



April 2025

Molina Healthcare

Medicaid

**Preferred Drug List
(Formulary)/
Lista de Medicamentos
Preferidos
(Formulario)**



Discrimination is against the law

Molina Healthcare (Molina) follows the law. We treat all people equally.

We do not discriminate against anyone based on:

- Race
- Color
- National origin
- Age
- Disability
- Sex
- Religion

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily.

We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
 - Large print
 - Audio
 - Accessible electronic formats
 - Other formats

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters
- Information that is written in other languages

Contact us at (800) 424-4518 (TTY/TDD: 711) if you need any of these services.

The AlertLine offers confidential and anonymous reporting without fear of retaliation. If you believe there have been instances of non-compliance, potential fraud, waste or abuse or have experienced discrimination, you may file a report by calling the Molina AlertLine at (866) 606-3889 or online at <https://molinahealthcare.alertline.com>

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Or you may do this by mail or phone:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019

TDD: (800) 537-7697

Complaint forms are available online. You may find them at <http://www.hhs.gov/ocr/office/file/index.html>.

Help in other languages

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 424-4518 (TTY/TDD: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어지원서비스를 무료로 이용하실 수 있습니다.
(800) 424-4518 (TTY/TDD: 711) 번으로 전화해 주십시오.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 424-4518 (TTY/TDD: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (TTY/TDD: 711) (800) 424-4518。

Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان، اتصل برقم (1-800-424-4518) رقم هاتف الصم والبكم: (711) -قم هاتف الصم والبكم: .

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa (800) 424-4518 (TTY/TDD: 711).

Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات راهنمای زبان به صورت رایگان برای شما در دسترس است. با شماره 4518-424 (800) TTY/TDD (تعماریه ونه ته بینوایان 711)); تعماریه ونه ته بینوایان تماس بگیرید

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ማከተለው ቁጥር ይደውሉ

Urdu

دعیمان دین: اگر آپ اردو بولتے ہیں تو مشق زبان کی مدد والی خل ما شت دستیاب ہیں۔ (711 بلس --800-424 TTY/TDD) 4518: میڈ لین۔ پیکریں کال۔

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 424-4518 (ATS: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. ЗВОНИТЕ (800) 424-4518 (Телетайп: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
(800) 424-4518 (TTY/TDD: 711) पर कर्ाल करे ।

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer (800) 424-4518 (TTY/TDD: 711).

Bengali

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পা রেখবা। উপল আছা ফোন করন।
(800) 424-4518 (TTY/TDD: 711).

Bassa

Dè dè nià kɛ dyédé gbo: ɔ ju ké m Bàso ɔ-wùdù-po-nyɔ ju ní, ní, à wudu kà kò do po-po bé in m gbo kpáa. Đá (800) 424-4518 (TTY/TDD: 711).

CONTENTS/CONTENIDO

(04/01/2025)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2025 Molina Healthcare (Molina) Preferred Drug List (Formulary)* as a useful reference and informational tool. This guide can help medical providers select clinically appropriate and cost-effective products for their patients.

The drugs in this guide have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved before being included. This guide reflects current medical practice as of the date of review.

The information in this guide is provided solely for the benefit of medical providers. We do not guarantee accuracy of such information. This guide is not intended to be comprehensive in nature. All the information in the guide is provided as a reference for drug therapy selection.

This guide is subject to state-specific regulations and rules, including, but not limited to, those about generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

Molina is not responsible for the actions or omissions of any medical provider based on information in this guide. The medical provider should check the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

This guide is organized by sections. Each section is divided by therapeutic drug class by type.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

We use the services of a Pharmacy and Therapeutics Committee ("P&T Committee") to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists who all have a broad background of clinical and academic expertise on prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To help you understand which specific strengths and dosage forms are covered, some general guidelines are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is when your pharmacy may dispense a generic version instead of a prescribed brand-name product. In this guide, lowercase italicized type means a generic version is available. In most instances, if there's a generic product available, the brand-name version will become non-formulary. The generic product will be covered instead of the brand-name version. However, this guide is subject to state specific regulations and rules for generic substitution and mandatory generic rules apply where appropriate.

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness. They are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to make sure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter how safe and effective they are
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, the generic should be just as safe and effective as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

- This guide represents Molina and Virginia Medicaid's Common Core Formulary. Generic medications are typically available at the lowest cost. Brand-name medications usually cost more than generic versions. Medications not on the list will usually cost the most.

This guide lists drugs in the following manner:

Preferred Drugs

Non-Preferred Drugs

The medications listed in this guide are covered by Molina as represented. Molina covers certain medications on the list if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.). Molina will review requests for such medications outside of their listed criteria for medical necessity. If a medication is not listed, you may request a formulary exception for coverage. We will review medical necessity or formulary exception requests based on

drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have proven not to work. When this happens, the physician may fax a completed drug prior authorization form to Molina at (844) 278-5731. You can find these forms at molinahealthcare.com. We will not consider trials of pharmaceutical samples as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

For the quickest response possible from Molina's pharmacy department, please provide relevant information with the Prior Authorization request.

The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

EXCLUDED SERVICES

Please note that certain medications are excluded. These include, but are not limited to:

- Drugs used for anorexia or weight gain
- Drugs used to promote fertility
- Agents used for cosmetic purposes or hair growth
- Agents used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition other than sexual or erectile dysfunction, for which the agents have been approved by the FDA
- All DESI (Drug Efficacy Study Implementation) drugs as defined by the FDA to be less than effective. Compound prescriptions, which include a DESI drug, are not covered
- Drugs which have been recalled
- Experimental drugs or non-FDA-approved drugs
- Any legend drugs marketed by a manufacturer who does not participate in the Medicaid Drug Rebate program

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

LEGEND

AGE	Age Limit
CL	Closed Class Medication
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

Product Name	Change	Notes	Effective Date
ANDROGEL 1.62% GEL PUMP	Update to non-preferred		4/1/2025
GLIMEPIRIDE 3 MG TABLET	Update to non-preferred		4/1/2025
Amphetamine Tab Extended Release	Update minimum age to 6 years		4/1/2025
Amphetamine Extended Release Susp 2.5 MG/ML	Update minimum age to 6 years		4/1/2025
Amphetamine Tab Extended Release Disintegrating	Update minimum age to 6 years		4/1/2025
Amphetamine Sulfate Orally Disintegrating Tab 5 MG & 10 MG	Update minimum age to 6 years		4/1/2025
Amphetamine Sulfate Orally Disintegrating Tab 15 MG & 20 MG	Update minimum age to 6 years Update quantity limit to 1 tablet per day		4/1/2025
Dextroamphetamine Sulfate Cap ER 24HR	Update minimum age to 6 years Update quantity limit to 1 capsule per day		4/1/2025
Methamphetamine HCl Tab 5 MG	Update minimum age to 6 years		4/1/2025
Amphetamine-Dextroamphetamine 3-Bead Cap ER	Update minimum age to 13 years		4/1/2025
Amphetamine-Dextroamphetamine Cap ER 24HR	Update minimum age to 6 years		4/1/2025
Dexmethylphenidate HCl Tab	Update minimum age to 6 years Update quantity limit to 2 tablets per day		4/1/2025
Dexmethylphenidate HCl Cap ER 24 HR	Update minimum age to 6 years		4/1/2025
Methylphenidate TD Patch	Update minimum age to 6 years		4/1/2025
Methylphenidate Tab Extended Release Disintegrating	Update minimum age to 6 years Update quantity limit to 1 tablet per day		4/1/2025
Methylphenidate HCl Cap ER (CD)	Update minimum age to 6 years		4/1/2025
Methylphenidate HCl Tab	Update minimum age to 6 years Update quantity limit to 3 tablets per day		4/1/2025

METHYLPHENIDATE ER 10 MG & 20 MG TABLETS	Update to preferred Update minimum age to 6 years Update quantity limit to 1 tablet per day		4/1/2025
METHYLPHENIDATE ER 18 MG, 27 MG, 36 MG & 54 MG TABLETS (generic Concerta)	Update to preferred Update minimum age to 6 years		4/1/2025
CONCERTA	Update to non-preferred Update minimum age to 6 years		4/1/2025
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG, 27 MG, 36 MG, 54 MG, 63 MG (Relexxii & generics)	Update minimum age to 6 years		4/1/2025
Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG (Relexxii & generics)	Update minimum age to 6 years Update quantity limit to 1 tablet per day		4/1/2025
Methylphenidate HCl Chew Tab	Update minimum age to 6 years old Update quantity limit to 3 tablets per day		4/1/2025
Methylphenidate HCl Soln 10 MG/5ML	Update minimum age to 6 years Update quantity limit to 30ml per day		4/1/2025
Methylphenidate HCl Soln 5 MG/5ML	Update minimum age to 6 years Update quantity limit to 60ml per day		4/1/2025
Methylphenidate HCl Cap ER 24HR 10 MG, 20 MG, 30 MG & 40 MG (LA)	Update minimum age to 6 years		4/1/2025
Methylphenidate HCl Cap ER 24HR 60 MG (LA)	Update minimum age to 6 years Update quantity limit to 1 capsule per day		4/1/2025
Methylphenidate HCl Cap ER 24HR (XR)	Update minimum age to 6 years		4/1/2025
Methylphenidate HCl Cap Delayed ER 24HR (PM)	Update minimum age to 6 years Update quantity limit to 1 capsule per day		4/1/2025
Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)	Update minimum age to 6 years Update quantity limit to 12ml per day		4/1/2025
Methylphenidate HCl Chew Tab Extended Release 20 MG & 40 MG	Update minimum age to 6 years Update quantity limit to 1 tablet per day		4/1/2025
Methylphenidate HCl Chew Tab Extended Release 30 MG	Update minimum age to 6 years Update quantity limit to 2 tablets per day		4/1/2025
BETASERON	Update to non-preferred		4/1/2025

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar *Lista de Medicamentos Preferidos de [Molina Healthcare (Molina)] [2025] (Formulario)* como una herramienta de referencia e información útil. Esta guía puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos que se indican en esta guía fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados antes de su inclusión. Esta guía refleja la práctica médica actual a la fecha de revisión.

La información en esta guía se proporciona únicamente para el beneficio de los proveedores médicos. No garantizamos la exactitud de dicha información. Esta guía no fue hecha con un propósito integral. Toda la información de esta guía se proporciona como referencia para la selección de la terapia con medicamentos.

Esta guía está sujeta a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

[Molina] no asume la responsabilidad por las acciones u omisiones de cualquier proveedor médico en función de la información contenida en esta guía. El proveedor médico debe revisar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

Esta guía está organizada en secciones. Cada sección se divide según la clase terapéutica del fármaco, por tipo.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Utilizamos los servicios de un Comité de Farmacia y Terapéutica (P&T) para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica en medicamentos recetados. Los miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación cubiertas, algunas pautas generales se describen a continuación.

- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- En la segunda columna (categoría de medicamento etiquetado) se indica en qué categoría se ubica el medicamento en el formulario.
- La tercera columna (Requisitos/Límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, *Over The Counter*) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es cuando su farmacia puede administrar una versión genérica en lugar de un producto de marca recetado. En esta guía, la letra minúscula en cursiva significa que hay una versión genérica disponible. En la mayoría de los casos, si hay un producto genérico disponible, la versión de marca registrada no tendrá formulario. El producto genérico estará cubierto en lugar de la versión de marca registrada. Sin embargo, esta guía está sujeta a regulaciones y normas específicas del estado sobre la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera lo efectivos ni seguros que son.
- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, el medicamento genérico debe ser igual de efectivo y seguro que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

Esta guía representa el Formulario Básico Común de [Molina] y Virginia Medicaid. Los medicamentos que se presentan en el documento pueden tener un costo variable para el miembro del plan. Los medicamentos genéricos suelen estar disponibles al menor precio. Los medicamentos de marca, por lo general, serán más caros que las versiones genéricas. Los medicamentos que no están presentes en la lista suelen tener el mayor precio.

En esta guía se indican los medicamentos de la siguiente manera:

Categoría 1: Medicamentos Genéricos Preferidos

Categoría 2: Medicamentos de Marca Preferidos

Categoría 3: Medicamentos de Marca no Preferidos: Los medicamentos que no aparecen en el documento se consideran como “No Preferidos”

Los medicamentos que aparecen en esta guía están cubiertos por [Molina] según lo que se representa. [Molina] cubra algunos medicamentos de la lista si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). [Molina] revisará las solicitudes de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece, puede solicitar una excepción de formulario para la cobertura. Revisaremos las solicitudes de necesidad médica o de excepción de formulario en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en [molinahealthcare.com] para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de [Molina] pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario no funcionan. Cuando esto ocurra, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a [Molina] al [(844) 278-5731]. Puede encontrar estos formularios en [molinahealthcare.com]. No consideraremos los ensayos de muestras farmacéuticas como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para la respuesta más rápida posible del Departamento de Farmacia de [Molina], proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

Clase de medicamento o diagnóstico	Información clínica solicitada
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c
Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad

SERVICIOS EXCLUIDOS

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos contra la anorexia, pérdida de peso o aumento de peso.
- Medicamentos para promover la fertilidad.
- Medicamentos para fines cosméticos o el crecimiento del cabello.
- Medicamentos para el tratamiento de disfunción sexual o eréctil; a menos que dichos medicamentos se utilicen para tratar una afección distinta de la disfunción eréctil; para la que los medicamentos estén aprobados por la FDA.
- Todos los medicamentos DESI (*Drug Efficacy Study Implementation*, Implementación del Estudio de la Eficacia de los Medicamentos) que, según la definición de la FDA, no tengan el nivel requerido de eficacia. Recetas de compuestos, lo que incluye medicamentos DESI no cubiertos.
- Medicamentos que se hayan retirado del Mercado.
- Medicamentos experimentales o no aprobados por la FDA.
- Cualquier medicamento de venta bajo receta archivada que se comercialice por un fabricante no perteneciente al Programa de Devolución de Medicamentos de Medicaid.

AVISO

La información contenida en esta guía es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. ©2023. Todos los derechos reservados.

Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

LEYENDA

AGE	Límite de edad
CL	Medicamentos de Clase Cerrada
MED	Dosis equivalente de morfina de 90 mg como máximo por día
OTC	Medicamento de venta libre, beneficio cubierto con una receta médica
PA	Autorización previa
PA, QL	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
QL	Límite de Cantidad
SP	Medicamento de especialidad
ST	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
MAYÚSCULA	Indica disponibilidad de la marca

Nombre del producto	Cambiar	Fecha de vigencia
ANDROGEL 1.62% GEL PUMP	Actualización a no preferidos	4/1/2025
GLIMEPIRIDE 3 MG TABLET	Actualización a no preferidos	4/1/2025
Amphetamine Tab Extended Release	Actualizar la edad mínima a 6 años	4/1/2025
Amphetamine Extended Release Susp 2.5 MG/ML	Actualizar la edad mínima a 6 años	4/1/2025
Amphetamine Tab Extended Release Disintegrating	Actualizar la edad mínima a 6 años	4/1/2025
Amphetamine Sulfate Orally Disintegrating Tab 5 MG & 10 MG	Actualizar la edad mínima a 6 años	4/1/2025
Amphetamine Sulfate Orally Disintegrating Tab 15 MG & 20 MG	Actualizar la edad mínima a 6 años Actualizar el límite de cantidad a 1 tableta por día	4/1/2025
Dextroamphetamine Sulfate Cap ER 24HR	Actualizar la edad mínima a 6 años Update quantity limit to 1 capsule per day	4/1/2025
Methamphetamine HCl Tab 5 MG	Actualizar la edad mínima a 6 años	4/1/2025
Amphetamine-Dextroamphetamine 3-Bead Cap ER	Actualizar la edad mínima a 13 años	4/1/2025
Amphetamine-Dextroamphetamine Cap ER 24HR	Actualizar la edad mínima a 6 años	4/1/2025
Dexmethylphenidate HCl Tab	Actualizar la edad mínima a 6 años Update quantity limit to 2 tablets per day	4/1/2025
Dexmethylphenidate HCl Cap ER 24 HR	Actualizar la edad mínima a 6 años	4/1/2025
Methylphenidate TD Patch	Actualizar la edad mínima a 6 años	4/1/2025
Methylphenidate Tab Extended Release Disintegrating	Actualizar la edad mínima a 6 años Actualizar el límite de cantidad a 1 tableta por día	4/1/2025
Methylphenidate HCl Cap ER (CD)	Actualizar la edad mínima a 6 años	4/1/2025
Methylphenidate HCl Tab	Actualizar la edad mínima a 6 años Actualizar el límite de cantidad a 3 tabletas por día	4/1/2025

METHYLPHENIDATE ER 10 MG & 20 MG TABLETS	Actualizar a preferido Actualizar la edad mínima a 6 años Actualizar el límite de cantidad a 1 tableta por día	4/1/2025
METHYLPHENIDATE ER 18 MG, 27 MG, 36 MG & 54 MG TABLETS (generic Concerta)	Actualizar a preferido Actualizar la edad mínima a 6 años	4/1/2025
CONCERTA	Actualización a no preferidos Actualizar la edad mínima a 6 años	4/1/2025
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG, 27 MG, 36 MG, 54 MG, 63 MG (Relexxii & generics)	Actualizar la edad mínima a 6 años	4/1/2025
Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG (Relexxii & generics)	Actualizar la edad mínima a 6 años Actualizar el límite de cantidad a 1 tableta por día	4/1/2025
Methylphenidate HCl Chew Tab	Actualizar la edad mínima a 6 años old Actualizar el límite de cantidad a 3 tabletas por día	4/1/2025
Methylphenidate HCl Soln 10 MG/5ML	Actualizar la edad mínima a 6 años Update quantity limit to 30ml per day	4/1/2025
Methylphenidate HCl Soln 5 MG/5ML	Actualizar la edad mínima a 6 años Update quantity limit to 60ml per day	4/1/2025
Methylphenidate HCl Cap ER 24HR 10 MG, 20 MG, 30 MG & 40 MG (LA)	Actualizar la edad mínima a 6 años	4/1/2025
Methylphenidate HCl Cap ER 24HR 60 MG (LA)	Actualizar la edad mínima a 6 años Update quantity limit to 1 capsule per day	4/1/2025
Methylphenidate HCl Cap ER 24HR (XR)	Actualizar la edad mínima a 6 años	4/1/2025
Methylphenidate HCl Cap Delayed ER 24HR (PM)	Actualizar la edad mínima a 6 años Update quantity limit to 1 capsule per day	4/1/2025
Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)	Actualizar la edad mínima a 6 años Update quantity limit to 12ml per day	4/1/2025
Methylphenidate HCl Chew Tab Extended Release 20 MG & 40 MG	Actualizar la edad mínima a 6 años Actualizar el límite de cantidad a 1 tableta por día	4/1/2025
Methylphenidate HCl Chew Tab Extended Release 30 MG	Actualizar la edad mínima a 6 años Update quantity limit to 2 tablets per day	4/1/2025
BETASERON	Actualización a no preferidos	4/1/2025

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Drug Name	Drug Tier	Requirements/Limits
ACNE AGENTS: TOPICAL [OPEN CLASS]		
<i>acne medication 10 external gel 10 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>acne medication 10 external lotion 10 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>acne medication 2.5 external gel 2.5 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>acne medication 5 external gel 5 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>acne medication 5 external lotion 5 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>adapalene external gel 0.1 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide external liquid 10 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide external lotion 10 %, 5 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phos (twice-daily) gel 1 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate external solution 1 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate external swab 1 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>erythromycin external solution 2 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>lintera wash external foam 10 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene external foam 0.1 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Min 12 Years and Max 18 Years)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate (Clindacin Etz External Swab 1 %)</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>adapalene external cream 0.1 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>adapalene external gel 0.3 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>bp 10-1 external emulsion 10-1 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>bp cleansing wash external emulsion 10-4 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>bpo foaming cloths external 6 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phos (once-daily) gel 1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phosphate external foam 1 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phosphate external lotion 1 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>dapsone external gel 5 %, 7.5 %</i>	Non Preferred	PA; AGE (Max 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>ery external pad 2 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>erythromycin external gel 2 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sodium sulfacetamide external shampoo 10 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sodium sulfacetamide wash external liquid 10 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sss 10-5 external cream 10-5 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sss 10-5 external foam 10-5 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium external liquid 10 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur external pad 10-4 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %, 9-4.25 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tazarotene external cream 0.05 %, 0.1 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin external gel 0.05 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	Non Preferred	PA; AGE (Max 18 Years)
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	Non Preferred	PA; AGE (Max 18 Years)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	Non Preferred	PA; AGE (Max 18 Years)
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	Non Preferred	PA; AGE (Max 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	Non Preferred	PA; AGE (Max 18 Years)
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur</i> (Avar Cleanser External Liquid 10-5 %)	Non Preferred	PA; AGE (Max 18 Years)
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur</i> (Avar-E Emollient External Cream 10-5 %)	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur</i> (Avar-E Green External Cream 10-5 %)	Non Preferred	PA; AGE (Max 18 Years)
AVAR-E LS EXTERNAL CREAM 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	Non Preferred	PA; AGE (Max 18 Years)
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	Non Preferred	PA; AGE (Min 12 Years and Max 18 Years)
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	Non Preferred	PA; AGE (Max 18 Years)
CLINDACIN ETZ EXTERNAL KIT 1 % (<i>clindamycin phos & cleanser</i>)	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phosphate</i> (Clindacin External Foam 1 %)	Non Preferred	PA; AGE (Max 18 Years)
CLINDACIN PAC EXTERNAL KIT 1 % (<i>clindamycin phos & cleanser</i>)	Non Preferred	PA; AGE (Max 18 Years)
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	Non Preferred	PA; AGE (Max 18 Years)
DERMACINRX ATRIX ANTIBAC WASH EXTERNAL LIQUID 2 % (<i>salicylic acid</i>)	Non Preferred	PA; AGE (Max 18 Years)
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	Non Preferred	PA
DIFFERIN EXTERNAL GEL 0.1 %, 0.3 % (<i>adapalene</i>)	Non Preferred	PA
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	Non Preferred	PA; AGE (Max 18 Years)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	Non Preferred	PA
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	Non Preferred	PA; AGE (Min 18 Years)
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	Non Preferred	PA; AGE (Max 18 Years)
EVOCLIN EXTERNAL FOAM 1 % (<i>clindamycin phosphate</i>)	Non Preferred	PA; AGE (Max 18 Years)
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	Non Preferred	PA; AGE (Min 12 Years and Max 18 Years)

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<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	Non Preferred	PA; AGE (Max 18 Years)
NEUAC EXTERNAL KIT 1.2-5 % (<i>clindamycin-benzoyl per-moist</i>)	Non Preferred	PA; AGE (Max 18 Years)
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphor-benzoyl perox</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS EXTERNAL CREAM 10 % (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS EXTERNAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS EXTERNAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS WASH EXTERNAL GEL 10 % (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	Non Preferred	PA; AGE (Max 18 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	Non Preferred	PA; AGE (Max 18 Years)
SUMADAN EXTERNAL KIT 9-4.5 % (<i>sulfacetamide-sulfur-cleanser</i>)	Non Preferred	PA; AGE (Max 18 Years)
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
SUMADAN XLT EXTERNAL KIT 9-4.5 % (<i>sulfacetamide-sulfur-sunscreen</i>)	Non Preferred	PA; AGE (Max 18 Years)
SUMAXIN CP EXTERNAL KIT 10-4 % (<i>sulfacetamide-sulfur-cleanser</i>)	Non Preferred	PA; AGE (Max 18 Years)
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	Non Preferred	PA; AGE (Min 9 Years and Max 18 Years)
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	Non Preferred	PA; AGE (Min 12 Years and Max 18 Years)
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	Non Preferred	PA; AGE (Max 18 Years)
ZMA CLEAR EXTERNAL SUSPENSION 9-4.5 % (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
ALZHEIMER'S AGENTS [OPEN CLASS]		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Non Preferred	PA
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Non Preferred	PA
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Non Preferred	PA
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Non Preferred	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Non Preferred	PA; 90-day fill allowed after two 1-month fills
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Non Preferred	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Non Preferred	PA
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	Non Preferred	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	Non Preferred	PA
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	Non Preferred	PA
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	Non Preferred	PA
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	Non Preferred	PA
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG (<i>memantine hcl</i>)	Non Preferred	PA
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA; QL (28 EA per 180 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA
ANDROGENIC AGENTS [OPEN CLASS]		
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	Preferred	AGE (Min 18 Years)
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>testosterone transdermal solution 30 mg/act</i>	Non Preferred	PA; AGE (Min 18 Years)
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
ANTI-ALLERGENS: ORAL [OPEN CLASS]		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	Non Preferred	PA; AGE (Min 5 Years and Max 65 Years)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	Non Preferred	PA; AGE (Min 5 Years)
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	Non Preferred	PA; AGE (Min 5 Years)
ANTIBIOTICS: INHALED [CLOSED CLASS]		
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Preferred	SP; QL (280 ML per 28 days); AGE (Min 6 Years)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	Preferred	SP; QL (224 ML per 28 days); AGE (Min 6 Years)
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	Preferred	SP; QL (280 ML per 28 days); AGE (Min 6 Years)
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	Preferred	SP; PA; QL (224 EA per 28 days); AGE (Min 6 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Non Preferred	SP; PA; QL (224 ML per 28 days); AGE (Min 6 Years)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Non Preferred	SP; PA; QL (280 ML per 28 days); AGE (Min 6 Years)
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	Non Preferred	PA; QL (235.2 ML per 28 days); AGE (Min 18 Years)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	Non Preferred	PA; QL (84 ML per 28 days); AGE (Min 7 Years)
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	Non Preferred	SP; PA; QL (280 ML per 28 days); AGE (Min 6 Years)
ANTICOAGULANTS [CLOSED CLASS]		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Preferred	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Preferred	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	Preferred	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Preferred	90-day fill allowed after two 1-month fills
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Preferred	90-day fill allowed after two 1-month fills
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	Preferred	90-day fill allowed after two 1-month fills
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	Preferred	90-day fill allowed after two 1-month fills
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	Preferred	90-day fill allowed after two 1-month fills
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	Preferred	
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Non Preferred	PA
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Non Preferred	PA
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	Non Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	Non Preferred	PA
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	Non Preferred	PA

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LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	Non Preferred	PA
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	Non Preferred	PA; AGE (Max 12 Years)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	Non Preferred	PA
ANTICONVULSANTS [CLOSED CLASS]		
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carbamazepine oral tablet 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carbamazepine oral tablet chewable 100 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carbamazepine oral tablet chewable 200 mg</i>	Preferred	
<i>clobazam oral suspension 2.5 mg/ml</i>	Preferred	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Preferred	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Preferred	QL (10 EA per 30 days); AGE (Min 2 Years)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ethosuximide oral capsule 250 mg</i>	Preferred	AGE (Min 3 Years); 90-day fill allowed after two 1-month fills
<i>ethosuximide oral solution 250 mg/5ml</i>	Preferred	AGE (Min 3 Years); 90-day fill allowed after two 1-month fills
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lacosamide solution 10 mg/ml oral</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>levetiracetam oral solution 100 mg/ml</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>phenobarbital oral elixir 20 mg/5ml</i>	Preferred	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Preferred	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>phenytoin oral tablet chewable 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>primidone oral tablet 125 mg</i>	Preferred	
<i>primidone oral tablet 250 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>topiramate oral capsule sprinkle 50 mg</i>	Preferred	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>valproic acid oral capsule 250 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Preferred	90-day fill allowed after two 1-month fills
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	Preferred	90-day fill allowed after two 1-month fills
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 2 Years)
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	Preferred	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 1 Years)
<i>carbamazepine</i> (Eitol Oral Tablet 200 Mg)	Preferred	90-day fill allowed after two 1-month fills
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam</i> (<i>anticonvulsant</i>))	Preferred	QL (10 EA per 30 days); AGE (Min 12 Years)
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Preferred	90-day fill allowed after two 1-month fills
<i>levetiracetam</i> (Roweepra Oral Tablet 500 Mg)	Preferred	90-day fill allowed after two 1-month fills
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>phenobarbital sodium</i>)	Preferred	

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<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Preferred	90-day fill allowed after two 1-month fills
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	Preferred	90-day fill allowed after two 1-month fills
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	Preferred	90-day fill allowed after two 1-month fills
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 6 Years)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Non Preferred	PA
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Non Preferred	PA
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Non Preferred	PA
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Non Preferred	PA
<i>felbamate oral suspension 600 mg/5ml</i>	Non Preferred	PA
<i>felbamate oral tablet 400 mg, 600 mg</i>	Non Preferred	PA
<i>lacosamide oral solution 100 mg/10ml, 50 mg/5ml</i>	Non Preferred	PA
<i>lacosamide solution 10 mg/ml oral</i>	Non Preferred	PA
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	Non Preferred	PA
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Non Preferred	PA; 90-day fill allowed after two 1-month fills
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Non Preferred	PA
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Non Preferred	PA
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Non Preferred	PA
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	Non Preferred	PA
<i>methsuximide oral capsule 300 mg</i>	Non Preferred	PA
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Non Preferred	PA
<i>rufinamide oral suspension 40 mg/ml</i>	Non Preferred	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Non Preferred	PA
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Non Preferred	PA; 90-day fill allowed after two 1-month fills
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Non Preferred	PA
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Non Preferred	PA
<i>vigabatrin oral packet 500 mg</i>	Non Preferred	PA
<i>vigabatrin oral tablet 500 mg</i>	Non Preferred	PA
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	Non Preferred	PA
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	Non Preferred	PA
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	Non Preferred	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	Non Preferred	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	Non Preferred	PA
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	Non Preferred	PA
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	Non Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Non Preferred	PA
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	Non Preferred	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	Non Preferred	PA
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	Non Preferred	PA
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	Non Preferred	PA
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	Non Preferred	PA
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	Non Preferred	PA
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	Non Preferred	PA

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EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	Non Preferred	PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	Non Preferred	PA
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	Non Preferred	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	Non Preferred	PA; AGE (Min 2 Years)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	Non Preferred	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	Non Preferred	PA
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	Non Preferred	PA
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	Non Preferred	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	Non Preferred	PA
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	Non Preferred	PA
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	Non Preferred	PA
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>diazepam</i>)	Non Preferred	PA; QL (10 EA per 30 days); AGE (Min 2 Years and Max 5 Years)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>lacosamide</i>)	Non Preferred	PA; QL (1 EA per 1 day)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (<i>lacosamide</i>)	Non Preferred	PA; QL (2 EA per 1 day)
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	Non Preferred	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	Non Preferred	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	Non Preferred	PA
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule 200 Mg, 300 Mg)	Non Preferred	PA
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	Non Preferred	PA
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	Non Preferred	PA
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	Non Preferred	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	Non Preferred	PA
<i>lamotrigine</i> (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	Non Preferred	PA
<i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	Non Preferred	PA
<i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	Non Preferred	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	Non Preferred	PA
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	Non Preferred	PA
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Non Preferred	PA
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	Non Preferred	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	Non Preferred	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	Non Preferred	PA
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	Non Preferred	PA
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	Non Preferred	PA
<i>vigabatrin</i> (Vigadrone Oral Tablet 500 Mg)	Non Preferred	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	Non Preferred	PA
<i>vigabatrin</i> (Vigpoder Oral Packet 500 Mg)	Non Preferred	PA
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	Non Preferred	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	Non Preferred	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG (<i>cenobamate</i>)	Non Preferred	PA
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	Non Preferred	PA; AGE (Min 3 Years)
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	Non Preferred	PA; AGE (Min 3 Years)
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	Non Preferred	PA
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ANTIDEPRESSANTS: OTHER [OPEN CLASS]		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>phenelzine sulfate oral tablet 15 mg</i>	Preferred	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Non Preferred	PA
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Non Preferred	PA
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Non Preferred	PA
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	Non Preferred	PA
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	Non Preferred	PA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	Non Preferred	PA
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	Non Preferred	PA
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG (<i>venlafaxine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG (<i>venlafaxine hcl</i>)	Non Preferred	PA
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	Non Preferred	PA
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	Non Preferred	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	Non Preferred	PA
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	Non Preferred	PA
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Non Preferred	PA
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	Non Preferred	PA
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	Non Preferred	PA
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	Non Preferred	PA
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	Non Preferred	PA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	Non Preferred	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	Non Preferred	PA
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	Non Preferred	PA
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	Non Preferred	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	Non Preferred	PA; QL (28 EA per 1 Fill); AGE (Min 18 Years)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	Non Preferred	PA; QL (14 EA per 1 Fill); AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS: SSRI [OPEN CLASS]		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>escitalopram oxalate oral tablet 20 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>citalopram hydrobromide oral capsule 30 mg</i>	Non Preferred	PA
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Non Preferred	PA
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	Non Preferred	PA
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Non Preferred	PA
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	Non Preferred	PA
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Non Preferred	PA
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Non Preferred	PA
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Non Preferred	PA
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Non Preferred	PA
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	Non Preferred	PA
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	Non Preferred	PA
LEXAPRO ORAL TABLET 10 MG, 5 MG (<i>escitalopram oxalate</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
LEXAPRO ORAL TABLET 20 MG (<i>escitalopram oxalate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	Non Preferred	PA
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	Non Preferred	PA
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	Non Preferred	PA
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	Non Preferred	PA
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	Non Preferred	PA
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	Non Preferred	PA
ANTIEMETIC/ANTIVERTIGO AGENTS [OPEN CLASS]		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Preferred	PA
<i>ft motion sickness oral tablet 25 mg, 50 mg</i>	Preferred	
<i>gnp motion sickness relief oral tablet 25 mg, 50 mg</i>	Preferred	
<i>hm motion sickness oral tablet 50 mg</i>	Preferred	
<i>hm motion sickness relief oral tablet 25 mg</i>	Preferred	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Preferred	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Preferred	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Preferred	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Preferred	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Preferred	
<i>motion sickness relief oral tablet 25 mg, 50 mg</i>	Preferred	
<i>motion-time oral tablet chewable 25 mg</i>	Preferred	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Preferred	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Preferred	QL (60 EA per 1 Fill)
<i>ondansetron oral tablet dispersible 16 mg</i>	Preferred	PA; QL (60 EA per 1 Fill)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Preferred	QL (60 EA per 1 Fill)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Preferred	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Preferred	AGE (Min 2 Years)
<i>qc motion sickness relief oral tablet 50 mg</i>	Preferred	
<i>qc travel ease oral tablet chewable 25 mg</i>	Preferred	
<i>sm motion sickness oral tablet 25 mg, 50 mg</i>	Preferred	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Preferred	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	Preferred	PA; AGE (Min 18 Years)
DRIMINATE ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	Preferred	AGE (Min 2 Years)
<i>aprepitant oral 80 & 125 mg</i>	Non Preferred	PA; QL (1 EA per 1 Fill)
<i>aprepitant oral capsule 125 mg, 80 & 125 mg</i>	Non Preferred	PA; QL (1 EA per 1 Fill)
<i>aprepitant oral capsule 40 mg</i>	Non Preferred	PA; QL (4 EA per 1 Fill)
<i>aprepitant oral capsule 80 mg</i>	Non Preferred	PA; QL (2 EA per 1 Fill)
<i>dimenhydrinate injection solution 50 mg/ml</i>	Non Preferred	PA
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>focinvez intravenous solution 150 mg/50ml</i>	Non Preferred	PA
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	Non Preferred	PA
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	Non Preferred	PA
<i>granisetron hcl oral tablet 1 mg</i>	Non Preferred	PA
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	Non Preferred	PA
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	Non Preferred	PA
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	Non Preferred	PA
<i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i>	Non Preferred	PA
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>prochlorperazine rectal suppository 25 mg</i>	Non Preferred	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Non Preferred	PA
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	Non Preferred	PA
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	Non Preferred	PA
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	Non Preferred	PA
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	Non Preferred	PA
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	Non Preferred	PA; QL (10 EA per 1 Fill)
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (<i>aprepitant</i>)	Non Preferred	PA; QL (4.4 ML per 1 Fill)
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML (<i>amisulpride (antiemetic)</i>)	Non Preferred	PA
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	Non Preferred	PA; AGE (Min 18 Years)
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (<i>aprepitant</i>)	Non Preferred	PA; QL (36 ML per 1 Fill)
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Non Preferred	PA
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	Non Preferred	PA
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	Non Preferred	PA; QL (2 EA per 1 Fill)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	Non Preferred	PA
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	Non Preferred	PA; QL (1 EA per 1 Fill)
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	Non Preferred	PA
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	Non Preferred	PA
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	Non Preferred	PA; AGE (Min 2 Years)
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML (<i>palonosetron hcl</i>)	Non Preferred	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	Non Preferred	PA; AGE (Min 2 Years)
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	Non Preferred	PA
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	Non Preferred	PA; QL (2 EA per 1 Fill)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (<i>granisetron</i>)	Non Preferred	PA
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (<i>trimethobenzamide hcl</i>)	Non Preferred	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	Non Preferred	PA
ANTIFUNGALS: ORAL [OPEN CLASS]		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>nystatin oral tablet 500000 unit</i>	Preferred	90-day fill allowed after two 1-month fills
<i>terbinafine hcl oral tablet 250 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>clotrimazole mouth/throat troche 10 mg</i>	Non Preferred	PA
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Non Preferred	PA
<i>griseofulvin microsize oral tablet 500 mg</i>	Non Preferred	PA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Non Preferred	PA
<i>itraconazole oral capsule 100 mg</i>	Non Preferred	PA
<i>itraconazole oral solution 10 mg/ml</i>	Non Preferred	PA
<i>ketoconazole oral tablet 200 mg</i>	Non Preferred	PA
<i>posaconazole oral suspension 40 mg/ml</i>	Non Preferred	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	Non Preferred	PA
<i>tolsura oral capsule 65 mg</i>	Non Preferred	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Non Preferred	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Non Preferred	PA
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	Non Preferred	PA
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Non Preferred	PA
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	Non Preferred	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fluconazole</i>)	Non Preferred	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG (<i>fluconazole</i>)	Non Preferred	PA
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	Non Preferred	PA; AGE (Max 16 Years)
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	Non Preferred	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	Non Preferred	PA
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	Non Preferred	PA
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	Non Preferred	PA
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	Non Preferred	PA
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	Non Preferred	PA
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	Non Preferred	PA
ANTIFUNGALS: TOPICAL [OPEN CLASS]		
<i>antifungal (clotrimazole) external cream 1 %</i>	Preferred	
<i>antifungal clotrimazole external cream 1 %</i>	Preferred	
<i>antifungal external cream 2 %</i>	Preferred	
<i>athletes foot (clotrimazole) external cream 1 %</i>	Preferred	
<i>athletes foot (terbinafine) external cream 1 %</i>	Preferred	
<i>ciclopirox external solution 8 %</i>	Preferred	
<i>clotrimazole anti-fungal external cream 1 %</i>	Preferred	
<i>clotrimazole external cream 1 %</i>	Preferred	
<i>clotrimazole external solution 1 %</i>	Preferred	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Preferred	
<i>ft antifungal external cream 1 %, 2 %</i>	Preferred	
<i>ft athletes foot (clotrimaz) external cream 1 %</i>	Preferred	
<i>ft athletes foot (terbinafine) external cream 1 %</i>	Preferred	
<i>gnp athletes foot external cream 1 %</i>	Preferred	
<i>gnp terbinafine hydrochloride external cream 1 %</i>	Preferred	
<i>gnp tolnaftate external cream 1 %</i>	Preferred	
<i>ketoconazole external cream 2 %</i>	Preferred	
<i>ketoconazole external shampoo 2 %</i>	Preferred	
<i>miconazole nitrate external cream 2 %</i>	Preferred	
<i>nystatin external cream 100000 unit/gm</i>	Preferred	
<i>nystatin external ointment 100000 unit/gm</i>	Preferred	
<i>nystatin external powder 100000 unit/gm</i>	Preferred	
<i>qc antifungal (tolnaftate) external cream 1 %</i>	Preferred	
<i>qc clotrimazole external cream 1 %</i>	Preferred	
<i>sm antifungal clotrimazole external cream 1 %</i>	Preferred	
<i>sm antifungal miconazole external cream 2 %</i>	Preferred	
<i>sm antifungal tolnaftate external cream 1 %</i>	Preferred	
<i>sm athletes foot external cream 1 %</i>	Preferred	
<i>terbinafine hcl external cream 1 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>tm-clotrimazole external cream 1 %</i>	Preferred	
<i>tolnaftate external cream 1 %</i>	Preferred	
<i>tolnaftate external powder 1 %</i>	Preferred	
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	Preferred	
MICOTRIN AC EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	Preferred	
MYCOZYL AC EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	Preferred	
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	Preferred	
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	Preferred	
TRIMAZOLE EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	Preferred	
TRITOLNACIDE C EXTERNAL CREAM 1 % (<i>tolnaftate</i>)	Preferred	
<i>alevazol external ointment 1 %</i>	Non Preferred	PA
<i>antifungal external powder 2 %</i>	Non Preferred	PA
<i>antifungal maximum strength external solution 1 %</i>	Non Preferred	PA
<i>athletes foot powder spray external aerosol powder 1 %, 2 %</i>	Non Preferred	PA
<i>butenafine hcl external cream 1 %</i>	Non Preferred	PA
<i>ciclopirox external gel 0.77 %</i>	Non Preferred	PA
<i>ciclopirox external shampoo 1 %</i>	Non Preferred	PA
<i>ciclopirox olamine external cream 0.77 %</i>	Non Preferred	PA
<i>ciclopirox olamine external suspension 0.77 %</i>	Non Preferred	PA
<i>ciclopirox treatment external kit 8 %</i>	Non Preferred	PA
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Non Preferred	PA
<i>econazole nitrate external cream 1 %</i>	Non Preferred	PA
<i>gnp miconazorb af external powder 2 %</i>	Non Preferred	PA
<i>ketoconazole external foam 2 %</i>	Non Preferred	PA
<i>luliconazole external cream 1 %</i>	Non Preferred	PA
<i>miconazole nitrate external solution 2 %</i>	Non Preferred	PA
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	Non Preferred	PA; AGE (Max 16 Years)
<i>miconi-al external solution 2 %</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl external cream 1 %, 2 %</i>	Non Preferred	PA
<i>naftifine hcl external gel 2 %</i>	Non Preferred	PA
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Non Preferred	PA
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Non Preferred	PA
<i>oxiconazole nitrate external cream 1 %</i>	Non Preferred	PA
<i>tavaborole external solution 5 %</i>	Non Preferred	PA
<i>tm-tolnaftate external solution 1 %</i>	Non Preferred	PA
<i>tm-tolnaftate lr external solution 1 %</i>	Non Preferred	PA
<i>tolnafi-al external solution 1 %</i>	Non Preferred	PA
<i>votriza-al external lotion 1 %</i>	Non Preferred	PA
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	Non Preferred	PA
EXTINA EXTERNAL FOAM 2 % (<i>ketoconazole</i>)	Non Preferred	PA
FUNGOID TINCTURE EXTERNAL SOLUTION 2 % (<i>miconazole nitrate</i>)	Non Preferred	PA
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	Non Preferred	PA
<i>ketoconazole (Ketodan External Foam 2 %)</i>	Non Preferred	PA
KETODAN EXTERNAL KIT 2 % (<i>ketoconazole-cleanser</i>)	Non Preferred	PA
LOPROX EXTERNAL CREAM 0.77 % (<i>ciclopirox olamine</i>)	Non Preferred	PA
LOPROX EXTERNAL KIT 0.77 %, 0.77 % (SUSP) (<i>ciclopirox olamine-cleanser</i>)	Non Preferred	PA
LOPROX EXTERNAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	Non Preferred	PA
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	Non Preferred	PA
MICOMITIN EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	Non Preferred	PA
MICOTRIN AL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	Non Preferred	PA
MICOTRIN AP EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
MYCOZYL AL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	Non Preferred	PA
MYCOZYL AP EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	Non Preferred	PA
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	Non Preferred	PA
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Non Preferred	PA
TRIPENICOL C EXTERNAL CREAM 13 % (<i>undecylenic acid</i>)	Non Preferred	PA
TRITOLNACIDE S EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	Non Preferred	PA
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	Non Preferred	PA; AGE (Max 16 Years)
ANTIHYPERTENSIVES: ANGIOTENSIN MODULATOR COMBINATIONS [OPEN CLASS]		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Non Preferred	PA
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Non Preferred	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Non Preferred	PA
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Non Preferred	PA
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	Non Preferred	PA
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	Non Preferred	PA
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	Non Preferred	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	Non Preferred	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	Non Preferred	PA
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVES: ANGIOTENSIN MODULATORS [OPEN CLASS]		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Preferred	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	Preferred	QL (2 EA per 1 day)
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Non Preferred	PA
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Non Preferred	PA
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Non Preferred	PA
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate oral solution 1 mg/ml</i>	Non Preferred	PA
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Non Preferred	PA
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Non Preferred	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Non Preferred	PA
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Non Preferred	PA
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Non Preferred	PA
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Non Preferred	PA
<i>valsartan oral solution 4 mg/ml</i>	Non Preferred	PA
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	Non Preferred	PA
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>quinapril-hydrochlorothiazide</i>)	Non Preferred	PA
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	Non Preferred	PA
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	Non Preferred	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	Non Preferred	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	Non Preferred	PA
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	Non Preferred	PA
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	Non Preferred	PA
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	Non Preferred	PA
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	Non Preferred	PA
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	Non Preferred	PA
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	Non Preferred	PA
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	Non Preferred	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	Non Preferred	PA
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	Non Preferred	PA; QL (8 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	Non Preferred	PA
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	Non Preferred	PA
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	Non Preferred	PA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	Non Preferred	PA
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	Non Preferred	PA
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	Non Preferred	PA
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	Non Preferred	PA
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	Non Preferred	PA
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	Non Preferred	PA
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	Non Preferred	PA
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	Non Preferred	PA
ANTIHYPERTENSIVES: BETA BLOCKERS [OPEN CLASS]		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Preferred	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Preferred	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Preferred	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>labetalol hcl oral tablet 400 mg</i>	Preferred	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Preferred	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	Preferred	
<i>sotalol hcl (af) oral tablet 120 mg</i>	Preferred	
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Non Preferred	PA
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Non Preferred	PA
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Non Preferred	PA
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Non Preferred	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	Non Preferred	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Non Preferred	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	Non Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	Non Preferred	PA
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	Non Preferred	PA
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	Non Preferred	PA; AGE (Max 1 Years)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	Non Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	Non Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	Non Preferred	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Non Preferred	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	Non Preferred	PA
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Non Preferred	PA
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	Non Preferred	PA
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	Non Preferred	PA
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Non Preferred	PA
ANTIHYPERTENSIVES: CALCIUM CHANNEL BLOCKERS [OPEN CLASS]		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	Non Preferred	PA
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	Non Preferred	PA
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Non Preferred	PA
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Non Preferred	PA
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg</i>	Non Preferred	PA
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	Non Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	Non Preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	Non Preferred	PA
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	Non Preferred	PA
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Non Preferred	PA
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	Non Preferred	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	Non Preferred	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG (<i>nifedipine</i>)	Non Preferred	PA; QL (1 EA per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	Non Preferred	PA
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	Non Preferred	PA
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	Non Preferred	PA
CALCIUM CHANNEL BLOCKERS		
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	Preferred	90-day fill allowed after two 1-month fills
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG (<i>nifedipine</i>)	Non Preferred	PA
ANTIHYPERTENSIVES: SYMPATHOLYTICS [OPEN CLASS]		
<i>clonidine hcl er oral tablet extended release 24 hour 0.17 mg</i>	Non Preferred	PA
ANTIHYPERURICEMICS [OPEN CLASS]		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>colchicine oral capsule 0.6 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>colchicine oral tablet 0.6 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>probenecid oral tablet 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>allopurinol oral tablet 200 mg</i>	Non Preferred	PA
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Non Preferred	PA
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	Non Preferred	PA
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	Non Preferred	PA
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	Non Preferred	PA
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	Non Preferred	PA
ZYLOPRIM ORAL TABLET 100 MG (<i>allopurinol</i>)	Non Preferred	PA
ANTIMIGRAINE AGENTS [OPEN CLASS]		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Preferred	QL (12 EA per 1 Fill)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Preferred	QL (12 EA per 1 Fill)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Preferred	QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Preferred	QL (9 EA per 1 Fill)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Preferred	QL (18 EA per 1 Fill)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Preferred	QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Preferred	QL (1 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Preferred	QL (2 ML per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT (<i>sumatriptan</i>)	Preferred	QL (6 EA per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Non Preferred	PA; QL (6 EA per 1 Fill)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Non Preferred	PA; QL (6 EA per 1 Fill)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Non Preferred	PA; QL (12 EA per 1 Fill)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Non Preferred	PA; QL (9 EA per 1 Fill)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	Non Preferred	PA
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	Non Preferred	PA; QL (6 EA per 1 Fill)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Non Preferred	PA; QL (8 EA per 1 Fill)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Non Preferred	PA; QL (8 EA per 1 Fill)
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	Non Preferred	PA; QL (12 EA per 1 Fill)
IMITREX ORAL TABLET 100 MG (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (9 EA per 1 Fill)
IMITREX ORAL TABLET 25 MG, 50 MG (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (18 EA per 1 Fill)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (2 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (2 ML per 30 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	Non Preferred	PA; QL (12 EA per 1 Fill)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	Non Preferred	PA; QL (12 EA per 1 Fill)
RELPAX ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	Non Preferred	PA; QL (6 EA per 1 Fill)
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	Non Preferred	PA; QL (6 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	Non Preferred	PA
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	Non Preferred	PA; QL (6 EA per 1 Fill)
<i>zolmitriptan</i> (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Non Preferred	PA; QL (8 EA per 1 Fill)
ANTIMIGRAINE AGENTS: OTHERS [CLOSED CLASS]		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 ML per 30 days); AGE (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1.5 ML per 30 days); AGE (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1.5 ML per 30 days); AGE (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (16 EA per 30 days); AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	Preferred	PA (Eligible for auto-PA approval); QL (16 EA per 30 days); AGE (Min 18 Years)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	Non Preferred	PA; AGE (Min 18 Years)
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	Non Preferred	PA; QL (8 EA per 30 days); AGE (Min 18 Years)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ANTIPSYCHOTICS: ATYPICAL [CLOSED CLASS]		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 18 Years)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>lurasidone hcl oral tablet 80 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Preferred	AGE (Min 18 Years)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>quetiapine fumarate oral tablet 150 mg</i>	Preferred	AGE (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>aripiprazole oral solution 1 mg/ml</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	Non Preferred	PA; AGE (Min 18 Years)
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline-trospium chloride</i>)	Non Preferred	PA; AGE (Min 18 Years)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	Non Preferred	PA; AGE (Min 18 Years)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	Non Preferred	PA; AGE (Min 18 Years)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	Non Preferred	PA; AGE (Min 18 Years)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	Non Preferred	SP; PA; QL (2 EA per 1 day); AGE (Min 18 Years)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	Non Preferred	SP; PA; QL (2 EA per 1 day); AGE (Min 18 Years)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	Non Preferred	PA; AGE (Min 18 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	Non Preferred	PA; AGE (Min 18 Years)
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	Non Preferred	PA; QL (2 ML per 1 day); AGE (Min 18 Years)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (<i>quetiapine fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SYMBYAX ORAL CAPSULE 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS: ATYPICAL, LONG-ACTING INJECTABLE [CLOSED CLASS]		
ABILIFY ASIMTUFI INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years); Max 42-day supply per 1 Fill
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years); Max 180-day supply per 1 Fill
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	Preferred	AGE (Min 18 Years)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	Preferred	QL (2 EA per 28 days); AGE (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML (<i>risperidone</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	Preferred	AGE (Min 18 Years)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	Non Preferred	PA
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML (<i>paliperidone palmitate</i>)	Non Preferred	PA; AGE (Min 18 Years)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS: TYPICAL [CLOSED CLASS]		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	Preferred	AGE (Min 18 Years)
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	Preferred	AGE (Min 18 Years)
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Preferred	AGE (Min 18 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>haloperidol lactate injection solution 5 mg/ml</i>	Preferred	AGE (Min 18 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>pimozide oral tablet 1 mg, 2 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
BENIGN PROSTATIC HYPERTROPHY (BPH) [OPEN CLASS]		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>dutasteride oral capsule 0.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>finasteride oral tablet 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Preferred	90-day fill allowed after two 1-month fills
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	Preferred	SP; PA; AGE (Min 6 Years)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>silodosin oral capsule 4 mg, 8 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
CIALIS ORAL TABLET 5 MG (<i>tadalafil</i>)	Non Preferred	PA; AGE (Min 18 Years)
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	Non Preferred	PA
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	Non Preferred	PA
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	Non Preferred	PA; AGE (Min 18 Years)
BILE SALTS [OPEN CLASS]		
<i>ursodiol oral capsule 300 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ursodiol oral tablet 250 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ursodiol oral tablet 500 mg</i>	Preferred	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (<i>odevixibat</i>)	Non Preferred	SP; PA; QL (36 EA per 1 day)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	Non Preferred	SP; PA; QL (12 EA per 1 day)
BYLVAY ORAL CAPSULE 1200 MCG (<i>odevixibat</i>)	Non Preferred	SP; PA; QL (6 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
BYLVAY ORAL CAPSULE 400 MCG (<i>odevixibat</i>)	Non Preferred	SP; PA; QL (18 EA per 1 day)
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Non Preferred	SP; PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	Non Preferred	PA
CTEXLI ORAL TABLET 250 MG (<i>chenodiol</i>)	Non Preferred	PA
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	Non Preferred	SP; PA
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	Non Preferred	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (<i>maralixibat chloride</i>)	Non Preferred	SP; PA
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	Non Preferred	SP; PA
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	Non Preferred	PA
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	Non Preferred	PA
BONE RESORPTION SUPPRESSION: BISPHOSPHONATES [OPEN CLASS]		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ibandronate sodium oral tablet 150 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>alendronate sodium oral solution 70 mg/75ml</i>	Non Preferred	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	Non Preferred	PA
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Non Preferred	PA
ACTONEL ORAL TABLET 150 MG, 35 MG (<i>risedronate sodium</i>)	Non Preferred	PA
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	Non Preferred	PA
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	Non Preferred	PA
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	Non Preferred	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	Non Preferred	PA
BONE RESORPTION SUPPRESSION: CALCITONINS [OPEN CLASS]		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
BONE RESORPTION SUPPRESSION: OTHER [OPEN CLASS]		
<i>raloxifene hcl oral tablet 60 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	Non Preferred	SP; PA
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Non Preferred	PA
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	Non Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide</i>)	Non Preferred	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	Non Preferred	SP; PA
BRONCHODILATORS: LONG ACTING BETA ADRENERGICS (LABA) [OPEN CLASS]		
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	Preferred	90-day fill allowed after two 1-month fills
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	Preferred	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Non Preferred	PA
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Non Preferred	PA
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	Non Preferred	PA
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	Non Preferred	PA
BRONCHODILATORS: SHORT ACTING BETA ADRENERGIC [OPEN CLASS]		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Preferred	90-day fill allowed after two 1-month fills
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	Preferred	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	Preferred	90-day fill allowed after two 1-month fills
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	Preferred	90-day fill allowed after two 1-month fills
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Non Preferred	PA
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Non Preferred	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate (sensor)</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	Non Preferred	PA
CEPHALOSPORINS: ORAL [OPEN CLASS]		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Preferred	
<i>cefdinir oral capsule 300 mg</i>	Preferred	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Preferred	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Preferred	
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Non Preferred	PA
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml</i>	Non Preferred	PA
<i>cefixime oral capsule 400 mg</i>	Non Preferred	PA
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Non Preferred	PA
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Non Preferred	PA
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Non Preferred	PA
COLONY STIMULATING FACTORS [CLOSED CLASS]		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	Preferred	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	Preferred	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	Preferred	
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	Non Preferred	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	Non Preferred	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	Non Preferred	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	Non Preferred	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	Non Preferred	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	Non Preferred	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	Non Preferred	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	Non Preferred	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	Non Preferred	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapegrastim-xnst</i>)	Non Preferred	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	Non Preferred	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	Non Preferred	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	Non Preferred	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	Non Preferred	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	Non Preferred	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	Non Preferred	PA
CONTRACEPTIVES: LONG-ACTING IUDS & INJECTABLES [OPEN CLASS]		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Preferred	Max 365-day supply per 1 Fill
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Preferred	Max 365-day supply per 1 Fill
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	Preferred	Max 365-day supply per 1 Fill
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per 1 Fill
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per 1 Fill
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per 1 Fill
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	Preferred	Max 365-day supply per 1 Fill
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	Preferred	Max 365-day supply per 1 Fill
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per 1 Fill
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA; Max 365-day supply per 1 Fill
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA; Max 365-day supply per 1 Fill
COPD: BRONCHODILATORS AND PHOSPHODIESTERASE 4 (PDE4) INHIBITORS [CLOSED CLASS]		
<i>ipratropium bromide inhalation solution 0.02 %</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Preferred	PA; AGE (Min 18 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	Preferred	90-day fill allowed after two 1-month fills
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	Preferred	90-day fill allowed after two 1-month fills
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	Preferred	90-day fill allowed after two 1-month fills
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	Preferred	90-day fill allowed after two 1-month fills
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	Preferred	90-day fill allowed after two 1-month fills
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	Preferred	90-day fill allowed after two 1-month fills
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Non Preferred	PA
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	Non Preferred	PA
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	Non Preferred	PA; AGE (Min 18 Years)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	Non Preferred	PA; AGE (Min 18 Years)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	Non Preferred	PA
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (<i>ensifentrine</i>)	Non Preferred	PA; AGE (Min 18 Years)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	Non Preferred	PA
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	Non Preferred	PA
CYTOKINE AND CAM ANTAGONISTS AND RELATED AGENTS [CLOSED CLASS]		
<i>infliximab intravenous solution reconstituted 100 mg</i>	Preferred	SP
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Preferred	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	Preferred	SP; QL (8 ML per 34 days); AGE (Min 2 Years)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	Preferred	SP; QL (4 ML per 34 days); AGE (Min 2 Years)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Preferred	SP; QL (4 ML per 34 days); AGE (Min 2 Years)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Preferred	SP; QL (8 ML per 34 days); AGE (Min 2 Years)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	Preferred	SP; QL (8 ML per 34 days); AGE (Min 2 Years)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	Preferred	SP; AGE (Min 2 Years)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	Preferred	SP; AGE (Min 2 Years)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Preferred	SP; AGE (Min 2 Years)
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Preferred	SP; AGE (Min 2 Years)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Preferred	SP; AGE (Min 2 Years)
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Non Preferred	SP; PA; AGE (Min 2 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>ustekinumab-ttwe intravenous solution 130 mg/26ml</i>	Non Preferred	PA; AGE (Min 6 Years)
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	Non Preferred	PA; AGE (Min 6 Years)
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	Non Preferred	SP; PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	Non Preferred	SP; PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (<i>bimekizumab-bkzx</i>)	Non Preferred	PA; AGE (Min 18 Years)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (<i>bimekizumab-bkzx</i>)	Non Preferred	PA; AGE (Min 18 Years)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	Non Preferred	SP; PA; AGE (Min 12 Years)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	Non Preferred	SP; PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	Non Preferred	SP; PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	Non Preferred	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Non Preferred	SP; PA
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	Non Preferred	SP; PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Non Preferred	SP; PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Non Preferred	SP; PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	Non Preferred	SP; PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	Non Preferred	SP; PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	Non Preferred	SP; PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	Non Preferred	SP; PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	Non Preferred	SP; PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	Non Preferred	SP; PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	Non Preferred	SP; PA
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Non Preferred	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	Non Preferred	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	Non Preferred	PA; QL (3 ML per 28 days); AGE (Min 18 Years)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	Non Preferred	PA; QL (3 ML per 28 days); AGE (Min 18 Years)
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (<i>mirikizumab-mrkz</i>)	Non Preferred	SP; PA; QL (45 ML per 84 days); AGE (Min 18 Years)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	Non Preferred	SP; PA; QL (2 ML per 28 days); AGE (Min 18 Years)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	Non Preferred	SP; PA; QL (2 ML per 28 days); AGE (Min 18 Years)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	Non Preferred	SP; PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	Non Preferred	SP; PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Non Preferred	SP; PA

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OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	Non Preferred	SP; PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (<i>apremilast</i>)	Non Preferred	SP; PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab-aaaz (iv)</i>)	Non Preferred	PA; AGE (Min 6 Years)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aaaz</i>)	Non Preferred	PA; AGE (Min 6 Years)
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab-ttwe (iv)</i>)	Non Preferred	PA; AGE (Min 6 Years)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-ttwe</i>)	Non Preferred	PA; AGE (Min 6 Years)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	Non Preferred	SP; PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	Non Preferred	SP; PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	Non Preferred	SP; PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	Non Preferred	SP; PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aekn</i>)	Non Preferred	PA; AGE (Min 6 Years)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	Non Preferred	PA; AGE (Min 2 Years)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	Non Preferred	PA; AGE (Min 2 Years)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	Non Preferred	SP; PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	Non Preferred	SP; PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	Non Preferred	SP; PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (<i>risankizumab-rzaa</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	Non Preferred	SP; PA
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	Non Preferred	SP; PA; AGE (Min 12 Years)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	Non Preferred	SP; PA; AGE (Min 12 Years)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	Non Preferred	SP; PA; AGE (Min 6 Years)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	Non Preferred	SP; PA; AGE (Min 6 Years)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	Non Preferred	SP; PA; AGE (Min 6 Years)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Non Preferred	SP; PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (<i>ixekizumab</i>)	Non Preferred	SP; PA
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-bavi</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (<i>guselkumab</i>)	Non Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	Non Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Non Preferred	SP; PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (<i>guselkumab</i>)	Non Preferred	SP; PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Non Preferred	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-aazg</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (<i>inebilizumab-cdon</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	Non Preferred	SP; PA; QL (1 EA per 1 day); AGE (Min 18 Years)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Non Preferred	SP; PA
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Non Preferred	SP; PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Non Preferred	SP; PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	Non Preferred	PA; AGE (Min 2 Years)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
DIABETES ORAL HYPOGLYCEMICS: ALPHA-GLUCOSIDASE INHIBITORS [OPEN CLASS]		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	Non Preferred	PA; AGE (Min 18 Years)
DIABETES ORAL HYPOGLYCEMICS: BIGUANIDES (METFORMIN) [OPEN CLASS]		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Preferred	AGE (Min 18 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 5-500 mg</i>	Preferred	AGE (Min 18 Years)
<i>glyburide-metformin oral tablet 2.5-500 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Preferred	AGE (Min 10 Years); 90-day fill allowed after two 1-month fills
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Preferred	AGE (Min 10 Years); 90-day fill allowed after two 1-month fills
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Non Preferred	PA; AGE (Min 10 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Non Preferred	PA; AGE (Min 10 Years)
<i>metformin hcl oral solution 500 mg/5ml</i>	Non Preferred	PA; AGE (Min 10 Years)
<i>metformin hcl oral tablet 625 mg</i>	Non Preferred	PA; AGE (Min 10 Years)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
DIABETES ORAL HYPOGLYCEMICS: DPP-IV INHIBITORS AND COMBINATIONS [CLOSED CLASS]		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (<i>alogliptin-pioglitazone</i>)	Non Preferred	PA; AGE (Min 18 Years)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	Non Preferred	PA
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DIABETES ORAL HYPOGLYCEMICS: MEGLINITIDES [OPEN CLASS]		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
DIABETES ORAL HYPOGLYCEMICS: SECOND GENERATION SULFONYLUREAS [OPEN CLASS]		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>glipizide oral tablet 10 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>glipizide oral tablet 2.5 mg</i>	Preferred	QL (16 EA per 1 day); AGE (Min 18 Years)
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>glimepiride oral tablet 3 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	Non Preferred	PA; AGE (Min 18 Years)
DIABETES ORAL HYPOGLYCEMICS: SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR [CLOSED CLASS]		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 10 Years); 90-day fill allowed after two 1-month fills
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	Preferred	AGE (Min 10 Years); 90-day fill allowed after two 1-month fills
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	Preferred	AGE (Min 18 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
INVOKANA ORAL TABLET 100 MG (<i>canagliflozin</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
INVOKANA ORAL TABLET 300 MG (<i>canagliflozin</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglytamidac</i>)	Non Preferred	PA; AGE (Min 18 Years)
DIABETES ORAL HYPOGLYCEMICS: THIAZOLIDINEDIONES [OPEN CLASS]		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Preferred	AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	Non Preferred	PA; AGE (Min 18 Years)
DIABETES: INJECTABLE AMYLIN ANALOGS [CLOSED CLASS]		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	Non Preferred	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	Non Preferred	PA
DIABETES: INJECTABLE AND ORAL INCRETIN MIMETICS [CLOSED CLASS]		
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	Preferred	PA (Eligible for auto-PA approval); QL (7.2 ML per 90 days); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	Preferred	PA (Eligible for auto-PA approval); QL (3.6 ML per 90 days); AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	Preferred	PA (Eligible for auto-PA approval); QL (6 ML per 84 days); AGE (Min 10 Years); 90-day fill allowed after two 1-month fills
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	Preferred	PA (Eligible for auto-PA approval); QL (27 ML per 90 days); AGE (Min 10 Years); 90-day fill allowed after two 1-month fills
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Non Preferred	PA; AGE (Min 10 Years)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	Non Preferred	PA; QL (3.4 ML per 28 days); AGE (Min 10 Years)

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	Non Preferred	PA; QL (3 ML per 28 days); AGE (Min 18 Years)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	Non Preferred	PA; QL (3 ML per 28 days); AGE (Min 18 Years)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	Non Preferred	PA; QL (3 ML per 28 days); AGE (Min 18 Years)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG (<i>semaglutide</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	Non Preferred	PA; AGE (Min 18 Years)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	Non Preferred	PA; QL (15 ML per 28 days); AGE (Min 18 Years)
DUCHENNE MUSCULAR DYSTROPHY [CLOSED CLASS]		
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	Preferred	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	Preferred	PA
<i>amondys 45 intravenous solution 100 mg/2ml</i>	Non Preferred	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Non Preferred	PA; AGE (Min 2 Years)
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	Non Preferred	PA; AGE (Min 2 Years)
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hcl</i>)	Non Preferred	PA; AGE (Min 6 Years)
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (<i>eteplirsen</i>)	Non Preferred	PA
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (<i>viltolarsen</i>)	Non Preferred	SP; PA
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (<i>golodirsen</i>)	Non Preferred	PA
EPINEPHRINE: SELF-ADMINISTERED [OPEN CLASS]		
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Preferred	QL (12 EA per 365 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	Preferred	QL (12 EA per 365 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	Preferred	QL (12 EA per 365 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Non Preferred	PA; QL (12 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	Non Preferred	PA; QL (12 EA per 365 days)
NEFFY NASAL SOLUTION 2 MG/0.1ML (<i>epinephrine</i>)	Non Preferred	PA
ERYTHROPOIESIS STIMULATING PROTEINS [OPEN CLASS]		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	Preferred	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Non Preferred	PA
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>)	Non Preferred	PA; AGE (Min 18 Years)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	Non Preferred	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	Non Preferred	PA
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Non Preferred	PA; AGE (Min 18 Years)
RETACRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
RETACRIT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
RETACRIT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
RETACRIT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
VAFSEO ORAL TABLET 150 MG, 300 MG (<i>vadadustat</i>)	Non Preferred	PA; AGE (Min 18 Years)
GI ANTIBIOTICS [OPEN CLASS]		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Preferred	
<i>neomycin sulfate oral tablet 500 mg</i>	Preferred	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Preferred	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	Preferred	
<i>metronidazole oral capsule 375 mg</i>	Non Preferred	PA
<i>metronidazole oral tablet 125 mg</i>	Non Preferred	PA
<i>nitazoxanide oral tablet 500 mg</i>	Non Preferred	PA
<i>paromomycin sulfate oral capsule 250 mg</i>	Non Preferred	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Non Preferred	PA
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	Non Preferred	PA
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	Non Preferred	PA; AGE (Min 18 Years)
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	Non Preferred	PA; AGE (Max 16 Years)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Non Preferred	PA
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	Non Preferred	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	Non Preferred	PA
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	Non Preferred	PA
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	Non Preferred	PA
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Non Preferred	PA; AGE (Min 12 Years)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
GI MOTILITY: CHRONIC [OPEN CLASS]		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Preferred	PA; AGE (Min 18 Years); 90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (<i>linaclotide</i>)	Preferred	PA; AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
LINZESS ORAL CAPSULE 72 MCG (<i>linaclotide</i>)	Preferred	PA; AGE (Min 6 Years); 90-day fill allowed after two 1-month fills
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	Preferred	PA; AGE (Min 18 Years); 90-day fill allowed after two 1-month fills
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	Non Preferred	PA; AGE (Min 18 Years)
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
LOTROXEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	Non Preferred	PA; AGE (Min 18 Years)
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	Non Preferred	PA; AGE (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	Non Preferred	PA; AGE (Min 18 Years)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	Non Preferred	PA; AGE (Min 18 Years)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Non Preferred	PA; AGE (Min 18 Years)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Non Preferred	PA; AGE (Min 18 Years)
GLUCAGON AGENTS [CLOSED CLASS]		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	Preferred	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	Preferred	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	Preferred	
<i>diazoxide oral suspension 50 mg/ml</i>	Non Preferred	PA
<i>glucagon emergency injection kit 1 mg</i>	Non Preferred	PA
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	Non Preferred	PA
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	Non Preferred	PA
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	Non Preferred	PA
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	Non Preferred	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	Non Preferred	PA
GLUCOCORTICOIDS: ORAL [OPEN CLASS]		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Preferred	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Preferred	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	
<i>methylprednisolone oral tablet 4 mg</i>	Preferred	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Preferred	
<i>prednisolone oral solution 15 mg/5ml</i>	Preferred	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	Preferred	
<i>prednisone oral solution 5 mg/5ml</i>	Preferred	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Preferred	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	Preferred	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	Preferred	
<i>cortisone acetate oral tablet 25 mg</i>	Non Preferred	PA
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	Non Preferred	PA
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	Non Preferred	PA
<i>prednisolone oral tablet 5 mg</i>	Non Preferred	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	Non Preferred	PA
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Non Preferred	PA
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	Non Preferred	SP; PA; AGE (Max 16 Years)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	Non Preferred	PA
EOHILIA ORAL SUSPENSION 2 MG/10ML (<i>budesonide</i>)	Non Preferred	PA; AGE (Min 11 Years)

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Drug Name	Drug Tier	Requirements/Limits
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	Non Preferred	PA
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	Non Preferred	PA
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	Non Preferred	PA
<i>prednisolone</i> (Millipred Oral Tablet 5 Mg)	Non Preferred	PA
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	Non Preferred	PA
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	Non Preferred	PA
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	Non Preferred	PA
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	Non Preferred	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	Non Preferred	PA
GROWTH HORMONE [CLOSED CLASS]		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	Preferred	SP; PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	Preferred	SP; PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	Preferred	SP; PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	Non Preferred	SP; PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	Non Preferred	SP; PA; QL (4.8 ML per 28 days); AGE (Min 3 Years and Max 16 Years)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	Non Preferred	SP; PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	Non Preferred	SP; PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	Non Preferred	SP; PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	Non Preferred	SP; PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	Non Preferred	SP; PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	Non Preferred	SP; PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	SP; PA; AGE (Min 1 Years and Max 16 Years)

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Drug Name	Drug Tier	Requirements/Limits
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	Non Preferred	SP; PA
H. PYLORI TREATMENT [OPEN CLASS]		
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	Preferred	
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Non Preferred	PA
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Non Preferred	PA
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Non Preferred	PA
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	Non Preferred	PA
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	Non Preferred	PA
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	Non Preferred	PA; AGE (Min 18 Years)
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	Non Preferred	PA; AGE (Min 18 Years)
HEMOPHILIA TREATMENT [CLOSED CLASS]		
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Preferred	SP
<i>obizur intravenous solution reconstituted 500 unit</i>	Preferred	SP
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Preferred	SP
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	Preferred	SP
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML (<i>concizumab-mtci</i>)	Preferred	AGE (Min 12 Years)
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	Preferred	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	Preferred	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	Preferred	SP

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Drug Name	Drug Tier	Requirements/Limits
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1</i>)	Preferred	SP
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>prothrombin complex human-lans</i>)	Preferred	AGE (Min 18 Years)
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	Preferred	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	Preferred	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	Preferred	SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	Preferred	SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	Preferred	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmlpx</i>)	Preferred	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	Preferred	SP
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	Preferred	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	Preferred	SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>marstacimab-hncq</i>)	Preferred	AGE (Min 12 Years)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	Preferred	SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	Preferred	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	Preferred	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	Preferred	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	Preferred	SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antihemophilic factor</i>)	Preferred	SP
KOGENATE FS INTRAVENOUS KIT 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	Preferred	SP

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Drug Name	Drug Tier	Requirements/Limits
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	Preferred	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	Preferred	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	Preferred	SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	Preferred	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	Preferred	SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	Preferred	SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG (<i>coagulation factor viia-jncw</i>)	Preferred	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	Preferred	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	Preferred	SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	Preferred	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	SP
HEPATITIS B [CLOSED CLASS]		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 2 Years)
<i>adefovir dipivoxil oral tablet 10 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>lamivudine oral tablet 100 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	Non Preferred	PA; QL (20 ML per 1 day); AGE (Min 2 Years)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 2 Years)

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Drug Name	Drug Tier	Requirements/Limits
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
HEPATITIS C AGENTS [CLOSED CLASS]		
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Preferred	SP; QL (Max 84 days of therapy per lifetime); AGE (Min 3 Years); Max 84-day supply per 1 Fill
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	Preferred	SP; QL (Max 56 days of therapy per lifetime); AGE (Min 3 Years); Max 56-day supply per 1 Fill
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	Preferred	SP; QL (Max 56 days of therapy per lifetime); AGE (Min 12 Years); Max 56-day supply per 1 Fill
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Non Preferred	SP; PA; AGE (Min 3 Years)
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	Non Preferred	SP; PA; AGE (Min 3 Years)
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	Non Preferred	SP; PA; AGE (Min 3 Years)
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	Non Preferred	SP; PA; QL (Max 84 days of therapy per lifetime); AGE (Min 3 Years); Max 84-day supply per 1 Fill
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	Non Preferred	SP; PA; AGE (Min 3 Years and Max 16 Years)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	Non Preferred	SP; PA; AGE (Min 3 Years and Max 16 Years)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	Non Preferred	SP; PA; AGE (Min 3 Years)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Non Preferred	SP; PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	Non Preferred	SP; PA
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	Non Preferred	SP; PA; AGE (Max 16 Years)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	Non Preferred	SP; PA; AGE (Max 16 Years)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	Non Preferred	SP; PA
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	Non Preferred	SP; PA
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	Non Preferred	SP; PA

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HEREDITARY ANGIOEDEMA (HAE) AGENTS [OPEN CLASS]		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Preferred	SP; PA; AGE (Min 18 Years)
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	Preferred	SP; PA; QL (4 EA per 1 Fill); AGE (Min 6 Years)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	Preferred	SP; PA; QL (6 ML per 1 Fill); AGE (Min 12 Years)
<i>icatibant acetate</i> (Sajazir Subcutaneous Solution Prefilled Syringe 30 Mg/3MI)	Preferred	SP; PA; AGE (Min 18 Years)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	Non Preferred	SP; PA; AGE (Min 12 Years)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	Non Preferred	SP; PA; AGE (Min 12 Years)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	Non Preferred	SP; PA; AGE (Min 13 Years)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	Non Preferred	SP; PA; AGE (Min 2 Years)
HERPES: ORAL [OPEN CLASS]		
<i>acyclovir oral capsule 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>acyclovir oral suspension 200 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
VALTRESX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	Non Preferred	PA
HERPES: TOPICAL [OPEN CLASS]		
<i>acyclovir external cream 5 %</i>	Preferred	
<i>acyclovir external ointment 5 %</i>	Preferred	
<i>docosanol external cream 10 %</i>	Preferred	
<i>ft docosanol external cream 10 %</i>	Preferred	
<i>gnp docosanol external cream 10 %</i>	Preferred	
<i>penciclovir external cream 1 %</i>	Non Preferred	PA
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	Non Preferred	PA

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XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	Non Preferred	PA
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	Non Preferred	PA
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	Non Preferred	PA
HIV/AIDS [CLOSED CLASS]		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Preferred	QL (30 ML per 1 day); 90-day fill allowed after two 1-month fills
<i>abacavir sulfate oral tablet 300 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>atazanavir sulfate oral capsule 200 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>darunavir oral tablet 600 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>darunavir oral tablet 800 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>efavirenz oral tablet 600 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>emtricitabine oral capsule 200 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 16 Years); 90-day fill allowed after two 1-month fills
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>etravirine oral tablet 100 mg, 200 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium oral tablet 700 mg</i>	Preferred	QL (4 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>lamivudine oral solution 10 mg/ml</i>	Preferred	QL (30 ML per 1 day); 90-day fill allowed after two 1-month fills
<i>lamivudine oral tablet 150 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>lamivudine oral tablet 300 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Preferred	QL (10 ML per 1 day); 90-day fill allowed after two 1-month fills
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Preferred	QL (10 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Preferred	QL (4 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>maraviroc oral tablet 150 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>maraviroc oral tablet 300 mg</i>	Preferred	QL (4 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>nevirapine oral suspension 50 mg/5ml</i>	Preferred	QL (40 ML per 1 day); 90-day fill allowed after two 1-month fills
<i>nevirapine oral tablet 200 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>ritonavir oral tablet 100 mg</i>	Preferred	QL (12 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Max 16 Years); 90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral capsule 100 mg</i>	Preferred	QL (6 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>zidovudine oral syrup 50 mg/5ml</i>	Preferred	QL (60 ML per 1 day); 90-day fill allowed after two 1-month fills
<i>zidovudine oral tablet 300 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (<i>cabotegravir</i>)	Preferred	QL (3 ML per 28 days); Max 56-day supply per 1 Fill
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Preferred	QL (1 EA per 1 day); AGE (Max 16 Years); 90-day fill allowed after two 1-month fills
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (<i>cabotegravir & rilpivirine</i>)	Preferred	QL (12 ML per 84 days); 90-day fill allowed after two 1-month fills
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	Preferred	QL (6 ML per 28 days); 90-day fill allowed after two 1-month fills
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Preferred	QL (24 ML per 1 day); 90-day fill allowed after two 1-month fills

Drug Name	Drug Tier	Requirements/Limits
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	Preferred	QL (30 ML per 1 day); 90-day fill allowed after two 1-month fills
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Preferred	QL (4 EA per 1 day); 90-day fill allowed after two 1-month fills
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day); AGE (Max 16 Years); 90-day fill allowed after two 1-month fills
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Preferred	QL (6 EA per 1 day); AGE (Max 16 Years); 90-day fill allowed after two 1-month fills
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	Preferred	QL (12 EA per 1 day); 90-day fill allowed after two 1-month fills
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	Preferred	QL (6 EA per 1 day); 90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	Preferred	QL (6 EA per 1 day); 90-day fill allowed after two 1-month fills
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Preferred	QL (30 ML per 1 day); 90-day fill allowed after two 1-month fills
SELZENTRY ORAL TABLET 150 MG (<i>maraviroc</i>)	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	Preferred	QL (4 EA per 1 day); 90-day fill allowed after two 1-month fills
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	Preferred	AGE (Min 18 Years)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	Preferred	AGE (Min 18 Years)
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Preferred	QL (6 EA per 1 day); 90-day fill allowed after two 1-month fills
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	Preferred	QL (6 EA per 1 day); AGE (Max 16 Years); 90-day fill allowed after two 1-month fills
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	Preferred	QL (1 EA per 1 day); AGE (Max 16 Years); 90-day fill allowed after two 1-month fills
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills

Drug Name	Drug Tier	Requirements/Limits
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	Preferred	QL (1 GM per 1 day); 90-day fill allowed after two 1-month fills
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	Preferred	QL (30 ML per 1 day); 90-day fill allowed after two 1-month fills
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>stavudine oral capsule 40 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Non Preferred	PA; QL (4 EA per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitabine-tenofovir DF</i>)	Non Preferred	PA; QL (1 EA per 1 day)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	Non Preferred	PA; QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	Non Preferred	PA; QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	Non Preferred	PA; QL (10 ML per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	Non Preferred	PA; QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	Non Preferred	PA; QL (4 EA per 1 day)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	Non Preferred	PA; QL (12 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	Non Preferred	PA; QL (12 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG (<i>darunavir</i>)	Non Preferred	PA; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	Non Preferred	PA; QL (1 EA per 1 day)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	Non Preferred	PA; QL (60 ML per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	Non Preferred	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (<i>ibalizumab-uiyk</i>)	Non Preferred	PA
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Non Preferred	PA; QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Non Preferred	PA; QL (4 EA per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
IMMUNOMODULATORS ATOPIC DERMATITIS [CLOSED CLASS]		
<i>pimecrolimus external cream 1 %</i>	Preferred	QL (30 GM per 30 days); AGE (Min 2 Years)
<i>tacrolimus external ointment 0.03 %</i>	Preferred	PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>	Preferred	PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 16 Years)
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	Preferred	SP; PA; QL (4 ML per 28 days); AGE (Min 12 Years)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	Preferred	SP; PA; QL (4 ML per 28 days); AGE (Min 12 Years)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	Preferred	SP; PA (Eligible for auto-PA approval)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	Preferred	SP; PA (Eligible for auto-PA approval)
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	Preferred	PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 2 Years)
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	Preferred	PA (Eligible for auto-PA approval); QL (300 GM per 365 days); AGE (Min 3 months)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	Non Preferred	PA; AGE (Min 12 Years)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	Non Preferred	PA; AGE (Min 12 Years)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	Non Preferred	PA; AGE (Min 12 Years)
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	Non Preferred	PA; QL (240 GM per 30 days); AGE (Min 12 Years)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	Non Preferred	PA; AGE (Min 6 Years)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	Non Preferred	PA; AGE (Min 6 Years)
IMMUNOMODULATORS: ASTHMA [CLOSED CLASS]		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Preferred	SP; PA; AGE (Min 6 Years)

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Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	Preferred	SP; PA; AGE (Min 6 Years)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	Preferred	SP; PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	Preferred	SP; PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	Preferred	SP; PA
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	Non Preferred	SP; PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Non Preferred	SP; PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	Non Preferred	SP; PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	Non Preferred	SP; PA; AGE (Min 6 Years and Max 11 Years)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	Non Preferred	SP; PA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	Non Preferred	SP; PA; AGE (Min 12 Years)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	Non Preferred	SP; PA; AGE (Min 12 Years)
INFLUENZA [OPEN CLASS]		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Preferred	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Preferred	
<i>rimantadine hcl oral tablet 100 mg</i>	Non Preferred	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	Non Preferred	PA
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	Non Preferred	PA
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	Non Preferred	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	Non Preferred	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	Non Preferred	PA
INHALED CORTICOSTEROIDS: COMBINATIONS [CLOSED CLASS]		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	Preferred	90-day fill allowed after two 1-month fills
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	Preferred	90-day fill allowed after two 1-month fills
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	Preferred	90-day fill allowed after two 1-month fills

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DULERA INHALATION AEROSOL 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	Preferred	AGE (Max 12 Years); 90-day fill allowed after two 1-month fills
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	Preferred	90-day fill allowed after two 1-month fills
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	Preferred	90-day fill allowed after two 1-month fills
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	Preferred	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Non Preferred	PA
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	Non Preferred	PA
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Non Preferred	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	Non Preferred	PA
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT (<i>fluticasone-salmeterol(sensor)</i>)	Non Preferred	PA
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	Non Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	Non Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	Non Preferred	PA
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	Non Preferred	PA; AGE (Min 18 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	Non Preferred	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	Non Preferred	PA; AGE (Max 11 Years)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	Non Preferred	PA
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	Non Preferred	PA
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	Non Preferred	PA
INHALED CORTICOSTEROIDS: MDIS [CLOSED CLASS]		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	Preferred	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	Preferred	AGE (Max 11 Years); 90-day fill allowed after two 1-month fills
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	Preferred	90-day fill allowed after two 1-month fills
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	Preferred	90-day fill allowed after two 1-month fills
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	Preferred	90-day fill allowed after two 1-month fills
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	Preferred	90-day fill allowed after two 1-month fills
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i>)	Preferred	
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT (<i>mometasone furoate</i>)	Preferred	AGE (Max 12 Years)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	Preferred	90-day fill allowed after two 1-month fills
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Preferred	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	Non Preferred	PA
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	Non Preferred	PA
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT (<i>fluticasone propionate(sensor)</i>)	Non Preferred	PA
INHALED CORTICOSTEROIDS: NEBULIZER SOLUTION [CLOSED CLASS]		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Preferred	AGE (Max 8 Years); 90-day fill allowed after two 1-month fills
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	Non Preferred	PA; AGE (Max 8 Years)
INSULINS: INSULIN MIX [OPEN CLASS]		
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Preferred	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Preferred	90-day fill allowed after two 1-month fills
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Preferred	90-day fill allowed after two 1-month fills
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Non Preferred	PA
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Non Preferred	PA
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Non Preferred	PA
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Non Preferred	PA
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Non Preferred	PA
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Non Preferred	PA
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA
INSULINS: INSULIN N [OPEN CLASS]		
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Preferred	90-day fill allowed after two 1-month fills
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Preferred	90-day fill allowed after two 1-month fills
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Non Preferred	PA
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Non Preferred	PA
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Non Preferred	PA
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Non Preferred	PA
INSULINS: INSULIN R [OPEN CLASS]		
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Preferred	90-day fill allowed after two 1-month fills
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	Non Preferred	PA
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Non Preferred	PA
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Non Preferred	PA
INSULINS: LONG-ACTING [OPEN CLASS]		
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	Preferred	PA; 90-day fill allowed after two 1-month fills
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Preferred	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Preferred	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	Preferred	90-day fill allowed after two 1-month fills
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	Preferred	90-day fill allowed after two 1-month fills
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	Preferred	90-day fill allowed after two 1-month fills
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	Preferred	90-day fill allowed after two 1-month fills
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	Preferred	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	Preferred	PA; 90-day fill allowed after two 1-month fills
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Non Preferred	PA
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Non Preferred	PA
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	Non Preferred	PA
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	Non Preferred	PA
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	Non Preferred	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Non Preferred	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Non Preferred	PA
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	Non Preferred	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	Non Preferred	PA
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	Non Preferred	PA
INSULINS: RAPID-ACTING [OPEN CLASS]		
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>insulin aspart injection solution 100 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>insulin lispro injection solution 100 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	Preferred	90-day fill allowed after two 1-month fills
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	90-day fill allowed after two 1-month fills
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	90-day fill allowed after two 1-month fills
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	90-day fill allowed after two 1-month fills
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	90-day fill allowed after two 1-month fills
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	90-day fill allowed after two 1-month fills
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	90-day fill allowed after two 1-month fills
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	Preferred	90-day fill allowed after two 1-month fills
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	Preferred	90-day fill allowed after two 1-month fills
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	Non Preferred	PA
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	Non Preferred	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	Non Preferred	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin lispro</i>)	Non Preferred	PA
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	Non Preferred	PA
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Non Preferred	PA
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Non Preferred	PA
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	Non Preferred	PA; 90-day fill allowed after two 1-month fills
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	Non Preferred	PA; 90-day fill allowed after two 1-month fills
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	Non Preferred	PA; 90-day fill allowed after two 1-month fills
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	Non Preferred	PA; 90-day fill allowed after two 1-month fills
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	Non Preferred	PA; 90-day fill allowed after two 1-month fills
INTRANASAL ANTIHISTAMINES [OPEN CLASS]		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	Preferred	
<i>azelastine hcl nasal solution 0.15 %</i>	Non Preferred	PA
<i>olopatadine hcl nasal solution 0.6 %</i>	Non Preferred	PA
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	Non Preferred	PA; AGE (Min 12 Years)
LAXATIVES & CATHARTICS [CLOSED CLASS]		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Preferred	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Preferred	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Preferred	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Preferred	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	Preferred	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Preferred	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Preferred	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Non Preferred	PA
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	Non Preferred	PA
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	Non Preferred	PA
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Non Preferred	PA
<i>lactulose</i> (Kristalose Oral Packet 10 Gm, 20 Gm)	Non Preferred	PA
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Non Preferred	PA
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	Non Preferred	PA
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	Non Preferred	PA
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	Non Preferred	PA
LAXATIVES AND CATHARTICS [CLOSED CLASS]		
<i>constulose oral solution 10 gm/15ml</i>	Preferred	
<i>enulose oral solution 10 gm/15ml</i>	Preferred	
<i>generlac oral solution 10 gm/15ml</i>	Preferred	
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Preferred	
LEUKOTRIENE RECEPTOR ANTAGONISTS [OPEN CLASS]		
<i>montelukast sodium oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>montelukast sodium oral tablet chewable 4 mg</i>	Preferred	AGE (Max 5 Years); 90-day fill allowed after two 1-month fills
<i>montelukast sodium oral tablet chewable 5 mg</i>	Preferred	AGE (Max 14 Years); 90-day fill allowed after two 1-month fills
<i>montelukast sodium oral packet 4 mg</i>	Non Preferred	PA; AGE (Max 5 Years)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Non Preferred	PA
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Non Preferred	PA
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	Non Preferred	PA
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	Non Preferred	PA; AGE (Max 5 Years)
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	Non Preferred	PA
SINGULAIR ORAL TABLET CHEWABLE 4 MG (<i>montelukast sodium</i>)	Non Preferred	PA; AGE (Max 5 Years)
SINGULAIR ORAL TABLET CHEWABLE 5 MG (<i>montelukast sodium</i>)	Non Preferred	PA; AGE (Max 14 Years)
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	Non Preferred	PA
LIPOTROPICS: BILE ACID SEQUESTRANTS [OPEN CLASS]		
<i>cholestyramine light oral packet 4 gm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>cholestyramine light oral powder 4 gm/dose</i>	Preferred	90-day fill allowed after two 1-month fills
<i>cholestyramine oral packet 4 gm</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine oral powder 4 gm/dose</i>	Preferred	90-day fill allowed after two 1-month fills
<i>colestipol hcl oral tablet 1 gm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	Preferred	90-day fill allowed after two 1-month fills
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	Preferred	90-day fill allowed after two 1-month fills
<i>colesevelam hcl oral packet 3.75 gm</i>	Non Preferred	PA
<i>colesevelam hcl oral tablet 625 mg</i>	Non Preferred	PA
<i>colestipol hcl oral granules 5 gm</i>	Non Preferred	PA
<i>colestipol hcl oral packet 5 gm</i>	Non Preferred	PA
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	Non Preferred	PA
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	Non Preferred	PA
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	Non Preferred	PA
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	Non Preferred	PA
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	Non Preferred	PA
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	Non Preferred	PA
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	Non Preferred	PA
LIPOTROPICS: CHOLESTEROL ABSORPTION INHIBITORS (CAI) AND/OR ADENOSINE TRIPHOSPHATE CITRATE LYASE (ACL) INHIBITORS [OPEN CLASS]		
<i>ezetimibe oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Non Preferred	PA; AGE (Min 18 Years)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	Non Preferred	PA
LIPOTROPICS: FIBRIC ACID DERIVATIVES [OPEN CLASS]		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gemfibrozil oral tablet 600 mg</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg</i>	Non Preferred	PA
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	Non Preferred	PA
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Non Preferred	PA
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Non Preferred	PA
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Non Preferred	PA
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	Non Preferred	PA
FIBRICOR ORAL TABLET 105 MG (<i>fenofibric acid</i>)	Non Preferred	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	Non Preferred	PA
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	Non Preferred	PA
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	Non Preferred	PA
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	Non Preferred	PA
LIPOTROPICS: JUXTAPID [OPEN CLASS]		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	Non Preferred	PA
LIPOTROPICS: NIACIN DERIVATIVES [OPEN CLASS]		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Preferred	
LIPOTROPICS: OMEGA 3 FATTY ACID AGENTS [OPEN CLASS]		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	Preferred	AGE (Min 18 Years)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Preferred	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	Non Preferred	PA
NULL		
<i>fish oil oral capsule 1000 mg, 500 mg</i>	Preferred	
LIPOTROPICS: PCSK9 [OPEN CLASS]		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inclisiran sodium</i>)	Non Preferred	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Non Preferred	PA
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	Non Preferred	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	Non Preferred	PA
LIPOTROPICS: STATINS [OPEN CLASS]		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non Preferred	PA
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Non Preferred	PA
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	Non Preferred	PA
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Non Preferred	PA
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Non Preferred	PA
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Non Preferred	PA
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	Non Preferred	PA
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	Non Preferred	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	Non Preferred	PA
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	Non Preferred	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	Non Preferred	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	Non Preferred	PA
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	Non Preferred	PA
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	Non Preferred	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	Non Preferred	PA
MACROLIDES: ORAL [OPEN CLASS]		
<i>azithromycin oral packet 1 gm</i>	Preferred	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Preferred	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Preferred	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Preferred	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Preferred	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Preferred	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Preferred	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Preferred	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Non Preferred	PA
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Non Preferred	PA
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Non Preferred	PA
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	Non Preferred	PA
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Non Preferred	PA
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	Non Preferred	PA
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	Non Preferred	PA
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	Non Preferred	PA
MOVEMENT DISORDERS [CLOSED CLASS]		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Preferred	SP; PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Preferred	SP; PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	Preferred	SP; PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG (<i>deutetrabenazine</i>)	Preferred	SP; PA (Eligible for auto-PA approval); QL (42 EA per 365 days); AGE (Min 18 Years)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	Non Preferred	SP; PA; QL (4 EA per 1 day); AGE (Min 18 Years)
MULTIPLE SCLEROSIS [CLOSED CLASS]		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Preferred	SP; PA
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Preferred	SP; PA (Eligible for auto-PA approval); AGE (Min 18 Years)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Preferred	SP; PA (Eligible for auto-PA approval); AGE (Min 18 Years)
<i>fingolimod hcl oral capsule 0.5 mg</i>	Preferred	SP; PA (Eligible for auto-PA approval); AGE (Min 10 Years)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Preferred	SP; PA (Eligible for auto-PA approval); AGE (Min 18 Years)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Preferred	SP; PA (Eligible for auto-PA approval); AGE (Min 18 Years)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Preferred	SP; PA (Eligible for auto-PA approval); AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	Preferred	SP; PA (Eligible for auto-PA approval); AGE (Min 18 Years)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	Preferred	SP; PA (Eligible for auto-PA approval); AGE (Min 18 Years)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Non Preferred	SP; PA; AGE (Min 18 Years)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	Non Preferred	SP; PA
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (<i>ublituximab-xiiy</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	Non Preferred	SP; PA; AGE (Min 10 Years)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)	Non Preferred	SP; PA; AGE (Min 18 Years)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod fumarate</i>)	Non Preferred	SP; PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (<i>siponimod fumarate</i>)	Non Preferred	SP; PA
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML (<i>ocrelizumab-hyaluronidase-ocsq</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	SP; PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	SP; PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Non Preferred	SP; PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Non Preferred	SP; PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Non Preferred	SP; PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Non Preferred	SP; PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	Non Preferred	SP; PA; AGE (Min 10 Years and Max 17 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	Non Preferred	SP; PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
NASAL STEROIDS [OPEN CLASS]		
<i>allergy relief nasal suspension 50 mcg/act</i>	Preferred	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Preferred	
<i>ft 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Preferred	
<i>ft allergy relief 24 hr nasal suspension 50 mcg/act</i>	Preferred	
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	Preferred	
<i>goodsense 24-hr allergy nasal nasal suspension 50 mcg/act</i>	Preferred	
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Preferred	
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Preferred	
<i>hm allergy relief nasal suspension 50 mcg/act</i>	Preferred	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Preferred	
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Preferred	
<i>qc allergy relief nasal suspension 50 mcg/act</i>	Preferred	
<i>sm allergy relief nasal suspension 50 mcg/act</i>	Preferred	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Preferred	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	Preferred	AGE (Min 6 Years)
<i>allergy nasal spray nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Non Preferred	PA; AGE (Min 6 Years)
<i>budesonide nasal suspension 32 mcg/act</i>	Non Preferred	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Non Preferred	PA
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>	Non Preferred	PA
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Non Preferred	PA
NASONEX 24HR NASAL SUSPENSION 50 MCG/ACT (<i>mometasone furoate</i>)	Non Preferred	PA
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	Non Preferred	PA
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	Non Preferred	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	Non Preferred	PA
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	Non Preferred	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	Non Preferred	PA
NEUROPATHIC PAIN [OPEN CLASS]		
<i>arthritis pain relieving external cream 0.075 %</i>	Preferred	
<i>capsaicin external cream 0.025 %, 0.075 %, 0.1 %</i>	Preferred	
<i>capsaicin pain relief external cream 0.1 %</i>	Preferred	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Preferred	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Preferred	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Preferred	
<i>gnp capsaicin external liquid 0.15 %</i>	Preferred	
<i>lidocaine external patch 5 %</i>	Preferred	QL (90 EA per 1 Fill)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Preferred	
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Non Preferred	PA
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	Non Preferred	PA
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	Non Preferred	PA
<i>pregabalin oral solution 20 mg/ml</i>	Non Preferred	PA
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	Non Preferred	PA
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	Non Preferred	PA
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	Non Preferred	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	Non Preferred	PA
JOURNAVX ORAL TABLET 50 MG (<i>suzetrigine</i>)	Non Preferred	PA; AGE (Min 18 Years)
<i>lidocaine (Lidocan External Patch 5 %)</i>	Non Preferred	PA; QL (90 EA per 1 Fill)
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	Non Preferred	PA; QL (90 EA per 1 Fill)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	Non Preferred	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	Non Preferred	PA
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	Non Preferred	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	Non Preferred	PA
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	Non Preferred	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	Non Preferred	PA
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	Non Preferred	PA
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	Non Preferred	PA
QUTENZA EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	Non Preferred	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	Non Preferred	PA
XYLIDERM EXTERNAL KIT 5 % (<i>lidocaine-adhesive sheets</i>)	Non Preferred	PA
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	Non Preferred	PA
NON-ERGOT DOPAMINE RECEPTOR AGONISTS [OPEN CLASS]		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 8 mg</i>	Preferred	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Non Preferred	PA
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 4 mg, 6 mg</i>	Non Preferred	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	Non Preferred	PA
NSAIDS [OPEN CLASS]		
<i>all day pain relief oral tablet 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>all day relief oral tablet 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>arthritis pain reliever external gel 1 %</i>	Preferred	90-day fill allowed after two 1-month fills
<i>celecoxib oral capsule 100 mg, 200 mg</i>	Preferred	
<i>childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>diclofenac epolamine external patch 1.3 %</i>	Preferred	QL (30 EA per 1 Fill)
<i>diclofenac sodium external gel 1 %</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>diflunisal oral tablet 500 mg</i>	Preferred	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>etodolac oral capsule 200 mg, 300 mg</i>	Preferred	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Preferred	
<i>flurbiprofen oral tablet 100 mg</i>	Preferred	
<i>ft all day pain relief oral tablet 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft arthritis pain external gel 1 %</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>ft ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	Preferred	
<i>ft ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>ft ibuprofen minis oral capsule 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft ibuprofen oral capsule 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft ibuprofen oral tablet 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft naproxen sodium oral capsule 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft pain relief oral tablet 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp arthritis pain external gel 1 %</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>gnp diclofenac sodium external gel 1 %</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Preferred	
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp ibuprofen oral capsule 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp ibuprofen oral tablet 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp naproxen sodium oral capsule 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp naproxen sodium oral tablet 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense arthritis pain external gel 1 %</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>goodsense ibuprofen childrens oral tablet chewable 100 mg</i>	Preferred	
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense ibuprofen oral capsule 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense ibuprofen oral tablet 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense naproxen sodium oral tablet 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral capsule 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Preferred	
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ketorolac tromethamine oral tablet 10 mg</i>	Preferred	Max 5 days of therapy every 90 days; QL (4 EA per 1 day)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>naproxen dr oral tablet delayed release 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>naproxen sodium oral capsule 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>qc childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>qc ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm arthritis pain external gel 1 %</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	Preferred	
<i>sm ibuprofen oral capsule 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm ibuprofen oral tablet 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm infants ibuprofen oral suspension 50 mg/1.25ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm naproxen sodium oral tablet 220 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sulindac oral tablet 150 mg, 200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>	Preferred	90-day fill allowed after two 1-month fills
<i>acetaminophen-ibuprofen oral tablet 250-125 mg</i>	Non Preferred	PA
<i>celecoxib oral capsule 400 mg, 50 mg</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium oral capsule 25 mg</i>	Non Preferred	PA
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	Non Preferred	PA
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Non Preferred	PA
<i>diclofenac sodium external solution 1.5 %, 2 %</i>	Non Preferred	PA
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Non Preferred	PA
<i>dual action pain relief oral tablet 125-250 mg</i>	Non Preferred	PA
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Non Preferred	PA
<i>fenoprofen calcium oral capsule 400 mg</i>	Non Preferred	PA
<i>fenoprofen calcium oral tablet 600 mg</i>	Non Preferred	PA
<i>gnp acetaminophen/ibuprofen oral tablet 250-125 mg</i>	Non Preferred	PA
<i>goodsense dual action oral tablet 125-250 mg</i>	Non Preferred	PA
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Non Preferred	PA
<i>indomethacin er oral capsule extended release 75 mg</i>	Non Preferred	PA
<i>indomethacin oral suspension 25 mg/5ml</i>	Non Preferred	PA
<i>indomethacin rectal suppository 50 mg</i>	Non Preferred	PA
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Non Preferred	PA
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Non Preferred	PA
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Non Preferred	PA
<i>mefenamic acid oral capsule 250 mg</i>	Non Preferred	PA
<i>meloxicam oral capsule 10 mg, 5 mg</i>	Non Preferred	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Non Preferred	PA
<i>naproxen oral suspension 125 mg/5ml</i>	Non Preferred	PA
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	Non Preferred	PA
<i>oxaprozin oral tablet 600 mg</i>	Non Preferred	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Non Preferred	PA
<i>tolmetin sodium oral capsule 400 mg</i>	Non Preferred	PA
<i>tolmetin sodium oral tablet 600 mg</i>	Non Preferred	PA
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	Non Preferred	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	Non Preferred	PA
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	Non Preferred	PA
DICLOGEN EXTERNAL THERAPY PACK 1.5 & 4-10 % (<i>diclofenac sod-camphor-menthol</i>)	Non Preferred	PA
DOLOBID ORAL TABLET 250 MG (<i>diflunisal</i>)	Non Preferred	PA
FELDENE ORAL CAPSULE 10 MG (<i>piroxicam</i>)	Non Preferred	PA
FENOPRON ORAL CAPSULE 300 MG (<i>fenoprofen calcium</i>)	Non Preferred	PA
KIPROFEN ORAL CAPSULE 25 MG (<i>ketoprofen</i>)	Non Preferred	PA
LIXOFEN EXTERNAL KIT 1.5 % (<i>diclofenac sodium</i>)	Non Preferred	PA
<i>diclofenac potassium</i> (Lofena Oral Tablet 25 Mg)	Non Preferred	PA
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	Non Preferred	PA
NALFON ORAL TABLET 600 MG (<i>fenoprofen calcium</i>)	Non Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	Non Preferred	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	Non Preferred	PA
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	Non Preferred	PA
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	Non Preferred	PA
TOLECTIN 600 ORAL TABLET 600 MG (<i>tolmetin sodium</i>)	Non Preferred	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG (<i>naproxen-esomeprazole</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTIBIOTICS [OPEN CLASS]		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Preferred	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Preferred	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Preferred	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Preferred	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Preferred	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Preferred	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Preferred	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Preferred	
<i>tobramycin ophthalmic solution 0.3 %</i>	Preferred	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	Preferred	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Non Preferred	PA
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Non Preferred	PA
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Non Preferred	PA
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Non Preferred	PA
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	Non Preferred	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	Non Preferred	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	Non Preferred	PA
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	Non Preferred	PA
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	Non Preferred	PA
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	Non Preferred	PA
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	Non Preferred	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	Non Preferred	PA
OPHTHALMIC ANTIBIOTICS: STEROID COMBINATIONS [OPEN CLASS]		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Preferred	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Preferred	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Preferred	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	Preferred	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Non Preferred	PA
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Non Preferred	PA
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	Non Preferred	PA
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	Non Preferred	PA
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Non Preferred	PA
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	Non Preferred	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	Non Preferred	PA
OPHTHALMICS: ALLERGIC CONJUNCTIVITIS [OPEN CLASS]		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Preferred	
<i>cromolyn sodium ophthalmic solution 4 %</i>	Preferred	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Preferred	
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	Preferred	
<i>eye allergy itch/redness rel ophthalmic solution 0.1 %</i>	Preferred	
<i>eye itch relief ophthalmic solution 0.035 %</i>	Preferred	
<i>ft eye allergy itch & redness ophthalmic solution 0.1 %</i>	Preferred	
<i>ft eye allergy itch relief ophthalmic solution 0.2 %</i>	Preferred	
<i>gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Preferred	
<i>hm eye allergy itch relief ophthalmic solution 0.2 %</i>	Preferred	
<i>hm eye allergy itch/red relief ophthalmic solution 0.1 %</i>	Preferred	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Preferred	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Preferred	
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	Preferred	
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	Preferred	
ALAWAY OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	Preferred	
ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	Preferred	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ALOCRIAL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	Non Preferred	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>loxamide tromethamine</i>)	Non Preferred	PA
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	Non Preferred	PA
LASTACRAFT OPHTHALMIC SOLUTION 0.25 % (<i>alcaftadine</i>)	Non Preferred	PA
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %, 0.7 % (<i>olopatadine hcl</i>)	Non Preferred	PA
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	Non Preferred	PA
OPHTHALMICS: ANTI-INFLAMMATORY [OPEN CLASS]		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Preferred	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Preferred	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Preferred	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Preferred	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Preferred	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Preferred	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Preferred	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	Preferred	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Non Preferred	PA
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	Non Preferred	PA
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Non Preferred	PA
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Non Preferred	PA
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Non Preferred	PA
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	Non Preferred	PA
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Non Preferred	PA
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	Non Preferred	PA
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	Non Preferred	PA
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	Non Preferred	PA
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	Non Preferred	PA
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	Non Preferred	PA
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	Non Preferred	PA
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	Non Preferred	PA
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	Non Preferred	PA
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	Non Preferred	PA
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	Non Preferred	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	Non Preferred	PA
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	Non Preferred	PA
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	Non Preferred	PA
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	Non Preferred	PA
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	Non Preferred	PA
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	Non Preferred	PA
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	Non Preferred	PA
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	Non Preferred	PA
OPHTHALMICS: GLAUCOMA AGENTS [OPEN CLASS]		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Preferred	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Preferred	
<i>brinzolamide ophthalmic suspension 1 %</i>	Preferred	
<i>carteolol hcl ophthalmic solution 1 %</i>	Preferred	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Preferred	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Preferred	
<i>latanoprost ophthalmic solution 0.005 %</i>	Preferred	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Preferred	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Preferred	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Preferred	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Preferred	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Preferred	
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Preferred	QL (2 EA per 1 day)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Preferred	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	Preferred	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	Preferred	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	Preferred	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	Preferred	
<i>timolol maleate</i> (Timolol Maleate Ocusol Ophthalmic Solution 0.5 %)	Preferred	QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	Preferred	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>bimatoprost ophthalmic solution 0.03 %</i>	Non Preferred	PA
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Non Preferred	PA
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Non Preferred	PA
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	Non Preferred	PA; QL (2 EA per 1 day)
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	Non Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	Non Preferred	PA
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	Non Preferred	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	Non Preferred	PA; QL (2 EA per 1 day)
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	Non Preferred	PA
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	Non Preferred	PA
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	Non Preferred	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	Non Preferred	PA
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	Non Preferred	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	Non Preferred	PA

