELBUCA FILM	NP	
BUNAVAIL FILM	NP	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate film 12mg-3mg</i>	1	QL(1.33 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 2mg-0.5mg</i>	1	QL(8 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg</i>	1	QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i>	1	PA
<i>buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	1	PA
BUPRENORPHINE PTWK TD 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR	2	PA
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (Use Buprenorphine)	NP	PA
BUTRANS PTWK 7.5 MCG/HR	NP	
PROBUPHINE IMPLANT KIT IMPL	2	PA
SUBLOCADE SOSY	2	PA; 1 rtl MAX fill,30 rtl day(s) supply,
SUBOXONE FILM 12MG-3MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	2	QL(1.33 ea daily)
SUBOXONE FILM 2MG-0.5MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	2	QL(8 ea daily)
SUBOXONE FILM 4MG-1MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	2	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM 8MG-2MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	2	QL(2 ea daily)
ZUBSOLV SUBL	NP	
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Androgens</b>		
ANDRODERM PT24	NP	QL(1 ea daily)
ANDROGEL GEL (Use Testosterone)	2	PA
ANDROGEL PUMP GEL (Use Testosterone)	2	PA
ANDROXY TABS	2	
AVEED SOLN	2	PA; SP
AXIRON SOLN (Use Testosterone)	NP	PA
DEPO-TESTOSTERONE SOLN 200 MG/ML (Use Testosterone Cypionate)	NP	QL(4 ml per 30 days retail)
FORTESTA GEL (Use Testosterone)	NP	
METHITEST TABS	2	
TESTIM GEL (Use Testosterone)	NP	
TESTOPEL PLLT	2	PA; SP
TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	2	QL(4 ml per 30 days retail)
<i>testosterone cypionate soln im 200 mg/ml</i>	1	QL(4 ml per 30 days retail)
TESTOSTERONE GEL TD 1 %, 50 MG/5GM	2	PA
<i>testosterone gel td 1 %, 50 mg/5gm</i>	1	PA
<i>testosterone gel td 1.62 %, 10 mg/act, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	
TESTOSTERONE GEL TD 25 MG/2.5GM	2	

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE PUMP GEL	2	PA
<i>testosterone soln td 30 mg/act</i>	1	PA
VOGELXO GEL	NP	
VOGELXO PUMP GEL	NP	
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ENEM ( <i>Use Hydrocortisone (Intrarectal)</i> )	NP	QL(420 ml per fill retail)
<i>hydrocortisone (intrarectal) enem</i>	1	QL(420 ml per fill retail)
UCERIS FOAM RE 2 MG/ACT	NP	
<b>Rectal Combinations</b>		
<i>phenylephrine-shark liver oil-cocoa butter supp</i>	1	QL(48 ea per fill retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	1	QL(12 gm per fill retail)
<b>Rectal Local Anesthetics</b>		
<i>pramoxine hcl (rectal) foam</i>	1	QL(15 gm per fill retail)
PROCTOFOAM FOAM ( <i>Use Pramoxine HCl (Rectal)</i> )	NP	QL(15 gm per fill retail)
<b>Rectal Steroids</b>		
ANUSOL-HC CREA ( <i>Use Hydrocortisone (Rectal)</i> )	2	QL(30 gm per fill retail)
<i>hydrocortisone (rectal) crea 1 %</i>	1	
<i>hydrocortisone (rectal) crea 2.5 %</i>	1	QL(30 gm per fill retail)
PROCTOCORT CREA 1 % ( <i>Use Hydrocortisone (Rectal)</i> )	2	
<b>ANTACIDS</b>		
<b>Antacid Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>alum &amp; mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml</i>	1	QL(16.53 ml daily)
<i>alum &amp; mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml</i>	1	QL(16.53 ml daily)
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP OR	2	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate (antacid) tabs</i>	1	QL(16.53 ea daily)
<b>Antacids - Calcium Salts</b>		
<i>calcium carbonate (antacid) chew 500 mg</i>	1	
TUMS CHEW ( <i>Use Calcium Carbonate (Antacid)</i> )	NP	
TUMS LASTING EFFECTS CHEW ( <i>Use Calcium Carbonate (Antacid)</i> )	NP	
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide tabs 400 mg</i>	1	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
BENZNIDAZOLE TABS	2	PA; SP
EMVERM CHEW	2	QL(1 ea per 14 days retail)
<i>pyrantel pamoate susp or</i>	1	QL(60 ml per fill retail)
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
FLAGYL TABS 250 MG, 500 MG ( <i>Use Metronidazole</i> )	NP	



Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
<i>trimethoprim tabs or</i>	1	
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS ( <i>Use Sulfamethoxazole-Trimethoprim</i> )	NP	
BACTRIM TABS ( <i>Use Sulfamethoxazole-Trimethoprim</i> )	NP	
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	1	
<b>Carbapenems</b>		
<i>ertapenem sodium solr</i>	1	PA; SP
INVANZ SOLR IJ ( <i>Use Ertapenem Sodium</i> )	NP	PA; SP
INVANZ SOLR IV	2	PA; SP
<b>Glycopeptides</b>		
FIRVANQ SOLR 25 MG/ML	2	QL(300 ml per fill retail)
VANCOGIN CAPS ( <i>Use Vancomycin HCl</i> )	NP	QL(8 ea daily)
VANCOGIN HCL CAPS ( <i>Use Vancomycin HCl</i> )	NP	QL(4 ea daily)
<i>vancomycin hcl caps or 125 mg</i>	1	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	1	QL(8 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg</i>	1	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	1	QL(0.467 ea daily)
<b>Leprostatics</b>		
<i>dapsone tabs or 25 mg, 100 mg</i>	1	
<b>Lincosamides</b>		

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN CAPS OR 150 MG, 300 MG ( <i>Use Clindamycin HCl</i> )	NP	
CLEOCIN PEDIATRIC GRANULES SOLR ( <i>Use Clindamycin Palmitate Hydrochloride</i> )	NP	QL(100 ml per fill retail)
<i>clindamycin hcl caps or 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	QL(100 ml per fill retail)
<b>Monobactams</b>		
CAYSTON SOLR	2	PA; SP
<b>Oxazolidinones</b>		
SIVEXTRO TABS OR	2	PA; QL(6 ea per fill retail)
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Nitrates</b>		
ISORDIL TITRADOSE TABS 5 MG ( <i>Use Isosorbide Dinitrate</i> )	NP	
ISOSORBIDE DINITRATE ER TBCR	2	
ISOSORBIDE DINITRATE TABS 30 MG	2	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	1	QL(2 ea daily)
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	1	QL(1 ea daily)
NITRO-BID OINT	2	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>Use Nitroglycerin</i> )	NP	
NITRO-TIME CPCR	2	
<i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg</i>	1	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use Nitroglycerin)	NP	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl tabs or 5 mg, 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl syrpf or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE PAMOATE CAPS OR 100 MG	2	
<i>hydroxyzine pamoate caps or 25 mg, 50 mg</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NP	
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 or 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NP	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NP	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	1	QL(3 ea daily)
<i>diazepam conc or 5 mg/ml</i>	1	
DIAZEPAM SOAJ IM 10 MG/2ML	2	
DIAZEPAM SOLN IJ 5 MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam soln ij 5 mg/ml</i>	1	
DIAZEPAM SOLN OR 5 MG/5ML	2	QL(500 ml per fill retail)
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	QL(4 ea daily)
OXAZEPAM CAPS 10 MG, 30 MG	2	QL(4 ea daily)
TRANXENE T TABS (Use Clorazepate Dipotassium)	NP	QL(3 ea daily)
VALIUM TABS (Use Diazepam)	NP	QL(4 ea daily)
XANAX TABS (Use Alprazolam)	NP	QL(4 ea daily)
XANAX XR TB24 (Use Alprazolam)	NP	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use Disopyramide Phosphate)	2	
<i>quinidine gluconate tbcf or 324 mg</i>	1	
QUINIDINE SULFATE TABS OR 200 MG, 300 MG	2	
<b>Antiarrhythmics Type I-B</b>		
MEXILETINE HCL CAPS 150 MG, 200 MG, 250 MG	2	
<i>mexiletine hcl caps 200 mg, 250 mg</i>	1	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	1	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs or 200 mg</i>	1	
<i>dofetilide caps</i>	1	PA; SP
TIKOSYN CAPS (Use <i>Dofetilide</i> )	NP	PA; SP
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu in</i>	1	QL(8 ml daily)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
CINQAIR SOLN	2	PA; SP
DUPIXENT SOSY	NP	
NUCALA SOAJ	2	PA; SP
NUCALA SOLR	2	PA; SP
NUCALA SOSY	2	PA; SP
XOLAIR SOLR	2	PA; SP
XOLAIR SOSY	2	PA; SP
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	2	QL(0.867 gm daily)
INCRUSE ELLIPTA AEPB	NP	QL(30 ea per 30 days retail)
INCRUSE ELLIPTA AEPB	NP	QL(7 ea per 30 days retail)
<i>ipratropium bromide soln in</i>	1	QL(15 ml daily)
SEEBRI NEOHALER CAPS	NP	
SPIRIVA HANDIHALER CAPS	2	
SPIRIVA RESPIMAT AERS	NP	
TUDORZA PRESSAIR AEPB	NP	QL(1 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
YUPELRI SOLN	NP	
<b>Leukotriene Modulators</b>		
ACCOLATE TABS (Use <i>Zafirlukast</i> )	NP	
<i>montelukast sodium chew or 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack or 4 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs or 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW (Use <i>Montelukast Sodium</i> )	NP	QL(1 ea daily)
SINGULAIR PACK (Use <i>Montelukast Sodium</i> )	NP	QL(1 ea daily)
SINGULAIR TABS (Use <i>Montelukast Sodium</i> )	NP	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	
<i>zileuton tb12</i>	1	
ZYFLO CR TB12 (Use <i>Zileuton</i> )	NP	
ZYFLO TABS	NP	
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP TABS	NP	
<b>Steroid Inhalants</b>		
AEROSPAN AERS	NP	QL(9 gm per 30 days retail)
ALVESCO AERS	NP	
ARNUITY ELLIPTA AEPB	NP	
ASMANEX HFA AERO	NP	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	
<i>budesonide (inhalation) susp</i>	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT DISKUS AEPB	2	QL(2 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	QL(12 gm per 30 days retail)
FLOVENT HFA AERO 44 MCG/ACT	2	QL(11 gm per 30 days retail)
PULMICORT FLEXHALER AEPB	2	QL(1 ea per 25 days retail); AL(Up to 5 yrs old )
PULMICORT SUSP ( <i>Use Budesonide (Inhalation)</i> )	NP	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)
QVAR AERS	NP	
QVAR REDHALER AERB	NP	
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB ( <i>Use Fluticasone- Salmeterol</i> )	2	QL(2 ea daily)
ADVAIR HFA AERO	2	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(0.45 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	
ALBUTEROL SULFATE ER TB12	2	
<i>albuterol sulfate nebu in 0.083 %</i>	1	QL(375 ml per 25 days retail)
<i>albuterol sulfate nebu in 0.5 %</i>	1	QL(2 ml daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(375 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	NP	
ARCAPTA NEOHALER CAPS	NP	
BEVESPI AEROSPHERE AERO	2	
BREO ELLIPTA AEPB	NP	
BROVANA NEBU	NP	
COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 days retail)
DULERA AERO	2	QL(13 gm per 30 days retail)
<i>fluticasone-salmeterol aepb</i>	1	QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	QL(12 ml daily)
<i>levalbuterol hcl nebu in 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml, 1.25 mg/0.5ml</i>	1	
LEVALBUTEROL TARTRATE HFA AERO	2	
METAPROTERENOL SULFATE SYRP OR 10 MG/5ML	2	QL(30 ml daily)
METAPROTERENOL SULFATE TABS OR 10 MG, 20 MG	2	
PERFOROMIST NEBU	NP	
PROAIR HFA AERS ( <i>Use Albuterol Sulfate</i> )	2	QL(0.57 gm daily)
PROAIR RESPICLICK AEPB	NP	
PROVENTIL HFA AERS ( <i>Use Albuterol Sulfate</i> )	2	
SEREVENT DISKUS AEPB	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT AERS	2	
STRIVERDI RESPIMAT AERS	NP	
SYMBICORT AERO	2	QL(11 gm per 30 days retail)
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	1	
TRELEGY ELLIPTA AEPB	NP	
UTIBRON NEOHALER CAPS	NP	
VENTOLIN HFA AERS (Use Albuterol Sulfate)	NP	QL(0.54 gm daily)
VENTOLIN HFA AERS (Use Albuterol Sulfate)	NP	QL(1.2 gm daily)
VOSPIRE ER TB12 (Use Albuterol Sulfate)	NP	
XOPENEX CONCENTRATE NEBU (Use Levalbuterol HCl)	NP	
XOPENEX HFA AERO	NP	
XOPENEX NEBU (Use Levalbuterol HCl)	NP	
<b>Xanthines</b>		
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
<i>theophylline soln 80 mg/15ml</i>	1	QL(475 ml per fill retail)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Anticoagulants - Misc.</b>		
DEFITELIO SOLN	2	PA; SP
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS (Use Warfarin Sodium)	NP	
<i>warfarin sodium tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TABS	2	QL(4 ea daily)
ELIQUIS TABS	2	QL(4 ea daily)
SAVAYSA TABS	NP	
XARELTO STARTER PACK TBPK	NP	
XARELTO TABS 10 MG	2	QL(1 ea daily, 35 ea per 180 days retail)
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO TABS 2.5 MG	2	
XARELTO TABS 20 MG	2	QL(1 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA SOLN (Use Fondaparinux Sodium)	2	PA; SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	1	QL(42 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	1	QL(14 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	1	QL(5 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	1	QL(6 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	1	QL(9 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	1	QL(12 ml per 7 days retail); SP
<i>fondaparinux sodium soln</i>	1	PA; SP
FRAGMIN SOLN	2	PA; SP
<i>heparin sodium (porcine) soln</i>	1	
LOVENOX SOLN IJ 300 MG/3ML (Use Enoxaparin Sodium)	NP	QL(42 ml per 7 days retail); SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use Enoxaparin Sodium)	NP	QL(14 ml per 7 days retail); SP

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 30 MG/0.3ML ( <i>Use Enoxaparin Sodium</i> )	NP	QL(5 ml per 7 days retail); SP
LOVENOX SOLN SC 40 MG/0.4ML ( <i>Use Enoxaparin Sodium</i> )	NP	QL(6 ml per 7 days retail); SP
LOVENOX SOLN SC 60 MG/0.6ML ( <i>Use Enoxaparin Sodium</i> )	NP	QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML ( <i>Use Enoxaparin Sodium</i> )	NP	QL(12 ml per 7 days retail); SP
<b>Thrombin Inhibitors</b>		
PRADAXA CAPS	2	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	NP	
FYCOMPA TABS	NP	
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp</i>	1	
<i>clobazam tabs</i>	1	
<i>clonazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>clonazepam tbdp or 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL	2	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL	2	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIAZEPAM RECTAL GEL GEL	2	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS ( <i>Use Clonazepam</i> )	NP	QL(4 ea daily)
ONFI SUSP ( <i>Use Clobazam</i> )	NP	
ONFI TABS ( <i>Use Clobazam</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>Anticonvulsants - Misc.</b>		
APTIOM TABS	NP	
BANZEL SUSP	NP	SP
BANZEL TABS	NP	SP
BRIVIACT SOLN IV 50 MG/5ML	2	PA; SP
BRIVIACT SOLN OR 10 MG/ML	NP	
BRIVIACT TABS OR 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	NP	
<i>carbamazepine chew or 100 mg</i>	1	
<i>carbamazepine cp12 or 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine susp or 100 mg/5ml</i>	1	
<i>carbamazepine tabs or 200 mg</i>	1	
<i>carbamazepine tb12 or 100 mg, 200 mg, 400 mg</i>	1	
CARBATROL CP12 ( <i>Use Carbamazepine</i> )	NP	
EPIDIOLEX SOLN	2	PA
<i>gabapentin caps or 100 mg</i>	1	QL(9 ea daily)
<i>gabapentin caps or 300 mg, 400 mg</i>	1	
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin tabs or 600 mg, 800 mg</i>	1	
KEPPRA SOLN OR 100 MG/ML ( <i>Use Levetiracetam</i> )	NP	QL(30 ml daily)
KEPPRA TABS OR 250 MG, 500 MG, 750 MG, 1000 MG ( <i>Use Levetiracetam</i> )	NP	
KEPPRA XR TB24 ( <i>Use Levetiracetam</i> )	NP	

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NP	
LAMICTAL ODT KIT	NP	
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use Lamotrigine)	NP	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use Lamotrigine)	NP	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use Lamotrigine)	NP	
LAMICTAL STARTER/TAKING VALPROATE KIT (Use Lamotrigine)	NP	
LAMICTAL TABS (Use Lamotrigine)	NP	
LAMICTAL XR KIT	NP	
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine)	NP	
lamotrigine chew or 5 mg, 25 mg	1	
lamotrigine kit or 25 mg,	1	
lamotrigine tabs or 25 mg, 100 mg, 150 mg, 200 mg	1	
lamotrigine tb24 or 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	1	
lamotrigine tbdp or 25 mg, 50 mg, 100 mg, 200 mg	1	
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	QL(30 ml daily)
levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg	1	
levetiracetam tb24 or 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CAPS (Use Pregabalin)	NP	PA
LYRICA SOLN (Use Pregabalin)	NP	PA
MYSOLINE TABS (Use Primidone)	NP	
NEURONTIN CAPS 100 MG (Use Gabapentin)	NP	QL(9 ea daily)
NEURONTIN CAPS 300 MG, 400 MG (Use Gabapentin)	NP	
NEURONTIN SOLN 250 MG/5ML (Use Gabapentin)	NP	
NEURONTIN TABS 600 MG, 800 MG (Use Gabapentin)	NP	
oxcarbazepine susp	1	
oxcarbazepine tabs	1	
OXTELLAR XR TB24	NP	
pregabalin caps or 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg	1	PA
pregabalin soln or 20 mg/ml	1	PA
primidone tabs or 50 mg, 250 mg	1	
QUDEXY XR CS24	NP	
SPRITAM TB3D	NP	
TEGRETOL SUSP (Use Carbamazepine)	NP	
TEGRETOL TABS (Use Carbamazepine)	NP	
TEGRETOL-XR TB12 (Use Carbamazepine)	NP	
TOPAMAX SPRINKLE CPSP (Use Topiramate)	NP	
TOPAMAX TABS 25 MG (Use Topiramate)	NP	QL(6 ea daily)
TOPAMAX TABS 50 MG, 100 MG, 200 MG (Use Topiramate)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate csp or 15 mg, 25 mg</i>	1	
TOPIRAMATE ER CS24	2	
<i>topiramate tabs or 25 mg</i>	1	QL(6 ea daily)
<i>topiramate tabs or 50 mg, 100 mg, 200 mg</i>	1	
TRILEPTAL SUSP (Use Oxcarbazepine)	NP	
TRILEPTAL TABS (Use Oxcarbazepine)	NP	
TROKENDI XR CP24	NP	
VIMPAT SOLN OR 10 MG/ML	NP	
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	NP	
ZONEGRAN CAPS (Use Zonisamide)	NP	
<i>zonisamide caps or 25 mg, 50 mg, 100 mg</i>	1	
<b>Carbamates</b>		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP (Use Felbamate)	NP	
FELBATOL TABS (Use Felbamate)	NP	
<b>GABA Modulators</b>		
GABITRIL TABS (Use Tiagabine HCl)	2	
SABRIL PACK (Use Vigabatrin)	NP	PA; SP
SABRIL TABS (Use Vigabatrin)	NP	PA; SP
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	1	PA; SP
<i>vigabatrin tabs</i>	1	PA; SP
<b>Hydantoins</b>		

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	NP	
DILANTIN CAPS 30 MG	NP	
DILANTIN INFATABS CHEW (Use Phenytoin)	2	
DILANTIN-125 SUSP (Use Phenytoin)	NP	
PEGANONE TABS	NP	
PHENYTEK CAPS (Use Phenytoin Sodium Extended)	NP	
<i>phenytoin chew or 50 mg</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp or 125 mg/5ml</i>	1	
<b>Succinimides</b>		
CELONTIN CAPS	2	
<i>ethosuximide caps or 250 mg</i>	1	
<i>ethosuximide soln or 250 mg/5ml</i>	1	
ZARONTIN CAPS (Use Ethosuximide)	NP	
ZARONTIN SOLN (Use Ethosuximide)	NP	
<b>Valproic Acid</b>		
DEPAKENE CAPS (Use Valproic Acid)	NP	
DEPAKENE SOLN (Use Valproate Sodium)	NP	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	NP	
DEPAKOTE SPRINKLES CSDR (Use Divalproex Sodium)	2	
DEPAKOTE TBEC (Use Divalproex Sodium)	NP	
<i>divalproex sodium csdr</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln or 250 mg/5ml</i>	1	
<i>valproic acid caps or</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs or 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine tbdp or 15 mg, 30 mg, 45 mg</i>	1	
REMERON SOLTAB TBDP (Use Mirtazapine)	NP	
REMERON TABS (Use Mirtazapine)	NP	
<b>Antidepressants - Misc.</b>		
APLENZIN TB24	NP	
<i>bupropion hcl tabs or 75 mg, 100 mg</i>	1	
<i>bupropion hcl tb12 or 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 or 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 or 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 or 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 or 300 mg</i>	1	QL(1 ea daily)
BUPROPION HYDROCHLORIDE ER (XL) TB24	2	
FORFIVO XL TB24	NP	
MAPROTILINE HCL TABS	2	
WELLBUTRIN SR TB12 100 MG (Use Bupropion HCl)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 150 MG (Use Bupropion HCl)	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use Bupropion HCl)	NP	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use Bupropion HCl)	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (Use Bupropion HCl)	NP	QL(1 ea daily)
<b>GABA Receptor Modulator - Neuroactive Steroid</b>		
ZULRESSO SOLN	2	PA; SP
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24	NP	
NARDIL TABS (Use Phenelzine Sulfate)	NP	
PARNATE TABS (Use Tranylcypromine Sulfate)	NP	
<i>phenelzine sulfate tabs or</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor</b>		
SPRAVATO 56MG DOSE SOPK	2	PA; SP
SPRAVATO 84MG DOSE SOPK	2	PA; SP
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS (Use Citalopram Hydrobromide)	NP	
<i>citalopram hydrobromide soln</i>	1	
<i>citalopram hydrobromide tabs</i>	1	
<i>escitalopram oxalate soln</i>	1	
<i>escitalopram oxalate tabs</i>	1	
FLUOXETINE DR CPDR	2	
<i>fluoxetine hcl caps or 10 mg, 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl soln or 20 mg/5ml</i>	1	
<i>fluoxetine hcl tabs or 10 mg</i>	1	AL(At least 7 yrs old)
<i>fluoxetine hcl tabs or 20 mg</i>	1	QL(4 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl tabs or 60 mg</i>	1	
FLUOXETINE HYDROCHLORIDE TABS	2	
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	2	
<i>fluvoxamine maleate cp24</i>	1	
<i>fluvoxamine maleate tabs</i>	1	
LEXAPRO TABS (Use Escitalopram Oxalate)	NP	
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
PAXIL CR TB24 (Use Paroxetine HCl)	NP	
PAXIL SUSP 10 MG/5ML	NP	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl)	NP	
PEXEVA TABS	NP	
PROZAC CAPS (Use Fluoxetine HCl)	NP	
<i>sertraline hcl conc or 20 mg/ml</i>	1	
<i>sertraline hcl tabs or 25 mg, 50 mg, 100 mg</i>	1	
ZOLOFT CONC (Use Sertraline HCl)	NP	
ZOLOFT TABS (Use Sertraline HCl)	NP	
<b>Serotonin Modulators</b>		
NEFAZODONE HCL TABS 100 MG, 150 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	1	
NEFAZODONE HYDROCHLORIDE TABS	2	
<i>trazodone hcl tabs or 50 mg, 100 mg, 150 mg, 300 mg</i>	1	
TRINTELLIX TABS	NP	
VIIBRYD STARTER PACK KIT	NP	
VIIBRYD TABS	NP	
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
<i>CYMBALTA CPEP (Use Duloxetine HCl)</i>	NP	QL(1 ea daily); AL(At least 7 yrs old)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	2	
<i>desvenlafaxine succinate tb24 100 mg</i>	1	QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep or 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use Venlafaxine HCl)	NP	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use Venlafaxine HCl)	NP	QL(5 ea daily)
FETZIMA CP24	NP	
FETZIMA TITRATION PACK C4PK	NP	
KHEDEZLA TB24	NP	
PRISTIQ TB24 100 MG (Use Desvenlafaxine Succinate)	NP	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use Desvenlafaxine Succinate)	NP	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(5 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg</i>	1	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
AMOXAPINE TABS	2	
ANAFRANIL CAPS 75 MG (Use <i>Clomipramine HCl</i> )	NP	
<i>clomipramine hcl caps or 75 mg</i>	1	
<i>desipramine hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
<i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
DOXEPIN HCL CAPS OR 150 MG	2	
<i>doxepin hcl conc or 10 mg/ml</i>	1	
ELAVIL TABS (Use <i>Amitriptyline HCl</i> )	NP	
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
NORPRAMIN TABS (Use <i>Desipramine HCl</i> )	NP	
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
NORTRIPTYLINE HCL SOLN OR 10 MG/5ML	2	
<i>nortriptyline hcl soln or 10 mg/5ml</i>	1	
PAMELOR CAPS (Use <i>Nortriptyline HCl</i> )	NP	
TOFRANIL TABS (Use <i>Imipramine HCl</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	1	
GLYSET TABS (Use <i>Miglitol</i> )	2	
<i>miglitol tabs</i>	1	
PRECOSE TABS (Use <i>Acarbose</i> )	NP	
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	2	PA; QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	2	PA; QL(6 ml per 30 days retail)
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS (Use <i>Pioglitazone HCl-Metformin HCl</i> )	NP	QL(2 ea daily)
ACTOPLUS MET XR TB24	NP	
<i>alogliptin-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>alogliptin-pioglitazone tabs</i>	1	QL(1 ea daily)
D-CARE DM2 KIT	NP	
DUETACT TABS (Use <i>Pioglitazone HCl-Glimepiride</i> )	NP	
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (Use <i>Glyburide-Metformin</i> )	NP	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS	NP	
INVOKAMET TABS	NP	
INVOKAMET XR TB24	NP	
JANUMET TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TB24	2	
JENTADUETO TABS	2	QL(2 ea daily); AL(At least 18 yrs old)
JENTADUETO XR TB24	NP	
KAZANO TABS	NP	QL(2 ea daily)
KOMBIGLYZE XR TB24	2	
OSENI TABS	NP	QL(1 ea daily)
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN IN HYDROCHLORIDE TABS	2	
SEGLUROMET TABS	NP	QL(2 ea daily)
SOLIQUA 100/33 SOPN	NP	
SYNJARDY TABS	NP	
XIGDUO XR TB24	NP	
XULTOPHY 100/3.6 SOPN	NP	
<b>Biguanides</b>		
FORTAMET TB24 ( <i>Use Metformin HCl</i> )	NP	
GLUCOPHAGE TABS ( <i>Use Metformin HCl</i> )	NP	
GLUCOPHAGE XR TB24 ( <i>Use Metformin HCl</i> )	NP	
GLUMETZA TB24 ( <i>Use Metformin HCl</i> )	NP	
<i>metformin hcl tabs or 500 mg, 850 mg, 1000 mg</i>	1	
<i>metformin hcl tb24 or 500 mg, 750 mg, 1000 mg</i>	1	
METFORMIN HYDROCHLORIDE SOLN	2	
RIOMET SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
<b>Diabetic Other</b>		
BD GLUCOSE CHEW	2	QL(1.67 ea daily)
CVS GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
GLUCAGEN HYPOKIT SOLR	2	
GLUCAGON EMERGENCY KIT KIT	2	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
GNP GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
KORLYM TABS	2	PA; SP
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
SM GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tabs</i>	1	QL(1 ea daily)
JANUVIA TABS	2	
NESINA TABS	NP	QL(1 ea daily)
ONGLYZA TABS	NP	
TRADJENTA TABS	2	QL(1 ea daily); AL(At least 18 yrs old)
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
ADLYXIN SOPN	NP	
ADLYXIN STARTER PACK PNKT	NP	

Drug Name	Drug Tier	Requirements/ Limits
BYDUREON PEN PEN	2	QL(4 ea per 28 days retail); AL(At least 18 yrs old)
BYDUREON SRER	2	QL(0.143 ea daily); AL(At least 18 yrs old)
BYETTA SOPN 10 MCG/0.04ML	2	QL(2 ml per 30 days retail); AL(At least 18 yrs old)
BYETTA SOPN 5 MCG/0.02ML	2	QL(1 ml per 30 days retail); AL(At least 18 yrs old)
TANZEUM PEN	NP	
TRULICITY SOPN	NP	
VICTOZA SOPN	2	QL(0.3 ml daily)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS ( <i>Use Pioglitazone HCl</i> )	NP	QL(1 ea daily)
AVANDIA TABS	NP	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
<b>Insulin</b>		
ADMELOG SOLN	NP	QL(40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	NP	QL(30 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	NP	
AFREZZA POWD	NP	
BASAGLAR KWIKPEN SOPN	NP	QL(30 ml per 30 days retail)
HUMALOG JUNIOR KWIKPEN SOPN	2	
HUMALOG KWIKPEN SOPN	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 50/50 SUSP	2	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMALOG MIX 75/25 SUSP	2	QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMULIN 70/30 SUSP	2	QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	NP	QL(30 ml per 30 days retail)
HUMULIN N SUSP	2	QL(40 ml per 30 days retail)
HUMULIN R SOLN	2	QL(40 ml per 30 days retail)
HUMULIN R U-500 ( <i>CONCENTRATED</i> ) SOLN	NP	
INSULIN LISPRO KWIKPEN SOPN	2	
INSULIN LISPRO SOLN	2	
LANTUS SOLOSTAR SOPN	2	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(30 ml per 30 days retail)
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(30 ml per 30 days retail)
NOVOLIN 70/30 RELION SUSP	NP	QL(40 ml per 30 days retail)
NOVOLIN 70/30 SUSP	NP	QL(40 ml per 30 days retail)
NOVOLIN N RELION SUSP	NP	QL(40 ml per 30 days retail)
NOVOLIN N SUSP	NP	QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN	NP	QL(40 ml per 30 days retail)
NOVOLIN R SOLN	NP	QL(40 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 SUSP	2	QL(40 ml per 30 days retail)
TOUJEO MAX SOLOSTAR SOPN	NP	
TOUJEO SOLOSTAR SOPN	NP	
TRESIBA FLEXTOUCH SOPN	NP	
TRESIBA SOLN	NP	
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
PRANDIN TABS ( <i>Use Repaglinide</i> )	NP	
<i>repaglinide tabs</i>	1	
STARLIX TABS ( <i>Use Nateglinide</i> )	NP	QL(3 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA TABS	2	
INVOKANA TABS	2	
JARDIANCE TABS	2	QL(1 ea daily)
STEGLATRO TABS	NP	QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL TABS 1 MG, 2 MG ( <i>Use Glimepiride</i> )	NP	QL(4 ea daily)
AMARYL TABS 4 MG ( <i>Use Glimepiride</i> )	NP	QL(2 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs or 5 mg, 10 mg</i>	1	
<i>glipizide tb24 or 5 mg, 10 mg, 2.5 mg</i>	1	
GLUCOTROL TABS ( <i>Use Glipizide</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TB24 ( <i>Use Glipizide</i> )	NP	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs or 5 mg, 2.5 mg, 1.25 mg</i>	1	
GLYNASE TABS ( <i>Use Glyburide Micronized</i> )	NP	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
ACIDOPHILUS CAPS	2	RX/OTC
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
ACIDOPHILUS PEARLS CAPS	2	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
ADVANCED PROBIOTIC 10 CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC
ALIGN CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	2	RX/OTC
<i>bismuth subsalicylate chew or 262 mg</i>	1	
<i>bismuth subsalicylate susp or 262 mg/15ml, 525 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CHILDRENS PROBIOTIC PEARLS CAPS	2	RX/OTC
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	2	RX/OTC
CULTURELLE KIDS CHEW	2	
CULTURELLE KIDS PACK	2	
CULTURELLE KIDS REGULARITY PACK	2	
CULTURELLE PRO-WELL CAPS	2	RX/OTC
CULTURELLE PROBIOTICS KIDS PACK	2	
CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
CVS ADULT PROBIOTIC CAPS	2	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC
DIFF-STAT CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA CAPS	2	RX/OTC
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC
EQL DAILY PROBIOTIC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC
FLORAJEN BIFIDOBLEND CAPS	2	RX/OTC
FLORAJEN3 CAPS	2	RX/OTC
FLORAJEN4KIDS CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
GNP PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
HM ACIDOPHILUS CAPS	2	RX/OTC
LACTO-PECTIN CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2	
NATRUL PROBIOTIC CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC
PEPTO-BISMOL CHEW (Use Bismuth Subsalicylate)	NP	
PEPTO-BISMOL INSTACOOOL CHEW (Use Bismuth Subsalicylate)	NP	
PEPTO-BISMOL MAX STRENGTH SUSP (Use Bismuth Subsalicylate)	NP	
PEPTO-BISMOL SUSP (Use Bismuth Subsalicylate)	NP	

Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL TO-GO CHEW ( <i>Use Bismuth Subsalicylate</i> )	NP	
PHILLIPS COLON HEALTH CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC
PRO-BIOTIC BLEND CAPS	2	RX/OTC
PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS BEADS CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC ADVANCED ULTRAPOTENCY CAPS	2	RX/OTC
PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
PROBIOTIC COMPLEX/ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PROBIOTIC PEARLS CAPS	2	RX/OTC
PROBIOTIC+TURMERIC EXTRACT CAPS	2	RX/OTC
PROBIOTIC-10 CAPS	2	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRODIGEN CAPS	2	RX/OTC
PROVAD CAPS	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC
RISAQUAD CAPS	2	RX/OTC
RISAQUAD-2 CAPS	2	RX/OTC
SD PROBIOTIC-10 COMPLEXULTRA CAPS	2	RX/OTC
SM ACIDOPHILUS PEARLS CAPS	2	RX/OTC
SUPER PROBIOTIC CAPS	2	RX/OTC
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
TRUBIOTICS CAPS	2	RX/OTC
TRUNATURE DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
ULTRAFLOA IMMUNE HEALTH CAPS	2	RX/OTC
VISBIOME PROBIOTIC HIGH POTENCY CAPS	2	RX/OTC
VSL#3 CAPS	2	RX/OTC
ZELAC CAPS	2	RX/OTC
<b>Antidiarrheal/Probiotic Combinations</b>		
CULTURELLE ADULT ULTIMATEBALANCE CAPS	2	
CULTURELLE DIGESTIVE HEALTH CAPS	2	



Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE DIGESTIVE HEALTH CHEW	2	
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	2	
CULTURELLE HEALTH & WELLNESS CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	2	
VIACTIV DIGESTIVE HEALTH CHEW	2	
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine tabs</i>	1	
DIPHENOXYLATE/ATROPINE LIQD	2	
IMODIUM A-D CAPS 2 MG (Use Loperamide HCl)	NP	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (Use Loperamide HCl)	NP	QL(8 ea daily)
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NP	
<i>loperamide hcl caps or 2 mg</i>	1	QL(8 ea daily); RX/OTC
<i>loperamide hcl liqd or 1 mg/5ml</i>	1	QL(40 ml daily)
<i>loperamide hcl tabs or 2 mg</i>	1	QL(8 ea daily)
PAREGORIC TINC	2	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	2	
<i>deferasirox tbso</i>	1	PA; SP
EXJADE TBDO (Use Deferasirox)	NP	PA; SP
FERRIPROX SOLN 100 MG/ML	2	PA; SP
FERRIPROX TABS 500 MG	2	PA; SP
JADENU SPRINKLE PACK	2	PA

Drug Name	Drug Tier	Requirements/ Limits
JADENU TABS	2	PA; SP
<b>Antidotes and Specific Antagonists</b>		
BRIDION SOLN	2	PA; SP
<i>deferoxamine mesylate solr</i>	1	PA; SP
DESFERAL SOLR (Use Deferoxamine Mesylate)	NP	PA; SP
SM IPECAC SYRUP SYRP	2	
VISTOGARD PACK	2	
<b>Opioid Antagonists</b>		
NALOXONE HCL SOCT IJ 0.4 MG/ML	2	QL(4 ml per 90 days retail)
<i>naloxone hcl soln ij 0.4 mg/ml</i>	0	QL(2 ml per 90 days retail)
<i>naloxone hcl soln ij 4 mg/10ml</i>	1	QL(4 ml per 90 days retail)
NALOXONE HCL SOSY IJ 2 MG/2ML	2	QL(4 ml per 30 days retail)
<i>naltrexone hcl tabs or</i>	1	
NALTREXONE IMPL SC	2	PA
NARCAN LIQD	2	QL(2 ea per 90 days retail)
VIVITROL SUSR	2	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS	NP	
<i>granisetron hcl tabs or 1 mg</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(50 ml per fill retail)
<i>ondansetron hcl tabs or 24 mg</i>	1	
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	QL(2 ea daily)
<i>ondansetron tbdp</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SANCUSO PTCH	NP	
ZOFRAN ODT TBDP ( <i>Use Ondansetron</i> )	NP	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML ( <i>Use Ondansetron HCl</i> )	NP	QL(50 ml per fill retail)
ZOFRAN TABS 4 MG, 8 MG ( <i>Use Ondansetron HCl</i> )	NP	QL(2 ea daily)
ZUPLENZ FILM	NP	
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl chew or 25 mg</i>	1	
<i>meclizine hcl tabs or 25 mg, 12.5 mg</i>	1	RX/OTC
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO CAPS OR 300MG-0.5MG	NP	
DICLEGIS TBEC ( <i>Use Doxylamine-Pyridoxine</i> )	NP	
<i>doxylamine-pyridoxine tbec</i>	NP	
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps</i>	1	
EMEND CAPS OR 40 MG, 80 MG, 125 MG ( <i>Use Aprepitant</i> )	NP	
EMEND SUSR OR 125 MG	NP	
EMEND TRIPACK CAPS ( <i>Use Aprepitant</i> )	NP	
VARUBI TABS OR 90 MG	NP	
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
GRIS-PEG TABS ( <i>Use Griseofulvin Ultramicrosize</i> )	NP	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LAMISIL TABS ( <i>Use Terbinafine HCl</i> )	NP	QL(1 ea daily, 90 ea per 120 days retail)
<i>nystatin tabs or</i>	1	QL(6 ea daily)
<i>terbinafine hcl tabs or</i>	1	QL(1 ea daily, 90 ea per 120 days retail)
<b>Imidazole-Related Antifungals</b>		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML ( <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 150 MG ( <i>Use Fluconazole</i> )	NP	QL(2 ea daily)
DIFLUCAN TABS 200 MG ( <i>Use Fluconazole</i> )	NP	
DIFLUCAN TABS 50 MG ( <i>Use Fluconazole</i> )	NP	QL(7 ea per fill retail)
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	1	QL(70 ml per fill retail)
<i>fluconazole tabs or 100 mg</i>	1	QL(1 ea daily)
<i>fluconazole tabs or 150 mg</i>	1	QL(2 ea daily)
<i>fluconazole tabs or 200 mg</i>	1	
<i>fluconazole tabs or 50 mg</i>	1	QL(7 ea per fill retail)
<i>itraconazole caps or 100 mg</i>	1	PA; QL(1 ea daily)
<i>itraconazole soln or 10 mg/ml</i>	1	
ONMEL TABS	NP	
SPORANOX CAPS 100 MG ( <i>Use Itraconazole</i> )	NP	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS ( <i>Use Itraconazole</i> )	NP	PA; QL(1 ea daily)
SPORANOX SOLN 10 MG/ML ( <i>Use Itraconazole</i> )	NP	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		

Drug Name	Drug Tier	Requirements/Limits
CHLOR-TRIMETON SYRP 2 MG/5ML ( <i>Use Chlorpheniramine Maleate</i> )	NP	QL(60 ml daily)
CHLOR-TRIMETON TABS 4 MG ( <i>Use Chlorpheniramine Maleate</i> )	NP	QL(120 ea per fill retail)
<i>chlorpheniramine maleate syrup or 2 mg/5ml</i>	1	QL(60 ml daily)
<i>chlorpheniramine maleate tabs or 4 mg</i>	1	QL(120 ea per fill retail)
DEXCHLORPHENIRAMINE MALEATE SOLN OR	2	
RYCLORA SOLN	2	
<b>Antihistamines - Ethanolamines</b>		
ALER-DRYL TABS	2	QL(4 ea daily)
BENADRYL ALLERGY CAPS ( <i>Use Diphenhydramine HCl</i> )	NP	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML ( <i>Use Diphenhydramine HCl</i> )	NP	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS ( <i>Use Diphenhydramine HCl</i> )	NP	QL(4 ea daily)
<i>clemastine fumarate tabs or 1.34 mg</i>	1	QL(2 ea daily)
<i>diphenhydramine hcl caps or 25 mg, 50 mg</i>	1	QL(4 ea daily)
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	QL(240 ml per fill retail); RX/OTC
<i>diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs or 25 mg</i>	1	QL(4 ea daily)
SILPHEN COUGH SYRP	2	QL(240 ml per fill retail)
TAVIST ALLERGY TABS ( <i>Use Clemastine Fumarate</i> )	NP	QL(2 ea daily)
<b>Antihistamines - Non-Sedating</b>		

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML ( <i>Use Fexofenadine HCl</i> )	NP	
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	2	
ALLEGRA ALLERGY TABS 180 MG ( <i>Use Fexofenadine HCl</i> )	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG ( <i>Use Fexofenadine HCl</i> )	NP	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl syrup 1 mg/ml, 5 mg/5ml</i>	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CLARINEX SYRP	NP	
CLARITIN ALLERGY CHILDRENS SYRP ( <i>Use Loratadine</i> )	NP	QL(240 ml per fill retail)
CLARITIN CAPS 10 MG ( <i>Use Loratadine</i> )	NP	
CLARITIN CHEW 5 MG ( <i>Use Loratadine</i> )	NP	
CLARITIN CHILDRENS CHEW ( <i>Use Loratadine</i> )	NP	
CLARITIN REDITABS TBDP 10 MG ( <i>Use Loratadine</i> )	NP	
CLARITIN SYRP 5 MG/5ML ( <i>Use Loratadine</i> )	NP	QL(240 ml per fill retail)
CLARITIN TABS 10 MG ( <i>Use Loratadine</i> )	NP	
DESLORATADINE ODT TBDP	2	
<i>fexofenadine hcl susp or 30 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine hcl tabs or 180 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl tabs or 60 mg</i>	1	QL(2 ea daily)
<i>levocetirizine dihydrochloride soln or</i>	1	RX/OTC
<i>loratadine caps or 10 mg</i>	1	
<i>loratadine chew or 5 mg</i>	1	
<i>loratadine soln or 5 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>loratadine syrps or 5 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>loratadine tabs or 10 mg</i>	1	
<i>loratadine tbdp or 10 mg</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use Levocetirizine Dihydrochloride)	NP	RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	NP	
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	NP	QL(240 ml per fill retail); RX/OTC
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl supp re 25 mg, 50 mg, 12.5 mg</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl syrps or 6.25 mg/5ml</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	AL(At least 2 yrs old)
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrps or 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs or 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	1	
VYTORIN TABS (Use Ezetimibe-Simvastatin)	NP	
<b>Antihyperlipidemics - Misc.</b>		
KYNAMRO SOSY	2	PA; SP
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	NP	
<i>omega-3-acid ethyl esters caps</i>	1	
VASCEPA CAPS	NP	
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light pack</i>	1	
<i>cholestyramine light powd</i>	1	
<i>cholestyramine pack or 4 gm</i>	1	
<i>cholestyramine powd or 4 gm/dose</i>	1	
COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)	NP	
COLESTID GRAN 5 GM (Use Colestipol HCl)	NP	
COLESTID TABS 1 GM (Use Colestipol HCl)	NP	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
QUESTRAN LIGHT POWD (Use Cholestyramine Light)	NP	
QUESTRAN PACK (Use Cholestyramine)	NP	
QUESTRAN POWD (Use Cholestyramine)	NP	
<b>Fibric Acid Derivatives</b>		
ANTARA CAPS	NP	

Drug Name	Drug Tier	Requirements/Limits
FENOFIBRATE CAPS OR 50 MG, 150 MG	2	
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 43 mg, 130 mg</i>	1	
<i>fenofibrate micronized caps 67 mg</i>	1	QL(2 ea daily)
<i>fenofibrate tabs or 160 mg</i>	1	QL(1 ea daily)
FENOFIBRATE TABS OR 160 MG	2	QL(1 ea daily)
<i>fenofibrate tabs or 40 mg, 120 mg</i>	1	
<i>fenofibrate tabs or 54 mg</i>	1	QL(3 ea daily)
FENOFIBRIC ACID TABS 35 MG, 105 MG	2	
FENOGLIDE TABS (Use <i>Fenofibrate</i> )	NP	
FIBRICOR TABS 35 MG, 105 MG	NP	
<i>gemfibrozil tabs or</i>	1	QL(2 ea daily)
LIPOFEN CAPS	NP	
LOFIBRA CAPS (Use <i>Fenofibrate Micronized</i> )	2	QL(1 ea daily)
LOPID TABS (Use <i>Gemfibrozil</i> )	NP	QL(2 ea daily)
TRIGLIDE TABS	NP	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24	NP	
<i>atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i> )	NP	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	1	
<i>fluvastatin sodium tb24</i>	1	
LESCOL XL TB24 (Use <i>Fluvastatin Sodium</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
LIPITOR TABS (Use <i>Atorvastatin Calcium</i> )	NP	QL(1 ea daily)
LIVALO TABS	NP	
<i>lovastatin tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily)
PRAVACHOL TABS (Use <i>Pravastatin Sodium</i> )	NP	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs or 5 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
<i>simvastatin tabs or 80 mg</i>	1	
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (Use <i>Simvastatin</i> )	NP	QL(1 ea daily)
ZOCOR TABS 80 MG (Use <i>Simvastatin</i> )	NP	
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1	
ZETIA TABS (Use <i>Ezetimibe</i> )	NP	
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
JUXTAPID CAPS	2	PA; SP
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i>	1	
NIACIN TABS OR 500 MG	NP	
NIACOR TABS	NP	
NIASPAN TBCR (Use <i>Niacin (Antihyperlipidemic)</i> )	2	
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
PRALUENT SOPN	2	PA; SP
REPATHA SOSY	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SOAJ	2	PA; SP
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS (Use Quinapril HCl)	NP	QL(1 ea daily)
ACEON TABS (Use Perindopril Erbumine)	NP	
ALTACE CAPS (Use Ramipril)	NP	QL(2 ea daily)
benazepril hcl tabs or 40 mg	1	QL(2 ea daily)
benazepril hcl tabs or 5 mg, 10 mg, 20 mg	1	QL(1 ea daily)
captopril tabs or 25 mg, 50 mg, 100 mg, 12.5 mg	1	QL(3 ea daily)
enalapril maleate tabs or 5 mg, 10 mg, 20 mg, 2.5 mg	1	QL(2 ea daily)
EPANED SOLN	NP	
fosinopril sodium tabs	1	QL(1 ea daily)
lisinopril tabs or 5 mg, 10 mg, 20 mg, 30 mg, 40 mg, 2.5 mg	1	
LOTENSIN TABS 10 MG, 20 MG (Use Benazepril HCl)	NP	QL(1 ea daily)
LOTENSIN TABS 40 MG (Use Benazepril HCl)	NP	QL(2 ea daily)
moexipril hcl tabs	1	
perindopril erbumine tabs	1	
PRINIVIL TABS (Use Lisinopril)	NP	
QBRELIS SOLN	NP	
quinapril hcl tabs	1	QL(1 ea daily)
ramipril caps	1	QL(2 ea daily)
trandolapril tabs 1 mg, 2 mg	1	QL(1 ea daily)
trandolapril tabs 4 mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VASOTEC TABS (Use Enalapril Maleate)	NP	QL(2 ea daily)
ZESTRIL TABS (Use Lisinopril)	NP	
<b>Agents for Pheochromocytoma</b>		
DEMSER CAPS	2	PA; SP
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS (Use Candesartan Cilexetil)	NP	
AVAPRO TABS (Use Irbesartan)	NP	QL(1 ea daily)
BENICAR TABS (Use Olmesartan Medoxomil)	NP	
candesartan cilexetil tabs	1	
COZAAR TABS (Use Losartan Potassium)	NP	QL(1 ea daily)
DIOVAN TABS (Use Valsartan)	2	QL(1 ea daily)
EDARBI TABS	NP	
EPROSARTAN MESYLATE TABS	2	
irbesartan tabs	1	QL(1 ea daily)
losartan potassium tabs	1	QL(1 ea daily)
MICARDIS TABS (Use Telmisartan)	NP	
olmesartan medoxomil tabs	1	
telmisartan tabs	1	
valsartan tabs	1	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS (Use Doxazosin Mesylate)	NP	
CATAPRES TABS (Use Clonidine HCl)	NP	
clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg	1	
doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS (Use Prazosin HCl)	NP	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl caps</i>	1	
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS 10MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NP	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NP	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (Use Quinapril-Hydrochlorothiazide)	NP	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	NP	
<i>atenolol &amp; chlorthalidone tabs</i>	1	QL(1 ea daily)
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	NP	QL(1 ea daily)
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	NP	
<i>benazepril &amp; hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	NP	
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BYVALSON TABS	NP	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
CORZIDE TABS 40MG-5MG (Use Nadolol & Bendroflumethiazide)	NP	
CORZIDE TABS 80MG-5MG	NP	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	NP	QL(1 ea daily)
DUTOPROL TB24	NP	QL(1 ea daily)
EDARBYCLOR TABS	NP	
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	NP	
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	NP	
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	NP	QL(2 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NP	QL(1 ea daily)
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	2	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NP	QL(1 ea daily)
<i>moexipril-hydrochlorothiazide tabs</i>	1	
<i>nadolol &amp; bendroflumethiazide tabs</i>	1	
NADOLOL/BENDROFLUMETHIAZIDE TABS	2	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	
PRESTALIA TABS	NP	
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide tabs 10mg-12.5mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-12.5mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-25mg</i>	1	QL(2 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NP	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NP	QL(1 ea daily)
<i>trandolapril-verapamil hcl tbc</i>	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	NP	
TWYNSTA TABS (Use Telmisartan-Amlodipine)	NP	
<i>valsartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	NP	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	NP	QL(1 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL TABS	2	PA; SP
<b>Vasodilators</b>		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>minoxidil tabs or 10 mg, 2.5 mg</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
COARTEM TABS	2	QL(24 ea per fill retail)
<b>Antimalarials</b>		
CHLOROQUINE PHOSPHATE TABS OR 250 MG	2	QL(2 ea daily)
<i>chloroquine phosphate tabs or 500 mg</i>	1	QL(8 ea per 56 days retail)
DARAPRIM TABS	2	PA; SP



Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tabs or</i>	1	
KRINTAFEL TABS	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	
MEFLOQUINE HCL TABS	2	
PLAQUENIL TABS (Use <i>Hydroxychloroquine Sulfate</i> )	NP	

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

#### Antimyasthenic/Cholinergic Agents

FIRDAPSE TABS	2	PA; SP
MESTINON TABS 60 MG (Use <i>Pyridostigmine Bromide</i> )	NP	
MESTINON TIMESPAN TBCR (Use <i>Pyridostigmine Bromide</i> )	NP	
<i>pyridostigmine bromide tabs or 60 mg</i>	1	
<i>pyridostigmine bromide tbcr or 180 mg</i>	1	

### ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

#### Antimycobacterial Agents

<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	1	
ISONIAZID SYRP OR 50 MG/5ML	2	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (Use <i>Ethambutol HCl</i> )	NP	
<i>pyrazinamide tabs or</i>	1	
RIFADIN CAPS OR 150 MG, 300 MG (Use <i>Rifampin</i> )	NP	
<i>rifampin caps or 150 mg, 300 mg</i>	1	
TRECTOR TABS	2	

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN SOLR IV 50 MG (Use <i>Melphalan HCl</i> )	NP	PA; SP
ALKERAN TABS OR 2 MG (Use <i>Melphalan</i> )	NP	
BELRAPZO SOLN	2	PA; SP
BENDAMUSTINE HYDROCHLORIDE SOLN	2	PA; SP
BENDEKA SOLN	2	PA; SP
<i>carboplatin soln</i>	1	PA; SP
CISPLATIN SOLN 200 MG/200ML	2	PA; SP
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	1	PA; SP
CISPLATIN SOLR 50 MG	2	PA; SP
EVOMELA SOLR	2	PA; SP
LEUKERAN TABS	2	
<i>melphalan hcl solr</i>	1	PA; SP
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	2	PA; SP
MYLERAN TABS	2	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use <i>Temozolomide</i> )	NP	PA; SP
TEMODAR SOLR IV 100 MG	2	PA; SP
<i>temozolomide caps</i>	1	PA; SP
TEPADINA SOLR	2	PA; SP
<i>thiotepa solr ij</i>	1	PA; SP
TREANDA SOLR	2	PA; SP

Updated September 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
YONDELIS SOLR	2	PA; SP
<b>Antimetabolites</b>		
ALIMTA SOLR	2	PA; SP
<i>azacitidine susr</i>	1	PA; SP
<i>capecitabine tabs</i>	1	PA; SP
<i>cladribine soln</i>	1	PA; SP
<i>cytarabine soln</i>	1	PA; SP
CYTARABINEAQUEOUS SOLN	2	PA; SP
DACOGEN SOLR ( <i>Use Decitabine</i> )	NP	PA; SP
<i>decitabine solr</i>	1	PA; SP
<i>fludarabine phosphate soln</i>	1	PA; SP
<i>fludarabine phosphate solr</i>	1	PA; SP
FOLOTYN SOLN	2	PA; SP
<i>mercaptopurine tabs or</i>	1	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	2	
<i>methotrexate sodium tabs or 2.5 mg</i>	1	
PURIXAN SUSP	2	
TABLOID TABS	2	PA; SP
TREXALL TABS	2	
VIDAZA SUSR ( <i>Use Azacitidine</i> )	NP	PA; SP
XELODA TABS ( <i>Use Capecitabine</i> )	NP	PA; SP
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
AVASTIN SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
CYRAMZA SOLN	2	PA; SP
ZALTRAP SOLN	2	PA; SP
<b>Antineoplastic - Antibodies</b>		
ADCETRIS SOLR	2	PA; SP
ARZERRA CONC	2	PA; SP
BLINCYTO SOLR	2	PA; SP
DARZALEX SOLN	2	PA; SP
EMPLICITI SOLR	2	PA; SP
ERBITUX SOLN	2	PA; SP
GAZYVA SOLN	2	PA; SP
HERCEPTIN SOLR	2	PA; SP
KADCYLA SOLR	2	PA; SP
KEYTRUDA SOLN	2	PA; SP
LARTRUVO SOLN	2	PA; SP
LIBTAYO SOLN	2	PA
LUMOXITI SOLR	2	PA
OPDIVO SOLN	2	PA; SP
PERJETA SOLN	2	PA; SP
POLIVY SOLR	2	PA; SP
PORTRAZZA SOLN	2	PA; SP
POTELIGEO SOLN	2	PA; SP
RITUXAN SOLN	2	PA; SP
TECENTRIQ SOLN	2	PA; SP
UNITUXIN SOLN	2	PA; SP
VECTIBIX SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
YERVOY SOLN	2	PA; SP
ZEVALIN Y-90 KIT	2	PA; SP
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPK	2	PA; SP
VENCLEXTA TABS	2	PA; SP
<b>Antineoplastic - Cellular Immunotherapy</b>		
PROVENGE SUSP	2	PA; SP
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS	2	PA; SP
ERIVEDGE CAPS	2	PA; SP
ODOMZO CAPS	2	PA; SP
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs</i>	1	PA; SP
<i>anastrozole tabs or</i>	1	
ARIMIDEX TABS ( <i>Use Anastrozole</i> )	NP	
AROMASIN TABS ( <i>Use Exemestane</i> )	NP	SP
<i>bicalutamide tabs</i>	1	QL(1 ea daily)
CASODEX TABS ( <i>Use Bicalutamide</i> )	NP	QL(1 ea daily)
ELIGARD KIT	2	PA; SP
EMCYT CAPS	2	PA; SP
ERLEADA TABS	2	PA; SP
<i>exemestane tabs</i>	1	SP
FARESTON TABS ( <i>Use Toremifene Citrate</i> )	NP	PA
FEMARA TABS ( <i>Use Letrozole</i> )	NP	
FIRMAGON SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>flutamide caps</i>	1	
HYDROXYPROGESTERONE CAPROATE SOLN IM 1.25 GM/5ML	2	PA; QL(41.67 ml daily); AL(At least 16 yrs old); SP
<i>letrozole tabs or</i>	1	
<i>leuprolide acetate kit ij</i>	1	PA; SP
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE SOLN	2	PA; SP
LUPRON DEPOT (1-MONTH) KIT	2	PA; SP
LUPRON DEPOT (3-MONTH) KIT	2	PA; SP
LUPRON DEPOT (4-MONTH) KIT	2	PA; SP
LUPRON DEPOT (6-MONTH) KIT	2	PA; SP
LYSODREN TABS	2	PA; SP
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	1	
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	1	
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	1	
<i>toremifene citrate tabs</i>	1	PA
TRELSTAR MIXJECT SUSR	2	PA; SP
VANTAS KIT	2	PA; SP
XTANDI CAPS	2	PA; SP
ZOLADEX IMPL	2	PA; SP
ZYTIGA TABS ( <i>Use Abiraterone Acetate</i> )	NP	PA; SP
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	2	PA; SP
<b>Antineoplastic Antibiotics</b>		
DAUNORUBICIN HCL SOLN	2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>daunorubicin hcl soln</i>	1	PA
DAUNORUBICIN HYDROCHLORIDE SOLN	2	PA
ELLENCE SOLN ( <i>Use Epirubicin HCl</i> )	NP	PA; SP
<i>epirubicin hcl soln</i>	1	PA; SP
<i>mitoxantrone hcl conc</i>	1	PA; SP
<i>valubicin soln</i>	1	PA; SP
VALSTAR SOLN ( <i>Use Valubicin</i> )	NP	PA; SP
<b>Antineoplastic Combinations</b>		
HERCEPTIN HYLECTA SOLN	2	PA; SP
LONSURF TABS	2	PA; SP
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ TBSO	2	PA; SP
AFINITOR TABS	2	PA; SP
ALECENSA CAPS	2	PA; SP
BALVERSA TABS	2	PA; SP
BELEODAQ SOLR	2	PA; SP
BORTEZOMIB SOLR	2	PA; SP
BOSULIF TABS	2	PA; SP
BRAFTOVI CAPS	2	PA; SP
CABOMETYX TABS	2	PA; SP
CAPRELSA TABS	2	PA; SP
COMETRIQ KIT	2	PA; SP
COTELLIC TABS	2	PA; SP
<i>erlotinib hcl tabs</i>	1	PA; SP
FARYDAK CAPS	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF TABS	2	PA; SP
GLEEVEC TABS ( <i>Use Imatinib Mesylate</i> )	NP	PA; SP
IBRANCE CAPS	2	PA; SP
ICLUSIG TABS	2	PA; SP
<i>imatinib mesylate tabs</i>	1	PA; SP
IMBRUVICA CAPS 140 MG	2	PA; SP
IMBRUVICA CAPS 70 MG	2	PA; QL(1 ea daily); SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	2	PA; QL(1 ea daily); SP
INLYTA TABS	2	PA; SP
IRESSA TABS	2	PA; SP
ISTODAX ( <i>OVERFILL</i> ) SOLR	2	PA; SP
JAKAFI TABS	2	PA; SP
KYPROLIS SOLR	2	PA; SP
LENVIMA 10 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 12MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 14 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 18 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 20 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 24 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 4 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 8 MG DAILY DOSE CPPK	2	PA; SP
LORBRENA TABS	2	PA; SP
LYNPARZA CAPS	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST TABS	2	PA; SP
MEKTOVI TABS	2	PA; SP
NEXAVAR TABS	2	PA; SP
NINLARO CAPS	2	PA; SP
PIQRAY 200MG DAILY DOSE TBPK	2	PA; SP
PIQRAY 250MG DAILY DOSE TBPK	2	PA; SP
PIQRAY 300MG DAILY DOSE TBPK	2	PA; SP
ROMIDEPSIN SOLR	2	PA; SP
RUBRACA TABS	2	PA; SP
SPRYCEL TABS	2	PA; SP
STIVARGA TABS	2	PA; SP
SUTENT CAPS	2	PA; SP
TAFINLAR CAPS	2	PA; SP
TAGRISSO TABS	2	PA; SP
TALZENNA CAPS	2	PA
TARCEVA TABS ( <i>Use Erlotinib HCl</i> )	NP	PA; SP
TASIGNA CAPS	2	PA; SP
<i>temsirolimus soln</i>	1	PA; SP
TIBSOVO TABS	2	PA; SP
TORISEL SOLN ( <i>Use Temsirolimus</i> )	NP	PA; SP
TYKERB TABS	2	PA; SP
VELCADE SOLR	2	PA; SP
VITRAKVI CAPS	2	PA; SP
VITRAKVI SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
VIZIMPRO TABS	2	PA
VOTRIENT TABS	2	PA; SP
XALKORI CAPS	2	PA; SP
XOSPATA TABS	2	PA; SP
ZELBORAF TABS	2	PA; SP
ZOLINZA CAPS	2	PA; SP
ZYDELIG TABS	2	PA; SP
ZYKADIA CAPS	2	PA; SP
<b>Antineoplastic Enzymes</b>		
ERWINAZE SOLR	2	PA; SP
ONCASPAR SOLN	2	PA; SP
<b>Antineoplastic Radiopharmaceuticals</b>		
AZEDRA DOSIMETRIC SOLN	2	PA
AZEDRA THERAPEUTIC SOLN	2	PA
LUTATHERA SOLN	2	PA; SP
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN	2	PA; SP
ALFERON N SOLN	2	PA; SP
<i>bexarotene caps</i>	1	PA; SP
HYDREA CAPS ( <i>Use Hydroxyurea</i> )	NP	
<i>hydroxyurea caps or</i>	1	
INTRON A SOLN	2	PA; SP
INTRON A SOLR	2	PA; SP
INTRON A W/DILUENT SOLR	2	PA; SP
MATULANE CAPS	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PHOTOFRIN SOLR	2	PA; SP
PROLEUKIN SOLR	2	PA; SP
SYLATRON KIT	2	PA; SP
SYNRIBO SOLR	2	PA; SP
TARGRETIN CAPS OR 75 MG (Use Bexarotene)	NP	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	PA; SP
TRISENOX SOLN 12 MG/6ML	2	PA; SP
<b>Chemotherapy Adjuncts</b>		
KEPIVANCE SOLR	2	PA; SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>dexrazoxane hcl solr</i>	1	PA; SP
FUSILEV SOLR (Use Levoleucovorin Calcium)	NP	PA; SP
KHAPZORY SOLR	2	PA; SP
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	2	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	
<i>levoleucovorin calcium soln</i>	1	PA; SP
<i>levoleucovorin calcium solr</i>	1	PA; SP
LEVOLEUCOVORIN SOLR	2	PA; SP
<i>mesna soln</i>	1	PA; SP
MESNEX SOLN IV 100 MG/ML (Use Mesna)	NP	PA; SP
MESNEX TABS OR 400 MG	2	PA; SP
TOTECT SOLR	2	PA; SP
VORAXAZE SOLR	2	PA; SP
ZINECARD SOLR (Use Dexrazoxane HCl)	NP	PA; SP
<b>Mitotic Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
ABRAXANE SUSR	2	PA; SP
DOCETAXEL (NON-ALCOHOL FORMULA) SOLN	2	PA; SP
DOCETAXEL CONC 160 MG/8ML (Use Docetaxel)	NP	PA; SP
DOCETAXEL CONC 20 MG/ML, 80 MG/2ML, 80 MG/4ML, 160 MG/8ML, 20 MG/0.5ML	2	PA; SP
<i>docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml</i>	1	PA; SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	PA; SP
<i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	1	PA; SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (Use Docetaxel)	NP	PA; SP
ETOPOSIDE CAPS OR 50 MG	2	PA; SP
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	1	PA; SP
HALAVEN SOLN	2	PA; SP
IXEMPRA KIT SOLR	2	PA; SP
JEVTANA SOLN	2	PA; SP
MARQIBO SUSP	2	PA; SP
TAXOTERE CONC (Use Docetaxel)	NP	PA; SP
<i>vincristine sulfate soln</i>	1	PA; SP
VINCRISTINE SULFATE SOLN	2	PA; SP
<b>Oncolytic Viral Agents</b>		
IMLYGIC SUSP	2	PA; SP
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR SOLN 300 MG/15ML	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl)	NP	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	2	PA; SP
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	NP	PA; SP
<i>irinotecan hcl soln</i>	1	PA; SP
IRINOTECAN SOLN	2	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML	2	PA; SP
<i>topotecan hcl soln 4 mg/4ml</i>	1	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML (Use Topotecan HCl)	NP	PA; SP
<i>topotecan hcl solr 4 mg</i>	1	PA; SP
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa tabs or</i>	1	
LODOSYN TABS (Use Carbidopa)	NP	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps or 100 mg</i>	1	
<i>amantadine hcl syrp or 50 mg/5ml</i>	1	
APOKYN SOCT	2	PA; SP
<i>bromocriptine mesylate caps or 5 mg</i>	1	
<i>bromocriptine mesylate tabs or 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	1	
<i>carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg</i>	1	
MIRAPEX ER TB24 (Use Pramipexole Dihydrochloride)	NP	
MIRAPEX TABS (Use Pramipexole Dihydrochloride)	NP	QL(3 ea daily); AL(At least 18 yrs old)
NEUPRO PT24	NP	
PARLODEL CAPS (Use Bromocriptine Mesylate)	NP	
PARLODEL TABS (Use Bromocriptine Mesylate)	NP	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	QL(3 ea daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 3 mg, 1.5 mg, 4.5 mg, 2.25 mg, 3.75 mg</i>	1	
REQUIP TABS 0.25 MG, 3 MG, 4 MG (Use Ropinirole Hydrochloride)	NP	QL(6 ea daily)
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (Use Ropinirole Hydrochloride)	NP	QL(3 ea daily)
REQUIP XL TB24 (Use Ropinirole Hydrochloride)	NP	
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</i>	1	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	QL(3 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 8 mg, 12 mg</i>	1	
SINEMET CR TBCR (Use Carbidopa-Levodopa)	NP	
SINEMET TABS (Use Carbidopa-Levodopa)	NP	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		

Drug Name	Drug Tier	Requirements/ Limits
ELDEPRYL CAPS ( <i>Use Selegiline HCl</i> )	NP	
<i>selegiline hcl caps or</i>	1	
<i>selegiline hcl tabs or</i>	1	
SELEGILINE HCL TABS OR	2	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	1	
LITHIUM CARBONATE CAPS OR 150 MG, 600 MG ( <i>Use Lithium Carbonate</i> )	2	
<i>lithium carbonate tabs or 300 mg</i>	1	
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	1	
LITHIUM SOLN	2	
LITHOBID TBCR ( <i>Use Lithium Carbonate</i> )	2	
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12	NP	
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG ( <i>Use Ziprasidone HCl</i> )	NP	
GEODON SOLR IM 20 MG	NP	
LATUDA TABS	NP	
NUPLAZID CAPS 34 MG	2	PA; QL(1 ea daily)
NUPLAZID TABS 10 MG	2	PA; QL(1 ea daily)
NUPLAZID TABS 17 MG	2	PA; QL(2 ea daily)
VRAYLAR CAPS	NP	
VRAYLAR CPPK	NP	
<i>ziprasidone hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>Benzisoxazoles</b>		
FANAPT TABS	NP	
FANAPT TITRATION PACK TABS	NP	
INVEGA SUSTENNA SUSY	2	AL(At least 18 yrs old); SP
INVEGA TB24 ( <i>Use Paliperidone</i> )	NP	
INVEGA TRINZA SUSY	2	PA; 1 rtl MAX fill,84 rtl day(s) supply,; AL(At least 18 yrs old); SP
<i>paliperidone tb24</i>	1	
PERSERIS PRSY	NP	
RISPERDAL CONSTA SUSR	2	1 rtl MAX fill,28 rtl day(s) supply,; AL(At least 18 yrs old); SP
RISPERDAL M-TAB TBDP ( <i>Use Risperidone</i> )	NP	
RISPERDAL SOLN ( <i>Use Risperidone</i> )	NP	
RISPERDAL TABS ( <i>Use Risperidone</i> )	NP	
RISPERIDONE ODT TBDP	2	
<i>risperidone soln</i>	1	
<i>risperidone tabs</i>	1	
<i>risperidone tbdp</i>	1	
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 SOLN ( <i>Use Haloperidol Decanoate</i> )	NP	
HALDOL DECANOATE 50 SOLN ( <i>Use Haloperidol Decanoate</i> )	NP	
<i>haloperidol decanoate soln im 50 mg/ml, 100 mg/ml</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol lactate conc or 2 mg/ml</i>	1	
<i>haloperidol tabs or 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	1	
<b>Dibenzapines</b>		
ADASUVE AEPB	NP	
CLOZAPINE ODT TBDP	2	
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	0	
<i>clozapine tbdp 25 mg, 100 mg, 12.5 mg</i>	1	
CLOZARIL TABS (Use Clozapine)	NP	
FAZACLO TBDP 150 MG, 200 MG	NP	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	NP	
<i>loxapine succinate caps</i>	1	
<i>olanzapine solr im 10 mg</i>	1	
<i>olanzapine tabs or 5 mg, 10 mg, 15 mg, 20 mg, 2.5 mg, 7.5 mg</i>	1	AL(At least 10 yrs old)
<i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i>	1	
<i>quetiapine fumarate tabs</i>	1	
<i>quetiapine fumarate tb24</i>	1	
SAPHRIS SUBL	NP	
SEROQUEL TABS (Use Quetiapine Fumarate)	NP	
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	NP	
VERSACLOZ SUSP	NP	
ZYPREXA RELPREVV SUSR	NP	SP
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA TABS OR 5 MG, 10 MG, 15 MG, 20 MG, 2.5 MG, 7.5 MG (Use Olanzapine)	NP	AL(At least 10 yrs old)
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NP	
<b>Dihydroindolones</b>		
MOLINDONE HYDROCHLORIDE TABS 10 MG	2	
<b>Phenothiazines</b>		
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>fluphenazine decanoate soln ij</i>	1	
FLUPHENAZINE HCL TABS OR 1 MG, 5 MG, 10 MG, 2.5 MG	2	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	
<i>perphenazine tabs or 2 mg, 4 mg, 8 mg, 16 mg</i>	1	
<i>prochlorperazine maleate tabs or 5 mg, 10 mg</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
<b>Quinolinone Derivatives</b>		
ABILIFY MAINTENA PRSY 300 MG, 400 MG	2	PA; QL(1 ea per 28 days retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER 300 MG	2	PA; QL(1 ea per 28 days retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER 400 MG	2	
ABILIFY MYCITE TABS	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS ( <i>Use Aripiprazole</i> )	NP	QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	1	QL(30 ml daily)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	1	QL(2 ea daily)
ARISTADA INITIO PRSY	NP	
ARISTADA PRSY	NP	QL(1 ml per 28 days retail); AL(At least 18 yrs old); SP
REXULTI TABS	NP	
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Antiseptics &amp; Disinfectants</b>		
FORMALDEHYDE SOLN 10 %	2	QL(90 ml per fill retail)
<i>formaldehyde soln 10%, 10 %</i>	1	QL(90 ml per fill retail)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	0	QL(30 ml daily); SP
<i>abacavir sulfate tabs 300 mg</i>	0	QL(2 ea daily); SP
<i>abacavir sulfate-lamivudine tabs</i>	0	QL(1 ea daily); SP
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	0	QL(2 ea daily); SP
APTIVUS CAPS 250 MG	0	QL(4 ea daily); SP
APTIVUS SOLN 100 MG/ML	0	QL(10 ml daily); SP
<i>atazanavir sulfate caps</i>	0	QL(2 ea daily); SP
ATRIPLA TABS	0	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY TABS	0	QL(1 ea daily)
COMBIVIR TABS ( <i>Use Lamivudine-Zidovudine</i> )	NP	QL(2 ea daily); SP
COMPLERA TABS	0	QL(1 ea daily); SP
CRIXIVAN CAPS 200 MG	0	QL(9 ea daily); SP
CRIXIVAN CAPS 400 MG	0	QL(6 ea daily); SP
DELSTRIGO TABS	0	QL(1 ea daily)
DESCOVY TABS	0	QL(1 ea daily)
<i>didanosine cpdr</i>	0	QL(1 ea daily); SP
EDURANT TABS	0	QL(1 ea daily); SP
<i>efavirenz caps 200 mg</i>	0	QL(1 ea daily); SP
<i>efavirenz caps 50 mg</i>	0	QL(2 ea daily); SP
<i>efavirenz tabs 600 mg</i>	0	QL(1 ea daily); SP
EMTRIVA CAPS 200 MG	0	QL(1 ea daily); SP
EMTRIVA SOLN 10 MG/ML	0	QL(24 ml daily); SP
EPIVIR SOLN 10 MG/ML ( <i>Use Lamivudine</i> )	NP	QL(30 ml daily); SP
EPIVIR TABS 150 MG ( <i>Use Lamivudine</i> )	NP	QL(2 ea daily); SP
EPIVIR TABS 300 MG ( <i>Use Lamivudine</i> )	NP	QL(1 ea daily); SP
EPZICOM TABS ( <i>Use Abacavir Sulfate-Lamivudine</i> )	NP	QL(1 ea daily); SP
EVOTAZ TABS	0	QL(1 ea daily); SP
<i>fosamprenavir calcium tabs</i>	0	QL(4 ea daily); SP
FUZEON SOLR	2	PA; SP
GENVOYA TABS	0	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE TABS 200 MG	0	QL(2 ea daily); SP
INTELENCE TABS 25 MG, 100 MG	0	QL(4 ea daily); SP
INVIRASE CAPS 200 MG	0	QL(10 ea daily); SP
INVIRASE TABS 500 MG	0	QL(4 ea daily); SP
ISENTRESS CHEW 100 MG	0	QL(6 ea daily); SP
ISENTRESS CHEW 25 MG	0	QL(12 ea daily); SP
ISENTRESS PACK 100 MG	0	QL(2 ea daily); SP
ISENTRESS TABS 400 MG	0	QL(2 ea daily); SP
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	NP	QL(160 ml per fill retail); SP
KALETRA TABS 100MG-25MG	0	QL(4 ea daily); SP
KALETRA TABS 200MG-50MG	0	QL(6 ea daily); SP
<i>lamivudine soln 10 mg/ml</i>	0	QL(30 ml daily); SP
<i>lamivudine tabs 150 mg</i>	0	QL(2 ea daily); SP
<i>lamivudine tabs 300 mg</i>	0	QL(1 ea daily); SP
<i>lamivudine-zidovudine tabs</i>	0	QL(2 ea daily); SP
LEXIVA SUSP 50 MG/ML	0	QL(56 ml daily); SP
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	NP	QL(4 ea daily); SP
<i>lopinavir-ritonavir soln</i>	0	QL(160 ml per fill retail); SP
<i>nevirapine susp 50 mg/5ml</i>	0	QL(40 ml daily); SP
<i>nevirapine tabs 200 mg</i>	0	QL(2 ea daily); SP
<i>nevirapine tb24 100 mg</i>	0	QL(3 ea daily); SP
<i>nevirapine tb24 400 mg</i>	0	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
NORVIR CAPS 100 MG	0	QL(12 ea daily); SP
NORVIR SOLN 80 MG/ML	0	QL(15 ml daily); SP
NORVIR TABS 100 MG (Use Ritonavir)	NP	QL(12 ea daily); SP
ODEFSEY TABS	2	PA; SP
PIFELTRO TABS	0	QL(1 ea daily)
PREZCOBIX TABS	0	QL(1 ea daily); SP
PREZISTA SUSP 100 MG/ML	0	QL(12 ml daily); SP
PREZISTA TABS 150 MG	0	QL(3 ea daily); SP
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 ea daily); SP
RESCRIPTOR TABS 100 MG	0	QL(12 ea daily); SP
RESCRIPTOR TABS 200 MG	0	QL(6 ea daily); SP
RETROVIR CAPS 100 MG (Use Zidovudine)	NP	QL(6 ea daily); SP
RETROVIR IV INFUSION SOLN	2	PA; SP
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NP	QL(60 ml daily); SP
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	NP	QL(2 ea daily); SP
REYATAZ PACK 50 MG	0	QL(6 ea daily); SP
<i>ritonavir tabs</i>	0	QL(12 ea daily); SP
SELZENTRY SOLN 20 MG/ML	0	QL(35 ml daily)
SELZENTRY TABS 150 MG	0	QL(2 ea daily); SP
SELZENTRY TABS 300 MG	0	QL(4 ea daily); SP
<i>stavudine caps</i>	0	QL(2 ea daily); SP
STRIBILD TABS	0	SP

