



Preferred Drug List

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

Supplemental Drug List Medication Locator Instructions:

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

Pennsylvania Health and Wellness Health Plan Pharmacy Program

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

Plan Preferred Drug List and Prior Authorization List

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

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

Participant Copay Responsibility

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

No copay applies to the following categories:

- Participants under age 18
- Participants in long-term care, hospice women in the Breast and Cervical Cancer Program, Foster Care, Pregnant women
- Antihypertensive agents
- Anticonvulsants
- Antineoplastic agents
- Antiglaucoma agents

- Antipsychotic agents, except those that are also Schedule C-IV antianxiety agents
- Antidiabetic agents
- Cardiovascular preparations
- HIV/AIDS
- Antiparkinson drugs
- Naloxone

Engolve Pharmacy Solutions

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

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Pennsylvania Health and Wellness Health Plan/Engolve Pharmacy Solutions form: Medication Prior Authorization Request Form.
2. Fax to Engolve Pharmacy Solutions at 1-877-386-4695.
3. Prior Authorization decisions will be completed within 24 hours of receipt.
4. Once approved, Engolve Pharmacy Solutions notifies the prescriber and participant.
5. If the clinical information provided does not explain the medical necessity for the requested PA medication, Engolve Pharmacy Solutions will deny the request and notify the prescriber and the participant.
6. A pharmacy can provide up to a 72-hour supply of a new medication or 15-day supply for ongoing medication by calling 1-800-681-4572.

Prior Authorization Process

The Pennsylvania Medical Assistance Program's Statewide PDL and Pennsylvania Health and Wellness's supplemental drug list include a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from these preferred drug lists for their patients who are participants of Pennsylvania Health and Wellness. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed, the information should be submitted by your physician/clinician to Engolve Pharmacy Solutions on the Pennsylvania Health and Wellness Health Plan/Engolve Pharmacy Solutions form: Medication Prior Authorization Request Form. This form should be faxed to Engolve Pharmacy Solutions at 1-877-386-4695. This document is located on the Pennsylvania Health and Wellness website at www.PAHealthWellness.com.

Pennsylvania Health and Wellness will cover the medication if it is determined that:

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

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

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

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

Phone Numbers for Pennsylvania Health and Wellness Health Plan Participant Services

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

Transition Period

Pennsylvania Health and Wellness participants age 21 and older new to managed care will be able to receive their prescription drugs with no new PA requirements for first 60 days they are enrolled in our plan. Participants under the age of 21 will be allowed to complete the course of treatment without any new PA requirements. This will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting PA. The Pennsylvania Medical Assistance

Program's Statewide PDL and the Pennsylvania Health and Wellness supplemental drug list identify the drugs that will require PA. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call participant services at 1-844-626-6813 (TTY 1-844-349-8916).

72- Hour Supply Policy

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

Dispensing Limits, Quantity Limits, and Age Limits

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

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

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

Medical Necessity Requests

If you require a medication that does not appear on either the Pennsylvania Medical Assistance Program's Statewide PDL or the Pennsylvania Health and Wellness supplemental drug list, you or your physician/clinician can make a medical necessity request for the medication by submitting a request for prior authorization. It is anticipated that such exceptions will be rare and that medications included on the Statewide PDL and supplemental drug list will be appropriate to treat the vast majority of medical conditions.

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

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

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

Appropriate Use and Safety Edits

Your health and safety is a priority for Pennsylvania Health and Wellness. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy.

These edits are based on FDA recommendations and promote safe and effective medication utilization.

Medicare Eligible Participants

Participants that are also eligible for Medicare must bill the pharmacy claim to Medicare first. The pharmacy will bill Medicare first and then bill the plan. Pennsylvania Health and Wellness will cover certain medications, like OTC drugs, that Medicare does not cover. If the drug is part of the Medicare benefit but Medicare denies coverage Pennsylvania Health and Wellness will not cover the drug.

DUR (Drug Utilization Review) Programs

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

Over-The-Counter Medications

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

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

- Vitamins containing Nicotinic acid and Calcium salts
- Diagnostic agents
- Quinine

Filling a Prescription

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

Maintenance Medications

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

Please contact a Pennsylvania Health and Wellness Participant Service Representative if you have any questions.

Pennsylvania Health and Wellness Health Plan Pharmacy Program - Additional Information

Specialty Medications

Pennsylvania Health and Wellness works with a network of specialty pharmacies. Most specialty medication requires prior authorization by Envolve Pharmacy Solutions. A list of specialty pharmacies and medications is located at www.PAHealthWellness.com. Fax prior authorization forms to Envolve Pharmacy Solutions at 1-877-386-4695.

Pharmacy and Therapeutics Committee

The Pennsylvania Health and Wellness Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the Pennsylvania Health and Wellness supplemental druglist. The Committee is composed of the Pennsylvania Health and Wellness Medical Directors, Pennsylvania Health and Wellness Pharmacists, and several community based primary care physicians, specialists, and a consumer representative. The primary purpose of the Committee is to assist in developing and monitoring the Pennsylvania Health and Wellness supplemental drug list and to establish programs and procedures that promote the appropriate and cost-effective use of

medications. The P&T Committee schedules meetings at least quarterly, and coordinates reviews with a national P&T Committee that meets at least 4 times a year. Changes to the Pennsylvania Health and Wellness supplemental drug list are done in conjunction with the approval of the State of Pennsylvania. Pennsylvania Health and Wellness will submit any proposed changes to the State for approval and update the supplemental drug list accordingly. Pennsylvania Health and Wellness will follow all State policies regarding participant notification when changes are made to the supplemental drug list.

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by Pennsylvania Health and Wellness.

Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

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

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

Newly Approved Products

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

DME/Home Health Benefits

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

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

Injectable Drugs

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

We help keep you informed

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

Contacts for Pharmacy Appeals/Grievances

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

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

Pennsylvania Health and Wellness Health Plan
Appeal Department
300 Corporate Center Drive
Camp Hill, PA 17011

Fax: 1-844-873-7451

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

Abbreviations

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

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

Drug Tier Definitions

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

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

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

Drug Name	Tier	Drug Restriction
acetaminophen 650 mg rectal suppository	P	QL(Allowed 12 per Rx)
acetaminophen 650 mg/20.3 mL oral solution	P	
acetaminophen 650 mg/20.3 mL oral suspension	P	
acetaminophen 80 mg chewable tablet	P	\$0 Copay
acetaminophen 80 mg/0.8 mL oral drops,suspension	P	
Aspirin Free Extra Strength 500 mg tablet	P	
Children's Acetaminophen 160 mg chewable tablet	P	
Children's Acetaminophen 160 mg/5 mL (5 mL) oral suspension	P	
Children's Acetaminophen 160 mg/5 mL oral liquid	P	
Children's Acetaminophen 160 mg/5 mL oral suspension	P	
Children's Mapap 160 mg chewable tablet	P	

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

Drug Name	Tier	Drug Restriction
Feverall 325 mg rectal suppository	P	QL(Allowed 12 per Rx)
Feverall 650 mg rectal suppository	P	QL(Allowed 12 per Rx)
Feverall 80 mg rectal suppository	P	
Infant Pain Reliever 160 mg/5 mL oral suspension	P	
Infant's Acetaminophen 160 mg/5 mL oral suspension	P	
Infants' Pain and Fever 160 mg/5 mL oral suspension	P	
Infants' Pain Relief 160 mg/5 mL oral suspension	P	
Infant's Tylenol 160 mg/5 mL oral suspension	P	
Mapap (acetaminophen) 160 mg/5 mL oral liquid	P	
Mapap (acetaminophen) 160 mg/5 mL oral suspension	P	
Mapap (acetaminophen) 325 mg tablet	P	

Drug Name	Tier	Drug Restriction
Mapap (acetaminophen) 500 mg capsule	P	
Mapap (acetaminophen) 500 mg/15 mL oral liquid	P	
Mapap Extra Strength 500 mg tablet	P	
Non-Aspirin 160 mg chewable tablet	P	
Non-Aspirin 325 mg tablet	P	
Non-Aspirin 80 mg chewable tablet	P	
Non-Aspirin Children's 80 mg chewable tablet	P	
Non-Aspirin Extra Strength 500 mg tablet	P	
Non-Aspirin Jr Strength 160 mg chewable tablet	P	
Non-Aspirin Pain Relief 325 mg tablet	P	
Non-Aspirin Pain Relief 500 mg tablet	P	
Nortemp 80 mg/0.8 mL oral drops	P	

Drug Name	Tier	Drug Restriction
Pain and Fever 325 mg tablet	P	
Pain and Fever 500 mg tablet	P	
Pain Relief (acetaminophen) 500 mg tablet	P	
Pain Relief Extra Strength 500 mg tablet	P	
Pain Relief Regular Strength 325 mg tablet	P	
Pain Reliever (acetaminophen) 325 mg tablet	P	
Pain Reliever (acetaminophen) 500 mg capsule	P	
Pain Reliever (acetaminophen) 500 mg tablet	P	
Pain Reliever Extra Strength 500 mg tablet	P	
Pharbetol 325 mg tablet	P	
Pharbetol 500 mg tablet	P	
Tactinal 325 mg tablet	P	
Tactinal Extra Strength 500 mg tablet	P	
SALICYLATE ANALGESIC COMBINATIONS		

Drug Name	Tier	Drug Restriction
choline and magnesium salicylate 500 mg/5 mL oral liquid	P	
SALICYLATE ANALGESICS		
aspirin 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 200 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 300 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 325 mg tablet	P	QL(Allowed 56 per Rx)
aspirin 325 mg tablet,delayed release	P	
aspirin 600 mg rectal suppository	P	QL(Allowed 12 per Rx)
E.C. Prin 325 mg tablet,delayed release	P	
Lite Coat Aspirin 325 mg tablet	P	
salsalate 500 mg tablet	P	
salsalate 750 mg tablet	P	
SALICYLATE ANALGESICS, BUFFERED		
aspirin,buffered (calcium carbonate- magnesium) 325 mg tablet	P	

Drug Name	Tier	Drug Restriction
Buffered Aspirin 325 mg tablet	P	
Tri-Buffered Aspirin 325 mg tablet	P	
ANESTHETICS		
GENERAL ANESTHETIC - PARENTERAL, BENZODIAZEPINES		
midazolam (PF) 1 mg/mL injection solution	P	APA
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection cartridge	P	APA
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection syringe	P	APA
midazolam (PF) 5 mg/mL injection cartridge	P	APA
midazolam (PF) 5 mg/mL injection solution	P	APA
midazolam (PF) 5 mg/mL injection syringe	P	APA
midazolam 1 mg/mL injection solution	P	APA
midazolam 5 mg/mL injection solution	P	APA
GENERAL ANESTHETIC ADJUNCTS - NEUROLEPTIC, BUTYROPHENONE DERIVATIVE		

Drug Name	Tier	Drug Restriction
droperidol 2.5 mg/mL injection solution	P	
ANORECTAL PREPARATIONS		
ANORECTAL - GLUCOCORTICOIDS		
hydrocortisone 2.5 % topical cream with perineal applicator	P	QL(Allowed 30 per Rx)
ANTIDOTES AND OTHER REVERSAL AGENTS		
CHELATING AGENTS - COPPER		
Depen Titratabs 250 mg tablet	P	
penicillamine 250 mg tablet	P	
CHELATING AGENTS - LEAD POISONING		
Chemet 100 mg capsule	P	
ANTI-INFECTIVE AGENTS		
AMINOGLYCOSIDE ANTIBIOTIC		
tobramycin 1.2 gram solution for injection	P	
tobramycin 10 mg/mL injection solution	P	
tobramycin 40 mg/mL injection solution	P	
ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	P	
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	P	
ANTIBACTERIAL FOLATE ANTAGONIST OTHERS		
trimethoprim 100 mg tablet	P	
ANTILEPTIC - SULFONE AGENTS		
dapsone 100 mg tablet	P	PA
dapsone 25 mg tablet	P	PA
ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES		
isoniazid 100 mg tablet	P	MT
isoniazid 300 mg tablet	P	MT
isoniazid 50 mg/5 mL oral solution	P	MT
ANTITUBERCULAR - NIACINAMIDE DERIVATIVES		
pyrazinamide 500 mg tablet	P	
ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES		
rifampin 150 mg capsule	P	
rifampin 300 mg capsule	P	
ANTITUBERCULAR AGENTS OTHER		

Drug Name	Tier	Drug Restriction
ethambutol 100 mg tablet	P	MT
ethambutol 400 mg tablet	P	MT
Trecator 250 mg tablet	P	
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION		
ceftriaxone 1 gram intravenous piggyback	P	QL(Allowed 3 per Rx)
ceftriaxone 1 gram intravenous solution	P	QL(Allowed 3 per Rx)
ceftriaxone 1 gram solution for injection	P	QL(Allowed 3 per Rx)
ceftriaxone 250 mg solution for injection	P	QL(Allowed 3 per Rx)
ceftriaxone 500 mg solution for injection	P	QL(Allowed 3 per Rx)
GLYCOPEPTIDE ANTIBIOTICS		
vancomycin 1,000 mg intravenous injection	P	
vancomycin 500 mg intravenous solution	P	
LINCOSAMIDE ANTIBIOTICS		
clindamycin HCl 150 mg capsule	P	

Drug Name	Tier	Drug Restriction
clindamycin HCl 300 mg capsule	P	
Clindamycin Pediatric 75 mg/5 mL oral solution	P	
OXAZOLIDINONE ANTIBIOTICS		
Sivextro 200 mg tablet	P	PA; QL(Allowed 6 per Rx)
ANTINEOPLASTICS		
ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES		
Myleran 2 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES		
Matulane 50 mg capsule	P	SP; \$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS		
cyclophosphamid e 25 mg capsule	P	\$0 Copay
cyclophosphamid e 50 mg capsule	P	\$0 Copay
Leukeran 2 mg tablet	P	\$0 Copay
melphalan 2 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES		
Temodar 100 mg intravenous solution	P	PA; SP; \$0 Copay
ANTINEOPLASTIC - ANTIADRENALS		
Lysodren 500 mg tablet	P	SP; \$0 Copay
ANTINEOPLASTIC - ANTIANDROGENS		

Drug Name	Tier	Drug Restriction
flutamide 125 mg capsule	P	\$0 Copay
ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS		
mercaptopurine 50 mg tablet	P	\$0 Copay
Purixan 20 mg/mL oral suspension	P	\$0 Copay
ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS		
etoposide 50 mg capsule	P	SP; \$0 Copay
ANTINEOPLASTIC - ESTROGENS		
Emcyt 140 mg capsule	P	SP; \$0 Copay
ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS		
Istodax 10 mg/2 mL intravenous solution	P	PA; \$0 Copay
romidepsin 10 mg/2 mL intravenous powder for solution	P	PA; \$0 Copay
ANTINEOPLASTIC - LHRH (GNRH) ANTAGONIST PITUITARY SUPPRESSANTS		
Firmagon kit with diluent syringe 120 mg subcutaneous solution	P	PA; SP; \$0 Copay
Firmagon kit with diluent syringe 80 mg subcutaneous solution	P	PA; SP; \$0 Copay
ANTINEOPLASTIC - PROGESTINS		
megestrol 20 mg tablet	P	\$0 Copay

Drug Name	Tier	Drug Restriction
megestrol 40 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - RETINOIDS		
tretinoin (antineoplastic) 10 mg capsule	P	SP; \$0 Copay
ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene 75 mg capsule	P	PA; SP; \$0 Copay
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS		
Hycamtin 0.25 mg capsule	P	PA; SP; \$0 Copay
Hycamtin 1 mg capsule	P	PA; SP; \$0 Copay
METHOTREXATE RESCUE AGENTS		
leucovorin calcium 10 mg tablet	P	\$0 Copay
leucovorin calcium 15 mg tablet	P	\$0 Copay
leucovorin calcium 25 mg tablet	P	\$0 Copay
leucovorin calcium 5 mg tablet	P	\$0 Copay
URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY		
Mesnex 400 mg tablet	P	SP; \$0 Copay
ANTISEPTICS AND DISINFECTANTS		
ANTISEPTIC - ALCOHOLS		

Drug Name	Tier	Drug Restriction
Alcohol Prep Pads	P	QL(Allowed 400 per Rx)
alcohol swabs	P	QL(Allowed 400 per Rx)
Alcohol Wipes	P	QL(Allowed 400 per Rx)
BD Alcohol Swabs	P	QL(Allowed 400 per Rx)
CareTouch Alcohol Prep Pad topical pads	P	QL(Allowed 400 per Rx)
Curity Alcohol Swabs	P	QL(Allowed 400 per Rx)
Easy Comfort Alcohol Pad topical pads	P	QL(Allowed 400 per Rx)
Easy Touch Alcohol Prep Pads	P	QL(Allowed 400 per Rx)
inControl Alcohol Pads	P	QL(Allowed 400 per Rx)
Pure Comfort Alcohol Pads	P	QL(Allowed 400 per Rx)
Reality Swabs	P	QL(Allowed 400 per Rx)
Webcol topical pads	P	QL(Allowed 400 per Rx)
BIOLOGICALS		
ALLERGENIC EXTRACTS - GRASS POLLEN		
Oralair 100 index of reactivity sublingual tablet	P	AL(Between 10 Years And 65 Years); QL(Allowed 3 per 1 day)

Drug Name	Tier	Drug Restriction
Oralair 300 IR sublingual tablet	P	AL(Between 10 Years And 65 Years); QL(Allowed 1 per 1 day)
ANTIVIRAL MONOCLONAL ANTIBODIES - RESPIRATORY SYNCYTIAL VIRUS (RSV)		
Synagis 100 mg/mL intramuscular solution	P	PA; SP
Synagis 50 mg/0.5 mL intramuscular solution	P	PA; SP
HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS		
Twinrix (PF) 720 ELISA unit-20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
HEPATITIS A VACCINE - SINGLE AGENTS		
Havrix (PF) 1,440 ELISA unit/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Havrix (PF) 1,440 ELISA unit/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Vaqta (PF) 25 unit/0.5 mL intramuscular suspension	P	AL(Minimum Age 19 Years)

Drug Name	Tier	Drug Restriction
Vaqta (PF) 25 unit/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Vaqta (PF) 50 unit/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Vaqta (PF) 50 unit/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
HEPATITIS B VACCINES - SINGLE AGENTS		
Enerix-B (Hepatitis B) Vaccine 10 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Enerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Enerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19 Years)
Enerix-B (PF) 20 mcg/mL intramuscular suspension	P	AL(Minimum Age 19 Years)
Enerix-B (PF) 20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19 Years)

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

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

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

Drug Name	Tier	Drug Restriction
Pfizer-BioNTech COVID-19 Vaccine (PF) 30 mcg/0.3 mL IM suspension(EUA)	P	AL(Minimum Age 16 Years); QL(QL Overtime: Allowed .3 over 21 days); QL(QL (Limit 1 days supply(ies) per claim))
VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES		
Gardasil 9 (PF) 0.5 mL intramuscular suspension	P	AL(Between 19 Years And 45 Years)
Gardasil 9 (PF) 0.5 mL intramuscular syringe	P	AL(Between 19 Years And 45 Years)
VACCINE VIRAL - INFLUENZA A AND B		
Afluria Qd 2020-21 (36 mos up)(PF)60 mcg (15 mcg x4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Afluria Qd 2020-21 (6-35 mos)(PF) 30 mcg(7.5 mcgx4)/0.25 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.25 per Rx); QL(Limit 1 fill(s) per 180 days)
Afluria Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluad 2020-21 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)

Drug Name	Tier	Drug Restriction
Fluad Quad 2020-2021(65yr up)(PF) 60 mcg (15 mcg x 4)/0.5mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluarix Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flublok Quad 2020-2021 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flucelvax Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flucelvax Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flulaval Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Flumist Quad 2020-2021 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	P	AL(Between 2 Years And 49 Years); QL(Allowed 1 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone High-Dose Quad 2020-21 (PF) 240 mcg/0.7 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.7 per Rx); QL(Limit 1 fill(s) per 180 days)

Drug Name	Tier	Drug Restriction
Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
Fluzone Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)
VACCINE VIRAL - POLIOMYELITIS		
IPOL 40 unit-8 unit-32 unit/0.5 mL suspension for injection	P	
VACCINE VIRAL - VARICELLA		
Shingrix (PF) 50 mcg/0.5 mL intramuscular suspension, kit	P	AL(Minimum Age 50 Years)
Varivax (PF) 1,350 unit/0.5 mL subcutaneous suspension	P	AL(Minimum Age 1 Years)
Zostavax (PF) 19,400 unit/0.65 mL subcutaneous suspension	P	AL(Minimum Age 50 Years)
VACCINE VIRAL - YELLOW FEVER		
Stamaril (PF) 1,000 unit/0.5 mL subcutaneous suspension	P	

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

Drug Name	Tier	Drug Restriction
mexiletine 250 mg capsule	P	MT; \$0 Copay
ANTIARRHYTHMIC - CLASS IC		
flecainide 100 mg tablet	P	MT; \$0 Copay
flecainide 150 mg tablet	P	MT; \$0 Copay
flecainide 50 mg tablet	P	MT; \$0 Copay
propafenone 150 mg tablet	P	MT; \$0 Copay
propafenone 225 mg tablet	P	MT; \$0 Copay
propafenone 300 mg tablet	P	MT; \$0 Copay
ANTIARRHYTHMIC - CLASS III		
amiodarone 200 mg tablet	P	MT; \$0 Copay
dofetilide 125 mcg capsule	P	\$0 Copay
dofetilide 250 mcg capsule	P	\$0 Copay
dofetilide 500 mcg capsule	P	\$0 Copay
CARDIOVASCULAR SYMPATHOMIMETICS		
midodrine 10 mg tablet	P	
midodrine 2.5 mg tablet	P	
midodrine 5 mg tablet	P	

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

Drug Name	Tier	Drug Restriction
acetazolamide 250 mg tablet	P	MT; \$0 Copay
acetazolamide ER 500 mg capsule, extended release	P	MT; \$0 Copay
methazolamide 25 mg tablet	P	\$0 Copay
methazolamide 50 mg tablet	P	\$0 Copay
DIURETIC - LOOP		
bumetanide 0.5 mg tablet	P	MT; \$0 Copay
bumetanide 1 mg tablet	P	MT; \$0 Copay
bumetanide 2 mg tablet	P	MT; \$0 Copay
furosemide 10 mg/mL injection solution	P	\$0 Copay
furosemide 10 mg/mL injection syringe	P	\$0 Copay
furosemide 10 mg/mL oral solution	P	MT; \$0 Copay
furosemide 20 mg tablet	P	MT; \$0 Copay
furosemide 40 mg tablet	P	MT; \$0 Copay
furosemide 40 mg/5 mL (8 mg/mL) oral solution	P	MT; \$0 Copay

Drug Name	Tier	Drug Restriction
furosemide 80 mg tablet	P	MT; \$0 Copay
toremide 10 mg tablet	P	MT; \$0 Copay
toremide 100 mg tablet	P	MT; \$0 Copay
toremide 20 mg tablet	P	MT; \$0 Copay
toremide 5 mg tablet	P	MT; \$0 Copay
DIURETIC - POTASSIUM SPARING		
amiloride 5 mg tablet	P	QL(Allowed 4 per 1 day); \$0 Copay
DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS		
amiloride 5 mg-hydrochlorothiazide 50 mg tablet	P	QL(Allowed 1 per 1 day); \$0 Copay
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet	P	MT; \$0 Copay
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule	P	QL(Allowed 1 per 1 day); MT; \$0 Copay
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet	P	QL(Allowed 1 per 1 day); MT; \$0 Copay
triamterene 75 mg-hydrochlorothiazide 50 mg tablet	P	QL(Allowed 1 per 1 day); MT; \$0 Copay
DIURETIC - THIAZIDES AND RELATED		

Drug Name	Tier	Drug Restriction
chlorothiazide 250 mg tablet	P	QL(Allowed 2 per 1 day); MT; \$0 Copay
chlorothiazide 500 mg tablet	P	QL(Allowed 4 per 1 day); MT; \$0 Copay
chlorthalidone 25 mg tablet	P	MT; \$0 Copay
chlorthalidone 50 mg tablet	P	MT; \$0 Copay
hydrochlorothiazide 12.5 mg tablet	P	MT; \$0 Copay
hydrochlorothiazide 25 mg tablet	P	MT; \$0 Copay
hydrochlorothiazide 50 mg tablet	P	MT; \$0 Copay
indapamide 1.25 mg tablet	P	MT; \$0 Copay
indapamide 2.5 mg tablet	P	MT; \$0 Copay
metolazone 10 mg tablet	P	MT; \$0 Copay
metolazone 2.5 mg tablet	P	MT; \$0 Copay
metolazone 5 mg tablet	P	MT; \$0 Copay
PERIPHERAL VASODILATORS, SINGLE AGENTS		
isoxsuprine 10 mg tablet	P	\$0 Copay
PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE		
epoprostenol (glycine) 0.5 mg intravenous solution	P	PA; SP; \$0 Copay

Drug Name	Tier	Drug Restriction
epoprostenol (glycine) 1.5 mg intravenous solution	P	PA; SP; \$0 Copay
treprostinil sodium 1 mg/mL injection solution	P	\$0 Copay
treprostinil sodium 10 mg/mL injection solution	P	\$0 Copay
treprostinil sodium 2.5 mg/mL injection solution	P	\$0 Copay
treprostinil sodium 5 mg/mL injection solution	P	\$0 Copay
Veletri 0.5 mg intravenous solution	P	PA; SP; \$0 Copay
Veletri 1.5 mg intravenous solution	P	PA; SP; \$0 Copay
PULMONARY ARTERIAL HYPERTENSION AGENTS-SELECTIVE CGMP-PDE5 INHIBITORS		
sildenafil (pulmonary hypertension) 10 mg/12.5 mL intravenous solution	P	PA; SP; \$0 Copay
CENTRAL NERVOUS SYSTEM AGENTS		
ANTI-ANXIETY AGENT - ANTIHISTAMINE TYPE		
hydroxyzine HCl 25 mg/mL intramuscular solution	P	

Drug Name	Tier	Drug Restriction
hydroxyzine HCl 50 mg/mL intramuscular solution	P	
ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES		
valproate sodium 500 mg/5 mL (100 mg/mL) intravenous solution	P	\$0 Copay
ANTICONVULSANT - PYRROLIDINE DERIVATIVES		
levetiracetam 500 mg/5 mL intravenous solution	P	\$0 Copay
ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS		
benztropine 1 mg/mL injection solution	P	\$0 Copay
BIPOLAR THERAPY AGENTS - LITHIUM		
lithium carbonate 150 mg capsule	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate 300 mg capsule	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate 300 mg tablet	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate 600 mg capsule	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate ER 300 mg tablet, extended release	P	AL(Minimum Age 18 Years); \$0 Copay
lithium carbonate ER 450 mg tablet, extended release	P	AL(Minimum Age 18 Years); \$0 Copay

Drug Name	Tier	Drug Restriction
lithium citrate 8 mEq/5 mL oral solution	P	AL(Minimum Age 18 Years); \$0 Copay
CNS STIMULANT - ANALEPTICS, METHYLYXANTHINE-TYPE		
caffeine citrate 60 mg/3 mL (20 mg/mL) oral solution	P	QL(Allowed 45 per Rx)
SEDATIVE-HYPNOTIC - ANTIHISTAMINES		
NightTime Sleep Aid (diphenhydramine) 50 mg capsule	P	QL(Allowed 4 per 1 day)
Ormir 50 mg capsule	P	QL(Allowed 4 per 1 day)
CHEMICAL DEPENDENCY, AGENTS TO TREAT		
ALCOHOL DETERRENTS		
disulfiram 250 mg tablet	P	
CHEMICALS-PHARMACEUTICAL ADJUVANTS		
BULK CHEMICALS		
cherry flavor (bulk) oral syrup	P	
grape flavor (bulk) liquid	P	
PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES		
NebuSal 3 % solution for nebulization	P	
sodium chloride 0.9 % for nebulization	P	
sodium chloride 10 % for nebulization	P	

Drug Name	Tier	Drug Restriction
sodium chloride 3 % for nebulization	P	
PHARMACEUTICAL ADJUVANT - ORAL VEHICLES		
Base, PCCA Syrup Vehicle oral liquid	P	
Flavor Plus oral suspension	P	
Flavor Sweet oral syrup	P	
Flavor Sweet-SF oral liquid	P	
MX-Sol Blend oral suspension	P	
MX-Sol Blend SF oral suspension	P	
MX-Sol oral syrup	P	
MX-Sol SF oral liquid	P	
MX-Sol Suspend oral	P	
Ora-Blend oral suspension	P	
Ora-Blend SF oral suspension	P	
Oral Suspend oral	P	
Oral Syrup oral liquid	P	
Oral Syrup SF oral liquid	P	

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

Drug Name	Tier	Drug Restriction
Aftera 1.5 mg tablet	P	\$0 Copay
EContra EZ 1.5 mg tablet	P	\$0 Copay
Eontra One-Step 1.5 mg tablet	P	\$0 Copay
Ella 30 mg tablet	P	\$0 Copay
levonorgestrel 1.5 mg tablet	P	\$0 Copay
My Choice 1.5 mg tablet	P	\$0 Copay
New Day 1.5 mg tablet	P	\$0 Copay
Opcicon One-Step 1.5 mg tablet	P	\$0 Copay
Option-2 1.5 mg tablet	P	\$0 Copay
Plan B One-Step 1.5 mg tablet	P	\$0 Copay
React 1.5 mg tablet	P	\$0 Copay
Take Action 1.5 mg tablet	P	\$0 Copay
DERMATOLOGICAL		
DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES		
fluorouracil 0.5 % topical cream	P	QL(Allowed 30 per Rx); \$0 Copay
fluorouracil 2 % topical solution	P	QL(Allowed 10 per Rx); \$0 Copay