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
VUITY OPHTHALMIC SOLUTION 1.25 % (<i>pilocarpine hcl</i>)	Non Preferred	PA
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	Non Preferred	PA
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	Non Preferred	PA
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	Non Preferred	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	Non Preferred	PA; QL (1 EA per 1 day)
OPHTHALMICS: IMMUNOMODULATORS [CLOSED CLASS]		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	Preferred	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	Preferred	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	Preferred	QL (60 EA per 30 days)
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Non Preferred	PA; QL (60 EA per 30 days)
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	Non Preferred	PA
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	Non Preferred	PA
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	Non Preferred	PA; QL (12 ML per 30 days); AGE (Min 18 Years)
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	Non Preferred	PA
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	Non Preferred	PA
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	Non Preferred	PA; QL (6 ML per 30 days)
OPIOID DEPENDENCY [CLOSED CLASS]		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years)
<i>lifems naloxone injection prefilled syringe kit 2 mg/2ml</i>	Preferred	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Preferred	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Preferred	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Preferred	
<i>naltrexone hcl oral tablet 50 mg</i>	Preferred	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	Preferred	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	Preferred	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	Preferred	QL (6 EA per 90 days); AGE (Min 12 Years); 90-day fill allowed after two 1-month fills
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	Preferred	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	Preferred	
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 1 day); AGE (Min 16 Years)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years)
SUBOXONE SUBLINGUAL FILM 4-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 16 Years)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	Preferred	QL (1 EA per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	Preferred	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 16 Years)
<i>lofexidine hcl oral tablet 0.18 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
OPIOIDS: LONG ACTING (LAO) [OPEN CLASS]		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Preferred	PA; QL (0.29 EA per 1 day)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	Preferred	PA; QL (0.15 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Preferred	PA; QL (0.334 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Preferred	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg</i>	Preferred	PA; QL (4 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 30 mg</i>	Preferred	PA; QL (3 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 60 mg</i>	Preferred	PA; QL (2 EA per 1 day)
<i>BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (buprenorphine)</i>	Preferred	PA; QL (0.29 EA per 1 day)
<i>BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HR, 20 MCG/HR (buprenorphine)</i>	Preferred	PA; QL (0.15 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	Non Preferred	PA; QL (0.334 EA per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 15 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 20 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 30 mg, 40 mg, 50 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 40 mg, 60 mg, 80 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 30 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 32 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 8 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Max 1 Years)
<i>methadone hcl oral solution 10 mg/5ml</i>	Non Preferred	PA; QL (15 ML per 1 day); AGE (Max 1 Years)
<i>methadone hcl oral solution 5 mg/5ml</i>	Non Preferred	PA; QL (40 ML per 1 day); AGE (Max 1 Years)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Non Preferred	PA; QL (6 EA per 1 day); AGE (Max 1 Years)
<i>methadone hcl oral tablet soluble 40 mg</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Max 1 Years)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 90 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er beads oral capsule extended release 24 hour 60 mg, 75 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 80 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 20 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 30 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 20 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 7.5 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 15 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 5 mg</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
BELBUCA BUCCAL FILM 150 MCG (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
BELBUCA BUCCAL FILM 300 MCG, 600 MCG (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day)
BELBUCA BUCCAL FILM 450 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
BELBUCA BUCCAL FILM 75 MCG (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (6 EA per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	Non Preferred	PA; QL (4 ML per 1 day); AGE (Max 1 Years)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	Non Preferred	PA; QL (4 ML per 1 day); AGE (Max 1 Years)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	Non Preferred	PA; QL (3 EA per 1 day); AGE (Max 1 Years)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	Non Preferred	PA; QL (4 ML per 1 day); AGE (Max 1 Years)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG (<i>morphine sulfate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG (<i>morphine sulfate</i>)	Non Preferred	PA; QL (4 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 30 MG (<i>morphine sulfate</i>)	Non Preferred	PA; QL (3 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG (<i>morphine sulfate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (6 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (5 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
OPIOIDS: SHORT ACTING [OPEN CLASS]		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Preferred	QL (150 ML per 1 day); AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Preferred	QL (10 EA per 1 day); AGE (Min 12 Years)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	Preferred	QL (135 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Preferred	QL (180 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	Preferred	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Preferred	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Preferred	QL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	Preferred	QL (11.2 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	Preferred	QL (5.6 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Preferred	QL (2.8 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Preferred	QL (4.5 ML per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	Preferred	QL (45 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	Preferred	QL (22.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	Preferred	QL (6 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	Preferred	QL (3 EA per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Preferred	QL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	Preferred	QL (6 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	Preferred	QL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	Preferred	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Preferred	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	Preferred	QL (60 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Preferred	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Preferred	QL (8 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	Preferred	QL (8 EA per 1 day); AGE (Min 12 Years)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Preferred	QL (8 EA per 1 day); AGE (Min 12 Years)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg)</i>	Preferred	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)</i>	Preferred	
<i>oxycodone-acetaminophen (Endocet Oral Tablet 5-325 Mg)</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 7.5-325 Mg)</i>	Preferred	QL (8 EA per 1 day)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Non Preferred	PA
<i>codeine sulfate oral tablet 15 mg</i>	Non Preferred	PA; QL (24 EA per 1 day); AGE (Min 12 Years)
<i>codeine sulfate oral tablet 30 mg</i>	Non Preferred	PA; QL (12 EA per 1 day); AGE (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 12 Years)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Non Preferred	PA
<i>fentanyl citrate buccal tablet 400 mcg</i>	Non Preferred	PA; QL (1.8 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal tablet 600 mcg</i>	Non Preferred	PA; QL (1.2 EA per 1 day)
<i>fentanyl citrate buccal tablet 800 mcg</i>	Non Preferred	PA; QL (0.9 EA per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Non Preferred	PA; QL (22.5 ML per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>meperidine hcl oral solution 50 mg/5ml</i>	Non Preferred	PA; QL (90 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	Non Preferred	PA; QL (18 EA per 1 day)
<i>morphine sulfate rectal suppository 10 mg</i>	Non Preferred	PA; QL (9 EA per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	Non Preferred	PA; QL (4.5 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>	Non Preferred	PA; QL (18 EA per 1 day)
<i>nalocet oral tablet 2.5-300 mg</i>	Non Preferred	PA; QL (12 EA per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Non Preferred	PA; QL (3 ML per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Non Preferred	PA; QL (4.9 EA per 1 day)
<i>tramadol hcl oral solution 5 mg/ml</i>	Non Preferred	PA; QL (40 ML per 1 day); AGE (Min 12 Years)
<i>tramadol hcl oral tablet 100 mg</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl oral tablet 25 mg</i>	Non Preferred	PA; QL (8 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl oral tablet 75 mg</i>	Non Preferred	PA; QL (5 EA per 1 day); AGE (Min 12 Years)
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)</i>	Non Preferred	PA; AGE (Min 12 Years)
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (22.5 ML per 1 day)

Drug Name	Drug Tier	Requirements/Limits
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (11.2 EA per 1 day)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (5.6 EA per 1 day)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (2.8 EA per 1 day)
FENTORA BUCCAL TABLET 100 MCG (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (7.2 EA per 1 day)
FENTORA BUCCAL TABLET 200 MCG (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (3.6 EA per 1 day)
FENTORA BUCCAL TABLET 400 MCG (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (1.8 EA per 1 day)
FENTORA BUCCAL TABLET 600 MCG (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (1.2 EA per 1 day)
FENTORA BUCCAL TABLET 800 MCG (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (0.9 EA per 1 day)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	Non Preferred	PA; AGE (Min 12 Years)
PERCOCET ORAL TABLET 10-325 MG (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (6 EA per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (12 EA per 1 day)
PERCOCET ORAL TABLET 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (8 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (60 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (6 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (12 EA per 1 day)
PROLATE ORAL TABLET 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (8 EA per 1 day)
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (6 EA per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (12 EA per 1 day)
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
OTIC [OPEN CLASS]		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Preferred	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Preferred	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Preferred	
<i>ofloxacin otic solution 0.3 %</i>	Preferred	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Non Preferred	PA
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Non Preferred	PA
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	Non Preferred	PA
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	Non Preferred	PA
PANCREATIC ENZYMES [OPEN CLASS]		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; 90-day fill allowed after two 1-month fills
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; 90-day fill allowed after two 1-month fills
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA
PHOSPHATE BINDERS [OPEN CLASS]		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Preferred	
<i>calcium acetate oral tablet 667 mg</i>	Preferred	
<i>calcium acetate oral tablet 668 (169 ca) mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lanthanum carbonate oral tablet chewable 500 mg, 750 mg</i>	Preferred	
<i>sevelamer carbonate oral tablet 800 mg</i>	Preferred	90-day fill allowed after two 1-month fills
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate (phos binder)</i>)	Preferred	
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	Non Preferred	PA
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Non Preferred	PA
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	Non Preferred	PA
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	Non Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	Non Preferred	PA
MAGNEBIND 400 ORAL TABLET 80-115 MG (<i>calcium carb-magnesium carb</i>)	Non Preferred	PA
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	Non Preferred	PA
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	Non Preferred	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Non Preferred	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	Non Preferred	PA; AGE (Min 6 Years)
PLATELET INHIBITORS [OPEN CLASS]		
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
BRLINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Preferred	90-day fill allowed after two 1-month fills
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Non Preferred	PA
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	Non Preferred	PA
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	Non Preferred	PA
PROGESTATIONAL AGENTS [CLOSED CLASS]		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	
<i>norethindrone acetate oral tablet 5 mg</i>	Preferred	
<i>progesterone intramuscular oil 50 mg/ml</i>	Preferred	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Preferred	
<i>norethindrone acetate (Gallifrey Oral Tablet 5 Mg)</i>	Preferred	
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	Non Preferred	PA
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	Non Preferred	PA
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA
PROTON PUMP INHIBITORS [OPEN CLASS]		
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>	Preferred	QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day)
<i>ft acid reducer oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day)
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day)
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day)
<i>gnp omeprazole oral capsule delayed release 20.6 (20 base) mg</i>	Preferred	QL (4 EA per 1 day)
<i>gnp omeprazole oral tablet delayed release dispersible 20 mg</i>	Preferred	QL (4 EA per 1 day)
<i>goodsense lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day)
<i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Preferred	QL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Preferred	QL (4 EA per 1 day)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Preferred	QL (4 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>omeprazole oral capsule delayed release 20 mg</i>	Preferred	QL (4 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>	Preferred	QL (4 EA per 1 day)
<i>pantoprazole sodium oral packet 40 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day)
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day)
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Preferred	QL (2 EA per 1 day)
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Non Preferred	PA
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral packet 2.5 mg, 5 mg</i>	Non Preferred	PA
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>ft omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>goodsense lansoprazole oral tablet delayed release dispersible 15 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>goodsense omeprazole oral capsule 20-1100 mg</i>	Non Preferred	PA
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	Non Preferred	PA
<i>qc omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>sm omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	Non Preferred	PA
KONVOMEPRAL ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	Non Preferred	PA
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	Non Preferred	PA; QL (2 EA per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	Non Preferred	PA; QL (2 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	Non Preferred	PA; QL (2 EA per 1 day)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	Non Preferred	PA
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
PSORIASIS: TOPICAL [OPEN CLASS]		
<i>calcipotriene external cream 0.005 %</i>	Preferred	
<i>calcipotriene external ointment 0.005 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene external solution 0.005 %</i>	Preferred	
<i>calcipotriene external foam 0.005 %</i>	Non Preferred	PA
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Non Preferred	PA
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Non Preferred	PA
<i>calcitriol external ointment 3 mcg/gm</i>	Non Preferred	PA; AGE (Max 18 Years)
BESER EXTERNAL KIT 0.05 % (<i>fluticasone-emollient</i>)	Non Preferred	PA
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	Non Preferred	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	Non Preferred	PA; AGE (Min 12 Years)
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	Non Preferred	PA
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	Non Preferred	PA
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	Non Preferred	PA
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	Non Preferred	PA; AGE (Min 6 Years)
PULMONARY ARTERIAL HYPERTENSION [OPEN CLASS]		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Preferred	SP; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Preferred	SP; QL (2 EA per 1 day)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Preferred	SP; PA; AGE (Min 1 Years)
<i>sildenafil citrate oral tablet 20 mg</i>	Preferred	SP; PA; AGE (Min 1 Years)
<i>tadalafil (pah) oral tablet 20 mg</i>	Preferred	SP; PA; AGE (Min 18 Years)
<i>tadalafil (pah) (Alyq Oral Tablet 20 Mg)</i>	Preferred	SP; PA; AGE (Min 18 Years)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	Preferred	SP; QL (2 EA per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	Preferred	SP
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Non Preferred	SP; PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	Non Preferred	SP; PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Non Preferred	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	Non Preferred	SP; PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	Non Preferred	SP; PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	Non Preferred	SP; PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	Non Preferred	SP; PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Non Preferred	SP; PA
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	Non Preferred	SP; PA; AGE (Min 1 Years)
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	Non Preferred	SP; PA; AGE (Min 1 Years)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	Non Preferred	SP; PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	Non Preferred	SP; PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	Non Preferred	SP; PA
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	Non Preferred	SP; PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Non Preferred	SP; PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Non Preferred	SP; PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Non Preferred	SP; PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Non Preferred	SP; PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	Non Preferred	SP; PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (<i>sotatercept-csrk</i>)	Non Preferred	SP; PA; AGE (Min 18 Years)
QUINOLONES: ORAL [OPEN CLASS]		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Preferred	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	Preferred	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Preferred	
<i>levofloxacin oral solution 25 mg/ml</i>	Non Preferred	PA
<i>moxifloxacin hcl oral tablet 400 mg</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Non Preferred	PA
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	Non Preferred	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	Non Preferred	PA
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	Non Preferred	PA
ROSACEA AGENTS: TOPICAL [OPEN CLASS]		
<i>ivermectin external cream 1 %</i>	Preferred	
<i>metronidazole external cream 0.75 %</i>	Preferred	
<i>metronidazole external gel 0.75 %</i>	Preferred	
<i>metronidazole external lotion 0.75 %</i>	Preferred	
<i>metronidazole gel 1 % external</i>	Preferred	
<i>metronidazole (Rosadan External Cream 0.75 %)</i>	Preferred	
<i>metronidazole (Rosadan External Gel 0.75 %)</i>	Preferred	
<i>azelaic acid external gel 15 %</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>brimonidine tartrate external gel 0.33 %</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>metronidazole gel 1 % external</i>	Non Preferred	PA
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	Non Preferred	PA; AGE (Min 18 Years)
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	Non Preferred	PA
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	Non Preferred	PA
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	Non Preferred	PA; AGE (Min 18 Years)
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	Non Preferred	PA
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	Non Preferred	PA
ROSDAN EXTERNAL KIT 0.75 % CREAM, 0.75 % GEL (<i>metronidazole-cleanser</i>)	Non Preferred	PA
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	Non Preferred	PA
SECOND GENERATION ANTIHISTAMINES AND COMBINATIONS [OPEN CLASS]		
<i>12hr allergy & congestion oral tablet extended release 12 hour 60-120 mg</i>	Preferred	
<i>all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>all day allergy oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **ST** - Step Therapy **QL** - Quantity Limits **RX** - Prescription Drug **SP** - Specialty Drug
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Drug Name	Drug Tier	Requirements/Limits
<i>allergy childrens oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>allergy relief (loratadine) oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>allergy relief cetirizine oral tablet 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>allergy relief childrens oral solution 1 mg/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>allergy relief oral tablet 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>allergy relief/indoor/outdoor oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>childrens loratadine oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Preferred	
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft all day allergy oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft all day allergy relief oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg</i>	Preferred	
<i>ft allergy childrens oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft allergy relief childrens oral solution 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft allergy relief loratadine oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>ft allergy relief oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp all day allergy oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp fexofenadine/pse er oral tablet extended release 12 hour 60-120 mg</i>	Preferred	
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>gnp loratadine oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>gnp loratadine oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Preferred	
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense all day allergy oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>goodsense allergy relief oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>hm all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>hm all day allergy oral solution 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>hm allergy relief (cetirizine) oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>hm cetirizine hcl oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>hm loratadine oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>loratadine childrens oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>loratadine oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>loratadine oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>loratadine oral tablet dispersible 10 mg</i>	Preferred	
<i>qc loratadine allergy relief oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm all day allergy oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm all day allergy relief oral tablet 10 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm allergy childrens oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>sm loratadine oral solution 5 mg/5ml</i>	Preferred	AGE (Min 2 Years); 90-day fill allowed after two 1-month fills
<i>12hr allergy relief oral tablet 60 mg</i>	Non Preferred	PA
<i>24hr allergy relief oral tablet 180 mg</i>	Non Preferred	PA
<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>allergy 24-hr oral tablet 180 mg</i>	Non Preferred	PA
<i>allergy childrens oral suspension 30 mg/5ml</i>	Non Preferred	PA
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	Non Preferred	PA
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>allergy relief d-24 oral tablet extended release 24 hour 10-240 mg</i>	Non Preferred	PA
<i>allergy relief oral tablet 180 mg</i>	Non Preferred	PA
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	Non Preferred	PA
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	Non Preferred	PA
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Non Preferred	PA
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine oral tablet 5 mg</i>	Non Preferred	PA
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	Non Preferred	PA
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Non Preferred	PA
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Non Preferred	PA
<i>ft all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	Non Preferred	PA
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	Non Preferred	PA
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>ft allergy relief oral tablet 180 mg</i>	Non Preferred	PA
<i>ft allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Non Preferred	PA
<i>gnp all day allergy relief oral capsule 10 mg</i>	Non Preferred	PA
<i>gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	Non Preferred	PA
<i>gnp allergy relief oral tablet 180 mg</i>	Non Preferred	PA
<i>gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	Non Preferred	PA
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>goodsense aller-ease oral tablet 180 mg</i>	Non Preferred	PA
<i>hm allergy relief oral tablet 180 mg, 60 mg</i>	Non Preferred	PA
<i>hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Non Preferred	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Non Preferred	PA
<i>loratadine childrens oral tablet chewable 5 mg</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Non Preferred	PA
<i>qc allergy relief oral tablet 180 mg, 60 mg</i>	Non Preferred	PA
<i>sm all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>sm allergy relief oral tablet 60 mg</i>	Non Preferred	PA
<i>sm fexofenadine hcl oral tablet 180 mg</i>	Non Preferred	PA
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Non Preferred	PA
<i>sm lorata-dine d oral tablet extended release 24 hour 10-240 mg</i>	Non Preferred	PA
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	Non Preferred	PA
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	Non Preferred	PA
SEDATIVES: HYPNOTICS [OPEN CLASS]		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>estazolam oral tablet 1 mg, 2 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>quazepam oral tablet 15 mg</i>	Non Preferred	PA
<i>ramelteon oral tablet 8 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>tasimelteon oral capsule 20 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 16 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral capsule 7.5 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	Non Preferred	PA
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	Non Preferred	PA; QL (5 ML per 1 day); AGE (Min 3 Years and Max 15 Years)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 16 Years)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SICKLE CELL ANEMIA TREATMENTS [CLOSED CLASS]		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Preferred	AGE (Min 18 Years)
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	Preferred	AGE (Min 5 Years)
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	Preferred	PA; AGE (Min 2 Years and Max 17 Years)
<i>l-glutamine oral packet 5 gm</i>	Non Preferred	PA; AGE (Min 5 Years)
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (<i>crizanlizumab-tmca</i>)	Non Preferred	PA; AGE (Min 16 Years)
XROMI ORAL SOLUTION 100 MG/ML (<i>hydroxyurea</i>)	Non Preferred	PA; AGE (Max 1 Years)
SKELETAL MUSCLE RELAXANTS [OPEN CLASS]		
<i>baclofen oral solution 5 mg/5ml</i>	Preferred	AGE (Min 12 Years)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	AGE (Min 12 Years)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 15 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 15 Years)
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	
<i>methocarbamol oral tablet 1000 mg</i>	Preferred	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Preferred	AGE (Min 16 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>tizanidine hcl oral tablet 2 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	Preferred	QL (9 EA per 1 day); AGE (Min 18 Years)
<i>baclofen oral solution 10 mg/5ml</i>	Non Preferred	PA; QL (40 ML per 1 day); AGE (Min 12 Years)
<i>baclofen oral suspension 25 mg/5ml</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 16 Years)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Non Preferred	PA; AGE (Min 16 Years)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>metaxalone oral tablet 400 mg, 640 mg, 800 mg</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 13 Years)
<i>norgesic forte oral tablet 50-770-60 mg</i>	Non Preferred	PA
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	Non Preferred	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Non Preferred	PA
<i>tizanidine hcl oral capsule 2 mg</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
<i>tizanidine hcl oral capsule 4 mg</i>	Non Preferred	PA; QL (9 EA per 1 day); AGE (Min 18 Years)
<i>tizanidine hcl oral capsule 6 mg</i>	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 18 Years)
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	Non Preferred	PA
<i>cyclobenzaprine hcl</i> (Fexmid Oral Tablet 7.5 Mg)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 15 Years)
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	Non Preferred	PA; AGE (Min 12 Years)
<i>chlorzoxazone</i> (Lorzzone Oral Tablet 375 Mg, 750 Mg)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (<i>baclofen</i>)	Non Preferred	PA; AGE (Min 12 Years)

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Drug Name	Drug Tier	Requirements/Limits
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	Non Preferred	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	Non Preferred	PA
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 16 Years)
<i>methocarbamol</i> (Tanlor Oral Tablet 1000 Mg)	Non Preferred	PA; AGE (Min 16 Years)
ZANAFLEX ORAL CAPSULE 2 MG (<i>tizanidine hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
ZANAFLEX ORAL CAPSULE 4 MG (<i>tizanidine hcl</i>)	Non Preferred	PA; QL (9 EA per 1 day); AGE (Min 18 Years)
ZANAFLEX ORAL CAPSULE 6 MG (<i>tizanidine hcl</i>)	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 18 Years)
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	Non Preferred	PA; QL (9 EA per 1 day); AGE (Min 18 Years)
SMOKING CESSATION [OPEN CLASS]		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	Preferred	
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	Preferred	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	Preferred	
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	Preferred	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Preferred	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Preferred	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Preferred	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	
<i>sm nicotine mouth/throat gum 4 mg</i>	Preferred	
<i>sm nicotine mouth/throat lozenge 2 mg</i>	Preferred	
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	Preferred	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Preferred	
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Preferred	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	Preferred	
CHANTIX ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	Preferred	
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	Preferred	
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	Non Preferred	PA
STEROIDS: TOPICAL, HIGH POTENCY [OPEN CLASS]		
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Preferred	
<i>betamethasone valerate external cream 0.1 %</i>	Preferred	
<i>betamethasone valerate external lotion 0.1 %</i>	Preferred	
<i>betamethasone valerate external ointment 0.1 %</i>	Preferred	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Preferred	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Preferred	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	Preferred	
<i>triamcinolone in absorbbase external ointment 0.05 %</i>	Preferred	
<i>amcinonide external cream 0.1 %</i>	Non Preferred	PA
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate external cream 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate external lotion 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate external ointment 0.05 %</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Non Preferred	PA
<i>desoximetasone external gel 0.05 %</i>	Non Preferred	PA
<i>desoximetasone external liquid 0.25 %</i>	Non Preferred	PA
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Non Preferred	PA
<i>diflorasone diacetate external cream 0.05 %</i>	Non Preferred	PA
<i>diflorasone diacetate external ointment 0.05 %</i>	Non Preferred	PA
<i>fluocinonide emulsified base external cream 0.05 %</i>	Non Preferred	PA
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Non Preferred	PA
<i>fluocinonide external gel 0.05 %</i>	Non Preferred	PA
<i>fluocinonide external ointment 0.05 %</i>	Non Preferred	PA
<i>fluocinonide external solution 0.05 %</i>	Non Preferred	PA
<i>halcinonide external cream 0.1 %</i>	Non Preferred	PA
<i>halcinonide external solution 0.1 %</i>	Non Preferred	PA
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Non Preferred	PA
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	Non Preferred	PA
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	Non Preferred	PA
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	Non Preferred	PA
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	Non Preferred	PA
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	Non Preferred	PA
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	Non Preferred	PA
STEROIDS: TOPICAL, LOW POTENCY [OPEN CLASS]		
<i>anti-itch maximum strength external cream 1 %</i>	Preferred	
<i>ft itch relief max strength external cream 1 %</i>	Preferred	
<i>ft itch relief max strength external ointment 1 %</i>	Preferred	
<i>ft itch relief/aloe max str external cream 1 %</i>	Preferred	
<i>gnp hydrocortisone external cream 0.5 %</i>	Preferred	
<i>gnp hydrocortisone max st external ointment 1 %</i>	Preferred	
<i>gnp hydrocortisone plus external cream 1 %</i>	Preferred	
<i>gnp hydrocortisone/aloe external cream 1 %</i>	Preferred	
<i>hm hydrocortisone plus external cream 1 %</i>	Preferred	
<i>hm hydrocortisone-aloe max st external cream 1 %</i>	Preferred	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Preferred	
<i>hydrocortisone acetate external cream 1 %</i>	Preferred	
<i>hydrocortisone acetate external ointment 1 %</i>	Preferred	
<i>hydrocortisone external cream 0.5 %, 1 %, 2.5 %</i>	Preferred	
<i>hydrocortisone external lotion 2.5 %</i>	Preferred	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Preferred	
<i>hydrocortisone max st external cream 1 %</i>	Preferred	
<i>hydrocortisone max st/12 moist external cream 1 %</i>	Preferred	
<i>hydrocortisone/aloe max str external cream 1 %</i>	Preferred	
<i>qc hydrocortisone max st external cream 1 %</i>	Preferred	
<i>sm hydrocortisone external cream 1 %</i>	Preferred	
<i>sm hydrocortisone max st external ointment 1 %</i>	Preferred	
<i>sm hydrocortisone plus external cream 1 %</i>	Preferred	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	Preferred	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	Preferred	
<i>hydrocortisone (Proctosol Hc External Cream 2.5 %)</i>	Preferred	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	Preferred	
<i>alclometasone dipropionate external cream 0.05 %</i>	Non Preferred	PA
<i>alclometasone dipropionate external ointment 0.05 %</i>	Non Preferred	PA
<i>desonide external cream 0.05 %</i>	Non Preferred	PA
<i>desonide external lotion 0.05 %</i>	Non Preferred	PA
<i>desonide external ointment 0.05 %</i>	Non Preferred	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	Non Preferred	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Non Preferred	PA
<i>hydrocortisone complete kit external therapy pack 2 %</i>	Non Preferred	PA
<i>hydrocortisone external solution 2.5 %</i>	Non Preferred	PA
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	Non Preferred	PA
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
HYDROXYM EXTERNAL GEL 2 % (<i>hydrocortisone</i>)	Non Preferred	PA
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	Non Preferred	PA
STERIODS: TOPICAL, MEDIUM POTENCY [OPEN CLASS]		
<i>fluticasone propionate external cream 0.05 %</i>	Preferred	
<i>fluticasone propionate external ointment 0.005 %</i>	Preferred	
<i>mometasone furoate external cream 0.1 %</i>	Preferred	
<i>mometasone furoate external ointment 0.1 %</i>	Preferred	
<i>mometasone furoate external solution 0.1 %</i>	Preferred	
<i>betamethasone valerate external foam 0.12 %</i>	Non Preferred	PA
<i>clocortolone pivalate external cream 0.1 %</i>	Non Preferred	PA
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Non Preferred	PA
<i>fluocinolone acetonide external ointment 0.025 %</i>	Non Preferred	PA
<i>fluocinolone acetonide external solution 0.01 %</i>	Non Preferred	PA
<i>flurandrenolide external lotion 0.05 %</i>	Non Preferred	PA
<i>flurandrenolide external ointment 0.05 %</i>	Non Preferred	PA
<i>fluticasone propionate external lotion 0.05 %</i>	Non Preferred	PA
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone butyrate external cream 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone butyrate external lotion 0.1 %</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone butyrate external solution 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone valerate external cream 0.2 %</i>	Non Preferred	PA
<i>hydrocortisone valerate external ointment 0.2 %</i>	Non Preferred	PA
<i>prednicarbate external cream 0.1 %</i>	Non Preferred	PA
<i>prednicarbate external ointment 0.1 %</i>	Non Preferred	PA
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Non Preferred	PA
<i>fluticasone propionate (Beser External Lotion 0.05 %)</i>	Non Preferred	PA
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	Non Preferred	PA
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	Non Preferred	PA
<i>triamcinolone acetonide (Oralene Mouth/Throat Paste 0.1 %)</i>	Non Preferred	PA
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	Non Preferred	PA
SYNALAR (CREAM) EXTERNAL KIT 0.025 % (<i>fluocinolone-emollient</i>)	Non Preferred	PA
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 % (<i>fluocinolone-emollient</i>)	Non Preferred	PA
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
SYNALAR TS EXTERNAL KIT 0.01 % (<i>fluocinolone & cleanser</i>)	Non Preferred	PA
STEROIDS: TOPICAL, VERY HIGH POTENCY [OPEN CLASS]		
<i>clobetasol prop emollient base external cream 0.05 %</i>	Preferred	
<i>clobetasol propionate e external cream 0.05 %</i>	Preferred	
<i>clobetasol propionate external cream 0.05 %</i>	Preferred	
<i>clobetasol propionate external gel 0.05 %</i>	Preferred	
<i>clobetasol propionate external ointment 0.05 %</i>	Preferred	
<i>clobetasol propionate external solution 0.05 %</i>	Preferred	
<i>halobetasol propionate external cream 0.05 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external foam 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external liquid 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external lotion 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external shampoo 0.05 %</i>	Non Preferred	PA
<i>halobetasol propionate external foam 0.05 %</i>	Non Preferred	PA
<i>halobetasol propionate external ointment 0.05 %</i>	Non Preferred	PA
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	Non Preferred	PA
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	Non Preferred	PA
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	Non Preferred	PA
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	Non Preferred	PA
CLODAN EXTERNAL KIT 0.05 % (<i>clobetasol prop & cleanser</i>)	Non Preferred	PA
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	Non Preferred	PA
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	Non Preferred	PA
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	Non Preferred	PA
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	Non Preferred	PA
TOVET EXTERNAL KIT 0.05 % (<i>clobetasol emul foam w/moistcr</i>)	Non Preferred	PA
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	Non Preferred	PA
STIMULANTS AND RELATED AGENTS [CLOSED CLASS]		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 4 Years and Max 17 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Preferred	QL (30 ML per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Preferred	QL (60 ML per 1 day); AGE (Min 6 Years and Max 17 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 13 Years and Max 17 Years)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Non Preferred	PA; QL (60 ML per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methamphetamine hcl oral tablet 5 mg</i>	Non Preferred	PA; QL (5 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)

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Drug Name	Drug Tier	Requirements/Limits
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
ADDERALL ORAL TABLET 30 MG (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	Non Preferred	PA; QL (8 ML per 1 day); AGE (Min 6 Years and Max 17 Years)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)

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INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	Non Preferred	PA
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (30 ML per 1 day); AGE (Min 6 Years and Max 17 Years)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (60 ML per 1 day); AGE (Min 6 Years and Max 17 Years)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 13 Years and Max 17 Years)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	Non Preferred	PA; AGE (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5ML)	Non Preferred	PA; QL (60 ML per 1 day); AGE (Min 4 Years and Max 17 Years)
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	Non Preferred	PA; AGE (Min 6 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (12 ML per 1 day); AGE (Min 6 Years and Max 17 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 45 MG, 54 MG, 63 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 6 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 15 Mg, 2.5 Mg, 20 Mg, 5 Mg, 7.5 Mg)	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 30 Mg)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)

SUPPLEMENTAL

*ACNE PRODUCTS***

<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Preferred	PA; QL (2 EA per 1 day)
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Preferred	PA; QL (2 EA per 1 day)
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA; QL (2 EA per 1 day)
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA; QL (2 EA per 1 day)

*ALCOHOL DETERRENTS***

<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Preferred	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Preferred	

*ALTERNATIVE MEDICINE - CO'S***

<i>co q-10 oral capsule 50 mg</i>	Preferred	
<i>coenzyme q-10 oral capsule 200 mg, 30 mg</i>	Preferred	
<i>sm coenzyme q-10 oral capsule 100 mg</i>	Preferred	

*ALTERNATIVE MEDICINE - ME'S***

<i>melatonin oral tablet 3 mg, 5 mg</i>	Preferred	
<i>sm melatonin oral tablet 3 mg</i>	Preferred	

*AMINOPENICILLINS***

<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Preferred	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Preferred	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Preferred	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Preferred	

*ANALGESIC COMBINATIONS***

<i>ft migraine relief oral tablet 250-250-65 mg</i>	Preferred	
<i>gnp headache relief extra str oral tablet 250-250-65 mg</i>	Preferred	
<i>gnp migraine relief oral tablet 250-250-65 mg</i>	Preferred	
<i>goodsense migraine formula oral tablet 250-250-65 mg</i>	Preferred	
<i>headache formula oral tablet 250-250-65 mg</i>	Preferred	
<i>headache relief oral tablet 250-250-65 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>hm migraine relief oral tablet 250-250-65 mg</i>	Preferred	
<i>migraine relief oral tablet 250-250-65 mg</i>	Preferred	
<i>pain reliever plus oral tablet 250-250-65 mg</i>	Preferred	
<i>sm migraine relief oral tablet 250-250-65 mg</i>	Preferred	
*ANALGESICS OTHER***		
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	Preferred	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Preferred	
<i>acetaminophen er oral tablet extended release 650 mg</i>	Preferred	
<i>acetaminophen extra strength oral tablet 500 mg</i>	Preferred	
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Preferred	
<i>acetaminophen oral liquid 160 mg/5ml</i>	Preferred	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	Preferred	
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Preferred	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	
<i>acetaminophen oral tablet chewable 160 mg</i>	Preferred	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	Preferred	
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>ed-apap oral liquid 160 mg/5ml</i>	Preferred	
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	Preferred	
<i>ft pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>ft pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>ft pain relief adult extra st oral tablet 500 mg</i>	Preferred	
<i>ft pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>ft pain relief oral tablet 325 mg</i>	Preferred	
<i>ft pain reliever ex str adult oral tablet 500 mg</i>	Preferred	
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	Preferred	
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>gnp acetaminophen oral tablet 325 mg</i>	Preferred	
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	Preferred	
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>gnp pain relief oral tablet 325 mg</i>	Preferred	
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	Preferred	
<i>goodsense pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>goodsense pain relief extra st oral tablet 500 mg</i>	Preferred	
<i>goodsense pain relief oral tablet 325 mg</i>	Preferred	
<i>hm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>hm pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	Preferred	
<i>mapap oral capsule 500 mg</i>	Preferred	
<i>m-pap oral liquid 160 mg/5ml</i>	Preferred	
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>pain and fever relief kids oral liquid 160 mg/5ml</i>	Preferred	
<i>sm 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>sm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>sm arthritis pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>sm pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>sm pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>sm pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>sm pain reliever ex st oral tablet 500 mg</i>	Preferred	
<i>sm pain reliever oral tablet 325 mg</i>	Preferred	
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>	Preferred	
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG (acetaminophen)	Preferred	
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (acetaminophen)	Preferred	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (acetaminophen)	Preferred	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG (acetaminophen)	Preferred	
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (acetaminophen)	Preferred	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG (acetaminophen)	Preferred	
*ANALGESICS-SEDATIVES***		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Preferred	QL (6 EA per 1 day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Preferred	QL (6 EA per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Preferred	QL (6 EA per 1 day)
<i>butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)</i>	Preferred	QL (6 EA per 1 day)
*ANDROGEN BIOSYNTHESIS INHIBITORS***		
<i>abiraterone acetate oral tablet 250 mg</i>	Preferred	SP; PA; QL (4 EA per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	Preferred	SP; PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
*ANDROGENS***		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Preferred	
<i>testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)</i>	Preferred	
*ANESTHETICS TOPICAL ORAL - COMBINATIONS***		
<i>sore throat mouth/throat lozenge 15-3.6 mg</i>	Preferred	
*ANESTHETICS TOPICAL ORAL***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Preferred	
*ANTACID & SIMETHICONE***		
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	Preferred	
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	Preferred	
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	Preferred	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	Preferred	
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	Preferred	
<i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	
<i>gnp antacid & anti-gas oral tablet chewable 1000-60 mg</i>	Preferred	
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	Preferred	
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	Preferred	
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>sm antacid advanced oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>sm antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	Preferred	
<i>ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (alum & mag hydroxide-simeth)</i>	Preferred	
<i>MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG (alum & mag hydroxide-simeth)</i>	Preferred	
*ANTACID COMBINATIONS***		
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	Preferred	
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Preferred	
<i>heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	Preferred	
<i>mag-al oral liquid 200-200 mg/5ml</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ACID GONE ORAL SUSPENSION 95-358 MG/15ML (<i>alum hydroxide-mag carbonate</i>)	Preferred	
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (<i>alum hydroxide-mag carbonate</i>)	Preferred	
*ANTACIDS - ALUMINUM SALTS***		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	Preferred	
*ANTACIDS - BICARBONATE***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Preferred	
*ANTACIDS - CALCIUM SALTS***		
<i>antacid calcium oral tablet chewable 500 mg</i>	Preferred	
<i>antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>antacid oral tablet chewable 750 mg</i>	Preferred	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>calcium antacid oral tablet chewable 500 mg</i>	Preferred	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Preferred	
<i>calcium carbonate antacid oral tablet 648 mg</i>	Preferred	
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	Preferred	
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>gnp antacid oral tablet chewable 500 mg</i>	Preferred	
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>sm antacid oral tablet chewable 500 mg</i>	Preferred	
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	Preferred	
<i>sm calcium antacid oral tablet chewable 500 mg</i>	Preferred	
<i>sm smooth antacid ex st oral tablet chewable 750 mg</i>	Preferred	
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	Preferred	
*ANTACIDS - MAGNESIUM SALTS***		
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	Preferred	
*ANTHELMINTICS***		
<i>albendazole oral tablet 200 mg</i>	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day)
<i>ivermectin oral tablet 3 mg</i>	Preferred	
*ANTIADRENERGICS - CENTRALLY ACTING***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Preferred	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Preferred	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	Preferred	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	Preferred	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	Preferred	
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Preferred	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
*ANTIANDROGENS***		
<i>bicalutamide oral tablet 50 mg</i>	Preferred	
*ANTIANGINALS-OTHER***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Preferred	QL (2 EA per 1 day)
*ANTIANSIETY AGENTS - MISC.***		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	Preferred	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 2 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Preferred	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Preferred	AGE (Min 2 Years)
*ANTIARRHYTHMICS TYPE I-B***		
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	Preferred	
*ANTIARRHYTHMICS TYPE I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Preferred	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Preferred	
*ANTIARRHYTHMICS TYPE III***		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Preferred	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)</i>	Preferred	
*ANTIBIOTIC MIXTURES TOPICAL***		
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	
<i>ft antibiotic + pain relief external cream 3.5-10000-10</i>	Preferred	
<i>ft double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	
<i>ft triple antibiotic + pain external ointment 1 %</i>	Preferred	
<i>ft triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>gnp antibiotic/pain relief external cream 3.5-10000-10</i>	Preferred	
<i>gnp triple antibiotic external ointment</i>	Preferred	
<i>gnp triple antibiotic plus external ointment 1 %</i>	Preferred	
<i>goodsense first aid antibiotic external ointment</i>	Preferred	
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>sm antibiotic plus pain relief external cream 3.5-10000-10</i>	Preferred	
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>sm triple antibiotic max st external ointment 1 %</i>	Preferred	
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	Preferred	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000</i>	Preferred	
<i>triple antibiotic plus external ointment 1 %</i>	Preferred	
<i>triple antibiotic+pain relief external ointment 1 %</i>	Preferred	
*ANTIBIOTICS - TOPICAL***		
<i>bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	Preferred	
<i>ft antibiotic external ointment 500 unit/gm</i>	Preferred	
<i>gentamicin sulfate external cream 0.1 %</i>	Preferred	
<i>gentamicin sulfate external ointment 0.1 %</i>	Preferred	
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>sm antibiotic external ointment 500 unit/gm</i>	Preferred	
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
<i>acidophilus lactobacillus oral capsule</i>	Preferred	
<i>acidophilus-bacillus coagulans oral tablet</i>	Preferred	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Preferred	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>ft stomach relief oral tablet 262 mg</i>	Preferred	
<i>ft stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>gnp pink bismuth oral tablet 262 mg</i>	Preferred	
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i>	Preferred	
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>lactobacillus oral packet</i>	Preferred	
<i>lactobacillus oral tablet</i>	Preferred	
<i>quad-probiotic oral capsule</i>	Preferred	
<i>saccharomyces boulardii oral capsule 250 mg</i>	Preferred	
<i>sm acidophilus oral capsule 10 mg</i>	Preferred	
<i>sm stomach relief oral suspension 262 mg/15ml</i>	Preferred	
<i>sm stomach relief oral tablet 262 mg</i>	Preferred	
<i>sm stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	Preferred	
<i>stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>stomach relief oral tablet 262 mg</i>	Preferred	
<i>stomach relief oral tablet chewable 262 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	
BOLSITOL ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	
DERMACINRX PROBISOL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
DERMACINRX PROBITRAN ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
ENVIVE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
FLORANEX ORAL PACKET (<i>lactobacillus</i>)	Preferred	
FLORANEX ORAL TABLET (<i>lactobacillus</i>)	Preferred	
LACTEROL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
MICROFLOR 33 ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
PROBINATE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
PROBITROL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
PROMEROL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
PROVELLA ORAL TABLET (<i>probiotic product</i>)	Preferred	
RISA-BID PROBIOTIC ORAL TABLET (<i>probiotic product</i>)	Preferred	
RISAQUAD ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
RISAQUAD-2 ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS***		
<i>acidophilus/citrus pectin oral tablet</i>	Preferred	
*ANTIDOTES - CHELATING AGENTS***		
<i>deferasirox granules oral packet 180 mg, 360 mg</i>	Preferred	PA
<i>deferasirox oral packet 180 mg, 360 mg</i>	Preferred	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Preferred	PA
*ANTIDOTES AND SPECIFIC ANTAGONISTS***		
<i>potassium iodide (antidote) oral solution 65 mg/ml</i>	Preferred	
*ANTIEMETIC COMBINATIONS***		
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Preferred	
<i>gnp anti-nausea relief oral solution 1.87-1.87-21.5</i>	Preferred	
<i>gnp nausea relief oral solution 1.87-1.87-21.5</i>	Preferred	
<i>goodsense nausea relief oral solution 1.87-1.87-21.5</i>	Preferred	
<i>nausea relief oral solution 1.87-1.87-21.5</i>	Preferred	
*ANTIESTROGENS***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Preferred	
*ANTIFLATULENTS***		
<i>ft gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>ft gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>ft gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>ft gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>ft gas relief ultra strength oral capsule 180 mg</i>	Preferred	
<i>gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>gas relief ultra strength oral capsule 180 mg</i>	Preferred	
<i>gnp anti-gas oral capsule 180 mg</i>	Preferred	
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>gnp gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	Preferred	
<i>goodsense gas relief extra st oral capsule 125 mg</i>	Preferred	
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>simethicone oral suspension 40 mg/0.6ml</i>	Preferred	
<i>simethicone oral tablet chewable 80 mg</i>	Preferred	
<i>simethicone ultra strength oral capsule 180 mg</i>	Preferred	
<i>sm gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>sm gas relief infants drops oral suspension 40 mg/0.6ml</i>	Preferred	
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>sm gas relief oral capsule 180 mg</i>	Preferred	
<i>sm gas relief oral tablet chewable 125 mg, 80 mg</i>	Preferred	
*ANTIHISTAMINE HYPNOTIC COMBINATIONS***		
<i>acetaminophen pm oral tablet 500-25 mg</i>	Preferred	
<i>ft pain reliever pm extra str oral tablet 25-500 mg</i>	Preferred	
<i>gnp pain relief es night time oral tablet 25-500 mg</i>	Preferred	
<i>gnp pain relief pm ex st oral tablet 25-500 mg</i>	Preferred	
<i>goodsense pain relief pm ex st oral tablet 25-500 mg</i>	Preferred	
<i>sm headache relief pm oral tablet 500-38 mg</i>	Preferred	
*ANTIHISTAMINE HYPNOTICS***		
<i>ft nighttime sleep aid oral tablet 25 mg</i>	Preferred	
<i>gnp sleep aid nighttime oral tablet 25 mg</i>	Preferred	
<i>nighttime sleep aid oral tablet 25 mg</i>	Preferred	
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	Preferred	
<i>sleep tabs oral tablet 25 mg</i>	Preferred	
*ANTIHISTAMINES - ALKYLAMINES***		
<i>aller-chlor oral tablet 4 mg</i>	Preferred	
<i>allergy oral tablet 4 mg</i>	Preferred	
<i>allergy relief oral tablet 4 mg</i>	Preferred	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Preferred	
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Preferred	
<i>ft allergy relief oral tablet 4 mg</i>	Preferred	
<i>gnp allergy relief oral tablet 4 mg</i>	Preferred	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
ALA-HIST IR ORAL TABLET 2 MG (<i>dexbrompheniramine maleate</i>)	Preferred	
HISTEX ORAL SYRUP 2.5 MG/5ML (<i>triprolidine hcl</i>)	Preferred	
HISTEX PD ORAL LIQUID 0.938 MG/ML (<i>triprolidine hcl</i>)	Preferred	
*ANTIHISTAMINES - ETHANOLAMINES***		
<i>allergy oral capsule 25 mg</i>	Preferred	
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>allergy relief oral capsule 25 mg</i>	Preferred	
<i>allergy relief oral tablet 25 mg</i>	Preferred	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Preferred	AGE (Min 2 Years)
<i>clemastine fumarate oral tablet 2.68 mg</i>	Preferred	AGE (Min 2 Years)
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Preferred	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Preferred	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Preferred	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	Preferred	
<i>diphenhydramine hcl oral tablet 25 mg</i>	Preferred	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>ft allergy relief oral capsule 25 mg</i>	Preferred	
<i>ft allergy relief oral tablet 25 mg</i>	Preferred	
<i>gnp allergy oral capsule 25 mg</i>	Preferred	
<i>gnp allergy oral tablet 25 mg</i>	Preferred	
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	Preferred	
<i>gnp allergy relief oral capsule 25 mg</i>	Preferred	
<i>gnp allergy relief oral tablet 25 mg</i>	Preferred	
<i>gnp allergy relief oral tablet chewable 12.5 mg</i>	Preferred	
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	Preferred	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	Preferred	
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	Preferred	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>sm allergy relief oral tablet 25 mg</i>	Preferred	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (<i>diphenhydramine hcl</i>)	Preferred	
BANOPHEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	
*ANTIHISTAMINES - PIPERIDINES***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Preferred	AGE (Min 2 Years)
*ANTIHISTAMINE-TOPICAL COMBINATIONS***		
<i>anti-itch external cream 2-0.1 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Preferred	
<i>ft anti-itch extra strength external cream 2-0.1 %</i>	Preferred	
<i>gnp anti-itch external cream 2-0.1 %</i>	Preferred	
<i>itch relief extra strength external cream 2-0.1 %</i>	Preferred	
<i>sm anti-itch extra strength external cream 2-0.1 %</i>	Preferred	
BANOPHEN EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	Preferred	
*ANTI-INFECTIVE AGENTS - MISC.***		
<i>trimethoprim oral tablet 100 mg</i>	Preferred	
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)</i>	Preferred	90-day fill allowed after two 1-month fills
*ANTIMALARIAL COMBINATIONS***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Preferred	
*ANTIMALARIALS***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Preferred	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Preferred	
<i>mefloquine hcl oral tablet 250 mg</i>	Preferred	
<i>quinine sulfate oral capsule 324 mg</i>	Preferred	QL (42 EA per 365 days)
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	Preferred	
*ANTIMANIC AGENTS***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>lithium carbonate oral tablet 300 mg</i>	Preferred	90-day fill allowed after two 1-month fills
*ANTIMETABOLITES***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Preferred	SP; PA
<i>mercaptopurine oral tablet 50 mg</i>	Preferred	
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Preferred	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Preferred	
*ANTIMYCOBACTERIAL AGENTS***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Preferred	
<i>isoniazid oral syrup 50 mg/5ml</i>	Preferred	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Preferred	
<i>rifabutin oral capsule 150 mg</i>	Preferred	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
<i>imatinib mesylate oral tablet 100 mg</i>	Preferred	SP; PA; QL (8 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Preferred	SP; PA; QL (2 EA per 1 day)
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
<i>sunitinib malate oral capsule 12.5 mg</i>	Preferred	SP; PA; QL (7 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	Preferred	SP; PA; QL (3 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	Preferred	SP; PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
<i>fluorouracil external cream 5 %</i>	Preferred	
<i>fluorouracil external solution 5 %</i>	Preferred	
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***		
<i>diclofenac sodium external gel 3 %</i>	Preferred	PA (Eligible for auto-PA approval); QL (3.334 GM per 1 day)
*ANTINEOPLASTICS MISC.***		
<i>hydroxyurea oral capsule 500 mg</i>	Preferred	
*ANTIPARKINSON ANTICHOLINERGICS***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Preferred	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Preferred	
*ANTIPARKINSON DOPAMINERGICS***		
<i>amantadine hcl oral capsule 100 mg</i>	Preferred	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
<i>selegiline hcl oral capsule 5 mg</i>	Preferred	
<i>selegiline hcl oral tablet 5 mg</i>	Preferred	
*ANTIPERISTALTIC AGENTS***		
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Preferred	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Preferred	
<i>ft anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>ft anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>gnp anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>gnp anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	Preferred	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>loperamide hcl oral capsule 2 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Preferred	
<i>loperamide hcl oral tablet 2 mg</i>	Preferred	
<i>sm anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>sm anti-diarrheal oral tablet 2 mg</i>	Preferred	
*ANTIPROTOZOAL AGENTS***		
<i>atovaquone oral suspension 750 mg/5ml</i>	Preferred	PA
*ANTISEBORRHEIC PRODUCTS***		
<i>anti-dandruff external shampoo 1 %</i>	Preferred	
<i>dandruff shampoo external lotion 1 %</i>	Preferred	
<i>selenium sulfide external lotion 2.5 %</i>	Preferred	
<i>selenium sulfide external shampoo 2.25 %</i>	Preferred	
*ANTISEPTICS - MOUTH/THROAT***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Preferred	
<i>gnp sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	
<i>phenaseptic mouth/throat liquid 1.4 %</i>	Preferred	
<i>sm sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	
<i>sore throat mouth/throat liquid 1.4 %</i>	Preferred	
<i>sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	
*ANTISPASMODICS***		
<i>dicyclomine hcl oral capsule 10 mg</i>	Preferred	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Preferred	
<i>dicyclomine hcl oral tablet 20 mg</i>	Preferred	
*ANTITHYROID AGENTS***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Preferred	
<i>propylthiouracil oral tablet 50 mg</i>	Preferred	
*ANTITUSSIVE - NONNARCOTIC***		
<i>benzonatate oral capsule 100 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>benzonatate oral capsule 200 mg</i>	Preferred	QL (3 EA per 1 day)
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>dextromethorphan hbr oral capsule 15 mg</i>	Preferred	
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>ft 12 hour cough relief oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>gnp tussin cough long acting oral syrup 15 mg/5ml</i>	Preferred	
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	Preferred	

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<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>sm cough relief oral syrup 15 mg/5ml</i>	Preferred	
*ANTITUSSIVE - OPIOID***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Preferred	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Preferred	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (hydrocodone bit-homatrop mbr)</i>	Preferred	QL (30 ML per 1 day); AGE (Min 18 Years)
*ANTITUSSIVE-ANTIHISTAMINE-ANALGESIC***		
<i>all-nite cold & flu nighttime oral liquid 30-12.5-650 mg/30ml</i>	Preferred	
<i>cold & flu nighttime relief oral capsule 15-6.25-325 mg</i>	Preferred	
<i>cold & flu relief nighttime oral capsule 15-6.25-325 mg</i>	Preferred	
<i>ft nighttime cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>gnp night time cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>gnp night time cold-flu oral capsule 15-6.25-325 mg</i>	Preferred	
<i>goodsense nighttime cold & flu oral capsule 15-6.25-325 mg</i>	Preferred	
<i>nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>sm cough/sore throat nighttime oral liquid 30-12.5-1000 mg/30ml</i>	Preferred	
<i>sm nite time cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Preferred	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	Preferred	
<i>daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>flu/severe cold & cough day oral packet 20-10-650 mg</i>	Preferred	
<i>ft daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>gnp cold max daytime oral tablet 10-5-325 mg</i>	Preferred	
<i>gnp day time cold/flu oral capsule 10-5-325 mg</i>	Preferred	
<i>goodsense cold & flu oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	Preferred	
<i>sm day time cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>MAPAP COLD FORMULA MULTI-SYMPT ORAL TABLET 10-5-325 MG (dm-phenylephrine-acetaminophen)</i>	Preferred	
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC***		
<i>ft cold & flu daytime severe oral liquid 5-10-200-325 mg/15ml</i>	Preferred	
<i>ft cold & flu daytime severe oral tablet 5-10-200-325 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp cold/flu severe oral tablet 5-10-200-325 mg</i>	Preferred	QL (1 EA per 1 day)
<i>goodsense day time cold & flu oral liquid 5-10-200-325 mg/15ml</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>severe cold & flu oral tablet 5-10-200-325 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm cold & flu severe oral tablet 5-10-200-325 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm daytime severe cold & flu oral liquid 5-10-200-325 mg/15ml</i>	Preferred	
<i>tussin cf severe multi-symptom oral liquid 5-10-200-325 mg/10ml</i>	Preferred	
*ANTITUSSIVE-EXPECTORANT***		
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	Preferred	
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 5-100 mg/5ml</i>	Preferred	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml</i>	Preferred	
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>ft chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	
<i>ft mucus relief dm oral tablet extended release 12 hour 1200-60 mg, 30-600 mg</i>	Preferred	
<i>ft tussin dm max adult oral liquid 20-400 mg/20ml</i>	Preferred	
<i>g tussin ac oral solution 100-10 mg/5ml</i>	Preferred	AGE (Min 18 Years)
<i>gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>gnp mucus relief dm oral tablet 20-400 mg</i>	Preferred	
<i>gnp tab tussin dm oral tablet 20-400 mg</i>	Preferred	
<i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i>	Preferred	
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	
<i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	Preferred	AGE (Min 18 Years)
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Preferred	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	Preferred	AGE (Min 18 Years)
<i>mucus relief cough childrens oral liquid 5-100 mg/5ml</i>	Preferred	
<i>mucus relief dm cough oral tablet 20-400 mg</i>	Preferred	
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	Preferred	
<i>mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	Preferred	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	
<i>mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>sm chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>sm tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	
<i>sm tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	Preferred	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml, 200-20 mg/10ml</i>	Preferred	
<i>tussin dm oral liquid 100-10 mg/5ml</i>	Preferred	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***		
<i>capmist dm oral tablet 60-15-400 mg</i>	Preferred	
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	Preferred	
<i>gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml</i>	Preferred	
<i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	
<i>multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	Preferred	
<i>sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>sm severe congestion & cough oral liquid 10-20-400 mg/20ml</i>	Preferred	
<i>sm tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	
<i>tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml</i>	Preferred	
TUSNEL ORAL LIQUID 30-15-200 MG/5ML (<i>pseudoephedrine-dm-gg</i>)	Preferred	
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML (<i>pseudoephedrine-dm-gg</i>)	Preferred	
*ANTIVIRAL COMBINATIONS***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	Preferred	Max 5-day supply per 1 Fill
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	Preferred	Max 5-day supply per 1 Fill
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	Preferred	SP; PA
*APPLICATORS,COTTON BALLS,ETC***		
<i>alcohol pads pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>alcohol prep pad , 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>alcohol prep pads pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>alcohol swabs pad , 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>alcoh-wipe sheet</i>	Preferred	
<i>aum alcohol prep pads pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
<i>cvs alcohol prep pads pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs prep pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>easy comfort alcohol pads pad</i>	Preferred	Max 100-day supply per 1 Fill
<i>eql alcohol swabs pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>essentra wipes 9x9" sheet 70 %</i>	Preferred	
<i>global alcohol prep ease pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>gnp alcohol swabs pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>h-e-b incontrol alcohol pad</i>	Preferred	Max 100-day supply per 1 Fill
<i>hm sterile alcohol prep pad</i>	Preferred	Max 100-day supply per 1 Fill
<i>meijer alcohol swabs pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>pro comfort alcohol pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>pure comfort alcohol prep pad</i>	Preferred	Max 100-day supply per 1 Fill
<i>qc alcohol swabs pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>ra alcohol swabs pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>reality swabs pad</i>	Preferred	Max 100-day supply per 1 Fill
<i>saps care alcohol prep pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>saps health alcohol prep pad , 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>saps health care alcohol prep pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>sb alcohol prep pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>sm alcohol prep pad , 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>sure comfort alcohol prep pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>true comfort alcohol prep pads pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>true comfort pro alcohol prep pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>ultilet alcohol swabs pad</i>	Preferred	Max 100-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
<i>ultra-care alcohol prep pads pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
<i>zevrx sterile alcohol prep pad pad 70 %</i>	Preferred	Max 100-day supply per 1 Fill
ADVOCATE ALCOHOL PREP PADS PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
ALCOH-GLOVE CONTOURED WIPE PAD (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
ALCOHOL SWABSTICK PAD (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
BD SWAB SINGLE USE REGULAR PAD (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
CARETOUCH ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
COMFORT TOUCH ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
CURITY ALCOHOL PREPS PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
FIFTY50 ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
PHARMACIST CHOICE ALCOHOL PAD (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
RELION ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
ULTICARE ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
WEBCOL ALCOHOL PREP LARGE PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
WEBCOL ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>)	Preferred	Max 100-day supply per 1 Fill
*AROMATASE INHIBITORS***		
<i>anastrozole oral tablet 1 mg</i>	Preferred	
<i>letrozole oral tablet 2.5 mg</i>	Preferred	
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***		
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Preferred	
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	Preferred	
<i>ft lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	Preferred	
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>	Preferred	
<i>gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>lubricant eye nighttime ophthalmic ointment</i>	Preferred	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>lubrifresh p.m. ophthalmic ointment</i>	Preferred	
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	Preferred	
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	Preferred	
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (<i>dextran 70-hypromellose</i>)	Preferred	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	Preferred	
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	
REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 % (<i>polyvinyl alcohol-povidone</i>)	Preferred	
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	
REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 % (<i>carboxymethylcellul-glycerin</i>)	Preferred	
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>)	Preferred	
REFRESH P.M. OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>)	Preferred	
REFRESH TEARS PF OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>)	Preferred	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
SYSTANE OPHTHALMIC GEL 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
*ARTIFICIAL TEAR SOLUTIONS***		
<i>artificial tears ophthalmic solution</i>	Preferred	
<i>sm artificial tears ophthalmic solution</i>	Preferred	
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (<i>artificial tear solution</i>)	Preferred	
SYSTANE CONTACTS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Preferred	
*ARTIFICIAL TEARS AND LUBRICANTS***		
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Preferred	
<i>ft lubricant eye drops ophthalmic solution 0.5 %</i>	Preferred	
<i>gnp lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	Preferred	
<i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i>	Preferred	
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	Preferred	
<i>lubricant eye drops ophthalmic solution 0.6 %</i>	Preferred	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Preferred	
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	Preferred	
<i>sentia ophthalmic solution 0.6 %</i>	Preferred	
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	Preferred	
<i>ventiva tears ophthalmic solution 0.5 %</i>	Preferred	
ALCON TEARS OPHTHALMIC SOLUTION 0.5 % (<i>hypromellose</i>)	Preferred	
GENTEAL SEVERE OPHTHALMIC GEL 0.3 % (<i>hypromellose</i>)	Preferred	
REFRESH CELLUVISC OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	Preferred	
*ASTRINGENTS***		
<i>diaper rash external ointment 40 %</i>	Preferred	
<i>gnp calamine phenolated external lotion</i>	Preferred	
<i>gnp zinc oxide external ointment 20 %</i>	Preferred	
<i>sm calamine phenolated external lotion</i>	Preferred	
<i>sm hygienic cleansing external pad 50 %</i>	Preferred	
<i>zinc oxide external ointment 20 %</i>	Preferred	
*B-COMPLEX VITAMINS***		
<i>b-complex/b-12 oral tablet</i>	Preferred	
<i>vitamin b complex oral capsule</i>	Preferred	
<i>vitamin b complex w/b-12 oral tablet</i>	Preferred	
*B-COMPLEX W/ C & FOLIC ACID***		
<i>folbee plus oral tablet</i>	Preferred	
<i>folika-bc oral tablet 1 mg</i>	Preferred	
<i>tm-vite rx oral tablet 1 mg</i>	Preferred	
<i>triphrocaps oral capsule 1 mg</i>	Preferred	
<i>wescaps oral capsule 1 mg</i>	Preferred	
DIALYVITE 800 ORAL TABLET 0.8 MG (<i>b complex-c-folic acid</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>b complex-c-folic acid</i> (Dialyvite Oral Tablet)	Preferred	
<i>b complex-c-folic acid</i> (Nephronex Oral Tablet)	Preferred	
NEPHRO-VITE ORAL TABLET 0.8 MG (<i>b complex-c-folic acid</i>)	Preferred	
*B-COMPLEX W/ C***		
<i>sm super b complex/c oral tablet</i>	Preferred	
*B-COMPLEX W/ C-ZN & FOLIC ACID***		
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG (<i>b complex-c-zn-folic acid</i>)	Preferred	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG (<i>b complex-c-zn-folic acid</i>)	Preferred	
*B-COMPLEX W/ MINERALS***		
ELDERTONIC ORAL LIQUID (<i>b complex-minerals</i>)	Preferred	
*BENZODIAZEPINES***		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	QL (4 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	Preferred	QL (5 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	Preferred	QL (30 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	Preferred	QL (12 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	Preferred	QL (4 EA per 1 day)
<i>diazepam oral concentrate 5 mg/ml</i>	Preferred	
<i>diazepam oral solution 5 mg/5ml</i>	Preferred	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Preferred	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	Preferred	QL (5 EA per 1 day)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Preferred	
*BETA ADRENERGICS***		
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Preferred	
*BIPHASIC CONTRACEPTIVES - ORAL***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	Max 365-day supply per 1 Fill
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	Max 365-day supply per 1 Fill
*BULK LAXATIVES***		
<i>fiber laxative + calcium oral tablet 625 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>fiber oral tablet 625 mg</i>	Preferred	
<i>fiber-lax oral tablet 625 mg</i>	Preferred	
<i>ft fiber laxative oral tablet 500 mg, 625 mg</i>	Preferred	
<i>gnp fiber oral powder 43 %</i>	Preferred	
<i>gnp fiber therapy oral tablet 500 mg</i>	Preferred	
<i>gnp fiber-caps oral tablet 625 mg</i>	Preferred	
<i>gnp natural fiber oral capsule 0.52 gm</i>	Preferred	
<i>gnp natural fiber oral powder 28.3 %</i>	Preferred	
<i>sm fiber laxative oral tablet 500 mg</i>	Preferred	
<i>sm fiber oral powder 28.3 %, 43 %, 58.6 %</i>	Preferred	
<i>sm fiber oral tablet 625 mg</i>	Preferred	
SOLUBLE FIBER THERAPY ORAL POWDER (<i>methylcellulose (laxative)</i>)	Preferred	
*BURN PRODUCTS***		
<i>silver sulfadiazine external cream 1 %</i>	Preferred	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	Preferred	
*CALCIMIMETIC AGENTS***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Preferred	PA; QL (2 EA per 1 day)
*CALCIUM COMBINATIONS***		
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	Preferred	
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	Preferred	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Preferred	
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	Preferred	
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>	Preferred	
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	
<i>sm calcium citrate-vit d oral tablet 315-5 mg-mcg</i>	Preferred	
<i>sm calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	Preferred	
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>	Preferred	
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>	Preferred	
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	Preferred	
MAGNEBIND 300 ORAL TABLET 250-300 MG (<i>calcium carb-magnesium carb</i>)	Preferred	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	
*CALCIUM***		
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	Preferred	
<i>oyster shell calcium oral tablet 500 mg</i>	Preferred	
<i>true oyster shell calcium oral tablet 1250 (500 ca) mg</i>	Preferred	
SM CORAL CALCIUM ORAL TABLET 1000 (390 CA) MG (<i>coral calcium</i>)	Preferred	
*CARBOHYDRATES***		
<i>dextrose intravenous solution 5 %</i>	Preferred	
*CARBONIC ANHYDRASE INHIBITORS***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Preferred	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Preferred	
*CARDIAC GLYCOSIDES***		
<i>digoxin oral solution 0.05 mg/ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Preferred	90-day fill allowed after two 1-month fills
*CEPHALOSPORINS - 1ST GENERATION***		
<i>cefadroxil oral capsule 500 mg</i>	Preferred	
<i>cefadroxil oral suspension reconstituted 500 mg/5ml</i>	Preferred	
<i>cefadroxil oral tablet 1 gm</i>	Preferred	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Preferred	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
*CHELATING AGENTS***		
<i>penicillamine oral tablet 250 mg</i>	Preferred	PA; QL (4 EA per 1 day)
*CHLORINE ANTISEPTICS***		
H-CHLOR 12 EXTERNAL SOLUTION 0.125 % (<i>sodium hypochlorite</i>)	Preferred	
HYSEPT 25 EXTERNAL SOLUTION 0.25 % (<i>sodium hypochlorite</i>)	Preferred	
*CITRATES***		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Preferred	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Preferred	
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>	Preferred	
*COBALAMINS***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Preferred	
<i>sm vitamin b-12 oral tablet 100 mcg, 500 mcg</i>	Preferred	
<i>true vitamin b12 oral tablet 1000 mcg, 500 mcg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>vitamin b-12 oral tablet 1000 mcg, 250 mcg</i>	Preferred	
<i>cyanocobalamin (Dodex Injection Solution 1000 Mcg/MI)</i>	Preferred	
*COMBINATION CONTRACEPTIVES - ORAL***		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Preferred	Max 365-day supply per 1 Fill
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestrel-ethinyl estradiol</i> (Cryselles-28 Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	Preferred	Max 365-day supply per 1 Fill
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per 1 Fill
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Preferred	QL (0.12 EA per 1 day); Max 365-day supply per 1 Fill
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	QL (0.12 EA per 1 day); Max 365-day supply per 1 Fill
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	QL (0.12 EA per 1 day); Max 365-day supply per 1 Fill
*COMBINATION CONTRACEPTIVES - VAGINAL***		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Preferred	QL (0.04 EA per 1 day); Max 365-day supply per 1 Fill
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	Preferred	QL (0.04 EA per 1 day); Max 365-day supply per 1 Fill
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)	Preferred	QL (0.04 EA per 1 day); Max 365-day supply per 1 Fill
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	Preferred	QL (0.04 EA per 1 day); Max 365-day supply per 1 Fill
*CONDOMS - MALE***		
<i>aimsco lubricated</i>	Preferred	
<i>kimono</i>	Preferred	
<i>kimono micro thin</i>	Preferred	
<i>kimono micro thin plus</i>	Preferred	
<i>kimono plus</i>	Preferred	
<i>kimono ps</i>	Preferred	
<i>kimono ps plus</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>kimono sensation</i>	Preferred	
<i>kimono sensation plus</i>	Preferred	
<i>maxx</i>	Preferred	
<i>maxx plus</i>	Preferred	
<i>true cover device</i>	Preferred	
DUREX EXTRA SENSITIVE THIN (<i>condoms latex lubricated</i>)	Preferred	
DUREX EXTRA SENSITIVE THIN DEVICE (<i>condoms latex lubricated</i>)	Preferred	
DUREX REALFEEL DEVICE (<i>condoms non-latex lubricated</i>)	Preferred	
DUREX TROPICAL (<i>condoms latex lubricated</i>)	Preferred	
FANTASY LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	
FANTASY LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	
KAMELEON LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	
KIMONO COLORS DEVICE (<i>condoms latex lubricated</i>)	Preferred	
KIMONO MAXX-LARGE FLARE (<i>condoms latex lubricated</i>)	Preferred	
KIMONO SPECIAL DEVICE (<i>condoms latex lubricated</i>)	Preferred	
REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>)	Preferred	
REALITY LATEX/ULTRA TEXTURED DEVICE (<i>condoms latex lubricated</i>)	Preferred	
REALITY LATEX/ULTRA THIN DEVICE (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX LUB/RIBBED/STUDDED (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Preferred	
TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Preferred	
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>)	Preferred	
*CORTICOSTEROIDS - TOPICAL***		
<i>hydrocortisone external ointment 0.5 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>sm hydrocortisone external ointment 0.5 %</i>	Preferred	
AQUANIL HC EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	Preferred	
*CYCLOPLEGIC MYDRIATICS***		
<i>atropine sulfate ophthalmic solution 1 %</i>	Preferred	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Preferred	
<i>tropicamide ophthalmic solution 1 %</i>	Preferred	
*CYCLOSPORINE ANALOGS***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Preferred	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Preferred	
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	Preferred	
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/MI)</i>	Preferred	
*DECONGESTANT & ANTIHISTAMINE***		
<i>nohist-lq oral liquid 4-10 mg/5ml</i>	Preferred	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Preferred	AGE (Min 6 Years)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Preferred	AGE (Min 6 Years)
<i>rynex pe oral elixir 1-2.5 mg/5ml</i>	Preferred	
<i>rynex pse oral liquid 1-15 mg/5ml</i>	Preferred	
<i>sm cold & allergy childrens oral elixir 1-15 mg/5ml</i>	Preferred	
<i>sm cold & allergy pe oral tablet 4-10 mg</i>	Preferred	
<i>sm sinus & allergy max st oral tablet 4-60 mg</i>	Preferred	
APRODINE ORAL TABLET 2.5-60 MG (<i>triprolidine-pseudoephedrine</i>)	Preferred	
CONEX COLD/ALLERGY ORAL SOLUTION 1-30 MG/5ML (<i>dexbrompheniramine-pseudoeph</i>)	Preferred	
CONEX COLD/ALLERGY ORAL TABLET 2-60 MG (<i>dexbrompheniramine-pseudoeph</i>)	Preferred	
CONEX COLD/ALLERGY PEDIATRIC ORAL SOLUTION 1-30 MG/5ML (<i>dexbrompheniramine-pseudoeph</i>)	Preferred	
ED A-HIST ORAL LIQUID 4-10 MG/5ML (<i>chlorpheniramine-phenylephrine</i>)	Preferred	
ED A-HIST ORAL TABLET 4-10 MG (<i>chlorpheniramine-phenylephrine</i>)	Preferred	
LOHIST-D ORAL LIQUID 2-30 MG/5ML (<i>chlorpheniramine-pseudoeph</i>)	Preferred	
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine-pseudoeph</i>)	Preferred	
*DECONGESTANT W/ EXPECTORANT***		
<i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i>	Preferred	
<i>mucus d oral tablet extended release 12 hour 120-1200 mg</i>	Preferred	
<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	Preferred	
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
*DECONGESTANT-ANALGESIC***		
<i>cold & sinus oral tablet 30-200 mg</i>	Preferred	
<i>gnp sinus pressure/pain oral tablet 5-325 mg</i>	Preferred	
<i>gnp sinus/headache oral tablet 5-325 mg</i>	Preferred	
<i>hm cold & sinus relief oral tablet 30-200 mg</i>	Preferred	
<i>sinus + headache oral tablet 5-325 mg</i>	Preferred	
<i>sinus congestion/pain oral tablet 5-325 mg</i>	Preferred	
<i>sinus pressure + pain oral tablet 5-325 mg</i>	Preferred	
<i>sm cold & sinus relief oral tablet 30-200 mg</i>	Preferred	
*DECONGESTANT-ANALGESIC-EXPECTORANT***		
<i>ft sinus severe oral tablet 5-325-200 mg</i>	Preferred	
<i>gnp cold/head congestion oral tablet 5-325-200 mg</i>	Preferred	
<i>gnp mucus relf sinus con/pain oral tablet 5-325-200 mg</i>	Preferred	
<i>gnp sinus severe daytime oral tablet 5-325-200 mg</i>	Preferred	
<i>head congestion/mucus oral tablet 5-325-200 mg</i>	Preferred	
<i>sinus relief congestion-pain oral tablet 5-325-200 mg</i>	Preferred	
<i>sm sinus severe for adults oral tablet 5-325-200 mg</i>	Preferred	
*DECONGESTANT-ANTIHISTAMINE-ANALGESIC***		
<i>allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	
<i>ft allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	
<i>gnp allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	
<i>sm flu relief therapy night oral liquid 12.5-5-325 mg/15ml</i>	Preferred	
*DIABETIC OTHER - COMBINATIONS***		
<i>sm glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
*DIABETIC OTHER***		
<i>sm glucose oral tablet chewable 4 gm</i>	Preferred	
GLUTOSE 15 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Preferred	
GLUTOSE 45 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Preferred	
GLUTOSE 5 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Preferred	
INSTA-GLUCOSE ORAL GEL 77.4 % (<i>dextrose (diabetic use)</i>)	Preferred	
*DIAGNOSTIC TESTS***		
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	Preferred	PA (Eligible for auto-PA approval); QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others); QL (10 EA per 1 day)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Preferred	PA (Eligible for auto-PA approval); QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others); QL (10 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
*DIARRHEA COMBINATIONS - OPIATES***		
<i>ft anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	Preferred	
<i>gnp anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	Preferred	
<i>goodsense anti-diarr/ant-gas oral tablet 2-125 mg</i>	Preferred	
<i>loperamide-simethicone oral tablet 2-125 mg</i>	Preferred	
*DIETARY MANAGEMENT PRODUCT COMBINATIONS***		
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	Preferred	
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	Preferred	
<i>westab max oral tablet 2.5-25-2 mg</i>	Preferred	
FOLBIC ORAL TABLET 2.5-25-2 MG (<i>fa-pyridoxine-cyanocobalamin</i>)	Preferred	
FOLBIC RF ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	Preferred	
FOLTANX ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	Preferred	
METAFOBIC ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	Preferred	
NIVA-FOL ORAL TABLET 2.5-25-2 MG (<i>fa-pyridoxine-cyanocobalamin</i>)	Preferred	
*DISPOSABLE GLOVES***		
<i>cotton gloves medium</i>	Preferred	
<i>cvs gloves</i>	Preferred	
<i>cvs gloves vinyl</i>	Preferred	
<i>cvs latex gloves small</i>	Preferred	
<i>cvs nitrile exam gloves</i>	Preferred	
<i>cvs nyplex gloves</i>	Preferred	
<i>cvs super-soft vinyl gloves</i>	Preferred	
<i>eql latex exam gloves</i>	Preferred	
<i>eql nitrile exam gloves</i>	Preferred	
<i>eql vinyl exam gloves</i>	Preferred	
<i>eql vinyl gloves one size</i>	Preferred	
<i>gnp latex exam gloves</i>	Preferred	
<i>gnp nitrile exam gloves</i>	Preferred	
<i>gnp vinyl exam gloves</i>	Preferred	
<i>latex gloves</i>	Preferred	
<i>latex gloves large</i>	Preferred	
<i>latex gloves medium</i>	Preferred	
<i>latex gloves one size</i>	Preferred	
<i>latex gloves small</i>	Preferred	
<i>lavender nitrile gloves/medium</i>	Preferred	
<i>nitrile exam gloves large</i>	Preferred	
<i>nitrile exam gloves medium</i>	Preferred	
<i>nitrile gloves large</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrile gloves medium</i>	Preferred	
<i>nitrile gloves small</i>	Preferred	
<i>nitrile gloves x-large</i>	Preferred	
<i>nitrile gloves/one size</i>	Preferred	
<i>nitrile gloves/size 10</i>	Preferred	
<i>nitrile gloves/size 6</i>	Preferred	
<i>nitrile gloves/size 6.5</i>	Preferred	
<i>nitrile gloves/size 7</i>	Preferred	
<i>nitrile gloves/size 7.5</i>	Preferred	
<i>nitrile gloves/size 8</i>	Preferred	
<i>nitrile gloves/size 8.5</i>	Preferred	
<i>nitrile gloves/size 9</i>	Preferred	
<i>nitrile gloves/size 9.5 medium</i>	Preferred	
<i>powder free nitrile gloves lg</i>	Preferred	
<i>powder free nitrile gloves med</i>	Preferred	
<i>powder free nitrile gloves sm</i>	Preferred	
<i>powder free nitrile gloves xl</i>	Preferred	
<i>pro comfort gloves large</i>	Preferred	
<i>pro comfort gloves medium</i>	Preferred	
<i>pro comfort gloves x-large</i>	Preferred	
<i>pro-comfort examination gloves</i>	Preferred	
<i>ra extended cuff nitrile glove</i>	Preferred	
<i>ra heavy duty latex gloves</i>	Preferred	
<i>ra vinyl gloves</i>	Preferred	
<i>synthetic vinyl exam gloves</i>	Preferred	
<i>ultra-soft gloves</i>	Preferred	
<i>vinyl gloves</i>	Preferred	
<i>vinyl gloves medium</i>	Preferred	
<i>vinyl gloves one size</i>	Preferred	
ALLERGARD SURGICAL GLOVES (<i>disposable gloves</i>)	Preferred	
ASSURANCE VINYL EXAM GLOVES (<i>disposable gloves</i>)	Preferred	
CAREMATES LATEX-PF GLOVE LARGE (<i>disposable gloves</i>)	Preferred	
CAREMATES LATEX-PF GLOVE MED (<i>disposable gloves</i>)	Preferred	
CAREMATES LATEX-PF GLOVE SMALL (<i>disposable gloves</i>)	Preferred	
CAREMATES LATEX-PF GLOVE XL (<i>disposable gloves</i>)	Preferred	
CAREMATES NITRILE GLOVES LARGE (<i>disposable gloves</i>)	Preferred	
CAREMATES NITRILE GLOVES MED (<i>disposable gloves</i>)	Preferred	
CAREMATES NITRILE GLOVES SMALL (<i>disposable gloves</i>)	Preferred	
CAREMATES NITRILE GLOVES XL (<i>disposable gloves</i>)	Preferred	
CHEMOPLUS LATEX GLOVES (<i>disposable gloves</i>)	Preferred	
CHEMOPLUS NEOPRENE GLOVE (<i>disposable gloves</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
CHEMOPLUS NITRILE GLOVES (<i>disposable gloves</i>)	Preferred	
CLEVER CHOICE COMFORT EZ GLOVE (<i>disposable gloves</i>)	Preferred	
COMFORT TOUCH VINYL GLOVES/L (<i>disposable gloves</i>)	Preferred	
COMFORT TOUCH VINYL GLOVES/M (<i>disposable gloves</i>)	Preferred	
COMFORT TOUCH VINYL GLOVES/S (<i>disposable gloves</i>)	Preferred	
DIGITEX EXAM GLOVES (<i>disposable gloves</i>)	Preferred	
J & J HEALTH CARE GLOVES (<i>disposable gloves</i>)	Preferred	
MAXXUS ORTHO SURGICAL GLOVES (<i>disposable gloves</i>)	Preferred	
MICRO-TOUCH GLOVES (<i>disposable gloves</i>)	Preferred	
MICRO-TOUCH XP GLOVES (<i>disposable gloves</i>)	Preferred	
NEUTRALON 50 BROWN LATEX GLOVE (<i>disposable gloves</i>)	Preferred	
NEUTRALON BROWN SURGICAL GLOVE (<i>disposable gloves</i>)	Preferred	
PURE-COMFORT DISPOSABLE VINYL (<i>disposable gloves</i>)	Preferred	
PURE-COMFORT NITRILE EXAM (<i>disposable gloves</i>)	Preferred	
PURE-COMFORT SYNTHETIC NITRILE (<i>disposable gloves</i>)	Preferred	
RELION NITRILE EXAM GLOVES (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLK-NITRL-L (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLK-NITRL-M (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLK-NITRL-S (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLK-NITRL-XL (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLUE-NITRL-L (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLUE-NITRL-M (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLUE-NITRL-S (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLUE-NITRL-XL (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVES-NITRILE-L (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVES-NITRILE-M (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVES-NITRILE-S (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVES-NITRILE-XL (<i>disposable gloves</i>)	Preferred	
SAFESKIN NITRILE EXAM GLOVES (<i>disposable gloves</i>)	Preferred	
SECURE GLOVES (<i>disposable gloves</i>)	Preferred	
SHAMROCK LATEX EXAM GLOVES (<i>disposable gloves</i>)	Preferred	
SHAMROCK VINYL EXAM GLOVES (<i>disposable gloves</i>)	Preferred	
SURGIKOS LATEX SURGICAL GLOVES (<i>disposable gloves</i>)	Preferred	
TRANQUILITY VINYL GLOVES LARGE (<i>disposable gloves</i>)	Preferred	
TRANQUILITY VINYL GLOVES MED (<i>disposable gloves</i>)	Preferred	
TRANQUILITY VINYL GLOVES SMALL (<i>disposable gloves</i>)	Preferred	
*DIURETIC COMBINATIONS***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Preferred	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Preferred	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Preferred	90-day fill allowed after two 1-month fills