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAPS 200 MG (Use <i>Efavirenz</i> )	NP	QL(1 ea daily); SP
SUSTIVA CAPS 50 MG (Use <i>Efavirenz</i> )	NP	QL(2 ea daily); SP
SUSTIVA TABS 600 MG (Use <i>Efavirenz</i> )	NP	QL(1 ea daily); SP
SYMFI LO TABS	0	QL(1 ea daily)
SYMFI TABS	0	QL(1 ea daily)
SYMTUZA TABS	0	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	0	QL(1 ea daily); SP
TIVICAY TABS	0	SP
TRIUMEQ TABS	0	SP
TRIZIVIR TABS (Use <i>Abacavir Sulfate- Lamivudine-Zidovudine</i> )	NP	QL(2 ea daily); SP
TRUVADA TABS	0	QL(1 ea daily); SP
TYBOST TABS	0	QL(1 ea daily); SP
VIDEX EC CPDR 125 MG	0	QL(1 ea daily); SP
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use <i>Didanosine</i> )	NP	QL(1 ea daily); SP
VIDEXPEDIATRIC SOLR	0	QL(20 ml daily); SP
VIRACEPT TABS 250 MG	0	QL(9 ea daily); SP
VIRACEPT TABS 625 MG	0	QL(4 ea daily); SP
VIRAMUNE SUSP 50 MG/5ML (Use <i>Nevirapine</i> )	NP	QL(40 ml daily); SP
VIRAMUNE TABS 200 MG (Use <i>Nevirapine</i> )	NP	QL(2 ea daily); SP
VIRAMUNE XR TB24 100 MG (Use <i>Nevirapine</i> )	NP	QL(3 ea daily); SP
VIRAMUNE XR TB24 400 MG (Use <i>Nevirapine</i> )	NP	QL(1 ea daily); SP
VIREAD POWD 40 MG/GM	0	SP

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 150 MG, 200 MG, 250 MG	0	QL(1 ea daily); SP
VIREAD TABS 300 MG (Use <i>Tenofovir Disoproxil Fumarate</i> )	NP	QL(1 ea daily); SP
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use <i>Stavudine</i> )	NP	QL(2 ea daily); SP
ZERIT SOLR 1 MG/ML	0	QL(80 ml daily); SP
ZIAGEN SOLN 20 MG/ML (Use <i>Abacavir Sulfate</i> )	NP	QL(30 ml daily); SP
ZIAGEN TABS 300 MG (Use <i>Abacavir Sulfate</i> )	NP	QL(2 ea daily); SP
<i>zidovudine caps 100 mg</i>	0	QL(6 ea daily); SP
<i>zidovudine syrp 50 mg/5ml</i>	0	QL(60 ml daily); SP
<i>zidovudine tabs 300 mg</i>	0	QL(2 ea daily); SP
<b>CMV Agents</b>		
PREVYMIS SOLN	2	PA; SP
PREVYMIS TABS	2	PA; SP
VALCYTE TABS 450 MG (Use <i>Valganciclovir HCl</i> )	NP	QL(2 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	QL(2 ea daily)
<b>Hepatitis Agents</b>		
COPEGUS TABS (Use <i>Ribavirin (Hepatitis C)</i> )	NP	PA
DAKLINZA TABS	NP	
EPCLUSA TABS	2	PA
HARVONI TABS	2	PA
LEDIPASVIR/SOFOSBUVI R TABS	2	PA
MAVYRET TABS	2	PA
MODERIBA 1200 DOSE PACK TABS	2	PA
MODERIBA 800 DOSE PACK TABS	2	PA

Drug Name	Drug Tier	Requirements/ Limits
MODERIBA TBPk	2	PA
OLYSIO CAPS	NP	
PEGASYS PROCLICK SOLN	2	PA
PEGASYS SOLN	2	PA
PEGINTRON KIT	NP	
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	NP	PA
REBETOL SOLN 40 MG/ML	NP	
RIBASPHERE RIBAPAK TABS	NP	
RIBASPHERE RIBAPAK TBPk	NP	
RIBASPHERE TABS	NP	
<i>ribavirin (hepatitis c) caps</i>	1	PA
<i>ribavirin (hepatitis c) tabs</i>	1	PA
SOFOSBUVIR/VELPATAS VIR TABS	2	PA
SOVALDI TABS	NP	
TECHNIVIE TABS	NP	
VEMLIDY TABS	NP	
VIEKIRA PAK TBPk	NP	
VIEKIRA XR TB24	NP	
ZEPATIER TABS	NP	
<b>Herpes Agents</b>		
<i>acyclovir caps or 200 mg</i>	1	QL(50 ea per 30 days retail)
<i>acyclovir susp or 200 mg/5ml</i>	1	QL(400 ml per 30 days retail)
<i>acyclovir tabs or 400 mg</i>	1	QL(3 ea daily)
<i>acyclovir tabs or 800 mg</i>	1	QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	1	
SITAVIG TABS	NP	
<i>valacyclovir hcl tabs or 1 gm, 1000 mg</i>	1	QL(42 ea per 21 days retail)
<i>valacyclovir hcl tabs or 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NP	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NP	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NP	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NP	QL(400 ml per 30 days retail)
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	NP	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	NP	QL(50 ea per 30 days retail)
<b>Influenza Agents</b>		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	NP	PA
<i>oseltamivir phosphate caps or 30 mg</i>	1	QL(20 ea per fill retail)
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(120 ml per fill retail)
RELENZA DISKHALER AEPB	2	QL(20 ea per fill retail); AL(At least 6 yrs old)
<i>rimantadine hydrochloride tabs</i>	1	PA
TAMIFLU CAPS 30 MG (Use Oseltamivir Phosphate)	2	QL(20 ea per fill retail)
TAMIFLU CAPS 45 MG, 75 MG (Use Oseltamivir Phosphate)	2	QL(10 ea per fill retail)
TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)	2	QL(120 ml per fill retail)
XOFLUZA TBPk	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate cp24</i>	1	QL(1 ea daily)
<i>carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg</i>	1	QL(3 ea daily)
<i>carvedilol tabs 25 mg</i>	1	QL(4 ea daily)
COREG CR CP24 ( <i>Use Carvedilol Phosphate</i> )	NP	QL(1 ea daily)
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG ( <i>Use Carvedilol</i> )	NP	QL(3 ea daily)
COREG TABS 25 MG ( <i>Use Carvedilol</i> )	NP	QL(4 ea daily)
<i>labetalol hcl tabs or 100 mg</i>	1	QL(3 ea daily)
<i>labetalol hcl tabs or 200 mg</i>	1	QL(6 ea daily)
<i>labetalol hcl tabs or 300 mg</i>	1	QL(8 ea daily)
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	QL(1 ea daily)
BYSTOLIC TABS	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS 100 MG ( <i>Use Metoprolol Tartrate</i> )	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG ( <i>Use Metoprolol Tartrate</i> )	NP	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	1	QL(2 ea daily)
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
<i>metoprolol tartrate tabs or 100 mg</i>	1	QL(4.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tabs or 25 mg, 50 mg</i>	1	QL(4 ea daily)
METOPROLOL TARTRATE TABS OR 75 MG, 37.5 MG	2	
TENORMIN TABS ( <i>Use Atenolol</i> )	NP	QL(2 ea daily)
TOPROL XL TB24 200 MG ( <i>Use Metoprolol Succinate</i> )	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG ( <i>Use Metoprolol Succinate</i> )	NP	QL(4 ea daily)
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABS ( <i>Use Sotalol HCl (AFIB/AFL)</i> )	NP	QL(2 ea daily)
BETAPACE TABS ( <i>Use Sotalol HCl</i> )	NP	QL(2 ea daily)
CORGARD TABS ( <i>Use Nadolol</i> )	NP	
HEMANGEOL SOLN	NP	
INDERAL LA CP24 ( <i>Use Propranolol HCl</i> )	NP	QL(2 ea daily)
INDERAL XL CP24	2	
INNOPRAN XL CP24	NP	
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	QL(2 ea daily)
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	2	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SOTYLIZE SOLN	NP	
TIMOLOL MALEATE TABS OR 10 MG, 20 MG	2	
<i>timolol maleate tabs or 5 mg</i>	1	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC TB24 30 MG, 90 MG ( <i>Use Nifedipine</i> )	NP	QL(1 ea daily)
ADALAT CC TB24 60 MG ( <i>Use Nifedipine</i> )	NP	QL(2 ea daily)
<i>amlodipine besylate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	QL(1 ea daily)
CALAN SR TBCR ( <i>Use Verapamil HCl</i> )	NP	QL(2 ea daily)
CALAN TABS ( <i>Use Verapamil HCl</i> )	NP	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG ( <i>Use Diltiazem HCl Coated Beads</i> )	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG ( <i>Use Diltiazem HCl Coated Beads</i> )	NP	QL(2 ea daily)
CARDIZEM CD CP24 360 MG ( <i>Use Diltiazem HCl Coated Beads</i> )	NP	
CARDIZEM LA TB24 120 MG	NP	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>Use Diltiazem HCl Coated Beads</i> )	NP	
CARDIZEM TABS ( <i>Use Diltiazem HCl</i> )	NP	QL(3 ea daily)
DILT-XR CP24	2	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cp24 360 mg</i>	1	
<i>diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i>	1	QL(2 ea daily)
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl extended release beads cp24</i>	1	QL(1 ea daily)
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</i>	1	QL(3 ea daily)
<i>felodipine tb24</i>	1	QL(1 ea daily)
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	1	
<i>nifedipine caps or 10 mg, 20 mg</i>	1	QL(4 ea daily)
<i>nifedipine tb24 or 30 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nifedipine tb24 or 60 mg</i>	1	QL(2 ea daily)
<i>nimodipine caps or</i>	1	
NISOLDIPINE ER TB24	2	
<i>nisoldipine tb24</i>	1	
NORVASC TABS ( <i>Use Amlodipine Besylate</i> )	NP	QL(1 ea daily)
NYMALIZE SOLN	NP	
PROCARDIA CAPS ( <i>Use Nifedipine</i> )	NP	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG ( <i>Use Nifedipine</i> )	NP	QL(1 ea daily)
PROCARDIA XL TB24 60 MG ( <i>Use Nifedipine</i> )	NP	QL(2 ea daily)
SULAR TB24 ( <i>Use Nisoldipine</i> )	NP	
TIAZAC CP24 ( <i>Use Diltiazem HCl Extended Release Beads</i> )	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg</i>	1	QL(2 ea daily)
<i>verapamil hcl cp24 or 300 mg</i>	1	QL(1 ea daily)
VERAPAMIL HCL ER CP24 100 MG	2	QL(2 ea daily)
VERAPAMIL HCL ER CP24 300 MG	2	QL(1 ea daily)
VERAPAMIL HCL SR CP24	2	QL(1 ea daily)
<i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i>	1	QL(3 ea daily)
<i>verapamil hcl tbcR or 120 mg, 180 mg, 240 mg</i>	1	QL(2 ea daily)
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NP	QL(2 ea daily)
VERELAN CP24 360 MG	NP	QL(1 ea daily)
VERELAN PM CP24 100 MG	NP	QL(2 ea daily)
VERELAN PM CP24 200 MG (Use Verapamil HCl)	NP	QL(2 ea daily)
VERELAN PM CP24 300 MG	NP	QL(1 ea daily)
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
DIGOXIN SOLN OR 0.05 MG/ML	2	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	
CADUET TABS (Use Amlodipine Besylate-Atorvastatin Calcium)	NP	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TABS	2	
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium solr</i>	1	PA; SP
FLOLAN SOLR (Use Epoprostenol Sodium)	NP	PA; SP
ORENITRAM TBCR	NP	SP
REMODULIN SOLN (Use Treprostinil)	NP	PA; SP
<i>treprostinil soln</i>	1	PA; SP
TYVASO REFILL SOLN	NP	SP
TYVASO SOLN	NP	SP
TYVASO STARTER SOLN	NP	SP
VELETRI SOLR	2	PA; SP
VENTAVIS SOLN	NP	SP
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<i>ambrisentan tabs</i>	1	PA; SP
<i>bosentan tabs</i>	1	PA; SP
LETAIRIS TABS (Use Ambrisentan)	2	PA; SP
OPSUMIT TABS	NP	SP
TRACLEER TABS 125 MG, 62.5 MG (Use Bosentan)	2	PA; SP
TRACLEER TBSO 32 MG	NP	SP
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA TABS (Use Tadalafil (Pulmonary Hypertension))	NP	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	NP	PA; SP



Drug Name	Drug Tier	Requirements/ Limits
REVATIO SUSR OR 10 MG/ML (Use Sildenafil Citrate (Pulmonary Hypertension))	NP	SP
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	NP	PA; SP
sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml	1	PA; SP
sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml	NP	SP
sildenafil citrate (pulmonary hypertension) tabs or 20 mg	1	PA; SP
tadalafil (pulmonary hypertension) tabs	1	PA; SP
<b>Pulmonary Hypertension - Prostaglyclin Receptor</b>		
UPTRAVI TABS	NP	SP
UPTRAVI TBPK	NP	SP
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS TABS	NP	SP
<b>Transthyretin Stabilizers</b>		
VYNDAQEL CAPS	2	PA; SP
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cephalexin caps 250 mg, 500 mg	1	
cephalexin susr 125 mg/5ml, 250 mg/5ml	1	
KEFLEX CAPS 250 MG, 500 MG (Use Cephalexin)	NP	
<b>Cephalosporins - 2nd Generation</b>		

Drug Name	Drug Tier	Requirements/ Limits
cefaclor caps 250 mg, 500 mg	1	
CEFACLOR ER TB12	2	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
cefprozil susr 125 mg/5ml, 250 mg/5ml	1	QL(75 ml per fill retail); AL(Up to 12 yrs old )
cefprozil tabs 250 mg, 500 mg	1	QL(20 ea per fill retail)
CEFTIN SUSR	NP	QL(100 ml per fill retail); AL(Up to 12 yrs old )
cefuroxime axetil tabs	1	QL(20 ea per fill retail)
<b>Cephalosporins - 3rd Generation</b>		
CEDAX CAPS	NP	
CEDAX SUSR	NP	
cefdinir caps 300 mg	1	QL(20 ea per fill retail)
cefdinir susr 125 mg/5ml, 250 mg/5ml	1	QL(60 ml per fill retail)
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	2	
cefixime caps	1	
cefixime susr	1	
cefpodoxime proxetil susr	1	
cefpodoxime proxetil tabs	1	
CEFTIBUTEN CAPS	NP	
CEFTIBUTEN SUSR	NP	
ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg	1	QL(3 ea per fill retail)
SPECTRACEF TABS	NP	
SUPRAX CAPS 400 MG (Use Cefixime)	NP	

Drug Name	Drug Tier	Requirements/ Limits
SUPRAX CHEW 100 MG, 200 MG	NP	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	2	
SUPRAX SUSR 500 MG/5ML	2	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ea per fill retail); PV
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ea per fill retail); PV
<i>desogestrel &amp; ethinyl estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ea per fill retail); PV

Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ea per fill retail); PV
<i>drospirenone-ethinyl estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet &amp; eth estrad tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(12 ea per fill retail); PV
FALESSA KIT	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
levonorgestrel & eth estradiol tabs	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
levonorgestrel-eth estradiol (triphasic) tabs	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
levonorgestrel-ethinyl estradiol (91-day) tabs	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 4 rtl pack lmt amt, 365 rtl pack lmt day(s), 4 rtl pack lmt per fill,; PV
levonorgestrel-ethinyl estradiol (91-day) tabs	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
levonorgestrel-ethinyl estradiol (continuous) tabs	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 4 rtl pack lmt amt, 365 rtl pack lmt day(s), 4 rtl pack lmt per fill,; PV
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
NATAZIA TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NECON 1/50-28 TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet &amp; estrad-fe chew</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet &amp; estrad-fe tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone &amp; eth estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acet &amp; eth estra tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestimate-ethinyl estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestrel &amp; ethinyl estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
OGESTREL TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-NOVUM 1/35 TABS ( <i>Use Norethindrone &amp; Eth Estradiol</i> )	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO-NOVUM 7/7/7 TABS ( <i>Use Norethindrone-Eth Estradiol (Triphasic)</i> )	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
QUARTETTE TABS ( <i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 4 rti pack lmt amt, 365 rti pack lmt day(s), 4 rti pack lmt per fill,; PV
SAFYRAL TABS ( <i>Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i> )	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
SEASONIQUE TABS ( <i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TAYTULLA CAPS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TRI-NORINYL 28 TABS ( <i>Use Norethindrone-Eth Estradiol (Triphasic)</i> )	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
YASMIN 28 TABS ( <i>Use Drospirenone-Ethinyl Estradiol</i> )	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
YAZ TABS ( <i>Use Drospirenone-Ethinyl Estradiol</i> )	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<b>Combination Contraceptives - Transdermal</b>		
XULANE PTWK	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<b>Combination Contraceptives - Vaginal</b>		
NUVARING RING	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL (12 ea per fill retail); PV
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<b>Emergency Contraceptives</b>		
ELLA TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel (emergency oc) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/Limits
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel</i> (Emergency OC))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<b>Progestin Contraceptives - IUD</b>		
KYLEENA IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
LILETTA IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
MIRENA IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
SKYLA IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON IMPL	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>Medroxyprogesterone Acetate</i> (Contraceptive))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>Medroxyprogesterone Acetate</i> (Contraceptive))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
DEPO-SUBQ PROVERA 104 SUSY	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO MICRONOR TABS (Use <i>Norethindrone</i> (Contraceptive))	NP	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide tb24 or 9 mg</i>	1	
CORTEF TABS (Use Hydrocortisone)	NP	
CORTISONE ACETATE TABS OR	2	
<i>dexamethasone elix or 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	QL(150 ml per 30 days retail)
DEXAMETHASONE SOLN OR 0.5 MG/5ML	2	
<i>dexamethasone tabs or 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS OR 1 MG, 2 MG	2	
EMFLAZA SUSP	2	PA; SP
EMFLAZA TABS	2	PA; SP
<i>hydrocortisone tabs or 5 mg, 10 mg, 20 mg</i>	1	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	NP	
MEDROL TABS 4 MG, 8 MG (Use Methylprednisolone)	NP	
<i>methylprednisolone tabs or 4 mg, 8 mg</i>	1	
<i>methylprednisolone tbpk or 4 mg</i>	1	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NP	
<i>prednisolone sodium phosphate soln or 15 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	1	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate soln or 5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone soln or</i>	1	
PREDNISOLONE SOLN OR	2	
<i>prednisolone syrp or</i>	1	
PREDNISONONE INTENSOL CONC	2	
PREDNISONONE SOLN OR 5 MG/5ML	2	
<i>prednisonone tabs or 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISONONE TABS OR 50 MG	2	
<i>prednisonone tbpk or 5 mg, 10 mg</i>	1	
UCERIS TB24 OR 9 MG (Use Budesonide)	NP	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NP	QL(150 ml per fill retail)
ZILRETTA SRER	2	PA; SP
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs or</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps 100 mg</i>	1	AL(At least 10 yrs old)
<i>benzonatate caps 200 mg</i>	1	QL(1 ea daily); AL(At least 10 yrs old)
<i>hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml</i>	1	
TESSALON PERLES CAPS (Use Benzonatate)	NP	AL(At least 10 yrs old)
<b>Cough/Cold/Allergy Combinations</b>		
ADVIL COLD & SINUS TABS (Use Pseudoephedrine-Ibuprofen)	NP	

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use Fexofenadine-Pseudoephedrine)	NP	
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine)	NP	
<i>brompheniramine &amp; phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml</i>	1	QL(120 ml per fill retail)
<i>brompheniramine &amp; pseudoeph elix</i>	1	QL(120 ml per fill retail)
<i>brompheniramine &amp; pseudoeph liqd</i>	1	QL(120 ml per fill retail)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CHERACOL PLUS LIQD (Use Dextromethorphan-Guaifenesin)	NP	QL(240 ml per fill retail)
CHERACOL-D COUGH LIQD (Use Dextromethorphan-Guaifenesin)	NP	QL(240 ml per fill retail)
CLARINEX-D 12 HOUR TB12	NP	
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NP	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NP	QL(1 ea daily)
DECON-A ELIX	2	
DECON-A LIQD	2	
<i>dextromethorphan-guaifenesin liqd 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml</i>	1	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DIMETAPP COLD & ALLERGY ELIX (Use Brompheniramine & Phenyleph)	NP	QL(120 ml per fill retail)
<i>fexofenadine-pseudoephedrine tb12</i>	1	
<i>fexofenadine-pseudoephedrine tb24</i>	1	
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	1	QL(240 ml per fill retail)
<i>guaifenesin-codeine syrpf 100mg/5ml-10mg/5ml</i>	1	QL(240 ml per fill retail)
<i>loratadine &amp; pseudoephedrine tb12 5mg-120mg</i>	1	QL(2 ea daily)
<i>loratadine &amp; pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	1	QL(1 ea daily)
<i>phenylephrine-dm liqd</i>	1	QL(240 ml per fill retail)
<i>phenylephrine-dm soln</i>	1	QL(240 ml per fill retail)
<i>promethazine &amp; phenylephrine soln</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine w/codeine soln</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>promethazine w/codeine syrpf</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>promethazine-phenylephrine-codeine syrpf</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
PROMETHAZINE/PHENYL EPHRINE SYRPF	2	QL(240 ml per fill retail); AL(At least 2 yrs old)
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRPF	2	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>pseudoephedrine w/codeine-gg soln</i>	NP	
<i>pseudoephedrine w/codeine-gg soln</i>	1	QL(240 ml per fill retail)
<i>pseudoephedrine-ibuprofen tabs</i>	1	



Drug Name	Drug Tier	Requirements/Limits
SCOT-TUSSIN LIQD 13.3MG/5ML-25MG/5ML- 83.3MG/5ML-4.2MG/5ML- 83.3MG/5ML (Use <i>Pheniramine-PE w/ Sod Salicylate &amp; Caffeine Citrate</i> )	NP	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use <i>Cetirizine- Pseudoephedrine</i> )	NP	QL(2 ea daily)
<b>Misc. Respiratory Inhalants</b>		
HYPER-SAL NEBU (Use <i>Sodium Chloride (Inhalant)</i> )	NP	
HYPERSAL NEBU 7 % (Use <i>Sodium Chloride (Inhalant)</i> )	NP	
<i>sodium chloride (inhalant) aers 0.9 %</i>	1	QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu 0.9 %, 7 %</i>	1	
<b>Mucolytics</b>		
<i>acetylcysteine soln in 10 %, 20 %</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA CAPS 10 MG, 20 MG, 40 MG	NP	QL(2 ea daily); AL(At least 12 yrs old)
ACANYA GEL (Use <i>Clindamycin Phosphate- Benzoyl Peroxide</i> )	NP	
ACNE MEDICATION 10 LOTN	2	
ACNE MEDICATION 5 LOTN	2	
<i>adapalene crea 0.1 %</i>	1	
<i>adapalene gel 0.1 %</i>	1	RX/OTC
<i>adapalene gel 0.3 %</i>	1	
ADAPALENE LOTN 0.1 %	2	
ADAPALENE PADS 0.1 %	2	

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
ADAPALENE SOLN 0.1 %	2	
<i>adapalene-benzoyl peroxide gel</i>	1	
ALTRENO LOTN	NP	
ATRALIN GEL (Use <i>Tretinoin</i> )	NP	
BENZAC AC WASH LIQD (Use <i>Benzoyl Peroxide</i> )	NP	RX/OTC
BENZAACLIN GEL (Use <i>Clindamycin Phosphate- Benzoyl Peroxide</i> )	2	
BENZAACLIN WITH PUMP GEL (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i> )	2	
<i>benzoyl peroxide gel ex 10 %</i>	1	RX/OTC
BENZOYL PEROXIDE GEL EX 2.5 %	2	
<i>benzoyl peroxide gel ex 5 %</i>	1	
<i>benzoyl peroxide liqd ex 5 %, 10 %</i>	1	RX/OTC
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	2	
CLEOCIN-T GEL (Use <i>Clindamycin Phosphate (Topical)</i> )	NP	QL(75 ml per fill retail)
CLEOCIN-T LOTN (Use <i>Clindamycin Phosphate (Topical)</i> )	NP	QL(60 ml per fill retail)
CLEOCIN-T SOLN (Use <i>Clindamycin Phosphate (Topical)</i> )	NP	
CLINDAGEL GEL	NP	QL(75 ml per fill retail)
<i>clindamycin phosphate (topical) gel</i>	1	QL(75 ml per fill retail)
<i>clindamycin phosphate (topical) lotn</i>	1	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) soln</i>	1	

Updated September 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
CLINDAMYCIN PHOSPHATE GEL EX 1 %	NP	QL(75 ml per fill retail)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	
<i>clindamycin phosphate-tretinoin gel</i>	1	
DESQUAM-X WASH LIQD (Use Benzoyl Peroxide)	NP	RX/OTC
DIFFERIN CREA 0.1 % (Use Adapalene)	2	
DIFFERIN GEL 0.1 % (Use Adapalene)	2	RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	2	
DIFFERIN LOTN 0.1 %	2	
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	NP	
EPIDUO FORTE GEL	NP	
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	NP	
ERYGEL GEL (Use Erythromycin (Acne Aid))	NP	QL(60 gm per fill retail)
<i>erythromycin (acne aid) gel</i>	1	QL(60 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	1	
FABIOR FOAM	NP	
<i>isotretinoin caps or 10 mg, 20 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 12 yrs old)
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	NP	QL(120 ml per fill retail)
ONEXTON GEL	NP	
PLIXDA PADS	NP	

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A CREA 0.025 % (Use Tretinoin)	2	AL(Up to 35 yrs old )
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (Use Tretinoin)	2	QL(20 gm per fill retail); AL(Up to 35 yrs old )
RETIN-A GEL 0.01 % (Use Tretinoin)	2	QL(15 gm per fill retail); AL(Up to 35 yrs old )
RETIN-A GEL 0.025 % (Use Tretinoin)	2	AL(Up to 35 yrs old )
RETIN-A MICRO GEL (Use Tretinoin Microsphere)	NP	
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (Use Tretinoin Microsphere)	NP	
RETIN-A MICRO PUMP GEL 0.08 %	NP	
SODIUM SULFACETAMIDE/SULFUR LOTN	2	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	2	QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne) lotn</i>	1	QL(120 ml per fill retail)
<i>tretinoin crea ex 0.025 %</i>	NP	AL(Up to 35 yrs old )
<i>tretinoin crea ex 0.025 %</i>	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old )
<i>tretinoin crea ex 0.025 %</i>	1	AL(Up to 35 yrs old )
<i>tretinoin crea ex 0.025 %, 0.05 %, 0.1 %</i>	1	QL(20 gm per fill retail); AL(Up to 35 yrs old )
<i>tretinoin gel ex 0.01 %</i>	1	QL(15 gm per fill retail); AL(Up to 35 yrs old )
<i>tretinoin gel ex 0.025 %</i>	NP	AL(Up to 35 yrs old )
<i>tretinoin gel ex 0.025 %</i>	1	AL(Up to 35 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin gel ex 0.05 %</i>	1	
<i>tretinoin microsphere gel</i>	1	
VELTIN GEL	NP	
ZIANA GEL ( <i>Use Clindamycin Phosphate-Tretinoin</i> )	NP	
<b>Agents for Wrinkles/Lipoatrophy/Other Aesthetic</b>		
REFISSA CREA	2	
TRETINOIN EMOLLIENT CREA	2	
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(6.68 gm daily)
VOLTAREN GEL ( <i>Use Diclofenac Sodium (Topical)</i> )	NP	QL(6.68 gm daily)
<b>Antibiotics - Topical</b>		
ALTABAX OINT	NP	
BACIGUENT OINT ( <i>Use Bacitracin (Topical)</i> )	NP	QL(453.9 gm per fill retail)
<i>bacitracin (topical) oint</i>	1	QL(453.9 gm per fill retail)
<i>bacitracin zinc oint ex</i>	1	QL(453.6 gm per fill retail)
BACTROBAN CREA ( <i>Use Mupirocin Calcium (Topical)</i> )	2	
CENTANY AT KIT	NP	
CENTANY OINT	NP	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) crea</i>	1	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	1	QL(30 gm per fill retail)
<i>mupirocin calcium (topical) crea</i>	1	
MUPIROCIN CREA EX	2	
<i>mupirocin oint ex</i>	1	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin-polymyxin oint</i>	1	QL(56 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea</i>	1	QL(28.3 gm per fill retail)
NEOSPORIN ORIGINAL OINT ( <i>Use Neomycin-Bacitracin-Polymyxin</i> )	NP	QL(56 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA ( <i>Use Neomycin-Polymyxin w/ Pramoxine</i> )	NP	QL(28.3 gm per fill retail)
<b>Antifungals - Topical</b>		
CICLODAN CREAM KIT KIT	NP	
CICLODAN SOLUTION KIT KIT ( <i>Use Ciclopirox</i> )	NP	
<i>ciclopirox gel</i>	1	
<i>ciclopirox kit</i>	1	
<i>ciclopirox olamine crea ex</i>	NP	
<i>ciclopirox olamine crea ex</i>	1	
<i>ciclopirox olamine susp ex</i>	1	
<i>ciclopirox sham</i>	1	
<i>ciclopirox soln</i>	1	
<i>clotrimazole (topical) crea</i>	1	QL(60 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln</i>	1	QL(60 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	QL(45 gm per fill retail)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(30 ml per fill retail)
<i>econazole nitrate crea ex</i>	1	QL(85 gm per fill retail)
JUBLIA SOLN	NP	
KERYDIN SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) crea 2 %</i>	1	QL(60 gm per fill retail)
<i>ketoconazole (topical) sham 1 %</i>	1	QL(200 ml per fill retail)
<i>ketoconazole (topical) sham 2 %</i>	1	QL(120 ml per fill retail)
LAMISIL AT CREA (Use Terbinafine HCl (Topical))	NP	QL(42 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (Use Terbinafine HCl (Topical))	NP	QL(42 gm per fill retail)
LOPROX CREA 0.77 % (Use Ciclopirox Olamine)	NP	
LOPROX KIT 0.77%	NP	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	NP	
LOPROX SUSP 0.77 % (Use Ciclopirox Olamine)	NP	
LOTRIMIN AF CREA 1 % (Use Clotrimazole (Topical))	NP	QL(60 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	NP	QL(60 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	NP	QL(60 gm per fill retail); RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NP	QL(45 gm per fill retail)
LULICONAZOLE CREA	2	
LUZU CREA	NP	
MICATIN CREA (Use Miconazole Nitrate (Topical))	NP	QL(92 ml per fill retail)
<i>miconazole nitrate (topical) crea</i>	1	QL(92 ml per fill retail)
NIZORAL SHAM (Use Ketoconazole (Topical))	NP	QL(120 ml per fill retail)
<i>nystatin (topical) crea</i>	1	QL(30 gm per fill retail)
<i>nystatin (topical) oint</i>	1	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	QL(60 gm per fill retail)
<i>nystatin-triamcinolone oint</i>	1	QL(60 gm per fill retail)
<i>oxiconazole nitrate crea</i>	1	
OXISTAT CREA (Use Oxiconazole Nitrate)	NP	
OXISTAT LOTN	NP	
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	NP	
<i>terbinafine hcl (topical) crea</i>	1	QL(42 gm per fill retail)
TINACTIN CREA (Use Tolnaftate)	NP	QL(30 gm per fill retail)
<i>tolnaftate crea ex</i>	1	QL(30 gm per fill retail)
<b>Antihistamines-Topical</b>		
<i>diphenhydramine hcl (topical) crea</i>	1	
ITCH RELIEF CREA	2	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA	2	QL(30 gm per fill retail)
EFUDEX CREA (Use Fluorouracil (Topical))	NP	QL(40 gm per fill retail)
<i>fluorouracil (topical) crea</i>	1	QL(40 gm per fill retail)
FLUOROURACIL CREA EX 0.5 %	2	QL(30 gm per fill retail)
FLUOROURACIL SOLN EX 2 %, 5 %	2	QL(10 ml per fill retail)
LEVULAN KERASTICK SOLR	2	PA; SP
TARGRETIN GEL EX 1 %	2	PA; SP
<b>Antipruritics - Topical</b>		
<i>camphor &amp; menthol lotn 0.5%-0.5%</i>	1	QL(59 ml per fill retail)
SARNA LOTN (Use Camphor & Menthol)	NP	QL(59 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<b>Antipsoriatics</b>		
<i>calcipotriene crea ex</i>	1	QL(60 gm per fill retail)
<i>calcipotriene oint ex</i>	1	
<i>calcipotriene oint ex</i>	NP	
<i>calcipotriene soln ex</i>	1	QL(60 ml per fill retail)
CALCITRIOL OINT EX 3 MCG/GM	2	
COSENTYX SENSOREADY PEN SOAJ	NP	SP
COSENTYX SOSY	NP	SP
DOVONEX CREA (Use Calcipotriene)	NP	QL(60 gm per fill retail)
ILUMYA SOSY	NP	SP
SORILUX FOAM	NP	
STELARA SOSY	NP	SP
TALTZ SOAJ	NP	SP
TALTZ SOSY	NP	SP
<i>tazarotene crea ex</i>	NP	QL(60 gm per fill retail); AL(Up to 21 yrs old )
TAZORAC CREA 0.05 %	NP	QL(60 gm per fill retail); AL(Up to 21 yrs old )
TAZORAC CREA 0.1 % (Use Tazarotene)	NP	QL(60 gm per fill retail); AL(Up to 21 yrs old )
TAZORAC GEL 0.05 %, 0.1 %	NP	QL(30 gm per fill retail); AL(Up to 21 yrs old )
TREMFYA SOPN	NP	SP
VECTICAL OINT	NP	
<b>Antiseborrheic Products</b>		

Drug Name	Drug Tier	Requirements/ Limits
OVACE PLUS WASH LIQD (Use Sulfacetamide Sodium)	NP	QL(480 ml per fill retail)
OVACE WASH LIQD (Use Sulfacetamide Sodium)	NP	QL(480 ml per fill retail)
<i>selenium sulfide lotn ex 1 %</i>	1	QL(240 ml per fill retail)
<i>selenium sulfide lotn ex 2.5 %</i>	1	QL(120 ml per fill retail)
<i>selenium sulfide sham ex 1 %</i>	1	QL(240 ml per fill retail)
SELSUN BLUE DAILY LOTN (Use Selenium Sulfide)	NP	QL(240 ml per fill retail)
SELSUN BLUE LOTN (Use Selenium Sulfide)	NP	QL(240 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (Use Selenium Sulfide)	NP	QL(240 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (Use Selenium Sulfide)	NP	QL(240 ml per fill retail)
<i>sulfacetamide sodium liqd ex</i>	1	QL(480 ml per fill retail)
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	1	QL(1 gm daily)
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	2	
XERESE CREA	NP	
ZOVIRAX CREA EX 5 % (Use Acyclovir Topical)	NP	QL(1 gm daily)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	2	
<b>Burn Products</b>		
SILVADENE CREA (Use Silver Sulfadiazine)	NP	QL(85 gm per fill retail)
<i>silver sulfadiazine crea ex</i>	1	QL(85 gm per fill retail)
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	2	
AMCINONIDE LOTN	2	
AMCINONIDE OINT	2	
APEXICON E CREA	NP	QL(60 gm per fill retail)
AUGMENTED BETAMETHASONE DIPROPIONATE GEL	2	
<i>betamethasone dipropionate (topical) crea</i>	1	1 rtl pack lmt amt,30 rtl pack lmt day(s),
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	QL(50 gm per fill retail)
<i>betamethasone dipropionate augmented gel</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea ex 0.1 %</i>	1	QL(45 gm per fill retail)
<i>betamethasone valerate foam ex 0.12 %</i>	1	
<i>betamethasone valerate lotn ex 0.1 %</i>	1	QL(60 ml per fill retail)
<i>betamethasone valerate oint ex 0.1 %</i>	1	QL(45 gm per fill retail)
<i>calcipotriene-betamethasone dipropionate oint</i>	1	
CAPEX SHAM	NP	
<i>clobetasol propionate crea ex</i>	1	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emollient base crea</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate emulsion foam</i>	1	
<i>clobetasol propionate foam ex</i>	1	
<i>clobetasol propionate gel ex</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate liqd ex</i>	1	
<i>clobetasol propionate lotn ex</i>	1	
<i>clobetasol propionate oint ex</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate sham ex</i>	1	
<i>clobetasol propionate soln ex</i>	1	QL(50 ml per fill retail)
CLOBEX LIQD (Use Clobetasol Propionate)	NP	
CLOBEX LOTN (Use Clobetasol Propionate)	NP	
CLOBEX SHAM (Use Clobetasol Propionate)	NP	
CLOCORTOLONE PIVALATE CREA	2	
CLOCORTOLONE PIVALATE PUMP CREA	2	
CLODERM CREA	NP	
CLODERM PUMP CREA	NP	
CORDRAN CREA 0.025 %	NP	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	NP	
CORDRAN LOTN 0.05 % (Use Flurandrenolide)	NP	
CORDRAN OINT 0.05 % (Use Flurandrenolide)	NP	
CORDRAN TAPE 4 MCG/SQCM	NP	
CUTIVATE LOTN (Use Fluticasone Propionate)	NP	

Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTH/FS BODY OIL (Use <i>Fluocinolone Acetonide</i> )	NP	
DERMA-SMOOTH/FS SCALP OIL (Use <i>Fluocinolone Acetonide</i> )	NP	
DERMACINRX SILAPAK KIT (Use <i>Triamcinolone Acetonide-Dimethicone- Silicone</i> )	NP	
DERMATOP OINT (Use <i>Prednicarbate</i> )	NP	QL(60 gm per fill retail)
DERMAZONE THPK	2	
DESONATE GEL	NP	
<i>desonide crea ex</i>	1	1 rtl pack lmt per fill,
<i>desonide lotn ex</i>	1	
<i>desonide oint ex</i>	1	1 rtl pack lmt per fill,
DESOWEN CREA (Use <i>Desonide</i> )	NP	1 rtl pack lmt per fill,
DESOWEN LOTN (Use <i>Desonide</i> )	NP	
<i>desoximetasone crea ex 0.05 %</i>	1	QL(60 gm per fill retail)
<i>desoximetasone crea ex 0.25 %</i>	1	
<i>desoximetasone gel ex 0.05 %</i>	1	
<i>desoximetasone liqd ex 0.25 %</i>	1	
<i>desoximetasone oint ex 0.05 %, 0.25 %</i>	1	
DIFLORASONE DIACETATE CREA	2	QL(60 gm per fill retail)
<i>diflorasone diacetate oint</i>	1	QL(60 gm per fill retail)
DIPROLENE AF CREA (Use <i>Betamethasone Dipropionate Augmented</i> )	NP	QL(50 gm per fill retail)
DIPROLENE OINT (Use <i>Betamethasone Dipropionate Augmented</i> )	NP	

Drug Name	Drug Tier	Requirements/ Limits
ELOCON CREA (Use <i>Mometasone Furoate</i> )	NP	QL(50 gm per fill retail)
ELOCON OINT (Use <i>Mometasone Furoate</i> )	NP	QL(45 gm per fill retail)
ENSTILAR FOAM	NP	
EPIFOAM FOAM	2	
<i>fluocinolone acetonide crea ex 0.025 %, 0.01 %</i>	1	
<i>fluocinolone acetonide oil ex 0.01 %</i>	NP	
<i>fluocinolone acetonide oint ex 0.025 %</i>	1	
<i>fluocinolone acetonide soln ex 0.01 %</i>	1	
<i>fluocinonide crea ex 0.05 %</i>	1	QL(60 gm per fill retail)
<i>fluocinonide crea ex 0.1 %</i>	1	
<i>fluocinonide emulsified base crea</i>	1	QL(60 gm per fill retail)
<i>fluocinonide gel ex 0.05 %</i>	1	QL(60 gm per fill retail)
<i>fluocinonide oint ex 0.05 %</i>	1	QL(60 gm per fill retail)
<i>fluocinonide soln ex 0.05 %</i>	1	QL(60 ml per fill retail)
<i>flurandrenolide crea</i>	1	
<i>flurandrenolide lotn</i>	1	
<i>flurandrenolide oint</i>	1	
<i>fluticasone propionate crea ex 0.05 %</i>	1	QL(60 gm per fill retail)
<i>fluticasone propionate lotn ex 0.05 %</i>	1	
<i>fluticasone propionate oint ex 0.005 %</i>	1	QL(60 gm per fill retail)
HALAC KIT	NP	
<i>halcinonide crea</i>	NP	
<i>halobetasol propionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
HALOBETASOL PROPIONATE FOAM	2	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use Halcinonide)	NP	
HALOG OINT	NP	
<i>hydrocortisone (topical) crea 0.5 %</i>	1	QL(30 gm per fill retail)
<i>hydrocortisone (topical) crea 1 %</i>	1	QL(85.2 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	QL(453.6 gm per fill retail)
<i>hydrocortisone (topical) gel 1 %</i>	1	
<i>hydrocortisone (topical) lotn 1 %</i>	1	QL(99 ml per fill retail)
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	QL(59 ml per fill retail)
<i>hydrocortisone (topical) oint 0.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	QL(2 gm daily,56 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	QL(454 gm per fill retail)
<i>hydrocortisone (topical) soln 1 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	
<i>hydrocortisone butyrate lotn</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	QL(60 ml per fill retail)
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone-aloe vera crea 0.5%</i>	1	
<i>hydrocortisone-aloe vera crea 1%</i>	1	QL(56.8 gm per fill retail)
KENALOG AERS (Use Triamcinolone Acetonide (Topical))	NP	
LEXETTE FOAM	2	
LOCOID CREA (Use Hydrocortisone Butyrate)	NP	
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	NP	
LOCOID LOTN (Use Hydrocortisone Butyrate)	NP	
LOCOID OINT (Use Hydrocortisone Butyrate)	NP	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NP	QL(60 ml per fill retail)
LUXIQ FOAM (Use Betamethasone Valerate)	NP	
MICORT-HC CREA	2	
<i>mometasone furoate crea ex</i>	1	QL(50 gm per fill retail)
<i>mometasone furoate oint ex</i>	1	QL(45 gm per fill retail)
<i>mometasone furoate soln ex</i>	1	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	2	QL(85.2 gm per fill retail); RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	NP	
OLUX-E FOAM (Use Clobetasol Propionate Emulsion)	NP	
PANDEL CREA	NP	
<i>prednicarbate crea</i>	1	QL(60 gm per fill retail)
PREDNICARBATE CREA	2	QL(60 gm per fill retail)



Drug Name	Drug Tier	Requirements/Limits
PREDNICARBATE OINT	2	QL(60 gm per fill retail)
PSORCON CREA	2	QL(60 gm per fill retail)
SERNIVO EMUL	NP	
SILALITE PAK THPK	NP	
SILAZONE PHARMAPAK THPK	2	
SILAZONE-II THPK	2	
SYNALAR CREA (Use Fluocinolone Acetonide)	NP	
SYNALAR CREAM KIT KIT	NP	
SYNALAR OINT (Use Fluocinolone Acetonide)	NP	
SYNALAR OINTMENT KIT KIT	NP	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NP	
SYNALAR TS KIT	NP	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NP	
TACLONEX SUSP	NP	
TEMOVATE CREA (Use Clobetasol Propionate)	NP	QL(60 gm per fill retail)
TEMOVATE OINT (Use Clobetasol Propionate)	NP	QL(60 gm per fill retail)
TEXACORT SOLN	NP	
TOPICORT CREA 0.05 % (Use Desoximetasone)	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.25 % (Use Desoximetasone)	NP	
TOPICORT GEL 0.05 % (Use Desoximetasone)	NP	
TOPICORT LIQD 0.25 % (Use Desoximetasone)	NP	
TOPICORT OINT 0.05 %, 0.25 % (Use Desoximetasone)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide (topical) crea 0.025 %</i>	1	QL(160 gm per fill retail)
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	1	QL(85.2 gm per fill retail)
<i>triamcinolone acetonide (topical) crea 0.5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</i>	1	QL(80 gm per fill retail)
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	
TRIANEX OINT	NP	
TRIDESILON CREA (Use Desonide)	NP	1 rtl pack lmt per fill,
ULTRAVATE CREA (Use Halobetasol Propionate)	NP	
ULTRAVATE LOTN	NP	
ULTRAVATE OINT (Use Halobetasol Propionate)	NP	
ULTRAVATE X KIT	NP	
VANOS CREA (Use Fluocinonide)	NP	
VERDESO FOAM	NP	
WESTCORT OINT (Use Hydrocortisone Valerate)	NP	
<b>Emollient/Keratolytic Agents</b>		
<i>urea crea ex 40 %</i>	1	QL(85.05 gm per fill retail); RX/OTC
<i>urea lotn ex 40 %</i>	1	QL(325 ml per fill retail)
<b>Emollients</b>		
A + D PERSONAL CARE LOTION LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
ALOE AFTERSUN LOTION LOTN	2	
AQUA GLYCOLIC HAND & BODYLOTION LOTN	2	
AQUA LACTEN LOTN	2	
AQUADERM TREATMENT/MOISTURIZER LOTN	2	
AQUAMED LOTN	2	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT LOTN	2	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	2	
AVEENO DAILY MOISTURIZINGSPF 15 LOTN	2	
AVEENO POSITIVELY AGELESSFIRMING BODY LOTN	2	
AVEENO POSITIVELY RADIANT LOTN	2	
AVEENO STRESS RELIEF MOISTURIZING LOTN	2	
BETA CARE LOTN	2	
CAM LOTN	2	
CERAVE AM SPF 30 LOTN	2	
CERAVE LOTN	2	
CERAVE PM LOTN	2	
CERAVE SA RENEWING LOTN	2	
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	2	
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	2	
CETAPHIL MOISTURIZING LOTN	2	
CETAPHIL RESTORADERM LOTN	2	
CLN FACIAL MOISTURIZER NOURISHING LOTN	2	
COCOA BUTTER HAND & BODYLOTION LOTN	2	
COCOA BUTTER LOTN EX	2	
CVS DAILY ULTRA MOISTURELOTION LOTN	2	
DAILY MOISTURIZING LOTN	2	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	2	
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	2	
DERMAL THERAPY FOOT MASSAGE LOTN	2	
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	2	
DERMAL THERAPY HEEL CARE LOTN	2	
DIABETIDERM HAND & BODY LOTN	2	
DIABETIDERM LOTN	2	
EMOLLIA-LOTION LOTN	2	
<i>emollient lotn 1.25 %</i>	1	
EPILYT LOTN	2	
EQL ADVANCED RECOVERY SKIN CARE LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	2	
EUCERIN BABY LOTN	2	
EUCERIN DAILY PROTECTION/SPF 30 LOTN	2	
EUCERIN INTENSIVE REPAIR LOTN	2	
EUCERIN LOTN	2	
EUCERIN ORIGINAL HEALING SOOTHING REPAIR LOTN	2	
EUCERIN PLUS LOTN 5%-5%	2	
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	2	
EUCERIN SMOOTHING REPAIR ADVANCED FORMULA LOTN	2	
GNP ADVANCED RECOVERY LOTN	2	
GOLD BOND MEDICATED BODY LOTION EXTRA STRENGTH LOTN	2	
GOLD BOND MEDICATED BODY LOTION LOTN	2	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	2	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	2	
GOLD BOND ULTIMATE HEALING LOTN	2	
GOLD BOND ULTIMATE LOTN	2	
GOLD BOND ULTIMATE OVERNIGHT LOTN	2	
GOLD BOND ULTIMATE PROTECTION LOTN	2	
GOLD BOND ULTIMATE RESTORING LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND ULTIMATE SHEER RIBBONS PEARL RADIANCE LOTN	2	
GOLD BOND ULTIMATE SHEER RIBBONS SILK SOFTNESS LOTN	2	
GOLD BOND ULTIMATE SOFTENING LOTN	2	
GOLD BOND ULTIMATE SOOTHING LOTN	2	
GRX VITAMIN E LOTN	2	
HYDRAZONE LOTION LOTN	2	
KERI ADVANCED MOISTURE THERAPY LOTN	2	
KERI BASIC ESSENTIALS LOTN	2	
KERI NOURISHING SHEA BUTTER LOTN	2	
KERI ORIGINAL LOTN	2	
KERI OVERNIGHT LOTN	2	
KERI RENEWAL MILK BODY LOTN	2	
KERI RENEWAL SKIN FIRMING LOTN	2	
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	2	
KERI SENSITIVE SKIN LOTN	2	
LAC-HYDRIN CREA ( <i>Use Lactic Acid (Ammonium Lactate)</i> )	NP	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN ( <i>Use Lactic Acid (Ammonium Lactate)</i> )	NP	QL(57 ml per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN ( <i>Use Lactic Acid (Ammonium Lactate)</i> )	NP	QL(57 ml per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	QL(385 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	QL(57 ml per fill retail); RX/OTC
LUBRIDERM ADVANCED THERAPY LOTN	2	
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	2	
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	2	
LUBRIDERM INTENSE SKIN REPAIR LOTN	2	
LUBRIDERM LOTN	2	
LUBRIDERM MENS 3-IN-1 LOTN	2	
LUBRIDERM SERIOUSLY SENSITIVE LOTN	2	
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	2	
LUBRISOFT LOTN	2	
MAXAM LOTN	2	
MEDERMA AG HAND & BODY LOTION LOTN	2	
MOTHERS FRIEND LOTN	2	
MSM SKIN LOTION LOTN	2	
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	2	
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	2	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	2	
NIVEA EXTRA ENRICHED LOTION LOTN	2	
NIVEA EXTRA ENRICHED LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
NIVEA GENTLE BODY EXFOLIATOR LOTN	2	
NIVEA LIGHT LOTN	2	
NIVEA LOTN	2	
NIVEA ORIGINAL LOTN	2	
NIVEA ORIGINAL MOISTURE LOTN	2	
NIVEA VISAGE LOTN	2	
NUTRADERM ADVANCED FORMULA LOTN	2	
NUTRADERM LOTN 2.5%-2.5%-2.5%-2.5%	2	
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	2	
RA RENEWAL DRY SKIN THERAPY LOTN	2	
RADIAGUARD ADVANCED LOTN	2	
RESTA LITE LOTN	2	
ROC DEEP WRINKLE SERUM LOTN	2	
ROSE MILK LOTN	2	
SKIN REPAIR LOTN	2	
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	2	
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	2	
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	2	
THERABETIC SKIN CARE LOTN	2	
THERAPLEX HYDROLOTION LOTN	2	
VANICREAM LITE LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
WIBI LOTN	2	
<b>Glabellar Lines (Frown Lines) Agents</b>		
BOTOX COSMETIC SOLR	2	PA; SP
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA (Use Imiquimod)	NP	QL(48 ea per 180 days retail)
<i>imiquimod crea ex</i>	1	QL(48 ea per 180 days retail)
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA (Use Pimecrolimus)	2	PA; QL(1 gm daily); AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; QL(1 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.03 % (Use Tacrolimus (Topical))	NP	PA; QL(1 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (Use Tacrolimus (Topical))	NP	
<i>tacrolimus (topical) oint 0.03 %</i>	1	PA; QL(1 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	
<b>Keratolytic/Antimitotic Agents</b>		
KERALYT GEL 6 % (Use Salicylic Acid)	NP	QL(40 gm per fill retail)
<i>podofilox soln ex</i>	1	QL(4 ml per fill retail)
<i>salicylic acid gel ex 6 %</i>	1	QL(40 gm per fill retail)
<b>Local Anesthetics - Topical</b>		
ARTHRITIS PAIN RELIEVING CREA	2	QL(60 gm per fill retail)
CAPSAGEL EXTRA STRENGTH GEL	2	QL(60 gm per fill retail)
CAPSAGEL GEL	2	QL(60 gm per fill retail)
CAPSAGEL MAXIMUM STRENGTH GEL	2	QL(30 gm per fill retail)
<i>capsaicin crea ex 0.025 %</i>	1	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>capsaicin crea ex 0.1 %</i>	1	QL(56.6 gm per fill retail)
CAPZASIN-HP CREA (Use Capsaicin)	NP	QL(56.6 gm per fill retail)
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)
<i>dibucaine oint ex</i>	1	QL(56.7 gm per fill retail)
<i>lidocaine crea ex 4 %</i>	1	QL(76.5 gm per fill retail)
<i>lidocaine hcl crea ex 3 %</i>	1	QL(85 gm per fill retail); RX/OTC
<i>lidocaine hcl crea ex 4 %</i>	1	QL(63 ml per fill retail)
<i>lidocaine hcl gel ex 2 %</i>	1	QL(85 ml per fill retail)
<i>lidocaine hcl gel ex 2 %</i>	1	QL(85 ml per fill retail); RX/OTC
<i>lidocaine-prilocaine crea</i>	1	QL(5800 gm per fill retail)
LMX 4 CREA (Use Lidocaine)	NP	QL(76.5 gm per fill retail)
PREDATOR CREA (Use Lidocaine HCl)	NP	QL(63 ml per fill retail)
<b>Misc. Topical</b>		
AMEDA TRIPLE ZERO LANOLIN CREA	2	
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	NP	
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	NP	
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	NP	
CUTTER AERO	NP	
CUTTER ALL FAMILY AERO	NP	

Drug Name	Drug Tier	Requirements/ Limits
CUTTER BACKWOODS AERO	NP	
CUTTER BACKWOODS DRY AERO	NP	
CUTTER DRY AERO	NP	
CUTTER SKINSATIONS AERO	NP	
CUTTER SPORT AERO	NP	
CVS INSECT REPELLENT AERO	NP	
CVS TOTAL HOME INSECT REPELLENT AERO	NP	
DRYSOL SOLN	2	QL(60 ml per fill retail)
LAN-O-SOOTHE CREA	2	
LANSINOH LANOLIN MINIS NIPPLE CREA	2	
LANSINOH LANOLIN NIPPLE CREA	2	
OFF ACTIVE AERO	NP	
OFF DEEP WOODS AERO	NP	
OFF DEEP WOODS AERO	2	
OFF DEEP WOODS DRY AERO	2	
OFF DEEP WOODS DRY AERO	NP	
OFF DEEP WOODS SPORTSMEN AERO 30 %	NP	
OFF FAMILYCARE SMOOTH & DRY AERO	NP	
OFF SMOOTH & DRY AERO	NP	
REPEL FAMILY AERO	NP	
REPEL FAMILY DRY AERO	NP	
REPEL HUNTERS FORMULA AERO	NP	
REPEL SPORTSMEN AERO	NP	

Drug Name	Drug Tier	Requirements/ Limits
REPEL SPORTSMEN DRY AERO	NP	
REPEL SPORTSMEN MAX AERO	NP	
REPEL SPORTSMEN MAX LOTN	NP	
SAWYER INSECT REPELLENT AERO	NP	
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP	
ULTRATHON INSECT REPELLENT 8 AERO	2	
ULTRATHON INSECT REPELLENT LOTN	2	
<i>zinc oxide (topical) oint 20 %</i>	1	QL(60 gm per fill retail)
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA OINT	NP	
<b>Rosacea Agents</b>		
METROCREAM CREA (Use Metronidazole Topical)	NP	QL(45 gm per fill retail)
METROLOTION LOTN (Use Metronidazole Topical)	NP	
<i>metronidazole (topical) crea 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) gel 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) lotn 0.75 %</i>	1	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn ex</i>	NP	QL(60 gm per fill retail)
ELIMITE CREA (Use Permethrin)	NP	QL(60 gm per fill retail)
EURAX CREA	NP	QL(60 gm per fill retail)
EURAX LOTN (Use Crotamiton)	NP	QL(60 gm per fill retail)
KLOUT SHAM	2	

Drug Name	Drug Tier	Requirements/Limits
LICEMD GEL	2	
LICIDE TREATMENT KIT KIT	2	
LINDANE SHAM	2	
<i>malathion lotn</i>	NP	QL(59 ml per fill retail)
NATROBA SUSP	2	QL(120 ml per fill retail); AL(At least 2 yrs old)
NIX CREME RINSE LIQD (Use Permethrin)	2	
OVIDE LOTN (Use Malathion)	NP	QL(59 ml per fill retail)
<i>permethrin aero xx 0.5 %</i>	1	
<i>permethrin crea ex 5 %</i>	1	QL(60 gm per fill retail)
<i>permethrin liqd ex 1 %</i>	1	
<i>permethrin lotn ex 1 %</i>	1	QL(59 ml per fill retail)
<i>pyrethrins-piperonyl butoxide liqd 0.33%-4%</i>	1	QL(59 ml per fill retail)
<i>pyrethrins-piperonyl butoxide liqd 1.2%-0.3%-0.3%-2.4%-3%</i>	1	
<i>pyrethrins-piperonyl butoxide sham 0.3%-0.33%-4%, 0.33%-4%</i>	1	
<i>pyrethrins-piperonyl butoxide sham 0.33%-4%</i>	1	QL(59 ml per fill retail)
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover kit</i>	1	
RA LICE SOLUTION KIT KIT	2	
RID AERO XX 0.5 % (Use Permethrin)	NP	
RID COMPLETE LICE ELIMINATION KIT (Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover)	NP	
RID ESSENTIAL LICE ELIMINATION KIT KIT	2	

Drug Name	Drug Tier	Requirements/Limits
RID LIQD EX 0.33%-4% (Use Pyrethrins-Piperonyl Butoxide)	NP	QL(59 ml per fill retail)
SCHOOLTIME SHAMPOO SHAM	2	
SKLICE LOTN	2	
SPINOSAD SUSP	2	QL(120 ml per fill retail); AL(At least 2 yrs old)
ULESFIA LOTN	NP	
<b>Tar Products</b>		
<i>coal tar extract sham 0.5 %</i>	1	
DHS TAR GEL SHAM (Use Coal Tar Extract)	NP	
DHS TAR SHAM (Use Coal Tar Extract)	NP	
NEUTROGENA T/GEL SHAM (Use Coal Tar Extract)	NP	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use Coal Tar Extract)	NP	
<b>Wound Care Products</b>		
APLIGRAF DISK	2	PA; SP
DERMAGRAFT SHEE	2	PA; SP
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
CORTROSYN SOLR (Use Cosyntropin)	NP	PA; SP
<i>cosyntropin solr</i>	1	PA; SP
THYROGEN SOLR	2	PA; SP
<b>Diagnostic Tests</b>		
ACCU-CHEK AVIVA PLUS STRP VI	NP	QL(6.67 ea daily); RX/OTC
ACCU-CHEK COMPACT PLUS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE STRP VI	NP	RX/OTC
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ACCUTREND GLUCOSE STRP	NP	QL(6.67 ea daily); RX/OTC
ADVANCE INTUITION TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ADVOCATE REDI-CODE STRP VI	NP	QL(6.67 ea daily); RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ADVOCATE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
AGAMATRIX JAZZ TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
AGAMATRIX PRESTO TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ASSURE 3 TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ASSURE 4 TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ASSURE II CHECK STRIP STRP	NP	QL(6.67 ea daily); RX/OTC
ASSURE II STRP	NP	QL(6.67 ea daily); RX/OTC
ASSURE II TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	NP	RX/OTC
ASSURE PRISM MULTI TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ASSURE PRO TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
AT LAST TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(6.67 ea daily); RX/OTC
BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BREEZE 2 TEST DISC DISK	NP	
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	QL(6.67 ea daily); RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	QL(6.67 ea daily); RX/OTC
CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	NP	
CHEK-STIX CONTROL STRP	2	
CHEMSTRIP-K STRP	2	
CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
CLEVER CHEK TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
COAGUCHEK PT TEST STRIP STRP	NP	
COAGUCHEK XS PT TEST STRIP STRP	NP	



Drug Name	Drug Tier	Requirements/ Limits
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
DUO-CARE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASY PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
EASY STEP TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASYGLUCO PLUS STRP	NP	QL(6.67 ea daily); RX/OTC
EASYGLUCO STRP VI	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASYMAX 15 TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASYMAX TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASYPLUS BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.67 ea daily); RX/OTC
EASYPRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EASYPRO PLUS STRP VI	NP	QL(6.67 ea daily); RX/OTC
ELEMENT COMPACT TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ELEMENT TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EMBRACE EVO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EVENCARE + BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.67 ea daily); RX/OTC
EVENCARE BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.67 ea daily); RX/OTC
EVENCARE G2 TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EVENCARE G3 TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EVENCARE MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EVOLUTION AUTOCODE STRP VI	NP	QL(6.67 ea daily); RX/OTC
EXACTECH R-S-G TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EXACTECH TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EZ SMART BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
EZ SMART PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	QL(6.67 ea daily); RX/OTC
FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA GD20 TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA GTEL BLOOD KETONE TEST STRIPS STRP	NP	
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORACARE GD40 STRP	NP	QL(6.67 ea daily); RX/OTC
FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORACARE TEST N GO TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FORTISCARE BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.67 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GENSTRIP 50 STRP	NP	QL(6.67 ea daily); RX/OTC
GENULTIMATE TEST STRIPS STRP	NP	RX/OTC
GHT TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCO PERFECT 3 TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCOCARD VITAL TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCOCARD X-SENSOR STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCOCOM TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCONAVII BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	QL(6.67 ea daily); RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
INFINITY VOICE STRP VI	NP	RX/OTC
KETONE STRP	2	
KETONE TEST STRIPS STRP	2	
KETOSTIX STRP	2	
KROGER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
KROGER TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
LIBERTY TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
MEIJER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
MEIJER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
MICRODOT TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
NEXGEN TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
NOVA MAX PLUS KETONE TEST STRIPS STRP	NP	
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ON CALL PLUS BLOOD GLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
ON CALL VIVID BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ON CALL VIVID BLOOD GLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA BLUE STRP	NP	QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
OPTIUM TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
OPTIUMEZ TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
OPTUMRX BLOOD GLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PRECISION PCX PLUS TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PRECISION PCX STRP	NP	QL(6.67 ea daily); RX/OTC
PRECISION POINT OF CARE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PRECISION QID TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PRECISION SOF-TACT TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PRECISION XTRA STRP VI	NP	
PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
PTS PANELS GLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
PTS PANELS KETONE TEST STRP	NP	
QUICKTEK TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
RA TRUETEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
REFUAH PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
RELION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
RELION KETONE STRP	NP	
RELION KETONE TEST STRIPS STRP	NP	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
RELION ULTIMA TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
REVEAL BLOOD GLUCOSE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
SOLUS V2 AUDIBLE TEST STRP	NP	QL(6.67 ea daily); RX/OTC
SUPREME TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
SURE EDGE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
SURECHEK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
TELCARE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(6.67 ea daily); RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
TRUE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
TRUE TRACK BLOOD GLUCOSE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE TRACK TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE TRACK TEST STRP	NP	QL(6.67 ea daily); RX/OTC
ULTIMA TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRATRAK PRO TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
ULTRATRAK ULTIMATE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
UNISTRIP1 GENERIC STRP	NP	QL(6.67 ea daily); RX/OTC
VICTORY AGM-4000 TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
VOCAL POINT BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC
WAVESENSE PRESTO TEST STRIPS STRP	NP	QL(6.67 ea daily); RX/OTC

**DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

Dietary Management Products		
ENLYTE CAPS	2	
FOSTEUM PLUS CAPS	2	
FOVEX CAPS	2	
GABADONE CAPS	2	
HYPERTENSA CAPS	2	
LEXAZIN CAPS	2	
LIPICHOL 540 CAPS	2	
LISTER-V CAPS	2	
MACUZIN CAPS	2	
METHAVER CAPS	2	
METHAZEL CAPS	2	
NEUREPA CAPS	2	
OMNIQUIN CAPS	2	
PERCURA CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
PULMONA CAPS	2	
RHEUMATE CAPS	2	
RIBOZEL CAPS	2	
SENTRA AM CAPS	2	
SENTRA PM CAPS	2	
SODIUM POLYSULFATHIONATE/FOLIC ACID CAPS	2	
SULFZIX CAPS	2	
T-SUPPORT MAX CAPS	2	
THERAMINE CAPS	2	
TL-ICARE CAPS	2	
TOBAKIENT CAPS	2	
TREPADONE CAPS	2	
VAYARIN PLUS CAPS	2	
VAYAROL CAPS	2	
ZAVITROL CAPS	2	
Nutritional Supplements		
AMINO PM RMS CAPS	2	RX/OTC
ANTI-INFLAMMATORY ENZYMEFORMULA CAPS	2	RX/OTC
ANTIOXIDANT FORMULA CAPS	2	RX/OTC
BIO-IMMUNEX CAPS	2	RX/OTC
BROMASE CAPS	2	RX/OTC
CARDIO COMPLETE CAPS	2	RX/OTC
CHRONOVISION CAPS	2	RX/OTC
ESTROVEN WEIGHT MANAGEMENT CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HOMOCYSTEINE SUPPORT CAPS	2	RX/OTC
KIDNEY CAPS 200 MG	2	RX/OTC
LITHATE CAPS	2	RX/OTC
MALE SUPPORT CAPS	2	RX/OTC
METHIONINE-200 CAPS	2	RX/OTC
<i>nutritional supplements caps 30 mg, 140 mg, 750 mg, 15mg-50mg, 30mg-300mg, 50mg-500mg, 700mg-50mg, 166.67mg-500mg, 400mg-90mg-200mg-60mg, 33mg-400mg-33mg-80mg-500mg, 160mg-5mg-1mg-50mcg-50unit-7.5mg-75mcg,</i>	1	RX/OTC
OVARY CAPS	2	RX/OTC
PROS-TECH PLUS CAPS	2	RX/OTC
PROSTATE 2.4 CAPS	2	RX/OTC
PROTEOLIN CAPS	2	RX/OTC
SALMON OIL CAPS 200MG-1000MG-90MG-110MG	2	RX/OTC
SILICA CAPS	2	RX/OTC
SODIUM BENZOATE CAPS OR	2	RX/OTC
SYTRINOL CAPS	2	RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	
PANCREAZE CPEP	NP	
PERTZYE CPEP	NP	
SUCRAID SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
VIOKACE TABS	NP	
ZENPEP CPEP	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 or 500 mg</i>	1	
<i>acetazolamide tabs or 125 mg, 250 mg</i>	1	
DIAMOX CP12 (Use Acetazolamide)	NP	
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	
NEPTAZANE TABS (Use Methazolamide)	NP	
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NP	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NP	QL(1 ea daily)
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NP	QL(1 ea daily)
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NP	QL(1 ea daily)
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide caps</i>	1	QL(1 ea daily)
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
<b>Loop Diuretics</b>		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX TABS (Use Bumetanide)	NP	

Drug Name	Drug Tier	Requirements/Limits
DEMADEX TABS 10 MG (Use <i>Torsemide</i> )	NP	QL(1 ea daily)
DEMADEX TABS 20 MG (Use <i>Torsemide</i> )	NP	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	2	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use <i>Furosemide</i> )	NP	
<i>torsemide tabs 20 mg</i>	1	
<i>torsemide tabs 5 mg, 10 mg, 100 mg</i>	1	QL(1 ea daily)
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS (Use <i>Spironolactone</i> )	NP	
<i>amiloride hcl tabs or</i>	1	QL(4 ea daily)
<i>spironolactone tabs or 25 mg, 50 mg, 100 mg</i>	1	
<b>Thiazides and Thiazide-Like Diuretics</b>		
CHLOROTHIAZIDE TABS 250 MG	2	QL(2 ea daily)
<i>chlorothiazide tabs 500 mg</i>	1	QL(4 ea daily)
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps or 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs or 25 mg, 50 mg</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS (Use <i>Hydrochlorothiazide</i> )	NP	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 150 MG (Use <i>Risedronate Sodium</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 35 MG (Use <i>Risedronate Sodium</i> )	NP	4 per 28 days;QL(4 ea per 28 days retail)
ACTONEL TABS 5 MG, 30 MG (Use <i>Risedronate Sodium</i> )	NP	QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	2	QL(10.8 ml daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
ALENDRONATE SODIUM TABS 5 MG, 40 MG	2	QL(1 ea daily)
AELVIA TBEC (Use <i>Risedronate Sodium</i> )	NP	
BINOSTO TBEF	NP	
BONIVA SOLN IV 3 MG/3ML (Use <i>Ibandronate Sodium</i> )	NP	PA; SP
BONIVA TABS OR 150 MG (Use <i>Ibandronate Sodium</i> )	NP	
<i>calcitonin (salmon) soln</i>	1	QL(4 ml per 30 days retail)
ETIDRONATE DISODIUM TABS	2	
EVENITY SOSY	2	PA; SP
FORTEO SOLN	2	PA; SP
FOSAMAX PLUS D TABS	NP	
FOSAMAX TABS (Use <i>Alendronate Sodium</i> )	NP	QL(0.15 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	1	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	
MIACALCIN SOLN	2	QL(2 ml per 30 days retail)
NATPARA CART	2	PA; SP
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	1	PA; SP



Drug Name	Drug Tier	Requirements/ Limits
PAMIDRONATE DISODIUM SOLN 6 MG/ML	2	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	2	PA; SP
PROLIA SOSY	2	PA; SP
RECLAST SOLN ( <i>Use Zoledronic Acid</i> )	NP	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	
<i>risedronate sodium tabs 35 mg</i>	1	4 per 28 days; QL(4 ea per 28 days retail)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	QL(1 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	
XGEVA SOLN	2	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	1	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	2	PA; SP
<i>zoledronic acid soln 5 mg/100ml</i>	1	PA; SP
ZOMETA CONC 4 MG/5ML ( <i>Use Zoledronic Acid</i> )	NP	PA; SP
ZOMETA SOLN 4 MG/100ML	2	PA; SP
<b>Corticotropin</b>		
ACTHAR GEL	2	PA; SP
<b>Fertility Regulators</b>		
BRAVELLE SOLR	2	PA; SP
CHORIONIC GONADOTROPIN SOLR IM	2	PA; SP
FOLLISTIM AQ SOLN	2	PA; SP
GONAL-F RFF REDIJECT SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
GONAL-F RFF SOLR	2	PA; SP
GONAL-F SOLR	2	PA; SP
HCG SOLR	2	PA; SP
MENOPUR SOLR	2	PA; SP
NOVAREL SOLR	2	PA; SP
OVIDREL INJ	2	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	2	PA; SP
<b>GnRH/LHRH Antagonists</b>		
CETROTIDE KIT	2	PA; SP
<i>ganirelix acetate soln</i>	1	PA; SP
GANIRELIX ACETATE SOLN ( <i>Use Ganirelix Acetate</i> )	NP	PA; SP
ORLISSA TABS	2	PA; SP
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR	2	PA; SP
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA SOLR	2	PA; SP
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SOLR	2	PA; SP
GENOTROPIN SOLR	2	PA; SP
HUMATROPE COMBO PACK SOLR	NP	SP
HUMATROPE SOLR	NP	SP
NORDITROPIN FLEXPRO SOLN	2	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	NP	SP
NUTROPIN AQ NUSPIN 20 SOLN	NP	SP

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 5 SOLN	NP	SP
OMNITROPE SOLN	NP	SP
OMNITROPE SOLR	NP	SP
SAIZEN CLICK.EASY SOLR	NP	SP
SAIZEN SOLR	NP	SP
SAIZENPREP RECONSTITUTIONKIT SOLR	NP	SP
SEROSTIM SOLR	NP	SP
ZOMACTON SOLR	NP	SP
ZORBTIVE SOLR	NP	SP
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>Use Raloxifene HCl</i> )	NP	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	2	PA; SP
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
LUPANETA PACK KIT	2	PA; SP
LUPRON DEPOT-PED (1-MONTH) KIT	2	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT	2	PA; SP
SUPPRELIN LA KIT	2	PA; SP
SYNAREL SOLN	2	PA; SP
<b>Metabolic Modifiers</b>		
ALDURAZYME SOLN	2	PA; SP
BUPHENYL POWD ( <i>Use Sodium Phenylbutyrate</i> )	NP	PA; SP
BUPHENYL TABS ( <i>Use Sodium Phenylbutyrate</i> )	NP	PA; SP
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CARBAGLU TABS	CO	
CARNITOR SF SOLN ( <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 OR 330 MG ( <i>Use Levocarnitine (Metabolic Modifiers)</i> )	NP	QL(3 ea daily); RX/OTC
<i>cinacalcet hcl tabs</i>	1	PA; SP
CRYSVITA SOLN	2	PA; SP
CYSTADANE POWD	2	PA; SP
ELAPRASE SOLN	2	PA; SP
FABRAZYME SOLR	2	PA; SP
GALAFOLD CAPS	2	PA; QL(0.5 ea daily); SP
KANUMA SOLN	2	PA; SP
KUVAN PACK	2	PA; SP
KUVAN TBSO	2	PA; SP
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	1	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	QL(3 ea daily); RX/OTC
LUMIZYME SOLR	2	PA; SP
MYALEPT SOLR	2	PA; SP
NAGLAZYME SOLN	2	PA; SP
ORFADIN CAPS	2	PA; SP
ORFADIN SUSP	2	PA; SP
PALYNZIQ SOSY	2	PA; SP
<i>paricalcitol soln iv 2 mcg/ml, 5 mcg/ml</i>	1	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PARSABIV SOLN	2	PA; SP
RAVICTI LIQD	CO	
REVCIVI SOLN	2	PA; SP
ROCALTRON CAPS 0.25 MCG, 0.5 MCG (Use Calcitriol)	NP	
SENSIPAR TABS (Use Cinacalcet HCl)	NP	PA; SP
sodium phenylbutyrate powd or 3 gm/tsp	1	PA; SP
sodium phenylbutyrate tabs or 500 mg	1	PA; SP
STRENSIQ SOLN	2	PA; SP
VIMIZIM SOLN	2	PA; SP
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (Use Paricalcitol)	NP	PA; SP
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	NP	PA; SP
DDAVP SOLN NA 0.01 %	2	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	NP	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (Use Desmopressin Acetate)	NP	QL(6 ea daily)
desmopressin acetate soln ij 4 mcg/ml	1	PA; SP
desmopressin acetate spray refrigerated soln	1	QL(5 ml per fill retail)
desmopressin acetate spray soln	1	QL(5 ml per fill retail)
desmopressin acetate tabs or 0.1 mg, 0.2 mg	1	QL(6 ea daily)
STIMATE SOLN	CO	
<b>Somatostatic Agents</b>		
octreotide acetate soln	1	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT KIT	2	PA; SP
SANDOSTATIN SOLN (Use Octreotide Acetate)	NP	PA; SP
SIGNIFOR LAR SRER	2	PA; SP
SIGNIFOR SOLN	2	PA; SP
SOMATULINE DEPOT SOLN	2	PA; SP
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS 15 MG, 30 MG	2	PA; SP
JYNARQUE TBPK	2	PA
SAMSCA TABS	2	PA; SP
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA TABS (Use Estradiol & Norethindrone Acetate)	NP	
COMBIPATCH PTTW	2	QL(8 ea per 28 days retail)
estradiol & norethindrone acetate tabs	1	
FEMHRT LOW DOSE TABS (Use Norethindrone Acetate-Ethinyl Estradiol)	NP	
norethindrone acetate-ethinyl estradiol tabs	0	
PREMPHASE TABS	2	QL(1 ea daily)
PREMPRO TABS	2	QL(1 ea daily)
<b>Estrogens</b>		
ALORA PTTW	2	QL(0.29 ea daily)
CLIMARA PTWK (Use Estradiol)	NP	QL(12 ea per 90 days retail)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (Use Estradiol)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	QL(12 ea per 90 days retail)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	2	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	2	QL(2 ea daily)
MINIVELLE PTTW ( <i>Use Estradiol</i> )	NP	QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	2	QL(1 ea daily)
VIVELLE-DOT PTTW ( <i>Use Estradiol</i> )	NP	QL(0.29 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
AVELOX TABS OR 400 MG ( <i>Use Moxifloxacin HCl</i> )	NP	
CIPRO SUSR 5 GM/100ML	2	
CIPRO SUSR 500 MG/5ML ( <i>Use Ciprofloxacin</i> )	2	
CIPRO TABS 250 MG, 500 MG ( <i>Use Ciprofloxacin HCl</i> )	NP	
CIPROFLOXACIN ER TB24	2	
CIPROFLOXACIN HCL TABS OR 100 MG	2	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs or 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	
LEVAQUIN TABS ( <i>Use Levofloxacin</i> )	NP	QL(1 ea daily, 14 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin soln or 25 mg/ml</i>	1	
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	QL(1 ea daily, 14 ea per fill retail)
<i>moxifloxacin hcl tabs or 400 mg</i>	1	
OFLOXACIN TABS 300 MG	2	QL(56 ea per fill retail)
<i>ofloxacin tabs 400 mg</i>	1	QL(56 ea per fill retail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Antiflatulents</b>		
GAS-X CHEW ( <i>Use Simethicone</i> )	NP	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP ( <i>Use Simethicone</i> )	NP	QL(45 ml per fill retail)
MYLICON INFANTS GAS RELIEF SUSP ( <i>Use Simethicone</i> )	NP	QL(45 ml per fill retail)
MYLICON SUSP ( <i>Use Simethicone</i> )	NP	QL(45 ml per fill retail)
<i>simethicone chew or 80 mg</i>	1	
<i>simethicone liqd or 20 mg/0.3ml, 40 mg/0.6ml</i>	1	QL(30 ml per fill retail)
<i>simethicone susp or 20 mg/0.3ml, 40 mg/0.6ml</i>	1	QL(45 ml per fill retail)
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM CAPS	2	PA; QL(5 ea daily); SP
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA TABS	2	PA; SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <i>Use Ursodiol</i> )	NP	QL(3 ea daily)
CHENODAL TABS	2	PA; SP
URSO 250 TABS ( <i>Use Ursodiol</i> )	NP	QL(7 ea daily)
<i>ursodiol caps or 300 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol tabs or 250 mg</i>	1	QL(7 ea daily)
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	
REGLAN TABS (Use Metoclopramide HCl)	NP	
<b>Inflammatory Bowel Agents</b>		
AZULFIDINE EN-TABS TBEC (Use Sulfasalazine)	NP	
AZULFIDINE TABS (Use Sulfasalazine)	NP	
<i>balsalazide disodium caps</i>	1	QL(9 ea daily)
CANASA SUPP (Use Mesalamine)	2	
CIMZIA KIT	NP	SP
CIMZIA STARTER KIT KIT	NP	SP
COLAZAL CAPS (Use Balsalazide Disodium)	NP	QL(9 ea daily)
DIPENTUM CAPS	NP	
ENTYVIO SOLR	NP	SP
GIAZO TABS	NP	
INFLECTRA SOLR	NP	SP
LIALDA TBEC (Use Mesalamine)	2	
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm, 800 mg</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(3 ea daily)
<i>mesalamine w/ cleanser kit</i>	1	
REMICADE SOLR	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ROWASA KIT (Use Mesalamine w/ Cleanser)	NP	
SFROWASA ENEM	NP	
<i>sulfasalazine tabs or</i>	1	
<i>sulfasalazine tbec or</i>	1	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy) soln</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
LINZESS CAPS 145 MCG, 290 MCG	2	PA; SP
<b>Phosphate Binder Agents</b>		
AURYXIA TABS	NP	
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (Use Calcium Acetate (Phosphate Binder))	NP	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	NP	
FOSRENOL PACK 750 MG, 1000 MG	NP	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	NP	
RENAGEL TABS 400 MG	2	
RENAGEL TABS 800 MG (Use Sevelamer HCl)	2	
RENVELA PACK (Use Sevelamer Carbonate)	NP	
RENVELA TABS (Use Sevelamer Carbonate)	NP	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer hcl tabs</i>	1	
SEVELAMER HYDROCHLORIDE TABS	2	
VELPHORO CHEW	NP	
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX KIT	2	PA; SP
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) tbc 540 mg, 1080 mg</i>	1	
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	1	
<i>sodium citrate &amp; citric acid soln</i>	1	QL(16.67 ml daily); RX/OTC
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	NP	
UROKIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	NP	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	2	PA; SP
PROCYSBI CPDR	2	PA; SP
<b>Genitourinary Irrigants</b>		
<i>sodium chloride (gu irrigant) soln</i>	1	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1	
AVODART CAPS (Use Dutasteride)	NP	
<i>dutasteride caps or</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs or</i>	1	QL(1 ea daily)
FLOMAX CAPS (Use Tamsulosin HCl)	NP	QL(2 ea daily)
JALYN CAPS (Use Dutasteride-Tamsulosin HCl)	NP	
PROSCAR TABS (Use Finasteride)	NP	QL(1 ea daily)
RAPAFLO CAPS 4 MG	NP	
RAPAFLO CAPS 4 MG, 8 MG (Use Silodosin)	NP	
<i>silodosin caps</i>	1	
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
UROXATRAL TB24 (Use Alfuzosin HCl)	NP	
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs or 100 mg, 200 mg</i>	1	
PYRIDIDIUM TABS (Use Phenazopyridine HCl)	NP	
<b>Urinary Stone Agents</b>		
THIOLA TABS	2	PA; SP
<b>Vesicoureteral Reflux (VUR) Agents</b>		
DEFLUX PRSY	2	PA; SP
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	
<b>Gout Agents</b>		
<i>allopurinol tabs or 100 mg, 300 mg</i>	1	
COLCHICINE TABS OR	NP	
<i>colchicine tabs or</i>	1	1 fill per 30 days;QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
COLCRYS TABS	2	1 fill per 30 days; QL(6 ea per fill retail)
KRYSTEXXA SOLN	2	PA; SP
ZYLOPRIM TABS ( <i>Use Allopurinol</i> )	NP	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ADVATE SOLR	CO	
ADYNOVATE SOLR	CO	
AFSTYLA KIT	CO	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	CO	
ALPHANINE SD SOLR	CO	
ALPROLIX SOLR	CO	
BEBULIN SOLR	CO	
BENEFIX KIT	CO	
COAGADEX SOLR	CO	
CORIFACT KIT	CO	
ELOCTATE SOLR	CO	
FEIBA SOLR	CO	
FIBRYGA SOLR	CO	
HELIXATE FS KIT	CO	
HEMLIBRA SOLN	CO	
HEMOFIL M SOLR	CO	
HUMATE-P SOLR	CO	