Drug Name	Tier	Drug Restriction
fluorouracil 5 % topical cream	P	QL(Allowed 40 per Rx); \$0 Copay
fluorouracil 5 % topical solution	P	QL(Allowed 10 per Rx); \$0 Copay
DERMATOLOGICAL - ANTIPERSPIRANTS		
Drysol 20 % topical solution	P	QL(Allowed 60 per Rx)
Drysol Dab-O-Matic 20 % topical solution	P	QL(Allowed 60 per Rx)
DERMATOLOGICAL - ANTISEBORRHEIC		
selenium sulfide 2.5 % lotion	P	QL(Allowed 120 per Rx)
DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE		
silver sulfadiazine 1 % topical cream	P	
DERMATOLOGICAL - EMOLLIENTS		
AmLactin 12 % lotion	P	
ammonium lactate 12 % lotion	P	
ammonium lactate 12 % topical cream	P	
DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS		
Epifoam 1 %-1 % topical	P	
DERMATOLOGICAL - INSECT REPELLENTS		
Coleman 100 Max Insect Repellent 98.11 % topical spray	P	

Drug Name	Tier	Drug Restriction
Coleman High and Dry Insect Repellent 25 % topical spray powder	P	
Coleman Sportsmen Insect Repellent 40 % topical spray	P	
Cutter Backwoods 25 % topical spray	P	
Cutter Backwoods Dry 25 % topical spray	P	
Insect Repellent (DEET) 15 % topical spray	P	
Off Active 15 % topical spray	P	
Off Deep Woods 25 % topical spray	P	
Off Deep Woods Dry 25 % topical spray powder	P	
Off Deep Woods Sportsmen 30 % topical spray	P	
Off FamilyCare (with DEET) 15 % topical spray powder	P	
Repel Family 10 % topical spray	P	
Repel Family 15 % topical spray powder	P	

Drug Name	Tier	Drug Restriction
Repel Hunter's 25 % topical spray	P	
Repel Sportsmen 25 % topical spray	P	
Repel Sportsmen Dry 25 % topical spray	P	
Repel Sportsmen Max 40 % lotion	P	
Repel Sportsmen Max 40 % topical spray	P	
Total Home Insect Repellent 30 % topical spray	P	
Ultrathon 25 % topical spray	P	
Ultrathon 34.34 % lotion	P	
DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS		
podofilox 0.5 % topical solution	P	QL(Allowed 4 per Rx)
salicylic acid 6 % topical gel	P	QL(Allowed 40 per Rx)
urea 40 % lotion	P	QL(Allowed 240 per Rx)
urea 40 % topical cream	P	QL(Allowed 210 per Rx)
Urea-C40 40 % lotion	P	QL(Allowed 240 per Rx)
DERMATOLOGICAL - KERATOPLASTIC TAR PRODUCTS		

Drug Name	Tier	Drug Restriction
Anti-Dandruff (coal tar) 0.5 % shampoo	P	
Thera-Gel 0.5 % shampoo	P	
Therapeutic Shampoo 2 %	P	
DERMATOLOGICAL - PROTECTANTS		
zinc oxide 20 % topical ointment	P	QL(Allowed 60 per Rx)
zinc oxide topical ointment	P	QL(Allowed 60 per Rx)
DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL		
metronidazole 0.75 % lotion	P	
metronidazole 0.75 % topical cream	P	QL(Allowed 45 per Rx)
metronidazole 0.75 % topical gel	P	QL(Allowed 45 per Rx)
DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES		
dibucaine 1 % topical ointment	P	QL(Allowed 30 per Rx)
WOUND CARE - DRESSINGS		
Biatain 4" X 4" bandage	P	
Bioguard gauze 0.3 %-2" X 2" bandage	P	
Bioguard gauze 0.3 %-4" X 4" bandage	P	

Drug Name	Tier	Drug Restriction
Bioguard gauze 0.3 %-4.5" X 4.1 yard bandage	P	
CarraSmart 4" X 4" bandage	P	
CarraSmart Foam 4" X 4" bandage	P	
Copa Hydrophilic Foam 4" X 4" bandage	P	
Curity AMD (with polyhexamethylen e) 0.2 %-2" X 2" sponge	P	
Dermalevin 4" X 4" bandage	P	
DryMax Extra 4" X 4" bandage	P	
Excilon AMD (with polyhexamethylen e) 0.2 %-4" X 4" sponge	P	
Hydrocell Adhesive 4" X 4" bandage	P	
Optifoam Non- Adhesive 4" X 4" bandage	P	
Restore 4" X 4" bandage	P	
Versiva XC 4" X 4" bandage	P	
DIAGNOSTIC AGENTS		
DIAGNOSTIC - BLOOD TEST OTHERS		

Drug Name	Tier	Drug Restriction
Gojji Blood Ketone Test Strip	P	QL(Allowed 1 per 1 day)
novaMax Plus Ketone strips	P	QL(Allowed 1 per 1 day)
Precision Xtra B- Ketone strips	P	QL(Allowed 1 per 1 day)
PTS Panels Ketone strips	P	QL(Allowed 1 per 1 day)
EATING DISORDER THERAPY		
APPETITE STIMULANTS - PROGESTIN HORMONE TYPE		
megestrol 400 mg/10 mL (10 mL) oral suspension	P	\$0 Copay
megestrol 400 mg/10 mL (40 mg/mL) oral suspension	P	\$0 Copay
ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS		
AMINO ACID - CARNITINE DERIVATIVES		
levocarnitine 330 mg tablet	P	
B-COMPLEX VITAMIN COMBINATIONS		
B Complex Plus Vitamin C 15 mg- 10 mg-50 mg-5 mg-300 mg capsule	P	QL(Allowed 1 per 1 day)
Balance B-50 (with folic acid) 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
B-complex with vitamin C capsule	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
B-complex with vitamin C tablet	P	QL(Allowed 1 per 1 day)
Dialyvite 100 mg-1 mg tablet	P	QL(Allowed 1 per 1 day)
Nephronex-SL 800 mcg-2,000 unit disintegrating tablet	P	QL(Allowed 1 per 1 day)
Renal Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Renal Multivitamin/Zinc tablet	P	QL(Allowed 1 per 1 day)
Reno Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Stress Formula with Iron 500 mg-400 mcg-18 mg iron tablet	P	QL(Allowed 1 per 1 day)
Stress Formula With Iron(sulf) 500 mg-400 mcg-27 mg iron tablet	P	QL(Allowed 1 per 1 day)
Super B/C capsule	P	QL(Allowed 1 per 1 day)
Synagex 1.25 mg-30 mg-5 mg capsule	P	
Triphrocaps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Virt-Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Vitamin B Complex With C capsule	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
B-COMPLEX VITAMINS		
B Complex 50 tablet	P	QL(Allowed 1 per 1 day)
B Complex-Vitamin B12 tablet	P	QL(Allowed 1 per 1 day)
vitamin B complex tablet	P	QL(Allowed 1 per 1 day)
Vitamins B Complex capsule	P	QL(Allowed 1 per 1 day)
B-COMPLEX VITAMINS AND COMBINATIONS		
Rena-Vite Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Vol-Care Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
VP-Vite Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
DIETARY PRODUCT - DIETARY SUPPLEMENTS		
Dry Eye Formula 133 mg-167 mg-170 mg capsule	P	
Hair-Skin-Nail (vit A,C-biotin-Zn-Cu) 2,500 unit-100 mg-2,500 mcg cap	P	
Phlexy-Vits oral packet	P	
DILUENTS - SODIUM CHLORIDE		
sodium chloride 0.9 % injection solution	P	
ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN		

Drug Name	Tier	Drug Restriction
Kionex (with sorbitol) 15 gram-19.3 gram/60 mL oral suspension	P	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral susp	P	
sodium polystyrene sulfonate 15 gram/60 mL oral suspension	P	
sodium polystyrene sulfonate oral powder	P	QL(Allowed 454 per Rx)
SPS (with sorbitol) 15 gram-20 gram/60 mL oral suspension	P	
SPS (with sorbitol) 30 gram-40 gram/120 mL enema	P	
GERIATRIC VITAMINS		
Eldertonix 0.5 mg-0.6 mg-7 mg-0.7 mg oral elixir	P	
IRRIGATION SOLUTIONS		
sodium chloride 0.9 % irrigation solution	P	
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT		
Calci-Chew 500 mg calcium (1,250 mg) tablet	P	

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

Drug Name	Tier	Drug Restriction
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT/VITAMIN D COMBINATIONS		
Calcium 500 + D 500 mg (1,250 mg)-200 unit tablet	P	
Calcium 500 + D 500 mg (1,250 mg)-400 unit tablet	P	
Calcium 500 + D 500 mg(1,250 mg)-400 unit chewable tablet	P	
Calcium 500 mg (1,250 mg) + D3 125 unit tablet	P	
Calcium 500 With D 500 mg (1,250 mg)-400 unit tablet	P	
Calcium 600 + D(3) 600 mg (1,500 mg)-200 unit tablet	P	QL(Allowed 2 per 1 day)
Calcium 600 + D(3) 600 mg (1,500 mg)-400 unit tablet	P	QL(Allowed 2 per 1 day)
Calcium 600 with Vitamin D3 600 mg (1,500 mg)-200 unit tablet	P	QL(Allowed 2 per 1 day)
calcium carb-ergocalciferol (vit D2) 500 mg-125 unit tablet	P	

Drug Name	Tier	Drug Restriction
calcium carbonate 500 mg (1,250 mg)-vitamin D3 125 unit tablet	P	
calcium carbonate 500 mg (1,250 mg)-vitamin D3 200 unit tablet	P	
calcium carbonate 500 mg (1,250 mg)-vitamin D3 400 unit tablet	P	
calcium carbonate 500 mg(1,250 mg)-vitamin D3 400 unit chewable tablet	P	
calcium carbonate 600 mg (1,500 mg)-vitamin D3 200 unit tablet	P	QL(Allowed 2 per 1 day)
calcium carbonate 600 mg (1,500 mg)-vitamin D3 400 unit tablet	P	QL(Allowed 2 per 1 day)
calcium carbonate-vitamin D3 500 mg-100 unit chewable tablet	P	
calcium carbonate-vitamin D3 600 mg (1,500 mg)-800 unit tablet	P	QL(Allowed 2 per 1 day)
Calcium with Vitamin D 600 mg (1,500 mg)-400 unit tablet	P	QL(Allowed 2 per 1 day)

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

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

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

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

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

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

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

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

Drug Name	Tier	Drug Restriction
DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg chewable tablet	P	
Endur-VM Iron-Free 400 mcg tablet,extended release	P	
Endur-VM with Iron 18 mg iron-400 mcg tablet,extended release	P	
Healthy Eyes SuperVision 14,320 unit-226 mg-200 unit capsule	P	
I-Caps 280 mg-10 mg-2 mg capsule	P	
ICaps AREDS 14,320 unit-226 mg-200 unit capsule	P	
ICaps AREDS2 (copper citrate) 250 mg-200 unit-12.5 mg-1 mg chew tablet	P	
ICaps AREDS2 250 mg-200 unit-12.5 mg-1 mg capsule	P	
K-PAX 4.5 mg iron-200 mcg capsule	P	
K-PAX 9 mg iron-400 mcg capsule	P	

Drug Name	Tier	Drug Restriction
Macular Health Formula 5 mg-1 mg-7.5 mg capsule	P	
Maximin Pack 0.8 mg-250 mcg oral pack	P	
Mega-Marathon 100 TR tablet,extended release	P	
Men 50 Plus Multivitamin 300 mcg-600 mcg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Men's 50+ Advanced Multivitamin 400 mcg-300 mcg capsule	P	
Men's Daily 0.4 mg-600 mcg capsule	P	
Men's Daily Gummies 200 mcg chewable tablet	P	
Men's Multivitamin Gummies 200 mcg chewable tablet	P	
Minis Multi For Her 50+ 400 mcg-80 mcg capsule	P	
Multi For Her 18 mg iron-600 mcg-40 mcg capsule	P	

Drug Name	Tier	Drug Restriction
Multi For Her 50 Plus 400 mcg-80 mcg capsule	P	
Multi For Him 18 mg-400 mcg-1,000 unit oral powder packet	P	
Multi-Day Plus Iron tablet	P	QL(Allowed 1 per 1 day)
multivit with min-folic acid-lutein 200 mcg-137.5 mcg chewable tablet	P	
multivitamin with iron tablet	P	QL(Allowed 1 per 1 day)
My-Vitalife capsule	P	
Ocuvite 100 mg-15 unit-2 mg-100 mg capsule	P	
Ocuvite Adult 50 Plus 250 mg-5 mg-1 mg capsule	P	
Omnicap 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
One Daily Essential 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
One Daily Gummy Vites 200 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
One Daily Multivitamin with Iron 18 mg iron tablet	P	QL(Allowed 1 per 1 day)
One Daily Plus Iron tablet	P	QL(Allowed 1 per 1 day)
One Daily With Iron tablet	P	QL(Allowed 1 per 1 day)
One Daily Women's 18 mg iron-400 mcg-25 mcg tablet	P	QL(Allowed 1 per 1 day)
One-A-Day Men VitaCraves 200 mcg chewable tablet	P	
One-A-Day VitaCraves 200 mcg chewable tablet	P	
One-A-Day Vitacraves Immunity 200 mcg chewable tablet	P	
One-A-Day Women VitaCraves 200 mcg chewable tablet	P	
Optisource 9 mg iron-200 mcg-40 mcg chewable tablet	P	
Opurity Multivitamin 30 mg iron-800 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
PreserVision AREDS 14,320 unit-226 mg-200 unit capsule	P	
PreserVision AREDS-2 (with omega-3) 250 mg-2.5 mg-0.5 mg capsule	P	
PreserVision Lutein 226 mg-200 unit-5 mg-0.8 mg capsule	P	
Prevent capsule	P	
ProRenal QD 400 mcg-500 unit capsule	P	
Prosight with Lutein 60 mg-30 unit-6 mg capsule	P	
Protect Cardio AF 0.5 mg-30 mg-60 mg-90 mg capsule	P	
Protect Plus capsule	P	
Protect Plus SO 0.5 mg-15 mg capsule	P	
Protegra capsule	P	
Spectravite Adult 200 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
Spectravite Adult 50 Plus(with lutein) 500 mcg-250 mcg chewable tablet	P	
Strovite Forte 10 mg-1 mg/15 mL oral liquid	P	
Super Antioxidant capsule	P	
Super Multiple 0.4 mg capsule	P	
Tab-A-Vite/Iron tablet	P	QL(Allowed 1 per 1 day)
Therems tablet	P	QL(Allowed 1 per 1 day)
Totalday Multiple tablet,extended release	P	
Ultra Mega Gold tablet,extended release	P	
Ultra Mega tablet,extended release	P	
Ultra Mega Two tablet,extended release	P	
V-C Forte 1 mg capsule	P	
VIC-Forte 1 mg capsule	P	
Vitalee 0.4 mg tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Vitatum 3,500 unit-18 mg-0.4 mg chewable tablet	P	
Women's 50+ Advanced 400 mcg capsule	P	
Womens Daily Gummies 200 mcg chewable tablet	P	
Women's Multi 18 mg-600 mcg capsule	P	
Women's Multivitamin Gummies 200 mcg chewable tablet	P	
MULTIVITAMINS		
Anti-Oxidant tablet	P	QL(Allowed 1 per 1 day)
Daily Multiple Vitamins with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Multi-Vitamin tablet	P	QL(Allowed 1 per 1 day)
Daily Multivitamin with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Value tablet	P	QL(Allowed 1 per 1 day)
Daily Vitamin Formula tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Daily Vitamin Formula-Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Vitamin tablet	P	QL(Allowed 1 per 1 day)
Decubi Vite 400 mcg-50 mg-500 mg capsule	P	
E-400 C-500 and Beta Carotene tablet	P	QL(Allowed 1 per 1 day)
ESSENTIAL One Daily tablet	P	QL(Allowed 1 per 1 day)
Fortavit capsule	P	
Hair-Skin-Nails (multivit-folic-biotin) 400 mcg-2,000 mcg tablet	P	QL(Allowed 1 per 1 day)
Multi-Day tablet	P	QL(Allowed 1 per 1 day)
Multi-Day with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Multi-Delyn oral liquid	P	
Multiple Vitamin Essential tablet	P	QL(Allowed 1 per 1 day)
Multiple Vitamins tablet	P	QL(Allowed 1 per 1 day)
multivitamin tablet	P	QL(Allowed 1 per 1 day)

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

Drug Name	Tier	Drug Restriction
Thera tablet	P	QL(Allowed 1 per 1 day)
Therapeutic tablet	P	QL(Allowed 1 per 1 day)
Thera-Tabs tablet	P	QL(Allowed 1 per 1 day)
Therems Multivitamin 400 mcg tablet	P	QL(Allowed 1 per 1 day)
Vita-Bob capsule	P	
Vita-Plus E capsule	P	QL(Allowed 2 per 1 day)
PEDIATRIC VITAMINS		
ABDEK Multivitamin 500 unit-400 mcg/mL oral drops	P	
ANIMAL CHEWS tablet	P	QL(Allowed 1 per 1 day)
Animal Shape Vitamins chewable tablet	P	QL(Allowed 1 per 1 day)
Chewable-Vite tablet	P	QL(Allowed 1 per 1 day)
Children's Chewable Multivitamin 300 mcg tablet	P	QL(Allowed 1 per 1 day)
Children's Chewable Vitamin tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Children's Chewables 300 mcg tablet	P	QL(Allowed 1 per 1 day)
Children's Chewables with Iron 15 mg tablet	P	
Childs Chew Vite tablet	P	QL(Allowed 1 per 1 day)
Flintstones Multivitamin 300 mcg chewable tablet	P	
Little Animals-Iron 15 mg chewable tablet	P	
MVW Complete Formulation D3000 3,000 unit-800 mcg capsule	P	
MVW Complete Formulation D5000 5,000 unit-800 mcg capsule	P	
MVW Complete Formulation Multivitamin 1,500 unit-1,000 mcg chew tablet	P	
MVW Complete Formulation Multivitamin 1,500 unit-800 mcg capsule	P	
MVW Complete Formulation Multivitamin 750 unit-500 mcg capsule	P	

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

Drug Name	Tier	Drug Restriction
Animal Shapes Plus Iron chewable tablet	P	
AquADEKs Pediatric 400 mcg/mL oral drops	P	
Chewable-Vite with Iron tablet	P	
Child Chewable Vitamins with Iron 15 mg tablet	P	
Child Chewable Vitamins with Iron tablet	P	
Child Complete Multivitamin 18 mg iron chewable tablet	P	
Child Vitamin with Minerals chewable tablet	P	
Children's Chew Multivit with Iron 15 mg iron tablet	P	
Children's Chewable with Minerals tablet	P	
Children's Complete Vitamin 18 mg iron chewable tablet	P	
Children's Vitamin with Iron chewable tablet	P	

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

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

Drug Name	Tier	Drug Restriction
Multivitamins With Fluoride 1 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multivitamins-Fluoride-Folic Acid 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric 0.25mg fluoride (0.55 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric 0.5 mg fluoride (1.1 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric 1 mg fluoride (2.2 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric Drops 0.25 mg fluoride (0.55 mg)/mL oral	P	QL(Allowed 50 per Rx)
Quflora Pediatric Drops 0.5 mg fluoride (1.1 mg)/mL oral	P	QL(Allowed 50 per Rx)
Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	QL(Allowed 50 per Rx)

Drug Name	Tier	Drug Restriction
Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
SODIUM CHLORIDE FLUSHES		
BD PosiFlush Normal Saline 0.9 % injection syringe	P	
BD Pre-Filled Normal Saline 0.9 % injection syringe	P	
Monoject 0.9% Sodium Chloride injection syringe	P	
Monoject Prefill Advanced 0.9 % Sodium Chloride injection syringe	P	
Normal Saline Flush 0.9 % injection syringe	P	
Saline Flush injection syringe	P	
sodium chloride 0.9 % (flush) injection syringe	P	
SwabFlush 0.9 % injection syringe with alcohol swab cap	P	

Drug Name	Tier	Drug Restriction
Syrex Sodium Chloride 0.9 % injection syringe	P	
SODIUM CHLORIDE, PARENTERAL		
sodium chloride 0.9 % intravenous piggyback	P	
sodium chloride 0.9 % intravenous solution	P	
VITAMIN C COMBINATIONS		
Emergen-C 1,000 mg oral effervescent powder packet	P	
Emergen-C 500 mg chewable tablet	P	
Emergen-C Heart Health 1,000 mg-2 mg-650 mg powder effervescent packet	P	
Emergen-C Immune Plus 1,000 mg oral effervescent powder packet	P	
Emergen-C MSM Lite 1,000 mg-1,000 mg oral effervescent powder packet	P	
Emergen-C Vit D-Calcium 500 mg-500 mg-1,000 unit effervescent pwdr pkt	P	

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

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

Drug Name	Tier	Drug Restriction
Vitamin B-6 25 mg tablet	P	
Vitamin B-6 250 mg tablet	P	
Vitamin B-6 50 mg tablet	P	
VITAMINS - BIOTIN		
biotin 5 mg capsule	P	
Meribin 5 mg capsule	P	
VITAMINS - C, ASCORBIC ACID AND DERIVATIVES		
ascorbic acid (vitamin C) 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
ascorbic acid (vitamin C) 250 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
ascorbic acid (vitamin C) 500 mg chewable tablet	P	
ascorbic acid (vitamin C) 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Asco-Tabs-1000 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-1000 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-1000 with Rose Hips 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-500 500 mg chewable tablet	P	

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

Drug Name	Tier	Drug Restriction
Calcidol 200 mcg/mL (8,000 unit/mL) oral drops	P	
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
cholecalciferol (vitamin D3) 10 mcg (400 unit) chewable tablet	P	
cholecalciferol (vitamin D3) 10 mcg (400 unit) tablet	P	
cholecalciferol (vitamin D3) 10 mcg/mL (400 unit/mL) oral drops	P	
cholecalciferol (vitamin D3) 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) capsule	P	QL(Allowed 1 per 1 day)
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) tablet	P	
cholecalciferol (vitamin D3) 50 mcg (2,000 unit) capsule	P	

Drug Name	Tier	Drug Restriction
D3-2000 50 mcg (2,000 unit) capsule	P	
D-3-5 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)
D3-50 Cholecalciferol 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
Decara 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
Delta D3 10 mcg (400 unit) tablet	P	
Dialyvite Vitamin D 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)
ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule	P	
ergocalciferol (vitamin D2) 200 mcg/mL (8,000 unit/mL) oral drops	P	
Just D 10 mcg/mL (400 unit/mL) oral drops	P	
Kids Vitamin D3 10 mcg (400 unit) chewable tablet	P	
Optimal D3 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)

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

Drug Name	Tier	Drug Restriction
E-200 200 unit capsule	P	QL(Allowed 2 per 1 day)
E-400-Clear 400 unit capsule	P	QL(Allowed 2 per 1 day)
E-400-Mixed 400 unit capsule	P	QL(Allowed 2 per 1 day)
Ester-E 400 Unit capsule	P	QL(Allowed 2 per 1 day)
Formula E 400 400 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 100 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 200 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 22.5 mg (50 unit)/mL oral drops	P	
vitamin E (dl, acetate) 400 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E 100 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E 200 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E 400 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E acetate 200 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E mixed 400 unit capsule	P	QL(Allowed 2 per 1 day)

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

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

Drug Name	Tier	Drug Restriction
ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES		
methimazole 10 mg tablet	P	MT
methimazole 5 mg tablet	P	MT
ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES		
propylthiouracil 50 mg tablet	P	
GLUCOCORTICOIDS		
dexamethasone sodium phosphate 4 mg/mL injection solution	P	QL(Allowed 5 per 1 day)
dexamethasone sodium phosphate 4 mg/mL injection syringe	P	QL(Allowed 5 per 1 day)
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)		
Increlex 10 mg/mL subcutaneous solution	P	PA; SP
GASTROINTESTINAL THERAPY AGENTS		
ANTACID - ALGINATE COMBINATIONS		
Antacid Tablet 80 mg-20 mg chewable tablet	P	
ANTACID - ALUMINUM		
aluminum hydroxide gel 320 mg/5 mL oral suspension	P	
ANTACID - BICARBONATE		
sodium bicarbonate 325 mg tablet	P	

Drug Name	Tier	Drug Restriction
sodium bicarbonate 650 mg tablet	P	
ANTACID - CALCIUM		
Antacid (calcium carbonate) 200 mg calcium (500 mg) chewable tablet	P	
Antacid (calcium carbonate) 215 mg calcium (500 mg) chewable tablet	P	
Antacid (calcium carbonate) 320 mg calcium (750 mg) chewable tablet	P	
Antacid Calcium 215 mg calcium (500 mg) chewable tablet	P	
Antacid Extra Strength (calcium carb) 300 mg (750 mg) chewable tablet	P	
Antacid Extra-Strength 200 mg calcium (500 mg) chewable tablet	P	
Antacid Extra-Strength 300 mg (750 mg) chewable tablet	P	

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

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

Drug Name	Tier	Drug Restriction
ANTACID - SIMETHICONE COMBINATIONS		
Advanced Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Almacone 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Almacone 200 mg-200 mg-25 mg chewable tablet	P	
aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp	P	
Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Extra-Strength 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid M 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Plus Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Antacid Regular Strength 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid with Simethicone 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Liquid Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mag-Al Plus 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mi-Acid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Milantex 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mintox 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mintox Plus 200 mg-200 mg-25 mg chewable tablet	P	

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

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

Drug Name	Tier	Drug Restriction
Pink Bismuth 262 mg chewable tablet	P	
Pink Bismuth 262 mg tablet	P	
Pink Bismuth 262 mg/15 mL oral suspension	P	
Pink Bismuth 525 mg/15 mL oral suspension	P	
Pink Bismuth Maximum Strength 525 mg/15 mL oral suspension	P	
Stomach Relief 262 mg chewable tablet	P	
Stomach Relief 262 mg tablet	P	
Stomach Relief 262 mg/15 mL oral suspension	P	
Stomach Relief 525 mg/15 mL oral suspension	P	
Stomach Relief Max Strength 525 mg/15 mL oral suspension	P	
Stomach Relief Original 262 mg/15 mL oral suspension	P	
ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS		

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

Drug Name	Tier	Drug Restriction
Little Remedies Gas Relief 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Little Tummys Gas Relief 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Mi-Acid Gas Relief (simethicone) 80 mg chewable tablet	P	
Mytab Gas (simethicone) 80 mg chewable tablet	P	
Simeped 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
simethicone 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
simethicone 80 mg chewable tablet	P	
GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS		
glycopyrrolate 1 mg tablet	P	QL(Allowed 4 per 1 day)
glycopyrrolate 2 mg tablet	P	QL(Allowed 4 per 1 day)
GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES		
dicyclomine 10 mg capsule	P	
dicyclomine 10 mg/5 mL oral solution	P	QL(Allowed 40 per 1 day)

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

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

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

Drug Name	Tier	Drug Restriction
Reguloid (psyllium husk-sucrose) 3.4 gram/12 gram oral powder	P	
Reguloid (psyllium husk-sucrose) 3.4 gram/7 gram oral powder	P	
Reguloid, Sugar Free oral powder	P	
LAXATIVE - LUBRICANT		
mineral oil enema	P	
LAXATIVE - SALINE AND OSMOTIC		
Citrate of Magnesia oral	P	
Citroma oral solution	P	
ClearLax 17 gram oral powder packet	P	
ClearLax 17 gram/dose oral powder	P	
Gavilax 17 gram/dose oral powder	P	
glycerin (adult) rectal suppository	P	
glycerin (child) rectal suppository	P	

Drug Name	Tier	Drug Restriction
GlycoLax 17 gram/dose oral powder	P	
HealthyLax 17 gram oral powder packet	P	
lactulose 10 gram/15 mL oral solution	P	
lactulose 20 gram/30 mL oral solution	P	
Laxative (glycerin-pediatric) rectal suppository	P	
magnesium citrate oral solution	P	
magnesium hydroxide 400 mg/5 mL oral suspension	P	
Milk of Magnesia 400 mg/5 mL oral suspension	P	
Milk Of Magnesia Concentrated 2,400 mg/10 mL oral suspension	P	
Miralax 17 gram oral powder packet	P	
Natura-LAX 17 gram/dose oral powder	P	
Pedia-Lax 2.8 gram/2.7 mL rectal solution	P	

Drug Name	Tier	Drug Restriction
polyethylene glycol 3350 17 gram oral powder packet	P	
polyethylene glycol 3350 17 gram/dose oral powder	P	
SmoothLax 17 gram oral powder packet	P	
LAXATIVE - SALINE/OSMOTIC MIXTURES		
Enema 19 gram-7 gram/118 mL	P	
Enema Disposable 19 gram-7 gram/118 mL	P	
peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powdr for soln	P	
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	P	
peg-electrolyte solution 420 gram oral solution	P	
Ready-To-Use Enema 19 gram-7 gram/118 mL	P	
LAXATIVE - STIMULANT		
bisacodyl 10 mg rectal suppository	P	