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
*DOPAMINE RECEPTOR AGONISTS***		
<i>cabergoline oral tablet 0.5 mg</i>	Preferred	
*DRY MOUTH AGENTS AND ARTIFICIAL SALIVA***		
AQUORAL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	Preferred	
*ELECTROLYTES ORAL***		
<i>gnp electrolyte solution oral solution</i>	Preferred	
<i>gnp pediatric electrolyte oral solution</i>	Preferred	
<i>hydrating electrolyte oral packet</i>	Preferred	
<i>oralyte oral solution</i>	Preferred	
<i>sm pediatric electrolyte oral solution</i>	Preferred	
REHYDRALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
*EMERGENCY CONTRACEPTIVES***		
<i>levonorgestrel oral tablet 1.5 mg</i>	Preferred	
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	
*EMOLLIENT COMBINATIONS***		
<i>mineral oil-hydrophil petrolat external ointment</i>	Preferred	
*EMOLLIENT/KERATOLYTIC AGENTS***		
<i>urea 20 intensive hydrating external cream 20 %</i>	Preferred	
<i>urea external cream 20 %</i>	Preferred	
<i>ureacin-10 external lotion 10 %</i>	Preferred	
<i>ureacin-20 external cream 20 %</i>	Preferred	
NUTRAPLUS EXTERNAL CREAM 10 % (<i>urea</i>)	Preferred	
NUTRAPLUS EXTERNAL LOTION 10 % (<i>urea</i>)	Preferred	
*EMOLLIENTS***		
<i>a&d external ointment</i>	Preferred	
<i>ammonium lactate external cream 12 %</i>	Preferred	
<i>ammonium lactate external lotion 12 %</i>	Preferred	
<i>sm dry skin therapy external lotion</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>thera-derm external lotion</i>	Preferred	
<i>vitamin a & d external ointment</i>	Preferred	
AMLACTIN DAILY EXTERNAL LOTION 12 % (<i>ammonium lactate</i>)	Preferred	
AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION (<i>emollient</i>)	Preferred	
AQUA LACTEN EXTERNAL LOTION (<i>emollient</i>)	Preferred	
AQUAMED EXTERNAL LOTION (<i>emollient</i>)	Preferred	
CAM EXTERNAL LOTION (<i>emollient</i>)	Preferred	
CORN HUSKERS EXTERNAL LOTION (<i>emollient</i>)	Preferred	
DML EXTERNAL LOTION (<i>emollient</i>)	Preferred	
LUBRISOFT EXTERNAL LOTION (<i>emollient</i>)	Preferred	
MINERIN EXTERNAL LOTION (<i>emollient</i>)	Preferred	
NUTRADERM ADVANCED FORMULA EXTERNAL LOTION (<i>emollient</i>)	Preferred	
NUTRADERM EXTERNAL LOTION (<i>emollient</i>)	Preferred	
WIBI EXTERNAL LOTION (<i>emollient</i>)	Preferred	
*ESTROGEN & PROGESTIN***		
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	Preferred	QL (1 EA per 1 day)
*ESTROGENS***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	QL (0.29 EA per 1 day)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	QL (0.15 EA per 1 day)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	Preferred	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	Preferred	QL (0.29 EA per 1 day)
<i>estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i>	Preferred	QL (0.29 EA per 1 day)
<i>estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i>	Preferred	QL (0.29 EA per 1 day)
*EXPECTORANTS***		
<i>chest congestion relief oral liquid 100 mg/5ml</i>	Preferred	
<i>chest congestion relief oral tablet 400 mg</i>	Preferred	
<i>ft chest congestion relief oral tablet 400 mg</i>	Preferred	
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	
<i>ft tussin adult oral liquid 200 mg/10ml</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	
<i>gnp mucus relief oral tablet 400 mg</i>	Preferred	
<i>gnp tab tussin oral tablet 400 mg</i>	Preferred	
<i>gnp tussin mucus & chest cong oral liquid 100 mg/5ml</i>	Preferred	
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	
<i>guaifenesin oral liquid 100 mg/5ml</i>	Preferred	
<i>guaifenesin oral tablet 200 mg</i>	Preferred	
<i>mucus & chest congestion oral liquid 200 mg/10ml</i>	Preferred	
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>siltussin sa oral liquid 100 mg/5ml</i>	Preferred	
<i>sm chest congestion relief oral tablet 400 mg</i>	Preferred	
<i>sm mucus relief childrens oral liquid 100 mg/5ml</i>	Preferred	
<i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i>	Preferred	
<i>tussin mucus & chest congest oral liquid 100 mg/5ml</i>	Preferred	
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	Preferred	
TUSNEL-EX ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	Preferred	Max 365-day supply per 1 Fill
*EXTERNAL VEHICLE INGREDIENTS***		
<i>methylcellulose powder</i>	Preferred	
*FIXED OILS***		
<i>castor oil oil</i>	Preferred	
<i>qc castor oil oil</i>	Preferred	
<i>sesame oil oil</i>	Preferred	
*FLAVORING AGENTS***		
<i>almond oil bitter flavor liquid</i>	Preferred	
<i>anise extract liquid</i>	Preferred	
<i>apple flavor liquid</i>	Preferred	
<i>apricot flavor liquid</i>	Preferred	
<i>bacon flavor liquid</i>	Preferred	
<i>banana concentrate liquid</i>	Preferred	
<i>banana cream flavor liquid</i>	Preferred	
<i>banana creme flavor liquid</i>	Preferred	
<i>banana flavor liquid</i>	Preferred	
<i>beef (grilled) flavor oil sol liquid</i>	Preferred	
<i>beef braised natural flavor liquid</i>	Preferred	
<i>beef flavor liquid</i>	Preferred	
<i>beef type flavor natural liquid</i>	Preferred	
<i>beef type flavor os liquid</i>	Preferred	
<i>bitter stop flavor liquid</i>	Preferred	
<i>bitterness mask flavor liquid</i>	Preferred	
<i>bitterness suppressor flavor liquid</i>	Preferred	
<i>blackberry flavor liquid</i>	Preferred	
<i>blood orange os liquid</i>	Preferred	
<i>blueberry flavor liquid</i>	Preferred	
<i>bubble gum concentrate liquid</i>	Preferred	
<i>bubble gum flavor liquid</i>	Preferred	
<i>bubble gum os liquid</i>	Preferred	
<i>bubble gum ws liquid</i>	Preferred	
<i>butter flavor liquid</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>butter rum flavor liquid</i>	Preferred	
<i>butterscotch flavor liquid</i>	Preferred	
<i>caramel flavor liquid</i>	Preferred	
<i>caramel os liquid</i>	Preferred	
<i>cheesecake flavor liquid</i>	Preferred	
<i>cherry flavor liquid</i>	Preferred	
<i>chicken (grilled) flavor liquid</i>	Preferred	
<i>chicken conc flavor liquid</i>	Preferred	
<i>chicken flavor liquid</i>	Preferred	
<i>chicken flavor oil miscible liquid</i>	Preferred	
<i>chicken flavor oil soluble liquid</i>	Preferred	
<i>chicken flavor water miscible liquid</i>	Preferred	
<i>chicken roasted concentrate liquid</i>	Preferred	
<i>chocolate flavor liquid</i>	Preferred	
<i>chocolate hazelnut flavor liquid</i>	Preferred	
<i>coconut flavor liquid</i>	Preferred	
<i>coffee flavor liquid</i>	Preferred	
<i>cola flavor liquid</i>	Preferred	
<i>cotton candy flavor liquid</i>	Preferred	
<i>cran-raspberry flavor liquid</i>	Preferred	
<i>creme de menthe flavor liquid</i>	Preferred	
<i>creme dementhe flavor liquid</i>	Preferred	
<i>creme os liquid</i>	Preferred	
<i>english toffee flavor liquid</i>	Preferred	
<i>eugenol flavor liquid</i>	Preferred	
<i>fish flavor liquid</i>	Preferred	
<i>grape concord os liquid</i>	Preferred	
<i>grape flavor liquid</i>	Preferred	
<i>green apple os liquid</i>	Preferred	
<i>guava flavor liquid</i>	Preferred	
<i>ham flavor liquid</i>	Preferred	
<i>honey flavor liquid</i>	Preferred	
<i>kahlua flavor liquid</i>	Preferred	
<i>lemon extract liquid</i>	Preferred	
<i>lemon flavor liquid</i>	Preferred	
<i>licorice flavor liquid</i>	Preferred	
<i>liver concentrate liquid</i>	Preferred	
<i>liver flavor liquid</i>	Preferred	
<i>mango flavor liquid</i>	Preferred	
<i>mango passion fruit os liquid</i>	Preferred	
<i>maple flavor liquid</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>marshmallow flavor liquid</i>	Preferred	
<i>marshmallow os liquid</i>	Preferred	
<i>mint chocolate chip flavor liquid</i>	Preferred	
<i>natural caramel liquid</i>	Preferred	
<i>orange concentrate liquid</i>	Preferred	
<i>orange cream flavor liquid</i>	Preferred	
<i>orange flavor liquid</i>	Preferred	
<i>orange oil flavor liquid</i>	Preferred	
<i>peach flavor liquid</i>	Preferred	
<i>peanut butter flavor liquid</i>	Preferred	
<i>peppermint burst os liquid</i>	Preferred	
<i>pina colada flavor liquid</i>	Preferred	
<i>pineapple flavor liquid</i>	Preferred	
<i>pralines and cream flavor liquid</i>	Preferred	
<i>pumpkin flavor liquid</i>	Preferred	
<i>raspberry flavor liquid</i>	Preferred	
<i>raspberry os liquid</i>	Preferred	
<i>root beer flavor liquid</i>	Preferred	
<i>sardine flavor liquid</i>	Preferred	
<i>shrimp flavor liquid</i>	Preferred	
<i>spearmint os liquid</i>	Preferred	
<i>stevia glycerite extract liquid</i>	Preferred	
<i>strawberry flavor liquid</i>	Preferred	
<i>strawberry os liquid</i>	Preferred	
<i>sweetening enhancer liquid</i>	Preferred	
<i>tropical fusion os liquid</i>	Preferred	
<i>tropical punch flavor liquid</i>	Preferred	
<i>tuna flavor liquid</i>	Preferred	
<i>tuna type flavor os liquid</i>	Preferred	
<i>tutti frutti flavor liquid</i>	Preferred	
<i>tutti-frutti flavor liquid</i>	Preferred	
<i>vanilla butternut flavor liquid</i>	Preferred	
<i>vanilla flavor liquid</i>	Preferred	
<i>vanilla os liquid</i>	Preferred	
<i>very berry os liquid</i>	Preferred	
<i>vitamin/iron masking agent liquid</i>	Preferred	
<i>watermelon flavor liquid</i>	Preferred	
<i>wild cherry flavor liquid</i>	Preferred	
<i>wild cherry os liquid</i>	Preferred	
FLAVORX LIQUID (<i>flavoring agent</i>)	Preferred	
MARSHMALLOW WS LIQUID (<i>flavoring agent</i>)	Preferred	

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Drug Tier	Requirements/Limits
PCCA SWEETNESS ENHANCER LIQUID (<i>flavoring agent</i>)	Preferred	
SWEET DROPS LIQUID (<i>flavoring agent</i>)	Preferred	
TROPICAL FUSION WS LIQUID (<i>flavoring agent</i>)	Preferred	
*FLUORIDE DENTAL PRODUCTS***		
<i>fraiche 5000 dental dental gel 1.1 %</i>	Preferred	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	Preferred	
<i>sodium fluoride dental gel 1.1 %</i>	Preferred	
<i>sodium fluoride (Denta 5000 Plus Dental Cream 1.1 %)</i>	Preferred	
<i>sodium fluoride (Dentagel Dental Gel 1.1 %)</i>	Preferred	
*FLUORIDE***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Preferred	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Preferred	
SOLUVITA ORAL SOLUTION 0.5 MG/ML (<i>sodium fluoride</i>)	Preferred	
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Preferred	
*FOLIC ACID/FOLATES***		
<i>folic acid oral tablet 1 mg</i>	Preferred	
<i>sm folic acid oral tablet 400 mcg</i>	Preferred	
<i>true folic acid oral tablet 1 mg, 400 mcg</i>	Preferred	
*FOUR PHASE CONTRACEPTIVES - ORAL***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	Preferred	Max 365-day supply per 1 Fill
*GENITOURINARY IRRIGANTS***		
<i>acetic acid irrigation solution 0.25 %</i>	Preferred	
<i>sodium chloride irrigation solution 0.9 %</i>	Preferred	
*GLUCOSE MONITORING TEST SUPPLIES***		
<i>acti-lance 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>acti-lance lite lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>acti-lance special lancets 17g</i>	Preferred	Max 100-day supply per 1 Fill
<i>acti-lance universal 23g</i>	Preferred	Max 100-day supply per 1 Fill
<i>adjustable lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>advanced mobile lancet</i>	Preferred	Max 100-day supply per 1 Fill
<i>aimsco twist lancets 32g</i>	Preferred	Max 100-day supply per 1 Fill

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Drug Tier	Requirements/Limits
<i>assure comfort lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>aurora lancet super thin 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>aurora lancet thin 23g</i>	Preferred	Max 100-day supply per 1 Fill
<i>careone advanced lancing dev</i>	Preferred	Max 100-day supply per 1 Fill
<i>careone lancet thin 23g</i>	Preferred	Max 100-day supply per 1 Fill
<i>comfort assured lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>comfort assured lancets 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs lancets 21g</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs lancets micro thin 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs lancets original</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs lancets thin 26g</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs lancets ultra thin 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs lancets ultra-thin 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>cvs ultra thin lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>drug mart lancets thin 26g</i>	Preferred	Max 100-day supply per 1 Fill
<i>easy comfort lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>easy comfort lancets twist top</i>	Preferred	Max 100-day supply per 1 Fill
<i>easy mini eject lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>easy mini lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>embrace lancing device/ejector</i>	Preferred	Max 100-day supply per 1 Fill
<i>eql color lancets 21g</i>	Preferred	Max 100-day supply per 1 Fill
<i>eql color lancets micro 33g</i>	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
<i>eql super thin lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>eql thin lancets 26g</i>	Preferred	Max 100-day supply per 1 Fill
<i>global inject ease lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>global inject ease lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>global lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>gnp lancets 21g</i>	Preferred	Max 100-day supply per 1 Fill
<i>gnp lancets thin 26g</i>	Preferred	Max 100-day supply per 1 Fill
<i>gnp sterile lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>gnp sterile lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>gnp sterile lancets 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>goodsense color lancets 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>goodsense lancets 26g univ</i>	Preferred	Max 100-day supply per 1 Fill
<i>goodsense lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>goodsense lancets 30g univ</i>	Preferred	Max 100-day supply per 1 Fill
<i>goodsense lancets 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>goodsense lancets 33g univ</i>	Preferred	Max 100-day supply per 1 Fill
<i>goodsense lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>h-e-b incontrol adv lancing</i>	Preferred	Max 100-day supply per 1 Fill
<i>h-e-b incontrol lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>h-e-b incontrol lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>h-e-b incontrol lancets 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>hy-vee thin lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>kinney lancets</i>	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
<i>kinney thin lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>kroger lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>kroger lancets 21g</i>	Preferred	Max 100-day supply per 1 Fill
<i>kroger lancets micro thin 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>kroger lancets super thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>kroger lancets thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>kroger lancets thin 26g</i>	Preferred	Max 100-day supply per 1 Fill
<i>kroger lancets ultrathin 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>kroger lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancet device</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancet device with ejector</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancets 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancets micro thin 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancets super thin 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancets thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancets ultra thin 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>leader advanced lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>lite touch lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>live better lancet super thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>longs lancets standard</i>	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
<i>longs lancets thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>longs lancets ultra thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>medichoice safety lancet</i>	Preferred	Max 100-day supply per 1 Fill
<i>medichoice safety lancet extra</i>	Preferred	Max 100-day supply per 1 Fill
<i>medichoice safety lancet norm</i>	Preferred	Max 100-day supply per 1 Fill
<i>mini lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>multi-lancet device</i>	Preferred	Max 100-day supply per 1 Fill
<i>pip lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>pip lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>preferred plus lancets colored</i>	Preferred	Max 100-day supply per 1 Fill
<i>preferred plus lancets thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>pro comfort lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>pro comfort lancets 31g</i>	Preferred	Max 100-day supply per 1 Fill
<i>pro comfort safety lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>pure comfort lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>px advanced lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>px lancets microthin 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>px lancets ultra thin 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>qc advanced lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>qc lancets super thin 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>qc lancets ultra thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>qc unilet lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>qc unilet lancets micro thin</i>	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
<i>reality lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>reality trigger lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>safety lancet 30g/pressure act</i>	Preferred	Max 100-day supply per 1 Fill
<i>safety lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>saps health plus lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>saps health twist top lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>saps twist top lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>saps scare twist top lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>sb lancets thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>sb lancets ultra thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>select-lite device/lancets kit</i>	Preferred	Max 100-day supply per 1 Fill
<i>select-lite lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>sm lancets 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>super thin lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>sure comfort lancets 18g</i>	Preferred	Max 100-day supply per 1 Fill
<i>sure comfort lancets 21g</i>	Preferred	Max 100-day supply per 1 Fill
<i>sure comfort lancets 23g</i>	Preferred	Max 100-day supply per 1 Fill
<i>sure comfort lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>sure comfort lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>sure comfort lancing pen</i>	Preferred	Max 100-day supply per 1 Fill
<i>tgt lancet micro thin 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>tgt lancet thin 26g</i>	Preferred	Max 100-day supply per 1 Fill
<i>tgt lancet ultra thin 30g</i>	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
<i>tgt lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>todays health lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>todays health thin lancets 28g</i>	Preferred	Max 100-day supply per 1 Fill
<i>todays health thin lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>topcare lancets micro-thin 33g</i>	Preferred	Max 100-day supply per 1 Fill
<i>true comfort safety lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>true comfort twist top lancets</i>	Preferred	Max 100-day supply per 1 Fill
<i>twist top lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>ultra thin lancets 31g</i>	Preferred	Max 100-day supply per 1 Fill
<i>ultra-care lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
<i>value plus lancet standard 21g</i>	Preferred	Max 100-day supply per 1 Fill
<i>value plus lancets super thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>value plus lancets thin 26g</i>	Preferred	Max 100-day supply per 1 Fill
<i>value plus lancing device</i>	Preferred	Max 100-day supply per 1 Fill
<i>walgreens lancets micro thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>walgreens lancets super thin</i>	Preferred	Max 100-day supply per 1 Fill
<i>zevrx twist top lancets 30g</i>	Preferred	Max 100-day supply per 1 Fill
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ADVOCATE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
AQUALANCE LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ASSURE LANCE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
AUTO-LANCET (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
AUTO-LANCET MINI (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
AUTOLET MINI (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
AUTOLET PLATFORMS (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
AUTOLET PLUS (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
BD MICROTAINER LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CARESENS LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CARESENS LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CHOSEN LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CHOSEN LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
CHOSEN SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CLEANLET LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CLEVER CHEK LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
COAGUCHEK LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
COMFORT TOUCH TWIST LANCET 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 90 days); 90-day fill allowed after two 1-month fills
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
DIATHRIVE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
DROPLET LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 23G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 32G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
E-Z JECT LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
E-Z JECT LANCETS 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EZ-LETS LANCETS 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EZ-LETS LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
EZ-LETS LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
FINGERSTIX LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
FORA LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
FORA LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
FREESTYLE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 30 days)
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL NOZZLES (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
GLUCOCOM LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
GLUCOCOM LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
GLUCOCOM LANCETS 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
GNP LANCING SYSTEM DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
GOJJI STERILE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
HAEMOLANCE (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **ST** - Step Therapy **QL** - Quantity Limits **RX** - Prescription Drug **SP** - Specialty Drug

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE PLUS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
HY-VEE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
LANCETS SUPER THIN (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
LANZO (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
LIBERTY MEDICAL LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
LITETOUCH LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEIJER LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEIJER LANCETS THIN (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MICROLET LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
MM LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
MM TWIST LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MONOLET LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MONOLET OPD LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
PERFECT LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
PERFECT LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
PERFECT POINT SAFETY LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
PHARMACY COUNTER LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
PRODIGY LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
READYLANCE SAFETY LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RELION LANCET DEVICES 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RELION LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RELION LANCETS THIN 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RELION LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	Preferred	Max 100-day supply per 1 Fill
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
RIGHTEST GL300 LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SAFETY LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SAFETY LANCETS 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
SINGLE-LET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SM TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SMARTTEST LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SOLUS V2 LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
STERILANCE TL (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
SURELITE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE AST LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
TECHLITE LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
TECHLITE LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	Preferred	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	Preferred	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (<i>blood glucose calibration</i>)	Preferred	
TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
TRUEPLUS LANCETS 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
TRUEPLUS LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
TRUEPLUS LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
TRUEPLUS LANCETS 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
ULTILET CLASSIC LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ULTILET LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ULTILET SAFETY LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
ULTRA-THIN II LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET EXCELITE (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET EXCELITE II (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
UNILET G.P. LANCET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET LANCET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET MICRO-THIN 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET SUPERLITE LANCET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET SUPER-THIN 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNILET ULTRA-THIN 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 1 (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 2 (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 2 COMFORT (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 2 EXTRA (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 2 NEONATAL (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 2 NORMAL (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 2 SUPER (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 3 (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 3 COMFORT (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 3 EXTRA (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 3 GENTLE (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 3 NEONATAL (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK 3 NORMAL (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK CZT COMFORT (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK CZT NORMAL (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
UNISTIK NORMAL (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VIVAGUARD LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VIVAGUARD LANCETS 30G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	Preferred	Max 100-day supply per 1 Fill
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
WALGREENS LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill

Drug Name	Drug Tier	Requirements/Limits
WALGREENS THIN LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	Preferred	Max 100-day supply per 1 Fill
*H-2 ANTAGONIST-ANTACID COMBINATIONS***		
<i>acid reducer complete oral tablet chewable 10-800-165 mg</i>	Preferred	
<i>cvs dual action complete oral tablet chewable 10-800-165 mg</i>	Preferred	
<i>eq acid reducer complete oral tablet chewable 10-800-165 mg</i>	Preferred	
<i>eql dual action complete oral tablet chewable 10-800-165 mg</i>	Preferred	
<i>ft acid reducer + antacid oral tablet chewable 10-800-165 mg</i>	Preferred	
<i>goodsense dual action complete oral tablet chewable 10-800-165 mg</i>	Preferred	
<i>kls acid controller complete oral tablet chewable 10-800-165 mg</i>	Preferred	
<i>ra acid reducer plus antacid oral tablet chewable 10-800-165 mg</i>	Preferred	
<i>ra dual action complete oral tablet chewable 10-800-165 mg</i>	Preferred	
DUO FUSION ORAL TABLET CHEWABLE 10-800-165 MG (<i>famotidine-ca carb-mag hydrox</i>)	Preferred	
PEPCID COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG (<i>famotidine-ca carb-mag hydrox</i>)	Preferred	
*H-2 ANTAGONISTS***		
<i>acid control maximum strength oral tablet 20 mg</i>	Preferred	
<i>acid controller max st oral tablet 20 mg</i>	Preferred	
<i>acid controller oral tablet 10 mg</i>	Preferred	
<i>acid reducer maximum strength oral tablet 20 mg</i>	Preferred	
<i>acid reducer oral tablet 10 mg</i>	Preferred	
<i>cimetidine 200 oral tablet 200 mg</i>	Preferred	
<i>cimetidine acid reducer oral tablet 200 mg</i>	Preferred	
<i>cimetidine oral tablet 200 mg, 400 mg</i>	Preferred	
<i>cvs acid controller max st oral tablet 20 mg</i>	Preferred	
<i>cvs acid controller oral tablet 10 mg</i>	Preferred	
<i>cvs heartburn relief oral tablet 200 mg</i>	Preferred	
<i>eq acid reducer oral tablet 200 mg</i>	Preferred	
<i>eq cimetidine oral tablet 200 mg</i>	Preferred	
<i>eq famotidine max st oral tablet 20 mg</i>	Preferred	
<i>eq famotidine oral tablet 10 mg</i>	Preferred	
<i>eql heartburn prevention oral tablet 10 mg, 20 mg</i>	Preferred	
<i>famotidine maximum strength oral tablet 20 mg</i>	Preferred	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Preferred	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	
<i>famotidine orig st oral tablet 10 mg</i>	Preferred	
<i>ft acid reducer max strength oral tablet 20 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>ft acid reducer oral tablet 10 mg</i>	Preferred	
<i>gnp acid reducer max st oral tablet 20 mg</i>	Preferred	
<i>gnp acid reducer oral tablet 10 mg</i>	Preferred	
<i>heartburn relief max st oral tablet 20 mg</i>	Preferred	
<i>heartburn relief oral tablet 10 mg</i>	Preferred	
<i>kls acid controller max st oral tablet 20 mg</i>	Preferred	
<i>qc acid controller max st oral tablet 20 mg</i>	Preferred	
<i>qc acid controller oral tablet 10 mg</i>	Preferred	
<i>qc famotidine acid reducer oral tablet 10 mg, 20 mg</i>	Preferred	
<i>ra acid reducer max st oral tablet 20 mg</i>	Preferred	
<i>ra acid reducer oral tablet 10 mg</i>	Preferred	
<i>sb acid controller max st oral tablet 20 mg</i>	Preferred	
<i>sb acid controller oral tablet 10 mg</i>	Preferred	
<i>sb acid reducer oral tablet 10 mg</i>	Preferred	
<i>sb cimetidine oral tablet 200 mg</i>	Preferred	
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG (<i>famotidine</i>)	Preferred	
PEPCID AC MAXIMUM STRENGTH ORAL TABLET 20 MG (<i>famotidine</i>)	Preferred	
PEPCID AC ORAL TABLET 10 MG (<i>famotidine</i>)	Preferred	
PEPCID ORAL TABLET 20 MG, 40 MG (<i>famotidine</i>)	Preferred	
TAGAMET HB 200 ORAL TABLET 200 MG (<i>cimetidine</i>)	Preferred	
TAGAMET HB ORAL TABLET 200 MG (<i>cimetidine</i>)	Preferred	
ZANTAC 360 MAX ST ORAL TABLET 20 MG (<i>famotidine</i>)	Preferred	
ZANTAC 360 ORAL TABLET 10 MG (<i>famotidine</i>)	Preferred	
*HEMATORHEOLOGIC AGENTS***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Preferred	
*HEMOSTATICS - SYSTEMIC***		
<i>tranexamic acid oral tablet 650 mg</i>	Preferred	QL (6 EA per 1 day)
*HEPATITIS C AGENTS***		
<i>ribavirin oral capsule 200 mg</i>	Preferred	SP; QL (6 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Preferred	SP; QL (6 EA per 1 day)
*HUMIDIFIERS***		
<i>sm vaporizer cleaning tablet soluble</i>	Preferred	
<i>sm vaporizer inhalant liquid</i>	Preferred	
GORDO-POOL CONCENTRATE (<i>humidifier/vaporizer supplies</i>)	Preferred	
KAZ BACTERIOSTATIC TREATMENT LIQUID (<i>humidifier/vaporizer supplies</i>)	Preferred	
KAZ INHALANT LIQUID (<i>humidifier/vaporizer supplies</i>)	Preferred	
KAZ WATER TREATMENT LIQUID (<i>humidifier/vaporizer supplies</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	Preferred	SP; PA; QL (5 ML per 1 day)
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Preferred	
*IMIDAZOLE-RELATED ANTIFUNGALS***		
<i>3 day vaginal vaginal cream 2 %</i>	Preferred	
<i>clotrimazole vaginal cream 1 %</i>	Preferred	
<i>ft clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>ft clotrimazole vaginal cream 1 %</i>	Preferred	
<i>ft miconazole 3 comb pack-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>ft miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>ft miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>ft tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Preferred	
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>gnp miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>miconazole 7 vaginal suppository 100 mg</i>	Preferred	
<i>miconazole nitrate vaginal cream 2 %</i>	Preferred	
<i>sm 3-day vaginal vaginal cream 2 %</i>	Preferred	
<i>sm clotrimazole vaginal vaginal cream 1 %</i>	Preferred	
<i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>sm miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>sm miconazole 7 vaginal suppository 100 mg</i>	Preferred	
<i>sm tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Preferred	
<i>terconazole vaginal suppository 80 mg</i>	Preferred	QL (1.5 EA per 1 day)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	
*IMIDAZOTETRAZINES***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Preferred	SP; PA
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***		
<i>imiquimod external cream 5 %</i>	Preferred	QL (0.434 EA per 1 day); AGE (Min 12 Years)

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Drug Name	Drug Tier	Requirements/Limits
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Preferred	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Preferred	
*INSULIN ADMINISTRATION SUPPLIES***		
AMBI-TRAY (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/ADMELOG (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/APIDRA (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/ASPART (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/BASAGLAR (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/FIASP (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/HUMALOG (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/LANTUS (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/LISPRO (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/LYUMJEV (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/NOVOLOG (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/TOUJEO (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/TOUJEO M (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/TRESIBA (<i>insulin admin supplies</i>)	Preferred	
EASY TOUCH INSULIN BARRELS 1ML (<i>insulin admin supplies</i>)	Preferred	
INSUL-CAP (<i>insulin admin supplies</i>)	Preferred	
INSUL-EZE (<i>insulin admin supplies</i>)	Preferred	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD POD PALS (<i>insulin dispos pmp accessories</i>)	Preferred	PA
PRODIGY COUNT-A-DOSE (<i>insulin admin supplies</i>)	Preferred	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	Preferred	PA
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	Preferred	PA
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	Preferred	PA
VIVI CAP (<i>insulin admin supplies</i>)	Preferred	
VIVI CAP1 (<i>insulin admin supplies</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
*IODINE ANTISEPTICS***		
<i>first aid antiseptic external ointment 10 %</i>	Preferred	
<i>gnp povidone-iodine external solution 10 %</i>	Preferred	
<i>povidone-iodine external solution 10 %</i>	Preferred	
<i>sm povidone-iodine external solution 10 %</i>	Preferred	
BETADINE EXTERNAL SOLUTION 10 % (<i>povidone-iodine</i>)	Preferred	
BETADINE SURGICAL SCRUB EXTERNAL SOLUTION 7.5 % (<i>povidone-iodine</i>)	Preferred	
*IRON COMBINATIONS***		
<i>ferocon oral capsule</i>	Preferred	
<i>foltrin oral capsule</i>	Preferred	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	Preferred	
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG (<i>ferrous sulfate-c-folic acid</i>)	Preferred	
*IRON***		
<i>ferrous fumarate oral tablet 324 mg</i>	Preferred	
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	Preferred	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml</i>	Preferred	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	Preferred	
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Preferred	
<i>gnp iron oral tablet extended release 45 mg</i>	Preferred	
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	Preferred	
<i>iron chews pediatric oral tablet chewable 15 mg</i>	Preferred	
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	Preferred	
<i>polysaccharide iron complex oral capsule 150 mg</i>	Preferred	
<i>sm iron oral tablet 325 (65 fe) mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm iron slow release oral tablet extended release 160 (50 fe) mg</i>	Preferred	
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>	Preferred	
<i>true ferrous sulfate oral tablet delayed release 324 mg</i>	Preferred	
<i>wee care oral suspension 15 mg/1.25ml</i>	Preferred	
FERATE ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	Preferred	
FEROSUL ORAL TABLET 325 (65 FE) MG (<i>ferrous sulfate</i>)	Preferred	90-day fill allowed after two 1-month fills
FERREX 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	
FERRIMIN 150 ORAL TABLET 150 MG (<i>ferrous fumarate</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
FERROCITE ORAL TABLET 324 MG (<i>ferrous fumarate</i>)	Preferred	
NU-IRON ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	
*IRRIGATION SOLUTIONS***		
<i>sterile water for irrigation irrigation solution</i>	Preferred	
<i>water for irrigation, sterile irrigation solution</i>	Preferred	
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***		
<i>podofilox external solution 0.5 %</i>	Preferred	
<i>therapeutic dandruff external shampoo 3 %</i>	Preferred	
DHS SAL EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	
*LAXATIVES - MISCELLANEOUS***		
<i>ft clearlax oral powder 17 gm/scoop</i>	Preferred	
<i>gavilax oral powder 17 gm/scoop</i>	Preferred	
<i>glycerin (adult) rectal suppository 2 gm</i>	Preferred	
<i>glycerin adult rectal suppository 2 gm</i>	Preferred	
<i>glycerin childrens rectal suppository 1 gm, 1.2 gm</i>	Preferred	
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>	Preferred	
<i>gnp glycerin child rectal suppository 1.2 gm</i>	Preferred	
<i>peg 3350 oral packet 17 gm</i>	Preferred	
<i>peg 3350 oral powder 17 gm/scoop</i>	Preferred	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Preferred	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Preferred	
<i>sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %</i>	Preferred	
<i>true laxative oral powder 17 gm/scoop</i>	Preferred	
CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
FLEET LIQUID GLYCERIN SUPP RECTAL ENEMA 5.4 GM/DOSE (<i>glycerin (laxative)</i>)	Preferred	
GLYCOLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
GNP CLEARLAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	Preferred	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
HEALTHYLAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	Preferred	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM (<i>glycerin (laxative)</i>)	Preferred	
SM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
*LAXATIVES & DSS***		
<i>ft senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>ft stool softener oral tablet 50-8.6 mg</i>	Preferred	
<i>gnp senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>senexon-s oral tablet 8.6-50 mg</i>	Preferred	
<i>senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-time s oral tablet 8.6-50 mg</i>	Preferred	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	
<i>sm senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	Preferred	
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>)	Preferred	
SEKOKOT S ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>)	Preferred	
*LEPROSTATICS***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Preferred	
*LEVODOPA COMBINATIONS***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Preferred	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	Preferred	90-day fill allowed after two 1-month fills
*LINCOSAMIDES***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	Preferred	QL (4 EA per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Preferred	QL (70 ML per 1 day)
*LOCAL ANESTHETICS - TOPICAL***		
<i>ft pain relief max strength external patch 4 %</i>	Preferred	
<i>gnp lidocaine pain relief external patch 4 %</i>	Preferred	
<i>gnp lidocaine pain relieving external cream 4 %</i>	Preferred	
<i>lidocaine external cream 4 %</i>	Preferred	
<i>lidocaine external patch 4 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine pain relief external patch 4 %</i>	Preferred	
<i>lidocaine pain relief max st external cream 4 %</i>	Preferred	
<i>lidocaine pain relief max st external patch 4 %</i>	Preferred	
<i>lidocaine pain relieving external patch 4 %</i>	Preferred	
<i>true lido external cream 4 %</i>	Preferred	
<i>ultra lido external cream 4 %</i>	Preferred	
<i>ultra lido external patch 4 %</i>	Preferred	
*LOOP DIURETICS***		
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>bumetanide oral tablet 2 mg</i>	Preferred	QL (5 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Preferred	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
*LUBRICANT LAXATIVES***		
<i>enema mineral oil rectal enema</i>	Preferred	
<i>ft enema mineral oil rectal enema</i>	Preferred	
<i>ft mineral oil oral oil</i>	Preferred	
<i>gnp mineral oil oral oil</i>	Preferred	
<i>hm enema mineral oil rectal enema</i>	Preferred	
<i>mineral oil oral oil</i>	Preferred	
<i>sm mineral oil rectal enema</i>	Preferred	
*MACROLIDE IMMUNOSUPPRESSANTS***		
<i>sirolimus oral solution 1 mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>sirolimus oral tablet 0.5 mg, 2 mg</i>	Preferred	
<i>tacrolimus oral capsule 0.5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>tacrolimus oral capsule 1 mg</i>	Preferred	QL (8 EA per 1 day)
<i>tacrolimus oral capsule 5 mg</i>	Preferred	QL (4 EA per 1 day)
*MAGNESIUM COMBINATIONS***		
BEELITH ORAL TABLET 362-20 MG (<i>magnesium oxide-pyridoxine hcl</i>)	Preferred	
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>)	Preferred	
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>)	Preferred	
*MAGNESIUM***		
<i>magnesium lactate oral tablet extended release 84 mg (7meq)</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i>	Preferred	
<i>sm magnesium oral tablet 250 mg</i>	Preferred	
<i>true magnesium oxide oral tablet 400 mg, 500 mg</i>	Preferred	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (<i>magnesium oxide</i>)	Preferred	
MAGONATE ORAL LIQUID 54 (MAG EQUIV) MG/5ML (<i>magnesium carbonate</i>)	Preferred	
*MASKS***		
<i>breathe comfort protect shield</i>	Preferred	
<i>cvs medical face masks earloop</i>	Preferred	
<i>cvs procedural mask</i>	Preferred	
<i>disposable face mask</i>	Preferred	
<i>disposable face mask 3-ply</i>	Preferred	
<i>ear-loop mask small</i>	Preferred	
<i>face mask</i>	Preferred	
<i>face mask earloop-style</i>	Preferred	
<i>face mask resp n-100 part</i>	Preferred	
<i>face mask respirator r-95 part</i>	Preferred	
<i>face masks 3 layer non-medical</i>	Preferred	
<i>kn95 disposable mask</i>	Preferred	
<i>kn95 medical protective mask</i>	Preferred	
<i>mask pediatric size 1"</i>	Preferred	
<i>n95 face mask</i>	Preferred	
<i>n95 parti respirator face mask</i>	Preferred	
<i>pediatric medium mask</i>	Preferred	
<i>pediatric small mask</i>	Preferred	
<i>surgical face mask/niosh n95</i>	Preferred	
ACTEEV PROTECT FACE MASK (<i>masks</i>)	Preferred	
CLEVER CHOICE DISPOSABLE MASK (<i>masks</i>)	Preferred	
CLEVER CHOICE FACE MASK (<i>masks</i>)	Preferred	
EASY FLOW KN 95 (<i>masks</i>)	Preferred	
J & J GERM FILTER MASK (<i>masks</i>)	Preferred	
NEXCARE ALL PURPOSE MASK (<i>masks</i>)	Preferred	
NEXCARE EARLOOP MASK (<i>masks</i>)	Preferred	
SAFE-SENSE EARLOOP FACE MASK (<i>masks</i>)	Preferred	
SHIELD-SECURE FULL FACE SHIELD (<i>masks</i>)	Preferred	
*MEDICAL WASTE DISPOSAL SYSTEMS***		
<i>bd sharps container home</i>	Preferred	QL (1 EA per 1 day)
<i>cvs needle collection/disposal</i>	Preferred	QL (1 EA per 1 day)
<i>easy comfort sharps container</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>sharps collector</i>	Preferred	QL (1 EA per 1 day)
<i>sharps container</i>	Preferred	QL (1 EA per 1 day)
<i>sharps disposal by mail system</i>	Preferred	QL (1 EA per 1 day)
BD PHLEBOTOMY SHARPS COLLECTOR (<i>sharps container</i>)	Preferred	QL (1 EA per 1 day)
BD SHARPS COLLECTOR (<i>sharps container</i>)	Preferred	QL (1 EA per 1 day)
COMPLETE NEEDLE COLLECTION SYS (<i>sharps container</i>)	Preferred	QL (1 EA per 1 day)
MONOJECT SHARPS CONTAINER (<i>sharps container</i>)	Preferred	QL (1 EA per 1 day)
ULTILET SHARPS CONTAINER 1QT (<i>sharps container</i>)	Preferred	QL (1 EA per 1 day)
ULTILET SHARPS CONTAINER 2QT (<i>sharps container</i>)	Preferred	QL (1 EA per 1 day)
VERIFINE SHARPS CONTAINER (<i>sharps container</i>)	Preferred	QL (1 EA per 1 day)
*MINERALOCORTICOIDS***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Preferred	
*MISC. ANTI-ULCER***		
<i>sucralfate oral suspension 1 gm/10ml</i>	Preferred	
<i>sucralfate oral tablet 1 gm</i>	Preferred	
*MISC. NUTRITIONAL SUBSTANCES***		
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Preferred	
*MISC. RESPIRATORY INHALANTS***		
<i>sodium chloride inhalation nebulization solution 0.9 %</i>	Preferred	
*MISC. TOPICAL COMBINATIONS***		
<i>calamine external lotion 8-8 %</i>	Preferred	
<i>gnp calamine external lotion 8-8 %</i>	Preferred	
<i>sm calamine external lotion</i>	Preferred	
*MISC. TOPICAL***		
<i>hemorrhoidal external pad 50 %</i>	Preferred	
<i>hm medicated cooling external pad 50 %</i>	Preferred	
<i>medi-pads external pad 50 %</i>	Preferred	
<i>sm medicated wipes external pad 50 %</i>	Preferred	
*MITOTIC INHIBITORS***		
<i>etoposide oral capsule 50 mg</i>	Preferred	
*MIXED ADRENERGICS***		
ASTHMANEFRIN REFILL INHALATION NEBULIZATION SOLUTION 2.25 % (<i>racepinephrine hcl</i>)	Preferred	
S2 (RACEPINEPHRINE) INHALATION NEBULIZATION SOLUTION 2.25 % (<i>racepinephrine hcl</i>)	Preferred	
*MUCOLYTICS***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Preferred	
*MULTIPLE VITAMINS W/ IRON***		
<i>sm multiple vitamins/iron oral tablet</i>	Preferred	
*MULTIPLE VITAMINS W/ MINERALS***		
<i>dialyvite 800/ultra d oral tablet</i>	Preferred	

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Drug Tier	Requirements/Limits
<i>glucoten oral capsule</i>	Preferred	
<i>gnp healthy eyes oral tablet</i>	Preferred	
<i>gnp mega multi for men oral tablet</i>	Preferred	
<i>gnp mega multi for women oral tablet</i>	Preferred	
<i>gnp one daily mens health 50+ oral tablet</i>	Preferred	
<i>gnp one daily mens/lycopene oral tablet</i>	Preferred	
<i>gnp one daily womens 50+ oral tablet</i>	Preferred	
<i>gnp one daily womens oral tablet</i>	Preferred	
<i>i-vite oral tablet</i>	Preferred	
<i>multiple vitamins-minerals oral liquid</i>	Preferred	
<i>multivit/multimineral adult oral liquid</i>	Preferred	
<i>sm complete advanced formula oral tablet</i>	Preferred	
<i>sm complete oral tablet</i>	Preferred	
<i>sm complete senior formula oral tablet</i>	Preferred	
<i>sm daily diet support oral tablet</i>	Preferred	
<i>sm opti-vitamins oral tablet</i>	Preferred	
<i>v-c forte oral capsule</i>	Preferred	
CEROVITE SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CERTAVITE/ANTIOXIDANTS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
COMPETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
ICAPS MV ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ICAPS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
<i>multiple vitamins-minerals (Nutrifac Zx Oral Tablet)</i>	Preferred	
OCUVITE EXTRA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
OCUVITE EYE + MULTI ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
OCUVITE-LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
PROSIGHT ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
RENAPLEX ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
SYSTANE ICAPS AREDS2 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
<i>multiple vitamins-minerals (Vita S Forte Oral Tablet)</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
*MULTIVITAMINS***		
<i>daily-vite oral tablet</i>	Preferred	
<i>gnp essential one daily oral tablet</i>	Preferred	
<i>sm multiple vitamins essential oral tablet</i>	Preferred	
<i>stress formula oral tablet</i>	Preferred	
<i>true daily vite oral tablet</i>	Preferred	
TAB-A-VITE/BETA CAROTENE ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
*NASAL AGENTS - MISC.***		
<i>deep sea nasal spray nasal solution 0.65 %</i>	Preferred	
<i>saline mist spray nasal solution 0.65 %</i>	Preferred	
<i>saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>sm nasal spray saline nasal solution 0.65 %</i>	Preferred	
<i>true nasal moisturizing nasal solution 0.65 %</i>	Preferred	
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	
*NASAL MAST CELL STABILIZERS***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Preferred	
*NATURAL PENICILLINS***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Preferred	
*NEEDLES & SYRINGES***		
<i>1st tier unifine pentips 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>1st tier unifine pentips plus 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>aum mini insulin pen needle 32g x 5 mm , 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>aum pen needle 32g x 5 mm , 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>careone unifine pentips plus 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carepoint poly hub needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i>	Preferred	
<i>carepoint poly hub needle 25g x 5/8" , 27g x 1/2" , 30g x 1/2"</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carepoint safety 1st needle 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i>	Preferred	
<i>carepoint safety 1st needle 25g x 5/8"</i>	Preferred	90-day fill allowed after two 1-month fills
<i>carepoint syringe luer lock 1 ml</i>	Preferred	
<i>carepoint syringe luer slip 1 ml</i>	Preferred	
<i>carepoint tubercln syr/luer sl 25g x 5/8" 1 ml</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>easy comfort pen needles 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>easy glide pen needles 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>easy glide slip lock syringe 1 ml</i>	Preferred	
<i>hypodermic needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1-1/2" , 27g x 1-1/2"</i>	Preferred	
<i>hypodermic needle 25g x 5/8" , 27g x 1/2"</i>	Preferred	90-day fill allowed after two 1-month fills
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>kmart valu insulin syringe 29g u-100 1 ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>kmart valu insulin syringe 30g u-100 1 ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>kroger pen needles 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>pen needles 30g x 5 mm , 30g x 8 mm , 32g x 5 mm , 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>poly hub needle 18g x 1" , 18g x 1-1/2" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i>	Preferred	
<i>poly hub needle 25g x 5/8" , 27g x 1/2" , 30g x 1/2"</i>	Preferred	90-day fill allowed after two 1-month fills
<i>pro comfort pen needles 32g x 5 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>pure comfort pen needle 32g x 5 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sure comfort insulin syringe 31g x 1/4" 0.3 ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sure comfort pen needles 30g x 8 mm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>syringe luer lock 20g x 1" 10 ml, 20g x 1" 3 ml, 21g x 1" 3 ml, 21g x 1-1/2" 3 ml, 22g x 1" 3 ml, 22g x 1-1/2" 3 ml, 23g x 1" 3 ml, 23g x 1-1/2" 3 ml, 25g x 1" 3 ml, 25g x 1-1/2" 3 ml, 25g x 5/8" 3 ml</i>	Preferred	
<i>syringe luer slip 1 ml</i>	Preferred	
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>true comfort pro pen needles 32g x 5 mm , 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills

Drug Name	Drug Tier	Requirements/Limits
<i>ultracare pen needles 32g x 5 mm , 33g x 4 mm</i>	Preferred	90-day fill allowed after two 1-month fills
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
BD ALLERGY SYRINGE 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
BD AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
BD BLUNT FILL NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
BD BLUNT FILTER NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
BD DISP NEEDLE 23G X 1" , 25G X 1" (<i>needle (disp)</i>)	Preferred	
BD DISP NEEDLES 18G X 1-1/2" , 20G X 1" , 22G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
BD DISP NEEDLES 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>)	Preferred	90-day fill allowed after two 1-month fills
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (<i>needle (disp)</i>)	Preferred	90-day fill allowed after two 1-month fills
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
BD ECLIPSE NEEDLE 25G X 5/8" , 27G X 1/2" (<i>needle (disp)</i>)	Preferred	90-day fill allowed after two 1-month fills
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
BD ECLIPSE SYRINGE 21G X 1" 3 ML, 25G X 1" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
BD FILTER NEEDLE/5 MICRON (<i>needles & syringes</i>)	Preferred	
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	90-day fill allowed after two 1-month fills
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Preferred	90-day fill allowed after two 1-month fills
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	Preferred	90-day fill allowed after two 1-month fills
BD INTEGRA NEEDLE 23G X 1" (<i>needle (disp)</i>)	Preferred	
BD INTEGRA SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Preferred	
BD NOKOR ADMIX NEEDLE 18G X 1-1/2" (needle (disp))	Preferred	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML (syringe/needle (disp))	Preferred	
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" , 27G X 1-1/2" (needle (disp))	Preferred	
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML (tuberculin-allergy syringes)	Preferred	
BD SAFETYGLIDE NEEDLE 18G X 1-1/2" , 25G X 1" (needle (disp))	Preferred	
BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML (syringe/needle (disp))	Preferred	
BD SAFETYGLIDE NEEDLE 25G X 5/8" (needle (disp))	Preferred	90-day fill allowed after two 1-month fills
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" , 23G X 1" (needle (disp))	Preferred	
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML (syringe/needle (disp))	Preferred	
BD SYRINGE LUER-LOK 1 ML (syringe (disposable))	Preferred	
BD SYRINGE SLIP TIP 1 ML (syringe (disposable))	Preferred	
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML (tuberculin-allergy syringes)	Preferred	
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Preferred	
BD TB SYRINGE 27G X 1/2" 1 ML (tuberculin-allergy syringes)	Preferred	
CAREFINE PEN NEEDLES 30G X 8 MM , 32G X 5 MM (insulin pen needle)	Preferred	90-day fill allowed after two 1-month fills
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Preferred	
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML (syringe/needle (disp))	Preferred	
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 22G X 1" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (needle (disp))	Preferred	
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (needle (disp))	Preferred	90-day fill allowed after two 1-month fills
CARETOUCH LUER LOCK 1 ML (syringe (disposable))	Preferred	
CARETOUCH LUER LOCK 23G X 1" 3 ML (syringe/needle (disp))	Preferred	
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Preferred	
CARETOUCH LUER SLIP 1 ML (syringe (disposable))	Preferred	

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLES 32G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
CLEVER CHOICE COMFORT EZ 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
COMFORT EZ PEN NEEDLES 32G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
DROPLET PEN NEEDLES 30G X 8 MM , 32G X 5 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
DROPSAFE SICURA 25G X 1" (<i>needle (disp)</i>)	Preferred	
EASY GLIDE LUER LOCK SYRINGE 1 ML (<i>syringe (disposable)</i>)	Preferred	
EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>)	Preferred	90-day fill allowed after two 1-month fills
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>)	Preferred	90-day fill allowed after two 1-month fills
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	90-day fill allowed after two 1-month fills
EASY TOUCH PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 32G X 5 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
EASY TOUCH SYRINGE BARREL 10ML (<i>needles & syringes</i>)	Preferred	
EASY TOUCH SYRINGE BARREL 1ML (<i>needles & syringes</i>)	Preferred	
EASY TOUCH SYRINGE BARREL 3ML (<i>needles & syringes</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SYRINGE BARREL 5ML (<i>needles & syringes</i>)	Preferred	
EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
EASYPOINT NEEDLE 25G X 5/8" (<i>needle (disp)</i>)	Preferred	90-day fill allowed after two 1-month fills
EASYPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
MICRODOT PEN NEEDLE 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
MONOJECT FILTER ASPIRATOR (<i>needles & syringes</i>)	Preferred	
MONOJECT HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
MONOJECT HYPODERMIC NEEDLE 25G X 5/8" , 27G X 1/2" (<i>needle (disp)</i>)	Preferred	90-day fill allowed after two 1-month fills
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	90-day fill allowed after two 1-month fills
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Preferred	90-day fill allowed after two 1-month fills
MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" (<i>needle (disp)</i>)	Preferred	
MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" (<i>needle (disp)</i>)	Preferred	90-day fill allowed after two 1-month fills
MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
MONOJECT PHARMACY TRAY 1 ML (<i>syringe (disposable)</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML (syringe/needle (disp))	Preferred	
MONOJECT SYRINGE 27G X 1/2" 1 ML (tuberculin-allergy syringes)	Preferred	
MONOJECT SYRINGE PHARMACY TRAY 1 ML (syringe (disposable))	Preferred	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML (tuberculin-allergy syringes)	Preferred	
MONOJECT TB SYRINGE 1 ML (syringe (disposable))	Preferred	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (tuberculin-allergy syringes)	Preferred	
NOKOR VENTED NEEDLE 18G X 1" (needle (disp))	Preferred	
NORM-JECT LUER SLIP SYRINGE 1 ML (syringe (disposable))	Preferred	
PERFECT POINT SAFETY NEEDLE 25G X 1" (needle (disp))	Preferred	
SECURESAFE HYPODERMIC NEEDLE 22G X 1" , 25G X 1-1/2" (needle (disp))	Preferred	
SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" (needle (disp))	Preferred	90-day fill allowed after two 1-month fills
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (insulin pen needle)	Preferred	90-day fill allowed after two 1-month fills
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Preferred	
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM (insulin pen needle)	Preferred	90-day fill allowed after two 1-month fills
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (insulin pen needle)	Preferred	90-day fill allowed after two 1-month fills
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	Preferred	90-day fill allowed after two 1-month fills
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	Preferred	90-day fill allowed after two 1-month fills
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	Preferred	90-day fill allowed after two 1-month fills
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML (insulin syringe-needle u-100)	Preferred	90-day fill allowed after two 1-month fills
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML (insulin syringe-needle u-100)	Preferred	90-day fill allowed after two 1-month fills
ULTICARE MINI PEN NEEDLES 30G X 5 MM (insulin pen needle)	Preferred	90-day fill allowed after two 1-month fills
ULTICARE SHORT PEN NEEDLES 30G X 8 MM (insulin pen needle)	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE SYRINGE 22G X 1-1/2" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
UNIFINE PENTIPS 30G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
UNIFINE PENTIPS PLUS 30G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	90-day fill allowed after two 1-month fills
VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
VANISHPOINT SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
*NIT REMOVERS***		
LYCELLE EXTERNAL GEL (<i>nit remover</i>)	Preferred	
*NITRATES***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	QL (12 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Preferred	QL (2 EA per 1 day); 90-day fill allowed after two 1-month fills
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg</i>	Preferred	QL (6 EA per 1 day)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr</i>	Preferred	QL (1 EA per 1 day); 90-day fill allowed after two 1-month fills
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	Preferred	QL (4 GM per 1 day); 90-day fill allowed after two 1-month fills
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Preferred	SP; PA
*NON-NARC ANTITUSSIVE-ANTI-HISTAMINE***		
<i>cough & cold hbp oral tablet 4-30 mg</i>	Preferred	
<i>cough & cold oral tablet 4-30 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-pyrimidine oral liquid 7.5-7.5 mg/5ml</i>	Preferred	
<i>gpn cough & cold hbp oral tablet 4-30 mg</i>	Preferred	
<i>gpn night time cough oral liquid 6.25-15 mg/15ml</i>	Preferred	
<i>goodsense night time cough oral liquid 6.25-15 mg/15ml</i>	Preferred	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>sm cough/runny nose childrens oral liquid 1-5 mg/5ml</i>	Preferred	
CORICIDIN HBP COUGH/COLD ORAL TABLET 4-30 MG (chlorpheniramine-dm)	Preferred	
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE***		
<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml</i>	Preferred	
<i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i>	Preferred	
<i>ft cold & cough relief dm oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>gpn cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>hm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>	Preferred	
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	Preferred	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>sm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
DIMAPHEN DM COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)	Preferred	
ENDACOF-DM ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)	Preferred	
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE-ANALG***		
<i>ft cold & flu nighttime severe oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	
<i>goodsense nighttime cold & flu oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	
<i>sm cold head congestion night oral tablet 5-2-10-325 mg</i>	Preferred	
<i>sm nite time cold & flu oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	
*NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
<i>sm ibuprofen jr oral tablet 100 mg</i>	Preferred	
*NUTRITIONAL SUPPLEMENTS***		
<i>thrivacin 30 oral liquid</i>	Preferred	
<i>thrivacin detox oral liquid</i>	Preferred	
SM NUTRI-DRINK + ORAL LIQUID (nutritional supplements)	Preferred	
SM NUTRI-DRINK ORAL LIQUID (nutritional supplements)	Preferred	
*OPHTHALMIC DECONGESTANT COMBINATIONS***		
<i>gpn eye drops ophthalmic solution 0.05-0.25 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
*OPHTHALMIC DECONGESTANTS***		
<i>eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>ft eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>gnp eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>sm eye drops ophthalmic solution 0.05 %</i>	Preferred	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Preferred	
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Preferred	
MURO 128 OPHTHALMIC SOLUTION 2 % (<i>sodium chloride (hypertonic)</i>)	Preferred	
*OPHTHALMIC IRRIGATION SOLUTIONS***		
<i>eye wash ophthalmic solution</i>	Preferred	
<i>sm eye wash ophthalmic solution 0.002 %</i>	Preferred	
EYE STREAM OPHTHALMIC SOLUTION (<i>ophth irr soln-extraocular</i>)	Preferred	
*OPHTHALMIC LOCAL ANESTHETICS***		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Preferred	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	Preferred	AGE (Min 6 Years)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Preferred	QL (30 ML per 1 day); AGE (Min 18 Years)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***		
<i>capcof oral syrup 5-2-10 mg/5ml</i>	Preferred	
*ORAL VEHICLES***		
<i>simple syrup oral syrup</i>	Preferred	
<i>sorbitol solution , 70 %</i>	Preferred	
MX-SOL BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
MX-SOL BLEND SF ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
MX-SOL ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
MX-SOL SF ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
MX-SOL SUSPEND ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
ORA-BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
ORA-BLEND SF ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
ORA-PLUS ORAL LIQUID (<i>oral vehicles</i>)	Preferred	
ORA-SWEET ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
ORA-SWEET SF ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
SOSWEET ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
*OTIC AGENTS - MISCELLANEOUS***		
<i>acetic acid otic solution 2 %</i>	Preferred	
<i>ear drops otic solution 6.5 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>earwax removal otic solution 6.5 %</i>	Preferred	
<i>ft earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>ft earwax removal otic solution 6.5 %</i>	Preferred	
<i>gnp earwax removal drops otic solution 6.5 %</i>	Preferred	
<i>gnp earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>sm ear drops otic solution 6.5 %</i>	Preferred	
*OTIC STEROIDS***		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Preferred	
*OXAZOLIDINONES***		
<i>linezolid oral tablet 600 mg</i>	Preferred	QL (2 EA per 1 day)
*OXYTOCICS***		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Preferred	QL (6 EA per 1 day)
<i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i>	Preferred	QL (6 EA per 1 day)
*PARENTERAL VEHICLES***		
<i>sterile water for injection injection solution</i>	Preferred	
*PEAK FLOW METERS***		
<i>breathe ease peak flow meter device</i>	Preferred	
<i>lung perform peak flow meter device</i>	Preferred	
<i>peak a-i-r flow meter device</i>	Preferred	
<i>peak flow meter universal rang device</i>	Preferred	
<i>pure comfort flow meter adult device</i>	Preferred	
<i>pure comfort flow meter child device</i>	Preferred	
<i>AIRZONE PEAK FLOW METER DEVICE (peak flow meter)</i>	Preferred	
<i>ASSESS PEAK FLOW METER DEVICE (peak flow meter)</i>	Preferred	
<i>CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)</i>	Preferred	
<i>MICROLIFE DIGITAL PEAK FLOW DEVICE (peak flow meter)</i>	Preferred	
<i>MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)</i>	Preferred	
<i>PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)</i>	Preferred	
<i>PERSONAL BEST FULL RANGE DEVICE (peak flow meter)</i>	Preferred	
<i>PIKO 1 DEVICE (peak flow meter)</i>	Preferred	
<i>POCKET PEAK FLOW METER DEVICE (peak flow meter)</i>	Preferred	
<i>POCKETPEAK PEAK FLOW METER DEVICE (peak flow meter)</i>	Preferred	
<i>STRIVE DUAL ZONE PEAK FLOW MTR DEVICE (peak flow meter)</i>	Preferred	
<i>TRUZONE PEAK FLOW METER DEVICE (peak flow meter)</i>	Preferred	
*PED MV W/ FLUORIDE***		
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Preferred	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Preferred	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	Preferred	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Preferred	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Preferred	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	Preferred	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Preferred	
SOLUVITA WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	Preferred	
*PED MV W/ IRON***		
<i>gnp childrens chewables/iron oral tablet chewable 15 mg</i>	Preferred	
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	Preferred	
<i>sm animal shapes complete oral tablet chewable 18 mg</i>	Preferred	
CEROVITE JR ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>)	Preferred	
*PEDIATRIC MULTIPLE VITAMINS***		
<i>gnp childrens chewables/ex c oral tablet chewable</i>	Preferred	
<i>gnp little ones childrens oral tablet chewable</i>	Preferred	
<i>multivitamin infant & toddler oral solution</i>	Preferred	
<i>sm animal shapes kids first oral tablet chewable</i>	Preferred	
*PENICILLIN COMBINATIONS***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Preferred	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Preferred	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	Preferred	
*PENICILLINASE-RESISTANT PENICILLINS***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Preferred	
*PHOSPHATE***		
<i>phosphorous oral tablet 155-852-130 mg</i>	Preferred	
<i>phosphorus supplement oral packet 280-160-250 mg</i>	Preferred	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Preferred	
<i>k phos mono-sod phos di & mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)</i>	Preferred	
<i>k phos mono-sod phos di & mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium phosphate monobasic</i> (Phospho-Trin K500 Oral Tablet 500 Mg)	Preferred	
*PHOSPHODIESTERASE III INHIBITORS***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
*POTASSIUM REMOVING AGENTS***		
<i>sodium polystyrene sulfonate oral powder</i>	Preferred	
*POTASSIUM SPARING DIURETICS***		
<i>amiloride hcl oral tablet 5 mg</i>	Preferred	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
*POTASSIUM***		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Preferred	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Preferred	90-day fill allowed after two 1-month fills
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Preferred	90-day fill allowed after two 1-month fills
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	Preferred	90-day fill allowed after two 1-month fills
<i>potassium chloride er oral tablet extended release 20 meq</i>	Preferred	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%)</i>	Preferred	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	Preferred	90-day fill allowed after two 1-month fills
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	Preferred	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Preferred	90-day fill allowed after two 1-month fills
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Preferred	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Preferred	90-day fill allowed after two 1-month fills
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	Preferred	90-day fill allowed after two 1-month fills
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Preferred	
*PRENATAL MV & MIN W/FE-FA***		
<i>classic prenatal oral tablet 28-0.8 mg</i>	Preferred	
<i>completenate oral tablet chewable 29-1 mg</i>	Preferred	
<i>gnp prenatal oral tablet 28-0.8 mg</i>	Preferred	
<i>m-natal plus oral tablet 27-1 mg</i>	Preferred	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	Preferred	
<i>prenatal plus oral tablet 27-1 mg</i>	Preferred	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Preferred	
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	Preferred	
<i>se-natal 19 oral tablet 29-1 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Preferred	
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>	Preferred	
<i>thrivite rx oral tablet 29-1 mg</i>	Preferred	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Preferred	
<i>westab plus oral tablet 27-1 mg</i>	Preferred	
NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
*PRENATAL MV & MIN W/FE-FA-DHA***		
STUART ONE ORAL CAPSULE 27-0.8-200 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>)	Preferred	
*PROGESTIN CONTRACEPTIVES - ORAL***		
<i>norethindrone oral tablet 0.35 mg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Camila Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Deblitane Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Emzahh Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Heather Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Incassia Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Jencycla Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Lyleq Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Lyza Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Nora-Be Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Norlyroc Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	Preferred	QL (1 EA per 1 day); Max 365-day supply per 1 Fill
<i>norethindrone (Sharobel Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
*PROGESTINS-ANTINEOPLASTIC***		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Preferred	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Preferred	
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS***		
<i>NUEDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan-quinidine)</i>	Preferred	PA
*PURINE ANALOGS***		
<i>azathioprine oral tablet 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
*PYRIMIDINE SYNTHESIS INHIBITORS***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Preferred	
*QUATERNARY ANTICHOLINERGICS***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Preferred	
*RECTAL ANESTHETIC COMBINATIONS***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Preferred	
*RECTAL COMBINATIONS - MISC.***		
<i>ft hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	
<i>goodsense hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	
<i>goodsense hemorrhoidal rectal suppository 0.25-88.44 %</i>	Preferred	
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	
<i>hemorrhoidal rectal suppository 0.25-88.44 %</i>	Preferred	
<i>sm hemorrhoidal cooling external gel 0.25-50 %</i>	Preferred	
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	
*RECTAL LOCAL ANESTHETICS***		
<i>gnp anorectal external cream 5 %</i>	Preferred	
<i>lidocaine (anorectal) external cream 5 %</i>	Preferred	
<i>numbcream external cream 5 %</i>	Preferred	
<i>pramoxine hcl (perianal) external foam 1 %</i>	Preferred	
<i>RECTASMOOTH EXTERNAL CREAM 5 % (lidocaine (anorectal))</i>	Preferred	
*RESPIRATORY THERAPY SUPPLIES***		
<i>adult aerosol mask</i>	Preferred	
<i>adult disposable mouthpiece</i>	Preferred	
<i>adult mask device</i>	Preferred	
<i>adult mask large</i>	Preferred	
<i>breathe ease neb mask/child</i>	Preferred	
<i>breathe ease neb mask/infant</i>	Preferred	
<i>co monitor device</i>	Preferred	
<i>co monitor replacement pieces</i>	Preferred	
<i>disposable full range mouthpiece</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>disposable low range mouthpiece</i>	Preferred	
<i>disposable low range/pediatric mouthpiece</i>	Preferred	
<i>disposable paper mouthpiece</i>	Preferred	
<i>disposable universal range mouthpiece</i>	Preferred	
<i>expiratory mouthpiece</i>	Preferred	
<i>filter air pp</i>	Preferred	
<i>full kit nebulizer set</i>	Preferred	
<i>nebulizer air tube/plugs</i>	Preferred	
<i>nebulizer cup/tubing device</i>	Preferred	
<i>nebulizer mask adult</i>	Preferred	
<i>nebulizer mask child</i>	Preferred	
<i>nose clip</i>	Preferred	
<i>one-way valved expiratory mouthpiece</i>	Preferred	
<i>one-way valved inspiratory mouthpiece</i>	Preferred	
<i>ped disposable mouthpiece</i>	Preferred	
<i>pediatric mouthpiece</i>	Preferred	
<i>pharmacist choice mask wipes</i>	Preferred	
<i>pillow mask/adult</i>	Preferred	
<i>pillow mask/child</i>	Preferred	
<i>pillow mask/pediatric</i>	Preferred	
<i>pure comfort 3-ball breathe ex device</i>	Preferred	
<i>replacement air filter</i>	Preferred	
<i>replacement filters</i>	Preferred	
<i>silicone mask/adult</i>	Preferred	
<i>silicone mask/infant</i>	Preferred	
<i>silicone mask/pediatric</i>	Preferred	
<i>sootheneb nbl 100 adult mask</i>	Preferred	
<i>sootheneb nbl 100 child mask</i>	Preferred	
<i>sootheneb nbl 100 med cup</i>	Preferred	
<i>sootheneb nbl 100 mesh cap</i>	Preferred	
<i>spiro pd device</i>	Preferred	
<i>tubing/wing tip</i>	Preferred	
<i>ultra neb accessories kit</i>	Preferred	
ACE AEROSOL CLOUD ENHANCER (<i>respiratory therapy supplies</i>)	Preferred	
ACTIVITY POUCH (<i>respiratory therapy supplies</i>)	Preferred	
ADAPTER PED DISPOSABLE MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	
AEROBIKA DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
AEROECLIPSE EZ TWIST TUBING (<i>respiratory therapy supplies</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
AEROECLIPSE MASK LARGE (<i>respiratory therapy supplies</i>)	Preferred	
AEROECLIPSE MASK MEDIUM (<i>respiratory therapy supplies</i>)	Preferred	
AEROECLIPSE MASK SMALL (<i>respiratory therapy supplies</i>)	Preferred	
AEROTRACH PLUS (<i>respiratory therapy supplies</i>)	Preferred	
AIRS PEDIATRIC AEROSOL MASK (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 1000 PFT FILTER (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 1000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 2000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 3000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 4000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 5000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 6000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 7000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
BUBBLES THE FISH II PEDI MASK (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH 2 CPAP HOSE HANGER (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH CPAP & BIPAP HOSE (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH CPAP MASK WIPES (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH CPAP PRE-WASH SOLN (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH CPAP TUBE BRUSH (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH UNIVERSL CPAP FILTER (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW 300 MM HOSE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW 400 MM HOSE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW AIR NOZZLE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW BLACK/BLUE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW BLACK/ORANGE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW BLACK/RED DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW BLACK/WHITE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW BLACK/YELLOW DEVICE (<i>respiratory therapy supplies</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
EASY FLOW HEPA FILTER (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW WHITE/BLUE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW WHITE/GREEN DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW WHITE/PINK DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW WHITE/WHITE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW WHITE/YELLOW DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
EBASE CONTROLLER KIT (<i>respiratory therapy supplies</i>)	Preferred	
FLYP HYPERSONIQ CARTRIDGE (<i>respiratory therapy supplies</i>)	Preferred	
IN-CHECK DIAL FLOW TRAINER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
IN-CHECK INSPIRATORY FLOW MTR DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
INNOSPIRE REPLACEMENT FILTER (<i>respiratory therapy supplies</i>)	Preferred	
KOKO PEAK PRO MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	
LITETOUCH MASK LARGE (<i>respiratory therapy supplies</i>)	Preferred	
LITETOUCH MASK MEDIUM (<i>respiratory therapy supplies</i>)	Preferred	
LITETOUCH MASK SMALL (<i>respiratory therapy supplies</i>)	Preferred	
MINIELITE FILTER REPLACEMENTS (<i>respiratory therapy supplies</i>)	Preferred	
OMBRA COMPRESSOR AIR FILTERS (<i>respiratory therapy supplies</i>)	Preferred	
OMBRA TABLE TOP COMPRESSOR DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ONE FLOW SPIROMETER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ONE FLOW TESTER MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	
PARI ALTERA NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	Preferred	
PARI BABY CONVERSION KIT (<i>respiratory therapy supplies</i>)	Preferred	
PARI BUBBLES PEDIATRIC MASK (<i>respiratory therapy supplies</i>)	Preferred	
PARI ERAPID NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	Preferred	
PARI EXPIRATORY FILTER SET DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
PARI MANUAL INTERRUPTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
PARI MASK SET (<i>respiratory therapy supplies</i>)	Preferred	
PARI SMARTMASK BABY/ELBOW (<i>respiratory therapy supplies</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
PARI SOFT PLASTIC ADULT MASK (<i>respiratory therapy supplies</i>)	Preferred	
PARI SOFT PLASTIC PED MASK (<i>respiratory therapy supplies</i>)	Preferred	
PARI TREK S COMBO PACK DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
PFLEX (<i>respiratory therapy supplies</i>)	Preferred	
PRONEB ULTRA FILTER SET (<i>respiratory therapy supplies</i>)	Preferred	
QUAKE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
REUSABLE COMFORTSEAL MASK-LRG (<i>respiratory therapy supplies</i>)	Preferred	
REUSABLE COMFORTSEAL MASK-MED (<i>respiratory therapy supplies</i>)	Preferred	
REUSABLE COMFORTSEAL MASK-SML (<i>respiratory therapy supplies</i>)	Preferred	
SAMI THE SEAL FILTERS (<i>respiratory therapy supplies</i>)	Preferred	
SIDESTREAM ADULT FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	
SIDESTREAM PEDIATRIC FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	
SIDESTREAM PLS ADULT FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	
THRESHOLD IMT (<i>respiratory therapy supplies</i>)	Preferred	
THRESHOLD PEP DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
VERSAPAP DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
VERSAPAP W/UNIVERSAL TUBING DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
WINDMILL TRAINER (<i>respiratory therapy supplies</i>)	Preferred	
*RETINOIDS***		
<i>tretinoin oral capsule 10 mg</i>	Preferred	PA; QL (90 EA per 365 days)
*SALICYLATE COMBINATIONS***		
<i>effervescent antacid/pain rel oral tablet effervescent 500 mg</i>	Preferred	
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Preferred	QL (24 EA per 1 day)
<i>sm effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	Preferred	
<i>tri-buffered aspirin oral tablet 325 mg</i>	Preferred	QL (24 EA per 1 day)
*SALICYLATES***		
<i>aspirin low dose oral tablet chewable 81 mg</i>	Preferred	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>aspirin oral tablet 325 mg</i>	Preferred	
<i>aspirin oral tablet chewable 81 mg</i>	Preferred	
<i>aspirin oral tablet delayed release 325 mg</i>	Preferred	
<i>aspirin oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>aspirin rectal suppository 300 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ft aspirin oral tablet 325 mg</i>	Preferred	
<i>ft aspirin oral tablet chewable 81 mg</i>	Preferred	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	Preferred	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Preferred	
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>gnp aspirin oral tablet 325 mg</i>	Preferred	
<i>gnp aspirin oral tablet delayed release 325 mg</i>	Preferred	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense aspirin adults oral tablet 325 mg</i>	Preferred	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>goodsense aspirin oral tablet 325 mg</i>	Preferred	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Preferred	
<i>hm adult aspirin oral tablet 325 mg</i>	Preferred	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	Preferred	
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	Preferred	
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	Preferred	
*SALINE LAXATIVE MIXTURES***		
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Preferred	
<i>enema rectal enema 7-19 gm/118ml</i>	Preferred	
<i>ft enema saline rectal enema 7-19 gm/118ml</i>	Preferred	
<i>hm enema rectal enema 7-19 gm/118ml</i>	Preferred	
<i>sm enema rectal enema , 7-19 gm/118ml</i>	Preferred	
*SALINE LAXATIVES***		
<i>cvs epsom salt granules</i>	Preferred	
<i>epsom salt granules</i>	Preferred	
<i>epsom salt oral granules</i>	Preferred	
<i>eql epsom salt granules</i>	Preferred	
<i>ft epsom salt oral granules</i>	Preferred	
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp epsom salt oral granules</i>	Preferred	
<i>gnp magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Preferred	
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Preferred	
<i>ra epsom salt granules</i>	Preferred	
<i>sm epsom salt oral granules</i>	Preferred	
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	
PEDIA-LAX ORAL TABLET CHEWABLE 400 MG (<i>magnesium hydroxide</i>)	Preferred	
*SCABICIDE COMBINATIONS***		
<i>ft lice killing max st external shampoo 0.33-4 %</i>	Preferred	
<i>gnp lice killing external shampoo 0.33-4 %</i>	Preferred	
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Preferred	
<i>lice killing external shampoo 0.33-4 %</i>	Preferred	
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Preferred	
<i>lice killing shampoo max str external shampoo 0.33-4 %</i>	Preferred	
<i>sm lice killing external shampoo 0.33-4 %</i>	Preferred	
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Preferred	
*SCABICIDES & PEDICULICIDES***		
<i>gnp lice treatment external liquid 1 %</i>	Preferred	
<i>goodsense lice killing external liquid 1 %</i>	Preferred	
<i>ivermectin external lotion 0.5 %</i>	Preferred	
<i>permethrin external cream 5 %</i>	Preferred	
<i>sm lice treatment external liquid 1 %</i>	Preferred	
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	Preferred	QL (1 EA per 1 day)
*SEMI SOLID VEHICLES***		
<i>baby skin protectant external ointment 41 %</i>	Preferred	
<i>cvs petroleum jelly external gel</i>	Preferred	
<i>daily moisturizer external ointment 41 %</i>	Preferred	
<i>ft petroleum jelly external gel</i>	Preferred	
<i>gnp petroleum jelly external gel</i>	Preferred	
<i>goodsense petroleum jelly external gel</i>	Preferred	
<i>hm petroleum jelly external gel</i>	Preferred	
<i>petrolatum external gel</i>	Preferred	
<i>petrolatum external ointment 42 %</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>petrolatum white external gel</i>	Preferred	
<i>petroleum jelly external gel , 100 %</i>	Preferred	
<i>qc petroleum jelly external gel 100 %, 99.89 %</i>	Preferred	
<i>sm petroleum jelly external gel</i>	Preferred	
<i>white petrolatum external gel</i>	Preferred	
<i>white petroleum jelly external gel</i>	Preferred	
<i>white petrolatum (Vaseline External Gel)</i>	Preferred	
VASELINE PURE ULTRA WHITE EXTERNAL GEL (<i>white petrolatum</i>)	Preferred	
*SKIN PROTECTANTS***		
ABSORBASE EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	
MINERIN CREME EXTERNAL CREAM (<i>skin protectants, misc.</i>)	Preferred	
*SOAPS***		
ACUWASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	
AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	
AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	
AQUA GLYCOLIC TONER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	
PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	
REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	
REHYLA WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	
*SODIUM***		
<i>sodium chloride oral tablet 1 gm</i>	Preferred	
*SOLIDS***		
<i>butylated hydroxytoluene powder</i>	Preferred	
*SOMATOSTATIC AGENTS***		
<i>octreotide acetate injection solution 100 mcg/ml</i>	Preferred	SP; PA
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***		
<i>breathe comfort chamber/adult device</i>	Preferred	
<i>breathe comfort chamber/child device</i>	Preferred	
<i>breathe ease large device</i>	Preferred	
<i>breathe ease medium device</i>	Preferred	
<i>breathe ease small device</i>	Preferred	
<i>eq space chamber anti-static device</i>	Preferred	
<i>eq space chamber anti-static l device</i>	Preferred	
<i>eq space chamber anti-static m device</i>	Preferred	
<i>eq space chamber anti-static s device</i>	Preferred	
<i>pro comfort spacer adult</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>pro comfort spacer child</i>	Preferred	
<i>pro comfort spacer infant device</i>	Preferred	
<i>procare spacer/adult mask device</i>	Preferred	
<i>procare spacer/child mask device</i>	Preferred	
<i>prochamber vhc device</i>	Preferred	
<i>pure comfort spacer chamber device</i>	Preferred	
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU LARGE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU MEDIUM (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU SMALL (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER Z-STAT PLUS (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER Z-STAT PLUS CHAMBR (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER Z-STAT PLUS/LARGE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER Z-STAT PLUS/MEDIUM (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER Z-STAT PLUS/SMALL (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROVENT PLUS DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
BREATHERITE VALVED MDI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
CLEVER CHOICE HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
COMPACT SPACE CHAMBER/LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
COMPACT SPACE CHAMBER/MED MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
COMPACT SPACE CHAMBER/SM MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
EASIVENT (<i>spacer/aero-holding chambers</i>)	Preferred	
EASIVENT MASK LARGE (<i>spacer/aero-holding chambers</i>)	Preferred	
EASIVENT MASK MEDIUM (<i>spacer/aero-holding chambers</i>)	Preferred	
EASIVENT MASK SMALL (<i>spacer/aero-holding chambers</i>)	Preferred	
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Preferred	
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	Preferred	
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Preferred	
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
INSPIREASE (<i>spacer/aero-holding chambers</i>)	Preferred	
MASK VORTEX/CHILD/FROG (<i>spacer/aero-hold chamber mask</i>)	Preferred	
MASK VORTEX/TODDLER/LADYBUG (<i>spacer/aero-hold chamber mask</i>)	Preferred	
MICROCHAMBER (<i>spacer/aero-holding chambers</i>)	Preferred	
MICROCHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
MICROSPACER (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	Preferred	
PANDA MASK LARGE (<i>spacer/aero-hold chamber mask</i>)	Preferred	
PANDA MASK MEDIUM (<i>spacer/aero-hold chamber mask</i>)	Preferred	
PANDA MASK SMALL (<i>spacer/aero-hold chamber mask</i>)	Preferred	
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	Preferred	
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	Preferred	
POCKET CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
RITFLO DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
*SPECIALTY VITAMINS PRODUCTS***		
<i>urosex oral tablet</i>	Preferred	
*SPERMICIDES***		
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	Preferred	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	Preferred	
*STIMULANT LAXATIVES***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Preferred	
<i>bisacodyl rectal suppository 10 mg</i>	Preferred	
<i>castor oil oral oil 100 %</i>	Preferred	
<i>chocolated laxative oral tablet chewable 15 mg</i>	Preferred	
<i>ft castor oil oral oil 100 %</i>	Preferred	
<i>ft gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>ft laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>ft senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>ft senna laxatives oral tablet 8.6 mg</i>	Preferred	
<i>gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>gnp castor oil oral oil 100 %</i>	Preferred	
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>gnp gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>gnp senna lax oral tablet 8.6 mg</i>	Preferred	
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>laxative max str oral tablet 25 mg</i>	Preferred	
<i>laxative regular strength oral tablet 15 mg</i>	Preferred	
<i>senna oral capsule 8.6 mg</i>	Preferred	
<i>senna oral liquid 8.8 mg/5ml</i>	Preferred	
<i>senna oral syrup 176 mg/5ml, 8.8 mg/5ml</i>	Preferred	
<i>senna oral tablet 8.6 mg</i>	Preferred	
<i>senna-lax oral tablet 8.6 mg</i>	Preferred	
<i>senna-time oral tablet 8.6 mg</i>	Preferred	
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>sm laxative rectal suppository 10 mg</i>	Preferred	
<i>sm senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>womens laxative oral tablet delayed release 5 mg</i>	Preferred	
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML (<i>bisacodyl</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (sennosides)	Preferred	
*SURFACTANT LAXATIVES***		
<i>docusate calcium oral capsule 240 mg</i>	Preferred	
<i>docusate mini rectal enema 283 mg/5ml</i>	Preferred	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	Preferred	
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	Preferred	
<i>ft stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>ft stool softener oral tablet 100 mg</i>	Preferred	
<i>gnp stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	Preferred	
<i>hm stool softener oral capsule 100 mg</i>	Preferred	
<i>sm stool softener oral capsule 100 mg</i>	Preferred	
<i>sm stool softener oral tablet 100 mg</i>	Preferred	
<i>stool softener laxative oral capsule 100 mg</i>	Preferred	
<i>stool softener oral capsule 100 mg</i>	Preferred	
DOCUSOL KIDS RECTAL ENEMA 100 MG/5ML (<i>docusate sodium</i>)	Preferred	
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>)	Preferred	
DOK ORAL TABLET 100 MG (<i>docusate sodium</i>)	Preferred	
ENEMEEZ KIDS MINI ENEMA RECTAL ENEMA 100 MG/5ML (<i>docusate sodium</i>)	Preferred	
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>)	Preferred	
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (<i>benzocaine-docusate sodium</i>)	Preferred	
PEDIA-LAX ORAL LIQUID 50 MG/15ML (<i>docusate sodium</i>)	Preferred	
*SYSTEMIC DECONGESTANTS***		
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>ft nasal decongestant max str oral tablet 30 mg</i>	Preferred	
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>ft nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>gnp nasal decongestant oral tablet 30 mg</i>	Preferred	
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>nasal decongestant oral tablet 30 mg</i>	Preferred	
<i>nasal decongestant pe max st oral tablet 10 mg</i>	Preferred	
<i>nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>phenylephrine hcl oral tablet 10 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Preferred	
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>sinus congestion max strength oral tablet 30 mg</i>	Preferred	
<i>sm nasal decongestant max st oral tablet 30 mg</i>	Preferred	
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Preferred	
SUDOGEST ORAL TABLET 30 MG, 60 MG (<i>pseudoephedrine hcl</i>)	Preferred	
*TAR PRODUCTS***		
<i>sm anti-dandruff coal tar external shampoo 0.5 %</i>	Preferred	
<i>therapeutic external shampoo 0.5 %</i>	Preferred	
DHS TAR EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>)	Preferred	
DHS TAR GEL EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>)	Preferred	
IONIL-T EXTERNAL SHAMPOO 1 % (<i>coal tar extract</i>)	Preferred	
*TETRACYCLINES***		
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	Preferred	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Preferred	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Preferred	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Preferred	
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	Preferred	QL (2 EA per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted 100 Mg)</i>	Preferred	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Preferred	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Preferred	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	
*THYROID HORMONES***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Preferred	90-day fill allowed after two 1-month fills

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg</i>	Preferred	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	Preferred	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	Preferred	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	90-day fill allowed after two 1-month fills
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	90-day fill allowed after two 1-month fills
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	90-day fill allowed after two 1-month fills
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	Preferred	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	90-day fill allowed after two 1-month fills
*TOPICAL ANESTHETIC COMBINATIONS***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Preferred	
*TOPICAL DECONGESTANTS***		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Preferred	
<i>12 hour nasal spray nasal solution 0.05 %</i>	Preferred	
<i>ft nasal spray nasal solution 0.05 %</i>	Preferred	
<i>gnp nasal four spray nasal solution 1 %</i>	Preferred	
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	Preferred	
<i>gnp nasal spray fast acting nasal solution 1 %</i>	Preferred	
<i>gnp nasal spray nasal solution 0.05 %</i>	Preferred	
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	Preferred	
<i>nasal decongestant spray nasal solution 0.05 %</i>	Preferred	
<i>nasal four nasal solution 1 %</i>	Preferred	
<i>nasal relief nasal solution 0.05 %</i>	Preferred	
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Preferred	
<i>nasal spray no drip nasal solution 0.05 %</i>	Preferred	
<i>sinus nasal spray nasal solution 0.05 %</i>	Preferred	
<i>sinus relief extra strength nasal solution 1 %</i>	Preferred	
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	
<i>sm nasal spray nasal solution 0.05 %</i>	Preferred	
<i>sm nasal spray sinus nasal solution 0.05 %</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
*TRICYCLIC AGENTS***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	
<i>clomipramine hcl oral capsule 25 mg</i>	Preferred	QL (4 EA per 1 day)
<i>clomipramine hcl oral capsule 50 mg</i>	Preferred	QL (5 EA per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	Preferred	QL (3 EA per 1 day)
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Preferred	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	
<i>imipramine pamoate oral capsule 100 mg, 150 mg, 75 mg</i>	Preferred	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	
*TRIPHASIC CONTRACEPTIVES - ORAL***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)</i>	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per 1 Fill
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	Preferred	Max 365-day supply per 1 Fill
*ULCER DRUGS - PROSTAGLANDINS***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Preferred	
*URINARY ANALGESICS***		
<i>ft urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>gnp urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>hm urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg, 95 mg</i>	Preferred	
<i>sm urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	
<i>sm urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>urinary pain relief oral tablet 95 mg</i>	Preferred	
URO-PAIN ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>)	Preferred	
*URINARY ANTI-INFECTIVES***		
<i>fosfomycin tromethamine oral packet 3 gm</i>	Preferred	
<i>methenamine hippurate oral tablet 1 gm</i>	Preferred	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Preferred	
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Preferred	
*VASODILATORS***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
*VASOPRESSIN***		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Preferred	
*VASOPRESSORS***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	
*VISCOSUPPLEMENTS***		
<i>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (sodium hyaluronate (viscosup))</i>	Preferred	PA
*VITAMIN A***		
<i>true vitamin a oral capsule 10000 unit</i>	Preferred	
<i>vitamin a oral capsule 3 mg (10000 ut)</i>	Preferred	
*VITAMIN B-1***		
<i>true vitamin b1 oral tablet 100 mg</i>	Preferred	
<i>vitamin b1 oral tablet 100 mg</i>	Preferred	
<i>vitamin b-1 oral tablet 100 mg</i>	Preferred	
*VITAMIN B-2***		
<i>true vitamin b2 oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	
*VITAMIN B-3***		
<i>niacin er oral capsule extended release 250 mg</i>	Preferred	
<i>niacin oral tablet 500 mg</i>	Preferred	
<i>true vitamin b3 oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Preferred	
*VITAMIN B-6***		
<i>sm vitamin b-6 oral tablet 100 mg</i>	Preferred	
<i>true vitamin b6 oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	
<i>vitamin b-6 oral tablet 25 mg</i>	Preferred	
*VITAMIN C***		
<i>ascorbic acid oral tablet 500 mg</i>	Preferred	
<i>sm chewable c oral tablet chewable 500 mg</i>	Preferred	
<i>sm vit c/rose hips oral tablet 1000 mg</i>	Preferred	
<i>sm vitamin c oral tablet 1000 mg, 250 mg</i>	Preferred	
<i>sm vitamin c oral tablet chewable 500 mg</i>	Preferred	
<i>sm vitamin c/rose hips oral tablet 500 mg</i>	Preferred	
<i>true vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	Preferred	
<i>vitamin c oral tablet 500 mg</i>	Preferred	
*VITAMIN D***		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	Preferred	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Preferred	90-day fill allowed after two 1-month fills
<i>ergocalciferol oral solution 200 mcg/ml</i>	Preferred	
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>true vitamin d3 oral tablet 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut)</i>	Preferred	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Preferred	90-day fill allowed after two 1-month fills
<i>vitamin d oral liquid 10 mcg/ml</i>	Preferred	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	Preferred	
CALCIDOL ORAL SOLUTION 200 MCG/ML (<i>ergocalciferol</i>)	Preferred	
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) (<i>cholecalciferol</i>)	Preferred	
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
*VITAMIN E***		
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>	Preferred	
<i>true vitamin e oral capsule 180 mg, 450 mg, 90 mg</i>	Preferred	
<i>vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	Preferred	
<i>vitamin e oral solution 15 mg/0.67ml</i>	Preferred	
*VITAMIN K***		
<i>phytonadione oral tablet 5 mg</i>	Preferred	PA
*ZINC***		
<i>sm zinc gluconate oral tablet 50 mg</i>	Preferred	
TOPICAL ANTIBIOTICS [OPEN CLASS]		
<i>mupirocin external ointment 2 %</i>	Preferred	
<i>mupirocin calcium external cream 2 %</i>	Non Preferred	PA
CENTANY AT EXTERNAL KIT 2 % (<i>mupirocin</i>)	Non Preferred	PA
CENTANY EXTERNAL OINTMENT 2 % (<i>mupirocin</i>)	Non Preferred	PA
ULCERATIVE COLITIS [OPEN CLASS]		
<i>balsalazide disodium oral capsule 750 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Preferred	90-day fill allowed after two 1-month fills
<i>mesalamine er oral capsule extended release 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>mesalamine oral capsule delayed release 400 mg</i>	Preferred	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	Preferred	
<i>mesalamine rectal enema 4 gm</i>	Preferred	
<i>mesalamine rectal suppository 1000 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Preferred	90-day fill allowed after two 1-month fills
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	Preferred	90-day fill allowed after two 1-month fills
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	Preferred	90-day fill allowed after two 1-month fills
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Non Preferred	PA
<i>budesonide rectal foam 2 mg, 2 mg/act</i>	Non Preferred	PA
<i>mesalamine-cleanser rectal kit 4 gm</i>	Non Preferred	PA
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	Non Preferred	PA
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	Non Preferred	PA
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	Non Preferred	PA
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	Non Preferred	PA
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	Non Preferred	PA
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	Non Preferred	PA
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	Non Preferred	PA
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	Non Preferred	PA
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	Non Preferred	PA
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	Non Preferred	PA
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	Non Preferred	PA
URINARY ANTISPASMODICS [OPEN CLASS]		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Preferred	90-day fill allowed after two 1-month fills
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Preferred	90-day fill allowed after two 1-month fills
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	Preferred	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	Preferred	90-day fill allowed after two 1-month fills
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Non Preferred	PA
<i>flavoxate hcl oral tablet 100 mg</i>	Non Preferred	PA
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Non Preferred	PA
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Non Preferred	PA
<i>tropium chloride oral tablet 20 mg</i>	Non Preferred	PA
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	Non Preferred	PA
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	Non Preferred	PA
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	Non Preferred	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	Non Preferred	PA
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	Non Preferred	PA
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	Non Preferred	PA
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	Non Preferred	PA
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	Non Preferred	PA
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	Non Preferred	PA
VACCINES		
*BACTERIAL VACCINES***		
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	Preferred	QL (2.50 ML per Lifetime); AGE (Min 19 Years)
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 21-valent conjuga</i>)	Preferred	AGE (Min 18 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	Preferred	QL (1 Fill per Lifetime); AGE (Min 19 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (<i>typhoid vi polysaccharide vacc</i>)	Preferred	QL (0.50 ML per Lifetime); AGE (Min 19 Years)

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (<i>typhoid vi polysaccharide vacc</i>)	Preferred	QL (0.50 ML per Lifetime); AGE (Min 19 Years)
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	Preferred	QL (100.00 ML per Lifetime); AGE (Min 19 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>)	Preferred	QL (1 Fill per Lifetime); AGE (Min 19 Years)
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	Preferred	QL (4.00 ML per Lifetime); AGE (Min 19 Years)
*TOXOID COMBINATIONS***		
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	Preferred	QL (1 Fill per Lifetime); AGE (Min 19 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	Preferred	PA; AGE (Min 19 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (<i>tetanus-diphtheria toxoids td</i>)	Preferred	QL (1 Fill per Lifetime); AGE (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	Preferred	QL (1 Fill per Lifetime); AGE (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recomb</i>)	Preferred	PA; AGE (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recomb</i>)	Preferred	PA; AGE (Min 19 Years)
*VIRAL VACCINE COMBINATIONS***		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb vac</i>)	Preferred	QL (3 Fills per Lifetime); AGE (Min 19 Years)
*VIRAL VACCINES***		
<i>stamaril injection suspension reconstituted</i>	Preferred	QL (1.00 ML per Lifetime); AGE (Min 19 Years)
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac recomb</i>)	Preferred	QL (1 Fill per Lifetime); AGE (Min 19 Years)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	Preferred	
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>)	Preferred	QL (1 Fill per Lifetime); AGE (Min 60 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (3 Fills per Lifetime); AGE (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (3 Fills per Lifetime); AGE (Min 19 Years)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b surf ant adj</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)

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Drug Name	Drug Tier	Requirements/Limits
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recombinant ha</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION (<i>influenza vac tiss-cult subunt</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac tiss-cult subunt</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 18 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split high-dose</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	Preferred	QL (1 Fill per 180 Days); AGE (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	Preferred	QL (3 Fills per Lifetime); AGE (Min 19 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (<i>rabies virus vaccine, hdc</i>)	Preferred	
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	Preferred	QL (1.50 ML per Lifetime); AGE (Min 19 Years)
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chikungunya virus vaccine live</i>)	Preferred	QL (0.50 ML per Lifetime); AGE (Min 19 Years)
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	Preferred	QL (1.00 ML per Lifetime); AGE (Min 19 Years)
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML (<i>smallpox & monkeypox vac, live</i>)	Preferred	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>rsv mrna pre-f virus vaccine</i>)	Preferred	QL (1 Fill per Lifetime); AGE (Min 60 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (3 Fills per Lifetime); AGE (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (3 Fills per Lifetime); AGE (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>)	Preferred	QL (2 Fills per Lifetime); AGE (Min 18 Years)
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML (<i>tick-borne encephalitis vacc</i>)	Preferred	QL (1.50 ML per Lifetime); AGE (Min 19 Years)
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	Preferred	QL (1.00 ML per Lifetime); AGE (Min 19 Years)
VAGINAL ANTIBIOTICS [OPEN CLASS]		
metronidazole vaginal gel 0.75 %	Preferred	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Preferred	

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Drug Name	Drug Tier	Requirements/Limits
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	Preferred	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	Preferred	
<i>clindamycin phosphate vaginal cream 2 %</i>	Non Preferred	PA
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	Non Preferred	PA
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	Non Preferred	PA
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	Non Preferred	PA
VAGINAL ESTROGENS [OPEN CLASS]		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Preferred	
<i>estradiol vaginal tablet 10 mcg</i>	Preferred	AGE (Min 18 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	Preferred	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	Preferred	AGE (Min 18 Years)
<i>estradiol (YuvaFem Vaginal Tablet 10 Mcg)</i>	Preferred	AGE (Min 18 Years)
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	Non Preferred	PA
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR (<i>estradiol</i>)	Non Preferred	PA
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	Non Preferred	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	Non Preferred	PA; AGE (Min 18 Years)
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	Non Preferred	PA; AGE (Min 18 Years)
WEIGHT MANAGEMENT AGENTS [CLOSED CLASS]		
<i>benzphetamine hcl oral tablet 50 mg</i>	Preferred	PA; AGE (Min 17 Years)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	Preferred	PA; AGE (Min 16 Years)
<i>diethylpropion hcl oral tablet 25 mg</i>	Preferred	PA; AGE (Min 16 Years)
<i>orlistat oral capsule 120 mg</i>	Preferred	PA; AGE (Min 12 Years)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	Preferred	PA; AGE (Min 17 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Preferred	PA; AGE (Min 18 Years)
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	Preferred	PA; AGE (Min 17 Years)
<i>phentermine hcl oral tablet 37.5 mg</i>	Preferred	PA; AGE (Min 17 Years)
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	Preferred	PA; AGE (Min 12 Years)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	Non Preferred	SP; PA; AGE (Min 6 Years)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	Non Preferred	PA; AGE (Min 12 Years)

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Drug Name	Drug Tier	Requirements/Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	Non Preferred	PA; AGE (Min 12 Years)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)

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ZEGALOGUE.....	59	ZYMFENTRA (2 SYRINGE).....	51
ZEGERID.....	112	ZYPITAMAG.....	85
ZEMBRACE SYMTOUCH.....	33	ZYPREXA.....	36
Zenatane.....	134	ZYPREXA RELPREVV.....	37
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ZEPOSIA.....	88		
ZEPOSIA 7-DAY STARTER PACK.....	88		
ZEPOSIA STARTER KIT.....	88		
ZERVIAE.....	98		
ZESTORETIC.....	28		
ZESTRIL.....	28		
ZETIA.....	82		
ZETONNA.....	89		
<i>zevrx sterile alcohol prep pad</i>	151		
<i>zevrx twist top lancets 30g</i>	180		
ZIAGEN.....	72		
ZIANA.....	5		
<i>zidovudine</i>	69		
ZIEXTENZO.....	43		
<i>zileuton er</i>	81		
ZIMHI.....	102		
<i>zinc oxide</i>	153		
ZIOPTAN.....	101		
<i>ziprasidone hcl</i>	35		
<i>ziprasidone mesylate</i>	35		
ZITHROMAX.....	85		
ZITHROMAX TRI-PAK.....	85		
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ZITUVIMET.....	53		
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Appendix A - Over-the-Counter (OTC) Benefit