Drug Name	Drug Tier	Requirements/ Limits
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	CO	
IDELVION SOLR 3500 UNIT	CO	SP
IXINITY SOLR	CO	
KCENTRA KIT	CO	
KOATE SOLR	CO	
KOATE-DVI SOLR	CO	
KOGENATE FS BIO-SET KIT	CO	
KOGENATE FS KIT	CO	
KOVALTRY SOLR	CO	
MONOCLATE-P KIT	CO	
MONONINE SOLR	CO	
NOVOEIGHT SOLR	CO	
NOVOSEVEN RT SOLR	CO	
NUWIQ KIT	CO	
NUWIQ SOLR	CO	
OBIZUR SOLR	CO	
PROFILNINE SD SOLR	CO	
PROFILNINE SOLR	CO	
REBINYN SOLR	CO	SP
RECOMBINATE SOLR	CO	
RIASTAP SOLR	CO	
RIXUBIS SOLR	CO	
TRETTEN SOLR	CO	
VONVENDI SOLR	CO	

Drug Name	Drug Tier	Requirements/Limits
WILATE KIT	CO	
XYNTHA KIT	CO	
XYNTHA SOLOFUSE KIT	CO	
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SOLN ( <i>Use Icatibant Acetate</i> )	NP	PA; SP
<i>icatibant acetate soln</i>	1	PA; SP
<b>Complement Inhibitors</b>		
BERINERT KIT	2	PA; SP
CINRYZE SOLR	2	PA; SP
RUCONEST SOLR	2	PA; SP
SOLIRIS SOLN	2	PA; SP
ULTOMIRIS SOLN	2	PA; SP
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE TABS	2	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr or</i>	1	
<b>Human Protein C</b>		
CEPROTIN SOLR	2	PA; SP
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SOLN	2	PA; SP
TAKHZYRO SOLN	2	PA
<b>Plasma Proteins</b>		
THROMBATE III SOLR	2	PA; SP
THROMBATE III W/10 ML STERILE WATER SOLR	2	PA; SP
THROMBATE III W/20 ML STERILE WATER SOLR	2	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX CP12 ( <i>Use Aspirin-Dipyridamole</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole cp12</i>	1	
ASPIRIN/OMEPRazole ER TBEC	2	
ASPIRIN/OMEPRazole TBEC	NP	
BRILINTA TABS	2	QL(2 ea daily)
CABLIVI KIT	2	PA; SP
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	1	
DURLAZA CP24	NP	
EFFIENT TABS ( <i>Use Prasugrel HCl</i> )	NP	QL(1 ea daily)
PLAVIX TABS 300 MG ( <i>Use Clopidogrel Bisulfate</i> )	NP	
PLAVIX TABS 75 MG ( <i>Use Clopidogrel Bisulfate</i> )	NP	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
YOSPRALA TBEC	NP	
ZONTIVITY TABS	NP	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS	2	PA; SP
CEREZYME SOLR	2	PA; SP
ELELYSO SOLR	2	PA; SP
<i>miglustat caps</i>	1	PA; SP
VPRIV SOLR	2	PA; SP
ZAVESCA CAPS ( <i>Use Miglustat</i> )	NP	PA; SP



Drug Name	Drug Tier	Requirements/ Limits
<b>Agents for Sickle Cell Anemia</b>		
DROXIA CAPS	2	
SIKLOS TABS	2	PA
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	
<b>Folic Acid/Folates</b>		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	1	QL(1 ea daily)
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN	NP	SP
ARANESP ALBUMIN FREE SOSY	NP	SP
DOPTELET TABS	2	PA; SP
EPOGEN SOLN	2	PA; SP
FULPHILA SOSY	2	PA; SP
GRANIX SOLN	2	PA; SP
GRANIX SOSY	2	PA; SP
LEUKINE SOLR	2	PA; SP
MIRCERA SOSY	2	PA; SP
MULPLETA TABS	2	PA; SP
NEULASTA ONPRO KIT PSKT	2	PA; SP
NEULASTA SOSY	2	PA; SP
NEUPOGEN SOLN	2	PA; SP
NEUPOGEN SOSY	2	PA; SP
NIVESTYM SOLN 300 MCG/ML, 480 MCG/1.6ML	2	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA

Drug Name	Drug Tier	Requirements/ Limits
NPLATE SOLR	2	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	NP	SP
PROMACTA PACK 12.5 MG	2	PA
PROMACTA TABS 25 MG, 50 MG, 75 MG, 12.5 MG	2	PA; SP
RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	2	PA; SP
UDENYCA SOSY	2	PA; SP
ZARXIO SOSY	2	PA; SP
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	1	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>Use Ferrous Sulfate</i> )	NP	QL(3.4 ml daily)
FERRETT'S TABS	2	QL(2 ea daily)
<i>ferrous fumarate tabs or 324 mg</i>	1	QL(2 ea daily)
<i>ferrous gluconate tabs or 27 mg, 240 mg</i>	1	
FERROUS GLUCONATE TABS OR 324 MG	2	
<i>ferrous sulfate dried tbc 160 mg</i>	1	
<i>ferrous sulfate elix or 220 mg/5ml</i>	1	QL(16 ml daily)
<i>ferrous sulfate soln or 15 mg/ml</i>	1	QL(3.4 ml daily)
<i>ferrous sulfate tabs or 28 mg, 65 mg, 325 mg</i>	1	
FERROUS SULFATE TBEC OR 324 MG	2	
<i>ferrous sulfate tbec or 325 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMOCYTE TABS ( <i>Use Ferrous Fumarate</i> )	NP	QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	2	
<i>polysaccharide iron complex caps</i>	1	QL(1 ea daily)
<b>Stem Cell Mobilizers</b>		
MOZOBIL SOLN	2	PA; SP
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR SOLN 0.25 GM/ML	2	PA; SP
AMICAR TABS 1000 MG ( <i>Use Aminocaproic Acid</i> )	NP	PA; SP
AMICAR TABS 500 MG ( <i>Use Aminocaproic Acid</i> )	NP	PA; QL(24 ea per fill retail); SP
<i>aminocaproic acid soln iv 250 mg/ml</i>	1	PA; SP
<i>aminocaproic acid tabs or 1000 mg</i>	1	PA; SP
<i>aminocaproic acid tabs or 500 mg</i>	1	PA; QL(24 ea per fill retail); SP
LYSTEDA TABS ( <i>Use Tranexamic Acid</i> )	NP	QL(30 ea per 5 days retail); AL(At least 12 yrs old)
<i>tranexamic acid tabs or 650 mg</i>	1	QL(30 ea per 5 days retail); AL(At least 12 yrs old)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	1	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	1	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	1	
<i>doxylamine succinate (sleep) tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NYTOL MAXIMUM STRENGTH TABS ( <i>Use Diphenhydramine HCl (Sleep)</i> )	NP	
UNISOM SLEEPGELS CAPS ( <i>Use Diphenhydramine HCl (Sleep)</i> )	NP	
UNISOM SLEEPTABS TABS ( <i>Use Doxylamine Succinate (Sleep)</i> )	NP	
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix or 20 mg/5ml</i>	1	
<i>phenobarbital soln or 20 mg/5ml</i>	1	
<i>phenobarbital tabs or 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
<b>Hypnotics - Tricyclic Agents</b>		
SILENOR TABS	NP	
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN CR TBCR ( <i>Use Zolpidem Tartrate</i> )	NP	
AMBIEN TABS ( <i>Use Zolpidem Tartrate</i> )	NP	QL(1 ea daily)
DORAL TABS	NP	
EDLUAR SUBL	NP	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	
FLURAZEPAM HCL CAPS	2	QL(1 ea daily)
HALCION TABS ( <i>Use Triazolam</i> )	NP	QL(1 ea daily)
INTERMEZZO SUBL ( <i>Use Zolpidem Tartrate</i> )	NP	
LUNESTA TABS ( <i>Use Eszopiclone</i> )	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>midazolam hcl soln ij 5 mg/ml, 2 mg/2ml, 5 mg/5ml, 10 mg/2ml, 25 mg/5ml, 10 mg/10ml, 50 mg/10ml</i>	1	
QUAZEPAM TABS	NP	
RESTORIL CAPS 15 MG, 30 MG ( <i>Use Temazepam</i> )	NP	QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS 7.5 MG, 22.5 MG ( <i>Use Temazepam</i> )	NP	
SONATA CAPS ( <i>Use Zaleplon</i> )	NP	QL(1 ea daily)
<i>temazepam caps 15 mg, 30 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam caps 7.5 mg, 22.5 mg</i>	1	
<i>triazolam tabs</i>	1	QL(1 ea daily)
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate subl sl 3.5 mg, 1.75 mg</i>	1	
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbc or 12.5 mg, 6.25 mg</i>	1	
ZOLPIMIST SOLN	NP	
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS	NP	
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	2	PA; SP
<i>ramelteon tabs</i>	NP	
ROZEREM TABS ( <i>Use Ramelteon</i> )	NP	
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil tabs</i>	1	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EVAC POWD ( <i>Use Psyllium</i> )	NP	
FIBERCON TABS ( <i>Use Calcium Polycarbophil</i> )	NP	QL(10 ea daily)
KONSYL DAILY FIBER POWD 100 % ( <i>Use Psyllium</i> )	NP	
KONSYL ORIGINAL FORMULADAILY FIBER POWD ( <i>Use Psyllium</i> )	NP	
METAMUCIL CAPS 0.52 GM ( <i>Use Psyllium</i> )	NP	
METAMUCIL ORIGINAL TEXTURE POWD ( <i>Use Psyllium</i> )	NP	
METAMUCIL POWD 48.57 % ( <i>Use Psyllium</i> )	NP	
<i>psyllium caps 0.52 gm, 520 mg</i>	1	
<i>psyllium powd 30 %, 33 %, 68 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %,</i>	1	
<b>Laxative Combinations</b>		
COLYTE-FLAVOR PACKS SOLR ( <i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i> )	NP	QL(4000 ml per fill retail)
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM ( <i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i> )	NP	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR ( <i>Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i> )	NP	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	1	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium tabs</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SENOKOT S TABS (Use Sennosides-Docusate Sodium)	NP	QL(4 ea daily)
<b>Laxatives - Miscellaneous</b>		
<i>glycerin (laxative) supp 2 gm</i>	1	
GLYCERIN ADULT SUPP (Use Glycerin (Laxative))	NP	
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
MIRALAX PACK (Use Polyethylene Glycol 3350)	NP	RX/OTC
MIRALAX POWD (Use Polyethylene Glycol 3350)	NP	QL(34 gm daily); RX/OTC
<i>polyethylene glycol 3350 pack or</i>	1	RX/OTC
<i>polyethylene glycol 3350 powd or</i>	1	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	2	
<b>Saline Laxatives</b>		
FLEET ENEMA ENEM (Use Sodium Phosphates)	NP	
FLEET ENEMA SIX PACK ENEM (Use Sodium Phosphates)	NP	
FLEET PEDIATRIC ENEM (Use Sodium Phosphates)	NP	
<i>magnesium citrate soln or 1.745gm/30ml, 1.745 gm/30ml,</i>	1	
<i>magnesium hydroxide susp or 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml,</i>	1	QL(33 ml daily)
<i>sodium phosphates enem</i>	1	
<b>Stimulant Laxatives</b>		
<i>bisacodyl supp re 10 mg</i>	1	QL(12 ea per fill retail)
<i>bisacodyl tbec or 5 mg</i>	1	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (Use Bisacodyl)	NP	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (Use Bisacodyl)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>sennosides tabs 8.6 mg</i>	1	
SENOKOT TABS (Use Sennosides)	NP	
<b>Surfactant Laxatives</b>		
COLACE CAPS (Use Docusate Sodium)	NP	QL(3 ea daily)
COLACE CLEAR CAPS (Use Docusate Sodium)	NP	
<i>docusate sodium caps or 100 mg, 250 mg</i>	1	QL(3 ea daily)
<i>docusate sodium caps or 50 mg</i>	1	
<i>docusate sodium liqd or 50 mg/5ml, 150 mg/15ml</i>	1	
<i>docusate sodium syrps or 60 mg/15ml</i>	1	
<i>docusate sodium tabs or 100 mg</i>	1	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
AZITHROMYCIN PACK OR 1 GM	2	
<i>azithromycin susr or 100 mg/5ml</i>	1	QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	1	QL(30 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea daily)
<i>azithromycin tabs or 600 mg</i>	1	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM	NP	
ZITHROMAX SUSR OR 100 MG/5ML (Use Azithromycin)	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (Use Azithromycin)	NP	QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NP	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TABS OR 500 MG ( <i>Use Azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG ( <i>Use Azithromycin</i> )	NP	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS ( <i>Use Azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS ( <i>Use Azithromycin</i> )	NP	QL(6 ea per fill retail)
ZMAX SUSR	NP	
<b>Clarithromycin</b>		
<i>clarithromycin susr or 125 mg/5ml, 250 mg/5ml</i>	1	QL(200 ml per fill retail)
CLARITHROMYCIN SUSR OR 125 MG/5ML, 250 MG/5ML	2	QL(200 ml per fill retail)
<i>clarithromycin tabs or 250 mg, 500 mg</i>	1	QL(28 ea per fill retail)
<i>clarithromycin tb24 or 500 mg</i>	1	QL(14 ea per fill retail)
<b>Erythromycins</b>		
E.E.S. 400 TABS	2	
E.E.S. GRANULES SUSR ( <i>Use Erythromycin Ethylsuccinate</i> )	2	
ERYPED 200 SUSR ( <i>Use Erythromycin Ethylsuccinate</i> )	2	
ERYPED 400 SUSR ( <i>Use Erythromycin Ethylsuccinate</i> )	NP	
ERYTHROCIN STEARATE TABS	NP	
<i>erythromycin base cpep 250 mg</i>	1	
<i>erythromycin base tabs 250 mg, 500 mg</i>	1	
<i>erythromycin base tbec 250 mg, 333 mg, 500 mg</i>	NP	
<i>erythromycin ethylsuccinate susr or 200 mg/5ml, 400 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCIN ETHYLSUCCINATE TABS OR 400 MG	2	
PCE TBEC	NP	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
ALCOHOL PREP PADS-MISC	2	OTC
<b>Contraceptives</b>		
CONDOMS-MISC	2	QL(36 ea per fill retail)
<b>Diabetic Supplies</b>		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
ACCU-CHEK AVIVA CONNECT KIT	NP	Limit 1 every 2 years;RX/OTC
ACCU-CHEK AVIVA DEVI XX	NP	Limit 1 every 2 years
ACCU-CHEK AVIVA PLUS KIT XX	NP	Limit 1 every 2 years;RX/OTC
ACCU-CHEK COMPACT PLUS CARE KIT KIT	NP	Limit 1 every 2 years
ACCU-CHEK FASTCLIX LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ACCU-CHEK GUIDE KIT XX	NP	Limit 1 every 2 years;RX/OTC
ACCU-CHEK GUIDE ME KIT	NP	Limit 1 every 2 years;RX/OTC
ACCU-CHEK MULTICLIX LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ACCU-CHEK NANO SMARTVIEW KIT	NP	Limit 1 every 2 years;RX/OTC
ACCU-CHEK SAFE-T-PRO LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SOFT TOUCH LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	NP	
ACCU-CHEK SOFTCLIX LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ACCUTREND PLUS DEVI	2	
ACTI-LANCE LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	NP	200 / month;QL(6.67 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	NP	200 / month;QL(6.67 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	NP	200 / month;QL(6.67 ea daily)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC	NP	200 / month;QL(6.67 ea daily)
ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ADVANCE MICRO-DRAW METER DEVI	NP	Limit 1 every 2 years
ADVANCED MOBILE LANCET 30G MISC	2	200 per month;QL(6.67 ea daily)
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	NP	Limit 1 every 2 years;RX/OTC
ADVOCATE DUO/TALKING DEVI	NP	
ADVOCATE DUO/TALKING KIT	NP	
ADVOCATE LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
ADVOCATE LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ADVOCATE REDI-CODE DEVI XX	NP	Limit 1 every 2 years
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	Limit 1 every 2 years
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
ADVOCATE REDI-CODE+/ TALKING KIT	NP	Limit 1 every 2 years;RX/OTC
ADVOCATE REDI-CODE/TALKING KIT	NP	Limit 1 every 2 years;RX/OTC
ADVOCATE SAFETY LANCETS 26G MISC	NP	200 / month;QL(6.67 ea daily)
ADVOCATE SAFETY LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	Limit 1 every 2 years
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	Limit 1 every 2 years;RX/OTC
AGAMATRIX PRESTO KIT	NP	Limit 1 every 2 years;RX/OTC
AGAMATRIX PRESTO PRO METER DEVI	NP	Limit 1 every 2 years
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
AIMSCO TWIST LANCETS 32G MISC	2	200 / month;QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
AQUALANCE LANCETS ULTRA THIN 30G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE 3 METER KIT	NP	Limit 1 every 2 years
ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE LANCE LANCETS 21G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE LANCE LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
AT LAST BLOOD GLUCOSE SYSTEM KIT	NP	Limit 1 every 2 years
AT LAST LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G MISC	2	200 / month;QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	2	200 / month;QL(6.67 ea daily)
BAYER CONTOUR LINK 2.4 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
BD LANCET ULTRAFINE 30G MISC	2	200 / month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G MISC	NP	200 / month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 33G MISC	NP	200 / month;QL(6.67 ea daily)
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	Limit 1 every 2 years;RX/OTC
BD MICROTAINER LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	Limit 1 every 2 years;RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	NP	Limit 1 every 2 years;RX/OTC
BULLSEYE MINI SAFETY LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
BULLSEYE SAFETY LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	Limit 1 every 2 years;RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	Limit 1 every 2 years;RX/OTC
CAREONE LANCET THIN MISC	2	200 / month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
CARETOUCH TWIST LANCETS 30G MISC	NP	
CHOICE DM DIABETES RISK IN-HOME TEST KIT KIT	NP	Limit 1 every 2 years
CLEANLET LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
CLEVER CHEK AUTO-CODE DEVI	NP	
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	NP	200 / month;QL(6.67 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	NP	200 / month;QL(6.67 ea daily)
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
COAGUCHEK LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	NP	200 / month;QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	NP	200 / month;QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	2	200 / month;QL(6.67 ea daily)



Drug Name	Drug Tier	Requirements/ Limits
COMFORT LANCETS MISC	2	200 / month;QL(6.67 ea daily)
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	Limit 1 every 2 years;RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	Limit 1 every 2 years;RX/OTC
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
CVS ADVANCED GLUCOSE METER KIT	NP	Limit 1 every 2 years;RX/OTC
CVS LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ORIGINAL MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
CVS ULTRA THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	Limit 1 every 2 years;RX/OTC
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
DIATHRIVE LANCETS MISC	2	QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	2	QL(6.67 ea daily)
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
DROPLET LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	NP	200 / month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	2	200 per month;QL(6.67 ea daily)
DUO-CARE DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC	NP	200 / month;QL(6.67 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC	NP	200 / month;QL(6.67 ea daily)
EASY COMFORT LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC	NP	
EASY PLUS BLOOD GLUCOSE MONITOR DEVI	NP	Limit 1 every 2 years
EASY PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	Limit 1 every 2 years
EASY STEP BLOOD GLUCOSE MONITOR STARTER KIT KIT	NP	Limit 1 every 2 years;RX/OTC
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	NP	Limit 1 every 2 years;RX/OTC
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EASY TWIST & CAP LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
EASYGLUCO KIT XX	NP	Limit 1 every 2 years
EASYGLUCO STARTER KIT KIT	NP	Limit 1 every 2 years
EASYMAX L BLOOD GLUCOSE SYSTEM DEVI	NP	Limit 1 every 2 years
EASYMAX L BLOOD GLUCOSE SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASYMAX N BLOOD GLUCOSE SYSTEM DEVI	NP	Limit 1 every 2 years
EASYMAX N BLOOD GLUCOSE SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	Limit 1 every 2 years
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	Limit 1 every 2 years
EASYMAX V BLOOD GLUCOSE SYSTEM/TALKING KIT	NP	Limit 1 every 2 years;RX/OTC
EASYMAX V2 SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	Limit 1 every 2 years
EASYMAX V2 SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING KIT	NP	Limit 1 every 2 years;RX/OTC
EASYPLUS R13N SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EASYPLUS V SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING KIT	NP	Limit 1 every 2 years;RX/OTC
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EASYPRO PLUS KIT XX	NP	Limit 1 every 2 years;RX/OTC
EASYTEST II LANCETS MISC	2	200 / month;QL(6.67 ea daily)
EASYTEST LANCETS MISC	2	200 / month;QL(6.67 ea daily)
ELEMENT AUTOCODE SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	Limit 1 every 2 years
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	Limit 1 every 2 years;RX/OTC
EMBRACE LANCETS ULTRA THIN 30G MISC	NP	200 / month;QL(6.67 ea daily)
EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	Limit 1 every 2 years
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	NP	
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW SOLN	NP	
EQL COLOR LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
EQL THIN LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
EVENCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
EVENCARE G2 BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
EVENCARE G3 BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
EVOLUTION AUTOCODE DEVI XX	NP	Limit 1 every 2 years
EZ SMART BLOOD GLUCOSE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
EZ SMART DIABETES MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
EZ SMART PLUS DIABETES MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
EZ-LETS LANCETS 21G MISC	NP	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 23G MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
FIFTY50 GLUCOSE METER 2.0 KIT	NP	Limit 1 every 2 years;RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	NP	200 / month;QL(6.67 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FINE 30 MISC	NP	200 / month;QL(6.67 ea daily)
FINGERSTIX LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
FORA D10 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR DEVI	NP	
FORA D15G 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR DEVI	NP	
FORA D20 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR DEVI	NP	
FORA D40 BLOOD GLUCOSE PLUS BLOOD PRESSURE MONITORING SYSTEM DEVI	NP	
FORA D40G BLOOD GLUCOSE PLUS BLOOD PRESSURE MONITORING SYSTE DEVI	NP	
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NP	Limit 1 every 2 years
FORA LANCETS MISC	2	200 / month;QL(6.67 ea daily)
FORA LANCETS MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	Limit 1 every 2 years
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT	NP	Limit 1 every 2 years
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP	Limit 1 every 2 years
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	Limit 1 every 2 years
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/Limits
FORTISCARE SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
FREESTYLE FLASH SYSTEM KIT	NP	Limit 1 every 2 years
FREESTYLE FREEDOM KIT	NP	Limit 1 every 2 years;RX/OTC
FREESTYLE FREEDOM LITE KIT	NP	Limit 1 every 2 years;RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
FREESTYLE LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
FREESTYLE SIDEKICK II VALUEPACK KIT	NP	Limit 1 every 2 years;RX/OTC
FREESTYLE SYSTEM KIT KIT	NP	Limit 1 every 2 years
FREESTYLE UNISTICK II LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
GAUZE SPONGES	2	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS MISC	NP	

Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	2	200 / month;QL(6.67 ea daily)
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GLOBAL INJECT EASE LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NP	Limit 1 every 2 years
GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	Limit 1 every 2 years;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD SHINE DEVI	NP	Limit 1 every 2 years
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD SHINE KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD SHINE XL DEVI	NP	Limit 1 every 2 years
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCARD X-METER KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	Limit 1 every 2 years
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	Limit 1 every 2 years;RX/OTC
GLUCOCOM LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
GLUCOCOM LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 33G MISC	NP	200 / month;QL(6.67 ea daily)
GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP	Limit 1 every 2 years
GNP LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
GNP SUPER THIN LANCETS/30G MISC	2	200 / month;QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	2	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	NP	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	2	200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	2	QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	2	200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS ULTRA-THIN 30G MISC	NP	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	2	QL(6.67 ea daily)
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
HAEMOLANCE MISC	NP	200 / month;QL(6.67 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	NP	200 / month;QL(6.67 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	NP	200 / month;QL(6.67 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	NP	200 / month;QL(6.67 ea daily)
HAEMOLANCE PLUS MISC	NP	200 / month;QL(6.67 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	NP	200 / month;QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
HY-VEE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
IBG STAR BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
IN TOUCH DEVI	NP	Limit 1 every 2 years
IN TOUCH STERILE LANCETS30G MISC	NP	200 / month;QL(6.67 ea daily)
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT KIT	NP	Limit 1 every 2 years;RX/OTC
INFINITY VOICE KIT XX	NP	Limit 1 every 2 years;RX/OTC
KINNEY LANCETS MISC	2	200 / month;QL(6.67 ea daily)
KINNEY THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	Limit 1 every 2 years;RX/OTC
KROGER LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS MISC	2	200 / month;QL(6.67 ea daily)



Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	2	200 / month;QL(6.67 ea daily)
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	Limit 1 every 2 years;RX/OTC
LANCETS 26G TWIST TOP MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS 30G TWIST TOP MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS 30G/TWIST TOP MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS 31G TWIST TOP MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS MICRO THIN 33G MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS SAFETY SEAL 21G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 30G MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS SUPER THIN 28G MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS SUPER THIN 28G MISC	2	200 per month;QL(6.67 ea daily)
LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
LANCETS TWIST TOP MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS ULTRA FINE MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS ULTRA THIN 30G MISC	NP	200 / month;QL(6.67 ea daily)
LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
LANCETSBULLSEYE SAFETY MISC	NP	200 / month;QL(6.67 ea daily)
LDR BLOOD GLUCOSE TRUETEST KIT KIT	NP	Limit 1 every 2 years;RX/OTC
LIBERTY BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
LIBERTY MEDICAL LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	NP	200 / month;QL(6.67 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
LITE TOUCH LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
LITETOUCH LANCETS MICRO THIN 33G MISC	NP	200 / month;QL(6.67 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS ULTRA THIN MISC	NP	200 / month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	NP	200 / month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	NP	200 / month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	NP	200 / month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	NP	200 / month;QL(6.67 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	NP	200 / month;QL(6.67 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	NP	200 / month;QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS EXTRA LANCETS 21G MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE PLUS LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE PLUS/LITE 25G MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE/EXTRA MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE/LITE MISC	NP	200 / month;QL(6.67 ea daily)
MEDLANCE/UNIVERSAL MISC	NP	200 / month;QL(6.67 ea daily)
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	Limit 1 every 2 years;RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	Limit 1 every 2 years;RX/OTC
MEIJER SUPER THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	Limit 1 every 2 years;RX/OTC
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
MICROLET LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE MISC	NP	200 / month;QL(6.67 ea daily)
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	Limit 1 every 2 years;RX/OTC
MONOLET LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MONOLET LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
MONOLET OPD LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MONOLETTOR SAFETY LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	NP	
MPD SAFETY LANCET 28G/1.8MM MISC	NP	
MPD SAFETY LANCET 30G/1.8MM MISC	NP	
MPD SAFETY LANCETS 23G/1.8MM MISC	NP	
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
NETGROUP LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
NEUTEK 2TEK BLOOD GLUCOSE AND WRIST BLOOD PRESSURE MONITOR DEVI	NP	
NEXGEN METER KIT KIT	NP	Limit 1 every 2 years
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
NOVA SAFETY LANCETS 23G MISC	NP	200 / month;QL(6.67 ea daily)
NOVA SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
NOVA SUREFLEX LANCETS MISC	2	200 / month;QL(6.67 ea daily)
ON CALL EXPRESS BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ON CALL LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ON CALL PLUS BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
ON CALL PLUS BLOOD GLUCOSE METER KIT	NP	Limit 1 every 2 years;RX/OTC
ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ON CALL PLUS LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ON CALL VIVID BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
ON CALL VIVID BLOOD GLUCOSE METER KIT	NP	Limit 1 every 2 years;RX/OTC
ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ON CALL VIVID PAL BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
ON CALL VIVID PAL BLOOD GLUCOSE METER KIT	NP	Limit 1 every 2 years;RX/OTC
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ONETOUCH CLUB LANCETS FINE POINT MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH COMBO PACK MISC	NP	200 / month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	NP	200 / month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	NP	200 / month;QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	NP	200 / month;QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	NP	200 / month;QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ONETOUCH ULTRA 2 KIT	NP	Limit 1 every 2 years;RX/OTC
ONETOUCH ULTRA MINI KIT	NP	Limit 1 every 2 years;RX/OTC
ONETOUCH ULTRALINK SYSTEM (DEC) KIT	NP	Limit 1 every 2 years;RX/OTC
ONETOUCH ULTRALINK SYSTEM (HEX) KIT	NP	Limit 1 every 2 years;RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ONETOUCH VERIO KIT	NP	Limit 1 every 2 years;RX/OTC
ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
OPTUMRX BLOOD GLUCOSE METER KIT	NP	Limit 1 every 2 years;RX/OTC
OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
PARADIGM LINK BLOOD GLUCOSE MONITOR KIT	NP	Limit 1 every 2 years;RX/OTC
PC LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	NP	200 / month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	NP	200 / month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PIP LANCETS/28G MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS/30G MISC	NP	
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
PRECISION LINK KIT	NP	Limit 1 every 2 years;RX/OTC
PRECISION QID MONITOR DEVI	NP	Limit 1 every 2 years
PRECISION SOF-TACT MONITOR DEVI	NP	Limit 1 every 2 years
PRECISION THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PRECISION THINS GP LANCET MISC	2	200 / month;QL(6.67 ea daily)
PRECISION ULTRA LANCET MISC	2	200 / month;QL(6.67 ea daily)
PRECISION XTRA DEVI XX	NP	Limit 1 every 2 years
PRECISION XTRA KIT XX	NP	Limit 1 every 2 years
PRECISION XTRA KIT XX	NP	Limit 1 every 2 years;RX/OTC
PRECISION XTRA MONITOR DEVI	NP	Limit 1 every 2 years
PREFERRED PLUS LANCETS COLORED 21G MISC	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	NP	200 / month;QL(6.67 ea daily)
PRO COMFORT LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
PRO COMFORT LANCETS 31G MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	Limit 1 every 2 years;RX/OTC
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	Limit 1 every 2 years;RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
PRODIGY SAFETY LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	Limit 1 every 2 years;RX/OTC
PSS SELECT GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	NP	200 / month;QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PUSH BUTTON SAFETY LANCETS 28G MISC	NP	
PX LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC LANCETS SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	2	200 / month;QL(6.67 ea daily)
QUICKTEK KIT	NP	Limit 1 every 2 years;RX/OTC
QUICKTEK KIT	NP	Limit 1 every 2 years
QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
RA BLOOD GLUCOSE MONITOR DEVI	NP	Limit 1 every 2 years
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
RA TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RA TRUERESULT BLOOD GLUCOSE MONITOR KIT	NP	Limit 1 every 2 years;RX/OTC
READYLANE SAFETY LANCETS/30G/1.6MM MISC	NP	
REALITY LANCETS MISC	2	200 / month;QL(6.67 ea daily)
REALITY TRIGGER LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
REFUAH PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
RELION LANCETS MICRO-THIN33G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS STANDARD 21G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	2	200 / month;QL(6.67 ea daily)
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
RELION ULTRA THIN LANCETS30G MISC	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
REVEAL BLOOD GLUCOSE MONITOR KIT	NP	Limit 1 every 2 years;RX/OTC
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
REXALL LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
RIGHTEST GL300 LANCETS MISC	2	200 / month;QL(6.67 ea daily)
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
SAFE-T-LANCE LOW FLOW 25G MISC	NP	200 / month;QL(6.67 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	NP	200 / month;QL(6.67 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	NP	200 / month;QL(6.67 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	NP	200 / month;QL(6.67 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	NP	200 / month;QL(6.67 ea daily)
SAFETY LANCETS 21G MISC	NP	200 / month;QL(6.67 ea daily)
SAFETY LANCETS 28G MISC	NP	
SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
SAFETY LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
SAFETY LET LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
SAPS HEALTH CARE TWIST TOP LANCETS MISC	NP	
SAPSCARE TWIST TOP LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
SB LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	NP	200 / month;QL(6.67 ea daily)
SINGLE-LET MISC	NP	200 / month;QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
SMARTEST EJECT STARTER KIT KIT	NP	Limit 1 every 2 years;RX/OTC
SMARTEST LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
SMARTEST PERSONA STARTERKIT KIT	NP	Limit 1 every 2 years;RX/OTC
SMARTEST PRONTO STARTERKIT KIT	NP	Limit 1 every 2 years;RX/OTC



Drug Name	Drug Tier	Requirements/ Limits
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
SMARTEST PROTEGE STARTERKIT KIT	NP	Limit 1 every 2 years;RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	Limit 1 every 2 years
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
STERILANCE TL MISC	2	200 / month;QL(6.67 ea daily)
SUPER THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
SURE COMFORT LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
SURE COMFORT LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
SURE EDGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
SURE-LANCE FLAT LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
SURE-LANCE LANCETS 26G MISC	NP	200 / month;QL(6.67 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	NP	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP	Limit 1 every 2 years
SURE-TOUCH LANCETS UNIVERSAL MISC	NP	200 / month;QL(6.67 ea daily)
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	NP	Limit 1 every 2 years;RX/OTC
SURELITE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
TECHLITE AST LANCETS MISC	2	200 / month;QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TECHLITE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
TELCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
TGT BLOOD GLUCOSE METER MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	Limit 1 every 2 years;RX/OTC
TGT LANCET MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
THINLETS GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
THINLETS LANCET MISC	2	200 / month;QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	NP	
TRAVEL LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	NP	
TRUE COMFORT TWIST TOP LANCETS 30G MISC	NP	
TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	Limit 1 every 2 years
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	Limit 1 every 2 years
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	Limit 1 every 2 years;RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	Limit 1 every 2 years;RX/OTC
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	Limit 1 every 2 years;RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	2	
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	2	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX DEVI	NP	Limit 1 every 2 years
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	Limit 1 every 2 years;RX/OTC
TRUEPLUS LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	NP	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	NP	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	NP	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	NP	
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	NP	Limit 1 every 2 years;RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK SMART SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ULTILET CLASSIC LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ULTILET CLASSIC LANCETS MISC	2	200 / month;QL(6.67 ea daily)
ULTILET LANCETS 33G MISC	NP	200 / month;QL(6.67 ea daily)
ULTILET LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
ULTILET SAFETY LANCETS 23G MISC	NP	200 / month;QL(6.67 ea daily)
ULTIMA KIT	NP	Limit 1 every 2 years
ULTRA THIN LANCETS 31G MISC	NP	
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC
ULTRA-CARE LANCETS 30G MISC	NP	
ULTRA-THIN II AUTO LANCET MISC	NP	200 / month;QL(6.67 ea daily)
ULTRA-THIN II LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
ULTRA-THIN II LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
ULTRA-THIN II SAFETY AUTOLANCETS 26G MISC	NP	200 / month;QL(6.67 ea daily)
ULTRATRAK ACTIVE DEVI	NP	Limit 1 every 2 years
ULTRATRAK PRO DEVI	NP	Limit 1 every 2 years
ULTRATRAK ULTIMATE MONITOR DEVI	NP	Limit 1 every 2 years

Drug Name	Drug Tier	Requirements/ Limits
UNILET COMFORTOUCH LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET EXCELITE II MISC	2	200 / month;QL(6.67 ea daily)
UNILET EXCELITE MISC	2	200 / month;QL(6.67 ea daily)
UNILET G.P. LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	NP	
UNILET LANCETS SUPER-THIN30G MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	NP	
UNILET LANCETS ULTRA-THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	NP	
UNILET SUPERLITE LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNISTIK 3 GENTLE MISC	NP	200 / month;QL(6.67 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	NP	
UNISTIK PRO SAFETY LANCET 25G MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK PRO SAFETY LANCET 28G MISC	NP	
UNISTIK SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	NP	200 / month;QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	NP	200 / month;QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	NP	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
VALUMARK LANCET SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	Limit 1 every 2 years;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	Limit 1 every 2 years
VICTORY BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
VITALET PRO LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
VITALET PRO PLUS LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
VIVAGUARD LANCETS MISC	NP	
VOCAL POINT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	Limit 1 every 2 years
W&F LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
W&F LANCETS COLORED 21G MISC	2	200 / month;QL(6.67 ea daily)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	NP	200 / month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	2	200 / month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	2	200 / month;QL(6.67 ea daily)
WALGREENS LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS ULTRA THIN LANCETS MISC	NP	200 / month;QL(6.67 ea daily)
WAVESENSE AMP KIT	NP	Limit 1 every 2 years;RX/OTC
WAVESENSE KEYNOTE KIT	NP	Limit 1 every 2 years;RX/OTC
WAVESENSE KEYNOTE PRO METER DEVI	NP	Limit 1 every 2 years
<b>Misc. Devices</b>		
14-COUNT WARMER MISC	2	RX/OTC
2-WAY FOLEY STABILIZATIONDEVICE MISC	2	RX/OTC
3-IN-1 BEDSIDE TOILET MISC	2	RX/OTC
3-IN-1 COMMODOE MISC	2	RX/OTC
3ML CARTRIDGE FILLING AID MISC	2	RX/OTC
ACU-LIFE PILL CRUSHER/CONTAINER MISC	2	RX/OTC
ADAPTER CAP BLUE A 18MM MISC	2	RX/OTC
ADAPTER CAP BLUE B 20MM MISC	2	RX/OTC
ADAPTER CAP BLUE C 22MM MISC	2	RX/OTC
ADAPTER CAP BLUE D 24MM MISC	2	RX/OTC
ADAPTER CAP BLUE E 28MM/SHORT NECK MISC	2	RX/OTC
ADAPTER CAP BLUE F 28MM/LONG NECK MISC	2	RX/OTC
ADAPTER CAP BLUE K 28MM/MEDIUM NECK MISC	2	RX/OTC
ADAPTER CAP BLUE M 24MM MISC	2	RX/OTC
ADAPTER CAP GREEN A 18MM MISC	2	RX/OTC
ADAPTER CAP GREEN B 20MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADAPTER CAP GREEN C 22MM MISC	2	RX/OTC
ADAPTER CAP GREEN D 24MM MISC	2	RX/OTC
ADAPTER CAP GREEN E 28MM/SHORT NECK MISC	2	RX/OTC
ADAPTER CAP GREEN F 28MM/LONG NECK MISC	2	RX/OTC
ADAPTER CAP GREEN K 28MM/MEDIUM NECK MISC	2	RX/OTC
ADAPTER CAP GREEN M 24MM MISC	2	RX/OTC
ADAPTER CAP RED A 18MM MISC	2	RX/OTC
ADAPTER CAP RED B 20MM MISC	2	RX/OTC
ADAPTER CAP RED C 22MM MISC	2	RX/OTC
ADAPTER CAP RED D 24MM MISC	2	RX/OTC
ADAPTER CAP RED E 28MM/SHORT NECK MISC	2	RX/OTC
ADAPTER CAP RED F 28MM/LONG NECK MISC	2	RX/OTC
ADAPTER CAP RED K 28MM/MEDIUM NECK MISC	2	RX/OTC
ADAPTER CAP RED M 24MM MISC	2	RX/OTC
ADAPTER CAP WHITE B 20MM MISC	2	RX/OTC
ADAPTER CAP WHITE C 22MM MISC	2	RX/OTC
ADAPTER W/ 2 RED TAPPETS3/5ML BLUE MISC	2	RX/OTC
ADD-VANTAGE ADDAPTOR CONNECTOR MISC	2	RX/OTC
ADJUST ALUMINUM CANE/ROUND HANDLE/5/8" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADJUST ALUMINUM CANE/ROUND HANDLE/7/8" MISC	2	RX/OTC
ADJUST ALUMINUM OFFSET CANE/CUSH HANDLE/WRIST STRAP/3/4" MISC	2	RX/OTC
ADJUST FOLD CANE/BLACK FIN/WALNUT PISTOL GRIP DERBY HANDLE MISC	2	RX/OTC
ADJUSTABLE BATH/SHOWER SEAT MISC	2	RX/OTC
ADJUSTABLE BATH/SHOWER SEAT/BACK MISC	2	RX/OTC
ADJUSTABLE COMMODE 3-IN-1 MISC	2	RX/OTC
ADJUSTABLE FOLDING CANE/YORK HANDLE MISC	2	RX/OTC
ADULT PUSH BUTTON ALUMINUM CRUTCH MISC	2	RX/OTC
ADULT-LOCK SAFETY TABLETCUTTER MISC	2	RX/OTC
AFFINITY PRO DOUBLE ELECTRIC INSURANCE BREAST PUMP MISC	2	RX/OTC
ALCOH-GLOVE CONTOURED WIPE PADS	NP	RX/OTC
ALCOHOL PADS PADS	NP	RX/OTC
ALCOHOL PREP PADS PADS	NP	RX/OTC
ALCOHOL PREP PADS PADS	2	RX/OTC
ALCOHOL SWABS PADS	NP	RX/OTC
ALCOHOL SWABS PADS	2	RX/OTC
ALCOHOL SWABSTICK PADS	2	RX/OTC
ALCOHOL WIPES PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALEVE DIRECT THERAPY TENSDEVICE REFILL GEL PADS MISC	2	RX/OTC
ALHPAMOP FOAM REPLACEMENTPADS MISC	2	RX/OTC
ALL-BODY MASSAGE MISC	2	RX/OTC
ALUMINUM BLANKET SUPPORT2 HEIGHTS MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLUE MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/LIGHT GREEN MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/NATURAL MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WILLOW GREEN MISC	2	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW MISC	2	RX/OTC
AMBER GLASS BOTTLE MISC	2	RX/OTC
AMBER GLASS VIALS 2ML MISC	2	RX/OTC
AMBER GLASS VIALS 2ML/13MM MISC	2	RX/OTC
AMBER GLASS VIALS 30ML/20MM MISC	2	RX/OTC
AMEDA ADAPTER CAP MISC	2	RX/OTC
AMEDA BREAST FLANGE INSERT/22.5MM/SMALL MISC	2	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDARD MISC	2	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE/28.5MM/MEDIUM MISC	2	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE MISC	2	RX/OTC
AMEDA DIAPHRAGMS MISC	2	RX/OTC
AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM MISC	2	RX/OTC
AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM/PUMP ADAPTER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AMEDA DUAL HYGIENIKIT SYSTEM/CUSTOMFIT FLANGES/PUMP ADAPTER MISC	2	RX/OTC
AMEDA ELITE BREAST PUMP MISC	2	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP MISC	2	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE MISC	2	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/MINNIE TOTE MISC	2	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG MISC	2	RX/OTC
AMEDA FLEXISHIELD MISC	2	RX/OTC
AMEDA ONE-HAND BREAST PUMP/TOTE MISC	2	RX/OTC
AMEDA ONE-HAND MANUAL BREAST PUMP MISC	2	RX/OTC
AMEDA PLATINUM MULTI-USER ELECTRIC BREAST PUMP MISC	2	RX/OTC
AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT MISC	2	RX/OTC
AMEDA PURELY YOURS DOUBLE ELECTRIC BREAST PUMP/CARRY ALL MISC	2	RX/OTC
AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT MISC	2	RX/OTC
AMEDA SILICONE TUBING MISC	2	RX/OTC
AMEDA TUBING ADAPTER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AMEDA VALVES MISC	2	RX/OTC
AMIELLE RESTORE VAGINAL EXERCISERS MISC	2	RX/OTC
AMIELLE VAGINAL TRAINER MISC	2	RX/OTC
ANGEL WING BLOOD COLLECTION SET/HOLDER/23GX3/4" MISC	2	RX/OTC
ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4" MISC	2	RX/OTC
ANGEL WING LUER ADAPTER/TUBE HOLDER SET/FEMALE MISC	2	RX/OTC
ANGEL WING TRANSFER DEVICE/FEMALE ADAPTER MISC	2	RX/OTC
ANGEL WING TUBE HOLDER/FEMALE LUER MISC	2	RX/OTC
APLICARE ALCOHOL SWABSTICK PADS	2	RX/OTC
APNEASTRIP MISC	2	RX/OTC
APPLICATOR ACCESSORIES/TAP-N-CLICK SILICONE PAD MULTI-PURPOS MISC	2	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/20FR/20" MISC	2	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/24FR/20" MISC	2	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/28FR/20" MISC	2	RX/OTC
ARGYLE TRACHEOSTOMY TUBEHOLDER MISC	2	RX/OTC
ARM STRAP WHITE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AUTOCLAVE ACCESSORIES PRINTER PAPER MISC	2	RX/OTC
AUTOCLAVE AIR FILTER MISC	2	RX/OTC
AUTOCLAVE PAPER 36" X 36" MISC	2	RX/OTC
AUTOCLAVE POUCH 7.5" X 13"/SELF-SEALING MISC	2	RX/OTC
AVOSTARTGRIP MISC	2	RX/OTC
BABY FRIDGE MISC	2	RX/OTC
BAMBOO CANE MISC	2	RX/OTC
BANDAGE SCISSORS MISC	2	RX/OTC
BARIATRIC ALUMINUM CANE/OFFSET MISC	2	RX/OTC
BARIATRIC CANE/OFFSET HANDLE/29"-38"/500LB CAPACITY MISC	2	RX/OTC
BARIATRIC QUAD CANE/29"-38"/500LB CAPACITY MISC	2	RX/OTC
BARIATRIC ROLLATOR/EXTRAWIDE/400LB CAPACITY/HEAVY DUTY MISC	2	RX/OTC
BATH BENCH WITH BACK MISC	2	RX/OTC
BATH/SHOWER SEAT WITH BACK/ADJUSTABLE MISC	2	RX/OTC
BATH/SHOWER SEAT/ADJUSTABLE MISC	2	RX/OTC
BATHTUB SAFETY RAIL MISC	2	RX/OTC
BATTERY KEY BLUE MISC	2	RX/OTC
BATTERY KEY MISC	2	RX/OTC
BD PHASEAL DRUG VIAL PROTECTOR/20MM NECK MISC	2	RX/OTC



Drug Name	Drug Tier	Requirements/ Limits
BD PHASEAL DRUG VIAL PROTECTOR/28MM NECK MISC	2	RX/OTC
BD PHASEAL INFUSION ADAPTER/CONNECTOR MISC	2	RX/OTC
BD PHASEAL INJECTOR LUERLOCK TRANSFER DEVICE MISC	2	RX/OTC
BD PHASEAL LUER LOCK CONNECTOR/NEEDLE FREE PORTS MISC	2	RX/OTC
BD PHASEAL SYRINGE TRAY M15 MISC	2	RX/OTC
BD PHASEAL Y-SITE CONNECTOR MISC	2	RX/OTC
BD SAFE CLIP NEEDLE CLIPPER MISC	2	RX/OTC
BD SAFE-CLIP BY MAIL MISC	2	RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	2	RX/OTC
BD SWABS SINGLE USE PADS	2	RX/OTC
BED WEDGE/10" MISC	2	RX/OTC
BED WEDGE/12" MISC	2	RX/OTC
BED WEDGE/7" MISC	2	RX/OTC
BEDSIDE COMMODORE MISC	2	RX/OTC
BELT CLIP MISC	2	RX/OTC
BEUTLICH PH TEST ROLL MISC	2	RX/OTC
BI-FOCAL MAGNIFIER MISC	2	RX/OTC
BLISTER PACK ADHESIVE LABEL MISC	2	RX/OTC
BLISTER PACK/AMBER 12 CAVITY MISC	2	RX/OTC
BLOOD COLLECTION TUBE HOLDER/WITH NEEDLE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE MISC	2	RX/OTC
BLOW MOLDED BATHTUB TRANSFER BENCH MISC	2	RX/OTC
BLOW MOLDED BATHTUB TRANSFER BENCH/COMMODORE SEAT/PAIL MISC	2	RX/OTC
BOTTLE ADAPTERS/24MM/PRESS-IN MISC	2	RX/OTC
BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP MISC	2	RX/OTC
BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP MISC	2	RX/OTC
BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP MISC	2	RX/OTC
BOTTLE/BOSTON ROUND NATURAL MISC	2	RX/OTC
BOTTLE/THIN WALL MISC	2	RX/OTC
BOTTLETOP DISPENSER 0.25-2.0ML MISC	2	RX/OTC
BOTTLETOP DISPENSER ADAPTER/38MM MISC	2	RX/OTC
BOULES QUIES EAR PLUGS MISC	2	RX/OTC
BRA/PANT POUCH BLACK 3ML MISC	2	RX/OTC
BRA/PANT POUCH WHITE 3ML MISC	2	RX/OTC
BREAST PUMP MISC	2	RX/OTC
BREAST SELF EXAM PROGRAM MISC	2	RX/OTC
BSS & BSS PLUS ADMIN SET MISC	2	RX/OTC
BUBBLE POINT TESTER KIT/WIZARD MISC	2	RX/OTC
CANE HOLDER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CANE TIPS 3/4" MISC	2	RX/OTC
CANE TIPS 7/8" MISC	2	RX/OTC
CANE TIPS FOR ALUM/3/4" MISC	2	RX/OTC
CANE TIPS FOR WOOD 1" MISC	2	RX/OTC
CANE TIPS FOR WOOD 5/8" MISC	2	RX/OTC
CANE TIPS FOR WOOD/3/4" MISC	2	RX/OTC
CANE TIPS FOR WOOD/7/8" MISC	2	RX/OTC
CANE TIPS/1" MISC	2	RX/OTC
CANE TIPS/3/4" MISC	2	RX/OTC
CANE TIPS/3/4" QUAD NON-SUCTION MISC	2	RX/OTC
CANE TIPS/5/8" QUAD SUCTION TYPE MISC	2	RX/OTC
CANE TIPS/7/8"-1" MISC	2	RX/OTC
CANE TIPS/BLACK/3/4" MISC	2	RX/OTC
CANE TIPS/BLACK/7/8"-1" MISC	2	RX/OTC
CANE TIPS/GREY/3/4" MISC	2	RX/OTC
CANE TIPS/GREY/7/8"-1" MISC	2	RX/OTC
CANE TIPS/ICE GRIP TIP MISC	2	RX/OTC
CANE WITH STRAP/BLACK MISC	2	RX/OTC
CANE WRIST STRAP MISC	2	RX/OTC
CANE/ADJUSTABLE/ALUMINUM/ROUND HANDLE 5/8" MISC	2	RX/OTC
CANE/ADJUSTABLE/ALUMINUM/ROUND HANDLE MISC	2	RX/OTC
CANE/ADJUSTABLE/PAISLEY MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CANE/ALUMINUM/ADJUSTABLE/BRONZE TONE/STANDARD HANDLE MISC	2	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/DEVON HANDLE MISC	2	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/LADIES HANDLE MISC	2	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/MENS HANDLE MISC	2	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/7/8" MISC	2	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/AUTUMN BRONZE MISC	2	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/BLACK MISC	2	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/BLUE ICE MISC	2	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/VIOLET MISC	2	RX/OTC
CANE/ALUMINUM/BLACK/DEVONHANDLE/7/8" MISC	2	RX/OTC
CANE/ALUMINUM/BRONZE-TONE MISC	2	RX/OTC
CANE/ALUMINUM/BRONZE/FOLDING/ORTHO HANDLE/3/4" MISC	2	RX/OTC
CANE/ALUMINUM/BRONZE/OFFSET HANDLE/CUSH GRIP/WRIST STRAP/3/4" MISC	2	RX/OTC
CANE/ALUMINUM/BRONZE/ORTHO HANDLE/3/4" MISC	2	RX/OTC
CANE/ALUMINUM/BRONZE/YORKHANDLE/7/8" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CANE/ALUMINUM/FOLDING/36"BLACK MISC	2	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BLACK MISC	2	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BRONZE-TONE MISC	2	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BRONZE/ORTHO HANDLE MISC	2	RX/OTC
CANE/ALUMINUM/FOLDING/BLIND MISC	2	RX/OTC
CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4" MISC	2	RX/OTC
CANE/ALUMINUM/OFFSET CUSHIONED HANDLE/WRIST STRAP/3/4" MISC	2	RX/OTC
CANE/ALUMINUM/OFFSET HANDLE/NO SAFETY LOCKNUT/3/4" MISC	2	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK MISC	2	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO HANDLE/WRIST STRAP/3/4" MISC	2	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO MISC	2	RX/OTC
CANE/ALUMINUM/ORTHO /BRONZE MISC	2	RX/OTC
CANE/ALUMINUM/ROUND HANDLE/5/8" MISC	2	RX/OTC
CANE/ALUMINUM/ROUND HANDLE/7/8" MISC	2	RX/OTC
CANE/ALUMINUM/TELESCOPIC/BRONZE/MEDIUM HANDLE/7/8" MISC	2	RX/OTC
CANE/ALUMINUM/TELESCOPIC/LARGE HANDLE/3/4" MISC	2	RX/OTC
CANE/ALUMINUM/TELESCOPIC/MEDIUM HANDLE/7/8" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CANE/DESIGNER OFFSET HANDLE MISC	2	RX/OTC
CANE/LADY/BRONZE MISC	2	RX/OTC
CANE/MENS MISC	2	RX/OTC
CANE/OFFSET HANDLE/ALUMINUM/29"-38" MISC	2	RX/OTC
CANE/OFFSET HANDLE/ALUMINUM/29"-38"/CAMOUFLAGE MISC	2	RX/OTC
CANE/OFFSET HANDLE/ALUMINUM/29-38" MISC	2	RX/OTC
CANE/OFFSET HANDLE/ALUMINUM/ADJUSTABLE MISC	2	RX/OTC
CANE/ROSEWOOD/1" MISC	2	RX/OTC
CANE/STANDARD/BLACK HANDLE MISC	2	RX/OTC
CANE/STANDARD/BRONZE HANDLE MISC	2	RX/OTC
CANE/T-HANDLE/ALUMINUM/29"-38" MISC	2	RX/OTC
CANE/T-HANDLE/ALUMINUM/29"-38"/FLORAL PATTERN MISC	2	RX/OTC
CANE/T-HANDLE/BLACK & BLUE MISC	2	RX/OTC
CANE/WOOD/BLACK/ROUND HANDLE/1" MISC	2	RX/OTC
CANE/WOOD/BLACK/ROUND HANDLE/7/8" MISC	2	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/EBO NY FINISH/13/16" MISC	2	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/ROSEWOOD FINISH/13/16" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CANE/WOOD/LADIES STANDARDHANDLE/STAINED WALNUT FINISH MISC	2	RX/OTC
CANE/WOOD/LADIES/T-HANDLEBLACK WOOD MISC	2	RX/OTC
CANE/WOOD/LADIES/T-HANDLEWALNUT/3/4" MISC	2	RX/OTC
CANE/WOOD/MENS ROUND HANDLE/ROSEWOOD FINISH MISC	2	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" MISC	2	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/ROSEWOOD FINISH/1" MISC	2	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/STAINED WALNUT WOOD MISC	2	RX/OTC
CANE/WOOD/MENS T-HANDLE/BLACK WOOD MISC	2	RX/OTC
CANE/WOOD/NATURAL ASH/ROUND HANDLE/1" MISC	2	RX/OTC
CANE/WOOD/NATURAL ASH/ROUND HANDLE/7/8" MISC	2	RX/OTC
CANE/WOOD/ROSEWOOD/1" MISC	2	RX/OTC
CANE/WOOD/STANDARD /BLACKFINISH/1" MISC	2	RX/OTC
CANE/WOOD/STANDARD /BLACKFINISH/7/8" MISC	2	RX/OTC
CANE/WOOD/STANDARD /NATURAL FINISH/1" MISC	2	RX/OTC
CANE/WOOD/STANDARD /NATURAL FINISH/7/8" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CANE/WOOD/STANDARD /WALNUT42"LONG MISC	2	RX/OTC
CANE/WOOD/STANDARD /WALNUTFINISH/7/8" MISC	2	RX/OTC
CANE/WOOD/T-HANDLE/WALNUT3/4" MISC	2	RX/OTC
CANE/WOOD/T-HANDLE/WALNUTFINISH/1" MISC	2	RX/OTC
CANE/WOOD/T-HANDLE/WALNUTFINISH/13/16" MISC	2	RX/OTC
CANE/WOOD/WALNUT/7/8" MISC	2	RX/OTC
CANE/WOOD/WALNUT/PISTOL GRIP DERBY HANDLE/7/8" MISC	2	RX/OTC
CANE/WOOD/WALNUT/ROUND HANDLE/7/8" MISC	2	RX/OTC
CARETOUCH ALCOHOL PREP PADS PADS	NP	RX/OTC
CAREX COCCYX CUSHION MISC	2	RX/OTC
CAREX ULTRA GRABBER 32" MISC	2	RX/OTC
CAREX WHEELCHAIR MISC	2	RX/OTC
CATHETER INTRODUCER MISC	2	RX/OTC
CERVICAL PILLOW MISC	2	RX/OTC
CERVICAL PILLOW/BREATHE EASY MISC	2	RX/OTC
CERVICAL PILLOW/COVER MISC	2	RX/OTC
CERVICAL PILLOW/ORTHOPEDIC MISC	2	RX/OTC
CERVICAL ROLL PILLOW/CONTOUR MISC	2	RX/OTC
CHEMO TRANSFER PIN MISC	2	RX/OTC
CINIS PREMIE HALO LARGE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CINIS PREEMIE HALO MEDIUM MISC	2	RX/OTC
CINIS PREEMIE HALO SMALL MISC	2	RX/OTC
CLEANROOM TACKY MAT 18" X36"/60 LAYER MISC	2	RX/OTC
CLEAR GLASS VIALS 10ML MISC	2	RX/OTC
CLEAR GLASS VIALS 2ML MISC	2	RX/OTC
CLEVER CHOICE ELECTRIC BREAST PUMP MISC	2	RX/OTC
CLEVER CHOICE PULSE OXIMETER MISC	2	RX/OTC
CLIP & STOR MISC	2	RX/OTC
CLIP CASE TRANSLUCENT BLACK 3ML MISC	2	RX/OTC
CLIP CASE TRANSLUCENT BLUE 3ML MISC	2	RX/OTC
CLIP CASE TRANSLUCENT CLEAR 3ML MISC	2	RX/OTC
COMAR PRESS-IN BOTTLE ADAPTERS 24MM MISC	2	RX/OTC
COMFORT CURVE MASSAGE CUSHION MISC	2	RX/OTC
COMFORT FIT FLANGES LARGE MISC	2	RX/OTC
COMFORT MASSAGER/CORDLESS MISC	2	RX/OTC
COMFORT PERSONAL CLEANSING CART MISC	2	RX/OTC
COMFORT PERSONAL CLEANSING MICROWAVE MISC	2	RX/OTC
COMFORT PERSONAL CLEANSING SHAMPOO CAP MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMFORT PERSONAL CLEANSING WARMER/14-COUNT MISC	2	RX/OTC
COMFORT PERSONAL CLEANSING WARMER/28-COUNT MISC	2	RX/OTC
COMMODE 3-IN-1 MISC	2	RX/OTC
COMMODE BEDSIDE MISC	2	RX/OTC
COMMODE PAIL WITH HANDLE/LID/12QT MISC	2	RX/OTC
COMMODE SPLASH GUARD MISC	2	RX/OTC
COMPOSITE TRANSFER BENCH MISC	2	RX/OTC
CONTOUR BACK CUSHION MISC	2	RX/OTC
CONTOUR FITTED SHEETS MISC	2	RX/OTC
CONTOUR MATTRESS COVER MISC	2	RX/OTC
COVERALL BOOTS/DISPOSABLE/UNIVERSAL MISC	2	RX/OTC
COVERALL W/ HOOD/SMALL/DISPOSABLE MISC	2	RX/OTC
COVERALL W/HOOD/3XL/DISPOSABLE MISC	2	RX/OTC
COVERALL W/HOOD/XL/DISPOSABLE MISC	2	RX/OTC
COVERALL W/HOOD/XXL/DISPOSABLE MISC	2	RX/OTC
COVERALLS MEDIUM/ELASTICBACK/WRIST/ANKLES MISC	2	RX/OTC
CRUTCH ACCESSORY KIT MISC	2	RX/OTC
CRUTCH ACCESSORY KIT/ARMPADS/HAND GRIPS/TIPS MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CRUTCH ARMPADS MISC	2	RX/OTC
CRUTCH HANDGRIPS MISC	2	RX/OTC
CRUTCH HANDGRIPS PREMIUM MISC	2	RX/OTC
CRUTCH HANDGRIPS/SOLID MISC	2	RX/OTC
CRUTCH HANDGRIPS/SPLIT MISC	2	RX/OTC
CRUTCH PILLOWS/ARM AND HAND MISC	2	RX/OTC
CRUTCH SET/ALUMINUM/LARGE MISC	2	RX/OTC
CRUTCH SET/WOOD/ADULT MISC	2	RX/OTC
CRUTCH SET/WOOD/MEDIUM MISC	2	RX/OTC
CRUTCH SET/WOOD/YOUTH MISC	2	RX/OTC
CRUTCH TIPS/EXTRA-LARGE/7/8" MISC	2	RX/OTC
CRUTCH TIPS/JUMBO/GREY MISC	2	RX/OTC
CRUTCH TIPS/REGULAR MISC	2	RX/OTC
CRUTCH TIPS/SUPER GRIP/BROWN MISC	2	RX/OTC
CRUTCH TIPS/SUPER MISC	2	RX/OTC
CRUTCH UNDERARM PADS MISC	2	RX/OTC
CRUTCH UNDERARM PADS PREMIUM MISC	2	RX/OTC
CRUTCH-MATE/ADULT ARM MISC	2	RX/OTC
CRUTCH-MATE/ADULT FOREARM MISC	2	RX/OTC
CRUTCH-MATE/ADULT HAND GRIPS LARGE MISC	2	RX/OTC
CRUTCH-MATE/ADULT HAND GRIPS MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CRUTCH/ALUMINUM/ADULT MISC	2	RX/OTC
CRUTCH/ALUMINUM/ADULT/5'2"-5'10" MISC	2	RX/OTC
CRUTCH/ALUMINUM/ADULT/ARMPADS/TIPS/GRIPS MISC	2	RX/OTC
CRUTCH/ALUMINUM/ADULT/PUSH BUTTON MISC	2	RX/OTC
CRUTCH/ALUMINUM/ADULT/PUSH-BUTTON ADJ MISC	2	RX/OTC
CRUTCH/ALUMINUM/MEDIUM MISC	2	RX/OTC
CRUTCH/ALUMINUM/TALL/PUSHBUTTON ADJ MISC	2	RX/OTC
CRUTCH/ALUMINUM/TALL/PUSHBUTTON MISC	2	RX/OTC
CRUTCH/ALUMINUM/YOUTH MISC	2	RX/OTC
CRUTCH/ALUMINUM/YOUTH/ARMPADS/TIPS/GRIPS MISC	2	RX/OTC
CRUTCH/ALUMINUM/YOUTH/PUSH BUTTON MISC	2	RX/OTC
CRUTCH/ALUMINUM/YOUTH/PUSH-BUTTON ADJ MISC	2	RX/OTC
CRUTCH/FOREARM/ADULT MISC	2	RX/OTC
CRUTCH/FOREARM/YOUTH MISC	2	RX/OTC
CRUTCH/STANDARD FOREARM/ADULT MISC	2	RX/OTC
CRUTCH/WOOD/ADULT/48"-60" MISC	2	RX/OTC
CRUTCH/WOOD/ADULT/ARMPADS/TIPS/GRIPS MISC	2	RX/OTC
CRUTCH/WOOD/YOUTH/34"-42" MISC	2	RX/OTC
CRUTCH/WOOD/YOUTH/ARMPADS/TIPS/GRIPS MISC	2	RX/OTC
CRUTCHES/ALUMINUM/ADULT MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CRUTCHES/ALUMINUM/A DULT/TALL MISC	2	RX/OTC
CUBE PESSARY MISC	2	RX/OTC
CUBE PESSARY/DRAINS MISC	2	RX/OTC
CUFF ACCESSORIES DISPOSABLE BULB & VALVE MISC	2	RX/OTC
CUFF ACCESSORIES DISPOSABLE SINGE HEAD STETHOSCOPE MISC	2	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	2	RX/OTC
CURITY ALCOHOL SWABS PADS	2	RX/OTC
CUSTOM-FLEX MISC	2	RX/OTC
CVS ALCOHOL PREP PADS PADS	NP	RX/OTC
CVS ALKALINE BATTERIES/SIZE AA MISC	2	RX/OTC
CVS CANE MISC	2	RX/OTC
CVS CRUTCHES UNIVERSAL MISC	2	RX/OTC
CVS EAR PLUGS MISC	2	RX/OTC
CVS FOLDING CANE GEL GRIP MISC	2	RX/OTC
CVS NEEDLE COLLECTION & DISPOSAL MISC	2	RX/OTC
CVS PILL SPLITTER MISC	2	RX/OTC
CVS PORTABLE DIABETIC ORGANIZER MISC	2	RX/OTC
CVS PREP PADS PADS	NP	RX/OTC
CVS PREP PADS PADS	2	RX/OTC
CVS PULSE OXIMETER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS PULSE OXIMETER/PORTABLE MISC	2	RX/OTC
CVS QUAD CANE MISC	2	RX/OTC
CVS READY SET GO DELUXE ALIMINUM BATH BENCH MISC	2	RX/OTC
CVS REUSABLE SHEET PROTECTOR MISC	2	RX/OTC
CVS RUBBER CUSHION/INFLATABLE MISC	2	RX/OTC
DDS 100 CERVICAL TRACTIONCOLLAR MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/26"-28" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/29"-32" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/33"-35" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/36"-38" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/39"-41" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/42"-44" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/45"-48" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/49"-51" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/52"-55" MISC	2	RX/OTC
DDS 300 LUMBAR TRACTION BELT/56"-59" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DDS 500 LUMBAR TRACTION BELT/PANELS/26"-28" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/29"-32" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/33"-35" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/36"-38" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/39"-41" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/42"-44" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/45"-48" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/52"-55" MISC	2	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/56"-59" MISC	2	RX/OTC
DEEP-TISSUE MISC	2	RX/OTC
DELUXE SAFETY TABLET CUTTER MISC	2	RX/OTC
DELUXE TABLET CUTTER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT MISC	2	RX/OTC
DENTAL GUARD MISC	2	RX/OTC
DEODORANT PLASTIC TUBES2.65OZ/CAPS MISC	2	RX/OTC
DIAL-A-DOSE SYRINGE 15ML/TIPS MISC	2	RX/OTC
DIAL-A-DOSE SYRINGE 30ML/TIPS MISC	2	RX/OTC
DIAL-A-DOSE SYRINGE 60ML/TIPS MISC	2	RX/OTC
DIFFUSER ULTRA SONIC/LAVENDER OIL MISC	2	RX/OTC
DIGITAL GLASS SCALE MISC	2	RX/OTC
DINAMAP MONITOR PROBE COVERS MISC	2	RX/OTC
DISH PESSARY MISC	2	RX/OTC
DISH PESSARY/SUPPORT MISC	2	RX/OTC
DISPENSER BOTTLES 50ML/FOAMER PUMPS MISC	2	RX/OTC
DISPENSER MD JAR 50ML/AIRLESS/VIEW WINDOW MISC	2	RX/OTC
DISPENSER MD PEN 6.5ML/AIRLESS/CLICK MISC	2	RX/OTC
DISPENSER MD PEN 6.5ML/AIRLESS/VIEW WINDOW MISC	2	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A MISC	2	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A/B/LUE MISC	2	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A/GREEN MISC	2	RX/OTC