Drug Name	Tier	Drug Restriction
bisacodyl 5 mg tablet,delayed release	P	
Bisa-Lax (bisacodyl) 5 mg tablet,delayed release	P	
Biscolax 10 mg rectal suppository	P	
castor oil 100 % oral	P	
Correct 5 mg tablet,delayed release	P	
Ducodyl (bisacodyl) 5 mg tablet,delayed release	P	
Fleet Laxative (bisacodyl) 5 mg tablet,delayed release	P	
Gentle Laxative (bisacodyl) 10 mg rectal suppository	P	
Gentle Laxative (bisacodyl) 5 mg tablet,delayed release	P	
Laxative (bisacodyl) 10 mg rectal suppository	P	
Laxative (bisacodyl) 5 mg tablet	P	

Drug Name	Tier	Drug Restriction
Laxative (bisacodyl) 5 mg tablet,delayed release	P	
Laxative Feminine 5 mg tablet	P	
Laxative Pills Regular 15 mg tablet	P	
Natural Vegetable Laxative (sennosides) 8.6 mg tablet	P	
Senexon 8.6 mg tablet	P	
senna 176 mg/5 mL oral syrup	P	
senna 8.6 mg tablet	P	
senna 8.8 mg/5 mL oral syrup	P	
Senna Lax 8.6 mg tablet	P	
Senna Laxative 8.6 mg tablet	P	
Senno 8.6 mg tablet	P	
Senokot Extra Strength 17.2 mg tablet	P	
Woman's Laxative (bisacodyl) 5 mg tablet,delayed release	P	

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

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

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

Drug Name	Tier	Drug Restriction
Stool Softener 100 mg capsule	P	
Stool Softener 100 mg tablet	P	
Stool Softener 250 mg capsule	P	
Stool Softener 50 mg/5 mL oral liquid	P	
Stool Softener 60 mg/15 mL oral syrup	P	
Surfak 240 mg capsule	P	
PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES		
Carafate 100 mg/mL oral suspension	P	
sucalfate 1 gram tablet	P	
sucalfate 100 mg/mL oral suspension	P	
GENTOURINARY THERAPY		
INTERSTITIAL CYSTITIS AGENTS		
Elmiron 100 mg capsule	P	QL(Allowed 3 per 1 day)
POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS		
Jynarque 45 mg (AM)/15 mg (PM) tablets	P	PA
Jynarque 60 mg (AM)/30 mg (PM) tablets	P	PA

Drug Name	Tier	Drug Restriction
Jynarque 90 mg (AM)/30 mg (PM) tablets	P	PA
URINARY ACIDIFIER - PHOSPHATES		
Phospha 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
Phosphorous 250 mg tablet	P	QL(Allowed 8 per 1 day)
Phospho-Trin 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
Virt-Phos 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
URINARY ALKALINIZER - CITRATES		
Cytra K Crystals 3,300 mg-1,002 mg oral packet	P	
Cytra-2 500 mg-334 mg/5 mL oral solution	P	
potassium citrate ER 10 mEq (1,080 mg) tablet,extended release	P	
potassium citrate ER 5 mEq (540 mg) tablet,extended release	P	
potassium citrate-citric acid 3,300 mg-1,002 mg oral packet	P	

Drug Name	Tier	Drug Restriction
sodium citrate-citric acid 500 mg-334 mg/5 mL oral solution	P	
Taron-Crystals 3,300 mg-1,002 mg oral packet	P	
Virtrate-2 500 mg-334 mg/5 mL oral solution	P	
URINARY ANALGESICS		
phenazopyridine 100 mg tablet	P	
phenazopyridine 200 mg tablet	P	
URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS		
bethanechol chloride 10 mg tablet	P	MT
bethanechol chloride 25 mg tablet	P	MT
bethanechol chloride 5 mg tablet	P	MT
bethanechol chloride 50 mg tablet	P	MT
HEMATOLOGICAL AGENTS		
CXCR4 CHEMOKINE RECEPTOR ANTAGONISTS		
Mozobil 24 mg/1.2 mL (20 mg/mL) subcutaneous solution	P	PA; SP
FACTOR IX COMPLEX (PROTHROMBIN COMPLEX CONCENTRATE) PREPARATIONS		

Drug Name	Tier	Drug Restriction
Bebulin 700 (+/-) unit intravenous solution	P	PA; \$0 Copay
FACTOR XIII PREPARATIONS		
Corifact 1,000 unit-1,600 unit intravenous solution	P	PA; SP; \$0 Copay
Tretten 2,500 unit intravenous solution	P	PA; SP; \$0 Copay
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER 400 mg tablet, extended release	P	MT; \$0 Copay
HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS		
Fibryga 1 gram (700 mg-1,300 mg) intravenous solution	P	PA; \$0 Copay
RiaSTAP 1 gram (900 mg-1,300 mg) intravenous solution	P	PA; SP; \$0 Copay
tranexamic acid 650 mg tablet	P	QL(QL Overtime: Allowed 30 over 5 days)
HEPARINS		
heparin (porcine) 20,000 unit/mL injection solution	P	\$0 Copay
heparin (porcine) 5,000 unit/mL (1 mL) injection cartridge	P	\$0 Copay

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

Drug Name	Tier	Drug Restriction
Adult Aspirin Regimen 81 mg tablet,delayed release	P	
Aspir-81 mg tablet,delayed release	P	
aspirin 81 mg chewable tablet	P	
aspirin 81 mg tablet,delayed release	P	
Aspir-Low 81 mg tablet,delayed release	P	
Children's Aspirin 81 mg chewable tablet	P	
Enteric Coated Aspirin 81 mg tablet,delayed release	P	
Lo-Dose Aspirin 81 mg tablet,delayed release	P	
Miniprin 81 mg tablet,delayed release	P	
IMMUNOSUPPRESSIVE AGENTS		
IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS		
Prograf 5 mg/mL intravenous solution	P	PA
IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		

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

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

Drug Name	Tier	Drug Restriction
Lisco 4" X 4" sponge	P	
Sof-Wick 4" X 4" sponge	P	
Sterile Pads 2" X 2" bandage	P	
Sterile Pads 4" X 4" bandage	P	
Topper Dressing Sponges 4" X 4"	P	
Versalon 2" X 2" sponge	P	
Versalon 4" X 4" sponge	P	
Versalon Nonwoven All-Purpose 2" X 2" sponge	P	
Versalon Nonwoven All-Purpose 4" X 4" sponge	P	
MEDICAL SUPPLIES AND DME - GAUZE PADS AND DRESSINGS		
Curity Cover 4" X 4" sponge	P	
Dermacea I.V. 2" X 2" sponge	P	
Excilon 4" X 4" sponge	P	
Excilon Drain 4" X 4" sponge	P	

Drug Name	Tier	Drug Restriction
Excilon I.V. 2" X 2" sponge	P	
Nu Gauze 4ply 4" X 4" sponge	P	
Polymem Dressing 4" X 4"	P	
Restore 2" X 2" bandage	P	
Restore Odor-Absorbent 4" X 4" bandage	P	
MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES		
2-In-1 Lancet Device 30 gauge	P	QL(QL Overtime: Allowed 1 over 180 days)
Accu-Chek Fastclix Lancet Drum	P	
Accu-Chek Softclix Lancets	P	
Acti-Lance Lancets 17 gauge	P	
Acti-Lance Lancets 23 gauge	P	
Acti-Lance Lancets 28 gauge	P	
Adjustable Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Advanced Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)

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

Drug Name	Tier	Drug Restriction
Assure Lance Plus 30 gauge	P	
Auto-Lancet Mini	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Impression Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Mini kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Plus Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
BD Microtainer Lancet 1.5 mm X 2 mm	P	
BD Microtainer Lancet 21 gauge	P	
BD Microtainer Lancet 30 gauge	P	
BD Ultra-Fine II Lancets 30 gauge	P	
blood glucose control, normal solution	P	
Bullseye Mini Safety Lancets 21 gauge	P	
Bullseye Mini Safety Lancets 25 gauge	P	

Drug Name	Tier	Drug Restriction
Bullseye Mini Safety Lancets 28 gauge	P	
Careone Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Careone Ultra Thin Lancet	P	
CareTouch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
CareTouch Safety Lancets 26 gauge	P	
CareTouch Safety Lancets 28 gauge	P	
CareTouch Twist Lancet 30 gauge	P	
Comfort Lancets	P	
Droplet Lancets 30 gauge	P	
Droplet Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Click Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Mini Eject Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Touch Lancets 30 gauge	P	
Easy Touch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Touch Safety Lancets 21 gauge	P	

Drug Name	Tier	Drug Restriction
Easy Touch Safety Lancets 28 gauge	P	
Easy Touch Safety Lancets 30 gauge	P	
Easy Touch Safety Lancets 32 gauge	P	
Easy Touch Twist Lancets 30 gauge	P	
Easy Twist and Cap Lancets 28 gauge	P	
E-Z Ject Lancets	P	
E-Z Ject Lancets 26 gauge	P	
E-Z Ject Lancets 30 gauge	P	
E-Z Ject Lancets 33 gauge	P	
E-Z Ject Thin Lancets 28 gauge	P	
EZ-Lets 26 gauge	P	
Fifty50 Safety Seal Lancets 32 gauge	P	
Fine 30 Universal Lancets 30 gauge	P	
Fingerstix Lancets	P	
Fora Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Tier	Drug Restriction
ForaCare Lancets 30 gauge	P	
Glucocom Lancets 33 gauge	P	
Healthy Accents Autolet Impression Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
inControl Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
inControl Super Thin Lancets 30 gauge	P	
inControl Ultra Thin Lancets 28 gauge	P	
lancets	P	
lancets 26 gauge	P	
lancets 28 gauge	P	
lancets 30 gauge	P	
lancets 33 gauge	P	
Lancets, Super Thin	P	
Lancets,Thin	P	
Lancets,Thin 23 gauge	P	

Drug Name	Tier	Drug Restriction
Lancets,Ultra Thin	P	
Lancets,Ultra Thin 26 gauge	P	
lancing device	P	QL(QL Overtime: Allowed 1 over 180 days)
lancing device with lancets	P	QL(QL Overtime: Allowed 1 over 180 days)
lancing device with lancets kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Lanzo Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Lite Touch Lancets 28 gauge	P	
Lite Touch Lancets 33 gauge	P	
Lite Touch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Medlance Plus Lancets 21 gauge	P	
Medlance Plus Lancets 25 gauge	P	
Medlance Plus Lancets 30 gauge	P	
Medlance Plus Special Blade 0.8 mm X 2 mm misc	P	
Micro Thin Lancets 33 gauge	P	
Microlet Lancet	P	

Drug Name	Tier	Drug Restriction
Microlet Next Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Mini Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Multi-Lancet Device	P	QL(QL Overtime: Allowed 1 over 180 days)
On Call Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
On Call Plus Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
OneTouch Delica Lancets 30 gauge	P	
OneTouch Delica Lancets 33 gauge	P	
OneTouch Delica Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
OneTouch Delica Plus Lancet 30 gauge	P	
OneTouch Delica Plus Lancet 33 gauge	P	
OneTouch Delica Plus Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
OneTouch UltraSoft Lancets	P	
On-The-Go Lancets 30 gauge	P	
Pip Lancet 28 gauge	P	

Drug Name	Tier	Drug Restriction
Pip Lancet 30 gauge	P	
Prodigy Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Pure Comfort Lancets 30 gauge	P	
Pure Comfort Safety Lancets 30 gauge	P	
ReliaMed Lancet 28 gauge	P	
ReliaMed Lancet 30 gauge	P	
ReliaMed Mini Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
ReliaMed Safety Seal Lancets 28 gauge	P	
ReliaMed Safety Seal Lancets 30 gauge	P	
ReliOn Thin Lancets 26 gauge	P	
Rightest GD500 Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Rightest GL300 Lancets 30 gauge	P	
Safety Lancets 28 gauge	P	
Safety Seal Lancets 30 gauge	P	

Drug Name	Tier	Drug Restriction
Safety-Let Lancets 30 gauge	P	
Select-Lite Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Smart Sense Lancets 21 gauge	P	
Smart Sense Lancets 26 gauge	P	
Smart Sense Lancets 33 gauge	P	
SmartDiabetes Vantage	P	QL(QL Overtime: Allowed 1 over 180 days)
Smartest Lancet	P	
Solus V2 Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Super Thin Lancets 28 gauge	P	
Super Thin Lancets 30 gauge	P	
Sure Comfort Lancing Pen	P	QL(QL Overtime: Allowed 1 over 180 days)
Sureflex Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Sureflex Lancing Device with Lancets kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Sure-Lance 28 gauge	P	
Sure-Lance Ultra Thin 30 gauge	P	

Drug Name	Tier	Drug Restriction
Sure-Touch Lancet	P	
TechLITE Lancets 25 gauge	P	
TechLITE Lancets 30 gauge	P	
Thin Lancets 26 gauge	P	
Topcare Universal1 Lancet	P	
True Metrix Level 1 solution	P	
True Metrix Level 2 solution	P	
True Metrix Level 3 solution	P	
TrueControl Level 0 solution	P	
TrueControl Level 1 solution	P	
TRUEdraw Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
TRUEplus Lancets 26 gauge	P	
TRUEplus Lancets 28 gauge	P	
TRUEplus Lancets 30 gauge	P	
Twist Lancets 30 gauge	P	

Drug Name	Tier	Drug Restriction
Twist Lancets 32 gauge	P	
Ulti-Lance misc	P	QL(QL Overtime: Allowed 1 over 180 days)
Ultilet Classic Lancets	P	
Ultilet Classic Lancets 28 gauge	P	
Ultilet Classic Lancets 30 gauge	P	
Ultilet Classic Lancets 33 gauge	P	
Ultilet Lancets 28 gauge	P	
Ultilet Lancets 30 gauge	P	
Ultilet Lancets 33 gauge	P	
Ultra Thin Lancets	P	
Ultra Thin Lancets 28 gauge	P	
Ultra Thin Lancets 30 gauge	P	
Ultra Thin Plus Lancets 33 gauge	P	
Unilet ComforTouch Lancet 26 gauge	P	
Unilet GP Lancet	P	

Drug Name	Tier	Drug Restriction
Unilet Lancet 28 gauge	P	
Unilet Lancet 33 gauge	P	
Unilet Lancets 30 gauge	P	
Unilet Super Thin Lancets 30 gauge	P	
Unistik Touch Lancets 23 gauge	P	
Universal 1 Lancets 21 gauge	P	
Universal 1 Lancets 26 gauge	P	
Universal 1 Lancets 30 gauge	P	
Universal 1 Lancets 33 gauge	P	
MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES		
1st Tier Unifine Pentips 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)

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

Drug Name	Tier	Drug Restriction
Advocate Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Advocate Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Anti-Stick Insulin 1/2 mL syringe	P	QL(Allowed 5 per 1 day)

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

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

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

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

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

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

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

Drug Name	Tier	Drug Restriction
Comfort EZ Pen Needles 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
DropSafe Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)

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

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

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

Drug Name	Tier	Drug Restriction
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Touch Insulin Syringe 1/2 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Elite-Thin 1/2 mL 30 X 3/4" syringe	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

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

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

Drug Name	Tier	Drug Restriction
Healthy Accents Unifine Pentip 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Insulin Syringe 0.5cc/28G	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1/2 mL 29 X 1"	P	QL(Allowed 5 per 1 day)
Insulin Syringe MicroFine 1 mL 27 gauge x 5/8"	P	QL(Allowed 5 per 1 day)
Insulin Syringe MicroFine 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 29 gauge	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
insulin syringe U-100 with needle 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 28 gauge	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 29 gauge x 7/16"	P	QL(Allowed 5 per 1 day)

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

Drug Name	Tier	Drug Restriction
Insulin Syringe Ultrafine 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe Ultrafine 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe/Needle 1/2 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insuned 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Insupen 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Insupen 30 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 32 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Insupen 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Lite Touch Insulin Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 29 gauge	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Lite Touch Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 30 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 29	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 30 gauge	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 0.3 mL 29 x 1/2"	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Magellan Syringe 0.3 mL 30 x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Magellan Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Maxi-Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Maxi-Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Mini Ultra-Thin II 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Monoject Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 25 gauge x 5/8"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Monoject Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Monoject Ultra Comfort Insulin 1/2 mL 28 gauge syringe	P	QL(Allowed 5 per 1 day)
NovoFine 30 30 gauge x 1/3" needle	P	QL(Allowed 5 per 1 day)
Novofine 32 32 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Novofine Autocover 30 gauge x 1/3" needle	P	QL(Allowed 5 per 1 day)
NovoFine Plus 32 gauge x 1/6" needle	P	QL(Allowed 5 per 1 day)
NovoTwist 32 gauge x 1/5" needle	P	QL(Allowed 5 per 1 day)
Pen Needle 29 gauge	P	QL(Allowed 5 per 1 day)
Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 1/3"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Pentips 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)

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

Drug Name	Tier	Drug Restriction
Pro Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pure Comfort Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Pure Comfort Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)

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

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

Drug Name	Tier	Drug Restriction
Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe U-100 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Sure-Fine Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TechLITE Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Topcare Clickfine 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Topcare Clickfine 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

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

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

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

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

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

Drug Name	Tier	Drug Restriction
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 29	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 30 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

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

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

Drug Name	Tier	Drug Restriction
Unifine Pentips 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Unifine SafeControl 30 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
VanishPoint Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
VanishPoint Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
MEDICAL SUPPLIES AND DME - MALE CONDOMS		
Aimco Latex Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Atlas Color Lubricated Condom	P	QL(Allowed 36 per Rx); \$0 Copay

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

Drug Name	Tier	Drug Restriction
Reality Latex Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Magnum Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Ribbed/Spermicidal Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Very Sensitive Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Very Sensitive Spermicidal Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Very Thin Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan Very Thin Spermicide Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan-Enz Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trojan-Enz/Spermicidal Condoms	P	QL(Allowed 36 per Rx); \$0 Copay
Trustex Latex Condom	P	QL(Allowed 36 per Rx); \$0 Copay
Trustex Lubricated Condoms	P	QL(Allowed 36 per Rx); \$0 Copay

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

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

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

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

Drug Name	Tier	Drug Restriction
OptiChamber Diamond VHC with Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Large Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Medium Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Small Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiHaler Drug Delivery System spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
POCKET CHAMBER spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Pocket Spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Pro Comfort Spacer-Adult Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Pro Comfort Spacer-Child Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
ProChamber	P	QL(QL Overtime: Allowed 2 over 360 days)
RiteFlo Aerochamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Vortex Holding Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
Vortex VHC Frog Mask-Child	P	QL(QL Overtime: Allowed 2 over 360 days)
Watchhaler spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
MEDICAL SUPPLIES AND DME - URINARY CATHETERS AND RELATED DEVICES		
Curity Urethral Catheter 14 Fr	P	
MEDICAL SUPPLIES AND DME - URINE KETONE TESTS		
Chek-Stix Control strips	P	
Chemstrip K	P	
Ketone Urine Test strips	P	
Ketostix strips	P	
TRUEplus Ketone strips	P	
METABOLIC DISEASE ENZYME REPLACEMENT AGENTS		
METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DISEASE		
Fabrazyme 35 mg intravenous solution	P	PA; SP
Fabrazyme 5 mg intravenous solution	P	PA; SP
METABOLIC MODIFIERS		
METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS		
levocarnitine (with sugar) 100 mg/mL oral solution	P	

Drug Name	Tier	Drug Restriction
levocarnitine 100 mg/mL oral solution	P	
PHARMACOLOGICAL CHAPERONE TX - ALPHA-GALACTOSIDASE A ENZYME STABILIZER		
Galafold 123 mg capsule	P	PA; QL(Allowed 0.5 per 1 day)
MISCELLANEOUS		
OTHER		
MOUTH-THROAT-DENTAL - PREPARATIONS		
DENTAL PRODUCT - FLUORIDE PREPARATIONS		
Caverest 1.1 % dental gel	P	QL(Allowed 60 per Rx)
Denta 5000 Plus 1.1 % cream	P	QL(Allowed 60 per Rx)
DentaGel 1.1 %	P	QL(Allowed 60 per Rx)
Fluor-a-day 2.5 mg fluoride (5.56 mg sodium fluoride)/mL oral drops	P	AL(Maximum Age 15 Years)
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15 Years)
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15 Years)

Drug Name	Tier	Drug Restriction
fluoride 0.5 mg (1.1 mg sodium fluoride)/mL oral drops	P	AL(Maximum Age 15 Years)
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15 Years)
NeutraGard Advanced 1.1 % dental gel	P	QL(Allowed 60 per Rx)
SF 1.1 % dental gel	P	QL(Allowed 60 per Rx)
SF 5000 Plus 1.1 % dental cream	P	QL(Allowed 60 per Rx)
sodium fluoride 0.2 % dental solution	P	
sodium fluoride 1.1 % dental cream	P	QL(Allowed 60 per Rx)
sodium fluoride 1.1 % dental gel	P	QL(Allowed 60 per Rx)
MOUTH AND THROAT - ANTISEPTICS		
chlorhexidine gluconate 0.12 % mouthwash	P	
MOUTH AND THROAT - ARTIFICIAL SALIVA		
Aquoral mucosal spray	P	QL(Allowed 900 per Rx)
Caphosol mucosal solution	P	QL(Allowed 900 per Rx)
Moi-Stir mucosal spray with pump	P	QL(Allowed 900 per Rx)

Drug Name	Tier	Drug Restriction
Mouth Kote Spray	P	QL(Allowed 900 per Rx)
Numoisyn oral mucosal liquid	P	QL(Allowed 900 per Rx)
Oral Relief Dry Mouth mucosal spray with pump	P	QL(Allowed 900 per Rx)
MOUTH AND THROAT - GLUCOCORTICOIDS		
triamcinolone acetonide 0.1 % dental paste	P	QL(Allowed 5 per Rx)
MOUTH AND THROAT - SALIVA STIMULANTS		
Biotene Moisturizing Mouth mucosal spray	P	QL(Allowed 900 per Rx)
Dry Mouth mucosal spray	P	QL(Allowed 900 per Rx)
pilocarpine 5 mg tablet	P	QL(Allowed 6 per 1 day)
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANT COMBINATIONS		
Artificial Tears (petrolatum/mineral oil) 83 %-15 % eye ointment	P	QL(Allowed 4 per Rx)
Artificial Tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops	P	
GenTeal PM 94 %-3 % eye ointment	P	QL(Allowed 4 per Rx)

Drug Name	Tier	Drug Restriction
GenTeal Tears Moderate 0.1 %-0.3 %-0.2 % eye drops	P	
GenTeal Tears Severe (petrolatum-mineral oil) 94 %-3 % eye ointment	P	QL(Allowed 4 per Rx)
Lubricant Eye 57.3 %-42.5 % ointment	P	QL(Allowed 4 per Rx)
Lubrifresh PM 83 %-15 % eye ointment	P	QL(Allowed 4 per Rx)
Puralube 85 %-15 % eye ointment	P	QL(Allowed 4 per Rx)
Refresh Lacri-Lube 56.8 %-42.5 % eye ointment	P	QL(Allowed 4 per Rx)
Refresh P.M. 57.3 %-42.5 % eye ointment	P	QL(Allowed 4 per Rx)
Systane Nighttime 94 %-3 % eye ointment	P	QL(Allowed 4 per Rx)
ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS		
Artificial Tears (polyvinyl alcohol) 1.4 % eye drops	P	QL(Allowed 15 per Rx)
LiquiTears 1.4 % eye drops	P	QL(Allowed 15 per Rx)
polyvinyl alcohol 1.4 % eye drops	P	QL(Allowed 15 per Rx)
CONTACT LENS PREPARATION - HARD/SOFT/GAS PERMEABLE PRODUCTS		

Drug Name	Tier	Drug Restriction
Systane Contacts eye drops	P	
OPHTHALMIC - ANTICHOLINERGICS		
atropine 1 % eye drops	P	QL(Allowed 15 per Rx)
atropine 1 % eye ointment	P	QL(Allowed 4 per Rx)
cyclopentolate 0.5 % eye drops	P	QL(Allowed 15 per Rx)
cyclopentolate 1 % eye drops	P	QL(Allowed 15 per Rx)
cyclopentolate 2 % eye drops	P	
Isopto Atropine 1 % eye drops	P	QL(Allowed 15 per Rx)
tropicamide 0.5 % eye drops	P	QL(Allowed 15 per Rx)
tropicamide 1 % eye drops	P	QL(Allowed 15 per Rx)
OPHTHALMIC - DECONGESTANTS		
phenylephrine 2.5 % eye drops	P	QL(Allowed 15 per Rx)
OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS		
metipranolol 0.3 % eye drops	P	\$0 Copay
OPHTHALMIC ANTIVIRALS		
trifluridine 1 % eye drops	P	QL(Allowed 8 per Rx)
OPHTHALMIC OTHERS		
Soothe XP 1 %-4.5 % eye drops	P	

Drug Name	Tier	Drug Restriction
OTIC (EAR)		
OTIC (EAR) - ANTI-INFECTIVES OTHER		
acetic acid 2 % ear solution	P	QL(Allowed 15 per Rx)
OTIC (EAR) - GLUCOCORTICOIDS		
fluocinolone acetone oil 0.01 % ear drops	P	QL(Limit 1 package(s) per 30 days)
hydrocortisone-acetic acid 1 %-2 % ear drops	P	QL(Allowed 10 per Rx)
RESPIRATORY THERAPY AGENTS		
1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
Brotapp 1 mg-15 mg/5 mL oral liquid	P	QL(Allowed 120 per Rx)
Children's Cold-Allergy (phenylephrine) 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
Children's Dibromm Cold and Allergy 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
Cold and Allergy (bromphen-PE) 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
Dimaphen (PE) 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
LoHist - D 2 mg-30 mg/5 mL oral liquid	P	

Drug Name	Tier	Drug Restriction
promethazine-phenylephrine 6.25 mg-5 mg/5 mL oral syrup	P	AL(Minimum Age 2 Years); QL(Allowed 240 per Rx)
Rynex PE 1 mg-2.5 mg/5 mL oral solution	P	QL(Allowed 120 per Rx)
Rynex PSE 1 mg-15 mg/5 mL oral liquid	P	QL(Allowed 120 per Rx)
Valu-Tapp 1 mg-15 mg/5 mL oral liquid	P	QL(Allowed 120 per Rx)
ANTIHISTAMINES - 1ST GENERATION		
Aller-Chlor 4 mg tablet	P	QL(Allowed 120 per Rx)
Aller-G-Time 25 mg tablet	P	QL(Allowed 4 per 1 day)
Allergy (chlorpheniramine) 4 mg tablet	P	QL(Allowed 120 per Rx)
Allergy (diphenhydramine) 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy (diphenhydramine) 25 mg tablet	P	QL(Allowed 4 per 1 day)
Allergy 4-Hour 4 mg tablet	P	QL(Allowed 120 per Rx)
Allergy Medicine 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy Relief (chlorpheniramine) 4 mg tablet	P	QL(Allowed 120 per Rx)

Drug Name	Tier	Drug Restriction
Allergy Relief (clemastine) 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Allergy Relief (diphenhydramine) 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Allergy Relief (diphenhydramine) 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy Relief (diphenhydramine) 25 mg tablet	P	QL(Allowed 4 per 1 day)
Allergy-Time 4 mg tablet	P	QL(Allowed 120 per Rx)
Allerhist (clemastine) 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Banophen 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Banophen 25 mg capsule	P	QL(Allowed 4 per 1 day)
Banophen 25 mg tablet	P	QL(Allowed 4 per 1 day)
Banophen 50 mg capsule	P	QL(Allowed 4 per 1 day)
Banophen Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Children's Allergy (diphenhydramine) 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)

Drug Name	Tier	Drug Restriction
chlorpheniramine 4 mg tablet	P	QL(Allowed 120 per Rx)
Complete Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Complete Allergy 25 mg capsule	P	QL(Allowed 4 per 1 day)
Complete Allergy 25 mg tablet	P	QL(Allowed 4 per 1 day)
Complete Allergy Medicine 25 mg capsule	P	QL(Allowed 4 per 1 day)
Complete Allergy Medicine 25 mg tablet	P	QL(Allowed 4 per 1 day)
cyproheptadine 2 mg/5 mL oral syrup	P	
cyproheptadine 4 mg tablet	P	MT
Dayhist 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Dayhist Allergy 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Diphedryl 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Diphedryl 25 mg capsule	P	QL(Allowed 4 per 1 day)
Diphedryl 25 mg tablet	P	QL(Allowed 4 per 1 day)
Diphen 12.5 mg/5 mL oral elixir	P	QL(Allowed 240 per Rx)

Drug Name	Tier	Drug Restriction
Diphenhist 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Diphenhist 25 mg capsule	P	QL(Allowed 4 per 1 day)
Diphenhist 25 mg tablet	P	QL(Allowed 4 per 1 day)
diphenhydramine 12.5 mg/5 mL oral elixir	P	QL(Allowed 240 per Rx)
diphenhydramine 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
diphenhydramine 25 mg capsule	P	QL(Allowed 4 per 1 day)
diphenhydramine 25 mg tablet	P	QL(Allowed 4 per 1 day)
diphenhydramine 50 mg capsule	P	QL(Allowed 4 per 1 day)
ED Chlorped Jr 2 mg/5 mL oral syrup	P	QL(Allowed 60 per 1 day)
Ed-Chlortan 4 mg tablet	P	QL(Allowed 120 per Rx)
Pharbechlor 4 mg tablet	P	QL(Allowed 120 per Rx)
Pharbedryl 25 mg capsule	P	QL(Allowed 4 per 1 day)
Pharbedryl 50 mg capsule	P	QL(Allowed 4 per 1 day)
Ryclora 2 mg/5 mL oral solution	P	