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*ANALEPTIC COMBINATIONS***		
<i>energy chews oral tablet chewable 250-50 mcg-mg</i>	OTC Benefit	
*ANALEPTICS***		
<i>awake maximum strength oral tablet 200 mg</i>	OTC Benefit	
<i>caffeine anhydrous powder</i>	OTC Benefit	
<i>caffeine oral tablet 200 mg</i>	OTC Benefit	
<i>cvs caffeine oral tablet 200 mg</i>	OTC Benefit	
<i>eq stay awake oral tablet 200 mg</i>	OTC Benefit	
<i>eql stay awake max st oral tablet 200 mg</i>	OTC Benefit	
<i>eql stay awake oral tablet 200 mg</i>	OTC Benefit	
<i>ft stay awake oral tablet 200 mg</i>	OTC Benefit	
<i>gnp alert aid oral tablet 200 mg</i>	OTC Benefit	
<i>goodsense stay awake oral tablet 200 mg</i>	OTC Benefit	
<i>high caffeine energy support oral tablet 200 mg</i>	OTC Benefit	
<i>keep alert oral tablet 200 mg</i>	OTC Benefit	
<i>qc stay awake oral tablet 200 mg</i>	OTC Benefit	
<i>stay awake maximum strength oral tablet 200 mg</i>	OTC Benefit	
VIVARIN ORAL TABLET 200 MG (<i>caffeine</i>)	OTC Benefit	
*LIPASE INHIBITORS***		
ALLI ORAL CAPSULE 60 MG (<i>orlistat</i>)	OTC Benefit	
ALTERNATIVE MEDICINES		
*ALTERNATIVE MEDICINE - AC'S***		
<i>acai berry oral capsule 500 mg</i>	OTC Benefit	
<i>acai oral capsule 25 mg, 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - AD'S***		
<i>mil adrene oral tablet 80 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - AG'S***		
<i>natussa baby drops oral liquid 4.6 gm/3ml</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - AL'S***		
<i>alfalfa oral tablet 250 mg, 600 mg, 650 mg</i>	OTC Benefit	
<i>aloe vera concentrate oral capsule 25 mg</i>	OTC Benefit	
<i>aloe vera juice oral liquid</i>	OTC Benefit	
<i>aloe vera leaf juice oral liquid 99.5 %</i>	OTC Benefit	
<i>aloe vera oral capsule 25 mg, 500 mg</i>	OTC Benefit	
<i>aloe vera organic juice oral liquid</i>	OTC Benefit	
ALPHA BETIC ORAL CAPSULE 200 MG (<i>alpha-lipoic acid</i>)	OTC Benefit	
<i>alpha lipoic acid oral capsule 200 mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>alpha-lipoic acid er oral tablet extended release 24 hour 600 mg</i>	OTC Benefit	
<i>alpha-lipoic acid oral capsule 100 mg, 200 mg, 300 mg, 600 mg</i>	OTC Benefit	
<i>alpha-lipoic acid oral tablet 100 mg, 200 mg, 50 mg, 600 mg</i>	OTC Benefit	
CYTO RALA ORAL POWDER 800 MG/GM (<i>alpha-lipoic acid</i>)	OTC Benefit	
<i>lipoic acid oral capsule 150 mg</i>	OTC Benefit	
<i>ra alpha-lipoic acid oral capsule 100 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - AP'S***		
<i>apple cider vinegar oral tablet 300 mg, 500 mg</i>	OTC Benefit	
<i>apple cider vinegar ultra oral capsule 600 mg</i>	OTC Benefit	
<i>ft apple cider vinegar oral tablet 300 mg</i>	OTC Benefit	
PREVAGEN EXTRA STRENGTH ORAL CAPSULE 20 MG (<i>apoeaquorin</i>)	OTC Benefit	
PREVAGEN ORAL CAPSULE 10 MG (<i>apoeaquorin</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - AS'S***		
<i>ashwagandha 35 oral capsule 120 mg</i>	OTC Benefit	
<i>ashwagandha gummies oral tablet chewable 500 mg</i>	OTC Benefit	
<i>ashwagandha oral capsule 125 mg, 500 mg</i>	OTC Benefit	
<i>ashwagandha-sensoril oral capsule 125 mg</i>	OTC Benefit	
<i>astaxanthin oral capsule 4 mg</i>	OTC Benefit	
<i>astragalus root oral capsule 470 mg</i>	OTC Benefit	
<i>cvs ashwagandha oral tablet 300 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - BE'S***		
<i>berberine hci oral capsule 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - BI'S***		
<i>wild bitter melon extract oral tablet 750 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - BL'S***		
<i>black cohosh extract oral capsule 80 mg</i>	OTC Benefit	
<i>black cohosh hot flash relief oral capsule 40 mg</i>	OTC Benefit	
<i>black cohosh oral capsule 160 mg, 40 mg, 540 mg</i>	OTC Benefit	
<i>black cohosh root oral capsule 450 mg</i>	OTC Benefit	
<i>cvs black cohosh oral capsule 40 mg</i>	OTC Benefit	
<i>ra black cohosh oral capsule 200 mg</i>	OTC Benefit	
REMIFEMIN MENOPAUSE RELIEF ORAL TABLET 21 MG (<i>black cohosh</i>)	OTC Benefit	
SAMBUCOL BLACK ELDERBERRY ORAL SYRUP 1.9 GM/5ML (<i>black elderberry</i>)	OTC Benefit	
<i>sambucus black elderberry oral capsule 1000 mg</i>	OTC Benefit	
SAMBUCUS ELDERBERRY ORAL SYRUP 50 MG/5ML (<i>black elderberry</i>)	OTC Benefit	
SAMBUCUS KIDS IMMUNE ORAL SYRUP 25 MG/5ML (<i>black elderberry</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sv black cohosh oral tablet 20 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - BO'S***		
<i>borage oil oral capsule 1000 mg</i>	OTC Benefit	
<i>boswellia oral tablet 307 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - BR'S***		
<i>broccoli extract oral tablet 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - CA'S***		
<i>calcium d-glucarate oral capsule 500 mg</i>	OTC Benefit	
<i>cats claw oral capsule 1000 mg, 350 mg, 400 mg</i>	OTC Benefit	
<i>cayenne fruit oral capsule 455 mg</i>	OTC Benefit	
<i>cayenne oral capsule 450 mg</i>	OTC Benefit	
<i>full spectrum extract oral liquid 10 mg/ml, 20 mg/ml</i>	OTC Benefit	
<i>full spectrum salve external ointment 5 mg/gm</i>	OTC Benefit	
<i>full spectrum soft gels oral capsule 15 mg</i>	OTC Benefit	
PRELIEF ORAL TABLET 340 (65-50) MG (CA-P) (<i>calcium glycerophosphate</i>)	OTC Benefit	
RELIEF & RECOVERY ROLL-ON EXTERNAL LIQUID (<i>cannabinoids</i>)	OTC Benefit	
<i>thc free oral liquid 20 mg/ml</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - CH'S***		
<i>charcoal oral capsule 200 mg</i>	OTC Benefit	
<i>chia oil oral capsule 1000 mg</i>	OTC Benefit	
<i>chia seed oil extract oral capsule 1000 mg</i>	OTC Benefit	
<i>chitosan oral tablet 500 mg</i>	OTC Benefit	
<i>chondroitin sulfate oral capsule 150 mg</i>	OTC Benefit	
OPTIFLEX-C ORAL CAPSULE 400 MG (<i>chondroitin sulfate</i>)	OTC Benefit	
PRELIEVE PMS ORAL TABLET 20 MG (<i>chaste tree</i>)	OTC Benefit	
<i>vitex fruit oral capsule 400 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - CI'S***		
BERGACOR ORAL TABLET 650 MG (<i>citrus bergamot</i>)	OTC Benefit	
CERAXON ORAL SOLUTION 1000 MG/10ML (<i>citicoline sodium</i>)	OTC Benefit	
CERAXON ORAL TABLET 1000 MG, 500 MG (<i>citicoline sodium</i>)	OTC Benefit	
<i>cinnamon extract oral tablet 500 mg</i>	OTC Benefit	
<i>cinnamon oral capsule 500 mg</i>	OTC Benefit	
<i>cognitive health oral capsule 500 mg</i>	OTC Benefit	
<i>cvs cinnamon oral capsule 500 mg</i>	OTC Benefit	
<i>eql cinnamon oral capsule 500 mg</i>	OTC Benefit	
<i>gnp cinnamon oral capsule 500 mg</i>	OTC Benefit	
<i>qc cinnamon oral capsule 500 mg</i>	OTC Benefit	
<i>sm cinnamon oral capsule 500 mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ALTERNATIVE MEDICINE - CO'S***		
<i>co q 10 oral capsule 10 mg, 100 mg</i>	OTC Benefit	
<i>co q-10 oral capsule 100 mg, 200 mg, 300 mg, 400 mg, 75 mg</i>	OTC Benefit	
<i>co q-10 oral tablet chewable 100 mg</i>	OTC Benefit	
<i>coconut oil oral capsule 1000 mg</i>	OTC Benefit	
<i>coenzyme q10 oral capsule 10 mg, 50 mg</i>	OTC Benefit	
<i>co-enzyme q10 oral capsule 100 mg, 200 mg</i>	OTC Benefit	
<i>co-enzyme q-10 oral capsule 30 mg</i>	OTC Benefit	
<i>coenzyme q-10 oral capsule 60 mg</i>	OTC Benefit	
<i>coenzyme q10 oral liquid 30 mg/5ml</i>	OTC Benefit	
<i>coenzyme q10 oral tablet 100 mg, 200 mg, 50 mg</i>	OTC Benefit	
<i>coq-10 fast dissolve oral tablet dispersible 50 mg</i>	OTC Benefit	
<i>coq10 gummies adult oral tablet chewable 50 mg</i>	OTC Benefit	
<i>coq10 maximum strength oral capsule 400 mg</i>	OTC Benefit	
<i>coq-10 oral capsule 100 mg, 150 mg, 200 mg, 30 mg, 400 mg, 50 mg</i>	OTC Benefit	
<i>coq10 oral capsule 100 mg, 200 mg, 30 mg, 50 mg</i>	OTC Benefit	
<i>cvs coconut oil oral capsule 1000 mg</i>	OTC Benefit	
<i>cvs coenzyme q-10 oral capsule 100 mg</i>	OTC Benefit	
<i>cvs coq-10 oral capsule 200 mg, 400 mg, 50 mg</i>	OTC Benefit	
<i>cvs coq-10 ultra oral capsule 100 mg</i>	OTC Benefit	
<i>eql coconut oil oral capsule 1000 mg</i>	OTC Benefit	
<i>eql coq10 oral capsule 100 mg, 200 mg, 400 mg</i>	OTC Benefit	
<i>ft co q-10 rapid release oral capsule 100 mg, 200 mg</i>	OTC Benefit	
<i>gnp co q-10 oral capsule 100 mg</i>	OTC Benefit	
<i>gnp co q10 oral capsule 100 mg, 200 mg, 60 mg</i>	OTC Benefit	
<i>mega coq10 oral capsule 400 mg</i>	OTC Benefit	
<i>nat-rul coenzyme q-10 oral capsule 60 mg</i>	OTC Benefit	
NEOQ10 ORAL CAPSULE 125 MG (coenzyme q10)	OTC Benefit	
PRONUTRIENTS COQ10 ORAL CAPSULE 100 MG (coenzyme q10)	OTC Benefit	
<i>qc co q-10 oral capsule 100 mg</i>	OTC Benefit	
Q-SORB CO Q-10 ORAL CAPSULE 100 MG, 200 MG (coenzyme q10)	OTC Benefit	
<i>ra coenzyme q-10 oral capsule 100 mg, 200 mg</i>	OTC Benefit	
<i>sm co q-10 oral capsule 200 mg</i>	OTC Benefit	
<i>sm coq-10 oral capsule 50 mg</i>	OTC Benefit	
VITALINE COQ10 ORAL TABLET 200 MG (coenzyme q10)	OTC Benefit	
VITALINE COQ10 ORAL WAFER 100 MG, 300 MG (coenzyme q10)	OTC Benefit	
<i>yl coenzyme q10 oral capsule 30 mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ALTERNATIVE MEDICINE - CR'S***		
AZO CRANBERRY GUMMIES ORAL TABLET CHEWABLE 250 MG (cranberry)	OTC Benefit	
<i>cramp bark oral liquid 657 mg/0.7ml</i>	OTC Benefit	
CRANBEREX ORAL CAPSULE 240 MG (cranberry)	OTC Benefit	
<i>cranberry concentrate oral capsule 500 mg</i>	OTC Benefit	
<i>cranberry extract oral tablet 250 mg</i>	OTC Benefit	
<i>cranberry fruit oral capsule 465 mg</i>	OTC Benefit	
<i>cranberry juice extract oral capsule 1000 mg</i>	OTC Benefit	
<i>cranberry juice powder oral capsule 425 mg</i>	OTC Benefit	
<i>cranberry oral capsule 200 mg, 250 mg, 450 mg, 500 mg</i>	OTC Benefit	
<i>cranberry oral tablet 125 mg, 300 mg, 400 mg, 450 mg, 500 mg, 600 mg</i>	OTC Benefit	
<i>cranberry soft oral tablet chewable 500 mg</i>	OTC Benefit	
<i>cranberry ultra strength oral tablet 500 mg</i>	OTC Benefit	
<i>cranberry womens health oral capsule 215 mg</i>	OTC Benefit	
<i>cranberry womens health oral tablet dispersible 125 mg</i>	OTC Benefit	
CRAN-MAX ORAL CAPSULE 500 MG (cranberry)	OTC Benefit	
<i>cvs cranberry oral capsule 20-4200-1.35 mg, 500 mg</i>	OTC Benefit	
ELLURA ORAL CAPSULE 200 MG (cranberry)	OTC Benefit	
<i>ft cranberry extract oral tablet 500 mg</i>	OTC Benefit	
<i>gnp cranberry extract oral capsule 200 mg</i>	OTC Benefit	
<i>pac cranberry oral capsule 500 mg</i>	OTC Benefit	
<i>ra cranberry oral capsule 425 mg, 500 mg</i>	OTC Benefit	
<i>sm cranberry oral tablet 300 mg, 400 mg, 500 mg</i>	OTC Benefit	
<i>sm cranberry ultra strength oral tablet 500 mg</i>	OTC Benefit	
SM CRAN-MAX SUPER STRENGTH ORAL CAPSULE 500 MG (cranberry)	OTC Benefit	
<i>sv cranberry oral capsule 500 mg</i>	OTC Benefit	
<i>sv cranberry oral tablet 500 mg</i>	OTC Benefit	
THERACRAN HP FOR KIDS ORAL TABLET CHEWABLE 50 MG (cranberry)	OTC Benefit	
THERACRAN HP ORAL CAPSULE 180 MG (cranberry)	OTC Benefit	
THERACRAN ONE ORAL CAPSULE 500 MG (cranberry)	OTC Benefit	
*ALTERNATIVE MEDICINE - DA'S***		
<i>damiana (turnera diffusa) oral liquid 636 mg/0.7ml</i>	OTC Benefit	
<i>dandelion root oral capsule 525 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - DE'S***		
DNZ-2 ORAL CAPSULE 250 MG (deanol acetamidobenzoate)	OTC Benefit	
*ALTERNATIVE MEDICINE - DI'S***		
BERBERINE ES-5 ORAL CAPSULE 200 MG (dihydroberberine)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ALTERNATIVE MEDICINE - DM'S**		
AZO D-MANNOSE ORAL CAPSULE 500 MG (<i>d-mannose</i>)	OTC Benefit	
AZO D-MANNOSE ORAL TABLET CHEWABLE 500 MG (<i>d-mannose</i>)	OTC Benefit	
<i>d-mannose oral capsule 350 mg, 500 mg</i>	OTC Benefit	
<i>d-mannose oral powder</i>	OTC Benefit	
MANNXTRA ORAL POWDER (<i>d-mannose</i>)	OTC Benefit	
<i>sv d-mannose oral capsule 500 mg</i>	OTC Benefit	
URITRAX ORAL POWDER (<i>d-mannose</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - DO'S***		
<i>dong quai oral capsule 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - EC'S***		
<i>echinacea complex oral capsule 125 mg</i>	OTC Benefit	
<i>echinacea herb oral capsule 400 mg</i>	OTC Benefit	
<i>echinacea oral capsule 125 mg, 350 mg, 380 mg, 400 mg, 450 mg, 650 mg</i>	OTC Benefit	
<i>echinacea oral tablet 125 mg</i>	OTC Benefit	
<i>gnp echinacea extract oral capsule 62.5 mg</i>	OTC Benefit	
<i>sm echinacea oral tablet 125 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - EL'S***		
<i>elderberry oral capsule 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - ER'S***		
MITOPRIME ORAL CAPSULE 12.5 MG (<i>ergothioneine</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - FE'S***		
<i>fenugreek oral capsule 610 mg</i>	OTC Benefit	
<i>feverfew oral capsule 380 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - FL'S***		
<i>cold milled golden flax seed oral powder</i>	OTC Benefit	
<i>cvs flaxseed oil oral capsule 1000 mg</i>	OTC Benefit	
<i>eql flaxseed oil oral capsule 1200 mg</i>	OTC Benefit	
<i>flax oral oil</i>	OTC Benefit	
<i>flax seed oil oral capsule 1000 mg</i>	OTC Benefit	
<i>flaxseed oil oral capsule 1000 mg, 1200 mg, 1400 mg</i>	OTC Benefit	
<i>flaxseed oil oral oil</i>	OTC Benefit	
<i>flaxseed oil organic oral capsule 1000 mg</i>	OTC Benefit	
<i>ft flaxseed oil oral capsule 1000 mg</i>	OTC Benefit	
<i>gnp flaxseed oral capsule 1000 mg</i>	OTC Benefit	
<i>ground flax seeds oral powder</i>	OTC Benefit	
<i>nat-rul flax seed oil oral capsule 1000 mg</i>	OTC Benefit	
<i>ra flax seed oil 1000 oral capsule 1000 mg</i>	OTC Benefit	
<i>sm flax seed oil oral capsule 1000 mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm flaxseed oil oral capsule 1000 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - GA'S***		
<i>cvs garlic oral tablet delayed release 400 mg</i>	OTC Benefit	
<i>garlic oil 1500 oral capsule 3 mg</i>	OTC Benefit	
<i>garlic oil oral capsule 2 mg, 3 mg, 500 mg</i>	OTC Benefit	
<i>garlic oil oral tablet 500 mg</i>	OTC Benefit	
<i>garlic oral capsule 10 mg, 1000 mg, 1200 mg</i>	OTC Benefit	
<i>garlic oral tablet 200 mg, 400 mg</i>	OTC Benefit	
<i>garlic oral tablet delayed release 2000 mg</i>	OTC Benefit	
GARLIQUE ORAL TABLET DELAYED RELEASE 400 MG (<i>garlic</i>)	OTC Benefit	
GARLIX ORAL CAPSULE 650 MG (<i>garlic</i>)	OTC Benefit	
<i>odorless garlic oral capsule 1000 mg</i>	OTC Benefit	
<i>odorless garlic oral tablet 1250 mg, 500 mg</i>	OTC Benefit	
OPTI-GAR ORAL TABLET (<i>garlic</i>)	OTC Benefit	
PURE-GAR ORAL TABLET 350 MG (<i>garlic</i>)	OTC Benefit	
<i>ra garlic oral capsule 580 mg</i>	OTC Benefit	
SM GARLIC ORAL TABLET 150 MG, 500 MG (<i>garlic</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - GE'S***		
I-COOL FOR MENOPAUSE ORAL TABLET 30 MG (<i>genistein</i>)	OTC Benefit	
STAY COOL ORAL TABLET 30 MG (<i>genistein</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - GI'S***		
BIOGINKGO 24/6 ORAL TABLET 60 MG (<i>ginkgo biloba</i>)	OTC Benefit	
BIOGINKGO 27/7 ORAL TABLET 60 MG (<i>ginkgo biloba</i>)	OTC Benefit	
<i>cvs ginkgo biloba oral capsule 120 mg</i>	OTC Benefit	
DRAMAMINE MOTION SICKNESS ORAL CAPSULE 500 MG (<i>ginger (zingiber officinalis)</i>)	OTC Benefit	
DRAMAMINE-N ORAL TABLET 50 MG (<i>ginger (zingiber officinalis)</i>)	OTC Benefit	
<i>ginger extract oral capsule 250 mg</i>	OTC Benefit	
<i>ginger oral capsule 500 mg</i>	OTC Benefit	
<i>ginger root oral capsule 250 mg, 500 mg, 550 mg</i>	OTC Benefit	
<i>ginger-burst oral tablet chewable 1 mg</i>	OTC Benefit	
<i>ginkgo biloba extract oral capsule 40 mg, 60 mg</i>	OTC Benefit	
<i>ginkgo biloba memory enhancer oral capsule 60 mg</i>	OTC Benefit	
<i>ginkgo biloba oral capsule 100 mg, 120 mg, 125 mg, 30 mg, 40 mg, 500 mg, 60 mg</i>	OTC Benefit	
<i>ginkgo biloba oral tablet 120 mg, 40 mg, 60 mg</i>	OTC Benefit	
GINKGO BILOBA PLUS ORAL TABLET (<i>ginkgo biloba</i>)	OTC Benefit	
<i>ginkgo oral tablet 60 mg</i>	OTC Benefit	
GINKGOLD ORAL TABLET 60 MG (<i>ginkgo biloba</i>)	OTC Benefit	
<i>ginkoba oral tablet 40 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>gnp ginkgo biloba extract oral capsule 60 mg</i>	OTC Benefit	
<i>sm ginkgo biloba oral tablet 60 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - GL'S***		
<i>beta glucan oral capsule 250 mg</i>	OTC Benefit	
<i>cvs glucosamine sulfate oral capsule 1000 mg</i>	OTC Benefit	
<i>genicin oral capsule 500 mg</i>	OTC Benefit	
<i>glucosamine hcl oral tablet 1000 mg, 1500 mg, 500 mg</i>	OTC Benefit	
<i>glucosamine oral capsule 500 mg</i>	OTC Benefit	
<i>glucosamine oral tablet 750 mg</i>	OTC Benefit	
GLUCOSAMINE RELIEF ORAL CAPSULE 500 MG (<i>glucosamine sulfate</i>)	OTC Benefit	
GLUCOSAMINE RELIEF ORAL TABLET 1000 MG (<i>glucosamine sulfate</i>)	OTC Benefit	
<i>glucosamine sulfate oral capsule 1000 mg, 500 mg, 750 mg</i>	OTC Benefit	
<i>glucosamine sulfate oral tablet 1000 mg, 500 mg, 750 mg</i>	OTC Benefit	
<i>gnp glucosame maximum strength oral tablet 1000 mg</i>	OTC Benefit	
IMMUNOTIX 250 ORAL CAPSULE 250 MG (<i>glucan</i>)	OTC Benefit	
IMMUNOTIX 500 ORAL CAPSULE 500 MG (<i>glucan</i>)	OTC Benefit	
ONCOPLEX ES ORAL CAPSULE 100 MG (<i>glucoraphanin</i>)	OTC Benefit	
ONCOPLEX ORAL CAPSULE 30 MG (<i>glucoraphanin</i>)	OTC Benefit	
OPTIFLEX-G ORAL TABLET 750 MG (<i>glucosamine sulfate</i>)	OTC Benefit	
<i>ra glucosamine sulfate oral tablet 500 mg</i>	OTC Benefit	
<i>sm glucosamine hcl oral tablet 1500 mg</i>	OTC Benefit	
<i>sm glucosamine sulfate oral tablet 1000 mg</i>	OTC Benefit	
SYNOVACIN ORAL CAPSULE 500 MG (<i>glucosamine sulfate</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - GO'S***		
<i>golden seal extract oral capsule 400 mg</i>	OTC Benefit	
<i>golden seal oral capsule 500 mg</i>	OTC Benefit	
<i>golden seal root oral capsule 535 mg</i>	OTC Benefit	
<i>goldenseal root oral capsule 1000 mg, 333 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - GR'S***		
<i>cvs super green tea extract oral capsule 250 mg</i>	OTC Benefit	
<i>grape seed extract oral capsule 30 mg, 50 mg</i>	OTC Benefit	
<i>grape seed extract oral tablet 50 mg</i>	OTC Benefit	
<i>grape seed oral capsule 100 mg</i>	OTC Benefit	
<i>grape seed oral tablet 50 mg</i>	OTC Benefit	
GREEN TEA 600 ORAL CAPSULE 600 MG (<i>green tea (camellia sinensis)</i>)	OTC Benefit	
<i>green tea oral capsule 200 mg, 250 mg, 315 mg</i>	OTC Benefit	
<i>hm green tea complex oral tablet 150 mg</i>	OTC Benefit	
MEGANATURAL BP ORAL TABLET EXTENDED RELEASE 150 MG (<i>grape seed</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SM GREEN TEA COMPLEX ORAL TABLET 1000 MG (<i>green tea (camellia sinensis)</i>)	OTC Benefit	
TEGREEN 97 ORAL CAPSULE 250 MG (<i>green tea (camellia sinensis)</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - GU'S***		
<i>guarana energy support oral capsule 200 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - HA'S***		
<i>hawthorn berries oral capsule 565 mg</i>	OTC Benefit	
<i>hawthorn oral capsule 150 mg</i>	OTC Benefit	
<i>hawthorne berry oral capsule 550 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - HO'S***		
<i>horse chestnut oral capsule 300 mg</i>	OTC Benefit	
LITTLE REMEDIES HONEY COUGH ORAL SYRUP 5 GM/5ML (<i>honey</i>)	OTC Benefit	
<i>south african hoodia oral capsule 250 mg</i>	OTC Benefit	
VENASTAT ORAL CAPSULE EXTENDED RELEASE 300 MG (<i>horse chestnut</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - HY***		
<i>5-htp maximum strength oral capsule 200 mg</i>	OTC Benefit	
<i>5-htp mood & stress oral tablet dispersible 100 mg</i>	OTC Benefit	
<i>5-htp mood & stress tr max str oral tablet extended release 200 mg</i>	OTC Benefit	
<i>5-htp mood and stress oral tablet extended release 100 mg</i>	OTC Benefit	
<i>5-htp oral capsule 100 mg, 50 mg</i>	OTC Benefit	
<i>5-htp oral tablet extended release 100 mg</i>	OTC Benefit	
<i>cvs 5-htp oral capsule 100 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - KA'S***		
<i>kava kava oral capsule 200 mg, 425 mg</i>	OTC Benefit	
<i>kava kava root oral capsule 1000 mg, 425 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - KR'S***		
<i>cvs omega-3 krill oil oral capsule 350 mg, 500 mg</i>	OTC Benefit	
<i>ft krill oil oral capsule 350 mg</i>	OTC Benefit	
<i>hm megakrill oral capsule 500 mg</i>	OTC Benefit	
<i>krill oil omega-3 oral capsule 500 mg</i>	OTC Benefit	
<i>krill oil oral capsule 1000 mg, 300 mg, 350 mg, 500 mg</i>	OTC Benefit	
<i>maximum red krill oral capsule 300 mg</i>	OTC Benefit	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 1000 MG, 350 MG, 500 MG (<i>krill oil</i>)	OTC Benefit	
<i>omega-3 krill oil oral capsule 1000 mg, 300 mg, 500 mg</i>	OTC Benefit	
<i>omega-3 oral capsule 500 mg</i>	OTC Benefit	
SM MEGAKRILL ORAL CAPSULE 300 MG (<i>krill oil</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ALTERNATIVE MEDICINE - LA'S**		
CALMAID ORAL CAPSULE 80 MG (<i>lavender oil</i>)	OTC Benefit	
<i>lactoferrin oral capsule 250 mg</i>	OTC Benefit	
LAVELA WS 1265 ORAL CAPSULE 80 MG (<i>lavender oil</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - LI'S***		
<i>licorice (glycyrrhiza glabra) oral capsule 450 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - LU'S***		
<i>cvs lutein oral capsule 40 mg, 6 mg</i>	OTC Benefit	
<i>eql lutein oral capsule 20 mg</i>	OTC Benefit	
<i>gnp lutein oral tablet 10 mg</i>	OTC Benefit	
<i>kp lutein oral capsule 6 mg</i>	OTC Benefit	
<i>lutein esters oral capsule 18.6 mg</i>	OTC Benefit	
<i>lutein oral capsule 20 mg, 40 mg, 6 mg</i>	OTC Benefit	
<i>lutein oral tablet 10 mg, 20 mg, 6 mg</i>	OTC Benefit	
<i>sm lutein oral capsule 20 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - LY***		
<i>lycopene oral capsule , 10 mg</i>	OTC Benefit	
<i>lycopene oral tablet 25 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - MA'S***		
FEMMENESSENCE MACAHARMONY ORAL CAPSULE 500 MG (<i>maca root</i>)	OTC Benefit	
FEMMENESSENCE MACALIFE ORAL CAPSULE 500 MG (<i>maca root</i>)	OTC Benefit	
FEMMENESSENCE MACAPAUSE ORAL CAPSULE 500 MG (<i>maca root</i>)	OTC Benefit	
<i>maca oral capsule 500 mg</i>	OTC Benefit	
<i>maca root oral capsule 525 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - ME'S***		
<i>cvs melatonin extra strength oral liquid 5 mg/15ml</i>	OTC Benefit	
<i>cvs melatonin gummies oral tablet chewable 1 mg, 2.5 mg, 5 mg</i>	OTC Benefit	
<i>cvs melatonin oral capsule 10 mg, 5 mg</i>	OTC Benefit	
<i>cvs melatonin oral liquid 5 mg/15ml</i>	OTC Benefit	
<i>cvs melatonin oral tablet 10 mg, 3 mg, 5 mg</i>	OTC Benefit	
<i>cvs melatonin oral tablet chewable 5 mg</i>	OTC Benefit	
<i>cvs melatonin oral tablet dispersible 10 mg, 12 mg</i>	OTC Benefit	
<i>cvs melatonin quick-dissolve oral tablet dispersible 5 mg</i>	OTC Benefit	
<i>cvs melatonin sublingual tablet sublingual 10 mg, 5 mg</i>	OTC Benefit	
<i>cvs msm oral capsule 1000 mg</i>	OTC Benefit	
<i>cvs quality sleep oral capsule 10 mg</i>	OTC Benefit	
<i>cvs sleep support childrens oral tablet chewable 1 mg</i>	OTC Benefit	
<i>ft melatonin extra strength oral tablet chewable 5 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ft melatonin extra strength oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>ft melatonin extra strength oral tablet extended release 10 mg</i>	OTC Benefit	
<i>ft melatonin oral tablet 3 mg, 5 mg</i>	OTC Benefit	
<i>ft melatonin oral tablet chewable 2.5 mg</i>	OTC Benefit	
<i>gnp melatonin maximum strength oral tablet 5 mg</i>	OTC Benefit	
<i>gnp melatonin oral tablet 3 mg</i>	OTC Benefit	
<i>gnp melatonin oral tablet chewable 2.5 mg</i>	OTC Benefit	
<i>gnp melatonin oral tablet extended release 10 mg</i>	OTC Benefit	
<i>gnp melatonin sublingual tablet sublingual 10 mg</i>	OTC Benefit	
<i>hm melatonin quick dissolve oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>kp melatonin oral tablet 3 mg</i>	OTC Benefit	
<i>max melatonin oral tablet dispersible 12 mg</i>	OTC Benefit	
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML (<i>melatonin</i>)	OTC Benefit	
<i>meladox oral tablet extended release 3 mg</i>	OTC Benefit	
<i>melatonin childrens oral tablet chewable 1 mg</i>	OTC Benefit	
<i>melatonin er oral tablet extended release 10 mg, 3 mg, 5 mg</i>	OTC Benefit	
<i>melatonin extra strength oral liquid 5 mg/15ml</i>	OTC Benefit	
<i>melatonin extra strength oral tablet 10 mg</i>	OTC Benefit	
<i>melatonin extra strength oral tablet chewable 5 mg</i>	OTC Benefit	
<i>melatonin fast dissolve ex str oral tablet dispersible 5 mg</i>	OTC Benefit	
<i>melatonin fast dissolve max st oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>melatonin fast dissolve oral tablet dispersible 10 mg, 3 mg</i>	OTC Benefit	
<i>melatonin gummies oral tablet chewable 2.5 mg, 5 mg</i>	OTC Benefit	
<i>melatonin kids gummies oral tablet chewable 1 mg</i>	OTC Benefit	
<i>melatonin kids oral tablet chewable 1 mg</i>	OTC Benefit	
<i>melatonin maximum strength oral liquid 10 mg/ml</i>	OTC Benefit	
<i>melatonin maximum strength oral tablet 10 mg</i>	OTC Benefit	
<i>melatonin oral capsule 1 mg, 10 mg, 3 mg, 5 mg</i>	OTC Benefit	
<i>melatonin oral liquid 1 mg/4ml, 1 mg/ml, 2.5 mg/10ml, 3 mg/0.9ml, 3 mg/4ml, 5 mg/ml</i>	OTC Benefit	
<i>melatonin oral tablet 1 mg, 10 mg, 12 mg, 300 mcg</i>	OTC Benefit	
<i>melatonin oral tablet chewable 2.5 mg, 5 mg</i>	OTC Benefit	
<i>melatonin oral tablet dispersible 10 mg, 12 mg, 3 mg, 5 mg</i>	OTC Benefit	
<i>melatonin quick dissolve oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>melatonin quick dissolve sublingual tablet sublingual 10 mg</i>	OTC Benefit	
<i>melatonin sleep fast dissolve oral tablet dispersible 1 mg</i>	OTC Benefit	
<i>melatonin sublingual lozenge 5 mg</i>	OTC Benefit	
<i>melatonin sublingual tablet sublingual 10 mg, 3 mg, 5 mg</i>	OTC Benefit	
<i>melatonin tr oral tablet extended release 1 mg</i>	OTC Benefit	
MELATONINMAX GUMMIES ORAL TABLET CHEWABLE 10 MG (<i>melatonin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>mm melatonin oral tablet extended release 10 mg</i>	OTC Benefit	
<i>msm oral capsule 500 mg, 900 mg</i>	OTC Benefit	
<i>msm oral powder</i>	OTC Benefit	
<i>msm oral tablet 1000 mg</i>	OTC Benefit	
<i>qc melatonin max st oral tablet 5 mg</i>	OTC Benefit	
<i>qc melatonin oral tablet extended release 10 mg</i>	OTC Benefit	
<i>qc melatonin quick dissolve oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>ra melatonin oral tablet 10 mg, 3 mg, 5 mg</i>	OTC Benefit	
<i>ra melatonin sublingual tablet sublingual 1 mg</i>	OTC Benefit	
<i>ra msm 1000 oral capsule 1000 mg</i>	OTC Benefit	
<i>sleep gummies oral tablet chewable 5 mg</i>	OTC Benefit	
SLEEP MELATONIN JUST 4 KIDZ ORAL TABLET CHEWABLE 1 MG (<i>melatonin</i>)	OTC Benefit	
<i>sm melatonin oral tablet 5 mg</i>	OTC Benefit	
<i>sm melatonin oral tablet dispersible 5 mg</i>	OTC Benefit	
<i>sv melatonin oral tablet 5 mg</i>	OTC Benefit	
<i>sv melatonin oral tablet dispersible 3 mg, 5 mg</i>	OTC Benefit	
VITAJoy Gummies Oral Tablet Chewable 2.5 MG (<i>melatonin</i>)	OTC Benefit	
YUMVS MELATONIN ORAL TABLET CHEWABLE 2.5 MG, 5 MG (<i>melatonin</i>)	OTC Benefit	
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID 1 MG/ML (<i>melatonin</i>)	OTC Benefit	
ZARBEES SLEEP CHILD/MELATONIN ORAL TABLET CHEWABLE 1 MG (<i>melatonin</i>)	OTC Benefit	
ZARBEES SLEEP CHILDREN Gummies Oral Tablet Chewable 1 MG (<i>melatonin</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - MI'S***		
<i>eql milk thistle oral capsule 175 mg</i>	OTC Benefit	
<i>ft milk thistle extract oral capsule 87.5 mg</i>	OTC Benefit	
<i>milk thistle extract oral capsule 87.5 mg</i>	OTC Benefit	
<i>milk thistle extract oral tablet 175 mg</i>	OTC Benefit	
<i>milk thistle oral capsule 1000 mg, 140 mg, 150 mg, 175 mg, 250 mg, 300 mg, 500 mg</i>	OTC Benefit	
<i>ra milk thistle oral capsule 200 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - MO'S***		
<i>moringa oral capsule 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - NA'S***		
<i>nattokinase oral capsule 100 mg, 50 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - NE'S***		
<i>nettle leaf oral capsule 435 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - NO'S***		
<i>noni oral capsule 250 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ALTERNATIVE MEDICINE - OL***		
<i>olive leaf extract oral capsule 150 mg, 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - OR***		
<i>d-limonene oral capsule 1 gm</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - OS***		
<i>osha oral liquid</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - PA'S***		
<i>pantethine er oral tablet extended release 300 mg</i>	OTC Benefit	
<i>pau d arco oral capsule 1000 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - PE'S***		
IBGARD ORAL CAPSULE EXTENDED RELEASE 90 MG (<i>peppermint oil</i>)	OTC Benefit	
PEOGEST ORAL CAPSULE DELAYED RELEASE 0.2 ML (<i>peppermint oil</i>)	OTC Benefit	
<i>peppermint oil oral capsule 50 mg</i>	OTC Benefit	
<i>peppermint oil oral capsule delayed release 50 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - PH'S***		
<i>amalaki oral tablet 500 mg</i>	OTC Benefit	
<i>phytosterols oral tablet 450 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - PI'S***		
PYCNOGENOL ORAL CAPSULE 50 MG (<i>pine bark (pycnogenol)</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - PL'S***		
CHOLESTOFF ORAL TABLET 450 MG (<i>plant sterols and stanols</i>)	OTC Benefit	
CHOLESTOFF PLUS ORAL CAPSULE 450 MG (<i>plant sterols and stanols</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - PO***		
HELIOCARE ORAL CAPSULE 240 MG (<i>polypodium leucotomos</i>)	OTC Benefit	
<i>pepcix oral tablet chewable 91 mg</i>	OTC Benefit	
PEPZINGI ORAL TABLET CHEWABLE (<i>polaprezinc</i>)	OTC Benefit	
<i>pomegranate extract oral capsule 250 mg</i>	OTC Benefit	
<i>pomegranate oral capsule 150 mg, 250 mg</i>	OTC Benefit	
<i>zyncol oral tablet 30 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - PR'S***		
DHEA 50 ORAL CAPSULE 50 MG (<i>prasterone (dhea)</i>)	OTC Benefit	
<i>dhea micronized oral tablet 10 mg, 25 mg</i>	OTC Benefit	
<i>dhea mood & stress oral capsule 25 mg</i>	OTC Benefit	
<i>dhea oral capsule 25 mg, 50 mg</i>	OTC Benefit	
<i>dhea oral tablet 10 mg, 25 mg, 50 mg</i>	OTC Benefit	
<i>pro hormone dhea antioxidant oral capsule 25 mg</i>	OTC Benefit	
YL DHEA ORAL TABLET 25 MG (<i>prasterone (dhea)</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ALTERNATIVE MEDICINE - RA'S***		
<i>raspberry ketones oral capsule 100 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - RE'S***		
CHOLESTIN ORAL CAPSULE 600 MG (<i>red yeast rice extract</i>)	OTC Benefit	
<i>cvs red yeast rice oral capsule 600 mg</i>	OTC Benefit	
<i>ft red yeast rice oral capsule 600 mg</i>	OTC Benefit	
<i>gnp red yeast rice oral capsule 600 mg</i>	OTC Benefit	
PROMENSIL ORAL TABLET 500 MG (<i>red clover leaf extract</i>)	OTC Benefit	
<i>red yeast rice extract oral capsule 300 mg, 600 mg</i>	OTC Benefit	
<i>red yeast rice oral capsule 55 mg, 600 mg</i>	OTC Benefit	
<i>resveratrol oral capsule 100 mg, 250 mg</i>	OTC Benefit	
TRINOVIN ORAL TABLET 500 MG (<i>red clover leaf extract</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - RH***		
ESTROVEN COMPLETE ORAL TABLET 4 MG (<i>rhubarb</i>)	OTC Benefit	
ESTROVEN MENOPAUSE RELIEF ORAL TABLET 4 MG (<i>rhubarb</i>)	OTC Benefit	
ESTROVERA ORAL TABLET 4 MG (<i>rhubarb</i>)	OTC Benefit	
<i>rhodiola oral capsule 300 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - SA'S***		
<i>cla oral capsule 1000 mg</i>	OTC Benefit	
<i>cvs saw palmetto oral capsule 450 mg</i>	OTC Benefit	
<i>mood plus sam-e double st oral tablet delayed release 400 mg</i>	OTC Benefit	
<i>mood plus sam-e oral tablet delayed release 200 mg</i>	OTC Benefit	
<i>ra sam-e oral tablet delayed release 200 mg</i>	OTC Benefit	
<i>ra saw palmetto oral capsule 160 mg</i>	OTC Benefit	
SAM-E COMPLETE ORAL TABLET DELAYED RELEASE 200 MG, 400 MG (<i>s-adenosylmethionine</i>)	OTC Benefit	
<i>sam-e oral capsule 200 mg</i>	OTC Benefit	
<i>same oral tablet 400 mg</i>	OTC Benefit	
<i>sam-e oral tablet 400 mg</i>	OTC Benefit	
<i>sam-e oral tablet delayed release 200 mg, 400 mg</i>	OTC Benefit	
<i>sam-e oral tablet extended release 400 mg</i>	OTC Benefit	
<i>saw palmetto berries oral capsule 540 mg, 585 mg</i>	OTC Benefit	
<i>saw palmetto berry oral capsule 160 mg</i>	OTC Benefit	
<i>saw palmetto extract oral capsule 160 mg</i>	OTC Benefit	
<i>saw palmetto oral capsule 1000 mg, 160 mg, 450 mg, 500 mg</i>	OTC Benefit	
<i>sm saw palmetto oral capsule 160 mg</i>	OTC Benefit	
TONALIN CLA ORAL CAPSULE 1000 MG (<i>safflower oil</i>)	OTC Benefit	
TONALIN SAFFLOWER OIL CLA ORAL CAPSULE 1000 MG (<i>safflower oil</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - SC'S***		
<i>schisandra oral capsule 50 mg, 580 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ALTERNATIVE MEDICINE - SH'S***		
<i>shark cartilage oral capsule 740 mg, 750 mg</i>	OTC Benefit	
<i>shepherds purse oral liquid 654 mg/0.7ml</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - SI***		
COGNIUM MEMORY EXTRA STR ORAL TABLET (<i>hydrolyzed silk</i>)	OTC Benefit	
COGNIUM MEMORY ORAL TABLET (<i>hydrolyzed silk</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE - SO'S***		
<i>hyaluronic acid oral capsule 100 mg</i>	OTC Benefit	
ISOREL ORAL CAPSULE 250 MG (<i>soybean</i>)	OTC Benefit	
<i>soy isoflavones extract oral capsule 50 mg</i>	OTC Benefit	
<i>soy isoflavones menopause rlf oral capsule 10 mg</i>	OTC Benefit	
<i>soy isoflavones oral capsule 100 mg, 55 mg</i>	OTC Benefit	
<i>soy isoflavones oral tablet 40 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - SP'S***		
<i>spirulina oral tablet 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - ST'S***		
<i>movana oral tablet 300 mg</i>	OTC Benefit	
<i>ra st johns wort oral tablet 300 mg</i>	OTC Benefit	
<i>sm st johns wort oral tablet 300 mg</i>	OTC Benefit	
<i>st johns wort oral capsule 1000 mg, 150 mg, 300 mg, 450 mg</i>	OTC Benefit	
<i>st johns wort oral tablet 150 mg, 300 mg</i>	OTC Benefit	
<i>st johns wort positive mood oral capsule 300 mg</i>	OTC Benefit	
<i>stevia oral packet 100 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - TA'S***		
<i>tart cherry oral capsule 500 mg</i>	OTC Benefit	
<i>tart cherry ultra gummies oral tablet chewable 400 mg</i>	OTC Benefit	
<i>tart cherry ultra oral capsule 1200 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - TE***		
<i>australian tea tree external oil 100 %</i>	OTC Benefit	
<i>cvs tea tree oil external oil 100 %</i>	OTC Benefit	
<i>tea tree external oil 100 %</i>	OTC Benefit	
<i>tea tree oil external oil</i>	OTC Benefit	
<i>tea tree oil spray external oil 100 %</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - TU***		
CURCUMIN 95 ORAL CAPSULE 500 MG (<i>turmeric</i>)	OTC Benefit	
CURCUPLEX-95 ORAL CAPSULE 500 MG (<i>turmeric</i>)	OTC Benefit	
<i>cvs turmeric curcumin oral capsule 500 mg</i>	OTC Benefit	
<i>ft turmeric complex oral capsule 500 mg</i>	OTC Benefit	
<i>gnp turmeric complex oral capsule 500 mg</i>	OTC Benefit	
<i>qc tumeric complex oral capsule 500 mg</i>	OTC Benefit	
<i>ra turmeric extra strength oral tablet 1053 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ra turmeric oral capsule 500 mg</i>	OTC Benefit	
<i>turmeric curcumin oral capsule 500 mg</i>	OTC Benefit	
<i>turmeric extra strength oral capsule</i>	OTC Benefit	
<i>turmeric oral capsule 400 mg, 450 mg, 500 mg</i>	OTC Benefit	
<i>turmeric oral tablet 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - UB***		
COQMAX ORAL CAPSULE 200 MG (<i>ubiquinol</i>)	OTC Benefit	
CYTO-Q MAX ORAL LIQUID 100 MG/ML (<i>ubiquinol liposomal</i>)	OTC Benefit	
CYTO-Q ORAL LIQUID 80 MG/10ML (<i>ubiquinol liposomal</i>)	OTC Benefit	
CYTO-Q T/F ORAL LIQUID 80 MG/10ML (<i>ubiquinol liposomal</i>)	OTC Benefit	
QH-ABSORB ORAL CAPSULE 200 MG (<i>ubiquinol</i>)	OTC Benefit	
<i>ubiquinol oral capsule 100 mg</i>	OTC Benefit	
UBQH ORAL CAPSULE 100 MG, 50 MG (<i>ubiquinol</i>)	OTC Benefit	
<i>ultra coq10 oral capsule 75 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - VA'S***		
<i>cvs valerian oral capsule 450 mg</i>	OTC Benefit	
<i>sv valerian root oral capsule 250 mg</i>	OTC Benefit	
<i>valerian oral capsule 500 mg</i>	OTC Benefit	
<i>valerian root oral capsule 250 mg, 450 mg, 500 mg, 530 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - WO'S***		
<i>wormwood(artemisia absinthium) oral liquid 395 mg/0.45ml</i>	OTC Benefit	
*ALTERNATIVE MEDICINE - YO'S***		
<i>yohimbe bark oral capsule 500 mg</i>	OTC Benefit	
*ALTERNATIVE MEDICINE COMBINATIONS - FIVE INGREDIENTS***		
<i>5-htp oral capsule</i>	OTC Benefit	
<i>complete omega oral capsule</i>	OTC Benefit	
<i>cvs glucosamine-chondroit-d3 oral tablet</i>	OTC Benefit	
<i>cvs glucos-chondroit triple st oral tablet</i>	OTC Benefit	
FLEXI JOINT ORAL TABLET (<i>glucosamine-chondroit-msm-c-mn</i>)	OTC Benefit	
<i>glucosamine chond triple/vit d oral tablet</i>	OTC Benefit	
<i>glucosamine chondroitin + d3 oral tablet</i>	OTC Benefit	
<i>glucosamine-chondroit-msm-c-mn oral capsule</i>	OTC Benefit	
<i>melatonin + l-theanine oral capsule</i>	OTC Benefit	
MELLODYN ORAL CAPSULE (<i>melatonin-val-cham-passf-lbalm</i>)	OTC Benefit	
MIDNITE SLEEP AID ORAL TABLET CHEWABLE (<i>melaton-lbalm-cham-lav-brom</i>)	OTC Benefit	
MODIFIED CITRUS PECTIN ORAL TABLET 100-25-2.5 MG (<i>pectin cit-inos-c-bioflav-soy</i>)	OTC Benefit	
MOMMY'S BLISS GRIPE WATER NGHT ORAL LIQUID (<i>ginger-cham-fennel-lbalm-passf</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>myofibex oral tablet</i>	OTC Benefit	
<i>sleep + immune health gummies oral tablet chewable</i>	OTC Benefit	
<i>sleep + immune health kids oral tablet chewable</i>	OTC Benefit	
<i>sleep + immune health oral capsule</i>	OTC Benefit	
<i>sleep oral capsule</i>	OTC Benefit	
<i>somnicin oral capsule</i>	OTC Benefit	
*ALTERNATIVE MEDICINE COMBINATIONS - FOUR INGREDIENTS***		
<i>bilberry extract oral capsule 40 mg</i>	OTC Benefit	
<i>cranberry plus probiotic oral tablet</i>	OTC Benefit	
<i>cvs glucosamine-chondroitin oral tablet</i>	OTC Benefit	
<i>cvs live better gripe water oral liquid</i>	OTC Benefit	
ESTROVEN MOOD & MEMORY ORAL TABLET (<i>black cohosh-soy-ginkgo-magnol</i>)	OTC Benefit	
ESTROVEN NIGHTTIME ORAL CAPSULE 3 MG (<i>melatonin-blckcohosh-hop-valer</i>)	OTC Benefit	
EZ FLEX GC ORAL TABLET (<i>glucosamine-chondroit-vit c-mn</i>)	OTC Benefit	
GINKGO BILOBA PLUS-GINSENG ORAL TABLET 50-150-250-50 MG (<i>ginkgo-ginseng-gotu kol-lecith</i>)	OTC Benefit	
<i>glucosamine & fish oil oral capsule 500-400-60-40 mg</i>	OTC Benefit	
<i>glucosamine 1500 complex oral capsule</i>	OTC Benefit	
<i>glucosamine chondr 1500 complx oral capsule</i>	OTC Benefit	
<i>glucosamine chondroit-collagen oral capsule</i>	OTC Benefit	
<i>glucosamine chondroitin complx oral capsule</i>	OTC Benefit	
<i>glucosamine chondroitin complx oral tablet</i>	OTC Benefit	
<i>glucosamine chondroitin plus oral capsule</i>	OTC Benefit	
<i>glucosamine-chondroitin max st oral capsule</i>	OTC Benefit	
<i>glucosamine-chondroitin oral capsule</i>	OTC Benefit	
<i>glucosamine-chondroitin oral tablet</i>	OTC Benefit	
<i>glucosamine-chondroitin-msm oral tablet 500-400-422-83 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin-msm-d3 oral tablet</i>	OTC Benefit	
<i>gnp cranberry oral tablet</i>	OTC Benefit	
<i>green tea slim w/ app cid/oran oral tablet</i>	OTC Benefit	
<i>gripe water oral liquid</i>	OTC Benefit	
JOINT MOVEMENT GLUCOSAMINE ORAL LIQUID (<i>glucos-chondroit-hyaluron-msm</i>)	OTC Benefit	
MILK THISTLE XTRA ORAL CAPSULE (<i>milk thistle-dand-fennel-licor</i>)	OTC Benefit	
MOVE FREE JOINT HEALTH ADVANCE ORAL TABLET (<i>glucos-chond-hyal ac-ca fructo</i>)	OTC Benefit	
<i>mylk oral capsule</i>	OTC Benefit	
<i>natussa cough oral syrup</i>	OTC Benefit	
<i>now melatonin oral tablet extended release</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OSTERA ORAL TABLET (<i>berberine-redisoalphaacd-d-k</i>)	OTC Benefit	
<i>qc glucosamine-chondroitin ds oral tablet</i>	OTC Benefit	
<i>ra glucosamine-chondroitin-msm oral tablet</i>	OTC Benefit	
RELAX+ NIGHT CALM GUMMIES ORAL TABLET CHEWABLE 1.5-50-12.5-0.5 MG (<i>melatonin-theanine-5 htp-lemon</i>)	OTC Benefit	
<i>sleep+calm oral capsule</i>	OTC Benefit	
<i>sm glucosamine/chondroitin oral tablet 750-600 mg</i>	OTC Benefit	
SM NATURAL OMEGA-3 FISH OIL ORAL CAPSULE (<i>fish oil-borage-flax-safflower</i>)	OTC Benefit	
<i>stress saver oral capsule</i>	OTC Benefit	
SUPER MILK THISTLE X ORAL CAPSULE (<i>milk thistle-artchke-dand-licor</i>)	OTC Benefit	
<i>triple flex 50+ oral tablet</i>	OTC Benefit	
<i>triple flex/vitamin d3 oral tablet</i>	OTC Benefit	
UNISOM SIMPLE SLUMBERS ORAL TABLET CHEWABLE 2.5 MG (<i>melatonin-b6-lbalm-passflower</i>)	OTC Benefit	
<i>vitamin c-quercetin-citrus bio oral capsule 450-250-125-50 mg</i>	OTC Benefit	
VITEYES BLUE LIGHT DEF KIDS ORAL TABLET CHEWABLE 1-5-1-0.3 MG (<i>astaxanth-lutein-zeaxan-ribofl</i>)	OTC Benefit	
WOMENS WATER BALANCE ORAL TABLET (<i>psyllium-pot gluc-b6-nat prod</i>)	OTC Benefit	
YEAST FORMULA ORAL CAPSULE DELAYED RELEASE (<i>oreg-peppermint-thyme-gldnseal</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE COMBINATIONS - SEVEN INGREDIENTS***		
DURAFLEX ORAL TABLET (<i>glucos-chon-msm-ca-c-ctcl-secu</i>)	OTC Benefit	
GLUCOSAMINE-MSM COMPLEX-COLLGN ORAL CAPSULE (<i>glucos-msm-c-mn-gngr-will-coll</i>)	OTC Benefit	
SOPORDREN ORAL CAPSULE (<i>mela-5htp-mpru-phel-the-mg-gab</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE COMBINATIONS - SIX INGREDIENTS***		
AVORIA GC+ ORAL PACKET (<i>glucos-chondroit-ca-mg-c-d</i>)	OTC Benefit	
<i>eql glucosamine chondroitin/d oral capsule</i>	OTC Benefit	
<i>glucos-chond-msm-bor-d3-hyalur oral tablet</i>	OTC Benefit	
MOVE FREE JOINT HEALTH ADV + D ORAL TABLET (<i>glucos-chond-msm-bor-d3-hyalur</i>)	OTC Benefit	
STONEX ORAL CAPSULE (<i>pin-camphn-born-fench-anet-euc</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS***		
<i>advanced eye health oral capsule 250-2.5-0.5 mg</i>	OTC Benefit	
ALAMAX PROTECT ORAL CAPSULE 125-95-250 MG-MCG-MG (<i>alpha lipoic ac-biotin-berberi</i>)	OTC Benefit	
AZO CRANBERRY ORAL TABLET 250-30 MG (<i>cranberry-vitamin c-probiotic</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>berberine complex oral capsule 200-200-50 mg</i>	OTC Benefit	
<i>biotin-keratin-alpha lipoic ac oral capsule 5-10-50 mg</i>	OTC Benefit	
CARDIOTEA ORAL CAPSULE (<i>green tea-black tea-theanine</i>)	OTC Benefit	
<i>cartivisc oral tablet 500-200-150 mg</i>	OTC Benefit	
CHONDROITIN SULFATE COMPLEX ORAL CAPSULE 400-60-2.5 MG (<i>chondroitin sulfate-vit c-mn</i>)	OTC Benefit	
<i>cinnamon alpha lipoic ac cmplx oral capsule 150-0.1-500 mg</i>	OTC Benefit	
<i>cinnamon chromium & biotin oral tablet 500-0.1-1.5 mg</i>	OTC Benefit	
<i>co q-10 plus l-carnitine oral capsule 100-30-100 mg-unit-mg</i>	OTC Benefit	
<i>collagen 1500/c oral capsule 500-50-0.8 mg</i>	OTC Benefit	
<i>collagen oral capsule 500-50-0.8 mg</i>	OTC Benefit	
<i>condrolite oral tablet 500-200-150 mg</i>	OTC Benefit	
<i>co-q 10 omega-3 fish oil oral capsule</i>	OTC Benefit	
<i>cranberry oral tablet 250-30 mg</i>	OTC Benefit	
<i>cranberry plus vitamin c oral capsule 4200-20-3 mg-mg-unit, 4200-20-3 mg-unit</i>	OTC Benefit	
<i>cranberry/vitamin c triple st oral capsule 252-20-3 mg-unit</i>	OTC Benefit	
CRANRX ORAL TABLET CHEWABLE 250-30-50 MG (<i>cranberry-vitamin c-d mannose</i>)	OTC Benefit	
<i>cvs cinnamon complex oral capsule 1250-400-500 mg-mcg-mcg</i>	OTC Benefit	
<i>cvs gluco-chondroit plus uc-ii oral tablet 125-100-10 mg</i>	OTC Benefit	
<i>cvs glucosamine-chondroit-msm oral tablet 375-300-250 mg</i>	OTC Benefit	
<i>cvs glucos-chondroit-msm ds oral tablet 400-500-166.667 mg</i>	OTC Benefit	
<i>cvs joint health triple action oral tablet 40-5-3.3 mg</i>	OTC Benefit	
<i>cvs urinary health/cranberry oral tablet 450-30 mg</i>	OTC Benefit	
CYSTEX ULTRA PROTECTION ORAL CAPSULE (<i>cranberry-vitamin a-probiotic</i>)	OTC Benefit	
DIABETES TRIO ORAL TABLET EXTENDED RELEASE 50-500-200 MG-MG-MCG (<i>alpha lipoic acid-fenugreek-cr</i>)	OTC Benefit	
<i>elderberry extract oral tablet chewable 400-90-11 mg</i>	OTC Benefit	
<i>elderberry immune health gummy oral tablet chewable 50-45-3.8 mg</i>	OTC Benefit	
<i>elderberry/vitamin c/zinc oral capsule 400-90-11 mg</i>	OTC Benefit	
ESTROVEN COMPLETE ASHWAGANDHA ORAL TABLET 4-125-50 MG (<i>rhubarb-ashwagandha-magnesium</i>)	OTC Benefit	
ESTROVEN MENOPAUSE & WEIGHT ORAL CAPSULE 40-56-300 MG (<i>black cohosh-soyisoflav-c quad</i>)	OTC Benefit	
ESTROVEN MENOPAUSE RELIEF ORAL CAPSULE (<i>black cohosh-soyisoflav-magnol</i>)	OTC Benefit	
ESTROVEN PERIMENOPAUSE-WEIGHT ORAL CAPSULE 40-56-300 MG (<i>black cohosh-soyisoflav-c quad</i>)	OTC Benefit	
ESTROVEN SLEEP COOL ORAL TABLET 2 MG (<i>melatonin-black cohosh-soy</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>fish oil-flax oil-borage oil oral capsule</i>	OTC Benefit	
<i>fish-flax-borage oral capsule</i>	OTC Benefit	
<i>flax + dha oral capsule</i>	OTC Benefit	
<i>flax oil-fish oil-borage oil oral capsule</i>	OTC Benefit	
FORTIFENSE ORAL PACKET 1000-15-1000 MG (<i>echinacea-zinc-vitamin c</i>)	OTC Benefit	
<i>ft cranberry oral tablet 250-30 mg</i>	OTC Benefit	
<i>ft cranberry plus prob w/vit c oral tablet 250-30 mg</i>	OTC Benefit	
<i>ginseng royal jelly plus oral capsule 375-1-15 mg-mg-mcg</i>	OTC Benefit	
<i>glucosamine chondroitin msm ds oral tablet</i>	OTC Benefit	
<i>glucosamine chondroitin msm oral tablet 500-400-167 mg</i>	OTC Benefit	
<i>glucosamine complex -boswellia oral tablet</i>	OTC Benefit	
<i>glucosamine complex/vitamin d3 oral tablet</i>	OTC Benefit	
<i>glucosamine daily complex oral tablet</i>	OTC Benefit	
<i>glucosamine hyal acid & msm oral capsule 500-6.75-333 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin-msm oral capsule 500-250-250 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin-msm oral tablet , 400-333.3-200 mg, 500-400-166 mg, 500-400-167 mg, 500-400-83 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin-vit c oral liquid 2000-1200-60 mg/30ml</i>	OTC Benefit	
<i>glucosamine-chondroitin-vit d3 oral packet 1500-1200-800 mg-mg-unit</i>	OTC Benefit	
<i>glucosamine-vitamin d3 oral tablet</i>	OTC Benefit	
<i>glucos-chond-msm-double str oral tablet 500-400-167 mg</i>	OTC Benefit	
<i>gnp cranberry plus prob w/vitc oral tablet 250-30 mg</i>	OTC Benefit	
<i>gnp triple omega complex oral capsule delayed release</i>	OTC Benefit	
<i>lifes dha kids&teens oral capsule 200-5-1 mg</i>	OTC Benefit	
<i>lutein-zeaxanthin-bilberry oral capsule 20-1-2.2 mg</i>	OTC Benefit	
<i>mag oxide-vit d3-turmeric oral tablet 500-3000-150 mg-unit-mg</i>	OTC Benefit	
<i>magnesium-vitamin d3-turmeric oral tablet 500-3000-150 mg-unit-mg</i>	OTC Benefit	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 375 MG (<i>omega 3-lutein-zeaxanthin</i>)	OTC Benefit	
<i>melatonin + 5-htp advanced oral tablet extended release 6-50-10 mg</i>	OTC Benefit	
MENOPAUSE TRIO ORAL TABLET EXTENDED RELEASE 40-500-100 MG (<i>black cohosh-flaxseed-soy</i>)	OTC Benefit	
MIDOL PEACE OUT PMS ORAL CAPSULE 290-20-10 MG (<i>ginger-chasteberry-valerian</i>)	OTC Benefit	
MIGRELIEF CHILDRENS ORAL TABLET 100-90-25 MG (<i>riboflavin-magnesium-feverfew</i>)	OTC Benefit	
MIGRELIEF ORAL TABLET 200-180-50 MG (<i>riboflavin-magnesium-feverfew</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MOMMY'S BLISS CONSTIP+PREBIOT ORAL LIQUID 15-25-25 MG/5ML (<i>mag chloride-fennel-dandelion</i>)	OTC Benefit	
MOVE FREE ULTRA JOINT HEALTH ORAL TABLET 40-5-3.3 MG (<i>collagen-boron-hyaluronic acid</i>)	OTC Benefit	
<i>nat-rul coenzyme q-10 plus oral tablet chewable 100-150-60 mg-unit-mg</i>	OTC Benefit	
NEOFLEX GLUCO-CHOND-MSM ORAL TABLET 500-400-166 MG (<i>glucosamine-chondroitin-msm</i>)	OTC Benefit	
NEOFLEX JOINT HEALTH ORAL PACKET 1500-1200-500 MG (<i>glucosamine-chondroitin-msm</i>)	OTC Benefit	
NEOFLEX ORAL TABLET 500-400-166 MG (<i>glucosamine-chondroitin-msm</i>)	OTC Benefit	
<i>omega 3-6-9 complex oral capsule</i>	OTC Benefit	
<i>omega 3-6-9 oral capsule</i>	OTC Benefit	
<i>omega dha oral tablet chewable</i>	OTC Benefit	
<i>omega-3 fusion oral liquid</i>	OTC Benefit	
ONCOPLEX PLUS MYROSINASE ORAL CAPSULE 30-170-100 MG (<i>glucoraphanin-myosinase-vit c</i>)	OTC Benefit	
OSTEO BI-FLEX ONE PER DAY ORAL TABLET (<i>boswellia-glucosamine-vit d</i>)	OTC Benefit	
OSTEO BI-FLEX-GLUCOS/5-LOXIN ORAL TABLET (<i>boswellia-glucosamine-vit d</i>)	OTC Benefit	
<i>ra cranberry supplements oral tablet 450-30 mg</i>	OTC Benefit	
<i>ra omega 3-6-9 oral capsule</i>	OTC Benefit	
REGENEMAX PLUS ORAL CAPSULE 5-100-5 MG (<i>biotin-choline-silicon</i>)	OTC Benefit	
RELAX+ DAY CALM GUMMIES ORAL TABLET CHEWABLE 50-12.5-0.5 MG (<i>theanine-5 htp-lemon balm</i>)	OTC Benefit	
<i>repozen sleep aid oral capsule 5-30-50 mg</i>	OTC Benefit	
RETAINÉ FLAX ORAL CAPSULE (<i>omega 3-primrose-bilberry</i>)	OTC Benefit	
RETAINÉ OM3 ORAL CAPSULE (<i>omega 3-primrose-bilberry</i>)	OTC Benefit	
<i>schiff glucosamine plus vit d3 oral tablet 1000-1000-1.65 mg-unit-mg</i>	OTC Benefit	
<i>sleep + recovery oral capsule 6-500-5 mg</i>	OTC Benefit	
<i>sm advanced eye health oral capsule 250-2.5-0.5 mg</i>	OTC Benefit	
SM GLUCOSAMINE/CALCIUM + D ORAL TABLET 500-333-250 MG-MG-UNIT (<i>glucosamine-calcium-vit d</i>)	OTC Benefit	
<i>sm glucosamine-vitamin d3 oral tablet</i>	OTC Benefit	
<i>sm omega-3 oral capsule</i>	OTC Benefit	
<i>sm omega-3-6-9 fatty acids oral capsule</i>	OTC Benefit	
SUPER OMEGA-3 ORAL CAPSULE (<i>omega 3-6-9 fatty acids</i>)	OTC Benefit	
SYNOVX RECOVERY JOINT SUPPORT ORAL CAPSULE 375-300-237.5 MG (<i>glucosamine-chondroitin-msm</i>)	OTC Benefit	
TRIPLE FLEX ORAL TABLET 500-400-125 MG, 750-400-375 MG (<i>glucosamine-chondroitin-msm</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>triple omega complex oral capsule delayed release</i>	OTC Benefit	
<i>triple omega-3-6-9 oral capsule</i>	OTC Benefit	
<i>triple omega-3-6-9 oral capsule delayed release</i>	OTC Benefit	
<i>trutical oral capsule 500-10-25 mg-mg-mcg</i>	OTC Benefit	
UTI-STAT ORAL LIQUID (<i>cranberry-vitamin c-inulin</i>)	OTC Benefit	
VEINERECT ORAL CAPSULE 625-125-12.5 MG (<i>arginine-maca-calcium</i>)	OTC Benefit	
VITEYES BLUE LIGHT DEFENDER ORAL TABLET CHEWABLE 20-4-40 MG (<i>lutein-zeaxanthin-bilberry</i>)	OTC Benefit	
YUMVS TURMERIC CURCUMIN-GINGE ORAL TABLET CHEWABLE 125-6-50 MG-MG-MCG (<i>turmeric-ginger-black pepper</i>)	OTC Benefit	
*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***		
<i>3 am melatonin sleep oral tablet dispersible 3-50 mg</i>	OTC Benefit	
<i>acetylcarn-alpha lipoic acid oral capsule 400-200 mg</i>	OTC Benefit	
ADVANCED HERBALS GINGER CHEWS ORAL TABLET CHEWABLE 15-421 MG (<i>ginger-calcium carbonate</i>)	OTC Benefit	
ADVANCED HERBALS NAUSEA+STRESS ORAL LOZENGE 12.5-16 MG (<i>ginger-ashwagandha</i>)	OTC Benefit	
ALAMAX CR ORAL TABLET EXTENDED RELEASE 600-450 MG-MCG (<i>alpha lipoic acid-biotin</i>)	OTC Benefit	
<i>alpha lipoic acid-biotin oral capsule 300-333 mg-mcg</i>	OTC Benefit	
<i>ashwagandha-rhodiola oral capsule 250-50 mg</i>	OTC Benefit	
AZO BLADDER CONTROL/GO-LESS ORAL CAPSULE (<i>pumpkin seed-soy germ</i>)	OTC Benefit	
AZO CRANBERRY URINARY TRACT ORAL CAPSULE 250-60 MG (<i>cranberry-vitamin c</i>)	OTC Benefit	
<i>bee pollen plus ginseng oral capsule 250-250 mg</i>	OTC Benefit	
<i>bilberry plus lutein oral capsule 5-1000 mcg-mg</i>	OTC Benefit	
<i>black elderberry(berry-flower) oral capsule 575 mg</i>	OTC Benefit	
<i>black pepper-turmeric oral capsule 3-500 mg</i>	OTC Benefit	
CARDIOSTEROL ORAL CAPSULE 500-32 MG (<i>phytosterol esters-fish oil</i>)	OTC Benefit	
<i>cayenne plus garlic oral capsule 200-300 mg</i>	OTC Benefit	
CHOLESTOFF COMPLETE ORAL CAPSULE 300-100 MG (<i>plant sterol stanol-pantethine</i>)	OTC Benefit	
<i>cinnamon plus chromium oral capsule 100-500 mcg-mg, 200-1000 mcg-mg, 50-500 mcg-mg</i>	OTC Benefit	
<i>co q-10 plus oral capsule 100-20 mg</i>	OTC Benefit	
<i>coconut oil organic ext virgin oral oil 14-8.69 gm/15ml</i>	OTC Benefit	
<i>coenzyme q10-black pepper oral capsule 400-400 mg-mcg</i>	OTC Benefit	
<i>collagen skin renewal oral tablet 833-30 mg</i>	OTC Benefit	
<i>collagen ultra oral tablet 833.33-20 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
COQ10 ST-100 ORAL CAPSULE 100-100 MG-UNIT (<i>coenzyme q10-vitamin e</i>)	OTC Benefit	
COQMAX OMEGA ORAL CAPSULE 100 MG, 50 MG (<i>coenzyme q10-omega 3 fatty acid</i>)	OTC Benefit	
COROMEGA OMEGA 3+D SQUEEZE ORAL EMULSION (<i>fish oil-cholecalciferol</i>)	OTC Benefit	
COSAMIN DS ORAL CAPSULE 500-400 MG (<i>glucosamine-chondroitin</i>)	OTC Benefit	
COSAMIN DS ORAL TABLET 500-400 MG (<i>glucosamine-chondroitin</i>)	OTC Benefit	
<i>cranberry concentrate/vitamin c oral capsule 140-100 mg, 15000-100 mg</i>	OTC Benefit	
<i>cranberry ultra strength oral capsule 250-60 mg</i>	OTC Benefit	
<i>cranberry/vitamin c triple st oral capsule 84-20 mg</i>	OTC Benefit	
<i>cranberry-vitamin c oral capsule 250-60 mg, 450-125 mg, 84-20 mg</i>	OTC Benefit	
<i>cvs cranberry oral capsule 84-20 mg</i>	OTC Benefit	
<i>cvs glucosamine-chondroitin oral capsule 500-400 mg</i>	OTC Benefit	
<i>cvs glucosamine-chondroitin oral tablet 250-200 mg, 500-400 mg</i>	OTC Benefit	
<i>cvs glucosamine-chondroitin oral tablet chewable 750-600 mg</i>	OTC Benefit	
<i>cvs lutein oral capsule 25-5 mg</i>	OTC Benefit	
<i>cvs lutein-zeaxanthin oral capsule 20-800 mg-mcg</i>	OTC Benefit	
<i>cvs melatonin oral tablet extended release 5-10 mg</i>	OTC Benefit	
<i>cvs melatonin tr oral tablet extended release 5-10 mg</i>	OTC Benefit	
<i>dong quai oral capsule 125-7.5 mg</i>	OTC Benefit	
DRAMAMINE GINGER CHEWS ORAL TABLET CHEWABLE 15-421 MG (<i>ginger-calcium carbonate</i>)	OTC Benefit	
<i>echinacea-golden seal oral capsule 350-100 mg, 75-75 mg</i>	OTC Benefit	
<i>echinacea-vitamin c oral capsule 250-250 mg</i>	OTC Benefit	
ENDUR-FLEX ORAL TABLET EXTENDED RELEASE 500-200 MG (<i>glucosamine-chondroitin</i>)	OTC Benefit	
ENDUR-THINE ORAL TABLET EXTENDED RELEASE 500-200 MG (<i>niacin-pantethine</i>)	OTC Benefit	
<i>eql glucosamine chondroitin oral tablet 750-600 mg</i>	OTC Benefit	
<i>eql melatonin/vitamin b-6 oral tablet 3-1 mg, 5-1 mg</i>	OTC Benefit	
<i>finest nutrition melatonin oral tablet extended release 5-10 mg</i>	OTC Benefit	
<i>fish oil + d3 oral capsule 1200-1000 mg-unit</i>	OTC Benefit	
<i>fish oil-vitamin d oral capsule 1200-1000 mg-unit</i>	OTC Benefit	
GINKGO VIN ORAL TABLET 120-20 MG (<i>vincamine-ginkgo biloba</i>)	OTC Benefit	
GINSENG EDGE ORAL CAPSULE 125-85 MG (<i>guarana-ginsengs</i>)	OTC Benefit	
<i>glucosamine chondroitin complx oral capsule 500-250 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>glucosamine sulfate-msm oral tablet 500-500 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin ds oral capsule 500-400 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin oral capsule 250-200 mg, 500-400 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin oral liquid 1500-1200 mg/30ml</i>	OTC Benefit	
<i>glucosamine-chondroitin oral tablet 500-400 mg, 750-600 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin oral tablet chewable 500-400 mg, 750-600 mg</i>	OTC Benefit	
<i>glucosamine-chondroitin pm oral tablet 500-400 mg</i>	OTC Benefit	
<i>glucosamine-msm ds oral tablet 500-500 mg</i>	OTC Benefit	
<i>glucosamine-msm oral capsule 500-400 mg</i>	OTC Benefit	
<i>glucosamine-msm oral liquid 1500-500 mg/30ml</i>	OTC Benefit	
<i>glucosamine-msm oral tablet 500-500 mg</i>	OTC Benefit	
<i>glucosamine-vitamin d oral tablet 1000-200 mg-unit</i>	OTC Benefit	
<i>gnp collagen plus vitamin c oral tablet 1000-10 mg</i>	OTC Benefit	
<i>gnp saw palmetto oral capsule 450-15 mg</i>	OTC Benefit	
<i>gowey external tincture</i>	OTC Benefit	
<i>green coffee bean extract oral capsule 133.333-40 mg</i>	OTC Benefit	
<i>green tea-hoodia oral capsule 315-12.5 mg</i>	OTC Benefit	
HELIOCARE ADVANCED ORAL CAPSULE 250-120 MG (<i>niacin-polypodium leucotomos</i>)	OTC Benefit	
HEMP MONOPURE ORAL CAPSULE DELAYED RELEASE (<i>omega-3 fatty acids-hemp extra</i>)	OTC Benefit	
HMB PRO ORAL CAPSULE 2.08-500 MCG-MG (<i>vit d-ca beta hydrox beta meth</i>)	OTC Benefit	
<i>horny goat weed-maca oral capsule 250-150 mg</i>	OTC Benefit	
<i>kp glucosamine chondroitin oral tablet 750-600 mg</i>	OTC Benefit	
<i>kp saw palmetto oral capsule 160-100 mg</i>	OTC Benefit	
LIQ-10 ORAL SYRUP 50-15 MG-UNT/5ML (<i>coenzyme q10-vitamin e</i>)	OTC Benefit	
LITTLE REMEDIES GRIPE WATER ORAL LIQUID 5-4 MG/5ML (<i>ginger-fennel</i>)	OTC Benefit	
LIVER & KIDNEY CLEANSER ORAL CAPSULE 250-75 MG (<i>cranberry-milk thistle</i>)	OTC Benefit	
<i>lutein oral capsule 15-0.7 mg</i>	OTC Benefit	
<i>lutein-zeaxanthin oral capsule 20-0.8 mg, 20-1 mg, 25-5 mg, 45-1.8 mg, 6-0.24 mg</i>	OTC Benefit	
<i>lutein-zeaxanthin oral tablet 6-1 mg</i>	OTC Benefit	
MEGARED ADVANCED 4 IN 1 ORAL CAPSULE (<i>fish oil-krill oil</i>)	OTC Benefit	
MELATONEX ORAL TABLET EXTENDED RELEASE 3-10 MG (<i>melatonin-pyridoxine</i>)	OTC Benefit	
<i>melatonin advanced sleep oral tablet extended release 10-10 mg</i>	OTC Benefit	
<i>melatonin calm sleep oral tablet dispersible 6-25 mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>melatonin cr oral tablet extended release 5-10 mg</i>	OTC Benefit	
<i>melatonin oral tablet 3-10 mg</i>	OTC Benefit	
<i>melatonin oral tablet extended release 10-10 mg</i>	OTC Benefit	
<i>melatonin plus l-theanine oral tablet 10-5.5 mg</i>	OTC Benefit	
<i>melatonin sleep kids oral tablet dispersible 1-1 mg</i>	OTC Benefit	
<i>melatonin sleep tr oral tablet extended release 1-10 mg</i>	OTC Benefit	
<i>melatonin tr oral tablet extended release 5-10 mg</i>	OTC Benefit	
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg, 5-10 mg</i>	OTC Benefit	
<i>melatonin/vitamin b-6 ex st oral tablet 3-1 mg, 5-1 mg</i>	OTC Benefit	
<i>melatonin-lemon balm oral tablet 10-1000 mg-mcg, 5-500 mg-mcg</i>	OTC Benefit	
<i>melatonin-pyridoxine er oral tablet extended release 10-10 mg</i>	OTC Benefit	
<i>melatonin-pyridoxine oral tablet 1-10 mg, 5-1 mg</i>	OTC Benefit	
<i>melatonin-pyridoxine sublingual tablet sublingual 2.5-338 mg-mcg</i>	OTC Benefit	
<i>melatonin-theanine oral tablet 10-5.5 mg</i>	OTC Benefit	
MOMMY'S BLISS GRIPE WATER ORAL LIQUID 5-5 MG/5ML (<i>ginger-fennel</i>)	OTC Benefit	
MULTI GINSENG & SAW PALMETTO ORAL CAPSULE 500 MG (<i>ginsengs-saw palmetto</i>)	OTC Benefit	
<i>myrosinase oral capsule 287.5-50 mg</i>	OTC Benefit	
<i>now melatonin oral lozenge 3-3 mg</i>	OTC Benefit	
OCUVITE BLUE LIGHT ORAL CAPSULE 25-5 MG (<i>lutein-zeaxanthin</i>)	OTC Benefit	
OCUVITE LUTEIN 25 ORAL CAPSULE 25-5 MG (<i>lutein-zeaxanthin</i>)	OTC Benefit	
OMEGA MONOPURE CURCUMIN EC ORAL CAPSULE DELAYED RELEASE 125-600 MG (<i>turmeric-fish oil</i>)	OTC Benefit	
<i>omega-3 + d oral capsule 500-200 mg-unit</i>	OTC Benefit	
<i>omega-3 + vitamin d3 oral capsule 1110-300 mg-unit</i>	OTC Benefit	
<i>omega-3 fish oil-vitamin d3 oral capsule 1200-1000 mg-unit</i>	OTC Benefit	
<i>omega-3 gummies oral tablet chewable</i>	OTC Benefit	
OPTIFLEX COMPLETE ORAL 750 & 400 MG (<i>glucosamine-chondroitin</i>)	OTC Benefit	
<i>oregano oil immune support oral capsule 50-25 mg</i>	OTC Benefit	
<i>passion flower-valerian oral capsule 500-500 mg</i>	OTC Benefit	
<i>prostate pq oral tablet 500-250 mg</i>	OTC Benefit	
PROSTATE SR ORAL CAPSULE 160-250 MG (<i>saw palmetto-phytosterols</i>)	OTC Benefit	
PROSTATONIN ORAL CAPSULE 300-25 MG (<i>nettle-pygeum africanum</i>)	OTC Benefit	
QGEL MEGA100 COENZYME Q10 ORAL CAPSULE 100-100 MG (<i>coenzyme q10-vitamin e</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ra glucosamine-chondroitin oral capsule 166.7-133.3 mg, 250-200 mg</i>	OTC Benefit	
<i>ra glucosamine-chondroitin oral tablet 500-400 mg, 750-600 mg</i>	OTC Benefit	
<i>ra lutein oral capsule 20-1 mg</i>	OTC Benefit	
<i>ra melatonin oral tablet 3-2 mg</i>	OTC Benefit	
REGENEMAX ORAL LIQUID 120-6 MG/0.3ML (<i>choline-silicon</i>)	OTC Benefit	
<i>restone oral capsule 3-100 mg</i>	OTC Benefit	
<i>resveratrol-grape oral tablet 100-10 mg</i>	OTC Benefit	
<i>sam-e & tmg oral packet 400-600 mg</i>	OTC Benefit	
<i>saw palmetto oral capsule 160-15 mg, 450-15 mg</i>	OTC Benefit	
SENIOR MOMENT ORAL CAPSULE 150-50 MG (<i>dha-phosphatidylserine</i>)	OTC Benefit	
<i>silymarin oral capsule</i>	OTC Benefit	
<i>sleep + calm kids gummies oral tablet chewable 0.5-25 mg</i>	OTC Benefit	
<i>sleep gummies oral tablet chewable 1.5-100 mg</i>	OTC Benefit	
<i>sleep+calm oral tablet chewable 3-50 mg</i>	OTC Benefit	
SLOWMAG MG CALM/SLEEP ORAL TABLET 1-71.5 MG (<i>melatonin-magnesium citrate</i>)	OTC Benefit	
<i>sm glucosamine hcl-msm oral tablet 750-750 mg</i>	OTC Benefit	
<i>sm melatonin oral tablet 3-500 mg-mcg</i>	OTC Benefit	
<i>sm melatonin-lemon balm oral tablet 3-500 mg-mcg</i>	OTC Benefit	
SMART Q10 COQ10 ORAL TABLET CHEWABLE 100-201 MG (<i>coenzyme q10-vitamin e</i>)	OTC Benefit	
<i>super collagen plus vitamin c oral tablet 1000-10 mg</i>	OTC Benefit	
<i>super cranberry/vitamin d3 oral capsule 4200-500 mg-unit</i>	OTC Benefit	
<i>super ginseng complex/royal oral capsule 1.25-16.65 mg</i>	OTC Benefit	
<i>sv melatonin-lemon balm oral tablet 10-1000 mg-mcg</i>	OTC Benefit	
T-RQ TURMERIC + GINGER ORAL TABLET CHEWABLE 130-5 MG (<i>turmeric-ginger</i>)	OTC Benefit	
<i>turmeric complex/black pepper oral capsule 3-500 mg, 5-1000 mg, 500-3 mg</i>	OTC Benefit	
<i>turmeric curcumin oral capsule 5-1000 mg</i>	OTC Benefit	
<i>turmeric oral capsule 5-1000 mg</i>	OTC Benefit	
<i>turmeric plus black pepper ext oral capsule 5-500 mg</i>	OTC Benefit	
<i>turmeric-ginger oral tablet chewable 135-6 mg, 150-25 mg</i>	OTC Benefit	
<i>turmeric-tart cherry oral capsule 100-1000 mg</i>	OTC Benefit	
<i>ultra collagen + c oral tablet 1000-10 mg</i>	OTC Benefit	
VICECTIN GB ORAL TABLET 325-25 MG (<i>ginger-pyridoxine</i>)	OTC Benefit	
VICECTIN ORAL CAPSULE 325-25 MG (<i>ginger-pyridoxine</i>)	OTC Benefit	
<i>vitamin c plus echinacea oral tablet 500-100 mg</i>	OTC Benefit	
VITEYES ESSENTIALS VISION SUPP ORAL CAPSULE 15-4.75 MG (<i>lutein-zeaxanthin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>wrestone oral capsule 3-100 mg</i>	OTC Benefit	
YUMVS APPLE CID VINEGAR-GINGER ORAL TABLET CHEWABLE 500-5 MG (<i>apple cider vinegar-ginger</i>)	OTC Benefit	
YUMVSKIDS VITAMIN C ZERO ORAL TABLET CHEWABLE 75-3 MG (<i>echinacea-vitamin c</i>)	OTC Benefit	
ANALGESICS - ANTI-INFLAMMATORY		
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***		
<i>acetaminophen-ibuprofen oral tablet 250-125 mg</i>	OTC Benefit	
ADVIL DUAL ACTION ORAL TABLET 125-250 MG (<i>ibuprofen-acetaminophen</i>)	OTC Benefit	
<i>dual action pain relief oral tablet 125-250 mg</i>	OTC Benefit	
<i>gnp acetaminophen/ibuprofen oral tablet 250-125 mg</i>	OTC Benefit	
<i>goodsense dual action oral tablet 125-250 mg</i>	OTC Benefit	
MOTRIN DUAL ACTION ORAL TABLET 125-250 MG (<i>ibuprofen-acetaminophen</i>)	OTC Benefit	
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
ADDAPRIN ORAL TABLET 200 MG (<i>ibuprofen</i>)	OTC Benefit	
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (<i>ibuprofen</i>)	OTC Benefit	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (<i>ibuprofen</i>)	OTC Benefit	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	OTC Benefit	
ADVIL MIGRAINE ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	OTC Benefit	
ADVIL ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	OTC Benefit	
ADVIL ORAL TABLET 200 MG (<i>ibuprofen</i>)	OTC Benefit	
ALEVE ORAL CAPSULE 220 MG (<i>naproxen sodium</i>)	OTC Benefit	
ALEVE ORAL TABLET 220 MG (<i>naproxen sodium</i>)	OTC Benefit	
CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML (<i>ibuprofen</i>)	OTC Benefit	
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	OTC Benefit	
CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML (<i>ibuprofen</i>)	OTC Benefit	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML (<i>ibuprofen</i>)	OTC Benefit	
<i>cvs all day pain relief oral tablet 220 mg</i>	OTC Benefit	
<i>cvs childrens ibuprofen oral suspension 100 mg/5ml</i>	OTC Benefit	
<i>cvs ibuprofen childrens oral suspension 100 mg/5ml</i>	OTC Benefit	
<i>cvs ibuprofen childrens oral tablet chewable 100 mg</i>	OTC Benefit	
<i>cvs ibuprofen infants oral suspension 50 mg/1.25ml</i>	OTC Benefit	
<i>cvs ibuprofen oral capsule 200 mg</i>	OTC Benefit	
<i>cvs ibuprofen oral tablet 200 mg</i>	OTC Benefit	
<i>cvs naproxen sodium oral capsule 220 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs naproxen sodium oral tablet 220 mg</i>	OTC Benefit	
<i>eq all day pain relief oral tablet 220 mg</i>	OTC Benefit	
<i>eq ibuprofen childrens oral suspension 100 mg/5ml</i>	OTC Benefit	
<i>eq ibuprofen junior oral tablet chewable 100 mg</i>	OTC Benefit	
<i>eq ibuprofen oral capsule 200 mg</i>	OTC Benefit	
<i>eq ibuprofen oral tablet 200 mg</i>	OTC Benefit	
<i>eq naproxen sodium oral tablet 220 mg</i>	OTC Benefit	
<i>eql childrens ibuprofen oral suspension 100 mg/5ml</i>	OTC Benefit	
<i>eql ibuprofen infants oral suspension 50 mg/1.25ml</i>	OTC Benefit	
<i>eql ibuprofen oral capsule 200 mg</i>	OTC Benefit	
<i>eql ibuprofen oral tablet 200 mg</i>	OTC Benefit	
<i>eql naproxen sodium oral tablet 220 mg</i>	OTC Benefit	
FLANAX ORAL TABLET 220 MG (<i>naproxen sodium</i>)	OTC Benefit	
<i>hy-vee all day relief oral tablet 220 mg</i>	OTC Benefit	
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML (<i>ibuprofen</i>)	OTC Benefit	
<i>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	OTC Benefit	
INFANTS ADVIL ORAL SUSPENSION 50 MG/1.25ML (<i>ibuprofen</i>)	OTC Benefit	
<i>kls ibuprofen ib oral tablet 200 mg</i>	OTC Benefit	
<i>kls ibuprofen oral tablet 200 mg</i>	OTC Benefit	
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	OTC Benefit	
MEDI-PROFEN ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	OTC Benefit	
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML (<i>ibuprofen</i>)	OTC Benefit	
MEDI-PROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	OTC Benefit	
MEDIPROXEN ORAL TABLET 220 MG (<i>naproxen sodium</i>)	OTC Benefit	
<i>meijer ibuprofen oral tablet 200 mg</i>	OTC Benefit	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG (<i>ibuprofen</i>)	OTC Benefit	
MOTRIN IB ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	OTC Benefit	
MOTRIN IB ORAL TABLET 200 MG (<i>ibuprofen</i>)	OTC Benefit	
MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML (<i>ibuprofen</i>)	OTC Benefit	
PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET 220 MG (<i>naproxen sodium</i>)	OTC Benefit	
PROPRINAL ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	OTC Benefit	
<i>qc ibuprofen ib oral tablet 200 mg</i>	OTC Benefit	
<i>qc ibuprofen oral capsule 200 mg</i>	OTC Benefit	
<i>qc ibuprofen oral tablet 200 mg</i>	OTC Benefit	
<i>qc naproxen sodium oral capsule 220 mg</i>	OTC Benefit	
<i>qc naproxen sodium oral tablet 220 mg</i>	OTC Benefit	
<i>ra ibuprofen childrens oral suspension 100 mg/5ml</i>	OTC Benefit	
<i>ra ibuprofen infants oral suspension 50 mg/1.25ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ra ibuprofen junior strength oral tablet chewable 100 mg</i>	OTC Benefit	
<i>ra ibuprofen oral capsule 200 mg</i>	OTC Benefit	
<i>ra ibuprofen oral tablet 200 mg</i>	OTC Benefit	
<i>ra naproxen sodium oral tablet 220 mg</i>	OTC Benefit	
<i>ra pain relief ibuprofen oral tablet 200 mg</i>	OTC Benefit	
<i>sb ibuprofen oral tablet 200 mg</i>	OTC Benefit	
<i>sb infants ibuprofen oral suspension 50 mg/1.25ml</i>	OTC Benefit	
<i>sb naproxen sodium oral tablet 220 mg</i>	OTC Benefit	
<i>sm ibuprofen ib oral tablet 200 mg</i>	OTC Benefit	
WAL-PROFEN ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	OTC Benefit	
WAL-PROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	OTC Benefit	
ANALGESICS - NONNARCOTIC		
*ANALGESIC COMBINATIONS***		
<i>added strength headache relief oral tablet 250-250-65 mg</i>	OTC Benefit	
ANACIN ORAL TABLET 400-32 MG (<i>aspirin-caffeine</i>)	OTC Benefit	
<i>back & body extra strength oral tablet 500-32.5 mg</i>	OTC Benefit	
BACKAID MAX ORAL TABLET 500-25 MG (<i>acetaminophen-pamabrom</i>)	OTC Benefit	
BAYER BACK & BODY PAIN EX ST ORAL TABLET 500-32.5 MG (<i>aspirin-caffeine</i>)	OTC Benefit	
BC CHERRY ORAL PACKET 845-65 MG (<i>aspirin-caffeine</i>)	OTC Benefit	
BC FAST PAIN RELIEF ARTHRITIS ORAL PACKET 1000-65 MG (<i>aspirin-caffeine</i>)	OTC Benefit	
BC FAST PAIN RELIEF MAX STR ORAL PACKET 500-500-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	OTC Benefit	
BC FAST PAIN RELIEF ORAL PACKET 845-65 MG (<i>aspirin-caffeine</i>)	OTC Benefit	
BC MAX STRENGTH ORAL PACKET 500-500-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	OTC Benefit	
BC ON THE GO ORAL PACKET 845-65 MG (<i>aspirin-caffeine</i>)	OTC Benefit	
<i>cvs back & body extra strength oral tablet 500-32.5 mg</i>	OTC Benefit	
<i>cvs headache relief oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>cvs menstrual relief oral tablet 500-60-15 mg</i>	OTC Benefit	
<i>cvs migraine relief oral tablet 250-250-65 mg</i>	OTC Benefit	
DOANS PM EXTRA STRENGTH ORAL TABLET 580-25 MG (<i>magnesium salicylate-dph</i>)	OTC Benefit	
<i>eq headache relief oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>eql menstrual relief max st oral tablet 500-60-15 mg</i>	OTC Benefit	
<i>eql migraine formula oral tablet 250-250-65 mg</i>	OTC Benefit	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	OTC Benefit	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EXCEDRIN MIGRAINE RELIEF ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	OTC Benefit	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG (<i>acetaminophen-caffeine</i>)	OTC Benefit	
<i>extraprin oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>goodsense headache relief oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>goodsense menstrual relief oral tablet 500-60-15 mg</i>	OTC Benefit	
GOODYS BACK & BODY PAIN ORAL PACKET 500-325 MG (<i>aspirin-acetaminophen</i>)	OTC Benefit	
GOODYS EXTRA STRENGTH ORAL PACKET 500-325-65 MG, 520-260-32.5 MG (<i>aspirin-acetaminophen-caffeine</i>)	OTC Benefit	
GOODYS HANGOVER FAST PAIN RELF ORAL PACKET 1000-150 MG (<i>aspirin-caffeine</i>)	OTC Benefit	
GOODYS HANGOVER ORAL PACKET 1000-150 MG (<i>aspirin- caffeine</i>)	OTC Benefit	
<i>kls migraine headache relief oral tablet 250-250-65 mg</i>	OTC Benefit	
MAPAP HEADACHE PLUS ORAL TABLET 500-250 MG (<i>apap- calcium carbonate</i>)	OTC Benefit	
<i>meijer migraine formula oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>menstrual relief max strength oral tablet 500-60-15 mg</i>	OTC Benefit	
MIDOL COMPLETE ORAL TABLET 500-60-15 MG (<i>acetaminophen-caff-pyrilamine</i>)	OTC Benefit	
<i>migraine formula oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>pain-off oral tablet 250-250-65 mg</i>	OTC Benefit	
PAMPRIIN MAX ORAL TABLET 250-250-65 MG (<i>aspirin- acetaminophen-caffeine</i>)	OTC Benefit	
PANADOL EXTRA ORAL TABLET 500-65 MG (<i>acetaminophen- caffeine</i>)	OTC Benefit	
<i>qc headache relief oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>qc menstrual complete max st oral tablet 500-60-15 mg</i>	OTC Benefit	
<i>qc pain relief oral packet 845-65 mg</i>	OTC Benefit	
<i>ra back & body pain relief oral tablet 500-32.5 mg</i>	OTC Benefit	
<i>ra headache formula oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>ra menstrual relief oral tablet 500-60-15 mg</i>	OTC Benefit	
<i>ra migraine relief oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>ra pain reliever ex st oral tablet 250-250-65 mg</i>	OTC Benefit	
<i>ra tension headache oral tablet 500-65 mg</i>	OTC Benefit	
<i>sb pain relief x-str oral tablet 250-250-65 mg</i>	OTC Benefit	
STANBACK HEADACHE POWDERS ORAL PACKET 845-65 MG (<i>aspirin-caffeine</i>)	OTC Benefit	
<i>tension headache oral tablet 500-65 mg</i>	OTC Benefit	
VANQUISH EXTRA STRENGTH ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VANQUISH ORAL TABLET 227-194-33 MG (<i>asa-apap-caff buffered</i>)	OTC Benefit	
womens menstrual relief oral tablet 500-25 mg	OTC Benefit	
*ANALGESICS OTHER***		
8 hour arthritis pain oral tablet extended release 650 mg	OTC Benefit	
8 hr arthritis pain relief oral tablet extended release 650 mg	OTC Benefit	
acetaminophen 8 hour oral tablet extended release 650 mg	OTC Benefit	
acetaminophen childrens oral tablet chewable 80 mg	OTC Benefit	
acetaminophen junior strength oral tablet dispersible 160 mg	OTC Benefit	
acetaminophen rapid tabs child oral tablet dispersible 80 mg	OTC Benefit	
aminofen oral tablet 325 mg	OTC Benefit	
APHEN ORAL TABLET 325 MG (<i>acetaminophen</i>)	OTC Benefit	
apra oral elixir 160 mg/5ml	OTC Benefit	
arthritis pain reliever oral tablet extended release 650 mg	OTC Benefit	
betatemp childrens oral suspension 160 mg/5ml	OTC Benefit	
childrens apap oral tablet chewable 80 mg	OTC Benefit	
childrens aspirin free oral elixir 80 mg/2.5ml	OTC Benefit	
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG (<i>acetaminophen</i>)	OTC Benefit	
childrens non-aspirin oral suspension 160 mg/5ml	OTC Benefit	
childrens non-aspirin oral tablet chewable 80 mg	OTC Benefit	
childrens pain reliever oral tablet chewable 80 mg	OTC Benefit	
curanol oral liquid 160 mg/5ml	OTC Benefit	
cvs 8hr arthritis pain relief oral tablet extended release 650 mg	OTC Benefit	
cvs 8hr muscle aches & pain oral tablet extended release 650 mg	OTC Benefit	
cvs acetaminophen ex st oral liquid 500 mg/15ml	OTC Benefit	
cvs acetaminophen ex st oral tablet 500 mg	OTC Benefit	
cvs acetaminophen oral capsule 325 mg	OTC Benefit	
cvs acetaminophen oral tablet 325 mg	OTC Benefit	
cvs arthritis pain relief oral tablet extended release 650 mg	OTC Benefit	
cvs childs non-aspirin oral tablet chewable 80 mg	OTC Benefit	
cvs fever reducing childrens rectal suppository 120 mg	OTC Benefit	
cvs infants pain relief drops oral suspension 160 mg/5ml	OTC Benefit	
cvs non-aspirin childrens oral tablet chewable 80 mg	OTC Benefit	
cvs non-aspirin extra strength oral tablet 500 mg	OTC Benefit	
cvs pain & fever childrens oral suspension 160 mg/5ml	OTC Benefit	
cvs pain & fever infants oral suspension 160 mg/5ml	OTC Benefit	
cvs pain relief childrens oral tablet chewable 160 mg	OTC Benefit	
cvs pain relief extra strength oral tablet 500 mg	OTC Benefit	
cvs pain relief oral tablet extended release 650 mg	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ELIXSURE FEVER/PAIN ORAL GEL 160 MG/5ML (acetaminophen)	OTC Benefit	
<i>eq 8hr arthritis pain relief oral tablet extended release 650 mg</i>	OTC Benefit	
<i>eq acetaminophen oral tablet 500 mg</i>	OTC Benefit	
<i>eq arthritis pain oral tablet extended release 650 mg</i>	OTC Benefit	
<i>eq pain & fever childrens oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>eq pain & fever childrens oral tablet chewable 160 mg</i>	OTC Benefit	
<i>eq pain & fever infants oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>eq pain relief/rapid burst oral liquid 500 mg/15ml</i>	OTC Benefit	
<i>eq pain reliever ex st oral tablet 500 mg</i>	OTC Benefit	
<i>eq pain reliever oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>eq pain reliever oral tablet 325 mg, 500 mg</i>	OTC Benefit	
<i>eq acetaminophen childrens oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>eq acetaminophen ex st oral tablet 500 mg</i>	OTC Benefit	
<i>eq acetaminophen oral tablet 325 mg</i>	OTC Benefit	
<i>gnp children's pain & fever oral suspension 160 mg/5ml</i>	OTC Benefit	
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG (acetaminophen)	OTC Benefit	
<i>infants pain & fever oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>kls acetaminophen ex st oral tablet 500 mg</i>	OTC Benefit	
<i>liquid pain relief oral liquid 160 mg/5ml</i>	OTC Benefit	
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (acetaminophen)	OTC Benefit	
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID 160 MG/5ML (acetaminophen)	OTC Benefit	
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML (acetaminophen)	OTC Benefit	
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML (acetaminophen)	OTC Benefit	
MEDI-TABS CHILDRENS ORAL ELIXIR 80 MG/2.5ML (acetaminophen)	OTC Benefit	
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG (acetaminophen)	OTC Benefit	
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG (acetaminophen)	OTC Benefit	
<i>meijer aspirin free oral tablet 325 mg, 500 mg</i>	OTC Benefit	
<i>meijer jr st aspirin free oral tablet chewable 160 mg</i>	OTC Benefit	
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	OTC Benefit	
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG (acetaminophen)	OTC Benefit	
<i>mm arthritis pain oral tablet extended release 650 mg</i>	OTC Benefit	
<i>non-aspirin extra strength oral tablet 500 mg</i>	OTC Benefit	
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>non-aspirin oral tablet 325 mg, 500 mg</i>	OTC Benefit	
<i>non-aspirin pain relief oral tablet 325 mg</i>	OTC Benefit	
<i>pain & fever childrens oral tablet chewable 160 mg</i>	OTC Benefit	
<i>pain & fever dissolve packs oral packet 160 mg</i>	OTC Benefit	
<i>pain & fever kids oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>pain relief childrens oral elixir 160 mg/5ml</i>	OTC Benefit	
<i>pain relief childrens oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>pain relief extra strength oral capsule 500 mg</i>	OTC Benefit	
<i>pain relief extra strength oral tablet 500 mg</i>	OTC Benefit	
<i>pain relief oral liquid 500 mg/15ml</i>	OTC Benefit	
<i>pain relief regular strength oral tablet 325 mg</i>	OTC Benefit	
<i>pain reliever extra strength oral tablet 500 mg</i>	OTC Benefit	
<i>pain reliever for adults oral tablet 500 mg</i>	OTC Benefit	
<i>pain reliever oral liquid 500 mg/15ml</i>	OTC Benefit	
<i>pain reliever oral tablet 325 mg</i>	OTC Benefit	
<i>pain reliever/fever reducer rectal suppository 120 mg</i>	OTC Benefit	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (acetaminophen)	OTC Benefit	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (acetaminophen)	OTC Benefit	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (acetaminophen)	OTC Benefit	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML (acetaminophen)	OTC Benefit	
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML (acetaminophen)	OTC Benefit	
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML (acetaminophen)	OTC Benefit	
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (acetaminophen)	OTC Benefit	
PHARBETOL ORAL TABLET 325 MG (acetaminophen)	OTC Benefit	
<i>qc 8 hour pain relief oral tablet extended release 650 mg</i>	OTC Benefit	
<i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i>	OTC Benefit	
<i>qc acetaminophen 8hr arth pain oral tablet extended release 650 mg</i>	OTC Benefit	
<i>qc acetaminophen 8hr musc ache oral tablet extended release 650 mg</i>	OTC Benefit	
<i>qc acetaminophen infants oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>qc arthritis pain relief oral tablet extended release 650 mg</i>	OTC Benefit	
<i>qc non-aspirin 8 hour oral tablet extended release 650 mg</i>	OTC Benefit	
<i>qc non-aspirin childrens oral tablet chewable 160 mg</i>	OTC Benefit	
<i>qc non-aspirin extra strength oral tablet 500 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>qc pain relief extra strength oral liquid 500 mg/15ml</i>	OTC Benefit	
<i>qc pain relief extra strength oral tablet 500 mg</i>	OTC Benefit	
<i>qc pain relief oral tablet 325 mg</i>	OTC Benefit	
<i>ra 8 hour pain relief oral tablet extended release 650 mg</i>	OTC Benefit	
<i>ra acetaminophen childrens oral tablet chewable 160 mg</i>	OTC Benefit	
<i>ra acetaminophen ex st oral tablet 500 mg</i>	OTC Benefit	
<i>ra acetaminophen oral tablet 325 mg</i>	OTC Benefit	
<i>ra arthritis pain relief oral tablet extended release 650 mg</i>	OTC Benefit	
<i>ra childrens fever/pain oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>ra fever reducer/pain reliever oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>ra pain relief acetaminophen oral tablet 325 mg, 500 mg</i>	OTC Benefit	
<i>ra pain reliever ex st oral liquid 500 mg/15ml</i>	OTC Benefit	
<i>sb arthritis pain relief oral tablet extended release 650 mg</i>	OTC Benefit	
<i>sb childrens non-aspirin oral tablet dispersible 80 mg</i>	OTC Benefit	
<i>sb non-aspirin extra strength oral tablet 500 mg</i>	OTC Benefit	
<i>sb non-aspirin jr strength oral tablet dispersible 160 mg</i>	OTC Benefit	
<i>sb non-aspirin oral tablet 325 mg</i>	OTC Benefit	
<i>sb non-aspirin oral tablet chewable 160 mg, 80 mg</i>	OTC Benefit	
<i>sb pain reliever childrens oral suspension 160 mg/5ml</i>	OTC Benefit	
<i>sb pain reliever ex st oral tablet 500 mg</i>	OTC Benefit	
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE 160 MG (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL CHILDRENS ORAL THERAPY PACK 160 & 160 MG &MG/5ML (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL CHILDRENS PAIN + FEVER ORAL PACKET 160 MG (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL DISSOLVE PACKS ORAL PACKET 500 MG (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL ORAL CAPSULE 325 MG (<i>acetaminophen</i>)	OTC Benefit	