Drug Name	Drug Tier	Requirements/ Limits
DISPENSER MD PUMP 0.5ML/ACTUATOR A/PINK MISC	2	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B MISC	2	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/BLUE MISC	2	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN MISC	2	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK MISC	2	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C MISC	2	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLUE MISC	2	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN MISC	2	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK MISC	2	RX/OTC
DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MD PUMP BOTTLE150ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MD PUMP BOTTLE15ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MD PUMP BOTTLE200ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MD PUMP BOTTLE240ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MD PUMP BOTTLE30ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MD PUMP BOTTLE50ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DISPENSER MD PUMP BOTTLE80ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MD SYRINGE 10ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MD SYRINGE 5ML/VIEW WINDOW/AIRLESS MISC	2	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/OV AL/30ML/0.3ML/T- FILL/CAP MISC	2	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/RO UND/100ML/1.5ML/B-FILL WITH CAP MISC	2	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/RO UND/150ML/1.5ML/B-FILL WITH CAP MISC	2	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/RO UND/150ML/1ML/B-FILL WITH CAP MISC	2	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/RO UND/15ML/0.3ML/T-FILL WITH CAP MISC	2	RX/OTC
DISPENSER MEGAPUMP/MEZZOROU ND/30ML/0.5ML/T-FILL WITH CAP MISC	2	RX/OTC
DISPENSER MEGAPUMP/MEZZOROU ND/50ML/0.5ML/T-FILL WITH CAP MISC	2	RX/OTC
DISPENSER MEGAPUMP/MEZZOROU ND/50ML/0.5ML/T- FILL/CAP MISC	2	RX/OTC
DISPENSER MEGAPUMP/MEZZOROU ND/75ML/0.5ML/T-FILL WITH CAP MISC	2	RX/OTC
DISPENSER TIP CAP/PRECISED DOSE/SEL F-RIGHTING MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DISPENSER/MD FOAMER WITHACTUATOR 0.5ML/50ML MISC	2	RX/OTC
DISPENSER/MD FOAMER WITHACTUATOR 0.7ML/110ML MISC	2	RX/OTC
DIVERTER VALVE/BATH ACCESSORY MISC	2	RX/OTC
DONUT PESSARY MISC	2	RX/OTC
DOVER COMMODE SPECIMEN COLLECTOR MISC	2	RX/OTC
DOVER MIDSTREAM SPECIMENCATCH KIT MISC	2	RX/OTC
DRI-SLEEPER MOISTURE DETECTOR REPLACEMENT MISC	2	RX/OTC
DRI-SLEEPER NOCTURNAL ENURESIS ALARM MISC	2	RX/OTC
DROPPER & SCREW CAP 4OZ MISC	2	RX/OTC
DROPPING BOTTLE 30ML MISC	2	RX/OTC
DROPTAINER TIP CAPS MISC	2	RX/OTC
DROPTAINERS 10ML MISC	2	RX/OTC
DROPTAINERS 15ML/OPHTHALMIC MISC	2	RX/OTC
DROPTAINERS 3ML/OPHTHALMIC MISC	2	RX/OTC
DROPTAINERS 7ML/OPHTHALMIC MISC	2	RX/OTC
DUAL HEAD STETHOSCOPE BLACK MISC	2	RX/OTC
DUAL HEAD STETHOSCOPE NAVY MISC	2	RX/OTC
DUAL PADDLE FOLDING WALKER/ADULT MISC	2	RX/OTC
DUAL-HEAD STETHOSCOPE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DUNLAP FOAM RING CUSHION/LARGE MISC	2	RX/OTC
DUNLAP FOAM RING CUSHION/MEDIUM MISC	2	RX/OTC
DUNLAP INFLATABLE VINYL RING CUSHION 16" MISC	2	RX/OTC
E-Z LOCK RAISED TOILET SEAT MISC	2	RX/OTC
E-Z LOCK RAISED TOILET SEAT/ARMS MISC	2	RX/OTC
EAR SYRINGE MISC	2	RX/OTC
EAR SYRINGE/INFANT MISC	2	RX/OTC
EAR WAX REMOVAL KIT/TRI-STREAM TIP MISC	2	RX/OTC
EARPOPPER MIDDLE EAR INFLATION DEVICE DEVI	2	RX/OTC
EASY COMFORT ALCOHOL PADS PADS	NP	RX/OTC
EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP MISC	2	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	2	RX/OTC
ECO-SMARTFUNNEL 186ML/DISPOSABLE MISC	2	RX/OTC
EGG CRATE BED PAD/2" CALKING SIZE MISC	2	RX/OTC
EGG CRATE BED PAD/2" DUALKING SIZE MISC	2	RX/OTC
EGG CRATE BED PAD/2" FULLSIZE MISC	2	RX/OTC
EGG CRATE BED PAD/2" QUEEN SIZE MISC	2	RX/OTC
EGG CRATE BED PAD/2" TWINSIZE MISC	2	RX/OTC
ELECTRODES 2"X2"/REUSABLE MISC	2	RX/OTC
ELECTROTHERAPY PAIN RELIEF MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ELECTROTHERAPY PAIN RELIEF/LONG LIFE PADS/2.5" X 4" MISC	2	RX/OTC
ELON PROFESSIONAL NAIL CARE SYSTEM MISC	2	RX/OTC
ELONGATED TOILET SEAT ELEVATOR MISC	2	RX/OTC
EMPTY VIAL 3ML MISC	2	RX/OTC
ENDOSCOPIC DELIVERY SYSTEM MISC	2	RX/OTC
ENDURANCE FOUR LEG SEAT CANE MISC	2	RX/OTC
ENDURANCE HD HEAVY DUTY COMMUNE MISC	2	RX/OTC
ENTERALITE INFINITY ENTERAL PUMP UNIVERSAL POLE CLAMP MISC	2	RX/OTC
EQ FOLDING WALKER MISC	2	RX/OTC
EQL ALCOHOL SWABS PADS	NP	RX/OTC
EQL EAR PLUGS/SILICONE MISC	2	RX/OTC
EQL MUSTACHE/BEARD SCISSORS/COMB MISC	2	RX/OTC
EQL SKIN CARE TOOL MISC	2	RX/OTC
EVERYDAY PICK MISC	2	RX/OTC
EXTENDABLE BEDSIDE RAIL MISC	2	RX/OTC
EXTRA-WIDE COMMUNE MISC	2	RX/OTC
EYE/EAR DROPPER MISC	2	RX/OTC
EZY DOSE CUT N CRUSH ULTRA FINE MISC	2	RX/OTC
EZY DOSE MEDICINE CUPS MISC	2	RX/OTC
EZY DOSE MEMORY PAC SYSTEM COLD SEAL CARD/31-DAY MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EZY DOSE ORIGINAL TABLETCUTTER/DAILY DOSE MISC	2	RX/OTC
EZY DOSE TABLET CUTTER ORIGINAL MISC	2	RX/OTC
FASHION CANE/T-HANDLE/BLACK/250LB CAPACITY MISC	2	RX/OTC
FASHION CANE/T-HANDLE/FLORAL PRINT/250LB CAPACITY MISC	2	RX/OTC
FASHION CANE/T-HANDLE/LEOPARD PRINT/250LB CAPACITY MISC	2	RX/OTC
FASHION CANE/T-HANDLE/MAPLE PRINT/250LB CAPACITY MISC	2	RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	2	RX/OTC
FILTER 0.2 MICRON/25MM MISC	2	RX/OTC
FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK MISC	2	RX/OTC
FILTER 0.2 MICRON/32MM MISC	2	RX/OTC
FILTER 0.2 MICRON/47MM MISC	2	RX/OTC
FILTER 0.20 MICRON/1000ML MISC	2	RX/OTC
FILTER 0.22 MICRON/73MM/1000ML MISC	2	RX/OTC
FILTER ATTACHMENT MISC	2	RX/OTC
FILTER FLUORODYNE/0.22 MICRON MISC	2	RX/OTC
FILTER, POSIDYNE ELD/0.2UM/LUER LOCK CONNECTORS/NYLON MEMBRA MISC	2	RX/OTC
FILTER/MILLEX-GP/50MM/CLEAR MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FINGERTIP PULSE OXIMETER MISC	2	RX/OTC
FLA ADJUSTABLE AIR ANKLEWALKER/LOW/SM ALL MISC	2	RX/OTC
FLAORTHO WALKER/LOW/BLACK/SM ALL MISC	2	RX/OTC
FLENTS EAR STOPPLES MISC	2	RX/OTC
FLEX & GO FOLDING CANE MISC	2	RX/OTC
FLEX SHIELD WITH EAR LOOPS MISC	2	RX/OTC
FLEX SHIELD WITH TIE STRINGS MISC	2	RX/OTC
FLEX THERAPY MISC	2	RX/OTC
FLIGHT EAR PLUGS MISC	2	RX/OTC
FOAM CHAIR CUSHION MISC	2	RX/OTC
FOAM CRUTCH PAD MISC	2	RX/OTC
FOAM CUSHION MISC	2	RX/OTC
FOAM CUSHION THERAPEUTICRING MISC	2	RX/OTC
FOAM EAR PLUGS MISC	2	RX/OTC
FOAM INVALID CUSHION MISC	2	RX/OTC
FOAM RING 2" MISC	2	RX/OTC
FOIL WRAPPER 3" X 3" MISC	2	RX/OTC
FOLDING CANE MISC	2	RX/OTC
FOLDING COMMODE MISC	2	RX/OTC
FOLDING PADDLE WALKER/5"WHEELS MISC	2	RX/OTC
FOLDING REACHER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FOLDING SEAT CANE/3/4"TIP MISC	2	RX/OTC
FOLDING WALKER/5" WHEELS/ADULT MISC	2	RX/OTC
FOLDING WALKER/5" WHEELS/PINK MISC	2	RX/OTC
FOLDING WALKING CANE MISC	2	RX/OTC
FOOT MASSAGER/HEAT/AERATION MISC	2	RX/OTC
FORA GATEWAY MISC	2	RX/OTC
FORA GW9014 TELEHEALTH GATEWAY MISC	2	RX/OTC
FORA TN'G SCALE 550 MISC	2	RX/OTC
FREE SPIRIT KNEE AND LEGWALKER MISC	2	RX/OTC
FREESTYLE DOUBLE ELECTRICBREASTPUMP MISC	2	RX/OTC
GEHRUNG PESSARY/SUPPORT MISC	2	RX/OTC
GEL-FOAM CUSHION MISC	2	RX/OTC
GELLHORN PESSARY MISC	2	RX/OTC
GETGO ROLLING WALKER MISC	2	RX/OTC
GLASS BOTTLE 15ML MISC	2	RX/OTC
GLASS BOTTLE 30ML MISC	2	RX/OTC
GLASS BOTTLE 30ML/BLACK PHENOLIC BRUSH CAP MISC	2	RX/OTC
GLASS BOTTLE 30ML/BLACK PHENOLIC POLYSEAL CAP MISC	2	RX/OTC
GLASS BOTTLE 60ML MISC	2	RX/OTC
GLASS BOTTLE/30ML/BLUNT END APPLICATOR MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLASS POWDER BLOWER/POLYPROPYLENE PLASTIC TOP/PLASTISOL BULB MISC	2	RX/OTC
GLASS SERUM BOTTLES/20ML/TYPE 1 MISC	2	RX/OTC
GLASS SERUM BOTTLES/2ML/TYPE 1 MISC	2	RX/OTC
GLASS SERUM BOTTLES/30ML/TYPE 1 MISC	2	RX/OTC
GLASS SERUM BOTTLES/5ML/TYPE 1 MISC	2	RX/OTC
GLASS VIAL 2ML MISC	2	RX/OTC
GLASS VIAL AMBER 3ML/13MM/TYPE 1 MISC	2	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS PADS	NP	RX/OTC
GNP ALCOHOL SWABS PADS	2	RX/OTC
GRADUATED BOTTLE 2OZ W/CAP MISC	2	RX/OTC
GRADUATED BOTTLE 4OZ W/CAP MISC	2	RX/OTC
GREY ADAPTER/2 RED TAPPETS 3ML/5ML MISC	2	RX/OTC
GROOVE ROLLING WALKER MISC	2	RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS	NP	RX/OTC
HAND HELD SHOWER SPRAY MISC	2	RX/OTC
HARMONY BREASTPUMP MISC	2	RX/OTC
HEAD COVERS 24"/BOUFFON CAP/IRRADIATED MISC	2	RX/OTC
HEAD HALTER OVER DOOR TRACTION SET MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEAD HALTER REPLACEMENT FOR TRACTION KIT MISC	2	RX/OTC
HEART RATE MONITOR MISC	2	RX/OTC
HEART RATE MONITOR STRAPLESS MISC	2	RX/OTC
HEAT THERAPY MISC	2	RX/OTC
HEELBOOT LARGE MISC	2	RX/OTC
HEELBOOT LAUNDRY BAG MISC	2	RX/OTC
HEELBOOT LINER LARGE MISC	2	RX/OTC
HEELBOOT LINER REGULAR MISC	2	RX/OTC
HEELBOOT REGULAR MISC	2	RX/OTC
HEELBOOT WALK PAD MISC	2	RX/OTC
HIBICLENS DISPENSER NOZZLE MISC	2	RX/OTC
HIBICLENS FOOT PEDAL MISC	2	RX/OTC
HIBICLENS HAND PUMP/16OZ MISC	2	RX/OTC
HIBICLENS HAND PUMP/32OZ MISC	2	RX/OTC
HIBICLENS HAND PUMP/GALLON MISC	2	RX/OTC
HIBICLENS HAND PUMP/NON FOAMING/16OZ MISC	2	RX/OTC
HIBICLENS PUMP ASSEMBLY MISC	2	RX/OTC
HIBICLENS WALL DISPENSER/FOOT MISC	2	RX/OTC
HIBICLENS WALL DISPENSER/HAND MISC	2	RX/OTC
HIP/FRACTURE RAISED TOILET SEAT/LEFT MISC	2	RX/OTC
HIP/FRACTURE RAISED TOILET SEAT/RIGHT MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HM COMFORT FOAM EAR PLUGS MISC	2	RX/OTC
HM STERILE ALCOHOL PREP PADS PADS	2	RX/OTC
HODGE PESSARY MISC	2	RX/OTC
HODGE PESSARY/SUPPORT MISC	2	RX/OTC
HOME STYLE BED RAILS MISC	2	RX/OTC
HOT-COLD THERAPY MISC	2	RX/OTC
HURRICAIN DISPENSING CAP MISC	2	RX/OTC
HURRICAIN LIQUID DISPENSER MISC	2	RX/OTC
HURRICAIN SPRAY EXTENSION TUBES MISC	2	RX/OTC
HURRIPAK PERIODONTAL ANESTHETIC REFILL KIT MISC	2	RX/OTC
HURRIPAK PERIODONTAL IRRIGATION TIPS MISC	2	RX/OTC
ICY DIAMOND TOTE CANVAS MISC	2	RX/OTC
ICY DIAMOND TOTE NON GENUINE LEATHER MISC	2	RX/OTC
ICY HOT SMART RELIEF TENS THERAPY REFILL PADS MISC	2	RX/OTC
ILLUSIONS AA WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	2	RX/OTC
ILLUSIONS C WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	2	RX/OTC
INDICATOR/BIOLOGICAL TEST KIT/SPORVIEW STEAM KIT	2	RX/OTC
INFLATABLE CUSHION/VINYL MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INFLATABLE NECK REST MISC	2	RX/OTC
INHALATION VIAL CAP/BLUE MISC	2	RX/OTC
INHALATION VIAL CAP/GREEN MISC	2	RX/OTC
INHALATION VIAL CAP/ORANGE MISC	2	RX/OTC
INHALATION VIAL CAP/RED MISC	2	RX/OTC
INHALATION VIAL CAP/WHITE MISC	2	RX/OTC
INHALATION VIAL CAP/YELLOW MISC	2	RX/OTC
INHALATION VIAL W/CAP/BLUE/3.5ML STOCKWELL MISC	2	RX/OTC
INHALATION VIAL W/CAP/GREEN/3.5ML STOCKWELL MISC	2	RX/OTC
INHALATION VIAL W/CAP/ORANGE/3.5ML STOCKWELL MISC	2	RX/OTC
INHALATION VIAL W/CAP/RED/3.5ML STOCKWELL MISC	2	RX/OTC
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	2	RX/OTC
INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL MISC	2	RX/OTC
INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL MISC	2	RX/OTC
IR ADAPTER MISC	2	RX/OTC
J & J TOURNIQUET 36"X3/4" MISC	2	RX/OTC
JAR/8OZ/WHITE LID MISC	2	RX/OTC
JOHNSON & JOHNSON ANTISEPTIC WIPES MISC	2	RX/OTC
JOHNSON & JOHNSON INSTANTCOLD PACK MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE MISC	2	RX/OTC
JOURNEY SERIES ROLLING WALKER/4205RD/RED MISC	2	RX/OTC
JUG AMBER GLASS 4L/POLYSEAL CAP/LONG MISC	2	RX/OTC
KANESON BREAST PUMP/NURSER MISC	2	RX/OTC
KANGAROO RIGID CONTAINERPUMP SET 1200ML MISC	2	RX/OTC
KEGEL BALL TRAINER MISC	2	RX/OTC
L.O.S. YANKAUER HOLDER MISC	2	RX/OTC
LAB COAT/DISPOSABLE MISC	2	RX/OTC
LAB COAT/DISPOSABLE/LARGE MISC	2	RX/OTC
LAB COAT/DISPOSABLE/MEDIUM MISC	2	RX/OTC
LAB COAT/DISPOSABLE/SMALL MISC	2	RX/OTC
LAB COAT/DISPOSABLE/X-LARGE MISC	2	RX/OTC
LAB COAT/DISPOSABLE/XX-LARGE MISC	2	RX/OTC
LADYCARE MENOPAUSE MISC	2	RX/OTC
LANSINOH BREASTFEEDING PILLOW MISC	2	RX/OTC
LANSINOH BREASTMILK COLLECTOR MISC	2	RX/OTC
LANSINOH EXTRA PUMPING SET MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LANSINOH MANUAL BREAST PUMP MISC	2	RX/OTC
LANSINOH PUMP ADAPTERS MISC	2	RX/OTC
LANSINOH SMART PUMP TOTE BAGS MISC	2	RX/OTC
LANSINOH SMARTPUMP DOUBLEELECTRIC BREAST PUMP MISC	2	RX/OTC
LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	2	RX/OTC
LATCH ASSIST NIPPLE EVERTER MISC	2	RX/OTC
LEATHER CASE W/CLIP BLACK3ML MISC	2	RX/OTC
LEATHER CASE W/CLIP BURGUNDY 3ML MISC	2	RX/OTC
LEATHER CASE W/CLIP TAN 3ML MISC	2	RX/OTC
LEATHER CASE W/CORD BLACK3ML MISC	2	RX/OTC
LMA MAD NASAL MISC	2	RX/OTC
LUER LOCK ADAPTER MISC	2	RX/OTC
LULLABY DOUBLE ELECTRIC BREAST PUMP MISC	2	RX/OTC
LUMBAR CUSHION MISC	2	RX/OTC
LUMBAR SUPPORT CUSHION MISC	2	RX/OTC
MAD NASAL MISC	2	RX/OTC
MAGNIFIER HANDS-FREE MISC	2	RX/OTC
MAR-LAND PESSARY MISC	2	RX/OTC
MAR-LAND PESSARY/SUPPORT MISC	2	RX/OTC
MASSAGER MULTI-PURPOSE/RECHARGEABLE MISC	2	RX/OTC
MASSAGER/2 SPEED MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MASSAGER/FIVE IN ONE/HEAT MISC	2	RX/OTC
MASSAGER/SWEDISH/1 SPEED MISC	2	RX/OTC
MATTRESS COVER/DELUXE MISC	2	RX/OTC
MATTRESS COVER/ECONOMY MISC	2	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 2" MISC	2	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 3" MISC	2	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 4" MISC	2	RX/OTC
MAZERUSTAR KK-250S/KK-300SS MIXER/DISPOSABLE MIXING CONTAINER MISC	2	RX/OTC
MAZERUSTAR KK-250S/KK-300SS MIXER/STANDARD MIXING CONTAINER MISC	2	RX/OTC
MEDELA ADVANCED PERSONAL DOUBLE BREAST PUMP MISC	2	RX/OTC
MEDELA LACTINA DOUBLE PUMPING KIT MISC	2	RX/OTC
MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC	2	RX/OTC
MEDI-COOLER MISC	2	RX/OTC
MEDI-FRIDGE IIX MISC	2	RX/OTC
MEDI-RDT BLISTER PACKS/LABELS & SLEEVE MISC	2	RX/OTC
MEDICINE DROPPER MISC	2	RX/OTC
MEDICINE DROPPER/CALIBRATED MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEDICINE SPOON MISC	2	RX/OTC
MEGAPUMP MISC	2	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	2	RX/OTC
METAL REACHER/27" MISC	2	RX/OTC
METAL REACHER/32" MISC	2	RX/OTC
METERED NASAL SPRAY PUMP MISC	2	RX/OTC
METERED NASAL SPRAY PUMP 15ML/SAFETY CLIP MISC	2	RX/OTC
MICROCLENS WALL MOUNT BRACKET MISC	2	RX/OTC
MINI DIFFUSER/COOL MIST/ESSENTIAL OIL MISC	2	RX/OTC
MINI MALLET 3/4" PLASTIC/NON-MARRING MISC	2	RX/OTC
MINI TRANSFER PIN MISC	2	RX/OTC
MIXER/MAZERUSTAR KK-300SS/STANDARD/MIXING CONTAINER FOR EMP MISC	2	RX/OTC
MIXER/MAZERUSTAR KK-400W/STANDARD/MIXING CONTAINER MISC	2	RX/OTC
MIXER/MAZERUSTAR/EMP/JARMIXING ADAPTER/100ML MISC	2	RX/OTC
MIXER/MAZERUSTAR/EMP/JARMIXING/ADAPTER SET/15ML-50ML/100ML MISC	2	RX/OTC
MIXER/MAZERUSTAR/MD PUMP MIXING ADAPTER MISC	2	RX/OTC
MIXING/MAZERUSTAR/EMP/JAR MIXING ADAPTER/15ML-50ML MISC	2	RX/OTC



Drug Name	Drug Tier	Requirements/ Limits
MN8 MISC	2	RX/OTC
MOIST-SURE REPLACEMENT COVER/LARGE/14" X 27" MISC	2	RX/OTC
MOIST-SURE REPLACEMENT COVER/MEDIUM/14" X 14" MISC	2	RX/OTC
MOIST-SURE REPLACEMENT COVER/PETITE/4" X 17" MISC	2	RX/OTC
MOISTUREPLUS COVER/LARGE/14" X 27" MISC	2	RX/OTC
MOISTUREPLUS COVER/MEDIUM/14" X 14" MISC	2	RX/OTC
MOISTUREPLUS COVER/PETITE/4" X 17" MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/5ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/3ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/10ML MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/2ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/3ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/4ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/5ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/7ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/10ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/2ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/3ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/4ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/7ML MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4" MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/21GX3/4" MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4" MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4" MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/19GX3/4" MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/21GX3/4" MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/23GX3/4" MISC	2	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4" MISC	2	RX/OTC
MONOJECT BLOOD TUBE HOLDER MISC	2	RX/OTC
MONOJECT LUER ADAPTER MISC	2	RX/OTC
MONOJECT MULTI-SAMPLE COLLECTION SET/HOLDER/SAFETY CAP/MALE MISC	2	RX/OTC
MONOJECT MULTI-SAMPLE COLLECTION SET/TUBE HOLDER/MALE MISC	2	RX/OTC
MUCOSAL ATOMIZATION NASALDEVICE MISC	2	RX/OTC
MY MDI FINGER PULSE OXIMETER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NAIL POLISH BOTTLE/BRUSH15ML MISC	2	RX/OTC
NASADOCK MISC	2	RX/OTC
NASAL SPRAY BOTTLE 20ML MISC	2	RX/OTC
NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE MISC	2	RX/OTC
NATURAL WOOD CANE MISC	2	RX/OTC
NATURAL WOOD WALKING STICK MISC	2	RX/OTC
NATURESPIRIT PULSE OXIMETER MISC	2	RX/OTC
NEOPRENE BELT CASE BLACK3ML MISC	2	RX/OTC
NEOPRENE BELT CASE ORANGE3ML MISC	2	RX/OTC
NEOPRENE BELT CASE ROYALBLUE 3ML MISC	2	RX/OTC
NEOPRENE BELT CASE WHITE3ML MISC	2	RX/OTC
NEXCARE COMFORT FOAM EAR PLUGS MISC	2	RX/OTC
NEXCARE REUSABLE EAR PLUGS MISC	2	RX/OTC
NEXDOSE PRESCRIPTION MEDICATION DIGITAL ASSISTANT MISC	2	RX/OTC
NG SECURE NASOGASTRIC TUBE HOLDER MISC	2	RX/OTC
NOVA BATH SEAT/BACK & ARMS MISC	2	RX/OTC
NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3 MISC	2	RX/OTC
NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE MISC	2	RX/OTC
NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NVZZLER SINGLE ELECTRIC BREAST PUMP MISC	2	RX/OTC
NYLON BELT CASE BLACK 3ML MISC	2	RX/OTC
O-RING CUSHION 16" DIAMETER MISC	2	RX/OTC
OFFSET CANE/BLACK/300LBCAPA CITY MISC	2	RX/OTC
OFFSET CANE/BLUE ICE/300LB CAPACITY MISC	2	RX/OTC
OFFSET CANE/BRONZE/300LBCA PACITY MISC	2	RX/OTC
OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	2	RX/OTC
OFFSET CANE/CHROME/300LBCA PACITY MISC	2	RX/OTC
OFFSET CANE/GREEN ICE/300LB CAPACITY MISC	2	RX/OTC
OFFSET CANE/HOUNDSTOOTH/30 0LB CAPACITY MISC	2	RX/OTC
OFFSET CANE/METALLIC BLACK/300LB CAPACITY MISC	2	RX/OTC
OFFSET CANE/ROSE PRINT/300LB CAPACITY MISC	2	RX/OTC
OFFSET CANE/STRAP MISC	2	RX/OTC
OINTMENT JAR 2OZ MISC	2	RX/OTC
OINTMENT TUBE OPHTHALMICTIP 1/8OZ/METAL MISC	2	RX/OTC
OINTMENT TUBE/METAL/1OZ MISC	2	RX/OTC
OINTMENT TUBE/METAL/2OZ MISC	2	RX/OTC
OINTMENT TUBE/METAL/4OZ MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ MISC	2	RX/OTC
OINTMENT TUBE/PLASTIC/1OZ MISC	2	RX/OTC
OINTMENT TUBE/PLASTIC/2OZ MISC	2	RX/OTC
OINTMENT TUBE/PLASTIC/4OZ MISC	2	RX/OTC
OINTMENT TUBE/PLASTIC/6OZ MISC	2	RX/OTC
ONE OUNCE MEDICINE CUPS MISC	2	RX/OTC
ONE STEP AT A TIME FILTERS MISC	2	RX/OTC
ONE-DAY-AT-A-TIME PLANNER/BLISTER CARD/MEDIUM MISC	2	RX/OTC
ORAL DOSE SYRINGE MISC	2	RX/OTC
ORAL ENDOTRACHEAL TUBE ATTACHMENT DEVICE MISC	2	RX/OTC
ORAL MEDICINE DROPPER MISC	2	RX/OTC
ORAL SYRINGE/BRUSH MISC	2	RX/OTC
ORIGINAL MCKENZIE CERVICAL ROLL MISC	2	RX/OTC
OVAL PESSARY/SUPPORT MISC	2	RX/OTC
PADDLE WALKER/FOLDING/5"WH EELS/ADJUSTABLE MISC	2	RX/OTC
PCCA ACCUPEN-15 MISC	2	RX/OTC
PEDAL EXERCISER MISC	2	RX/OTC
PELVIC MUSCLE TRAINER MISC	2	RX/OTC
PERSONAL BLOOD PRESSURE SMART CARD MISC	2	RX/OTC
PH ACCESSORIES STORAGE SOLUTION 230ML MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ALCOHOLPREP PADS PADS	NP	RX/OTC
PILL BOX 7 DAY MISC	2	RX/OTC
PILL CRUSHER MISC	2	RX/OTC
PILL CRUSHER/BUILT IN STORAGE MISC	2	RX/OTC
PILL POUCH MISC	2	RX/OTC
PILL SPLITTER MISC	2	RX/OTC
PILLGUARD DISPENSER MISC	2	RX/OTC
PILLGUARD REFILL CARTRIDGE MISC	2	RX/OTC
PISTON ROD 10ML MISC	2	RX/OTC
PISTON ROD 3ML MISC	2	RX/OTC
PLASTIC BED PAN MISC	2	RX/OTC
PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS MISC	2	RX/OTC
PLASTIC BOTTLES/90ML/TWIST TOP SIFTER CAPS MISC	2	RX/OTC
PLASTIC ENEMA BOTTLE/2OZ/20/410 OPENING MISC	2	RX/OTC
PLASTIC JAR 6OZ MISC	2	RX/OTC
PLASTIC LOCKING CASE CLIPBLACK MISC	2	RX/OTC
PLASTIC SCOOP 1ML/4" HANDLE MISC	2	RX/OTC
PLATFORM WALKER ATTACHMENT MISC	2	RX/OTC
PLATINUM REACHER 31" MISC	2	RX/OTC
POCKET MAGNIFIER MISC	2	RX/OTC
POCKET PRO+ REPLACEMENT SENSOR/TESTER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
POLYPROPYLENE CAP/LINER MISC	2	RX/OTC
POSTURE SEAT MISC	2	RX/OTC
POWDER INSUFFLATOR MISC	2	RX/OTC
PRECISION CATHETER URINESPECIMEN SYSTEM KIT KIT	2	RX/OTC
PRECISION MIDSTREAM PRESERVATIVE KIT KIT	2	RX/OTC
PRECISION SCALE COMPACT MISC	2	RX/OTC
PRECISION SPECIMEN CONTAINER/5OZ MISC	2	RX/OTC
PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR MISC	2	RX/OTC
PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR/118ML MISC	2	RX/OTC
PRECISION SPUTUM COLLECTOR KIT WITH TUBE MISC	2	RX/OTC
PRECISION SPUTUM COLLECTOR KIT/TUBE MISC	2	RX/OTC
PRECISION STOOL COLLECTOR MISC	2	RX/OTC
PRECISION TISSUE GRINDER MISC	2	RX/OTC
PRECISION TISSUE GRINDER/15ML MISC	2	RX/OTC
PRECISION TISSUE GRINDER/50ML MISC	2	RX/OTC
PRECISION URINE SPECIMENSYSTEM WITH PRESERVATIVE KIT	2	RX/OTC
PRECISION URINE SPECIMENSYSTEM WITH PRESERVATIVE MISC	2	RX/OTC
PREMIUM PILL CRUSHER MISC	2	RX/OTC
PRESCRIPTION BOTTLE MAGNIFIER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT ALCOHOL PADS PADS	2	RX/OTC
PRO COMFORT FOOT BATH MISC	2	RX/OTC
PROFIT PRECISION SCALE MISC	2	RX/OTC
PULSE OXIMETER DELUXE MISC	2	RX/OTC
PULSE OXIMETER FOR FINGER MISC	2	RX/OTC
PULSE OXIMETER MISC	2	RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP MISC	2	RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPACK MISC	2	RX/OTC
QC ALCOHOL SWABS PADS	2	RX/OTC
QUAD CANE TIPS 1/2" MISC	2	RX/OTC
QUAD CANE TIPS 5/8" MISC	2	RX/OTC
QUAD CANE TIPS/BLACK/5/8" MISC	2	RX/OTC
QUAD CANE TIPS/GREY/5/8" MISC	2	RX/OTC
QUAD CANE/BRONZE HANDLE/SMALL BASE MISC	2	RX/OTC
QUAD CANE/LARGE BASE/BRONZE ALUMINUM MISC	2	RX/OTC
QUAD CANE/LARGE BASE/CUSHIONED HANDLE/5/8" MISC	2	RX/OTC
QUAD CANE/LARGE BASE/ORTHO HANDLE/5/8" MISC	2	RX/OTC
QUAD CANE/LARGE BASE/SELECTAGRIP HANDLE/5/8" MISC	2	RX/OTC
QUAD CANE/LARGE BASE/SHOVEL HANDLE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QUAD CANE/LARGE LOW BASE MISC	2	RX/OTC
QUAD CANE/LARGE LOW BASE/DEVON HANDLE MISC	2	RX/OTC
QUAD CANE/ORTHO GRIP MISC	2	RX/OTC
QUAD CANE/SMALL BASE MISC	2	RX/OTC
QUAD CANE/SMALL BASE. MISC	2	RX/OTC
QUAD CANE/SMALL BASE/BRONZE ALUMINUM MISC	2	RX/OTC
QUAD CANE/SMALL BASE/BRONZE/CUSHIONED HANDLE/1/2" MISC	2	RX/OTC
QUAD CANE/SMALL BASE/CUSHIONED HANDLE/1/2" MISC	2	RX/OTC
QUAD CANE/SMALL BASE/OFFSET HANDLE MISC	2	RX/OTC
QUAD CANE/SMALL BASE/ORTHO HANDLE/1/2" MISC	2	RX/OTC
QUAD CANE/SMALL BASE/SHOVEL HANDLE MISC	2	RX/OTC
QUAD CANE/SMALL LOW BASE/DEVON HANDLE MISC	2	RX/OTC
QUAD CANE/SMALL LOW BASE/ORTHO GRIP MISC	2	RX/OTC
QUICK-FIT CRUTCHES MISC	2	RX/OTC
QUIET PLEASE FOAM EAR PLUGS MISC	2	RX/OTC
RA ALCOHOL SWABS PADS	2	RX/OTC
RA BANDAGE SCISSORS MISC	2	RX/OTC
RA COMFORT-FOAM EAR PLUGS MISC	2	RX/OTC
RA DELUXE CUT N CRUSH MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RA EXTRA COMFORT NIGHT PROTECTOR ORAL CARE MISC	2	RX/OTC
RA FOAM EAR PLUGS MISC	2	RX/OTC
RA FOLDING SYRINGE MISC	2	RX/OTC
RA GLASS DROPPERS MISC	2	RX/OTC
RA MEDICINE DROPPER/SPOON MISC	2	RX/OTC
RA QUIET PLEASE FOAM EARPLUGS MISC	2	RX/OTC
RA RENEWAL HAIR STYLING SHEARS MISC	2	RX/OTC
RA REST ASSURED NITE PROTECTOR MISC	2	RX/OTC
RA SITZ BATH MISC	2	RX/OTC
RA TABLET CUTTER MISC	2	RX/OTC
RAISED TOILET SEAT MISC	2	RX/OTC
RAISED TOILET SEAT/LOCK & ARMS MISC	2	RX/OTC
RAISED TOILET SEAT/LOCK MISC	2	RX/OTC
RAPLIXA DELIVERY KIT MISC	2	RX/OTC
REALITY SWABS PADS	2	RX/OTC
RECONSTITUBE MISC	2	RX/OTC
REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM MISC	2	RX/OTC
REFLECTIONS C LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM MISC	2	RX/OTC
RELION ALCOHOL SWABS PADS	2	RX/OTC
RELION PULSE OXIMETER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
REMOVABLE BACK ALUMINUM COMMUNE/PADDED ARMRESTS MISC	2	RX/OTC
REPLACEMENT NECKBAND STRAPS FOR TUBE ATTACHMENT DEVICE MISC	2	RX/OTC
RIDVANTAGE LICE COMB MISC	2	RX/OTC
RING CUSHION 14" MISC	2	RX/OTC
RING CUSHION 16" MISC	2	RX/OTC
RING CUSHION 18" MISC	2	RX/OTC
RING PESSARY MISC	2	RX/OTC
RING PESSARY/SUPPORT MISC	2	RX/OTC
RINOFLOW MICRONIZER CHAMBER TUBING MISC	2	RX/OTC
RINOFLOW NASAL SYSTEM MISC	2	RX/OTC
ROLLATOR ULTRA-LIGHT MISC	2	RX/OTC
ROLLER WALKER MISC	2	RX/OTC
ROUND SHOWER STOOL MISC	2	RX/OTC
RUBBER BATH MAT MISC	2	RX/OTC
RUBBER INFLATABLE CUSHION MISC	2	RX/OTC
RX TIMER CAP 13/16 DRAM TOPS PHARMACY MISC	2	RX/OTC
RX TIMER CAP 30/40/60 DRAM TOPS PHARMACY MISC	2	RX/OTC
SAFETY-LOK COLLECTION SET 23GX3/4"/12" TUBING MISC	2	RX/OTC
SAFETY-SHIELD TABLET CUTTER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAPS CARE ALCOHOL PREP PADS PADS	NP	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS PADS	NP	RX/OTC
SB ALCOHOL PREP PADS PADS	2	RX/OTC
SCD SOFT SLEEVES/KNEE LENGTH 21" MISC	2	RX/OTC
SCD SOFT SLEEVES/THIGH LENGTH MEDIUM MISC	2	RX/OTC
SEAL-RITE SILICONE EAR PLUGS MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT FOOT/ANKLE MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT HAND MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG ARM MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG LEG MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT ARM MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT LEG MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT ARM MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT LEG MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE LEG MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM ARM MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM MISC	2	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL LEG MISC	2	RX/OTC
SEAL-TIGHT MID-ARM PROTECTOR MISC	2	RX/OTC
SEALS/ALUMINUM/FLIP OFF/13MM/BLANK TOP MISC	2	RX/OTC
SEATING CANE/8-1/2" SEATDIAMETER MISC	2	RX/OTC
SERUM BOTTLE STOPPER 20MM MISC	2	RX/OTC
SERUM BOTTLE/100ML MISC	2	RX/OTC
SERUM BOTTLE/250ML MISC	2	RX/OTC
SERUM BOTTLES/AMBER GLASS/20ML/20MM MISC	2	RX/OTC
SERUM BOTTLES/AMBER GLASS/30ML/20MM MISC	2	RX/OTC
SETTLING PLATE SDA/29ML/100X15MM MISC	2	RX/OTC
SETTLING PLATE TSA/25ML/100X15MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SEW-IN POCKET APRICOT 3ML MISC	2	RX/OTC
SHAATZ PESSARY MISC	2	RX/OTC
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN MISC	2	RX/OTC
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/CAUCASIAN MISC	2	RX/OTC
SHOPKO ALCOHOL SWABS PADS	2	RX/OTC
SHOWER-PAK MISC	2	RX/OTC
SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP MISC	2	RX/OTC
SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	2	RX/OTC
SILICONE EAR PLUGS FOR KIDS MISC	2	RX/OTC
SILICONE EAR PLUGS KID SIZE MISC	2	RX/OTC
SILICONE EAR PLUGS MISC	2	RX/OTC
SIMPLE WISHES PUMPING BRALARGE-PLUS HANDS-FREE/ADJUSTABLE MISC	2	RX/OTC
SIMPLE WISHES PUMPING BRAXS-L HANDS-FREE/ADJUSTABLE MISC	2	RX/OTC
SIMPLYGO BREAST PUMP/DUAL MISC	2	RX/OTC
SIMPLYGO BREAST PUMP/SINGLE MISC	2	RX/OTC
SINGLE HEAD STETHOSCOPE MISC	2	RX/OTC
SITZ BATH MISC	2	RX/OTC
SLEEPRIGHT DENTAL GUARD DURA-COMFORT MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SLEEPRIGHT DENTAL GUARD MISC	2	RX/OTC
SLEEPRIGHT DENTAL GUARD SLIM-COMFORT MISC	2	RX/OTC
SLEEPRIGHT INTRA-NASAL BREATHE AID MISC	2	RX/OTC
SLEEPRIGHT INTRA-NASAL VAPOR INHALER MISC	2	RX/OTC
SLEEPRIGHT SPORT INTRA-NASAL BREATHE AID MISC	2	RX/OTC
SM ALCOHOL PREP PADS PADS	2	RX/OTC
SM FOAM EAR PLUGS MISC	2	RX/OTC
SM WALKER/YOUTH/FOLDIN G/DUAL WHEELS MISC	2	RX/OTC
SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY MISC	2	RX/OTC
SOFT HANDS COTTON GLOVE/EXTRA LARGE MISC	2	RX/OTC
SOFT HANDS COTTON GLOVE/LARGE MISC	2	RX/OTC
SOFT HANDS COTTON GLOVE/SMALL-MEDIUM MISC	2	RX/OTC
SOOTHIES GEL PADS/REUSABLE MISC	2	RX/OTC
SPENCO SILICORE BED PAD MISC	2	RX/OTC
SPENCO SILICORE CHAIR PAD MISC	2	RX/OTC
SPENCO SILICORE FOOT PILLOWS/ONE SIZE MISC	2	RX/OTC
SPENCO SILICORE FOOT POSITIONER MISC	2	RX/OTC
SPENCO SILICORE WHEELCHAIR PAD MISC	2	RX/OTC
SPLASH SHIELD/FULL FACE MISC	2	RX/OTC



Drug Name	Drug Tier	Requirements/ Limits
SPLASH SHIELD/SHORT FACE MISC	2	RX/OTC
SPLIT HANDGRIPS MISC	2	RX/OTC
SPORT/BATHING BELT BLACK/WHITE MISC	2	RX/OTC
SPRAGUE RAPPAPORT STETHOSCOPE/BLACK MISC	2	RX/OTC
SPRAGUE RAPPAPORT STETHOSCOPE/NAVY MISC	2	RX/OTC
SPRAGUE RAPPAPORT STETHOSCOPE/PURPLE MISC	2	RX/OTC
SPRAY APPLICATOR KIT MISC	2	RX/OTC
SPRAY BOTTLE 120ML/PLASTIC MISC	2	RX/OTC
STANDARD CRUTCH TIP MISC	2	RX/OTC
STEEL COMMODE/BEDSIDE/FOLDING/SPLASH GUARD MISC	2	RX/OTC
STEP COUNTER MISC	2	RX/OTC
STEP N' REST II WALKER MISC	2	RX/OTC
STEP N' REST WALKER MISC	2	RX/OTC
STEP N' REST WALKER/5" SWIVEL WHEELS/GLIDE WHEELS MISC	2	RX/OTC
STETHOSCOPE DUAL HEAD MISC	2	RX/OTC
STETHOSCOPE MISC	2	RX/OTC
STETHOSCOPE SINGLE HEAD MISC	2	RX/OTC
STETHOSCOPE-LIGHTWEIGHT MISC	2	RX/OTC
STETHOSCOPE-SINGLE HEAD MISC	2	RX/OTC
STETHOSCOPE/NURSES BLUE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
STETHOSCOPE/SPRAGUE RAPPAPORT STYLE MISC	2	RX/OTC
STIRRING ROD/GLASS 12X1/4" MISC	2	RX/OTC
STOCKING APPLICATOR/PETITE MISC	2	RX/OTC
STOCKING APPLICATOR/REGULAR MISC	2	RX/OTC
STOP LICE EGG & NIT REMOVAL SYSTEM MISC	2	RX/OTC
STRAINER/STAINLESS STEELWITH PLASTIC HANDLE/2-1/2" MISC	2	RX/OTC
SUCTION GRAB BAR MISC	2	RX/OTC
SUCTION TIPS FOR TRANSFERBENCHES MISC	2	RX/OTC
SUNBEAM KING COVER MISC	2	RX/OTC
SUNBEAM STANDARD COVER MISC	2	RX/OTC
SUPPOSISTRIP MOLD 1.4GM MISC	2	RX/OTC
SUPPOSISTRIP MOLD 1.9GM MISC	2	RX/OTC
SUPPOSITORY MOLD 2GM MISC	2	RX/OTC
SUPPOSITORY MOLD 60 CAVITY MISC	2	RX/OTC
SUPPOSITORY MOLD/ALUMINUM2GM/100 CAVITY MISC	2	RX/OTC
SUPPOSITORY MOLDS 1.3ML/PEEL-AWAY MISC	2	RX/OTC
SUPPOSITORY MOLDS 2.25ML/PEEL-AWAY MISC	2	RX/OTC
SUPPOSITORY MOLDS 2CC/V-NOTCH MISC	2	RX/OTC
SUPPOSITORY MOLDS 2GM MISC	2	RX/OTC
SUPPOSITORY MOLDS 2ML/PEEL-AWAY MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SUPPOSITORY MOLDS 3ML/PEEL-AWAY MISC	2	RX/OTC
SUPPOSITORY SHELL 2.0ML MISC	2	RX/OTC
SUPPOSITORY SHELL MEDIUM2.25GM MISC	2	RX/OTC
SUPPOSITORY SHELL RACK MISC	2	RX/OTC
SUPPOSITORY SHELL SMALL 1.46GM MISC	2	RX/OTC
SUPPOSITORY SHELLS 2.4ML MISC	2	RX/OTC
SURE COMFORT ALCOHOL PREP PADS PADS	NP	RX/OTC
SURE-PREP ALCOHOL PREP PADS PADS	NP	RX/OTC
SWIM EARPLUGS MISC	2	RX/OTC
SYMPHONY DOUBLE PUMPING SYSTEM MISC	2	RX/OTC
SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	2	RX/OTC
SYRINGE DIAL-A-DOSE MISC	2	RX/OTC
SYRINGE TIP- RECTAL/VAGINAL LUER APPLICATOR MISC	2	RX/OTC
TABLET CRUSHER/CONTAINER MISC	2	RX/OTC
TABLET CUTTER MISC	2	RX/OTC
TABLET CUTTER/CRUSHER MISC	2	RX/OTC
TABLET CUTTER/DELUXE SAFETY MISC	2	RX/OTC
TABLET CUTTER/SAFETY SHIELD MISC	2	RX/OTC
TABLET CUTTER/SAFETY-SHIELD MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE MISC	2	RX/OTC
TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	2	RX/OTC
TEXTURE WALL GRAB BAR/12" MISC	2	RX/OTC
TEXTURE WALL GRAB BAR/16" MISC	2	RX/OTC
TEXTURE WALL GRAB BAR/18" MISC	2	RX/OTC
TEXTURE WALL GRAB BAR/24" MISC	2	RX/OTC
TEXTURE WALL GRAB BAR/32" MISC	2	RX/OTC
TGT ALCOHOL SWABS PADS	2	RX/OTC
THE DOCTORS NIGHTGUARD ADVANCED COMFORT MISC	2	RX/OTC
THE SIDE RESTER CUSHION IMPERMEABLE COVER MISC	2	RX/OTC
THE SIDE RESTER CUSHION REGULAR COVER MISC	2	RX/OTC
THERA-BAND EXERCISE BANDS MISC	2	RX/OTC
TIP CAPS MISC	2	RX/OTC
TIP RECTAL/VAGINAL W/PERFORATIONS MISC	2	RX/OTC
TOILET SAFETY FRAME MISC	2	RX/OTC
TOILET SEAT ELEVATOR MISC	2	RX/OTC
TONGUE CLEANER/COMFORT CURVE MISC	2	RX/OTC
TONGUE DEPRESSORS MISC	2	RX/OTC
TOOTHETTE BITE BLOCK MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPI-CLICK 140/BLACK MISC	2	RX/OTC
TOPI-CLICK 140/BLUE MISC	2	RX/OTC
TOPI-CLICK 140/GOLD MISC	2	RX/OTC
TOPI-CLICK 140/GREEN MISC	2	RX/OTC
TOPI-CLICK 140/PINK MISC	2	RX/OTC
TOPI-CLICK 140/PURPLE MISC	2	RX/OTC
TOPI-CLICK 140/RED MISC	2	RX/OTC
TOPI-CLICK 140/SILVER MISC	2	RX/OTC
TOPI-CLICK 140/WHITE MISC	2	RX/OTC
TOPI-CLICK 35 DOSE CHECK MISC	2	RX/OTC
TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/CAP/BASE MISC	2	RX/OTC
TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/WHITE CAP/BASE MISC	2	RX/OTC
TOPI-CLICK 35 VAGINAL APPLICATOR DOSE LOADER MISC	2	RX/OTC
TOPI-CLICK 35 VAGINAL DOSE APPLICATOR MISC	2	RX/OTC
TOPI-CLICK 35 VAGINAL DOSING SYSTEM/APPLICATOR MISC	2	RX/OTC
TOPI-CLICK APPLICATOR/140ML MISC	2	RX/OTC
TOPI-CLICK APPLICATOR/35ML MISC	2	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/PIN POINT/9ML/0.05ML/BLUE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPI-CLICK APPLICATOR/MICRO/ROUNDED/9ML/0.05ML/BLUE MISC	2	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/SOFT ANGLED/9ML/0.05ML/BLUE MISC	2	RX/OTC
TOPI-CLICK MICRO/PIN POINT APPLICATOR/BLUE MISC	2	RX/OTC
TOPI-CLICK MICRO/ROUNDEDAPPLICATOR/BLUE MISC	2	RX/OTC
TOPI-CLICK MICRO/SOFT ANGLED APPLICATOR/BLUE MISC	2	RX/OTC
TOPI-CLICK NOZZLE MISC	2	RX/OTC
TOPI-CLICK PERL VAGINAL APPLICATOR DOSE LOADER/35ML MISC	2	RX/OTC
TOPI-CLICK PERL VAGINAL DOSE APPLICATOR/4ML MISC	2	RX/OTC
TOPI-CLICK PERL VAGINAL DOSING SYSTEM/VAGINAL APPLICATOR 35 MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLACK MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLUE MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/GOLD MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/GREEN MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/ORANGE MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/PINK MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/PURPLE MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/RED MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPI-CLICK/35ML/1 PORT/SILVER MISC	2	RX/OTC
TOPI-CLICK/35ML/1 PORT/WHITE MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/BLACK MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/BLUE MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/GOLD MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/GREEN MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/PINK MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/PURPLE MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/RED MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/SILVER MISC	2	RX/OTC
TOPI-CLICK/35ML/3 PORT/WHITE MISC	2	RX/OTC
TOTAL COMFORT WHEELCHAIRBACK CUSHION MISC	2	RX/OTC
TOTAL COMFORT WHEELCHAIRSEAT CUSHION MISC	2	RX/OTC
TRACHO-FOAM DISCS EXTRA-LARGE 0.125" X 1" I.D. X 3.5" O.D. MISC	2	RX/OTC
TRACHO-FOAM DISCS LARGE 0.125"X1" I.D. X 2.62" O.D. MISC	2	RX/OTC
TRACHO-FOAM DISCS STANDARD 0.125" X 1" I.D. X 2.25" O.D. MISC	2	RX/OTC
TRACTION FLOOR STAND/ECONOMY MODEL MISC	2	RX/OTC
TRACTION HEAD HALTER ROPE 10' MISC	2	RX/OTC
TRACTION PELVIC BELT MISC	2	RX/OTC
TRACTION WEIGHT BAG/20LB MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRAINER FOR EPINEPHRINE MISC	2	RX/OTC
TRANSFER BENCH MISC	2	RX/OTC
TRANSFER BENCH W/BACK MISC	2	RX/OTC
TRANSFER BOARD/28"X8-1/4" MISC	2	RX/OTC
TRANSFER PIN MISC	2	RX/OTC
TRANSPORT CHAIR ULTRA LIGHT MISC	2	RX/OTC
TRAVEL BOTTLES MISC	2	RX/OTC
TRAVEL POUCH MISC	2	RX/OTC
TRI-GRIP BATHTUB RAIL MISC	2	RX/OTC
TRIGGER RELEASE JUNIOR WALKER/WHEELS MISC	2	RX/OTC
TROCHE MOLD 30 CAVITY MISC	2	RX/OTC
TRU FIT MAGNETIX ANKLE/2SMALL DISKS MISC	2	RX/OTC
TRU FIT MAGNETIX BACK MISC	2	RX/OTC
TRU FIT MAGNETIX ELBOW/2SMALL DISKS MISC	2	RX/OTC
TRU FIT MAGNETIX OPEN KNEE/2 LARGE DISKS MISC	2	RX/OTC
TRU FIT MAGNETIX SELF-ADHESIVE MAGNETS MISC	2	RX/OTC
TRU FIT MAGNETIX WRIST/2SMALL DISKS MISC	2	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS PADS	NP	RX/OTC
TUB TRANSFER BOARD MISC	2	RX/OTC
TWIN MEDICINE SPOON MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TYVEK PROTECTIVE SLEEVES/DISPOSABLE MISC	2	RX/OTC
ULTICARE ALCOHOL SWABS PADS	NP	RX/OTC
ULTRA PILL CRUSHER MISC	2	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS PADS	NP	RX/OTC
UNGUATOR 100/200/57MM/DISPOSABLE BLADES MISC	2	RX/OTC
UNGUATOR 15/20/30/36MM/DISPOSABLE BLADES MISC	2	RX/OTC
UNGUATOR 50/43MM/DISPOSABLE BLADES MISC	2	RX/OTC
UNGUATOR ACCESSORIES EXACTDOSE 0.5ML MISC	2	RX/OTC
UNGUATOR APPLICATOR 1"/SHORT/CAP MISC	2	RX/OTC
UNGUATOR APPLICATOR 2.5"/LONG MISC	2	RX/OTC
UNGUATOR JAR 100/140 BLUELID MISC	2	RX/OTC
UNGUATOR JAR 100/140 REDLID MISC	2	RX/OTC
UNGUATOR JAR 15/20 BLUE LID MISC	2	RX/OTC
UNGUATOR JAR 15/20 GREENLID MISC	2	RX/OTC
UNGUATOR JAR 15/20 RED LID MISC	2	RX/OTC
UNGUATOR JAR 15/28 BLUE LID MISC	2	RX/OTC
UNGUATOR JAR 20/33 BLUE MISC	2	RX/OTC
UNGUATOR JAR 20/33 RED LID MISC	2	RX/OTC
UNGUATOR JAR 20/33 WHITE/BLUE LID MISC	2	RX/OTC
UNGUATOR JAR 200/280 BLUELID MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNGUATOR JAR 200/280 GREEN LID MISC	2	RX/OTC
UNGUATOR JAR 200/280 REDLID MISC	2	RX/OTC
UNGUATOR JAR 200/280 WHITE MISC	2	RX/OTC
UNGUATOR JAR 30/42 BLUE LID MISC	2	RX/OTC
UNGUATOR JAR 30/42 BLUE/BLUE LID MISC	2	RX/OTC
UNGUATOR JAR 30/42 GREENLID MISC	2	RX/OTC
UNGUATOR JAR 30/42 RED LID MISC	2	RX/OTC
UNGUATOR JAR 30/42 TURQUOISE/TURQUOISE LID MISC	2	RX/OTC
UNGUATOR JAR 30/42 WHITELID MISC	2	RX/OTC
UNGUATOR JAR 30/42 YELLOW MISC	2	RX/OTC
UNGUATOR JAR 50/70 BLUE LID MISC	2	RX/OTC
UNGUATOR JAR 50/70 BLUE/BLUE LID MISC	2	RX/OTC
UNGUATOR JAR 50/70 GREENLID MISC	2	RX/OTC
UNGUATOR JAR 50/70 PINK/PINK LID MISC	2	RX/OTC
UNGUATOR JAR 50/70 RED LID MISC	2	RX/OTC
UNGUATOR JAR 50/70 TURQUOISE MISC	2	RX/OTC
UNGUATOR JAR 50/70 WHITELID MISC	2	RX/OTC
UNGUATOR JAR 50/70 YELLOW MISC	2	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 1000/1250 MISC	2	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC	2	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 500/600 WHITE MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNGUATOR JAR W/SPINDLE 300/390 MISC	2	RX/OTC
UNGUATOR JAR W/SPINDLE 500/600 MISC	2	RX/OTC
UNGUATOR LID 1000ML MISC	2	RX/OTC
UNGUATOR LID 500ML MISC	2	RX/OTC
UNGUATOR VARIONOZZLE 1MM MISC	2	RX/OTC
UNGUATOR VARIONOZZLE 4MM MISC	2	RX/OTC
UNIVERSAL SLEEVE COVERS MISC	2	RX/OTC
UNIVERSAL TIPS/1" MISC	2	RX/OTC
UNIVERSAL WALKER ORGANIZER MISC	2	RX/OTC
VAGINAL CREAM APPLICATOR MISC	2	RX/OTC
VAGINAL SUPPOSITORY APPLICATOR MISC	2	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12" MISC	2	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12" MISC	2	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	2	RX/OTC
VANISHPOINT BLOOD COLLECTION TUBE HOLDER MISC	2	RX/OTC
VARITHENA ADMINISTRATIONPACK MISC	2	RX/OTC
VERSAJET EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	2	RX/OTC
VERSAJET EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	2	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	2	RX/OTC
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	2	RX/OTC
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	2	RX/OTC
VERSAJET PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	2	RX/OTC
VERSAJET PLUS HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	2	RX/OTC
VIAL ACCESSORIES/INHALATI ON WORK STATION/50 HOLES MISC	2	RX/OTC
VIAL/2ML/SCREW TOP MISC	2	RX/OTC
VIBE 6 MISC	2	RX/OTC
VIBRATING FOOT BATH/HEAT MISC	2	RX/OTC
VINYL INFLATABLE CUSHION MISC	2	RX/OTC
VINYL PADDED BATHTUB TRANSFER BENCH/COMMODE SEAT/PAIL MISC	2	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS EXTRA WEIGHTED THICKNESS MISC	2	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS/MAGNET MISC	2	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS MISC	2	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS/MAGNETS MISC	2	RX/OTC
WAIST BELT BLACK MISC	2	RX/OTC
WAIST BELT WHITE MISC	2	RX/OTC
WALKER AUTO GLIDES/5 ADJUSTMENT HOLES/1-1/8" MISC	2	RX/OTC
WALKER AUTO GLIDES/8 ADJUSTMENT HOLES/1-1/8" MISC	2	RX/OTC
WALKER BASKET MISC	2	RX/OTC
WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8" MISC	2	RX/OTC
WALKER GLIDE WHEELS/8 ADJUSTMENT HOLES/1-1/8" MISC	2	RX/OTC
WALKER SKI GLIDES/1" MISC	2	RX/OTC
WALKER SKI GLIDES/1-1/8" MISC	2	RX/OTC
WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/3" MISC	2	RX/OTC
WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/5" MISC	2	RX/OTC
WALKER TALL EXTENSION LEGS MISC	2	RX/OTC
WALKER TIPS/1-1/8" MISC	2	RX/OTC
WALKER TIPS/BLACK/1-1/8" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/3" MISC	2	RX/OTC
WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/5" MISC	2	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3" MISC	2	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5" MISC	2	RX/OTC
WALKER/ADULT/FOLDING MISC	2	RX/OTC
WALKER/EXTENDED FRAME MISC	2	RX/OTC
WALKER/FOLDING HEMI MISC	2	RX/OTC
WALKER/TWO-BUTTON FOLDING/32"-39"/NO WHEELS MISC	2	RX/OTC
WALKER/TWO-BUTTON FOLDING/TITANIUM MISC	2	RX/OTC
WALKER/YOUTH/FOLDING MISC	2	RX/OTC
WASH GLOVES PRE-MOISTENED MISC	2	RX/OTC
WATERPROOF POWER PACK/BLUE MISC	2	RX/OTC
WATERPROOF SHEETING/36" X54" MISC	2	RX/OTC
WATERPROOF SHEETING/36" X66" MISC	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	2	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	2	RX/OTC
WEIGH BOAT/PLASTIC/ANTI-STATIC MISC	2	RX/OTC
WET-STOP 3 MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WHEEL CHAIR K1 BASIC DESKARM MISC	2	RX/OTC
WHEELCHAIR CUSHION MISC	2	RX/OTC
WHEELCHAIR INVALID RING MISC	2	RX/OTC
WHEELCHAIR MISC	2	RX/OTC
WHITE WALL GRAB BAR/12" MISC	2	RX/OTC
WHITE WALL GRAB BAR/16" MISC	2	RX/OTC
WHITE WALL GRAB BAR/18" MISC	2	RX/OTC
WHITE WALL GRAB BAR/24" MISC	2	RX/OTC
WOODEN CANE/ROUND HANDLE/7/8" MISC	2	RX/OTC
WOODEN CANE/WALNUT FINISH/PISTOL GRIP/DERBY HANDLE/7/8" MISC	2	RX/OTC
WOODEN CANE/WALNUT FINISH/ROUND HANDLE/7/8" MISC	2	RX/OTC
WORK BELT MISC	2	RX/OTC
WRIST BRACE MISC	2	RX/OTC
WRIST SLEEP SUPPORT MISC	2	RX/OTC
YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC	2	RX/OTC
ZEWA ELECTRODES MISC	2	RX/OTC
ZIPPERED MATTRESS COVER MISC	2	RX/OTC
ZOOM 20 ROLLING WALKER MISC	2	RX/OTC
<b>Parenteral Therapy Supplies</b>		
1ST TIER UNIFINE PENTIPS31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X8MM MISC	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	NP	RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC	NP	RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	NP	RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC



Drug Name	Drug Tier	Requirements/ Limits
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	NP	RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	NP	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	NP	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	NP	RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	NP	RX/OTC
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	NP	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	NP	RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM MISC	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES-MISC	2	QL (5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	NP	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	NP	RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	NP	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	NP	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM MISC	NP	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	NP	RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	NP	RX/OTC
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	NP	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/ 16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	NP	RX/OTC
UNIFINE PENTIPS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM MISC	NP	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
<b>Respiratory Therapy Supplies</b>		
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 days retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 ea per 360 days retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER/FLOWSI GNAL MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 ea per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 360 days retail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 days retail); RX/OTC
EFLOW SCF AEROSOL HEAD MISC	2	QL(1 ea per 360 days retail); RX/OTC
ELITE DC AUTO ADAPTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 ea per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
HEALTHY LIVING REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY LIVING REPLACEMENT KIT FOR NEBULIZER MISC	2	QL(1 ea per 360 days retail); RX/OTC
HEALTHY LIVING REPLACEMENT MASKS MISC	2	QL(1 ea per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /MEDIUM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /SMALL DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS MISC	2	QL(3 ea per 180 days retail)
LITEAIRE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MICROELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROSPACER MISC	2	QL(2 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 days retail); RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC	2	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER PEDIATRIC MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
NOSE CLIP MISC	2	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER FACE MASK/MEDIUM MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MISC	2	QL(2 ea per 360 days retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 days retail); RX/OTC
PARI MASK SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
PFLEX MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
RITEFLO DEVI	2	QL(2 ea per 360 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
THRESHOLD IMT MISC	2	QL(1 ea per 360 days retail); RX/OTC
TUBING/WING TIP MISC	2	QL(1 ea per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WATCHHALER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
WINDMILL TRAINER MISC	2	QL(1 ea per 360 days retail); RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use Ergotamine w/ Caffeine</i> )	NP	
<i>ergotamine w/ caffeine tabs</i>	1	
MIGRANOW THPK	NP	
<i>sumatriptan-naproxen sodium tabs</i>	1	
TREXIMET TABS 10MG-60MG	NP	
TREXIMET TABS 85MG-500MG ( <i>Use Sumatriptan-Naproxen Sodium</i> )	NP	
<b>Migraine Products - Monoclonal Antibodies</b>		
AIMOVIG SOAJ	NP	SP
AJOVY SOSY	NP	
EMGALITY SOAJ 120 MG/ML	2	PA
EMGALITY SOSY 100 MG/ML, 120 MG/ML	2	PA; SP
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>Use Dihydroergotamine Mesylate</i> )	NP	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	2	
MIGRANAL SOLN	2	
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
AMERGE TABS ( <i>Use Naratriptan HCl</i> )	NP	QL(0.3 ea daily); AL(At least 18 yrs old)
AXERT TABS ( <i>Use Almotriptan Malate</i> )	NP	
<i>eletriptan hydrobromide tabs</i>	1	QL(0.2 ea daily)
FROVA TABS ( <i>Use Frovatriptan Succinate</i> )	NP	
<i>frovatriptan succinate tabs</i>	1	
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT ( <i>Use Sumatriptan</i> )	NP	QL(6 ea per 30 days retail)
IMITREX SOLN SC 6 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NP	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NP	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NP	QL(0.67 ml daily)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NP	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NP	QL(0.67 ml daily)
IMITREX TABS OR 25 MG, 50 MG, 100 MG ( <i>Use Sumatriptan Succinate</i> )	NP	QL(9 ea per 30 days retail)
MAXALT TABS ( <i>Use Rizatriptan Benzoate</i> )	NP	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP ( <i>Use Rizatriptan Benzoate</i> )	NP	
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ONZETRA XSAIL EXHP	NP	
RELPAZ TABS ( <i>Use Eletriptan Hydrobromide</i> )	NP	QL(0.2 ea daily)
<i>rizatriptan benzoate tabs 5 mg, 10 mg</i>	1	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg, 10 mg</i>	1	
<i>sumatriptan soln na 5 mg/act, 20 mg/act</i>	1	QL(6 ea per 30 days retail)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	1	
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	1	
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	2	QL(0.67 ml daily)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(9 ea per 30 days retail)
SUMAVEL DOSEPRO SOTJ	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
<i>zolmitriptan tabs or 5 mg, 2.5 mg</i>	1	QL(6 ea per 30 days retail)
<i>zolmitriptan tbdp or 5 mg, 2.5 mg</i>	1	QL(6 ea per 30 days retail)
ZOMIG SOLN NA 2.5 MG	NP	
ZOMIG SOLN NA 5 MG	NP	QL(6 ea per 30 days retail)
ZOMIG TABS OR 5 MG, 2.5 MG ( <i>Use Zolmitriptan</i> )	NP	QL(6 ea per 30 days retail)
ZOMIG ZMT TBDP ( <i>Use Zolmitriptan</i> )	NP	QL(6 ea per 30 days retail)
<b>MINERALS &amp; ELECTROLYTES</b>		



Drug Name	Drug Tier	Requirements/ Limits
<b>Calcium</b>		
CALCIUM ACETATE TABS OR	2	
<i>calcium carbonate-cholecalciferol tabs 500mg-5mcg, 500mg-200unit</i>	1	
<i>calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit</i>	1	
<i>calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit</i>	1	QL(2 ea daily)
<i>oyster shell tabs</i>	1	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS 500MG-200UNIT	2	
<b>Electrolyte Mixtures</b>		
CERASPORT EX1 SOLN	2	
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	2	
ENFAMIL ENFALYTE SOLN	2	
EQUALYTE SOLN ( <i>Use Oral Electrolytes</i> )	NP	
HYDRALYTE FREEZER POPS SOLN	2	
HYDRALYTE SOLN 270MG/250ML-210MG/250ML, 45MEQ/L-45MEQ/L-20MEQ/L-90MEQ/L-16GM/L	2	
<i>oral electrolytes soln</i>	1	
PEDIALYTE ADVANCED CARE SOLN ( <i>Use Oral Electrolytes</i> )	NP	
PEDIALYTE FREEZER POPS SOLN ( <i>Use Oral Electrolytes</i> )	NP	

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE SINGLES SOLN ( <i>Use Oral Electrolytes</i> )	NP	
PEDIALYTE SOLN 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L, 35MEQ/L-45MEQ/L-7.8MG/L-20MEQ/L-25GM/L, 4.7MEQ/237ML-10.6MEQ/237ML-8.3MEQ/237ML, 2.1MEQ/59ML-2.7MEQ/59ML-0.5MG/59ML-1.2MEQ/59ML-1.5GM/59ML ( <i>Use Oral Electrolytes</i> )	NP	
<b>Fluoride</b>		
FLURA-DROPS SOLN	2	
<i>sodium fluoride chew or 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	1	
<i>sodium fluoride soln or 0.125 mg/drop, 0.5 mg/ml</i>	1	
<b>Magnesium</b>		
MAGNEBIND 400 TABS	NP	
<b>Phosphate</b>		
K-PHOS NEUTRAL TABS ( <i>Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic &amp; Monobasic</i> )	NP	QL(8 ea daily)
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs</i>	1	QL(8 ea daily)
<b>Potassium</b>		
K-TAB TBCR 10 MEQ ( <i>Use Potassium Chloride</i> )	NP	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium bicarbonate tbcf or 25 meq, 2.5gm-2gm</i>	1	
<i>potassium chloride cpcr or 10 meq</i>	1	
<i>potassium chloride cpcr or 8 meq</i>	1	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcf</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride tbcf or 8 meq, 10 meq</i>	1	
<b>Zinc</b>		
<i>zinc sulfate caps or 220 mg</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
DEPEN TITRATABS TABS	2	
SYPRINE CAPS ( <i>Use Trientine HCl</i> )	NP	PA; SP
<i>trientine hcl caps</i>	1	PA; SP
<b>Enzymes</b>		
XIAFLEX SOLR	2	PA; SP
<b>Fecal Incontinence Bulking Agents</b>		
SOLESTA GEL	2	PA; SP
<b>Immunomodulators</b>		
REVLIMID CAPS	2	PA; SP
THALOMID CAPS	2	PA; SP
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL CP24	2	PA; SP
ATGAM INJ	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
AZASAN TABS	2	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS ( <i>Use Mycophenolate Mofetil</i> )	NP	PA; SP
CELLCEPT INTRAVENOUS SOLR ( <i>Use Mycophenolate Mofetil HCl</i> )	NP	PA; SP
CELLCEPT SUSR ( <i>Use Mycophenolate Mofetil</i> )	NP	PA; SP
CELLCEPT TABS ( <i>Use Mycophenolate Mofetil</i> )	NP	PA; SP
<i>cyclosporine caps or 25 mg, 100 mg</i>	1	PA; SP
<i>cyclosporine modified (for microemulsion) caps</i>	1	PA; SP
<i>cyclosporine modified (for microemulsion) soln</i>	1	PA; SP
CYCLOSPORINE MODIFIED CAPS	NP	PA; SP
<i>cyclosporine soln iv 50 mg/ml</i>	1	PA; SP
GAMIFANT SOLN	2	PA; SP
IMURAN TABS ( <i>Use Azathioprine</i> )	NP	
<i>mycophenolate mofetil caps</i>	1	PA; SP
<i>mycophenolate mofetil hcl solr</i>	1	PA; SP
<i>mycophenolate mofetil susr</i>	1	PA; SP
<i>mycophenolate mofetil tabs</i>	1	PA; SP
<i>mycophenolate sodium tbec</i>	1	PA; SP
MYFORTIC TBEC ( <i>Use Mycophenolate Sodium</i> )	NP	PA; SP
NEORAL CAPS ( <i>Use Cyclosporine Modified (For Microemulsion)</i> )	NP	PA; SP
NEORAL SOLN ( <i>Use Cyclosporine Modified (For Microemulsion)</i> )	NP	PA; SP

Drug Name	Drug Tier	Requirements/Limits
NULOJIX SOLR	2	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG ( <i>Use Tacrolimus</i> )	NP	PA; SP
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA; SP
PROGRAF SOLN IV 5 MG/ML	2	PA; SP
RAPAMUNE SOLN ( <i>Use Sirolimus</i> )	NP	PA; SP
RAPAMUNE TABS ( <i>Use Sirolimus</i> )	NP	PA; SP
SANDIMMUNE CAPS OR 25 MG, 100 MG ( <i>Use Cyclosporine</i> )	2	PA; SP
SANDIMMUNE SOLN IV 50 MG/ML ( <i>Use Cyclosporine</i> )	NP	PA; SP
SANDIMMUNE SOLN OR 100 MG/ML	2	PA; SP
<i>sirolimus soln or 1 mg/ml</i>	1	PA; SP
<i>sirolimus tabs or 0.5 mg, 1 mg, 2 mg</i>	1	PA; SP
<i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i>	1	PA; SP
THYMOGLOBULIN SOLR	2	PA; SP
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	2	PA; SP
ZORTRESS TABS 1 MG	2	PA
<b>Lymphatic Agents</b>		
SYLVANT SOLR	2	PA; SP
<b>Potassium Removing Agents</b>		
<i>sodium polystyrene sulfonate powd or</i>	1	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOLR	2	PA; SP

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) soln</i>	1	QL(100 ml per fill retail)
<b>Anti-infectives - Throat</b>		
<i>nystatin (mouth-throat) susp</i>	1	QL(100 ml per fill retail)
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
PERIDEX SOLN ( <i>Use Chlorhexidine Gluconate (Mouth-Throat)</i> )	NP	
<b>Dental Products</b>		
PREVIDENT 5000 DRY MOUTH GEL ( <i>Use Sodium Fluoride (Dental)</i> )	NP	QL(60 ml per fill retail)
PREVIDENT 5000 PLUS CREA ( <i>Use Sodium Fluoride (Dental)</i> )	NP	QL(57 gm per fill retail)
PREVIDENT FLUORIDE GEL ( <i>Use Sodium Fluoride (Dental)</i> )	NP	QL(60 ml per fill retail)
PREVIDENT RINSE SOLN ( <i>Use Sodium Fluoride (Dental)</i> )	NP	
<i>sodium fluoride (dental) crea dt 1.1 %</i>	1	QL(57 gm per fill retail)
<i>sodium fluoride (dental) gel dt 1.1 %</i>	1	QL(60 ml per fill retail)
<i>sodium fluoride (dental) soln mt 0.2 %</i>	1	
<i>stannous fluoride conc mt 0.63 %</i>	1	RX/OTC
<b>Periodontal Products</b>		
ARESTIN MISC	2	PA; SP
<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth) pste</i>	1	QL(5 gm per fill retail)
<b>Throat Products - Misc.</b>		
AQUORAL SOLN	2	QL(900 ml per fill retail); RX/OTC

Updated September 1, 2019

Drug Name	Drug Tier	Requirements/Limits
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	2	QL(900 ml per fill retail); RX/OTC
MOUTHKOTE SOLN	2	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) tabs 5 mg</i>	1	QL(6 ea daily)
RA DRY MOUTH SOLN	2	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (Use Pilocarpine HCl (Oral))	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC

## MULTIVITAMINS

### B-Complex Vitamins

<i>b-complex vitamins caps or 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg</i>	1	QL(1 ea daily)
--	---	----------------

Drug Name	Drug Tier	Requirements/Limits
<i>b-complex vitamins tabs or 0.1mg-20mg-2mg-5mcg-3mg-1mg, 10mg-10mg-2mg-1.5mg-0.2mg, 10mg-14mg-25mcg-7mg-4.5mg, 15mg-2mg-5mg-2mcg-2mg-2mg, 3mg-10mg-20mg-3mg-6mcg-2mg, 3mg-20mg-3mg-10mg-6mcg-2mg, 83mg-3mg-20mg-2mg-5mcg-1mg, 100mg-50mg-40mg-10mg-20mg-5mg-4.6mg-1mcg-5mg-1mg, 3mg-3mg-20mg-20mg-3mg-3mg-10mg-10mg-6mcg-6mcg-2mg-2mg, 30mg-50mg-50mg-50mg-50mg-50mg-50mcg-50mg-100mcg-50mcg-50mg</i>	1	QL(1 ea daily)
<b>B-Complex w/ C</b>		
<i>b complex w/ c caps 10mg-50mg-10mg-15mg-5mg-300mg, 10.2mg-10mg-15mg-50mg-5mg-300mg, 10mg-50mg-10.2mg-15mg-5mg-300mg</i>	1	QL(1 ea daily)
<b>B-Complex w/ Folic Acid</b>		
<i>b-complex w/ c &amp; folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mg</i>	1	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c &amp; folic acid tabs 1.5mg-10mg-20mg-1.7mg-6mcg-1mg-300mcg-10mg-60mg, 30mcg-1.5mg-20mg-1.7mg-1mg-1mg-300mcg-8mg-200mg, 10mg-20mg-1.7mg-6mcg-1.5mg-1mg-300mcg-10mg-100mg, 6mcg-1.5mg-10mg-20mg-1.7mg-1mg-300mcg-10mg-100mg, 1.5mg-1.7mg-10mg-0.01mcg-20mg-1mg-300mcg-10mg-60mg, 20mg-1.7mg-10mg-0.006mg-1.5mg-1mg-0.3mg-10mg-100mg, 6mcg-1.5mg-10mg-20mg-1.7mg-1000mcg-300mcg-10mg-100mg, 6mcg-6mcg-1.5mg-1.5mg-10mg-10mg-20mg-20mg-1.7mg-1.7mg-1mg-1mg-300mcg-300mcg-10mg-10mg-100mg-100mg</i>	1	QL(1 ea daily); RX/OTC
NEPHRO-VITE RX TABS (Use B-Complex w/ C & Folic Acid)	NP	QL(1 ea daily); RX/OTC
NEPHROCAPS CAPS (Use B-Complex w/ C & Folic Acid)	NP	QL(1 ea daily); RX/OTC
<b>Multiple Vitamins w/ Iron</b>		
<i>multiple vitamins w/ iron tabs</i>	1	QL(1 ea daily)
<b>Multiple Vitamins w/ Minerals</b>		
<i>multiple vitamins w/ minerals tabs-assorted brand</i>	2	RX/OTC
<i>multiple vitamins w/ minerals tabs-assorted generic</i>	1	RX/OTC
<b>Multivitamins</b>		
<i>multiple vitamins tabs-assorted brand</i>	2	QL(1 ea daily)
<i>multiple vitamins tabs-assorted generic</i>	1	QL(1 ea daily)
<b>Ped MV w/ Fluoride</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multivitamins w/fl chew-assorted brand</i>	2	QL(1 ea daily); AL(Up to 13 yrs old)
<i>pediatric multivitamins w/fl chew-assorted generic</i>	1	QL(1 ea daily); AL(Up to 13 yrs old)
<i>pediatric multivitamins w/fl soln-assorted brand</i>	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>pediatric multivitamins w/fl soln-assorted generic</i>	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>pediatric vitamins acid w/ fluoride soln</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old )
<b>Ped MV w/ Iron</b>		
<i>pediatric multiple vitamins w/ iron soln 0.6mg/ml-10mg/ml-5unit/ml-8mg/ml-1500unit/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml, 10mg/ml-8mg/ml-0.6mg/ml-750unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-5unit/ml-0.4mg/ml</i>	1	QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN (Use Pediatric Multiple Vitamins w/ Iron)	NP	QL(60 ml per fill retail)
<b>Ped Multi Vitamins w/Fl &amp; FE</b>		
<i>ped multivitamins w/fl &amp; iron soln</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old )
TRI-VIT/FLUORIDE/IRON SOLN	2	QL(50 ml per fill retail); AL(Up to 13 yrs old )
<b>Ped Multiple Vitamins w/ Minerals</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multiple vitamin w/ minerals &amp; c liqd 0.6mg/ml-5751unit/ml-3mg/ml-5mg/ml-10mcg/ml-15mg/ml-2mg/ml-3mg/ml-6mg/ml-400mcg/ml-400unit/ml-0.6mg/ml-50unit/ml-15mcg/ml-0.6mg/ml-45mg/ml</i>	1	RX/OTC
<i>pediatric multiple vitamin w/ minerals &amp; c soln 0.6mg/ml-300mcg/ml-7.5mg/ml-50unit/ml-3mg/ml-6mg/ml-3170unit/ml-4mcg/ml-400unit/ml-0.5mg/ml-15mcg/ml-0.6mg/ml-45mg/ml, 50unit/ml-5mg/ml-3mg/ml-45mg/ml-6mg/ml-400mcg/ml-0.6mg/ml-4627unit/ml-4mcg/ml-500unit/ml-0.5mg/ml-15mcg/ml-0.6mg/ml</i>	1	RX/OTC
<b>Pediatric Multiple Vitamins</b>		
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use Pediatric Multiple Vitamin w/ C & FA)	NP	QL(1 ea daily)
<i>pediatric multiple vitamin w/ c &amp; fa chew</i>	1	QL(1 ea daily)
<i>pediatric multiple vitamin w/ c soln</i>	1	QL(50 ml per fill retail)
POLY-VI-SOL SOLN (Use Pediatric Multiple Vitamin w/ C)	NP	QL(50 ml per fill retail)
<b>Prenatal Vitamins</b>		
<i>prenatal vitamins-assorted brand</i>	2	QL(30 ea per 30 days retail); RX/OTC
<i>prenatal vitamins-assorted generic</i>	1	QL(30 ea per 30 days retail); RX/OTC
<b>Vitamin Mixtures</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>cod liver oil caps 10 minim, 1250unit-130unit, 1250unit-133unit, 1250unit-135unit, 200unit-4000unit, 1250unit-133.33unit, 530mg-1250unit-130unit, 34mg-1250unit-415mg-32mg-135unit, 37mg-415mg-36mg-1250unit-135unit, 52mg-2500unit-600mg-52mg-270unit, 110mg-2664unit-1000mg-100mg-200unit, 20mg-35mg-1250unit-45mg-133.333unit, 90mg-37mg-415mg-36mg-1250unit-135unit, 50mg-110mg-250unit-110mg-100unit-10unit,</i>	1	
<b>Vitamins w/ Lipotropics</b>		
<i>vitamins w/ lipotropics caps 50mg-50mg-50mg-50mg-50mcg-50mcg-50mcg-50mg, 86mg-2mg-10mg-83mg-240mg-3mg-2mcg-3mg-110mg-1.65mg, 50mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-100mcg-50mcg-50mg, 75mg-30mg-2unit-10000unit-40mg-15mg-31mg-2.5mg-4mg-2mcg-75mg-400unit, 10000unit-3mg-0.5mg-2mg-75mg-58mg-30mg-2unit-0.5mg-4mg-40mg-15mg-31.4mg-2.5mg-2mcg-5mg-1mg-75mg-400unit</i>	1	QL(1 ea daily)
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Articular Cartilage Repair Therapy</b>		
MACI SHEE	2	PA; SP
<b>Central Muscle Relaxants</b>		
AMRIX CP24 (Use Cyclobenzaprine HCl)	NP	
<i>baclofen soln it 40 mg/20ml, 500 mcg/ml, 20000 mcg/20ml</i>	1	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
BACLOFEN TABS OR 5 MG	2	
<i>carisoprodol tabs or 250 mg</i>	1	PA
<i>carisoprodol tabs or 350 mg</i>	1	PA;
CHLORZOXAZONE TABS 250 MG, 375 MG, 500 MG, 750 MG	2	
<i>cyclobenzaprine hcl cp24 or 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine hcl tabs or 5 mg, 10 mg</i>	1	QL(3 ea daily)
<i>cyclobenzaprine hcl tabs or 7.5 mg</i>	1	QL(4 ea daily)
FEXMID TABS (Use Cyclobenzaprine HCl)	NP	QL(4 ea daily)
GABLOFEN SOLN 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	2	PA; SP
GABLOFEN SOLN 20000 MCG/20ML (Use Baclofen)	NP	PA; SP
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML, 10 MG/20ML	2	PA; SP
LIORESAL INTRATHECAL SOLN 10 MG/20ML, 40 MG/20ML (Use Baclofen)	NP	PA; SP
LORZONE TABS	NP	
METAXALONE TABS 400 MG	2	
<i>metaxalone tabs 800 mg</i>	1	
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	NP	
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NP	

Drug Name	Drug Tier	Requirements/Limits
ROBAXIN-750 TABS (Use Methocarbamol)	NP	
SKELAXIN TABS (Use Metaxalone)	NP	
SOMA TABS 250 MG (Use Carisoprodol)	NP	PA
SOMA TABS 350 MG (Use Carisoprodol)	NP	PA;
<i>tizanidine hcl caps or 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl tabs or 2 mg, 4 mg</i>	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	NP	
ZANAFLEX TABS (Use Tizanidine HCl)	NP	
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS (Use Dantrolene Sodium)	NP	
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin tabs</i>	1	
<b>Viscosupplements</b>		
EUFLEXXA SOSY	2	PA; SP
GEL-ONE PRSY	2	PA; SP
GELSYN-3 SOSY	2	PA; SP
GENVISC 850 SOSY	2	PA; SP
HYALGAN SOLN	2	PA; SP
HYALGAN SOSY	2	PA; SP
HYMOVIS SOSY	2	PA; SP
MONOVISC SOSY	2	PA; SP
ORTHOVISC SOSY	2	PA; SP
SODIUM HYALURONATE SOSY IX	2	PA; SP
SUPARTZ FX SOSY	2	PA; SP

New Hampshire Healthy Families

Updated September 1, 2019

Drug Name	Drug Tier	Requirements/Limits
SYNVISC ONE SOSY	2	PA; SP
SYNVISC SOSY	2	PA; SP
TRIVISC SOSY	2	PA; SP
VISCO-3 SOSY	2	PA; SP
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
DYMISTA SUSP	NP	
<b>Nasal Agents - Misc.</b>		
DERMACINRX TICANASE PAK THPK	2	
OCEAN NASAL SPRAY SOLN (Use Saline)	NP	QL(90 ml per fill retail)
saline soln na 0.65%-0.002%, 0.65 %	1	QL(90 ml per fill retail)
TICASPRAY THPK	2	
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL OINT	NP	
<b>Nasal Antiallergy</b>		
ASTEPRO SOLN (Use Azelastine HCl)	2	QL(30 ml per fill retail)
azelastine hcl soln na 0.15 %, 0.1 %, 137 mcg/spray	1	QL(30 ml per fill retail)
cromolyn sodium (nasal) aers	1	QL(26 ml per fill retail)
NASALCROM AERS (Use Cromolyn Sodium (Nasal))	NP	QL(26 ml per fill retail)
olopatadine hcl (nasal) soln	1	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	2	
<b>Nasal Anticholinergics</b>		
ipratropium bromide (nasal) soln 0.03 %	1	QL(30 ml per 30 days retail)
ipratropium bromide (nasal) soln 0.06 %	1	QL(15 ml per 30 days retail)
<b>Nasal Steroids</b>		