Drug Name	Tier	Drug Restriction
Siladryl SA 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Silphen Cough 12.5 mg/5 mL oral syrup	P	QL(Allowed 240 per Rx)
Valu-Dryl Allergy 25 mg capsule	P	QL(Allowed 4 per 1 day)
ANTITUSSIVES - NON-OPIOID		
benzonatate 100 mg capsule	P	AL(Minimum Age 10 Years); AL (Maximum Age 20 Years)
benzonatate 200 mg capsule	P	AL(Minimum Age 10 Years); AL (Maximum Age 20 Years)
Children's Cough DM ER 30 mg/5 mL oral suspension,extended release	P	AL (Maximum Age 20 Years)
Cough DM ER 30 mg/5 mL oral suspension,extended release	P	AL (Maximum Age 20 Years)
dextromethorphan polistirex ER 30 mg/5 mL oral susp ext.release 12hr	P	AL (Maximum Age 20 Years)
ASTHMA THERAPY - MAST CELL STABILIZERS		
cromolyn 20 mg/2 mL solution for nebulization	P	QL(Allowed 8 per 1 day)
ASTHMA THERAPY - XANTHINES		
Elixophyllin 80 mg/15 mL oral elixir	P	

Drug Name	Tier	Drug Restriction
Theo-24 100 mg capsule,extended release	P	
Theo-24 200 mg capsule,extended release	P	
Theo-24 300 mg capsule,extended release	P	
Theo-24 400 mg capsule,extended release	P	
theophylline 80 mg/15 mL oral elixir	P	QL(Allowed 475 per Rx); MT
theophylline 80 mg/15 mL oral solution	P	QL(Allowed 475 per Rx); MT
theophylline ER 100 mg tablet,extended release,12 hr	P	MT
theophylline ER 200 mg tablet,extended release,12 hr	P	MT
theophylline ER 300 mg tablet,extended release,12 hr	P	MT
theophylline ER 400 mg tablet,extended release 24 hr	P	MT
theophylline ER 450 mg tablet,extended release,12 hr	P	

Drug Name	Tier	Drug Restriction
theophylline ER 600 mg tablet,extended release 24 hr	P	MT
CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR		
Kalydeco 150 mg tablet	P	PA; SP
Kalydeco 50 mg oral granules in packet	P	PA; SP
Kalydeco 75 mg oral granules in packet	P	PA; SP
CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB		
Orkambi 100 mg-125 mg oral granules in packet	P	PA; SP
Orkambi 100 mg-125 mg tablet	P	PA; SP
Orkambi 150 mg-188 mg oral granules in packet	P	PA; SP
Orkambi 200 mg-125 mg tablet	P	PA; SP
Symdeko 100 mg-150 mg (day)/150 mg (night) tablets	P	PA
Trikafta 100-50-75 mg (d)/150 mg (n) tablets	P	PA
DECONGESTANT-ANALGESIC, NSAID COX NON-SPECIFIC		
Cold-Sinus Relief 30 mg-200 mg tablet	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Ibuprofen Cold-Sinus (with pseudoephedrine) 30 mg-200 mg tablet	P	AL (Maximum Age 20 Years)
DECONGESTANT-EXPECTORANT COMBINATIONS		
ED Bron GP 5 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucus D 60 mg-600 mg tablet,extended release	P	AL (Maximum Age 20 Years)
Mucus Relief D (pseudoephed) 60 mg-600 mg tablet,extended release	P	AL (Maximum Age 20 Years)
pseudoephedrine-guaifenesin ER 60 mg-600 mg tablet,extend release 12hr	P	AL (Maximum Age 20 Years)
EXPECTORANTS - SINGLE AGENTS, GENERAL		
Adult Tussin Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Child Mucus Relief Expectorant 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Children's Mucinex Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Cough Syrup 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Diabetic Siltussin DAS-Na 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Diabetic Tussin EX 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
guaifenesin 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
guaifenesin ER 1,200 mg tablet, extended release 12 hr	P	AL (Maximum Age 20 Years)
Medifin Expectorant Mucus Rlf 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucus Relief 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Mucus Relief ER 1,200 mg tablet, extended release	P	AL (Maximum Age 20 Years)
Mucus Relief ER 600 mg tablet, extended release	P	AL (Maximum Age 20 Years)
Mucus-ER MAX 1,200 mg tablet, extended release	P	AL (Maximum Age 20 Years)
Robafen 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Siltussin DAS 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Siltussin SA 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tusnel-Ex 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin Expectorant 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Tussin Mucus-Chest Congestion 100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
MUCOLYTICS		
acetylcysteine 100 mg/mL (10 %) solution	P	
acetylcysteine 200 mg/mL (20 %) solution	P	
Pulmozyme 1 mg/mL solution for inhalation	P	PA; SP
NASAL SYMPATHOMIMETIC DECONGESTANTS (INTRANASAL)		
Adrenalin 1 mg/mL nasal solution	P	AL(Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHIST.-DECONGEST-ANALGESIC, NON-SALICYLAT		
Daytime-Nighttime 10-5-325mg(d)/15-325-6.25mg capsules	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE-ANALGESIC, NON-SALICYLATE		
Contac Cold-Flu Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Cough-Sore Throat Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Night Time Cold 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Night Time Cold-Flu 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Night Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Nite Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
Nite-Time 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE-DECONGESTANT COMBINATIONS		

Drug Name	Tier	Drug Restriction
brompheniramine - pseudoephedrine-DM 2 mg-30 mg-10 mg/5 mL oral syrup	P	AL (Maximum Age 20 Years)
Brotapp DM 1 mg-15 mg-5 mg/5 mL oral elixir	P	AL (Maximum Age 20 Years)
Ed A-Hist DM 4 mg-10 mg-15 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Kidkare Cough/Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
NoHist-DM 4 mg-10 mg-15 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Pedia Relief Cough-Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Pediatric Cough and Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS		
promethazine-DM 6.25 mg-15 mg/5 mL oral syrup	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
NON-OPIOID ANTITUSSIVE-DECONGESTANT COMBINATIONS		
Cold and Cough (pe-dm) 2.5 mg-5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)

Drug Name	Tier	Drug Restriction
Triacting Cough and Cold 2.5 mg-5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
NON-OPIOID ANTTUSSIVE-DECONGESTANT-ANALGESIC, NON-SALICYLATE COMB		
Day Time PE 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
DayTime 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
Daytime Cold and Flu Relief (phenylephrine) 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
Mucinex Fast-Max Congestion-Headache (DM) 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
Mucinex Fast-Max Severe Cold and Sinus 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
Mucinex Sinus-Max Severe Congestion-Pain(DM) 5 mg-10 mg-325 mg capsule	P	AL (Maximum Age 20 Years)
NON-OPIOID ANTTUSSIVE-EXPECTORANT COMBINATIONS		
Adult Tussin Cough Congestion DM 10 mg-100 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)

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

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

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

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

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

Drug Name	Tier	Drug Restriction
Virtussin AC 10 mg-100 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx); AL (Maximum Age 20 Years)
SYSTEMIC SYMPATHOMIMETIC DECONGESTANTS		
12 Hour Decongestant ER 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
12 Hour Nasal Decongestant (PSE) 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
Children's Silfedrine 15 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
Nasal Decongestant (phenylephrine) 10 mg tablet	P	QL(Allowed 24 per Rx); AL (Maximum Age 20 Years)
Nasal Decongestant (pseudoephedrine) 120 mg tablet,extended release	P	QL(Allowed 2 per 1 day); AL (Maximum Age 20 Years)
Nasal Decongestant (pseudoephedrine) 30 mg tablet	P	AL (Maximum Age 20 Years)
Nasal Decongestant (pseudoephedrine) 30 mg/5 mL oral liquid	P	AL (Maximum Age 20 Years)
pseudoephedrine 30 mg tablet	P	AL (Maximum Age 20 Years)

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

Drug Name	Tier	Drug Restriction
Suphedrine PE 10 mg tablet	P	QL(Allowed 24 per Rx); AL (Maximum Age 20 Years)

Index

1		
12 Hour Decongestant ER 120 mg tablet,extended release.....	115	
12 Hour Nasal Decongestant (PSE) 120 mg tablet,extended release.....	115	
1st Tier Unifine Pentips 29 gauge x 1/2	75	
1st Tier Unifine Pentips 31 gauge x 1/4	75	
1st Tier Unifine Pentips 31 gauge x 3/16.....	75	
1st Tier Unifine Pentips 31 gauge x 5/16.....	75	
1st Tier Unifine Pentips 32 gauge x 5/32.....	76	
1st Tier Unifine Pentips Plus 29 gauge x 1/2.....	76	
1st Tier Unifine Pentips Plus 31 gauge x 1/4.....	76	
1st Tier Unifine Pentips Plus 31 gauge x 3/16.....	76	
1st Tier Unifine Pentips Plus 31 gauge x 5/16.....	76	
1st Tier Unifine Pentips Plus 32 gauge x 5/32.....	76	
2		
2-In-1 Lancet Device 30 gauge	69	
5		
50 Plus Adult Eye Health 250 mg-5 mg- 1 mg capsule.....	38	
A		
A Thru Z Select 500 mcg-250 mcg chewable tablet.....	38	
ABDEK Multivitamin 1,000 unit-800 mcg capsule	38	
ABDEK Multivitamin 500 unit-400 mcg/mL oral drops.....	44	
AboutTime Pen Needle 30 gauge x 5/16	76	
AboutTime Pen Needle 31 gauge x 3/16	76	
AboutTime Pen Needle 31 gauge x 5/16	76	
AboutTime Pen Needle 32 gauge x 5/32	76	
Accu-Chek Fastclix Lancet Drum.....	69	
Accu-Chek Softclix Lancets.....	69	
acetaminophen 120 mg rectal suppository.....	12	
acetaminophen 160 mg chewable tablet	12	
acetaminophen 160 mg/5 mL (5 mL) oral solution	12	
acetaminophen 160 mg/5 mL oral elixir	12	
acetaminophen 160 mg/5 mL oral liquid	12	
acetaminophen 325 mg tablet.....	12	
acetaminophen 325 mg/10.15 mL oral solution.....	12	
acetaminophen 325 mg/10.15 mL oral suspension.....	12	
acetaminophen 500 mg tablet.....	12	
acetaminophen 500 mg/15 mL oral liquid	12	
acetaminophen 650 mg rectal suppository	13	
acetaminophen 650 mg/20.3 mL oral solution.....	13	
acetaminophen 650 mg/20.3 mL oral suspension.....	13	
acetaminophen 80 mg chewable tablet	13	
acetaminophen 80 mg/0.8 mL oral drops,suspension	13	
acetazolamide 125 mg tablet.....	25	
acetazolamide 250 mg tablet.....	25	
acetazolamide ER 500 mg capsule,extended release	25	
acetic acid 2 % ear solution.....	105	
acetylcysteine 100 mg/mL (10 %) solution.....	110	
acetylcysteine 200 mg/mL (20 %) solution.....	110	
Actical capsule.....	38	
Acti-Lance Lancets 17 gauge	69	
Acti-Lance Lancets 23 gauge	69	
Acti-Lance Lancets 28 gauge	69	
Adacel (Tdap Adolesn/Adult)(PF)2 Lf- (2.5-5-3-5)-5 Lf/0.5 mL IM syringe	21	
Adacel (Tdap Adolesn/Adult)(PF)2Lf- (2.5-5-3-5mcg)-5 Lf/0.5 mL IM susp	21	
Adjustable Lancing Device	69	
Adrenalin 1 mg/mL nasal solution	110	
Adult 50 Plus Eye Health 250 mg-5 mg- 1 mg capsule.....	38	
Adult Aspirin Regimen 81 mg tablet,delayed release.....	67	
Adult Multi plus Omega-3 200 mcg- 1,000 unit-25 mg chewable tablet ...	38	
Adult Multivitamin Extra Vitamin D3 200 mcg chewable tablet	38	
Adult Multivitamin Gummies 200 mcg chewable tablet.....	38	
Adult One Daily Gummies 200 mcg chewable tablet	38	
Adult One Daily Multivitamin 0.4 mg tablet	38	
Adult Tussin Chest Congestion 100 mg/5 mL oral liquid	109	
Adult Tussin Cough Congestion DM 10 mg-100 mg/5 mL oral liquid	112	
Adult Tussin DM 10 mg-100 mg/5 mL oral syrup.....	112	
Advanced Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension.....	56	
Advanced Lancing Device kit.....	69	
Advanced Multi EA 22.5 mg-400 mcg- 150 mcg-10 mg chewable tablet.....	38	
Advanced Travel Lancets 30 gauge.....	70	
Advocate Lancing Device	70	
Advocate Pen Needle 29 gauge x 1/2	76	
Advocate Pen Needle 31 gauge x 3/16	76	
Advocate Pen Needle 31 gauge x 5/16	76	
Advocate Rapid-Safe Lancing Device .	70	
Advocate Syringes 0.3 mL 29 gauge x 1/2.....	76	
Advocate Syringes 0.3 mL 30 gauge x 5/16	76	
Advocate Syringes 0.3 mL 31 gauge x 5/16	76	
Advocate Syringes 0.5 mL 29 gauge x 1/2.....	76	
Advocate Syringes 0.5 mL 30 gauge x 5/16	76	
Advocate Syringes 0.5 mL 31 gauge x 5/16	76	
Advocate Syringes 1 mL 29 gauge x 1/2	76	
Advocate Syringes 1 mL 30 gauge x 5/16	76	
Advocate Syringes 1 mL 31 gauge x 5/16	76	
Aerochamber Mini	100	
Aerochamber MV spacer.....	100	
Aerochamber Plus Flow-Vu	100	
Aerochamber Plus Flow-Vu,Large Mask	100	
Aerochamber Plus Flow-Vu,Medium Mask.....	100	
Aerochamber Plus Flow-Vu,Small Mask	100	
Aerochamber Plus Z Stat Large Mask	100	
AeroChamber Plus Z Stat Medium Mask	100	
AeroChamber Plus Z Stat Small Mask	100	
Aerochamber Plus Z Stat spacer	100	
Aerochamber with Flowsignal.....	100	
AeroChamber Z-Stat Plus-Flow Signal	100	
Aerovent Plus spacer.....	100	

Afluria Qd 2020-21 (36 mos up)(PF)60 mcg (15 mcg x4)/0.5 mL IM syringe	22	amiodarone 200 mg tablet	24	Anti-Diarrheal (loperamide) 2 mg tablet	57
Afluria Qd 2020-21 (6-35 mos)(PF) 30 mcg(7.5 mcgx4)/0.25 mL IM syringe	22	AmLactin 12 % lotion	30	Antioxidant A/C/E/Selenium capsule	38
Afluria Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	22	ammonium lactate 12 % lotion.....	30	Antioxidant Formula (selenium yeast) 8,333 unit-167 mg-133 unit tablet...39	
Aftera 1.5 mg tablet.....	29	ammonium lactate 12 % topical cream	30	Anti-Oxidant tablet.....	43
Aimsco Latex Condom	98	anagrelide 0.5 mg capsule	67	Anti-Stick Insulin 1/2 mL syringe.....	76
Airborne (ascorbate sodium) 333 mg-1.7 mg chewable tablet	12	anagrelide 1 mg capsule	67	Anti-Stick Insulin Syringe 1cc/29G	77
Airborne (with lysine acetate) 250 mg-12.5 mg chewable tablet	12	ANIMAL CHEWS tablet.....	44	Aqua Lance Lancing Device.....	70
Airshield 250 mg-1.25 mg chewable tablet.....	12	Animal Shape Vitamins chewable tablet	44	AquADEKs 100 mcg-350 mcg-5 mg chewable tablet.....	39
Alcohol Prep Pads.....	19	Animal Shapes Complete 18 mg iron chewable tablet.....	45	AquADEKs Pediatric 400 mcg/mL oral drops	46
alcohol swabs	19	Animal Shapes Complete chewable tablet	45	Aquoral mucosal spray.....	103
Alcohol Wipes.....	19	Animal Shapes Plus Iron chewable tablet	46	Artificial Tears (petrolatum/mineral oil) 83 %-15 % eye ointment.....	104
Aller-Chlor 4 mg tablet.....	106	Antacid (calcium carbonate) 200 mg calcium (500 mg) chewable tablet .54		Artificial Tears (polyvinyl alcohol) 1.4 % eye drops	104
Aller-G-Time 25 mg tablet.....	106	Antacid (calcium carbonate) 215 mg calcium (500 mg) chewable tablet .54		Artificial Tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops.....	104
Allergy (chlorpheniramine) 4 mg tablet	106	Antacid (calcium carbonate) 320 mg calcium (750 mg) chewable tablet .54		ascorbic acid (vitamin C) 1,000 mg tablet	50
Allergy (diphenhydramine) 25 mg capsule	106	Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	56	ascorbic acid (vitamin C) 250 mg tablet	50
Allergy (diphenhydramine) 25 mg tablet	106	Antacid Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	56	ascorbic acid (vitamin C) 500 mg chewable tablet.....	50
Allergy 4-Hour 4 mg tablet.....	106	Antacid Calcium 215 mg calcium (500 mg) chewable tablet.....	54	ascorbic acid (vitamin C) 500 mg tablet	50
Allergy Medicine 25 mg capsule	106	Antacid Extra Strength (calcium carb) 300 mg (750 mg) chewable tablet .54		Asco-Tabs-1000 1,000 mg tablet	50
Allergy Relief (chlorpheniramine) 4 mg tablet.....	106	Antacid Extra-Strength 200 mg calcium (500 mg) chewable tablet	54	Aspir-81 mg tablet,delayed release.....	67
Allergy Relief (clemastine) 1.34 mg tablet.....	106	Antacid Extra-Strength 200 mg-200 mg-20 mg/5 mL oral suspension	56	aspirin 120 mg rectal suppository.....	15
Allergy Relief (diphenhydramine) 12.5 mg/5 mL oral liquid	106	Antacid Extra-Strength 300 mg (750 mg) chewable tablet.....	54	aspirin 200 mg rectal suppository.....	15
Allergy Relief (diphenhydramine) 25 mg capsule.....	106	Antacid M 200 mg-200 mg-20 mg/5 mL oral suspension	56	aspirin 300 mg rectal suppository.....	15
Allergy Relief (diphenhydramine) 25 mg tablet	106	Antacid Plus Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	56	aspirin 325 mg tablet.....	15
Allergy-Time 4 mg tablet.....	106	Antacid Regular Strength 200 mg-200 mg-20 mg/5 mL oral suspension	56	aspirin 325 mg tablet,delayed release.15	
Allerhist (clemastine) 1.34 mg tablet.106		Antacid Tablet 80 mg-20 mg chewable tablet	54	aspirin 600 mg rectal suppository.....	15
Almacone 200 mg-200 mg-20 mg/5 mL oral suspension.....	56	Antacid Ultra Strength 400 mg calcium (1,000 mg) chewable tablet.....	55	aspirin 81 mg chewable tablet.....	67
Almacone 200 mg-200 mg-25 mg chewable tablet.....	56	Antacid Ultra Strength 430 mg calcium (1,000 mg) chewable tablet.....	55	aspirin 81 mg tablet,delayed release....	67
Alph-E 400 unit capsule	52	Antacid with Simethicone 200 mg-200 mg-20 mg/5 mL oral suspension	56	Aspirin Free Extra Strength 500 mg tablet	13
Alph-E-Mixed 200 unit capsule	52	Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	56	aspirin,buffered (calcium carbonate-magnesium) 325 mg tablet.....	15
Alph-E-Mixed 400 unit capsule	52	Anti-Dandruff (coal tar) 0.5 % shampoo	31	Aspir-Low 81 mg tablet,delayed release	67
Alternate Site Lancing Device.....	70	Anti-Diarrheal (loperamide) 1 mg/5 mL oral liquid	57	Assure Haemolance Plus 1.2 mm.....	70
aluminum hydroxide gel 320 mg/5 mL oral suspension.....	54	Anti-Diarrheal (loperamide) 2 mg capsule	57	Assure Haemolance Plus 18 gauge	70
aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp.....	56			Assure Haemolance Plus 21 gauge	70
amiloride 5 mg tablet.....	26			Assure Haemolance Plus 25 gauge	70
amiloride 5 mg-hydrochlorothiazide 50 mg tablet	26			Assure Haemolance Plus 28 gauge.....	70

Assure Lance 25 gauge.....	70
Assure Lance 28 gauge.....	70
Assure Lance Plus 21 gauge.....	70
Assure Lance Plus 25 gauge.....	70
Assure Lance Plus 30 gauge.....	70
Atlas Color Lubricated Condom.....	98
Atlas Lub Condom-Spermicide.....	99
Atlas Lubricated Condom.....	99
atropine 1 % eye drops.....	105
atropine 1 % eye ointment.....	105
Auto-Lancet Mini.....	70
Autolet Impression Lancing Device kit.....	70
Autolet Lancing Device.....	70
Autolet Mini kit.....	70
Autolet Plus Lancing Device.....	70

B

B Complex 50 tablet.....	33
B Complex Plus Vitamin C 15 mg-10 mg-50 mg-5 mg-300 mg capsule.....	32
B Complex-Vitamin B12 tablet.....	33
Balance B-50 (with folic acid) 0.4 mg tablet.....	32
Band-Aid Gauze Pads 2.....	68
Band-Aid Gauze Pads 4.....	68
Band-Aid Mirasorb Gauze 4.....	68
Banophen 12.5 mg/5 mL oral liquid.....	106
Banophen 25 mg capsule.....	106
Banophen 25 mg tablet.....	106
Banophen 50 mg capsule.....	106
Banophen Allergy 12.5 mg/5 mL oral liquid.....	106
Base, PCCA Syrup Vehicle oral liquid.....	28
B-complex with vitamin C capsule.....	32
B-complex with vitamin C tablet.....	33
BD Alcohol Swabs.....	19
BD Insulin Syringe 0.3 mL 29 gauge x 1/2.....	77
BD Insulin Syringe 0.5 mL 29 gauge x 1/2.....	77
BD Insulin Syringe 1 mL 25 gauge x 5/8.....	77
BD Insulin Syringe 1 mL 25 x 1.....	77
BD Insulin Syringe 1 mL 26 x 1/2.....	77
BD Insulin Syringe 1 mL 27 gauge x 1/2.....	77
BD Insulin Syringe 1 mL 28 gauge x 1/2.....	77
BD Insulin Syringe 1 mL 29 gauge x 1/2.....	77
BD Insulin Syringe Half Unit Ultra-Fine 0.3 mL 31 gauge x 5/16.....	77
BD Insulin Syringe Micro-Fine 1 mL 28 gauge x 1/2.....	77

BD Insulin Syringe Micro-Fine 1/2 mL 28 gauge x 1/2.....	77
BD Insulin Syringe Safety-Lok 1 mL 29 gauge x 1/2.....	77
BD Insulin Syringe Ultra-Fine 0.3 mL 30 gauge x 1/2.....	77
BD Insulin Syringe Ultra-Fine 0.3 mL 31 gauge x 5/16.....	77
BD Insulin Syringe Ultra-Fine 0.5 mL 30 gauge x 1/2.....	77
BD Insulin Syringe Ultra-Fine 0.5 mL 31 gauge x 5/16.....	77
BD Insulin Syringe Ultra-Fine 1 mL 29 gauge x 1/2.....	77
BD Insulin Syringe Ultra-Fine 1 mL 30 gauge x 1/2.....	78
BD Insulin Syringe Ultra-Fine 1 mL 31 gauge x 5/16.....	78
BD Lo-Dose Micro-Fine IV 1/2 mL 28 gauge x 1/2.....	78
BD Lo-Dose Ultra-Fine 0.3 mL 29 gauge x 1/2.....	78
BD Lo-Dose Ultra-Fine 0.5 mL 29 gauge x 1/2.....	78
BD Microtainer Lancet 1.5 mm X 2 mm.....	70
BD Microtainer Lancet 21 gauge.....	70
BD Microtainer Lancet 30 gauge.....	70
BD Nano 2nd Gen Pen Needle 32 gauge x 5/32.....	78
BD PosiFlush Normal Saline 0.9 % injection syringe.....	48
BD Pre-Filled Normal Saline 0.9 % injection syringe.....	48
BD SafetyGlide Insulin Syringe 0.3 mL 29 gauge x 1/2.....	78
BD SafetyGlide Insulin Syringe 0.3 mL 31 gauge x 5/16.....	78
BD SafetyGlide Insulin Syringe 0.5 mL 30 gauge x 5/16.....	78
BD SafetyGlide Insulin Syringe 1 mL 29 gauge x 1/2.....	78
BD SafetyGlide Insulin Syringe 1 mL 31 gauge x 15/64.....	78
BD Ultra Fine II Insulin Syringe 0.3 mL 31 gauge x 5/16.....	78
BD Ultra Fine II Insulin Syringe 0.5 mL 31 gauge x 5/16.....	78
BD Ultra-Fine II Lancets 30 gauge.....	70
BD Ultra-Fine Micro Pen Needle 32 gauge x 1/4.....	78
BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16.....	78
BD Ultra-Fine Nano Pen Needle 32 gauge x 5/32.....	78
BD Ultra-Fine Original Pen Needle 29 gauge x 1/2.....	78
BD Ultra-Fine Short Pen Needle 31 gauge x 5/16.....	78

BD Veo Insulin Syringe Ultra-Fine 1 mL 31 gauge x 15/64.....	78
Bebulin 700 (+/-) unit intravenous solution.....	66
benzonatate 100 mg capsule.....	108
benzonatate 200 mg capsule.....	108
benztropine 1 mg/mL injection solution.....	27
bethanechol chloride 10 mg tablet.....	66
bethanechol chloride 25 mg tablet.....	66
bethanechol chloride 5 mg tablet.....	66
bethanechol chloride 50 mg tablet.....	66
bexarotene 75 mg capsule.....	19
Bexsero 50 mcg-50 mcg-50 mcg-25 mcg/0.5 mL intramuscular syringe.....	22
Biatain 4.....	31
Bio-35, Gluten Free 3 mg-133 mcg-33 mcg-33 mcg capsule.....	39
Biocal 500 mg-100 unit-45 mg-800 mcg capsule.....	34
Bioguard gauze 0.3 %-2.....	31
Bioguard gauze 0.3 %-4.....	31
Bioguard gauze 0.3 %-4.5.....	32
Biotect Plus capsule.....	39
Biotene Moisturizing Mouth mucosal spray.....	104
BioThrax 0.5 mL/dose intramuscular suspension.....	22
biotin 5 mg capsule.....	50
Biovol oral syrup.....	39
bisacodyl 10 mg rectal suppository.....	62
bisacodyl 5 mg tablet,delayed release.....	62
Bisa-Lax (bisacodyl) 5 mg tablet,delayed release.....	62
Biscolax 10 mg rectal suppository.....	62
Bismatrol 262 mg chewable tablet.....	57
Bismatrol 262 mg/15 mL oral suspension.....	57
Bismatrol 525 mg/15 mL oral suspension.....	57
Bismuth Maximum Strength 525 mg/15 mL oral suspension.....	57
bismuth subsalicylate 262 mg chewable tablet.....	57
blood glucose control, normal solution.....	70
blood pressure test kit-large cuff.....	100
blood pressure test kit-medium cuff.....	100
blood pressure test kit-small cuff.....	100
Body, Hair, Skin and Nails 3 mg-133 mcg capsule.....	39
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular suspension.....	21
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular syringe.....	21
Bordered Gauze 4.....	68
BreatheRite MDI Spacer.....	100
BreatheRite Spacer and Mask, Adult.....	100

BreatheRite Spacer and Mask, Child	100
BreatheRite Spacer and Mask, Infant	100
BreatheRite Spacer and Mask, Neonate	100
BreatheRite Spacer and Mask, Small Child	100
BreatheRite with Mask, Large	100
BreatheRite with Mask, Medium	101
BreatheRite with Mask, Small	101
brompheniramine-pseudoephedrine-DM 2 mg-30 mg-10 mg/5 mL oral syrup	111
Brotapp 1 mg-15 mg/5 mL oral liquid	105
Brotapp DM 1 mg-15 mg-5 mg/5 mL oral elixir	111
Buffered Aspirin 325 mg tablet	16
Bullseye Mini Safety Lancets 21 gauge	70
Bullseye Mini Safety Lancets 25 gauge	70
Bullseye Mini Safety Lancets 28 gauge	71
bumetanide 0.5 mg tablet	25
bumetanide 1 mg tablet	25
bumetanide 2 mg tablet	25

C

C-1000 1,000 mg tablet	50
C-1000 with Rose Hips 1,000 mg tablet	50
C-500 500 mg chewable tablet	50
caffeine citrate 60 mg/3 mL (20 mg/mL) oral solution	28
Calci-Chew 500 mg calcium (1,250 mg) tablet	34
Calcidol 200 mcg/mL (8,000 unit/mL) oral drops	51
Calcitrate 200 mg (950 mg) tablet	34
Calcium 500 500 mg calcium (1,250 mg) tablet	34
Calcium 500 + D 500 mg (1,250 mg)-200 unit tablet	35
Calcium 500 + D 500 mg (1,250 mg)-400 unit tablet	35
Calcium 500 + D 500 mg(1,250 mg)-400 unit chewable tablet	35
Calcium 500 mg (1,250 mg) + D3 125 unit tablet	35
Calcium 500 With D 500 mg (1,250 mg)-400 unit tablet	35
Calcium 600 + D(3) 600 mg (1,500 mg)-200 unit tablet	35
Calcium 600 + D(3) 600 mg (1,500 mg)-400 unit tablet	35
Calcium 600 with Vitamin D3 600 mg (1,500 mg)-200 unit tablet	35