TYLENOL ORAL TABLET 325 MG (<i>acetaminophen</i>)	OTC Benefit	
*ANALGESICS-SEDATIVES***		
<i>dolorex oral tablet 25-325 mg</i>	OTC Benefit	
<i>menstrual pain relief oral tablet 500-25-15 mg</i>	OTC Benefit	
PAMPRIN MAX PAIN FORMULA ORAL TABLET 500-25-15 MG (<i>apap-pamabrom-pyirilamine</i>)	OTC Benefit	
PAMPRIN MULTI-SYMPTOM ORAL TABLET 500-25-15 MG (<i>apap-pamabrom-pyirilamine</i>)	OTC Benefit	
PREMSYN PMS ORAL TABLET 500-25-15 MG (<i>apap-pamabrom-pyirilamine</i>)	OTC Benefit	
<i>qc menstrual pain relief oral tablet 500-25-15 mg</i>	OTC Benefit	
<i>ra menstrual pain relief oral tablet 500-25-15 mg</i>	OTC Benefit	
<i>relagesic oral tablet 29-500 mg</i>	OTC Benefit	
*SALICYLATE COMBINATIONS***		
ALKA-SELTZER ORAL TABLET EFFERVESCENT 325-1000-1916 MG (<i>aspirin effervescent</i>)	OTC Benefit	
ALKA-SELTZER ORIGINAL ORAL TABLET EFFERVESCENT 325 MG (<i>aspirin effervescent</i>)	OTC Benefit	
ASCRIPITIN ORAL TABLET 325 MG (<i>aspirin buf(alhyd-mghyd-cacar)</i>)	OTC Benefit	
BUFFERIN EXTRA STRENGTH ORAL TABLET 500 MG (<i>aspirin buf(cacarb-mgcarb-mgo)</i>)	OTC Benefit	
BUFFERIN ORAL TABLET 325 MG (<i>aspirin buf(cacarb-mgcarb-mgo)</i>)	OTC Benefit	
<i>cvs antacid & pain reliever oral tablet effervescent 325-1000-1916 mg</i>	OTC Benefit	
<i>effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	OTC Benefit	
<i>eq antacid & pain relief oral tablet effervescent 325 mg</i>	OTC Benefit	
<i>eql antacid/pain relief oral tablet effervescent 325-1000-1916 mg</i>	OTC Benefit	
<i>goodsense antacid/pain relief oral tablet effervescent 325 mg, 325-1000-1916 mg</i>	OTC Benefit	
<i>medi-seltzer oral tablet effervescent 325 mg</i>	OTC Benefit	
<i>qc antacid & pain relief oral tablet effervescent 500 mg</i>	OTC Benefit	
<i>qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i>	OTC Benefit	
<i>qc effervescent pain relief oral tablet effervescent 325 mg</i>	OTC Benefit	
<i>sb effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	OTC Benefit	
*SALICYLATES***		
<i>aspirin 81 oral tablet chewable 81 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>aspirin childrens oral tablet chewable 81 mg</i>	OTC Benefit	
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>aspirin powder</i>	OTC Benefit	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG (<i>aspirin</i>)	OTC Benefit	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	OTC Benefit	
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	OTC Benefit	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	OTC Benefit	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	OTC Benefit	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	OTC Benefit	
<i>childrens aspirin oral tablet chewable 81 mg</i>	OTC Benefit	
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	OTC Benefit	
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>cvs aspirin oral tablet 325 mg</i>	OTC Benefit	
<i>cvs backache relief oral tablet 500 mg</i>	OTC Benefit	
<i>cvs genuine aspirin oral tablet 325 mg</i>	OTC Benefit	
DOANS EXTRA STRENGTH ORAL TABLET 580 MG (<i>magnesium salicylate tetrahyd</i>)	OTC Benefit	
DOANS PILLS ORAL TABLET 325 MG (<i>magnesium salicylate</i>)	OTC Benefit	
ECOTRIN ARTHRITIS PAIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	OTC Benefit	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	OTC Benefit	
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	OTC Benefit	
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	OTC Benefit	
<i>eq aspirin oral tablet 325 mg</i>	OTC Benefit	
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	OTC Benefit	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	OTC Benefit	
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>genuine aspirin oral tablet 325 mg</i>	OTC Benefit	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>kp aspirin oral tablet delayed release 81 mg</i>	OTC Benefit	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	OTC Benefit	
MEDIQUE ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	OTC Benefit	
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	OTC Benefit	
<i>mm aspirin oral tablet delayed release 81 mg</i>	OTC Benefit	
PERCOGESIC BACKACHE RELIEF ORAL TABLET 580 MG (<i>magnesium salicylate tetrahyd</i>)	OTC Benefit	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	OTC Benefit	
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>qc aspirin oral tablet 325 mg</i>	OTC Benefit	
<i>qc aspirin oral tablet delayed release 325 mg</i>	OTC Benefit	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	OTC Benefit	
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	OTC Benefit	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	OTC Benefit	
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	OTC Benefit	
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	OTC Benefit	
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	OTC Benefit	
<i>ra aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	OTC Benefit	
<i>ra aspirin oral tablet 325 mg</i>	OTC Benefit	
<i>ra pain relief aspirin oral tablet 325 mg</i>	OTC Benefit	
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	OTC Benefit	
<i>sb aspirin oral tablet 325 mg</i>	OTC Benefit	
<i>sb backache extra strength oral tablet 500 mg</i>	OTC Benefit	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	OTC Benefit	
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	OTC Benefit	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	OTC Benefit	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	OTC Benefit	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	OTC Benefit	
VAZALORE ORAL CAPSULE 325 MG, 81 MG (<i>aspirin</i>)	OTC Benefit	
ANORECTAL AND RELATED PRODUCTS		
*RECTAL ANESTHETIC COMBINATIONS***		
AVEDANA HEMORRHOID PAIN RELIEF EXTERNAL CREAM 1-0.25-14.4-15 % (<i>pramox-pe-glycerin-petrolatum</i>)	OTC Benefit	
<i>cvs hemorrhoidal external cream 1-0.25-14.4-15 %</i>	OTC Benefit	
<i>eql hemorrhoidal external cream 1-0.25-14.4-15 %</i>	OTC Benefit	
<i>hemorrhoidal max st/aloe external cream 1-0.25-14.4-15 %</i>	OTC Benefit	
PREPARATION H EXTERNAL CREAM 1-0.25-14.4-15 % (<i>pramox-pe-glycerin-petrolatum</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PREPARATION H RAPID RELIEF EXTERNAL AEROSOL 5-0.25 % (<i>lidocaine-phenylephrine hcl</i>)	OTC Benefit	
PREPARATION H RAPID RELIEF EXTERNAL CREAM 5-0.25-14.4-15 % (<i>lido-pe-glycerin-petrolatum</i>)	OTC Benefit	
PREPARATION H TOTABLES RECTAL 5-0.25-20 % (<i>lidocaine-pe-glycerin</i>)	OTC Benefit	
<i>qc hemorrhoidal max external cream 1-0.25-14.4-15 %</i>	OTC Benefit	
<i>qc hemorrhoidal with aloe external cream 1-0.25-14.4-15 %</i>	OTC Benefit	
<i>ra hemorrhoidal external cream 1-0.25-14.4-15 %</i>	OTC Benefit	
RECTICARE ADVANCED EXTERNAL CREAM 5-0.25-17-39 % (<i>lido-pe-mineral oil-petrolatum</i>)	OTC Benefit	
RECTICARE EXTERNAL PAD 5-20 % (<i>lidocaine-glycerin</i>)	OTC Benefit	
*RECTAL COMBINATIONS - MISC.***		
AVEDANA HEMORRHOID PAIN RELIEF RECTAL OINTMENT 0.25-14-74.9 % (<i>phenylephrine-mineral oil-pet</i>)	OTC Benefit	
AVEDANA HEMORRHOIDAL COOLING EXTERNAL GEL 0.25-50 % (<i>phenylephrine-witch hazel</i>)	OTC Benefit	
AVEDANA HEMORRHOIDAL RECTAL SUPPOSITORY 0.25-88.44 % (<i>phenylephrine-cocoa butter</i>)	OTC Benefit	
<i>cvs hemorrhoidal rectal suppository 0.25-88.44 %</i>	OTC Benefit	
<i>eq hemorrhoidal rectal suppository 0.25-85.39 %</i>	OTC Benefit	
<i>eql hemorrhoidal rectal suppository 0.25-88.44 %</i>	OTC Benefit	
<i>hemorrhoidal cooling external gel 0.25-50 %</i>	OTC Benefit	
<i>hemorrhoidal rectal suppository 0.25-3-85.5 %, 0.25-85.39 %, 88.7-0.25 %</i>	OTC Benefit	
PREPARATION H EXTERNAL GEL 0.25-50 % (<i>phenylephrine-witch hazel</i>)	OTC Benefit	
PREPARATION H RECTAL OINTMENT 0.25-14-74.9 % (<i>phenylephrine-mineral oil-pet</i>)	OTC Benefit	
PREPARATION H RECTAL SUPPOSITORY 0.25-88.44 % (<i>phenylephrine-cocoa butter</i>)	OTC Benefit	
<i>qc hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	OTC Benefit	
<i>qc hemorrhoidal rectal suppository 0.25-88.44 %</i>	OTC Benefit	
<i>ra hemorrhoidal rectal ointment 0.25-3-14-71.9 %</i>	OTC Benefit	
<i>ra hemorrhoidal rectal suppository 0.25-3-85.5 %</i>	OTC Benefit	
<i>sb hemorrhoid rectal ointment 0.25-3-14-71.9 %</i>	OTC Benefit	
<i>sm hemorrhoidal rectal suppository 0.25 %</i>	OTC Benefit	
*RECTAL LOCAL ANESTHETICS***		
AMERICAINE RECTAL OINTMENT 20 % (<i>benzocaine</i>)	OTC Benefit	
ANECREAM5 EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	OTC Benefit	
<i>cvs hemorrhoidal relief max st external cream 5 %</i>	OTC Benefit	
<i>dibucaine (perianal) external ointment 1 %</i>	OTC Benefit	
<i>eq hemorrhoid relief external cream 5 %</i>	OTC Benefit	
LIPOCAINE 5 EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
LMX 5 EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	OTC Benefit	
LUBRICAIN EXTERNAL GEL 5 % (<i>lidocaine (anorectal)</i>)	OTC Benefit	
NUPERCAINAL EXTERNAL OINTMENT 1 % (<i>dibucaïne</i>)	OTC Benefit	
PROCTOFOAM EXTERNAL FOAM 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
<i>qc dibucaïne (perianal) external ointment 1 %</i>	OTC Benefit	
<i>ra anorectal external cream 5 %</i>	OTC Benefit	
RECTICARE EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	OTC Benefit	
RECTOPROTECT EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	OTC Benefit	
TOPICAINE 5 EXTERNAL GEL 5 % (<i>lidocaine (anorectal)</i>)	OTC Benefit	
*RECTAL PRODUCTS - MISC.***		
PREPARATION H RECTAL SUPPOSITORY 0.25 % (<i>phenylephrine hcl</i>)	OTC Benefit	
*RECTAL PROTECTANTS-EMOLLIENTS***		
CALMOL-4 RECTAL SUPPOSITORY 76-10 % (<i>rectal protectant-emollient</i>)	OTC Benefit	
*RECTAL STEROIDS***		
PREPARATION H EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
ANTACIDS		
*ANTACID & SIMETHICONE***		
ALKA-SELTZER HEARTBURN + GAS ORAL TABLET CHEWABLE 750-80 MG (<i>calcium carbonate-simethicone</i>)	OTC Benefit	
<i>antacid & anti-gas max str oral suspension 800-800-80 mg/10ml</i>	OTC Benefit	
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>antacid extra strength oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	
<i>antacid fast relief oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>antacid i oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>antacid iii oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	
<i>antacid liquid oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>antacid m oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>antacid multi-symptom oral tablet chewable 675-135-60 mg</i>	OTC Benefit	
<i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	
<i>comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	OTC Benefit	
<i>comfort gel oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>cvs antacid & anti-gas oral tablet chewable 1000-60 mg, 750-80 mg</i>	OTC Benefit	
<i>cvs antacid plus antigas oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	OTC Benefit	
<i>eq antacid antigas multi-sympt oral tablet chewable 675-135-60 mg</i>	OTC Benefit	
<i>eq antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	
<i>E-Z-GAS II ORAL PACKET 2.21-1.53-0.04 GM (sod bicarb-citric ac-simeth)</i>	OTC Benefit	
<i>GAS-X WITH MAALOX EX ST ORAL TABLET CHEWABLE 500-125 MG (calcium carbonate-simethicone)</i>	OTC Benefit	
<i>GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (alum & mag hydroxide-simeth)</i>	OTC Benefit	
<i>geri-lanta maximum strength oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	
<i>geri-lanta oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>geri-mox maximum strength oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	
<i>geri-mox oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	OTC Benefit	
<i>HYVEE ADVANCED ANTACID ORAL SUSPENSION 400-400-40 MG/5ML (alum & mag hydroxide-simeth)</i>	OTC Benefit	
<i>MAALOX ADVANCED MAX ST ORAL TABLET CHEWABLE 1000-60 MG (calcium carbonate-simethicone)</i>	OTC Benefit	
<i>MAALOX JUNIOR PLUS ANTIGAS ORAL TABLET CHEWABLE 400-24 MG (calcium carbonate-simethicone)</i>	OTC Benefit	
<i>MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (alum & mag hydroxide-simeth)</i>	OTC Benefit	
<i>MAALOX MAX ORAL TABLET CHEWABLE 1000-60 MG (calcium carbonate-simethicone)</i>	OTC Benefit	
<i>MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (alum & mag hydroxide-simeth)</i>	OTC Benefit	
<i>meijer antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>MYLANTA COAT & COOL ORAL SUSPENSION 1200-270-80 MG/10ML (cal carb-mag hydrox-simeth)</i>	OTC Benefit	
<i>MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (alum & mag hydroxide-simeth)</i>	OTC Benefit	
<i>MYLANTA TONIGHT ORAL SUSPENSION 800-270-80 MG/10ML (cal carb-mag hydrox-simeth)</i>	OTC Benefit	
<i>MYLICON CHILDRENS ORAL TABLET CHEWABLE 400-40 MG (calcium carbonate-simethicone)</i>	OTC Benefit	
<i>PHAZYME GAS & ACID MAX ST ORAL TABLET CHEWABLE 750-250 MG (calcium carbonate-simethicone)</i>	OTC Benefit	
<i>qc antacid multi-symptom oral tablet chewable 675-135-60 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	OTC Benefit	
<i>qc antacid/antigas oral suspension 400-400-40 mg/10ml</i>	OTC Benefit	
<i>ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	
<i>ra antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
<i>ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml</i>	OTC Benefit	
ROLAIDS ADVANCED ORAL TABLET CHEWABLE 1000-200-40 MG (<i>cal carb-mag hydrox-simeth</i>)	OTC Benefit	
<i>sb antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	OTC Benefit	
TUMS GAS RELIEF CHEWY BITES ORAL TABLET CHEWABLE 750-80 MG (<i>calcium carbonate-simethicone</i>)	OTC Benefit	
*ANTACID COMBINATIONS***		
ALKA-SELTZER HEARTBURN RELIEF ORAL TABLET EFFERVESCENT 1650-1000 MG, 1976-1000 MG (<i>sodium bicarbonate-citric acid</i>)	OTC Benefit	
ALKA-SELTZER ORAL TABLET EFFERVESCENT 1650-1000 MG (<i>sodium bicarbonate-citric acid</i>)	OTC Benefit	
<i>antacid extra strength oral tablet chewable 675-135 mg</i>	OTC Benefit	
<i>antacid oral tablet chewable 550-110 mg</i>	OTC Benefit	
<i>antacid ultra strength oral tablet chewable 1000-200 mg</i>	OTC Benefit	
<i>cvs antacid oral suspension 400-135 mg/5ml</i>	OTC Benefit	
<i>cvs heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	OTC Benefit	
<i>cvs heartburn relief oral tablet chewable 160-105 mg</i>	OTC Benefit	
GAVISCON EXTRA RELIEF FORMULA ORAL SUSPENSION 508-475 MG/10ML (<i>alum hydroxide-mag carbonate</i>)	OTC Benefit	
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5ML (<i>alum hydroxide-mag carbonate</i>)	OTC Benefit	
GAVISCON EXTRA STRENGTH ORAL TABLET CHEWABLE 160-105 MG (<i>alum hydroxide-mag carbonate</i>)	OTC Benefit	
GAVISCON ORAL SUSPENSION 95-358 MG/15ML (<i>alum hydroxide-mag carbonate</i>)	OTC Benefit	
<i>geri-lanta supreme oral suspension 400-135 mg/5ml</i>	OTC Benefit	
<i>heartburn antacid ex st oral tablet chewable 160-105 mg</i>	OTC Benefit	
<i>qc heartburn antacid oral tablet chewable 160-105 mg</i>	OTC Benefit	
ROLAIDS ANTACID ULTRA STRENGTH ORAL SUSPENSION 1000-200 MG/5ML (<i>ca carbonate-mag hydroxide</i>)	OTC Benefit	
ROLAIDS EXTRA STRENGTH ORAL TABLET CHEWABLE 675-135 MG (<i>ca carbonate-mag hydroxide</i>)	OTC Benefit	
ROLAIDS ULTRA STRENGTH ORAL TABLET CHEWABLE 1000-200 MG (<i>ca carbonate-mag hydroxide</i>)	OTC Benefit	
SENTRIVA-ES ORAL TABLET CHEWABLE 975-232 MG (<i>ca carbonate-mag hydroxide</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>	OTC Benefit	
*ANTACIDS - BICARBONATE COMBINATIONS***		
ALKA-SELTZER GOLD ORAL TABLET EFFERVESCENT 1050-344-1000 MG (<i>sod bicarb-k bicarb-citric acid</i>)	OTC Benefit	
*ANTACIDS - BICARBONATE***		
<i>sodium bicarbonate oral powder</i>	OTC Benefit	
*ANTACIDS - CALCIUM SALTS***		
ALKA-SELTZER FIZZY MELTS ORAL TABLET DISPERSIBLE 200 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
<i>antacid calcium rich oral tablet chewable 500 mg</i>	OTC Benefit	
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
<i>antacid maximum oral tablet chewable 1000 mg</i>	OTC Benefit	
<i>antacid oral tablet chewable 1177 mg, 500 mg</i>	OTC Benefit	
<i>antacid soft chews oral tablet chewable 1177 mg</i>	OTC Benefit	
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	OTC Benefit	
<i>childrens pepto oral tablet chewable 400 mg</i>	OTC Benefit	
CHILDRENS SOOTHE ORAL TABLET CHEWABLE 400 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
<i>cvs antacid childrens oral liquid 400 mg/5ml</i>	OTC Benefit	
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	OTC Benefit	
<i>cvs antacid kids oral tablet chewable 750 mg</i>	OTC Benefit	
<i>cvs antacid maximum strength oral tablet chewable 1000 mg</i>	OTC Benefit	
<i>cvs antacid oral tablet chewable 750 mg</i>	OTC Benefit	
<i>cvs antacid soft chews ultr st oral tablet chewable 1177 mg</i>	OTC Benefit	
<i>cvs antacid ultra strength oral tablet chewable 1000 mg</i>	OTC Benefit	
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
<i>cvs smooth antacid extra st oral tablet chewable 750 mg</i>	OTC Benefit	
<i>eq antacid extra strength oral tablet chewable 750 mg</i>	OTC Benefit	
<i>eq antacid oral tablet chewable 500 mg</i>	OTC Benefit	
<i>eq antacid ultra strength oral tablet chewable 1000 mg</i>	OTC Benefit	
<i>eql antacid oral tablet chewable 500 mg</i>	OTC Benefit	
<i>eql antacid ultra strength oral tablet chewable 1000 mg</i>	OTC Benefit	
<i>goodsense antacid extra str oral tablet chewable 750 mg</i>	OTC Benefit	
<i>goodsense antacid oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	OTC Benefit	
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
<i>long lasting antacid oral tablet chewable 500 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
MAALOX ORAL TABLET CHEWABLE 600 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
<i>medi-first antacid oral tablet chewable 420 mg</i>	OTC Benefit	
<i>qc antacid extra strength oral tablet chewable 750 mg</i>	OTC Benefit	
<i>qc antacid oral tablet chewable 500 mg</i>	OTC Benefit	
<i>qc antacid ultra strength oral tablet chewable 1000 mg</i>	OTC Benefit	
<i>ra antacid oral tablet chewable 500 mg</i>	OTC Benefit	
<i>ra antacid ultra strength oral tablet chewable 1000 mg</i>	OTC Benefit	
<i>sb antacid extra strength oral tablet chewable 750 mg</i>	OTC Benefit	
<i>sb antacid oral tablet chewable 500 mg</i>	OTC Benefit	
<i>tc max oral powder 588 mg/10gm</i>	OTC Benefit	
TITRALAC ORAL TABLET CHEWABLE 420 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE 1177 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
TUMS E-X 750 ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
TUMS LASTING EFFECTS ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
TUMS ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
TUMS ULTRA 1000 ORAL TABLET CHEWABLE 1000 MG (<i>calcium carbonate antacid</i>)	OTC Benefit	
*ANTACIDS - MAGNESIUM SALTS***		
DEWEES CARMINATIVE ORAL SUSPENSION 250 MG/5ML (<i>magnesium carbonate (antacid)</i>)	OTC Benefit	
<i>gnp magnesium oxide oral tablet 250 mg</i>	OTC Benefit	
<i>magnesium carbonate granules</i>	OTC Benefit	
<i>magnesium oxide (antacid) oral capsule 500 mg</i>	OTC Benefit	
<i>magnesium oxide oral tablet 250 mg</i>	OTC Benefit	
<i>magnesium oxide powder</i>	OTC Benefit	
MAOX ORAL TABLET 420 MG (<i>magnesium oxide</i>)	OTC Benefit	
<i>qc magnesium oral tablet 250 mg</i>	OTC Benefit	
URO-MAG ORAL CAPSULE 140 MG (<i>magnesium oxide</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ANTACIDS - SODIUM CITRATE***		
EMETROL ORAL TABLET CHEWABLE 230 MG (<i>sodium citrate dihydrate</i>)	OTC Benefit	
ANTHELMINTICS		
*ANTHELMINTICS***		
<i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i>	OTC Benefit	
<i>pin-away oral suspension 144 (50 base) mg/ml</i>	OTC Benefit	
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	OTC Benefit	
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	OTC Benefit	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*MIXED ADRENERGICS***		
<i>asthma relief oral tablet 12.5 mg, 25 mg</i>	OTC Benefit	
BRONKAID MAX ORAL TABLET 25 MG (<i>ephedrine sulfate</i>)	OTC Benefit	
<i>cvs asthma relief oral tablet 25 mg</i>	OTC Benefit	
PRIMATENE MIST INHALATION AEROSOL 0.125 MG/ACT (<i>epinephrine</i>)	OTC Benefit	
PRIMATENE ORAL TABLET 12.5 MG (<i>ephedrine hcl</i>)	OTC Benefit	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
<i>4x probiotic oral tablet</i>	OTC Benefit	
ABATINEX ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
<i>acidophilus extra strength oral capsule</i>	OTC Benefit	
ACIDOPHILUS HIGH-POTENCY ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>acidophilus oral capsule , 100 mg</i>	OTC Benefit	
<i>acidophilus oral tablet , 0.5 mg</i>	OTC Benefit	
<i>acidophilus oral tablet chewable</i>	OTC Benefit	
<i>acidophilus oral wafer</i>	OTC Benefit	
ACIDOPHILUS PEARLS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>acidophilus probiotic blend oral capsule</i>	OTC Benefit	
<i>acidophilus probiotic formula oral tablet</i>	OTC Benefit	
<i>acidophilus probiotic oral capsule , 10 mg, 100 mg</i>	OTC Benefit	
<i>acidophilus probiotic oral tablet , 0.5 mg, 10 mg</i>	OTC Benefit	
<i>acidophilus/bifidus oral tablet chewable</i>	OTC Benefit	
<i>acidophilus/bifidus probiotic oral wafer</i>	OTC Benefit	
<i>acidophilus/pectin oral capsule 100 mg</i>	OTC Benefit	
ACTIPHLOA ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>advanced probiotic oral capsule</i>	OTC Benefit	
<i>advanced probiotic-14 oral capsule</i>	OTC Benefit	
ALIGN DUALBIOTIC ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ALIGN EXTRA STRENGTH ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
ALIGN JR FOR KIDS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
ALIGN KIDS PROBIOTIC ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
ALIGN ORAL CAPSULE 4 MG (<i>probiotic product</i>)	OTC Benefit	
ALIGN ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
<i>aloe 10000 & probiotics oral capsule</i>	OTC Benefit	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
AZO DUAL PROTECTION ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
AZO VAGINAL HEALTH PROBIOTIC ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
<i>bacicap oral capsule</i>	OTC Benefit	
BACID ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
BACID ORAL TABLET (<i>probiotic product</i>)	OTC Benefit	
BANATROL PLUS ORAL PACKET (<i>banana flakes</i>)	OTC Benefit	
BIOGAIA GASTRUS ORAL TABLET CHEWABLE (<i>lactobacillus reuteri</i>)	OTC Benefit	
BIOGAIA ORAL TABLET CHEWABLE (<i>lactobacillus reuteri</i>)	OTC Benefit	
BIOGAIA PROBIOTIC ORAL (<i>lactobacillus reuteri</i>)	OTC Benefit	
BIOGAIA PROBIOTIC ORAL LIQUID (<i>lactobacillus reuteri</i>)	OTC Benefit	
BIOGAIA PRODENTIS BABY ORAL LIQUID (<i>lactobacillus reuteri</i>)	OTC Benefit	
BIOGAIA PRODENTIS GUM/TEETH ORAL LOZENGE (<i>lactobacillus reuteri</i>)	OTC Benefit	
BIOGAIA PRODENTIS KIDS ORAL LOZENGE (<i>lactobacillus reuteri</i>)	OTC Benefit	
BIOGAIA PROTECTIS BABY ORAL LIQUID (<i>lactobacillus reuteri</i>)	OTC Benefit	
BIOGAIA PROTECTIS MUM ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
<i>biohm probiotic childrens oral tablet chewable</i>	OTC Benefit	
<i>biohm probiotic supplement oral capsule</i>	OTC Benefit	
<i>biohm probiotic/super greens oral powder</i>	OTC Benefit	
<i>biohm probiotic/vitamin c oral capsule</i>	OTC Benefit	
BIO-K PLUS STRONG ORAL CAPSULE DELAYED RELEASE (<i>lactobacillus</i>)	OTC Benefit	
BIO-KULT INFANTIS ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
BIO-KULT ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>biomepro oral capsule</i>	OTC Benefit	
<i>biomepro oral capsule delayed release</i>	OTC Benefit	
<i>biomepro oral liquid</i>	OTC Benefit	
<i>biotinex oral capsule</i>	OTC Benefit	
<i>bismuth oral tablet chewable 262 mg</i>	OTC Benefit	
<i>bismuth subgallate powder</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CULTRELLE KIDS IMMUNE DEFENSE ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE ABDOMINAL SUPPORT ORAL PACKET 4-15 GM- MG (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
CULTURELLE BABY COLIC SOOTHING ORAL LIQUID (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE BABY DIGESTIVE CALM ORAL LIQUID (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE BABY HEALTHY DEV ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE BABY IMMUNE+DIGEST ORAL LIQUID (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE BLOATING & GAS DEF ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE HEALTH & WELLNESS ORAL CAPSULE (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE IMMUNE DEFENSE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE IMMUNE DEFENSE ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE IMMUNITY SUPPORT ORAL CAPSULE (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE KID PROBIOTIC+FIBER ORAL PACKET (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE KID PROBIOTIC+FIBER ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE KIDS GROW THRIVE ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE KIDS ORAL PACKET (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE KIDS ORAL TABLET CHEWABLE (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE KIDS PURELY ORAL PACKET (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE KIDS PURELY ORAL TABLET CHEWABLE (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE METABOLISM-WEIGHT ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE ORAL CAPSULE (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE PRO & PREBIOTIC ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE PROBIOTICS KIDS ORAL PACKET 5 B CELL (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CULTURELLE PROBIOTICS KIDS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE PROBIOTICS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE PRO-WELL HEALTH ORAL CAPSULE (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
CULTURELLE PRO-WELL ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
CULTURELLE WOMENS 4 IN 1 ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
CULTURELLE WOMEN'S WELLNESS ORAL TABLET CHEWABLE (<i>lactobacillus</i>)	OTC Benefit	
<i>cvs acidophilus probiotic oral tablet , 0.5 mg</i>	OTC Benefit	
<i>cvs adult 50+ probiotic oral capsule</i>	OTC Benefit	
<i>cvs adult probiotic oral capsule</i>	OTC Benefit	
<i>cvs adv probiotic gummies oral tablet chewable</i>	OTC Benefit	
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	OTC Benefit	
<i>cvs daily probiotic childrens oral packet</i>	OTC Benefit	
<i>cvs daily probiotic oral capsule</i>	OTC Benefit	
<i>cvs digestive probiotic oral capsule , 250 mg</i>	OTC Benefit	
<i>cvs everyday care probiotic oral capsule</i>	OTC Benefit	
<i>cvs mood support probiotic oral capsule</i>	OTC Benefit	
<i>cvs probiotic (lactobacillus) oral capsule</i>	OTC Benefit	
<i>cvs probiotic adult 50+ oral capsule</i>	OTC Benefit	
<i>cvs probiotic childrens oral tablet chewable</i>	OTC Benefit	
<i>cvs probiotic maximum strength oral capsule</i>	OTC Benefit	
<i>cvs probiotic oral capsule</i>	OTC Benefit	
<i>cvs probiotic oral tablet chewable</i>	OTC Benefit	
<i>cvs probiotic pearls ex st oral capsule</i>	OTC Benefit	
<i>cvs resistance formula oral capsule 400 mg</i>	OTC Benefit	
<i>cvs senior probiotic oral capsule</i>	OTC Benefit	
<i>cvs stomach relief max st oral suspension 525 mg/15ml</i>	OTC Benefit	
<i>cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml</i>	OTC Benefit	
<i>cvs stomach relief oral tablet 262 mg</i>	OTC Benefit	
<i>cvs stomach relief oral tablet chewable 262 mg</i>	OTC Benefit	
<i>daily chewable probiotic-14 oral tablet chewable</i>	OTC Benefit	
<i>daily digestive probiotic oral capsule</i>	OTC Benefit	
<i>daily probiotic oral capsule</i>	OTC Benefit	
<i>daily probiotic supplement oral capsule 250 mg</i>	OTC Benefit	
DEVROM ORAL CAPSULE 200 MG (<i>bismuth subgallate</i>)	OTC Benefit	
DEVROM ORAL TABLET CHEWABLE 200 MG (<i>bismuth subgallate</i>)	OTC Benefit	
DIALYVITE PROBIOTIC ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>diarrhea oral suspension 262 mg/15ml</i>	OTC Benefit	
DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
DIGESTIVE ADV KID DIGST/IMMUNE ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
DIGESTIVE ADV+BOWEL SUPPORT ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
DIGESTIVE ADV+GAS DEFENSE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
DIGESTIVE ADV+LACTOSE SUPPORT ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
DIGESTIVE ADVANTAGE GUMMIES ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
DIGESTIVE ADVANTAGE KIDS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
DIGESTIVE ADVANTAGE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>digestive health probiotic oral capsule</i>	OTC Benefit	
ELACTIA BREASTFEEDING PROBIOTI ORAL CAPSULE (<i>lactobacillus fermentum</i>)	OTC Benefit	
<i>eq probiotic oral capsule</i>	OTC Benefit	
<i>eq probiotic oral capsule delayed release</i>	OTC Benefit	
<i>eq probiotic-lactobacillus oral capsule</i>	OTC Benefit	
<i>eq stomach relief oral suspension 262 mg/15ml</i>	OTC Benefit	
<i>eq stomach relief oral tablet 262 mg</i>	OTC Benefit	
<i>eq stomach relief oral tablet chewable 262 mg</i>	OTC Benefit	
<i>eql 2 in 1 probiotic oral tablet</i>	OTC Benefit	
<i>eql 4x probiotic oral tablet</i>	OTC Benefit	
<i>eql daily probiotic oral capsule</i>	OTC Benefit	
<i>eql digestive probiotic oral capsule</i>	OTC Benefit	
<i>eql probiotic colon support oral capsule</i>	OTC Benefit	
<i>eql stomach relief max st oral suspension 525 mg/15ml</i>	OTC Benefit	
<i>eql stomach relief oral suspension 262 mg/15ml</i>	OTC Benefit	
<i>eql stomach relief oral tablet chewable 262 mg</i>	OTC Benefit	
ESTROVEN SLIMBIOTICS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FEM-DOPHILUS WOMENS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FLORA VANCE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FLORAJEN ACIDOPHILUS ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
FLORAJEN DIGESTION ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FLORAJEN WOMEN ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
FLORAJEN3 ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FLORAJEN4KIDS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>florasave oral capsule delayed release</i>	OTC Benefit	
FLORASTOR ADVANCED ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FLORASTOR BABY ORAL PACKET 250 MG (<i>saccharomyces boulardii</i>)	OTC Benefit	
FLORASTOR KIDS ORAL PACKET 250 MG (<i>saccharomyces boulardii</i>)	OTC Benefit	
FLORASTOR ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	OTC Benefit	
FLORASTOR SELECT GUT BOOST ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FLORASTOR SELECT IMMUNITY BOOS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FLORATUMMYS KIDS ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
FLORATUMMYS PROBIOTIC ORAL TABLET SOLUBLE (<i>probiotic product</i>)	OTC Benefit	
FORTIFY 30 BILLION PROBIOT 50+ ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
FORTIFY 50 BILLION PROBIOT 50+ ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
FORTIFY DAILY PROBIOTIC EX ST ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
FORTIFY DAILY PROBIOTIC ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
FORTIFY OPTIMA WOMENS ADV CARE ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
FORTIFY PROBIOTIC WOMENS EX ST ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
FORTIFY PROBIOTIC WOMENS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
<i>free + pure daily probiotic oral capsule 250 mg</i>	OTC Benefit	
<i>freeze dried acidophilus oral capsule</i>	OTC Benefit	
<i>ft acidophilus probiotic blend oral capsule</i>	OTC Benefit	
<i>ft probiotic oral capsule 250 mg</i>	OTC Benefit	
GENORAVANCE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
GERBER GENTLE PROBIOTIC ORAL LIQUID (<i>bifidobacterium lactis</i>)	OTC Benefit	
<i>gnp acidophilus high potency oral capsule</i>	OTC Benefit	
<i>gnp advanced probiotic oral capsule</i>	OTC Benefit	
<i>gnp probiotic colon support oral capsule</i>	OTC Benefit	
GOOD START KIDS PROBIOTIC ORAL TABLET CHEWABLE (<i>lactobacillus reuteri</i>)	OTC Benefit	
GOOD START TODDLER PROBIOTIC ORAL PACKET (<i>lactobacillus reuteri</i>)	OTC Benefit	
GOODSENSE 4X PROBIOTIC ORAL TABLET DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>goodsense stomach relief oral suspension 1050 mg/30ml, 525 mg/30ml</i>	OTC Benefit	
<i>gutvite immune support oral capsule</i>	OTC Benefit	
<i>hm probiotic digestive health oral capsule</i>	OTC Benefit	
<i>ideal bowel support oral capsule</i>	OTC Benefit	
INTESTINEX ORAL CAPSULE 600 MG (<i>lactobacillus</i>)	OTC Benefit	
JARRO-DOPHILUS BABY PRO+PRE ORAL POWDER (<i>probiotic product</i>)	OTC Benefit	
JARRO-DOPHILUS EPS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
JARRO-DOPHILUS EPS PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
JARRO-DOPHILUS HYPOALLERGENIC ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
JARRO-DOPHILUS PROBIOT+PRE+FOS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
JARRO-DOPHILUS VAGINAL PROBIOT ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	OTC Benefit	
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (<i>bismuth subsalicylate</i>)	OTC Benefit	
KAOPECTATE ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	OTC Benefit	
KIJIMEA IBS ORAL CAPSULE (<i>bifidobacterium bifidum</i>)	OTC Benefit	
LACTEOL DIARRHEASE KIDS ORAL PACKET (<i>lactobacillus</i>)	OTC Benefit	
LACTEOL DIARRHEASE ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
LACTINEX ORAL PACKET (<i>lactobacillus</i>)	OTC Benefit	
<i>lactobacillus extra strength oral capsule</i>	OTC Benefit	
<i>lactobacillus oral tablet 0.05-0.05 mg</i>	OTC Benefit	
<i>lacto-pectin oral capsule</i>	OTC Benefit	
MAGE ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
<i>medi-bismuth oral tablet chewable 262 mg</i>	OTC Benefit	
<i>mega probiotic oral capsule</i>	OTC Benefit	
META BIOTIC/BIO-ACTIVE 12 ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
MOMMY'S BLISS PROBIOTIC 15 DAY ORAL LIQUID (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
MOMMY'S BLISS PROBIOTIC DROPS ORAL LIQUID (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
MOMMY'S BLISS PROBIOTIC ORAL PACKET 5 B CELL (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
<i>more-dophilus acidophilus oral powder</i>	OTC Benefit	
MVW COMPL FORM PROBIOTIC-KIDS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MVW COMPLETE PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
<i>natrul probiotic oral capsule</i>	OTC Benefit	
<i>newflora probiotic oral capsule</i>	OTC Benefit	
NEXABIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
OMNI-BIOTIC AB 10 ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
OMNI-BIOTIC BALANCE ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
OMNI-BIOTIC HETOX ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
OMNI-BIOTIC PANDA ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
OMNI-BIOTIC STRESS RELEASE ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
PEARLS IC ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
PEDIA-LAX PROBIOTIC YUMS ORAL TABLET CHEWABLE (<i>lactobacillus reuteri</i>)	OTC Benefit	
PEPTO BISMOL ORAL CAPSULE 262 MG (<i>bismuth subsalicylate</i>)	OTC Benefit	
PEPTO BISMOL ULTRA ORAL TABLET 525 MG (<i>bismuth subsalicylate</i>)	OTC Benefit	
PEPTO DIARRHEA ORAL TABLET 525 MG (<i>bismuth subsalicylate</i>)	OTC Benefit	
PEPTO-BISMOL MAX STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	OTC Benefit	
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML (<i>bismuth subsalicylate</i>)	OTC Benefit	
PEPTO-BISMOL ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	OTC Benefit	
PEPTO-BISMOL ORAL TABLET CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	OTC Benefit	
PEPTO-BISMOL TO-GO ORAL TABLET CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	OTC Benefit	
PHILLIPS COLON HEALTH ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	OTC Benefit	
<i>pink bismuth oral suspension 262 mg/15ml</i>	OTC Benefit	
PREBIO MAX ORAL TABLET CHEWABLE 1.4 GM (<i>xylooligosaccharides</i>)	OTC Benefit	
<i>preorbotic oral capsule</i>	OTC Benefit	
PRIMADOPHILUS BIFIDUS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	OTC Benefit	
PRIMADOPHILUS KIDS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
<i>primadophilus oral capsule</i>	OTC Benefit	
PRIMIDAR ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
PRO NUTRIENTS PROBIOTIC ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
PROBIATA ORAL TABLET (<i>lactobacillus</i>)	OTC Benefit	
PROBIO DEFENSE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>probioflexx oral capsule</i>	OTC Benefit	
PROBIOMAX 350 DF ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
PROBIOMAX COMPLETE DF ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>probiomax daily df oral capsule</i>	OTC Benefit	
PROBIOMAX IG 26 DF ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
PROBIOMAX LEAN DF ORAL CAPSULE 25 MG (<i>probiotic product</i>)	OTC Benefit	
PROBIOMAX PLUS DF ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
PROBIOMAX SB DF ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
PROBIOMAX SERENITY ORAL CAPSULE 43.75 MG (<i>lactobacillus</i>)	OTC Benefit	
<i>probionexx oral capsule</i>	OTC Benefit	
<i>probiotic (lactobacillus) oral capsule</i>	OTC Benefit	
<i>probiotic + immune oral tablet chewable</i>	OTC Benefit	
<i>probiotic + omega-3 oral capsule</i>	OTC Benefit	
<i>probiotic + turmeric extract oral capsule 400 mg</i>	OTC Benefit	
<i>probiotic 10 ultra strength oral capsule</i>	OTC Benefit	
<i>probiotic acidophilus oral capsule</i>	OTC Benefit	
<i>probiotic acidophilus oral tablet chewable</i>	OTC Benefit	
<i>probiotic blend oral capsule</i>	OTC Benefit	
<i>probiotic childrens oral packet</i>	OTC Benefit	
<i>probiotic childrens oral tablet chewable</i>	OTC Benefit	
<i>probiotic chocolate bears oral tablet chewable</i>	OTC Benefit	
<i>probiotic colic oral liquid</i>	OTC Benefit	
<i>probiotic colon support oral capsule</i>	OTC Benefit	
<i>probiotic daily oral capsule</i>	OTC Benefit	
<i>probiotic digestive supp oral capsule</i>	OTC Benefit	
<i>probiotic gold extra strength oral capsule</i>	OTC Benefit	
<i>probiotic gummies oral tablet chewable 5-5 mg-mcg</i>	OTC Benefit	
<i>probiotic mature adult oral capsule</i>	OTC Benefit	
<i>probiotic multi-enzyme oral tablet</i>	OTC Benefit	
<i>probiotic oral capsule 250 mg</i>	OTC Benefit	
<i>probiotic oral packet</i>	OTC Benefit	
<i>probiotic oral tablet chewable</i>	OTC Benefit	
<i>probiotic oral tablet delayed release</i>	OTC Benefit	
PROBIOTIC PEARLS ADVANTAGE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
PROBIOTIC PEARLS MAX POTENCY ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
PROBIOTIC PEARLS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
PROBIOTIC PEARLS WOMENS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>probiotic product oral capsule</i>	OTC Benefit	
<i>probiotic product oral tablet chewable</i>	OTC Benefit	
<i>probiotic/prebiotic/cranberry oral capsule</i>	OTC Benefit	
PROBIOTIC-10 ULTIMATE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>probizen oral capsule</i>	OTC Benefit	
PRO-FLORA IMMUNE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	OTC Benefit	
<i>qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml</i>	OTC Benefit	
<i>qc pink bismuth oral tablet 262 mg</i>	OTC Benefit	
<i>qc stomach relief oral suspension 525 mg/30ml</i>	OTC Benefit	
<i>qc stomach relief oral tablet 262 mg</i>	OTC Benefit	
<i>qc stomach relief oral tablet chewable 262 mg</i>	OTC Benefit	
<i>qc stomach relief ultra oral suspension 525 mg/15ml</i>	OTC Benefit	
<i>ra digestive health oral capsule</i>	OTC Benefit	
<i>ra probiotic acidophilus oral capsule 1 mg</i>	OTC Benefit	
<i>ra probiotic colon care oral capsule</i>	OTC Benefit	
<i>ra probiotic complex oral capsule</i>	OTC Benefit	
<i>ra probiotic digestive support oral capsule</i>	OTC Benefit	
<i>ra probiotic gummies oral tablet chewable</i>	OTC Benefit	
<i>ra probiotic max strength oral capsule</i>	OTC Benefit	
<i>ra stomach relief oral suspension 262 mg/15ml</i>	OTC Benefit	
RE:IIMMUNE ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
<i>rejuvaflor oral capsule</i>	OTC Benefit	
REPHRESH PRO-B ORAL CAPSULE (<i>lactobacillus</i>)	OTC Benefit	
RESTORA ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
<i>restore oral packet</i>	OTC Benefit	
<i>revitaflor oral capsule</i>	OTC Benefit	
<i>s. boulardii pro + prebiotic oral capsule delayed release</i>	OTC Benefit	
SACCHAROMYCIN DF ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	OTC Benefit	
<i>sb bismuth oral tablet 262 mg</i>	OTC Benefit	
<i>sd probiotic-10 complex ultra oral capsule</i>	OTC Benefit	
SIMILAC PROBIOTIC TRI-BLEND ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
<i>sm 4x probiotic oral tablet</i>	OTC Benefit	
<i>sm acidophilus oral capsule</i>	OTC Benefit	
<i>sm advanced probiotic oral capsule</i>	OTC Benefit	
<i>sm probiotic oral capsule 250 mg</i>	OTC Benefit	
SMARTY PANTS KIDS PROBIOTIC ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML (<i>bismuth subsalicylate</i>)	OTC Benefit	
SOOTHE ORAL TABLET CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	OTC Benefit	
STABLEGI ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	OTC Benefit	
stomach relief oral suspension 525 mg/15ml, 527 mg/30ml	OTC Benefit	
stomach relief plus oral suspension 525 mg/15ml	OTC Benefit	
super probiotic digestive oral capsule	OTC Benefit	
super probiotic oral capsule	OTC Benefit	
superior probiotic oral capsule	OTC Benefit	
triple probiotic oral tablet	OTC Benefit	
TRUBIOTICS BABY ORAL LIQUID (<i>probiotic product</i>)	OTC Benefit	
TRUBIOTICS DIGEST + IMM HEALTH ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
TRUBIOTICS DIGEST + IMM HEALTH ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
TRUBIOTICS KIDS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
TRUBIOTICS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
ULTRAFLOA IMMUNE HEALTH ORAL CAPSULE 170 MG (<i>probiotic product</i>)	OTC Benefit	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
UP4 PROBIOTICS KIDS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
UP4 PROBIOTICS MENS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
UP4 PROBIOTICS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
UP4 PROBIOTICS ULTRA ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
UP4 PROBIOTICS WOMENS ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
UPSPRING DUAL PRENATAL IMMUN ORAL CAPSULE (<i>lactobacillus rhamnosus (gg)</i>)	OTC Benefit	
VH ESSENTIALS OPTIBALANCE ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
VISBIOME HIGH POTENCY ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
VISBIOME HIGH POTENCY ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
VSL#3 DS ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
VSL#3 JUNIOR ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
VSL#3 ORAL CAPSULE (<i>probiotic product</i>)	OTC Benefit	
VSL#3 ORAL PACKET (<i>probiotic product</i>)	OTC Benefit	
YUMVS PROBIOTIC ZERO ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
YUMVSKIDS PROBIOTIC ZERO ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
YUM-YUM DOPHILUS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
YUM-YUM DOPHILUS PROBIOTIC ORAL TABLET CHEWABLE (<i>probiotic product</i>)	OTC Benefit	
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS***		
ALIGN PREBIOTIC-PROBIOTIC ORAL TABLET CHEWABLE 5-1.25 MG-GM (<i>bacillus coagulans-inulin</i>)	OTC Benefit	
BENEFIBER PREBIOTIC+PROBIOTIC ORAL TABLET CHEWABLE (<i>bacillus coagulans-inulin</i>)	OTC Benefit	
BIOGAIA IMMUNE ACTIVE BABY ORAL LIQUID 15 MCG/5DROP (<i>lactobacillus reuteri-vit d</i>)	OTC Benefit	
BIOGAIA OSFORTIS ORAL CAPSULE 5 MCG (<i>lactobacillus reuteri-vit d</i>)	OTC Benefit	
BIOGAIA PROTECTIS BABY/VIT D ORAL LIQUID (<i>lactobacillus reuteri-vit d</i>)	OTC Benefit	
BIOGAIA PROTECTIS IMMUNE ACTIV ORAL CAPSULE 50 MCG (<i>lactobacillus reuteri-vit d</i>)	OTC Benefit	
BIOGAIA PROTECTIS IMMUNE ACTIV ORAL TABLET CHEWABLE 20 MCG (<i>lactobacillus reuteri-vit d</i>)	OTC Benefit	
CULTURELLE ADULT ULT BALANCE ORAL CAPSULE (<i>lactobacillus-inulin</i>)	OTC Benefit	
CULTURELLE BABY CALM COMFORT ORAL LIQUID (<i>lactobacillus rham-chamomile</i>)	OTC Benefit	
CULTURELLE DIGESTIVE DAILY PRO ORAL CAPSULE (<i>lactobacillus-inulin</i>)	OTC Benefit	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (<i>lactobacillus-inulin</i>)	OTC Benefit	
CULTURELLE DIGESTIVE HEALTH ORAL TABLET CHEWABLE (<i>lactobacillus-inulin</i>)	OTC Benefit	
CULTURELLE HEALTH (INULIN) ORAL CAPSULE (<i>lactobacillus-inulin</i>)	OTC Benefit	
CULTURELLE ULTIMATE STRENGTH ORAL CAPSULE (<i>lactobacillus-inulin</i>)	OTC Benefit	
<i>eql probiotic acidophilus oral capsule</i>	OTC Benefit	
<i>gnp probiotic extra strength oral capsule</i>	OTC Benefit	
KALA ORAL TABLET (<i>lactobacillus acid-pectin</i>)	OTC Benefit	
MOMMY'S BLISS PROBIOTIC DROP+D ORAL LIQUID 400 UNT/0.33ML (<i>lactobacillus rhamnosus-vit d</i>)	OTC Benefit	
<i>prebiotic inulin-fos oral powder</i>	OTC Benefit	
<i>probiotic digestive support oral capsule</i>	OTC Benefit	
<i>probiotic formula oral capsule 1-250 billion-mg</i>	OTC Benefit	
<i>probiotic oral capsule 1-250 billion-mg</i>	OTC Benefit	
VIActiv DIGESTIVE HEALTH ORAL TABLET CHEWABLE (<i>lactobacillus-inulin</i>)	OTC Benefit	
VITAFUSION FIBER WELL/PRO ORAL TABLET CHEWABLE (<i>bacillus coagulans-inulin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ANTIPERISTALTIC AGENTS***		
<i>cvs anti-diarrheal oral capsule 2 mg</i>	OTC Benefit	
<i>cvs anti-diarrheal oral tablet 2 mg</i>	OTC Benefit	
<i>diamode oral tablet 2 mg</i>	OTC Benefit	
<i>eq anti-diarrheal oral capsule 2 mg</i>	OTC Benefit	
<i>eq anti-diarrheal oral tablet 2 mg</i>	OTC Benefit	
<i>eq loperamide hcl oral solution 1 mg/7.5ml</i>	OTC Benefit	
<i>eql anti-diarrheal oral tablet 2 mg</i>	OTC Benefit	
IMODIUM A-D ORAL CAPSULE 2 MG (<i>loperamide hcl</i>)	OTC Benefit	
IMODIUM A-D ORAL SOLUTION 1 MG/7.5ML (<i>loperamide hcl</i>)	OTC Benefit	
IMODIUM A-D ORAL TABLET 2 MG (<i>loperamide hcl</i>)	OTC Benefit	
<i>meijer anti-diarrheal oral tablet 2 mg</i>	OTC Benefit	
<i>qc anti-diarrheal oral capsule 2 mg</i>	OTC Benefit	
<i>qc anti-diarrheal oral tablet 2 mg</i>	OTC Benefit	
<i>ra anti-diarrheal oral tablet 2 mg</i>	OTC Benefit	
<i>sb anti-diarrhea oral tablet 2 mg</i>	OTC Benefit	
*DIARRHEA COMBINATIONS - OPIATES***		
<i>eql anti-diarrheal anti-gas oral tablet 2-125 mg</i>	OTC Benefit	
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG (<i>loperamide-simethicone</i>)	OTC Benefit	
*GASTROINTESTINAL ADSORBENTS***		
<i>kaolin powder</i>	OTC Benefit	
<i>pectin powder</i>	OTC Benefit	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*ANTIDOTES AND SPECIFIC ANTAGONISTS***		
ACTIDOSE WITH SORBITOL ORAL SUSPENSION 25 GM/120ML, 50 GM/240ML (<i>charcoal activated-sorbitol</i>)	OTC Benefit	
ACTIDOSE-AQUA ORAL LIQUID 15 GM/72ML, 25 GM/120ML, 50 GM/240ML (<i>charcoal activated</i>)	OTC Benefit	
<i>activated vegetable charcoal oral capsule 260 mg</i>	OTC Benefit	
<i>charcoal activated oral capsule 260 mg, 280 mg</i>	OTC Benefit	
<i>charcoal activated oral suspension reconstituted 28 gm</i>	OTC Benefit	
<i>charcoal activated powder</i>	OTC Benefit	
<i>charcoal powder</i>	OTC Benefit	
CHARCOCAPS ORAL CAPSULE 260 MG (<i>charcoal activated</i>)	OTC Benefit	
CHAR-FLO WITH SORBITOL ORAL SUSPENSION 25-48 GM/120ML (<i>charcoal activated-sorbitol</i>)	OTC Benefit	
<i>cvs charcoal oral capsule 260 mg</i>	OTC Benefit	
EZ CHAR ORAL SUSPENSION RECONSTITUTED 25 GM (<i>charcoal activated</i>)	OTC Benefit	
INSTA-CHAR ORAL LIQUID 25 GM/240ML (<i>charcoal activated</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
INSTA-CHAR/SORBITOL ORAL SUSPENSION 25-59 GM/240ML (<i>charcoal activated-sorbitol</i>)	OTC Benefit	
IOSAT ORAL TABLET 130 MG, 65 MG (<i>potassium iodide antidote</i>)	OTC Benefit	
KERR INSTA-CHAR IN SORBITOL ORAL SUSPENSION 25 GM/120ML, 50 GM/240ML (<i>charcoal activated-sorbitol</i>)	OTC Benefit	
KERR INSTA-CHAR ORAL LIQUID 25 GM/120ML, 50 GM/240ML (<i>charcoal activated</i>)	OTC Benefit	
REQUA ACTIVATED CHARCOAL ORAL CAPSULE 260 MG (<i>charcoal activated</i>)	OTC Benefit	
<i>sm ipecac syrup oral syrup</i>	OTC Benefit	
*OPIOID ANTAGONISTS***		
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	OTC Benefit	
*TOPICAL ANTIDOTES***		
CALGONATE EXTERNAL GEL 2.5 % (<i>calcium gluconate antidote</i>)	OTC Benefit	
ANTIEMETICS		
*ANTIEMETIC COMBINATIONS***		
<i>eql anti-nausea oral solution 1.87-1.87-21.5</i>	OTC Benefit	
<i>nausea control oral solution 1.87-1.87-21.5</i>	OTC Benefit	
<i>qc anti-nausea oral solution 1.87-1.87-21.5</i>	OTC Benefit	
<i>ra anti-nausea oral solution 1.87-1.87-21.5</i>	OTC Benefit	
<i>sb anti-nausea oral solution 1.87-1.87-21.5</i>	OTC Benefit	
*ANTIEMETICS - ANTICHOLINERGIC***		
BONINE ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	OTC Benefit	
<i>cvs motion sickness ii oral tablet 25 mg</i>	OTC Benefit	
<i>cvs motion sickness oral tablet 50 mg</i>	OTC Benefit	
<i>cvs motion sickness relief oral tablet chewable 25 mg</i>	OTC Benefit	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	OTC Benefit	
DRAMAMINE MOTION SICKNESS KIDS ORAL TABLET CHEWABLE 25 MG (<i>dimenhydrinate</i>)	OTC Benefit	
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	OTC Benefit	
DRAMAMINE ORAL TABLET 25 MG (<i>meclizine hcl</i>)	OTC Benefit	
DRAMAMINE ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	OTC Benefit	
DRAMAMINE ORAL TABLET CHEWABLE 50 MG (<i>dimenhydrinate</i>)	OTC Benefit	
<i>eq motion sickness relief oral tablet 50 mg</i>	OTC Benefit	
<i>eql motion sickness relief oral tablet 25 mg</i>	OTC Benefit	
<i>goodsense motion sickness oral tablet 50 mg</i>	OTC Benefit	
MEDI-MECLIZINE ORAL TABLET 25 MG (<i>meclizine hcl</i>)	OTC Benefit	
<i>motion sickness relief oral tablet chewable 25 mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>qc motion sickness relief oral tablet 50 mg</i>	OTC Benefit	
<i>qc travel ease oral tablet chewable 25 mg</i>	OTC Benefit	
<i>ra motion sickness relief oral tablet 50 mg</i>	OTC Benefit	
<i>ra motion sickness relief oral tablet chewable 25 mg</i>	OTC Benefit	
<i>sb motion sickness oral tablet 50 mg</i>	OTC Benefit	
<i>travel-ease oral tablet 25 mg</i>	OTC Benefit	
<i>trav-tabs oral tablet 50 mg</i>	OTC Benefit	
ANTIHISTAMINES		
*ANTIHISTAMINES - ALKYLAMINES***		
<i>chlorhist oral tablet 4 mg</i>	OTC Benefit	
<i>chlorphen oral tablet 4 mg</i>	OTC Benefit	
<i>chlorpheniramine maleate oral tablet 4 mg</i>	OTC Benefit	
CHLOR-TRIMETON ALLERGY ORAL TABLET EXTENDED RELEASE 12 MG (<i>chlorpheniramine maleate</i>)	OTC Benefit	
<i>cvs allergy relief oral tablet extended release 12 mg</i>	OTC Benefit	
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (<i>chlorpheniramine maleate</i>)	OTC Benefit	
<i>eq allergy relief oral tablet 4 mg</i>	OTC Benefit	
<i>eql allergy oral tablet 4 mg</i>	OTC Benefit	
FLONASE NIGHT ALLERGY RELIEF ORAL TABLET 2.5 MG (<i>triprolidine hcl</i>)	OTC Benefit	
<i>goodsense allergy relief oral tablet 4 mg</i>	OTC Benefit	
HISTEX PD ORAL LIQUID 1.25 MG/ML (<i>triprolidine hcl</i>)	OTC Benefit	
HISTEX PDX ORAL LIQUID 1.25 MG/ML (<i>triprolidine hcl</i>)	OTC Benefit	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (<i>triprolidine hcl</i>)	OTC Benefit	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (<i>triprolidine hcl</i>)	OTC Benefit	
<i>pharbechlor oral tablet 4 mg</i>	OTC Benefit	
<i>qc allergy relief oral tablet 4 mg</i>	OTC Benefit	
<i>qc chlor-pheniramine oral tablet 4 mg</i>	OTC Benefit	
<i>ra allergy relief oral tablet 4 mg</i>	OTC Benefit	
<i>ra chlorpheniramine maleate oral tablet 4 mg</i>	OTC Benefit	
<i>sb chlorpheniramine oral tablet 4 mg</i>	OTC Benefit	
STAHIST T ORAL TABLET 2.5 MG (<i>triprolidine hcl</i>)	OTC Benefit	
WAL-FINATE ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	OTC Benefit	
*ANTIHISTAMINES - ETHANOLAMINES***		
<i>aler-cap oral capsule 25 mg</i>	OTC Benefit	
<i>alertab oral tablet 25 mg</i>	OTC Benefit	
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	OTC Benefit	
<i>allergy relief oral liquid 25 mg/10ml</i>	OTC Benefit	
<i>anti-hist allergy oral tablet 25 mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE 12.5 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
BENADRYL ALLERGY ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
BENADRYL ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
<i>complete allergy medicine oral capsule 25 mg</i>	OTC Benefit	
<i>complete allergy medicine oral tablet 25 mg</i>	OTC Benefit	
<i>complete allergy relief oral tablet 25 mg</i>	OTC Benefit	
<i>curelief oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>cvs allergy oral capsule 25 mg</i>	OTC Benefit	
<i>cvs allergy relief adult oral liquid 50 mg/20ml</i>	OTC Benefit	
<i>cvs allergy relief childrens oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>cvs allergy relief childrens oral tablet chewable 12.5 mg</i>	OTC Benefit	
<i>cvs allergy relief childrens oral tablet dispersible 12.5 mg</i>	OTC Benefit	
<i>cvs allergy relief oral capsule 25 mg</i>	OTC Benefit	
<i>cvs allergy relief oral liquid 25 mg/10ml</i>	OTC Benefit	
<i>cvs allergy relief oral tablet 25 mg</i>	OTC Benefit	
<i>cvs allergy relief oral tablet chewable 25 mg</i>	OTC Benefit	
<i>cvs childrens allergy oral liquid 12.5 mg/5ml</i>	OTC Benefit	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	OTC Benefit	
<i>diphen oral tablet 25 mg</i>	OTC Benefit	
<i>doxylamine succinate powder</i>	OTC Benefit	
<i>eq allergy relief childrens oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>eq allergy relief childrens oral tablet chewable 12.5 mg</i>	OTC Benefit	
<i>eq allergy relief oral capsule 25 mg</i>	OTC Benefit	
<i>eq allergy relief oral tablet 25 mg</i>	OTC Benefit	
<i>eql allergy oral tablet 25 mg</i>	OTC Benefit	
<i>eql allergy relief childrens oral tablet dispersible 12.5 mg</i>	OTC Benefit	
<i>eql allergy relief oral tablet 25 mg</i>	OTC Benefit	
<i>eql childrens allergy oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>ft allergy relief oral tablet chewable 25 mg</i>	OTC Benefit	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>geri-dryl oral tablet 25 mg</i>	OTC Benefit	
<i>goodsense allergy relief oral capsule 25 mg</i>	OTC Benefit	
<i>goodsense allergy relief oral tablet 25 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>h-e-b childrens allergy oral liquid 12.5 mg/5ml</i>	OTC Benefit	
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	
<i>kls allergy medicine oral tablet 25 mg</i>	OTC Benefit	
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	OTC Benefit	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	
MEDI-PHEDRYL ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
<i>meijer antihistamine allergy oral capsule 25 mg</i>	OTC Benefit	
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
NARAMIN ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	OTC Benefit	
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>qc allergy relief oral capsule 25 mg</i>	OTC Benefit	
<i>qc allergy relief oral tablet 25 mg</i>	OTC Benefit	
<i>qc complete allergy medicine oral tablet 25 mg</i>	OTC Benefit	
<i>ra allergy medication oral capsule 25 mg</i>	OTC Benefit	
<i>ra allergy medication oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>ra allergy medication oral tablet 25 mg</i>	OTC Benefit	
<i>ra allergy oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>ra allergy oral tablet 25 mg</i>	OTC Benefit	
<i>ra allergy relief childrens oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>ra allergy relief childrens oral tablet dispersible 12.5 mg</i>	OTC Benefit	
<i>ra allergy relief oral capsule 25 mg</i>	OTC Benefit	
<i>ra complete allergy oral tablet 25 mg</i>	OTC Benefit	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	
<i>sb allergy medicine oral liquid 12.5 mg/5ml</i>	OTC Benefit	
<i>sb allergy medicine oral tablet 25 mg</i>	OTC Benefit	
<i>sb allergy oral capsule 25 mg</i>	OTC Benefit	
<i>sm allergy relief oral tablet chewable 25 mg</i>	OTC Benefit	
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	
<i>total allergy oral tablet 25 mg</i>	OTC Benefit	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
WAL-DRYL ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG (<i>diphenhydramine hcl</i>)	OTC Benefit	
*ANTIHISTAMINES - ETHYLENEDIAMINES***		
PEDIACLEAR 8 CHILDRENS ORAL LIQUID 12.5 MG/15ML (<i>pyrilamine maleate</i>)	OTC Benefit	
*ANTIHISTAMINES - NON-SEDATING***		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	OTC Benefit	
<i>all-day allergy childrens oral solution 5 mg/5ml</i>	OTC Benefit	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	OTC Benefit	
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	OTC Benefit	
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	OTC Benefit	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	OTC Benefit	
<i>allergy (cetirizine) oral tablet 10 mg</i>	OTC Benefit	
<i>allergy 24hour indoor/outdoor oral tablet 10 mg</i>	OTC Benefit	
<i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	OTC Benefit	
<i>allergy relief (loratadine) oral capsule 10 mg</i>	OTC Benefit	
<i>allergy relief 24-hr oral tablet 10 mg</i>	OTC Benefit	
<i>allergy relief childrens 24-hr oral solution 1 mg/ml</i>	OTC Benefit	
<i>allergy relief childrens oral solution 5 mg/5ml</i>	OTC Benefit	
<i>allergy relief oral tablet 60 mg</i>	OTC Benefit	
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	OTC Benefit	
<i>childrens 24 hour allergy oral solution 1 mg/ml</i>	OTC Benefit	
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	OTC Benefit	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	OTC Benefit	
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	OTC Benefit	
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	OTC Benefit	
CLARITIN ORAL TABLET CHEWABLE 10 MG, 5 MG (<i>loratadine</i>)	OTC Benefit	
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	OTC Benefit	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	OTC Benefit	
<i>cvs allerg rel child (lorat) oral solution 5 mg/5ml</i>	OTC Benefit	
<i>cvs allergy childrens oral solution 5 mg/5ml</i>	OTC Benefit	
<i>cvs allergy relief childrens oral solution 5 mg/5ml</i>	OTC Benefit	
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs allergy relief childrens oral tablet chewable 5 mg</i>	OTC Benefit	
<i>cvs allergy relief oral tablet 10 mg, 180 mg, 5 mg, 60 mg</i>	OTC Benefit	
<i>cvs allergy relief oral tablet dispersible 10 mg, 5 mg</i>	OTC Benefit	
<i>cvs allergy relief(cetirizine) oral tablet 10 mg</i>	OTC Benefit	
<i>cvs indoor/outdoor allergy rlf oral tablet 10 mg</i>	OTC Benefit	
<i>eq all day allergy relief oral tablet 10 mg</i>	OTC Benefit	
<i>eq allerg relief child (cetir) oral solution 5 mg/5ml</i>	OTC Benefit	
<i>eq allerg relief child (lorat) oral solution 5 mg/5ml</i>	OTC Benefit	
<i>eq allergy childrens oral solution 5 mg/5ml</i>	OTC Benefit	
<i>eq allergy relief (cetirizine) oral solution 1 mg/ml</i>	OTC Benefit	
<i>eq allergy relief (cetirizine) oral tablet 10 mg</i>	OTC Benefit	
<i>eq allergy relief childrens oral suspension 30 mg/5ml</i>	OTC Benefit	
<i>eq allergy relief oral tablet 10 mg, 180 mg, 5 mg</i>	OTC Benefit	
<i>eq cetirizine hcl oral tablet chewable 10 mg</i>	OTC Benefit	
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	OTC Benefit	
<i>eq loratadine childrens oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>eq loratadine oral tablet 10 mg</i>	OTC Benefit	
<i>eql all day allergy childrens oral solution 5 mg/5ml</i>	OTC Benefit	
<i>eql all day allergy oral tablet 10 mg</i>	OTC Benefit	
<i>eql allergy relief oral tablet 10 mg, 180 mg</i>	OTC Benefit	
<i>goodsense allergy relief oral capsule 10 mg</i>	OTC Benefit	
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	OTC Benefit	
<i>KLS ALLERCLEAR ORAL TABLET 10 MG (loratadine)</i>	OTC Benefit	
<i>KLS ALLER-FEX ORAL TABLET 180 MG (fexofenadine hcl)</i>	OTC Benefit	
<i>KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML (cetirizine hcl)</i>	OTC Benefit	
<i>KLS ALLER-TEC ORAL TABLET 10 MG (cetirizine hcl)</i>	OTC Benefit	
<i>kp fexofenadine hcl oral tablet 60 mg</i>	OTC Benefit	
<i>loradamed oral tablet 10 mg</i>	OTC Benefit	
<i>loratadine oral capsule 10 mg</i>	OTC Benefit	
<i>meijer allergy relief oral tablet 10 mg</i>	OTC Benefit	
<i>meijer allergy relief oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>meijer loratadine oral solution 5 mg/5ml</i>	OTC Benefit	
<i>mm allergy relief 24 hour oral tablet 180 mg</i>	OTC Benefit	
<i>mm fexofenadine hcl oral tablet 180 mg</i>	OTC Benefit	
<i>qc all day allergy oral tablet 10 mg</i>	OTC Benefit	
<i>qc all day allergy relief oral capsule 10 mg</i>	OTC Benefit	
<i>qc allergy relief childrens oral solution 5 mg/5ml</i>	OTC Benefit	
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	OTC Benefit	
<i>qc allergy relief oral capsule 10 mg</i>	OTC Benefit	
<i>qc allergy relief oral tablet 60 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>qc allergy relief oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>qc cetirizine allergy relief oral tablet 10 mg</i>	OTC Benefit	
<i>qc loratadine allergy relief oral tablet 10 mg</i>	OTC Benefit	
<i>ra allergy relief (cetirizine) oral tablet 10 mg</i>	OTC Benefit	
<i>ra allergy relief (loratadine) oral tablet 10 mg</i>	OTC Benefit	
<i>ra allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml</i>	OTC Benefit	
<i>ra allergy relief childrens oral syrup 5 mg/5ml</i>	OTC Benefit	
<i>ra allergy relief childrens oral tablet chewable 5 mg</i>	OTC Benefit	
<i>ra allergy relief oral capsule 10 mg</i>	OTC Benefit	
<i>ra allergy relief oral tablet 180 mg</i>	OTC Benefit	
<i>ra loratadine oral solution 5 mg/5ml</i>	OTC Benefit	
<i>ra loratadine oral tablet 10 mg</i>	OTC Benefit	
<i>sb allergy oral tablet 10 mg</i>	OTC Benefit	
<i>sb allergy relief oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>sb cetirizine hcl childrens oral solution 1 mg/ml</i>	OTC Benefit	
<i>sb loratadine allergy relief oral tablet 10 mg</i>	OTC Benefit	
<i>sb loratadine oral solution 5 mg/5ml</i>	OTC Benefit	
<i>sb loratadine oral tablet 10 mg</i>	OTC Benefit	
<i>sm allergy relief oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	OTC Benefit	
<i>sm fexofenadine hcl oral tablet 60 mg</i>	OTC Benefit	
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	OTC Benefit	
<i>sm loratadine oral tablet 10 mg</i>	OTC Benefit	
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG (loratadine)	OTC Benefit	
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG (fexofenadine hcl)	OTC Benefit	
WAL-FEX ORAL TABLET 180 MG (fexofenadine hcl)	OTC Benefit	
WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE 5 MG (loratadine)	OTC Benefit	
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE 10 MG (loratadine)	OTC Benefit	
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE 10 MG (loratadine)	OTC Benefit	
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML (loratadine)	OTC Benefit	
WAL-ITIN ORAL SOLUTION 5 MG/5ML (loratadine)	OTC Benefit	
WAL-ITIN ORAL TABLET 10 MG (loratadine)	OTC Benefit	
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG (loratadine)	OTC Benefit	
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG (loratadine)	OTC Benefit	
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (cetirizine hcl)	OTC Benefit	
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML (cetirizine hcl)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML (<i>cetirizine hcl</i>)	OTC Benefit	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG, 5 MG (<i>cetirizine hcl</i>)	OTC Benefit	
WAL-ZYR ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	OTC Benefit	
WAL-ZYR ORAL SOLUTION 5 MG/5ML (<i>cetirizine hcl</i>)	OTC Benefit	
WAL-ZYR ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	OTC Benefit	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>levocetirizine dihydrochloride</i>)	OTC Benefit	
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	OTC Benefit	
ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG (<i>cetirizine hcl</i>)	OTC Benefit	
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	OTC Benefit	
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	OTC Benefit	
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML, 5 MG/5ML (<i>cetirizine hcl</i>)	OTC Benefit	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG, 2.5 MG (<i>cetirizine hcl</i>)	OTC Benefit	
ZYRTEC ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	OTC Benefit	
*ANTIHISTAMINES - PIPERAZINES***		
AHIST ORAL TABLET 25 MG (<i>chlorcyclizine hcl</i>)	OTC Benefit	
ANTI-INFECTIVE AGENTS - MISC.		
*METHENAMINE COMBOS***		
AZO URINARY TRACT DEFENSE ORAL TABLET 162-162.5 MG (<i>methenamine-sodium salicylate</i>)	OTC Benefit	
CYSTEX URINARY PAIN RELIEF ORAL TABLET 162-162.5 MG (<i>methenamine-sodium salicylate</i>)	OTC Benefit	
<i>gnp antibacterial urinary pain oral tablet 162-162.5 mg</i>	OTC Benefit	
<i>qc urinary pain relief oral tablet 162-162.5 mg</i>	OTC Benefit	
URO-PAIN DUAL ACTION ORAL TABLET 162-162.5 MG (<i>methenamine-sodium salicylate</i>)	OTC Benefit	
ANTISEPTICS & DISINFECTANTS		
*ANTISEPTIC COMBINATIONS***		
<i>iv prep wipes external pad 70 %</i>	OTC Benefit	
MICROCLENS WIPES EXTERNAL PAD 30 % (<i>antiseptic products, misc.</i>)	OTC Benefit	
UNI-SOLVE EXTERNAL PAD (<i>antiseptic products, misc.</i>)	OTC Benefit	
*ANTISEPTICS & DISINFECTANTS***		
<i>cvs hydrogen peroxide external solution 3 %</i>	OTC Benefit	
<i>eq hydrogen peroxide external solution 3 %</i>	OTC Benefit	
<i>eql hydrogen peroxide external solution 3 %</i>	OTC Benefit	
<i>formaldehyde external solution 37 %</i>	OTC Benefit	
<i>ft hydrogen peroxide external solution 3 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>gnp hydrogen peroxide external solution 3 %</i>	OTC Benefit	
<i>goodsense hydrogen peroxide external solution 3 %</i>	OTC Benefit	
<i>hm hydrogen peroxide external solution 3 %</i>	OTC Benefit	
<i>hydrogen peroxide external solution 3 %</i>	OTC Benefit	
HYLAMEND FIRST AID ANTISEPTIC EXTERNAL GEL 1.8 % (<i>hydrogen peroxide</i>)	OTC Benefit	
KERR TRIPLE DYE SWABS EXTERNAL SWAB (<i>triple dye</i>)	OTC Benefit	
MEDI-FIRST HYDROGEN PEROXIDE EXTERNAL SOLUTION 3 % (<i>hydrogen peroxide</i>)	OTC Benefit	
<i>meijer hydrogen peroxide external solution 3 %</i>	OTC Benefit	
<i>phenol external liquid</i>	OTC Benefit	
PHENOL EZ SWABS EXTERNAL SWAB 89 % (<i>phenol</i>)	OTC Benefit	
<i>qc peroxide external 3 %</i>	OTC Benefit	
<i>ra hydrogen peroxide external solution 3 %</i>	OTC Benefit	
<i>sm hydrogen peroxide external solution 3 %</i>	OTC Benefit	
*CHLORINE ANTISEPTIC COMBINATIONS***		
GOLD BOND FIRST AID QUICK EXTERNAL LIQUID 0.13-1 % (<i>benzethonium cl-menthol</i>)	OTC Benefit	
MERTHIOLATE (NEW FORMULA) EXTERNAL TINCTURE 0.13-50 % (<i>benzalkonium chloride-alcohol</i>)	OTC Benefit	
OXYZAL WET DRESSING EXTERNAL SOLUTION 1:2000 (<i>benzalk cl-oxyquinoline sulf</i>)	OTC Benefit	
*CHLORINE ANTISEPTICS***		
AMERIWASH EXTERNAL LOTION (<i>triclosan</i>)	OTC Benefit	
ANASEPT ANTIMICROBIAL EXTERNAL GEL 0.057 % (<i>sodium hypochlorite</i>)	OTC Benefit	
ANASEPT EXTERNAL LIQUID 0.057 % (<i>sodium hypochlorite</i>)	OTC Benefit	
<i>antibacterial hand soap external liquid 0.15 %</i>	OTC Benefit	
<i>antibacterial liquid soap external liquid 0.15 %</i>	OTC Benefit	
<i>antiseptic skin cleanser external solution 4 %</i>	OTC Benefit	
<i>antiseptic wound/skin cleanser external liquid 0.1 %</i>	OTC Benefit	
BACTINE MAX WOUND WASH EXTERNAL LIQUID 0.13 % (<i>benzalkonium chloride</i>)	OTC Benefit	
BAND-AID ANTISEPTIC KIDS EXTERNAL FOAM 0.13 % (<i>benzalkonium chloride</i>)	OTC Benefit	
<i>benzalkonium chloride external concentrate 50 %</i>	OTC Benefit	
<i>benzalkonium chloride external solution 50 %</i>	OTC Benefit	
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 % (<i>chlorhexidine gluconate</i>)	OTC Benefit	
BIOPATCH EXTERNAL (<i>chlorhexidine gluconate</i>)	OTC Benefit	
BIOPATCH PROTECTIVE DISK/CHG EXTERNAL (DRESSING) (<i>chlorhexidine gluconate</i>)	OTC Benefit	
<i>bzk antiseptic towelettes external</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CA-REZZ EXTERNAL CREAM 0.3 % (<i>triclosan</i>)	OTC Benefit	
CA-REZZ EXTERNAL LIQUID 0.25 % (<i>triclosan</i>)	OTC Benefit	
<i>ca-rezz gentle external liquid 0.2 %</i>	OTC Benefit	
CA-REZZ MOISTURE BARRIER EXTERNAL CREAM 0.3 % (<i>triclosan</i>)	OTC Benefit	
<i>ca-rezz norisc external cream 0.2 %</i>	OTC Benefit	
<i>ca-rezz norisc external liquid 0.3 %</i>	OTC Benefit	
<i>chlorhexidine gluconate cloth external pad 2 %</i>	OTC Benefit	
<i>chlorhexidine gluconate external solution 2 %, 4 %</i>	OTC Benefit	
<i>cleansing towelettes 5" x 7" external 0.13 %</i>	OTC Benefit	
CLORPACTIN POWDER 2 GM (<i>oxychlorosene sodium</i>)	OTC Benefit	
CURECHROME EXTERNAL SOLUTION 0.13 % (<i>benzalkonium chloride</i>)	OTC Benefit	
<i>cvs antiseptic skin cleanser external solution 4 %</i>	OTC Benefit	
<i>cvs hand wash advanced antibac external solution 2 %</i>	OTC Benefit	
<i>cvs merthiolate external liquid 0.13 %</i>	OTC Benefit	
<i>dakins (1/2 strength) external solution 0.25 %</i>	OTC Benefit	
<i>dakins (1/4 strength) external solution 0.125 %</i>	OTC Benefit	
<i>dakins (full strength) external solution 0.5 %</i>	OTC Benefit	
DERMAL WOUND CLEANSER EXTERNAL LIQUID 0.13 % (<i>benzethonium chloride</i>)	OTC Benefit	
DIABETIC BASICS HEALTHY FOOT EXTERNAL LOTION 0.13 % (<i>benzalkonium chloride</i>)	OTC Benefit	
<i>diabet-x daily prevention external cream 0.3 %</i>	OTC Benefit	
DIAL GOLD EXTERNAL BAR 0.1 % (<i>benzalkonium chloride</i>)	OTC Benefit	
DIASINC ALL PURPOSE SPRAY EXTERNAL LIQUID 0.13 % (<i>benzalkonium chloride</i>)	OTC Benefit	
DI-DAK-SOL EXTERNAL SOLUTION 0.0125 % (<i>sodium hypochlorite</i>)	OTC Benefit	
DYNA-HEX 2 EXTERNAL SOLUTION 2 % (<i>chlorhexidine gluconate</i>)	OTC Benefit	
DYNA-HEX 4 EXTERNAL SOLUTION 4 % (<i>chlorhexidine gluconate</i>)	OTC Benefit	
DYNAWOUND EXTERNAL LIQUID 0.13 % (<i>benzethonium chloride</i>)	OTC Benefit	
<i>eq antibacterial hands & face external</i>	OTC Benefit	
<i>eql antibac deodorant soap external bar 0.3 %</i>	OTC Benefit	
<i>eql antibac foaming hand wash external liquid 0.1 %</i>	OTC Benefit	
<i>eql antibacterial hand soap external liquid 0.13 %</i>	OTC Benefit	
<i>eql hand soap external liquid 0.13 %</i>	OTC Benefit	
<i>ft antiseptic skin cleanser external solution 4 %</i>	OTC Benefit	
<i>gnp antiseptic skin cleanser external solution 4 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GOLD BOND ULTIM SANITIZR/MOIST EXTERNAL LIQUID 0.2 % (<i>benzethonium chloride</i>)	OTC Benefit	
GOLD BOND ULTIM SANITIZR/SHEER EXTERNAL LIQUID 0.2 % (<i>benzethonium chloride</i>)	OTC Benefit	
<i>hand wipes external 0.13 %</i>	OTC Benefit	
HANDCLENS 2 IN 1 EXTERNAL LIQUID 0.13 % (<i>benzalkonium chloride</i>)	OTC Benefit	
H-CHLOR 6 EXTERNAL SOLUTION 0.062 % (<i>sodium hypochlorite</i>)	OTC Benefit	
HIBICLENS EXTERNAL SOLUTION 4 % (<i>chlorhexidine gluconate</i>)	OTC Benefit	
HYSEPT 50 EXTERNAL SOLUTION 0.5 % (<i>sodium hypochlorite</i>)	OTC Benefit	
<i>merthiolate external liquid 0.13 %</i>	OTC Benefit	
NEW SKIN EXTERNAL AEROSOL 0.2 % (<i>benzethonium chloride</i>)	OTC Benefit	
NEW SKIN EXTERNAL LIQUID 0.2 % (<i>benzethonium chloride</i>)	OTC Benefit	
<i>obstetrical towelettes 5" x 7" external 0.13 %</i>	OTC Benefit	
<i>qc antiseptic skin cleanser external solution 4 %</i>	OTC Benefit	
<i>qc merthiolate external liquid 0.13 %</i>	OTC Benefit	
<i>ra antiseptic skin cleanser external solution 4 %</i>	OTC Benefit	
<i>sm antibacterial liquid soap external liquid 0.15 %</i>	OTC Benefit	
<i>sm antiseptic skin cleanser external solution 4 %</i>	OTC Benefit	
*DISINFECTANTS***		
CETYLICIDE II CONCENTRATE (<i>disinfectant products misc</i>)	OTC Benefit	
CREOLIN LIQUID (<i>disinfectant products misc</i>)	OTC Benefit	
*IODINE ANTISEPTICS***		
BETADINE ANTISEPTIC DRY POWDER EXTERNAL AEROSOL POWDER 5 % (<i>povidone-iodine</i>)	OTC Benefit	
BETADINE EXTERNAL SOLUTION 5 % (<i>povidone-iodine</i>)	OTC Benefit	
BETADINE SWABSTICKS EXTERNAL SWAB 10 % (<i>povidone-iodine</i>)	OTC Benefit	
<i>cvs iodine tincture external tincture</i>	OTC Benefit	
<i>cvs povidone-iodine external solution 10 %</i>	OTC Benefit	
<i>cvs povidone-iodine swabsticks external swab 10 %</i>	OTC Benefit	
<i>decolorized iodine external tincture 48 %</i>	OTC Benefit	
<i>eq first aid antiseptic external solution 10 %</i>	OTC Benefit	
<i>eq povidone-iodine external solution 10 %</i>	OTC Benefit	
<i>gnp iodides external tincture</i>	OTC Benefit	
<i>gnp iodine external tincture</i>	OTC Benefit	
<i>goodsense iodine external tincture</i>	OTC Benefit	
<i>hm iodides external tincture</i>	OTC Benefit	
<i>hm iodine external tincture</i>	OTC Benefit	
<i>iodine external tincture , strong, 2 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>iodine strong external tincture 6.9-5 %</i>	OTC Benefit	
<i>iodine tincture external tincture , 2 %</i>	OTC Benefit	
KENDALL SKIN SCRUB PAK/SPONGES EXTERNAL KIT 1 % (<i>povidone-iodine</i>)	OTC Benefit	
KENDALL SPONGE STICK/PVP EXTERNAL 1 % (<i>povidone-iodine</i>)	OTC Benefit	
KENDALL VAGINAL PREP PACK EXTERNAL KIT 1 % (<i>povidone-iodine</i>)	OTC Benefit	
KENDALL VAGINAL PREP TRAY EXTERNAL KIT 1 % (<i>povidone-iodine</i>)	OTC Benefit	
KENDALL WET SKIN SCRUB PACK EXTERNAL KIT 0.75 %, 1 % (<i>povidone-iodine</i>)	OTC Benefit	
<i>povidone-iodine external pad 10 %</i>	OTC Benefit	
<i>povidone-iodine external swab 10 %</i>	OTC Benefit	
<i>povidone-iodine prep external pad 10 %</i>	OTC Benefit	
<i>qc iodides external tincture</i>	OTC Benefit	
<i>qc iodine tincture external tincture</i>	OTC Benefit	
<i>qc povidone iodine external solution 10 %</i>	OTC Benefit	
<i>ra antiseptic external solution 10 %</i>	OTC Benefit	
<i>ra first aid iodine external tincture</i>	OTC Benefit	
<i>sb povidone-iodine external solution 10 %</i>	OTC Benefit	
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 % (<i>povidone-iodine</i>)	OTC Benefit	
<i>sm iodides external tincture</i>	OTC Benefit	
<i>sm iodine tincture external tincture</i>	OTC Benefit	
CARDIOVASCULAR AGENTS - MISC.		
*PERIPHERAL VASODILATORS***		
<i>eql niacin flush free oral capsule 500 mg</i>	OTC Benefit	
<i>niacin flush free oral capsule 500 mg, 590 mg</i>	OTC Benefit	
<i>qc niacin oral capsule 500 mg</i>	OTC Benefit	
CHEMICALS		
*ACIDS***		
<i>acetic acid glacial solution 99 %</i>	OTC Benefit	
<i>acetic acid solution 3 %</i>	OTC Benefit	
<i>glycolic acid crystals</i>	OTC Benefit	
<i>hydrochloric acid liquid 37 %</i>	OTC Benefit	
<i>lactic acid solution , 85 %</i>	OTC Benefit	
<i>oxalic acid crystals</i>	OTC Benefit	
*ADDITIONAL SOLIDS***		
<i>allantoin powder</i>	OTC Benefit	
<i>aluminum hydroxide dried gel powder</i>	OTC Benefit	
<i>coenzyme q10 powder</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>edetate disodium dihydrate powder</i>	OTC Benefit	
<i>kojic acid powder</i>	OTC Benefit	
<i>melatonin powder</i>	OTC Benefit	
<i>pyruvic acid liquid</i>	OTC Benefit	
*BASES***		
<i>ammonium hydroxide solution</i>	OTC Benefit	
<i>potassium hydroxide pellet</i>	OTC Benefit	
<i>potassium hydroxide solution 10 %, 20 %</i>	OTC Benefit	
<i>sodium hydroxide pellet</i>	OTC Benefit	
*BUFFERS***		
<i>sodium borate decahydrate powder</i>	OTC Benefit	
<i>sodium borate powder</i>	OTC Benefit	
<i>tartaric acid granules</i>	OTC Benefit	
*BULK CHEMICALS - AC'S***		
<i>acesulfame potassium powder</i>	OTC Benefit	
<i>acetaminophen powder</i>	OTC Benefit	
<i>acetazolamide crystals</i>	OTC Benefit	
<i>acetyl-l-carnitine hcl powder</i>	OTC Benefit	
*BULK CHEMICALS - AL'S***		
<i>aloe vera powder</i>	OTC Benefit	
<i>aluminum chlorohydrate powder</i>	OTC Benefit	
<i>lipoic acid powder</i>	OTC Benefit	
*BULK CHEMICALS - AR'S***		
<i>arginine hcl powder</i>	OTC Benefit	
*BULK CHEMICALS - AS***		
<i>ascorbic acid granules</i>	OTC Benefit	
<i>ascorbic acid powder</i>	OTC Benefit	
<i>ascorbyl palmitate powder</i>	OTC Benefit	
*BULK CHEMICALS - AZ'S***		
<i>azelaic acid flakes</i>	OTC Benefit	
<i>azelaic acid powder</i>	OTC Benefit	
*BULK CHEMICALS - BA***		
<i>basic fuchsin hcl powder</i>	OTC Benefit	
*BULK CHEMICALS - BE'S***		
<i>benzocaine powder</i>	OTC Benefit	
<i>betaine anhydrous powder</i>	OTC Benefit	
*BULK CHEMICALS - BI'S***		
<i>biotin powder</i>	OTC Benefit	
<i>biotin-d powder</i>	OTC Benefit	
<i>bismuth citrate powder</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*BULK CHEMICALS - BR***		
<i>brilliant green powder</i>	OTC Benefit	
*BULK CHEMICALS - CA'S***		
<i>calcium acetate crystals</i>	OTC Benefit	
<i>calcium citrate tetrahydrate powder</i>	OTC Benefit	
<i>calcium saccharate powder</i>	OTC Benefit	
<i>calcium silicate powder</i>	OTC Benefit	
<i>canadian balsam liquid</i>	OTC Benefit	
<i>carbomer 934p resin powder</i>	OTC Benefit	
<i>carbomer 940 nf powder</i>	OTC Benefit	
<i>carbomer 941 powder</i>	OTC Benefit	
<i>carbomer homopolymer type c powder</i>	OTC Benefit	
<i>cardamom oil</i>	OTC Benefit	
<i>castor oil sulfated oil</i>	OTC Benefit	
<i>ethoxy ethoxy ethanol reagent liquid</i>	OTC Benefit	
<i>urea peroxide powder</i>	OTC Benefit	
*BULK CHEMICALS - CE'S***		
AVICEL PH 105 MICRO CELLULOSE POWDER (<i>cellulose</i>)	OTC Benefit	
<i>cellulase powder</i>	OTC Benefit	
<i>cellulose crystals</i>	OTC Benefit	
*BULK CHEMICALS - CH'S***		
<i>cholecalciferol powder</i>	OTC Benefit	
<i>cholesterol powder</i>	OTC Benefit	
<i>chondroitin sulfate sodium powder</i>	OTC Benefit	
<i>chromic chloride crystals</i>	OTC Benefit	
<i>chromium picolinate powder</i>	OTC Benefit	
<i>chrysin powder</i>	OTC Benefit	
*BULK CHEMICALS - CI***		
<i>bioflavonoid citrus powder</i>	OTC Benefit	
*BULK CHEMICALS - CO'S***		
<i>cobamamide powder</i>	OTC Benefit	
<i>corn oil oil</i>	OTC Benefit	
*BULK CHEMICALS - CR'S***		
<i>creatine monohydrate powder</i>	OTC Benefit	
<i>creatinine powder</i>	OTC Benefit	
<i>croton oil oil</i>	OTC Benefit	
*BULK CHEMICALS - CY'S***		
<i>cyanocobalamin crystals</i>	OTC Benefit	
<i>l-cysteine hcl powder</i>	OTC Benefit	
*BULK CHEMICALS - DE'S***		
<i>dexpanthenol liquid</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*BULK CHEMICALS - DI'S***		
<i>dimethylglycine hcl powder</i>	OTC Benefit	
*BULK CHEMICALS - ET'S***		
<i>ethyl oleate liquid</i>	OTC Benefit	
*BULK CHEMICALS - EU'S***		
<i>eucalyptol liquid</i>	OTC Benefit	
*BULK CHEMICALS - FE'S***		
<i>ferric subsulfate (bulk) powder</i>	OTC Benefit	
<i>ferric subsulfate (bulk) solution</i>	OTC Benefit	
*BULK CHEMICALS - FI'S***		
<i>siberian pine oil oil</i>	OTC Benefit	
*BULK CHEMICALS - GL'S***		
<i>glucosamine hcl powder</i>	OTC Benefit	
<i>glucosamine sulfate powder</i>	OTC Benefit	
<i>glutaraldehyde solution 24 %</i>	OTC Benefit	
<i>glyceryl monostearate flakes</i>	OTC Benefit	
*BULK CHEMICALS - GR'S***		
<i>grape seed oil</i>	OTC Benefit	
<i>green tea extract liquid 90 %</i>	OTC Benefit	
*BULK CHEMICALS - HY'S***		
<i>hydroxocobalamin powder</i>	OTC Benefit	
<i>hydroxypropyl cellulose powder</i>	OTC Benefit	
<i>hypromellose powder</i>	OTC Benefit	
METHOCEL E4M PREMIUM CR POWDER (<i>hypromellose</i>)	OTC Benefit	
METHOCEL E4M PREMIUM POWDER (<i>hypromellose</i>)	OTC Benefit	
METHOCEL K100 PREMIUM POWDER (<i>hypromellose</i>)	OTC Benefit	
*BULK CHEMICALS - IN'S***		
<i>indole-3-carbinol powder</i>	OTC Benefit	
<i>inositol hexanicotinate powder</i>	OTC Benefit	
*BULK CHEMICALS - IO'S***		
<i>iodine crystals</i>	OTC Benefit	
<i>iodine strong (lugol's) solution</i>	OTC Benefit	
*BULK CHEMICALS - KE'S***		
<i>7-keto dhea powder</i>	OTC Benefit	
*BULK CHEMICALS - LA'S***		
<i>lansoprazole powder</i>	OTC Benefit	
*BULK CHEMICALS - LE'S***		
<i>l-carnitine hcl powder</i>	OTC Benefit	
<i>l-carnitine powder</i>	OTC Benefit	
<i>lemon bioflavanoid powder</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*BULK CHEMICALS - LO'S***		
<i>loratadine powder</i>	OTC Benefit	
*BULK CHEMICALS - LY***		
<i>l-lysine hcl powder</i>	OTC Benefit	
*BULK CHEMICALS - MA'S***		
<i>mafenide hcl powder</i>	OTC Benefit	
<i>magnesium citrate powder</i>	OTC Benefit	
<i>malic acid powder</i>	OTC Benefit	
*BULK CHEMICALS - ME'S***		
<i>5-methyltetrahydrofolate calc powder</i>	OTC Benefit	
<i>methyl sulfone crystals</i>	OTC Benefit	
<i>methylcobalamin powder</i>	OTC Benefit	
<i>methylene chloride liquid</i>	OTC Benefit	