Drug Name	Drug Tier	Requirements/Limits
BECONASE AQ SUSP	NP	
budesonide (nasal) susp	1	RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	2	QL(25 ml per fill retail)
fluticasone propionate (nasal) susp	1	QL(16 ml per fill retail); RX/OTC
mometasone furoate (nasal) susp	1	QL(17 gm per fill retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO	2	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	NP	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	NP	RX/OTC
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NP	QL(17 gm per fill retail); AL(At least 2 yrs old)
OMNARIS SUSP	NP	
QNASL AERS	NP	
QNASL CHILDRENS AERS	NP	
triamcinolone acetonide (nasal) aero	1	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
triamcinolone acetonide (nasal) aero	NP	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (nasal) aero</i>	1	PA; QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
ZETONNA AERS	NP	
<b>Sympathomimetic Decongestants</b>		
ADRENALIN SOLN NA 0.1 %	2	
NASAL DECONGESTANT LIQD	2	
NASAL DECONGESTANT SYRP	2	
<i>phenylephrine hcl (oral) tabs</i>	1	QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd or 15 mg/5ml</i>	1	
<i>pseudoephedrine hcl tabs or 30 mg, 60 mg</i>	1	
<i>pseudoephedrine hcl tb 12 or 120 mg</i>	1	QL(2 ea daily)
SUDAFED CHILDRENS LIQD (Use <i>Pseudoephedrine HCl</i> )	NP	
SUDAFED CONGESTION TABS (Use <i>Pseudoephedrine HCl</i> )	NP	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (Use <i>Pseudoephedrine HCl</i> )	NP	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)
SUDAFED PE CONGESTION TABS (Use <i>Phenylephrine HCl (Oral)</i> )	NP	QL(24 ea per fill retail)
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS (Use <i>Riluzole</i> )	NP	PA
<i>riluzole tabs</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
TIGLUTIK SUSP	2	PA
<b>Muscular Dystrophy Agents</b>		
EXONDYS 51 SOLN	2	PA; SP
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR	2	PA; SP
DYSPORE SOLR	2	PA; SP
MYOBLOC SOLN	2	PA; SP
XEOMIN SOLR	2	PA; SP
<b>Spinal Muscular Atrophy Agents (SMA)</b>		
SPINRAZA SOLN	2	PA; SP
ZOLGENSMA 10.1-10.5 KG KIT	2	PA; SP
ZOLGENSMA 10.6-11.0 KG KIT	2	PA; SP
ZOLGENSMA 11.1-11.5 KG KIT	2	PA; SP
ZOLGENSMA 11.6-12.0 KG KIT	2	PA; SP
ZOLGENSMA 12.1-12.5 KG KIT	2	PA; SP
ZOLGENSMA 12.6-13.0 KG KIT	2	PA; SP
ZOLGENSMA 13.1-13.5 KG KIT	2	PA; SP
ZOLGENSMA 2.6-3.0 KG KIT	2	PA; SP
ZOLGENSMA 3.1-3.5 KG KIT	2	PA; SP
ZOLGENSMA 3.6-4.0 KG KIT	2	PA; SP
ZOLGENSMA 4.1-4.5 KG KIT	2	PA; SP
ZOLGENSMA 4.6-5.0 KG KIT	2	PA; SP
ZOLGENSMA 5.1-5.5 KG KIT	2	PA; SP
ZOLGENSMA 5.6-6.0 KG KIT	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 6.1-6.5 KG KIT	2	PA; SP
ZOLGENSMA 6.6-7.0 KG KIT	2	PA; SP
ZOLGENSMA 7.1-7.5 KG KIT	2	PA; SP
ZOLGENSMA 7.6-8.0 KG KIT	2	PA; SP
ZOLGENSMA 8.1-8.5 KG KIT	2	PA; SP
ZOLGENSMA 8.6-9.0 KG KIT	2	PA; SP
ZOLGENSMA 9.1-9.5 KG KIT	2	PA; SP
ZOLGENSMA 9.6-10.0 KG KIT	2	PA; SP
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
POLYCOSE LIQD	2	QL(124 ml per fill retail)
POLYCOSE POWD	2	QL(350 gm per fill retail)
<b>Misc. Nutritional Substances</b>		
ALGAL-900 DHA CAPS	2	
CARDIO OMEGA BENEFITS/VITAMIN D-3 CAPS	2	
COROMEGA OMEGA 3 KIDS EMUL	2	
COROMEGA OMEGA 3 SQUEEZE EMUL	2	
<i>docosahexaenoic acid caps</i>	1	
DRY EYE OMEGA BENEFITS/VITAMIN D-3 CAPS	2	
FISH OIL + VITAMIN D3 CAPS	2	
FISH OIL CAPS 950MG-1360MG	2	
FISH OIL CHEW 135MG-875MG-90MG	2	
FISH OIL PEARLS CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
FISH OIL TRIPLE STRENGTH CAPS	2	
FISH OIL ULTRA CAPS	2	
FLEX OMEGA BENEFITS/VITAMIN D-3 CAPS	2	
GNP FISH OIL CPDR	2	
HM FISH OIL CAPS	2	
MOMS OMEGA ADVANTAGE/VITAMIN D-3 CAPS	2	
OMEGA ESSENTIALS/VITAMIND-3 CAPS	2	
OMEGA POWER CAPS	2	
OMEGA-3 2100 CAPS	2	
OMEGA-3 CAPS	2	
OMEGA-3 CPDR	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3 fatty acids caps</i> 1000mg, 1200mg, 1000 mg, 1200 mg, 180mg-120mg, 1200mg-2unit, 300mg-1000mg, 350mg-1000mg, 360mg-1200mg, 600mg-1000mg, 600mg-1200mg, 180mg-120mg-5unit, 300mg-180mg-120mg, 300mg-200mg-1unit, 1000mg-180mg-120mg, 160mg-1000mg-100mg, 180mg-1000mg-120mg, 180mg-1200mg-144mg, 216mg-1200mg-144mg, 270mg-1000mg-180mg, 300mg-1000mg-1unit, 300mg-1000mg-200mg, 300mg-1unit-1000mg, 336mg-1200mg-276mg, 350mg-1000mg-250mg, 400mg-1000mg-300mg, 500mg-1000mg-250mg, 180mg-120mg-1.8unit, 300mg-180mg-1gm-120mg, 1000mg-180mg-120mg-1mg, 210mg-1000mg-75mg-90mg, 360mg-360mg-12mg-1200mg, 60mg-180mg-1200mg-120mg, 60mg-360mg-1200mg-300mg, 1000mg-180mg-120mg-1unit, 180mg-1000mg-120mg-1unit, 180mg-1unit-1000mg-120mg, 300mg-1000mg-200mg-1unit, 300mg-180mg-1000mg-120mg, 360mg-216mg-1200mg-144mg, 600mg-324mg-1200mg-216mg, 900mg-455mg-1000mg-360mg, 100mg-1000mg-500mg-10unit, 216mg-1200mg-144mg-15unit, 300mg-1000mg-1000mg-1unit, 340mg-180mg-1unit-1000mg-120mg	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3 fatty acids caps</i> 300mg, 500mg, 500 mg, 180mg-120mg, 300mg-200mg, 90mg-500mg-60mg, 180mg-500mg-120mg, 435mg-260mg-175mg, 500mg-270mg-135mg, 500mg-320mg-130mg, 300mg-1000mg-200mg, 150mg-90mg-500mg-60mg, 27mg-244mg-500mg-89mg, 300mg-772.5mg-90mg-180mg, 300mg-500mg-200mg-2.5unit, 300mg-160mg-1000mg-100mg-5unit, 500mg-300mg-1000mg-200mg-1unit, 435mg-435mg-260mg-260mg-175mg-175mg	1	
<i>omega-3 fatty acids chew</i> 5mg-113.5mg-25mg, 35mg-5mg-113.5mg-25mg, 28.5mg-4.75mg-113.5mg-23.75mg	1	
<i>omega-3 fatty acids cpdr</i> 1200mg, 300mg-1000mg, 360mg-1200mg, 684mg-1200mg, 600mg-400mg-200mg, 160mg-1000mg-100mg, 180mg-1000mg-120mg, 300mg-162mg-600mg-108mg, 300mg-180mg-1000mg-120mg, 360mg-216mg-1200mg-144mg	1	
<i>omega-3 fatty acids liqd</i> 4.6gm/5ml, 1024mg/15ml-712mg/15ml, 1400mg/5ml-740mg/5ml-460mg/5ml, 300mg/5ml-800mg/5ml-500mg/5ml-10unit/5ml, 1600mg/5ml-800mg/5ml-500mg/5ml-10unit/5ml, 800mg/2.5ml-400mg/2.5ml-250mg/2.5ml-5unit/2.5ml	1	
OMEGA-3 FISH OIL EXTRA STRENGTH CAPS	2	
OMEGAPURE 780 EC CPDR	2	

Drug Name	Drug Tier	Requirements/ Limits
PA FISH OIL/VITAMIN D-3 TRIPLE STRENGTH CPDR	2	
PRENATAL OMEGA BABY EMUL	2	
RA FISH OIL CPDR	2	
RA TRIPLE STRENGTH FISH OIL CAPS	2	
SM FISH OIL CAPS	2	
SUPER TWIN EPA/DHA CAPS	2	
ULTRA OMEGA-3 FISH OIL BURP-LESS CAPS	2	
ULTRA STRENGTH OMEGA-3 +VITAMIN D3 LIQD	2	
UPSPRING BABY VITAMIN D + BRAIN LIQD	2	

### OPHTHALMIC AGENTS - Drugs to Treat the Eye

#### Artificial Tears and Lubricants

<i>artificial tear ointment oint</i>	1	QL(4 gm per fill retail)
HYPOTEARs SOLN	2	QL(30 ml per fill retail)
<i>polyvinyl alcohol soln op</i>	1	QL(15 ml per fill retail)
TEARS NATURALE PM OINT ( <i>Use White Petrolatum-Mineral Oil</i> )	NP	QL(5 gm per fill retail)
<i>white petrolatum-mineral oil oint</i>	1	QL(5 gm per fill retail)

#### Beta-blockers - Ophthalmic

BETAGAN SOLN ( <i>Use Levobunolol HCl</i> )	NP	QL(5 ml per fill retail)
<i>betaxolol hcl (ophth) soln</i>	1	QL(5 ml per fill retail)
BETIMOL SOLN	NP	
BETOPTIC-S SUSP	NP	QL(15 ml per fill retail)
<i>carteolol hcl (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
CARTEOLOL HCL SOLN	2	
COMBIGAN SOLN	2	
COSOPT PF SOLN ( <i>Use Dorzolamide HCl-Timolol Maleate</i> )	NP	
COSOPT SOLN ( <i>Use Dorzolamide HCl-Timolol Maleate</i> )	NP	QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	1	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	QL(10 ml per fill retail)
ISTALOL SOLN ( <i>Use Timolol Maleate (Ophth)</i> )	NP	
<i>levobunolol hcl soln</i>	1	QL(5 ml per fill retail)
METIPRANOLOL SOLN	2	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	QL(5 ml per fill retail)
<i>timolol maleate (ophth) soln 0.5 %</i>	1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.25 %	2	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.5 %	2	QL(5 ml per fill retail)
TIMOLOL/BRIMONIDE/DO RZOLAMIDE SOLN	2	
TIMOPTIC OCUDOSE SOLN	NP	QL(60 ea per fill retail)
TIMOPTIC SOLN ( <i>Use Timolol Maleate (Ophth)</i> )	NP	QL(5 ml per fill retail)
TIMOPTIC-XE SOLG 0.25 %	NP	
TIMOPTIC-XE SOLG 0.25 % ( <i>Use Timolol Maleate (Ophth)</i> )	NP	
TIMOPTIC-XE SOLG 0.5 %	NP	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<b>Cycloplegic Mydriatics</b>		
ATROPINE SULFATE OINT OP 1 %	2	QL(4 gm per fill retail)
ATROPINE SULFATE SOLN OP 1 %	2	QL(5 ml per fill retail)
CYCLOGYL SOLN 0.5 % (Use Cyclopentolate HCl)	NP	QL(15 ml per fill retail)
CYCLOGYL SOLN 1 % (Use Cyclopentolate HCl)	NP	QL(5 ml per fill retail)
<i>cyclopentolate hcl soln op 0.5 %</i>	1	QL(15 ml per fill retail)
<i>cyclopentolate hcl soln op 1 %</i>	1	QL(5 ml per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ml per fill retail)
MYDRIACYL SOLN (Use Tropicamide)	NP	QL(3 ml per fill retail)
<i>tropicamide soln op 0.5 %</i>	1	QL(15 ml per fill retail)
<i>tropicamide soln op 1 %</i>	1	QL(3 ml per fill retail)
<b>Miotics</b>		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	NP	
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	1	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEVACIZUMAB SOSY IO 2.75 MG/0.11ML, 3.75 MG/0.15ML	2	PA; SP
EYLEA SOLN	2	PA; SP
LUCENTIS SOLN	2	PA; SP
LUCENTIS SOSY	2	PA; SP
MACUGEN SOLN	2	PA; SP
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.1 %	2	
ALPHAGAN P SOLN 0.15 % (Use Brimonidine Tartrate)	2	
<i>apraclonidine hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate soln op 0.15 %</i>	1	
<i>brimonidine tartrate soln op 0.2 %</i>	1	QL(5 ml per fill retail)
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	NP	
IOPIDINE SOLN 1 %	NP	
SIMBRINZA SUSP	2	
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOLN	NP	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	QL(4 gm per fill retail)
BESIVANCE SUSP	NP	
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NP	QL(15 ml per fill retail)
CILOXAN OINT	NP	QL(4 gm per fill retail)
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	NP	QL(5 ml per fill retail)
<i>ciprofloxacin hcl (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>erythromycin (ophth) oint</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth) soln</i>	NP	
GENTAK OINT	2	QL(4 gm per fill retail)
<i>gentamicin sulfate (ophth) soln</i>	1	QL(5 ml per fill retail)
KLARITY-A SOLN	NP	
<i>levofloxacin (ophth) soln</i>	1	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	QL(4 gm per fill retail)
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN	2	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
NEOSPORIN SOLN ( <i>Use Neomycin-Polymyxin-Gramicidin</i> )	NP	QL(10 ml per fill retail)
OCUFLOX SOLN ( <i>Use Ofloxacin (Ophth)</i> )	NP	QL(5 ml per fill retail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim soln</i>	1	QL(10 ml per fill retail)
POLYTRIM SOLN ( <i>Use Polymyxin B-Trimethoprim</i> )	NP	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	1	QL(15 ml per fill retail)
<i>tobramycin (ophth) soln</i>	1	QL(5 ml per fill retail)
TOBEX OINT	2	QL(4 gm per fill retail)
TOBEX SOLN ( <i>Use Tobramycin (Ophth)</i> )	NP	QL(5 ml per fill retail)
TRIFLURIDINE SOLN OP	2	QL(8 ml per fill retail)
<i>trifluridine soln op</i>	1	QL(8 ml per fill retail)
VIGAMOX SOLN ( <i>Use Moxifloxacin HCl (Ophth)</i> )	2	QL(3 ml per fill retail)
VIROPTIC SOLN ( <i>Use Trifluridine</i> )	NP	QL(8 ml per fill retail)
ZYMAXID SOLN ( <i>Use Gatifloxacin (Ophth)</i> )	NP	
<b>Ophthalmic Decongestants</b>		
<i>naphazoline w/ pheniramine soln 0.025%-0.3%</i>	1	
<i>naphazoline w/ pheniramine soln 0.027%-0.315%</i>	1	QL(0.5 ml daily)
NAPHCON-A SOLN ( <i>Use Naphazoline w/ Pheniramine</i> )	NP	
OPCON-A SOLN ( <i>Use Naphazoline w/ Pheniramine</i> )	NP	QL(0.5 ml daily)
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	1	QL(5 ml per fill retail)
<i>tetrahydrozoline hcl (ophth) soln</i>	1	QL(30 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
VISINE SOLN ( <i>Use Tetrahydrozoline HCl (Ophth)</i> )	NP	QL(30 ml per fill retail)
<b>Ophthalmic Local Anesthetics</b>		
<i>tetracaine hcl (ophth) soln</i>	1	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLN	2	PA; SP
<b>Ophthalmic Photodynamic Therapy Agents</b>		
VISUDYNE SOLR	2	PA; SP
<b>Ophthalmic Steroids</b>		
ALREX SUSP	NP	
BLEPHAMIDE S.O.P. OINT	2	QL(4 gm per fill retail)
BLEPHAMIDE SUSP	2	QL(5 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	QL(5 ml per fill retail)
DEXTENZA INST	2	PA; SP
<i>fluorometholone (ophth) susp</i>	1	QL(5 ml per fill retail)
FML LIQUIFILM SUSP ( <i>Use Fluorometholone (Ophth)</i> )	NP	QL(5 ml per fill retail)
FML OINT	2	QL(4 gm per fill retail)
ILUVIEN IMPL	2	PA; SP
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% ( <i>Use Neomycin-Polymy-Dexameth</i> )	NP	QL(4 gm per fill retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% ( <i>Use Neomycin-Polymy-Dexameth</i> )	NP	QL(5 ml per fill retail)
<i>neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%</i>	1	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-dexameth susp 10000unit/ml-3.5mg/ml-0.1%</i>	1	QL(5 ml per fill retail)
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	2	QL(8 ml per fill retail)
OMNIPRED SUSP ( <i>Use Prednisolone Acetate (Ophth)</i> )	NP	QL(5 ml per fill retail)
OZURDEX IMPL	2	PA; SP
PRED FORTE SUSP	2	QL(5 ml per fill retail)
PRED MILD SUSP	2	QL(10 ml per fill retail)
PRED-G SUSP	2	QL(5 ml per fill retail)
PREDNISOLONE ACETATE P-F SUSP	2	QL(5 ml per fill retail)
PREDNISOLONE ACETATE SUSP OP	2	QL(5 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	2	QL(10 ml per fill retail)
RETISERT IMPL	2	PA; SP
<i>sulfacetamide sod-prednisolone soln</i>	1	QL(5 ml per fill retail)
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN	2	QL(5 ml per fill retail)
TOBRADEX OINT	2	QL(4 gm per fill retail)
TOBRADEX SUSP ( <i>Use Tobramycin-Dexamethasone</i> )	NP	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
YUTIQ IMPL	2	
<b>Ophthalmics - Misc.</b>		
ACULAR LS SOLN ( <i>Use Ketorolac Tromethamine (Ophth)</i> )	NP	

Drug Name	Drug Tier	Requirements/ Limits
ACULAR SOLN ( <i>Use Ketorolac Tromethamine (Ophth)</i> )	NP	QL(5 ml per fill retail)
ACUVAIL SOLN	NP	
ALOCRIAL SOLN	NP	
ALOMIDE SOLN	NP	
<i>azelastine hcl (ophth) soln</i>	1	QL(6 ml per fill retail)
AZOPT SUSP	NP	QL(15 ml per fill retail)
BEPREVE SOLN	NP	
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	2	
BROMSITE SOLN	NP	
<i>cromolyn sodium (ophth) soln</i>	1	QL(10 ml per fill retail)
CYSTARAN SOLN	2	PA; SP
<i>diclofenac sodium (ophth) soln</i>	1	QL(5 ml per fill retail)
DORZOLAMIDE HCL SOLN	2	QL(10 ml per fill retail)
<i>dorzolamide hcl soln</i>	1	QL(10 ml per fill retail)
ELESTAT SOLN ( <i>Use Epinastine HCl (Ophth)</i> )	NP	
EMADINE SOLN	NP	
<i>epinastine hcl (ophth) soln</i>	1	
FLURBIPROFEN SODIUM SOLN	2	QL(3 ml per fill retail)
<i>flurbiprofen sodium soln</i>	1	QL(3 ml per fill retail)
ILEVRO SUSP	2	
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	1	
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	1	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ketotifen fumarate (ophth) soln</i>	1	QL(5 ml per fill retail)
LASTACAPT SOLN	NP	
NEVANAC SUSP	NP	QL(3 ml per fill retail)
<i>olopatadine hcl soln</i>	1	
PATADAY SOLN ( <i>Use Olopatadine HCl</i> )	2	
PATANOL SOLN ( <i>Use Olopatadine HCl</i> )	NP	
PAZEO SOLN	2	
PROLENSA SOLN	NP	
TRUSOPT SOLN ( <i>Use Dorzolamide HCl</i> )	NP	QL(10 ml per fill retail)
ZADITOR SOLN ( <i>Use Ketotifen Fumarate (Ophth)</i> )	NP	QL(5 ml per fill retail)
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln op</i>	1	
<i>latanoprost soln op</i>	1	QL(3 ml per fill retail)
LATANOPROST SOLN OP	2	QL(3 ml per fill retail)
LUMIGAN SOLN	NP	
RESCULA SOLN	NP	
TRAVATAN Z SOLN	2	
XALATAN SOLN ( <i>Use Latanoprost</i> )	NP	QL(3 ml per fill retail)
ZIOPTAN SOLN	NP	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) soln</i>	1	QL(0.5 ml daily)
DEBROX SOLN ( <i>Use Carbamide Peroxide (Otic)</i> )	NP	QL(0.5 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN	NP	
CIPROFLOXACIN SOLN OT 0.2 %	2	
FLOXIN OTIC SOLN ( <i>Use Ofloxacin (Otic)</i> )	2	QL(5 ml per fill retail)
<i>ofloxacin (otic) soln</i>	1	QL(5 ml per fill retail)
<b>Otic Combinations</b>		
CIPRO HC SUSP	NP	
CIPRODEX SUSP	2	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
CORTANE-B-OTIC SOLN ( <i>Use Pramoxine-HC-Chloroxylenol</i> )	NP	QL(15 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) soln</i>	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	1	QL(10 ml per fill retail)
OTICIN HC NR SOLN ( <i>Use Pramoxine-HC-Chloroxylenol</i> )	NP	QL(15 ml per fill retail)
<i>pramoxine-hc-chloroxylenol soln</i>	1	QL(15 ml per fill retail)
<b>Otic Steroids</b>		
DERMOTIC OIL ( <i>Use Fluocinolone Acetonide (Otic)</i> )	NP	QL(20 ml per fill retail)
<i>fluocinolone acetonide (otic) oil</i>	1	QL(20 ml per fill retail)
<i>hydrocortisone w/acetic acid soln</i>	1	QL(10 ml per fill retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		



Drug Name	Drug Tier	Requirements/Limits
BIVIGAM SOLN	2	PA; SP
CARIMUNE NANOFILTERED SOLR	2	PA; SP
CUVITRU SOLN	2	PA; SP
CYTOGAM INJ	2	PA; SP
FLEBOGAMMA DIF SOLN	2	PA; SP
GAMASTAN INJ	2	PA; SP
GAMASTAN S/D INJ	2	PA; SP
GAMMAGARD LIQUID SOLN	2	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	PA; SP
GAMMAKED SOLN	2	PA; SP
GAMMAPLEX SOLN	2	PA; SP
GAMUNEX-C SOLN	2	PA; SP
HEPAGAM B SOLN	2	PA; SP
HIZENTRA SOLN	2	PA; SP
HYPERHEP B S/D SOLN	2	PA; SP
HYPERRHO S/D MINI-DOSE SOSY	2	PA; SP
HYPERRHO S/D SOSY	2	PA; SP
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	2	PA; SP
NABI-HB SOLN	2	PA; SP
OCTAGAM SOLN	2	PA; SP
PANZYGA SOLN	2	PA
PRIVIGEN SOLN	2	PA; SP
RHOGAM ULTRA-FILTERED PLUS SOSY	2	PA; SP
RHOPHYLAC SOSY	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF SOLN	2	PA; SP
<b>Monoclonal Antibodies</b>		
SYNAGIS SOLN	2	PA; SP
ZINPLAVA SOLN	2	PA; SP
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT	2	PA; SP
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	2	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 875 mg</i>	1	
AMPICILLIN CAPS	2	
<b>Natural Penicillins</b>		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate susr 200mg/5ml-28.5mg/5ml, 250mg/5ml-62.5mg/5ml</i>	1	QL(75 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 400mg/5ml-57mg/5ml</i>	1	QL(200 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 600mg/5ml-42.9mg/5ml</i>	1	QL(400 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate tabs 250mg-125mg</i>	1	QL(30 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate tabs 500mg-125mg, 875mg-125mg</i>	1	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate tb12 1000mg-62.5mg</i>	1	QL(1.34 ea daily)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	QL(20 ea per fill retail)
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12	2	QL(1.34 ea daily)
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NP	QL(400 ml per fill retail)
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NP	QL(75 ml per fill retail)
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NP	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NP	QL(1.34 ea daily)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Internal Vehicle Ingredients/Agents</b>		
SIMPLYTHICK EASY MIX GEL	2	QL(1816 ml per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX GEL	2	QL(1816 ml per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK GEL	2	QL(1816 ml per fill retail); AL(At least 2 yrs old)
<b>Liquid Vehicles</b>		
<i>glycine diluent soln</i>	1	PA; SP
PH 12 STERILE DILUENT FORFLOLAN SOLN (Use Glycine Diluent)	NP	PA; SP

Drug Name	Drug Tier	Requirements/Limits
STERILE DILUENT FOR FLOLAN SOLN (Use Glycine Diluent)	NP	PA; SP
STERILE DILUENT FOR TREPROSTINIL INJECTION SOLN	2	PA; SP
<b>Semi Solid Vehicles</b>		
<i>lanolin oint ex</i>	1	RX/OTC
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use Norethindrone Acetate)	NP	
<i>hydroxyprogesterone caproate oil im 250 mg/ml</i>	1	PA; SP
MAKENA OIL IM 250 MG/ML (Use Hydroxyprogesterone Caproate)	NP	PA; SP
MAKENA SOAJ SC 275 MG/1.1ML	2	PA
<i>medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	
<i>norethindrone acetate tabs or</i>	1	
<i>progesterone micronized caps or 100 mg</i>	1	QL(1 ea daily)
<i>progesterone micronized caps or 200 mg</i>	1	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG (Use Progesterone Micronized)	NP	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (Use Progesterone Micronized)	NP	QL(20 ea per 30 days retail)
PROVERA TABS (Use Medroxyprogesterone Acetate)	NP	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
ANTABUSE TABS 250 MG (Use Disulfiram)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram tabs or 250 mg</i>	1	
LUCEMYRA TABS	NP	
<b>Anti-Cataplectic Agents</b>		
XYREM SOLN	2	PA; SP
<b>Antidementia Agents</b>		
ARICEPT TABS 23 MG (Use Donepezil Hydrochloride)	NP	
ARICEPT TABS 5 MG, 10 MG (Use Donepezil Hydrochloride)	NP	QL(1 ea daily)
<i>donepezil hydrochloride tabs 23 mg</i>	1	
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 5 mg, 10 mg</i>	1	
EXELON PT24 13.3 MG/24HR (Use Rivastigmine)	2	
EXELON PT24 4.6 MG/24HR, 9.5 MG/24HR (Use Rivastigmine)	2	QL(1 ea daily)
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	QL(2 ea daily)
<i>memantine hcl cp24 7 mg, 14 mg, 21 mg, 28 mg</i>	1	
<i>memantine hcl soln 2 mg/ml</i>	1	QL(10 ml daily)
<i>memantine hcl tabs</i>	1	QL(1 ea per 28 days retail)
<i>memantine hcl tabs 5 mg, 10 mg</i>	1	QL(2 ea daily)
NAMENDA TABS (Use Memantine HCl)	NP	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	NP	QL(1 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CP24 (Use Memantine HCl)	NP	
NAMENDA XR TITRATION PACK CP24	NP	
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NP	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	NP	QL(2 ea daily)
<i>rivastigmine pt24 13.3 mg/24hr</i>	1	
<i>rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr</i>	1	QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	1	QL(2 ea daily)
<b>Combination Psychotherapeutics</b>		
PERPHENAZINE/AMITRIP TYLINE TABS	2	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA; QL(55 ea per 365 days retail)
<b>Movement Disorder Drug Therapy</b>		
INGREZZA CAPS	2	PA; SP
INGREZZA CPPK	2	PA; SP
<i>tetrabenazine tabs</i>	1	PA; SP
XENAZINE TABS (Use Tetrabenazine)	NP	PA; SP
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12 (Use Dalfampridine)	NP	PA; SP
AUBAGIO TABS	NP	SP
AVONEX KIT	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
AVONEX PEN AJKT	2	PA; SP
AVONEX PSKT	2	PA; SP
BETASERON KIT	2	PA; SP
COPAXONE SOSY (Use Glatiramer Acetate)	2	PA; SP
<i>dalfampridine tb12</i>	1	PA; SP
EXTAVIA KIT	NP	SP
GILENYA CAPS	2	PA; SP
<i>glatiramer acetate sosy</i>	1	PA; SP
LEMTRADA SOLN	NP	SP
MAVENCLAD TBPK	2	PA; SP
MAYZENT STARTER PACK TBPK	2	PA; SP
MAYZENT TABS	2	PA; SP
PLEGRIDY SOPN	NP	SP
PLEGRIDY SOSY	NP	SP
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY	NP	SP
REBIF REBIDOSE SOAJ	2	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	2	PA; SP
REBIF SOSY	2	PA; SP
REBIF TITRATION PACK SOSY	2	PA; SP
TECFIDERA CPDR	2	PA; SP
TECFIDERA STARTER PACK MISC	2	PA; SP
TYSABRI CONC	2	PA; SP
ZINBRYTA SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
FLUOXETINE CAPS	2	
<i>fluoxetine hcl (pmdd) tabs</i>	1	
SARAFEM TABS (Use Fluoxetine HCl (PMDD))	NP	
<b>Psychotherapeutic and Neurological Agents -</b>		
ERGOLOID MESYLATES TABS OR	2	
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	AL(At least 18 yrs old)
CHANTIX CONTINUING MONTHPAK TABS	2	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TABS	2	AL(At least 18 yrs old)
CHANTIX TABS	2	QL(2 ea daily); AL(At least 18 yrs old)
NICODERM CQ PT24 (Use Nicotine)	NP	AL(At least 18 yrs old)
NICORETTE GUM (Use Nicotine Polacrilex)	NP	AL(At least 18 yrs old)
NICORETTE LOZG (Use Nicotine Polacrilex)	NP	AL(At least 18 yrs old)
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	NP	AL(At least 18 yrs old)
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	NP	AL(At least 18 yrs old)
<i>nicotine polacrilex gum mt 2 mg, 4 mg</i>	1	AL(At least 18 yrs old)
<i>nicotine polacrilex lozg mt 2 mg, 4 mg</i>	1	AL(At least 18 yrs old)
<i>nicotine pt24</i>	1	AL(At least 18 yrs old)
NICOTINE TRANSDERMAL SYSTEM KIT	2	AL(At least 18 yrs old)
NICOTROL INHALER INHA	NP	AL(At least 18 yrs old)
NICOTROL NS SOLN	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZYBAN TB12 ( <i>Use Bupropion HCl (Smoking Deterrent)</i> )	NP	AL(At least 18 yrs old)
<b>Transthyretin Amyloidosis Agents</b>		
ONPATTRO SOLN	2	PA
TEGSEDI SOSY	2	PA
<b>Vasomotor Symptom Agents</b>		
BRISDELLE CAPS ( <i>Use Paroxetine Mesylate (Vasomotor)</i> )	NP	
<i>paroxetine mesylate (vasomotor) caps</i>	1	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR	2	PA; SP
GLASSIA SOLN	2	PA; SP
PROLASTIN-C SOLR	2	PA; SP
ZEMAIRA SOLR	2	PA; SP
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK 50 MG, 75 MG	2	PA; SP
KALYDECO TABS 150 MG	2	PA; SP
ORKAMBI PACK	2	PA; SP
ORKAMBI TABS	2	PA; SP
PULMOZYME SOLN	2	PA; SP
SYMDEKO TBPK	2	PA; SP
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	2	PA; SP
OFEV CAPS	2	PA; SP
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate tabs or 100 mg</i>	1	
MINOCIN CAPS OR 50 MG, 100 MG ( <i>Use Minocycline HCl</i> )	NP	
<i>minocycline hcl caps or 50 mg, 75 mg, 100 mg</i>	1	
MONODOX CAPS 100 MG ( <i>Use Doxycycline (Monohydrate)</i> )	NP	
VIBRAMYCIN CAPS 100 MG ( <i>Use Doxycycline Hyclate</i> )	NP	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs or 5 mg, 10 mg</i>	1	
<i>propylthiouracil tabs or</i>	1	
TAPAZOLE TABS ( <i>Use Methimazole</i> )	NP	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG ( <i>Use Thyroid</i> )	2	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	
CYTOMEL TABS ( <i>Use Liothyronine Sodium</i> )	NP	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	1	
NATURE-THROID TABS 65 MG, 130 MG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS ( <i>Use Levothyroxine Sodium</i> )	2	
<i>thyroid tabs or 15 mg, 30 mg, 60 mg, 90 mg, 120 mg</i>	1	
THYROLAR-1 TABS	2	
THYROLAR-1/2 TABS	2	
THYROLAR-1/4 TABS	2	
THYROLAR-2 TABS	2	
THYROLAR-3 TABS	2	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	2	
WESTHROID TABS 65 MG, 130 MG	2	
WP THYROID TABS 65 MG, 130 MG	2	

## TOXOIDS

### Toxoid Combinations

Drug Name	Drug Tier	Requirements/Limits
ADACEL SUSP	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
BOOSTRIX SUSP	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)

## ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions

### Antispasmodics

Drug Name	Drug Tier	Requirements/Limits
ANASPAZ TBDP ( <i>Use Hyoscyamine Sulfate</i> )	NP	
BENTYL CAPS OR 10 MG ( <i>Use Dicyclomine HCl</i> )	NP	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	NP	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	1	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	1	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	NP	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	1	
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	NP	
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	1	
LEVVID TB12 ( <i>Use Hyoscyamine Sulfate</i> )	NP	
LEVSIN TABS OR 0.125 MG ( <i>Use Hyoscyamine Sulfate</i> )	NP	
LEVSIN/SL SUBL ( <i>Use Hyoscyamine Sulfate</i> )	NP	
ROBINUL FORTE TABS ( <i>Use Glycopyrrolate</i> )	NP	QL(4 ea daily)
ROBINUL TABS OR 1 MG ( <i>Use Glycopyrrolate</i> )	NP	QL(4 ea daily)
SYMAX DUOTAB TBCR	2	

### H-2 Antagonists

Drug Name	Drug Tier	Requirements/Limits
CIMETIDINE HCL SOLN	2	QL(27 ml daily)
<i>cimetidine tabs or 200 mg</i>	1	RX/OTC
<i>cimetidine tabs or 300 mg, 400 mg</i>	1	
<i>cimetidine tabs or 800 mg</i>	1	QL(500 ea per fill retail)
<i>famotidine tabs or 10 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS ( <i>Use Famotidine</i> )	NP	RX/OTC
PEPCID AC TABS ( <i>Use Famotidine</i> )	NP	
PEPCID TABS 20 MG ( <i>Use Famotidine</i> )	NP	RX/OTC
PEPCID TABS 40 MG ( <i>Use Famotidine</i> )	NP	
<i>ranitidine hcl caps or 150 mg</i>	1	QL(2 ea daily)
<i>ranitidine hcl caps or 300 mg</i>	1	QL(1 ea daily)
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	QL(2 ea daily); RX/OTC
<i>ranitidine hcl tabs or 75 mg, 300 mg</i>	1	QL(2 ea daily)
TAGAMET HB TABS ( <i>Use Cimetidine</i> )	NP	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>Use Ranitidine HCl</i> )	NP	QL(2 ea daily); RX/OTC
ZANTAC 75 TABS ( <i>Use Ranitidine HCl</i> )	NP	QL(2 ea daily)
ZANTAC TABS OR 300 MG ( <i>Use Ranitidine HCl</i> )	NP	QL(2 ea daily)
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML	2	QL(420 ml per fill retail)
CARAFATE TABS 1 GM ( <i>Use Sucralfate</i> )	NP	QL(4 ea daily)
<i>sucralfate tabs or</i>	1	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
ACIPHEX SPRINKLE CPSP 5 MG, 10 MG	NP	
ACIPHEX TBEC ( <i>Use Rabeprazole Sodium</i> )	NP	
CVS OMEPRAZOLE TBEC	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DEXILANT CPDR	NP	
EQ OMEPRAZOLE TBEC	2	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	2	QL(1 ea daily)
<i>esomeprazole magnesium cpdr</i>	NP	RX/OTC
<i>esomeprazole magnesium cpdr</i>	1	QL(2 ea daily); RX/OTC
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG, 24.65 MG	2	
GNP OMEPRAZOLE TBEC	2	QL(1 ea daily)
HM OMEPRAZOLE TBEC	2	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	2	QL(1 ea daily)
<i>lansoprazole cpdr or 15 mg</i>	1	RX/OTC
<i>lansoprazole cpdr or 30 mg</i>	1	
<i>lansoprazole tbdp or 15 mg, 30 mg</i>	1	PA
NEXIUM 24HR CPDR ( <i>Use Esomeprazole Magnesium</i> )	NP	QL(2 ea daily); RX/OTC
NEXIUM 24HR TBEC	NP	
NEXIUM CPDR 20 MG ( <i>Use Esomeprazole Magnesium</i> )	NP	QL(2 ea daily); RX/OTC
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	2	
<i>omeprazole cpdr or 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr or 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	
<i>omeprazole tbdd or 20 mg</i>	1	
OMEPRAZOLE TBEC OR 20 MG	2	QL(1 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tbec or 40 mg</i>	1	QL(2 ea daily)
PREVACID 24HR CPDR (Use <i>Lansoprazole</i> )	NP	RX/OTC
PREVACID CPDR 15 MG (Use <i>Lansoprazole</i> )	NP	RX/OTC
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i> )	NP	
PREVACID SOLUTAB TBDP (Use <i>Lansoprazole</i> )	NP	PA
PRILOSEC OTC TBEC	2	QL(1 ea daily)
PRILOSEC PACK	NP	
PROTONIX PACK OR 40 MG	2	
PROTONIX TBEC OR 20 MG (Use <i>Pantoprazole Sodium</i> )	NP	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use <i>Pantoprazole Sodium</i> )	NP	QL(2 ea daily)
PX OMEPRAZOLE TBEC	2	QL(1 ea daily)
RA OMEPRAZOLE TBEC	2	QL(1 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	NP	
<i>rabeprazole sodium tbec</i>	1	
SB OMEPRAZOLE TBEC	2	QL(1 ea daily)
SM OMEPRAZOLE TBEC	2	QL(1 ea daily)
SW OMEPRAZOLE TBEC	2	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	2	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS (Use <i>Misoprostol</i> )	NP	
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	1	
<b>Ulcer Therapy Combinations</b>		
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	1	
<i>omeprazole-sodium bicarbonate pack 20mg-1680mg, 40mg-1680mg</i>	1	
ZEGERID CAPS 20MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i> )	NP	RX/OTC
ZEGERID CAPS 40MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i> )	NP	
ZEGERID OTC CAPS (Use <i>Omeprazole-Sodium Bicarbonate</i> )	NP	RX/OTC
ZEGERID PACK 20MG-1680MG, 40MG-1680MG (Use <i>Omeprazole-Sodium Bicarbonate</i> )	NP	
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infective Combinations</b>		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	1	
<b>Urinary Anti-infectives</b>		
FURADANTIN SUSP (Use <i>Nitrofurantoin</i> )	NP	QL(40 ml daily)
MACROBID CAPS (Use <i>Nitrofurantoin Monohyd Macro</i> )	NP	
MACRODANTIN CAPS 50 MG, 100 MG (Use <i>Nitrofurantoin Macrocrystal</i> )	NP	
<i>methenamine mandelate tabs or 0.5 gm, 1 gm, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal caps or 50 mg, 100 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp or</i>	1	QL(40 ml daily)



Drug Name	Drug Tier	Requirements/ Limits
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	1	
DETROL LA CP24 ( <i>Use Tolterodine Tartrate</i> )	NP	QL(1 ea daily)
DETROL TABS ( <i>Use Tolterodine Tartrate</i> )	NP	QL(2 ea daily)
DITROPAN XL TB24 ( <i>Use Oxybutynin Chloride</i> )	NP	QL(2 ea daily)
ENABLEX TB24 ( <i>Use Darifenacin Hydrobromide</i> )	NP	
GELNIQUE GEL	NP	
GELNIQUE PUMP GEL	NP	
<i>oxybutynin chloride syrp or 5 mg/5ml</i>	1	QL(16 ml daily)
<i>oxybutynin chloride tabs or 5 mg</i>	1	QL(3 ea daily)
<i>oxybutynin chloride tb24 or 5 mg, 10 mg, 15 mg</i>	1	QL(2 ea daily)
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate tabs</i>	1	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	QL(2 ea daily)
TOVIAZ TB24	2	
<i>trospium chloride cp24 60 mg</i>	1	
<i>trospium chloride tabs 20 mg</i>	1	QL(2 ea daily)
VESICARE TABS ( <i>Use Solifenacin Succinate</i> )	2	
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ TB24	NP	
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>bethanechol chloride tabs or 5 mg, 10 mg, 25 mg, 50 mg</i>	1	
URECHOLINE TABS ( <i>Use Bethanechol Chloride</i> )	NP	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
BEXSERO SUSY	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
MENACTRA INJ	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
MENVEO SOLR	0	QL(1 ea per 999 days retail); AL(At least 18 yrs old)
PNEUMOVAX 23 INJ	0	2 rtl pack lmt amt,999 rtl pack lmt day(s); AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE INJ	0	2 rtl pack lmt amt,999 rtl pack lmt day(s); AL(At least 19 yrs old)
PREVNAR 13 SUSP	0	AL(At least 19 yrs old)
TRUMENBA SUSY	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
<b>Viral Vaccines</b>		

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJ	0	QL(3 ml per 999 days retail); AL(At least 18 yrs old)
ENGERIX-B SUSP	0	QL(3 ml per 999 days retail); AL(At least 18 yrs old)
FLUMIST QUADRIVALENT SUSP	0	limit 0.5 per 180 days;1 rtl pack lmt amt,180 rtl pack lmt day(s),; AL(At least 7 yrs old)
HAVRIX SUSP	0	QL(2 ml per 999 days retail); AL(At least 18 yrs old)
M-M-R II INJ	0	QL(2 ea per 999 days retail); AL(At least 18 yrs old)
RECOMBIVAX HB SUSP	0	QL(3 ml per 999 days retail); AL(At least 18 yrs old)
Seasonal Influenza Vaccine	0	QL (1 ea per 180 days retail); AL: At least 7 yrs old
Seasonal Influenza Vaccine-High Dose	0	QL (1 ea per 180 days retail); AL: At least 65 yrs old
VAQTA SUSP	0	QL(2 ml per 999 days retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ZOSTAVAX SUSR	0	QL(1 ea per 999 days retail); AL(At least 60 yrs old)
<b>VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones</b>		
<b>Spermicides</b>		
ENCARE SUPP	2	QL(12 ea per fill retail)
<i>nonoxynol-9 gel</i>	1	
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (Use <i>Nonoxynol-9</i> )	NP	
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	2	QL(86 gm per fill retail)
SHUR-SEAL GEL	2	QL(24 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA VA 2 % (Use <i>Clindamycin Phosphate Vaginal</i> )	NP	QL(40 gm per fill retail)
<i>clindamycin phosphate vaginal crea</i>	1	QL(40 gm per fill retail)
<i>clotrimazole vaginal crea 1 %</i>	1	QL(45 gm per fill retail)
<i>clotrimazole vaginal crea 2 %</i>	1	QL(21 gm per fill retail)
GYNAZOLE-1 CREA	2	
GYNE-LOTRIMIN 3 CREA (Use <i>Clotrimazole Vaginal</i> )	NP	QL(21 gm per fill retail)
GYNE-LOTRIMIN CREA (Use <i>Clotrimazole Vaginal</i> )	NP	QL(45 gm per fill retail)
METROGEL-VAGINAL GEL (Use <i>Metronidazole Vaginal</i> )	NP	QL(70 gm per fill retail)
<i>metronidazole vaginal gel</i>	1	QL(70 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
MICONAZOLE 3 SUPP	2	QL(3 ea per fill retail)
<i>miconazole nitrate vaginal crea 2 %</i>	1	QL(45 gm per fill retail)
<i>miconazole nitrate vaginal crea 4 %</i>	1	QL(15 gm daily)
<i>miconazole nitrate vaginal kit</i>	1	QL(24 gm per fill retail)
<i>miconazole nitrate vaginal supp 100 mg</i>	1	QL(7 ea per fill retail)
MONISTAT 3 COMBINATION PACK KIT (Use Miconazole Nitrate Vaginal)	NP	QL(24 gm per fill retail)
MONISTAT 3 CREA (Use Miconazole Nitrate Vaginal)	NP	QL(15 gm daily)
MONISTAT 7 SIMPLY CURE CREA (Use Miconazole Nitrate Vaginal)	NP	QL(45 gm per fill retail)
TERAZOL 7 CREA (Use Terconazole Vaginal)	NP	QL(45 gm per fill retail)
TERCONAZOLE CREA	2	QL(20 gm per fill retail)
<i>terconazole vaginal crea 0.4 %</i>	1	QL(45 gm per fill retail)
<i>terconazole vaginal crea 0.8 %</i>	1	QL(20 gm per fill retail)
<i>terconazole vaginal supp 80 mg</i>	1	QL(3 ea per fill retail)
<i>tioconazole vaginal oint</i>	1	QL(5 gm per fill retail)
<b>Vaginal Estrogens</b>		
ESTRACE CREA VA 0.1 MG/GM (Use Estradiol Vaginal)	NP	QL(43 gm per 30 days retail)
<i>estradiol vaginal crea 0.1 mg/gm</i>	1	QL(43 gm per 30 days retail)
<i>estradiol vaginal tabs 10 mcg</i>	1	
PREMARIN CREA VA 0.625 MG/GM	2	QL(43 gm per 30 days retail)
VAGIFEM TABS (Use Estradiol Vaginal)	NP	
<b>Vaginal Progestins</b>		
CRINONE GEL	2	AL(At least 15 yrs old)

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/ Limits
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q SOAJ 0.1 MG/0.1ML	NP	
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(4 ea per 365 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	2	2/30 DAYS;QL(2 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml</i>	NP	
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL(4 ea per 365 days retail)
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	1	QL(2 ea per fill retail,4 ea per 365 days retail)
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	1	
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	1	QL(4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NP	QL(4 ea per 365 days retail)
EPIPEN-JR 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NP	QL(4 ea per 365 days retail)
SYMJEPI SOSY 0.3 MG/0.3ML	NP	
<b>Neurogenic Orthostatic Hypotension (NOH) -</b>		
NORTHERA CAPS	2	PA; SP
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	1	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		

Updated September 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
BABY DDROPS LIQD 400 UT/0.028ML (Use Cholecalciferol)	NP	
cholecalciferol caps or 1000 unit, 2000 unit	1	
cholecalciferol caps or 5000 unit	1	QL(2 ea daily)
cholecalciferol caps or 50000 unit	1	QL(0.267 ea daily)
cholecalciferol liqd or 400 unit/ml, 5000 unit/ml, 400 ut/0.028ml	1	
D-VI-SOL LIQD (Use Cholecalciferol)	NP	
DRISDOL CAPS (Use Ergocalciferol)	NP	
ergocalciferol caps or 50000 unit	1	
ergocalciferol soln or 8000 unit/ml	NP	
KEY-E CHEW OR	2	QL(2 ea daily)
MEPHYTON TABS (Use Phytonadione)	NP	
phytonadione tabs or 5 mg	1	
vitamin e caps or 100 unit, 200 unit, 400 unit	1	QL(2 ea daily)
VITAMIN E CHEW OR 400 UNIT	2	QL(2 ea daily)
<b>Water Soluble Vitamins</b>		
ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg, 25mg-35mg-500mg	1	QL(100 ea per 34 days retail)
B-1 TABS	2	QL(2.94 ea daily)
niacin cpcr or 250 mg, 500 mg	1	
niacin tabs or 500 mg	1	
niacin tbcr or 250 mg, 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
NIACIN TR TBCR	2	
pyridoxine hcl tabs or 25 mg, 50 mg, 100 mg	1	
riboflavin tabs or 25 mg, 50 mg, 100 mg	1	QL(2.94 ea daily)
SLO-NIACIN TBCR (Use Niacin)	NP	
thiamine hcl tabs or 50 mg, 100 mg, 250 mg	1	QL(2.94 ea daily)
thiamine mononitrate tabs	1	QL(2.94 ea daily)

## Index

14-COUNT WARMER .....	119	ACCU-CHEK SOFT TOUCH LANCETS .....	96	ACTOPLUS MET .....	21
1ST TIER UNIFINE PENTIPS31GX8MM .....	154	ACCU-CHEK SOFTCLIX LANCETS .....	96	ACTOPLUS MET XR .....	21
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM .....	154	ACCUPRIL .....	32	ACTOS .....	23
1ST TIER UNILET COMFORTOUCH LANCETS 28G .....	95	ACCURETIC .....	33	ACU-LIFE PILL CRUSHER/CONTAINER .....	119
1ST TIER UNILET COMFORTOUCH LANCETS 30G .....	95	ACCUTREND GLUCOSE .....	74	ACULAR .....	177
2-WAY FOLEY STABILIZATIONDEVICE ..	119	ACCUTREND PLUS .....	96	ACULAR LS .....	177
3-IN-1 BEDSIDE TOILET ..	119	ACE AEROSOL CLOUD ENHANCER .....	157	ACUVAIL .....	177
3-IN-1 COMMODOE .....	119	acebutolol hcl .....	48	acyclovir .....	47
3ML CARTRIDGE FILLING AID .....	119	ACEON .....	32	acyclovir topical .....	63
A + D PERSONAL CARE LOTION .....	67	acetaminophen .....	6	ADACEL .....	184
abacavir sulfate .....	44	acetaminophen w/ codeine ..	8	ADAGEN .....	2
abacavir sulfate-lamivudine ..	44	acetazolamide .....	81	ADALAT CC .....	49
abacavir sulfate-lamivudine-zidovudine .....	44	acetic acid (otic) .....	178	adapalene .....	59
ABILIFY .....	44	acetylcysteine .....	59	ADAPALENE .....	59
ABILIFY MAINTENA .....	43	ACIDOPHILUS .....	24	adapalene-benzoyl peroxide ..	59
ABILIFY MYCITE .....	43	ACIDOPHILUS HIGH-POTENCY .....	24	ADAPTER CAP BLUE A 18MM .....	119
abiraterone acetate .....	37	ACIDOPHILUS PEARLS ..	24	ADAPTER CAP BLUE B 20MM .....	119
ABRAXANE .....	40	ACIDOPHILUS PROBIOTIC BLEND .....	24	ADAPTER CAP BLUE C 22MM .....	119
ABSORICA .....	59	ACIDOPHILUS SUPER PROBIOTIC .....	24	ADAPTER CAP BLUE D 24MM .....	119
ACANYA .....	59	ACIDOPHILUS/GOAT MILK .....	24	ADAPTER CAP BLUE E 28MM/SHORT NECK .....	119
acarbose .....	21	ACIPHEX .....	185	ADAPTER CAP BLUE F 28MM/LONG NECK .....	119
ACCOLATE .....	13	ACIPHEX SPRINKLE .....	185	ADAPTER CAP BLUE K 28MM/MEDIUM NECK .....	119
ACCU-CHEK AVIVA .....	95	ACNE MEDICATION 10 .....	59	ADAPTER CAP BLUE M 24MM .....	119
ACCU-CHEK AVIVA CONNECT .....	95	ACNE MEDICATION 5 .....	59	ADAPTER CAP GREEN A 18MM .....	119
ACCU-CHEK AVIVA PLUS ..	73	ACTEMRA .....	4	ADAPTER CAP GREEN B 20MM .....	119
ACCU-CHEK COMPACT PLUS .....	73	ACTEMRA ACTPEN .....	4	ADAPTER CAP GREEN C 22MM .....	119
ACCU-CHEK COMPACT PLUS CARE KIT .....	95	ACTHAR .....	83	ADAPTER CAP GREEN D 24MM .....	119
ACCU-CHEK FASTCLIX LANCETS .....	95	ACTI-LANCE LANCETS 28G .....	96	ADAPTER CAP GREEN E 28MM/SHORT NECK .....	119
ACCU-CHEK GUIDE .....	74	ACTI-LANCE LITE SAFETY LANCETS 28G .....	96	ADAPTER CAP GREEN F 28MM/LONG NECK .....	119
ACCU-CHEK GUIDE ME .....	95	ACTI-LANCE SPECIAL SAFETY LANCETS 17G ..	96	ADAPTER CAP GREEN K 28MM/MEDIUM NECK .....	119
ACCU-CHEK MULTICLIX LANCETS .....	95	ACTI-LANCE SPECIAL SAFETY LANCETS 17G ..	96	ADAPTER CAP GREEN M 24MM .....	119
ACCU-CHEK NANO SMARTVIEW .....	95	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G ..	96	ADAPTER CAP RED A 18MM .....	119
ACCU-CHEK SAFE-T-PRO LANCETS .....	95	ACTIGALL .....	86	ADAPTER CAP RED B 20MM .....	119
ACCU-CHEK SAFE-T-PRO PLUSLANCETS .....	95	ACTIMMUNE .....	39	ADAPTER CAP RED C 22MM .....	119
ACCU-CHEK SMARTVIEW STRIPS .....	74	ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP .....	96		
		ACTIVELLA .....	85		
		ACTIVITY POUCH .....	157		
		ACTONEL .....	82		

ADAPTER CAP RED D 24MM.....	119	ADULT-LOCK SAFETY TABLETCUTTER.....	120	ADZENYS ER.....	1
ADAPTER CAP RED E 28MM/SHORT NECK.....	119	ADVAIR DISKUS.....	14	ADZENYS XR-ODT.....	1
ADAPTER CAP RED F 28MM/LONG NECK.....	119	ADVAIR HFA.....	14	AEROCHAMBER MINI AEROSOLCHAMBER.....	157
ADAPTER CAP RED K 28MM/MEDIUM NECK.....	119	ADVANCE INTUITION BLOOD GLUCOSE METER.....	96	AEROCHAMBER MV.....	157
ADAPTER CAP RED M 24MM.....	119	ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM.....	96	AEROCHAMBER PLUS FLOW VU.....	157
ADAPTER CAP WHITE B 20MM.....	119	ADVANCE INTUITION TEST STRIPS.....	74	AEROCHAMBER PLUS FLOW- VU.....	157
ADAPTER CAP WHITE C 22MM.....	119	ADVANCE MICRO-DRAW METER.....	96	AEROCHAMBER PLUS FLOW- VU/MASK.....	157
ADAPTER W/ 2 RED TAPPETS3/5ML BLUE.....	119	ADVANCE MICRO-DRAW TEST STRIPS.....	74	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK.....	157
ADASUVE.....	43	ADVANCED MICRO-DRAW TEST STRIPS.....	74	AEROCHAMBER PLUS FLOW- VU/SMALL MASK.....	157
ADCETRIS.....	36	ADVANCED MOBILE LANCET 30G.....	96	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU.....	157
ADCIRCA.....	50	ADVANCED PROBIOTIC .24 ADVANCED PROBIOTIC 10.....	24	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL.....	157
ADD-VANTAGE ADDAPTOR CONNECTOR.....	119	ADVATE.....	89	AEROCHAMBER Z-STAT PLUS/LARGE MASK.....	157
ADDERALL.....	1	ADVIL.....	4	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK.....	157
ADDERALL XR.....	1	ADVIL COLD & SINUS.....	57	AEROCHAMBER Z-STAT PLUS/SMALL MASK.....	157
ADEMPAS.....	51	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM.....	96	AEROCHAMBER Z-STAT PLUS/SMALL MASK.....	157
ADJUST ALUMINUM CANE/ROUND HANDLE/5/8".....	119	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING.....	96	AEROCHAMBER/FLOWSIGNAL .....	157
ADJUST ALUMINUM CANE/ROUND HANDLE/7/8".....	120	ADVOCATE DUO/TALKING.....	96	AEROSPAN.....	13
ADJUST ALUMINUM OFFSET CANE/CUSH HANDLE/WRIST STRAP/3/4".....	120	ADVOCATE INSULIN PEN NEEDLES 31GX8MM.....	154	AEROTRACH PLUS.....	157
ADJUST FOLD CANE/BLACK FIN/WALNUT PISTOL GRIP DERBY HANDLE.....	120	ADVOCATE LANCETS.....	96	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE.....	157
ADJUSTABLE BATH/SHOWER SEAT.....	120	ADVOCATE LANCETS 30G.....	96	AFFINITY PRO DOUBLE ELECTRIC INSURANCE BREAST PUMP.....	120
ADJUSTABLE BATH/SHOWER SEAT/BACK.....	120	ADVOCATE REDI-CODE .74 ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING.....	96	AFINITOR.....	38
ADJUSTABLE COMMODE 3-IN- 1.....	120	ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM.....	96	AFINITOR DISPERZ.....	38
ADJUSTABLE FOLDING CANE/YORK HANDLE.....	120	ADVOCATE REDI-CODE+ TESTSTRIPS.....	74	AFREZZA.....	23
ADLYXIN.....	22	ADVOCATE REDI-CODE+/ TALKING.....	96	AFSTYLA.....	89
ADLYXIN STARTER PACK.....	22	ADVOCATE REDI- CODE/TALKING.....	96	AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST.....	96
ADMELOG.....	23	ADVOCATE SAFETY LANCETS.....	96	AGAMATRIX AMP NO CODE TEST STRIPS.....	74
ADMELOG SOLOSTAR.....	23	ADVOCATE SAFETY LANCETS 26G.....	96	AGAMATRIX JAZZ TEST STRIPS.....	74
ADRENALIN.....	171	ADVOCATE TEST STRIPS.....	74	AGAMATRIX JAZZ WIRELESS 2.....	96
ADULT AEROSOL MASK.....	157	ADYNOVATE.....	89	AGAMATRIX KEYNOTE TEST STRIPS.....	74
ADULT MASK.....	157			AGAMATRIX PRESTO.....	96
ADULT MASK LARGE.....	157			AGAMATRIX PRESTO PRO METER.....	96
ADULT OMEGA PLUS DHA.....	3				
ADULT PUSH BUTTON ALUMINUM CRUTCH.....	120				

AGAMATRIX PRESTO TEST STRIPS.....	74	ALL-BODY MASSAGE.....	120	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN.....	120
AGAMATRIX ULTRA-THIN LANCETS 33G.....	96	ALLEGRA ALLERGY.....	29	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/LIGHT GREEN.....	120
AGGRENOX.....	90	ALLEGRA ALLERGY CHILDRENS.....	29	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY.....	120
AIMOVIQ.....	161	ALLEGRA-D 12 HOUR ALLERGY & CONGESTION.....	58	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/NATURAL.....	120
AIMSCO TWIST LANCETS 32G.....	97	ALLEGRA-D 24 HOUR ALLERGY & CONGESTION.....	58	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE.....	120
AIMSCO TWIST LANCETS 33G.....	97	allopurinol.....	88	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE.....	121
AIRS PEDIATRIC AEROSOL MASK.....	157	almotriptan malate.....	161	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WILLOW GREEN.....	121
AJOVY.....	161	ALOCRIL.....	177	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW.....	121
AKYNZEO.....	28	ALOE 10000 & PROBIOTICS.....	24	ALUMINUM HYDROXIDE.....	10
albuterol sulfate.....	14	ALOE AFTERSUN LOTION.....	68	ALVESCO.....	13
ALBUTEROL SULFATE ER.....	14	alogliptin benzoate.....	22	amantadine hcl.....	41
alclometasone dipropionate.....	63	alogliptin-metformin hcl.....	21	AMARYL.....	24
ALCOH-GLOVE CONTOURED WIPE.....	120	alogliptin-pioglitazone.....	21	AMBER GLASS BOTTLE.....	121
ALCOHOL PADS.....	120	ALOMIDE.....	177	AMBER GLASS VIALS 2ML.....	121
ALCOHOL PREP PADS.....	120	ALORA.....	85	AMBER GLASS VIALS 2ML/13MM.....	121
ALCOHOL PREP PADS-MISC.....	95	ALPHA HAN P.....	175	AMBER GLASS VIALS 30ML/20MM.....	121
ALCOHOL SWABS.....	120	ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN.....	89	AMBIEN.....	92
ALCOHOL SWABSTICK.....	120	ALPHANINE SD.....	89	AMBIEN CR.....	92
ALCOHOL WIPES.....	120	alprazolam.....	12	ambrisentan.....	50
ALDACTAZIDE.....	81	ALPRAZOLAM INTENSOL.....	12	AMCINONIDE.....	64
ALDACTONE.....	82	ALPROLIX.....	89	AMEDA ADAPTER CAP.....	121
ALDARA.....	71	ALREX.....	176	AMEDA BREAST FLANGE INSERT/22.5MM/SMALL.....	121
ALDURAZYME.....	84	ALTABAX.....	61	AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDARD.....	121
ALECENSA.....	38	ALTACE.....	32	AMEDA CUSTOMFIT BREAST FLANGE/28.5MM/MEDIUM.....	121
ALENDRONATE SODIUM.....	82	ALTOPREV.....	31	AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE.....	121
alendronate sodium.....	82	ALTRENO.....	59	AMEDA DIAPHRAGMS.....	121
ALENDRONATE SODIUM.....	82	alum & mag hydrox-simethicone.....	10	AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM.....	121
ALER-DRYL.....	29	ALUMINUM BLANKET SUPPORT2 HEIGHTS.....	120	AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM/PUMP ADAPTER.....	121
ALEVE.....	4	ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED.....	120		
ALEVE ARTHRITIS.....	4	ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE.....	120		
ALEVE DIRECT THERAPY TENSDEVICE REFILL GEL PADS.....	120	ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW.....	120		
ALFERON N.....	39	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK.....	120		
alfuzosin hcl.....	88	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLUE.....	120		
ALGAL-900 DHA.....	172				
ALHPAMOP FOAM REPLACEMENTPADS.....	120				
ALIGN.....	24				
ALIGN EXTRA STRENGTH.....	24				
ALIMTA.....	36				
ALKERAN.....	35				
ALL FLOW 1000 PULMONARY FUNCTION FILTER.....	157				

AMEDA DUAL HYGIENIKIT SYSTEM/CUSTOMFIT FLANGES/PUMP ADAPTER.....	121	amlodipine besylate-atorvastatin calcium.....	50	ANUSOL-HC.....	10
AMEDA ELITE BREAST PUMP.....	121	amlodipine besylate-benazepril hcl.....	33	ANZEMET.....	27
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP.....	121	amlodipine besylate-olmesartan medoxomil.....	33	APEXICON E.....	64
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP.....	121	amlodipine besylate-valsartan.....	33	APLENZIN.....	19
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE.....	121	amlodipine-valsartan-hydrochlorothiazide.....	33	APLICARE ALCOHOL SWABSTICK.....	122
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/MINNIE TOTE.....	121	AMOXAPINE.....	21	APLIGRAF.....	73
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG.....	121	amoxicillin.....	179	APNEASTRIP.....	122
AMEDA FLEXISHIELD.....	121	AMOXICILLIN.....	179	APOKYN.....	41
AMEDA ONE-HAND BREAST PUMP/TOTE.....	121	amoxicillin.....	179	APPLICATOR	
AMEDA ONE-HAND MANUAL BREAST PUMP.....	121	amoxicillin & pot clavulanate.....	179,180	ACCESSORIES/TAP-N-CLICK SILICONE PAD MULTI-PURPOS.....	122
AMEDA PLATINUM MULTI-USER ELECTRIC BREAST PUMP.....	121	AMOXICILLIN/CLAVULANATE POTASSIUM.....	180	apraclonidine hcl.....	175
AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT.....	121	AMOXICILLIN/CLAVULANATE POTASSIUM ER.....	180	aprepitant.....	28
AMEDA PURELY YOURS DOUBLE ELECTRIC BREAST PUMP/CARRY ALL.....	121	amphetamine sulfate.....	1	APTENSIO XR.....	2
AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT.....	121	amphetamine-dextroamphetamine.....	1	APTIOM.....	16
AMEDA SILICONE TUBING.....	121	AMPICILLIN.....	179	APTIVUS.....	44
AMEDA TRIPLE ZERO LANOLIN.....	71	AMPYRA.....	181	AQUA GLYCOLIC HAND & BODYLOTION.....	68
AMEDA TUBING ADAPTER.....	121	AMRIX.....	168	AQUA LACTEN.....	68
AMEDA VALVES.....	122	ANAFRANIL.....	21	AQUADERM TREATMENT/MOISTURIZER.....	68
AMERGE.....	162	ANAPROX DS.....	4	AQUALANCE LANCETS ULTRA THIN 30G.....	97
AMICAR.....	92	ANASPAZ.....	184	AQUAMED.....	68
AMIELLE RESTORE VAGINAL EXERCISERS.....	122	anastrozole.....	37	AQUORAL.....	165
AMIELLE VAGINAL TRAINER.....	122	ANDRODERM.....	9	ARALAST NP.....	183
amiloride & hydrochlorothiazide.....	81	ANDROGEL.....	9	ARANESP ALBUMIN FREE.....	91
amiloride hcl.....	82	ANDROGEL PUMP.....	9	ARAVA.....	5
AMINO PM RMS.....	80	ANDROXY.....	9	ARCALYST.....	4
aminocaproic acid.....	92	ANGEL WING BLOOD COLLECTION SET/HOLDER/23GX3/4".....	122	ARCAPTA NEOHALER.....	14
amiodarone hcl.....	13	ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4".....	122	ARESTIN.....	165
amitriptyline hcl.....	21	ANGEL WING LUER ADAPTER/TUBE HOLDER SET/FEMALE.....	122	ARGYLE SARATOGA SUMP DRAIN/20FR/20".....	122
amlodipine besylate.....	49	ANGEL WING TRANSFER DEVICE/FEMALE ADAPTER.....	122	ARGYLE SARATOGA SUMP DRAIN/24FR/20".....	122
		ANGEL WING TUBE HOLDER/FEMALE LUER.....	122	ARGYLE SARATOGA SUMP DRAIN/28FR/20".....	122
		ANORO ELLIPTA.....	14	ARGYLE TRACHEOSTOMY TUBEHOLDER.....	122
		ANTABUSE.....	180	ARIAL CHAMBER.....	157
		ANTARA.....	30	ARICEPT.....	181
		ANTI-INFLAMMATORY ENZYMEFORMULA.....	80	ARIKAYCE.....	3
		ANTIOXIDANT FORMULA.....	80	ARIMIDEX.....	37
				aripiprazole.....	44
				ARISTADA.....	44
				ARISTADA INITIO.....	44
				ARIXTRA.....	15
				ARM STRAP WHITE.....	122



ARMOUR THYROID.....	183	ASSURE LANCE PLUS SAFETYLANCETS 30G... 97	AUTOCLAVE ACCESSORIES
ARNUITY ELLIPTA.....	13	ASSURE LANCE SAFETY LANCET 28G..... 97	PRINTER PAPER..... 122
AROMASIN.....	37	ASSURE LANCETS..... 97	AUTOCLAVE AIR FILTER. 122
ARTHRITIS PAIN RELIEVING.....	71	ASSURE PLATINUM BLOOD GLUCOSE METER..... 97	AUTOCLAVE PAPER 36" X 36"..... 122
artificial tear ointment.....	174	ASSURE PLATINUM TEST STRIPS..... 74	AUTOCLAVE POUCH 7.5" X 13"/SELF-SEALING..... 122
ARYMO ER.....	7	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM... 97	AUVI-Q..... 189
ARZERRA.....	36	ASSURE PRISM MULTI TEST STRIPS..... 74	AVALIDE..... 33
ascorbic acid.....	190	ASSURE PRO BLOOD GLUCOSE METER..... 97	AVANDIA..... 23
ASMANEX HFA.....	13	ASSURE PRO TEST STRIPS..... 74	AVAPRO..... 32
ASMANEX TWISTHALER 120 METERED DOSES.....	13	ASTAGRAF XL..... 164	AVASTIN..... 36
ASMANEX TWISTHALER 14 METERED DOSES.....	13	ASTEPRO..... 170	AVEED..... 9
ASMANEX TWISTHALER 30 METERED DOSES.....	13	AT LAST BLOOD GLUCOSE SYSTEM..... 97	AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT..... 68
ASMANEX TWISTHALER 60 METERED DOSES.....	14	AT LAST LANCETS..... 97	AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO..... 68
ASMANEX TWISTHALER 7 METERED DOSES.....	14	AT LAST TEST STRIPS... 74	AVEENO DAILY MOISTURIZINGSPF 15..... 68
aspirin.....	6	ATACAND..... 32	AVEENO POSITIVELY AGELESSFIRMING BODY... 68
ASPIRIN.....	6	ATACAND HCT..... 33	AVEENO POSITIVELY RADIANT..... 68
aspirin.....	6	atazanavir sulfate..... 44	AVEENO STRESS RELIEF MOISTURIZING..... 68
aspirin buffered (cal carb-mag carb-mag oxide).....	6	ATELVIA..... 82	AVELOX..... 86
aspirin-dipyridamole.....	90	atenolol..... 48	AVODART..... 88
ASPIRIN/OMEPRAZOLE... 90		atenolol & chlorthalidone... 33	AVONEX..... 181
ASPIRIN/OMEPRAZOLE ER90		ATGAM..... 164	AVONEX PEN..... 182
ASSURE 3 METER..... 97		ATIVAN..... 12	AVOSTARTGRIP..... 122
ASSURE 3 TEST STRIPS... 74		atomoxetine hcl..... 1	AXERT..... 162
ASSURE 4 BLOOD GLUCOSE METER..... 97		atorvastatin calcium... 31	AXIRON..... 9
ASSURE 4 TEST STRIPS... 74		ATRALIN..... 59	AYGESTIN..... 180
ASSURE COMFORT LANCETS ULTRA THIN 28G..... 97		ATRIPLA..... 44	azacitidine..... 36
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G..... 97		ATROPINE SULFATE... 175	AZASAN..... 164
ASSURE HAEMOLANCE PLUS LOW FLOW 25G..... 97		ATROVENT HFA..... 13	AZASITE..... 175
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G..... 97		AUBAGIO..... 181	azathioprine..... 164
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G..... 97		AUGMENTED BETAMETHASONE DIPROPIONATE..... 64	AZEDRA DOSIMETRIC.... 39
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE..... 97		AUGMENTIN..... 180	AZEDRA THERAPEUTIC... 39
ASSURE II..... 74		AUGMENTIN ES-600... 180	azelastine hcl..... 170
ASSURE II CHECK STRIP... 74		AUGMENTIN XR..... 180	azelastine hcl (ophth)..... 177
ASSURE II TEST STRIPS... 74		AURORA LANCET SUPER THIN30G..... 97	AZITHROMYCIN..... 94
ASSURE LANCE LANCETS 97		AURORA LANCET THIN 23G..... 97	azithromycin..... 94
ASSURE LANCE LANCETS 21G..... 97		AURORA PEN NEEDLES 31G X8MM..... 154	AZOPT..... 177
ASSURE LANCE PLUS SAFETYLANCETS 25G..... 97		AURYXIA..... 87	AZOR..... 33
			AZULFIDINE..... 87
			AZULFIDINE EN-TABS.... 87
			b complex w/ c..... 166

B-1	190	BD LOGIC BLOOD GLUCOSE MONITOR	97	BENICAR HCT	33
b-complex vitamins	166	BD MICROTAINER		BENLYSTA	165
b-complex w/ c & folic acid	166,167	LANCETS	97	BENTYL	184
BABY DDROPS	190	BD PEN		BENZAC AC WASH	59
BABY FRIDGE	122	NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	154	BENZAACLIN	59
BACID	24	BD PHASEAL DRUG VIAL PROTECTOR/20MM NECK	122	BENZAACLIN WITH PUMP	59
BACIGUENT	61	BD PHASEAL DRUG VIAL PROTECTOR/28MM NECK	123	BENZNIDAZOLE	10
bacitracin (topical)	61	BD PHASEAL INFUSION ADAPTER/CONNECTOR	123	benzonatate	57
bacitracin zinc	61	BD PHASEAL INJECTOR LUERLOCK TRANSFER DEVICE	123	benzoyl peroxide	59
bacitracin-polymyxin b (ophth)	175	BD PHASEAL LUER LOCK CONNECTOR/NEEDLE FREE PORTS	123	BENZOYL PEROXIDE	59
baclofen	168,169	BD PHASEAL SYRINGE TRAY M15	123	benzoyl peroxide	59
BACLOFEN	169	BD PHASEAL Y-SITE CONNECTOR	123	benztropine mesylate	41
BACTRIM	11	BD SAFE CLIP NEEDLE CLIPPER	123	BEPREVE	177
BACTRIM DS	11	BD SAFE-CLIP BY MAIL	123	BERINERT	90
BACTROBAN	61	BD SWABS SINGLE USE	123	BESIVANCE	175
BACTROBAN NASAL	170	BD SWABS SINGLE USE BUTTERFLY	123	BETA CARE	68
balsalazide disodium	87	BEBULIN	89	BETAGAN	174
BALVERSA	38	BECONASE AQ	170	betamethasone dipropionate (topical)	64
BAMBOO CANE	122	BED WEDGE/10"	123	betamethasone dipropionate augmented	64
BANDAGE SCISSORS	122	BED WEDGE/12"	123	betamethasone valerate	64
BANZEL	16	BED WEDGE/7"	123	BETAPACE	48
BARIATRIC ALUMINUM CANE/OFFSET	122	BEDSIDE COMMUNE	123	BETAPACE AF	48
BARIATRIC CANE/OFFSET HANDLE/29"-38"/500LB CAPACITY	122	BELBUCA	8	BETASERON	182
BARIATRIC ROLLATOR/EXTRA WIDE/400LB CAPACITY/HEAVY DUTY	122	BELEODAQ	38	betaxolol hcl	48
BASAGLAR KWIKPEN	23	BELRAPZO	35	betaxolol hcl (ophth)	174
BATH BENCH WITH BACK	122	BELSOMRA	93	bethanechol chloride	187
BATH/SHOWER SEAT WITH BACK/ADJUSTABLE	122	BELT CLIP	123	BETHKIS	3
BATH/SHOWER SEAT/ADJUSTABLE	122	BENADRYL ALLERGY CHILDRENS	29	BETIMOL	174
BATHTUB SAFETY RAIL	122	benazepril & hydrochlorothiazide	33	BETOPTIC-S	174
BATTERY KEY	122	benazepril hcl	32	BEUTLICH PH TEST ROLL	123
BATTERY KEY BLUE	122	BENDAMUSTINE HYDROCHLORIDE	35	BEVACIZUMAB	175
BAYER CONTOUR LINK 2.4 BLOOD GLUCOSE MONITORING SYSTEM	97	BENDEKA	35	BEVESPI AEROSPHERE	14
BD GLUCOSE	22	BENEFIX	89	bexarotene	39
BD LANCET ULTRAFINE 30G	97	BENICAR	32	BEXSERO	187
BD LANCET ULTRAFINE 33G	97			BEYAZ	52
BD LATITUDE DIABETES MANAGEMENT SYSTEM	97			BI-FOCAL MAGNIFIER	123