Calcium Antacid 200 mg calcium (500 mg) chewable tablet	55
Calcium Antacid 300 mg (750 mg) chewable tablet	55
Calcium Antacid 320 mg calcium (750 mg) chewable tablet	55
Calcium Antacid 400 mg calcium (1,000 mg) chewable tablet	55
Calcium Antacid 430 mg calcium (1,000 mg) chewable tablet	55
Calcium Antacid Ultra Max St 400 mg calcium (1,000 mg) chewable tablet	55
calcium carb-ergocalciferol (vit D2) 500 mg-125 unit tablet	35
calcium carbonate 200 mg calcium (500 mg) chewable tablet	55
calcium carbonate 300 mg (750 mg) chewable tablet	55
calcium carbonate 400 mg calcium (1,000 mg) chewable tablet	55
calcium carbonate 500 mg (1,250 mg)-vitamin D3 125 unit tablet	35
calcium carbonate 500 mg (1,250 mg)-vitamin D3 200 unit tablet	35
calcium carbonate 500 mg (1,250 mg)-vitamin D3 400 unit tablet	35
calcium carbonate 500 mg calcium (1,250 mg) chewable tablet	34
calcium carbonate 500 mg calcium (1,250 mg) tablet	34
calcium carbonate 500 mg(1,250 mg)-vitamin D3 400 unit chewable tablet	35
calcium carbonate 500 mg/5 mL calcium (1,250 mg/5 mL) oral suspension	34
calcium carbonate 600 mg (1,500 mg)-vitamin D3 200 unit tablet	35
calcium carbonate 600 mg (1,500 mg)-vitamin D3 400 unit tablet	35
calcium carbonate-vitamin D3 500 mg-100 unit chewable tablet	35
calcium carbonate-vitamin D3 600 mg (1,500 mg)-800 unit tablet	35
calcium citrate 200 mg (950 mg) tablet	34
Calcium with Vitamin D 600 mg (1,500 mg)-400 unit tablet	35
calcium-vitamin D3 600 mg (1,500 mg)-200 unit tablet	36
Cal-Gest Antacid 200 mg calcium (500 mg) chewable tablet	55
Caphosol mucosal solution	103
Carafate 100 mg/mL oral suspension	65
CareFine Pen Needle 29 gauge x 1/2	78
CareFine Pen Needle 30 gauge x 5/16	78
CareFine Pen Needle 31 gauge x 1/4	79

CareFine Pen Needle 31 gauge x 5/16	79
CareFine Pen Needle 32 gauge x 1/4	79
CareFine Pen Needle 32 gauge x 3/16	79
CareFine Pen Needle 32 gauge x 5/32	79
Careone Lancing Device	71
Careone Ultra Thin Lancet	71
CareTouch Alcohol Prep Pad topical pads	19
CareTouch Lancing Device	71
CareTouch Pen Needle 31 gauge x 1/4	79
CareTouch Pen Needle 31 gauge x 3/16	79
CareTouch Pen Needle 31 gauge x 5/16	79
CareTouch Pen Needle 32 gauge x 3/16	79
CareTouch Pen Needle 32 gauge x 5/32	79
CareTouch Safety Lancets 26 gauge	71
CareTouch Safety Lancets 28 gauge	71
CareTouch Twist Lancet 30 gauge	71
CarraSmart 4	32
CarraSmart Foam 4	32
casanthranol-docusate sodium 30 mg-100 mg capsule	63
castor oil 100 % oral	62
Caverest 1.1 % dental gel	103
C-Buff oral powder	50
ceftriaxone 1 gram intravenous piggyback	17
ceftriaxone 1 gram intravenous solution	17
ceftriaxone 1 gram solution for injection	17
ceftriaxone 250 mg solution for injection	17
ceftriaxone 500 mg solution for injection	17
Centrum 3,500 unit-18 mg-0.4 mg chewable tablet	39
Centrum Flavor Burst Adult chewable tablet	39
Centrum Flavor Burst Kids chewable tablet	39
Centrum MultiGummies 80 mcg chewable tablet	39
Centrum Pro Nutrients 600 mg (1,500 mg)-800 unit tablet	36
Centrum Silver 400 mcg-250 mcg chewable tablet	39
CeraSport 115 mg-40 mg-40 kcal/250 mL oral liquid	36
CeraSport EX1 200 mg-100 mg-20 kcal/250mL oral liquid	36

Chek-Stix Control strips.....	102	Children's Mapap 160 mg chewable tablet	13	ClearLax 17 gram oral powder packet	61
Chemet 100 mg capsule	16	Children's Mapap 80 mg chewable tablet	13	ClearLax 17 gram/dose oral powder..	61
Chemstrip K	102	Children's Mucinex Chest Congestion 100 mg/5 mL oral liquid.....	109	Clever Choice Holding Chamber-Large Mask.....	101
Cheratussin AC 10 mg-100 mg/5 mL oral liquid.....	114	Children's Mucinex Cough 5 mg-100 mg/5 mL oral liquid.....	112	Clever Choice Holding Chamber- Medium Mask	101
cherry flavor (bulk) oral syrup.....	28	Children's Pain and Fever Relief 160 mg/5 mL oral liquid.....	13	Clever Choice Holding Chamber-Small Mask.....	101
Chest Congestion Relief DM 20 mg-400 mg tablet	112	Children's Pain and Fever Relief 160 mg/5 mL oral suspension.....	13	Clickfine Pen Needle 31 gauge x 1/4	79
Chest Congestion-Cough Relief 20 mg- 400 mg tablet	112	Children's Pain and Fever Relief 80 mg chewable tablet.....	13	Clickfine Pen Needle 31 gauge x 5/16	79
Chewable Vitamin C 500 mg tablet.....	50	Children's Pain Relief 160 mg chewable tablet	13	Clickfine Pen Needle 32 gauge x 5/32	79
Chewable-Vite tablet.....	44	Children's Pain Relief 160 mg/5 mL oral suspension.....	13	Clickfine Pen Needle 32 gauge x 5/32	79
Chewable-Vite with Iron tablet.....	46	Children's Pain Reliever 160 mg/5 mL oral suspension	13	clindamycin HCl 150 mg capsule	17
Child Chewable Vitamins with Iron 15 mg tablet	46	Children's Pain Reliever 80 mg chewable tablet.....	13	clindamycin HCl 300 mg capsule	18
Child Chewable Vitamins with Iron tablet.....	46	Children's Silfedrine 15 mg/5 mL oral liquid	115	Clindamycin Pediatric 75 mg/5 mL oral solution.....	18
Child Complete Multivitamin 18 mg iron chewable tablet.....	46	Children's Tactinal 80 mg chewable tablet	13	codeine 10 mg-guaifenesin 100 mg/5 mL oral liquid	114
Child Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid.....	112	Children's Vitamin with Iron chewable tablet	46	Colace 2-In-1 8.6 mg-50 mg tablet.....	63
Child Mucus Relief Expectorant 100 mg/5 mL oral liquid	109	Childs Chew Vite tablet.....	45	Cold and Allergy (bromphen-PE) 1 mg- 2.5 mg/5 mL oral solution	105
Child Vitamin with Minerals chewable tablet.....	46	chlorhexidine gluconate 0.12 % mouthwash	103	Cold and Cough (pe-dm) 2.5 mg-5 mg/5 mL oral liquid.....	111
Children Delsym Cough+Chest Congestion DM 5 mg-100 mg/5 mL oral liquid.....	112	chlorothiazide 250 mg tablet.....	26	Cold-Sinus Relief 30 mg-200 mg tablet	109
Children's Acetaminophen 160 mg chewable tablet.....	13	chlorothiazide 500 mg tablet.....	26	Coleman 100 Max Insect Repellent 98.11 % topical spray.....	30
Children's Acetaminophen 160 mg/5 mL (5 mL) oral suspension	13	chlorpheniramine 4 mg tablet.....	107	Coleman High and Dry Insect Repellent 25 % topical spray powder	30
Children's Acetaminophen 160 mg/5 mL oral liquid	13	chlorthalidone 25 mg tablet.....	26	Coleman Sportsmen Insect Repellent 40 % topical spray.....	30
Children's Acetaminophen 160 mg/5 mL oral suspension.....	13	chlorthalidone 50 mg tablet.....	26	Comfort EZ Insulin Syringe 0.3 mL 29 gauge x 1/2.....	79
Children's Allergy (diphenhydramine) 12.5 mg/5 mL oral liquid.....	106	cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule.....	51	Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 1/2.....	79
Children's Aspirin 81 mg chewable tablet.....	67	cholecalciferol (vitamin D3) 10 mcg (400 unit) chewable tablet.....	51	Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 5/16.....	79
Children's Chew Multivit with Iron 15 mg iron tablet	46	cholecalciferol (vitamin D3) 10 mcg (400 unit) tablet.....	51	Comfort EZ Insulin Syringe 0.3 mL 31 gauge x 5/16.....	79
Children's Chewable Multivitamin 300 mcg tablet	44	cholecalciferol (vitamin D3) 10 mcg/mL (400 unit/mL) oral drops	51	Comfort EZ Insulin Syringe 0.5 mL 29 gauge x 1/2.....	79
Children's Chewable Vitamin tablet	44	cholecalciferol (vitamin D3) 10 mcg/mL (400 unit/mL) oral drops	51	Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 1/2.....	79
Children's Chewable with Minerals tablet.....	46	cholecalciferol (vitamin D3) 125 mcg (5,000 unit) capsule.....	51	Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 5/16.....	79
Children's Chewables 300 mcg tablet .	45	cholecalciferol (vitamin D3) 25 mcg (1,000 unit) capsule.....	51	Comfort EZ Insulin Syringe 0.5 mL 31 gauge x 5/16.....	79
Children's Chewables with Iron 15 mg tablet.....	45	cholecalciferol (vitamin D3) 25 mcg (1,000 unit) tablet.....	51	Comfort EZ Insulin Syringe 1 mL 28 gauge x 1/2.....	79
Children's Cold-Allergy (phenylephrine) 1 mg-2.5 mg/5 mL oral solution....	105	cholecalciferol (vitamin D3) 50 mcg (2,000 unit) capsule.....	51	Comfort EZ Insulin Syringe 1 mL 29 gauge x 1/2.....	80
Children's Complete Vitamin 18 mg iron chewable tablet.....	46	choline and magnesium salicylate 500 mg/5 mL oral liquid.....	15	Comfort EZ Insulin Syringe 1 mL 30 gauge x 1/2.....	80
Children's Cough DM ER 30 mg/5 mL oral suspension,extended release.	108	cilostazol 100 mg tablet.....	67	Comfort EZ Insulin Syringe 1 mL 30 gauge x 5/16.....	80
Children's Dibromm Cold and Allergy 1 mg-2.5 mg/5 mL oral solution.....	105	cilostazol 50 mg tablet	67	Comfort EZ Insulin Syringe 1 mL 31 gauge x 5/16.....	80
		Citrate of Magnesia oral	61		
		Citroma oral solution	61		
		Class Act Lubricated Condom.....	99		

Comfort EZ Insulin Syringe 1/2 mL 28 gauge x 1/2.....	80	Curity Gauze 2.....	68	DDAVP 0.1 mg/mL (refrigerate) nasal solution.....	53
Comfort EZ Pen Needles 29 gauge x 1/2.....	80	Curity Gauze 4.....	68	Decara 1,250 mcg (50,000 unit) capsule.....	51
Comfort EZ Pen Needles 31 gauge x 1/4.....	80	Curity Urethral Catheter 14 Fr.....	102	Decubi Vite 400 mcg-50 mg-500 mg capsule.....	43
Comfort EZ Pen Needles 31 gauge x 3/16.....	80	Cutter Backwoods 25 % topical spray.....	30	DEKAs Bariatric 22.5 mg-400 mcg-500 mcg-10 mg chewable tablet.....	39
Comfort EZ Pen Needles 31 gauge x 5/16.....	80	Cutter Backwoods Dry 25 % topical spray.....	30	DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg capsule.....	39
Comfort EZ Pen Needles 32 gauge x 1/4.....	80	cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution.....	49	DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg chewable tablet.....	40
Comfort EZ Pen Needles 32 gauge x 3/16.....	80	cyclopentolate 0.5 % eye drops.....	105	Delsym Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid.....	112
Comfort EZ Pen Needles 32 gauge x 5/32.....	80	cyclopentolate 1 % eye drops.....	105	Delta D3 10 mcg (400 unit) tablet.....	51
Comfort Lancets.....	71	cyclopentolate 2 % eye drops.....	105	Denta 5000 Plus 1.1 % cream.....	103
Compact Space Chamber.....	101	cyclophosphamide 25 mg capsule.....	18	DentaGel 1.1 %.....	103
Compact Space Chamber-Lrg Mask.....	101	cyclophosphamide 50 mg capsule.....	18	Depen Titratabs 250 mg tablet.....	16
Compact Space Chamber-Med Mask.....	101	cyproheptadine 2 mg/5 mL oral syrup.....	107	Deplin (algal oil) 15 mg-90.314 mg capsule.....	53
Compact Space Chamber-Sm Mask.....	101	cyproheptadine 4 mg tablet.....	107	Deplin (algal oil) 7.5 mg-90.314 mg capsule.....	53
Complete Allergy 12.5 mg/5 mL oral liquid.....	107	Cytra K Crystals 3,300 mg-1,002 mg oral packet.....	65	Dermacea 2.....	68
Complete Allergy 25 mg capsule.....	107	Cytra-2 500 mg-334 mg/5 mL oral solution.....	65	Dermacea 4.....	68
Complete Allergy 25 mg tablet.....	107	D			68
Complete Allergy Medicine 25 mg capsule.....	107	D3-2000 50 mcg (2,000 unit) capsule.....	51	Dermacea I.V. 2.....	69
Complete Allergy Medicine 25 mg tablet.....	107	D-3-5 125 mcg (5,000 unit) capsule.....	51	Dermacea Non-Woven 2.....	68
Complete Men 50 Plus 300 mcg-600 mcg-300 mcg tablet.....	39	D3-50 Cholecalciferol 1,250 mcg (50,000 unit) capsule.....	51	Dermacea Non-Woven 4.....	68
Complete Multivitamin Adult 50 Plus 0.4 mg-300 mcg-250 mcg tablet.....	39	Daily Gummies 200 mcg chewable tablet.....	39	Dermalevin 4.....	32
Condoms-Prem Lubricated.....	99	Daily Multiple tablet.....	39	desmopressin 0.1 mg tablet.....	53
Contact Cold-Flu Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid.....	111	Daily Multiple Vitamins with Iron 18 mg-400 mcg tablet.....	43	desmopressin 0.2 mg tablet.....	53
Copa Hydrophilic Foam 4.....	32	Daily Multivitamin 200 mcg-100 mcg-500 mcg capsule.....	39	desmopressin 10 mcg/spray (0.1 mL) nasal spray.....	53
Corifact 1,000 unit-1,600 unit intravenous solution.....	66	Daily Multi-Vitamin tablet.....	43	desmopressin 10 mcg/spray (0.1 mL) nasal spray (non-refrigerated).....	53
Correct 5 mg tablet, delayed release.....	62	Daily Multivitamin with Iron 18 mg-400 mcg tablet.....	43	desmopressin 4 mcg/mL injection solution.....	53
Corvita 1.25 mg-2.5 mg-7 mg tablet.....	39	Daily Value tablet.....	43	dexamethasone sodium phosphate 4 mg/mL injection solution.....	54
Cough DM ER 30 mg/5 mL oral suspension, extended release.....	108	Daily Vitamin Formula tablet.....	43	dexamethasone sodium phosphate 4 mg/mL injection syringe.....	54
Cough Suppressant-Expectorant 10 mg-100 mg/5 mL oral syrup.....	112	Daily Vitamin Formula-Iron 18 mg-400 mcg tablet.....	43	dextromethorphan polistirex ER 30 mg/5 mL oral susp ext.release 12hr.....	108
Cough Syrup 100 mg/5 mL oral liquid.....	110	Daily Vitamin tablet.....	43	dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral liquid.....	112
Cough Syrup DM 10 mg-100 mg/5 mL.....	112	Daily Vitamin with Iron tablet.....	39	dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral syrup.....	113
Cough-Sore Throat Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid.....	111	Daily Vites/Iron tablet.....	39	Diabetic Siltussin DAS-Na 100 mg/5 mL oral liquid.....	110
cromolyn 20 mg/2 mL solution for nebulization.....	108	Daily-Vite tablet.....	39	Diabetic Siltussin-DM 10 mg-100 mg/5 mL oral liquid.....	113
Curad Gauze Pad 2.....	68	dapsone 100 mg tablet.....	17	Diabetic Siltussin-DM Max Str 10 mg-200 mg/5 mL oral liquid.....	113
Curity Alcohol Swabs.....	19	dapsone 25 mg tablet.....	17	Diabetic Tussin DM 10 mg-100 mg/5 mL oral syrup.....	113
Curity AMD (with polyhexamethylene) 0.2 %-2.....	32	Day Time PE 5 mg-10 mg-325 mg capsule.....	112	Diabetic Tussin EX 100 mg/5 mL oral liquid.....	110
Curity Cover 4.....	69	Daytime Cold and Flu Relief (phenylephrine) 5 mg-10 mg-325 mg capsule.....	112	Dialyvite 100 mg-1 mg tablet.....	33
		Daytime-Nighttime 10 5-325mg(d)/15-325-6.25mg capsules.....	111		

Dialyvite Vitamin D 125 mcg (5,000 unit) capsule.....	51	droperidol 2.5 mg/mL injection solution	16	E-400-Clear 400 unit capsule	52
Diarrhea Relief (bismuth subsalicylate) 262 mg/15 mL oral suspension.....	57	Droplet Insulin Syringe 0.3 mL 29 gauge x 1/2	80	E-400-Mixed 400 unit capsule	52
dibucaine 1 % topical ointment.....	31	Droplet Insulin Syringe 0.3 mL 30 gauge x 1/2	80	EasiVent Holding Chamber.....	101
dicyclomine 10 mg capsule	59	Droplet Insulin Syringe 0.3 mL 30 gauge x 5/16	80	EasiVent Mask Large.....	101
dicyclomine 10 mg/5 mL oral solution	59	Droplet Insulin Syringe 0.3 mL 31 gauge x 5/16	80	EasiVent Mask Medium.....	101
dicyclomine 20 mg tablet.....	59	Droplet Insulin Syringe 1 mL 29 gauge x 1/2	80	EasiVent Mask Small.....	101
digoxin 125 mcg (0.125 mg) tablet.....	25	Droplet Insulin Syringe 1 mL 30 gauge x 1/2	80	Easy Click Lancing Device	71
digoxin 250 mcg (0.25 mg) tablet.....	25	Droplet Insulin Syringe 1 mL 30 gauge x 5/16	80	Easy Comfort Alcohol Pad topical pads	19
digoxin 50 mcg/mL (0.05 mg/mL) oral solution	25	Droplet Insulin Syringe 1 mL 31 gauge x 15/64.....	80	Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2.....	81
Dimaphen (PE) 1 mg-2.5 mg/5 mL oral solution	105	Droplet Insulin Syringe 1 mL 31 gauge x 5/16	80	Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16.....	81
Diocto 50 mg/5 mL oral liquid.....	64	Droplet Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2.....	80	Easy Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16.....	81
Diocto 60 mg/15 mL oral syrup.....	64	Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2.....	81	Easy Comfort Insulin Syringe 1 mL 30 gauge x 1/2.....	81
Diphedryl 12.5 mg/5 mL oral liquid .107		Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16.....	81	Easy Comfort Insulin Syringe 1 mL 30 gauge x 5/16.....	81
Diphedryl 25 mg capsule	107	Droplet Insulin Syringe 30 gauge	71	Easy Comfort Insulin Syringe 1 mL 31 gauge x 5/16.....	81
Diphedryl 25 mg tablet.....	107	Droplet Lancing Device.....	71	Easy Comfort Pen Needles 31 gauge x 1/4.....	81
Diphen 12.5 mg/5 mL oral elixir	107	Droplet Pen Needle 29 gauge x 1/2....	81	Easy Comfort Pen Needles 31 gauge x 3/16	81
Diphenhist 12.5 mg/5 mL oral liquid107		Droplet Pen Needle 31 gauge x 1/4....	81	Easy Comfort Pen Needles 31 gauge x 5/16	81
Diphenhist 25 mg capsule	107	Droplet Pen Needle 31 gauge x 3/16 .81		Easy Comfort Pen Needles 32 gauge x 5/32	82
Diphenhist 25 mg tablet.....	107	Droplet Pen Needle 31 gauge x 5/16 .81		Easy Mini Eject Lancing Device.....	71
diphenhydramine 12.5 mg/5 mL oral elixir.....	107	Droplet Pen Needle 32 gauge x 1/4 .81		Easy Touch 29 gauge x 1/2	82
diphenhydramine 12.5 mg/5 mL oral liquid.....	107	Droplet Pen Needle 32 gauge x 3/16 .81		Easy Touch 31 gauge x 1/4	82
diphenhydramine 25 mg capsule.....	107	Droplet Pen Needle 32 gauge x 5/32 .81		Easy Touch 31 gauge x 3/16	82
diphenhydramine 25 mg tablet.....	107	DropSafe Pen Needle 31 gauge x 1/4 .81		Easy Touch 31 gauge x 5/16	82
diphenhydramine 50 mg capsule.....	107	DropSafe Pen Needle 31 gauge x 5/16	81	Easy Touch 32 gauge x 1/4	82
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	58	Dry Eye Formula 133 mg-167 mg-170 mg capsule.....	33	Easy Touch 32 gauge x 3/16	82
diphenoxylate-atropine 2.5 mg-0.025 mg/5 mL oral liquid	58	Dry Mouth mucosal spray	104	Easy Touch 32 gauge x 5/32	82
disopyramide phosphate 100 mg capsule	24	DryMax Extra 4.....	32	Easy Touch Alcohol Prep Pads.....	19
disopyramide phosphate 150 mg capsule	24	Drysol 20 % topical solution.....	30	Easy Touch FlipLock Insulin 1 mL 29 gauge x 1/2.....	82
disulfiram 250 mg tablet.....	28	Drysol Dab-O-Matic 20 % topical solution.....	30	Easy Touch FlipLock Insulin 1 mL 31 gauge x 5/16.....	82
Doc-Q-Lace 100 mg capsule	64	Ducodyl (bisacodyl) 5 mg tablet,delayed release	62	Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 1/2.....	82
Docu 50 mg/5 mL oral liquid.....	64	Dulcolax Stool Softener (docusate) 100 mg capsule.....	64	Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 5/16.....	82
docusate calcium 240 mg capsule	64			Easy Touch Insulin Safety Syringe 0.5 mL 29 gauge x 1/2.....	82
docusate sodium 100 mg capsule.....	64	E		Easy Touch Insulin Safety Syringe 0.5 mL 30 gauge x 5/16.....	82
docusate sodium 100 mg tablet.....	64	E.C. Prin 325 mg tablet,delayed release	15	Easy Touch Insulin Safety Syringe 1 mL 29 gauge x 1/2.....	82
docusate sodium 250 mg capsule.....	64	E-200 200 unit capsule	52	Easy Touch Insulin Syringe 0.3 mL 30 gauge x 1/2.....	82
docusate sodium 50 mg/5 mL oral liquid.....	64	E-400 C-500 and Beta Carotene tablet 43		Easy Touch Insulin Syringe 0.3 mL 30 gauge x 5/16.....	82
Docusil 100 mg capsule	64				
dofetilide 125 mcg capsule.....	24				
dofetilide 250 mcg capsule.....	24				
dofetilide 500 mcg capsule.....	24				
DOK 100 mg capsule.....	64				
DOK 100 mg tablet	64				
DOK 250 mg capsule.....	64				
DOK Plus 8.6 mg-50 mg tablet	63				

Easy Touch Insulin Syringe 0.3 mL 31 gauge x 5/16	82	Elfolate 15 mg tablet	53	Epifoam 1 %-1 % topical	30
Easy Touch Insulin Syringe 0.5 mL 29 gauge x 1/2.....	82	Elfolate 7.5 mg tablet	53	epoprostenol (glycine) 0.5 mg intravenous solution.....	26
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 1/2.....	83	Elite-Thin 1/2 mL 30 X 3/4.....	83	epoprostenol (glycine) 1.5 mg intravenous solution.....	27
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 5/16	83	Elite-Thin Insulin Syringe 0.3 mL 31 gauge x 5/16	83	ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule.....	51
Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16	83	Elite-Thin Insulin Syringe 0.5 mL 29 gauge x 1/2	83	ergocalciferol (vitamin D2) 200 mcg/mL (8,000 unit/mL) oral drops.....	51
Easy Touch Insulin Syringe 1 mL 27 gauge x 1/2.....	83	Elite-Thin Insulin Syringe 0.5 mL 31 gauge x 5/16	84	ergoloid 1 mg tablet.....	29
Easy Touch Insulin Syringe 1 mL 28 gauge x 1/2.....	83	Elite-Thin Insulin Syringe 1 mL 28 gauge x 1/2	84	Essence C 1,000 mg oral effervescent powder packet.....	49
Easy Touch Insulin Syringe 1 mL 29 gauge x 1/2.....	83	Elite-Thin Insulin Syringe 1 mL 30 gauge x 5/16	84	ESSENTIAL One Daily tablet.....	43
Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2.....	83	Elite-Thin Insulin Syringe 1 mL 31 gauge x 5/16	84	Ester-E 400 Unit capsule.....	52
Easy Touch Insulin Syringe 1 mL 30 gauge x 5/16	83	Elite-Thin Insulin Syringe 1/2 mL 28 gauge x 1/2	84	ethambutol 100 mg tablet.....	17
Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16	83	Elixophyllin 80 mg/15 mL oral elixir	108	ethambutol 400 mg tablet.....	17
Easy Touch Insulin Syringe 1/2 mL 27 gauge x 1/2.....	83	Ella 30 mg tablet	29	etoposide 50 mg capsule.....	18
Easy Touch Insulin Syringe 1/2 mL 28 gauge x 1/2.....	83	Elmiron 100 mg capsule.....	65	Excilon 4	69
Easy Touch Lancets 30 gauge.....	71	Emcyt 140 mg capsule.....	18	Excilon AMD (with polyhexamethylene) 0.2 %-4.....	32
Easy Touch Lancing Device.....	71	Emergen-C 1,000 mg oral effervescent powder packet	48	Excilon Drain 4	69
Easy Touch Pen Needle 30 gauge x 5/16.....	83	Emergen-C 500 mg chewable tablet	48	Excilon I.V. 2	69
Easy Touch Safety Lancets 21 gauge ...	71	Emergen-C Heart Health 1,000 mg-2 mg-650 mg powder effervescent packet.....	48	Exel Insulin 0.3 mL 29 gauge x 1/2....	84
Easy Touch Safety Lancets 28 gauge ...	71	Emergen-C Immune Plus 1,000 mg oral effervescent powder packet	48	Exel Insulin 0.5 mL 30 gauge x 5/16....	84
Easy Touch Safety Lancets 30 gauge ...	71	Emergen-C Kidz oral effervescent powder packet	46	Exel Insulin 1 mL 30 gauge x 5/16.....	84
Easy Touch Safety Lancets 32 gauge ...	71	Emergen-C MSM Lite 1,000 mg-1,000 mg oral effervescent powder packet	48	Exel Insulin 1/2 mL 28 gauge x 1/2....	84
Easy Touch SheathLock Insulin 1 mL 29 gauge x 1/2	83	Emergen-C Vit D-Calcium 500 mg-500 mg-1,000 unit effervescent pwrdr pkt	48	E-Z Ject Lancets	71
Easy Touch SheathLock Insulin 1 mL 30 gauge x 5/16	83	Endur-VM Iron-Free 400 mcg tablet,extended release.....	40	E-Z Ject Lancets 26 gauge	71
Easy Touch SheathLock Insulin 1 mL 31 gauge x 5/16	83	Endur-VM with Iron 18 mg iron-400 mcg tablet,extended release	40	E-Z Ject Lancets 30 gauge	71
Easy Touch SheathLock Insulin syringe 1 mL 30 gauge x 1/2.....	83	Enema 19 gram-7 gram/118 mL	62	E-Z Ject Lancets 33 gauge	71
Easy Touch Twist Lancets 30 gauge	71	Enema Disposable 19 gram-7 gram/118 mL	62	E-Z Ject Thin Lancets 28 gauge	71
Easy Twist and Cap Lancets 28 gauge	71	Enfamil Enfalyte oral solution	37	EZ-Lets 26 gauge	71
EContra EZ 1.5 mg tablet	29	Engerix-B (Hepatitis B) Vaccine 10 mcg/0.5 mL intramuscular syringe .20	20		
Econtra One-Step 1.5 mg tablet	29	Engerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular suspension.20	20		
Ed A-Hist DM 4 mg-10 mg-15 mg/5 mL oral liquid.....	111	Engerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular syringe	20		
ED Bron GP 5 mg-100 mg/5 mL oral liquid.....	109	Engerix-B (PF) 20 mcg/mL intramuscular suspension.....	20		
ED Chlorped Jr 2 mg/5 mL oral syrup	107	Engerix-B (PF) 20 mcg/mL intramuscular syringe	20		
Ed-APAP 160 mg/5 mL oral liquid.....	13	Engerix-B Pediatric (PF) 10 mcg/0.5 mL intramuscular syringe	21		
Ed-Chlortan 4 mg tablet	107	Enteric Coated Aspirin 81 mg tablet,delayed release.....	67		
Effer-K 25 mEq effervescent tablet	37				
Eldertonic 0.5 mg-0.6 mg-7 mg-0.7 mg oral elixir	34				
electrolytes-dextrose oral solution.....	37				