*BULK CHEMICALS - NA'S***		
<i>nicotinamide adenine dinucleo powder</i>	OTC Benefit	
*BULK CHEMICALS - NI'S***		
<i>nicotine polacrilex powder</i>	OTC Benefit	
*BULK CHEMICALS - OR***		
<i>ornithine hcl powder</i>	OTC Benefit	
*BULK CHEMICALS - PA'S***		
<i>patchouli oil oil</i>	OTC Benefit	
*BULK CHEMICALS - PE'S***		
<i>pearberry fragrance liquid</i>	OTC Benefit	
*BULK CHEMICALS - PH'S***		
<i>phosphatidylcholine powder</i>	OTC Benefit	
<i>phosphatidylserine powder</i>	OTC Benefit	
<i>phytonadione liquid</i>	OTC Benefit	
<i>vitamin k1 powder</i>	OTC Benefit	
*BULK CHEMICALS - PO'S***		
<i>BRIJ 30 LIQUID (polyoxyethylene (4) lauryl eth)</i>	OTC Benefit	
<i>BRIJ C20 WAX (polyoxyethylene (20) cetyl eth)</i>	OTC Benefit	
<i>BRIJ S20 WAX (polyoxyethyl (20) stearyl eth)</i>	OTC Benefit	
<i>potassium acetate crystals</i>	OTC Benefit	
<i>potassium iodide crystals</i>	OTC Benefit	
<i>potassium permanganate granules</i>	OTC Benefit	
<i>potassium sodium tartrate powder</i>	OTC Benefit	
*BULK CHEMICALS - PR'S***		
<i>propionic acid liquid</i>	OTC Benefit	
<i>propylene glycol liquid</i>	OTC Benefit	
*BULK CHEMICALS - PY'S***		
<i>pyridoxal-5 phosphate powder</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*BULK CHEMICALS - RE***		
<i>red yeast rice extract powder</i>	OTC Benefit	
*BULK CHEMICALS - RI'S***		
<i>riboflavin powder</i>	OTC Benefit	
<i>riboflavin-5-phosphate sodium powder</i>	OTC Benefit	
*BULK CHEMICALS - SA'S***		
<i>salicylic acid powder</i>	OTC Benefit	
*BULK CHEMICALS - SE'S***		
<i>L-serine powder</i>	OTC Benefit	
*BULK CHEMICALS - SI'S***		
<i>silicone elastomer blend liquid</i>	OTC Benefit	
*BULK CHEMICALS - SO'S***		
<i>L-aspartic acid sodium powder</i>	OTC Benefit	
NICE PURE BAKING SODA POWDER (<i>sodium bicarbonate</i>)	OTC Benefit	
<i>sodium bicarbonate powder</i>	OTC Benefit	
<i>sodium bisulfite granules</i>	OTC Benefit	
<i>sodium citrate dihydrate granules</i>	OTC Benefit	
<i>sodium iodide crystals</i>	OTC Benefit	
<i>sodium metabisulfite granules</i>	OTC Benefit	
<i>sodium nitrate granules</i>	OTC Benefit	
<i>sodium phosphate dibasic granules</i>	OTC Benefit	
<i>sodium phosphate monobasic powder</i>	OTC Benefit	
<i>sodium propionate powder</i>	OTC Benefit	
<i>sodium starch glycolate powder</i>	OTC Benefit	
*BULK CHEMICALS - SQ'S***		
<i>squaric acid di-n-butyl ester powder</i>	OTC Benefit	
<i>squaric acid in butanol liquid</i>	OTC Benefit	
*BULK CHEMICALS - ST'S***		
<i>stevia extract powder 90 %</i>	OTC Benefit	
TRUCLEAR STEVIA PLUS POWDER (<i>stevia</i>)	OTC Benefit	
*BULK CHEMICALS - SU'S***		
<i>sulfur precipitated powder</i>	OTC Benefit	
<i>sulfur sublimed powder</i>	OTC Benefit	
*BULK CHEMICALS - TE'S***		
<i>tea tree oil oil</i>	OTC Benefit	
*BULK CHEMICALS - TR'S***		
<i>tranexamic acid powder</i>	OTC Benefit	
<i>trichloroacetic acid crystals</i>	OTC Benefit	
<i>trichloroacetic acid solution</i>	OTC Benefit	
<i>triethanolamine salicylate liquid</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*BULK CHEMICALS - UR'S***		
<i>urea beads</i>	OTC Benefit	
<i>urea powder</i>	OTC Benefit	
*BULK CHEMICALS - VA'S***		
<i>vanadyl sulfate hydrate crystals</i>	OTC Benefit	
*BULK CHEMICALS - VE'S***		
<i>veegum</i>	OTC Benefit	
*BULK CHEMICALS - VI'S***		
<i>vitamin a acetate crystals</i>	OTC Benefit	
<i>vitamin a palmitate liquid</i>	OTC Benefit	
<i>vitamin e acetate liquid</i>	OTC Benefit	
<i>vitamin e succinate powder</i>	OTC Benefit	
*BULK CHEMICALS - XY***		
<i>xylitol powder</i>	OTC Benefit	
*BULK CHEMICALS - ZI'S***		
<i>zinc acetate powder</i>	OTC Benefit	
<i>zinc chloride granules</i>	OTC Benefit	
<i>zinc oxide powder</i>	OTC Benefit	
*ESSENTIAL OILS***		
<i>anise oil</i>	OTC Benefit	
<i>bergamot oil oil</i>	OTC Benefit	
<i>cedarwood oil oil</i>	OTC Benefit	
<i>celery seed oil</i>	OTC Benefit	
<i>cinnamon oil oil</i>	OTC Benefit	
<i>citronella oil oil</i>	OTC Benefit	
<i>clove oil oil</i>	OTC Benefit	
<i>eucalyptus oil oil</i>	OTC Benefit	
<i>eugenol solution</i>	OTC Benefit	
<i>geranium oil oil</i>	OTC Benefit	
<i>gnp cinnamon oil</i>	OTC Benefit	
<i>gnp eucalyptus oil</i>	OTC Benefit	
<i>grapefruit oil oil</i>	OTC Benefit	
<i>lavender oil oil</i>	OTC Benefit	
<i>lemon oil oil</i>	OTC Benefit	
<i>lemongrass oil oil</i>	OTC Benefit	
<i>lime oil oil</i>	OTC Benefit	
<i>mustard oil oil</i>	OTC Benefit	
<i>orange oil oil</i>	OTC Benefit	
<i>peppermint oil oil</i>	OTC Benefit	
<i>rose oil oil</i>	OTC Benefit	
<i>rosemary oil oil</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>spearmint oil oil</i>	OTC Benefit	
<i>tangerine oil</i>	OTC Benefit	
<i>tangerine oil oil</i>	OTC Benefit	
*FIXED OILS***		
<i>almond oil (sweet) oil</i>	OTC Benefit	
<i>coconut oil oil</i>	OTC Benefit	
<i>cottonseed oil oil</i>	OTC Benefit	
<i>olive oil oil</i>	OTC Benefit	
<i>peanut oil oil</i>	OTC Benefit	
<i>qc sweet oil oil</i>	OTC Benefit	
<i>safflower oil oil</i>	OTC Benefit	
<i>sm sweet oil oil</i>	OTC Benefit	
<i>soybean oil oil</i>	OTC Benefit	
<i>sweet oil oil</i>	OTC Benefit	
*LIQUID COMBINATIONS***		
<i>alcohol anhydrous liquid</i>	OTC Benefit	
<i>quassia vinegar ms liquid</i>	OTC Benefit	
*LIQUIDS***		
<i>benzyl benzoate liquid</i>	OTC Benefit	
<i>camphor spirit spirit</i>	OTC Benefit	
<i>dimethyl sulfoxide solution</i>	OTC Benefit	
<i>glycerin liquid</i>	OTC Benefit	
<i>gnp peppermint spirit spirit</i>	OTC Benefit	
<i>gnp sodium silicate solution</i>	OTC Benefit	
<i>isopropyl palmitate liquid</i>	OTC Benefit	
<i>peppermint spirit spirit</i>	OTC Benefit	
<i>polysorbate 20 solution</i>	OTC Benefit	
<i>polysorbate 80 oral liquid</i>	OTC Benefit	
PRETZ SOLUTION 10 % (glycerin)	OTC Benefit	
<i>qc camphor spirit spirit</i>	OTC Benefit	
<i>sm camphor spirit spirit</i>	OTC Benefit	
<i>sodium silicate solution 40 %</i>	OTC Benefit	
<i>undecylenic acid liquid</i>	OTC Benefit	
*SEMI-SOLIDS***		
<i>coal tar liquid</i>	OTC Benefit	
<i>coal tar solution 20 %</i>	OTC Benefit	
<i>peruvian balsam liquid</i>	OTC Benefit	
*SOLIDS***		
<i>alum ammonium powder</i>	OTC Benefit	
<i>aluminum ammonium sulfate powder</i>	OTC Benefit	
<i>aluminum sulfate crystals</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ammonium carbonate powder</i>	OTC Benefit	
<i>ammonium chloride granules</i>	OTC Benefit	
<i>bismuth subcarbonate powder</i>	OTC Benefit	
<i>bismuth subnitrate powder</i>	OTC Benefit	
<i>bismuth subsalicylate powder</i>	OTC Benefit	
<i>boric acid nf powder</i>	OTC Benefit	
<i>boric acid powder</i>	OTC Benefit	
<i>boric acid topical powder</i>	OTC Benefit	
<i>butylated hydroxytoluene crystals</i>	OTC Benefit	
<i>calcium hydroxide powder</i>	OTC Benefit	
<i>calcium sulfate powder , 90 %</i>	OTC Benefit	
<i>carboxymethylcellulose sodium powder</i>	OTC Benefit	
<i>catnip powder</i>	OTC Benefit	
<i>citric acid anhydrous granules</i>	OTC Benefit	
<i>citric acid anhydrous powder</i>	OTC Benefit	
<i>citric acid monohydrate granules</i>	OTC Benefit	
<i>corn starch powder</i>	OTC Benefit	
<i>dehydroepiandrosterone powder</i>	OTC Benefit	
<i>fullers earth powder</i>	OTC Benefit	
<i>gnp boric acid powder</i>	OTC Benefit	
<i>hm boric acid powder</i>	OTC Benefit	
<i>iodoform powder</i>	OTC Benefit	
<i>l-aspartic acid powder</i>	OTC Benefit	
<i>l-menthol crystals</i>	OTC Benefit	
<i>mannitol powder</i>	OTC Benefit	
<i>menthol crystals</i>	OTC Benefit	
<i>potassium alum powder</i>	OTC Benefit	
<i>potassium bitartrate powder</i>	OTC Benefit	
<i>potassium bromide crystals</i>	OTC Benefit	
<i>potassium gluconate anhydrous powder</i>	OTC Benefit	
<i>potassium nitrate granules</i>	OTC Benefit	
<i>qc boric acid powder</i>	OTC Benefit	
<i>resorcinol crystals</i>	OTC Benefit	
<i>resorcinol powder</i>	OTC Benefit	
<i>rosin powder</i>	OTC Benefit	
<i>silica gel</i>	OTC Benefit	
<i>sm boric acid powder</i>	OTC Benefit	
<i>sodium bromide granules</i>	OTC Benefit	
<i>sodium butyrate powder</i>	OTC Benefit	
<i>sodium nitrite granules</i>	OTC Benefit	
<i>sodium perborate crystals</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sodium perborate granules</i>	OTC Benefit	
<i>sodium perborate powder</i>	OTC Benefit	
<i>sodium sulfite powder</i>	OTC Benefit	
<i>starch powder</i>	OTC Benefit	
<i>sucrose crystals</i>	OTC Benefit	
<i>talc powder</i>	OTC Benefit	
<i>theophylline anhydrous powder</i>	OTC Benefit	
<i>thymol crystals</i>	OTC Benefit	
<i>waxy maize starch n-200 powder</i>	OTC Benefit	
*SOLVENTS***		
<i>acetone solution</i>	OTC Benefit	
<i>alcohol (rubbing) solution 70 %</i>	OTC Benefit	
<i>alcohol denatured external solution 95 %</i>	OTC Benefit	
<i>alcoholado eucaliptino solution 70 %</i>	OTC Benefit	
<i>chloroform solution</i>	OTC Benefit	
<i>cvs alcohol solution 91 %</i>	OTC Benefit	
<i>cvs ethyl alcohol solution 70 %</i>	OTC Benefit	
<i>cvs isopropyl alcohol solution 91 %</i>	OTC Benefit	
<i>cvs rubbing alcohol solution 70 %</i>	OTC Benefit	
<i>eql ethyl alcohol (rubbing) solution 70 %</i>	OTC Benefit	
<i>eql isopropyl alcohol solution 91 %</i>	OTC Benefit	
<i>eql isopropyl rubbing alcohol solution 70 %</i>	OTC Benefit	
<i>ethanol solution 95 %</i>	OTC Benefit	
<i>ethyl alcohol (rubbing) solution 70 %</i>	OTC Benefit	
<i>ethyl alcohol external solution 95 %</i>	OTC Benefit	
<i>ethyl alcohol solution 95 %</i>	OTC Benefit	
<i>ft ethyl rubbing alcohol solution 70 %</i>	OTC Benefit	
<i>ft isopropyl rubbing alcohol solution 70 %, 91 %</i>	OTC Benefit	
<i>ft nail polish remover solution</i>	OTC Benefit	
<i>gnp alcohol denatured solution</i>	OTC Benefit	
<i>gnp ethyl rubbing alcohol solution 70 %</i>	OTC Benefit	
<i>gnp isopropyl alc/wintergreen solution 70 %</i>	OTC Benefit	
<i>gnp isopropyl alcohol solution 99 %</i>	OTC Benefit	
<i>gnp isopropyl rubbing alcohol solution 70 %, 91 %</i>	OTC Benefit	
<i>gnp rubbing alcohol solution 70 %</i>	OTC Benefit	
<i>goodsense isopropyl alcohol solution 50 %, 70 %, 91 %</i>	OTC Benefit	
<i>hm isopropyl alcohol solution 70 %, 91 %</i>	OTC Benefit	
<i>isopropyl alcohol (rubbing) solution 70 %</i>	OTC Benefit	
<i>isopropyl alcohol solution 50 %, 70 %, 91 %, 99 %</i>	OTC Benefit	
<i>isopropyl alcohol, rubbing solution 70 %</i>	OTC Benefit	
<i>meijer isopropyl alcohol solution 99 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>methanol solution 99 %</i>	OTC Benefit	
<i>methyl alcohol solution</i>	OTC Benefit	
<i>ra ethyl rubbing alcohol solution 70 %</i>	OTC Benefit	
<i>ra isopropyl alcohol solution 91 %</i>	OTC Benefit	
<i>ra isopropyl rubbing alcohol solution 70 %</i>	OTC Benefit	
<i>sm ethyl alcohol (rubbing) solution 70 %</i>	OTC Benefit	
<i>sm isopropyl alcohol solution 70 %, 91 %, 99 %</i>	OTC Benefit	
<i>turpentine liquid</i>	OTC Benefit	
CONTRACEPTIVES		
*EMERGENCY CONTRACEPTIVES***		
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	OTC Benefit	
*PROGESTIN CONTRACEPTIVES - ORAL***		
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	OTC Benefit	
COUGH/COLD/ALLERGY		
*ANALGESIC-EXPECTORANT***		
COMTREX DEEP CHEST COLD ORAL TABLET 325-200 MG (<i>acetaminophen-guaifenesin</i>)	OTC Benefit	
MUCINEX COLD & FLU ORAL CAPSULE 325-200 MG (<i>acetaminophen-guaifenesin</i>)	OTC Benefit	
*ANTIHISTAMINE-ANALGESICS***		
ACTIDOGESIC-DF ORAL TABLET 1-500 MG (<i>dexbromphen- acetaminophen</i>)	OTC Benefit	
CORICIDIN HBP COLD/FLU ORAL TABLET 2-325 MG (<i>chlorpheniramine-acetaminophen</i>)	OTC Benefit	
<i>cvs cold & flu hbp oral tablet 2-325 mg</i>	OTC Benefit	
DOLOGEN ORAL TABLET 1-325 MG, 2-650 MG (<i>dexbromphen- acetaminophen</i>)	OTC Benefit	
DOLOGESIC ORAL LIQUID 1-500 MG/15ML (<i>dexbromphen- acetaminophen</i>)	OTC Benefit	
DOLOGESIC ORAL TABLET 1-500 MG (<i>dexbromphen- acetaminophen</i>)	OTC Benefit	
<i>dologesic-df oral tablet 1-500 mg</i>	OTC Benefit	
G-DOLOGEN ORAL TABLET 2-650 MG (<i>dexbromphen- acetaminophen</i>)	OTC Benefit	
PERCOGESIC EXTRA STRENGTH ORAL TABLET 12.5-500 MG (<i>diphenhydramine-acetaminophen</i>)	OTC Benefit	
PERCOGESIC ORAL TABLET 12.5-325 MG (<i>diphenhydramine- acetaminophen</i>)	OTC Benefit	
<i>qc cold relief oral tablet 12.5-500 mg</i>	OTC Benefit	
<i>qc severe allergy oral tablet 12.5-500 mg</i>	OTC Benefit	
<i>sb cold & flu hbp oral tablet 2-325 mg</i>	OTC Benefit	
<i>severe allergy oral tablet 12.5-500 mg</i>	OTC Benefit	
THERAFLU SEVERE COLD NIGHTTIME ORAL PACKET 650-25 MG (<i>diphenhydramine-acetaminophen</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ANTITUSSIVE - NONNARCOTIC***		
BUCKLEYS COUGH ORAL LIQUID 12.5 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
<i>cvs cough dm childrens oral suspension extended release 30 mg/5ml</i>	OTC Benefit	
<i>cvs cough dm oral suspension extended release 30 mg/5ml</i>	OTC Benefit	
<i>cvs tussin cough oral capsule 15 mg</i>	OTC Benefit	
<i>cvs tussin long-acting oral liquid 15 mg/5ml</i>	OTC Benefit	
<i>cvs tussin maximum strength oral syrup 15 mg/5ml</i>	OTC Benefit	
<i>daytime cough oral liquid 15 mg/15ml</i>	OTC Benefit	
DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>)	OTC Benefit	
DELSYM ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>)	OTC Benefit	
DELSYM ORAL TABLET 15 MG (<i>dextromethorphan hbr</i>)	OTC Benefit	
ELIXSURE COUGH ORAL GEL 7.5 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
<i>eq cough dm oral suspension extended release 30 mg/5ml</i>	OTC Benefit	
<i>eql cough dm oral suspension extended release 30 mg/5ml</i>	OTC Benefit	
<i>father johns medicine oral syrup 10 mg/5ml</i>	OTC Benefit	
GILTUSS HONEY DM CHILDRENS ORAL LIQUID 15 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
GILTUSS HONEY DM ORAL LIQUID 30 MG/10ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
HOLD MOUTH/THROAT LOZENGE 5 MG (<i>dextromethorphan hbr</i>)	OTC Benefit	
MUCINEX CHILDRENS COUGH ORAL TABLET CHEWABLE 10 MG (<i>dextromethorphan hbr</i>)	OTC Benefit	
MUCINEX INSTASOOTHE THROAT/CGH MOUTH/THROAT LOZENGE 5 MG (<i>dextromethorphan hbr</i>)	OTC Benefit	
PEDIACARE CHILDRENS LONG-ACT ORAL LIQUID 7.5 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
<i>qc cough relief oral liquid 15 mg/5ml</i>	OTC Benefit	
<i>ra cough dm oral suspension extended release 30 mg/5ml</i>	OTC Benefit	
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>)	OTC Benefit	
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>)	OTC Benefit	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
ROBITUSSIN LONG-ACT COUGHGELS ORAL CAPSULE 15 MG (<i>dextromethorphan hbr</i>)	OTC Benefit	
SCOT-TUSSIN DIABETES ORAL LIQUID 10 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TRIAMINIC LONG ACTING COUGH ORAL LIQUID 7.5 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
TRIAMINIC LONG ACTING COUGH ORAL STRIP 7.5 MG (<i>dextromethorphan hbr</i>)	OTC Benefit	
<i>tussin cough oral capsule 15 mg</i>	OTC Benefit	
VICKS DAYQUIL COUGH ORAL LIQUID 15 MG/15ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID 15 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML (<i>dextromethorphan hbr</i>)	OTC Benefit	
WAL-TUSSIN COUGH ORAL CAPSULE 15 MG (<i>dextromethorphan hbr</i>)	OTC Benefit	
<i>wal-tussin cough relief oral tablet chewable 7.5 mg</i>	OTC Benefit	
*ANTITUSSIVE-ANTI-HISTAMINE-ANALGESIC***		
<i>childrens cough/runny nose oral suspension 5-160-1 mg/5ml</i>	OTC Benefit	
<i>cold & flu nighttime oral liquid 15-6.25-325 mg/15ml</i>	OTC Benefit	
<i>cold & flu relief nighttime oral liquid 15-6.25-325 mg/15ml</i>	OTC Benefit	
<i>cold/flu relief nighttime oral liquid 15-6.25-325 mg/15ml</i>	OTC Benefit	
CORICIDIN HBP MAX STRENGTH FLU ORAL TABLET 10-325-2 MG (<i>dm-apap-cpm</i>)	OTC Benefit	
CORICIDIN HBP NIGHT CLD/FLU MS ORAL LIQUID 20-12.5- 650 MG/30ML (<i>dm-doxylamine-acetaminophen</i>)	OTC Benefit	
<i>cough & sore throat nighttime oral liquid 15-6.25-500 mg/15ml</i>	OTC Benefit	
<i>cvs cough & runny nose child oral suspension 5-160-1 mg/5ml</i>	OTC Benefit	
<i>cvs flu hbp oral tablet 10-325-2 mg</i>	OTC Benefit	
<i>cvs night time cold/flu relief oral liquid 15-6.25-500 mg/15ml</i>	OTC Benefit	
<i>cvs nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml, 650-30-12.5 mg/30ml</i>	OTC Benefit	
DELSYM NIGHTTIME COUGH MAX STR ORAL SOLUTION 20- 650-2.5 MG/20ML (<i>dm-acetaminophen-triprolidine</i>)	OTC Benefit	
DIABETIC TUSSIN COLD & FLU ORAL LIQUID 10-12.5-325 MG/5ML (<i>dm-diphenhydramine-apap</i>)	OTC Benefit	
DIABETIC TUSSIN COLD/FLU ORAL CAPSULE 325-4-15 MG (<i>dm-apap-cpm</i>)	OTC Benefit	
<i>eq nitetime cold/flu ms relief oral liquid 15-6.25-325 mg/15ml</i>	OTC Benefit	
<i>eql nighttime cold & flu oral liquid 15-6.25-325 mg/15ml</i>	OTC Benefit	
<i>flu hbp oral tablet 10-325-2 mg</i>	OTC Benefit	
MUCINEX NIGHT COLD/FLU MAX STR ORAL TABLET 10-325- 1.25 MG (<i>dm-acetaminophen-triprolidine</i>)	OTC Benefit	
MUCINEX NIGHTSHIFT COLD/FLU ORAL SOLUTION 650-20-2.5 MG/20ML (<i>dm-acetaminophen-triprolidine</i>)	OTC Benefit	
<i>night time cold/flu relief oral capsule 15-6.25-325 mg</i>	OTC Benefit	
<i>nighttime cold medicine oral liquid 15-6.25-500 mg/15ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>nighttime cold/flu relief oral capsule 15-6.25-325 mg</i>	OTC Benefit	
NINJACOF-A ORAL LIQUID 12.5-12.5-160 MG/5ML (<i>chlorthalidonol-pyridamine-apap</i>)	OTC Benefit	
NYQUIL HBP COLD & FLU ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>)	OTC Benefit	
PEDIACARE COUGH/RUNNY NOSE ORAL LIQUID 5-160-1 MG/5ML (<i>dm-apap-cpm</i>)	OTC Benefit	
<i>qc flu hbp max oral tablet 10-325-2 mg</i>	OTC Benefit	
<i>qc nighttime cold & flu oral capsule 15-6.25-325 mg</i>	OTC Benefit	
<i>qc nighttime cold & flu oral liquid 15-6.25-325 mg/15ml</i>	OTC Benefit	
<i>qc nighttime cold/flu relief oral liquid 15-6.25-500 mg/15ml</i>	OTC Benefit	
<i>qc nighttime multi-symptom oral capsule 15-6.25-325 mg</i>	OTC Benefit	
<i>ra cold/flu relief nighttime oral capsule 15-6.25-325 mg</i>	OTC Benefit	
<i>ra nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml</i>	OTC Benefit	
<i>sb childrens cough/runny nose oral suspension 5-160-1 mg/5ml</i>	OTC Benefit	
<i>sb flu maximum strength hbp oral tablet 15-500-2 mg</i>	OTC Benefit	
<i>sb night time cold/flu relief oral liquid 15-6.25-500 mg/15ml</i>	OTC Benefit	
TRIAMINIC FLU COUGH & FEVER ORAL SYRUP 7.5-160-1 MG/5ML (<i>dm-apap-cpm</i>)	OTC Benefit	
TRIAMINIC FLU/COUGH/FEVER ORAL LIQUID 7.5-160-1 MG/5ML (<i>dm-apap-cpm</i>)	OTC Benefit	
TYLENOL CHILDRENS CLD+CGH ORAL SUSPENSION 5-160-1 MG/5ML (<i>dm-apap-cpm</i>)	OTC Benefit	
VICKS NYQUIL COLD & FLU NIGHT ORAL CAPSULE 15-6.25-325 MG (<i>dm-doxylamine-acetaminophen</i>)	OTC Benefit	
VICKS NYQUIL COLD & FLU NIGHT ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>)	OTC Benefit	
VICKS NYQUIL COLD & FLU NIGHT ORAL LIQUID 30-650-4 MG/30ML (<i>dm-apap-cpm</i>)	OTC Benefit	
VICKS NYQUIL COLD & FLU ORAL CAPSULE 15-6.25-325 MG (<i>dm-doxylamine-acetaminophen</i>)	OTC Benefit	
VICKS NYQUIL COLD & FLU ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>)	OTC Benefit	
VICKS NYQUIL HBP COLD & FLU ORAL LIQUID 30-12.5-650 MG/30ML (<i>dm-doxylamine-acetaminophen</i>)	OTC Benefit	
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***		
<i>cold multi-symptom daytime oral tablet 10-5-325 mg</i>	OTC Benefit	
COMTrex COLD & COUGH MAX ST ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
<i>cvs daytime cold/flu relief oral liquid 325-10-5 mg/15ml</i>	OTC Benefit	
<i>cvs flu/severe cold daytime oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
<i>cvs severe cold/flu daytime oral liquid 650-20-10 mg/30ml</i>	OTC Benefit	
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
<i>day-time cold/flu relief oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
<i>day-time pe cold/flu relief oral capsule 10-5-325 mg</i>	OTC Benefit	
<i>eq daytime cold/flu ms relief oral capsule 10-5-325 mg</i>	OTC Benefit	
<i>eq daytime cold/flu ms relief oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
<i>eql daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
<i>eql flu/severe cold daytime oral packet 20-10-500 mg</i>	OTC Benefit	
<i>goodsense daytime oral capsule 10-5-325 mg</i>	OTC Benefit	
<i>goodsense flu/cold/daytime oral packet 20-10-500 mg</i>	OTC Benefit	
<i>goodsense severe cold/cough oral liquid 20-10-650 mg/30ml</i>	OTC Benefit	
<i>herbiomed fast acting oral liquid 650-20-10 mg/20ml</i>	OTC Benefit	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
<i>qc daytime cold/flu oral capsule 10-5-325 mg</i>	OTC Benefit	
<i>qc daytime cold/flu oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
<i>qc severe cold/cough daytime oral packet 20-10-650 mg</i>	OTC Benefit	
<i>ra cold/flu relief daytime oral capsule 10-5-325 mg</i>	OTC Benefit	
<i>ra daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
<i>sb daytime oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
<i>sb flu relief therapy daytime oral liquid 10-5-325 mg/15ml</i>	OTC Benefit	
THERAFLU EXPRESSMAX ORAL LIQUID 20-10-650 MG/30ML (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
THERAFLU EXPRESSMAX SEV CLD/CG ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
THERAFLU POWERPODS SEVERE COLD ORAL 20-10-650 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
THERAFLU SEVERE COLD DAYTIME ORAL TABLET 15-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
THERAFLU SEVERE COLD ORAL PACKET 20-10-500 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
THERAFLU SEVERE COLD/CGH DAY ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
THERAFLU-D ORAL LIQUID 60-1000-30 MG/30ML (<i>pseudoephedrine-apap-dm</i>)	OTC Benefit	
TYLENOL COLD/FLU DAY ORAL TABLET 30-500-15 MG (<i>pseudoephedrine-apap-dm</i>)	OTC Benefit	
VICKS DAYQUIL COLD & FLU ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
VICKS DAYQUIL COLD & FLU ORAL LIQUID 10-5-325 MG/15ML (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
WAL-FLU SEVERE COLD & COUGH ORAL LIQUID 10-5-325 MG/15ML (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
WAL-FLU SEVERE COLD & COUGH ORAL PACKET 20-10-650 MG (<i>dm-phenylephrine-acetaminophen</i>)	OTC Benefit	
*ANTITUSSIVE-EXPECTORANT - ANTIHIST-ANALGESIC***		
MUCINEX FAST-MAX/NIGHTSHIFT ORAL LIQUID THERAPY PACK (<i>dm-gg-triprolidine-acetaminoph</i>)	OTC Benefit	
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC***		
ALKA-SELTZER PLUS SEV COLD/FLU ORAL PACKET 10-20-400-500 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
<i>cold & flu oral capsule 5-10-200-325 mg</i>	OTC Benefit	
<i>cold & flu severe daytime oral liquid 5-10-200-325 mg/15ml</i>	OTC Benefit	
<i>cold & flu severe daytime oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>cough/cold/sore throat child oral liquid 5-10-200-325 mg/10ml</i>	OTC Benefit	
<i>cvs cold & flu max strength oral capsule 5-10-200-325 mg</i>	OTC Benefit	
<i>cvs cold/flu/sore throat adult oral liquid 5-10-200-325 mg/10ml</i>	OTC Benefit	
<i>cvs multi-symptoms cold/fever oral liquid 5-10-200-325 mg/10ml</i>	OTC Benefit	
<i>cvs pe head cong + flu sev oral tablet 5-10-100-325 mg</i>	OTC Benefit	
DAYQUIL SEVERE + VAPOCOOL ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
DURAFLU ORAL TABLET 60-20-200-325 MG (<i>pseudoephedrine-dm-gg-apap</i>)	OTC Benefit	
<i>eq multi-symp cold/fever child oral liquid 5-10-200-325 mg/10ml</i>	OTC Benefit	
<i>eql cold multi-symptom severe oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>eql daytime severe cold/flu oral liquid 5-10-200-325 mg/15ml</i>	OTC Benefit	
<i>eql pressure/pain pe plus cold oral tablet 5-10-100-325 mg</i>	OTC Benefit	
<i>goodsense cold + flu severe oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>head congestion + flu sev pe oral tablet 5-10-100-325 mg</i>	OTC Benefit	
<i>herbiomed severe cold & flu oral liquid 5-10-200-325 mg/10ml</i>	OTC Benefit	
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX CLD FLU THRT ORAL CAPSULE 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX COLD FLU ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX COLD/FLU MS ORAL CAPSULE 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX COLD/FLU ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MUCINEX FAST-MAX COLD/FLU ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX KICKSTART ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX SINUS-MAX ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX SINUS-MAX PRESS/PN/CGH ORAL CAPSULE 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
<i>mucus relief cold flu throat oral capsule 5-10-200-325 mg</i>	OTC Benefit	
<i>mucus relief cold flu throat oral liquid 5-10-200-325 mg/10ml</i>	OTC Benefit	
<i>mucus relief plus oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>mucus relief severe cong/cold oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>qc mucus cold flu & throat oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>qc mucus relief cold & flu oral capsule 5-10-200-325 mg</i>	OTC Benefit	
<i>qc mucus relief cold & flu oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>qc mucus relief sinus pressure oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>qc severe cold & flu oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>ra cold multi-symptom daytime oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>ra cold/cough sinus relief pe oral tablet 5-10-100-325 mg</i>	OTC Benefit	
<i>ra cold/flu/sore throat max oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>ra severe congestion/cold max oral tablet 5-10-200-325 mg</i>	OTC Benefit	
ROBITUSSIN SEVERE MULTI-SYMP ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
ROMPE PECHO MAX ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
<i>sb cold head congestion severe oral tablet 5-10-200-325 mg</i>	OTC Benefit	
<i>sb cold multi-symptom severe oral tablet 5-10-200-325 mg</i>	OTC Benefit	
SUDAFED PE HEAD CONGESTION ORAL TABLET 5-10-100-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
THERAFLU EXPRESSMAX SEV CLD/FL ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
THERAFLU EXPRESSMAX SEV CLD/FL ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
TYLENOL COLD/FLU SEVERE ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
TYLENOL WARMING COUGH/CONGEST ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
VICKS DAYQUIL SEVERE COLD/FLU ORAL CAPSULE 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
VICKS DAYQUIL SEVERE COLD/FLU ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
VICKS DAYQUIL SEVERE COLD/FLU ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
WAL-PHED PE COLD & COUGH ORAL TABLET 5-10-100-325 MG (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	OTC Benefit	
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANTI HIST***		
ROBITUSSIN DAY/NIGHT VALUE PAK ORAL (<i>phenylephrine-diphenhyd-dm-gg</i>)	OTC Benefit	
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANTI HIST-ANALG***		
ALKA-SELTZER PLUS COLD & FLU ORAL THERAPY PACK (<i>pe-doxylamine-dm-gg-apap</i>)	OTC Benefit	
DELSYM CHILDRENS DAY NIGHT ORAL (<i>pe-diphenhydramine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX CHILD MS DAY-NIGHT CLD ORAL (<i>pe-diphenhydramine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX CNG/CGH/COLD/FLU DY/NT ORAL LIQUID THERAPY PACK (<i>pe-triprolidine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX CLD/FLU DY/NT ORAL CAPSULE THERAPY PACK (<i>pe-doxylamine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX CLD/FLU DY/NT ORAL TABLET THERAPY PACK (<i>pe-diphenhydramine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX CNG/CGH/CD/FL ORAL TABLET THERAPY PACK (<i>pe-triprolidine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX DAY/NIGHT M/S ORAL TABLET (<i>pe-diphenhydramine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX DAY/NIGHT MS ORAL LIQUID THERAPY PACK (<i>pe-triprolidine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FAST-MAX DAY/NIGHT MS ORAL TABLET THERAPY PACK (<i>pe-triprolidine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX FREEFROM DAY-NIGHT ORAL LIQUID THERAPY PACK (<i>pe-triprolidine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX SINUS-MAX DAY/NIGHT ORAL CAPSULE THERAPY PACK (<i>pe-doxylamine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX SINUS-MAX/NIGHTSHIFT ORAL LIQUID THERAPY PACK (<i>pe-triprolidine-dm-gg-apap</i>)	OTC Benefit	
MUCINEX SINUS-MAX/NIGHTSHIFT ORAL TABLET THERAPY PACK (<i>pe-triprolidine-dm-gg-apap</i>)	OTC Benefit	
<i>multi-symptom cold day/night oral</i>	OTC Benefit	
<i>qc cold + flu severe day-night oral tablet therapy pack</i>	OTC Benefit	
<i>ra day/night oral capsule therapy pack</i>	OTC Benefit	
<i>ra severe cold/night cold&flu oral</i>	OTC Benefit	
ROBITUSSIN PK COLD DAY/NGHT DM ORAL (<i>pe-diphenhydramine-dm-gg-apap</i>)	OTC Benefit	
ROBITUSSIN PK COLD DAY/NGHT MS ORAL (<i>pe-diphenhydramine-dm-gg-apap</i>)	OTC Benefit	
ROBITUSSIN SEVERE DAY/NIGHT ORAL (<i>pe-diphenhydramine-dm-gg-apap</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>severe cold & flu day/night oral liquid therapy pack</i>	OTC Benefit	
TYLENOL COLD/FLU SEVERE ORAL TABLET THERAPY PACK (<i>pe-cpm-dm-gg-apap</i>)	OTC Benefit	
VICKS DAYQUIL/NYQUIL SEVERE ORAL LIQUID THERAPY PACK (<i>pe-doxylamine-dm-gg-apap</i>)	OTC Benefit	
VICKS DAYQUIL/NYQUIL SEVERE ORAL TABLET THERAPY PACK (<i>pe-doxylamine-dm-gg-apap</i>)	OTC Benefit	
WAL-PHED PE DAYTIME/NIGHTTIME ORAL TABLET THERAPY PACK (<i>pe-diphenhydramine-dm-gg-apap</i>)	OTC Benefit	
*ANTITUSSIVE-EXPECTORANT***		
<i>altarussin dm oral syrup 100-10 mg/5ml</i>	OTC Benefit	
<i>biocotron oral liquid 10-100 mg/5ml</i>	OTC Benefit	
<i>chest congestion/cough relief oral tablet 20-400 mg</i>	OTC Benefit	
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	OTC Benefit	
CORICIDIN HBP CONGESTION/COUGH ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>cough & chest congestion dm oral liquid 5-100 mg/5ml</i>	OTC Benefit	
<i>cough & chest congestion dm oral syrup 20-200 mg/20ml</i>	OTC Benefit	
<i>cough & congestion kids oral liquid 5-100 mg/5ml</i>	OTC Benefit	
<i>curanex dm oral tablet 20-400 mg</i>	OTC Benefit	
<i>cvs chest congestion relief dm oral tablet 20-400 mg</i>	OTC Benefit	
<i>cvs chest congestion-cough hbp oral capsule 10-200 mg</i>	OTC Benefit	
<i>cvs cough & chest congestion oral liquid 20-400 mg/20ml</i>	OTC Benefit	
<i>cvs dm maximum adult oral liquid 5-100 mg/5ml</i>	OTC Benefit	
<i>cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg, 60-1200 mg</i>	OTC Benefit	
<i>cvs tussin dm max st oral liquid 20-400 mg/20ml</i>	OTC Benefit	
<i>cvs tussin dm oral liquid 10-100 mg/5ml, 200-20 mg/10ml</i>	OTC Benefit	
<i>cvs tussindm cough/chest adult oral liquid 20-200 mg/20ml</i>	OTC Benefit	
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>eq cough & chest congestion dm oral liquid 20-200 mg/20ml</i>	OTC Benefit	
<i>eq cough childrens oral liquid 5-100 mg/5ml</i>	OTC Benefit	
<i>eq mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	OTC Benefit	
<i>eq mucus relief dm max str oral tablet extended release 12 hour 60-1200 mg</i>	OTC Benefit	
<i>eq mucus relief dm oral liquid 20-400 mg/20ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	OTC Benefit	
<i>eq tussin dm max adult oral liquid 20-400 mg/20ml</i>	OTC Benefit	
<i>eq tussin dm max daytime oral liquid 20-400 mg/20ml</i>	OTC Benefit	
<i>eql mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	OTC Benefit	
<i>eql tussin cough/chest congest oral liquid 20-200 mg/20ml</i>	OTC Benefit	
<i>eql tussin cough/chest dm max oral liquid 20-400 mg/20ml</i>	OTC Benefit	
FENESIN DM IR ORAL TABLET 20-400 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>ft tussin dm adult oral liquid 20-200 mg/20ml</i>	OTC Benefit	
<i>g tussin ac oral solution 100-10 mg/5ml</i>	OTC Benefit	
<i>geri-tussin dm oral liquid 10-100 mg/5ml</i>	OTC Benefit	
<i>geri-tussin dm oral syrup 10-100 mg/5ml</i>	OTC Benefit	
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>gnp tussin dm oral liquid 20-200 mg/20ml</i>	OTC Benefit	
<i>goodsense mucus relief dm oral tablet 20-400 mg</i>	OTC Benefit	
<i>goodsense tussin dm oral liquid 20-200 mg/20ml</i>	OTC Benefit	
<i>guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	OTC Benefit	
G-ZYNCOF ORAL SYRUP 20-400 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml</i>	OTC Benefit	
<i>kls mucus-dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	OTC Benefit	
MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	OTC Benefit	
<i>maxi-tuss g oral liquid 10-100 mg/5ml</i>	OTC Benefit	
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	OTC Benefit	
<i>medi-tussin dm double strength oral liquid 30-200 mg/5ml</i>	OTC Benefit	
<i>medi-tussin dm oral syrup 100-10 mg/5ml</i>	OTC Benefit	
MUCINEX CHILDRENS ORAL PACKET 5-100 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
MUCINEX COUGH & CHEST CONGEST ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
MUCINEX DM MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 60-1200 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
MUCINEX FAST-MAX SEVERE CON/CG ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	OTC Benefit	
<i>mucus relief dm max oral liquid 5-100 mg/5ml</i>	OTC Benefit	
<i>mucus relief dm oral tablet 20-400 mg</i>	OTC Benefit	
<i>mucus relief dm oral tablet extended release 12 hour 60-1200 mg</i>	OTC Benefit	
<i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i>	OTC Benefit	
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	OTC Benefit	
<i>neotuss oral liquid 30-200 mg/5ml</i>	OTC Benefit	
PECGEN DMX ORAL LIQUID 10-187 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
PEDIACARE COUGH/CONGESTION ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>pharbinex-dm oral tablet 20-400 mg</i>	OTC Benefit	
<i>qc medifin dm oral tablet 20-400 mg</i>	OTC Benefit	
<i>qc mucus & cough relief child oral liquid 5-100 mg/5ml</i>	OTC Benefit	
<i>qc mucus relief dm max oral liquid 5-100 mg/5ml</i>	OTC Benefit	
<i>qc mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	OTC Benefit	
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	OTC Benefit	
<i>ra mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	OTC Benefit	
<i>ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml</i>	OTC Benefit	
<i>ra tussin cough dm sugar free oral syrup 100-10 mg/5ml</i>	OTC Benefit	
<i>ra tussin cough oral liquid 10-100 mg/5ml</i>	OTC Benefit	
<i>ra tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	OTC Benefit	
<i>ra tussin dm oral liquid 100-10 mg/5ml</i>	OTC Benefit	
<i>refenesen dm oral tablet 400-20 mg</i>	OTC Benefit	
ROBAFEN DM COUGH ORAL LIQUID 20-200 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ROBAFEN DM ORAL LIQUID 20-200 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
ROBITUSSIN COUGH+CHEST CONG DM ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-200 MG/20ML, 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
ROBITUSSIN HONEY CGH/CHEST DM ORAL LIQUID 20-200 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>sb mucus relief dm oral tablet 20-400 mg</i>	OTC Benefit	
SB TAB TUSSIN DM ORAL TABLET 20-400 MG (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>sm tussin cough/chest congest oral liquid 20-200 mg/20ml</i>	OTC Benefit	
SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
<i>sorbutuss nr oral liquid 10-100 mg/5ml</i>	OTC Benefit	
<i>supress dm pediatric oral liquid 5-50 mg/ml</i>	OTC Benefit	
<i>tussin dm cough & chest oral liquid 20-200 mg/20ml</i>	OTC Benefit	
<i>tussin dm cough + chest oral liquid 20-200 mg/20ml</i>	OTC Benefit	
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	OTC Benefit	
VANACOF XP ORAL LIQUID 18-396 MG/15ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
ZYNCOF ORAL SYRUP 20-400 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	OTC Benefit	
*ANTITUSSIVE-EXPECTORANTS-ANTIHISTAMINE***		
<i>cvs cough/chest dm childrens oral solution therapy pack 2-100</i>	OTC Benefit	
<i>cvs tussin dm oral liquid therapy pack</i>	OTC Benefit	
ROBITUSSIN DM MAX DAY/NIGHT ORAL LIQUID THERAPY PACK (<i>doxylamine-dm-gg</i>)	OTC Benefit	
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***		
<i>actidom dmx oral liquid 10-30-200 mg/5ml</i>	OTC Benefit	
ACTINEL DM ORAL LIQUID 10-20-400 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
<i>aquanaz oral tablet 10-15-400 mg</i>	OTC Benefit	
<i>biodesp dm oral syrup 5-15-100 mg/5ml</i>	OTC Benefit	
<i>biogtuss oral liquid 10-15-300 mg/5ml</i>	OTC Benefit	
<i>bionel oral liquid 30-15-200 mg/5ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>coditussin dac oral liquid 30-10-200 mg/5ml</i>	OTC Benefit	
<i>cvs multi-symptoms cold child oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	
<i>cvs severe cough/congest oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	
<i>deconex dmx oral tablet 10-17.5-400 mg</i>	OTC Benefit	
DESGEN DM ORAL LIQUID 5-10-100 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
DESGEN DM ORAL TABLET 30-10-200 MG (<i>pseudoephedrine-dm-gg</i>)	OTC Benefit	
DESGEN PEDIATRIC ORAL LIQUID 2.5-5-50 MG/ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
<i>despec dm oral syrup 5-10-100 mg/5ml</i>	OTC Benefit	
<i>despec dm-g oral syrup 5-10-100 mg/5ml</i>	OTC Benefit	
<i>despec eda oral liquid 2.5-5-50 mg/ml</i>	OTC Benefit	
<i>dometuss-dmx oral liquid 10-30-200 mg/5ml</i>	OTC Benefit	
<i>eq mucus relief congest/cough oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	
<i>eq multi-symptom cold children oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	
<i>gcon dmx oral tablet 10-17.5-385 mg</i>	OTC Benefit	
GILTUSS COUGH & COLD CHILDRENS ORAL LIQUID 7.5-150-5 MG/2.5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
GILTUSS COUGH & COLD ORAL LIQUID 10-15-300 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
GILTUSS COUGH & COLD ORAL TABLET 10-28-388 MG (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
GILTUSS TR ORAL TABLET 10-29-390 MG (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
<i>goodsense mucus/congest/cough oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	
<i>g-supress dx pediatric oral liquid 2.5-5-50 mg/ml</i>	OTC Benefit	
G-TRON PED ORAL LIQUID 10-15-350 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
G-TRON PEDIATRIC DROPS ORAL LIQUID 2.5-5-100 MG/ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
G-TUSICOF ORAL LIQUID 10-20-400 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 2.5-5-100 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
MUCINEX COLD CHILDRENS ORAL LIQUID 2.5-5-100 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
MUCINEX COUGH & CONGEST CHILD ORAL LIQUID 2.5-5-100 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
MUCINEX FAST-MAX CONGEST COUGH ORAL LIQUID 2.5-5-100 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
MUCINEX FAST-MAX CONGEST COUGH ORAL TABLET 5-10-200 MG (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
<i>mucus congest & cough child oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	
<i>mucus relief multi symptom oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>mucus relief severe congestive oral liquid 10-20-400 mg/20ml, 2.5-5-100 mg/5ml</i>	OTC Benefit	
<i>multi-symptom cold plus child oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	
NIVANEX DMX ORAL TABLET 10-15-380 MG (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
PECGEN PSE ORAL LIQUID 30-10-187 MG/5ML (<i>pseudoephedrine-dm-gg</i>)	OTC Benefit	
<i>phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml</i>	OTC Benefit	
POLY-VENT DM ORAL TABLET 60-20-380 MG (<i>pseudoephedrine-dm-gg</i>)	OTC Benefit	
<i>pres gen oral liquid 5-10-200 mg/5ml</i>	OTC Benefit	
<i>pres gen pediatric oral liquid 2.5-5-75 mg/5ml</i>	OTC Benefit	
<i>qc mucus relief severe congestive oral liquid 2.5-5-100 mg/5ml</i>	OTC Benefit	
<i>ra tussin cough & cold mucus control oral liquid 5-10-200 mg/5ml</i>	OTC Benefit	
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
ROBITUSSIN PEAK COLD MULTI-SYM ORAL LIQUID 5-10-100 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
<i>sb cough control control oral liquid 5-10-100 mg/5ml</i>	OTC Benefit	
<i>sm tussin control oral liquid 30-10-100 mg/5ml</i>	OTC Benefit	
<i>suppress-dx pediatric oral liquid 2.5-5-50 mg/ml</i>	OTC Benefit	
<i>teo-tus oral liquid 5-10-200 mg/5ml</i>	OTC Benefit	
TRISPEC PSE ORAL LIQUID 30-10-187 MG/5ML (<i>pseudoephedrine-dm-gg</i>)	OTC Benefit	
TUSICOF ORAL LIQUID 10-20-400 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
TUSICOF ORAL TABLET 10-20-400 MG (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML (<i>pseudoephedrine-codeine-gg</i>)	OTC Benefit	
TUSNEL DM ORAL LIQUID 10-20-400 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
TUSNEL DM PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
TUSNEL ORAL TABLET 60-30-400 MG (<i>pseudoephedrine-dm-gg</i>)	OTC Benefit	
TUSNEL-DM PEDIATRIC ORAL LIQUID 1.25-2.5-25 MG/ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
TUSNEL-DM PEDIATRIC ORAL LIQUID 7.5-2.5-25 MG/ML (<i>pseudoephedrine-dm-gg</i>)	OTC Benefit	
<i>tussin control cough & cold oral liquid 5-10-100 mg/5ml</i>	OTC Benefit	
TUSSI-PRES ORAL LIQUID 5-10-200 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
TUSSI-PRES PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TUSSLIN ORAL LIQUID 10-28-388 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
TUSSLIN PEDIATRIC ORAL LIQUID 2.5-7.5-88 MG/ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
VANACOF DM ORAL LIQUID 10-18-200 MG/15ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
VANATAB DM ORAL TABLET 5-9-198 MG (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200 MG/5ML (<i>phenylephrine-dm-gg</i>)	OTC Benefit	
<i>wal-tussin cf oral liquid 30-10-100 mg/5ml</i>	OTC Benefit	
*AROMATIC INHALANTS***		
<i>baby chest rub external ointment</i>	OTC Benefit	
<i>chest rub external ointment , 4.5-1-2.6 % , 4.8-1.2-2.6 %</i>	OTC Benefit	
<i>chest rub hands-free medicated external ointment 4.8-1.2-2.6 %</i>	OTC Benefit	
<i>cvs chest rub medicated external ointment 4.8-1.2-2.6 %</i>	OTC Benefit	
<i>cvs hot steam inhalation liquid 6.2 %</i>	OTC Benefit	
<i>cvs medicated chest rub external ointment 4.8-1.2-2.6 %</i>	OTC Benefit	
<i>cvs nasal decongestant inhalation inhaler 50 mg</i>	OTC Benefit	
<i>decongestant vapor inhalation inhaler</i>	OTC Benefit	
DELSYM VAPOR ROLL-ON EXTERNAL OINTMENT 5.3-1.3-2.8 % (<i>camphor-eucalyptus-menthol</i>)	OTC Benefit	
<i>eql medicated chest rub external ointment 4.8-1.2-2.6 %</i>	OTC Benefit	
<i>eql vapor nasal decongestant inhalation inhaler 50 mg</i>	OTC Benefit	
<i>ft chest rub external ointment</i>	OTC Benefit	
<i>ft vapor inhaler inhalation inhaler</i>	OTC Benefit	
<i>gnp chest rub external ointment</i>	OTC Benefit	
<i>goodsense chest rub external ointment 4.8-1.2-2.6 %</i>	OTC Benefit	
<i>goodsense vapor inhalation inhaler</i>	OTC Benefit	
ICY HOT NO-MESS VAPOR GEL EXTERNAL GEL 5.3-1.3-2.8 % (<i>camphor-eucalyptus-menthol</i>)	OTC Benefit	
ICY HOT NO-MESS VAPOR GEL KIDS EXTERNAL GEL 4.7-1.2-2.6 % (<i>camphor-eucalyptus-menthol</i>)	OTC Benefit	
MEDPURA VAPORX BALM EXTERNAL OINTMENT (<i>camphor-eucalyptus-menthol</i>)	OTC Benefit	
<i>qc chest rub medicated external ointment</i>	OTC Benefit	
<i>qc vapor inhaler inhalation inhaler 50 mg</i>	OTC Benefit	
<i>ra decongestant inhaler inhalation inhaler</i>	OTC Benefit	
<i>ra medicated chest rub external ointment 4.8-1.2-2.6 %</i>	OTC Benefit	
<i>ra menthol nasal inhaler inhalation inhaler</i>	OTC Benefit	
<i>ra vaporizing steam inhalation liquid 6.2 %</i>	OTC Benefit	
<i>sm medicated chest rub external ointment 4.73-1.2-2.6 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VAPOR PATCH EXTERNAL PATCH (<i>camphor-eucalyptus-menthol</i>)	OTC Benefit	
<i>vapor steam inhalation liquid 6.2 %</i>	OTC Benefit	
<i>vaporizing chest rub external ointment 4.8-1.2-2.6 %</i>	OTC Benefit	
<i>vaporizing steam inhalation liquid 6.2 %</i>	OTC Benefit	
VICKS BABYRUB EXTERNAL OINTMENT (<i>aromatic inhalants</i>)	OTC Benefit	
VICKS VAPO STEAM INHALATION LIQUID 6.2 % (<i>camphor</i>)	OTC Benefit	
VICKS VAPOINHALER INHALATION INHALER (<i>aromatic inhalants</i>)	OTC Benefit	
VICKS VAPORUB CHILDRENS EXTERNAL OINTMENT 4.8-1.2-2.6 % (<i>camphor-eucalyptus-menthol</i>)	OTC Benefit	
VICKS VAPORUB EXTERNAL OINTMENT 4.7-1.2-2.6 %, 4.73-1.2-2.6 % (<i>camphor-eucalyptus-menthol</i>)	OTC Benefit	
*DECONGESTANT & ANTIHISTAMINE***		
<i>12 hour allergy-d oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg</i>	OTC Benefit	
ACTICON ORAL TABLET 2-60 MG (<i>dexbrompheniramine-pseudoeph</i>)	OTC Benefit	
ALAHIST D ORAL TABLET 17.5-10 MG (<i>pheniramine-phenylephrine</i>)	OTC Benefit	
<i>alahist pe oral tablet 2-7.5 mg</i>	OTC Benefit	
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	OTC Benefit	
<i>all day allergy d oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	OTC Benefit	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	OTC Benefit	
<i>allergy d-12 oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>allergy rel d12 (cetirizine) oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>allergy relief d oral tablet 4-60 mg</i>	OTC Benefit	
<i>allergy relief d oral tablet extended release 24 hour 10-240 mg, 180-240 mg</i>	OTC Benefit	
<i>allergy relief d12 oral tablet extended release 12 hour 5-120 mg, 60-120 mg</i>	OTC Benefit	
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
BENADRYL ALLERGY CHILDRENS ORAL SOLUTION 12.5-5 MG/5ML (<i>diphenhydramine-phenylephrine</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BENADRYL ALLERGY CON ULTRATABS ORAL TABLET 25-10 MG <i>(diphenhydramine-phenylephrine)</i>	OTC Benefit	
<i>childrens cold & allergy oral elixir 1-2.5 mg/5ml</i>	OTC Benefit	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG <i>(loratadine-pseudoephedrine)</i>	OTC Benefit	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG <i>(loratadine-pseudoephedrine)</i>	OTC Benefit	
<i>cold & allergy childrens oral liquid 2-5 mg/10ml</i>	OTC Benefit	
<i>cold & allergy d max strength oral tablet 2.5-60 mg</i>	OTC Benefit	
<i>cold & allergy d oral tablet 2.5-60 mg</i>	OTC Benefit	
<i>cold & allergy oral elixir 1-2.5 mg/5ml</i>	OTC Benefit	
<i>cvs allergy relief d oral tablet extended release 12 hour 5-120 mg, 60-120 mg</i>	OTC Benefit	
<i>cvs allergy relief d24 oral tablet extended release 24 hour 180- 240 mg</i>	OTC Benefit	
<i>cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>cvs allergy relief-d oral tablet extended release 24 hour 10- 240 mg</i>	OTC Benefit	
<i>cvs allergy relief-d12 oral tablet extended release 12 hour 5- 120 mg</i>	OTC Benefit	
<i>cvs cold & allergy childrens oral liquid 2-5 mg/10ml</i>	OTC Benefit	
<i>cvs cold & cough nighttime oral liquid 6.25-2.5 mg/5ml</i>	OTC Benefit	
<i>cvs sinus pe/allergy max st oral tablet 4-10 mg</i>	OTC Benefit	
DIMETAPP CHILDREN COLD/ALLERGY ORAL LIQUID 2-5 MG/10ML <i>(brompheniramine-phenylephrine)</i>	OTC Benefit	
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML <i>(diphenhydramine-phenylephrine)</i>	OTC Benefit	
<i>dometuss-da/children oral liquid 1-2.5 mg/5ml</i>	OTC Benefit	
<i>eq allergy & congestion relief oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>eq allergy relief d 12 hour oral tablet extended release 12 hour 60-120 mg</i>	OTC Benefit	
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG <i>(cetirizine-pseudoephedrine)</i>	OTC Benefit	
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG <i>(loratadine-pseudoephedrine)</i>	OTC Benefit	
<i>eq allergy relief oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>eql allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	OTC Benefit	
<i>eql sinus & allergy pe oral tablet 4-10 mg</i>	OTC Benefit	
<i>g hist forte oral tablet 7.5-10 mg</i>	OTC Benefit	
<i>g-hist pe oral tablet 2-10 mg</i>	OTC Benefit	
GILTUSS ALLERGY & SINUS ORAL TABLET 3.5-10 MG <i>(chlorpheniramine-phenylephrine)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>glen pe oral liquid 16-5 mg/5ml</i>	OTC Benefit	
<i>glenmax peb oral liquid 4-10 mg/5ml</i>	OTC Benefit	
<i>gnp allergy-d allergy & conges oral tablet extended release 12 hour 60-120 mg</i>	OTC Benefit	
KINDERMED NIGHT COLD & CGH KID ORAL SYRUP 6.25-2.5 MG/5ML (<i>diphenhydramine-phenylephrine</i>)	OTC Benefit	
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	OTC Benefit	
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	OTC Benefit	
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	OTC Benefit	
LORTUSS LQ ORAL LIQUID 6.25-30 MG/5ML (<i>doxylamine-pseudoephedrine</i>)	OTC Benefit	
<i>maxifed tr oral tablet 1.25-30 mg</i>	OTC Benefit	
<i>maxi-tuss pe oral liquid 2-5 mg/5ml</i>	OTC Benefit	
<i>maxi-tuss tr oral liquid 1.25-30 mg/5ml</i>	OTC Benefit	
<i>meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
PHENAGIL ORAL TABLET 3.5-10 MG (<i>chlorpheniramine-phenylephrine</i>)	OTC Benefit	
POLY HIST FORTE ORAL TABLET 10.5-10 MG (<i>doxylamine-phenylephrine</i>)	OTC Benefit	
<i>qc dibromm childrens cold/all oral liquid 2-5 mg/10ml</i>	OTC Benefit	
<i>qc loratadine-d oral tablet extended release 24 hour 10-240 mg</i>	OTC Benefit	
<i>ra allergy relf & nasal decong oral tablet extended release 24 hour 10-240 mg</i>	OTC Benefit	
<i>ra allergy rlf/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	OTC Benefit	
<i>ra allergy/congestion oral tablet extended release 12 hour 60-120 mg</i>	OTC Benefit	
<i>ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>ra allergy/congestion relief-d oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>ra cetiri-d oral tablet extended release 12 hour 5-120 mg</i>	OTC Benefit	
<i>ra lorata-d oral tablet extended release 24 hour 10-240 mg</i>	OTC Benefit	
<i>ra suphedrine pe oral tablet 4-10 mg</i>	OTC Benefit	
<i>ru-hist d oral tablet 4-10 mg</i>	OTC Benefit	
<i>rymed oral tablet 2-10 mg</i>	OTC Benefit	
<i>sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	OTC Benefit	
<i>sb cold & allergy childrens oral elixir 1-2.5 mg/5ml</i>	OTC Benefit	
<i>sb sinus & allergy max st oral tablet 4-10 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm cold & allergy childrens oral liquid 2-5 mg/10ml</i>	OTC Benefit	
<i>stahist ad oral tablet 25-60 mg</i>	OTC Benefit	
STAHIST ORAL LIQUID 2-10 MG/5ML (<i>dexchlorpheniramine-phenyleph</i>)	OTC Benefit	
SUDAFED PE SINUS CONG DAY/NGHT ORAL TABLET 25-10 & 10 MG (<i>diphenhydramine-phenylephrine</i>)	OTC Benefit	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	OTC Benefit	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	OTC Benefit	
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	OTC Benefit	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	OTC Benefit	
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	OTC Benefit	
<i>wal-tap cold/allergy oral liquid 2-5 mg/10ml</i>	OTC Benefit	
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	OTC Benefit	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	OTC Benefit	
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	OTC Benefit	
*DECONGESTANT W/ EXPECTORANT***		
<i>altarussin-pe oral syrup 100-30 mg/5ml</i>	OTC Benefit	
<i>bronchial asthma relief oral tablet 12.5-200 mg</i>	OTC Benefit	
<i>chest congestion relief pe oral tablet 10-400 mg</i>	OTC Benefit	
<i>chest congestion/sinus relief oral tablet 10-400 mg</i>	OTC Benefit	
<i>cvs chest congestion relief pe oral tablet 10-400 mg</i>	OTC Benefit	
<i>cvs mucus d extended release oral tablet extended release 12 hour 60-600 mg</i>	OTC Benefit	
<i>cvs mucus d max st er oral tablet extended release 12 hour 1200-120 mg</i>	OTC Benefit	
<i>cvs stuffy nose & cold child oral liquid 2.5-100 mg/5ml</i>	OTC Benefit	
DECONEX IR ORAL TABLET 10-385 MG (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	
<i>ed bron gp oral liquid 5-100 mg/5ml</i>	OTC Benefit	
<i>eq mucus relief d oral tablet extended release 12 hour 120-1200 mg</i>	OTC Benefit	
<i>eq mucus-d oral tablet extended release 12 hour 60-600 mg</i>	OTC Benefit	
<i>ft chest congestion relief pe oral tablet 10-400 mg</i>	OTC Benefit	
<i>gcon ir oral tablet 10-385 mg</i>	OTC Benefit	
GILPHEX TR ORAL TABLET 10-390 MG (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GILTUSS SINUS & CONGESTION ORAL TABLET 10-388 MG (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	
<i>gnp mucus relief pe oral tablet 10-400 mg</i>	OTC Benefit	
MAXIFED ORAL TABLET 60-360 MG (<i>pseudoephedrine-guaifenesin</i>)	OTC Benefit	
<i>maxi-tuss pe jr oral liquid 2.5-50 mg/5ml</i>	OTC Benefit	
<i>maxi-tuss pe max oral liquid 5-100 mg/5ml</i>	OTC Benefit	
MUCINEX D MAX STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG (<i>pseudoephedrine-guaifenesin</i>)	OTC Benefit	
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60- 600 MG (<i>pseudoephedrine-guaifenesin</i>)	OTC Benefit	
MUCINEX STUFFY NOSE & CHEST ORAL LIQUID 2.5-100 MG/5ML (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	
<i>mucus relief d 12hr er oral tablet extended release 12 hour 60-600 mg</i>	OTC Benefit	
<i>mucus relief d oral tablet 40-400 mg</i>	OTC Benefit	
<i>mucus relief pe oral tablet 10-400 mg</i>	OTC Benefit	
<i>mucus relief pe sinus oral tablet 10-400 mg</i>	OTC Benefit	
<i>pharbinex-pe oral tablet 10-400 mg</i>	OTC Benefit	
<i>phenylephrine-guaifenesin oral tablet 10-400 mg</i>	OTC Benefit	
POLY-VENT IR ORAL TABLET 60-380 MG (<i>pseudoephedrine-guaifenesin</i>)	OTC Benefit	
QC MEDIFIN PE ORAL TABLET 10-400 MG (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	
<i>qc mucus relief sinus d oral tablet 40-400 mg</i>	OTC Benefit	
<i>ra mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg</i>	OTC Benefit	
<i>ra mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg</i>	OTC Benefit	
<i>refenesen pe oral tablet 10-400 mg</i>	OTC Benefit	
<i>rydex g oral tablet 38.5-398 mg</i>	OTC Benefit	
<i>sb bronchial oral tablet 12.5-200 mg</i>	OTC Benefit	
<i>sb mucus relief pe oral tablet 10-400 mg</i>	OTC Benefit	
<i>sm chest congestion relief pe oral tablet 10-400 mg</i>	OTC Benefit	
SUPRESS-PE PEDIATRIC ORAL LIQUID 2.5-50 MG/ML (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	
TRIAMINIC CHEST/NASAL CONGEST ORAL LIQUID 2.5-50 MG/5ML (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	
TUSNEL PEDIATRIC ORAL LIQUID 1.25-25 MG/ML (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	
TUSNEL PEDIATRIC ORAL LIQUID 7.5-50 MG/ML (<i>pseudoephedrine-guaifenesin</i>)	OTC Benefit	
TUSSI-PRES PE PEDIATRIC ORAL LIQUID 2.5-100 MG/5ML (<i>phenylephrine-guaifenesin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*DECONGESTANT-ANALGESIC***		
ADVIL COLD & SINUS LIQUI-GELS ORAL CAPSULE 30-200 MG <i>(pseudoephedrine-ibuprofen)</i>	OTC Benefit	
ADVIL COLD/SINUS ORAL TABLET 30-200 MG <i>(pseudoephedrine-ibuprofen)</i>	OTC Benefit	
ADVIL SINUS CONGESTION & PAIN ORAL TABLET 10-200 MG <i>(phenylephrine-ibuprofen)</i>	OTC Benefit	
ALEVE-D SINUS & COLD ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG <i>(pseudoephedrine-naproxen na)</i>	OTC Benefit	
<i>all day sinus/cold d oral tablet extended release 12 hour 120-220 mg</i>	OTC Benefit	
<i>cold & sinus relief oral capsule 30-200 mg</i>	OTC Benefit	
CONTAC COLD+FLU MAX ST ORAL TABLET 5-500 MG <i>(phenylephrine-acetaminophen)</i>	OTC Benefit	
<i>cvs cold & sinus relief oral capsule 30-200 mg</i>	OTC Benefit	
<i>cvs cold & sinus relief oral tablet 30-200 mg</i>	OTC Benefit	
<i>cvs sinus & cold-d oral tablet extended release 12 hour 120-220 mg</i>	OTC Benefit	
<i>cvs sinus headache pe oral tablet 5-325 mg</i>	OTC Benefit	
<i>cvs sinus pain/congestion day oral tablet 5-325 mg</i>	OTC Benefit	
<i>eq sinus & cold-d oral tablet extended release 12 hour 120-220 mg</i>	OTC Benefit	
<i>ibuprofen cold & sinus oral tablet 30-200 mg</i>	OTC Benefit	
MEDI-FIRST SINUS PAIN/PRESSURE ORAL TABLET 5-500 MG <i>(phenylephrine-acetaminophen)</i>	OTC Benefit	
MYGREX ORAL TABLET 5-500 MG <i>(phenylephrine-acetaminophen)</i>	OTC Benefit	
NEXAFED SINUS PRESSURE + PAIN ORAL TABLET 30-325 MG <i>(pseudoephedrine-acetaminophen)</i>	OTC Benefit	
PANADOL COLD/FLU ORAL TABLET 5-325 MG <i>(phenylephrine-acetaminophen)</i>	OTC Benefit	
<i>qc ibuprofen cold/sinus oral tablet 30-200 mg</i>	OTC Benefit	
<i>qc sinus & headache oral tablet 5-325 mg</i>	OTC Benefit	
<i>ra cold & sinus relief oral tablet 30-200 mg</i>	OTC Benefit	
<i>ra ibu-profen cold/sinus oral tablet 30-200 mg</i>	OTC Benefit	
<i>ra sinus congestion & pain oral tablet 10-200 mg</i>	OTC Benefit	
<i>ra sinus congestion/pain day oral tablet 5-325 mg</i>	OTC Benefit	
<i>ra suphedrine pe oral tablet 5-325 mg</i>	OTC Benefit	
<i>sb daytime sinus oral capsule 5-325 mg</i>	OTC Benefit	
<i>sb sinus congestion/pain day oral tablet 5-325 mg</i>	OTC Benefit	
<i>sinus congestion/pain daytime oral tablet 5-325 mg</i>	OTC Benefit	
<i>sm pain reliever sinus pe oral tablet 5-500 mg</i>	OTC Benefit	
SUDAFED PE HEAD CONGESTION ORAL TABLET 10-200 MG <i>(phenylephrine-ibuprofen)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SUDAFED PE SINUS PRESSURE+PAIN ORAL TABLET 5-325 MG (<i>phenylephrine-acetaminophen</i>)	OTC Benefit	
SUDAFED SINUS 12HR PRESS+PAIN ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG (<i>pseudoephedrine-naproxen na</i>)	OTC Benefit	
TYLENOL SINUS+HEADACHE ORAL TABLET 5-325 MG (<i>phenylephrine-acetaminophen</i>)	OTC Benefit	
VICKS SINEX DAYTIME ORAL CAPSULE 5-325 MG (<i>phenylephrine-acetaminophen</i>)	OTC Benefit	
WAL-FLU SEVERE COLD DAYTIME ORAL PACKET 10-650 MG (<i>phenylephrine-acetaminophen</i>)	OTC Benefit	
WAL-PROFEN COLD & SINUS ORAL TABLET 30-200 MG (<i>pseudoephedrine-ibuprofen</i>)	OTC Benefit	
<i>wal-profen d cold & sinus oral capsule 30-200 mg</i>	OTC Benefit	
*DECONGESTANT-ANALGESIC-EXPECTORANT***		
<i>cvs cold & sinus multi-symptom oral liquid 10-650-400 mg/20ml</i>	OTC Benefit	
<i>cvs severe congestion relief oral liquid 10-650-400 mg/20ml</i>	OTC Benefit	
<i>cvs sinus relief pressure/pain oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>eq sinus congestion & pain oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>goodsense cold & head congest oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>goodsense sinus severe daytime oral tablet 5-325-200 mg</i>	OTC Benefit	
MUCINEX SINUS-MAX CONG & PAIN ORAL LIQUID 10-650-400 MG/20ML (<i>phenylephrine-apap-guaifenesin</i>)	OTC Benefit	
MUCINEX SINUS-MAX ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>)	OTC Benefit	
MUCINEX SINUS-MAX SEV CONG/PN ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>)	OTC Benefit	
<i>mucus relief cold/sinus max st oral liquid 10-650-400 mg/20ml</i>	OTC Benefit	
<i>mucus relief severe sinus oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>qc mucus relief sinus severe oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>qc pressure pain & mucus pe oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>qc severe cold head congestion oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>qc sinus congest/pain severe oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>ra cold/sinus max oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>ra sinus congest/pain relief oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>sb sinus congestion/pain oral tablet 5-325-200 mg</i>	OTC Benefit	
<i>severe congestion oral liquid 10-650-400 mg/20ml</i>	OTC Benefit	
SUDAFED PE HEAD CONGESTION ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>)	OTC Benefit	
TYLENOL COLD & HEAD ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>)	OTC Benefit	
TYLENOL SINUS SEVERE ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VICKS SINEX SEVERE ORAL CAPSULE 5-325-200 MG (phenylephrine-apap-guaifenesin)	OTC Benefit	
*DECONGESTANT-ANTI-HISTAMINE-ANALGESIC W/ EXPECTORANT***		
cvs sinus relief day/night oral tablet therapy pack 5-200-325 & 5-25-325mg	OTC Benefit	
ra sinus relief d/n oral tablet therapy pack 5-200-325 & 5-12.5-325mg	OTC Benefit	
*DECONGESTANT-ANTI-HISTAMINE-ANALGESIC***		
ADVIL ALLERGY & CONGESTION ORAL TABLET 4-10-200 MG (chlorphen-phenyleph-ibuprofen)	OTC Benefit	
ADVIL ALLERGY SINUS ORAL TABLET 2-30-200 MG (chlorpheniramine-pse-ibuprofen)	OTC Benefit	
ADVIL MULTI-SYMPTOM COLD & FLU ORAL TABLET 4-10-200 MG (chlorphen-phenyleph-ibuprofen)	OTC Benefit	
ALKA-SELTZER PLUS COLD ORAL TABLET EFFERVESCENT 2-7.8-325 MG (chlorphen-phenyleph-asa)	OTC Benefit	
ALKA-SELTZER SEVERE COLD ORAL TABLET EFFERVESCENT 325-2-7.8 MG (chlorphen-phenyleph-asa)	OTC Benefit	
allergy multi-symptom daytime oral tablet 2-5-325 mg	OTC Benefit	
allergy multi-symptom night oral tablet 25-5-325 mg	OTC Benefit	
cold & flu relief nighttime oral liquid 12.5-5-325 mg/10ml	OTC Benefit	
cold relief plus oral tablet effervescent 2-7.8-325 mg	OTC Benefit	
COMTrex FLU THERAPY DAY/NIGHT ORAL 2-5-325 & 5-325 MG (chlorphen-pe-acetaminophen)	OTC Benefit	
COMTrex SEVERE COLD & SINUS ORAL 2-5-325 & 5-325 MG (chlorphen-pe-acetaminophen)	OTC Benefit	
CONTAC COLD/FLU DAY & NIGHT ORAL 2-5-500 & 5-500 MG (chlorphen-pe-acetaminophen)	OTC Benefit	
CONTAC COLD/FLU DAY & NIGHT ORAL TABLET 2-5-500 MG (chlorphen-pe-acetaminophen)	OTC Benefit	
cvs sev allergy/sinus headache oral tablet 25-5-325 mg	OTC Benefit	
cvs severe cold/flu nighttime oral liquid 12.5-5-325 mg/15ml	OTC Benefit	
cvs severe cough & cold night oral packet 25-10-650 mg	OTC Benefit	
cvs sinus congest/pain dt/nt oral 2-5-325 & 5-325 mg	OTC Benefit	
cvs sinus pain/congest night oral tablet 2-5-325 mg	OTC Benefit	
DELSYM CGH/CLD NIGHTTIME CHILD ORAL LIQUID 12.5-5-325 MG/10ML (diphenhydramine-pe-apap)	OTC Benefit	
DIMETAPP MULTISYMPTOM COLD/FLU ORAL LIQUID 6.25-2.5-160 MG/5ML (diphenhydramine-pe-apap)	OTC Benefit	
effervescent cold relief oral tablet effervescent 2-7.8-325 mg	OTC Benefit	
eq effervescent cold relief oral tablet effervescent 2-7.8-325 mg	OTC Benefit	
eq flu & severe cold & cough oral packet 25-10-650 mg	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql effervescent cold relief oral tablet effervescent 2-7.8-325 mg</i>	OTC Benefit	
FLONASE HEADACHE & ALLERGY ORAL TABLET 2-5-325 MG (<i>chlorphen-pe-acetaminophen</i>)	OTC Benefit	
<i>goodsense allergy multi-symptom oral tablet 2-5-325 mg</i>	OTC Benefit	
<i>goodsense cold relief oral tablet effervescent 2-7.8-325 mg</i>	OTC Benefit	
<i>goodsense flu/cold/cough/night oral packet 25-10-650 mg</i>	OTC Benefit	
<i>goodsense sinus congest/pain oral 2-5-325 & 5-325 mg</i>	OTC Benefit	
<i>herbiomed allergy cold & sinus oral liquid 12.5-5-325 mg/10ml</i>	OTC Benefit	
MEDICIDIN-D ORAL TABLET 2-5-325 MG (<i>chlorphen-pe-acetaminophen</i>)	OTC Benefit	
MUCINEX CHILDRENS NIGHT TIME ORAL LIQUID 12.5-5-325 MG/10ML (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
<i>nighttime cold & flu max strength oral liquid 12.5-5-325 mg/10ml</i>	OTC Benefit	
NOREL AD ORAL TABLET 4-10-325 MG (<i>chlorphen-pe-acetaminophen</i>)	OTC Benefit	
<i>qc allergy multi-symptom oral tablet 2-5-325 mg</i>	OTC Benefit	
<i>qc cold relief plus oral tablet effervescent 2-7.8-325 mg</i>	OTC Benefit	
<i>qc severe cold/cough nighttime oral packet 25-10-650 mg</i>	OTC Benefit	
ROBITUSSIN SEVERE NIGHTTIME ORAL LIQUID 12.5-5-325 MG/10ML (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
<i>sb allergy & cold pe oral tablet 12.5-5-325 mg</i>	OTC Benefit	
<i>sb allergy multi-symptom oral tablet 2-5-325 mg</i>	OTC Benefit	
<i>sb flu relief therapy night oral liquid 12.5-5-325 mg/15ml</i>	OTC Benefit	
<i>sb nighttime sinus multi-symptom oral capsule 6.25-5-325 mg</i>	OTC Benefit	
<i>sb severe cold pe oral tablet 12.5-5-325 mg</i>	OTC Benefit	
<i>sb sinus congest/pain day/night oral 2-5-325 & 5-325 mg</i>	OTC Benefit	
<i>sb sinus congestion/pain night oral tablet 2-5-325 mg</i>	OTC Benefit	
<i>sinus & congestion day/night oral</i>	OTC Benefit	
<i>sinus daytime/nighttime oral</i>	OTC Benefit	
THERAFLU EXPRESSMAX SEV CLD/CG ORAL LIQUID 12.5-5-325 MG/15ML (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
THERAFLU EXPRESSMAX SEV CLD/CG ORAL TABLET 12.5-5-325 MG (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
THERAFLU POWERPODS SEVERE COLD ORAL 25-10-650 MG (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
THERAFLU SEVERE COLD/CGH NIGHT ORAL PACKET 25-10-650 MG (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
VALIHIST ORAL TABLET 2-5-325 MG (<i>chlorphen-pe-acetaminophen</i>)	OTC Benefit	
VICKS SINEX DAYQUIL/NYQUIL ORAL (<i>doxylamine-phenylephrine-apap</i>)	OTC Benefit	
VICKS SINEX DAYTIME/NIGHTTIME ORAL (<i>doxylamine-phenylephrine-apap</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
WAL-DRYL ALLERGY/SINUS HEADACHE ORAL TABLET 12.5-5-325 MG (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
WAL-FLU COLD & SORE THROAT ORAL PACKET 20-10-325 MG (<i>pheniramine-pe-apap</i>)	OTC Benefit	
WAL-FLU SEVERE COLD NIGHT TIME ORAL PACKET 20-10-650 MG (<i>pheniramine-pe-apap</i>)	OTC Benefit	
wal-flu severe cold nighttime oral liquid 12.5-5-325 mg/15ml	OTC Benefit	
WAL-FLU SEVERE COLD/CGH NIGHT ORAL PACKET 25-10-650 MG (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
WAL-PHED PE NIGHTTIME COLD ORAL TABLET 25-5-325 MG (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
WAL-PHED PE SEVERE COLD ORAL TABLET 12.5-5-325 MG (<i>diphenhydramine-pe-apap</i>)	OTC Benefit	
*EXPECTORANTS***		
12 hr mucus relief max oral tablet extended release 12 hour 1200 mg	OTC Benefit	
altarussin oral liquid 100 mg/5ml	OTC Benefit	
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	OTC Benefit	
chest congestion relief child oral liquid 100 mg/5ml	OTC Benefit	
coughtab oral tablet 200 mg	OTC Benefit	
cvs chest congestion relief oral tablet 400 mg	OTC Benefit	
cvs mucus extended release oral tablet extended release 12 hour 1200 mg, 600 mg	OTC Benefit	
cvs tussin adult chest congest oral liquid 100 mg/5ml	OTC Benefit	
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	OTC Benefit	
eq 12 hour mucus relief oral tablet extended release 12 hour 600 mg	OTC Benefit	
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG, 600 MG (<i>guaifenesin</i>)	OTC Benefit	
eq mucus relief 12 hour max st oral tablet extended release 12 hour 1200 mg	OTC Benefit	
eq mucus relief oral tablet extended release 12 hour 600 mg	OTC Benefit	
eql tussin mucus/chest congest oral liquid 100 mg/5ml	OTC Benefit	
geri-tussin oral liquid 100 mg/5ml	OTC Benefit	
geri-tussin oral syrup 100 mg/5ml	OTC Benefit	
GILTUSS EX EXPECTORANT CHILD ORAL LIQUID 200 MG/5ML (<i>guaifenesin</i>)	OTC Benefit	
GILTUSS EX MAXIMUM STRENGTH ORAL LIQUID 400 MG/10ML (<i>guaifenesin</i>)	OTC Benefit	
goodsense mucus relief oral tablet 400 mg	OTC Benefit	
HERBAL EXPEC ORAL LIQUID 150 MG/15ML (<i>guaifenesin</i>)	OTC Benefit	
kls mucus relief chest oral tablet 400 mg	OTC Benefit	
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML (<i>guaifenesin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (<i>guaifenesin</i>)	OTC Benefit	
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG (<i>guaifenesin</i>)	OTC Benefit	
MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>guaifenesin</i>)	OTC Benefit	
<i>mucosa oral tablet 400 mg</i>	OTC Benefit	
<i>mucus relief chest congestion oral liquid 400 mg/20ml</i>	OTC Benefit	
<i>mucus relief chest congestion oral tablet 400 mg</i>	OTC Benefit	
<i>mucus relief er oral tablet extended release 12 hour 1200 mg</i>	OTC Benefit	
<i>mucus relief oral tablet 400 mg</i>	OTC Benefit	
<i>pharbinex oral tablet 400 mg</i>	OTC Benefit	
<i>qc medifin 400 oral tablet 400 mg</i>	OTC Benefit	
<i>qc medifin mucus relief child oral liquid 100 mg/5ml</i>	OTC Benefit	
<i>qc mucus relief childrens oral liquid 100 mg/5ml</i>	OTC Benefit	
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	OTC Benefit	
<i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	OTC Benefit	
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	OTC Benefit	
<i>ra mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	OTC Benefit	
<i>ra mucus relief oral tablet extended release 12 hour 600 mg</i>	OTC Benefit	
<i>ra tussin chest congestion oral liquid 100 mg/5ml</i>	OTC Benefit	
<i>ra tussin oral liquid 100 mg/5ml</i>	OTC Benefit	
<i>refenesen 400 oral tablet 400 mg</i>	OTC Benefit	
<i>sb cough control oral liquid 100 mg/5ml</i>	OTC Benefit	
<i>sb coughtab oral tablet 200 mg</i>	OTC Benefit	
<i>sb mucus relief oral tablet 400 mg</i>	OTC Benefit	
<i>scot-tussin expectorant oral liquid 100 mg/5ml</i>	OTC Benefit	
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	OTC Benefit	
XPECT ORAL TABLET 400 MG (<i>guaifenesin</i>)	OTC Benefit	
*MISC. RESPIRATORY INHALANTS***		
<i>nasal mist inhalation aerosol solution 0.9 %</i>	OTC Benefit	
SIMPLY SALINE BABY INHALATION AEROSOL SOLUTION 0.9 % (<i>sodium chloride</i>)	OTC Benefit	
*NON-NARC ANTITUSSIVE-ANALGESIC***		
CORICIDIN HBP COLD/COUGH/FLU ORAL LIQUID 650-20 MG/30ML (<i>acetaminophen-dm</i>)	OTC Benefit	
DELSYM COUGH + SORE THROAT ORAL LIQUID 650-20 MG/20ML (<i>acetaminophen-dm</i>)	OTC Benefit	
MUCINEX CHILD FEV,STHR,COUGH ORAL LIQUID 325-10 MG/10ML (<i>acetaminophen-dm</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ROBITUSSIN HONEY CGH/FLU/THRT ORAL LIQUID 650-20 MG/20ML (<i>acetaminophen-dm</i>)	OTC Benefit	
ROBITUSSIN SEVERE CGH/SR THRT ORAL LIQUID 650-20 MG/20ML (<i>acetaminophen-dm</i>)	OTC Benefit	
<i>sm cough/sore throat daytime oral liquid 1000-30 mg/30ml</i>	OTC Benefit	
THERAFLU SEVERE COLD RELIEF ORAL PACKET 500-20 MG, 650-20 MG (<i>acetaminophen-dm</i>)	OTC Benefit	
TYLENOL CHILDRENS COLD/COUGH ORAL SUSPENSION 160-5 MG/5ML (<i>acetaminophen-dm</i>)	OTC Benefit	
VICKS DAYQUIL HBP COLD & FLU ORAL CAPSULE 325-10 MG (<i>acetaminophen-dm</i>)	OTC Benefit	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE***		
<i>caphist dm oral liquid 7.5-7.5 mg/5ml</i>	OTC Benefit	
<i>capron dm oral liquid 7.5-7.5 mg/5ml</i>	OTC Benefit	
<i>capron dmt oral tablet 30-30 mg</i>	OTC Benefit	
<i>chlo hist oral solution 12.5-1 mg/5ml</i>	OTC Benefit	
<i>curahist dm oral liquid 7.5-7.5 mg/5ml</i>	OTC Benefit	
<i>cvs cough & cold hbp oral tablet 4-30 mg</i>	OTC Benefit	
<i>cvs daytime/nighttime cough oral liquid therapy pack 6.25-15 & 15 mg/15ml</i>	OTC Benefit	
<i>cvs nighttime cough oral liquid 6.25-15 mg/15ml</i>	OTC Benefit	
<i>cvs triacting cough/runny nose oral liquid 1-5 mg/5ml</i>	OTC Benefit	
<i>endal oral liquid 1.25-10 mg/5ml</i>	OTC Benefit	
<i>eq nighttime tussin dm max oral liquid 3.125-7.5 mg/5ml</i>	OTC Benefit	
<i>eql nighttime cough relief oral liquid 12.5-30 mg/30ml</i>	OTC Benefit	
MUCINEX CHILD COUGH DAY/NIGHT ORAL THERAPY PACK 6.25-10 & 10 MG (<i>doxylamine-dm</i>)	OTC Benefit	
MUCINEX CHILDRENS COUGH NIGHT ORAL TABLET CHEWABLE 6.25-10 MG (<i>doxylamine-dm</i>)	OTC Benefit	
<i>nighttime cough oral liquid 6.25-15 mg/15ml</i>	OTC Benefit	
NINJACOF ORAL LIQUID 12.5-12.5 MG/5ML (<i>chlorphedianol-pyridamine</i>)	OTC Benefit	
<i>qc cough/cold hbp oral tablet 4-30 mg</i>	OTC Benefit	
<i>qc nighttime cough oral liquid 15-6.25 mg/15ml, 6.25-15 mg/15ml</i>	OTC Benefit	
<i>ra tussin nighttime cough dm oral liquid 12.5-30 mg/10ml</i>	OTC Benefit	
ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID 1-7.5 MG/5ML (<i>chlorpheniramine-dm</i>)	OTC Benefit	
ROBITUSSIN NIGHTTIME COUGH DM ORAL LIQUID 3.125-7.5 MG/5ML (<i>doxylamine-dm</i>)	OTC Benefit	
ROBITUSSIN NIGHTTIME COUGH ORAL LIQUID 1-7.5 MG/5ML (<i>chlorpheniramine-dm</i>)	OTC Benefit	
SAFE TUSSIN PM ORAL LIQUID 3.125-7.5 MG/5ML (<i>doxylamine-dm</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sb cold & cough hbp oral tablet 4-30 mg</i>	OTC Benefit	
<i>sb nighttime cough oral liquid 6.25-15 mg/15ml</i>	OTC Benefit	
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5ML (<i>chlorpheniramine-dm</i>)	OTC Benefit	
TRIAMINIC COUGH/RUNNY NOSE ORAL TABLET CHEWABLE 1-5 MG (<i>chlorpheniramine-dm</i>)	OTC Benefit	
VANACOF 2 ORAL SOLUTION 12.5-1 MG/5ML (<i>chlrophedianol-dexchlorphen</i>)	OTC Benefit	
VANACOF CP ORAL LIQUID 12.5-25 MG/15ML (<i>chlrophedianol-pyrimilamine</i>)	OTC Benefit	
VICKS DAYQUIL/NYQUIL COUGH ORAL LIQUID THERAPY PACK 6.25-15 & 15 MG/15ML (<i>doxylamine-dm</i>)	OTC Benefit	
VICKS NYQUIL CHILDRENS CLD/CGH ORAL LIQUID 2-15 MG/15ML (<i>chlorpheniramine-dm</i>)	OTC Benefit	
VICKS NYQUIL COUGH ORAL LIQUID 12.5-30 MG/30ML, 6.25-15 MG/15ML (<i>doxylamine-dm</i>)	OTC Benefit	
*NON-NARC ANTITUSSIVE-DECONGESTANT***		
<i>cvs cold & cough childrens oral solution 2.5-5 mg/5ml</i>	OTC Benefit	
<i>daytime cold & cough childrens oral solution 2.5-5 mg/5ml</i>	OTC Benefit	
<i>maxi-tuss jr oral liquid 2.5-5 mg/5ml</i>	OTC Benefit	
PEDIACARE CHILDRENS MULTI-SYMP ORAL LIQUID 2.5-5 MG/5ML (<i>phenylephrine-dm</i>)	OTC Benefit	
<i>sm daytime cold & cough child oral solution 2.5-5 mg/5ml</i>	OTC Benefit	
SUDAFED PE COLD & COUGH CHILD ORAL SOLUTION 2.5-5 MG/5ML (<i>phenylephrine-dm</i>)	OTC Benefit	
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE***		
ABATUSS DMX ORAL LIQUID 30-1-15 MG/5ML (<i>pseudoephed-dexchlorphen-dm</i>)	OTC Benefit	
ALAHIST CF ORAL TABLET 10-2-20 MG (<i>phenylephrine-dexbromphen-dm</i>)	OTC Benefit	
ALAHIST DM ORAL LIQUID 5-12.5-10 MG/5ML (<i>phenylephrine-pheniramine-dm</i>)	OTC Benefit	
<i>bio-dtuss dmx oral liquid 30-1-20 mg/5ml</i>	OTC Benefit	
<i>bio-rytuss oral liquid 5-2-10 mg/5ml</i>	OTC Benefit	
<i>brantussin dm oral liquid 7.5-2-15 mg/5ml</i>	OTC Benefit	
CHLO TUSS ORAL LIQUID 30-1-12.5 MG/5ML (<i>pse-dexbromphen-chlrophedianol</i>)	OTC Benefit	
<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	OTC Benefit	
<i>cvs cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	OTC Benefit	
DELTUSS DMX ORAL LIQUID 30-1-15 MG/5ML (<i>pseudoephed-dexchlorphen-dm</i>)	OTC Benefit	
DIMETAPP CHILDRENS COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (<i>phenylephrine-bromphen-dm</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DIMETAPP CHILDREN'S COLD/COUGH ORAL LIQUID THERAPY PACK (<i>pe-diphen-bromphen-dm</i>)	OTC Benefit	
DIMETAPP COLD/COUGH CHILDRENS ORAL LIQUID 2.5-1-5 MG/5ML (<i>phenylephrine-bromphen-dm</i>)	OTC Benefit	
<i>ed a-hist dm oral tablet 10-4-10 mg</i>	OTC Benefit	
<i>eq cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	OTC Benefit	
<i>eql cold/cough oral liquid 2.5-1-5 mg/5ml</i>	OTC Benefit	
FATHER JOHNS MEDICINE PLUS ORAL SOLUTION 10-4-10 MG/30ML (<i>phenylephrine-chlorphen-dm</i>)	OTC Benefit	
GENCONTUSS ORAL LIQUID 5-2-10 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	OTC Benefit	
GILTUSS ALLERGY CGH&CONG CHILD ORAL LIQUID 5-2-10 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	OTC Benefit	
GILTUSS ALLERGY COUGH & CONGES ORAL LIQUID 5-2-10 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	OTC Benefit	
GILTUSS COUGH ALLERGY & SINUS ORAL TABLET 10-3.5-24 MG (<i>phenyleph-chlorphen-chlophed</i>)	OTC Benefit	
<i>glenmax peb dm oral liquid 5-2-10 mg/5ml</i>	OTC Benefit	
<i>glentuss oral liquid 30-6.25-15 mg/5ml</i>	OTC Benefit	
HISTEX-DM ORAL SYRUP 10-2.5-20 MG/5ML (<i>phenylephrine-triprolidine-dm</i>)	OTC Benefit	
MAXICHLOR PEH DM ORAL TABLET 10-4-18 MG (<i>phenylephrine-chlorphen-dm</i>)	OTC Benefit	
<i>m-end dmx oral liquid 20-0.667-10 mg/5ml</i>	OTC Benefit	
<i>miclara dm oral liquid 10-2.5-20 mg/5ml</i>	OTC Benefit	
NINJACOF-D ORAL LIQUID 30-12.5-12.5 MG/5ML (<i>pse-pyridamine-chlorphedianol</i>)	OTC Benefit	
NYQUIL COUGH DM + CONGESTION ORAL LIQUID 5-6.25-10 MG/15ML (<i>phenylephrine-doxylamine-dm</i>)	OTC Benefit	
PHENAGIL CH ORAL TABLET 10-3.5-24 MG (<i>phenyleph-chlorphen-chlophed</i>)	OTC Benefit	
PHENAGIL CH ORAL TABLET 10-3.5-29 MG (<i>phenylephrine-chlorphen-dm</i>)	OTC Benefit	
<i>phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml</i>	OTC Benefit	
<i>poly-hist dm oral liquid 5-25-10 mg/5ml</i>	OTC Benefit	
<i>polytussin dm oral liquid 5-12.5-7.5 mg/5ml</i>	OTC Benefit	
PRESGEN B ORAL LIQUID 10-4-20 MG/5ML (<i>phenylephrine-bromphen-dm</i>)	OTC Benefit	
<i>qc dibromm childrens cold/cgh oral liquid 2.5-1-5 mg/5ml</i>	OTC Benefit	
<i>ra cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	OTC Benefit	
<i>ra cold/cough dm oral liquid 2.5-1-5 mg/5ml</i>	OTC Benefit	
<i>rycontuss oral liquid 5-2-10 mg/5ml</i>	OTC Benefit	
<i>sb cold & cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	OTC Benefit	
<i>supress a pediatric oral liquid 5-1-10 mg/ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
THERAFLU COLD & COUGH ORAL PACKET 10-20-20 MG (phenylephrine-pheniramine-dm)	OTC Benefit	
TRIPONEL ORAL LIQUID 5-1.25-15 MG/5ML (phenylephrine-triprolidine-dm)	OTC Benefit	
triponel oral syrup 30-1.25-15 mg/5ml	OTC Benefit	
tussi-pres b oral liquid 10-4-20 mg/5ml	OTC Benefit	
VANACOF ORAL LIQUID 30-1-12.5 MG/5ML (pse-dexchlorphen-chlophedianol)	OTC Benefit	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	OTC Benefit	
westussin dm oral syrup 1-10-5 mg/5ml	OTC Benefit	
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE-ANALG***		
ALKA-SELTZER NIGHT COLD & FLU ORAL CAPSULE 5-6.25-10-325 MG (phenyleph-doxylamine-dm-apap)	OTC Benefit	
ALKA-SELTZER PLUS COLD & FLU ORAL PACKET 10-12.5-20-650 MG (phenyleph-doxylamine-dm-apap)	OTC Benefit	
ALKA-SELTZER PLUS COLD & FLU ORAL TABLET EFFERVESCENT 5-2-10-250 MG (phenyleph-cpm-dm-apap)	OTC Benefit	
ALKA-SELTZER PLUS DAY/NIGHT ORAL CAPSULE (phenyleph-doxylamine-dm-apap)	OTC Benefit	
ALKA-SELTZER PLUS SEV COLD/CGH ORAL TABLET EFFERVESCENT 7.8-2-10-325 MG (phenyleph-cpm-dm-aspirin)	OTC Benefit	
ALKA-SELTZER SINUS ALRGY COUGH ORAL CAPSULE 5-6.25-10-325 MG (phenyleph-doxylamine-dm-apap)	OTC Benefit	
ALKA-SELTZER SINUS CONG & PAIN ORAL CAPSULE (phenyleph-doxylamine-dm-apap)	OTC Benefit	
childrens plus flu oral suspension 2.5-1-5-160 mg/5ml	OTC Benefit	
childrens plus multi-sympt cld oral suspension 2.5-1-5-160 mg/5ml	OTC Benefit	
cold & flu nighttime/daytime oral liquid	OTC Benefit	
cold & flu relief nighttime d oral liquid 60-12.5-30-1000 mg/30ml	OTC Benefit	
cold multi-symptom day/night oral 5-2-10-325 mg	OTC Benefit	
cold multi-symptom warm night oral liquid 5-6.25-10-325 mg/15ml	OTC Benefit	
cold/flu relief day/night oral	OTC Benefit	
COMTrex COLD & COUGH NIGHTTIME ORAL TABLET 5-2-10-325 MG (phenyleph-cpm-dm-apap)	OTC Benefit	
COMTrex COLD/COUGH DAY/NITE MS ORAL 5-2-10-325 MG (phenyleph-cpm-dm-apap)	OTC Benefit	
cvs cold relief day/night oral 5-2-10-325 mg	OTC Benefit	
cvs daytime/nighttime cold/flu oral , liquid	OTC Benefit	
cvs flu relief childrens oral suspension 2.5-1-5-160 mg/5ml	OTC Benefit	
cvs severe cold & cough oral packet	OTC Benefit	
cvs severe cold/flu oral liquid therapy pack	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql daytime & nighttime cold oral 5-2-10-325 mg</i>	OTC Benefit	
<i>eql daytime/nighttime cold/flu oral liquid</i>	OTC Benefit	
<i>eql nighttime severe cold/flu oral liquid 5-6.25-10-325 mg/15ml</i>	OTC Benefit	
<i>ft cold & flu relief day/night oral</i>	OTC Benefit	
GILTUSS COLD & FLU CHILDRENS ORAL LIQUID 5-2-6.5-325 MG/5ML (<i>phenyleph-cpm-dm-apap</i>)	OTC Benefit	
GILTUSS MULTI-SYMP COLD & FLU ORAL LIQUID 5-2-6.5-325 MG/5ML (<i>phenyleph-cpm-dm-apap</i>)	OTC Benefit	
<i>gnp cold max day/night oral 5-2-10-325 mg</i>	OTC Benefit	
<i>goodsense cold multi-symptom oral 5-2-10-325 mg</i>	OTC Benefit	
<i>head congestion cold day/night oral 5-2-10-325 mg</i>	OTC Benefit	
<i>herbiomed deep cold & flu nt oral liquid 10-25-20-650 mg/20ml</i>	OTC Benefit	
MUCINEX CHILD FREEFROM CLD/FLU ORAL SOLUTION 10-2.5-20-650 MG/20ML (<i>phenyleph-triprolidine-dm-apap</i>)	OTC Benefit	
MUCINEX NIGHT SEV COLD/FLU MAX ORAL SOLUTION 10-2.5-20-650 MG/20ML (<i>phenyleph-triprolidine-dm-apap</i>)	OTC Benefit	
MUCINEX NIGHT SEV COLD/FLU MAX ORAL TABLET 5-1.25-10-325 MG (<i>phenyleph-triprolidine-dm-apap</i>)	OTC Benefit	
MUCINEX NIGHTSHIFT SINUS MAXST ORAL CAPSULE 5-1.25-10-325 MG (<i>phenyleph-triprolidine-dm-apap</i>)	OTC Benefit	
MUCINEX NIGHTSHIFT SINUS MAXST ORAL TABLET 5-1.25-10-325 MG (<i>phenyleph-triprolidine-dm-apap</i>)	OTC Benefit	
MUCINEX NIGHTSHIFT SINUS ORAL SOLUTION 10-2.5-20-650 MG/20ML (<i>phenyleph-triprolidine-dm-apap</i>)	OTC Benefit	
<i>multi-symptom cold plus child oral suspension 2.5-1-5-160 mg/5ml</i>	OTC Benefit	
<i>nite-time cold/flu relief oral liquid 5-6.25-15-500 mg/15ml</i>	OTC Benefit	
NYQUIL SEVERE COLD/FLU ORAL CAPSULE 5-6.25-10-325 MG (<i>phenyleph-doxylamine-dm-apap</i>)	OTC Benefit	
NYQUIL SEVERE COLD/FLU ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>)	OTC Benefit	
NYQUIL SEVERE+ VAPOCOOL ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>)	OTC Benefit	
PEDIACARE MULTI-SYMPTOM ORAL LIQUID 2.5-1-5-160 MG/5ML (<i>phenyleph-cpm-dm-apap</i>)	OTC Benefit	
<i>qc cold max multi-sym day-nght oral 5-2-10-325 mg</i>	OTC Benefit	
<i>ra day/night/cold/flu relief oral</i>	OTC Benefit	
<i>ra multi-symptom day/night oral 5-2-10-325 mg</i>	OTC Benefit	
<i>sb childrens multisympt cold oral suspension 2.5-1-5-160 mg/5ml</i>	OTC Benefit	