BIOSCANNER GLUCOSE TEST STRIPS	74	BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP	123	BREVICON-28	52
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM	97	BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP	123	BRIDION	27
BIOTENE DRY MOUTH MOISTURIZING SPRAY	166	BOTTLE/BOSTON ROUND NATURAL	123	BRILINTA	90
bisacodyl	94	BOTTLE/THIN WALL	123	brimonidine tartrate	175
bismuth subsalicylate	24	BOTTLETOP DISPENSER 0.25-2.0ML	123	BRISDELLE	183
bisoprolol & hydrochlorothiazide	33	BOTTLETOP DISPENSER ADAPTER/38MM	123	BRIVIACT	16
bisoprolol fumarate	48	BOULES QUIES EAR PLUGS	123	BROMASE	80
BIVIGAM	179	BRA/PANT POUCH BLACK 3ML	123	BROMFENAC	177
BLEPH-10	175	BRA/PANT POUCH WHITE 3ML	123	bromfenac sodium (ophth)	177
BLEPHAMIDE	176	BRAFTOVI	38	bromocriptine mesylate	41
BLEPHAMIDE S.O.P.	176	BRAVELLE	83	brompheniramine & phenyleph	58
BLINCYTO	36	BREAST PUMP	123	brompheniramine & pseudoeph	58
BLISTER PACK ADHESIVE LABEL	123	BREAST SELF EXAM PROGRAM	123	BROMSITE	177
BLISTER PACK/AMBER 12 CAVITY	123	BREATHE EASE/LARGE MASK	157	BROVANA	14
BLOOD COLLECTION TUBE HOLDER/WITH NEEDLE	123	BREATHE EASE/MEDIUM MASK	157	BSS & BSS PLUS ADMIN SET	123
BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE	123	BREATHE EASE/SMALL MASK	157	BUBBLE POINT TESTER KIT/WIZARD	123
BLOOD GLUCOSE MONITORINGSYSTEM	98	BREATHERITE	158	BUBBLES THE FISH II PEDIATRIC MASK/PVC	158
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM	98	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK	157	budesonide	57
BLOOD GLUCOSE SYSTEM PAK	98	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK	158	budesonide (inhalation)	14
BLOOD GLUCOSE TEST STRIPS	74	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK	158	budesonide (nasal)	170
BLOOD GLUCOSE TEST STRIPS PREMIUM	74	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK	158	BUFFERIN	6
BLOW MOLDED BATHTUB TRANSFER BENCH	123	BREATHERITE COLLAPSIBLESPACER W/NEONATE MASK	158	BULLSEYE MINI SAFETY LANCETS	98
BLOW MOLDED BATHTUB TRANSFER BENCH/COMMODOE SEAT/PAIL	123	BREATHERITE RIGID SPACERW/MASK	158	BULLSEYE SAFETY LANCETS	98
BONIVA	82	BREATHERRITE W/LARGE MASK	158	bumetanide	81
BOOSTRIX	184	BREATHERRITE W/MEDIUM MASK	158	BUMEX	81
BORTEZOMIB	38	BREATHERRITE W/SMALL MASK	158	BUNAVAIL	8
bosentan	50	BREEZE 2 TEST DISC	74	BUPHENYL	84
BOSULIF	38	BREO ELLIPTA	14	buprenorphine	9
BOTOX	171			BUPRENORPHINE	9
BOTOX COSMETIC	71			buprenorphine hcl	8
BOTTLE ADAPTERS/24MM/PRESS-IN	123			buprenorphine hcl-naloxone hcl dihydrate	9
BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP	123			bupropion hcl	19
				bupropion hcl (smoking deterrent)	182
				BUPROPION HYDROCHLORIDE ER (XL)	19
				buspironone hcl	12
				butalbital-acetaminophen	5
				butalbital-acetaminophen-caffeine	6
				butalbital-acetaminophen-caffeine w/ codeine	8
				butalbital-aspirin-caffeine	6

butalbital-aspirin-caffeine		CANE TIPS FOR	CANE/ALUMINUM/BRONZE/FO
w/cod	8	WOOD/7/8"	LDING/ORTHO
BUTALBITAL/ASPIRIN/CAFFEIN		CANE TIPS/1"	HANDLE/3/4"
E	6	CANE TIPS/3/4"	124
BUTRANS	9	CANE TIPS/3/4" QUAD NON-	CANE/ALUMINUM/BRONZE/OF
BYDUREON	23	SUCTION	FSET HANDLE/CUSH
BYDUREON PEN	23	CANE TIPS/5/8" QUAD	GRIP/WRIST STRAP/3/4
BYETTA	23	SUCTION TYPE	124
BYSTOLIC	48	CANE TIPS/7/8"-1"	CANE/ALUMINUM/BRONZE/OR
BYVALSON	33	CANE TIPS/BLACK/3/4"	THO HANDLE/3/4"
CABLIVI	90	CANE TIPS/BLACK/7/8"-	CANE/ALUMINUM/BRONZE/YO
CABOMETYX	38	1"	RKHANDLE/7/8"
CADUET	50	CANE TIPS/GREY/3/4"	124
CAFERGOT	161	CANE TIPS/GREY/7/8"-	CANE/ALUMINUM/FOLDING/36"
caffeine citrate	1	1"	BLACK
CALAN	49	CANE TIPS/ICE GRIP	125
CALAN SR	49	TIP	CANE/ALUMINUM/FOLDING/AD
calcipotriene	63	CANE WITH	JUSTABLE/BLACK
calcipotriene-betamethasone		STRAP/BLACK	125
dipropionate	64	CANE WRIST STRAP	CANE/ALUMINUM/FOLDING/BLI
calcitonin (salmon)	82	CANE/ADJUSTABLE/ALUMIN	ND
CALCITRIOL	63	UM/ROUND HANDLE	CANE/ALUMINUM/MED
calcitriol	84	CANE/ADJUSTABLE/ALUMIN	PEWTERBLUE/ORTHO
CALCIUM ACETATE	163	UM/ROUND HANDLE	HANDLE/3/4"
calcium acetate (phosphate		5/8"	CANE/ALUMINUM/OFFSET
binder)	87	CANE/ADJUSTABLE/PAISLEY	CUSHIONED HANDLE/WRIST
calcium carbonate (antacid)	10	124	STRAP/3/4"
calcium carbonate-		CANE/ALUMINUM/ADJUSTAB	125
cholecalciferol	163	LE/BRONZE	CANE/ALUMINUM/OFFSET
calcium carbonate-vitamin		TONE/STANDARD	ORTHO
d	163	HANDLE	CANE/ALUMINUM/OFFSET
calcium polycarbophil	93	CANE/ALUMINUM/ADJUSTAB	ORTHO GRIP/BLACK
CAM	68	LE/DEVON HANDLE	125
camphor & menthol	62	CANE/ALUMINUM/ADJUSTAB	CANE/ALUMINUM/OFFSET
CAMPTOSAR	40,41	LE/LADIES HANDLE	ORTHO HANDLE/WRIST
CANASA	87	CANE/ALUMINUM/ADJUSTAB	STRAP/3/4"
candesartan cilexetil	32	LE/MENS HANDLE	125
candesartan cilexetil-		CANE/ALUMINUM/ADJUSTAB	CANE/ALUMINUM/ORTHO/BRO
hydrochlorothiazide	33	LE/OFFSET	NZE
CANE HOLDER	123	HANDLE/7/8"	125
CANE TIPS 3/4"	124	CANE/ALUMINUM/ADJUSTAB	CANE/ALUMINUM/ROUND
CANE TIPS 7/8"	124	LE/OFFSET	HANDLE/5/8"
CANE TIPS FOR		HANDLE/AUTUMN	CANE/ALUMINUM/ROUND
ALUM/3/4"	124	BRONZE	HANDLE/7/8"
CANE TIPS FOR WOOD		CANE/ALUMINUM/ADJUSTAB	CANE/ALUMINUM/TELESCOPIC
1"	124	LE/OFFSET	/BRONZE/MEDIUM
CANE TIPS FOR WOOD		HANDLE/BLACK	HANDLE/7/8"
5/8"	124	CANE/ALUMINUM/ADJUSTAB	CANE/ALUMINUM/TELESCOPIC
CANE TIPS FOR		LE/OFFSET HANDLE/BLUE	/LARGE HANDLE/3/4"
WOOD/3/4"	124	ICE	125
		CANE/ALUMINUM/ADJUSTAB	CANE/ALUMINUM/TELESCOPIC
		LE/OFFSET	/MEDIUM HANDLE/7/8"
		HANDLE/VIOLET	125
		CANE/ALUMINUM/BLACK/DE	CANE/DESIGNER OFFSET
		VONHANDLE/7/8"	HANDLE
		CANE/ALUMINUM/BRONZE-	125
		TONE	CANE/LADY/BRONZE
			125
			CANE/MENS
			125
			CANE/OFFSET
			HANDLE/ALUMINUM/29"-38"
			125

CANE/OFFSET HANDLE/ALUMINUM/29"- 38"/CAMOUFLAGE .....	125	CANE/WOOD/ROSEWOOD/1" .....	126	CARDIO OMEGA BENEFITS/VITAMIN D-3 ...	172
CANE/OFFSET HANDLE/ALUMINUM/29-38" .....	125	CANE/WOOD/STANDARD/BL ACKFINISH/1" .....	126	CARDIOSTEROL .....	3
CANE/OFFSET HANDLE/ALUMINUM/ADJUSTA BLE .....	125	CANE/WOOD/STANDARD/BL ACKFINISH/7/8" .....	126	CARDIZEM .....	49
CANE/ROSEWOOD/1" .....	125	CANE/WOOD/STANDARD/NA TURAL FINISH/1" .....	126	CARDIZEM CD .....	49
CANE/STANDARD/BLACK HANDLE .....	125	CANE/WOOD/STANDARD/NA TURAL FINISH/7/8" .....	126	CARDIZEM LA .....	49
CANE/STANDARD/BRONZE HANDLE .....	125	CANE/WOOD/STANDARD/WA LNUT42"LONG .....	126	CARDURA .....	32
CANE/T- HANDLE/ALUMINUM/29"-38" .....	125	CANE/WOOD/STANDARD/WA LNUTFINISH/7/8" .....	126	CAREFINE PEN NEEDLES 31GX8MM .....	154
CANE/T- HANDLE/ALUMINUM/29"- 38"/FLORAL PATTERN .....	125	CANE/WOOD/T- HANDLE/WALNUT3/4" ..	126	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM .....	98
CANE/T-HANDLE/BLACK & BLUE .....	125	CANE/WOOD/T- HANDLE/WALNUTFINISH/1" .....	126	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE .....	98
CANE/WOOD/BLACK/ROUND HANDLE/1" .....	125	CANE/WOOD/T- HANDLE/WALNUTFINISH/13/1 6" .....	126	CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM ..	74
CANE/WOOD/BLACK/ROUND HANDLE/7/8" .....	125	CANE/WOOD/WALNUT/7/8" .....	126	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE .....	74
CANE/WOOD/LADIES STANDARDHANDLE/EBONY FINISH/13/16" .....	125	CANE/WOOD/WALNUT/PISTO L GRIP DERBY HANDLE/7/8" .....	126	CAREONE LANCET THIN ..	98
CANE/WOOD/LADIES STANDARDHANDLE/ROSEWO OD FINISH/13/16" .....	125	CANE/WOOD/WALNUT/ROUN D HANDLE/7/8" .....	126	CAREONE LANCET ULTRA THIN .....	98
CANE/WOOD/LADIES STANDARDHANDLE/STAINED WALNUT FINISH .....	126	capecitabine .....	36	CAREONE UNIFINE PENTIPS 31GX8MM .....	154
CANE/WOOD/LADIES/T- HANDLEBLACK WOOD .....	126	CAPEX .....	64	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....	154
CANE/WOOD/LADIES/T- HANDLEWALNUT/3/4" .....	126	CAPHOSOL .....	166	CARESENS N BLOOD GLUCOSETEST STRIPS ..	74
CANE/WOOD/MENS ROUND HANDLE/ROSEWOOD FINISH .....	126	CAPRELSA .....	38	CARESENS N GLUCOSE MONITORING SYSTEM ..	98
CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" .....	126	CAPSAGEL .....	71	CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM .....	98
CANE/WOOD/MENS STANDARD HANDLE/ROSEWOOD FINISH/1" .....	126	CAPSAGEL EXTRA STRENGTH .....	71	CARETOUCH ALCOHOL PREP PADS .....	126
CANE/WOOD/MENS STANDARD HANDLE/STAINED WALNUT WOOD .....	126	CAPSAGEL MAXIMUM STRENGTH .....	71	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM .....	98
CANE/WOOD/MENS T- HANDLE/BLACK WOOD ..	126	capsaicin .....	71	CARETOUCH BLOOD GLUCOSE TEST STRIPS ..	74
CANE/WOOD/NATURAL ASH/ROUND HANDLE/1" ..	126	captopril .....	32	CARETOUCH PEN NEEDLES 31GX 8MM .....	154
CANE/WOOD/NATURAL ASH/ROUND HANDLE/7/8" .....	126	CAPTOPRIL/HYDROCHLORO THIAZIDE .....	33	CARETOUCH TWIST LANCETS 30G .....	98
		CAPZASIN-HP .....	71	CAREX COCCYX CUSHION .....	126
		CAPZASIN-P .....	71	CAREX ULTRA GRABBER 32" .....	126
		CARAC .....	62	CAREX WHEELCHAIR .....	126
		CARAFATE .....	185	CARIMUNE NANOFILTERED .....	179
		CARBAGLU .....	84	carisoprodol .....	169
		carbamazepine .....	16	carisoprodol w/ aspirin ..	169
		carbamide peroxide (otic)	178	CARNITOR .....	84
		CARBATROL .....	16	CARNITOR SF .....	84
		carbidopa .....	41		
		carbidopa-levodopa .....	41		
		carboplatin .....	35		
		CARDIO COMPLETE .....	80		

CARTEOLOL HCL.....	174	CERVICAL PILLOW/ORTHOPEdic ..	126	cholecalciferol.....	190
carteolol hcl (ophth).....	174	CERVICAL ROLL PILLOW/CONTOUR.....	126	cholestyramine.....	30
carvedilol.....	48	CETAPHIL DAILY ADVANCE ULTRA HYDRATING.....	68	cholestyramine light.....	30
carvedilol phosphate.....	48	CETAPHIL DAILY FACIAL MOISTURIZER.....	68	choline & mag salicylate.....	6
CASODEX.....	37	CETAPHIL DERMACONTROL MOISTURIZER/SPF 30.....	68	CHORIONIC GONADOTROPIN.....	83
CASTIVA WARMING.....	71	CETAPHIL MOISTURIZING.....	68	CHRONOVISION.....	80
CATAPRES.....	32	RESTORADERM.....	68	CICLODAN CREAM KIT.....	61
CATHETER INTRODUCER	126	cetirizine hcl.....	29	CICLODAN SOLUTION KIT.....	61
CAYSTON.....	11	cetirizine-pseudoephedrine .....	58	ciclopirox.....	61
CEDAX.....	51	CETRAXAL.....	178	ciclopirox olamine.....	61
cefaclor.....	51	CETROTIDE.....	83	cilostazol.....	90
CEFACLOR.....	51	CHANTIX.....	182	CILOXAN.....	175
CEFACLOR ER.....	51	CHANTIX CONTINUING MONTHPAK.....	182	cimetidine.....	184
cefadroxil.....	51	CHANTIX STARTING MONTH PAK.....	182	CIMETIDINE HCL.....	184
cefdinir.....	51	CHEK-STIX COMBO PAK URINALYSIS CONTROL.....	74	CIMZIA.....	87
CEFDITOREN PIVOXIL.....	51	CHEK-STIX CONTROL.....	74	CIMZIA STARTER KIT.....	87
cefixime.....	51	CHEMET.....	27	cinacalcet hcl.....	84
cefpodoxime proxetil.....	51	CHEMO TRANSFER PIN	126	CINIS PREEMIE HALO LARGE.....	126
cefprozil.....	51	CHEMSTRIP-K.....	74	CINIS PREEMIE HALO MEDIUM.....	127
CEFTIBUTEN.....	51	CHENODAL.....	86	CINIS PREEMIE HALO SMALL.....	127
CEFTIN.....	51	CHERACOL PLUS.....	58	CINQAIR.....	13
ceftriaxone sodium.....	51	CHERACOL-D COUGH.....	58	CINRYZE.....	90
cefuroxime axetil.....	51	CHILDRENS ADVIL.....	4	CIPRO.....	86
CELEBREX.....	4	CHILDRENS MOTRIN.....	4	CIPRO HC.....	178
celecoxib.....	4	CHILDRENS PROBIOTIC PEARLS.....	25	CIPRODEX.....	178
CELEXA.....	19	CHLOR-TRIMETON.....	29	ciprofloxacin.....	86
CELLCEPT.....	164	chlordiazepoxide hcl.....	12	CIPROFLOXACIN.....	178
CELLCEPT INTRAVENOUS.....	164	chlorhexidine gluconate (mouth-throat).....	165	CIPROFLOXACIN ER.....	86
CELONTIN.....	18	CHLOROQUINE PHOSPHATE.....	34	CIPROFLOXACIN HCL.....	86
CENTANY.....	61	chloroquine phosphate.....	34	ciprofloxacin hcl.....	86
CENTANY AT.....	61	CHLOROTHIAZIDE.....	82	ciprofloxacin hcl (ophth).....	175
cephalexin.....	51	chlorothiazide.....	82	CISPLATIN.....	35
CEPROTIN.....	90	chlorpheniramine maleate.....	29	cisplatin.....	35
CERASPORT.....	163	chlorpromazine hcl.....	43	CISPLATIN.....	35
CERASPORT EX1.....	163	chlorthalidone.....	82	citalopram hydrobromide.....	19
CERAVE.....	68	CHLORZOAZONE.....	169	cladribine.....	36
CERAVE AM SPF 30.....	68	CHOICE DM DIABETES RISK IN-HOME TEST KIT.....	98	CLARINEX.....	29
CERAVE PM.....	68	CHOLBAM.....	86	CLARINEX-D 12 HOUR.....	58
CERAVE SA RENEWING.....	68			clarithromycin.....	95
CERDELGA.....	90			CLARITHROMYCIN.....	95
CEREZYME.....	90			clarithromycin.....	95
CERVICAL PILLOW.....	126			CLARITIN.....	29
CERVICAL PILLOW/BREATHE EASY.....	126			CLARITIN ALLERGY CHILDRENS.....	29
CERVICAL PILLOW/COVER.....	126				

CLARITIN CHILDRENS.....	29	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	154	clobetasol propionate emollient base.....	64
CLARITIN REDITABS.....	29	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	154	clobetasol propionate emulsion.....	64
CLARITIN-D 12 HOUR.....	58	CLEVER CHOICE ELECTRIC BREAST PUMP.....	127	CLOBEX.....	64
CLARITIN-D 24 HOUR.....	58	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM.....	98	CLOCORTOLONE PIVALATE.....	64
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER.....	59	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM.....	98	CLOCORTOLONE PIVALATE PUMP.....	64
CLEANLET LANCETS 28G.....	98	CLEVER CHOICE MICRO TESTSTRIPS.....	74	CLODERM.....	64
CLEANROOM TACKY MAT 18" X36"/60 LAYER.....	127	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM.....	98	CLODERM PUMP.....	64
CLEAR GLASS VIALS 10ML.....	127	CLEVER CHOICE PULSE OXIMETER.....	127	clomipramine hcl.....	21
CLEAR GLASS VIALS 2ML.....	127	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM.....	98	clonazepam.....	16
clemastine fumarate.....	29	CLEVER CHOICE UNIVERSAL/31GX5/16" CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	154	clonidine hcl.....	32
CLEOCIN.....	11,188	CLICKFINE PEN NEEDLES 31G X 5/16".....	154	clonidine hcl (adhd).....	1
CLEOCIN PEDIATRIC GRANULES.....	11	CLICKFINE PEN NEEDLES 31G X 8MM.....	154	clopidogrel bisulfate.....	90
CLEOCIN-T.....	59	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	154	clorazepate dipotassium.....	12
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	98	CLIMARA.....	85	clotrimazole (topical).....	61
CLEVER CHEK AUTO- CODE.....	98	CLINDAGEL.....	59	clotrimazole vaginal.....	188
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM.....	98	clindamycin hcl.....	11	clotrimazole w/ betamethasone.....	61
CLEVER CHEK AUTO-CODE TEST STRIPS.....	74	clindamycin palmitate hydrochloride.....	11	clozapine.....	43
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	98	CLINDAMYCIN PHOSPHATE.....	60	CLOZAPINE ODT.....	43
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS.....	74	clindamycin phosphate (topical).....	59	CLOZARIL.....	43
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM.....	98	clindamycin phosphate vaginal.....	188	CO MONITOR REPLACEMENT TPIECES.....	158
CLEVER CHEK LANCETS ULTRATHIN.....	98	clindamycin phosphate-benzoyl peroxide.....	60	COAGADEX.....	89
CLEVER CHEK LANCETS ULTRATHIN 30G.....	98	clindamycin phosphate-benzoyl peroxide (refrigerate).....	60	COAGUCHEK LANCETS.....	98
CLEVER CHEK TEST STRIPS.....	74	clindamycin phosphate- tretinoin.....	60	COAGUCHEK PT TEST STRIP.....	74
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE.....	158	CLIP & STOR.....	127	COAGUCHEK XS PT TEST STRIP.....	74
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM.....	158	CLIP CASE TRANSLUCENT BLACK 3ML.....	127	coal tar extract.....	73
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL.....	158	CLIP CASE TRANSLUCENT BLUE 3ML.....	127	COARTEM.....	34
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM.....	98	CLIP CASE TRANSLUCENT CLEAR 3ML.....	127	COCOA BUTTER.....	68
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS.....	74	CLN FACIAL MOISTURIZER NOURISHING.....	68	COCOA BUTTER HAND & BODYLOTION.....	68
		clobazam.....	16	cod liver oil.....	168
		clobetasol propionate.....	64	CODEINE SULFATE.....	7
				codeine sulfate.....	7
				COLACE.....	94
				COLACE CLEAR.....	94
				COLAZAL.....	87
				COLCHICINE.....	88
				colchicine.....	88
				colchicine w/ probenecid.....	88
				COLCRYS.....	89
				COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY.....	71

COLEMAN INSECT REPELLENT/HIGH & DRY .. 71	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK. 158	CORTANE-B-OTIC.....178
COLEMAN INSECT REPELLENT/SPORTSMEN 71	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK... 158	CORTEF.....57
COLESTID.....30	COMPLERA.....44	CORTENEMA.....10
COLESTID FLAVORED.....30	COMPOSITE TRANSFER BENCH.....127	CORTISONE ACETATE....57
colestipol hcl.....30	CONCERTA.....2	CORTROSYN.....73
COLYTE-FLAVOR PACKS..93	CONDOMS-MISC.....95	CORZIDE.....33
COMAR PRESS-IN BOTTLE ADAPTERS 24MM.....127	CONTOUR BACK CUSHION.....127	COSENTYX.....63
COMBIGAN.....174	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM...99	COSENTYX SENSOREADY PEN.....63
COMBIPATCH.....85	CONTOUR BLOOD GLUCOSE TEST STRIPS.....75	COSOFT.....174
COMBIVENT RESPIMAT...14	CONTOUR FITTED SHEETS.....127	COSOFT PF.....174
COMBIVIR.....44	CONTOUR MATTRESS COVER.....127	cosyntropin.....73
COMETRIQ.....38	CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM...99	COTELLIC.....38
COMFORT ASSURED LANCETS MICRO THIN 33G.....98	CONTOUR NEXT BLOOD GLUCOSE TEST.....75	COUMADIN.....15
COMFORT ASSURED LANCETS SUPER THIN 28G.....98	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM...99	COVERALL BOOTS/DISPOSABLE/UNIVERSAL.....127
COMFORT CURVE MASSAGE CUSHION.....127	CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM...99	COVERALL W/ HOOD/SMALL/DISPOSABLE.....127
COMFORT EZ SHORT/31G X 8MM.....154	CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SY.....99	COVERALL W/HOOD/3XL/DISPOSABLE.....127
COMFORT FIT FLANGES LARGE.....127	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM...99	COVERALL W/HOOD/XL/DISPOSABLE.....127
COMFORT LANCETS.....99	CONZIP.....7	COVERALL W/HOOD/XXL/DISPOSABLE.....127
COMFORT MASSAGER/CORDLESS..127	COOL BLOOD GLUCOSE MONITORING KIT.....99	COVERALLS MEDIUM/ELASTICBACK/WRIST/ANKLES.....127
COMFORT PERSONAL CLEANSING CART.....127	COOL BLOOD GLUCOSE MONITORING SYSTEM...99	COZAAR.....32
COMFORT PERSONAL CLEANSING MICROWAVE127	COOL BLOOD GLUCOSE TEST STRIPS.....75	CREON.....81
COMFORT PERSONAL CLEANSING SHAMPOO CAP.....127	COPAXONE.....182	CRESTOR.....31
COMFORT PERSONAL CLEANSING WARMER/14-COUNT.....127	COPEGUS.....46	CRINONE.....189
COMFORT PERSONAL CLEANSING WARMER/28-COUNT.....127	CORDRAN.....64	CRIXIVAN.....44
COMMODE 3-IN-1.....127	COREG.....48	cromolyn sodium.....13
COMMODE BEDSIDE.....127	COREG CR.....48	cromolyn sodium (nasal)...170
COMMODE PAIL WITH HANDLE/LID/12QT.....127	CORGARD.....48	cromolyn sodium (ophth)...177
COMMODE SPLASH GUARD.....127	CORIFACT.....89	crotamiton.....72
COMPACT SPACE CHAMBER/ANTI-STATIC 158	COROMEGA OMEGA 3 KIDS.....172	CRUTCH ACCESSORY KIT.....127
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK.....158	COROMEGA OMEGA 3 SQUEEZE.....172	CRUTCH ACCESSORY KIT/ARMPADS/HAND GRIPS/TIPS.....127
		CRUTCH ARMPADS.....128
		CRUTCH HANDGRIPS.....128
		CRUTCH HANDGRIPS PREMIUM.....128
		CRUTCH HANDGRIPS/SOLID.....128



CRUTCH		CUVITRU .....	179
HANDGRIPS/SPLIT .....	128	CVS ADULT 50+	
CRUTCH PILLOWS/ARM AND		PROBIOTIC .....	25
HAND .....	128	CVS ADULT PROBIOTIC .....	25
CRUTCH		CVS ADVANCED GLUCOSE	
SET/ALUMINUM/LARGE .....	128	METER .....	99
CRUTCH		CVS ADVANCED GLUCOSE	
SET/WOOD/ADULT .....	128	METER TEST STRIPS .....	75
CRUTCH		CVS ALCOHOL PREP	
SET/WOOD/MEDIUM .....	128	PADS .....	129
CRUTCH		CVS ALKALINE	
SET/WOOD/YOUTH .....	128	BATTERIES/SIZE AA .....	129
CRUTCH TIPS/EXTRA-		CVS CANE .....	129
LARGE/7/8" .....	128	CVS CRUTCHES	
CRUTCH		UNIVERSAL .....	129
TIPS/JUMBO/GREY .....	128	CVS DAILY ULTRA	
CRUTCH TIPS/REGULAR .....	128	MOISTURE LOTION .....	68
CRUTCH TIPS/SUPER .....	128	CVS DIGESTIVE	
CRUTCH TIPS/SUPER		PROBIOTIC .....	25
GRIP/BROWN .....	128	CVS DRY MOUTH SPRAY .....	166
CRUTCH UNDERARM		CVS EAR PLUGS .....	129
PADS .....	128	CVS FOLDING CANE GEL	
CRUTCH UNDERARM PADS		GRIP .....	129
PREMIUM .....	128	CVS GLUCOSE .....	22
CRUTCH-MATE/ADULT		CVS INSECT REPELLENT .....	72
ARM .....	128	CVS LANCETS 21G .....	99
CRUTCH-MATE/ADULT		CVS LANCETS MICRO THIN	
FOREARM .....	128	33G .....	99
CRUTCH-MATE/ADULT HAND		CVS LANCETS MICRO-THIN	
GRIPS .....	128	33G .....	99
CRUTCH-MATE/ADULT HAND		CVS LANCETS ORIGINAL .....	99
GRIPS LARGE .....	128	CVS LANCETS THIN 26G .....	99
CRUTCH/ALUMINUM/ADULT		CVS LANCETS ULTRA THIN	
.....	128	30G .....	99
CRUTCH/ALUMINUM/ADULT/5'2		CVS LANCETS ULTRA-THIN	
"-5'10" .....	128	30G .....	99
CRUTCH/ALUMINUM/ADULT/A		CVS MOOD SUPPORT	
RMPADS/TIPS/GRIPS .....	128	PROBIOTIC .....	25
CRUTCH/ALUMINUM/ADULT/P		CVS NEEDLE COLLECTION &	
USH BUTTON .....	128	DISPOSAL .....	129
CRUTCH/ALUMINUM/ADULT/P		CVS OMEPRAZOLE .....	185
USH-BUTTON ADJ .....	128	CVS PILL SPLITTER .....	129
CRUTCH/ALUMINUM/MEDIUM		CVS PORTABLE DIABETIC	
.....	128	ORGANIZER .....	129
CRUTCH/ALUMINUM/TALL/PUS		CVS PREP PADS .....	129
HBUTTON .....	128	CVS PROBIOTIC .....	25
CRUTCH/ALUMINUM/TALL/PUS		CVS PROBIOTIC MAXIMUM	
HBUTTON ADJ .....	128	STRENGTH .....	25
CRUTCH/ALUMINUM/YOUTH		CVS PROBIOTIC PEARLS	
.....	128	EXTRA STRENGTH .....	25
CRUTCH/ALUMINUM/YOUTH/A		CVS PULSE OXIMETER .....	129
RMPADS/TIPS/GRIPS .....	128	CVS PULSE	
CRUTCH/ALUMINUM/YOUTH/P		OXIMETER/PORTABLE .....	129
USH BUTTON .....	128	CVS QUAD CANE .....	129
CRUTCH/ALUMINUM/YOUTH/P			
USH-BUTTON ADJ .....	128		
CRUTCH/FOREARM/ADULT			
.....	128		
CRUTCH/FOREARM/YOUTH			
.....	128		
CRUTCH/STANDARD			
FOREARM/ADULT .....	128		
CRUTCH/WOOD/ADULT/48"-			
60" .....	128		
CRUTCH/WOOD/ADULT/ARM			
PADS/TIPS/GRIPS .....	128		
CRUTCH/WOOD/YOUTH/34"-			
42" .....	128		
CRUTCH/WOOD/YOUTH/ARM			
PADS/TIPS/GRIPS .....	128		
CRUTCHES/ALUMINUM/ADUL			
T .....	128		
CRUTCHES/ALUMINUM/ADUL			
T/TALL .....	129		
CRYSVITA .....	84		
CUBE PESSARY .....	129		
CUBE			
PESSARY/DRAINS .....	129		
CUFF ACCESSORIES			
DISPOSABLE BULB &			
VALVE .....	129		
CUFF ACCESSORIES			
DISPOSABLE SINGE HEAD			
STETHOSCOPE .....	129		
CULTURELLE ADULT			
ULTIMATE BALANCE .....	26		
CULTURELLE ADVANCED			
IMMUNE DEFENSE .....	25		
CULTURELLE DIGESTIVE			
HEALTH .....	26		
CULTURELLE DIGESTIVE			
HEALTH PROBIOTIC .....	27		
CULTURELLE HEALTH &			
WELLNESS .....	27		
CULTURELLE KIDS .....	25		
CULTURELLE KIDS			
REGULARITY .....	25		
CULTURELLE PRO-WELL			
25 .....	25		
CULTURELLE PROBIOTICS			
KIDS .....	25		
CURITY ALCOHOL			
PREPS/MEDIUM 2 PLY .....	129		
CURITY ALCOHOL			
SWABS .....	129		
CUSTOM-FLEX .....	129		
CUTIVATE .....	64		
CUTTER .....	71		
CUTTER ALL FAMILY .....	71		
CUTTER BACKWOODS .....	72		
CUTTER BACKWOODS			
DRY .....	72		
CUTTER DRY .....	72		
CUTTER SKINSACTIONS .....	72		
CUTTER SPORT .....	72		

CVS READY SET GO DELUXE ALUMINUM BATH BENCH	129	DARZALEX	36	deferoxamine mesylate	27
CVS REUSABLE SHEET PROTECTOR	129	DAUNORUBICIN HCL	37	DEFITELIO	15
CVS RUBBER CUSHION/INFLATABLE	129	daunorubicin hcl	38	DEFLUX	88
CVS SENIOR PROBIOTIC	25	DAUNORUBICIN HYDROCHLORIDE	38	DELSTRIGO	44
CVS TOTAL HOME INSECT REPELLENT	72	DAURISMO	37	DELUXE SAFETY TABLET CUTTER	130
CVS ULTRA THIN LANCETS	99	DAYPRO	4	DELUXE TABLET CUTTER	130
cyanocobalamin	91	DAYTRANA	2	DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT	130
CYCLESSA	52	DDAVP	85	DEMADEX	82
cyclobenzaprine hcl	169	DDS 100 CERVICAL TRACTIONCOLLAR	129	DEMEROL	7
CYCLOGYL	175	DDS 300 LUMBAR TRACTION BELT/26"-28"	129	DEM SER	32
cyclopentolate hcl	175	DDS 300 LUMBAR TRACTION BELT/29"-32"	129	DENAVIR	63
cyclosporine	164	DDS 300 LUMBAR TRACTION BELT/33"-35"	129	DENTAL GUARD	130
CYCLOSPORINE MODIFIED	164	DDS 300 LUMBAR TRACTION BELT/36"-38"	129	DEODORANT PLASTIC TUBES2.65OZ/CAPS	130
cyclosporine modified (for microemulsion)	164	DDS 300 LUMBAR TRACTION BELT/39"-41"	129	DEPAKENE	18
CYMBALTA	20	DDS 300 LUMBAR TRACTION BELT/42"-44"	129	DEPAKOTE	18
cyproheptadine hcl	30	DDS 300 LUMBAR TRACTION BELT/45"-48"	129	DEPAKOTE ER	18
CYRAMZA	36	DDS 300 LUMBAR TRACTION BELT/49"-51"	129	DEPAKOTE SPRINKLES	18
CYSTADANE	84	DDS 300 LUMBAR TRACTION BELT/52"-55"	129	DEPEN TITRATABS	164
CYSTAGON	88	DDS 300 LUMBAR TRACTION BELT/56"-59"	129	DEPO-PROVERA CONTRACEPTIVE	56
CYSTARAN	177	DDS 500 LUMBAR TRACTION BELT/PANELS/26"-28"	130	DEPO-SUBQ PROVERA 104	56
cytarabine	36	DDS 500 LUMBAR TRACTION BELT/PANELS/29"-32"	130	DEPO-TESTOSTERONE	9
CYTARABINEAQUEOUS	36	DDS 500 LUMBAR TRACTION BELT/PANELS/33"-35"	130	DERMA-SMOOTH/FS BODY	65
CYTOGAM	179	DDS 500 LUMBAR TRACTION BELT/PANELS/36"-38"	130	DERMA-SMOOTH/FS SCALP	65
CYTOMEL	183	DDS 500 LUMBAR TRACTION BELT/PANELS/39"-41"	130	DERMACINRX SILAPAK	65
CYTOTEC	186	DDS 500 LUMBAR TRACTION BELT/PANELS/42"-44"	130	DERMACINRX TICANASE PAK	170
D-CARE BLOOD GLUCOSE	75	DDS 500 LUMBAR TRACTION BELT/PANELS/45"-48"	130	DERMAGRAFT	73
D-CARE DM2	21	DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51"	130	DERMAL THERAPY EXTRA STRENGTH BODY LOTION	68
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS	99	DDS 500 LUMBAR TRACTION BELT/PANELS/52"-55"	130	DERMAL THERAPY FACE CAREMOISTURIZING LOTION	68
D-VI-SOL	190	DDS 500 LUMBAR TRACTION BELT/PANELS/56"-59"	130	DERMAL THERAPY FOOT MASSAGE	68
D.H.E. 45	161	DEBROX	178	DERMAL THERAPY HAND ELBOW & KNEE CREAM	68
DACOGEN	36	decitabine	36	DERMAL THERAPY HEEL CARE	68
DAILY MOISTURIZING	68	DECON-A	58	DERMATOP	65
DAILY PROBIOTIC	25	DEEP-TISSUE	130	DERMAZONE	65
DAKLINZA	46	deferasirox	27	DERMOTIC	178
dalfampridine	182			DESCOVY	44
DALIRESP	13			DESFERAL	27
DANTRIUM	169			desipramine hcl	21
dantrolene sodium	169				
dapsone	11				
DARAPRIM	34				
darifenacin hydrobromide	187				

DESLORATADINE ODT.....	29	DIAL-A-DOSE SYRINGE		DILANTIN INFATABS.....	18
desmopressin acetate.....	85	30ML/TIPS.....	130	DILANTIN-125.....	18
desmopressin acetate spray	85	DIAL-A-DOSE SYRINGE		DILAUDID.....	7
desmopressin acetate spray		60ML/TIPS.....	130	DILT-XR.....	49
refrigerated.....	85	DIAMOX.....	81	diltiazem hcl.....	49
DESOGEN.....	52	DIASTAT ACUDIAL.....	16	diltiazem hcl coated beads..	49
desogestrel & ethinyl		DIASTAT PEDIATRIC.....	16	diltiazem hcl extended release	
estradiol.....	52	DIATHRIVE BLOOD		beads.....	49
desogestrel-ethinyl estradiol		GLUCOSE METER.....	99	DIMETAPP COLD &	
(biphasic).....	52	DIATHRIVE BLOOD		ALLERGY.....	58
desogestrel-ethinyl estradiol		GLUCOSE TEST STRIPS.....	75	DINAMAP MONITOR PROBE	
(triphasic).....	52	DIATHRIVE LANCETS.....	99	COVERS.....	130
DESONATE.....	65	DIATHRIVE LANCETS ULTRA		DIOVAN.....	32
desonide.....	65	THIN 30G.....	99	DIOVAN HCT.....	33
DESOWEN.....	65	DIATRUE PLUS BLOOD		DIPENTUM.....	87
desoximetasone.....	65	GLUCOSE MONITORING		diphenhydramine hcl.....	29
DESOXYN.....	1	SYSTEM.....	99	diphenhydramine hcl (sleep)	92
DESQUAM-X WASH.....	60	DIATRUE PLUS BLOOD		diphenhydramine hcl	
DESVENLAFAXINE ER.....	20	GLUCOSE TEST STRIPS.....	75	(topical).....	62
desvenlafaxine succinate.....	20	diazepam.....	12	diphenoxylate w/ atropine...	27
DETROL.....	187	DIAZEPAM.....	12	DIPHENOXYLATE/ATROPINE	
DETROL LA.....	187	diazepam.....	12	.....	27
DEX4 QUICK DISSOLVE		DIAZEPAM RECTAL GEL.....	16	DIPROLENE.....	65
GLUCOSE.....	22	dibucaine.....	71	DIPROLENE AF.....	65
dexamethasone.....	57	DICLEGIS.....	28	dipyridamole.....	90
DEXAMETHASONE.....	57	diclofenac potassium.....	4	DISH PESSARY.....	130
dexamethasone.....	57	diclofenac sodium.....	4	DISH	
DEXAMETHASONE.....	57	diclofenac sodium (ophth).....	177	PESSARY/SUPPORT.....	130
DEXAMETHASONE		diclofenac sodium (topical).....	61	disopyramide phosphate.....	12
INTENSOL.....	57	dicloxacillin sodium.....	180	DISPENSER BOTTLES	
dexamethasone sodium		dicyclomine hcl.....	184	50ML/FOAMER PUMPS...	130
phosphate.....	57	didanosine.....	44	DISPENSER MD JAR	
DEXAMETHASONE SODIUM		DIFF-STAT.....	25	50ML/AIRLESS/VIEW	
PHOSPHATE.....	176	DIFFERIN.....	60	WINDOW.....	130
DEXCHLORPHENIRAMINE		DIFFUSER ULTRA		DISPENSER MD PEN	
MALEATE.....	29	SONIC/LAVENDER OIL...	130	6.5ML/AIRLESS/CLICK...	130
DEXEDRINE.....	1	DIFLORASONE		DISPENSER MD PEN	
DEXILANT.....	185	DIACETATE.....	65	6.5ML/AIRLESS/VIEW	
dexmethylphenidate hcl.....	2	diflorasone diacetate.....	65	WINDOW.....	130
dexrazoxane hcl.....	40	DIFLUCAN.....	28	DISPENSER MD PUMP	
DEXTENZA.....	176	diflunisal.....	6	0.5ML/ACTUATOR A.....	130
dextroamphetamine sulfate...	1	DIGESTIVE ADVANTAGE.....	25	DISPENSER MD PUMP	
dextromethorphan-guaifenesin		DIGESTIVE ADVANTAGE		0.5ML/ACTUATOR	
.....	58	LACTOSE DEFENSE		A/BBLUE.....	130
DHS TAR.....	73	FORMULA.....	25	DISPENSER MD PUMP	
DHS TAR GEL.....	73	DIGITAL GLASS SCALE.....	130	0.5ML/ACTUATOR A/PINK...	131
DIABETIDERM.....	68	DIGOXIN.....	50	DISPENSER MD PUMP	
DIABETIDERM HAND &		digoxin.....	50	1.0ML/ACTUATOR B.....	131
BODY.....	68	dihydroergotamine		DISPENSER MD PUMP	
DIAL-A-DOSE SYRINGE		mesylate.....	161	1.0ML/ACTUATOR	
15ML/TIPS.....	130	DILANTIN.....	18	B/BLUE.....	131

DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN.....	131	DISPENSER MEGAPUMP/AIRLESS/ROUN D/150ML/1ML/B-FILL WITH CAP.....	131	dorzolamide hcl-timolol maleate.....	174
DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK	131	DISPENSER MEGAPUMP/AIRLESS/ROUN D/15ML/0.3ML/T-FILL WITH CAP.....	131	DORZOLAMIDE HCL/TIMOLOL MALEATE.....	174
DISPENSER MD PUMP 1.5ML/ACTUATOR C.....	131	DISPENSER MEGAPUMP/MEZZOROUND/3 0ML/0.5ML/T-FILL WITH CAP.....	131	DOVER COMMODOE SPECIMEN COLLECTOR.....	132
DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLEU.....	131	DISPENSER MEGAPUMP/MEZZOROUND/5 0ML/0.5ML/T-FILL WITH CAP.....	131	DOVER MIDSTREAM SPECIMENCATCH KIT....	132
DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN.....	131	DISPENSER MEGAPUMP/MEZZOROUND/5 0ML/0.5ML/T-FILL/CAP ..	131	DOVONEX.....	63
DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK	131	DISPENSER MEGAPUMP/MEZZOROUND/7 5ML/0.5ML/T-FILL WITH CAP.....	131	doxazosin mesylate.....	32
DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS.....	131	DISPENSER TIP CAP/PRECISED DOSE/SELF- RIGHTING.....	131	doxepin hcl.....	21
DISPENSER MD PUMP BOTTLE150ML/VIEW WINDOW/AIRLESS.....	131	DISPENSER/MD FOAMER WITHACTUATOR 0.5ML/50ML.....	132	DOXEPIN HCL.....	21
DISPENSER MD PUMP BOTTLE200ML/VIEW WINDOW/AIRLESS.....	131	DISPENSER/MD FOAMER WITHACTUATOR 0.7ML/110ML.....	132	doxepin hcl.....	21
DISPENSER MD PUMP BOTTLE240ML/VIEW WINDOW/AIRLESS.....	131	disulfiram.....	181	doxycycline (monohydrate)	183
DISPENSER MD PUMP BOTTLE30ML/VIEW WINDOW/AIRLESS.....	131	DITROPAN XL.....	187	doxycycline hyclate.....	183
DISPENSER MD PUMP BOTTLE50ML/VIEW WINDOW/AIRLESS.....	131	divalproex sodium.....	18	doxylamine succinate (sleep).....	92
DISPENSER MD PUMP BOTTLE80ML/VIEW WINDOW/AIRLESS.....	131	DIVERTER VALVE/BATH ACCESSORY.....	132	doxylamine-pyridoxine.....	28
DISPENSER MD SYRINGE 10ML/VIEW WINDOW/AIRLESS.....	131	DOCETAXEL.....	40	DRI-SLEEPER MOISTURE DETECTOR REPLACEMENT.....	132
DISPENSER MD SYRINGE 5ML/VIEW WINDOW/AIRLESS.....	131	docetaxel.....	40	DRI-SLEEPER NOCTURNAL ENURESIS ALARM.....	132
DISPENSER MEGAPUMP/AIRLESS/OVAL/30 ML/0.3ML/T-FILL/CAP .....	131	DOCETAXEL.....	40	DRISDOL.....	190
DISPENSER MEGAPUMP/AIRLESS/ROUND/ 100ML/1.5ML/B-FILL WITH CAP.....	131	docetaxel.....	40	DROPLET LANCETS ULTRA THIN 30G.....	99
DISPENSER MEGAPUMP/AIRLESS/ROUND/ 150ML/1.5ML/B-FILL WITH CAP.....	131	DOCETAXEL (NON-ALCOHOL FORMULA).....	40	DROPLET PEN NEEDLES 31GX8MM.....	154
		docosahexaenoic acid .....	172	DROPPER & SCREW CAP 4OZ.....	132
		docusate sodium.....	94	DROPPING BOTTLE 30ML	132
		dofetilide.....	13	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	155
		DOLOPHINE.....	7	DROPTAINER TIP CAPS .....	132
		donepezil hydrochloride ..	181	DROPTAINERS 10ML.....	132
		DONUT PESSARY.....	132	DROPTAINERS 15ML/OPHTHALMIC.....	132
		DOPTELET.....	91	DROPTAINERS 3ML/OPHTHALMIC.....	132
		DORAL.....	92	DROPTAINERS 7ML/OPHTHALMIC.....	132
		DORZOLAMIDE HCL....	177	drosiprenone-ethinyl estradiol.....	52
		dorzolamide hcl.....	177	drosiprenone-ethinyl estradiol- levomefolate calcium.....	52
				DROXIA.....	91
				DRUG MART LANCETS THIN.....	99
				DRUG MART ON-THE-GO LANCETS GENTLE 30G....	99
				DRUG MART UNIFINE PENTIPS31GX8MM.....	155
				DRUG MART UNILET LANCETSSUPER THIN 30G	99
				DRUG MART UNILET LANCETSULTRA THIN 28G	99

DRUG MART UNILET MICRO THIN LANCETS 33G.....	99	EAR SYRINGE/INFANT .....	132	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM.....	100
DRY EYE OMEGA BENEFITS/VITAMIN D-3 .....	172	EAR WAX REMOVAL KIT/TRI-STREAM TIP.....	132	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS.....	75
DRYSOL.....	72	EARPOPPER MIDDLE EAR INFLATION DEVICE.....	132	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	100
DUAC.....	60	EASIVENT.....	158	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	100
DUAL HEAD STETHOSCOPE BLACK.....	132	EASIVENT/MASK-LARGE.....	158	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	100
DUAL HEAD STETHOSCOPE NAVY.....	132	EASIVENT/MASK-MEDIUM.....	158	EASY TOUCH LANCETS 26G/PULL-TOP.....	100
DUAL PADDLE FOLDING WALKER/ADULT.....	132	EASIVENT/MASK-SMALL.....	158	EASY TOUCH LANCETS 26G/TWIST.....	100
DUAL-HEAD STETHOSCOPE.....	132	EASY COMFORT ALCOHOL PADS.....	132	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	100
DUETACT.....	21	EASY COMFORT LANCETS.....	100	EASY TOUCH LANCETS 28G/PULL-TOP.....	100
DULCOLAX.....	94	EASY COMFORT LANCETS 30G/PULL TOP.....	100	EASY TOUCH LANCETS 28G/TWIST.....	100
DULERA.....	14	EASY COMFORT LANCETS 30G/THIN TOP.....	100	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	100
duloxetine hcl.....	20	EASY COMFORT LANCETS TWIST TOP.....	100	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	100
DUNLAP FOAM RING CUSHION/LARGE.....	132	EASY COMFORT PEN NEEDLES31GX5/16".....	155	EASY TOUCH LANCETS 30G/PULL-TOP.....	100
DUNLAP FOAM RING CUSHION/MEDIUM.....	132	EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP.....	132	EASY TOUCH LANCETS 30G/PULL-TOP.....	100
DUNLAP INFLATABLE VINYL RING CUSHION 16".....	132	EASY PLUS BLOOD GLUCOSE MONITOR.....	100	EASY TOUCH LANCETS 30G/TWIST.....	100
DUO-CARE.....	99	EASY PLUS BLOOD GLUCOSE MONITORING SYSTEM.....	100	EASY TOUCH LANCETS 30G/TWIST.....	100
DUO-CARE TEST STRIPS.....	75	EASY PLUS BLOOD GLUCOSE TEST STRIPS.....	75	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	101
DUPIXENT.....	13	EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM.....	100	EASY TOUCH LANCETS 32G/PULL-TOP.....	101
DURAGESIC.....	7	EASY PLUS II BLOOD GLUCOSE TEST.....	75	EASY TOUCH LANCETS 32G/TWIST.....	101
DURLAZA.....	90	EASY STEP BLOOD GLUCOSE MONITOR.....	100	EASY TOUCH LANCETS 33G/TWIST.....	101
dutasteride.....	88	EASY STEP BLOOD GLUCOSE MONITOR STARTER KIT.....	100	EASY TOUCH PEN NEEDLES 31GX5/16".....	155
dutasteride-tamsulosin hcl.....	88	EASY STEP TEST STRIPS.....	75	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	101
DUTOPROL.....	33	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING.....	100	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	101
DYANAVEL XR.....	1	EASY TALK BLOOD GLUCOSE TEST STRIPS.....	75	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	101
DYAZIDE.....	81	EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	132	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	101
DYMISTA.....	170	EASY TOUCH GLUCOSE MONITORING SYSTEM.....	100		
DYSPORT.....	171	EASY TOUCH GLUCOSE TEST STRIPS.....	75		
E-Z JECT LANCETS.....	100				
E-Z JECT LANCETS 21G.....	100				
E-Z JECT LANCETS COLOR.....	100				
E-Z JECT LANCETS SUPER THIN 30G.....	100				
E-Z JECT LANCETS THIN 26G.....	100				
E-Z LOCK RAISED TOILET SEAT.....	132				
E-Z LOCK RAISED TOILET SEAT/ARMS.....	132				
E-ZJECT LANCETS MICRO-THIN 33G.....	100				
E.E.S. 400.....	95				
E.E.S. GRANULES.....	95				
EAR SYRINGE.....	132				

EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	101	ECOTRIN MAXIMUM STRENGTH.....	6	ELIPHOS.....	87
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	101	ECOTRIN REGULAR STRENGTH.....	6	ELIQUIS.....	15
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM.....	101	EDARBI.....	32	ELIQUIS STARTER PACK..	15
EASY TRAK BLOOD GLUCOSE TEST STRIPS.....	75	EDARBYCLOR.....	33	ELITE DC AUTO ADAPTER.....	158
EASY TWIST & CAP LANCETS.....	101	EDLUAR.....	92	ELIXOPHYLLIN.....	15
EASYGLUCO.....	75	EDURANT.....	44	ELLA.....	55
EASYGLUCO PLUS.....	75	efavirenz.....	44	ELLEENCE.....	38
EASYGLUCO STARTER KIT.....	101	EFFEXOR XR.....	20	ELMIRON.....	88
EASYMAX 15 TEST STRIPS.....	75	EFFIENT.....	90	ELOCON.....	65
EASYMAX L BLOOD GLUCOSE SYSTEM.....	101	EFLOW SCF AEROSOL HEAD.....	158	ELOCTATE.....	89
EASYMAX N BLOOD GLUCOSE SYSTEM.....	101	EFUDEX.....	62	ELON PROFESSIONAL NAIL CARE SYSTEM.....	133
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM.....	101	EGG CRATE BED PAD/2" CALKING SIZE.....	132	ELONGATED TOILET SEAT ELEVATOR.....	133
EASYMAX TEST STRIPS.....	75	EGG CRATE BED PAD/2" DUALKING SIZE.....	132	EMADINE.....	177
EASYMAX V BLOOD GLUCOSE SYSTEM.....	101	EGG CRATE BED PAD/2" FULLSIZE.....	132	EMBEDA.....	7
EASYMAX V BLOOD GLUCOSE SYSTEM/TALKING.....	101	EGG CRATE BED PAD/2" QUEEN SIZE.....	132	EMBRACE BLOOD GLUCOSE MONITORING SYSTEM.....	102
EASYMAX V2 SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING.....	101	EGG CRATE BED PAD/2" TWINSIZE.....	132	EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING.....	102
EASYPLUS BLOOD GLUCOSE TEST STRIP.....	75	EGRIFTA.....	83	EMBRACE BLOOD GLUCOSE TEST STRIPS.....	75
EASYPLUS R13N SELF-MONITORING BLOOD GLUCOSE SYSTEM.....	101	ELAPRASE.....	84	EMBRACE EVO BLOOD GLUCOSE MONITORING KIT.....	102
EASYPLUS V SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING.....	101	ELAVIL.....	21	EMBRACE EVO BLOOD GLUCOSE TEST STRIPS.....	75
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM.....	101	ELDEPRYL.....	42	EMBRACE LANCETS ULTRA THIN 30G.....	102
EASYPRO BLOOD GLUCOSE TEST STRIPS.....	75	ELECTRODES 2"X2"/REUSABLE.....	132	EMBRACE PRO BLOOD GLUCOSE METER.....	102
EASYPRO PLUS.....	75	ELECTRO THERAPY PAIN RELIEF.....	132	EMBRACE PRO BLOOD GLUCOSE TEST STRIPS.....	75
EASYTEST II LANCETS.....	101	ELECTRO THERAPY PAIN RELIEF/LONG LIFE PADS/2.5" X 4".....	133	EMBRACE TALK BLOOD GLUCOSE MONITOR.....	102
EASYTEST LANCETS.....	101	ELELYSO.....	90	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM.....	102
EBASE CONTROLLER KIT.....	158	ELEMENT AUTOCODE SYSTEM.....	101	EMBRACE TALK BLOOD GLUCOSE TEST STRIPS.....	75
EC-NAPROSYN.....	4	ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM.....	101	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH.....	102
EC-NAPROXEN.....	4	ELEMENT COMPACT TEST STRIPS.....	75	EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW.....	102
ECO-SMARTFUNNEL 186ML/DISPOSABLE.....	132	ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM.....	102	EMCYT.....	37
econazole nitrate.....	61	ELEMENT PLUS BLOOD GLUCOSE METER.....	102	EMEND.....	28
		ELEMENT TEST STRIPS.....	75	EMEND TRIPACK.....	28
		ELESTAT.....	177	EMFLAZA.....	57
		eletriptan hydrobromide.....	162	EMGALITY.....	161
		ELIDEL.....	71	EMOLLIA-LOTION.....	68
		ELIGARD.....	37		
		ELIMITE.....	72		

emollient.....	68	EQ FOLDING WALKER..	133	escitalopram oxalate.....	19
EMPLICITI.....	36	EQ OMEPRAZOLE.....	185	ESGIC.....	6
EMPTY VIAL 3ML.....	133	EQ PROBIOTIC DIGESTIVE		esomeprazole magnesium..	185
EMSAM.....	19	SYSTEM SUPPORT.....	25	ESOMEPRAZOLE	
EMTRIVA.....	44	EQL ADVANCED RECOVERY		STRONTIUM.....	185
EMVERM.....	10	SKIN CARE.....	68	estazolam.....	92
ENABLEX.....	187	EQL ALCOHOL SWABS..	133	ESTRACE.....	85,189
enalapril maleate.....	32	EQL COLOR LANCETS		estradiol.....	86
enalapril maleate &		21G.....	102	estradiol & norethindrone	
hydrochlorothiazide.....	33	EQL COLOR LANCETS		acetate.....	85
ENBREL.....	5	MICRO THIN 33G.....	102	estradiol vaginal.....	189
ENBREL MINI.....	5	EQL DAILY PROBIOTIC..	25	ESTROPIPATE.....	86
ENBREL SURECLICK.....	5	EQL DRY MOUTH ORAL		ESTROSTEP FE.....	52
ENCARE.....	188	RINSE.....	166	ESTROVEN WEIGHT	
ENDOSCOPIC DELIVERY		EQL EAR		MANAGEMENT.....	80
SYSTEM.....	133	PLUGS/SILICONE.....	133	eszopiclone.....	92
ENDURANCE FOUR LEG SEAT		EQL MUSTACHE/BEARD		ethambutol hcl.....	35
CANE.....	133	SCISSORS/COMB.....	133	ethosuximide.....	18
ENDURANCE HD HEAVY DUTY		EQL OMEPRAZOLE.....	185	ethynodiol diacet & eth	
COMMODE.....	133	EQL PROBIOTIC COLON		estrad.....	52
ENFAMIL ENFALYTE.....	163	SUPPORT.....	25	ETIDRONATE DISODIUM..	82
ENGERIX-B.....	188	EQL SKIN CARE TOOL..	133	etodolac.....	4
ENLYTE.....	80	EQL SUPER THIN LANCETS		ETOPOSIDE.....	40
enoxaparin sodium.....	15	30G.....	102	etoposide.....	40
ENSTILAR.....	65	EQL THIN LANCETS		EUCERIN.....	69
ENTERALITE INFINITY		26G.....	102	EUCERIN BABY.....	69
ENTERAL PUMP UNIVERSAL		EQL ULTRA MOISTURIZING		EUCERIN DAILY	
POLE CLAMP.....	133	DAILY LOTION.....	69	PROTECTION/SPF 30.....	69
ENTRESTO.....	50	EQUALYTE.....	163	EUCERIN INTENSIVE	
ENTYVIO.....	87	EQUETRO.....	42	REPAIR.....	69
EPANED.....	32	ERBITUX.....	36	EUCERIN ORIGINAL	
EPCLUSA.....	46	ergocalciferol.....	190	HEALINGSOOTHING	
EPIDIOLEX.....	16	ERGOLOID.....	182	REPAIR.....	69
EPIDUO.....	60	ergotamine w/ caffeine...	161	EUCERIN PLUS.....	69
EPIDUO FORTE.....	60	ERIVEDGE.....	37	EUCERIN PROFESSIONAL	
EPIFOAM.....	65	ERLEADA.....	37	REPAIR RICH FEEL.....	69
EPILYT.....	68	erlotinib hcl.....	38	EUCERIN SMOOTHING	
epinastine hcl (ophth).....	177	ertapenem sodium.....	11	REPAIRADVANCED	
epinephrine (anaphylaxis)..	189	ERWINAZE.....	39	FORMULA.....	69
EPIPEN 2-PAK.....	189	ERYGEL.....	60	EUCRISA.....	72
EPIPEN-JR 2-PAK.....	189	ERYPED 200.....	95	EUFLEXXA.....	169
epirubicin hcl.....	38	ERYPED 400.....	95	EURAX.....	72
EPIVIR.....	44	ERYTHROCIN		EVAC.....	93
EPOGEN.....	91	STEARATE.....	95	EVEKEO.....	1
epoprostenol sodium.....	50	erythromycin (acne aid)...	60	EVENCARE + BLOOD	
EPROSARTAN MESYLATE..	32	erythromycin (ophth).....	175	GLUCOSETEST STRIP.....	75
EPZICOM.....	44	erythromycin base.....	95	EVENCARE BLOOD GLUCOSE	
EQ BLOOD GLUCOSE TEST		erythromycin		MONITORING SYSTEM..	102
STRIPS.....	75	ethylsuccinate.....	95	EVENCARE BLOOD GLUCOSE	
		ERYTHROMYCIN		TEST STRIP.....	75
		ETHYLSUCCINATE.....	95		
		ESBRIET.....	183		

EVENCARE G2 BLOOD GLUCOSE MONITORING SYSTEM	102
EVENCARE G2 TEST STRIPS	75
EVENCARE G3 BLOOD GLUCOSE MONITORING SYSTEM	102
EVENCARE G3 TEST STRIPS	75
EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM	102
EVENCARE MINI BLOOD GLUCOSE TEST STRIPS	75
EVENITY	82
EVERYDAY PICK	133
EVISTA	84
EVOLUTION AUTOCODE	75
EVOMELA	35
EVOTAZ	44
EXACTECH R-S-G TEST STRIPS	75
EXACTECH TEST STRIPS	76
EXALGO	7
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	155
EXELON	181
exemestane	37
EXFORGE	33
EXFORGE HCT	33
EXJADE	27
EXONDYS 51	171
EXTAVIA	182
EXTENDABLE BEDSIDE RAIL	133
EXTRA-WIDE COMMUNE	133
EYE/EAR DROPPER	133
EYLEA	175
EZ SMART BLOOD GLUCOSE LANCETS	102
EZ SMART BLOOD GLUCOSE TEST STRIPS	76
EZ SMART DIABETES MONITORING SYSTEM	102
EZ SMART PLUS BLOOD GLUCOSE TEST STRIPS	76
EZ SMART PLUS DIABETES MONITORING SYSTEM	102
EZ-LETS LANCETS 21G	102
EZ-LETS LANCETS 23G	102
EZ-LETS LANCETS 26G	102
SUPER-SOFT	102
EZ-LETS LANCETS 28G ULTRA-SOFT	102
EZ-LETS LANCETS 30G	102
ezetimibe	31
ezetimibe-simvastatin	30
EZY DOSE CUT N CRUSH ULTRA FINE	133
EZY DOSE MEDICINE CUPS	133
EZY DOSE MEMORY PAC SYSTEM COLD SEAL CARD/31-DAY	133
EZY DOSE ORIGINAL TABLETCUTTER/DAILY DOSE	133
EZY DOSE TABLET CUTTER ORIGINAL	133
FABIOR	60
FABRAZYME	84
FALESSA	52
famciclovir	47
famotidine	184,185
FANAPT	42
FANAPT TITRATION PACK	42
FARESTON	37
FARXIGA	24
FARYDAK	38
FASHION CANE/T-HANDLE/BLACK/250LB CAPACITY	133
FASHION CANE/T-HANDLE/FLORAL PRINT/250LB CAPACITY	133
FASHION CANE/T-HANDLE/LEOPARD PRINT/250LB CAPACITY	133
FASHION CANE/T-HANDLE/MAPLE PRINT/250LB CAPACITY	133
FAZACLO	43
FEIBA	89
felbamate	18
FELBATOL	18
FELDENE	4
felodipine	49
FEMARA	37
FEMHRT LOW DOSE	85
FENOFIBRATE	31
fenofibrate	31
FENOFIBRATE	31
fenofibrate	31
fenofibrate micronized	31
FENOFIBRIC ACID	31
FENOGLIDE	31
fentanyl	7
FER-IN-SOL	91
FERRETTIS	91
FERRIPROX	27
ferrous fumarate	91
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu	91
ferrous gluconate	91
FERROUS GLUCONATE	91
ferrous sulfate	91
FERROUS SULFATE	91
ferrous sulfate	91
ferrous sulfate dried	91
FETZIMA	20
FETZIMA TITRATION PACK 20	
FEVERALL JUNIOR STRENGTH	6
FEXMID	169
fexofenadine hcl	29,30
fexofenadine-pseudoephedrine	58
FIBERCON	93
FIBRICOR	31
FIBRYGA	89
FIFTY50 ALCOHOL PREP PADS	133
FIFTY50 GLUCOSE METER 2.0	102
FIFTY50 GLUCOSE TEST STRIP 2.0	76
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	155
FIFTY50 PEN NEEDLES/31GX8MM	155
FIFTY50 SAFETY SEAL LANCETS 30G	102
FIFTY50 SAFETY SEAL LANCETS 32G	102
FIFTY50 UNILET LANCETS 33G	102
FILTER 0.2 MICRON/25MM	133
FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK	133
FILTER 0.2 MICRON/32MM	133
FILTER 0.2 MICRON/47MM	133



FILTER 0.20			
MICRON/1000ML	133		
FILTER 0.22			
MICRON/73MM/1000ML	133		
FILTER AIR PP	158		
FILTER ATTACHMENT	133		
FILTER FLUORODYNE/0.22			
MICRON	133		
FILTER, POSIDYNE			
ELD/0.2UM/LUER LOCK			
CONNECTORS/NYLON			
MEMBRA	133		
FILTER/MILLEX-			
GP/50MM/CLEAR	133		
finasteride	88		
FINE 30	103		
FINGERSTIX LANCETS	103		
FINGERTIP PULSE			
OXIMETER	134		
FIORINAL	6		
FIORINAL/CODEINE #3	8		
FIRAZYR	90		
FIRDAPSE	35		
FIRMAGON	37		
FIRST-PROGESTERONE VGS			
100 COMPOUNDING KIT	189		
FIRST-PROGESTERONE VGS			
200 COMPOUNDING KIT	189		
FIRVANQ	11		
FISH OIL	172		
FISH OIL + VITAMIN D3	172		
FISH OIL PEARLS	172		
FISH OIL TRIPLE			
STRENGTH	172		
FISH OIL ULTRA	172		
fish oil-cholecalciferol	3		
fish oil-krill oil	3		
FLA ADJUSTABLE AIR			
ANKLEWALKER/LOW/SMALL	134		
FLAGYL	10		
FLAORTHO			
WALKER/LOW/BLACK/SMALL	134		
flavoxate hcl	187		
FLAX + DHA	3		
flaxseed oil-fish oil-borage oil	3		
FLEBOGAMMA DIF	179		
flecainide acetate	12		
FLEET ENEMA	94		
FLEET ENEMA SIX PACK	94		
FLEET PEDIATRIC	94		
FLENTS EAR			
STOPPLES	134		
FLEX & GO FOLDING			
CANE	134		
FLEX OMEGA			
BENEFITS/VITAMIN D-3	172		
FLEX SHIELD WITH EAR			
LOOPS	134		
FLEX SHIELD WITH TIE			
STRINGS	134		
FLEX THERAPY	134		
FLEXICHAMBER	158		
FLIGHT EAR PLUGS	134		
FLOLAN	50		
FLOMAX	88		
FLOINASE ALLERGY			
RELIEF	170		
FLOINASE ALLERGY RELIEF			
CHILDRENS	170		
FLORA VANCE	25		
FLORAJEN			
BIFIDOBLEND	25		
FLORAJEN3	25		
FLORAJEN4KIDS	25		
FLOVENT DISKUS	14		
FLOVENT HFA	14		
FLOXIN OTIC	178		
fluconazole	28		
fludarabine phosphate	36		
fludrocortisone acetate	57		
FLUMADINE	47		
FLUMIST			
QUADRIVALENT	188		
FLUNISOLIDE	170		
fluocinolone acetonide	65		
fluocinolone acetonide			
(otic)	178		
fluocinonide	65		
fluocinonide emulsified			
base	65		
fluorometholone (ophth)	176		
FLUOROURACIL	62		
fluorouracil (topical)	62		
FLUOXETINE	182		
FLUOXETINE DR	19		
fluoxetine hcl	19,20		
fluoxetine hcl (pmdd)	182		
FLUOXETINE			
HYDROCHLORIDE	20		
fluphenazine decanoate	43		
FLUPHENAZINE HCL	43		
fluphenazine hcl	43		
FLURA-DROPS	163		
flurandrenolide	65		
FLURAZEPAM HCL	92		
flurbiprofen	4		
FLURBIPROFEN SODIUM	177		
flurbiprofen sodium	177		
flutamide	37		
fluticasone propionate	65		
fluticasone propionate			
(nasal)	170		
fluticasone-salmeterol	14		
fluvastatin sodium	31		
fluvoxamine maleate	20		
FML	176		
FML LIQUIFILM	176		
FOAM CHAIR CUSHION	134		
FOAM CRUTCH PAD	134		
FOAM CUSHION	134		
FOAM CUSHION			
THERAPEUTICRING	134		
FOAM EAR PLUGS	134		
FOAM INVALID CUSHION	134		
FOAM RING 2"	134		
FOCALIN	2		
FOCALIN XR	2		
FOIL WRAPPER 3" X 3"	134		
FOLDING CANE	134		
FOLDING COMMODE	134		
FOLDING PADDLE			
WALKER/5"WHEELS	134		
FOLDING REACHER	134		
FOLDING SEAT			
CANE/3/4" TIP	134		
FOLDING WALKER/5"			
WHEELS/ADULT	134		
FOLDING WALKER/5"			
WHEELS/PINK	134		
FOLDING WALKING			
CANE	134		
folic acid	91		
FOLLISTIM AQ	83		
FOLOTYN	36		
fondaparinux sodium	15		
FOOT			
MASSAGER/HEAT/AERATION	134		
FORA BLOOD GLUCOSE TEST			
STRIPS	76		

FORA D10 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR.....	103	FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS.....	76	fosamprenavir calcium.....	44
FORA D15G 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR.....	103	FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING.....	103	fosinopril sodium.....	32
FORA D15G BLOOD GLUCOSE TEST STRIPS.....	76	FORA V10 BLOOD GLUCOSE TEST STRIPS.....	76	fosinopril sodium & hydrochlorothiazide.....	33
FORA D20 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR.....	103	FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G.....	103	FOSRENOL.....	87
FORA D20 BLOOD GLUCOSE TEST STRIPS.....	76	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO- CODING.....	103	FOSTEUM PLUS.....	80
FORA D40 BLOOD GLUCOSE PLUS BLOOD PRESSURE MONITORING SYSTEM.....	103	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING.....	103	FOVEX.....	80
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS.....	76	FORA V12 BLOOD GLUCOSE TEST STRIPS.....	76	FRAGMIN.....	15
FORA D40G BLOOD GLUCOSE PLUS BLOOD PRESSURE MONITORING SYSTE.....	103	FORA V20 BLOOD GLUCOSE MONITORING SYSTEM.....	103	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM155 FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	104
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM.....	103	FORA V20 BLOOD GLUCOSE TEST STRIPS.....	76	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	104
FORA G20 BLOOD GLUCOSE TEST STRIPS.....	76	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM.....	103	FREE SPIRIT KNEE AND LEGWALKER.....	134
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS.....	76	FORA V30A BLOOD GLUCOSE TEST STRIPS.....	76	FREESTYLE DOUBLE ELECTRICBREASTPUMP.....	134
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM.....	103	FORACARE GD40.....	76	FREESTYLE FLASH SYSTEM.....	104
FORA GATEWAY.....	134	FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM.....	103	FREESTYLE FREEDOM.....	104
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM.....	103	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM.....	103	FREESTYLE FREEDOM LITE.....	104
FORA GD20 TEST STRIPS.....	76	FORACARE PREMIUM V10 TESTSTRIPS.....	76	FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM.....	104
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM.....	103	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM.....	103	FREESTYLE INSULINX BLOODGLUCOSE TEST.....	76
FORA GD50 BLOOD GLUCOSE TEST STRIPS.....	76	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM.....	103	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS.....	76
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI- FUNCTIONAL.....	103	FORACARE TEST N GO TEST STRIPS.....	76	FREESTYLE LANCETS.....	104
FORA GTEL BLOOD GLUCOSE TEST STRIPS.....	76	FORFIVO XL.....	19	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM.....	104
FORA GTEL BLOOD KETONE TEST STRIPS.....	76	FORMALDEHYDE.....	44	FREESTYLE LITE TEST STRIPS.....	76
FORA GW9014 TELEHEALTH GATEWAY.....	134	formaldehyde.....	44	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM.....	104
FORA LANCETS.....	103	FORTAMET.....	22	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS.....	76
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM.....	103	FORTEO.....	82	FREESTYLE SIDEKICK II VALUEPACK.....	104
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	103	FORTESTA.....	9	FREESTYLE SYSTEM KIT.....	104
FORA TN'G SCALE 550.....	134	FORTIFY DAILY PROBIOTIC.....	25	FREESTYLE TEST STRIPS.....	76
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	103	FORTISCARE BLOOD GLUCOSE TEST STRIP.....	76	FREESTYLE UNISTICK II LANCETS.....	104
		FORTISCARE SELF- MONITORING BLOOD GLUCOSE SYSTEM.....	104	FROVA.....	162
		FOSAMAX.....	82	frovatriptan succinate.....	162
		FOSAMAX PLUS D.....	82	FULL KIT NEBULIZER SET.....	158

FULPHILA.....	91	GENOTROPIN		GLASS SERUM	
FURADANTIN.....	186	MINIQUICK.....	83	BOTTLES/30ML/TYPE 1...	135
furosemide.....	82	GENSTRIP 50.....	76	GLASS SERUM	
FUROSEMIDE.....	82	GENTAK.....	175	BOTTLES/5ML/TYPE 1....	135
furosemide.....	82	gentamicin sulfate		GLASS VIAL 2ML.....	135
FUSILEV.....	40	(ophth).....	175	GLASS VIAL AMBER	
FUZEON.....	44	gentamicin sulfate (topical)	61	3ML/13MM/TYPE 1.....	135
FYCOMPA.....	16	GENTEEL BUTTERFLY		GLASSIA.....	183
GABADONE.....	80	TOUCH LANCETS.....	104	glatiramer acetate.....	182
gabapentin.....	16	GENTLE-LET GP		GLEEVEC.....	38
GABITRIL.....	18	LANCETS.....	104	glimepiride.....	24
GABLOFEN.....	169	GENTLE-LET LANCETS		glipizide.....	24
GALAFOLD.....	84	GENERAL PURPOSE		glipizide-metformin hcl.....	21
galantamine hydrobromide	181	STYLE/FINE POINT.....	104	GLOBAL ALCOHOL PREP	
GALANTAMINE		GENTLE-LET LANCETS		EASEPADS.....	135
HYDROBROMIDE.....	181	GENERAL PURPOSE		GLOBAL EASE INJECT PEN	
galantamine hydrobromide	181	STYLE/MEDIUM POINT.....	104	NEEDLES 31GX8MM.....	155
GAMASTAN.....	179	GENTLE-LET LANCETS		GLOBAL INJECT EASE	
GAMASTAN S/D.....	179	GENERAL PURPOSE		LANCETS 28G.....	104
GAMIFANT.....	164	STYLE/MEDIUM POINT.....	104	GLOBAL INJECT EASE	
GAMMAGARD LIQUID.....	179	GENTLE-LET LANCETS		LANCETS 30G.....	104
GAMMAGARD S/D IGA LESS		SAFETY STYLE/FINE		GLUCAGEN HYPOKIT.....	22
THAN 1MCG/ML.....	179	POINT.....	104	GLUCAGON EMERGENCY	
GAMMAKED.....	179	GENTLE-LET LANCETS		KIT.....	22
GAMMAPLEX.....	179	SAFETY STYLE/MEDIUM		GLUCO PERFECT 3 BLOOD	
GAMUNEX-C.....	179	POINT.....	104	GLUCOSE METER.....	104
ganirelix acetate.....	83	GENULTIMATE TEST		GLUCO PERFECT 3 BLOOD	
GANIRELIX ACETATE.....	83	STRIPS.....	76	GLUCOSE MONITORING	
GAS-X.....	86	GENVISC 850.....	169	SYSTEM/VOICE.....	104
gatifloxacin (ophth).....	175	GENVOYA.....	44	GLUCO PERFECT 3 TEST	
GATTEX.....	88	GEODON.....	42	STRIPS.....	76
GAUZE SPONGES.....	104	GETGO ROLLING		GLUCOCARD 01 BLOOD	
GAZYVA.....	36	WALKER.....	134	GLUCOSE METER.....	104
GE100 BLOOD GLUCOSE		GHT BLOOD GLUCOSE		GLUCOCARD 01 BLOOD	
MONITORING SYSTEM.....	104	MONITORING SYSTEM.....	104	GLUCOSE MONITORING	
GE100 BLOOD GLUCOSE		GHT TEST STRIPS.....	76	SYSTEM.....	104
TESTSTRIPS.....	76	GIAZO.....	87	GLUCOCARD 01 SENSOR	
GEHRUNG		GILENYA.....	182	PLUS.....	76
PESSARY/SUPPORT.....	134	GILOTRIF.....	38	GLUCOCARD 01 SENSOR	
GEL-FOAM CUSHION.....	134	ginger (zingiber officinalis)...	2	PLUSTEST STRIPS.....	76
GEL-ONE.....	169	GLASS BOTTLE 15ML.....	134	GLUCOCARD 01-MINI BLOOD	
GELLHORN PESSARY.....	134	GLASS BOTTLE 30ML.....	134	GLUCOSE MONITORING	
GELNIQUE.....	187	GLASS BOTTLE 30ML/BLACK		SYSTEM.....	104
GELNIQUE PUMP.....	187	PHENOLIC BRUSH CAP.....	134	GLUCOCARD EXPRESSION	
GELSYN-3.....	169	GLASS BOTTLE 30ML/BLACK		AUDIO-ENABLED BLOOD	
gemfibrozil.....	31	PHENOLIC POLYSEAL		GLUCOSE MONITORING.....	104
GENERESS FE.....	53	CAP.....	134	GLUCOCARD EXPRESSION	
GENOTROPIN.....	83	GLASS BOTTLE 60ML.....	134	BLOOD GLUCOSE TEST	
		GLASS BOTTLE/30ML/BLUNT		STRIPS.....	76
		END APPLICATOR.....	134	GLUCOCARD SHINE.....	105
		GLASS POWDER		GLUCOCARD SHINE CONNEX	
		BLOWER/POLYPROPYLENE		BLOOD GLUCOSE	
		PLASTIC TOP/PLASTISOL		MONITORING SYSTEM.....	105
		BULB.....	135	GLUCOCARD SHINE EXPRESS	
		GLASS SERUM		BLOOD GLUCOSE	
		BOTTLES/20ML/TYPE 1.....	135	MONITORING SYSTEM.....	105
		GLASS SERUM			
		BOTTLES/2ML/TYPE 1.....	135		