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Fabrazyme 35 mg intravenous solution	102
Fabrazyme 5 mg intravenous solution	102
Fantasy Condom	99
Feverall 120 mg rectal suppository	13
Feverall 325 mg rectal suppository	14
Feverall 650 mg rectal suppository	14
Feverall 80 mg rectal suppository.....	14
Fiber (calcium polycarbophil) 625 mg tablet	59
Fiber (psyllium husk) 0.52 gram capsule	59
Fiber (psyllium husk/sugar) 3.4 gram/11 gram oral powder.....	59
Fiber (psyllium husk/sugar) 3.4 gram/12 gram oral powder.....	59
Fiber (psyllium husk/sugar) 3.4 gram/7 gram oral powder	59
Fiber (with aspartame) 3.4 gram/5.8 gram oral powder.....	59
Fiber Laxative (calcium polycarbophil) 625 mg tablet.....	59

Fiber Laxative (psyllium husk) 0.52 gram capsule	59	Flucelvax Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp	23	furosemide 40 mg/5 mL (8 mg/mL) oral solution.....	25
fiber oral powder	60	Flulaval Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe.....	23	furosemide 80 mg tablet	26
Fiber Smooth (with sucrose) oral powder.....	60	Flumist Quad 2020-2021 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	23	G	
Fiber Smooth oral powder.....	60	fluocinolone acetone oil 0.01 % ear drops	105	Galafold 123 mg capsule	103
Fiber Therapy Laxative (psyllium husk) 0.52 gram capsule	60	Fluor-a-day 2.5 mg fluoride (5.56 mg sodium fluoride)/mL oral drops	103	Gardasil 9 (PF) 0.5 mL intramuscular suspension.....	22
Fiber-Caps (psyllium husk) 0.52 gram capsule	60	fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet	103	Gardasil 9 (PF) 0.5 mL intramuscular syringe.....	22
Fiber-Lax 625 mg tablet.....	60	fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet	103	Gas Relief (simethicone) 40 mg/0.6 mL oral drops,suspension	58
Fibertab 625 mg tablet.....	60	fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet.....	103	Gas Relief (simethicone) 80 mg chewable tablet.....	58
Fiber-Tabs 625 mg tablet	60	fluoride 0.5 mg (1.1 mg sodium fluoride)/mL oral drops.....	103	Gas Relief 80 (simethicone) 80 mg chewable tablet.....	58
Fibryga 1 gram (700 mg-1,300 mg) intravenous solution.....	66	fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet.....	103	gauze bandage 2.....	68
Fifty50 Safety Seal Lancets 32 gauge.....	71	fluorouracil 0.5 % topical cream	29	gauze bandage 4.....	68
Fine 30 Universal Lancets 30 gauge.....	71	fluorouracil 2 % topical solution.....	29	Gauze Pad 2.....	68
Fingerstix Lancets.....	71	fluorouracil 5 % topical cream.....	30	Gauze Pad 4.....	68
Firmagon kit with diluent syringe 120 mg subcutaneous solution	18	fluorouracil 5 % topical solution	30	Gavilax 17 gram/dose oral powder	61
Firmagon kit with diluent syringe 80 mg subcutaneous solution	18	flutamide 125 mg capsule	18	GenTeal PM 94 %-3 % eye ointment	104
Flavor Chews Antacid 300 mg (750 mg) tablet.....	55	Fluzone High-Dose Quad 2020-21 (PF) 240 mcg/0.7 mL IM syringe	23	GenTeal Tears Moderate 0.1 %-0.3 %-0.2 % eye drops	104
Flavor Plus oral suspension.....	28	Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	23	GenTeal Tears Severe (petrolatum-mineral oil) 94 %-3 % eye ointment	104
Flavor Sweet oral syrup.....	28	Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe.....	23	Gentle Laxative (bisacodyl) 10 mg rectal suppository.....	62
Flavor Sweet-SF oral liquid.....	28	Fluzone Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	23	Gentle Laxative (bisacodyl) 5 mg tablet,delayed release	62
flecainide 100 mg tablet	24	folic acid 1 mg tablet	53	Giltuss HBP 10 mg-100 mg/5 mL oral liquid	113
flecainide 150 mg tablet	24	folic acid 400 mcg tablet.....	53	Glucocom Lancets 33 gauge	72
flecainide 50 mg tablet.....	24	folic acid 800 mcg tablet.....	53	GlucoPro 0.3 mL 30 gauge x 1/2	84
Fleet Laxative (bisacodyl) 5 mg tablet,delayed release.....	62	Fora Lancing Device	71	GlucoPro 0.3 mL 30 gauge x 5/16	84
Flexichamber spacer.....	101	ForaCare Lancets 30 gauge.....	72	GlucoPro 0.3 mL 31 gauge x 5/16	84
Flintstones Complete (iron) 18 mg iron chewable tablet.....	46	Formula E 400 400 unit capsule.....	52	GlucoPro 0.5 mL 30 gauge x 1/2	84
Flintstones Complete (iron) chewable tablet.....	46	Fortavit capsule.....	43	GlucoPro 0.5 mL 30 gauge x 5/16	84
Flintstones Multivitamin 300 mcg chewable tablet.....	45	FreeStyle Precision 0.5 mL 30 gauge x 5/16.....	84	GlucoPro 0.5 mL 31 gauge x 5/16	84
Flintstones with Iron 18 mg iron chewable tablet	46	FreeStyle Precision 0.5 mL 31 gauge x 5/16.....	84	GlucoPro 1 mL 30 gauge x 1/2.....	84
Floriva Plus (with biotin) 0.25 mg fluoride (0.55 mg)/mL oral drops....	47	FreeStyle Precision 1 mL 30 gauge x 5/16.....	84	GlucoPro 1 mL 30 gauge x 5/16	84
Floriva Plus 0.25 mg fluoride (0.55 mg)/mL oral drops	47	FreeStyle Precision 1 mL 31 gauge x 5/16.....	84	GlucoPro 1 mL 31 gauge x 5/16	84
Fluad 2020-21 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe	22	Fruity Chews/Iron tablet.....	46	Glucoten 375 mg-300 mg-25 mg-0.5 mg tablet	12
Fluad Quad 2020-2021(65yr up)(PF) 60 mcg (15 mcg x 4)/0.5mL IM syringe	23	furosemide 10 mg/mL injection solution	25	glycerin (adult) rectal suppository	61
Fluarix Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	23	furosemide 10 mg/mL injection syringe	25	glycerin (child) rectal suppository	61
Flublok Quad 2020-2021 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	23	furosemide 10 mg/mL oral solution.....	25	GlycoLax 17 gram/dose oral powder .	61
Flucelvax Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	23	furosemide 20 mg tablet.....	25	glycopyrrolate 1 mg tablet.....	59
		furosemide 40 mg tablet.....	25	glycopyrrolate 2 mg tablet.....	59
				Gojji Blood Ketone Test Strip	32
				grape flavor (bulk) liquid.....	28
				Guaiaatusin AC 10 mg-100 mg/5 mL oral liquid.....	114
				guaifenesin 100 mg/5 mL oral liquid	110
				Guaifenesin AC 10 mg-100 mg/5 mL oral liquid.....	114
					125

Guafenesin DAC 30 mg-10 mg-100 mg/5 mL oral syrup.....	114
guaifenesin ER 1,200 mg tablet, extended release 12 hr	110

H

Hair-Skin-Nail (vit A,C-biotin-Zn-Cu) 2,500 unit-100 mg-2,500 mcg cap....	33
Hair-Skin-Nails (multivit-folic-biotin) 400 mcg-2,000 mcg tablet.....	43
Havrix (PF) 1,440 ELISA unit/mL intramuscular suspension.....	20
Havrix (PF) 1,440 ELISA unit/mL intramuscular syringe.....	20
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular suspension.....	20
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular syringe.....	20
Healthy Accents Autolet Impression Lancing Device.....	72
Healthy Accents Unifine Pentip 29 gauge x 1/2	85
Healthy Accents Unifine Pentip 31 gauge x 1/4	85
Healthy Accents Unifine Pentip 31 gauge x 3/16	85
Healthy Accents Unifine Pentip 31 gauge x 5/16	85
Healthy Accents Unifine Pentip 32 gauge x 5/32	85
Healthy Eyes SuperVision 14,320 unit-226 mg-200 unit capsule.....	40
HealthyLax 17 gram oral powder packet.....	61
heparin (porcine) 20,000 unit/mL injection solution.....	66
heparin (porcine) 5,000 unit/mL (1 mL) injection cartridge.....	66
heparin (porcine) 5,000 unit/mL injection solution.....	67
heparin (porcine) 5,000 unit/mL injection syringe.....	67
heparin, porcine (PF) 1,000 unit/mL injection solution.....	67
heparin, porcine (PF) 5,000 unit/0.5 mL injection solution.....	67
heparin, porcine (PF) 5,000 unit/0.5 mL injection syringe.....	67
heparin, porcine (PF) 5,000 unit/0.5 mL subcutaneous syringe	67
Hi-Cal 500 mg tablet	34
Hi-Cal Plus Vit D 500 mg (1,250 mg)-200 unit tablet.....	36
Hycamtin 0.25 mg capsule.....	19
Hycamtin 1 mg capsule.....	19
hydralazine 10 mg tablet.....	25
hydralazine 100 mg tablet.....	25
hydralazine 25 mg tablet.....	25

hydralazine 50 mg tablet.....	25
Hydrocell Adhesive 4.....	32
hydrochlorothiazide 12.5 mg tablet.....	26
hydrochlorothiazide 25 mg tablet.....	26
hydrochlorothiazide 50 mg tablet.....	26
hydrocodone-homatropine 5 mg-1.5 mg/5 mL (5 mL) oral syrup	114
hydrocodone-homatropine 5 mg-1.5 mg/5 mL oral syrup	114
hydrocortisone 100 mg/60 mL enema	59
hydrocortisone 2.5 % topical cream with perineal applicator.....	16
hydrocortisone-acetic acid 1 %-2 % ear drops	105
hydroxyzine HCl 25 mg/mL intramuscular solution.....	27
hydroxyzine HCl 50 mg/mL intramuscular solution.....	27

I

Ibuprofen Cold-Sinus (with pseudoephedrine) 30 mg-200 mg tablet	109
I-Caps 280 mg-10 mg-2 mg capsule.....	40
ICaps AREDS 14,320 unit-226 mg-200 unit capsule	40
ICaps AREDS2 (copper citrate) 250 mg-200 unit-12.5 mg-1 mg chew tablet	40
ICaps AREDS2 250 mg-200 unit-12.5 mg-1 mg capsule.....	40
Immune Support 250 mg-12.5 mg chewable tablet.....	12
inControl Alcohol Pads.....	19
inControl Lancing Device	72
inControl Pen Needle 29 gauge x 1/2	85
inControl Pen Needle 31 gauge x 1/4	85
inControl Pen Needle 31 gauge x 3/16	85
inControl Pen Needle 31 gauge x 5/16	85
inControl Pen Needle 32 gauge x 5/32	85
inControl Super Thin Lancets 30 gauge	72
inControl Ultra Thin Lancets 28 gauge	72
Increlex 10 mg/mL subcutaneous solution.....	54
indapamide 1.25 mg tablet	26
indapamide 2.5 mg tablet	26
Infant Pain Reliever 160 mg/5 mL oral suspension.....	14
Infant's Acetaminophen 160 mg/5 mL oral suspension.....	14
Infants Gas Relief 40 mg/0.6 mL oral drops,suspension	58
Infants' Mylicon 40 mg/0.6 mL oral drops,suspension	58

Infants' Pain and Fever 160 mg/5 mL oral suspension.....	14
Infants' Pain Relief 160 mg/5 mL oral suspension.....	14
Infant's Tylenol 160 mg/5 mL oral suspension.....	14
Insect Repellent (DEET) 15 % topical spray.....	30
InspiraChamber spacer.....	101
InspiraChamber with Mask-Large.....	101
InspiraChamber with Mask-Med.....	101
InspiraChamber with Mask-Small.....	101
Inspirease Reservoir Bags device.....	101
Inspirease spacer.....	101
Insulin Syringe 0.5 mL 29 gauge x 1/2	85
Insulin Syringe 0.5cc/28G.....	85
Insulin Syringe 1 mL 29 gauge x 1/2	85
Insulin Syringe 1 mL 30 gauge x 5/16	85
Insulin Syringe 1/2 mL 29 X 1	85
Insulin Syringe MicroFine 1 mL 27 gauge x 5/8.....	85
Insulin Syringe MicroFine 1/2 mL 28 gauge x 1/2.....	85
insulin syringe U-100 with needle.....	85
insulin syringe U-100 with needle 0.3 mL 29 gauge	85
insulin syringe U-100 with needle 0.3 mL 29 gauge x 1/2.....	85
insulin syringe U-100 with needle 0.3 mL 30	85
insulin syringe U-100 with needle 0.3 mL 30 gauge x 1/2.....	85
insulin syringe U-100 with needle 0.3 mL 30 gauge x 5/16.....	85
insulin syringe U-100 with needle 0.3 mL 31 gauge x 5/16.....	86
insulin syringe U-100 with needle 0.5 mL 29 gauge x 1/2.....	86
insulin syringe U-100 with needle 0.5 mL 30 gauge x 1/2.....	86
insulin syringe U-100 with needle 0.5 mL 30 gauge x 5/16.....	86
insulin syringe U-100 with needle 0.5 mL 31 gauge x 5/16.....	86
insulin syringe U-100 with needle 1 mL 27 gauge x 1/2	86
insulin syringe U-100 with needle 1 mL 28 gauge.....	86
insulin syringe U-100 with needle 1 mL 28 gauge x 1/2	86
insulin syringe U-100 with needle 1 mL 29 gauge x 1/2	86
insulin syringe U-100 with needle 1 mL 29 gauge x 7/16	86
insulin syringe U-100 with needle 1 mL 30 gauge x 1/2	86
insulin syringe U-100 with needle 1 mL	86

insulin syringe U-100 with needle 1 mL 30 gauge x 7/16	86	Kalydeco 50 mg oral granules in packet	109	lancets	72
insulin syringe U-100 with needle 1 mL 31 gauge x 15/64	86	Kalydeco 75 mg oral granules in packet	109	lancets 26 gauge	72
insulin syringe U-100 with needle 1 mL 31 gauge x 5/16	86	Kaopectate (bismuth subsalicylate) 262 mg tablet	57	lancets 28 gauge	72
insulin syringe U-100 with needle 1/2 mL 27 gauge x 1/2	86	Kaopectate (bismuth subsalicylate) 262 mg/15 mL oral suspension.....	57	lancets 30 gauge	72
insulin syringe U-100 with needle 1/2 mL 28 gauge.....	86	Kaopectate Ex Str (bismuth ss) 525 mg/15 mL oral suspension.....	57	lancets 33 gauge.....	72
insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2	86	Kao-Tin (bismuth subsalicylate) 262 mg/15 mL oral suspension.....	57	Lancets, Super Thin.....	72
insulin syringe U-100 with needle 1/2 mL 29.....	86	Kao-Tin (docusate calcium) 240 mg capsule	64	Lancets,Thin	72
insulin syringe U-100 with needle 1/2 mL 30 gauge.....	86	K-Effervescent 25 mEq tablet.....	37	Lancets,Thin 23 gauge	72
Insulin Syringe Ultrafine 0.3 mL 29 gauge x 1/2	87	Kerlix 4.....	68	Lancets,Ultra Thin.....	72
Insulin Syringe Ultrafine 0.5 mL 29 gauge x 1/2	87	Ketone Urine Test strips	102	Lancets,Ultra Thin 26 gauge.....	72
Insulin Syringe/Needle 1/2 mL 27 gauge x 1/2	87	Ketostix strips	102	lancing device.....	72
Insured 0.3 mL 31 gauge x 5/16.....	87	Kidkare Cough/Cold 1 mg-15 mg-5 mg/5 mL oral liquid.....	111	lancing device with lancets	72
Insupen 29 gauge x 1/2	87	Kids Vitamin D3 10 mcg (400 unit) chewable tablet.....	51	lancing device with lancets kit	72
Insupen 30 gauge x 5/16	87	Kimono Condoms(Non-lubricated)	99	Land Before Time chewable tablet	46
Insupen 31 gauge x 1/4	87	Kimono Lubricated Condoms.....	99	Lanzo Lancing Device kit	72
Insupen 31 gauge x 3/16	87	Kimono Maxx Condoms	99	Laxative (bisacodyl) 10 mg rectal suppository	62
Insupen 31 gauge x 5/16	87	Kimono MicroThin Aqua Lube Condom	99	Laxative (bisacodyl) 5 mg tablet.....	62
Insupen 32 gauge x 1/4	87	Kimono MicroThin Large Condoms	99	Laxative (bisacodyl) 5 mg tablet,delayed release	63
Insupen 32 gauge x 5/32	87	Kimono Textured Condoms.....	99	Laxative (glycerin-pediatric) rectal suppository	61
IPOL 40 unit-8 unit-32 unit/0.5 mL suspension for injection	23	Kimono with Aqua Lube Condoms	99	Laxative Feminine 5 mg tablet	63
isoniazid 100 mg tablet.....	17	Kionex (with sorbitol) 15 gram-19.3 gram/60 mL oral suspension	34	Laxative Pills Regular 15 mg tablet.....	63
isoniazid 300 mg tablet.....	17	Klor-Con M15 mEq tablet,extended release	37	Laxative Plus Stool Softener 8.6 mg-50 mg tablet	63
isoniazid 50 mg/5 mL oral solution	17	Klor-Con/EF 25 mEq effervescent tablet	37	leucovorin calcium 10 mg tablet.....	19
Isopto Atropine 1 % eye drops	105	Konsyl (sugar) 3.4 gram/11 gram oral powder.....	60	leucovorin calcium 15 mg tablet.....	19
isoxsuprine 10 mg tablet.....	26	Konsyl (sugar) 3.4 gram/12 gram oral powder.....	60	leucovorin calcium 25 mg tablet.....	19
Istodax 10 mg/2 mL intravenous solution	18	Konsyl Fiber 625 mg tablet	60	leucovorin calcium 5 mg tablet.....	19
J		Konsyl (sugar) 3.4 gram/12 gram oral powder.....	60	Leukeran 2 mg tablet	18
J and J Gauze 2	68	Konsyl Sugar-Free 0.52 gram capsule.....	60	levetiracetam 500 mg/5 mL intravenous solution.....	27
J and J Gauze 4	68	Konsyl Sugar-Free 6 gram oral powder packet.....	60	levocarnitine (with sugar) 100 mg/mL oral solution	102
Janssen COVID-19 Vaccine (PF) 0.5 mL intramuscular suspension (EUA).....	22	K-PAX 4.5 mg iron-200 mcg capsule 40	40	levocarnitine 100 mg/mL oral solution	103
Just D 10 mcg/mL (400 unit/mL) oral drops	51	K-PAX 9 mg iron-400 mcg capsule.....	40	levocarnitine 330 mg tablet	32
Jynarque 45 mg (AM)/15 mg (PM) tablets	65	K-Pec Antidiarrheal (bism sub) 262 mg/15 mL oral suspension.....	57	levomefolate 15 mg-algal oil 90.314 mg capsule	53
Jynarque 60 mg (AM)/30 mg (PM) tablets.....	65	K-Tab 10 mEq tablet,extended release	37	levomefolate 7.5 mg-algal oil 90.314 mg capsule	53
Jynarque 90 mg (AM)/30 mg (PM) tablets.....	65	K-Tab 8 mEq tablet,extended release.....	37	levomefolate calcium 15 mg tablet.....	53
K		L		levomefolate calcium 7.5 mg tablet	53
Kalydeco 150 mg tablet.....	109	lactulose 10 gram/15 mL (15 mL) oral solution.....	58	levonorgestrel 1.5 mg tablet.....	29
PAHW PDL Formulary April 1, 2021		lactulose 10 gram/15 mL oral solution.....	61	Liquid Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	56
		lactulose 20 gram/30 mL oral solution.....	61	LiquiTears 1.4 % eye drops.....	104
				Lisco 2.....	68
				Lisco 4.....	69
				Lite Coat Aspirin 325 mg tablet.....	15
				Lite Touch Insulin Pen Needles 29 gauge x 1/2	87
				Lite Touch Insulin Pen Needles 31 gauge x 1/4	87
				Lite Touch Insulin Pen Needles 31 gauge x 3/16.....	87

Lite Touch Insulin Pen Needles 31 gauge x 5/16.....	87
Lite Touch Insulin Syringe 0.3 mL 29 gauge x 1/2.....	87
Lite Touch Insulin Syringe 0.3 mL 30 gauge x 5/16.....	87
Lite Touch Insulin Syringe 0.3 mL 31 gauge x 5/16.....	87
Lite Touch Insulin Syringe 0.5 mL 29 gauge x 1/2.....	87
Lite Touch Insulin Syringe 0.5 mL 30 gauge x 5/16.....	87
Lite Touch Insulin Syringe 0.5 mL 31 gauge x 5/16.....	87
Lite Touch Insulin Syringe 1 mL 28 gauge.....	87
Lite Touch Insulin Syringe 1 mL 28 gauge x 1/2.....	87
Lite Touch Insulin Syringe 1 mL 29 gauge.....	87
Lite Touch Insulin Syringe 1 mL 29 gauge x 1/2.....	87
Lite Touch Insulin Syringe 1 mL 30 gauge x 5/16.....	88
Lite Touch Insulin Syringe 1 mL 30 gauge x 7/16.....	88
Lite Touch Insulin Syringe 1 mL 31 gauge x 5/16.....	88
Lite Touch Insulin Syringe 1/2 mL 28 gauge.....	88
Lite Touch Insulin Syringe 1/2 mL 28 gauge x 1/2.....	88
Lite Touch Insulin Syringe 1/2 mL 29.88 gauge.....	88
Lite Touch Insulin Syringe 1/2 mL 30 gauge.....	88
Lite Touch Lancets 28 gauge.....	72
Lite Touch Lancets 33 gauge.....	72
Lite Touch Lancing Device.....	72
LiteAire MDI Chamber.....	101
lithium carbonate 150 mg capsule.....	27
lithium carbonate 300 mg capsule.....	27
lithium carbonate 300 mg tablet.....	27
lithium carbonate 600 mg capsule.....	27
lithium carbonate ER 300 mg tablet,extended release.....	27
lithium carbonate ER 450 mg tablet,extended release.....	27
lithium citrate 8 mEq/5 mL oral solution.....	28
Little Animals-Iron 15 mg chewable tablet.....	45
Little Remedies Gas Relief 40 mg/0.6 mL oral drops,suspension.....	59
Little Tummys Gas Relief 40 mg/0.6 mL oral drops,suspension.....	59
L-Methylfolate 15 mg tablet.....	53
L-Methylfolate 7.5 mg tablet.....	53
L-Methylfolate Formula 15 mg-90.314 mg capsule.....	53

L-Methylfolate Formula 7.5 mg-90.314 mg capsule.....	53
L-Methylfolate Forte 15 mg-90.314 mg capsule.....	53
L-Methylfolate Forte 7.5 mg-90.314 mg capsule.....	53
Lo-Dose Aspirin 81 mg tablet,delayed release.....	67
LoHist - D 2 mg-30 mg/5 mL oral liquid.....	105
loperamide 1 mg/5 mL oral liquid.....	57
loperamide 2 mg capsule.....	57
loperamide 2 mg tablet.....	57
Lubricant Eye 57.3 %-42.5 % ointment.....	104
Lubrifresh PM 83 %-15 % eye ointment.....	104
Lysodren 500 mg tablet.....	18

M

Macular Health Formula 5 mg-1 mg-7.5 mg capsule.....	40
Mag-Al Plus 200 mg-200 mg-20 mg/5 mL oral suspension.....	56
Magellan Insulin Safety Syringe 0.3 mL 29 x 1/2.....	88
Magellan Insulin Safety Syringe 0.5 mL 29 gauge x 1/2.....	88
Magellan Insulin Safety Syringe 1 mL 29 gauge x 1/2.....	88
Magellan Insulin Safety Syringe 1 mL 30 gauge x 5/16.....	88
Magellan Syringe 0.3 mL 30 x 5/16.....	88
Magellan Syringe 0.5 mL 30 gauge x 5/16.....	88
magnesium 400 mg (as magnesium oxide) tablet.....	36
magnesium citrate oral solution.....	61
magnesium hydroxide 400 mg/5 mL oral suspension.....	61
magnesium oxide 400 mg (241.3 mg magnesium) tablet.....	36
Mapap (acetaminophen) 160 mg/5 mL oral liquid.....	14
Mapap (acetaminophen) 160 mg/5 mL oral suspension.....	14
Mapap (acetaminophen) 325 mg tablet.....	14
Mapap (acetaminophen) 500 mg capsule.....	14
Mapap (acetaminophen) 500 mg/15 mL oral liquid.....	14
Mapap Extra Strength 500 mg tablet.....	14
Matulane 50 mg capsule.....	18
Maxi-Comfort Insulin Syringe 1 mL 28 gauge x 1/2.....	88
Maxi-Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2.....	88

Maximin Pack 0.8 mg-250 mcg oral pack.....	40
Maxx Plus Condoms.....	99
Medifin Expectorant Mucus Rlf 100 mg/5 mL oral liquid.....	110
Medlance Plus Lancets 21 gauge.....	72
Medlance Plus Lancets 25 gauge.....	72
Medlance Plus Lancets 30 gauge.....	72
Medlance Plus Special Blade 0.8 mm X 2 mm misc.....	72
Mega-Marathon 100 TR tablet,extended release.....	40
megestrol 20 mg tablet.....	18
megestrol 40 mg tablet.....	19
megestrol 400 mg/10 mL (10 mL) oral suspension.....	32
megestrol 400 mg/10 mL (40 mg/mL) oral suspension.....	32
melphalan 2 mg tablet.....	18
Men 50 Plus Multivitamin 300 mcg-600 mcg-300 mcg tablet.....	40
Menactra (PF) 4 mcg/0.5 mL intramuscular solution.....	21
Men's 50+ Advanced Multivitamin 400 mcg-300 mcg capsule.....	40
Men's Daily 0.4 mg-600 mcg capsule.....	40
Men's Daily Gummies 200 mcg chewable tablet.....	40
Men's Multivitamin Gummies 200 mcg chewable tablet.....	40
Menveo A-C-Y-W-135-Dip (PF) 10 mcg-5 mcg/0.5 mL intramuscular kit.....	21
mercaptopurine 50 mg tablet.....	18
Meribin 5 mg capsule.....	50
Mesnex 400 mg tablet.....	19
methazolamide 25 mg tablet.....	25
methazolamide 50 mg tablet.....	25
methimazole 10 mg tablet.....	54
methimazole 5 mg tablet.....	54
metipranolol 0.3 % eye drops.....	105
metolazone 10 mg tablet.....	26
metolazone 2.5 mg tablet.....	26
metolazone 5 mg tablet.....	26
metronidazole 0.75 % lotion.....	31
metronidazole 0.75 % topical cream.....	31
metronidazole 0.75 % topical gel.....	31
mexiletine 150 mg capsule.....	24
mexiletine 200 mg capsule.....	24
mexiletine 250 mg capsule.....	24
Mi-Acid 200 mg-200 mg-20 mg/5 mL oral suspension.....	56
Mi-Acid Gas Relief (simethicone) 80 mg chewable tablet.....	59
Micro Thin Lancets 33 gauge.....	72
Microchamber spacer.....	101
Microlet Lancet.....	72
Microlet Next Lancing Device kit.....	73