<i>sb cold multi-symptom day/nght oral 5-2-10-325 mg</i>	OTC Benefit	
<i>severe cold/flu nighttime ms oral liquid 5-6.25-10-325 mg/15ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SINEX SEVERE+ VAPOCOOL ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>)	OTC Benefit	
THERAFLU SEVERE COLD & COUGH ORAL PACKET (<i>phenyleph-diphenhyd-dm-apap</i>)	OTC Benefit	
THERAFLU SEVERE COLD NIGHTTIME ORAL TABLET 5-2-10-325 MG (<i>phenyleph-cpm-dm-apap</i>)	OTC Benefit	
THERAFLU-D NIGHTTIME ORAL LIQUID 60-4-30-1000 MG/30ML (<i>pseudoeph-cpm-dm-apap</i>)	OTC Benefit	
TYLENOL CHILDRENS COLD/FLU ORAL SUSPENSION 2.5-1-5-160 MG/5ML (<i>phenyleph-cpm-dm-apap</i>)	OTC Benefit	
TYLENOL CHILDRENS PLUS MS COLD ORAL SUSPENSION 2.5-1-5-160 MG/5ML (<i>phenyleph-cpm-dm-apap</i>)	OTC Benefit	
TYLENOL COLD & FLU DAY/NIGHT ORAL TABLET THERAPY PACK 30-15-500 & 30-15-2-500MG (<i>pseudoeph-cpm-dm-apap</i>)	OTC Benefit	
TYLENOL COLD/FLU/COUGH NIGHT ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>)	OTC Benefit	
VICKS DAYQUIL/NYQUIL CLD & FLU ORAL , LIQUID (<i>phenyleph-doxylamine-dm-apap</i>)	OTC Benefit	
VICKS NYQUIL SEVERE COLD & FLU ORAL TABLET 5-6.25-10-325 MG (<i>phenyleph-doxylamine-dm-apap</i>)	OTC Benefit	
VICKS NYQUIL SEVERE COLD/FLU ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>)	OTC Benefit	
WAL-FLU SEV COLD/CGH DAY/NIGHT ORAL PACKET (<i>phenyleph-diphenhyd-dm-apap</i>)	OTC Benefit	
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTI HISTAMINE***		
<i>maxi-tuss cd oral liquid 10-4-10 mg/5ml</i>	OTC Benefit	
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML (<i>phenyleph-dexchlorphen-codeine</i>)	OTC Benefit	
RYDEX ORAL LIQUID 10-1.33-6.33 MG/5ML (<i>pseudoeph-bromphen-cod</i>)	OTC Benefit	
DERMATOLOGICALS		
*ACNE CLEANSERS***		
BRASIVOL EXTERNAL PASTE (<i>aluminum oxide</i>)	OTC Benefit	
SASTID SOAP EXTERNAL BAR 3-5 % (<i>salicylic acid-sulfur</i>)	OTC Benefit	
*ACNE COMBINATIONS***		
ADULT ACNOMEL EXTERNAL CREAM 2-8 % (<i>resorcinol-sulfur</i>)	OTC Benefit	
RA LOTION EXTERNAL LOTION (<i>resorcinol-alcohol</i>)	OTC Benefit	
REZAMID EXTERNAL LOTION 2-5 % (<i>resorcinol-sulfur</i>)	OTC Benefit	
*ACNE PRODUCTS MISCELLANEOUS***		
CLEARASIL ULT OVERNIGHT PATCH EXTERNAL PATCH (<i>acne products miscellaneous</i>)	OTC Benefit	
PANOXYL PM OVERNIGHT SPOT EXTERNAL PATCH (<i>acne products miscellaneous</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ACNE PRODUCTS***		
<i>acne foaming wash external liquid 10 %</i>	OTC Benefit	
<i>acne maximum strength external cream 10 %</i>	OTC Benefit	
<i>acne treatment external bar 10 %</i>	OTC Benefit	
<i>acne treatment external gel 10 %</i>	OTC Benefit	
<i>acne-clear external gel 10 %</i>	OTC Benefit	
<i>adapalene treatment external gel 0.1 %</i>	OTC Benefit	
<i>advanced acne wash external liquid extended release 4.4 %</i>	OTC Benefit	
<i>bp wash external liquid 10 %, 2.5 %, 5 %</i>	OTC Benefit	
CERAVE ACNE FOAMING CREAM EXTERNAL LIQUID 4 % (<i>benzoyl peroxide</i>)	OTC Benefit	
CLEAN & CLEAR PERSA-GEL MAX ST EXTERNAL GEL 10 % (<i>benzoyl peroxide</i>)	OTC Benefit	
CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM 10 % (<i>benzoyl peroxide</i>)	OTC Benefit	
CLEARASIL RAPID RESCUE SPOT EXTERNAL CREAM 10 % (<i>benzoyl peroxide</i>)	OTC Benefit	
CLEARSKIN EXTERNAL CREAM 10 % (<i>benzoyl peroxide</i>)	OTC Benefit	
<i>cvs acne cleansing external bar 10 %</i>	OTC Benefit	
<i>cvs acne control cleanser external cream 10 %</i>	OTC Benefit	
<i>cvs acne foaming face wash external liquid 10 %</i>	OTC Benefit	
<i>cvs acne treatment external cream 10 %</i>	OTC Benefit	
<i>cvs acne treatment external gel 10 %</i>	OTC Benefit	
<i>cvs adapalene external gel 0.1 %</i>	OTC Benefit	
<i>cvs advanced 3-in-1 cleanser external liquid 5 %</i>	OTC Benefit	
<i>cvs creamy acne face wash external liquid 4 %</i>	OTC Benefit	
<i>cvs foaming acne face wash external liquid 10 %</i>	OTC Benefit	
<i>cvs targeted acne spot external cream 2.5 %</i>	OTC Benefit	
DIFFERIN CLEANSER EXTERNAL LIQUID 5 % (<i>benzoyl peroxide</i>)	OTC Benefit	
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	OTC Benefit	
<i>effaclar duo external solution 5.5 %</i>	OTC Benefit	
GRANDPAS THYLOX SOAP EXTERNAL BAR 3 % (<i>sulfur</i>)	OTC Benefit	
LIQUIMAT EXTERNAL LOTION 5 % (<i>sulfur</i>)	OTC Benefit	
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 %, 5 % (<i>benzoyl peroxide</i>)	OTC Benefit	
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 10 %, 5 % (<i>benzoyl peroxide</i>)	OTC Benefit	
NEUTROGENA CLEAR PORE EXTERNAL LIQUID 3.5 % (<i>benzoyl peroxide</i>)	OTC Benefit	
NEUTROGENA ON-THE-SPOT EXTERNAL CREAM 2.5 % (<i>benzoyl peroxide</i>)	OTC Benefit	
PALMERS SKIN SUCCESS EXTERNAL BAR 3 % (<i>sulfur</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PANOXYL CREAMY WASH EXTERNAL LIQUID 4 % (<i>benzoyl peroxide</i>)	OTC Benefit	
PANOXYL EXTERNAL LIQUID 2.5 % (<i>benzoyl peroxide</i>)	OTC Benefit	
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % (<i>benzoyl peroxide</i>)	OTC Benefit	
<i>ra daylogic acne foaming wash external foam 10 %</i>	OTC Benefit	
<i>spot acne treatment external cream 2.5 %</i>	OTC Benefit	
SULFO LO EXTERNAL BAR 3 % (<i>sulfur</i>)	OTC Benefit	
<i>sulfur external bar 10 %</i>	OTC Benefit	
*ANALGESICS - TOPICAL***		
ABSORBINE PLUS JR EXTERNAL LIQUID 4 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
ABSORBINE PLUS JR EXTERNAL PATCH 5 %, 6.5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
<i>arthritis wonder external cream 1.25 %</i>	OTC Benefit	
ASPERCREME MAX ROLL-ON EXTERNAL LIQUID 16 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
ASPERFLEX ORIGINAL EXTERNAL PATCH 7.5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BAMA FREEZE EXTERNAL GEL 3.7 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BENGAY ULTRA STRENGTH EXTERNAL PATCH 5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BENGAY VANISHING SCENT EXTERNAL GEL 2.5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE COOL THE PAIN EXTERNAL AEROSOL 10.5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE COOL THE PAIN EXTERNAL CREAM 10 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE COOL THE PAIN EXTERNAL GEL 4 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE COOL THE PAIN EXTERNAL LIQUID 10.5 %, 7 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE COOL THE PAIN EXTERNAL PATCH 5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE COOL THE PAIN LARGE EXTERNAL PATCH 5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE COOL THE PAIN XL EXTERNAL PATCH 5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE EXTERNAL CREAM 10 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE PROFESSIONAL EXTERNAL AEROSOL 10.5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
BIOFREEZE PROFESSIONAL EXTERNAL GEL 5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BIOFREEZE ROLL-ON EXTERNAL GEL 4 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
<i>blue gel external gel 2 %</i>	OTC Benefit	
BLUE-EMU MAXIMUM STRENGTH EXTERNAL LIQUID 2.5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
<i>cold & hot medicated external patch 5 %</i>	OTC Benefit	
<i>cold therapy pain relief external gel 3.1 %, 4 %</i>	OTC Benefit	
CONTROL MENSTRUAL CRAMP RELIEF EXTERNAL CREAM 3 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
<i>cool & heat external patch 5 %</i>	OTC Benefit	
<i>cool n heat arm/neck/leg external patch 5 %</i>	OTC Benefit	
<i>cool n heat ex st external patch 5 %</i>	OTC Benefit	
<i>cool n heat external liquid 16 %</i>	OTC Benefit	
<i>cool n heat maximum strength external liquid 16 %</i>	OTC Benefit	
<i>cool n heat/back external patch 5 %</i>	OTC Benefit	
<i>cooling pain relief external gel 4 %</i>	OTC Benefit	
<i>cvs cold & hot ext st external patch 5 %</i>	OTC Benefit	
<i>cvs medicated body external powder 0.15 %</i>	OTC Benefit	
<i>cvs pain relief external gel 4 %</i>	OTC Benefit	
<i>cvs pain relieving ultra st external patch 5 %</i>	OTC Benefit	
<i>cvs sore muscle rub external gel 2.5 %</i>	OTC Benefit	
<i>cvs therapeutic menthol external gel 2 %</i>	OTC Benefit	
EUCERIN ITCH RELIEF EXTERNAL LOTION 0.1 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
FAST FREEZE PRO STYLE THERAPY EXTERNAL GEL 3.5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
FAST FREEZE PRO STYLE THERAPY EXTERNAL LIQUID 3.5 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
FLEXALL EXTERNAL GEL 16 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
<i>freeze it fast pain relief external gel 3.5 %</i>	OTC Benefit	
<i>freeze it pain relief roll-on external gel 3.5 %</i>	OTC Benefit	
<i>gnp cold therapy relief spray external aerosol 10.5 %</i>	OTC Benefit	
<i>gnp cool & heat external liquid 16 %</i>	OTC Benefit	
<i>gnp pain relief external patch 5 %</i>	OTC Benefit	
GOLD BOND EXTRA STRENGTH EXTERNAL POWDER 0.8 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
GOLD BOND FOOT POWDER MAX ST EXTERNAL POWDER 1 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
GOLD BOND FOOT SPRAY MAX ST EXTERNAL AEROSOL POWDER 1 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
GOLD BOND ORIG STRENGTH BODY EXTERNAL POWDER 0.15 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
GOLD BOND ORIGINAL STRENGTH EXTERNAL POWDER 0.15 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GOLD BOND PAIN RELIEVING FOOT EXTERNAL CREAM 16 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
GOLD BOND PAIN RELIEVING FOOT EXTERNAL LIQUID 16 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
<i>goodsense cold/hot medicated external patch 5 %</i>	OTC Benefit	
<i>hav ez penetrating pain relief external gel 3 %</i>	OTC Benefit	
<i>hm pain relief therapy external patch 5 %</i>	OTC Benefit	
<i>ice blue external gel 2 %</i>	OTC Benefit	
<i>ice rub roll-on external liquid 7 %</i>	OTC Benefit	
ICY HOT ADVANCED RELIEF EXTERNAL PATCH 7.5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT BACK EXTERNAL PATCH 5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT BACK EXTRA STRENGTH EXTERNAL PATCH 5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT EXTERNAL 7.5 % (ROLL) <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT EXTERNAL LIQUID 16 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT EXTERNAL PATCH 5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT NATURALS EXTERNAL CREAM 7.5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT ORIGINAL PAIN RELIEF EXTERNAL FOAM 16 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT ORIGINAL PAIN RELIEF EXTERNAL GEL 2.5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT ORIGINAL PAIN RELIEF EXTERNAL LIQUID 16 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT ORIGINAL PAIN RELIEF EXTERNAL PATCH 5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT PAIN RELIEVING EXTERNAL GEL 2.5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT PM EXTERNAL LOTION 7.5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
ICY HOT SLEEVE EXTERNAL 16 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
JOINTFLEX NO MESS ROLL-ON EXTERNAL LOTION 8.5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
KRT HEAT MUSCLE ENDURANCE EXTERNAL CREAM 3 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
<i>menthol (topical analgesic) external cream 4 %</i>	OTC Benefit	
<i>menthol cold/hot external patch 5 %</i>	OTC Benefit	
MINERAL ICE EXTERNAL GEL 2 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
<i>muscle & joint external gel 2.5 %</i>	OTC Benefit	
<i>nitroval blue external cream 3.7 %</i>	OTC Benefit	
ORTHO GEL EXTERNAL GEL 3.5 % <i>(menthol (topical analgesic))</i>	OTC Benefit	
<i>pain relieving external gel 3.5 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>pain relieving ultra st external patch 5 %</i>	OTC Benefit	
<i>qc cold & hot medicated external patch 5 %</i>	OTC Benefit	
<i>qc icy cool pain relieving external gel 5.5 %</i>	OTC Benefit	
<i>ra cold therapy gel external gel 4 %</i>	OTC Benefit	
RELIEF PAIN RELIEVING EXTERNAL CREAM 3 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
SOMBRA COOL THERAPY EXTERNAL GEL 6 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
<i>thritex external patch 5 %</i>	OTC Benefit	
TWO OLD GOATS ARTHRITIS EXTERNAL LOTION 1.35 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
X-TREME FREEZE EXTERNAL GEL 4 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
ZIMS MAX-FREEZE EXTERNAL GEL 3.7 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
ZIMS MAX-FREEZE EXTERNAL LIQUID 3.7 % (<i>menthol (topical analgesic)</i>)	OTC Benefit	
*ANTIBIOTIC MIXTURES TOPICAL***		
BACITRAYCIN PLUS EXTERNAL OINTMENT 500-10 UNIT-MG/GM (<i>bacitracin-pramoxine hcl</i>)	OTC Benefit	
BAND-AID INFECTION DEFENSE EXTERNAL PAD 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	OTC Benefit	
BAND-AID PLUS ANTIBIOTIC EXTERNAL PAD 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	OTC Benefit	
<i>cvs antibiotic external ointment 3.5-400-5000</i>	OTC Benefit	
<i>cvs antibiotic pain/scar external ointment 1 %</i>	OTC Benefit	
<i>cvs antibiotic/pain relief external cream 1 %</i>	OTC Benefit	
<i>eq triple antibiotic external ointment 3.5-400-5000</i>	OTC Benefit	
<i>eql antibiotic + pain relief external cream 3.5-10000-10</i>	OTC Benefit	
<i>eql first aid antibiotic external ointment 1 %, 3.5-400-5000</i>	OTC Benefit	
<i>first aid antibiotic external ointment 3.5-500-10000 , 4 %</i>	OTC Benefit	
<i>goodsense antibiotic/pain external cream 3.5-10000-10</i>	OTC Benefit	
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (<i>neomycin-bacitracin-polymyxin</i>)	OTC Benefit	
<i>medi-first triple antibiotic external ointment 5-400-5000 mg-unit</i>	OTC Benefit	
<i>meijer triple antibiotic external ointment 3.5-400-5000</i>	OTC Benefit	
<i>multi antibiotic plus external cream 3.5-10000-10</i>	OTC Benefit	
NEOSPORIN + LIDOCAINE MAX STR EXTERNAL OINTMENT 4 % (<i>neo-bacit-poly-lidocaine</i>)	OTC Benefit	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>)	OTC Benefit	
NEOSPORIN + PAIN/ITCH/SCAR EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NEOSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	OTC Benefit	
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000 (<i>neomycin-bacitracin-polymyxin</i>)	OTC Benefit	
NEOSPORIN PLUS PAIN RELIEF MS EXTERNAL CREAM 3.5-10000-10 (<i>neomycin-polymyxin-pramoxine</i>)	OTC Benefit	
NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>)	OTC Benefit	
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	OTC Benefit	
<i>qc triple antibiotic external ointment 3.5-400-5000</i>	OTC Benefit	
<i>qc triple antibiotic max st external ointment 1 %</i>	OTC Benefit	
<i>qc triple antibiotic multi-act external ointment 1 %</i>	OTC Benefit	
<i>qc triple antibiotic pain rlf external ointment 1 %</i>	OTC Benefit	
<i>ra antibiotic + pain relief external ointment 1 %</i>	OTC Benefit	
<i>ra antibiotic plus external cream 3.5-10000-10</i>	OTC Benefit	
<i>ra antibiotic/pain relief external ointment 1 %</i>	OTC Benefit	
<i>ra double antibiotic external ointment 500-10000 unit/gm</i>	OTC Benefit	
<i>ra triple antibiotic external ointment 3.5-400-5000</i>	OTC Benefit	
<i>sb triple antibiotic external ointment 3.5-400-5000 , 4 %</i>	OTC Benefit	
<i>triple antibiotic external ointment 5-400-5000 mg-unit</i>	OTC Benefit	
<i>triple antibiotic pain relief external ointment 1 %</i>	OTC Benefit	
<i>triple antibiotic plus max st external ointment 1 %</i>	OTC Benefit	
<i>wal-sporin external ointment 500-100000 unit/gm</i>	OTC Benefit	
*ANTIBIOTICS - TOPICAL***		
<i>antibiotic external ointment 500 unit/gm</i>	OTC Benefit	
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM (<i>bacitracin</i>)	OTC Benefit	
<i>cvs bacitracin external ointment 500 unit/gm</i>	OTC Benefit	
<i>cvs bacitracin zinc external ointment 500 unit/gm</i>	OTC Benefit	
<i>eq bacitracin zinc external ointment 500 unit/gm</i>	OTC Benefit	
<i>eql bacitracin zinc external ointment 500 unit/gm</i>	OTC Benefit	
<i>qc bacitracin external ointment 500 unit/gm</i>	OTC Benefit	
<i>ra bacitracin external ointment 500 unit/gm</i>	OTC Benefit	
<i>ra bacitracin zinc first aid external ointment 500 unit/gm</i>	OTC Benefit	
<i>sb bacitracin external ointment 500 unit/gm</i>	OTC Benefit	
*ANTIFUNGALS - TOPICAL COMBINATIONS***		
<i>athletes foot maximum strength external ointment</i>	OTC Benefit	
BREEZEE MIST EXTERNAL AEROSOL POWDER (<i>undecylenic acid-al chlorohyd</i>)	OTC Benefit	
<i>castellani paint external liquid 1.5 %</i>	OTC Benefit	
<i>castellani paint modified external liquid 1.5 %</i>	OTC Benefit	
<i>g-myco nail external solution</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GORDONS NO 5 EXTERNAL AEROSOL POWDER (<i>undecylenic acid-al chlorohyd</i>)	OTC Benefit	
MICONATATE EXTERNAL THERAPY PACK 2-1 % (<i>miconazole nitrat & tolnaftate</i>)	OTC Benefit	
MYCO NAIL EXTERNAL SOLUTION , 25 % (<i>misc antifungal combo products</i>)	OTC Benefit	
UNDELENIC EXTERNAL OINTMENT (<i>undecylenic ac-zn undecylenate</i>)	OTC Benefit	
UNDELENIC EXTERNAL TINCTURE (<i>misc antifungal combo products</i>)	OTC Benefit	
*ANTIFUNGALS - TOPICAL***		
<i>antifungal (tolnaftate) external cream 1 %</i>	OTC Benefit	
<i>anti-fungal external liquid 25 %</i>	OTC Benefit	
<i>benzoic acid crystals</i>	OTC Benefit	
BIORX SPONIX ANTI-FUNGAL EXTERNAL SOLUTION 22 % (<i>undecylenic acid</i>)	OTC Benefit	
BLIS-TO-SOL EXTERNAL LIQUID 1 % (<i>tolnaftate</i>)	OTC Benefit	
BLIS-TO-SOL EXTERNAL POWDER 12 % (<i>undecylenate zinc</i>)	OTC Benefit	
<i>clioquinol powder</i>	OTC Benefit	
<i>cvs anti-fungal max str external liquid 25 %</i>	OTC Benefit	
<i>cvs antifungal maximum str external liquid 25 %</i>	OTC Benefit	
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	OTC Benefit	
<i>cvs athletes foot (tolnaftate) external cream 1 %</i>	OTC Benefit	
<i>cvs athletes foot external cream 1 %</i>	OTC Benefit	
<i>cvs butenafine hcl external cream 1 %</i>	OTC Benefit	
<i>cvs foot & sneaker external aerosol powder 1 %</i>	OTC Benefit	
<i>cvs jock itch external cream 1 %</i>	OTC Benefit	
<i>cvs toe area treatment max str external solution 1 %</i>	OTC Benefit	
DR GS CLEAR NAIL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	OTC Benefit	
ELON DUAL DEFENSE ANTI-FUNGAL EXTERNAL LIQUID 25 % (<i>undecylenic acid</i>)	OTC Benefit	
<i>eq athletes foot (terbinafine) external cream 1 %</i>	OTC Benefit	
<i>eq athletes foot (tolnaftate) external cream 1 %</i>	OTC Benefit	
<i>eq athletes foot ultra external cream 1 %</i>	OTC Benefit	
<i>eql athletes foot(terbinafine) external cream 1 %</i>	OTC Benefit	
FOOT REPAIR SERUM EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	OTC Benefit	
FORMULA 3 THE TREATMENT EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	OTC Benefit	
FORMULA 7 RAPID MICROGEL EXTERNAL GEL 1 % (<i>tolnaftate</i>)	OTC Benefit	
FORMULA 7 THE SOLUTION EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	OTC Benefit	
FUNGAL NAIL ERASER EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FUNGI NAIL MAXIMUM STRENGTH EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	OTC Benefit	
FUNGICURE EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	OTC Benefit	
FUNGIFOAM EXTERNAL FOAM 1 % (<i>tolnaftate</i>)	OTC Benefit	
<i>fungi-guard external cream 1 %</i>	OTC Benefit	
<i>gentian violet external solution 1 %, 2 %</i>	OTC Benefit	
<i>gnp gentian violet external solution 1 %</i>	OTC Benefit	
GORDOCHOM EXTERNAL SOLUTION 25 % (<i>undecylenic acid</i>)	OTC Benefit	
LAMISIL AT EXTERNAL CREAM 1 % (<i>terbinafine hcl</i>)	OTC Benefit	
LAMISIL AT JOCK ITCH EXTERNAL CREAM 1 % (<i>terbinafine hcl</i>)	OTC Benefit	
LOTRIMIN AF EXTERNAL POWDER 1 % (<i>tolnaftate</i>)	OTC Benefit	
LOTRIMIN ULTRA EXTERNAL CREAM 1 % (<i>butenafine hcl</i>)	OTC Benefit	
<i>medicated anti-fungal external solution 1 %</i>	OTC Benefit	
MYCO NAIL A EXTERNAL SOLUTION 25 % (<i>undecylenic acid</i>)	OTC Benefit	
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	OTC Benefit	
<i>odor control foot & sneaker external aerosol powder 1 %</i>	OTC Benefit	
ODOR EATERS ANTIFUNGAL EXTERNAL POWDER 1 % (<i>tolnaftate</i>)	OTC Benefit	
ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER 1 % (<i>tolnaftate</i>)	OTC Benefit	
<i>qc antifungal (tolnaftate) external cream 1 %</i>	OTC Benefit	
<i>qc athletes foot external cream 1 %</i>	OTC Benefit	
<i>qc athletes foot relief external aerosol 1 %</i>	OTC Benefit	
<i>qc tolnaftate external cream 1 %</i>	OTC Benefit	
<i>ra antifungal foot care external cream 1 %</i>	OTC Benefit	
<i>ra anti-fungal foot care external solution 25 %</i>	OTC Benefit	
<i>ra antifungal pen external liquid 25 %</i>	OTC Benefit	
<i>ra foot care (terbinafine) external cream 1 %</i>	OTC Benefit	
<i>ra foot care (tolnaftate) external cream 1 %</i>	OTC Benefit	
<i>ra jock itch max st external aerosol powder 1 %</i>	OTC Benefit	
<i>sb anti-fungal external cream 1 %</i>	OTC Benefit	
TINACTIN EXTERNAL AEROSOL 1 % (<i>tolnaftate</i>)	OTC Benefit	
TINACTIN EXTERNAL CREAM 1 % (<i>tolnaftate</i>)	OTC Benefit	
<i>tinaspore external solution 1 %</i>	OTC Benefit	
<i>tolnaftate antifungal external cream 1 %</i>	OTC Benefit	
<i>tolnaftate external aerosol powder 1 %</i>	OTC Benefit	
TRIPENICOL C EXTERNAL CREAM 13 % (<i>undecylenic acid</i>)	OTC Benefit	
TRIPENICOL S EXTERNAL SOLUTION 25 % (<i>undecylenic acid</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*ANTIHISTAMINES - TOPICAL***		
BENADRYL ITCH STOPPING EXTERNAL GEL 2 % (<i>diphenhydramine hcl</i>)	OTC Benefit	
<i>cvs itch relief external gel 2 %</i>	OTC Benefit	
<i>itch relief external cream 2 %</i>	OTC Benefit	
<i>qc itch stopping ext st external gel 2 %</i>	OTC Benefit	
<i>sb itch relief max st external solution 2 %</i>	OTC Benefit	
TECNU RASH RELIEF EXTERNAL SOLUTION 2 % (<i>diphenhydramine hcl</i>)	OTC Benefit	
THE ITCH ERASER EXTERNAL GEL 2 % (<i>diphenhydramine hcl</i>)	OTC Benefit	
THE ITCH ERASER EXTERNAL SOLUTION 2 % (<i>diphenhydramine hcl</i>)	OTC Benefit	
*ANTIHISTAMINE-TOPICAL COMBINATIONS***		
ALLEGRA INTENSIVE RELIEF EXTERNAL CREAM 2-0.5 % (<i>diphenhydramine-allantoin</i>)	OTC Benefit	
<i>anti-itch external cream 1-0.1 %</i>	OTC Benefit	
<i>anti-itch extra strength external cream 2-0.1 %</i>	OTC Benefit	
BENADRYL EXTRA STRENGTH EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	OTC Benefit	
BENADRYL EXTRA STRENGTH EXTERNAL LIQUID 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	OTC Benefit	
BENADRYL ITCH RELIEF EXTERNAL STICK 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	OTC Benefit	
BENADRYL ITCH STOPPING EXTERNAL CREAM 1-0.1 % (<i>diphenhydramine-zinc acetate</i>)	OTC Benefit	
<i>cvs itch relief external cream 1-0.1 %</i>	OTC Benefit	
<i>cvs itch relief external liquid 2-0.1 %</i>	OTC Benefit	
<i>cvs itch relief extra strength external cream 2-0.1 %</i>	OTC Benefit	
<i>cvs itch relief max st external liquid 2-0.1 %</i>	OTC Benefit	
<i>eq anti-itch extra strength external liquid 2-0.1 %</i>	OTC Benefit	
<i>gnp itch relief spray external liquid 2-0.1 %</i>	OTC Benefit	
<i>itch relief extra strength external liquid 2-0.1 %</i>	OTC Benefit	
<i>qc anti-itch extra strength external cream 2-0.1 %</i>	OTC Benefit	
<i>qc itch relief spray extra external liquid 2-0.1 %</i>	OTC Benefit	
<i>ra allergy external cream 2-0.1 %</i>	OTC Benefit	
<i>ra anti-itch skin protectant external cream 2-0.1 %</i>	OTC Benefit	
WAL-DRYL ANTI-ITCH EXTERNAL LIQUID 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	OTC Benefit	
WAL-DRYL EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	OTC Benefit	
*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
ASPERCREME ARTHRITIS PAIN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	OTC Benefit	
<i>cvs diclofenac sodium external gel 1 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq arthritis pain external gel 1 %</i>	OTC Benefit	
<i>eq arthritis pain reliever external gel 1 %</i>	OTC Benefit	
<i>kls arthritis pain relief external gel 1 %</i>	OTC Benefit	
<i>kls diclofenac sodium external gel 1 %</i>	OTC Benefit	
<i>mm arthritis pain reliever external gel 1 %</i>	OTC Benefit	
MOTRIN ARTHRITIS PAIN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	OTC Benefit	
PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	OTC Benefit	
<i>qc diclofenac sodium external gel 1 %</i>	OTC Benefit	
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	OTC Benefit	
*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL***		
TRIFENA PAIN RELIEF EXTERNAL PATCH 1.2-5-4 % (<i>diclofenac-menthol-lidocaine</i>)	OTC Benefit	
*ANTIPRURITIC COMBINATIONS - TOPICAL***		
<i>anti-itch external lotion 0.5-0.5 %</i>	OTC Benefit	
<i>antiseptic pain relief external liquid 10.8-4.7 %</i>	OTC Benefit	
<i>arctic relief pain relieving external gel 0.2-3.5 %</i>	OTC Benefit	
CAMPHO PHENIQUE MAXIMUM ST EXTERNAL GEL 10.8-4.7 % (<i>camphor-phenol</i>)	OTC Benefit	
CAMPHO PHENIQUE MAXIMUM ST EXTERNAL LIQUID 10.8-4.7 % (<i>camphor-phenol</i>)	OTC Benefit	
CAMPHO-PHENIQUE COLD SORE EXTERNAL GEL 10.8-4.7 % (<i>camphor-phenol</i>)	OTC Benefit	
<i>cold sore treatment external gel 10.8-4.7 %</i>	OTC Benefit	
<i>cvs anti-itch external lotion 0.5-0.5 %</i>	OTC Benefit	
FAST FREEZE PRO STYLE THERAPY EXTERNAL LIQUID 0.2-3.5 % (<i>camphor-menthol</i>)	OTC Benefit	
<i>gnp anti-itch external lotion 0.5-0.5 %</i>	OTC Benefit	
<i>qc antiseptic pain relief external liquid 10.8-4.7 %</i>	OTC Benefit	
RHULI GEL EXTERNAL GEL 0.3-0.3 % (<i>camphor-menthol</i>)	OTC Benefit	
SARNA EXTERNAL LOTION 0.5-0.5 % (<i>camphor-menthol</i>)	OTC Benefit	
*ANTIPRURITICS - TOPICAL***		
<i>camphor crystals</i>	OTC Benefit	
<i>camphor granules</i>	OTC Benefit	
JOINTFLEX EXTERNAL CREAM 3.1 % (<i>camphor</i>)	OTC Benefit	
*ANTISEBORRHEIC COMBINATIONS***		
DERMAZINC BABY EXTERNAL LIQUID (<i>antiseborrheic products, misc.</i>)	OTC Benefit	
DERMAZINC CREAM EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	OTC Benefit	
DERMAZINC SCALP EXTERNAL LIQUID (<i>antiseborrheic products, misc.</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DERMAZINC SOAP EXTERNAL BAR (<i>antiseborrheic products, misc.</i>)	OTC Benefit	
P & S EXTERNAL LIQUID (<i>antiseborrheic products, misc.</i>)	OTC Benefit	
sebex external shampoo 2-2 %	OTC Benefit	
*ANTISEBORRHEIC PRODUCTS***		
beta med external shampoo 2 %	OTC Benefit	
CONTROLGX ANTI-DANDRUFF EXTERNAL SHAMPOO 1 % (<i>pyrithione zinc</i>)	OTC Benefit	
cvs anti-dandruff external lotion 1 %	OTC Benefit	
cvs dandruff everyday clean external shampoo 1 %	OTC Benefit	
dandruff 2 in 1 external shampoo 1 %	OTC Benefit	
dandruff dry scalp care external shampoo 1 %	OTC Benefit	
dandruff everyday clean external shampoo 1 %	OTC Benefit	
dandruff shampoo external shampoo 1 %	OTC Benefit	
DERMAZINC SHAMPOO EXTERNAL SHAMPOO 2 % (<i>pyrithione zinc</i>)	OTC Benefit	
DERMAZINC SPRAY EXTERNAL LIQUID 0.25 % (<i>pyrithione zinc</i>)	OTC Benefit	
DERMAZINC ZINC THERAPY SOAP EXTERNAL BAR 2 % (<i>pyrithione zinc</i>)	OTC Benefit	
DHS BODY WASH EXTERNAL LIQUID 0.5 % (<i>pyrithione zinc</i>)	OTC Benefit	
eql dry scalp 2 in 1 external shampoo 1 %	OTC Benefit	
eql everyday clean 2 in 1 external shampoo 1 %	OTC Benefit	
eql everyday clean external shampoo 1 %	OTC Benefit	
eql itchy scalp 2 in 1 external shampoo 1 %	OTC Benefit	
eql medicated dandruff external lotion 1 %	OTC Benefit	
eql smooth spice 2 in 1 external shampoo 1 %	OTC Benefit	
glycolic acid solution 70 %	OTC Benefit	
goodsense dandruff shampoo external lotion 1 %	OTC Benefit	
HEAD & SHOULDERS 2 IN 1 EXTERNAL SHAMPOO 1 % (<i>pyrithione zinc</i>)	OTC Benefit	
HEAD & SHOULDERS CLASSIC CLEAN EXTERNAL SHAMPOO 1 % (<i>pyrithione zinc</i>)	OTC Benefit	
SELSUN BLUE CARE MENS MAX STR EXTERNAL LOTION 1 % (<i>selenium sulfide</i>)	OTC Benefit	
SELSUN BLUE DAILY EXTERNAL LOTION 1 % (<i>selenium sulfide</i>)	OTC Benefit	
SELSUN BLUE DRY SCALP EXTERNAL SHAMPOO 1 % (<i>pyrithione zinc</i>)	OTC Benefit	
SELSUN BLUE EXTERNAL LOTION 1 % (<i>selenium sulfide</i>)	OTC Benefit	
SELSUN BLUE FULL & THICK EXTERNAL SHAMPOO 1 % (<i>pyrithione zinc</i>)	OTC Benefit	
SELSUN BLUE ITCHY DRY SCALP EXTERNAL SHAMPOO 1 % (<i>pyrithione zinc</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SELSUN BLUE MEDICATED EXTERNAL LOTION 1 % (<i>selenium sulfide</i>)	OTC Benefit	
SELSUN BLUE MOISTURIZING EXTERNAL LOTION 1 % (<i>selenium sulfide</i>)	OTC Benefit	
SELSUN BLUE SALON EXTERNAL SHAMPOO 1 % (<i>pyrithione zinc</i>)	OTC Benefit	
<i>sm dandruff 2 in 1 external shampoo 1 %</i>	OTC Benefit	
*ANTIVIRALS - TOPICAL***		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	OTC Benefit	
<i>eq docosanol external cream 10 %</i>	OTC Benefit	
*ASTRINGENTS***		
A.E.R. TRAVELER EXTERNAL PAD (<i>witch hazel-glycerin</i>)	OTC Benefit	
A.E.R. WITCH HAZEL EXTERNAL PAD (<i>witch hazel-glycerin</i>)	OTC Benefit	
<i>aluminum acetate external solution</i>	OTC Benefit	
AQUAPHOR 3 IN 1 DIAPER RASH EXTERNAL CREAM 15 % (<i>zinc oxide</i>)	OTC Benefit	
AQUAPHOR BABY DIAPER RASH EXTERNAL PASTE 40 % (<i>zinc oxide</i>)	OTC Benefit	
<i>astringent external packet</i>	OTC Benefit	
BABY ANTI MONKEY BUTT EXTERNAL POWDER 8 % (<i>calamine</i>)	OTC Benefit	
<i>baby diaper rash external cream 13 %</i>	OTC Benefit	
BABY EASE EXTERNAL OINTMENT 30 % (<i>zinc oxide</i>)	OTC Benefit	
BALMEX ADULT CARE EXTERNAL CREAM 11.3 % (<i>zinc oxide</i>)	OTC Benefit	
BALMEX COMPLETE PROTECTION EXTERNAL CREAM 11.3 % (<i>zinc oxide</i>)	OTC Benefit	
BALMEX EXTERNAL CREAM 11.3 % (<i>zinc oxide</i>)	OTC Benefit	
BALMEX EXTERNAL STICK 11.3 % (<i>zinc oxide</i>)	OTC Benefit	
BAZA PROTECT MOISTURE BARRIER EXTERNAL CREAM 12 % (<i>zinc oxide</i>)	OTC Benefit	
<i>boro-packs external packet 49-51 %</i>	OTC Benefit	
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 16 %, 40 % (<i>zinc oxide</i>)	OTC Benefit	
BOUDREAUXS BUTT PASTE EXTERNAL THERAPY PACK 40 & 1 % (<i>zinc oxide-dimethicone</i>)	OTC Benefit	
BOUDREAUXS RASH KICKING KIT EXTERNAL KIT 16 & 40 % (<i>zinc oxide</i>)	OTC Benefit	
<i>calamine phenolated external lotion</i>	OTC Benefit	
<i>calamine powder</i>	OTC Benefit	
<i>cvs astringent solution external packet</i>	OTC Benefit	
<i>cvs diaper rash external ointment 40 %</i>	OTC Benefit	
<i>cvs protective external powder 15 %</i>	OTC Benefit	
<i>cvs quick relief diaper rash external cream 13 %</i>	OTC Benefit	
<i>cvs zinc oxide external ointment 20 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DERMELEVE ADVANCED FORMULA EXTERNAL CREAM 0.2 % <i>(aluminum acetate)</i>	OTC Benefit	
DERMELEVE ANTI-ITCH SCALP EXTERNAL SOLUTION 0.2 % <i>(aluminum acetate)</i>	OTC Benefit	
DESITIN DAILY DEFENSE EXTERNAL CREAM 13 % <i>(zinc oxide)</i>	OTC Benefit	
DESITIN EXTERNAL CREAM 13 % <i>(zinc oxide)</i>	OTC Benefit	
DESITIN EXTERNAL PASTE 40 % <i>(zinc oxide)</i>	OTC Benefit	
DESITIN MAXIMUM STRENGTH EXTERNAL PASTE 40 % <i>(zinc oxide)</i>	OTC Benefit	
DESITIN RAPID RELIEF EXTERNAL CREAM 13 % <i>(zinc oxide)</i>	OTC Benefit	
<i>diaper rash external cream 10 %</i>	OTC Benefit	
<i>diaper rash external paste 40 %</i>	OTC Benefit	
DOMEBORO EXTERNAL PACKET <i>(alum sulfate-ca acetate)</i>	OTC Benefit	
DR SMITHS DIAPER EXTERNAL OINTMENT 10 % <i>(zinc oxide)</i>	OTC Benefit	
<i>endit external ointment 20 %</i>	OTC Benefit	
<i>eq diaper rash external ointment 40 %</i>	OTC Benefit	
<i>eq diaper rash external paste 40 %</i>	OTC Benefit	
<i>eql baby basics diaper rash external ointment 40 %</i>	OTC Benefit	
<i>goodsense diaper rash external paste 40 %</i>	OTC Benefit	
HUGGIES DIAPER RASH EXTERNAL CREAM 10 % <i>(zinc oxide)</i>	OTC Benefit	
<i>hygienic cleansing external pad 50 %</i>	OTC Benefit	
<i>medicated wipes (glycerin) external pad 50 %</i>	OTC Benefit	
MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 % <i>(zinc oxide)</i>	OTC Benefit	
<i>meijer zinc oxide external ointment 20 %</i>	OTC Benefit	
PHARMABASE BARRIER EXTERNAL OINTMENT 9.38 % <i>(zinc oxide)</i>	OTC Benefit	
PINXAV EXTERNAL OINTMENT 30 % <i>(zinc oxide)</i>	OTC Benefit	
<i>qc calamine external lotion</i>	OTC Benefit	
<i>qc diaper rash external ointment 40 %</i>	OTC Benefit	
<i>qc zinc oxide external ointment 20 %</i>	OTC Benefit	
<i>ra hemorrhoidal medicated external pad 50 %</i>	OTC Benefit	
<i>ra zinc oxide external ointment 20 %</i>	OTC Benefit	
<i>sb hemorrhoid external pad</i>	OTC Benefit	
SECURA EXTRA PROTECTIVE EXTERNAL CREAM 30.6 % <i>(zinc oxide)</i>	OTC Benefit	
SECURA PROTECTIVE EXTERNAL CREAM 10 % <i>(zinc oxide)</i>	OTC Benefit	
<i>skin protectant external cream 12 %</i>	OTC Benefit	
<i>tannic acid powder</i>	OTC Benefit	
TRIPLE PASTE EXTERNAL OINTMENT 12.8 % <i>(zinc oxide)</i>	OTC Benefit	
TRIPLE PASTE EXTERNAL PASTE 40 % <i>(zinc oxide)</i>	OTC Benefit	
Z-BUM EXTERNAL CREAM 22 % <i>(zinc oxide)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>zinc oxide external ointment 25 %, 40 %</i>	OTC Benefit	
<i>zinc oxide external paste 25 %</i>	OTC Benefit	
ZINCTRAL EXTERNAL PASTE 20 % (<i>zinc oxide</i>)	OTC Benefit	
*BATH PRODUCTS***		
ALPHASOFT EXTERNAL OIL (<i>bath products</i>)	OTC Benefit	
AVEENO DAILY MOISTURIZING REFI EXTERNAL LIQUID (<i>bath products</i>)	OTC Benefit	
AVEENO MOISTURIZING BODY WASH EXTERNAL LIQUID (<i>bath products</i>)	OTC Benefit	
AVEENO POSITIVELY SMOOTH EXTERNAL GEL (<i>bath products</i>)	OTC Benefit	
AVEENO RESTORATIVE SKIN THERAP EXTERNAL LIQUID (<i>bath products</i>)	OTC Benefit	
AVEENO SKIN RELIEF BODY REFILL EXTERNAL LIQUID (<i>bath products</i>)	OTC Benefit	
AVEENO SKIN RELIEF BODY WASH EXTERNAL LIQUID (<i>bath products</i>)	OTC Benefit	
AVEENO SKIN RELIEF GENTLE EXTERNAL LIQUID (<i>bath products</i>)	OTC Benefit	
AVEENO STRESS RELIEF BODY WASH EXTERNAL LIQUID (<i>bath products</i>)	OTC Benefit	
AVEENO THERAPEUTIC EXTERNAL GEL (<i>bath products</i>)	OTC Benefit	
CAMEO OIL EXTERNAL OIL (<i>bath products</i>)	OTC Benefit	
<i>complete ultra body wash/shear external liquid</i>	OTC Benefit	
<i>cvs beauty 360 shower bath oil external oil</i>	OTC Benefit	
<i>cvs mineral salts external crystals</i>	OTC Benefit	
<i>deep moisture body wash external liquid</i>	OTC Benefit	
GRANDPAS PINE TAR BATH-SHOWER EXTERNAL GEL (<i>bath products</i>)	OTC Benefit	
KERI MOISTURE RICH EXTERNAL OIL (<i>bath products</i>)	OTC Benefit	
MAPO BATH EXTERNAL OIL (<i>bath products</i>)	OTC Benefit	
NEUTROGENA RAINBATH EXTERNAL GEL (<i>bath products</i>)	OTC Benefit	
NIVEA SHOWER EXTERNAL GEL (<i>bath products</i>)	OTC Benefit	
NIVEA SHOWER/BATH EXTERNAL GEL (<i>bath products</i>)	OTC Benefit	
NIVEA SKIN-SMOOTHING COMPLEX EXTERNAL LIQUID (<i>bath products</i>)	OTC Benefit	
<i>purifying body wash external liquid</i>	OTC Benefit	
ROBATHOL EXTERNAL OIL (<i>cottonseed oil</i>)	OTC Benefit	
<i>sensitive skin body wash external liquid</i>	OTC Benefit	
<i>soothing body wash/oatmeal external liquid</i>	OTC Benefit	
*BURN PRODUCT COMBINATIONS***		
<i>petersons external ointment 3-2.5-2.2-6.6 %</i>	OTC Benefit	
UNGUENTINE EXTERNAL OINTMENT 3-2.5-2.2-6.6 % (<i>camphor-phenol-tannic acid-zno</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
UNGUENTINE MAXIMUM STRENGTH EXTERNAL OINTMENT 3-2.5-2.2-6.6 % (<i>camphor-phenol-tannic acid-zno</i>)	OTC Benefit	
*CAUTERIZING AGENTS***		
<i>silver nitrate crystals</i>	OTC Benefit	
*CORTICOSTEROIDS - TOPICAL***		
<i>anti-itch spray external liquid 1 %</i>	OTC Benefit	
AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT 1 % (<i>hydrocortisone</i>)	OTC Benefit	
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT 1 % (<i>hydrocortisone</i>)	OTC Benefit	
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
<i>beta hc external lotion 1 %</i>	OTC Benefit	
CORTIBALM EXTERNAL STICK 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 COOLING EXTERNAL GEL 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 EXTERNAL GEL 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 EXTERNAL OINTMENT 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 INTENSVE MOISTURE EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 MAXIMUM STRENGTH EXTERNAL LIQUID 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 OVERNIGHT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT 1 % (<i>hydrocortisone</i>)	OTC Benefit	
CORTIZONE-10/ALOE EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CORTIZONE-10/ALOE EXTERNAL LIQUID 1 % (<i>hydrocortisone</i>)	OTC Benefit	
<i>cvs cortisone maximum strength external cream 1 %</i>	OTC Benefit	
<i>cvs cortisone maximum strength external gel 1 %</i>	OTC Benefit	
<i>cvs cortisone maximum strength external lotion 1 %</i>	OTC Benefit	
<i>cvs cortisone maximum strength external ointment 1 %</i>	OTC Benefit	
<i>cvs hydrocortisone anti-itch external cream 0.5 %</i>	OTC Benefit	
DERMAREST ECZEMA EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	OTC Benefit	
<i>eq hydrocortisone external cream 1 %</i>	OTC Benefit	
<i>eq hydrocortisone max st external cream 1 %</i>	OTC Benefit	
<i>eql anti-itch intensive heal external cream 1 %</i>	OTC Benefit	
<i>eql anti-itch maximum strength external cream 1 %</i>	OTC Benefit	
<i>eql anti-itch maximum strength external ointment 1 %</i>	OTC Benefit	
<i>goodsense anti-itch max str external cream 1 %</i>	OTC Benefit	
<i>goodsense anti-itch maximum st external ointment 1 %</i>	OTC Benefit	
<i>hydrocortisone anti-itch external cream 1 %</i>	OTC Benefit	
<i>hydrocortisone external lotion 1 %</i>	OTC Benefit	
<i>hydrocortisone plus external cream 1 %</i>	OTC Benefit	
<i>hydrocortisone ultra-moisture external cream 1 %</i>	OTC Benefit	
<i>instacort 5 external cream 0.5 %</i>	OTC Benefit	
MEDI-FIRST HYDROCORTISONE EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	OTC Benefit	
MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL 1 % (<i>hydrocortisone</i>)	OTC Benefit	
<i>qc anti-itch aloe external cream 1 %</i>	OTC Benefit	
<i>qc hydrocortisone max st external cream 1 %</i>	OTC Benefit	
<i>ra anti-itch maximum strength external cream 1 %</i>	OTC Benefit	
<i>ra anti-itch maximum strength external ointment 1 %</i>	OTC Benefit	
SARNOL-HC EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	OTC Benefit	
<i>sb hydrocortisone max st external ointment 1 %</i>	OTC Benefit	
<i>scalp relief maximum strength external solution 1 %</i>	OTC Benefit	
SCALPICIN MAXIMUM STRENGTH EXTERNAL LIQUID 1 % (<i>hydrocortisone</i>)	OTC Benefit	
SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION 1 % (<i>hydrocortisone</i>)	OTC Benefit	
<i>sm hydrocortisone external cream 0.5 %</i>	OTC Benefit	
VANICREAM HC MAXIMUM STRENGTH EXTERNAL CREAM 1.12 % (1% BASE) (<i>hydrocortisone acetate</i>)	OTC Benefit	
*DIAPER RASH PRODUCTS***		
A+D TREAT EXTERNAL CREAM 1-10 % (<i>diaper rash products</i>)	OTC Benefit	
BALMEX MULTI-PURPOSE EXTERNAL OINTMENT (<i>diaper rash products</i>)	OTC Benefit	
BENSONS BOTTOM PAINT EXTERNAL CREAM (<i>diaper rash products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CERAVE BABY HEALING OINTMENT EXTERNAL OINTMENT (<i>diaper rash products</i>)	OTC Benefit	
<i>cvs all-purpose skin protect external ointment</i>	OTC Benefit	
<i>cvs diaper external cream 1-10 %</i>	OTC Benefit	
DESITIN MULTI-PURPOSE HEALING EXTERNAL OINTMENT (<i>diaper rash products</i>)	OTC Benefit	
FLANDERS BUTTOCKS EXTERNAL OINTMENT (<i>diaper rash products</i>)	OTC Benefit	
MEDI-PASTE EXTERNAL OINTMENT (<i>diaper rash products</i>)	OTC Benefit	
PALADIN EXTERNAL OINTMENT (<i>diaper rash products</i>)	OTC Benefit	
PINXAV EXTERNAL OINTMENT (<i>diaper rash products</i>)	OTC Benefit	
*EMOLLIENT COMBINATIONS***		
VITAMIN E & C BEAUTY LOTION EXTERNAL LOTION (<i>vitamin c-vitamin e-panthenol</i>)	OTC Benefit	
VITAMIN E & K BEAUTIFUL SKIN EXTERNAL OIL (<i>vit e-vit k-safflower oil</i>)	OTC Benefit	
<i>vitamin e beauty external oil 24000 unit/52ml</i>	OTC Benefit	
VITAMINS E & A BEAUTY OIL EXTERNAL OIL 1000-14000 UNIT/52ML (<i>vit a-vit e-safflower oil</i>)	OTC Benefit	
VITAMINS E & D BEAUTY OIL EXTERNAL OIL 400-14000 UNIT/52ML (<i>vit d-vit e-safflower oil</i>)	OTC Benefit	
VITA-RAY EXTERNAL CREAM 10-200000-3000 (<i>vit a-vit e-aloe</i>)	OTC Benefit	
*EMOLLIENT/KERATOLYTIC AGENTS***		
AQUA CARE EXTERNAL CREAM 10 % (<i>urea</i>)	OTC Benefit	
AQUA CARE EXTERNAL LOTION 10 % (<i>urea</i>)	OTC Benefit	
AQUAPHILIC/CARBAMIDE EXTERNAL OINTMENT 10 %, 20 % (<i>urea</i>)	OTC Benefit	
BETA CARE BETAMIDE EXTERNAL LOTION 25 % (<i>urea</i>)	OTC Benefit	
DERMAL THERAPY FINGER CARE EXTERNAL LOTION 20 % (<i>urea</i>)	OTC Benefit	
<i>gordons urea external cream 40 %</i>	OTC Benefit	
<i>gormel 10 external lotion 10 %</i>	OTC Benefit	
<i>gormel external cream 20 %</i>	OTC Benefit	
LANAPHILIC/UREA EXTERNAL OINTMENT 10 %, 20 % (<i>urea</i>)	OTC Benefit	
ULTRA MIDE 25 EXTERNAL LOTION 25 % (<i>urea</i>)	OTC Benefit	
<i>urea 10 hydrating external cream 10 %</i>	OTC Benefit	
*EMOLLIENT/KERATOLYTIC COMBINATIONS***		
ATRAC-TAIN EXTERNAL CREAM 10-4 % (<i>urea-lactic acid</i>)	OTC Benefit	
KERASAL ULTRA20 EXTERNAL CREAM 20-5 % (<i>urea in ammonium lactate</i>)	OTC Benefit	
MYCOCIDE CX CALLUS EXFOLIATOR EXTERNAL CREAM 12-0.1 % (<i>urea-benzalkonium cl</i>)	OTC Benefit	
*EMOLLIENTS***		
<i>advanced healing/baby external ointment</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AL12 EXTERNAL LOTION 12 % (<i>ammonium lactate</i>)	OTC Benefit	
ALOE GRANDE EXTERNAL CREAM 100000-1500 UNIT/GM (<i>vitamins a & e</i>)	OTC Benefit	
ALOE GRANDE EXTERNAL LOTION 10000-1500 UNIT/30ML (<i>vitamins a & e</i>)	OTC Benefit	
ALOE VESTA SKIN PROTECTANT EXTERNAL AEROSOL 36 % (<i>petrolatum</i>)	OTC Benefit	
AMLACTIN DAILY NOURISH EXTERNAL LOTION 12 % (<i>ammonium lactate</i>)	OTC Benefit	
AMLACTIN RAPID RELIEF EXTERNAL LOTION 15 % (<i>emollient</i>)	OTC Benefit	
AMLACTIN ULTRA SMOOTHING EXTERNAL CREAM 15 % (<i>emollient</i>)	OTC Benefit	
AQUA GLYCOLIC FACE EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
AQUA-CERIN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
AQUA-NU EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
AQUAPHILIC EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
AQUAPHOR ADV HEALING BABY EXTERNAL OINTMENT 41 % (<i>emollient</i>)	OTC Benefit	
AQUAPHOR ADV PROTECT HEALING EXTERNAL OINTMENT 41 % (<i>emollient</i>)	OTC Benefit	
AQUAPHOR ADV REPAIR FOOT MASKS EXTERNAL (<i>emollient</i>)	OTC Benefit	
AQUAPHOR ADV REPAIR HAND MASKS EXTERNAL (<i>emollient</i>)	OTC Benefit	
AQUAPHOR ADV THERAPY CHILDRENS EXTERNAL OINTMENT 41 % (<i>emollient</i>)	OTC Benefit	
AQUAPHOR ADV THERAPY HEALING EXTERNAL OINTMENT , 41 % (<i>emollient</i>)	OTC Benefit	
AQUAPHOR ADVANCED THERAPY BABY EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT , 41 % (<i>emollient</i>)	OTC Benefit	
AQUAPHOR BODY SPRY ADV THERAPY EXTERNAL AEROSOL (<i>emollient</i>)	OTC Benefit	
AQUAPHOR EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
AQUAPHOR HEALING BALM BABY EXTERNAL STICK (<i>emollient</i>)	OTC Benefit	
AQUAPHOR HEALING BALM EXTERNAL STICK (<i>emollient</i>)	OTC Benefit	
AQUAPHOR OINTMENT BODY EXTERNAL AEROSOL (<i>emollient</i>)	OTC Benefit	
AVEENO BABY BATH TREATMENT EXTERNAL PACKET 43 % (<i>colloidal oatmeal</i>)	OTC Benefit	
AVEENO BABY ECZEMA THERAPY EXTERNAL CREAM 1 % (<i>colloidal oatmeal</i>)	OTC Benefit	
AVEENO CALM & RESTORE EXTERNAL GEL (<i>emollient</i>)	OTC Benefit	
AVEENO CALM & RESTORE SERUM EXTERNAL LIQUID (<i>emollient</i>)	OTC Benefit	
AVEENO CREAMY MOISTURIZING EXTERNAL OIL (<i>emollient</i>)	OTC Benefit	
AVEENO DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AVEENO DAILY MOISTURIZING EXTERNAL OIL (<i>emollient</i>)	OTC Benefit	
AVEENO DAILY MOISTURIZING FACE EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
AVEENO ECZEMA THERAPY EXTERNAL CREAM 1 % (<i>colloidal oatmeal</i>)	OTC Benefit	
AVEENO INTENSE RELIEF HAND EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
AVEENO POSITIVELY RADIANT EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
AVEENO RESTORATIVE SKIN THERAP EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
AVEENO SKIN RELF MOIST REPAIR EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
AVEENO SOOTHING BATH TREATMENT EXTERNAL PACKET (<i>colloidal oatmeal</i>)	OTC Benefit	
AVEENO STRESS RELIEF EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
BAG BALM EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
BALMBARR HAND & BODY EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
BALMBARR HAND & BODY EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
BALMBARR MOISTURIZING EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
BALMBARR STRETCH MARK EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
BEAUTY 360 ADVANCED SKIN CARE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
<i>beauty lotion external lotion</i>	OTC Benefit	
<i>beta care external cream</i>	OTC Benefit	
<i>beta care external lotion</i>	OTC Benefit	
BETA XMA EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
BIO-OIL EXTERNAL OIL (<i>emollient</i>)	OTC Benefit	
BOUDREAUXS BABY BUTT SMOOTH EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
CERAVE AM SPF 30 EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
CERAVE DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
CERAVE DIABETICS DRY SKIN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
CERAVE HEALING EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
CERAVE MOISTURIZING EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
CERAVE PM EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
CETAPHIL ECZEMA RESTORADERM EXTERNAL LOTION 1 % (<i>colloidal oatmeal</i>)	OTC Benefit	
CETAPHIL MOISTURIZING EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
CETAPHIL PRO ECZEMA SOOTHING EXTERNAL LOTION 1 % (<i>colloidal oatmeal</i>)	OTC Benefit	
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CICAPLAST BAUME B5 SOOTH BALM EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
COATS ALOE EXTERNAL CREAM 0.5 % (<i>allantoin</i>)	OTC Benefit	
COATS ALOE EXTERNAL GEL 0.5 % (<i>allantoin</i>)	OTC Benefit	
COATS ALOE EXTERNAL LOTION 0.5 % (<i>allantoin</i>)	OTC Benefit	
<i>cocoa butter external lotion</i>	OTC Benefit	
<i>cocoa butter hand & body external lotion</i>	OTC Benefit	
<i>cocoa butter petroleum jelly external gel</i>	OTC Benefit	
<i>cocoa butter skin external cream</i>	OTC Benefit	
<i>coconut oil beauty external cream</i>	OTC Benefit	
<i>collagen external cream</i>	OTC Benefit	
<i>collagen premium skin external cream</i>	OTC Benefit	
<i>complete moisture external lotion</i>	OTC Benefit	
CUTEMOL EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
<i>cvs advanced healing external ointment</i>	OTC Benefit	
<i>cvs beauty 360 dry skin external lotion</i>	OTC Benefit	
<i>cvs beauty 360 pure glycerin external liquid</i>	OTC Benefit	
<i>cvs beauty 360 pure vitamin e external oil 28000 unit/29ml</i>	OTC Benefit	
<i>cvs beauty 360 soothing bath external packet</i>	OTC Benefit	
<i>cvs daily ultra moisture external lotion</i>	OTC Benefit	
<i>cvs dry skin therapy external cream</i>	OTC Benefit	
<i>cvs dry skin therapy external lotion</i>	OTC Benefit	
<i>cvs eczema care external cream 1 %</i>	OTC Benefit	
<i>cvs eczema relief external cream 1 %</i>	OTC Benefit	
<i>cvs extra moisturizing external lotion</i>	OTC Benefit	
<i>cvs gentle skin cleanser external lotion</i>	OTC Benefit	
<i>cvs hydrating skin treatment external lotion 12 %</i>	OTC Benefit	
<i>cvs intense dry skin therapy external lotion</i>	OTC Benefit	
<i>cvs moisturizing external cream</i>	OTC Benefit	
<i>cvs moisturizing external lotion</i>	OTC Benefit	
<i>cvs skin therapy external lotion</i>	OTC Benefit	
<i>cvs skin treatment external lotion 12 %</i>	OTC Benefit	
<i>cvs special care external lotion</i>	OTC Benefit	
<i>cvs vitamin a&d external ointment</i>	OTC Benefit	
<i>cvs vitamin e moisturizing external cream</i>	OTC Benefit	
<i>cvs vitamin e moisturizing external oil 27000 mg</i>	OTC Benefit	
DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
D-CERIN EXTERNAL CREAM 33 % (<i>emollient</i>)	OTC Benefit	
DERMABASE EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>dermaide aloe external cream 70 %</i>	OTC Benefit	
DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION 10 % (<i>emollient</i>)	OTC Benefit	
DERMAL THERAPY FACE CARE EXTERNAL LOTION 1 % (<i>emollient</i>)	OTC Benefit	
DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION 1 % (<i>emollient</i>)	OTC Benefit	
DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION 15 % (<i>emollient</i>)	OTC Benefit	
DERMAL THERAPY HEEL CARE EXTERNAL LOTION 25 % (<i>emollient</i>)	OTC Benefit	
<i>derma-r external cream</i>	OTC Benefit	
DERMEND BRUISE FORMULA EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
DERMEND FRAGILE SKIN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
DIABETIDERM EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
DIABETIDERM EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
DML FORTE EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
<i>dry skin treatment adv therapy external ointment</i>	OTC Benefit	
<i>dry skin treatment external ointment</i>	OTC Benefit	
<i>e-cream complex external cream</i>	OTC Benefit	
<i>eczema moisturizing external lotion 1 %</i>	OTC Benefit	
ELON SKIN REPAIR SYSTEM EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
EMOLLIA-CREME EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
EMOLLIA-LOTION EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
<i>e-oil external oil 30000 unit, 933.333 unit/ml</i>	OTC Benefit	
<i>e-ointment external ointment</i>	OTC Benefit	
EPILYT EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
<i>eq therapeutic dry skin external cream</i>	OTC Benefit	
<i>eq therapeutic moisturizing external cream</i>	OTC Benefit	
<i>eql absolute moisture dry skin external lotion</i>	OTC Benefit	
<i>eql advanced healing external ointment 41 %</i>	OTC Benefit	
<i>eql advanced recovery external lotion</i>	OTC Benefit	
<i>eql advanced skin therapy external lotion</i>	OTC Benefit	
<i>eql aloe after sun external lotion</i>	OTC Benefit	
<i>eql moisturizing external cream</i>	OTC Benefit	
<i>eql ultra moisturizing daily external lotion</i>	OTC Benefit	
<i>eql vitamin e ultra strength external oil 20000 unit</i>	OTC Benefit	
<i>eucerin advanced repair external cream</i>	OTC Benefit	
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EUCERIN BABY ECZEMA RELIEF EXTERNAL CREAM 1 %, 2 % (<i>colloidal oatmeal</i>)	OTC Benefit	
EUCERIN BABY EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
EUCERIN DAILY HYDRATION EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
EUCERIN DAILY HYDRATION EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN DAILY HYDRATION SPF15 EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN ECZEMA RELIEF EXTERNAL CREAM 1 %, 2 % (<i>colloidal oatmeal</i>)	OTC Benefit	
EUCERIN EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN INTENSIVE REPAIR EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN INTENSIVE REPAIR EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
EUCERIN ORIGINAL HEALING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN PLUS EXTERNAL CREAM 2.5-10 % (<i>emollient</i>)	OTC Benefit	
EUCERIN PLUS EXTERNAL LOTION 5-5 % (<i>emollient</i>)	OTC Benefit	
EUCERIN PROFESSIONAL REPAIR EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN REDNESS RELIEF NIGHT EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
EUCERIN ROUGHNESS RELIEF EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
EUCERIN ROUGHNESS RELIEF EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
EUCERIN SKIN CALMING EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
EUCERIN SMOOTHING REPAIR EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
<i>ft glycerin external liquid 99.5 %</i>	OTC Benefit	
<i>gel lined heel sleeves external</i>	OTC Benefit	
<i>gel lined moisturizing booties external</i>	OTC Benefit	
<i>gel lined moisturizing gloves external</i>	OTC Benefit	
<i>glycerin external liquid</i>	OTC Benefit	
GOLD BOND ADVANCED HEALING EXTERNAL OINTMENT 45 % (<i>emollient</i>)	OTC Benefit	
GOLD BOND CREPE CORRECTOR EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
GOLD BOND DIABETICS DRY SKIN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
GOLD BOND ECZEMA RELIEF EXTERNAL CREAM 2 % (<i>colloidal oatmeal</i>)	OTC Benefit	
GOLD BOND ECZEMA RELIEF HAND EXTERNAL CREAM 2 % (<i>colloidal oatmeal</i>)	OTC Benefit	
GOLD BOND ESSENTIALS MENS EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
GOLD BOND EVERYDAY MOISTURE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GOLD BOND FRICTION DEFENSE EXTERNAL STICK (<i>emollient</i>)	OTC Benefit	
GOLD BOND HEALING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND HEALING HAND EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
GOLD BOND MEDICATED BODY EX ST EXTERNAL LOTION 0.5 % 5-0.5 % (<i>emollient</i>)	OTC Benefit	
GOLD BOND MEDICATED BODY EXTERNAL LOTION 5-0.15 % (<i>emollient</i>)	OTC Benefit	
GOLD BOND PURE MOISTURE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND RADIANCE RENEWAL EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULT ROUGH/BUMPY SKIN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULT SHEER RIBBONS EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE HEALING EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE HEALING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE HEALING EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE OVERNIGHT EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE PROTECTION EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE RESTORING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE SOFTENING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE SOOTHING EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTIMATE SOOTHING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
GOLD BOND ULTRA ECZEMA RELIEF EXTERNAL CREAM 2 % (<i>colloidal oatmeal</i>)	OTC Benefit	
<i>gordomatic external lotion</i>	OTC Benefit	
GORDONS-VITE A EXTERNAL CREAM 100000 UNIT/GM (<i>vitamin a</i>)	OTC Benefit	
GORDONS-VITE A EXTERNAL LOTION 100000 UNIT (<i>vitamin a</i>)	OTC Benefit	
<i>gordons-vite e external cream 1500 unit/30gm</i>	OTC Benefit	
<i>hm glycerin external liquid 99.5 %</i>	OTC Benefit	
HYDRASYN25 EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
<i>hydrazone lotion external lotion</i>	OTC Benefit	
HYDROLATUM EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
<i>hydrophor external ointment</i>	OTC Benefit	
J & J BURN CREAM EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
JOHNSONS SKIN NOURISH MOIST EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
KERADAN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
KERI NOURISHING SHEA BUTTER EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
KERI ORIGINAL DAILY MOISTURE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (<i>ammonium lactate</i>)	OTC Benefit	
LACTINOL HX EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
LAMISILK REPAIR COMPLEX SERUM EXTERNAL LIQUID (<i>emollient</i>)	OTC Benefit	
LANAPHILIC EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
<i>leader finger cream external cream</i>	OTC Benefit	
<i>lubricating lotion external lotion</i>	OTC Benefit	
LUBRIDERM ADVANCED THERAPY EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
LUBRIDERM DAILY MOISTURE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
LUBRIDERM EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
LUBRIDERM INTENSE SKIN REPAIR EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
MEDERMA AG FACE EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
MEDERMA AG HAND & BODY EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
MEDPURA VITAMIN A & D EXTERNAL OINTMENT (<i>vitamins a & d</i>)	OTC Benefit	
MG217 ECZEMA TREATMENT EXTERNAL CREAM 2 % (<i>colloidal oatmeal</i>)	OTC Benefit	
<i>moisture external lotion</i>	OTC Benefit	
<i>moisture recovery external lotion</i>	OTC Benefit	
<i>moisturizing cream external cream</i>	OTC Benefit	
<i>moisturizing lotion external lotion</i>	OTC Benefit	
<i>moisturizing sensitive skin external lotion</i>	OTC Benefit	
<i>msm skin external lotion</i>	OTC Benefit	
<i>natural oatmeal bath treatment external packet 100 %</i>	OTC Benefit	
<i>natural vitamin e moisturizing external gel</i>	OTC Benefit	
NEUTROGENA HAND EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
NEUTROGENA MOISTURE SENS SKIN EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
NISEKO HYDRATING FACIAL EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
NIVEA ESSENTIALLY ENRICHED EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
NIVEA EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
NIVEA EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NIVEA IN-SHOWER EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
NIVEA INTENSE HEALING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
NIVEA ORIGINAL MOISTURE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
NIVEA SHEA NOURISH EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
NIVEA VISAGE EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
NIVEA VISAGE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
NUTRADERM EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
<i>ointment base external ointment</i>	OTC Benefit	
OKEEFFES WORKING HANDS EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
PALMERS COCOA BUTTER FORMULA EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
PALMERS COCOA BUTTER FORMULA EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
PALMERS COCONUT OIL BODY EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
PALMERS INTENSIVE RELIEF HAND EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
PALMERS NATURAL VITAMIN E EXTERNAL CREAM (<i>vitamin e</i>)	OTC Benefit	
PALMERS NIGHT CREAM EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
PALMERS STRETCH MARKS EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
PALMERS STRETCH MARKS EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
PEN-KERA EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
PENTRAVAN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
PENTRAVAN PLUS EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
<i>pineapple peel external liquid</i>	OTC Benefit	
PRETTY FEET/HANDS EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
PREVACARE TOTAL SKIN CARE EXTERNAL SOLUTION (<i>petrolatum</i>)	OTC Benefit	
<i>qc glycerin external liquid 99.5 %</i>	OTC Benefit	
<i>ra advanced healing external ointment</i>	OTC Benefit	
<i>ra daylogic healing dry skin external lotion</i>	OTC Benefit	
<i>ra glycerin external liquid</i>	OTC Benefit	
RA RENEWAL ECZEMA MOISTURIZING EXTERNAL CREAM 1 % (<i>colloidal oatmeal</i>)	OTC Benefit	
<i>ra renewal soothing bath external packet 100 %</i>	OTC Benefit	
<i>radiaguard advanced external lotion</i>	OTC Benefit	
<i>refreshing aloe external lotion</i>	OTC Benefit	
RESTA EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
RESTA LITE EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
RISABAL-PH EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
SKIN REPAIR EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
SKINEEZ REPLENISHING GARMENT LIQUID 0.01 % (<i>vitamin a</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm glycerin external liquid 99.5 %</i>	OTC Benefit	
<i>sm oatmeal bath external packet 100 %</i>	OTC Benefit	
<i>special care external cream</i>	OTC Benefit	
STUDIO 35 EXTRA MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
SUMMERS EVE SPA INTIMATE SKIN EXTERNAL LIQUID (<i>emollient</i>)	OTC Benefit	
<i>therapeutic moisturizing external cream</i>	OTC Benefit	
UDDERLY SMOOTH EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
UDDERLY SMOOTH EXTRA CARE 20 EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
UDDERLY SMOOTH EXTRA CARE EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
VANICREAM EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
VANICREAM EXTERNAL LOTION (<i>emollient</i>)	OTC Benefit	
VANICREAM EXTERNAL OINTMENT (<i>emollient</i>)	OTC Benefit	
VELVACHOL EXTERNAL CREAM (<i>emollient</i>)	OTC Benefit	
<i>vitamin a & d skin protectant external ointment</i>	OTC Benefit	
<i>vitamin a wrinkle treatment external gel</i>	OTC Benefit	
<i>vitamin e beauty external oil 49000 unit/52ml</i>	OTC Benefit	
<i>vitamin e external cream</i>	OTC Benefit	
<i>vitamin e external liquid 24000 unit, 920 unit/ml</i>	OTC Benefit	
<i>vitamin e external oil 28000 unit</i>	OTC Benefit	
<i>vitamin e skin external cream 4000 unit</i>	OTC Benefit	
<i>vitamin e skin external oil , 12000 unit, 56000 unit</i>	OTC Benefit	
<i>vitamin e with panthenol external cream</i>	OTC Benefit	
<i>vitamin e-vit a & d external cream</i>	OTC Benefit	
WAXWEL PARAFFIN BATH EXTERNAL KIT (<i>emollient</i>)	OTC Benefit	
*EYELID CLEANSERS & LUBRICANTS***		
<i>cleansing eyelid external pad</i>	OTC Benefit	
<i>cvs cleansing eyelid wipes external pad</i>	OTC Benefit	
<i>cvs eyelid wipes extra str external pad</i>	OTC Benefit	
<i>eql makeup remover towelettes external pad</i>	OTC Benefit	
EYE-SCRUB EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
<i>ft eyelid wipes external pad</i>	OTC Benefit	
<i>hm eyelid wipes external pad</i>	OTC Benefit	
NEUTROGENA MAKEUP REMOVER EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT BABY EYELID & EYELASH EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT EYELID CLEANSING EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OCUSOFT HYPOCHLOR EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT LID SCRUB ALLERGY EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT LID SCRUB ORIGINAL EXTERNAL FOAM (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT LID SCRUB ORIGINAL EXTERNAL LIQUID (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT LID SCRUB ORIGINAL EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT LID SCRUB PLUS EXTERNAL FOAM (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT LID SCRUB PLUS EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
OCUSOFT LID SCRUB PLUS PLATINU EXTERNAL FOAM (<i>eyelid cleansers</i>)	OTC Benefit	
OPTASE TTO CLEANSING WIPES EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
OUST DEMODEX CLEANSER EXT ST EXTERNAL FOAM (<i>eyelid cleansers</i>)	OTC Benefit	
OUST DEMODEX CLEANSER EXT ST EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
<i>ra eyelid wipes external pad</i>	OTC Benefit	
SYSTANE LID WIPES EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
THERATEARS STERILID CLEANSER EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	OTC Benefit	
VISTA MEIBO EYELID CLEANSING EXTERNAL FOAM (<i>eyelid cleansers</i>)	OTC Benefit	
VISTA MEIBO EYELID CLEANSING EXTERNAL PAD (<i>eyelid cleansers</i>)	OTC Benefit	
ZENOPTIQ EXTERNAL GEL (<i>eyelid cleansers</i>)	OTC Benefit	
ZENOPTIQ EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	OTC Benefit	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
<i>anti-fungal external cream 1 %</i>	OTC Benefit	
<i>athletes foot external powder 2 %</i>	OTC Benefit	
<i>athletes foot external solution 1 %</i>	OTC Benefit	
AZOLEN ANTI-FUNGAL WASH EXTERNAL SOLUTION 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
AZOLEN TINCTURE EXTERNAL SOLUTION 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
<i>baza antifungal external cream 2 %</i>	OTC Benefit	
<i>clotrimazole af external cream 1 %</i>	OTC Benefit	
<i>clotrimazole athletes foot external cream 1 %</i>	OTC Benefit	
CRITIC-AID CLEAR AF EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
<i>cvs athletes foot external aerosol powder 2 %</i>	OTC Benefit	
<i>cvs athletes foot spray external aerosol 2 %</i>	OTC Benefit	
<i>cvs clotrimazole external cream 1 %</i>	OTC Benefit	
<i>cvs clotrimazole external solution 1 %</i>	OTC Benefit	
<i>cvs itch relief external cream 1 %</i>	OTC Benefit	
<i>cvs ringworm external cream 1 %</i>	OTC Benefit	
DESENEK EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	OTC Benefit	
DESENEK EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
DESENEK JOCK ITCH EXTERNAL AEROSOL POWDER 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
<i>eq antifungal external cream 1 %</i>	OTC Benefit	
<i>eq athletes foot external cream 1 %</i>	OTC Benefit	
<i>eq jock itch external cream 1 %</i>	OTC Benefit	
<i>eql athletes foot external cream 1 %</i>	OTC Benefit	
<i>goodsense athletes foot external cream 1 %</i>	OTC Benefit	
<i>jock itch external cream 1 %</i>	OTC Benefit	
<i>jock itch relief external cream 1 %</i>	OTC Benefit	
LOTRIMIN AF EXTERNAL AEROSOL 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
LOTRIMIN AF EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	OTC Benefit	
LOTRIMIN AF JOCK ITCH EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	OTC Benefit	
MEDPURA ANTIFUNGAL EXTERNAL CREAM 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
<i>micaderm external cream 2 %</i>	OTC Benefit	
MICATIN EXTERNAL CREAM 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
<i>miconazole antifungal external cream 2 %</i>	OTC Benefit	
<i>miconazorb af external powder 2 %</i>	OTC Benefit	
MICRO GUARD EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
NIZORAL EXTERNAL SHAMPOO 1 % (<i>ketconazole</i>)	OTC Benefit	
<i>pro-ex antifungal external cream 1 %</i>	OTC Benefit	
<i>qc athletes foot external aerosol powder 2 %</i>	OTC Benefit	
<i>qc clotrimazole external cream 1 %</i>	OTC Benefit	
<i>ra atheletes foot external aerosol powder 2 %</i>	OTC Benefit	
<i>ra athletes foot external cream 1 %</i>	OTC Benefit	
<i>ra clotrimazole external cream 1 %</i>	OTC Benefit	
<i>ra jock itch external cream 1 %</i>	OTC Benefit	
<i>sb clotrimazole foot external cream 1 %</i>	OTC Benefit	
TINEACIDE EXTERNAL CREAM 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
ZEASORB-AF EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*INSECT REPELLENTS***		
BULL FROG MOSQUITO COAST EXTERNAL LIQUID (<i>insect repellent w/sunscreen</i>)	OTC Benefit	
COLEMAN 100 MAX CONTINUOUS SPR EXTERNAL AEROSOL 98.11 % (<i>diethyltoluamide</i>)	OTC Benefit	
COLEMAN 100 MAX INSECT REPEL EXTERNAL LIQUID 98.11 % (<i>diethyltoluamide</i>)	OTC Benefit	
COLEMAN BOTANICALS INSECT REP EXTERNAL LIQUID (<i>insect repellent</i>)	OTC Benefit	
COLEMAN INSECT REPEL HIGH&DRY EXTERNAL AEROSOL 25 % (<i>diethyltoluamide</i>)	OTC Benefit	
COLEMAN INSECT REPEL SPORTSMEN EXTERNAL AEROSOL 40 % (<i>diethyltoluamide</i>)	OTC Benefit	
COLEMAN SKINSMART INSECT REPEL EXTERNAL AEROSOL (<i>insect repellent</i>)	OTC Benefit	
COLEMAN SKINSMART INSECT REPEL EXTERNAL LIQUID (<i>insect repellent</i>)	OTC Benefit	
CUTTER ALL FAMILY EXTERNAL AEROSOL 7 % (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER ALL FAMILY EXTERNAL LIQUID 7 % (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER ALL FAMILY WIPES EXTERNAL SHEET 7.15 % (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER BACKWOODS DRY EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER BACKWOODS EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER BACKWOODS EXTERNAL LIQUID (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER DRY EXTERNAL AEROSOL 10 % (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER EXTERNAL AEROSOL 10 % (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER LEMON EUCALYPTUS EXTERNAL LIQUID (<i>insect repellent</i>)	OTC Benefit	
CUTTER NATURAL EXTERNAL AEROSOL (<i>insect repellent</i>)	OTC Benefit	
CUTTER NATURAL EXTERNAL LIQUID (<i>insect repellent</i>)	OTC Benefit	
CUTTER SKINSATIONS EXTERNAL AEROSOL 7 % (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER SKINSATIONS EXTERNAL LIQUID 7 % (<i>diethyltoluamide</i>)	OTC Benefit	
CUTTER SPORT EXTERNAL AEROSOL 15 % (<i>diethyltoluamide</i>)	OTC Benefit	
cvs insect repellent external aerosol 15 %	OTC Benefit	
cvs total home insect repel external aerosol , 30 %	OTC Benefit	
eagle watch mosquito elim external liquid	OTC Benefit	
MAXI DEET EXTERNAL LIQUID 98.11 % (<i>diethyltoluamide</i>)	OTC Benefit	
NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL 20 % (<i>picaridin</i>)	OTC Benefit	
NATRAPEL EXTERNAL LIQUID 20 % (<i>picaridin</i>)	OTC Benefit	
OFF ACTIVE EXTERNAL AEROSOL 15 % (<i>diethyltoluamide</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OFF DEEP WOODS DRY EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	OTC Benefit	
OFF DEEP WOODS EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	OTC Benefit	
OFF DEEP WOODS EXTERNAL LIQUID (<i>diethyltoluamide</i>)	OTC Benefit	
OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL 30 % (<i>diethyltoluamide</i>)	OTC Benefit	
OFF DEEP WOODS SPORTSMEN EXTERNAL LIQUID , 98.25 % (<i>diethyltoluamide</i>)	OTC Benefit	
OFF DEEP WOODS TOWELETTES EXTERNAL SHEET (<i>diethyltoluamide</i>)	OTC Benefit	
OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID 5 % (<i>picaridin</i>)	OTC Benefit	
OFF FAMILYCARE TROPICAL FRESH EXTERNAL LIQUID 5 % (<i>diethyltoluamide</i>)	OTC Benefit	
OFF FAMILYCARE UNSCENTED EXTERNAL LIQUID 7 % (<i>diethyltoluamide</i>)	OTC Benefit	
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 % (<i>diethyltoluamide</i>)	OTC Benefit	
RANGER READY REPELLENT EXTERNAL LIQUID 20 % (<i>picaridin</i>)	OTC Benefit	
REPEL 100 EXTERNAL LIQUID 98.11 % (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL FAMILY DRY EXTERNAL AEROSOL 10 % (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL FAMILY EXTERNAL AEROSOL 15 % (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL HUNTERS FORMULA EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL LEMON EUCALYPTUS EXTERNAL AEROSOL (<i>insect repellent</i>)	OTC Benefit	
REPEL MOSQUITO WIPES EXTERNAL SHEET 30 % (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL SPORTSMEN DRY EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL SPORTSMEN EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL SPORTSMEN MAX EXTERNAL AEROSOL 40 % (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL SPORTSMEN MAX EXTERNAL LIQUID 40 % (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL SPORTSMEN MAX EXTERNAL LOTION 40 % (<i>diethyltoluamide</i>)	OTC Benefit	
REPEL TICK DEFENSE EXTERNAL AEROSOL 15 % (<i>picaridin</i>)	OTC Benefit	
SAWYER INSECT REPELLENT EXTERNAL AEROSOL 30 % (<i>diethyltoluamide</i>)	OTC Benefit	
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 % (<i>picaridin</i>)	OTC Benefit	
SAWYER INSECT REPELLENT EXTERNAL LOTION 20 % (<i>diethyltoluamide</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL 25 % (<i>diethyltoluamide</i>)	OTC Benefit	
ULTRATHON INSECT REPELLENT EXTERNAL LOTION 34.34 % (<i>diethyltoluamide</i>)	OTC Benefit	
*INTIMACY PRODUCTS***		
EROXON EXTERNAL GEL (<i>intimacy products</i>)	OTC Benefit	
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***		
<i>acne external pad 2 %</i>	OTC Benefit	
AMBI EVEN & CLEAR CLEANSER EXTERNAL LIQUID 0.5 % (<i>salicylic acid</i>)	OTC Benefit	
AMBI EVEN & CLEAR WASH EXTERNAL LIQUID 0.5 % (<i>salicylic acid</i>)	OTC Benefit	
ATRIX MEDICATED FORMULA EXTERNAL CREAM 2 % (<i>salicylic acid</i>)	OTC Benefit	
ATRIX SYSTEM 1 EXTERNAL KIT 2 % (<i>salicylic acid</i>)	OTC Benefit	
BETASAL EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	OTC Benefit	
<i>callus removers external pad 40 %</i>	OTC Benefit	
<i>callus removers extra thick external pad 40 %</i>	OTC Benefit	
CERAVE PSORIASIS EXTERNAL CREAM 2 % (<i>salicylic acid</i>)	OTC Benefit	
CLEAN & CLEAR ACNE SCRUB EXTERNAL GEL 2 % (<i>salicylic acid</i>)	OTC Benefit	
CLEAN & CLEAR ACNE TREATMENT EXTERNAL GEL 2 % (<i>salicylic acid</i>)	OTC Benefit	
CLEAN & CLEAR BLACKHEAD ERASER EXTERNAL CREAM 2 % (<i>salicylic acid</i>)	OTC Benefit	
CLEAN & CLEAR DEEP CLEANING EXTERNAL LIQUID 2 % (<i>salicylic acid</i>)	OTC Benefit	
CLEAN & CLEAR DUAL ACTION EXTERNAL LOTION 0.5 % (<i>salicylic acid</i>)	OTC Benefit	
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID 2 % (<i>salicylic acid</i>)	OTC Benefit	
CLEARASIL RAPID RESCUE DEEP EXTERNAL PAD 2 % (<i>salicylic acid</i>)	OTC Benefit	
CLEARASIL STUBBORN ACNE 5IN1 EXTERNAL LIQUID 2 % (<i>salicylic acid</i>)	OTC Benefit	
CLEARASIL STUBBORN ACNE 5IN1 EXTERNAL PAD 1.9 % (<i>salicylic acid</i>)	OTC Benefit	
CLN ACNE CLEANSER EXTERNAL LIQUID 0.5 % (<i>salicylic acid</i>)	OTC Benefit	
COMPOUND W COMPLETE EXTERNAL KIT (<i>dimethyl ether</i>)	OTC Benefit	
COMPOUND W EXTERNAL LIQUID 17 % (<i>salicylic acid</i>)	OTC Benefit	
COMPOUND W EXTERNAL PAD 40 % (<i>salicylic acid</i>)	OTC Benefit	
COMPOUND W FAST ACTING/CONSEAL EXTERNAL GEL 17 % (<i>salicylic acid</i>)	OTC Benefit	
COMPOUND W FOR KIDS EXTERNAL STRIP 40 % (<i>salicylic acid</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
COMPOUND W FREEZE OFF ADVANCED EXTERNAL AEROSOL (<i>dimethyl ether</i>)	OTC Benefit	
COMPOUND W FREEZE OFF FOR KIDS EXTERNAL KIT (<i>dimethyl ether</i>)	OTC Benefit	
COMPOUND W MAXIMUM STRENGTH EXTERNAL GEL 17 % (<i>salicylic acid</i>)	OTC Benefit	
COMPOUND W NITROFREEZE EXTERNAL AEROSOL (<i>nitrous oxide (keratolytic)</i>)	OTC Benefit	
COMPOUND W ONE STEP EXTERNAL PAD 40 % (<i>salicylic acid</i>)	OTC Benefit	
COMPOUND W ONE STEP INVISIBLE EXTERNAL STRIP 40 % (<i>salicylic acid</i>)	OTC Benefit	
COMPOUND W TOTAL CARE EXTERNAL KIT 17 % (<i>salicylic acid-emollient cream</i>)	OTC Benefit	
<i>corn & callus remover external liquid 17 %</i>	OTC Benefit	
<i>corn remover one-step external strip 40 %</i>	OTC Benefit	
<i>cvs acne control cleanser external liquid 2 %</i>	OTC Benefit	
<i>cvs adv acne spot treatment external liquid 2 %</i>	OTC Benefit	
<i>cvs advanced acne spot treat external gel 2 %</i>	OTC Benefit	
<i>cvs callus removers external pad 40 %</i>	OTC Benefit	
<i>cvs corn removers external pad 40 %</i>	OTC Benefit	
<i>cvs corn/callus remover external kit 17 %</i>	OTC Benefit	
<i>cvs daily acne wash external liquid 2 %</i>	OTC Benefit	
<i>cvs medicated spot external gel 2 %</i>	OTC Benefit	
<i>cvs plantar wart remover external pad 40 %</i>	OTC Benefit	
<i>cvs psoriasis medicated external shampoo 3 %</i>	OTC Benefit	
<i>cvs scalp relief external liquid 3 %</i>	OTC Benefit	
<i>cvs therapeutic dandruff external shampoo 3 %</i>	OTC Benefit	
<i>cvs wart remover external liquid 17 %</i>	OTC Benefit	
<i>cvs wart remover external pad 40 %</i>	OTC Benefit	
<i>cvs wart remover one step external strip 40 %</i>	OTC Benefit	
<i>cvs wart remover pen external gel 17 %</i>	OTC Benefit	
<i>daily face wash external liquid 2 %</i>	OTC Benefit	
DENOREX EX ST MEDICATED EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	OTC Benefit	
DERMACINRX ATRIX CLARIFY TONER EXTERNAL LIQUID 2 % (<i>salicylic acid</i>)	OTC Benefit	
DERMAREST PSORIASIS EXTERNAL GEL 3 % (<i>salicylic acid</i>)	OTC Benefit	
DERMAREST PSORIASIS EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	OTC Benefit	
DR SCHOLLS CALLUS REM/DURAGEL EXTERNAL PAD 40 % (<i>salicylic acid</i>)	OTC Benefit	
DR SCHOLLS CORN REMOVERS EXTERNAL PAD 40 % (<i>salicylic acid</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DRS CHOICE CORN/CALLUS REMOVER EXTERNAL PAD 40 % (salicylic acid)	OTC Benefit	
eq liquid corn & callus rem external liquid 17 %	OTC Benefit	
eq liquid wart remover max st external liquid 17 %	OTC Benefit	
eql acne scrub pink grapefruit external liquid 2 %	OTC Benefit	
eql apricot scrub external liquid 2 %	OTC Benefit	
eql callus remover extra thick external pad 40 %	OTC Benefit	
eql scalp relief max strength external liquid 3 %	OTC Benefit	
ft medicated corn removers external pad 40 %	OTC Benefit	
gel callus removers external pad 40 %	OTC Benefit	
GETS-IT CORN/CALLUS REMOVER EXTERNAL LIQUID 17 % (salicylic acid)	OTC Benefit	
gnp callus removers external pad 40 %	OTC Benefit	
gnp corn removers external pad 40 %	OTC Benefit	
gnp wart remover external liquid 17 %	OTC Benefit	
GOLD BOND PSORIASIS RELIEF EXTERNAL CREAM 3 % (salicylic acid)	OTC Benefit	
goodsense corn & callus external kit 17 %	OTC Benefit	
goodsense liquid wart remover external liquid 17 %	OTC Benefit	
KERALYT EXTERNAL GEL 3 % (salicylic acid)	OTC Benefit	
liquid corn & callus remover external liquid 17 %	OTC Benefit	
liquid wart remover external liquid 17 %	OTC Benefit	
medicated callus removers external pad 40 %	OTC Benefit	
medicated corn removers external pad 40 %	OTC Benefit	
medicated wart removers external pad 40 %	OTC Benefit	
MEDIPLAST EXTERNAL 40 % (salicylic acid)	OTC Benefit	
MG217 DANDRUFF SHAMPOO/COND EXTERNAL SHAMPOO 3 % (salicylic acid)	OTC Benefit	
MG217 PSORIASIS MULTI-SYMP TOM EXTERNAL CREAM 3 % (salicylic acid)	OTC Benefit	
MG217 PSORIASIS MULTI-SYMP TOM EXTERNAL OINTMENT 3 % (salicylic acid)	OTC Benefit	
MG217 PSORIASIS THER SHAM/COND EXTERNAL SHAMPOO 3 % (salicylic acid)	OTC Benefit	
NEUTROGENA BODY CLEAR WASH EXTERNAL LIQUID 2 % (salicylic acid)	OTC Benefit	
NEUTROGENA OIL-FREE ACNE WASH EXTERNAL LIQUID 2 % (salicylic acid)	OTC Benefit	
NEUTROGENA RAPID CLEAR EXTERNAL PAD 2 % (salicylic acid)	OTC Benefit	
NEUTROGENA T/SAL EXTERNAL SHAMPOO 3 % (salicylic acid)	OTC Benefit	
NIZORAL PSORIASIS SHAMPOO/COND EXTERNAL SHAMPOO 3 % (salicylic acid)	OTC Benefit	
P & S EXTERNAL SHAMPOO 2 % (salicylic acid)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>podophyllum resin powder</i>	OTC Benefit	
<i>qc corn and callus remover external liquid 17 %</i>	OTC Benefit	
<i>qc wart remover external liquid 17 %</i>	OTC Benefit	
<i>ra corn removers ultra thin external pad 40 %</i>	OTC Benefit	
<i>ra wart remover external gel 17 %</i>	OTC Benefit	
<i>ra wart remover external pad 40 %</i>	OTC Benefit	
<i>ra wart remover max strength external liquid 17 %</i>	OTC Benefit	
SCALPICIN EXTERNAL LIQUID 3 % (<i>salicylic acid</i>)	OTC Benefit	
SELSUN BLUE 3-IN-1 TREATMENT EXTERNAL LIQUID 2 % (<i>salicylic acid</i>)	OTC Benefit	
SELSUN BLUE DEEP CLEANSING EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	OTC Benefit	
SELSUN BLUE NATURALS DRY SCALP EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	OTC Benefit	
<i>sm medicated corn removers external pad 40 %</i>	OTC Benefit	
<i>therapeutic t+plus max st external shampoo 3 %</i>	OTC Benefit	
<i>ultra thin corn removers external pad 40 %</i>	OTC Benefit	
<i>wart remover external gel 17 %</i>	OTC Benefit	
<i>wart remover maximum strength external gel 17 %</i>	OTC Benefit	
<i>wart remover maximum strength external liquid 17 %</i>	OTC Benefit	
<i>wart remover medicated external pad 40 %</i>	OTC Benefit	
WARTSTICK EXTERNAL STICK 40 % (<i>salicylic acid</i>)	OTC Benefit	
*KERATOLYTIC/ANTIMITOTIC/VESICANT COMBINATIONS***		
ALOCANE PRECISION FREEZE EXTERNAL AEROSOL (<i>dimeth ether-propane-isobutane</i>)	OTC Benefit	
COMPOUND W 2-IN-1 TREATMENT EXTERNAL KIT 17 % (<i>salicylic ac-propan-dimetheth</i>)	OTC Benefit	
COMPOUND W FREEZE OFF EXTERNAL KIT (<i>propane-dimethyl ether</i>)	OTC Benefit	
COMPOUND W FREEZE OFF PLANTAR EXTERNAL KIT (<i>propane-dimethyl ether</i>)	OTC Benefit	
DR SCHOLLS FREEZE AWAY EXTERNAL KIT 17 % (<i>salicylic ac-propan-dimetheth</i>)	OTC Benefit	
<i>exfoliating moisturizer external ointment</i>	OTC Benefit	
<i>jessners external solution</i>	OTC Benefit	
KERASAL EXTERNAL OINTMENT 5-10 % (<i>salicylic acid-urea</i>)	OTC Benefit	
*LINIMENT COMBINATIONS***		
ACTIVON ARTHRITIS ULTRA ST EXTERNAL STICK 0.028-4.574 % (<i>histamine-menthol</i>)	OTC Benefit	
<i>amplify relief mm external cream 10-30 %</i>	OTC Benefit	
<i>analgesic balm external cream 10-15 %</i>	OTC Benefit	
ARTHRITIS HOT EXTERNAL CREAM 10-15 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>arthritis pain relief external patch 3-10 %</i>	OTC Benefit	
ASPERFLEX ADVANCE EXTERNAL PATCH 3.1-6-10 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
ASPERFLEX EXTERNAL CREAM 10-15 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
BENGAY ULTRA STRENGTH EXTERNAL CREAM 4-10-30 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
BOROLEUM EXTERNAL OINTMENT 1-0.54-97.92 % (<i>camphor-menthol-petrolatum</i>)	OTC Benefit	
<i>calypxo external cream 3-10 %</i>	OTC Benefit	
<i>calypxo hp external cream 10-15 %</i>	OTC Benefit	
CAMPHOTREX EXTERNAL GEL 10-4 % (<i>menthol-camphor</i>)	OTC Benefit	
CAMPHOTROL EXTERNAL GEL 10-4 % (<i>menthol-camphor</i>)	OTC Benefit	
CAPASIL EXTERNAL CREAM 2-10 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
CASTIVA COOLING EXTERNAL LOTION 5-14 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
<i>cool & heat extra strength external cream</i>	OTC Benefit	
<i>cool & heat extra strength external ointment 7.6-29 %</i>	OTC Benefit	
<i>cool n heat external stick 10-30 %</i>	OTC Benefit	
<i>cool n heat extra strength external cream 10-30 %</i>	OTC Benefit	
<i>cool n heat muscle & joint external cream 10-30 %</i>	OTC Benefit	
<i>cvs cold & hot pain relieving external cream , 10-30 %</i>	OTC Benefit	