GLUCOCARD SHINE TEST STRIPS.....	77	GLYNASE.....	24	GOLD BOND ULTIMATE OVERNIGHT.....	69
GLUCOCARD SHINE XL.....	105	GLYSET.....	21	GOLD BOND ULTIMATE PROTECTION.....	69
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM.....	105	GLYXAMBI.....	21	GOLD BOND ULTIMATE RESTORING.....	69
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK.....	105	GNP ACIDOPHILUS HIGH POTENCY.....	25	GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE.....	69
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE.....	105	GNP ADVANCED RECOVERY.....	69	GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS.....	69
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK.....	105	GNP ALCOHOL SWABS.....	135	GOLD BOND ULTIMATE SOFTENING.....	69
GLUCOCARD VITAL TEST STRIPS.....	77	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16".....	155	GOLD BOND ULTIMATE SOOTHING.....	69
GLUCOCARD X-METER.....	105	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	155	GOLYTELY.....	93
GLUCOCARD X-SENSOR.....	77	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING.....	105	GONAL-F.....	83
GLUCOCOM BLOOD GLUCOSE MONITOR.....	105	GNP EASY TOUCH GLUCOSE TEST STRIPS.....	77	GONAL-F RFF.....	83
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM.....	105	GNP FISH OIL.....	172	GONAL-F RFF REDIRECT.....	83
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT.....	105	GNP GLUCOSE.....	22	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	105
GLUCOCOM LANCETS 28G.....	105	GNP LANCETS.....	105	GOODSENSE LANCETS MICRO-THIN 33G.....	105
GLUCOCOM LANCETS 30G.....	105	GNP LANCETS 21G.....	105	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	105
GLUCOCOM LANCETS 33G.....	105	GNP LANCETS MICRO THIN 33G.....	105	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	105
GLUCOCOM TEST STRIPS.....	77	GNP LANCETS SUPER THIN 30G.....	105	GOODSENSE LANCETS ULTRA-THIN 30G.....	106
GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM.....	105	GNP LANCETS THIN.....	105	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	106
GLUCONAVII BLOOD GLUCOSE TEST STRIPS.....	77	GNP LANCETS THIN 26G.....	105	GOODSENSE PEN NEEDLE/PEN FINE CLASSIC/31G X 5/16".....	155
GLUCOPHAGE.....	22	GNP MICRO THIN LANCETS 33G.....	105	GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM.....	106
GLUCOPHAGE XR.....	22	GNP OMEPRAZOLE.....	185	GRADUATED BOTTLE 2OZ W/CAP.....	135
GLUCOSE.....	22	GNP PROBIOTIC COLON SUPPORT.....	25	GRADUATED BOTTLE 4OZ W/CAP.....	135
GLUCOSE METER TEST STRIPS ADVANCED.....	77	GNP PROBIOTIC DIGESTIVE SUPPORT.....	25	granisetron hcl.....	27
GLUCOTROL.....	24	GNP QUICK DISSOLVE GLUCOSE.....	22	GRANIX.....	91
GLUCOTROL XL.....	24	GNP SUPER THIN LANCETS/30G.....	105	GREY ADAPTER/2 RED TAPPETS 3ML/5ML.....	135
GLUCOVANCE.....	21	GNP TRIPLE OMEGA COMPLEX.....	3	GRIS-PEG.....	28
GLUMETZA.....	22	GOLD BOND MEDICATED BODYLOTION.....	69	griseofulvin microsize.....	28
glyburide.....	24	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH.....	69	griseofulvin ultramicrosize.....	28
glyburide micronized.....	24	GOLD BOND ULTIMATE.....	69	GROOVE ROLLING WALKER.....	135
glyburide-metformin.....	21	GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF.....	69	GRX VITAMIN E.....	69
glycerin (laxative).....	94	GOLD BOND ULTIMATE DIABETICS' DRY RELIEF.....	69		
GLYCERIN ADULT.....	94	GOLD BOND ULTIMATE HEALING.....	69		
glycine diluent.....	180				
glycopyrrolate.....	184				

guaifenesin-codeine.....	58	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	155	HIBICLENS WALL DISPENSER/FOOT.....	135
guanfacine hcl.....	33	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	155	HIBICLENS WALL DISPENSER/HAND.....	135
guanfacine hcl (adhd).....	1	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	155	HIGH POTENCY PROBIOTIC.....	25
GYNAZOLE-1.....	188	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	106	HIP/FRACTURE RAISED TOILET SEAT/LEFT.....	135
GYNE-LOTRIMIN.....	188	HEALTHY LIVING REPLACEMENT FILTERS.....	158	HIP/FRACTURE RAISED TOILET SEAT/RIGHT.....	135
GYNE-LOTRIMIN 3.....	188	HEALTHY LIVING REPLACEMENT KIT FOR NEBULIZER.....	159	HIZENTRA.....	179
H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	155	HEALTHY LIVING REPLACEMENT MASKS.....	159	HM ACIDOPHILUS.....	25
H-E-B INCONTROL ALCOHOL PADS.....	135	HEART RATE MONITOR.....	135	HM COMFORT FOAM EAR PLUGS.....	136
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	106	HEART RATE MONITOR STRAPLESS.....	135	HM FISH OIL.....	172
H-E-B INCONTROL LANCETS SUPER THIN 30G.....	106	HEAT THERAPY.....	135	HM OMEGA-3-6-9 FATTY ACIDS.....	3
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	106	HEELBOOT LARGE.....	135	HM OMEPRAZOLE.....	185
HAEMOLANCE.....	106	HEELBOOT LAUNDRY BAG.....	135	HM STERILE ALCOHOL PREP PADS.....	136
HAEMOLANCE LOW FLOW LANCETS.....	106	HEELBOOT LINER LARGE.....	135	HM ULTICARE SHORT PEN NEEDLES 31GX8MM.....	155
HAEMOLANCE PLUS.....	106	HEELBOOT LINER REGULAR.....	135	HODGE PESSARY.....	136
HAEMOLANCE PLUS HIGH FLOW.....	106	HEELBOOT REGULAR.....	135	HODGE PESSARY/SUPPORT.....	136
HAEMOLANCE PLUS LOW FLOW.....	106	HEELBOOT WALK PAD.....	135	HOME STYLE BED RAILS.....	136
HAEMOLANCE PLUS MAX FLOW.....	106	HELIKATE FS.....	89	HOMOCYSTEINE SUPPORT.....	81
HAEMOLANCE PLUS PEDIATRIC FLOW.....	106	HEMANGEOL.....	48	HOT-COLD THERAPY.....	136
HALAC.....	65	HEMLIBRA.....	89	HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT.....	159
HALAVEN.....	40	HEMOCYTE.....	92	HUMALOG JUNIOR KWIKPEN.....	23
halcinonide.....	65	HEMOPIL M.....	89	HUMALOG KWIKPEN.....	23
HALCION.....	92	HEPAGAM B.....	179	HUMALOG MIX 50/50.....	23
HALDOL DECANOATE 100.....	42	heparin sodium (porcine).....	15	HUMALOG MIX 50/50 KWIKPEN.....	23
HALDOL DECANOATE 50.....	42	HERCEPTIN.....	36	HUMALOG MIX 75/25.....	23
halobetasol propionate.....	65	HERCEPTIN HYLECTA.....	38	HUMALOG MIX 75/25 KWIKPEN.....	23
HALOBETASOL PROPIONATE.....	66	HETLIOZ.....	93	HUMATE-P.....	89
HALOG.....	66	HIBICLENS DISPENSER NOZZLE.....	135	HUMATROPE.....	83
haloperidol.....	43	HIBICLENS FOOT PEDAL.....	135	HUMATROPE COMBO PACK.....	83
haloperidol decanoate.....	42	HIBICLENS HAND PUMP/16OZ.....	135	HUMIRA.....	4
haloperidol lactate.....	43	HIBICLENS HAND PUMP/32OZ.....	135	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	4
HAND HELD SHOWER SPRAY.....	135	HIBICLENS HAND PUMP/GALLON.....	135	HUMIRA PEN.....	4
HARMONY BREASTPUMP.....	135	HIBICLENS HAND PUMP/NON FOAMING/16OZ.....	135	HUMIRA PEN-CD/UC/HS STARTER.....	4
HARVONI.....	46	HIBICLENS PUMP ASSEMBLY.....	135	HUMIRA PEN-PS/UV STARTER.....	4
HAVRIX.....	188			HUMULIN 70/30.....	23
HCG.....	83			HUMULIN 70/30 KWIKPEN.....	23
HEAD COVERS 24"/BOUFFON CAP/IRRADIATED.....	135				
HEAD HALTER OVER DOOR TRACTION SET.....	135				
HEAD HALTER REPLACEMENT FOR TRACTION KIT.....	135				

HUMULIN N.....	23	hydroxychloroquine sulfate	35	imipramine hcl.....	21
HUMULIN N KWIKPEN.....	23	HYDROXYPROGESTERONE		imiquimod.....	71
HUMULIN R.....	23	CAPROATE.....	37	IMITREX.....	162
HUMULIN R U-500		hydroxyprogesterone		IMITREX STATDOSE	
(CONCENTRATED).....	23	caproate.....	180	REFILL.....	162
HURRICAIN DISPENSING		hydroxyurea.....	39	IMITREX STATDOSE	
CAP.....	136	hydroxyzine hcl.....	12	SYSTEM.....	162
HURRICAIN LIQUID		HYDROXYZINE		IMLYGIC.....	40
DISPENSER.....	136	PAMOATE.....	12	IMODIUM A-D.....	27
HURRICAIN SPRAY		hydroxyzine pamoate.....	12	IMURAN.....	164
EXTENSION TUBES.....	136	HYMOVIS.....	169	IN TOUCH.....	106
HURRIPAK PERIODONTAL		hyoscyamine sulfate.....	184	IN TOUCH BLOOD GLUCOSE	
ANESTHETIC REFILL KIT.....	136	HYPER-SAL.....	59	TEST STRIPS.....	77
HURRIPAK PERIODONTAL		HYPERHEP B S/D.....	179	IN TOUCH STERILE	
IRRIGATION TIPS.....	136	HYPERRHO S/D.....	179	LANCETS30G.....	106
HW EMBRACE PRO BLOOD		HYPERRHO S/D MINI-		INCRELEX.....	84
GLUCOSE METER.....	106	DOSE.....	179	INCRUSE ELLIPTA.....	13
HW EMBRACE PRO BLOOD		HYPERSAL.....	59	indapamide.....	82
GLUCOSE TEST STRIPS.....	77	HYPERTENSA.....	80	INDERAL LA.....	48
HW EMBRACE TALK BLOOD		HYPOTEARNS.....	174	INDERAL XL.....	48
GLUCOSE MONITOR.....	106	HYQVIA.....	179	INDICATOR/BIOLOGICAL TEST	
HW EMBRACE TALK BLOOD		HYSINGLA ER.....	7	KIT/SPORVIEW STEAM... 136	
GLUCOSE MONITORING		HYZAAR.....	33	indomethacin.....	5
SYSTEM.....	106	ibandronate sodium.....	82	INFANTS ADVIL.....	5
HW EMBRACE TALK BLOOD		IBG STAR BLOOD GLUCOSE		INFINITY BLOOD GLUCOSE	
GLUCOSE TEST STRIPS.....	77	MONITORING SYSTEM.....	106	MONITORING SYSTEM... 106	
HY-VEE LANCETS.....	106	IBRANCE.....	38	INFINITY BLOOD GLUCOSE	
HY-VEE THIN LANCETS.....	106	ibuprofen.....	4,5	MONITORING	
HYALGAN.....	169	icatibant acetate.....	90	SYSTEM/STARTER KIT... 106	
HYCAMTIN.....	41	ICLUSIG.....	38	INFINITY BLOOD GLUCOSE	
hydralazine hcl.....	34	ICY DIAMOND TOTE		TEST STRIPS.....	77
HYDRALYTE.....	163	CANVAS.....	136	INFINITY VOICE.....	77
HYDRALYTE FREEZER		ICY DIAMOND TOTE NON		INFLATABLE	
POPS.....	163	GENUINE LEATHER.....	136	CUSHION/VINYL.....	136
HYDRAZONE LOTION.....	69	ICY HOT SMART RELIEF		INFLATABLE NECK REST.....	136
HYDREA.....	39	TENS THERAPY REFILL		INFLECTRA.....	87
hydrochlorothiazide.....	82	PADS.....	136	INGREZZA.....	181
hydrocodone w/		IDELVION.....	89	INHALATION VIAL	
homatropine.....	57	IGLUCOSE BLOOD GLUCOSE		CAP/BLUE.....	136
hydrocodone-acetaminophen		MOITORING SYSTEM... 106		INHALATION VIAL	
8.....		ILARIS.....	4	CAP/GREEN.....	136
hydrocortisone.....	57	ILEVRO.....	177	INHALATION VIAL	
hydrocortisone (intrarectal).....	10	ILLUSIONS AA WEIGHTED		CAP/ORANGE.....	136
hydrocortisone (rectal).....	10	OFFTHE SHELF BREAST		INHALATION VIAL	
hydrocortisone (topical).....	66	PROSTHESIS FORM... 136		CAP/RED.....	136
hydrocortisone butyrate.....	66	ILLUSIONS C WEIGHTED		INHALATION VIAL	
hydrocortisone butyrate		OFFTHE SHELF BREAST		CAP/WHITE.....	136
hydrophilic lipo base.....	66	PROSTHESIS FORM... 136		INHALATION VIAL	
hydrocortisone valerate.....	66	ILUMYA.....	63	CAP/YELLOW.....	136
hydrocortisone w/acetic		ILUVIEN.....	176	INHALATION VIAL	
acid.....	178	imatinib mesylate.....	38	W/CAP/BLUE/3.5ML	
hydrocortisone-aloe vera.....	66	IMBRUVICA.....	38	STOCKWELL.....	136
HYDROMORPHONE HCL.....	7				
hydromorphone hcl.....	7				

INHALATION VIAL			
W/CAP/GREEN/3.5ML			
STOCKWELL	136		
INHALATION VIAL			
W/CAP/ORANGE/3.5ML			
STOCKWELL	136		
INHALATION VIAL			
W/CAP/RED/3.5ML			
STOCKWELL	136		
INHALATION VIAL			
W/CAP/WHITE/3.5ML			
STOCKWELL	136		
INHALATION VIAL			
W/CAP/YELLOW/3.5ML			
STOCKWELL	136		
INHALATION VIAL W/O			
CAP/AMBER/3.5ML			
STOCKWELL	136		
INLYTA	38		
INNOPRAN XL	48		
INNOSPIRE REPLACEMENT			
FILTER	159		
INSPIRACHAMBER/ANTI-			
STATIC			
VALVED/MOUTHPIECE	159		
INSPIRACHAMBER/LARGE			
	159		
INSPIRACHAMBER/SOOTHER			
MASK/INSPIRAMASK/MEDIUM			
	159		
INSPIRACHAMBER/SOOTHER			
MASK/INSPIRAMASK/SMALL			
	159		
INSPIREASE DRUG			
DELIVERY SYSTEM	159		
INSPIREASE RESERVOIR			
BAGS	159		
INSULIN LISPRO	23		
INSULIN LISPRO KWIKPEN	23		
INSULIN SYRINGES	155		
INSUPEN 31G X 8MM	155		
INSUPEN ULTRAFIN			
31GX8MM	155		
INTELENCE	45		
INTERMEZZO	92		
INTRON A	39		
INTRON A W/DILUENT	39		
INTUNIV	1		
INVANZ	11		
INVEGA	42		
INVEGA SUSTENNA	42		
INVEGA TRINZA	42		
INVIRASE	45		
INVOKAMET	21		
INVOKAMET XR	21		
INVOKANA	24		
IOPIDINE	175		
ipratropium bromide	13		
ipratropium bromide			
(nasal)	170		
ipratropium-albuterol	14		
IR ADAPTER	136		
irbesartan	32		
irbesartan-hydrochlorothiazide			
	33		
IRESSA	38		
IRINOTECAN	41		
irinotecan hcl	41		
IRON CHEWS			
PEDIATRIC	92		
ISENTRESS	45		
ISONIAZID	35		
isoniazid	35		
ISOPTO ATROPINE	175		
ISOPTO CARPINE	175		
ISORDIL TITRADOSE	11		
ISOSORBIDE DINITRATE	11		
isosorbide dinitrate	11		
ISOSORBIDE DINITRATE			
ER	11		
isosorbide mononitrate	11		
isotretinoin	60		
isradipine	49		
ISTALOL	174		
ISTODAX (OVERFILL)	38		
ITCH RELIEF	62		
itraconazole	28		
IXEMPRA KIT	40		
IXINITY	89		
J & J TOURNIQUET			
36"X3/4"	136		
JADENU	27		
JADENU SPRINKLE	27		
JAKAFI	38		
JALYN	88		
JANUMET	21		
JANUMET XR	22		
JANUVIA	22		
JAR/8OZ/WHITE LID	136		
JARDIANCE	24		
JENTADUETO	22		
JENTADUETO XR	22		
JEVTANA	40		
JOHNSON & JOHNSON			
ANTISEPTIC WIPES	136		
JOHNSON & JOHNSON			
INSTANTCOLD PACK	136		
JOURNEY SERIES ROLLING			
WALKER/4205BL-R/BLUE	137		
JOURNEY SERIES ROLLING			
WALKER/4205RD/RED	137		
JUBLIA	61		
JUG AMBER GLASS			
4L/POLYSEAL CAP/LONG	137		
JUXTAPID	31		
JYNARQUE	85		
K-PHOS NEUTRAL	163		
K-TAB	163		
KADCYLA	36		
KADIAN	7		
KALBITOR	90		
KALETRA	45		
KALYDECO	183		
KANESON BREAST			
PUMP/NURSER	137		
KANGAROO RIGID			
CONTAINERPUMP SET			
1200ML	137		
KANUMA	84		
KAPSPARGO SPRINKLE	48		
KAPVAY	1		
KAZANO	22		
KCENTRA	89		
KEFLEX	51		
KEGEL BALL TRAINER	137		
KENALOG	66		
KEPIVANCE	40		
KEPPRA	16		
KEPPRA XR	16		
KERALYT	71		
KERI ADVANCED MOISTURE			
THERAPY	69		
KERI BASIC ESSENTIALS	69		
KERI NOURISHING SHEA			
BUTTER	69		
KERI ORIGINAL	69		
KERI OVERNIGHT	69		
KERI RENEWAL MILK			
BODY	69		
KERI RENEWAL SKIN			
FIRMING	69		
KERI RENEWAL STRETCH			
MARK MINIMIZER	69		
KERI SENSITIVE SKIN	69		

KERYDIN.....	61	KROGER BLOOD GLUCOSE MONITORING KIT.....	106	LADYCARE MENOPAUSE.....	137
ketoconazole (topical).....	62	KROGER BLOOD GLUCOSE TESTSTRIPS.....	77	LAMICTAL.....	17
KETONE.....	77	KROGER LANCETS.....	106	LAMICTAL CHEWABLE DISPERSIBLE.....	17
KETONE TEST STRIPS.....	77	KROGER LANCETS 21G.....	106	LAMICTAL ODT.....	17
ketoprofen.....	5	KROGER LANCETS MICRO THIN33G.....	106	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE.....	17
KETOPROFEN.....	5	KROGER LANCETS SUPER THIN.....	107	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE.....	17
KETOPROFEN ER.....	5	KROGER LANCETS THIN.....	107	LAMICTAL STARTER/TAKING VALPROATE.....	17
ketorolac tromethamine.....	5	KROGER LANCETS THIN 26G.....	107	LAMICTAL XR.....	17
ketorolac tromethamine (ophth).....	177	KROGER LANCETS ULTRATHIN30G.....	107	LAMISIL.....	28
KETOSTIX.....	77	KROGER PEN NEEDLES 31G X8MM.....	155	LAMISIL AT.....	62
ketotifen fumarate (ophth).....	178	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT.....	107	LAMISIL AT JOCK ITCH.....	62
KEVZARA.....	4	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS.....	77	lamivudine.....	45
KEY-E.....	190	KROGER TEST STRIPS.....	77	lamivudine-zidovudine.....	45
KEYTRUDA.....	36	KRYSTEXXA.....	89	lamotrigine.....	17
KHAPZORY.....	40	KUVAN.....	84	LAN-O-SOOTHE.....	72
KHEDEZLA.....	20	KYLEENA.....	56	LANCETS.....	107
KIDNEY.....	81	KYNAMRO.....	30	LANCETS 26G TWIST TOP.....	107
KINERET.....	4	KYPROLIS.....	38	LANCETS 28G.....	107
KINNEY LANCETS.....	106	L.O.S. YANKAUER HOLDER.....	137	LANCETS 30G.....	107
KINNEY THIN LANCETS.....	106	LAB COAT/DISPOSABLE.....	137	LANCETS 30G TWIST TOP.....	107
KITABIS PAK.....	3	LAB COAT/DISPOSABLE/LARGE.....	137	LANCETS 30G/TWIST TOP.....	107
KLARITY-A.....	175	LAB COAT/DISPOSABLE/MEDIUM.....	137	LANCETS 31G TWIST TOP.....	107
KLARON.....	60	LAB COAT/DISPOSABLE/SMALL.....	137	LANCETS 31G TWIST TOP.....	107
KLONOPIN.....	16	LAB COAT/DISPOSABLE/MEDIUM.....	137	LANCETS 33G UNIVERSAL DESIGN.....	107
KLOR-CON M15.....	163	LAB COAT/DISPOSABLE/SMALL.....	137	LANCETS MICRO THIN 33G.....	107
KLOUT.....	72	LAB COAT/DISPOSABLE/X-LARGE.....	137	LANCETS SAFETY SEAL 21G.....	107
KLS OMEPRAZOLE.....	185	LAB COAT/DISPOSABLE/XX-LARGE.....	137	LANCETS SAFETY SEAL 26G.....	107
KOATE.....	89	labetalol hcl.....	48	LANCETS SAFETY SEAL 28G.....	107
KOATE-DVI.....	89	LAC-HYDRIN.....	69	LANCETS SAFETY SEAL 30G.....	107
KOGENATE FS.....	89	LAC-HYDRIN TWELVE.....	69	LANCETS SAFETY SEAL 28G.....	107
KOGENATE FS BIO-SET.....	89	lactic acid (ammonium lactate).....	69	LANCETS SAFETY SEAL 30G.....	107
KOMBIGLYZE XR.....	22	LACTO-PECTIN.....	25	LANCETS SUPER THIN 28G.....	107
KONSYL DAILY FIBER.....	93	lactulose.....	94	LANCETS THIN.....	107
KONSYL ORIGINAL FORMULADAILY FIBER.....	93	lactulose (encephalopathy).....	87	LANCETS TWIST TOP.....	107
KORLYM.....	22			LANCETS ULTRA FINE.....	107
KOVALTRY.....	89			LANCETS ULTRA THIN.....	107
KRILL OIL.....	2			LANCETS ULTRA THIN 30G.....	107
krill oil.....	2			LANCETS BULLSEYE SAFETY.....	107
KRILL OIL OMEGA-3.....	3			lanolin.....	180
KRILL OIL TRIPLE STRENGTH RED.....	3				
KRILL OIL ULTRA STRENGTH.....	3				
KRILL OIL WITH ASTAXANTHIN TRIPLE STRENGTH.....	3				
KRINTAFEL.....	35				



LANOXIN.....	50
LANSINOH BREASTFEEDING PILLOW.....	137
LANSINOH BREASTMILK COLLECTOR.....	137
LANSINOH EXTRA PUMPING SET.....	137
LANSINOH LANOLIN MINIS NIPPLE.....	72
LANSINOH LANOLIN NIPPLE.....	72
LANSINOH MANUAL BREAST PUMP.....	137
LANSINOH PUMP ADAPTERS.....	137
LANSINOH SMART PUMP TOTE BAGS.....	137
LANSINOH SMARTPUMP DOUBLEELECTRIC.....	137
LANSINOH SMARTPUMP DOUBLEELECTRIC BREAST PUMP.....	137
lansoprazole.....	185
lanthanum carbonate.....	87
LANTUS SOLOSTAR.....	23
LARTRUVO.....	36
LASIX.....	82
LASTACRAFT.....	178
latanoprost.....	178
LATANOPROST.....	178
LATCH ASSIST NIPPLE EVERTER.....	137
LATUDA.....	42
LDR BLOOD GLUCOSE TRUETEST KIT.....	107
LEADER QUICK DISSOLVE GLUCOSE.....	22
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16".....	155
LEATHER CASE W/CLIP BLACK3ML.....	137
LEATHER CASE W/CLIP BURGUNDY 3ML.....	137
LEATHER CASE W/CLIP TAN 3ML.....	137
LEATHER CASE W/CORD BLACK3ML.....	137
LEDIPASVIR/SOFOSBUVIR .....	46
leflunomide.....	5
LEMTRADA.....	182
LENVIMA 10 MG DAILY DOSE.....	38
LENVIMA 12MG DAILY DOSE.....	38
LENVIMA 14 MG DAILY DOSE.....	38
LENVIMA 18 MG DAILY DOSE.....	38
LENVIMA 20 MG DAILY DOSE.....	38
LENVIMA 24 MG DAILY DOSE.....	38
LENVIMA 4 MG DAILY DOSE.....	38
LENVIMA 8 MG DAILY DOSE.....	38
LESCOL XL.....	31
LETAIRIS.....	50
letrozole.....	37
LEUCOVORIN CALCIUM.....	40
leucovorin calcium.....	40
LEUKERAN.....	35
LEUKINE.....	91
leuprolide acetate.....	37
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE.....	37
levalbuterol hcl.....	14
LEVALBUTEROL TARTRATE HFA.....	14
LEVAQUIN.....	86
LEVBID.....	184
LEVEMIR.....	23
LEVEMIR FLEXTOUCH.....	23
levetiracetam.....	17
levobunolol hcl.....	174
levocarnitine (metabolic modifiers).....	84
levocetirizine dihydrochloride.....	30
levofloxacin.....	86
levofloxacin (ophth).....	175
LEVOLEUCOVORIN.....	40
levoleucovorin calcium.....	40
levonorgestrel & eth estradiol.....	53
levonorgestrel (emergency oc).....	55
levonorgestrel-eth estradiol (triphasic).....	53
levonorgestrel-ethinyl estradiol (91-day).....	53
levonorgestrel-ethinyl estradiol (continuous).....	53
levothyroxine sodium.....	183
LEVSIN.....	184
LEVSIN/SL.....	184
LEVULAN KERASTICK.....	62
LEXAPRO.....	20
LEXAZIN.....	80
LEXETTE.....	66
LEXIVA.....	45
LIALDA.....	87
LIBERTY BLOOD GLUCOSE METER.....	107
LIBERTY MEDICAL LANCETS 30G.....	107
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR.....	107
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS.....	77
LIBERTY TEST STRIPS.....	77
LIBTAYO.....	36
LICEMD.....	73
LICIDE TREATMENT KIT.....	73
lidocaine.....	71
lidocaine hcl.....	71
lidocaine hcl (mouth-throat).....	165
lidocaine-prilocaine.....	71
LIFESCAN UNISTIK 2 DEEP PENETRATION.....	108
LIFESCAN UNISTIK II LANCETS.....	108
LILETTA.....	56
LINDANE.....	73
LINZESS.....	87
LIORESAL INTRATHECAL.....	169
liothyronine sodium.....	183
LIPICHOL 540.....	80
LIPITOR.....	31
LIPOFEN.....	31
lisinopril.....	32
lisinopril & hydrochlorothiazide.....	33
LISTER-V.....	80
LITE TOUCH LANCETS.....	108
LITEAIRE.....	159
LITETOUCH LANCETS MICRO THIN 33G.....	108
LITETOUCH MASK LARGE.....	159
LITETOUCH MASK MEDIUM.....	159
LITETOUCH MASK SMALL.....	159
LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	155

LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	155	LOSEASONIQUE.....	53	LUPRON DEPOT (6- MONTH).....	37
LITHATE.....	81	LOTENSIN.....	32	LUPRON DEPOT-PED (1- MONTH).....	84
LITHIUM.....	42	LOTENSIN HCT.....	33	LUPRON DEPOT-PED (3- MONTH).....	84
lithium carbonate.....	42	LOTREL.....	33	LUTATHERA.....	39
LITHIUM CARBONATE.....	42	LOTRIMIN AF.....	62	LUXIQ.....	66
lithium carbonate.....	42	LOTRIMIN AF FOR HER..	62	LUZU.....	62
LITHOBID.....	42	LOTRIMIN AF JOCK ITCH	62	LYNPARZA.....	38
LIVALO.....	31	LOTRISONE.....	62	LYRICA.....	17
LIVE BETTER LANCET SUPERTHIN 30G.....	108	lovastatin.....	31	LYSODREN.....	37
LIVE BETTER LANCET ULTRATHIN 28G.....	108	LOVAZA.....	30	LYSTEDA.....	92
LMA MAD NASAL.....	137	LOVENOX.....	15,16	M-M-R II.....	188
LMX 4.....	71	loxapine succinate.....	43	MACI.....	168
LO LOESTRIN FE.....	53	LUBRIDERM.....	70	MACROBID.....	186
LOCOID.....	66	LUBRIDERM ADVANCED THERAPY.....	70	MACRODANTIN.....	186
LOCOID LIPOCREAM.....	66	LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN.....	70	MACUGEN.....	175
LODINE.....	5	LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE.....	70	MACUZIN.....	80
LODOSYN.....	41	LUBRIDERM INTENSE SKIN REPAIR.....	70	MAD NASAL.....	137
LOESTRIN 1.5/30-21.....	53	LUBRIDERM MENS 3-IN- 1.....	70	MAGNEBIND 400.....	163
LOESTRIN 1/20-21.....	53	LUBRIDERM SERIOUSLY SENSITIVE.....	70	magnesium citrate.....	94
LOESTRIN FE 1.5/30.....	53	LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS..	70	magnesium hydroxide.....	94
LOESTRIN FE 1/20.....	53	LUBRISOFT.....	70	magnesium oxide.....	10
LOFIBRA.....	31	LUCEMYRA.....	181	MAGNIFIER HANDS-FREE	137
LOMOTIL.....	27	LUCENTIS.....	175	MAKENA.....	180
LONGS LANCETS STANDARD.....	108	LUER LOCK ADAPTER..	137	malathion.....	73
LONGS LANCETS THIN...	108	LULICONAZOLE.....	62	MALE SUPPORT.....	81
LONGS LANCETS ULTRA THIN.....	108	LULLABY DOUBLE ELECTRIC BREAST PUMP.....	137	MAPROTILINE HCL.....	19
LONSURF.....	38	LUMBAR CUSHION.....	137	MAR-LAND PESSARY.....	137
loperamide hcl.....	27	LUMBAR SUPPORT CUSHION.....	137	MAR-LAND PESSARY/SUPPORT.....	137
LOPID.....	31	LUMIGAN.....	178	MARATHON MEDICAL PENTIPS31GX8MM.....	155
lopinavir-ritonavir.....	45	LUMIZYME.....	84	MARQIBO.....	40
LOPRESSOR.....	48	LUMOXITI.....	36	MASSAGER MULTI- PURPOSE/RECHARGEABLE .....	137
LOPRESSOR HCT.....	33	LUNESTA.....	92	MASSAGER/2 SPEED.....	137
LOPROX.....	62	LUPANETA PACK.....	84	MASSAGER/FIVE IN ONE/HEAT.....	138
LOPROX SHAMPOO.....	62	LUPRON DEPOT (1- MONTH).....	37	MASSAGER/SWEDISH/1 SPEED.....	138
loratadine.....	30	LUPRON DEPOT (3- MONTH).....	37	MATTRESS COVER/DELUXE.....	138
loratadine & pseudoephedrine.....	58	LUPRON DEPOT (4- MONTH).....	37	MATTRESS COVER/ECONOMY.....	138
lorazepam.....	12			MATTRESS PAD/35"X74"/EGGCRATE 2".....	138
LORBRENA.....	38				
LORZONE.....	169				
losartan potassium.....	32				
losartan potassium & hydrochlorothiazide.....	33				

MATTRESS		MEIHER ESSENTIAL BLOOD	
PAD/35"X74"/EGGCRATE		GLUCOSE TEST STRIPS...	77
3".....	138	MEIHER LANCETS.....	109
MATTRESS		MEIHER LANCETS THIN...	109
PAD/35"X74"/EGGCRATE		MEIHER LANCETS	
4".....	138	UNIVERSAL21G.....	109
MATULANE.....	39	MEIHER LANCETS	
MAVENCLAD.....	182	UNIVERSAL30G.....	109
MAVYRET.....	46	MEIHER LANCETS	
MAXALT.....	162	UNIVERSAL33G.....	109
MAXALT-MLT.....	162	MEIHER PEN NEEDLES 31G	
MAXAM.....	70	X8MM.....	155
MAXITROL.....	176	MEIHER PREMIUM BLOOD	
MAXZIDE.....	81	GLUCOSE MONITORING	
MAXZIDE-25.....	81	KIT.....	109
MAYZENT.....	182	MEIHER PREMIUM BLOOD	
MAYZENT STARTER		GLUCOSE TEST STRIPS...	77
PACK.....	182	MEIHER SUPER THIN	
MAZERUSTAR KK-250S/KK-		LANCETS.....	109
300SS MIXER/DISPOSABLE		MEIHER TRUE2GO BLOOD	
MIXING CONTAINER.....	138	GLUCOSE MONITORING	
MAZERUSTAR KK-250S/KK-		SYSTEM.....	109
300SS MIXER/STANDARD		MEIHER TRUERESULT BLOOD	
MIXING CONTAINER.....	138	GLUCOSE MONITORING	
meclizine hcl.....	28	SYSTEM.....	109
MEDELA ADVANCED		MEIHER TRUETEST BLOOD	
PERSONALDOUBLE BREAST		GLUCOSE TEST STRIPS...	77
PUMP.....	138	MEIHER TRUETRACK BLOOD	
MEDELA LACTINA DOUBLE		GLUCOSE MONITORING	
PUMPING KIT.....	138	KIT.....	109
MEDELA PUMP IN STYLE		MEIHER TRUETRACK BLOOD	
ADVANCED STARTER		GLUCOSE TEST STRIPS...	77
SET.....	138	MEKINIST.....	39
MEDERMA AG HAND & BODY		MEKTOVI.....	39
LOTION.....	70	melatonin.....	3
MEDI-COOLER.....	138	meloxicam.....	5
MEDI-FRIDGE IIX.....	138	melphalan.....	35
MEDI-RDT BLISTER		melphalan hcl.....	35
PACKS/LABELS &		memantine hcl.....	181
SLEEVE.....	138	MENACTRA.....	187
MEDICHOICE PRE-SET		MENOPUR.....	83
SAFETY LANCET DUAL		MENVEO.....	187
USE.....	108	MEPERIDINE HCL.....	7
MEDICHOICE PRE-SET		meperidine hcl.....	7
SAFETY LANCET LOW		MEPHYTON.....	190
FLOW.....	108	meprobamate.....	12
MEDICHOICE PRE-SET		mercaptopurine.....	36
SAFETY LANCET MEDIUM		mesalamine.....	87
FLOW.....	108	mesalamine w/ cleanser....	87
MEDICHOICE PRE-SET		mesna.....	40
SAFETY LANCET MODERATE		MESNEX.....	40
FLOW.....	108	MESTINON.....	35
MEDICHOICE SAFETY		MESTINON TIMESPAN.....	35
LANCETEXTRA.....	108		
MEDICHOICE SAFETY			
LANCETNORMAL.....	108		
MEDICINE DROPPER... 138			
MEDICINE			
DROPPER/CALIBRATED138			
MEDICINE SHOPPE PEN			
NEEDLES 31G X 8MM... 155			
MEDICINE SPOON..... 138			
MEDISENSE THIN			
LANCETS..... 108			
MEDLANCE PLUS EXTRA			
LANCETS 21G..... 108			
MEDLANCE PLUS			
LANCETS..... 108			
MEDLANCE PLUS LANCETS			
LITE 25G..... 108			
MEDLANCE PLUS LITE			
LANCETS 25G..... 108			
MEDLANCE PLUS SPECIAL			
LANCETS 0.8MM..... 108			
MEDLANCE PLUS			
SUPERLITE 30G..... 108			
MEDLANCE PLUS			
SUPERLITE 30G/COMFORT			
MAX..... 108			
MEDLANCE PLUS			
UNIVERSAL LANCETS			
21G..... 108			
MEDLANCE PLUS/LITE			
25G..... 108			
MEDLANCE/EXTRA..... 108			
MEDLANCE/LITE..... 108			
MEDLANCE/UNIVERSAL108			
MEDROL..... 57			
MEDROL DOSEPAK..... 57			
medroxyprogesterone			
acetate..... 180			
medroxyprogesterone acetate			
(contraceptive)..... 56			
mefloquine hcl..... 35			
MEFLOQUINE HCL..... 35			
MEGA PROBIOTIC..... 25			
MEGAPUMP..... 138			
megestrol acetate..... 37			
MEIHER ALCOHOL SWABS			
EXTRA-THICK..... 138			
MEIHER BLOOD GLUCOSE			
MONITORING KIT..... 108			
MEIHER BLOOD GLUCOSE			
TESTSTRIPS..... 77			
MEIHER COLOR LANCETS			
UNIVERSAL 33G..... 108			
MEIHER ESSENTIAL BLOOD			
GLUCOSE MONITORING			
SYSTEM..... 108			

META BIOTIC/BIO-ACTIVE 12.....	25	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE .....	34	MIGRANOW.....	161
METAL REACHER/27".....	138	metoprolol tartrate.....	48	MINASTRIN 24 FE.....	53
METAL REACHER/32".....	138	METOPROLOL TARTRATE.....	48	MINI DIFFUSER/COOL MIST/ESSENTIAL OIL.....	138
METAMUCIL.....	93	METOPROLOL/HYDROCHLO ROTHIAZIDE.....	34	MINI MALLET 3/4" PLASTIC/NON-MARRING.....	138
METAMUCIL ORIGINAL TEXTURE.....	93	METROCREAM.....	72	MINI TRANSFER PIN.....	138
METAPROTERENOL SULFATE.....	14	METROGEL-VAGINAL.....	188	MINIELITE FILTER REPLACEMENTS.....	159
METAXALONE.....	169	METROLOTION.....	72	MINIELITE RECHARGEABLE BATTERY.....	159
metaxalone.....	169	metronidazole.....	11	MINIPRESS.....	33
METERED NASAL SPRAY PUMP.....	138	metronidazole (topical).....	72	MINIVELLE.....	86
METERED NASAL SPRAY PUMP15ML/SAFETY CLIP.....	138	metronidazole vaginal.....	188	MINOCIN.....	183
metformin hcl.....	22	MEXILETINE HCL.....	12	minocycline hcl.....	183
METFORMIN HYDROCHLORIDE.....	22	mexiletine hcl.....	12	minoxidil.....	34
methadone hcl.....	7	MIACALCIN.....	82	MIRALAX.....	94
methamphetamine hcl.....	1	MICARDIS.....	32	MIRAPEX.....	41
METHAVER.....	80	MICARDIS HCT.....	34	MIRAPEX ER.....	41
METHAZEL.....	80	MICATIN.....	62	MIRCERA.....	91
methazolamide.....	81	MICONAZOLE 3.....	189	MIRCETTE.....	53
methenamine mandelate.....	186	miconazole nitrate (topical).....	62	MIRENA.....	56
methenamine-hyosc-methylene blue-sod phos-phenyl sal.....	186	miconazole nitrate vaginal.....	189	mirtazapine.....	19
methimazole.....	183	MICORT-HC.....	66	misoprostol.....	186
METHIONINE-200.....	81	MICRHOGAM ULTRA- FILTEREDPLUS.....	179	mitoxantrone hcl.....	38
METHITEST.....	9	MICROCHAMBER.....	159	MIXER/MAZERUSTAR KK- 300SS/STANDARD/MIXING CONTAINER FOR EMP.....	138
methocarbamol.....	169	MICROCLENS WALL MOUNT BRACKET.....	138	MIXER/MAZERUSTAR KK- 400W/STANDARD/MIXING CONTAINER.....	138
METHOTREXATE.....	4	MICRODOT BLOOD GLUCOSE MONITORING SYSTEM.....	109	MIXER/MAZERUSTAR/EMP/JAR MIXING ADAPTER/100ML.....	138
methotrexate sodium.....	36	MICRODOT TEST STRIPS.....	77	MIXER/MAZERUSTAR/EMP/JAR MIXING/ADAPTER SET/15ML- 50ML/100ML.....	138
METHOTREXATE SODIUM.....	36	MICROELITE FILTER REPLACEMENTS.....	159	MIXER/MAZRUSTAR/MD PUMP MIXING ADAPTER.....	138
methotrexate sodium.....	36	MICROELITE RECHARGEABLE BATTERY.....	159	MIXING/MAZERUSTAR/EMP/JA R MIXING ADAPTER/15ML- 50ML.....	138
methyl dopa.....	33	MICROLET LANCETS.....	109	MM EASY TOUCH BLOOD GLUCOSE METER.....	109
methylergonovine maleate.....	178	MICROSPACER.....	159	MN8.....	139
METHYLIN.....	2	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE- USE.....	109	MOBIC.....	5
methylphenidate hcl.....	2	MICROZIDE.....	82	MODERIBA.....	47
METHYLPHENIDATE HYDROCHLORIDE ER.....	2	midazolam hcl.....	93	MODERIBA 1200 DOSE PACK.....	46
METHYLPHENIDATE HYDROCHLORIDE ER (LA).....	2	midodrine hcl.....	189	MODERIBA 800 DOSE PACK.....	46
methylprednisolone.....	57	miglitol.....	21	moexipril hcl.....	32
METIPRANOLOL.....	174	miglustat.....	90	moexipril-hydrochlorothiazide .....	34
metoclopramide hcl.....	87	MIGRANAL.....	161		
metolazone.....	82				
metoprolol & hydrochlorothiazide.....	34				
metoprolol succinate.....	48				

MOI-STIR.....	166	MONOJECT BLOOD		MONOJECT BLOOD	
MOIST-SURE REPLACEMENT		COLLECTION		COLLECTION/INFUSION	
COVER/LARGE/14" X 27" .	139	TUBE/LAVENDER		SET/MULTI-SAMPLE/21GX3/4"	
MOIST-SURE REPLACEMENT		STOPPER/4ML.....	139	.....	140
COVER/MEDIUM/14" X 14"	139	MONOJECT BLOOD		MONOJECT BLOOD	
MOIST-SURE REPLACEMENT		COLLECTION		COLLECTION/INFUSION	
COVER/PETITE/4" X 17" .	139	TUBE/LAVENDER		SET/MULTI-SAMPLE/23GX3/4"	
MOISTUREPLUS		STOPPER/5ML.....	139	.....	140
COVER/LARGE/14" X 27" .	139	MONOJECT BLOOD		MONOJECT BLOOD	
MOISTUREPLUS		COLLECTION		COLLECTION/INFUSION	
COVER/MEDIUM/14" X 14"	139	TUBE/LAVENDER		SET/MULTI-SAMPLE/25GX3/4"	
MOISTUREPLUS		STOPPER/7ML.....	139	.....	140
COVER/PETITE/4" X 17" .	139	MONOJECT BLOOD		MONOJECT BLOOD TUBE	
MOLINDONE		COLLECTION TUBE/RED		HOLDER.....	140
HYDROCHLORIDE.....	43	STOPPER/10ML.....	139	MONOJECT LUER	
mometasone furoate.....	66	MONOJECT BLOOD		ADAPTER.....	140
mometasone furoate		COLLECTION TUBE/RED		MONOJECT MULTI-SAMPLE	
(nasal).....	170	STOPPER/15ML.....	139	COLLECTION	
MOMMYS BLISS		MONOJECT BLOOD		SET/HOLDER/SAFETY	
PROBIOTIC.....	25	COLLECTION TUBE/RED		CAP/MALE.....	140
MOMS OMEGA		STOPPER/2ML.....	139	MONOJECT MULTI-SAMPLE	
ADVANTAGE/VITAMIN D-		MONOJECT BLOOD		COLLECTION SET/TUBE	
3.....	172	COLLECTION TUBE/RED		HOLDER/MALE.....	140
MONISTAT 3.....	189	STOPPER/3ML.....	139	MONOLET LANCETS.....	109
MONISTAT 3 COMBINATION		MONOJECT BLOOD		MONOLET OPD LANCETS	109
PACK.....	189	COLLECTION TUBE/RED		MONOLETTOR SAFETY	
MONISTAT 7 SIMPLY		STOPPER/4ML.....	139	LANCETS.....	109
CURE.....	189	MONOJECT BLOOD		MONONINE.....	89
MONISTAT SOOTHING CARE		COLLECTION TUBE/RED		MONOVISC.....	169
ITCH RELIEF.....	66	STOPPER/5ML.....	139	montelukast sodium.....	13
MONOCLATE-P.....	89	MONOJECT BLOOD		morphine sulfate.....	7
MONODOX.....	183	COLLECTION TUBE/RED		MORPHINE SULFATE.....	7
MONOJECT BLOOD		STOPPER/7ML.....	139	morphine sulfate.....	7
COLLECTION TUBE/BLUE		MONOJECT BLOOD		MORPHINE SULFATE ER.....	7
STOPPER/4.5ML.....	139	COLLECTION TUBE/ROYAL		MOTHERS FRIEND.....	70
MONOJECT BLOOD		BLUE STOPPER/7ML.....	139	MOTRIN INFANTS DROPS.....	5
COLLECTION TUBE/GRAY		MONOJECT BLOOD		MOUTHKOTE.....	166
STOPPER/10ML.....	139	COLLECTION/INFUSION		MOXEZA.....	175
MONOJECT BLOOD		SET/FEMALE		moxifloxacin hcl.....	86
COLLECTION TUBE/GRAY		LUER/19GX3/4".....	140	moxifloxacin hcl (ophth).....	175
STOPPER/5ML.....	139	MONOJECT BLOOD		MOZOBIL.....	92
MONOJECT BLOOD		COLLECTION/INFUSION		MPD SAFETY LANCET	
COLLECTION TUBE/GREEN		SET/FEMALE		21G/1.8MM.....	109
STOPPER/2ML.....	139	LUER/21GX3/4".....	140	MPD SAFETY LANCET	
MONOJECT BLOOD		MONOJECT BLOOD		28G/1.8MM.....	109
COLLECTION TUBE/GREEN		COLLECTION/INFUSION		MPD SAFETY LANCET	
STOPPER/3ML.....	139	SET/FEMALE		30G/1.8MM.....	109
MONOJECT BLOOD		LUER/23GX3/4".....	140	MPD SAFETY LANCETS	
COLLECTION TUBE/LAVENDER		MONOJECT BLOOD		23G/1.8MM.....	109
STOPPER/10ML.....	139	COLLECTION/INFUSION		MS CONTIN.....	7
MONOJECT BLOOD		SET/FEMALE		MSM SKIN LOTION.....	70
COLLECTION TUBE/LAVENDER		LUER/25GX3/4".....	140	MUCOSAL ATOMIZATION	
STOPPER/2ML.....	139	MONOJECT BLOOD		NASALDEVICE.....	140
MONOJECT BLOOD		COLLECTION/INFUSION		MULPLETA.....	91
COLLECTION TUBE/LAVENDER		SET/MULTI-			
STOPPER/3ML.....	139	SAMPLE/19GX3/4".....	140		

multiple vitamins tabs-assorted brand.....	167	NALTREXONE.....	27	neomycin sulfate.....	3
multiple vitamins tabs-assorted generic.....	167	naltrexone hcl.....	27	neomycin-bacitracin zn-polymyxin.....	175
multiple vitamins w/ iron.....	167	NAMENDA.....	181	neomycin-bacitracin-polymyxin.....	61
multiple vitamins w/ minerals tabs-assorted brand.....	167	NAMENDA TITRATION PAK.....	181	neomycin-polymy-dexameth.....	176,177
multiple vitamins w/ minerals tabs-assorted generic.....	167	NAMENDA XR.....	181	neomycin-polymyxin w/ pramoxine.....	61
MUPIROCIN.....	61	NAMENDA XR TITRATION PAK.....	181	neomycin-polymyxin-hc (otic).....	178
mupirocin.....	61	NAMZARIC.....	181	NEOMYCIN/POLYMYXIN/GRAM ICIDIN.....	175
mupirocin calcium (topical).....	61	naphazoline w/ pheniramine.....	176	NEOMYCIN/POLYMYXIN/HYDR OCORTISONE.....	177
MUSTARGEN.....	35	NAPHCON-A.....	176	NEOPRENE BELT CASE BLACK3ML.....	140
MY MDI FINGER PULSE OXIMETER.....	140	NAPROSYN.....	5	NEOPRENE BELT CASE ORANGE3ML.....	140
MYALEPT.....	84	naproxen.....	5	NEOPRENE BELT CASE ROYALBLUE 3ML.....	140
MYAMBUTOL.....	35	naproxen sodium.....	5	NEOPRENE BELT CASE WHITE3ML.....	140
mycophenolate mofetil.....	164	naratriptan hcl.....	162	NEORAL.....	164
mycophenolate mofetil hcl.....	164	NARCAN.....	27	NEOSPORIN.....	176
mycophenolate sodium.....	164	NARDIL.....	19	NEOSPORIN ORIGINAL.....	61
MYDRIACYL.....	175	NASACORT ALLERGY 24HR.....	170	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH.....	61
MYFORTIC.....	164	NASACORT ALLERGY 24HR CHILDRENS.....	170	NEPHRO-VITE RX.....	167
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM.....	109	NASADOCK.....	140	NEPHROCAPS.....	167
MYGLUCOHEALTH BLOOD GLUCOSE TEST.....	77	NASAL DECONGESTANT.....	171	NEPTAZANE.....	81
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	109	NASAL SPRAY BOTTLE 20ML.....	140	NESINA.....	22
MYLERAN.....	35	NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE.....	140	NETGROUP LANCETS.....	109
MYLICON.....	86	NASALCROM.....	170	NEULASTA.....	91
MYLICON INFANTS GAS RELIEF.....	86	NASONEX.....	170	NEULASTA ONPRO KIT.....	91
MYLICON INFANTS GAS RELIEF DYE FREE.....	86	NATAZIA.....	54	NEUPOGEN.....	91
MYOBLOC.....	171	nateglinide.....	24	NEUPRO.....	41
MYRBETRIQ.....	187	NATPARA.....	82	NEUREPA.....	80
MYSOLINE.....	17	NATROBA.....	73	NEURONTIN.....	17
NABI-HB.....	179	NATRUL PROBIOTIC.....	25	NEUTEK 2TEK BLOOD GLUCOSE AND WRIST BLOOD PRESSURE MONITOR.....	109
nabumetone.....	5	NATURAL WOOD CANE.....	140	NEUTEK 2TEK TEST STRIPS.....	77
nadolol.....	48	NATURAL WOOD WALKING STICK.....	140	NEUTROGENA BODY LIGHT SESAME FORMULA.....	70
nadolol & bendroflumethiazide.....	34	NATURE-THROID.....	183	NEUTROGENA HEALTHY SKIN FACE SPF 15.....	70
NADOLOL/BENDROFLUMETHIAZIDE.....	34	NATURESPIRIT PULSE OXIMETER.....	140	NEUTROGENA MOISTURE SENSITIVE SKIN.....	70
NAGLAZYME.....	84	NEBULIZER AIR TUBE/PLUGS.....	159	NEUTROGENA T/GEL.....	73
NAIL POLISH BOTTLE/BRUSH15ML.....	140	NEBULIZER PEDIATRIC MASK.....	159	NEUTROGENA T/GEL STUBBORN ITCH CONTROL.....	73
NALOXONE HCL.....	27	NECON 1/50-28.....	54		
naloxone hcl.....	27	NEFAZODONE HCL.....	20		
NALOXONE HCL.....	27	nefazodone hcl.....	20		
		NEFAZODONE HYDROCHLORIDE.....	20		

NEVANAC.....	178	NIVEA.....	70	NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3.....	140
nevirapine.....	45	NIVEA EXTRA ENRICHED.....	70	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM.....	109
NEXAVAR.....	39	NIVEA EXTRA ENRICHED LOTION.....	70	NOVA MAX GLUCOSE TEST STRIPS.....	77
NEXCARE COMFORT FOAM EAR PLUGS.....	140	NIVEA GENTLE BODY EXFOLIATOR.....	70	NOVA MAX PLUS KETONE TESTSTRIPS.....	77
NEXCARE REUSABLE EAR PLUGS.....	140	NIVEA LIGHT.....	70	NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE.....	140
NEXDOSE PRESCRIPTION MEDICATION DIGITAL ASSISTANT.....	140	NIVEA ORIGINAL.....	70	NOVA SAFETY LANCETS 23G.....	109
NEXGEN METER KIT.....	109	NIVEA ORIGINAL MOISTURE.....	70	NOVA SAFETY LANCETS 28G.....	109
NEXGEN TEST STRIPS.....	77	NIVEA VISAGE.....	70	NOVA SUREFLEX LANCETS.....	110
NEXIUM.....	185	NIVESTYM.....	91	NOVAREL.....	83
NEXIUM 24HR.....	185	NIX CREME RINSE.....	73	NOVOEIGHT.....	89
NEXPLANON.....	56	NIZORAL.....	62	NOVOLIN 70/30.....	23
NG SECURE NASOGASTRIC TUBE HOLDER.....	140	nonoxynol-9.....	188	NOVOLIN 70/30 FLEXPEN.....	23
NIACIN.....	31	NORCO.....	8	NOVOLIN 70/30 FLEXPEN RELION.....	23
niacin.....	190	NORDITROPIN FLEXPEN.....	83	NOVOLIN 70/30 RELION.....	23
niacin (antihyperlipidemic).....	31	norethin acet & estrad-fe.....	54	NOVOLIN N.....	23
NIACIN TR.....	190	norethindrone & eth estradiol.....	54	NOVOLIN N RELION.....	23
NIACOR.....	31	norethindrone & ethinyl estradiol-fe.....	54	NOVOLIN R.....	23
NIASPAN.....	31	norethindrone (contraceptive).....	56	NOVOLIN R RELION.....	23
nicardipine hcl.....	49	norethindrone acet & eth estra.....	54	NOVOLOG MIX 70/30.....	24
NICODERM CQ.....	182	norethindrone acetate.....	180	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	24
NICORETTE.....	182	norethindrone acetate-ethinyl estradiol.....	85	NOVOSEVEN RT.....	89
NICORETTE MINI.....	182	norethindrone acetate-ethinyl estradiol-fe.....	54	NPLATE.....	91
NICORETTE STARTER KIT.....	182	norethindrone-eth estradiol (triphasic).....	54	NUCALA.....	13
nicotine.....	182	norgestimate-ethinyl estradiol.....	54	NUCYNTA.....	7
nicotine polacrilex.....	182	norgestimate-ethinyl estradiol (triphasic).....	54	NUCYNTA ER.....	7
NICOTINE TRANSDERMAL SYSTEM.....	182	norgestrel & ethinyl estradiol.....	54	NULOJIX.....	165
NICOTROL INHALER.....	182	NORPACE.....	12	NULYTELY/FLAVOR PACKS.....	93
NICOTROL NS.....	182	NORPRAMIN.....	21	NUMOISYN.....	166
nifedipine.....	49	NORTEMP INFANTS.....	6	NUPLAZID.....	42
nimodipine.....	49	NORTHERA.....	189	NUTRADERM.....	70
NINLARO.....	39	nortriptyline hcl.....	21	NUTRADERM ADVANCED FORMULA.....	70
nisoldipine.....	49	NORTRIPTYLINE HCL.....	21	nutritional supplements.....	81
NISOLDIPINE ER.....	49	nortriptyline hcl.....	21	NUTROPIN AQ NUSPIN 10.....	83
NITRO-BID.....	11	NORVASC.....	49	NUTROPIN AQ NUSPIN 20.....	83
NITRO-DUR.....	11	NORVIR.....	45	NUTROPIN AQ NUSPIN 5.....	84
NITRO-TIME.....	11	NOSE CLIP.....	159	NUVARING.....	55
nitrofurantoin.....	186	NOVA BATH SEAT/BACK & ARMS.....	140	NUWIQ.....	89
nitrofurantoin macrocrystal.....	186				
nitrofurantoin monohyd macro.....	186				
nitroglycerin.....	11,12				
NITROSTAT.....	12				

NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP.....	140	OFFSET CANE/ROSE PRINT/300LB CAPACITY	141	OMEGA-3 FISH OIL EXTRA STRENGTH.....	173
NVZZLER SINGLE ELECTRIC BREAST PUMP.....	141	OFFSET CANE/STRAP..	141	OMEGA-3 GUMMIES.....	3
NYLON BELT CASE BLACK 3ML.....	141	OFLOXACIN.....	86	OMEGA-3 KRILL OIL.....	3
NYMALIZE.....	49	ofloxacin.....	86	OMEGA-3-6-9.....	3
nystatin.....	28	ofloxacin (ophth).....	176	omega-3-acid ethyl esters..	30
nystatin (mouth-throat).....	165	ofloxacin (otic).....	178	OMEGAPURE 780 EC.....	173
nystatin (topical).....	62	OGESTREL.....	54	omeprazole.....	185
nystatin-triamcinolone.....	62	OINTMENT JAR 2OZ.....	141	OMEPRAZOLE.....	185
NYTOL MAXIMUM STRENGTH.....	92	OINTMENT TUBE OPHTHALMICTIP		omeprazole magnesium....	185
O-RING CUSHION 16" DIAMETER.....	141	1/8OZ/METAL.....	141	omeprazole-sodium bicarbonate.....	186
OBIZUR.....	89	OINTMENT TUBE/METAL/1OZ.....	141	OMNARIS.....	170
OICALIVA.....	86	OINTMENT TUBE/METAL/2OZ.....	141	OMNIPRED.....	177
OCEAN NASAL SPRAY.....	170	OINTMENT TUBE/METAL/4OZ.....	141	OMNIQUIN.....	80
OCTAGAM.....	179	OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ.....	141	OMNITROPE.....	84
octreotide acetate.....	85	OINTMENT TUBE/PLASTIC/1OZ.....	141	ON CALL EXPRESS BLOOD GLUCOSE METER.....	110
OCUFLOX.....	176	OINTMENT TUBE/PLASTIC/2OZ.....	141	ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM.....	110
ODEFSEY.....	45	OINTMENT TUBE/PLASTIC/4OZ.....	141	ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS.....	77
ODOMZO.....	37	OINTMENT TUBE/PLASTIC/6OZ.....	141	ON CALL LANCETS.....	110
OFEV.....	183	olanzapine.....	43	ON CALL PLUS BLOOD GLUCOSE METER.....	110
OFF ACTIVE.....	72	olmesartan medoxomil.....	32	ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM.....	110
OFF DEEP WOODS.....	72	olmesartan medoxomil- amlodipine-hydrochlorothiazide	34	ON CALL PLUS BLOOD GLUCOSE TEST.....	77
OFF DEEP WOODS DRY.....	72	.....	34	ON CALL PLUS LANCETS.....	110
OFF DEEP WOODS SPORTSMEN.....	72	olmesartan medoxomil- hydrochlorothiazide.....	34	ON CALL VIVID BLOOD GLUCOSE METER.....	110
OFF FAMILYCARE SMOOTH & DRY.....	72	olopatadine hcl.....	178	ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM.....	110
OFF SMOOTH & DRY.....	72	olopatadine hcl (nasal).....	170	ON CALL VIVID BLOOD GLUCOSE TEST.....	77
OFFSET CANES/BLACK/300LBCAPACITY	141	OLUMIANT.....	4	ON CALL VIVID BLOOD GLUCOSE TEST STRIPS.....	77
OFFSET CANE/BLUE ICE/300LB CAPACITY.....	141	OLUX.....	66	ON CALL VIVID PAL BLOOD GLUCOSE METER.....	110
OFFSET CANES/BRONZE/300LBCAPACIT Y.....	141	OLUX-E.....	66	ONCASPAR.....	39
OFFSET CANE/BROQUE TEAL/300LB CAPACITY.....	141	OLYSIO.....	47	ondansetron.....	27
OFFSET CANES/CHROME/300LBCAPACIT Y.....	141	OMEGA 3-6-9 COMPLEX.....	3	ondansetron hcl.....	27
OFFSET CANE/GREEN ICE/300LB CAPACITY.....	141	OMEGA DHA.....	3	ONE DROP BLOOD GLUCOSE MONITORING SYSTEM.....	110
OFFSET CANES/HOUNDSTOOTH/300LB CAPACITY.....	141	OMEGA ESSENTIALS/VITAMIND-3	172	ONE DROP BLOOD GLUCOSE TEST STRIPS.....	78
OFFSET CANE/METALLIC BLACK/300LB CAPACITY.....	141	OMEGA POWER.....	172	ONE OUNCE MEDICINE CUPS.....	141
		OMEGA-3.....	172	ONE STEP AT A TIME FILTERS.....	141
		OMEGA-3 + D.....	3		
		OMEGA-3 2100.....	172		
		OMEGA-3 EXTRA STRENGTH +VITAMIN D3.....	3		
		omega-3 fatty acids.....	173		



ONE-A-DAY VITACRAVES		ORALAIR ADULT SAMPLE	
GUMMIES+OMEGA-3		KIT.....	2
DHA.....	168	ORALAIR ADULT STARTER	
ONE-DAY-AT-A-TIME		PACK.....	2
PLANNER/BLISTER		ORENCIA.....	5
CARD/MEDIUM.....	141	ORENCIA CLICKJECT.....	5
ONETOUCH CLUB LANCETS		ORENITRAM.....	50
FINE POINT.....	110	ORFADIN.....	84
ONETOUCH COMBO		ORIGINAL MCKENZIE	
PACK.....	110	CERVICAL ROLL.....	141
ONETOUCH DELICA LANCETS		ORILISSA.....	83
EXTRA FINE 33G.....	110	ORKAMBI.....	183
ONETOUCH DELICA LANCETS		orphenadrine citrate.....	169
FINE 30G.....	110	ORTHO MICRONOR.....	56
ONETOUCH DELICA PLUS		ORTHO TRI-CYCLEN.....	54
LANCETS EXTRA FINE		ORTHO TRI-CYCLEN LO...	54
33G.....	110	ORTHO-CYCLEN.....	54
ONETOUCH DELICA PLUS		ORTHO-NOVUM 1/35.....	55
LANCETS FINE 30G.....	110	ORTHO-NOVUM 7/7/7.....	55
ONETOUCH FINEPOINT		ORTHOVISC.....	169
LANCETS.....	110	oseltamivir phosphate.....	47
ONETOUCH ULTRA 2.....	110	OSENI.....	22
ONETOUCH ULTRA BLUE.....	78	OTEZLA.....	5
ONETOUCH ULTRA MINI.....	110	OTICIN HC NR.....	178
ONETOUCH ULTRALINK		OTREXUP.....	4
SYSTEM (DEC).....	110	OVACE PLUS WASH.....	63
ONETOUCH ULTRALINK		OVACE WASH.....	63
SYSTEM (HEX).....	110	OVAL	
ONETOUCH ULTRASOFT		PESSARY/SUPPORT.....	141
LANCETS.....	110	OVARY.....	81
ONETOUCH VERIO.....	110	OVIDE.....	73
ONETOUCH VERIO FLEX		OVIDREL.....	83
BLOOD GLUCOSE		oxaprozin.....	5
MONITORING SYSTEM.....	110	oxazepam.....	12
ONETOUCH VERIO IQ BLOOD		OXAZEPAM.....	12
GLUCOSE MONITORING		oxcarbazepine.....	17
SYSTEM.....	110	OXERVATE.....	176
ONETOUCH VERIO SYNC		oxiconazole nitrate.....	62
BLOODGLUCOSE		OXISTAT.....	62
MONITORING SYSTEM.....	110	OXTELLAR XR.....	17
ONETOUCH VERIO TEST		oxybutynin chloride.....	187
STRIPS.....	78	oxycodone hcl.....	7
ONEXTON.....	60	OXYCODONE HCL ER.....	7
ONFI.....	16	OXYCODONE	
ONGLYZA.....	22	HYDROCHLORIDE ER.....	8
ONMEL.....	28	oxycodone w/ acetaminophen	8
ONPATTRO.....	183	oxycodone-aspirin.....	8
ONZETRA XSAIL.....	162	OXYCODONE/ACETAMINOPHE	
OPANA ER (CRUSH		N.....	8
RESISTANT).....	7		
OPCON-A.....	176		
OPDIVO.....	36		
OPSUMIT.....	50		
OPTICHAMBER			
ADVANTAGE/LARGE			
MASK.....	159		
OPTICHAMBER			
ADVANTAGE/MEDIUM FACE			
MASK.....	159		
OPTICHAMBER			
ADVANTAGE/SMALL FACE			
MASK.....	159		
OPTICHAMBER			
DIAMOND.....	159		
OPTICHAMBER			
DIAMOND/LARGEFACE			
MASK.....	159		
OPTICHAMBER			
DIAMOND/MEDIUM FACE			
MASK.....	159		
OPTICHAMBER			
DIAMOND/SMALLFACE			
MASK.....	159		
OPTICHAMBER FACE			
MASK/LARGE.....	159		
OPTICHAMBER FACE			
MASK/MEDIUM.....	160		
OPTICHAMBER FACE			
MASK/SMALL.....	160		
OPTIHALER.....	160		
OPTIHALER MDI DRUG			
DELIVERY SYSTEM.....	160		
OPTIONS CONCEPTROL			
VAGINAL			
CONTRACEPTIVE.....	188		
OPTIONS GYNOL II			
VAGINALCONTRACEPTIVE			
.....	188		
OPTIUM BLOOD GLUCOSE			
MONITORING SYSTEM.....	110		
OPTIUM TEST STRIPS.....	78		
OPTIUMEZ TEST STRIPS			
78			
OPTUMRX BLOOD GLUCOSE			
METER.....	111		
OPTUMRX BLOOD GLUCOSE			
MONITORING SYSTEM.....	111		
OPTUMRX BLOOD GLUCOSE			
TEST.....	78		
ORAL DOSE SYRINGE.....	141		
oral electrolytes.....	163		
ORAL ENDOTRACHEAL TUBE			
ATTACHMENT DEVICE.....	141		
ORAL MEDICINE			
DROPPER.....	141		
ORAL RELIEF SPRAY FOR			
DRY MOUTH &			
DISCOMFORT.....	166		
ORAL SYRINGE/BRUSH.....	141		
ORALAIR.....	2		

OXYCODONE/ASPIRIN.....	8	PARNATE.....	19	peg 3350-potassium chloride-sod	
OXYCONTIN.....	8	paroxetine hcl.....	20	bicarbonate-sod chloride.....	93
OXYMORPHONE		paroxetine mesylate		PEGANONE.....	18
HYDROCHLORIDE ER.....	8	(vasomotor).....	183	PEGASYS.....	47
OXYMORPHONE		PARSABIV.....	85	PEGASYS PROCLICK.....	47
HYDROCHLORIDEER.....	8	PATADAY.....	178	PEGINTRON.....	47
OXYTROL.....	187	PATANASE.....	170	PELVIC MUSCLE	
OXYTROL FOR WOMEN..	187	PATANOL.....	178	TRAINER.....	141
oyster shell.....	163	PAXIL.....	20	PEN NEEDLES 31G X	
OZURDEX.....	177	PAXIL CR.....	20	8MM.....	155
PA FISH		PAZEO.....	178	PEN NEEDLES 31GX5/16".....	155
OIL/PHYTOSTEROLSTRIPLE		PC LANCETS SUPER THIN		PEN NEEDLES 31GX8MM.....	155
STRENGTH.....	3	30G.....	111	PEN NEEDLES 31GX8MM	
PA FISH OIL/VITAMIN D-3		PC UNIFINE PENTIPS 31G		(5/16").....	155
TRIPLE STRENGTH.....	174	X8MM SHORT.....	155	PEN NEEDLES-MISC.....	155
PADDLE		PCCA ACCUPEN-15.....	141	PENICILLIN V	
WALKER/FOLDING/5"WHEELS/		PCE.....	95	POTASSIUM.....	179
ADJUSTABLE.....	141	PEARLS IC.....	25	penicillin v potassium.....	179
paliperidone.....	42	ped multivitamins w/fl &		PENLAC NAIL LACQUER..	62
PALYNZIQ.....	84	iron.....	167	PENTIPS 31G X 8MM.....	156
PAMELOR.....	21	PEDAL EXERCISER.....	141	PENTIPS 31GX8MM.....	156
pamidronate disodium.....	82	PEDIALYTE.....	163	pentoxifylline.....	90
PAMIDRONATE DISODIUM.....	83	PEDIALYTE ADVANCED		PEPCID.....	185
PANCREAZE.....	81	CARE.....	163	PEPCID AC.....	185
PANDEL.....	66	PEDIALYTE FREEZER		PEPCID AC MAXIMUM	
pantoprazole sodium...185,186		POPS.....	163	STRENGTH.....	185
PANZYGA.....	179	PEDIALYTE SINGLES...163		PEPTO-BISMOL.....	25
PARADIGM LINK BLOOD		PEDIAPRED.....	57	PEPTO-BISMOL	
GLUCOSE MONITOR.....	111	PEDIATRIC AEROSOL		INSTACOOOL.....	25
PARAFON FORTE DSC...169		MASK.....	160	PEPTO-BISMOL MAX	
PARAGARD INTRAUTERINE		PEDIATRIC		STRENGTH.....	25
COPPER CONTRACEPTIVE		MOUTHPIECE/DISPOSABLE		PEPTO-BISMOL TO-GO...26	
T380A.....	55	pediatric multiple vitamin w/		PERCOCET.....	8
PAREGORIC.....	27	c.....	168	PERCURA.....	80
PARI ALTERA NEBULIZER		pediatric multiple vitamin w/ c &		PERFECT LANCETS 30G...111	
HANDSET.....	160	fa.....	168	PERFECT PRESSURE	
PARI BABY CONVERSION		pediatric multiple vitamin w/		ACTIVATED SAFETY LANCETS	
KITSIZE 1.....	160	minerals & c.....	168	28G.....	111
PARI BABY CONVERSION		pediatric multiple vitamins w/		PERFOROMIST.....	14
KITSIZE 2.....	160	iron.....	167	PERIDEX.....	165
PARI BABY CONVERSION		pediatric multivitamins w/fl		perindopril erbumine.....	32
KITSIZE 3.....	160	chew-assorted brand.....	167	PERJETA.....	36
PARI ERAPID NEBULIZER		pediatric multivitamins w/fl		permethrin.....	73
HANDSET.....	160	chew-assorted generic...167		perphenazine.....	43
PARI EXPIRATORY FILTER		pediatric multivitamins w/fl soln-		PERPHENAZINE/AMITRIPTYLIN	
VALVE SET.....	160	assorted brand.....	167	E.....	181
PARI MASK SET.....	160	pediatric multivitamins w/fl soln-		PERSERIS.....	42
PARI SOFT PLASTIC ADULT		assorted generic.....	167	PERSONAL BLOOD PRESSURE	
MASK.....	160	pediatric vitamins acid w/		SMART CARD.....	141
PARI SOFT PLASTIC		fluoride.....	167	PERTZYE.....	81
PEDIATRIC MASK.....	160	peg 3350-kcl-sod bicarb-sod		PEXEVA.....	20
paricalcitol.....	84	chloride-sod sulfate.....	93		
PARLODEL.....	41				

PFLEX.....	160	PILL SPLITTER.....	142	PLIXDA.....	60
PH 12 STERILE DILUENT		PILLGUARD		PNEUMOVAX 23.....	187
FORFLOLAN.....	180	DISPENSER.....	142	PNEUMOVAX 23/1 DOSE.....	187
PH ACCESSORIES STORAGE		PILLGUARD REFILL		POCKET CHAMBER.....	160
SOLUTION 230ML.....	141	CARTRIDGE.....	142	POCKET MAGNIFIER.....	142
PHARMACIST CHOICE		PILLOW MASK/ADULT.....	160	POCKET PRO+ REPLACEMENT	
ALCOHOLPREP PADS.....	142	PILLOW MASK/CHILD.....	160	SENSOR/TESTER.....	142
PHARMACIST CHOICE		PILLOW		POCKET SPACER.....	160
AUTOCODE BLOOD GLUCOSE		MASK/PEDIATRIC.....	160	POCKETCHEM EZ BLOOD	
MONITORING SYSTEM.....	111	pilocarpine hcl.....	175	GLUCOSE MONITORING	
PHARMACIST CHOICE		pilocarpine hcl (oral).....	166	SYSTEM.....	111
AUTOCODE BLOOD GLUCOSE		pimecrolimus.....	71	POCKETCHEM EZ BLOOD	
TEST STRIPS.....	78	pindolol.....	48	GLUCOSE TEST STRIPS.....	78
PHARMACIST CHOICE MINI		pioglitazone hcl.....	23	podofilox.....	71
BLOOD GLUCOSE		pioglitazone hcl-		POLIVY.....	36
MONITORING SYSTEM.....	111	glimepiride.....	22	POLY-VI-SOL.....	168
PHARMACIST CHOICE NO		pioglitazone hcl-metformin		POLY-VI-SOL/IRON.....	167
CODING BLOOD GLUCOSE		hcl.....	22	POLYCOSE.....	172
TEST STRIPS.....	78	PIP LANCETS/28G.....	111	polyethylene glycol 3350.....	94
PHARMACIST CHOICE ULTRA		PIP LANCETS/30G.....	111	polymyxin b-trimethoprim.....	176
THIN LANCETS.....	111	PIQRAY 200MG DAILY		POLYPROPYLENE	
PHARMACIST CHOICE ULTRA		DOSE.....	39	CAP/LINER.....	142
THIN LANCETS 28G.....	111	PIQRAY 250MG DAILY		polysaccharide iron complex.....	92
PHARMACIST CHOICE ULTRA		DOSE.....	39	POLYTRIM.....	176
THIN LANCETS 30G.....	111	PIQRAY 300MG DAILY		polyvinyl alcohol.....	174
PHARMACIST CHOICE ULTRA		DOSE.....	39	POMALYST.....	37
THIN LANCETS 31G.....	111	piroxicam.....	5	PORTRAZZA.....	36
PHARMACIST CHOICE ULTRA		PISTON ROD 10ML.....	142	POSTURE SEAT.....	142
THIN LANCETS 33G.....	111	PISTON ROD 3ML.....	142	pot phosphate monobasic w/ sod	
PHARMACY COUNTER		PLAN B ONE-STEP.....	56	phosphate dibasic &	
LANCETS.....	111	PLAQUENIL.....	35	monobasic.....	163
phenazopyridine hcl.....	88	PLASTIC BED PAN.....	142	potassium bicarbonate.....	164
phenelzine sulfate.....	19	PLASTIC		potassium chloride.....	164
phenobarbital.....	92	BOTTLES/30ML/TWIST TOP		POTASSIUM CHLORIDE	
phenylephrine hcl (ophth).....	176	SIFTER CAPS.....	142	ER.....	164
phenylephrine hcl (oral).....	171	PLASTIC		potassium chloride	
phenylephrine-dm.....	58	BOTTLES/90ML/TWIST TOP		microencapsulated crystals	
phenylephrine-shark liver oil-		SIFTER CAPS.....	142	er.....	164
cocoa butter.....	10	PLASTIC ENEMA		potassium citrate	
phenylephrine-shark liver oil-		BOTTLE/2OZ/20/410		(alkalinizer).....	88
mineral oil-petrolatum.....	10	OPENING.....	142	potassium citrate-citric acid.....	88
PHENYTEK.....	18	PLASTIC JAR 6OZ.....	142	POTELIGEO.....	36
phenytoin.....	18	PLASTIC LOCKING CASE		POWDER INSUFFLATOR.....	142
phenytoin sodium extended.....	18	CLIPBLACK.....	142	PRADAXA.....	16
PHILLIPS COLON HEALTH.....	26	PLASTIC SCOOP 1ML/4"		PRALUENT.....	31
PHOSLYRA.....	87	HANDLE.....	142	pramipexole dihydrochloride.....	41
PHOTOFRIN.....	40	PLATFORM WALKER		pramoxine hcl (rectal).....	10
phytonadione.....	190	ATTACHMENT.....	142	pramoxine-hc-chloroxylenol	
PIFELTRO.....	45	PLATINUM REACHER		.....	178
PILL BOX 7 DAY.....	142	31".....	142	PRANDIN.....	24
PILL CRUSHER.....	142	PLAVIX.....	90	prasugrel hcl.....	90
PILL CRUSHER/BUILT IN		PLEGRIDY.....	182		
STORAGE.....	142	PLEGRIDY STARTER			
PILL POUCH.....	142	PACK.....	182		

PRAVACHOL.....	31	PRECISION XTRA		PRESTALIA.....	34
pravastatin sodium.....	31	MONITOR.....	111	PREVACID.....	186
prazosin hcl.....	33	PRECOSE.....	21	PREVACID 24HR.....	186
PRECISION CATHETER		PRED FORTE.....	177	PREVACID SOLUTAB.....	186
URINESPECIMEN SYSTEM		PRED MILD.....	177	PREVENT SAFETY PEN	
KIT.....	142	PRED-G.....	177	NEEDLES 31GX5/16".....	156
PRECISION LINK.....	111	PREDATOR.....	71	PREVIDENT 5000 DRY	
PRECISION MIDSTREAM		prednicarbate.....	66	MOUTH.....	165
PRESERVATIVE KIT.....	142	PREDNICARBATE.....	66	PREVIDENT 5000 PLUS.....	165
PRECISION PCX.....	78	prednisolone.....	57	PREVIDENT FLUORIDE.....	165
PRECISION PCX PLUS TEST		PREDNISOLONE.....	57	PREVIDENT RINSE.....	165
STRIPS.....	78	PREDNISOLONE		PREVNAR 13.....	187
PRECISION POINT OF CARE		ACETATE.....	177	PREVYMIS.....	46
TEST STRIPS.....	78	PREDNISOLONE ACETATE P-		PREZCOBIX.....	45
PRECISION QID		F.....	177	PREZISTA.....	45
MONITOR.....	111	prednisolone sodium		PRIALT.....	6
PRECISION QID TEST		phosphate.....	57	PRILOSEC.....	186
STRIPS.....	78	PREDNISOLONE SODIUM		PRILOSEC OTC.....	186
PRECISION SCALE		PHOSPHATE.....	177	primidone.....	17
COMPACT.....	142	PREDNISONONE.....	57	PRINIVIL.....	32
PRECISION SOF-TACT		PREDNISONONE.....	57	PRISTIQ.....	20
MONITOR.....	111	prednisone.....	57	PRIVIGEN.....	179
PRECISION SOF-TACT TEST		PREDNISONONE.....	57	PRO COMFORT ALCOHOL	
STRIPS.....	78	prednisone.....	57	PADS.....	143
PRECISION SPECIMEN		PREDNISONONE INTENSOL.....	57	PRO COMFORT FOOT	
CONTAINER/5OZ.....	142	PREFERRED PLUS LANCETS		BATH.....	143
PRECISION SPECIMEN		COLORED 21G.....	111	PRO COMFORT INHALER	
CONTAINER/POSITIVE SEAL		PREFERRED PLUS LANCETS		SPACER CHAMBER	
INDICATOR.....	142	SUPER THIN 30G.....	111	ADULT.....	160
PRECISION SPECIMEN		PREFERRED PLUS LANCETS		PRO COMFORT INHALER	
CONTAINER/POSITIVE SEAL		THIN 26G.....	111	SPACER CHAMBER	
INDICATOR/118ML.....	142	PREFERRED PLUS UNIFINE		CHILD.....	160
PRECISION SPUTUM		PENTIPS 31G X 8MM		PRO COMFORT LANCETS	
COLLECTOR KIT WITH		SHORT.....	156	30G.....	111
TUBE.....	142	pregabalin.....	17	PRO COMFORT LANCETS	
PRECISION SPUTUM		PREGNYL W/DILUENT		31G.....	111
COLLECTOR KIT/TUBE.....	142	BENZYLALCOHOL/NACL.....	83	PRO COMFORT PEN	
PRECISION STOOL		PREMARIN.....	86,189	NEEDLES/31G X 8MM.....	156
COLLECTOR.....	142	PREMIUM BLOOD GLUCOSE		PRO VOICE V8 BLOOD	
PRECISION THIN		TEST STRIPS.....	78	GLUCOSE MONITORING	
LANCETS.....	111	PREMIUM PILL		SYSTEM.....	112
PRECISION THINS GP		CRUSHER.....	142	PRO VOICE V8/V9 BLOOD	
LANCET.....	111	PREMPHASE.....	85	GLUCOSE TEST STRIPS.....	78
PRECISION TISSUE		PREMPRO.....	85	PRO VOICE V9 BLOOD	
GRINDER.....	142	PRENATAL OMEGA		GLUCOSE MONITORING	
PRECISION TISSUE		BABY.....	174	SYSTEM.....	112
GRINDER/15ML.....	142	prenatal vitamins-assorted		PRO-BIOTIC BLEND.....	26
PRECISION TISSUE		brand.....	168	PRO-FLORA IMMUNE.....	26
GRINDER/50ML.....	142	prenatal vitamins-assorted		PROAIR HFA.....	14
PRECISION ULTRA		generic.....	168	PROAIR RESPICLICK.....	14
LANCET.....	111	PREORBOTIC.....	26	probenecid.....	89
PRECISION URINE		PRESCRIPTION BOTTLE		PROBIOMAX DAILY DF.....	26
SPECIMENSYSTEM WITH		MAGNIFIER.....	142		
PRESERVATIVE.....	142	PRESSURE ACTIVATED			
PRECISION XTRA.....	78	SAFETYLANCET 21G.....	111		
PRECISION XTRA BLOOD					
GLUCOSE TEST STRIPS.....	78				