Microspacer.....	101	Monoject Insulin Safety Syringe 29 gauge x 1/2.....	88	Mucus Relief D (pseudoephed) 60 mg-600 mg tablet,extended release.....	109
midazolam (PF) 1 mg/mL injection solution.....	16	Monoject Insulin Syringe 0.3 mL 29 gauge x 1/2.....	88	Mucus Relief DM 20 mg-400 mg tablet.....	113
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection cartridge.....	16	Monoject Insulin Syringe 0.3 mL 30 gauge x 5/16.....	89	Mucus Relief DM Cough 20 mg-400 mg tablet.....	113
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection syringe.....	16	Monoject Insulin Syringe 0.3 mL 31 gauge x 5/16.....	89	Mucus Relief DM Max 5 mg-100 mg/5 mL oral liquid.....	113
midazolam (PF) 5 mg/mL injection cartridge.....	16	Monoject Insulin Syringe 0.5 mL 29 gauge x 1/2.....	89	Mucus Relief ER 1,200 mg tablet, extended release.....	110
midazolam (PF) 5 mg/mL injection solution.....	16	Monoject Insulin Syringe 0.5 mL 30 gauge x 5/16.....	89	Mucus Relief ER 600 mg tablet, extended release.....	110
midazolam (PF) 5 mg/mL injection syringe.....	16	Monoject Insulin Syringe 0.5 mL 31 gauge x 5/16.....	89	Mucus-ER MAX 1,200 mg tablet, extended release.....	110
midazolam 1 mg/mL injection solution.....	16	Monoject Insulin Syringe 1 mL 25 gauge x 5/8.....	89	Multi For Her 18 mg iron-600 mcg-40 mcg capsule.....	40
midazolam 5 mg/mL injection solution.....	16	Monoject Insulin Syringe 1 mL 27 gauge x 1/2.....	89	Multi For Her 50 Plus 400 mcg-80 mcg capsule.....	41
midodrine 10 mg tablet.....	24	Monoject Insulin Syringe 1 mL 28 gauge x 1/2.....	89	Multi For Him 18 mg-400 mcg-1,000 unit oral powder packet.....	41
midodrine 2.5 mg tablet.....	24	Monoject Insulin Syringe 1 mL 29 gauge x 1/2.....	89	Multi-Day Plus Iron tablet.....	41
midodrine 5 mg tablet.....	24	Monoject Insulin Syringe 1 mL 30 gauge x 5/16.....	89	Multi-Day tablet.....	43
Milantex 200 mg-200 mg-20 mg/5 mL oral suspension.....	56	Monoject Insulin Syringe 1 mL 31 gauge x 5/16.....	89	Multi-Day with Iron 18 mg-400 mcg tablet.....	43
Milk Of Magnesia 400 mg/5 mL oral suspension.....	61	Monoject Insulin Syringe 1/2 mL 28 gauge x 1/2.....	89	Multi-Delyn oral liquid.....	43
Milk Of Magnesia Concentrated 2,400 mg/10 mL oral suspension.....	61	Monoject Prefill Advanced 0.9 % Sodium Chloride injection syringe.....	48	Multi-Lancet Device.....	73
mineral oil enema.....	61	Monoject Syringe 1/2 mL 28 gauge.....	89	Multiple Vitamin Essential tablet.....	43
Mini Lancing Device.....	73	Monoject Ultra Comfort Insulin 1/2 mL 28 gauge syringe.....	89	Multiple Vitamins tablet.....	43
Mini Ultra-Thin II 31 gauge x 3/16.....	88	Mouth Kote Spray.....	104	Multi-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops.....	46
Miniprin 81 mg tablet,delayed release.....	67	Mozobil 24 mg/1.2 mL (20 mg/mL) subcutaneous solution.....	66	Multivit with min-folic acid-lutein 200 mcg-137.5 mcg chewable tablet.....	41
Minis Multi For Her 50+ 400 mcg-80 mcg capsule.....	40	Mucinex DM 30 mg-600 mg tablet,extended release 12 hr.....	113	Multivitamin tablet.....	43
minoxidil 10 mg tablet.....	25	Mucinex Fast-Max Congestion-Headache (DM) 5 mg-10 mg-325 mg capsule.....	112	Multi-Vitamin tablet.....	44
minoxidil 2.5 mg tablet.....	25	Mucinex Fast-Max DM Max 5 mg-100 mg/5 mL oral liquid.....	113	Multi-Vitamin With Fluoride 0.25 mg chewable tablet.....	47
Mintox 200 mg-200 mg-20 mg/5 mL oral suspension.....	56	Mucinex Fast-Max Severe Cold and Sinus 5 mg-10 mg-325 mg capsule.....	112	Multi-Vitamin With Fluoride 0.25 mg/mL oral drops.....	47
Mintox Plus 200 mg-200 mg-25 mg chewable tablet.....	56	Mucinex Sinus-Max Severe Congestion-Pain(DM) 5 mg-10 mg-325 mg capsule.....	112	Multi-Vitamin With Fluoride 0.5 mg chewable tablet.....	47
Miralax 17 gram oral powder packet.....	61	Mucosa DM 20 mg-400 mg tablet.....	113	Multi-Vitamin With Fluoride 0.5 mg/mL oral drops.....	47
misoprostol 100 mcg tablet.....	58	Mucus D 60 mg-600 mg tablet,extended release.....	109	Multi-Vitamin With Fluoride 1 mg chewable tablet.....	47
misoprostol 200 mcg tablet.....	58	Mucus DM 30 mg-600 mg tablet,extended release.....	113	Multivitamin with iron tablet.....	41
M-M-R II (PF) 1,000-12,500 TCID50/0.5 mL subcutaneous solution.....	24	Mucus Relief 100 mg/5 mL oral liquid.....	110	Multi-Vitamin-Fluoride (vit E acetate) 0.25 mg/mL oral drops.....	47
Moderna COVID-19 Vaccine (PF) 100 mcg/0.5 mL intramuscular susp. (EUA).....	22	Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid.....	113	Multivitamins With Fluoride 0.25 mg chewable tablet.....	47
Moi-Stir mucosal spray with pump.....	103			Multivitamins With Fluoride 0.5 mg chewable tablet.....	47
Monoject 0.9% Sodium Chloride injection syringe.....	48			Multivitamins With Fluoride 1 mg chewable tablet.....	47
Monoject Insulin Safety Syringe 0.3 mL 29 gauge x 1/2.....	88			Multivitamins-Fluoride-Folic Acid 0.5 mg chewable tablet.....	47
Monoject Insulin Safety Syringe 0.3 mL 30 gauge x 5/16.....	88			MVW Complete Formulation D3000 3,000 unit-800 mcg capsule.....	45
Monoject Insulin Safety Syringe 0.5 mL 29 gauge x 1/2.....	88			MVW Complete Formulation D5000 5,000 unit-800 mcg capsule.....	45
Monoject Insulin Safety Syringe 0.5 mL 30 gauge x 5/16.....	88				

MVW Complete Formulation Multivitamin 1,500 unit-1,000 mcg chew tablet.....	45
MVW Complete Formulation Multivitamin 1,500 unit-800 mcg capsule	45
MVW Complete Formulation Multivitamin 750 unit-500 mcg capsule	45
MX-Sol Blend oral suspension.....	28
MX-Sol Blend SF oral suspension.....	28
MX-Sol oral syrup	28
MX-Sol SF oral liquid.....	28
MX-Sol Suspend oral.....	28
My Choice 1.5 mg tablet	29
mycophenolate 500 mg intravenous solution	68
Myleran 2 mg tablet.....	18
Mytab Gas (simethicone) 80 mg chewable tablet.....	59
My-Vitalife capsule.....	41

N

Nasal Decongestant (phenylephrine) 10 mg tablet	115
Nasal Decongestant (pseudoephedrine) 120 mg tablet,extended release.....	115
Nasal Decongestant (pseudoephedrine) 30 mg tablet	115
Nasal Decongestant (pseudoephedrine) 30 mg/5 mL oral liquid	115
Natural Fiber Laxative (aspartame) 3.4 gram/5.8 gram oral powder.....	60
Natural Fiber Laxative (aspartame) oral powder.....	60
Natural Fiber Laxative (sugar) 3.4 gram/12 gram oral powder.....	60
Natural Fiber Laxative (sugar) 3.4 gram/7 gram oral powder	60
Natural Fiber Laxative (sugar) oral powder.....	60
Natural Fiber Laxative 0.52 gram capsule	60
Natural Fiber Laxative Therapy oral powder.....	60
Natural Vegetable Laxative (sennosides) 8.6 mg tablet	63
Natura-LAX 17 gram/dose oral powder	61
Naturalyte oral solution	37
NebuSal 3 % solution for nebulization	28
Nephronex-SL 800 mcg-2,000 unit disintegrating tablet.....	33
Neuro-K-250 250 mg tablet	49
NeutraGard Advanced 1.1 % dental gel	103
New Day 1.5 mg tablet.....	29

PAHW PDL Formulary April 1, 2021

Night Time Cold 12.5 mg-30 mg-1,000 mg/30 mL oral liquid.....	111
Night Time Cold-Flu 12.5 mg-30 mg- 1,000 mg/30 mL oral liquid.....	111
Night Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	111
NightTime Sleep Aid (diphenhydramine) 50 mg capsule	28
Nite Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	111
Nite-Time 12.5 mg-30 mg-1,000 mg/30 mL oral liquid.....	111
NoHist-DM 4 mg-10 mg-15 mg/5 mL oral liquid	111
Non-Aspirin 160 mg chewable tablet .	14
Non-Aspirin 325 mg tablet	14
Non-Aspirin 80 mg chewable tablet.....	14
Non-Aspirin Children's 80 mg chewable tablet	14
Non-Aspirin Extra Strength 500 mg tablet	14
Non-Aspirin Jr Strength 160 mg chewable tablet.....	14
Non-Aspirin Pain Relief 325 mg tablet	14
Non-Aspirin Pain Relief 500 mg tablet	14
Normal Saline Flush 0.9 % injection syringe.....	48
Norpace CR 150 mg capsule,extended release	24
Nortemp 80 mg/0.8 mL oral drops	14
novaMax Plus Ketone strips.....	32
NovoFine 30 30 gauge x 1/3	89
Novofine 32 32 gauge x 1/4	89
Novofine Autocover 30 gauge x 1/3	89
NovoFine Plus 32 gauge x 1/6.....	89
NovoTwist 32 gauge x 1/5.....	89
Nu Gauze 4ply 4.....	69
Numoisyn oral mucosal liquid.....	104

O

Ocuvite 100 mg-15 unit-2 mg-100 mg capsule	41
Ocuvite Adult 50 Plus 250 mg-5 mg-1 mg capsule.....	41
Ocuvite Eye Health 50 mg-15 unit-4.5 mg-2.5 mg chewable tablet.....	12
Ocuvite Lutein and Zeaxanthin 60 mg- 13.5 mg-15 mg-2 mg-6 mg capsule	12
Off Active 15 % topical spray.....	30
Off Deep Woods 25 % topical spray... Off Deep Woods Dry 25 % topical spray powder.....	30
Off Deep Woods Sportsmen 30 % topical spray	30
Off FamilyCare (with DEET) 15 % topical spray powder.....	30
Omnicap 0.4 mg tablet.....	41

On Call Lancing Device	73
On Call Plus Lancing Device	73
Once Daily tablet.....	44
One Daily Essential 0.4 mg tablet	41
One Daily Essential 400 mcg tablet	44
One Daily Essential tablet.....	44
One Daily Gummy Vites 200 mcg chewable tablet.....	41
One Daily Multivitamin tablet	44
One Daily Multivitamin with Iron (folic acid) 18 mg-400 mcg tablet.....	44
One Daily Multivitamin with Iron 18 mg iron tablet.....	41
One Daily Plus Iron 18 mg-400 mcg tablet	44
One Daily Plus Iron tablet.....	41
One Daily tablet.....	44
One Daily With Iron tablet.....	41
One Daily Women's 18 mg iron-400 mcg- 25 mcg tablet	41
One-A-Day Men VitaCraves 200 mcg chewable tablet.....	41
One-A-Day Teen for Her VitaCraves 300 unit-37.5 mcg chewable tablet.	45
One-A-Day Teen for Him VitaCraves 300 unit-37.5 mcg chewable tablet.	45
One-A-Day VitaCraves 200 mcg chewable tablet.....	41
One-A-Day Vitacraves Immunity 200 mcg chewable tablet	41
One-A-Day Women VitaCraves 200 mcg chewable tablet.....	41
OneTouch Delica Lancets 30 gauge	73
OneTouch Delica Lancets 33 gauge	73
OneTouch Delica Lancing Device kit.	73
OneTouch Delica Plus Lancet 30 gauge	73
OneTouch Delica Plus Lancet 33 gauge	73
OneTouch Delica Plus Lancing Device kit.....	73
OneTouch UltraSoft Lancets.....	73
On-The-Go Lancets 30 gauge.....	73
Opcicon One-Step 1.5 mg tablet.....	29
OptiChamber Advantage-Lg Mask.....	101
OptiChamber Advantage-Med Mask .	101
OptiChamber Advantage-Sml Msk device.....	101
OptiChamber Diamond VHC spacer.	101
OptiChamber Diamond VHC with Large Mask	101
OptiChamber Diamond VHC with Medium Mask	102
OptiChamber Diamond VHC with Small Mask.....	102
OptiChamber Large Face Mask.....	102
OptiChamber Medium Face Mask.....	102
OptiChamber Small Face Mask.....	102

Optifoam Non-Adhesive 4.....	32
OptiHaler Drug Delivery System spacer	102
Optimal D3 1,250 mcg (50,000 unit) capsule	51
Option-2 1.5 mg tablet.....	29
Optisource 9 mg iron-200 mcg-40 mcg chewable tablet.....	41
Opurity Multivitamin 30 mg iron-800 mcg chewable tablet.....	41
Ora-Blend oral suspension	28
Ora-Blend SF oral suspension	28
Oral Relief Dry Mouth mucosal spray with pump	104
Oral Suspend oral.....	28
Oral Syrup oral liquid	28
Oral Syrup SF oral liquid	28
Oralair 100 index of reactivity sublingual tablet.....	19
Oralair 300 IR sublingual tablet.....	20
Oralyte oral solution.....	37
Ora-Plus oral suspension.....	29
Ora-Sweet oral syrup.....	29
Ora-Sweet SF oral liquid	29
Orazinc 50 mg zinc (220 mg) capsule	38
Orkambi 100 mg-125 mg oral granules in packet.....	109
Orkambi 100 mg-125 mg tablet.....	109
Orkambi 150 mg-188 mg oral granules in packet.....	109
Orkambi 200 mg-125 mg tablet.....	109
Ormir 50 mg capsule.....	28
Os-Cal 500 + D3 500 mg (1,250 mg)- 200 unit tablet.....	36
Oysco 500/D 500 mg (1,250 mg)-200 unit tablet.....	36
Oysco-500 500 mg calcium (1,250 mg) tablet.....	34
Oyster Shell Calcium 500 500 mg calcium (1,250 mg) tablet.....	34
Oyster Shell Calcium 500 mg calcium (1,250 mg) tablet.....	34
Oyster Shell Calcium-Vit D2 250 mg (625 mg)-125 unit tablet.....	36
Oyster Shell Calcium-Vit D2 500 mg (1,250 mg)-200 unit tablet.....	36
Oyster Shell Calcium-Vit D2 500 mg-125 unit tablet.....	36
Oyster Shell Calcium-Vitamin D3 250 mg-125 unit tablet.....	36
Oyster Shell Calcium-Vitamin D3 500 mg (1,250 mg)-200 unit tablet.....	36
Oyster Shell Calcium-Vitamin D3 500 mg (1,250 mg)-400 unit tablet.....	36
Oystercal-D 500 mg (1,250 mg)-400 unit tablet.....	36

P

Pain and Fever 325 mg tablet.....	15
Pain and Fever 500 mg tablet.....	15
Pain Relief (acetaminophen) 500 mg tablet	15
Pain Relief Extra Strength 500 mg tablet	15
Pain Relief Regular Strength 325 mg tablet	15
Pain Reliever (acetaminophen) 325 mg tablet	15
Pain Reliever (acetaminophen) 500 mg capsule	15
Pain Reliever (acetaminophen) 500 mg tablet	15
Pain Reliever Extra Strength 500 mg tablet	15
Pedia D-Vite 10 mcg/mL (400 unit/mL) oral drops.....	52
Pedia Poly-Vite 750 unit-35 mg-400 unit/mL oral drops.....	45
Pedia Poly-Vite with Iron 10 mg/mL oral drops.....	46
Pedia Relief Cough-Cold 1 mg-15 mg-5 mg/5 mL oral liquid.....	111
Pedia-Lax 2.8 gram/2.7 mL rectal solution.....	61
Pediatric Cough and Cold 1 mg-15 mg- 5 mg/5 mL oral liquid	111
Pediatric Electrolyte oral solution.....	37
Pediatric Freezer Pops oral solution.....	37
pediatric multivitamin chewable tablet	45
PediaVance 5.3 mEq-2.35 mEq-4.15 mEq oral concentrate in packet.....	37
peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powder for soln.	62
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	62
peg-electrolyte solution 420 gram oral solution.....	62
Pen Needle 29 gauge.....	89
Pen Needle 29 gauge x 1/2.....	89
Pen Needle 30 gauge x 5/16.....	89
Pen Needle 31 gauge x 1/4.....	89
Pen Needle 31 gauge x 3/16.....	89
Pen Needle 31 gauge x 5/16.....	89
Pen Needle 32 gauge x 5/32.....	90
pen needle, diabetic 29 gauge x 1/2 ...	90
pen needle, diabetic 31 gauge x 1/3 ...	90
pen needle, diabetic 31 gauge x 1/4 ...	90
pen needle, diabetic 31 gauge x 3/16	90
pen needle, diabetic 31 gauge x 5/16	90
pen needle, diabetic 32 gauge x 1/4	90
pen needle, diabetic 32 gauge x 3/16	90
pen needle, diabetic 32 gauge x 5/32	90
penicillamine 250 mg tablet	16

Pentips 29 gauge x 1/2.....	90
Pentips 31 gauge x 1/4.....	90
Pentips 31 gauge x 3/16.....	90
Pentips 31 gauge x 5/16.....	90
Pentips 32 gauge x 5/32.....	90
pentoxifylline ER 400 mg tablet,extended release.....	66
Peptic Relief 262 mg chewable tablet.	57
Peptic Relief 262 mg/15 mL oral suspension.....	57
Pfizer-BioNTech COVID-19 Vaccine (PF) 30 mcg/0.3 mL IM suspension(EUA)	22
Pharbechlor 4 mg tablet.....	107
Pharbedryl 25 mg capsule	107
Pharbedryl 50 mg capsule	107
Pharbetol 325 mg tablet.....	15
Pharbetol 500 mg tablet.....	15
phenazopyridine 100 mg tablet.....	66
phenazopyridine 200 mg tablet.....	66
phenylephrine 2.5 % eye drops	105
Phlexy-Vits oral packet.....	33
Phospha 250 Neutral 250 mg tablet.....	65
Phosphorous 250 mg tablet.....	65
Phospho-Trin 250 Neutral 250 mg tablet	65
phytonadione (vitamin K1) 5 mg tablet	53
pilocarpine 5 mg tablet.....	104
Pink Bismuth 262 mg chewable tablet	58
Pink Bismuth 262 mg tablet.....	58
Pink Bismuth 262 mg/15 mL oral suspension.....	58
Pink Bismuth 525 mg/15 mL oral suspension.....	58
Pink Bismuth Maximum Strength 525 mg/15 mL oral suspension.....	58
Pip Lancet 28 gauge.....	73
Pip Lancet 30 gauge.....	73
Plan B One-Step 1.5 mg tablet.....	29
Pneumovax-23 25 mcg/0.5 mL injection solution.....	22
Pneumovax-23 25 mcg/0.5 mL injection syringe.....	22
POCKET CHAMBER spacer.....	102
Pocket Spacer.....	102
podofilox 0.5 % topical solution.....	31
polyethylene glycol 3350 17 gram oral powder packet.....	62
polyethylene glycol 3350 17 gram/dose oral powder.....	62
Polymem Dressing 4	69
polyvinyl alcohol 1.4 % eye drops.....	104
Polyvitamin with Iron 12 mg chewable tablet	46
Poly-Vitamins chewable tablet.....	45

potassium bicarbonate-citric acid 25 mEq effervescent tablet.....	37	Pro Comfort Insulin Syringe 1 mL 31 gauge x 5/16.....	91	Puralube 85 %-15 % eye ointment.....	104
potassium chloride 20 mEq oral packet.....	37	Pro Comfort Pen Needle 31 gauge x 5/16.....	91	Pure Comfort Alcohol Pads.....	19
potassium chloride 20 mEq/15 mL oral liquid.....	37	Pro Comfort Pen Needle 32 gauge x 1/4.....	91	Pure Comfort Lancets 30 gauge.....	73
potassium chloride 40 mEq/15 mL oral liquid.....	37	Pro Comfort Pen Needle 32 gauge x 3/16.....	91	Pure Comfort Pen Needle 32 gauge x 1/4.....	91
potassium chloride ER 10 mEq capsule,extended release.....	37	Pro Comfort Pen Needle 32 gauge x 5/16.....	91	Pure Comfort Pen Needle 32 gauge x 3/16.....	91
potassium chloride ER 10 mEq tablet,extended release.....	37	Pro Comfort Spacer-Adult Mask.....	102	Pure Comfort Pen Needle 32 gauge x 5/32.....	91
potassium chloride ER 10 mEq tablet,extended release(part/cryst) .	38	Pro Comfort Spacer-Child Mask.....	102	Pure Comfort Safety Lancets 30 gauge.....	73
potassium chloride ER 20 mEq tablet,extended release(part/cryst) .	38	ProChamber.....	102	Purixan 20 mg/mL oral suspension.....	18
potassium chloride ER 8 mEq capsule,extended release.....	38	Prodigy Insulin Syringe 0.3 mL 31 gauge x 5/16.....	91	pyrazinamide 500 mg tablet.....	17
potassium chloride ER 8 mEq tablet,extended release.....	38	Prodigy Insulin Syringe 0.5 mL 31 gauge x 5/16.....	91	pyridostigmine bromide 60 mg tablet.	68
potassium citrate ER 10 mEq (1,080 mg) tablet,extended release.....	65	Prodigy Insulin Syringe 1 mL 28 gauge x 1/2.....	91	pyridostigmine bromide ER 180 mg tablet,extended release.....	68
potassium citrate ER 5 mEq (540 mg) tablet,extended release.....	65	Prodigy Lancing Device.....	73	pyridoxine (vitamin B6) 100 mg tablet.....	49
potassium citrate-citric acid 3,300 mg-1,002 mg oral packet.....	65	Prograf 5 mg/mL intravenous solution.....	67	pyridoxine (vitamin B6) 25 mg tablet.	49
Precision 1 mL 29 gauge x 1/2.....	90	promethazine 6.25 mg-codeine 10 mg/5 mL syrup.....	114	pyridoxine (vitamin B6) 50 mg tablet.	49
Precision Sure-Dose 0.3 mL 30 x 3/8	90	Promethazine VC-Codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup.....	114		
Precision Sure-Dose 1/2 mL 28 gauge x 1/2.....	90	promethazine-DM 6.25 mg-15 mg/5 mL oral syrup.....	111	Q	
Precision Sure-Dose Insulin 0.5 mL 29 gauge x 1/2.....	90	promethazine-phenylephrine 6.25 mg-5 mg/5 mL oral syrup.....	106	Quflora Pediatric 0.25mg fluoride (0.55 mg) chewable tablet.....	47
Precision Sure-Dose Insulin 1 mL 28 gauge x 1/2.....	90	promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup.....	114	Quflora Pediatric 0.5 mg fluoride (1.1 mg) chewable tablet.....	47
Precision SureDose Plus 0.3 mL 29 gauge x 1/2.....	90	propafenone 150 mg tablet.....	24	Quflora Pediatric 1 mg fluoride (2.2 mg) chewable tablet.....	47
Precision Xtra B-Ketone strips.....	32	propafenone 225 mg tablet.....	24	Quflora Pediatric Drops 0.25 mg fluoride (0.55 mg)/mL oral.....	47
PreserVision AREDS 14,320 unit-226 mg-200 unit capsule.....	42	propafenone 300 mg tablet.....	24	Quflora Pediatric Drops 0.5 mg fluoride (1.1 mg)/mL oral.....	47
PreserVision AREDS-2 (with omega-3) 250 mg-2.5 mg-0.5 mg capsule.....	42	propylthiouracil 50 mg tablet.....	54	quinidine gluconate ER 324 mg tablet,extended release.....	24
PreserVision AREDS-2 250 mg-90 mg-40 mg-1 mg capsule.....	12	ProRenal QD 400 mcg-500 unit capsule.....	42	quinidine sulfate 200 mg tablet.....	24
PreserVision Lutein 226 mg-200 unit-5 mg-0.8 mg capsule.....	42	Prosight with Lutein 60 mg-30 unit-6 mg capsule.....	42	quinidine sulfate 300 mg tablet.....	24
Prevent capsule.....	42	Protect Cardio AF 0.5 mg-30 mg-60 mg-90 mg capsule.....	42	Quintabs 400 mcg tablet.....	44
Prevnar 13 (PF) 0.5 mL intramuscular syringe.....	22	Protect Plus capsule.....	42		
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2.....	90	Protect Plus SO 0.5 mg-15 mg capsule.....	42	R	
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16.....	90	Protegra capsule.....	42	React 1.5 mg tablet.....	29
Pro Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16.....	90	pseudoephedrine 30 mg tablet.....	115	Ready-To-Use Enema 19 gram-7 gram/118 mL.....	62
Pro Comfort Insulin Syringe 1 mL 30 gauge x 1/2.....	91	pseudoephedrine 30 mg/5 mL oral liquid.....	115	Reality 1 mL 29 gauge x 1/2.....	91
Pro Comfort Insulin Syringe 1 mL 30 gauge x 5/16.....	91	pseudoephedrine 60 mg tablet.....	115	Reality Insulin Syringe 0.5 mL 29 gauge x 1/2.....	91
		pseudoephedrine ER 120 mg tablet,extended release.....	115	Reality Insulin Syringe 1 mL 28 gauge x 1/2.....	91
		pseudoephedrine-guaifenesin ER 60 mg-600 mg tablet,extend release 12hr.....	109	Reality Insulin Syringe 1/2 mL 28 gauge x 1/2.....	91
		Psyldex oral powder.....	60	Reality Latex Condoms.....	99
		PTS Panels Ketone strips.....	32	Reality Swabs.....	19
		Pulmozyme 1 mg/mL solution for inhalation.....	110	Recombivax HB (PF) 10 mcg/mL intramuscular suspension.....	21
				Recombivax HB (PF) 10 mcg/mL intramuscular syringe.....	21

Recombivax HB (PF) 40 mcg/mL intramuscular suspension.....	21	rifampin 300 mg capsule.....	17	Senno 8.6 mg tablet.....	63	
Recombivax HB (PF) 5 mcg/0.5 mL intramuscular suspension.....	21	Rightest GD500 Lancing Device	73	sennosides 8.6 mg-docusate sodium 50 mg tablet.....	64	
Recombivax HB (PF) 5 mcg/0.5 mL intramuscular syringe	21	Rightest GL300 Lancets 30 gauge.....	73	Senokot Extra Strength 17.2 mg tablet.....	63	
Refresh Lacri-Lube 56.8 %-42.5 % eye ointment.....	104	RiteFlo Aerochamber	102	SF 1.1 % dental gel.....	103	
Refresh P.M. 57.3 %-42.5 % eye ointment.....	104	Robafen 100 mg/5 mL oral liquid	110	SF 5000 Plus 1.1 % dental cream.....	103	
Reguloid (aspartame) 3 gram/5.8 gram oral powder.....	60	Robafen AC 10 mg-100 mg/5 mL oral liquid	114	Shingrix (PF) 50 mcg/0.5 mL intramuscular suspension, kit.....	23	
Reguloid (psyllium husk) 0.4 gram capsule	60	Robafen DM 10 mg-100 mg/5 mL oral syrup.....	113	Silace 50 mg/5 mL oral liquid	64	
Reguloid (psyllium husk-sucrose) 3.4 gram/12 gram oral powder.....	61	Robafen DM Cough 10 mg-100 mg/5 mL oral liquid	113	Silace 60 mg/15 mL oral syrup.....	64	
Reguloid (psyllium husk-sucrose) 3.4 gram/7 gram oral powder	61	Robafen DM Cough-Chest Congestion 10 mg-100 mg/5 mL oral syrup.....	113	Siladryl SA 12.5 mg/5 mL oral liquid sildenafil (pulmonary hypertension) 10 mg/12.5 mL intravenous solution ...	27	
Reguloid, Sugar Free oral powder.....	61	Robafen DM Peak Cold 10 mg-100 mg/5 mL oral liquid.....	113	Silphen Cough 12.5 mg/5 mL oral syrup	108	
Rehydralyte(oral electrolytes) oral solution	37	romidepsin 10 mg/2 mL intravenous powder for solution	18	Siltussin DAS 100 mg/5 mL oral liquid	110	
ReliaMed Lancet 28 gauge.....	73	Rulox 200 mg-200 mg-20 mg/5 mL oral suspension.....	57	Siltussin DM DAS 10 mg-100 mg/5 mL oral liquid.....	113	
ReliaMed Lancet 30 gauge.....	73	Ryclora 2 mg/5 mL oral solution.....	107	Siltussin SA 100 mg/5 mL oral liquid	110	
ReliaMed Mini Lancing Device.....	73	Rynex PE 1 mg-2.5 mg/5 mL oral solution.....	106	Siltussin-DM 10 mg-100 mg/5 mL oral syrup.....	113	
ReliaMed Safety Seal Lancets 28 gauge	73	Rynex PSE 1 mg-15 mg/5 mL oral liquid	106	silver sulfadiazine 1 % topical cream	30	
ReliaMed Safety Seal Lancets 30 gauge	73	S			Simeped 40 mg/0.6 mL oral drops,suspension	59
ReliOn Needles 31 gauge x 1/4.....	91	SafeSnap Insulin Syringe 0.3 mL 30 gauge x 5/16.....	91	simethicone 40 mg/0.6 mL oral drops,suspension	59	
ReliOn Pen Needles 32 gauge x 5/32.....	91	SafeSnap Insulin Syringe 0.5 mL 29 gauge x 1/2.....	91	simethicone 80 mg chewable tablet.....	59	
ReliOn Thin Lancets 26 gauge.....	73	SafeSnap Insulin Syringe 0.5 mL 30 gauge x 5/16.....	91	simple syrup	29	
Renal Caps 1 mg capsule.....	33	SafeSnap Insulin Syringe 1 mL 28 gauge x 1/2	91	Sinus 12 Hour 120 mg tablet,extended release	115	
Renal Multivitamin/Zinc tablet.....	33	SafeSnap Insulin Syringe 1 mL 29 gauge x 1/2	91	Sivextro 200 mg tablet.....	18	
Rena-Vite Rx 1 mg-60 mg-300 mcg tablet.....	33	Safety Lancets 28 gauge.....	73	Slow Release Iron 47.5 mg iron tablet,extended release.....	36	
Reno Caps 1 mg capsule.....	33	Safety Seal Lancets 30 gauge.....	73	Smart Sense Lancets 21 gauge.....	74	
Repel Family 10 % topical spray.....	30	Safety-Let Lancets 30 gauge.....	74	Smart Sense Lancets 26 gauge.....	74	
Repel Family 15 % topical spray powder.....	30	salicylic acid 6 % topical gel	31	Smart Sense Lancets 33 gauge.....	74	
Repel Hunter's 25 % topical spray.....	31	Saline Flush injection syringe.....	48	SmartDiabetes Vantage.....	74	
Repel Sportsmen 25 % topical spray.....	31	salsalate 500 mg tablet.....	15	Smartest Lancet.....	74	
Repel Sportsmen Dry 25 % topical spray	31	salsalate 750 mg tablet.....	15	Smooth Antacid 300 mg (750 mg) chewable tablet.....	55	
Repel Sportsmen Max 40 % lotion.....	31	Select-Lite Lancing Device.....	74	SmoothLax 17 gram oral powder packet	62	
Repel Sportsmen Max 40 % topical spray	31	selenium sulfide 2.5 % lotion.....	30	sodium bicarbonate 325 mg tablet.....	54	
Replace capsule.....	44	Senexon 8.6 mg tablet	63	sodium bicarbonate 650 mg tablet.....	54	
Restore 2.....	69	Senexon-S 8.6 mg-50 mg tablet.....	63	sodium chloride 0.9 % (flush) injection syringe.....	48	
Restore 4.....	32	senna 176 mg/5 mL oral syrup	63	sodium chloride 0.9 % for nebulization	28	
Restore Odor-Absorbent 4.....	69	senna 8.6 mg tablet.....	63	sodium chloride 0.9 % injection solution.....	33	
ReVital Freezer Pops oral solution.....	37	senna 8.8 mg/5 mL oral syrup	63	sodium chloride 0.9 % intravenous piggyback	48	
ReVital Jell Cups oral solution.....	37	Senna Lax 8.6 mg tablet.....	63	sodium chloride 0.9 % intravenous solution.....	48	
ReVital Liquid Squeezers oral solution	37	Senna Laxative 8.6 mg tablet	63	sodium chloride 0.9 % irrigation solution.....	34	
RiaSTAP 1 gram (900 mg-1,300 mg) intravenous solution.....	66	Senna Plus 8.6 mg-50 mg tablet.....	63			
riboflavin (vitamin B2) 100 mg tablet.....	49	Senna with Docusate Sodium 8.6 mg-50 mg tablet	63			
rifampin 150 mg capsule.....	17	Senna-S 8.6 mg-50 mg tablet	63			
PAHW PDL Formulary April 1, 2021		Senna-Time S 8.6 mg-50 mg tablet.....	64			