PROBIOTIC.....	26	PRODIGY PRESSURE		pseudoephedrine hcl.....	171
PROBIOTIC & ACIDOPHILUS		ACTIVATED SAFETY		pseudoephedrine w/ codeine-	
FORMULA EXTRA		LANCETS.....	112	gg.....	58
STRENGTH.....	26	PRODIGY SAFETY		pseudoephedrine-ibuprofen .	58
PROBIOTIC + OMEGA-3 . . .	26	LANCETS.....	112	PSORCON.....	67
PROBIOTIC ACIDOPHILUS	26	PRODIGY TWIST TOP		PSS SELECT GP	
PROBIOTIC ACIDOPHILUS		LANCETS.....	112	LANCETS.....	112
BEADS.....	26	PRODIGY VOICE BLOOD		PSS SELECT SAFETY	
PROBIOTIC ADVANCED		GLUCOSE METER KIT . .	112	LANCETS.....	112
ULTRAPOTENCY.....	26	PROFILNINE.....	89	psyllium.....	93
PROBIOTIC COLON		PROFILNINE SD.....	89	PTS PANELS GLUCOSE	
SUPPORT.....	26	PROFIT PRECISION		TEST.....	78
PROBIOTIC		SCALE.....	143	PTS PANELS KETONE	
COMPLEX/ACIDOPHILUS .	26	progesterone micronized .	180	TEST.....	78
PROBIOTIC DAILY.....	26	PROGRAF.....	165	PULMICORT.....	14
PROBIOTIC DIGESTIVE		PROLASTIN-C.....	183	PULMICORT FLEXHALER .	14
SUPPORT EXTRA		PROLENSA.....	178	PULMONA.....	80
STRENGTH.....	27	PROLEUKIN.....	40	PULMOZYME.....	183
PROBIOTIC MATURE		PROLIA.....	83	PULSE OXIMETER.....	143
ADULT.....	26	PROMACTA.....	91	PULSE OXIMETER	
PROBIOTIC PEARLS.....	26	promethazine &		DELUXE.....	143
PROBIOTIC PEARLS		phenylephrine.....	58	PULSE OXIMETER FOR	
ADVANTAGE.....	26	promethazine hcl.....	30	FINGER.....	143
PROBIOTIC+TURMERIC		promethazine w/codeine . .	58	PUMP IN STYLE ADVANCED	
EXTRACT.....	26	promethazine-phenylephrine-		DOUBLE BREASTPUMP .	143
PROBIOTIC-10.....	26	codeine.....	58	PUMP IN STYLE ADVANCED	
PROBIOTIC-10 ULTIMATE .	26	PROMETHAZINE/PHENYLEP		DOUBLE	
PROBUPHINE IMPLANT KIT .	9	HRINE.....	58	BREASTPUMP/BACKPACK	
PROCARDIA.....	49	PROMETHAZINE/PHENYLEP		.....	143
PROCARDIA XL.....	49	HRINE/CODEINE.....	58	PURIXAN.....	36
PROCARE SPACER CHAMBER		PROMETRIUM.....	180	PUSH BUTTON SAFETY	
W/ADULT MASK.....	160	PRONEB ULTRA FILTER		LANCETS 21G.....	112
PROCARE SPACER CHAMBER		SET.....	160	PUSH BUTTON SAFETY	
W/CHILD MASK.....	160	propafenone hcl.....	13	LANCETS 28G.....	112
PROCENTRA.....	1	propranolol hcl.....	48	PX LANCETS ULTRA	
prochlorperazine.....	43	PROPRANOLOL HCL.....	48	THIN.....	112
prochlorperazine maleate .	43	propranolol hcl.....	48	PX OMEPRAZOLE.....	186
PROCRIT.....	91	PROPRANOLOL/HYDROCHL		PX PEN NEEDLE	
PROCTOCORT.....	10	OROTHIAZIDE.....	34	31GX8MM.....	156
PROCTOFOAM.....	10	propylthiouracil.....	183	PX SHORTLENGTH PEN	
PROCYSBI.....	88	PROS-TECH PLUS.....	81	NEEDLES/31GX8MM.....	156
PRODIGEN.....	26	PROSCAR.....	88	pyrantel pamoate.....	10
PRODIGY AUTOCODE BLOOD		PROSTATE 2.4.....	81	pyrazinamide.....	35
GLUCOSE MONITORING		PROTEOLIN.....	81	pyrethrins-piperonyl butoxide	73
SYSTEM.....	112	PROTONIX.....	186	pyrethrins-piperonyl butoxide-	
PRODIGY AUTOCODE BLOOD		PROTOPIC.....	71	permethrin-nit remover.....	73
GLUCOSE		PROVAD.....	26	PYRIDIDIUM.....	88
MONITORING/TALKING . .	112	PROVENGE.....	37	pyridostigmine bromide . . .	35
PRODIGY NO CODING BLOOD		PROVENTIL HFA.....	14	pyridoxine hcl.....	190
GLUCOSE TEST STRIPS . .	78	PROVERA.....	180	QBRELIS.....	32
PRODIGY POCKET BLOOD		PROZAC.....	20	QC ALCOHOL SWABS . . .	143
GLUCOSE METER KIT . . .	112			QC LANCETS SUPER	
				THIN.....	112

QC LANCETS ULTRA THIN.....	112	QUAD CANE/SMALL LOW BASE/DEVON HANDLE.....	143	RA E-ZJECT LANCETS ULTRATHIN 30G.....	112
QC PEN NEEDLES 31G X 8MM.....	156	QUAD CANE/SMALL LOW BASE/ORTHO GRIP.....	143	RA EXTRA COMFORT NIGHT PROTECTOR ORAL CARE.....	144
QC UNILET LANCETS 28G/ULTRA THIN.....	112	QUARTETTE.....	55	RA FISH OIL.....	174
QC UNILET LANCETS 33G/MICRO THIN.....	112	QUAZEPAM.....	93	RA FOAM EAR PLUGS.....	144
QNASL.....	170	QUDEXY XR.....	17	RA FOLDING SYRINGE.....	144
QNASL CHILDRENS.....	170	QUESTRAN.....	30	RA GLASS DROPPERS.....	144
QUAD CANE TIPS 1/2".....	143	QUESTRAN LIGHT.....	30	RA KRILL OIL.....	3
QUAD CANE TIPS 5/8".....	143	quetiapine fumarate.....	43	RA LICE SOLUTION KIT.....	73
QUAD CANE TIPS/BLACK/5/8".....	143	QUICK-FIT CRUTCHES.....	143	RA MEDICINE DROPPER/SPOON.....	144
QUAD CANE TIPS/GREY/5/8".....	143	QUICKTEK.....	112	RA OMEGA 3-6-9.....	3
QUAD CANE HANDLE/SMALL BASE.....	143	QUICKTEK TEST STRIPS.....	78	RA OMEPRAZOLE.....	186
QUAD CANE HANDLE/LARGE BASE/BRONZE.....	143	QUIET PLEASE FOAM EAR PLUGS.....	143	RA OYSTER SHELL CALCIUM/VITAMIN D.....	163
QUAD CANE HANDLE/LARGE BASE/BRONZE ALUMINUM.....	143	QUILLICHEW ER.....	2	RA PEN NEEDLES 31G X 8MM/5/16".....	156
QUAD CANE HANDLE/LARGE BASE/CUSHIONED HANDLE/5/8".....	143	QUILLIVANT XR.....	2	RA PROBIOTIC COLON CARE.....	26
QUAD CANE HANDLE/LARGE BASE/ORTHO HANDLE/5/8".....	143	quinapril hcl.....	32	RA PROBIOTIC COMPLEX.....	26
QUAD CANE HANDLE/LARGE BASE/SELECTAGRIP HANDLE/5/8".....	143	quinapril-hydrochlorothiazide.....	34	RA PROBIOTIC DIGESTIVE SUPPORT.....	26
QUAD CANE HANDLE/LARGE BASE/SHOVEL HANDLE.....	143	quinidine gluconate.....	12	RA PROBIOTIC MAXIMUM STRENGTH.....	26
QUAD CANE HANDLE/LARGE LOW BASE.....	143	QUINIDINE SULFATE.....	12	RA QUIET PLEASE FOAM EARPLUGS.....	144
QUAD CANE HANDLE/LARGE LOW BASE/DEVON HANDLE.....	143	QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM.....	112	RA RENEWAL DRY SKIN THERAPY.....	70
QUAD CANE HANDLE/ORTHO GRIP.....	143	QUINTET AC BLOOD GLUCOSE TEST STRIPS.....	78	RA RENEWAL HAIR STYLING SHEARS.....	144
QUAD CANE HANDLE/SMALL BASE.....	143	QUINTET BLOOD GLUCOSE MONITORING SYSTEM.....	112	RA REST ASSURED NITE PROTECTOR.....	144
QUAD CANE HANDLE/SMALL BASE/BRONZE.....	143	QUINTET BLOOD GLUCOSE TEST STRIPS.....	78	RA SITZ BATH.....	144
QUAD CANE HANDLE/SMALL BASE/BRONZE/CUSHIONED HANDLE/1/2".....	143	QVAR.....	14	RA TABLET CUTTER.....	144
QUAD CANE HANDLE/SMALL BASE/CUSHIONED HANDLE/1/2".....	143	QVAR REDIHALER.....	14	RA TRIPLE STRENGTH FISH OIL.....	174
QUAD CANE HANDLE/OFFSET HANDLE.....	143	RA ALCOHOL SWABS.....	143	RA TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM.....	112
QUAD CANE HANDLE/ORTHO HANDLE/1/2".....	143	RA BANDAGE SCISSORS.....	143	RA TRUERESULT BLOOD GLUCOSE MONITOR.....	113
QUAD CANE HANDLE/SMALL BASE/SHOVEL HANDLE.....	143	RA BLOOD GLUCOSE MONITOR.....	112	RA TRUETEST STRIPS.....	78
		RA COMFORT-FOAM EAR PLUGS.....	143	rabeprazole sodium.....	186
		RA DAYLOGIC HEALING DRY SKIN THERAPY.....	70	RABEPRAZOLE SODIUM DR SPRINKLE.....	186
		RA DELUXE CUT N CRUSH.....	143	RADIAGUARD ADVANCED.....	70
		RA DRY MOUTH.....	166	RAISED TOILET SEAT.....	144
		RA E-ZJECT COLOR LANCETS.....	112	RAISED TOILET SEAT/LOCK.....	144
		RA E-ZJECT LANCETS 28G.....	112	RAISED TOILET SEAT/LOCK & ARMS.....	144
		RA E-ZJECT LANCETS THIN 26G.....	112	raloxifene hcl.....	84
		RA E-ZJECT LANCETS THIN 28G.....	112	ramelteon.....	93

ramipril.....	32	RELION KETONE TEST STRIPS.....	78	RENAGEL.....	87
ranitidine hcl.....	185	RELION LANCETS MICRO-THIN30G.....	113	REVELA.....	87
RAPAFLO.....	88	RELION LANCETS STANDARD 21G.....	113	repaglinide.....	24
RAPAMUNE.....	165	RELION LANCETS THIN 26G.....	113	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	22
RAPLIXA DELIVERY KIT..	144	RELION LANCETS ULTRA-THIN30G.....	113	REPATHA.....	31
RASUVO.....	4	RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM.....	113	REPATHA SURECLICK.....	32
RAVICTI.....	85	RELION PEN NEEDLES 31GX8MM.....	156	REPEL FAMILY.....	72
RAZADYNE.....	181	RELION PREMIER BLOOD GLUCOSE TEST STRIPS.....	78	REPEL FAMILY DRY.....	72
RAZADYNE ER.....	181	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM.....	113	REPEL HUNTERS FORMULA.....	72
READYLANCE SAFETY LANCETS/30G/1.6MM.....	113	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM.....	113	REPEL SPORTSMEN.....	72
REALITY LANCETS.....	113	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	113	REPEL SPORTSMEN DRY.....	72
REALITY SWABS.....	144	RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM.....	113	REPEL SPORTSMEN MAX.....	72
REALITY TRIGGER LANCETS.....	113	RELION PULSE OXIMETER.....	144	REPLACEMENT AIR FILTER.....	160
REBETOL.....	47	RELION SHORT PEN NEEDLES31GX8MM.....	156	REPLACEMENT FILTERS.....	160
REBIF.....	182	RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM.....	113	REPLACEMENT NECKBAND STRAPS FOR TUBE ATTACHMENT DEVICE.....	144
REBIF REBIDOSE.....	182	RELION ULTIMA BLOOD GLUCOSE TEST STRIPS.....	78	REQUIP.....	41
REBIF REBIDOSE TITRATIONPACK.....	182	RELION ULTIMA TEST STRIPS.....	78	REQUIP XL.....	41
REBIF TITRATION PACK.....	182	RELION ULTRA THIN LANCETS30G.....	113	RESCRIPTOR.....	45
REBINYN.....	89	RELION ULTRA THIN PLUS LANCETS 32G.....	113	RESCULA.....	178
RECLAST.....	83	RELION ULTRA THIN PLUS LANCETS 33G.....	113	RESTA LITE.....	70
RECOMBINATE.....	89	RELAPAX.....	162	RESTORA.....	26
RECOMBIVAX HB.....	188	REMERON.....	19	RESTORIL.....	93
RECONSTITUBE.....	144	REMERON SOLTAB.....	19	RETACRIT.....	91
REFISSA.....	61	REMICADE.....	87	RETIN-A.....	60
REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM.....	144	REMODULIN.....	50	RETIN-A MICRO.....	60
REFLECTIONS C LIGHTWEIGHTOFF SHELF BREAST PROSTHESIS FORM.....	144	REMOVABLE BACK ALUMINUM COMMODE/PADDED ARMRESTS.....	144	RETIN-A MICRO PUMP.....	60
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM.....	113			RETISERT.....	177
REFUAH PLUS BLOOD GLUCOSETEST STRIPS.....	78			RETROVIR.....	45
REGLAN.....	87			RETROVIR IV INFUSION.....	45
RELENZA DISKHALER.....	47			REVATIO.....	50,51
RELION ALCOHOL SWABS.....	144			REVCovi.....	85
RELION BLOOD GLUCOSE TESTSTRIPS.....	78			REVEAL BLOOD GLUCOSE MONITOR.....	113
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM.....	113			REVEAL BLOOD GLUCOSE TEST.....	78
RELION CONFIRM/MICRO TEST STRIPS.....	78			REVLIMID.....	164
RELION KETONE.....	78			REXALL BLOOD GLUCOSE MONITORING SYSTEM.....	113
				REXALL BLOOD GLUCOSE TEST STRIPS.....	78
				REXALL LANCETS ULTRA THIN.....	113
				REXULTI.....	44
				REYATAZ.....	45
				RHEUMATE.....	80

RHOGAM ULTRA-FILTERED PLUS.....	179	RISPERDAL CONSTA.....	42	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	113
RHOPHYLAC.....	179	RISPERDAL M-TAB.....	42	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	113
RIASTAP.....	89	risperidone.....	42	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	114
RIBASPHERE.....	47	RISPERIDONE ODT.....	42	SAFETY LANCET 21G/PRESSURE ACTIVATED.....	114
RIBASPHERE RIBAPAK.....	47	RITALIN.....	2	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	114
ribavirin (hepatitis c).....	47	RITALIN LA.....	2	SAFETY LANCETS.....	114
riboflavin.....	190	RITEFLO.....	160	SAFETY LANCETS 21G.....	114
RIBOZEL.....	80	ritonavir.....	45	SAFETY LANCETS 28G.....	114
RID.....	73	RITUXAN.....	36	SAFETY LET LANCETS.....	114
RID COMPLETE LICE ELIMINATION.....	73	rivastigmine.....	181	SAFETY SEAL LANCETS 28G.....	114
RID ESSENTIAL LICE ELIMINATION KIT.....	73	rivastigmine tartrate.....	181	SAFETY SEAL LANCETS 30G.....	114
RIDVANTAGE LICE COMB.....	144	RIXUBIS.....	89	SAFETY-LOK COLLECTION SET23GX3/4"/12" TUBING.....	144
RIFADIN.....	35	rizatriptan benzoate.....	162	SAFETY-SHIELD TABLET CUTTER.....	144
rifampin.....	35	ROBAXIN.....	169	SAFYRAL.....	55
RIGHTEST GL300 LANCETS.....	113	ROBAXIN-750.....	169	SAIZEN.....	84
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM.....	113	ROBINUL.....	184	SAIZEN CLICK.EASY.....	84
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM.....	113	ROBINUL FORTE.....	184	SAIZENPREP RECONSTITUTIONKIT.....	84
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM.....	113	ROC DEEP WRINKLE SERUM.....	70	SALAGEN.....	166
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS.....	79	ROCALTROL.....	85	salicylic acid.....	71
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS.....	79	ROLLATOR ULTRA-LIGHT.....	144	saline.....	170
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS.....	79	ROLLER WALKER.....	144	SALMON OIL.....	81
RILUTEK.....	171	ROMIDEPSIN.....	39	salsalate.....	6
riluzole.....	171	ropinirole hydrochloride.....	41	SAMI THE SEAL REPLACEMENTFILTERS.....	160
rimantadine hydrochloride.....	47	ROSE MILK.....	70	SAMSCA.....	85
RING CUSHION 14".....	144	rosuvastatin calcium.....	31	SANCUSO.....	28
RING CUSHION 16".....	144	ROUND SHOWER STOOL.....	144	SANDIMMUNE.....	165
RING CUSHION 18".....	144	ROWASA.....	87	SANDOSTATIN.....	85
RING PESSARY.....	144	ROXICODONE.....	8	SANDOSTATIN LAR DEPOT.....	85
RING PESSARY/SUPPORT.....	144	ROZEREM.....	93	SAPHRIS.....	43
RINOFLOW MICRONIZER CHAMBER TUBING.....	144	RUBBER BATH MAT.....	144	SAPS CARE ALCOHOL PREP PADS.....	145
RINOFLOW NASAL SYSTEM.....	144	RUBBER INFLATABLE CUSHION.....	144	SAPS HEALTH CARE ALCOHOLPREP PADS.....	145
RIOMET.....	22	RUBRACA.....	39	SAPS HEALTH CARE TWIST TOP LANCETS.....	114
RISAQUAD.....	26	RUCONEST.....	90	SAPSCARE TWIST TOP LANCETS 30G.....	114
RISAQUAD-2.....	26	RX TIMER CAP 13/16 DRAM TOPS PHARMACY.....	144		
risedronate sodium.....	83	RX TIMER CAP 30/40/60 DRAM TOPS PHARMACY.....	144		
RISPERDAL.....	42	RYCLORA.....	29		
		SABRIL.....	18		
		SAFE-T-LANCE LOW FLOW 25G.....	113		
		SAFE-T-LANCE NORMAL FLOW21G.....	113		



SARAFEM.....	182	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM ARM.....	145	SERUM BOTTLES/AMBER GLASS/20ML/20MM.....	145
SARNA.....	62	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG.....	145	SERUM BOTTLES/AMBER GLASS/30ML/20MM.....	145
SAVAYSA.....	15	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM.....	145	SETTLING PLATE SDA/29ML/100X15MM.....	145
SAVELLA.....	181	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL LEG.....	145	SETTLING PLATE TSA/25ML/100X15MM.....	145
SAVELLA TITRATION PACK.....	181	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM.....	145	sevelamer carbonate.....	87
SAWYER INSECT REPELLENT.....	72	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL LEG.....	145	sevelamer hcl.....	88
SAWYER INSECT REPELLENT CONTROLLED RELEASE.....	72	SEAL-TIGHT MID-ARM PROTECTOR.....	145	SEVELAMER HYDROCHLORIDE.....	88
SB ALCOHOL PREP PADS.....	145	SEALS/ALUMINUM/FLIP OFF/13MM/BLANK TOP.....	145	SEW-IN POCKET APRICOT 3ML.....	146
SB LANCETS THIN.....	114	Seasonal Influenza Vaccine.....	188	SFROWASA.....	87
SB LANCETS ULTRA THIN.....	114	Seasonal Influenza Vaccine- High Dose.....	188	SHAATZ PESSARY.....	146
SB OMEPRAZOLE.....	186	SEASONIQUE.....	55	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN.....	146
SCD SOFT SLEEVES/KNEE LENGTH 21".....	145	SEATING CANE/8-1/2" SEATDIAMETER.....	145	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/CAUCASIAN.....	146
SCD SOFT SLEEVES/THIGH LENGTH MEDIUM.....	145	SEEBRI NEOHALER.....	13	SHOPKO ALCOHOL SWABS.....	146
SCHOOLTIME SHAMPOO.....	73	SEGLUROMET.....	22	SHOPKO ON-THE-GO COMFORTLANCETS 30G.....	114
SCOT-TUSSIN.....	59	selegiline hcl.....	42	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM .....	156
SD PROBIOTIC-10 COMPLEXULTRA.....	26	SELEGILINE HCL.....	42	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31 GX8MM.....	156
SEAL-RITE SILICONE EAR PLUGS.....	145	selenium sulfide.....	63	SHOPKO UNILET LANCETS SUPER THIN 30G.....	114
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT FOOT/ANKLE.....	145	SELSUN BLUE.....	63	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	114
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT HAND.....	145	SELSUN BLUE DAILY.....	63	SHOWER-PAK.....	146
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG ARM.....	145	SELSUN BLUE MEDICATED.....	63	SHUR-SEAL.....	188
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG LEG.....	145	SELSUN BLUE MOISTURIZING.....	63	SIDE BUTTON SAFETY LANCET21G.....	114
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT ARM.....	145	SELZENTRY.....	45	SIDESTREAM ADULT FACE MASK.....	160
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT LEG.....	145	sennosides.....	94	SIDESTREAM PEDIATRIC FACEMASK.....	160
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT ARM.....	145	sennosides-docusate sodium.....	93	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL.....	161
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT LEG.....	145	SENOKOT.....	94	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE.....	161
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM.....	145	SENOKOT S.....	94	SIDESTREAM PLUS ADULT FACE MASK.....	161
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE LEG.....	145	SENSIPAR.....	85		
		SENTRA AM.....	80		
		SENTRA PM.....	80		
		SEREVENT DISKUS.....	14		
		SERNIVO.....	67		
		SEROQUEL.....	43		
		SEROQUEL XR.....	43		
		SEROSTIM.....	84		
		sertraline hcl.....	20		
		SERUM BOTTLE STOPPER 20MM.....	145		
		SERUM BOTTLE/100ML.....	145		
		SERUM BOTTLE/250ML.....	145		

SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP.....	146	SIMPONI ARIA.....	4	SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM... 114	114
SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP.....	146	simvastatin.....	31	SMART SENSE PREMIUM BLOODGLUCOSE STRIPS. 79	79
SIGNIFOR.....	85	SINEMET.....	41	SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	114
SIGNIFOR LAR.....	85	SINEMET CR.....	41	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	114
SIKLOS.....	91	SINGLE HEAD STETHOSCOPE.....	146	SMART SENSE THIN LANCETSUNIVERSAL 26G.....	114
SILALITE PAK.....	67	SINGLE-LET.....	114	SMART SENSE VALUE BLOOD GLUCOSE STRIPS.....	79
SILAZONE PHARMAPAK... 67	67	SINGULAIR.....	13	SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM... 114	114
SILAZONE-II.....	67	sirolimus.....	165	SMARTEST BLOOD GLUCOSE TEST STRIPS.....	79
sildenafil citrate (pulmonary hypertension).....	51	SITAVIG.....	47	SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM.....	114
SILENOR.....	92	SITZ BATH.....	146	SMARTEST EJECT STARTER KIT.....	114
SILICA.....	81	SIVEXTRO.....	11	SMARTEST LANCETS 28G.....	114
SILICONE EAR PLUGS... 146	146	SKELAXIN.....	169	SMARTEST PERSONA STARTERKIT.....	114
SILICONE EAR PLUGS FOR KIDS.....	146	SKIN REPAIR.....	70	SMARTEST PRONTO STARTERKIT.....	114
SILICONE EAR PLUGS KID SIZE.....	146	SKLICE.....	73	SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM.....	115
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT.....	161	SKYLA.....	56	SMARTEST PROTEGE STARTERKIT.....	115
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT.....	161	SLEEPRIGHT DENTAL GUARD.....	146	SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY... 146	146
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC.... 161	161	SLEEPRIGHT DENTAL GUARD DURA- COMFORT.....	146	SODIUM BENZOATE.....	81
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT.....	161	SLEEPRIGHT DENTAL GUARD SLIM- COMFORT.....	146	sodium bicarbonate (antacid).....	10
silodosin.....	88	SLEEPRIGHT INTRA-NASAL BREATHE AID.....	146	sodium chloride (gu irrigant). 88	88
SILPHEN COUGH.....	29	SLEEPRIGHT INTRA-NASAL VAPOR INHALER.....	146	sodium chloride (inhalant)... 59	59
SILVADENE.....	63	SLEEPRIGHT SPORT INTRA- NASAL BREATHE AID... 146	146	sodium citrate & citric acid... 88	88
silver sulfadiazine.....	63	SLO-NIACIN.....	190	sodium fluoride.....	163
SIMBRINZA.....	175	SM ACIDOPHILUS PEARLS.....	26	sodium fluoride (dental)... 165	165
simethicone.....	86	SM ALCOHOL PREP PADS.....	146	SODIUM HYALURONATE. 169	169
SIMPLE WISHES PUMPING BRALARGE-PLUS HANDS- FREE/ADJUSTABLE.....	146	SM FISH OIL.....	174	sodium phenylbutyrate.....	85
SIMPLE WISHES PUMPING BRAXS-L HANDS- FREE/ADJUSTABLE.....	146	SM FOAM EAR PLUGS... 146	146	sodium phosphates.....	94
SIMPLYGO BREAST PUMP/DUAL.....	146	SM GLUCOSE.....	22	sodium polystyrene sulfonate.....	165
SIMPLYGO BREAST PUMP/SINGLE.....	146	SM IPECAC SYRUP.....	27	SODIUM POLYSULTHIONATE/FOLIC ACID.....	80
SIMPLYTHICK.....	180	SM MICRO THIN LANCETS 33G.....	114		
SIMPLYTHICK EASY MIX. 180	180	SM OMEGA-3.....	3		
SIMPLYTHICK EASYMIX.. 180	180	SM OMEGA-3-6-9 FATTY ACIDS.....	3		
SIMPONI.....	4	SM OMEPRAZOLE.....	186		
		SM WALKER/YOUTH/FOLDING/D UAL WHEELS.....	146		
		SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	114		

SODIUM	SPENCO SILICORE FOOT	STERILANCE TL.....	115
SULFACETAMIDE/SULFUR	POSITIONER.....	STERILE DILUENT FOR	
.....	.....	FLOLAN.....	180
60	SPENCO SILICORE	STERILE DILUENT FOR	
SOFOSBUVIR/VELPATASVIR	WHEELCHAIR PAD.....	TREPROSTINIL	
.....	.....	INJECTION.....	180
47	SPINOSAD.....	STETHOSCOPE.....	147
SOFT HANDS COTTON	SPINRAZA.....	STETHOSCOPE DUAL	
GLOVE/EXTRA LARGE.....	.....	HEAD.....	147
146	SPIRIVA HANDIHALER.....	STETHOSCOPE SINGLE	
SOFT HANDS COTTON	.....	HEAD.....	147
GLOVE/LARGE.....	SPIRIVA RESPIMAT.....	STETHOSCOPE-LIGHTWEIGHT	
146	.....	.....	147
SOFT HANDS COTTON	spironolactone.....	STETHOSCOPE-SINGLE	
GLOVE/SMALL-MEDIUM.....	.....	HEAD.....	147
146	spironolactone &	STETHOSCOPE/NURSES	
SOLESTA.....	hydrochlorothiazide.....	BLUE.....	147
164	81	STETHOSCOPE/SPRAGUE	
solifenacin succinate.....	SPLASH SHIELD/FULL	RAPPAPORT STYLE.....	147
187	FACE.....	STIMATE.....	85
SOLQUA 100/33.....	.....	STIOLTO RESPIMAT.....	15
22	146	STIRRING ROD/GLASS	
SOLIRIS.....	SPLASH SHIELD/SHORT	12X1/4".....	147
90	FACE.....	STIVARGA.....	39
SOLUS V2 AUDIBLE BLOOD	147	STOCKING	
GLUCOSE MANAGEMENT	SPLIT HANDGRIPS.....	APPLICATOR/PETITE.....	147
SYSTEM.....	147	STOCKING	
115	SPORANOX.....	APPLICATOR/REGULAR.....	147
SOLUS V2 AUDIBLE TEST.....	28	STOP LICE EGG & NIT	
79	SPORANOX PULSEPAK.....	REMOVAL SYSTEM.....	147
SOLUS V2 PRESSURE	SPORT/BATHING BELT	STRAINER/STAINLESS	
ACTIVATED SAFETY LANCETS	BLACK/WHITE.....	STEELWITH PLASTIC	
28G.....	147	HANDLE/2-1/2".....	147
115	SPRAGUE RAPPAPORT	STRATTERA.....	1
SOLUS V2 TWIST LANCETS	STETHOSCOPE/BLACK.....	STRENSIQ.....	85
30G.....	147	STRIBILD.....	45
115	SPRAGUE RAPPAPORT	STRIVERDI RESPIMAT.....	15
SOMA.....	STETHOSCOPE/NAVY.....	STUDIO 35 EXTRA	
169	147	MOISTURIZING LOTION.....	70
SOMATULINE DEPOT.....	SPRAGUE RAPPAPORT	SUBLOCADE.....	9
85	STETHOSCOPE/PURPLE.....	SUBOXONE.....	9
SOMAVERT.....	14	SUCRAID.....	81
83	7	sucrafate.....	185
SONATA.....	SPRAVATO 56MG DOSE.....	SUCTION GRAB BAR.....	147
93	19	SUCTION TIPS FOR	
SOOTHE & COOL	SPRAVATO 84MG DOSE.....	TRANSFERBENCHES.....	147
MOISTURIZING BODY LOTION	19	SUDAFED CHILDRENS.....	171
WITH ALOE.....	SPRAY APPLICATOR	SUDAFED CONGESTION.....	171
70	KIT.....	SUDAFED NASAL	
SOOTHENE B NBL 100 CHILD	147	DECONGESTANT MAXIMUM	
MASK.....	SPRAY BOTTLE	STRENGTH.....	171
161	120ML/PLASTIC.....	SUDAFED PE CHILDRENS	
SOOTHENE B NBL 100	147	NASAL DECONGESTANT.....	171
MEDICATION CUP.....	SPRITAM.....	SUDAFED PE	
161	17	CONGESTION.....	171
SOOTHENE B NBL 100 MESH	SPRYCEL.....		
CAP.....	39		
161	ST IVES SWISS FORMULA		
SOOTHENE B NBL100 ADULT	24HOUR MOISTURE.....		
MASK.....	70		
161	STANDARD CRUTCH		
SOOTHIES GEL	TIP.....		
PADS/REUSABLE.....	147		
146	stannous fluoride.....		
SORBITOL.....	165		
94	STARLIX.....		
SORILUX.....	24		
63	stavudine.....		
sotalol hcl.....	45		
48	STEEL		
sotalol hcl (afib/afib).....	COMMODE/BEDSIDE/FOLDIN		
48	G/SPLASH GUARD.....		
SOTYLIZE.....	147		
49	STEGLATRO.....		
SOVALDI.....	24		
47	STELARA.....		
SPECTRACEF.....	63		
51	STEP COUNTER.....		
SPENCO SILICORE BED	147		
PAD.....	STEP N' REST II		
146	WALKER.....		
SPENCO SILICORE CHAIR	147		
PAD.....	STEP N' REST WALKER.....		
146	147		
SPENCO SILICORE FOOT	STEP N' REST WALKER/5"		
PILLOWS/ONE SIZE.....	SWIVEL WHEELS/GLIDE		
146	WHEELS.....		
	147		

SULAR.....	49	SUPPOSITORY MOLDS		SUSTIVA.....	46
sulfacetamide sod-		3ML/PEEL-AWAY.....	148	SUTENT.....	39
prednisolone.....	177	SUPPOSITORY SHELL		SW OMEPRAZOLE.....	186
sulfacetamide sodium.....	63	2.0ML.....	148	SWIM EARPLUGS.....	148
sulfacetamide sodium (acne)	60	SUPPOSITORY SHELL		SYLATRON.....	40
sulfacetamide sodium		MEDIUM2.25GM.....	148	SYLVANT.....	165
(ophth).....	176	SUPPOSITORY SHELL		SYMAX DUOTAB.....	184
SULFACETAMIDE		RACK.....	148	SYMBICORT.....	15
SODIUM/PREDNISOLONE		SUPPOSITORY SHELL		SYMDEKO.....	183
SODIUM PHOSPHATE.....	177	SMALL 1.46GM.....	148	SYMFI.....	46
sulfamethoxazole-trimethoprim		SUPPOSITORY SHELLS		SYMFI LO.....	46
.....	11	2.4ML.....	148	SYMJEPI.....	189
sulfasalazine.....	87	SUPPRELIN LA.....	84	SYMLINPEN 120.....	21
SULFZIX.....	80	SUPRAX.....	51,52	SYMLINPEN 60.....	21
sulindac.....	5	SUPREME TEST STRIPS.....	79	SYMPHONY DOUBLE	
sumatriptan.....	162	SURE COMFORT ALCOHOL		PUMPING SYSTEM.....	148
sumatriptan succinate.....	162	PREP PADS.....	148	SYMTUZA.....	46
SUMATRIPTAN		SURE COMFORT LANCETS		SYNAGIS.....	179
SUCCINATE.....	162	28G.....	115	SYNALAR.....	67
sumatriptan succinate.....	162	SURE COMFORT LANCETS		SYNALAR CREAM KIT.....	67
sumatriptan-naproxen		30G.....	115	SYNALAR OINTMENT KIT.....	67
sodium.....	161	SURE COMFORT PEN		SYNALAR TS.....	67
SUMAVEL DOSEPRO.....	162	NEEDLES31GX5/16"		SYNAREL.....	84
SUNBEAM KING COVER.....	147	(8MM).....	156	SYNJARDY.....	22
SUNBEAM STANDARD		SURE EDGE BLOOD		SYNRIBO.....	40
COVER.....	147	GLUCOSE MONITORING		SYNTHROID.....	184
SUPARTZ FX.....	169	SYSTEM.....	115	SYNVISC.....	170
SUPER OMEGA-3.....	3	SURE EDGE BLOOD		SYNVISC ONE.....	170
SUPER PROBIOTIC.....	26	GLUCOSE TEST STRIPS.....	79	SYPRINE.....	164
SUPER PROBIOTIC DIGESTIVE		SURE-FINE PEN NEEDLES		SYRINGE	
SUPPORT.....	26	31GX5/16" 8MM.....	156	ACCESSORIES/LEURTIP CAP	
SUPER THIN LANCETS.....	115	SURE-LANCE FLAT		TRAY.....	148
SUPER TWIN EPA/DHA.....	174	LANCETS.....	115	SYRINGE DIAL-A-DOSE.....	148
SUPPOSISTRIP MOLD		SURE-LANCE LANCETS		SYRINGE TIP-	
1.4GM.....	147	26G.....	115	RECTAL/VAGINAL LUER	
SUPPOSISTRIP MOLD		SURE-LANCE THIN LANCETS		APPLICATOR.....	148
1.9GM.....	147	28G.....	115	SYTRINOL.....	81
SUPPOSITORY MOLD		SURE-LANCE ULTRA THIN		T-SUPPORT MAX.....	80
2GM.....	147	LANCETS.....	115	TABLET	
SUPPOSITORY MOLD 60		SURE-PREP ALCOHOL PREP		CRUSHER/CONTAINER.....	148
CAVITY.....	147	PADS.....	148	TABLET CUTTER.....	148
SUPPOSITORY		SURE-TEST EASYPLUS MINI		TABLET	
MOLD/ALUMINUM2GM/100		BLOOD GLUCOSE TEST		CUTTER/CRUSHER.....	148
CAVITY.....	147	STRIPS.....	79	TABLET CUTTER/DELUXE	
SUPPOSITORY MOLDS		SURE-TEST EASYPLUS MINI		SAFETY.....	148
1.3ML/PEEL-AWAY.....	147	SELF MONITORING BLOOD		TABLET CUTTER/SAFETY	
SUPPOSITORY MOLDS		GLUCOSE METER.....	115	SHIELD.....	148
2.25ML/PEEL-AWAY.....	147	SURE-TOUCH LANCETS		TABLET CUTTER/SAFETY-	
SUPPOSITORY MOLDS 2CC/V-		UNIVERSAL.....	115	SHIELD.....	148
NOTCH.....	147	SURECHEK BLOOD		TABLOID.....	36
SUPPOSITORY MOLDS		GLUCOSE MONITORING			
2GM.....	147	SYSTEM.....	115		
SUPPOSITORY MOLDS		SURECHEK BLOOD			
2ML/PEEL-AWAY.....	147	GLUCOSE MONITORING			
		SYSTEM STARTER KIT.....	115		
		SURECHEK BLOOD			
		GLUCOSE TEST STRIPS.....	79		
		SURELITE LANCETS.....	115		

TACLONEX.....	67	telmisartan.....	32	TGT BLOOD GLUCOSE METER	
tacrolimus.....	165	telmisartan-amlodipine.....	34	MONITORING SYSTEM... 115	
tacrolimus (topical).....	71	telmisartan-hydrochlorothiazide		TGT BLOOD GLUCOSE	
tadalafil (pulmonary		.....	34	MONITORING SYSTEM... 115	
hypertension).....	51	temazepam.....	93	TGT BLOOD GLUCOSE	
TAFINLAR.....	39	TEMODAR.....	35	MONITORING SYSTEM	
TAGAMET HB.....	185	TEMOVATE.....	67	PREMIUM.....	115
TAGRISSE.....	39	temozolomide.....	35	TGT BLOOD GLUCOSE TEST	
TAKEAWAY ENVIRONMENTAL		temsirolimus.....	39	STRIPS.....	79
RETURN SYSTEM.....	148	TENCON.....	6	TGT BLOOD GLUCOSE TEST	
TAKEAWAY ENVIRONMENTAL		tenofovir disoproxil		STRIPS PREMIUM.....	79
RETURN SYSTEM		tenofovir disoproxil		TGT LANCET MICRO THIN	
ENVELOPE.....	148	fumarate.....	46	33G.....	115
TAKHZYRO.....	90	TENORETIC 100.....	34	TGT LANCET THIN 26G... 115	
TALTZ.....	63	TENORETIC 50.....	34	TGT LANCET ULTRA THIN	
TALZENNA.....	39	TENORMIN.....	48	30G.....	115
TAMIFLU.....	47	TEPADINA.....	35	TGT OMEPRAZOLE.....	186
tamoxifen citrate.....	37	TERAZOL 7.....	189	THALOMID.....	164
tamsulosin hcl.....	88	terazosin hcl.....	33	THE DOCTORS NIGHTGUARD	
TANZEUM.....	23	terbinafine hcl.....	28	ADVANCED COMFORT... 148	
TAPAZOLE.....	183	terbinafine hcl (topical).....	62	THE SIDE RESTER CUSHION	
TARCEVA.....	39	terbutaline sulfate.....	15	IMPERMEABLE COVER... 148	
TARGRETIN.....	40,62	TERCONAZOLE.....	189	THE SIDE RESTER CUSHION	
TARKA.....	34	terconazole vaginal.....	189	REGULAR COVER.....	148
TASIGNA.....	39	TESSALON PERLES.....	57	THEO-24.....	15
TAVALISSE.....	90	TESTIM.....	9	theophylline.....	15
TAVIST ALLERGY.....	29	TESTOPEL.....	9	THERA-BAND EXERCISE	
TAXOTERE.....	40	TESTOSTERONE.....	9	BANDS.....	148
TAYTULLA.....	55	testosterone.....	9	THERABETIC SKIN CARE... 70	
tazarotene.....	63	TESTOSTERONE.....	9	THERAMINE.....	80
TAZORAC.....	63	testosterone.....	10	THERAPLEX	
TEARS NATURALE PM... 174		TESTOSTERONE		HYDROLOTION.....	70
TECENTRIQ.....	36	CYPIONATE.....	9	thiamine hcl.....	190
TECFIDERA.....	182	testosterone cypionate.....	9	thiamine mononitrate.....	190
TECFIDERA STARTER		TESTOSTERONE PUMP... 10		THINLETS GP LANCETS... 116	
PACK.....	182	tetrabenazine.....	181	THINLETS LANCET.....	116
TECHLITE AST LANCETS... 115		tetracaine hcl (ophth).....	176	THIOLA.....	88
TECHLITE LANCETS.....	115	tetrahydrozoline hcl		thioridazine hcl.....	43
TECHLITE LANCETS 30G... 115		(ophth).....	176	thiotepa.....	35
TECHLITE PEN NEEDLES/31GX		TEXACORT.....	67	thiothixene.....	44
8MM.....	156	TEXTURE WALL GRAB		THRESHOLD IMT.....	161
TECHNIVIE.....	47	BAR/12".....	148	THROMBATE III.....	90
TEGRETOL.....	17	TEXTURE WALL GRAB		THROMBATE III W/10 ML	
TEGRETOL-XR.....	17	BAR/16".....	148	STERILE WATER.....	90
TEGSEDI.....	183	TEXTURE WALL GRAB		THROMBATE III W/20 ML	
TELCARE BLOOD GLUCOSE		BAR/18".....	148	STERILE WATER.....	90
MONITORING SYSTEM... 115		TEXTURE WALL GRAB		THYMOGLOBULIN.....	165
TELCARE BLOOD GLUCOSE		BAR/24".....	148	THYROGEN.....	73
TEST STRIPS.....	79	TEXTURE WALL GRAB		thyroid.....	184
		BAR/32".....	148	THYROLAR-1.....	184
		TGT ALCOHOL SWABS... 148		THYROLAR-1/2.....	184
				THYROLAR-1/4.....	184

THYROLAR-2.....	184	TOLMETIN SODIUM.....	5	TOPI-CLICK	
THYROLAR-3.....	184	tolnaftate.....	62	APPLICATOR/MICRO/SOFT	
tiagabine hcl.....	18	tolterodine tartrate.....	187	ANGLED/9ML/0.05ML/BLUE	
TIAZAC.....	49	TONGUE		.....	149
TIBSOVO.....	39	CLEANER/COMFORT		TOPI-CLICK MICRO/PIN POINT	
TICASPRAY.....	170	CURVE.....	148	APPLICATOR/BLUE.....	149
TIGLUTIK.....	171	TONGUE DEPRESSORS	148	TOPI-CLICK	
TIKOSYN.....	13	TOOTHETTE BITE		MICRO/ROUNDEDAPPLICATOR	
TIMOLOL MALEATE.....	49	BLOCK.....	148	/BLUE.....	149
timolol maleate.....	49	TOPAMAX.....	17	TOPI-CLICK MICRO/SOFT	
timolol maleate (ophth).....	174	TOPAMAX SPRINKLE.....	17	ANGLED	
TIMOLOL MALEATE		TOPCARE CLICKFINE		APPLICATOR/BLUE.....	149
OPHTHALMIC GEL		UNIVERSAL PEN NEEDLES		TOPI-CLICK NOZZLE.....	149
FORMING.....	174	31GX5/16".....	156	TOPI-CLICK PERL VAGINAL	
TIMOLOL/BRIMONIDE/DORZOL		TOPCARE LANCETS MICRO-		APPLICATOR DOSE	
AMIDE.....	174	THIN 33G.....	116	LOADER/35ML.....	149
TIMOPTIC.....	174	TOPI-CLICK 140/BLACK.....	149	TOPI-CLICK PERL VAGINAL	
TIMOPTIC OCUDOSE.....	174	TOPI-CLICK 140/BLUE.....	149	DOSE APPLICATOR/4ML.....	149
TIMOPTIC-XE.....	174	TOPI-CLICK 140/GOLD.....	149	TOPI-CLICK PERL VAGINAL	
TINACTIN.....	62	TOPI-CLICK 140/GREEN.....	149	DOSING SYSTEM/VAGINAL	
tioconazole vaginal.....	189	TOPI-CLICK 140/PINK.....	149	APPLICATOR 35.....	149
TIP CAPS.....	148	TOPI-CLICK		TOPI-CLICK/35ML/1	
TIP RECTAL/VAGINAL		140/PURPLE.....	149	PORT/BLACK.....	149
W/PERFORATIONS.....	148	TOPI-CLICK 140/RED.....	149	TOPI-CLICK/35ML/1	
TIROSINT.....	184	TOPI-CLICK 140/SILVER.....	149	PORT/BLUE.....	149
TIVICAY.....	46	TOPI-CLICK 140/WHITE.....	149	TOPI-CLICK/35ML/1	
tizanidine hcl.....	169	TOPI-CLICK 35 DOSE		PORT/GOLD.....	149
TL-ICARE.....	80	CHECK.....	149	TOPI-CLICK/35ML/1	
TOBAKIENT.....	80	TOPI-CLICK 35 USP671 UV		PORT/GREEN.....	149
TOBI.....	3	BLOCKING/ORANGE		TOPI-CLICK/35ML/1	
TOBI PODHALER.....	3	BODY/CAP/BASE.....	149	PORT/ORANGE.....	149
TOBRADEX.....	177	TOPI-CLICK 35 USP671 UV		TOPI-CLICK/35ML/1	
tobramycin.....	3	BLOCKING/ORANGE		PORT/PINK.....	149
TOBRAMYCIN.....	3	BODY/WHITE		TOPI-CLICK/35ML/1	
tobramycin (ophth).....	176	CAP/BASE.....	149	PORT/PURPLE.....	149
TOBRAMYCIN SULFATE.....	3	TOPI-CLICK 35 VAGINAL		TOPI-CLICK/35ML/1	
tobramycin sulfate.....	3	APPLICATOR DOSE		PORT/RED.....	149
tobramycin-		LOADER.....	149	TOPI-CLICK/35ML/1	
dexamethasone.....	177	TOPI-CLICK 35 VAGINAL		PORT/SILVER.....	150
TOBREX.....	176	DOSE APPLICATOR.....	149	TOPI-CLICK/35ML/1	
TODAYS HEALTH SHORT PEN		TOPI-CLICK 35 VAGINAL		PORT/WHITE.....	150
NEEDLES 31G X 5/16".....	156	DOSING		TOPI-CLICK/35ML/3	
TODAYS HEALTH SUPER		SYSTEM/APPLICATOR.....	149	PORT/BLACK.....	150
THINLANCETS 30G.....	116	TOPI-CLICK		TOPI-CLICK/35ML/3	
TODAYS HEALTH ULTRA		APPLICATOR/140ML.....	149	PORT/PINK.....	150
THINLANCETS 28G.....	116	TOPI-CLICK		TOPI-CLICK/35ML/3	
TOFRANIL.....	21	APPLICATOR/35ML.....	149	PORT/PURPLE.....	150
TOILET SAFETY FRAME.....	148	TOPI-CLICK		TOPI-CLICK/35ML/3	
TOILET SEAT ELEVATOR.....	148	APPLICATOR/MICRO/PIN		PORT/RED.....	150
		POINT/9ML/0.05ML/BLUE		TOPI-CLICK/35ML/3	
		.....	149	PORT/GOLD.....	150
		TOPI-CLICK		TOPI-CLICK/35ML/3	
		APPLICATOR/MICRO/ROUND		PORT/GREEN.....	150
		ED/9ML/0.05ML/BLUE.....	149	TOPI-CLICK/35ML/3	
				PORT/PINK.....	150
				TOPI-CLICK/35ML/3	
				PORT/PURPLE.....	150
				TOPI-CLICK/35ML/3	
				PORT/RED.....	150
				TOPI-CLICK/35ML/3	
				PORT/SILVER.....	150
				TOPI-CLICK/35ML/3	
				PORT/WHITE.....	150

TOPICORT .....	67	TRANSFER PIN .....	150	trifluridine .....	176
topiramate .....	18	TRANSPORT CHAIR ULTRA		TRIGGER RELEASE JUNIOR	
TOPIRAMATE ER .....	18	LIGHT .....	150	WALKER/WHEELS .....	150
TOPOTECAN HCL .....	41	TRANXENE T .....	12	TRIGLIDE .....	31
topotecan hcl .....	41	tranylcypramine sulfate .....	19	trihexyphenidyl hcl .....	41
TOPROL XL .....	48	TRAVATAN Z .....	178	TRILEPTAL .....	18
toremifene citrate .....	37	TRAVEL BOTTLES .....	150	trimethoprim .....	11
TORISEL .....	39	TRAVEL LANCETS 30G .....	116	TRINTELLIX .....	20
torsemide .....	82	TRAVEL LANCETS		TRIPLE OMEGA COMPLEX .....	3
TOTAL COMFORT		ADVANCED 28G .....	116	TRIPLE OMEGA-3-6-9 .....	3
WHEELCHAIRBACK		TRAVEL POUCH .....	150	TRISENOX .....	40
CUSHION .....	150	trazodone hcl .....	20	TRIUMEQ .....	46
TOTAL COMFORT		TREANDA .....	35	TRIVISC .....	170
WHEELCHAIRSEAT		TRECATOR .....	35	TRIZIVIR .....	46
CUSHION .....	150	TRELEGY ELLIPTA .....	15	TROCHE MOLD 30	
TOTECT .....	40	TRELSTAR MIXJECT .....	37	CAVITY .....	150
TOUJEO MAX SOLOSTAR .....	24	TREMFYA .....	63	TROKENDI XR .....	18
TOUJEO SOLOSTAR .....	24	TREPADONE .....	80	tropicamide .....	175
TOVIAZ .....	187	treprostinil .....	50	tropium chloride .....	187
TRACHO-FOAM DISCS EXTRA-		TRESIBA .....	24	TRU FIT MAGNETIX	
LARGE 0.125" X 1" I.D. X 3.5"		TRESIBA FLEXTOUCH .....	24	ANKLE/2SMALL DISKS .....	150
O.D. ....	150	tretinoin .....	60,61	TRU FIT MAGNETIX BACK .....	150
TRACHO-FOAM DISCS LARGE		tretinoin (chemotherapy) .....	40	TRU FIT MAGNETIX	
0.125"X1" I.D.X2.62"O.D. ...	150	TRETINOIN EMOLLIENT .....	61	ELBOW/2SMALL DISKS .....	150
TRACHO-FOAM DISCS		tretinoin microsphere .....	61	TRU FIT MAGNETIX OPEN	
STANDARD 0.125" X 1" I.D. X		TRETTEN .....	89	KNEE/2 LARGE DISKS .....	150
2.25" O.D. ....	150	TREXALL .....	36	TRU FIT MAGNETIX SELF-	
TRACLEER .....	50	TREXIMET .....	161	ADHESIVE MAGNETS .....	150
TRACTION FLOOR		TRI-GRIP BATHTUB		TRU FIT MAGNETIX	
STAND/ECONOMY		RAIL .....	150	WRIST/2SMALL DISKS .....	150
MODEL .....	150	TRI-NORINYL 28 .....	55	TRUBIOTICS .....	26
TRACTION HEAD HALTER		TRI-VIT/FLUORIDE/IRON		TRUE COMFORT ALCOHOL	
ROPE10' .....	150	.....	167	PREP PADS .....	150
TRACTION PELVIC BELT .....	150	triamcinolone acetonide		TRUE COMFORT TWIST TOP	
TRACTION WEIGHT		(mouth) .....	165	LANCETS 30G .....	116
BAG/20LB .....	150	triamcinolone acetonide		TRUE FOCUS BLOOD	
TRADJENTA .....	22	(nasal) .....	170	GLUCOSESELF MONITORING	
TRAINER FOR		triamcinolone acetonide		METER .....	116
EPINEPHRINE .....	150	(topical) .....	67	TRUE FOCUS SELF	
tramadol hcl .....	8	triamcinolone acetonide-		MONITORING BLOOD	
TRAMADOL HCL ER .....	8	dimethicone-silicone .....	67	GLUCOSE TEST STRIPS .....	79
tramadol-acetaminophen .....	8	triamterene &		TRUE METRIX .....	116
trandolapril .....	32	hydrochlorothiazide .....	81	TRUE METRIX AIR BLOOD	
trandolapril-verapamil hcl .....	34	TRIANEX .....	67	GLUCOSE	
TRANDOLAPRIL/VERAPAMIL		triazolam .....	93	METER/BLUETOOTH .....	116
HCL ER .....	34	TRIBENZOR .....	34	TRUE METRIX AIR BLOOD	
tranexamic acid .....	92	TRIDESILON .....	67	GLUCOSE	
TRANSFER BENCH .....	150	trientine hcl .....	164	METER/BLUETOOTH	
TRANSFER BENCH		trifluoperazine hcl .....	43	SMART .....	116
W/BACK .....	150	TRIFLURIDINE .....	176	TRUE METRIX AIR	
TRANSFER BOARD/28"X8-				W/BLUETOOTH SMART .....	116
1/4" .....	150			TRUE METRIX BLOOD	
				GLUCOSEMETER .....	116

TRUE METRIX BLOOD		TWIN MEDICINE		ULTRA STRENGTH OMEGA-3	
GLUCOSETEST STRIPS	79	SPOON	150	+VITAMIN D3	174
TRUE METRIX CONTROL		TWYNSTA	34	ULTRA THIN LANCETS	
SOLUTION LEVEL 1	116	TYBOST	46	31G	117
TRUE METRIX CONTROL		TYKERB	39	ULTRA TRAK PRO BLOOD	
SOLUTION LEVEL 2	116	TYLENOL	6	GLUCOSE MONITORING	
TRUE METRIX CONTROL		TYLENOL CHILDRENS	6	SYSTEM	117
SOLUTION LEVEL 3	116	TYLENOL CHILDRENS		ULTRA-CARE ALCOHOL PREP	
TRUE METRIX GO BLOOD		CHEWABLES/PAIN +		PADS	151
GLUCOSE METER	116	FEVER	6	ULTRA-CARE LANCETS	
TRUE METRIX SELF		TYLENOL EXTRA		30G	117
MONITORING BLOOD		STRENGTH	6	ULTRA-THIN II AUTO	
GLUCOSE STRIPS	79	TYLENOL INFANTS	6	LANCET	117
TRUEPLUS 5-BEVEL PEN		TYLENOL INFANTS		ULTRA-THIN II LANCETS	
NEEDLES 31GX8MM	156	PAIN+FEVER	6	28G	117
TRUEPLUS LANCETS		TYLENOL/CODEINE #3	8	ULTRA-THIN II LANCETS	
26G	116	TYLENOL/CODEINE #4	8	30G	117
TRUEPLUS LANCETS		TYSABRI	182	ULTRA-THIN II PEN	
28G	116	TYVASO	50	NEEDLES/SHORT/31GX5/16"	156
TRUEPLUS LANCETS 28G		TYVASO REFILL	50	ULTRA-THIN II SAFETY	
SUPER THIN	116	TYVASO STARTER	50	AUTOLANCETS 26G	117
TRUEPLUS LANCETS		TYVEK PROTECTIVE		ULTRACARE PEN	
30G	116	SLEEVES/DISPOSABLE	151	NEEDLES/31G X 5/16"	156
TRUEPLUS LANCETS 30G		UCERIS	10,57	ULTRACET	8
ULTRA THIN	116	UDENYCA	91	ULTRAFLOA IMMUNE	
TRUEPLUS LANCETS		ULESFIA	73	HEALTH	26
33G	116	ULTICARE ALCOHOL		ULTRAM	8
TRUEPLUS LANCETS 33G		SWABS	151	ULTRATHON INSECT	
MICRO THIN	116	ULTICARE MICRO PEN		REPELLENT	72
TRUEPLUS PEN NEEDLES		NEEDLES 31G X 8MM	156	ULTRATHON INSECT	
31GX8MM	156	ULTICARE MICRO PEN		REPELLENT 8	72
TRUEPLUS SAFETY LANCETS		NEEDLES/31G X 5/16"	156	ULTRATRAK ACTIVE	117
28G	116	ULTICARE SHORT PEN		ULTRATRAK PRO	117
TRUERESULT BLOOD		NEEDLES 31GX8MM	156	ULTRATRAK PRO TEST	
GLUCOSEMONITORING		ULTICARE SHORT PEN		STRIPS	80
SYSTEM/NO CODING	116	NEEDLES ULTI-FINE IV	156	ULTRATRAK ULTIMATE	
TRUETEST STRIPS	79	ULTICARE SHORT PEN		MONITOR	117
TRUETRACK BLOOD		NEEDLES/31G X 8MM	156	ULTRATRAK ULTIMATE TEST	
GLUCOSE MONITORING		ULTILET CLASSIC		STRIPS	80
SYSTEM	116	LANCETS	117	ULTRAVATE	67
TRUETRACK BLOOD		ULTILET LANCETS	117	ULTRAVATE X	67
GLUCOSE TEST	79	ULTILET LANCETS 33G	117	UNGUATOR	
TRUETRACK SMART		ULTILET SAFETY LANCETS		100/200/57MM/DISPOSABLE	
SYSTEM	117	23G	117	BLADES	151
TRUETRACK TEST	79	ULTILET SHORT PEN		UNGUATOR	
TRULICITY	23	NEEDLES 31GX5/16"	156	15/20/30/36MM/DISPOSABLE	
TRUMENBA	187	ULTIMA	117	BLADES	151
TRUNATURE DIGESTIVE		ULTIMA TEST STRIPS	79	UNGUATOR	
PROBIOTIC	26	ULTOMIRIS	90	50/43MM/DISPOSABLE	
TRUSOPT	178	ULTRA OMEGA-3 FISH OIL		BLADES	151
TRUVADA	46	BURP-LESS	174	UNGUATOR ACCESSORIES	
TUB TRANSFER BOARD	150	ULTRA PILL CRUSHER	151	EXACTDOSE 0.5ML	151
TUBING/WING TIP	161			UNGUATOR APPLICATOR	
TUDORZA PRESSAIR	13			1"/SHORT/CAP	151
TUMS	10			UNGUATOR APPLICATOR	
TUMS LASTING EFFECTS	10			2.5"/LONG	151



UNGUATOR JAR 100/140 BLUELID.....	151	UNGUATOR JAR FOR AIRDYNAMIK 300/390....	151	UNISTIK TOUCH SAFETY LANCETS 30G.....	118
UNGUATOR JAR 100/140 REDLID.....	151	UNGUATOR JAR FOR AIRDYNAMIK 500/600 WHITE.....	151	UNISTRIP1 GENERIC.....	80
UNGUATOR JAR 15/20 BLUE LID.....	151	UNGUATOR JAR W/SPINDLE 300/390.....	152	UNITUXIN.....	36
UNGUATOR JAR 15/20 GREENLID.....	151	UNGUATOR JAR W/SPINDLE 500/600.....	152	UNIVERSAL 1 LANCETS THIN26G.....	118
UNGUATOR JAR 15/20 RED LID.....	151	UNGUATOR LID 1000ML	152	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	118
UNGUATOR JAR 15/28 BLUE LID.....	151	UNGUATOR LID 500ML	152	UNIVERSAL 1 LANCETS/33G/MICRO-THIN .....	118
UNGUATOR JAR 20/33 BLUE.....	151	UNGUATOR VARIONOZZLE 1MM.....	152	UNIVERSAL SLEEVE COVERS.....	152
UNGUATOR JAR 20/33 RED LID.....	151	UNGUATOR VARIONOZZLE 4MM.....	152	UNIVERSAL TIPS/1".....	152
UNGUATOR JAR 20/33 WHITE/BLUE LID.....	151	UNIFINE PENTIPS 31GX8MM.....	156	UNIVERSAL WALKER ORGANIZER.....	152
UNGUATOR JAR 200/280 BLUELID.....	151	UNIFINE PENTIPS PLUS 31GX8MM.....	156	UPSPRING BABY VITAMIN D + BRAIN.....	174
UNGUATOR JAR 200/280 GREEN LID.....	151	UNILET COMFORTOUCH LANCET.....	117	UPTRAVI.....	51
UNGUATOR JAR 200/280 REDLID.....	151	UNILET EXCELITE.....	117	urea.....	67
UNGUATOR JAR 200/280 WHITE.....	151	UNILET EXCELITE II.....	117	URECHOLINE.....	187
UNGUATOR JAR 30/42 BLUE LID.....	151	UNILET G.P. LANCET.....	117	UROCIT-K 10.....	88
UNGUATOR JAR 30/42 BLUE/BLUE LID.....	151	UNILET G.P. SUPERLITE LANCET.....	117	UROCIT-K 5.....	88
UNGUATOR JAR 30/42 GREENLID.....	151	UNILET GP 28 ULTRA THIN.....	117	UROXATRAL.....	88
UNGUATOR JAR 30/42 RED LID.....	151	UNILET LANCET.....	117	URSO 250.....	86
UNGUATOR JAR 30/42 TURQUOISE/TURQUOISE LID.....	151	UNILET LANCETS MICRO- THIN33G.....	117	ursodiol.....	86,87
UNGUATOR JAR 30/42 WHITELID.....	151	UNILET LANCETS SUPER- THIN30G.....	117	UTIBRON NEOHALER.....	15
UNGUATOR JAR 30/42 YELLOW.....	151	UNILET LANCETS ULTRA- THIN 28G.....	117	VAGIFEM.....	189
UNGUATOR JAR 50/70 BLUE LID.....	151	UNILET SUPERLITE LANCET.....	117	VAGINAL CREAM APPLICATOR.....	152
UNGUATOR JAR 50/70 BLUE/BLUE LID.....	151	UNISOM SLEEPGELS.....	92	VAGINAL SUPPOSITORY APPLICATOR.....	152
UNGUATOR JAR 50/70 GREENLID.....	151	UNISOM SLEEPTABS.....	92	valacyclovir hcl.....	47
UNGUATOR JAR 50/70 PINK/PINK LID.....	151	UNISTIK 3 GENTLE.....	117	VALCYTE.....	46
UNGUATOR JAR 50/70 RED LID.....	151	UNISTIK PRO SAFETY LANCET 21G.....	117	valganciclovir hcl.....	46
UNGUATOR JAR 50/70 TURQUOISE.....	151	UNISTIK PRO SAFETY LANCET 25G.....	117	VALIUM.....	12
UNGUATOR JAR 50/70 WHITELID.....	151	UNISTIK PRO SAFETY LANCET 28G.....	118	valproate sodium.....	19
UNGUATOR JAR 50/70 YELLOW.....	151	UNISTIK PRO SAFETY LANCET 28G.....	118	valproic acid.....	19
UNGUATOR JAR FOR AIRDYNAMIK 1000/1250....	151	UNISTIK SAFETY LANCETS 28G.....	118	valrubicin.....	38
		UNISTIK SAFETY LANCETS 30G.....	118	valsartan.....	32
		UNISTIK TOUCH SAFETY LANCETS 21G.....	118	valsartan-hydrochlorothiazide .....	34
		UNISTIK TOUCH SAFETY LANCETS 23G.....	118	VALSTAR.....	38
		UNISTIK TOUCH SAFETY LANCETS 28G.....	118	VALTRESX.....	47
				VALUE PLUS LANCETS STANDARD 21G.....	118
				VALUE PLUS LANCETS SUPERTHIN 30G.....	118
				VALUE PLUS LANCETS THIN 26G.....	118
				VALUMARK LANCET SUPER THIN 30G.....	118

VALUMARK LANCET ULTRA THIN 28G.....	118	VERAPAMIL HCL SR.....	50	VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	118
VALUMARK PEN NEEDLES 31GX 8MM.....	156	VERASENS BLOOD GLUCOSE MONITORING SYSTEM.....	118	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM.....	156
VALVED HOLDING CHAMBER.....	161	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT.....	118	VIDAZA.....	36
VANOCIN.....	11	VERDESO.....	67	VIDEX EC.....	46
VANOCIN HCL.....	11	VERELAN.....	50	VIDEXPEDIATRIC.....	46
vancomycin hcl.....	11	VERELAN PM.....	50	VIEKIRA PAK.....	47
VANICREAM LITE.....	70	VERIPRED 20.....	57	VIEKIRA XR.....	47
VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12".....	152	VERSACLOZ.....	43	vigabatrin.....	18
VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12".....	152	VERSAJET EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM.....	152	VIGAMOX.....	176
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12".....	152	VERSAJET EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM.....	152	VIIBRYD.....	20
VANISHPOINT BLOOD COLLECTION TUBE HOLDER.....	152	VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM.....	152	VIIBRYD STARTER PACK.....	20
VANOS.....	67	VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM.....	152	VIMIZIM.....	85
VANTAS.....	37	VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM.....	152	VIMOVO.....	5
VAQTA.....	188	VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 8MM.....	152	VIMPAT.....	18
VARITHENA ADMINISTRATIONPACK.....	152	VERSAJET PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM.....	152	vincristine sulfate.....	40
VARUBI.....	28	VERSAJET PLUS HYDROSURGERY SYSTEM HANDPIECE 8MM.....	152	VINCRISTINE SULFATE.....	40
VASCEPA.....	30	VESICARE.....	187	VINYL INFLATABLE CUSHION.....	152
VASERETIC.....	34	VIActiv DIGESTIVE HEALTH.....	27	VINYL PADDED BATHTUB TRANSFER BENCH/COMMODE SEAT/PAIL.....	152
VASOTEC.....	32	VIAL ACCESSORIES/INHALATION WORK STATION/50 HOLES.....	152	VIOKACE.....	81
VAYARIN PLUS.....	80	VIAL/2ML/SCREW TOP.....	152	VIRACEPT.....	46
VAYAROL.....	80	VIBE 6.....	152	VIRAGE CUSTOM BREAST PROSTHESIS EXTRA WEIGHTED THICKNESS.....	152
VCF VAGINAL CONTRACEPTIVE FILM.....	188	VIBRAMYCIN.....	183	VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS.....	152
VECAMYL.....	34	VIBRATING FOOT BATH/HEAT.....	152	VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS/MAGNET.....	153
VECTIBIX.....	36	VICTORY AGM-4000 TEST STRIPS.....	80	VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS.....	153
VECTICAL.....	63	VICTORY BLOOD GLUCOSE MONITORING SYSTEM.....	118	VIRAMUNE.....	46
VELCADE.....	39	VICTOZA.....	23	VIRAMUNE XR.....	46
VELETRI.....	50	VIDA MIA UNILET LANCETS SUPER THIN 30G.....	118	VIREAD.....	46
VELPHORO.....	88			VIROPTIC.....	176
VELTIN.....	61			VISBIOME PROBIOTIC HIGH POTENCY.....	26
VEMLIDY.....	47			VISCO-3.....	170
VENCLEXTA.....	37			VISINE.....	176
VENCLEXTA STARTING PACK.....	37			VISTARIL.....	12
venlafaxine hcl.....	20,21			VISTOGARD.....	27
VENTAVIS.....	50			VISUDYNE.....	176
VENTOLIN HFA.....	15				
verapamil hcl.....	50				
VERAPAMIL HCL ER.....	50				

VITALET PRO LANCETS..	118	WALGREENS ULTRA THIN LANCETS.....	119	WATERPROOF POWER PACK/BLUE.....	153
VITALET PRO PLUS LANCETS.....	118	WALKER AUTO GLIDES/5 ADJUSTMENT HOLES/1-1/8".....	153	WATERPROOF SHEETING/36" X54".....	153
vitamin e.....	190	WALKER AUTO GLIDES/8 ADJUSTMENT HOLES/1-1/8".....	153	WATERPROOF SHEETING/36" X66".....	153
VITAMIN E.....	190	WALKER BASKET.....	153	WAVESENSE AMP.....	119
vitamins w/ lipotropics.....	168	WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8".....	153	WAVESENSE KEYNOTE.....	119
VITRAKVI.....	39	WALKER GLIDE WHEELS/8 ADJUSTMENT HOLES/1-1/8".....	153	WAVESENSE KEYNOTE PRO METER.....	119
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS.....	80	WALKER SKI GLIDES/1".....	153	WAVESENSE PRESTO TEST STRIPS.....	80
VIVAGUARD LANCETS.....	118	WALKER SKI GLIDES/1-1/8".....	153	WEBCOL ALCOHOL PREP LARGE 1 PLY.....	153
VIVELLE-DOT.....	86	WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/3".....	153	WEBCOL ALCOHOL PREP LARGE 2 PLY.....	153
VIVITROL.....	27	WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/5".....	153	WEBCOL ALCOHOL PREP MEDIUM 2 PLY.....	153
VIVLODEX.....	5	WALKER TALL EXTENSION LEGS.....	153	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM.....	157
VIZIMPRO.....	39	WALKER TIPS/1-1/8".....	153	WEIGH BOAT/PLASTIC/ANTI-STATIC.....	153
VOCAL POINT BLOOD GLUCOSE MONITORING SYSTEM.....	118	WALKER TIPS/BLACK/1-1/8".....	153	WELLBUTRIN SR.....	19
VOCAL POINT BLOOD GLUCOSE TEST STRIPS.....	80	WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/3".....	153	WELLBUTRIN XL.....	19
VOGELXO.....	10	WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/5".....	153	WESTCORT.....	67
VOGELXO PUMP.....	10	WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3".....	153	WESTHROID.....	184
VOLTAREN.....	61	WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5".....	153	WET-STOP 3.....	153
VONVENDI.....	89	WALKER/ADULT/FOLDING.....	153	WHEEL CHAIR K1 BASIC DESKARM.....	154
VORAXAZE.....	40	WALKER/EXTENDED FRAME.....	153	WHEELCHAIR.....	154
VORTEX VALVED HOLDING CHAMBER.....	161	WALKER/FOLDING HEMI.....	153	WHEELCHAIR CUSHION.....	154
VOSPIRE ER.....	15	WALKER/TWO-BUTTON FOLDING/32"-39"/NO WHEELS.....	153	WHEELCHAIR INVALID RING.....	154
VOTRIENT.....	39	WALKER/TWO-BUTTON FOLDING/TITANIUM.....	153	white petrolatum-mineral oil.....	174
VPRIV.....	90	WALKER/YOUTH/FOLDING.....	153	WHITE WALL GRAB BAR/12".....	154
VRAYLAR.....	42	warfarin sodium.....	15	WHITE WALL GRAB BAR/16".....	154
VSL#3.....	26	WASH GLOVES PRE-MOISTENED.....	153	WHITE WALL GRAB BAR/18".....	154
VYDAQEL.....	51	WATCHHALER.....	161	WHITE WALL GRAB BAR/24".....	154
VYTORIN.....	30			WIBI.....	71
VYVANSE.....	1			WILATE.....	90
W&F LANCETS 26G.....	118			WINDMILL TRAINER.....	161
W&F LANCETS COLORED 21G.....	118			WINRHO SDF.....	179
WAIST BELT BLACK.....	153			WOODEN CANE/ROUND HANDLE/7/8".....	154
WAIST BELT WHITE.....	153			WOODEN CANE/WALNUT FINISH/PISTOL GRIP/DERBY HANDLE/7/8".....	154
WALGREENS ADVANCED TRAVELLANCETS 28G.....	118			WOODEN CANE/WALNUT FINISH/ROUND HANDLE/7/8".....	154
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G.....	118			WORK BELT.....	154
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G.....	118				
WALGREENS GLUCOSE.....	22				
WALGREENS LANCETS.....	118				
WALGREENS THIN LANCETS.....	118				

WP THYROID.....	184	ZALTRAP.....	36	ZOCOR.....	31
WRIST BRACE.....	154	ZANAFLEX.....	169	ZOFRAN.....	28
WRIST SLEEP SUPPORT.....	154	ZANTAC.....	185	ZOFRAN ODT.....	28
XALATAN.....	178	ZANTAC 150 MAXIMUM STRENGTH.....	185	ZOHYDRO ER.....	8
XALKORI.....	39	ZANTAC 75.....	185	ZOLADEX.....	37
XANAX.....	12	ZARONTIN.....	18	zoledronic acid.....	83
XANAX XR.....	12	ZARXIO.....	91	ZOLEDRONIC ACID.....	83
XARELTO.....	15	ZAVESCA.....	90	zoledronic acid.....	83
XARELTO STARTER PACK.....	15	ZAVITROL.....	80	ZOLGENSMA 10.1-10.5 KG.....	171
XELJANZ.....	4	ZEGERID.....	186	ZOLGENSMA 10.6-11.0 KG.....	171
XELJANZ XR.....	4	ZEGERID OTC.....	186	ZOLGENSMA 11.1-11.5 KG.....	171
XELODA.....	36	ZELAC.....	26	ZOLGENSMA 11.6-12.0 KG.....	171
XENAZINE.....	181	ZELBORAF.....	39	ZOLGENSMA 12.1-12.5 KG.....	171
XEOMIN.....	171	ZEMAIRA.....	183	ZOLGENSMA 12.6-13.0 KG.....	171
XERESE.....	63	ZEMBRACE SYMTOUCH.....	162	ZOLGENSMA 13.1-13.5 KG.....	171
XEROSTOMIA RELIEF SPRAY.....	166	ZEMPLAR.....	85	ZOLGENSMA 2.6-3.0 KG.....	171
XGEVA.....	83	ZENPEP.....	81	ZOLGENSMA 3.1-3.5 KG.....	171
XIAFLEX.....	164	ZENZEDI.....	1	ZOLGENSMA 3.6-4.0 KG.....	171
XIGDUO XR.....	22	ZEPATIER.....	47	ZOLGENSMA 4.1-4.5 KG.....	171
XOFLUZA.....	47	ZERIT.....	46	ZOLGENSMA 4.6-5.0 KG.....	171
XOLAIR.....	13	ZESTORETIC.....	34	ZOLGENSMA 5.1-5.5 KG.....	171
XOPENEX.....	15	ZESTRIL.....	32	ZOLGENSMA 5.6-6.0 KG.....	171
XOPENEX CONCENTRATE.....	15	ZETIA.....	31	ZOLGENSMA 6.1-6.5 KG.....	172
XOPENEX HFA.....	15	ZETONNA.....	171	ZOLGENSMA 6.6-7.0 KG.....	172
XOSPATA.....	39	ZEVALIN Y-90.....	37	ZOLGENSMA 7.1-7.5 KG.....	172
XTAMPZA ER.....	8	ZEWA ELECTRODES.....	154	ZOLGENSMA 7.6-8.0 KG.....	172
XTANDI.....	37	ZIAC.....	34	ZOLGENSMA 8.1-8.5 KG.....	172
XULANE.....	55	ZIAGEN.....	46	ZOLGENSMA 8.6-9.0 KG.....	172
XULTOPHY 100/3.6.....	22	ZIANA.....	61	ZOLGENSMA 9.1-9.5 KG.....	172
XYNTHA.....	90	zidovudine.....	46	ZOLGENSMA 9.6-10.0 KG.....	172
XYNTHA SOLOFUSE.....	90	zileuton.....	13	ZOLINZA.....	39
XYREM.....	181	ZILRETTA.....	57	zolmitriptan.....	162
XYZAL ALLERGY 24HR CHILDRENS.....	30	ZINBRYTA.....	182	ZOLOFT.....	20
YASMIN 28.....	55	zinc oxide (topical).....	72	zolpidem tartrate.....	93
YAZ.....	55	zinc sulfate.....	164	ZOLPIMIST.....	93
YERVOY.....	37	ZINECARD.....	40	ZOMACTON.....	84
YONDELIS.....	36	ZINPLAVA.....	179	ZOMETA.....	83
YOSPRALA.....	90	ZIOPTAN.....	178	ZOMIG.....	162
YOUTH PUSH BUTTON ALUMINUM CRUTCH.....	154	ZIPPERED MATTRESS COVER.....	154	ZOMIG ZMT.....	162
YUPELRI.....	13	ziprasidone hcl.....	42	ZONEGRAN.....	18
YUTIQ.....	177	ZITHROMAX.....	94,95	zonisamide.....	18
ZADITOR.....	178	ZITHROMAX TRI-PAK.....	95	ZONTIVITY.....	90
zafirlukast.....	13	ZITHROMAX Z-PAK.....	95		
zaleplon.....	93	ZMAX.....	95		

ZOOM 20 ROLLING	
WALKER.....	154
ZORBTIVE.....	84
ZORTRESS.....	165
ZOSTAVAX.....	188
ZOVIRAX.....	47,63
ZUBSOLV.....	9
ZULRESSO.....	19
ZUPLENZ.....	28
ZYBAN.....	183
ZYDELIG.....	39
ZYFLO.....	13
ZYFLO CR.....	13
ZYKADIA.....	39
ZYLOPRIM.....	89
ZYMAXID.....	176
ZYPREXA.....	43
ZYPREXA RELPREVV.....	43
ZYPREXA ZYDIS.....	43
ZYRTEC ALLERGY.....	30
ZYRTEC CHILDRENS ALLERGY.....	30
ZYRTEC-D ALLERGY/CONGESTION.....	59
ZYTIGA.....	37