sodium chloride 10 % for nebulization	28	Stool Softener 60 mg/15 mL oral syrup	65	Sure Comfort Insulin Syringe 1 mL 30 gauge x 5/16	92
sodium chloride 3 % for nebulization	28	Stool Softener-Laxative 8.6 mg-50 mg tablet	64	Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16	92
sodium citrate-citric acid 500 mg-334 mg/5 mL oral solution.....	66	Stool Softener-Stimulant Laxative 8.6 mg-50 mg tablet	64	Sure Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2	92
sodium fluoride 0.2 % dental solution	103	Stress Formula tablet.....	36	Sure Comfort Insulin Syringe U-100 0.5 mL 29 gauge x 1/2	92
sodium fluoride 1.1 % dental cream	103	Stress Formula with Iron 500 mg-400 mcg-18 mg iron tablet	33	Sure Comfort Lancing Pen.....	74
sodium fluoride 1.1 % dental gel.....	103	Stress Formula With Iron(sulf) 500 mg-400 mcg-27 mg iron tablet.....	33	Sure Comfort Pen Needle 29 gauge x 1/2.....	92
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral susp.....	34	Strovite Forte 10 mg-1 mg/15 mL oral liquid	42	Sure Comfort Pen Needle 30 gauge x 5/16	92
sodium polystyrene sulfonate 15 gram/60 mL oral suspension	34	sucralfate 1 gram tablet	65	Sure Comfort Pen Needle 31 gauge x 3/16	92
sodium polystyrene sulfonate oral powder.....	34	sucralfate 100 mg/mL oral suspension	65	Sure Comfort Pen Needle 31 gauge x 5/16	92
Sof-Lax 100 mg capsule.....	64	Sudogest 12-hour 120 mg tablet,extended release.....	115	Sure Comfort Pen Needle 32 gauge x 1/4.....	92
Sof-Wick 4.....	69	Sudogest 30 mg tablet.....	115	Sure Comfort Pen Needle 32 gauge x 5/32	92
Solus V2 Lancing Device kit	74	Sudogest 60 mg tablet.....	115	Sure-Fine Pen Needles 29 gauge x 1/2	93
Soothe XP 1 %-4.5 % eye drops	105	Sudogest PE 10 mg tablet.....	115	Sure-Fine Pen Needles 31 gauge x 3/16	93
sorbitol 70 % solution	29	sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension	16	Sure-Fine Pen Needles 31 gauge x 5/16	93
SoSweet Syrup Vehicle	29	sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	17	Sureflex Lancing Device.....	74
Spectravite Adult 200 mcg chewable tablet.....	42	sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	17	Sureflex Lancing Device with Lancets kit.....	74
Spectravite Adult 50 Plus(with lutein) 500 mcg-250 mcg chewable tablet	42	Super Antioxidant capsule	42	Sure-Ject Insulin Syringe 0.3 mL 29 gauge x 1/2.....	93
spironolactone 100 mg tablet.....	25	Super B/C capsule.....	33	Sure-Ject Insulin Syringe 0.3 mL 30 gauge x 5/16.....	93
spironolactone 25 mg tablet.....	25	Super Multiple 0.4 mg capsule	42	Sure-Ject Insulin Syringe 0.5 mL 29 gauge x 1/2.....	93
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet....	26	Super Nu-Thera oral powder.....	44	Sure-Ject Insulin Syringe 0.5 mL 30 gauge x 5/16.....	93
spironolactone 50 mg tablet.....	25	Super Thin Lancets 28 gauge.....	74	Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2.....	93
SPS (with sorbitol) 15 gram-20 gram/60 mL oral suspension	34	Super Thin Lancets 30 gauge.....	74	Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2.....	93
SPS (with sorbitol) 30 gram-40 gram/120 mL enema	34	Suphedrin 15 mg/5 mL oral liquid.....	115	Sure-Ject Insulin Syringe 1 mL 30 gauge x 5/16.....	93
Stamaril (PF) 1,000 unit/0.5 mL subcutaneous suspension.....	23	Suphedrin 30 mg tablet	115	Sure-Ject Insulin Syringe 1/2 mL 28 gauge x 1/2.....	93
Sterile Pads 2.....	69	Suphedrine 12 Hour 120 mg tablet,extended release.....	115	Sure-Lance 28 gauge	74
Sterile Pads 4.....	69	Suphedrine 30 mg tablet.....	115	Sure-Lance Ultra Thin 30 gauge.....	74
Stimulant Laxative Plus 8.6 mg-50 mg tablet.....	64	Suphedrine PE 10 mg tablet.....	116	Sure-Touch Lancet.....	74
Stomach Relief 262 mg chewable tablet	58	Sure Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2	92	Surfak 240 mg capsule.....	65
Stomach Relief 262 mg tablet.....	58	Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 1/2	92	SwabFlush 0.9 % injection syringe with alcohol swab cap.....	48
Stomach Relief 262 mg/15 mL oral suspension.....	58	Sure Comfort Insulin Syringe 0.3 mL 31 gauge x 5/16	92	Sweet-SF oral liquid.....	29
Stomach Relief 525 mg/15 mL oral suspension.....	58	Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2	92	Symdeko 100 mg-150 mg (day)/150 mg (night) tablets.....	109
Stomach Relief Max Strength 525 mg/15 mL oral suspension	58	Sure Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	92	Synagex 1.25 mg-30 mg-5 mg capsule	33
Stomach Relief Original 262 mg/15 mL oral suspension.....	58	Sure Comfort Insulin Syringe 1 mL 28 gauge x 1/2	92	Synagis 100 mg/mL intramuscular solution.....	20
Stool Softener (docusate calcium) 240 mg capsule.....	64	Sure Comfort Insulin Syringe 1 mL 29 gauge x 1/2	92		
Stool Softener 100 mg capsule	65	Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2	92		
Stool Softener 100 mg tablet.....	65				
Stool Softener 250 mg capsule	65				
Stool Softener 50 mg/5 mL oral liquid	65				

Synagis 50 mg/0.5 mL intramuscular solution.....	20
Syrex Sodium Chloride 0.9 % injection syringe.....	48
SyrPalta Vehicle oral syrup.....	29
SyrSpend SF Liquid oral suspension.....	29
Syrup Vehicle SF oral solution.....	29
Systane Contacts eye drops.....	105
Systane Nighttime 94 %-3 % eye ointment.....	104

T

Tab Tussin DM 20 mg-400 mg tablet.....	113
Tab-A-Vite Multivitamin w-iron 18 mg-400 mcg tablet.....	44
Tab-A-Vite/Iron tablet.....	42
Tactical 325 mg tablet.....	15
Tactical Extra Strength 500 mg tablet.....	15
Take Action 1.5 mg tablet.....	29
Tame The Flame 195 mg calcium (500 mg) chewable tablet.....	55
Taron-Crystals 3,300 mg-1,002 mg oral packet.....	66
TechLITE Insulin Syringe 1 mL 29 gauge x 1/2.....	93
TechLITE Insulin Syringe 1 mL 30 gauge x 1/2.....	93
TechLITE Insulin Syringe 1 mL 30 gauge x 5/16.....	93
TechLITE Insulin Syringe 1 mL 31 gauge x 15/64.....	93
TechLITE Insulin Syringe 1 mL 31 gauge x 5/16.....	93
TechLITE Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2.....	93
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 1/2.....	93
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16.....	93
TechLITE Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16.....	93
TechLITE Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2.....	93
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2.....	93
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16.....	94
TechLITE Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16.....	94
TechLITE Lancets 25 gauge.....	74
TechLITE Lancets 30 gauge.....	74
TechLITE Pen Needle 29 gauge x 1/2.....	94
TechLITE Pen Needle 31 gauge x 1/4.....	94
TechLITE Pen Needle 31 gauge x 3/16.....	94
TechLITE Pen Needle 31 gauge x 5/16.....	94

TechLITE Pen Needle 32 gauge x 1/4.....	94
TechLITE Pen Needle 32 gauge x 5/32.....	94
Temodar 100 mg intravenous solution.....	18
Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular suspension.....	21
Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular syringe.....	21
Theo-24 100 mg capsule,extended release.....	108
Theo-24 200 mg capsule,extended release.....	108
Theo-24 300 mg capsule,extended release.....	108
Theo-24 400 mg capsule,extended release.....	108
theophylline 80 mg/15 mL oral elixir.....	108
theophylline 80 mg/15 mL oral solution.....	108
theophylline ER 100 mg tablet,extended release,12 hr.....	108
theophylline ER 200 mg tablet,extended release,12 hr.....	108
theophylline ER 300 mg tablet,extended release,12 hr.....	108
theophylline ER 400 mg tablet,extended release 24 hr.....	108
theophylline ER 450 mg tablet,extended release,12 hr.....	108
theophylline ER 600 mg tablet,extended release 24 hr.....	109
Thera 400 mcg tablet.....	44
Thera tablet.....	44
Thera-Gel 0.5 % shampoo.....	31
Therapeutic Shampoo 2 %.....	31
Therapeutic tablet.....	44
Thera-Tabs tablet.....	44
Therems Multivitamin 400 mcg tablet.....	44
Therems tablet.....	42
thiamine HCl (vitamin B1) 100 mg tablet.....	49
thiamine HCl (vitamin B1) 50 mg tablet.....	49
thiamine mononitrate (vitamin B1) 100 mg tablet.....	49
Thin Lancets 26 gauge.....	74
tobramycin 1.2 gram solution for injection.....	16
tobramycin 10 mg/mL injection solution.....	16
tobramycin 40 mg/mL injection solution.....	16
Topcare Clickfine 31 gauge x 1/4.....	94
Topcare Clickfine 31 gauge x 5/16.....	94
Topcare Ultra Comfort 0.3 mL 29 gauge x 1/2.....	94

Topcare Ultra Comfort 0.3 mL 30 gauge x 5/16.....	94
Topcare Ultra Comfort 0.3 mL 31 gauge x 5/16.....	94
Topcare Ultra Comfort 0.5 mL 29 gauge x 1/2.....	94
Topcare Ultra Comfort 0.5 mL 30 gauge x 5/16.....	94
Topcare Ultra Comfort 0.5 mL 31 gauge x 5/16.....	94
Topcare Ultra Comfort 1 mL 29 gauge x 1/2.....	94
Topcare Ultra Comfort 1 mL 30 gauge x 5/16.....	94
Topcare Ultra Comfort 1 mL 31 gauge x 5/16.....	94
Topcare Universal1 Lancet.....	74
Topper Dressing Sponges 4.....	69
torsemide 10 mg tablet.....	26
torsemide 100 mg tablet.....	26
torsemide 20 mg tablet.....	26
torsemide 5 mg tablet.....	26
Total Home Insect Repellent 30 % topical spray.....	31
Totalday Multiple tablet,extended release.....	42
tranexamic acid 650 mg tablet.....	66
Trectar 250 mg tablet.....	17
treprostinil sodium 1 mg/mL injection solution.....	27
treprostinil sodium 10 mg/mL injection solution.....	27
treprostinil sodium 2.5 mg/mL injection solution.....	27
treprostinil sodium 5 mg/mL injection solution.....	27
tretinoin (antineoplastic) 10 mg capsule.....	19
Tretten 2,500 unit intravenous solution.....	66
Triacting Cough and Cold 2.5 mg-5 mg/5 mL oral liquid.....	112
triamcinolone acetonide 0.1 % dental paste.....	104
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule.....	26
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet.....	26
triamterene 75 mg-hydrochlorothiazide 50 mg tablet.....	26
Tri-Buffered Aspirin 325 mg tablet.....	16
trifluridine 1 % eye drops.....	105
Trikafta 100-50-75 mg (d)/150 mg (n) tablets.....	109
trimethoprim 100 mg tablet.....	17
Triphrocaps 1 mg capsule.....	33
Tri-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops.....	46

Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops...	47	TRUEplus Pen Needle 31 gauge x 3/16	95	UltiCare 1 mL 31 gauge x 5/16.....	95
Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops.....	47	TRUEplus Pen Needle 31 gauge x 5/16	95	UltiCare Pen Needle 29 gauge x 1/2...	95
Trojan Condoms.....	99	TRUEplus Pen Needle 32 gauge x 5/32	95	UltiCare Pen Needle 31 gauge x 1/4...	96
Trojan Magnum Condoms	99	Trumenba 120 mcg/0.5 mL intramuscular syringe	22	UltiCare Pen Needle 31 gauge x 3/16..	96
Trojan Ribbed/Spermicidal Condoms ..	99	Trustex Latex Condom	99	UltiCare Pen Needle 32 gauge x 5/32..	96
Trojan Very Sensistive Lubricated Condoms	99	Trustex Lubricated Condoms	99	UltiGuard SafePack-Pen Needle 31 gauge x 1/4	96
Trojan Very Sensitive Spermicid Condoms	99	Trustex-RIA Lubricated Condoms	100	UltiGuard SafePack-Pen Needle 31 gauge x 3/16.....	96
Trojan Very Thin Lubricated Condoms	99	Trustex-RIA Lubricated/Spermicide Condom.....	100	UltiGuard SafePack-Pen Needle 31 gauge x 5/16	96
Trojan Very Thin Spermicide Condoms	99	Tums Extra Strength Smoothies 300 mg (750 mg) chewable tablet	55	UltiGuard SafePack-Pen Needle 32 gauge x 1/4	96
Trojan-Enz Lubricated Condoms	99	Tums Freshers 200 mg calcium (500 mg) chewable tablet.....	55	UltiGuard SafePack-Pen Needle 32 gauge x 5/32.....	96
Trojan-Enz/Spermicidal Condoms.....	99	Tums Ultra 400 mg calcium (1,000 mg) chewable tablet.....	55	Ulti-Lance misc	75
tropicamide 0.5 % eye drops.....	105	Tusnel Diabetic 10 mg-100 mg/5 mL oral liquid.....	113	Ultilet Classic Lancets	75
tropicamide 1 % eye drops.....	105	Tusnel-Ex 100 mg/5 mL oral liquid ..	110	Ultilet Classic Lancets 28 gauge	75
True Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	94	Tussin 100 mg/5 mL oral liquid.....	110	Ultilet Classic Lancets 30 gauge	75
True Comfort Insulin Syringe 1 mL 31 gauge x 5/16	95	Tussin Chest Congestion 100 mg/5 mL oral liquid.....	110	Ultilet Classic Lancets 33 gauge	75
True Metrix Level 1 solution.....	74	Tussin DM 10 mg-100 mg/5 mL oral liquid	114	Ultilet Lancets 28 gauge	75
True Metrix Level 2 solution.....	74	Tussin DM 10 mg-100 mg/5 mL oral syrup.....	114	Ultilet Lancets 30 gauge	75
True Metrix Level 3 solution.....	74	Tussin DM 20 mg-400 mg tablet.....	114	Ultilet Lancets 33 gauge	75
TrueControl Level 0 solution	74	Tussin DM Clear 10 mg-100 mg/5 mL oral syrup.....	114	Ultilet Pen Needle 32 gauge x 5/32.....	96
TrueControl Level 1 solution	74	Tussin DM Cough and Chest 10 mg-100 mg/5 mL oral syrup	114	Ultra Comfort Insulin Syringe.....	96
TRUEdraw Lancing Device	74	Tussin DM Cough and Chest 5 mg-100 mg/5 mL oral liquid.....	114	Ultra Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2	96
TRUEplus Insulin 0.3 mL 29 gauge x 1/2.....	95	Tussin DM Max 10 mg-200 mg/5 mL oral liquid.....	114	Ultra Comfort Insulin Syringe 0.3 mL 30	96
TRUEplus Insulin 0.3 mL 30 gauge x 5/16.....	95	Tussin Expectorant 100 mg/5 mL oral liquid.....	110	Ultra Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16.....	96
TRUEplus Insulin 0.3 mL 31 gauge x 5/16.....	95	Tussin Mucus-Chest Congestion 100 mg/5 mL oral liquid.....	110	Ultra Comfort Insulin Syringe 0.5 mL 29 gauge x 1/2	96
TRUEplus Insulin 0.5 mL 29 gauge x 1/2.....	95	Twinrix (PF) 720 ELISA unit-20 mcg/mL intramuscular syringe	20	Ultra Comfort Insulin Syringe 0.5 mL 29 gauge	96
TRUEplus Insulin 0.5 mL 30 gauge x 5/16.....	95	Twist Lancets 30 gauge.....	74	Ultra Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16.....	96
TRUEplus Insulin 0.5 mL 31 gauge x 5/16.....	95	Twist Lancets 32 gauge.....	75	Ultra Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16.....	96
TRUEplus Insulin 1 mL 28 gauge x 1/2	95	Typhim VI 25 mcg/0.5 mL intramuscular solution.....	21	Ultra Comfort Insulin Syringe 1 mL 28 gauge	96
TRUEplus Insulin 1 mL 29 gauge x 1/2	95	Typhim VI 25 mcg/0.5 mL intramuscular syringe	21	Ultra Comfort Insulin Syringe 1 mL 29 gauge	96
TRUEplus Insulin 1 mL 30 gauge x 5/16	95			Ultra Comfort Insulin Syringe 1 mL 29 gauge x 1/2	96
TRUEplus Insulin 1 mL 31 gauge x 5/16	95			Ultra Comfort Insulin Syringe 1 mL 30 gauge x 5/16.....	97
TRUEplus Insulin 1/2 mL 28 gauge x 1/2.....	95			Ultra Comfort Insulin Syringe 1 mL 30 gauge x 7/16.....	97
TRUEplus Ketone strips	102			Ultra Comfort Insulin Syringe 1 mL 31 gauge x 5/16.....	97
TRUEplus Lancets 26 gauge.....	74			Ultra Comfort Insulin Syringe 1/2 mL 28 gauge.....	97
TRUEplus Lancets 28 gauge.....	74			Ultra Comfort Insulin Syringe 1/2 mL 28 gauge	97
TRUEplus Lancets 30 gauge.....	74			Ultra Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2	97
TRUEplus Pen Needle 29 gauge x 1/295				Ultra Comfort Insulin Syringe 1/2 mL 29	97
TRUEplus Pen Needle 31 gauge x 1/495					

U

Ultra Comfort Insulin Syringe 1/2 mL 30 gauge	97	Unifine Pentips needle	98	Versalon Nonwoven All-Purpose 4	69
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2.....	97	Unifine Pentips Plus 29 gauge x 1/2...98		Versiva XC 4	32
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16	97	Unifine Pentips Plus 31 gauge x 1/4...98		VIC-Forte 1 mg capsule	42
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16	97	Unifine Pentips Plus 31 gauge x 3/16.98		Virt-Caps 1 mg capsule	33
Ultra Fine Insulin 0.3 mL 30 gauge x 1/2.....	97	Unifine Pentips Plus 31 gauge x 5/16.98		Virt-Phos 250 Neutral 250 mg tablet....	65
Ultra Fine Insulin 0.5 mL 30 gauge x 1/2.....	97	Unifine Pentips Plus 32 gauge x 5/32.98		Virtrate-2 500 mg-334 mg/5 mL oral solution.....	66
Ultra Flo Insulin Syringe 0.3 mL 29 gauge x 1/2.....	97	Unifine SafeControl 30 gauge x 5/16 98		Virtussin AC 10 mg-100 mg/5 mL oral liquid	115
Ultra Flo Pen Needle 29 gauge x 1/2 .97		Unilet ComforTouch Lancet 26 gauge 75		Virtussin DAC 30 mg-10 mg-100 mg/5 mL oral syrup	114
Ultra Mega Gold tablet,extended release.....	42	Unilet GP Lancet.....	75	Vita-Bob capsule	44
Ultra Mega tablet,extended release.....	42	Unilet Lancet 28 gauge.....	75	Vitalee 0.4 mg tablet	42
Ultra Mega Two tablet,extended release	42	Unilet Lancet 33 gauge.....	75	Vitamax 300 mcg/mL oral drops	45
Ultra Strength Antacid 400 mg calcium (1,000 mg) chewable tablet.....	55	Unilet Lancets 30 gauge.....	75	VitaMent 0.5 mg-270 mg-200 mg-25 mg oral powder packet	12
Ultra Thin Lancets.....	75	Unilet Super Thin Lancets 30 gauge	75	vitamin A 10,000 unit capsule.....	49
Ultra Thin Lancets 28 gauge.....	75	Unistik Touch Lancets 23 gauge.....	75	vitamin A 10,000 unit tablet.....	49
Ultra Thin Lancets 30 gauge.....	75	Universal 1 Lancets 21 gauge	75	vitamin A 2,400 mcg capsule.....	49
Ultra Thin Pen Needle 32 gauge x 5/32	97	Universal 1 Lancets 26 gauge	75	vitamin A palmitate 10,000 unit capsule	49
Ultra Thin Plus Lancets 33 gauge	75	Universal 1 Lancets 30 gauge	75	vitamin A palmitate 10,000 unit tablet	49
Ultra-Thin II (Short) Insulin syringe 0.3 mL 30 gauge x 5/16.....	97	Universal 1 Lancets 33 gauge	75	vitamin B complex tablet.....	33
Ultra-Thin II (Short) Insulin syringe 0.3 mL 31 gauge x 5/16.....	97	urea 40 % lotion.....	31	Vitamin B Complex With C capsule	33
Ultra-Thin II (Short) Insulin syringe 0.5 mL 30 gauge x 5/16.....	97	urea 40 % topical cream.....	31	Vitamin B-1 (mononitrate) 100 mg tablet	49
Ultra-Thin II (Short) Insulin syringe 0.5 mL 31 gauge x 5/16.....	97	Urea-C40 40 % lotion.....	31	Vitamin B-1 100 mg tablet.....	49
Ultra-Thin II (Short) Insulin syringe 1 mL 30 gauge x 5/16.....	97			Vitamin B-1 250 mg tablet.....	49
Ultra-Thin II (Short) Insulin syringe 1 mL 31 gauge x 5/16.....	98			Vitamin B-1 50 mg tablet.....	49
Ultra-Thin II (Short) Pen NDL 31 gauge x 5/16	98			Vitamin B-2 100 mg tablet	49
Ultra-Thin II Insulin Pen Needles 29 gauge x 1/2	98			Vitamin B-2 50 mg tablet.....	49
Ultra-Thin II Insulin Syringe 0.3 mL 29 gauge x 1/2	98			Vitamin B-6 100 mg tablet.....	49
Ultra-Thin II Insulin Syringe 0.5 mL 29 gauge x 1/2	98			Vitamin B-6 25 mg tablet.....	50
Ultra-Thin II Insulin Syringe 1 mL 29 gauge x 1/2	98			Vitamin B-6 250 mg tablet.....	50
Ultrathon 25 % topical spray.....	31			Vitamin B-6 50 mg tablet.....	50
Ultrathon 34.34 % lotion.....	31			Vitamin C 1,000 mg tablet.....	50
Unifine Pentips 29 gauge needle	98			Vitamin C 250 mg tablet	50
Unifine Pentips 29 gauge x 1/2.....	98			Vitamin C 500 mg chewable tablet	50
Unifine Pentips 31 gauge x 1/4.....	98			Vitamin C 500 mg tablet	50
Unifine Pentips 31 gauge x 3/16.....	98			Vitamin C 500 mg/5 mL oral syrup	50
Unifine Pentips 31 gauge x 5/16.....	98			Vitamin C Energy Booster 1,000 mg oral effervescent powder packet	49
Unifine Pentips 32 gauge x 5/32.....	98			Vitamin C ER 1,000 mg tablet,extended release	50
				Vitamin C oral powder.....	50
				Vitamin C with Acerola 500 mg tablet	50
				Vitamin C With Rose Hips 1,000 mg tablet	50
				Vitamin C With Rose Hips 500 mg tablet	50
				Vitamin D2 1,250 mcg (50,000 unit) capsule	52
				Vitamin D2 10 mcg (400 unit) tablet...52	
				Vitamin D3 10 mcg (400 unit) chewable tablet	52
				Vitamin D3 10 mcg (400 unit) tablet...52	

V

valproate sodium 500 mg/5 mL (100 mg/mL) intravenous solution	27
Valu-Dryl Allergy 25 mg capsule.....	108
Valu-Tapp 1 mg-15 mg/5 mL oral liquid	106
vancomycin 1,000 mg intravenous injection.....	17
vancomycin 500 mg intravenous solution.....	17
VanishPoint Syringe 0.5 mL 30 gauge x 1/2.....	98
VanishPoint Syringe 1 mL 29 gauge x 1/2.....	98
Vaqa (PF) 25 unit/0.5 mL intramuscular suspension.....	20
Vaqa (PF) 25 unit/0.5 mL intramuscular syringe.....	20
Vaqa (PF) 50 unit/mL intramuscular suspension.....	20
Vaqa (PF) 50 unit/mL intramuscular syringe.....	20
Varivax (PF) 1,350 unit/0.5 mL subcutaneous suspension.....	23
V-C Forte 1 mg capsule.....	42
Vegetable Laxative-Stool Softener 8.6 mg-50 mg tablet	64
Veletri 0.5 mg intravenous solution	27
Veletri 1.5 mg intravenous solution	27
Versa Free oral solution	29
Versa Plus oral suspension.....	29
Versalon 2	69
Versalon 4	69
Versalon Nonwoven All-Purpose 2	69

Vitamin D3 25 mcg (1,000 unit) capsule	52
Vitamin D3 25 mcg (1,000 unit) tablet	52
Vitamin D3 50 mcg (2,000 unit) capsule	52
vitamin E (dl, acetate) 100 unit capsule	52
vitamin E (dl, acetate) 200 unit capsule	52
vitamin E (dl, acetate) 22.5 mg (50 unit)/mL oral drops.....	52
vitamin E (dl, acetate) 400 unit capsule	52
vitamin E 100 unit capsule	52
vitamin E 200 unit capsule	52
vitamin E 400 unit capsule	52
vitamin E acetate 200 unit capsule	52
vitamin E mixed 400 unit capsule	52
Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops....	48
Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops.....	48
Vitamins B Complex capsule	33
Vita-Plus E capsule	44
Vitatum 3,500 unit-18 mg-0.4 mg chewable tablet	43

Vol-Care Rx 1 mg-60 mg-300 mcg tablet	33
Vortex Holding Chamber.....	102
Vortex VHC Frog Mask-Child	102
VP-Vite Rx 1 mg-60 mg-300 mcg tablet	33

W

Watchhaler spacer.....	102
Webcol topical pads.....	19
Weekly-D 1,250 mcg (50,000 unit) capsule	52
Woman's Laxative (bisacodyl) 5 mg tablet,delayed release.....	63
Women's 50+ Advanced 400 mcg capsule	43
Womens Daily Gummies 200 mcg chewable tablet.....	43
Women's Gentle Laxative (bisacodyl) 5 mg tablet,delayed release.....	63
Women's Laxative (bisacodyl) 5 mg tablet	63
Women's Laxative (bisacodyl) 5 mg tablet,delayed release.....	63

Women's Multi 18 mg-600 mcg capsule	43
Women's Multivitamin Gummies 200 mcg chewable tablet	43

Y

YF-Vax (PF) 10 exp4.74 unit/0.5 mL subcutaneous suspension.....	24
---	----

Z

zinc oxide 20 % topical ointment.....	31
zinc oxide topical ointment.....	31
zinc sulfate 50 mg zinc (220 mg) capsule	38
Zinc-220 50 mg zinc (220 mg) capsule	38
Zoo Friends chewable tablet.....	45
Zoo Friends Original 300 mcg chewable tablet	45
Zoo Friends Plus Iron 15 mg chewable tablet	45
Zostavax (PF) 19,400 unit/0.65 mL subcutaneous suspension.....	23