<i>cvs muscle rub ultra strength external cream 4-10-30 %</i>	OTC Benefit	
<i>cvs pain-relieving external patch 1.2-5.7-6.3 %</i>	OTC Benefit	
DENDRACIN NEURODENDRAXCIN EXTERNAL LOTION 0.025-10-30 % (<i>capsaicin-menthol-methyl sal</i>)	OTC Benefit	
DYNARUB EXTERNAL CREAM 10-15 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
<i>eq pain relieving external cream 4-10-30 %</i>	OTC Benefit	
<i>exoten-c pain relief external lotion 0.025-10-20 %</i>	OTC Benefit	
<i>gnp muscle rub ultra strength external cream 4-10-30 %</i>	OTC Benefit	
<i>gnp relief patch external patch 3.1-6-10 %</i>	OTC Benefit	
<i>goodsense muscle rub external cream 4-10-30 %, 8-30 %</i>	OTC Benefit	
HM SALONPAS PAIN RELIEF EXTERNAL PATCH 1.2-5.7-6.3 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
ICY HOT ADVANCED PAIN RELIEF EXTERNAL CREAM 16-11 % (<i>menthol-camphor</i>)	OTC Benefit	
ICY HOT ARTHRITIS PAIN RELIEF EXTERNAL LOTION 16-4 % (<i>menthol-camphor</i>)	OTC Benefit	
ICY HOT BALM EXTRA STRENGTH EXTERNAL OINTMENT 7.6-29 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
ICY HOT EXTRA STRENGTH EXTERNAL CREAM 10-30 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ICY HOT EXTRA STRENGTH EXTERNAL STICK 10-30 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
ICY HOT ORIGINAL PAIN RELIEF EXTERNAL CREAM 10-30 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
ICY HOT PRO NO MESS EXTERNAL CREAM 16-11 % (<i>menthol-camphor</i>)	OTC Benefit	
KWAN LOONG PAIN RELIEVING EXTERNAL OIL (<i>menthol-methyl salicylate</i>)	OTC Benefit	
<i>limencin external lotion 0.025-10-25 %</i>	OTC Benefit	
<i>mcm external patch 96-76.8-57.6 mg</i>	OTC Benefit	
<i>medicated pain relieving external patch 1.2-5.7-6.3 %</i>	OTC Benefit	
MENCYLATE EXTERNAL CREAM 2-10 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
<i>menthol-camphor external cream 10-4 %</i>	OTC Benefit	
MENTHOZEN EXTERNAL CREAM 0.0375-5-20 % (<i>capsaicin-menthol-methyl sal</i>)	OTC Benefit	
MENTICAM EXTERNAL CREAM 4-7.5-10 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
MENTICAM EXTERNAL GEL 4-10-30 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
<i>muscle rub external cream 10-15 %</i>	OTC Benefit	
<i>muscle rub ultra strength external cream 4-10-30 %</i>	OTC Benefit	
NEURACIN EXTERNAL GEL 4-10-30 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
<i>new terocin external lotion 0.025-10-25 %</i>	OTC Benefit	
NUDROXICIN V2 EXTERNAL LIQUID 0.025-6-25 % (<i>capsaicin-menthol-methyl sal</i>)	OTC Benefit	
NUVIRA EXTERNAL PATCH 0.025-10-0.25- 10% (<i>capsaicin-menthol-methyl sal</i>)	OTC Benefit	
<i>pain relieving external cream</i>	OTC Benefit	
<i>pain relieving external liquid 4-10-30 %</i>	OTC Benefit	
<i>pain relieving external patch 3.1-6-10 %</i>	OTC Benefit	
<i>pain relieving ultra st external cream 4-10-30 %</i>	OTC Benefit	
POLAR FREEZE EXTERNAL GEL 3.5-0.8 % (<i>menthol-camphor</i>)	OTC Benefit	
<i>qc muscle rub external cream 10-15 %</i>	OTC Benefit	
<i>qc pain relieving external cream 4-10-30 %</i>	OTC Benefit	
<i>qc relief patch external patch 3.1-6-10 %</i>	OTC Benefit	
<i>ra hot & cold pain relieving external cream</i>	OTC Benefit	
SALONPAS DEEP RELIEVING EXTERNAL GEL 3.1-10-15 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
SALONPAS EXTERNAL PATCH 3.1-6-10 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
SALONPAS JET SPRAY EXTERNAL AEROSOL (<i>menthol-methyl salicylate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SALONPAS PAIN RELIEF PATCH EXTERNAL PATCH , 3-10 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
SLOANS LINIMENT EXTERNAL LIQUID 0.025-47 % (<i>capsaicin-turpentine oil</i>)	OTC Benefit	
<i>sm cold & hot extra strength external cream</i>	OTC Benefit	
SOLTICE QUICK-RUB EXTERNAL OINTMENT 5.1-5.1 % (<i>menthol-camphor</i>)	OTC Benefit	
SOMBRA WARM THERAPY EXTERNAL GEL 3-3 % (<i>menthol-camphor</i>)	OTC Benefit	
THERA-GESIC EXTERNAL CREAM 1-15 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
TIGER BALM ARTHRITIS RUB EXTERNAL CREAM 11-11 % (<i>menthol-camphor</i>)	OTC Benefit	
TIGER BALM EXTRA STRENGTH EXTERNAL OINTMENT 11-10 % (<i>menthol-camphor</i>)	OTC Benefit	
TIGER BALM LINIMENT EXTERNAL LIQUID 16-28 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
TIGER BALM MUSCLE RUB EXTERNAL CREAM 3-5-15 % (<i>camphor-menthol-methyl sal</i>)	OTC Benefit	
TIGER BALM NECK & SHOULDER RUB EXTERNAL CREAM 10-11 % (<i>menthol-camphor</i>)	OTC Benefit	
TIGER BALM PAIN RELIEVING EXTERNAL PATCH 110-33-22 MG (<i>camphor-menthol-capsicum</i>)	OTC Benefit	
TIGER BALM PAIN RELIEVING LG EXTERNAL PATCH 70-230 MG (<i>menthol-camphor</i>)	OTC Benefit	
TIGER BALM RED EXTRA STRENGTH EXTERNAL OINTMENT (<i>menthol-camphor</i>)	OTC Benefit	
TIGER BALM REGULAR STRENGTH EXTERNAL OINTMENT 11-8 % (<i>menthol-camphor</i>)	OTC Benefit	
TIGER BALM ULTRA STRENGTH EXTERNAL OINTMENT , 11-11 % (<i>menthol-camphor</i>)	OTC Benefit	
TRICYLATE EXTERNAL CREAM 2-10 % (<i>menthol-methyl salicylate</i>)	OTC Benefit	
<i>xoten external lotion 12.5-6.25 %</i>	OTC Benefit	
XOTEN-C EXTERNAL LOTION 0.002-10-20 % (<i>capsaicin-menthol-methyl sal</i>)	OTC Benefit	
ZIKS ARTHRITIS PAIN RELIEF EXTERNAL CREAM 0.025-1-12 % (<i>capsaicin-menthol-methyl sal</i>)	OTC Benefit	
*LINIMENTS***		
<i>analgesic creme/aloe external cream 10 %</i>	OTC Benefit	
<i>arthricream external cream 10 %</i>	OTC Benefit	
<i>arthritis relief/aloe external aerosol 10 %</i>	OTC Benefit	
ASPERCREME NIGHTTIME EXTERNAL LOTION 10 % (<i>trolamine salicylate</i>)	OTC Benefit	
ASPERCREME ORIGINAL EXTERNAL CREAM 10 % (<i>trolamine salicylate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ASPERCREME/ALOE EXTERNAL CREAM 10 % (<i>trolamine salicylate</i>)	OTC Benefit	
AUSTRALIAN DREAM ARTHRITIS EXTERNAL CREAM 0.025 % (<i>histamine dihydrochloride</i>)	OTC Benefit	
BLUE-EMU HEMP EXTERNAL CREAM 10 % (<i>trolamine salicylate</i>)	OTC Benefit	
BLUE-EMU MAXIMUM PAIN RELIEF EXTERNAL CREAM 10 % (<i>trolamine salicylate</i>)	OTC Benefit	
BLUE-EMU SUPER STRENGTH EXTERNAL CREAM (<i>liniments</i>)	OTC Benefit	
COATS ALOE LINIMENT EXTERNAL LOTION 10 % (<i>methyl salicylate</i>)	OTC Benefit	
<i>cvs arthritis external cream 10 %</i>	OTC Benefit	
<i>cvs arthritis pain relief external cream 0.025 %</i>	OTC Benefit	
DEEP BLUE RELIEF EXTERNAL GEL (<i>liniments</i>)	OTC Benefit	
DR JH MCLEANS VOLCANIC OIL EXTERNAL LIQUID (<i>liniments</i>)	OTC Benefit	
EQ BABY CHEST RUB EXTERNAL CREAM (<i>liniments</i>)	OTC Benefit	
<i>gnp arthritis pain relief external cream 10 %</i>	OTC Benefit	
<i>goodsense arthritis relief external cream 10 %</i>	OTC Benefit	
<i>gordobalm external lotion</i>	OTC Benefit	
<i>ice menthol external gel</i>	OTC Benefit	
KRT ATHLETIC MUSCLE EXTERNAL GEL 10 % (<i>liniments</i>)	OTC Benefit	
<i>mecholyl external ointment 0.25 %</i>	OTC Benefit	
<i>methagual external ointment 2-8 %</i>	OTC Benefit	
<i>methyl salicylate external cream 25 %, 40 %</i>	OTC Benefit	
<i>methyl salicylate external oil , 40 %</i>	OTC Benefit	
<i>methyl salicylate external patch 10 %</i>	OTC Benefit	
MOBISYL EXTERNAL CREAM 10 % (<i>trolamine salicylate</i>)	OTC Benefit	
MYOFLEX EXTERNAL CREAM 10 % (<i>trolamine salicylate</i>)	OTC Benefit	
<i>neuromax external gel 20 %</i>	OTC Benefit	
<i>pain relieving external cream 10 %</i>	OTC Benefit	
<i>qc arthritis external cream 10 %</i>	OTC Benefit	
<i>ra arthritic pain rub external cream 10 %</i>	OTC Benefit	
<i>sb analgesic creme rub external cream 10 %</i>	OTC Benefit	
<i>sb analgesic external cream 10 %</i>	OTC Benefit	
<i>sm pain relief/menthol external gel</i>	OTC Benefit	
<i>sm sports pain relief rub external cream 10 %</i>	OTC Benefit	
<i>sportbalm external lotion</i>	OTC Benefit	
SPORTSCREME EXTERNAL CREAM 10 % (<i>trolamine salicylate</i>)	OTC Benefit	
VICKS BABYRUB EXTERNAL CREAM (<i>liniments</i>)	OTC Benefit	
<i>wintergreen oil oil</i>	OTC Benefit	
YAGERS LINIMENT EXTERNAL LIQUID 3.1-8.2 % (<i>liniments</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ZARBEES CHEST RUB EUCALYPTUS EXTERNAL OINTMENT (<i>liniments</i>)	OTC Benefit	
ZARBEES SOOTH CHEST RUB BABY EXTERNAL OINTMENT (<i>liniments</i>)	OTC Benefit	
*LOCAL ANESTHETICS - TOPICAL***		
<i>afterburn external gel 2.5 %</i>	OTC Benefit	
<i>aftertest topical pain relief external stick 10 %</i>	OTC Benefit	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL AEROSOL 4 % (<i>lidocaine</i>)	OTC Benefit	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL PAD 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
<i>aloe vera burn relief external aerosol 0.5 %</i>	OTC Benefit	
<i>aloe/lidocaine pain reliever external gel 0.5 %</i>	OTC Benefit	
AMERICAINE EXTERNAL AEROSOL 20 % (<i>benzocaine</i>)	OTC Benefit	
ANECREAM EXTERNAL CREAM 4 % (<i>lidocaine</i>)	OTC Benefit	
ASPERCREME LIDOCAINE ESSENTIAL EXTERNAL LIQUID 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
ASPERCREME LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
ASPERCREME LIDOCAINE EXTERNAL LIQUID 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
ASPERCREME LIDOCAINE EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
ASPERCREME MAX STRENGTH EXTERNAL AEROSOL 4 % (<i>lidocaine</i>)	OTC Benefit	
ASPERCREME W/LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine</i>)	OTC Benefit	
ASPERFLEX LIDOCAINE EXTERNAL OINTMENT 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
<i>asperflex max st external patch 4 %</i>	OTC Benefit	
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
BACTINE MAX DRY SPRAY EXTERNAL AEROSOL 4 % (<i>lidocaine</i>)	OTC Benefit	
BENGAY LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
BOIL EASE MAXIMUM STRENGTH EXTERNAL OINTMENT 20 % (<i>benzocaine</i>)	OTC Benefit	
<i>boil pain relief external ointment 20 %</i>	OTC Benefit	
<i>burn gel external gel 2 %</i>	OTC Benefit	
<i>burn jel max external kit 4 %</i>	OTC Benefit	
<i>burn relief external aerosol 0.5 %</i>	OTC Benefit	
<i>burn relief external aerosol solution 0.5 %</i>	OTC Benefit	
<i>burn relief external gel 1 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>capsaicin arthritis relief external liquid 0.15 %</i>	OTC Benefit	
<i>capsaicin external patch 0.025 %</i>	OTC Benefit	
<i>capsaicin heat patch external patch 0.025 %</i>	OTC Benefit	
<i>capsaicin hot patch external patch 0.025 %</i>	OTC Benefit	
<i>capsaicin hp external cream 0.1 %</i>	OTC Benefit	
<i>capsaicin powder</i>	OTC Benefit	
<i>capsaicin topical pain patch external patch 0.025 %</i>	OTC Benefit	
<i>capsaid es arthritis relief external cream 0.1 %</i>	OTC Benefit	
<i>capsimide external patch 0.025 %</i>	OTC Benefit	
CAPZASIN EXTERNAL LIQUID 0.15 % (<i>capsaicin</i>)	OTC Benefit	
CAPZASIN-HP EXTERNAL CREAM 0.1 % (<i>capsaicin</i>)	OTC Benefit	
CAPZASIN-P EXTERNAL CREAM 0.035 % (<i>capsaicin</i>)	OTC Benefit	
<i>capzix external cream 0.1 %</i>	OTC Benefit	
CASTIVA WARMING EXTERNAL LOTION 0.035 % (<i>capsaicin</i>)	OTC Benefit	
CERAVE ITCH RELIEF EXTERNAL CREAM 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
CERAVE ITCH RELIEF EXTERNAL LOTION 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
CINTHERA EXTERNAL OINTMENT 4 % (<i>lidocaine</i>)	OTC Benefit	
CIRCATA EXTERNAL CREAM 0.05 % (<i>capsaicin</i>)	OTC Benefit	
<i>cooling external gel 0.5 %</i>	OTC Benefit	
<i>cvs aftersun aloe/lidocaine external gel 0.5 %</i>	OTC Benefit	
<i>cvs anti-itch external lotion 1 %</i>	OTC Benefit	
<i>cvs boil relief max st external ointment 20 %</i>	OTC Benefit	
<i>cvs burn relief external gel 0.5 %</i>	OTC Benefit	
<i>cvs burn relief spray external aerosol 0.5 %</i>	OTC Benefit	
<i>cvs capsaicin external liquid 0.15 %</i>	OTC Benefit	
<i>cvs capsaicin hp external cream 0.1 %</i>	OTC Benefit	
<i>cvs feminine wipes max st external 1 %</i>	OTC Benefit	
<i>cvs hemorrhoidal & analgesic external ointment 1 %</i>	OTC Benefit	
<i>cvs lidocaine maximum strength external cream 4 %</i>	OTC Benefit	
<i>cvs lidocaine maximum strength external liquid 4 %</i>	OTC Benefit	
<i>cvs lidocaine pain relief external cream 4 %</i>	OTC Benefit	
<i>cvs lidocaine pain relief external patch 4 %</i>	OTC Benefit	
<i>cvs lidocaine pain relief maxs external aerosol 4 %</i>	OTC Benefit	
<i>cvs lidocaine pain relief maxs external cream 4 %</i>	OTC Benefit	
<i>cvs lidocaine pain-relieving external patch 4 %</i>	OTC Benefit	
<i>cvs medicated heat patch external patch 0.025 %</i>	OTC Benefit	
<i>cvs pain relief external patch 4 %</i>	OTC Benefit	
<i>cvs sunburn relief cooling external gel 0.5 %</i>	OTC Benefit	
DERMACINRX CIRCATRIX EXTERNAL CREAM 0.05 % (<i>capsaicin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 % (<i>capsaicin</i>)	OTC Benefit	
DERMEND MOISTURIZING ANTI-ITCH EXTERNAL LOTION 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
DIABETAID PAIN/TINGLING RELIEF EXTERNAL LOTION 0.025 % (<i>capsaicin</i>)	OTC Benefit	
<i>dibucaine external ointment 1 %</i>	OTC Benefit	
DOLOGESIC PAIN RELIEF ROLL-ON EXTERNAL LIQUID 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
<i>eq capsaicin patch external patch 0.025 %</i>	OTC Benefit	
<i>eq lidocaine pain relieving external patch 4 %</i>	OTC Benefit	
<i>eq pain relieving external cream 4 %</i>	OTC Benefit	
<i>gnp burn relief external aerosol 0.5 %</i>	OTC Benefit	
<i>gnp burn relief external gel 0.5 %</i>	OTC Benefit	
<i>gnp burn relief spray external aerosol 0.5 %</i>	OTC Benefit	
<i>gnp capsaicin heat external patch 0.025 %</i>	OTC Benefit	
GOLD BOND MULTI-SYMPTOM EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
GOLD BOND PAIN & ITCH RELIEF EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
<i>goodsense burn relief external aerosol 0.5 %</i>	OTC Benefit	
<i>guadalupano pain relieving external sheet 0.15 %</i>	OTC Benefit	
HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
ICY HOT MAX LIDOCAINE EXTERNAL LIQUID 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
<i>jelcaine sterile external gel 2 %</i>	OTC Benefit	
K-Y DURATION SPRAY FOR HIM EXTERNAL SOLUTION 9.6 % (<i>lidocaine</i>)	OTC Benefit	
LANSINOH PAIN RELIEF SPRAY EXTERNAL SOLUTION 4 % (<i>lidocaine</i>)	OTC Benefit	
LIDAFLEX EXTERNAL PATCH 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
LIDO KING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
<i>lidocaine external cream 3 %</i>	OTC Benefit	
<i>lidocaine external ointment 4 %</i>	OTC Benefit	
<i>lidocaine max st 24 hours external patch 4 %</i>	OTC Benefit	
<i>lidocaine pain relief max st external liquid 4 %</i>	OTC Benefit	
<i>lidocaine plus external cream 4 %</i>	OTC Benefit	
<i>lidocanna external patch 4 %</i>	OTC Benefit	
LIDOCARE ARM/NECK/LEG EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
LIDOCARE BACK/SHOULDER EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
<i>lidocore external patch 4 %</i>	OTC Benefit	
LIDODOSE EXTERNAL GEL 3 % (<i>lidocaine hcl</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
LIDODOSE PEDIATRIC BULK PACK EXTERNAL GEL 3 % (<i>lidocaine hcl</i>)	OTC Benefit	
<i>lidotrode external patch 4 %</i>	OTC Benefit	
<i>lidozall external cream 4 %</i>	OTC Benefit	
LMX 4 EXTERNAL CREAM 4 % (<i>lidocaine</i>)	OTC Benefit	
LUBRICAIN EXTERNAL GEL 4 % (<i>lidocaine</i>)	OTC Benefit	
LUVENA FEMININE WIPES EXTERNAL 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
MEDI-FIRST BURN SPRAY EXTERNAL SOLUTION 2 % (<i>lidocaine hcl</i>)	OTC Benefit	
MONISTAT CARE MAX ST EXTERNAL AEROSOL 20 % (<i>benzocaine</i>)	OTC Benefit	
OUTGRO PAIN RELIEF EXTERNAL LIQUID 20 % (<i>benzocaine</i>)	OTC Benefit	
<i>pain relief maximum strength external patch 4 %</i>	OTC Benefit	
<i>pain relief roll-on external liquid 4 %</i>	OTC Benefit	
<i>pain relieving + lidocaine external cream 4 %</i>	OTC Benefit	
<i>pain relieving lidocaine external patch 4 %</i>	OTC Benefit	
PEVIDERM EXTERNAL LOTION 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
PHARMACIST CHOICE LIDOCAINE EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
<i>pramoxine hcl external lotion 1 %</i>	OTC Benefit	
PRAX EXTERNAL LOTION 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
<i>qc lidocaine pain relief external patch 4 %</i>	OTC Benefit	
<i>qc pain relief capsaicin external liquid 0.15 %</i>	OTC Benefit	
<i>qc pain relieving + lidocaine external cream 4 %</i>	OTC Benefit	
<i>ra capsicum hot patch external patch 0.025 %</i>	OTC Benefit	
<i>ra lidocaine pain relieving external patch 4 %</i>	OTC Benefit	
<i>ra pain relief external cream 4 %</i>	OTC Benefit	
<i>ra pain relieving external patch 4 %</i>	OTC Benefit	
<i>radiaguard advanced external lotion 1 %</i>	OTC Benefit	
REGENECARE HA EXTERNAL GEL 2 % (<i>lidocaine hcl</i>)	OTC Benefit	
REGENECARE HA EXTERNAL LIQUID 2 % (<i>lidocaine hcl</i>)	OTC Benefit	
RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
SALONPAS-HOT EXTERNAL PATCH 0.025 % (<i>capsaicin</i>)	OTC Benefit	
SARNA SENSITIVE EXTERNAL LOTION 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
SUN BURNT PLUS EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
<i>sure result sr relief external cream 0.025 %</i>	OTC Benefit	
<i>tetri-ag external ointment 1.9 %</i>	OTC Benefit	
<i>theracare lidocaine max str external patch 4 %</i>	OTC Benefit	
<i>theracare pain relief external patch 4 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
THERAWORX DIABET PAIN ROLL-ON EXTERNAL LIQUID 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
THERAWORX PAIN RELIEF ROLL-ON EXTERNAL LIQUID 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
THERAWORX PM PAIN RELF ROLL-ON EXTERNAL LIQUID 4 % (<i>lidocaine hcl</i>)	OTC Benefit	
TOPICAINE EXTERNAL GEL 4 % (<i>lidocaine</i>)	OTC Benefit	
TRIOLOGEL EXTERNAL GEL 2.8 % (<i>lidocaine hcl</i>)	OTC Benefit	
VAGISIL ANTI-ITCH MEDICATED EXTERNAL 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
VAGISIL MAXIMUM STRENGTH EXTERNAL 1 % (<i>pramoxine hcl</i>)	OTC Benefit	
WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 % (<i>lidocaine</i>)	OTC Benefit	
XEROBURN EXTERNAL GEL 2 % (<i>lidocaine hcl</i>)	OTC Benefit	
ZOSTRIX HP EXTERNAL CREAM 0.1 % (<i>capsaicin</i>)	OTC Benefit	
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 % (<i>capsaicin</i>)	OTC Benefit	
*LUBRICANTS***		
<i>almost naked external liquid</i>	OTC Benefit	
AQUA LUBE EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
AQUA LUBE PLUS EXTERNAL GEL 1 % (<i>lubricants</i>)	OTC Benefit	
ASTROGLIDE EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
<i>cvs lubricating jelly external gel</i>	OTC Benefit	
<i>cvs lubricating liquid external liquid</i>	OTC Benefit	
<i>cvs personal lubricant external liquid</i>	OTC Benefit	
<i>cvs personal lubricant/moist external gel</i>	OTC Benefit	
<i>eq personal lubricant jelly external gel</i>	OTC Benefit	
<i>eq personal lubricating external liquid</i>	OTC Benefit	
<i>eql lubricating jelly external gel</i>	OTC Benefit	
<i>feminine moisturizer/lubricant external gel</i>	OTC Benefit	
H-R LUBRICATING JELLY 2-X EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
H-R LUBRICATING JELLY EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
H-R LUBRICATING JELLY ONE SHOT EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
HR LUBRICATING JELLY SAFEWRAP EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
K-Y EXTERNAL LIQUID (<i>lubricants</i>)	OTC Benefit	
K-Y JELLY EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
K-Y LOVE PASSION EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
K-Y LUBRICATING EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
K-Y NATURAL FEELING ALOE VERA EXTERNAL LIQUID (<i>lubricants</i>)	OTC Benefit	
K-Y NATURAL FEELING/HYALURONIC EXTERNAL LIQUID (<i>lubricants</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
K-Y TRUE FEEL DELUXE EXTERNAL LIQUID (<i>lubricants</i>)	OTC Benefit	
K-Y ULTRAGEL EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
K-Y WARMING EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
K-Y WARMING EXTERNAL LIQUID (<i>lubricants</i>)	OTC Benefit	
<i>lubricating jelly external gel</i>	OTC Benefit	
<i>massage/lubricant warming external liquid</i>	OTC Benefit	
<i>personal lubricant external gel</i>	OTC Benefit	
<i>personal lubricant warming external gel</i>	OTC Benefit	
<i>personal lubricant warming external liquid</i>	OTC Benefit	
<i>ra intimacy gels/him/her external gel</i>	OTC Benefit	
<i>ra personal lubricant external liquid</i>	OTC Benefit	
<i>sb lubricating jelly external gel</i>	OTC Benefit	
<i>sm lubricating jelly external gel</i>	OTC Benefit	
SURGILUBE EXTERNAL GEL (<i>lubricants</i>)	OTC Benefit	
*MISC. DERMATOLOGICAL PRODUCTS***		
5 DAY FRESH EXTERNAL PAD (<i>dermatological products, misc.</i>)	OTC Benefit	
<i>bromi-lotion external lotion</i>	OTC Benefit	
<i>calicylic external cream</i>	OTC Benefit	
CERTAIN DRI EVERYDAY STRENGTH EXTERNAL STICK 20 % (<i>dermatological products, misc.</i>)	OTC Benefit	
<i>cure-all external cream</i>	OTC Benefit	
<i>cvs liquid bandage external aerosol</i>	OTC Benefit	
DERMEND BRUISE FORMULA EXTERNAL LOTION (<i>dermatological products, misc.</i>)	OTC Benefit	
DETACHOL ADHESIVE REMOVER EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
DIABETIDERM MASSAGE STIMULATOR EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
ELON NAIL CONDITIONER EXTERNAL OINTMENT (<i>dermatological products, misc.</i>)	OTC Benefit	
EPIMIDE EXTERNAL LOTION (<i>dermatological products, misc.</i>)	OTC Benefit	
FREE & CLEAR EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
FREEDERM ADHESIVE REMOVER EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
FRESHN FEMININE DEODORANT EXTERNAL AEROSOL (<i>dermatological products, misc.</i>)	OTC Benefit	
JOBST IT STAYS EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
KERASAL FUNGAL NAIL RENEWAL EXTERNAL SOLUTION (<i>dermatological products, misc.</i>)	OTC Benefit	
KERASAL MULTI-PURP NAIL REPAIR EXTERNAL SOLUTION (<i>dermatological products, misc.</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
KERASAL NAIL RENEWAL EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
LE STICK DEODORANT EXTERNAL STICK (<i>dermatological products, misc.</i>)	OTC Benefit	
liquid bandage external liquid	OTC Benefit	
NAIL SCRUB EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
NATUREPRO DEODORANT EXTERNAL STICK (<i>dermatological products, misc.</i>)	OTC Benefit	
NEXCARE LIQUID BANDAGE DROPS EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
NEXCARE LIQUID BANDAGE SPRAY EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
NONYX EXTERNAL GEL (<i>dermatological products, misc.</i>)	OTC Benefit	
OC8 EXTERNAL GEL (<i>dermatological products, misc.</i>)	OTC Benefit	
PROTEIN 29 HAIR GROOM EXTERNAL GEL (<i>dermatological products, misc.</i>)	OTC Benefit	
PROTEIN 29 HAIR TONIC EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
ra draw out salve external ointment	OTC Benefit	
REMOVE ADHESIVE REMOVER EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
REMOVE ADHESIVE REMOVER WIPES EXTERNAL (<i>dermatological products, misc.</i>)	OTC Benefit	
RESINOL EXTERNAL OINTMENT 55-2 % (<i>dermatological products, misc.</i>)	OTC Benefit	
strip ease adhesive remover external liquid	OTC Benefit	
SUMMERS EVE ACTIVE EXTERNAL AEROSOL (<i>dermatological products, misc.</i>)	OTC Benefit	
SUMMERS EVE DEODORANT EXTERNAL AEROSOL (<i>dermatological products, misc.</i>)	OTC Benefit	
SUMMERS EVE DEODORANT ULTRA EXTERNAL AEROSOL (<i>dermatological products, misc.</i>)	OTC Benefit	
SUMMERS EVE FRESHENING EXTERNAL AEROSOL (<i>dermatological products, misc.</i>)	OTC Benefit	
SUMMERS EVE SPRAY EXTERNAL AEROSOL (<i>dermatological products, misc.</i>)	OTC Benefit	
SWEATBLOCK EXTERNAL 14 % (<i>dermatological products, misc.</i>)	OTC Benefit	
SWEATBLOCK HANDS & FEET EXTERNAL LOTION 16 % (<i>dermatological products, misc.</i>)	OTC Benefit	
SWEATBLOCK MAXIMUM STRENGTH EXTERNAL 15 % (<i>dermatological products, misc.</i>)	OTC Benefit	
THUM EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
VAGISIL ODOR BLOCK DRY WASH EXTERNAL AEROSOL (<i>dermatological products, misc.</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VAGISIL SCENTSITIVE DRY WASH EXTERNAL AEROSOL (<i>dermatological products, misc.</i>)	OTC Benefit	
WILDROOT HAIR EXTERNAL CREAM (<i>dermatological products, misc.</i>)	OTC Benefit	
WILDROOT HAIR GROOM EXTERNAL CREAM (<i>dermatological products, misc.</i>)	OTC Benefit	
WILDROOT HAIR GROOM EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	OTC Benefit	
YODORA DEODORANT EXTERNAL CREAM (<i>dermatological products, misc.</i>)	OTC Benefit	
*MISC. TOPICAL COMBINATIONS***		
A+D FIRST AID EXTERNAL OINTMENT 15.5-53.4 % (<i>lanolin-petrolatum</i>)	OTC Benefit	
A+D PREVENT ORIGINAL EXTERNAL OINTMENT 15.5-53.4 % (<i>lanolin-petrolatum</i>)	OTC Benefit	
<i>calamine-zinc oxide external lotion , 8-8 %</i>	OTC Benefit	
<i>calamine-zinc oxide external suspension 8-8 %</i>	OTC Benefit	
CALASOOTHE EXTERNAL OINTMENT 0.44-20.625 % (<i>menthol-zinc oxide</i>)	OTC Benefit	
CALDESENE BABY EXTERNAL POWDER 81-15 % (<i>corn starch-zinc oxide</i>)	OTC Benefit	
CALDESENE EXTERNAL POWDER 81-15 % (<i>corn starch-zinc oxide</i>)	OTC Benefit	
CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 % (<i>menthol-zinc oxide</i>)	OTC Benefit	
CALPROTECT EXTERNAL OINTMENT 0.44-20.6 % (<i>menthol-zinc oxide</i>)	OTC Benefit	
COMFORT CLEAN/COMFORT SHIELD EXTERNAL 3 % (<i>dimeth & incontinent cleanser</i>)	OTC Benefit	
<i>cvs body powder medicated external powder</i>	OTC Benefit	
<i>cvs multi-purpose external ointment 15.5-53.4 %</i>	OTC Benefit	
<i>cvs protective external powder 81-15 %</i>	OTC Benefit	
DR SMITHS RASH + SKIN EXTERNAL OINTMENT 16-57 % (<i>lanolin-petrolatum</i>)	OTC Benefit	
<i>eq calamine external suspension 8-8 %</i>	OTC Benefit	
GOLD BOND EXTERNAL POWDER (<i>menthol-zinc oxide</i>)	OTC Benefit	
<i>goodsense calamine external suspension 8-8 %</i>	OTC Benefit	
LAMISIL AT EXTERNAL POWDER (<i>talc-starch</i>)	OTC Benefit	
MEDPURA HYDROSEPTINE EXTERNAL OINTMENT 0.44-20.6 % (<i>menthol-zinc oxide</i>)	OTC Benefit	
<i>meijer calamine external lotion</i>	OTC Benefit	
<i>menthol-zinc oxide external ointment 0.44-20.625 %</i>	OTC Benefit	
<i>moisture barrier external ointment 0.44-20.6 %</i>	OTC Benefit	
<i>ra calamine external suspension 8-8 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
RISAMINE EXTERNAL OINTMENT 0.44-20.625 % (<i>menthol-zinc oxide</i>)	OTC Benefit	
<i>sm medicated body external powder</i>	OTC Benefit	
ZINC-OXYDE PLUS EXTERNAL OINTMENT 0.44-20 % (<i>menthol-zinc oxide</i>)	OTC Benefit	
*MISC. TOPICAL***		
<i>aloe vera external cream 72 %</i>	OTC Benefit	
<i>aloe vera external gel , 99.5 %</i>	OTC Benefit	
<i>aloe vera moisturizing external gel 99.5 %</i>	OTC Benefit	
<i>aloe vera replenishing body external gel</i>	OTC Benefit	
<i>aluminum chloride crystals</i>	OTC Benefit	
<i>aluminum chloride hexahydrate powder</i>	OTC Benefit	
<i>boric acid external granules</i>	OTC Benefit	
B-SURE WITCH HAZEL EXTERNAL PAD 50 % (<i>witch hazel</i>)	OTC Benefit	
<i>cvs aftersun aloe vera external gel</i>	OTC Benefit	
<i>cvs aftersun aloe vera soothing external gel</i>	OTC Benefit	
<i>cvs medicated wipes external pad 50 %</i>	OTC Benefit	
<i>cvs medicated witch hazel external pad 50 %</i>	OTC Benefit	
<i>cvs witch hazel external solution 86 %</i>	OTC Benefit	
<i>cvs wound wash external solution 0.9 %</i>	OTC Benefit	
DICKINSONS WITCH HAZEL EXTERNAL LIQUID (<i>witch hazel</i>)	OTC Benefit	
<i>eq hemorrhoidal external pad 50 %</i>	OTC Benefit	
<i>eq hygienic cleansing wipes external pad</i>	OTC Benefit	
<i>eql aloe vera after sun external gel</i>	OTC Benefit	
<i>eql witch hazel external solution 86 %</i>	OTC Benefit	
<i>ft witch hazel external solution 86 %</i>	OTC Benefit	
<i>gnp aloe vera external gel</i>	OTC Benefit	
<i>gnp saline wound wash external solution 0.9 %</i>	OTC Benefit	
<i>gnp witch hazel external liquid</i>	OTC Benefit	
<i>goodsense medicated external pad 50 %</i>	OTC Benefit	
<i>goodsense medicated wipes external pad 50 %</i>	OTC Benefit	
<i>green soap external tincture</i>	OTC Benefit	
<i>hemorrhoidal hygiene external pad 50 %</i>	OTC Benefit	
<i>hm witch hazel external liquid</i>	OTC Benefit	
KINERASE EXTERNAL CREAM 0.1 %, 0.125 % (<i>kinetin</i>)	OTC Benefit	
KINERASE EXTERNAL LOTION 0.1 % (<i>kinetin</i>)	OTC Benefit	
<i>medicated pads external pad 50 %</i>	OTC Benefit	
<i>medicated wipes external pad 50 %</i>	OTC Benefit	
MG217 FIRST AID DRAWING SALVE EXTERNAL OINTMENT 10 % (<i>ichthammol</i>)	OTC Benefit	
MG217 FIRST AID ICHTHAMMOL EXTERNAL OINTMENT 10 % (<i>ichthammol</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NORMLGEL EXTERNAL GEL 0.9 % (<i>sodium chloride</i>)	OTC Benefit	
<i>pre-moistened witch hazel external pad 50 %</i>	OTC Benefit	
PREPARATION H EXTERNAL PAD 50 % (<i>witch hazel</i>)	OTC Benefit	
PREPARATION H FOR WOMEN EXTERNAL PAD 20 % (<i>witch hazel</i>)	OTC Benefit	
PREPARATION H SOOTHING RELIEF EXTERNAL LIQUID 20 % (<i>witch hazel</i>)	OTC Benefit	
PREPARATION H SOOTHING RELIEF EXTERNAL PAD 20 % (<i>witch hazel</i>)	OTC Benefit	
PREPARATION H TOTABLES WIPES EXTERNAL PAD 50 % (<i>witch hazel</i>)	OTC Benefit	
<i>qc ichthammol external ointment 20 %</i>	OTC Benefit	
<i>qc medicated pads external pad</i>	OTC Benefit	
<i>qc medicated pre-moistened external pad 50 %</i>	OTC Benefit	
<i>qc medicated wipes external pad</i>	OTC Benefit	
<i>qc witch hazel external liquid</i>	OTC Benefit	
<i>ra medicated wipes external pad 50 %</i>	OTC Benefit	
<i>ra renewal soothing aloe vera external gel</i>	OTC Benefit	
<i>saline wound wash external solution 0.9 %</i>	OTC Benefit	
SALJET EXTERNAL SOLUTION 0.9 % (<i>sodium chloride</i>)	OTC Benefit	
SALJET RINSE EXTERNAL SOLUTION 0.9 % (<i>sodium chloride</i>)	OTC Benefit	
<i>sm witch hazel external liquid</i>	OTC Benefit	
SUN BURNT AFTER-SUN GEL EXTERNAL GEL (<i>aloe vera</i>)	OTC Benefit	
SUN BURNT DAILY MOISTURIZING EXTERNAL LOTION (<i>aloe vera</i>)	OTC Benefit	
TN DICKINSONS WITCH HAZEL EXTERNAL LIQUID (<i>witch hazel</i>)	OTC Benefit	
TN DICKINSONS WITCH HAZEL EXTERNAL PAD , 50 % (<i>witch hazel</i>)	OTC Benefit	
<i>witch hazel external liquid</i>	OTC Benefit	
<i>witch hazel external solution 86 %</i>	OTC Benefit	
WOUND WASH SALINE EXTERNAL SOLUTION 0.9 % (<i>sodium chloride</i>)	OTC Benefit	
*NIT REMOVERS***		
<i>ft ultra lice treatment system external kit</i>	OTC Benefit	
LICEMD EXTERNAL GEL (<i>nit remover</i>)	OTC Benefit	
LICEOUT EXTERNAL GEL (<i>nit remover</i>)	OTC Benefit	
MEDI-LICE COMBING EXTERNAL GEL (<i>nit remover</i>)	OTC Benefit	
NIX ULTRA 2-IN-1 LICE SYSTEM EXTERNAL KIT (<i>nit remover</i>)	OTC Benefit	
NIX ULTRA ALL-IN-ONE SHAMPOO EXTERNAL KIT (<i>nit remover</i>)	OTC Benefit	
NIX ULTRA EXTERNAL KIT (<i>nit remover</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NIX ULTRA LICE REMOVAL KIT EXTERNAL KIT 0.25 % (<i>nit remover</i>)	OTC Benefit	
RID SUPER MAX 4 IN 1 LICE ELIM EXTERNAL KIT (<i>nit remover</i>)	OTC Benefit	
RID SUPER MAX 5 IN 1 LICE ELIM EXTERNAL KIT (<i>nit remover</i>)	OTC Benefit	
RID SUPER MAX SENSITIVE SKIN EXTERNAL KIT (<i>nit remover</i>)	OTC Benefit	
SCHOOLTIME SHAMPOO EXTERNAL SHAMPOO (<i>nit remover</i>)	OTC Benefit	
STOP LICE STEP 2 EXTERNAL GEL (<i>nit remover</i>)	OTC Benefit	
*PIGMENTING AGENTS***		
DY-O-DERM VITILIGO STAIN EXTERNAL SOLUTION 6.55 % (<i>dihydroxyacetone</i>)	OTC Benefit	
VITADYE EXTERNAL LOTION 5 % (<i>dihydroxyacetone</i>)	OTC Benefit	
*PODIATRIC PRODUCT - COMBINATIONS***		
<i>gordomatic external crystals</i>	OTC Benefit	
*PODIATRIC PRODUCTS***		
AMLACTIN FOOT CREAM THERAPY EXTERNAL CREAM (<i>podiatric products</i>)	OTC Benefit	
AMLACTIN FOOT REPAIR EXTERNAL CREAM 15 % (<i>podiatric products</i>)	OTC Benefit	
AQUAPHOR ADV THERAPY FEET EXTERNAL OINTMENT (<i>podiatric products</i>)	OTC Benefit	
<i>cracked heel skin softener external ointment</i>	OTC Benefit	
<i>daily exfoliating cleanser external liquid</i>	OTC Benefit	
DR TEALS SHEA ENRICHED FOOT EXTERNAL CREAM (<i>podiatric products</i>)	OTC Benefit	
ELON HERBAL FOOT EXTERNAL CREAM (<i>podiatric products</i>)	OTC Benefit	
<i>eucerin advanced repair foot external cream</i>	OTC Benefit	
EXFOLIX EXFOLIATING FOOT SOAP EXTERNAL BAR (<i>podiatric products</i>)	OTC Benefit	
FLEXITOL HEEL BALM EXTERNAL OINTMENT (<i>podiatric products</i>)	OTC Benefit	
<i>foot treatment advanced external ointment</i>	OTC Benefit	
GOLD BOND FOOT EXTERNAL CREAM (<i>podiatric products</i>)	OTC Benefit	
<i>heel balm external ointment</i>	OTC Benefit	
LAMISILK CLEANSE EXTERNAL LIQUID (<i>podiatric products</i>)	OTC Benefit	
LAMISILK PROTECT EXTERNAL LIQUID (<i>podiatric products</i>)	OTC Benefit	
PALMERS FOOT MAGIC SCRUB EXTERNAL CREAM (<i>podiatric products</i>)	OTC Benefit	
PALMERS HEEL REPAIR EXTERNAL STICK (<i>podiatric products</i>)	OTC Benefit	
SLEEP-N-HEEL EXTERNAL KIT 20 % (<i>podiatric products</i>)	OTC Benefit	
TOETAL FRESH EXTERNAL LIQUID (<i>podiatric products</i>)	OTC Benefit	
UDDERLY SMOOTH FOOT EXTERNAL CREAM (<i>podiatric products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*POISON IVY PRODUCT COMBINATIONS***		
<i>poison ivy treatment external aerosol 10-0.5-0.25 %</i>	OTC Benefit	
*POISON IVY PRODUCTS***		
<i>ivy wash poison ivy cleanser external lotion 1 %</i>	OTC Benefit	
IVY-RID EXTERNAL AEROSOL (<i>poison ivy treatments</i>)	OTC Benefit	
<i>poison ivy wash external</i>	OTC Benefit	
<i>poison ivy wash external lotion 1 %</i>	OTC Benefit	
<i>qc poison ivy wash external 1 %</i>	OTC Benefit	
TECNU EXTREME POISON IVY & OAK EXTERNAL LIQUID (<i>poison ivy treatments</i>)	OTC Benefit	
TECNU IVY COMPLETE EXTERNAL KIT 2 % (<i>poison ivy treatments</i>)	OTC Benefit	
TECNU OUTDOOR SKIN CLEANSER EXTERNAL LIQUID (<i>poison ivy treatments</i>)	OTC Benefit	
ZANFEL EXTERNAL (<i>poison ivy treatments</i>)	OTC Benefit	
*POWDERS***		
AMB ANTI FRICTION BODY EXTERNAL POWDER (<i>powders</i>)	OTC Benefit	
ANTI MONKEY BUTT EXTERNAL POWDER (<i>powders</i>)	OTC Benefit	
<i>baby cornstarch external powder</i>	OTC Benefit	
<i>baby powder external powder</i>	OTC Benefit	
BALMEX BABY EXTERNAL POWDER (<i>powders</i>)	OTC Benefit	
COLUMBIA ANTISEPTIC EXTERNAL POWDER (<i>powders</i>)	OTC Benefit	
<i>cvs baby powder-cornstarch external powder</i>	OTC Benefit	
DR SCHOLLS ODOR-X/SWEATMAX EXTERNAL AEROSOL POWDER (<i>powders</i>)	OTC Benefit	
GOLD BOND NO MESS BODY POWDER EXTERNAL AEROSOL POWDER (<i>powders</i>)	OTC Benefit	
GOLD BOND ULTIMATE EXTERNAL POWDER (<i>powders</i>)	OTC Benefit	
JOHNSONS BABY CORNSTARCH EXTERNAL POWDER (<i>corn starch</i>)	OTC Benefit	
JOHNSONS BABY POWDER EXTERNAL POWDER (<i>corn starch</i>)	OTC Benefit	
LADY ANTI MONKEY BUTT EXTERNAL POWDER (<i>powders</i>)	OTC Benefit	
RA TUGABOOS BABY EXTERNAL POWDER (<i>corn starch</i>)	OTC Benefit	
<i>sm baby powder cornstarch external powder</i>	OTC Benefit	
<i>sm baby powder external powder</i>	OTC Benefit	
SUMMERS EVE BODY EXTERNAL POWDER (<i>powders</i>)	OTC Benefit	
SUMMERS EVE BODY/ISLAND SPLASH EXTERNAL POWDER (<i>corn starch</i>)	OTC Benefit	
SUMMERS EVE FEMININE EXTERNAL POWDER (<i>corn starch</i>)	OTC Benefit	
VAGISIL DEODORANT EXTERNAL POWDER (<i>powders</i>)	OTC Benefit	
ZEASORB (CORN STARCH) EXTERNAL POWDER (<i>corn starch</i>)	OTC Benefit	
*SCABICIDE COMBINATIONS***		
<i>cvs lice killing external shampoo 0.33-4 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CVS LICE SOLUTION 3-STEP COMBINATION KIT (<i>pyreth-pip butox-permeth-nitre</i>)	OTC Benefit	
CVS LICE SOLUTION COMBINATION KIT (<i>pyreth-pip butox-permeth-nitre</i>)	OTC Benefit	
<i>eql lice killing max st external shampoo 0.33-4 %</i>	OTC Benefit	
<i>goodsense complete lice kit combination kit</i>	OTC Benefit	
<i>goodsense lice killing max str external shampoo 0.33-4 %</i>	OTC Benefit	
<i>lice killing external shampoo 4-0.33 %</i>	OTC Benefit	
NIX COMPLETE LICE TREATMENT COMBINATION KIT 1 & 0.25 % (<i>permethrin-nit remover</i>)	OTC Benefit	
<i>qc complete lice treatment kit combination kit</i>	OTC Benefit	
<i>ra lice maximum strength external shampoo 0.33-4 %</i>	OTC Benefit	
<i>ra lice solution combination kit 0.5-0.33-4 %</i>	OTC Benefit	
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (<i>pyrethrins-piperonyl butoxide</i>)	OTC Benefit	
<i>sb lice killing max st external shampoo 0.33-4 %</i>	OTC Benefit	
<i>sb lice treatment external liquid 0.3-3 %</i>	OTC Benefit	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	OTC Benefit	
<i>stop lice maximum strength external liquid 0.33-4 %</i>	OTC Benefit	
VANALICE EXTERNAL GEL 0.3-3.5 % (<i>pyrethrins-piperonyl butoxide</i>)	OTC Benefit	
*SCABICIDES & PEDICULICIDES***		
<i>bedding spray lice treatment aerosol 0.5 %</i>	OTC Benefit	
<i>cvs ivermectin lice treatment external lotion 0.5 %</i>	OTC Benefit	
<i>cvs lice treatment external liquid 1 %</i>	OTC Benefit	
<i>cvs lice-bedbug-mite aerosol 0.5 %</i>	OTC Benefit	
<i>eq ivermectin external lotion 0.5 %</i>	OTC Benefit	
<i>ft lice-bedbug-mite aerosol 0.5 %</i>	OTC Benefit	
<i>gnp home lice/bedbug/dust mite aerosol 0.5 %</i>	OTC Benefit	
<i>lice treatment external liquid 1 %</i>	OTC Benefit	
LICEFREEE HOME LIQUID 5 % (<i>limonene</i>)	OTC Benefit	
NIX CREME RINSE EXTERNAL LIQUID 1 % (<i>permethrin</i>)	OTC Benefit	
NIX LICE KILLING SPRAY LIQUID 0.25 % (<i>permethrin</i>)	OTC Benefit	
<i>ra lice treatment external liquid 1 %</i>	OTC Benefit	
<i>sb lice treatment external liquid 1 %</i>	OTC Benefit	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	OTC Benefit	
<i>sm bedding lice treatment aerosol 0.5 %</i>	OTC Benefit	
<i>stop lice aerosol 0.5 %</i>	OTC Benefit	
<i>stop lice step 3 aerosol 0.5 %</i>	OTC Benefit	
*SCAR TREATMENT PRODUCTS - COMBINATIONS***		
<i>dermovix external patch 2-30 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*SCAR TREATMENT PRODUCTS***		
<i>advanced scar external gel</i>	OTC Benefit	
AVOSIL EXTERNAL OINTMENT (<i>scar treatment products</i>)	OTC Benefit	
COPADERM EXTERNAL GEL (<i>scar treatment products</i>)	OTC Benefit	
<i>cvs scar external gel</i>	OTC Benefit	
MEDERMA ADVANCED SCAR GEL EXTERNAL GEL (<i>scar treatment products</i>)	OTC Benefit	
MEDERMA EXTERNAL GEL (<i>scar treatment products</i>)	OTC Benefit	
MEDERMA FOR KIDS EXTERNAL GEL (<i>scar treatment products</i>)	OTC Benefit	
MEDERMA SPF 30 EXTERNAL CREAM (<i>scar treatment products</i>)	OTC Benefit	
PALMERS SCAR SERUM EXTERNAL LIQUID (<i>scar treatment products</i>)	OTC Benefit	
<i>scar external gel</i>	OTC Benefit	
<i>scar gel external gel</i>	OTC Benefit	
SCARAWAY EXTERNAL GEL (<i>scar treatment products</i>)	OTC Benefit	
<i>scarcin external cream</i>	OTC Benefit	
<i>skarcade external pad</i>	OTC Benefit	
<i>skarjel external gel</i>	OTC Benefit	
*SHAMPOOS***		
CLN HEALTHY SCALP EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
CLN MOISTURE RICH GENTLE EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
DARA EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
DHS COLOR SAFE EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
DHS COLOR SAFE RINSE/PANTHENOL EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
DHS CONDITIONING RINSE EXTERNAL LIQUID (<i>shampoos</i>)	OTC Benefit	
DHS EXTERNAL SHAMPOO 0.5-0.5 % (<i>shampoos</i>)	OTC Benefit	
<i>dry shampoo external aerosol</i>	OTC Benefit	
FREE & CLEAR EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
JOHNSONS KIDS CURL DEFINING EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
JOHNSONS KIDS SHINY & SOFT EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
ULTRASWIM CHLORINE REMOVAL EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
ULTRASWIM EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
ULTRASWIM ULTRA REPAIR EXTERNAL SHAMPOO (<i>shampoos</i>)	OTC Benefit	
*SKIN CLEANSERS***		
<i>advanced hand sani/aloe/vit e external liquid 70 %</i>	OTC Benefit	
<i>advanced hand sanitizer external liquid 70 %</i>	OTC Benefit	
<i>advanced hand sanitizer/aloe external liquid 70 %</i>	OTC Benefit	
<i>advanced hand sanitizer/vit e external liquid 70 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>alcohol wipes external 70 %</i>	OTC Benefit	
ALOE VESTA CLEANSING FOAM EXTERNAL LIQUID (<i>incontinent wash</i>)	OTC Benefit	
ALOE VESTA MULTI PURPOSE EXTERNAL FOAM (<i>incontinent wash</i>)	OTC Benefit	
ALOE VESTA PERINEAL/SKIN EXTERNAL LIQUID (<i>incontinent wash</i>)	OTC Benefit	
BALNEOL EXTERNAL LOTION (<i>incontinent wash</i>)	OTC Benefit	
CARETOUCH HAND SANITIZER EXTERNAL GEL 75 % (<i>ethyl alcohol (skin cleanser)</i>)	OTC Benefit	
CARETOUCH SANITIZ HAND WIPES EXTERNAL 62 %, 75 % (<i>ethyl alcohol (skin cleanser)</i>)	OTC Benefit	
<i>ca-rezz norisc external liquid</i>	OTC Benefit	
CHANTAL ANTI-BACTERIAL HAND EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	OTC Benefit	
CLEVER CHOICE HAND SANITIZER EXTERNAL GEL 70 % (<i>ethyl alcohol (skin cleanser)</i>)	OTC Benefit	
<i>cvs hygienic cleansing external lotion</i>	OTC Benefit	
<i>cvs instant hand sanitizer external liquid 62 %</i>	OTC Benefit	
<i>cvs isopropyl alcohol wipes external 70 %</i>	OTC Benefit	
<i>eql hand sanitizer advanced external liquid 70 %</i>	OTC Benefit	
<i>eql hand sanitizer external liquid 70 %</i>	OTC Benefit	
<i>eql hand sanitizer/aloe external liquid 70 %</i>	OTC Benefit	
GERMPHOBIC HAND SANITIZER EXTERNAL SOLUTION 80 % (<i>ethyl alcohol (skin cleanser)</i>)	OTC Benefit	
GERM-X CITRUS HAND SANITIZER EXTERNAL LIQUID 62 % (<i>ethyl alcohol (skin cleanser)</i>)	OTC Benefit	
GERM-X ORIGINAL HAND SANITIZER EXTERNAL LIQUID 62 % (<i>ethyl alcohol (skin cleanser)</i>)	OTC Benefit	
<i>hand sanitizer external gel 62 %</i>	OTC Benefit	
<i>hand sanitizer wipes external 70 %</i>	OTC Benefit	
<i>hand sanitizer/aloe/vitamin e external liquid 70 %</i>	OTC Benefit	
HANDCLEAN HAND SANITIZER EXTERNAL GEL 70 % (<i>ethyl alcohol (skin cleanser)</i>)	OTC Benefit	
<i>hygienic cleansing external lotion</i>	OTC Benefit	
INSTACLEAN EXTERNAL LIQUID (<i>isopropyl alcohol</i>)	OTC Benefit	
<i>instant hand sanitizer external liquid 62 %, 65 %</i>	OTC Benefit	
<i>isopropyl alcohol external 70 %</i>	OTC Benefit	
<i>isopropyl alcohol external liquid 70 %</i>	OTC Benefit	
<i>isopropyl alcohol wipes external 70 %</i>	OTC Benefit	
LANTESEPTIC CLEANSING FOAM EXTERNAL LIQUID (<i>incontinent wash</i>)	OTC Benefit	
LANTISEPTIC ALL BODY WASH EXTERNAL LIQUID (<i>incontinent wash</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
LANTISEPTIC DAILY BODY WASH EXTERNAL LIQUID <i>(incontinent wash)</i>	OTC Benefit	
LANTISEPTIC NO-RINSE FOAM EXTERNAL LIQUID <i>(incontinent wash)</i>	OTC Benefit	
LANTISEPTIC PERINEAL WASH EXTERNAL LIQUID <i>(incontinent wash)</i>	OTC Benefit	
MEDI-FIRST ANTISEPTIC CLEANER EXTERNAL GEL 66.5 % <i>(ethyl alcohol (skin cleanser))</i>	OTC Benefit	
MEDI-FIRST ISOPROPYL ALCOHOL EXTERNAL LIQUID 70 % <i>(isopropyl alcohol)</i>	OTC Benefit	
<i>medpura alcohol pads external 70 %</i>	OTC Benefit	
<i>medpura hand sanitizer external gel 65 %, 70 %</i>	OTC Benefit	
<i>medpura hand sanitizer external solution 70 %</i>	OTC Benefit	
NEW DIGNITY ODOR ELIMINATOR EXTERNAL SOLUTION <i>(incontinent wash)</i>	OTC Benefit	
<i>one step perineal external lotion 2 %</i>	OTC Benefit	
PALMERS SKIN THERAPY CLEANSING EXTERNAL OIL <i>(skin cleansers)</i>	OTC Benefit	
PERICLEAN EXTERNAL LIQUID <i>(incontinent wash)</i>	OTC Benefit	
<i>perineal skin cleanser external liquid 0.1 %</i>	OTC Benefit	
PERISCENT EXTERNAL LIQUID <i>(incontinent wash)</i>	OTC Benefit	
PREVACARE ANTIMICROBIAL EXTERNAL GEL 60 % <i>(ethyl alcohol (skin cleanser))</i>	OTC Benefit	
PROSHIELD FOAM/SPRAY CLEANSER EXTERNAL FOAM <i>(incontinent wash)</i>	OTC Benefit	
PROSHIELD SPRAY CLEANSER EXTERNAL LIQUID <i>(incontinent wash)</i>	OTC Benefit	
<i>qc advanced hand sanitizer external gel 70 %</i>	OTC Benefit	
<i>qc alcohol external 70 %</i>	OTC Benefit	
<i>ra isopropyl alcohol wipes external 70 %</i>	OTC Benefit	
SANNYTIZE HAND SANITIZER WIPES EXTERNAL 70 % <i>(ethyl alcohol (skin cleanser))</i>	OTC Benefit	
SENSI-CARE PERINEAL/SKIN EXTERNAL LIQUID <i>(incontinent wash)</i>	OTC Benefit	
<i>sm advanced hand sanitizer external liquid 70 %</i>	OTC Benefit	
*SKIN OILS***		
ALPHA KERI SHOWER & BATH EXTERNAL OIL <i>(skin oils)</i>	OTC Benefit	
<i>baby oil external oil</i>	OTC Benefit	
<i>castor oil external oil</i>	OTC Benefit	
<i>cvs baby oil external oil</i>	OTC Benefit	
<i>ft baby oil external oil</i>	OTC Benefit	
<i>hm baby oil external oil</i>	OTC Benefit	
JOHNSONS BABY OIL EXTERNAL OIL <i>(skin oils)</i>	OTC Benefit	
JOHNSONS BABY OIL SHEA/COCOA EXTERNAL OIL <i>(skin oils)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NEUTROGENA BODY EXTERNAL OIL (<i>skin oils</i>)	OTC Benefit	
NIVEA EXTERNAL OIL (<i>skin oils</i>)	OTC Benefit	
NIVEA SKIN EXTERNAL OIL (<i>skin oils</i>)	OTC Benefit	
NUTRADERM EXTERNAL OIL (<i>skin oils</i>)	OTC Benefit	
PALMERS SKIN THERAPY EXTERNAL OIL (<i>skin oils</i>)	OTC Benefit	
<i>skin treatment external oil</i>	OTC Benefit	
<i>sm baby oil external oil</i>	OTC Benefit	
<i>therabath external oil</i>	OTC Benefit	
*SKIN PROTECTANTS***		
<i>adult wash cloths with aloe external 3 %</i>	OTC Benefit	
AFTER BITE EXTERNAL LIQUID 5 % (<i>sodium bicarbonate</i>)	OTC Benefit	
AFTER BITE KIDS EXTERNAL CREAM 5 % (<i>sodium bicarbonate</i>)	OTC Benefit	
ALOE VESTA PROTECTIVE EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	
ALOE VESTA SKIN CONDITIONER EXTERNAL LOTION 3 % (<i>dimethicone</i>)	OTC Benefit	
AMEDA TRIPLE ZERO LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	OTC Benefit	
AMERICERIN EXTERNAL CREAM (<i>skin protectants, misc.</i>)	OTC Benefit	
AMERIDERM PERISHIELD EXTERNAL OINTMENT 3.8 % (<i>skin protectants, misc.</i>)	OTC Benefit	
AMERIGEL BARRIER EXTERNAL LOTION (<i>skin protectants, misc.</i>)	OTC Benefit	
AMERIGEL CARE EXTERNAL LOTION (<i>skin protectants, misc.</i>)	OTC Benefit	
AMERIPHOR EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	
AMERISTORE EXTERNAL LOTION (<i>skin protectants, misc.</i>)	OTC Benefit	
<i>aquagard hydrating external ointment 41 %</i>	OTC Benefit	
AQUAPHOR LIP REPAIR EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	
AQUAPHOR LIP REPAIR EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
AQUAPHOR LIP REPAIR IMM RELIEF EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
AVEENO BABY CALMING COMFORT EXTERNAL LOTION 1.25 % (<i>dimethicone</i>)	OTC Benefit	
AVEENO BABY DAILY MOISTURE EXTERNAL LOTION 1.2 % (<i>dimethicone</i>)	OTC Benefit	
AVEENO DAILY MOISTURIZING EXTERNAL LOTION 1.2 %, 1.25 %, 1.3 % (<i>dimethicone</i>)	OTC Benefit	
AVEENO INTENSE RELIEF EXTERNAL CREAM 1.3 % (<i>dimethicone</i>)	OTC Benefit	
AVEENO SKIN RELIEF EXTERNAL LOTION 1.3 % (<i>dimethicone</i>)	OTC Benefit	
BALMEX SKIN PROTECTANT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BASIS FACIAL MOISTURIZER EXTERNAL CREAM (<i>skin protectants, misc.</i>)	OTC Benefit	
BASIS OVERNIGHT EXTERNAL CREAM (<i>skin protectants, misc.</i>)	OTC Benefit	
<i>beeswax lip balm external stick</i>	OTC Benefit	
<i>benzoin compound external tincture</i>	OTC Benefit	
<i>benzoin external tincture</i>	OTC Benefit	
<i>blood clotting spray external aerosol</i>	OTC Benefit	
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 1 % (<i>dimethicone</i>)	OTC Benefit	
BOUDREAUXS RASH PREVENTOR EXTERNAL LIQUID 10 % (<i>dimethicone</i>)	OTC Benefit	
CARMEX CLASSIC LIP BALM EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	
CARMEX COMFORT CARE LIP BALM EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CERAVE THERAPEUTIC HAND CREAM EXTERNAL CREAM 1 % (<i>dimethicone</i>)	OTC Benefit	
CHAP-AID EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK BOTANICAL MEDLEY EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK CLASSIC MEDICATED EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK FLAVA-CRAZE EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK FRESH EFFECTS EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK HYDRATION LOCK EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK MEDICATED EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK MIXSTIX EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK NATURALS LIP BUTTER EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK OVERNIGHT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK TRUE SHIMMER EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK ULTRA RENEWAL EXTERNAL CREAM 2 % (<i>dimethicone</i>)	OTC Benefit	
CHAPSTICK ULTRA SHIMMER EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK ULTRASMMOOTH FORTIFY EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CHAPSTICK ULTRASMooth Nourish External Ointment (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK ULTRASMooth Rejuven External Ointment (<i>skin protectants, misc.</i>)	OTC Benefit	
CHAPSTICK ULTRASMooth Soothe External Ointment (<i>skin protectants, misc.</i>)	OTC Benefit	
COMFORT SHIELD EXTERNAL 3 % (<i>dimethicone</i>)	OTC Benefit	
CRITIC-AID CLEAR EXTERNAL Ointment (<i>skin protectants, misc.</i>)	OTC Benefit	
CRITIC-AID THICK MOIST BARRIER EXTERNAL PASTE (<i>skin protectants, misc.</i>)	OTC Benefit	
<i>cvs daily moisturizing external lotion 1.2 %</i>	OTC Benefit	
<i>cvs intense hydration external cream 2 %</i>	OTC Benefit	
<i>cvs lanolin external cream</i>	OTC Benefit	
<i>cvs skin relief external lotion 1.3 %</i>	OTC Benefit	
<i>daily care skin protectant external ointment 30 %</i>	OTC Benefit	
DAILY MOISTURIZING EXTERNAL LOTION 1.3 % (<i>dimethicone</i>)	OTC Benefit	
DERMACINRX SKIN REPAIR EXTERNAL CREAM 5 % (<i>dimethicone</i>)	OTC Benefit	
DERMAFIX EXTERNAL LIQUID (<i>skin protectants, misc.</i>)	OTC Benefit	
DERMAFIX EXTERNAL Ointment (<i>skin protectants, misc.</i>)	OTC Benefit	
DIMOPAIR EXTERNAL CREAM 5 % (<i>dimethicone</i>)	OTC Benefit	
ELON BARRIER PROTECTANT EXTERNAL LOTION (<i>skin protectants, misc.</i>)	OTC Benefit	
ENOVASHIELD EXTERNAL LOTION (<i>skin protectants, misc.</i>)	OTC Benefit	
<i>eql hydrating beauty external lotion</i>	OTC Benefit	
EUCERIN ORIGINAL HEALING EXTERNAL CREAM (<i>skin protectants, misc.</i>)	OTC Benefit	
GLOVES IN A BOTTLE EXTERNAL LOTION (<i>dimethicone</i>)	OTC Benefit	
GOLD BOND ULTIMATE EXTERNAL CREAM 3-30 % (<i>dimethicone-petrolatum</i>)	OTC Benefit	
HPA LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	OTC Benefit	
<i>hydrocerin external cream</i>	OTC Benefit	
ILEX SKIN PROTECTANT EXTERNAL PASTE , 58.3 % (<i>skin protectants, misc.</i>)	OTC Benefit	
INTERDRY 10"X144" EXTERNAL SHEET (<i>skin protectants, misc.</i>)	OTC Benefit	
INTERDRY 10"X36" EXTERNAL SHEET (<i>skin protectants, misc.</i>)	OTC Benefit	
LANOLOR EXTERNAL CREAM (<i>lanolin</i>)	OTC Benefit	
<i>lan-o-smooth external cream</i>	OTC Benefit	
LANSINOH LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	OTC Benefit	
LANSINOH LANOLIN MINIS NIPPLE EXTERNAL CREAM (<i>lanolin</i>)	OTC Benefit	
LANSINOH LANOLIN NIPPLE EXTERNAL CREAM (<i>lanolin</i>)	OTC Benefit	
<i>lip balm external ointment</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>lip balm external stick</i>	OTC Benefit	
<i>lip-care external stick</i>	OTC Benefit	
MEDELA TENDER CARE LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	OTC Benefit	
MEDERMA PM EXTERNAL CREAM 2 % (<i>dimethicone</i>)	OTC Benefit	
<i>medi-soothe external lotion 5-0.15 %</i>	OTC Benefit	
<i>mineral oil light external oil</i>	OTC Benefit	
<i>moisturizing skin protectant external cream 8 %</i>	OTC Benefit	
MONISTAT COMPLETE CARE EXTERNAL GEL 1.2 % (<i>dimethicone</i>)	OTC Benefit	
<i>natural oatmeal external lotion 1.25 %</i>	OTC Benefit	
NEOSPORIN LIP HEALTH OVERNIGHT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	
NORMLSHIELD EXTERNAL CREAM 4.5 % (<i>dimethicone</i>)	OTC Benefit	
NO-STING SKIN-PREP EXTERNAL (<i>skin protectants, misc.</i>)	OTC Benefit	
PALMERS SWIVEL STICK EXTERNAL STICK (<i>skin protectants, misc.</i>)	OTC Benefit	
PERISHIELD EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	OTC Benefit	
<i>petroleum jelly lip treatment external ointment</i>	OTC Benefit	
PREVACARE EXTRA PROTECTIVE EXTERNAL OINTMENT (<i>dimethicone-petrolatum</i>)	OTC Benefit	
PREVACARE PERSONAL PROTECT EXTERNAL CREAM (<i>lan-min oil-zn ox-petrolatum</i>)	OTC Benefit	
PROSHIELD SKIN CARE EXTERNAL KIT (<i>skin protectants, misc.</i>)	OTC Benefit	
RESTORE CLEANSER & MOISTURIZER EXTERNAL LIQUID 2 % (<i>dimethicone</i>)	OTC Benefit	
<i>restore dimethicreme external cream 2 %</i>	OTC Benefit	
SCARZEN EXTERNAL LOTION 5 % (<i>dimethicone</i>)	OTC Benefit	
SECURA DIMETHICONE PROTECTANT EXTERNAL CREAM 5 % (<i>dimethicone</i>)	OTC Benefit	
SENSI-CARE MOISTURIZING EXTERNAL CREAM (<i>skin protectants, misc.</i>)	OTC Benefit	
<i>sm benzoin tincture external tincture</i>	OTC Benefit	
<i>sm benzoin tincture nfxi external tincture</i>	OTC Benefit	
SORBIDON HYDRATE EXTERNAL CREAM (<i>skin protectants, misc.</i>)	OTC Benefit	
STERI-STRIP COMPOUND BENZOIN EXTERNAL TINCTURE (<i>benzoin compound</i>)	OTC Benefit	
<i>super duper diaper doo external gel 49 %</i>	OTC Benefit	
SUPERSOFT EXTERNAL LOTION (<i>skin protectants, misc.</i>)	OTC Benefit	
SWEEN 24 ONCE A DAY EXTERNAL CREAM 6 % (<i>dimethicone</i>)	OTC Benefit	
SWEEN MOISTURIZING BODY EXTERNAL CREAM (<i>skin protectants, misc.</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
THE ITCH ERASER SENSITIVE EXTERNAL CREAM 5 % (<i>sodium bicarbonate</i>)	OTC Benefit	
THERASEAL HAND PROTECTION EXTERNAL LOTION 1 % (<i>dimethicone</i>)	OTC Benefit	
THERATEIN EXTERNAL LOTION (<i>skin protectants, misc.</i>)	OTC Benefit	
<i>universal remover wipes external</i>	OTC Benefit	
*SOAPS***		
ACNE-AID EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
ALBOLENE MOISTURIZING CLEANSER EXTERNAL CREAM (<i>soap & cleansers</i>)	OTC Benefit	
ALOE VESTA BODY WASH/SHAMPOO EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
<i>anti-bacterial hand external lotion</i>	OTC Benefit	
AQUA GLYCOLIC TONER EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
AQUANIL SKIN CLEANSER EXTERNAL LOTION (<i>soap & cleansers</i>)	OTC Benefit	
AVEENO ACTIVE NAT MAKEUP WIPES EXTERNAL PAD (<i>soap & cleansers</i>)	OTC Benefit	
AVEENO BABY CALMING COMFORT EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
AVEENO BABY CLEANSING THERAPY EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
AVEENO CALM & RESTORE CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
AVEENO CALM & RESTORE MAKEUP EXTERNAL PAD (<i>soap & cleansers</i>)	OTC Benefit	
AVEENO DAILY MOISTURIZ FACIAL EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
AVEENO MOISTURIZING EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
AVEENO SKIN BRIGHTENING SCRUB EXTERNAL CREAM (<i>soap & cleansers</i>)	OTC Benefit	
BASIS ALL CLEAR EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
BASIS CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
BASIS COMBINATION EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
BASIS EXTRA DRY EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
BASIS NORMAL/DRY EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
BASIS SENSITIVE SKIN EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
<i>bath cloth cleansing washcloth external</i>	OTC Benefit	
<i>body wash & shampoo external foam</i>	OTC Benefit	
BOUDREAUXS BUTT BATH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
<i>castile soap towelettes external pad</i>	OTC Benefit	
CERAVE FOAMING FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CERAVE HYDRATING CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CERAVE SA BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CETAPHIL CLEANSING CLOTHS EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
CETAPHIL GENTLE CLEANSING EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR ABSORBING SHEETS EXTERNAL PAD (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR DEEP ACTION EXTERNAL CREAM (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR DEEP ACTION EXTERNAL GEL (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR ESSENTIALS EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR MORNING BURST EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR MORNING SCRUB EXTERNAL GEL (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR NIGHT RELAX WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CLEAN & CLEAR PORE CLEANSER EXTERNAL CREAM (<i>soap & cleansers</i>)	OTC Benefit	
<i>cleansing external cream</i>	OTC Benefit	
CLN BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CLN FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CLN HAND & FOOT WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CLN SPORT WASH HIGH PERFORM EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
CLN SPORTWASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
COMFORT BATH CLEANSING CLOTHS EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
COMFORT BATH CLOTHS DEODORANT EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
COMFORT DEODORANT CLEAN-UP EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
CONTI CASTILE SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
CURAD MOIST CLEAN TOWELETTES EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
<i>cvs daily facial cleanser external liquid</i>	OTC Benefit	
<i>cvs skin cleansing external cream</i>	OTC Benefit	
DIABETIDERM CLEANSING EXTERNAL LOTION (<i>soap & cleansers</i>)	OTC Benefit	
DICKINSONS WITCH HAZEL EXTERNAL PAD (<i>soap & cleansers</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DOVE BEAUTY BAR/SENSITIVE SKIN EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
<i>eql body wash/sensitive skin external liquid</i>	OTC Benefit	
<i>eql body wash/shear butter external liquid</i>	OTC Benefit	
<i>eql clear hand soap refill external liquid</i>	OTC Benefit	
<i>eql deodorant soap external bar</i>	OTC Benefit	
<i>eql gentle skin cleanser external liquid</i>	OTC Benefit	
<i>eql high power body wash external liquid</i>	OTC Benefit	
<i>eql liquid hand soap external liquid</i>	OTC Benefit	
<i>eql moisturizing beauty external bar</i>	OTC Benefit	
<i>eql skin astringent external liquid</i>	OTC Benefit	
<i>eql wet cleansing towelettes external</i>	OTC Benefit	
ESSENTIAL BATH CLEANSING CLOTHS EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
EUCERIN ADVANCED CLEANSING EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
EUCERIN EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
EUCERIN HYDRATING CLEANSING EXTERNAL GEL (<i>soap & cleansers</i>)	OTC Benefit	
EUCERIN RED RELIEF CLEANSING EXTERNAL GEL (<i>soap & cleansers</i>)	OTC Benefit	
EUCERIN SKIN CALMING BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
EYESCRUB EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
FREE & CLEAR/SENSITIVE EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
<i>ft skin cleanser external liquid</i>	OTC Benefit	
<i>gentle cleansing skin external cream</i>	OTC Benefit	
<i>gentle skin cleanser external liquid</i>	OTC Benefit	
<i>gentle skin cleanser external lotion</i>	OTC Benefit	
<i>gnp gentle skin cleanser external liquid</i>	OTC Benefit	
GOLD BOND ULT WASH/EXFOLIATING EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
GOLD BOND ULT WASH/HEALING EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
GOLD BOND ULT WASH/SENSITIVE EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
GOLD BOND ULT WASH/SOFTENING EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
GRANDPAS BAKING SODA SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
GRANDPAS INDIAN CORN SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GRANDPAS LOVE MY LOOFAH SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
GRANDPAS OATMEAL SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
GRANDPAS ORANGE ESSENCE SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
GRANDPAS PATCHOULI SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
GRANDPAS SHEA BUTTER SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
GRANDPAS WITCH HAZEL SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
IMPREVA BATH WASHCLOTHS EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
IONIL EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
JOHNSONS BABY BAR EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
JOHNSONS KIDS CLEAN & FRESH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
JOHNSONS SKIN NOURISH WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
<i>kp gentle skin cleanser external liquid</i>	OTC Benefit	
LOBOB CONTACT LENS WEARER SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
MEDERMA AG BODY CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
MEDERMA AG FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
MEDERMA AG FACIAL TONER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
MONISTAT MAINTAIN FEM WIPES EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
NATURE DE FRANCE ALGOLI SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
NATURE DE FRANCE ARGILE SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
NATURE DE FRANCE ARGIMIEL SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
NEUTROGENA ACNE CLEANSING SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
NEUTROGENA DEEP CLEAN EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
NEUTROGENA FACIAL SOAP EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
NIVEA MOISTURIZING BODY WASH EXTERNAL LOTION (<i>soap & cleansers</i>)	OTC Benefit	
NIVEA MOISTURIZING CREME SOAP EXTERNAL CREAM (<i>soap & cleansers</i>)	OTC Benefit	
NIVEA TOUCH OF SMOOTHNESS EXTERNAL LOTION (<i>soap & cleansers</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NIVEA VISAGE EXTERNAL GEL (<i>soap & cleansers</i>)	OTC Benefit	
NIVEA VISAGE EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
NIVEA VISAGE GENTLE CLEANSING EXTERNAL LOTION (<i>soap & cleansers</i>)	OTC Benefit	
NO RINSE BATHING WIPES EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
OILATUM EXTERNAL BAR 7.5 % (<i>soap & cleansers</i>)	OTC Benefit	
<i>refresh cleanser external liquid</i>	OTC Benefit	
<i>refreshing facial cleanser external liquid</i>	OTC Benefit	
SENSI-CARE SEPTI-SOFT EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
<i>shampoo & body wash rinse-free external foam</i>	OTC Benefit	
<i>sm skin cleanser gentle external lotion</i>	OTC Benefit	
SUMMERS EVE BATH & SHOWER EXTERNAL GEL (<i>soap & cleansers</i>)	OTC Benefit	
SUMMERS EVE CLEANSING CLOTHS EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
SUMMERS EVE NIGHT-TIME EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
SUMMERS EVE SIMPLY SENSITIVE EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
<i>superfatted soap external</i>	OTC Benefit	
TENA SKIN-CARING BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
TENA SKIN-CARING WASH CREAM EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
TENA ULTRA WASHCLOTH EXTERNAL (<i>soap & cleansers</i>)	OTC Benefit	
TENA WASH EXTERNAL CREAM (<i>soap & cleansers</i>)	OTC Benefit	
VANICREAM CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	OTC Benefit	
VANICREAM EXTERNAL BAR (<i>soap & cleansers</i>)	OTC Benefit	
*SUNSCREENS***		
<i>anthelios 50 anti-aging primer external liquid</i>	OTC Benefit	
<i>anthelios 50 mineral external liquid</i>	OTC Benefit	
<i>anthelios 60 melt-in milk external liquid</i>	OTC Benefit	
<i>anthelios 60 ultra light external aerosol</i>	OTC Benefit	
<i>anthelios 60 ultra light external liquid</i>	OTC Benefit	
ANTHELIOS MELT-IN MILK SPF100 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
<i>anthelios sx external cream</i>	OTC Benefit	
<i>anti-wrinkle daily spf15 external lotion</i>	OTC Benefit	
AQUAPHOR LIP PROTECT+SUNSCREEN EXTERNAL OINTMENT (<i>sunscreens</i>)	OTC Benefit	
AQUAPHOR LIP REPAIR+SUNSCREEN EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
AVEENO BABY CONTINUOUS PROTECT EXTERNAL LOTION 21.6 % (<i>sunscreens</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AVEENO BABY SUNSCREEN EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
AVEENO KIDS CONTINUOUS PROTECT EXTERNAL LOTION 21.6% (<i>sunscreens</i>)	OTC Benefit	
AVEENO PROTECT+HYDRATE SPF30 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
AVEENO PROTECT+HYDRATE SPF60 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
BLUE LIZARD SPF30+ SENSITIVE EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
BULL FROG FASTBLAST SPF 36 EXTERNAL LIQUID (<i>sunscreens</i>)	OTC Benefit	
BULL FROG MARATHON MIST KIDS EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
BULL FROG MARATHON MIST SPF 36 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
BULL FROG MARATHON MIST SPF50 EXTERNAL LIQUID (<i>sunscreens</i>)	OTC Benefit	
BULL FROG MOSQUITO COAST SPF30 EXTERNAL LIQUID (<i>sunscreens</i>)	OTC Benefit	
BULL FROG QUIK EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
BULL FROG QUIK SPF 36 EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
BULL FROG QUIK SPF50 EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
BULL FROG QUIK SPORT SPF 36 EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
BULL FROG QUIK SPORT SPF 50 EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
BULL FROG SHEER PROTECTION EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
BULL FROG SPF36 EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
BULL FROG SUPERBLOCK SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
BULL FROG WATER ARMOR SPORT EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
BULL FROG WATER ARMOR SPORT EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
CARMEX CLASSIC LIP BALM EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
CARMEX DAILY CARE LIP BALM EXTERNAL OINTMENT (<i>sunscreens</i>)	OTC Benefit	
CARMEX DAILY CARE LIP BALM EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
CERAVE SUNSCREEN SPF50 EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
CETAPHIL DAILY FACIAL SPF 50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
CHANTAL SUN SCREEN SPF 30 EXTERNAL LIQUID (<i>sunscreens</i>)	OTC Benefit	
CHANTAL SUN SCREEN SPF 30 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
CHAP-AID SPF15 EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CHAP-AID SPF4 EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
CHAPSTICK ACTIVE SPORT READY EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
CHAPSTICK EXTERNAL STICK 7.5-3.5-40.7 % (<i>sunscreens</i>)	OTC Benefit	
CHAPSTICK MOISTURIZER EXTERNAL OINTMENT (<i>sunscreens</i>)	OTC Benefit	
CHAPSTICK MOISTURIZER EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
CHAPSTICK SPF EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
CHAPSTICK ULTRA SPF30 EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
<i>childrens sunblock spf30 external lotion</i>	OTC Benefit	
<i>clear zinc spf 50 external lotion</i>	OTC Benefit	
<i>clear zinc spf 50 external stick</i>	OTC Benefit	
<i>continuous spray spf30 external aerosol</i>	OTC Benefit	
COPPERTON LIMITED EDITION EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE BABY PURE & SIMPLE EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE BABY PURE & SIMPLE EXTERNAL LOTION , 24.08 % (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE BABY PURE & SIMPLE EXTERNAL STICK , 20 % (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE COMPLETE FACE SPF45 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE COMPLETE SPF30 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE COMPLETE SPF30 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE COMPLETE SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE COMPLETE SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE D & C FACE ZINC EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE DEFEND & CARE EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE DEFEND & CARE EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE DEFEND & CARE FACE EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE DEFEND & CARE FACE EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE DEFEND & CARE WHIP EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE DEFEND & CARE ZINC EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE EVERY TONE SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
COPPERTONE GLOW HYDRAGEL SPF30 EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE GLOW HYDRAGEL SPF50 EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE GLOW PROTECT & TAN EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE GLOW SHIMMER SPF15 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE GLOW SHIMMER SPF30 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE GLOW SHIMMER SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS CLEAR SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS PURE & SIMPLE EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS PURE & SIMPLE EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS PURE & SIMPLE EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS SPF70 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS SPORT SPF 100 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS SPORT SPF 100 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS SPORT SPF 50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE KIDS TEAR FREE EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE LIMITED EDITION EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE OIL FREE FACE SPF30 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE OIL FREE FACE SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE PURE & SIMPLE FACE EXTERNAL LOTION 24.08 % (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE PURE & SIMPLE SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE PURE & SIMPLE SPF50 EXTERNAL LOTION 24.08 % (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE PURE & SIMPLE SPF50 EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF100 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
COPPERTONE SPORT 4-IN-1 SPF100 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF15 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF15 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF30 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF30 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF70 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 4-IN-1 SPF70 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT 50 LIP BALM EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT CLEAR EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT FACE SPF50 EXTERNAL LOTION 4.5-7.5- 9.7 % (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT FACE+BODY EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT MINERAL FACE EXTERNAL LOTION 24.08 % (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT MINERAL SPF50 EXTERNAL AEROSOL 24.08 % (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT MINERAL SPF50 EXTERNAL LOTION 24.08 % (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF 100 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF 30 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF 70 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF 70 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF15 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF15 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF30 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF30 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE SPORT SPF50 EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE TANNING SPF 8 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
COPPERTONE TANNING SPF15 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE TANNING SPF15 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE ULTRAGUARD SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE ULTRAGUARD SPF70+ EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE WATERBABIES SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE WATERBABIES SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
COPPERTONE WATERBABIES WHIPPED EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
COTZ EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
<i>cvs sensitive skin sun external lotion 9.1 %</i>	OTC Benefit	
<i>cvs sunscreen spf 30 external lotion</i>	OTC Benefit	
<i>cvs sunscreen spf 30 oil free external lotion</i>	OTC Benefit	
DIABETIDERM SUNSCREEN SPF15 EXTERNAL LOTION 7.5-5 % (<i>sunscreens</i>)	OTC Benefit	
DML FACIAL MOISTURIZER EXTERNAL CREAM 8-4 % (<i>sunscreens</i>)	OTC Benefit	
<i>eq sunscreen sport external lotion</i>	OTC Benefit	
<i>eql lip balm external stick</i>	OTC Benefit	
<i>eql sport continuous spr spf50 external aerosol</i>	OTC Benefit	
<i>eql ultra protection spf50 external aerosol</i>	OTC Benefit	
EUCERIN ADV HYDRATION SPF 30 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
EUCERIN ADV HYDRATION SPF 50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
EUCERIN ADV HYDRATION SPF 50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
EUCERIN AGE DEFENSE SPF 50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
EUCERIN BABY SENS MIN SPF 50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
EUCERIN OIL CONTROL SPF 50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
EUCERIN REDNESS RELIEF DAY EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
EUCERIN SENSITIVE MIN SPF 35 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
EUCERIN SENSITIVE MIN SPF 50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
FACE COTZ EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
<i>general protection sunscreen external aerosol</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>general protection sunscreen external lotion</i>	OTC Benefit	
<i>gnp sport sunscreen spf30 external aerosol</i>	OTC Benefit	
<i>gnp sport sunscreen spf50 external aerosol</i>	OTC Benefit	
<i>gnp sunscreen kids spf50 external aerosol</i>	OTC Benefit	
GOLD BOND AGE RENEW HAND EXTERNAL CREAM 5-3-10 % (<i>sunscreens</i>)	OTC Benefit	
HUGGIES LITTLE SWIMMERS SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
HUGGIES LITTLE SWIMMERS SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
LIP CLEAR LYSINE + SUNSCREEN EXTERNAL STICK 7-5 % (<i>sunscreens</i>)	OTC Benefit	
LIPCOTZ EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
<i>moisturizing facial spf 15 external lotion 5-7.5-3 %</i>	OTC Benefit	
<i>moisturizing spf15 external lotion</i>	OTC Benefit	
NEUTROGENA AGE SHIELD SPF70 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA BEACH DEFENSE SPF70 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA BEACH DEFENSE SPF70 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA HEALTHY DEFENSE EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA PURE & FREE BABY EXTERNAL LOTION 21.6 % (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA SPORT FACE SPF70 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA ULTRA SHEER BODY EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA ULTRA SHEER SPF 45 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA ULTRA SHEER SPF 55 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
NEUTROGENA ULTRA SHEER SPF 70 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
NISEKO SUNSCREEN SPF 25 EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
NIVEA HAND THERAPY EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
NIVEA VISAGE 12-HR DEEP MOIST EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
NIVEA VISAGE ADVANCED VITALITY EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
NIVEA VISAGE ANTI-WRINKLE EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
NIVEA VISAGE EYE CONTOUR EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
NIVEA VISAGE UV CARE EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PALMERS COCONUT OIL LIP BALM EXTERNAL STICK 7.5-4.5 % (<i>sunscreens</i>)	OTC Benefit	
PALMERS LIP BALM EXTERNAL STICK 1.5-7.5-4.5 % (<i>sunscreens</i>)	OTC Benefit	
PANOXYL AM SPF30 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
PRESUN ULTRA/PARSOL EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
<i>qc ultimate sunscreen external lotion</i>	OTC Benefit	
RV PAQUE EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
<i>sheer sunscreen spf 70 external stick</i>	OTC Benefit	
<i>sm sunscreen childrens spf 45 external lotion</i>	OTC Benefit	
SOLBAR AVO EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
SOLBAR FIFTY EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
SOLBAR PF SPF15 EXTERNAL CREAM 7.5-5 % (<i>sunscreens</i>)	OTC Benefit	
SOLBAR PF SPF15 EXTERNAL LOTION 7.5-6 % (<i>sunscreens</i>)	OTC Benefit	
SOLBAR SHIELD SPF 40 EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
SOLBAR SPF30 EXTERNAL GEL (<i>sunscreens</i>)	OTC Benefit	
SOLBAR SPF50 EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
SOLBAR ZINC SPF38 EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
SPORT SUNSCREEN SPF 30 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
<i>sport sunscreen spf50 external lotion</i>	OTC Benefit	
<i>sunblock lotion spf30 external lotion</i>	OTC Benefit	
<i>sunblock spf30 external lotion</i>	OTC Benefit	
<i>sunscreen kids spf 50 external aerosol</i>	OTC Benefit	
<i>sunscreen spf50 external lotion</i>	OTC Benefit	
<i>sunscreen sport spf 70 external lotion</i>	OTC Benefit	
<i>sunscreen ultra sheer external lotion</i>	OTC Benefit	
TOTAL BLOCK SPF 60 COVER UP EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
TOTAL BLOCK SPF 65 CLEAR EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
VANICREAM LIP PROTECTANT EXTERNAL STICK (<i>sunscreens</i>)	OTC Benefit	
VANICREAM SPF 35 EXTERNAL CREAM (<i>sunscreens</i>)	OTC Benefit	
WATER BABIES SPF50 EXTERNAL AEROSOL (<i>sunscreens</i>)	OTC Benefit	
WATER BABIES SPF50 EXTERNAL LOTION (<i>sunscreens</i>)	OTC Benefit	
*TAR COMBINATIONS***		
DENOREX MAXIMUM ITCH RELIEF EXTERNAL SHAMPOO 1.8- 1.5 % (<i>coal tar-menthol</i>)	OTC Benefit	
*TAR PRODUCTS***		
BETA CARE BETATAR GEL EXTERNAL SHAMPOO 2.5 % (<i>coal tar extract</i>)	OTC Benefit	
CUTAR EXTERNAL EMULSION 1.5 % (<i>coal tar extract</i>)	OTC Benefit	
<i>cvs therapeutic dandruff external shampoo 1 %</i>	OTC Benefit	
<i>cvs therapeutic external shampoo 0.5 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql therapeutic external shampoo 0.5 %</i>	OTC Benefit	
GRANDPAS PINE TAR CONDITIONER EXTERNAL LIQUID (<i>pine tar</i>)	OTC Benefit	
GRANDPAS PINE TAR EXTERNAL SHAMPOO (<i>pine tar</i>)	OTC Benefit	
GRANDPAS PINE TAR SOAP EXTERNAL BAR (<i>pine tar</i>)	OTC Benefit	
MG217 DANDRUFF THERAPEUTIC EXTERNAL SHAMPOO 3 % (<i>coal tar extract</i>)	OTC Benefit	
MG217 PSORIASIS COAL TAR EXTERNAL GEL 2 % (<i>coal tar extract</i>)	OTC Benefit	
MG217 PSORIASIS MEDICATED EXTERNAL LOTION 1 % (<i>coal tar extract</i>)	OTC Benefit	
MG217 PSORIASIS MEDICATED EXTERNAL SHAMPOO 3 % (<i>coal tar extract</i>)	OTC Benefit	
MG217 PSORIASIS MULTI-SYMP TOM EXTERNAL GEL 1.5 % (<i>coal tar extract</i>)	OTC Benefit	
MG217 PSORIASIS MULTI-SYMP TOM EXTERNAL OINTMENT 2 % (<i>coal tar extract</i>)	OTC Benefit	
MG217 PSORIASIS THERAPEUTIC EXTERNAL SHAMPOO 3 % (<i>coal tar extract</i>)	OTC Benefit	
PSORIASIN DEEP MOISTURIZING EXTERNAL OINTMENT 2 % (<i>coal tar extract</i>)	OTC Benefit	
SCYTERA EXTERNAL FOAM 2 % (<i>coal tar extract</i>)	OTC Benefit	
TARSUM RELIEF EXTERNAL SHAMPOO 2 % (<i>coal tar extract</i>)	OTC Benefit	
THERAPEUTIC T+PLUS EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>)	OTC Benefit	
X-SEB T PEARL EXTERNAL SHAMPOO 10 % (<i>coal tar extract</i>)	OTC Benefit	
X-SEB T PLUS EXTERNAL SHAMPOO 10 % (<i>coal tar extract</i>)	OTC Benefit	
*TOPICAL ANESTHETIC COMBINATIONS***		
1ST MEDX-PATCH/ LIDOCAINE EXTERNAL PATCH 4-0.025-5-20 % (<i>lido-capsaicin-men-methyl sal</i>)	OTC Benefit	
<i>alcohol swabs with benzocaine external pad 6-70 %</i>	OTC Benefit	
ALIVIO EXTERNAL PATCH 0.03-5 % (<i>capsaicin-menthol</i>)	OTC Benefit	
<i>alle vess external patch 0.05-5 %</i>	OTC Benefit	
ALOCANE FIRST AID SPRAY EXTERNAL LIQUID 4-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
ALOCANE MAX EMER BURN W/ ANTI EXTERNAL LIQUID 4-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
ALOCANE MAX EMER BURN W/ ANTI EXTERNAL PAD 4-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
ALOCANE MAX EXTERNAL GEL 4-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
ALOCANE PLUS EXTERNAL GEL 4-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
<i>aloe vera pain relieving external gel 0.5-0.1 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ANECREAM EXTERNAL KIT 4 % (<i>lidocaine-transparent dressing</i>)	OTC Benefit	
<i>anti-itch clear external lotion 1-0.1 %</i>	OTC Benefit	
ARTH ARREST EXTERNAL LOTION 0.025-0.5 % (<i>capsaicin-methyl nicotinate</i>)	OTC Benefit	
ASPERFLEX HOT PAIN RELIEVING EXTERNAL PATCH 0.025-1.25 % (<i>capsaicin-menthol</i>)	OTC Benefit	
ASPERFLEX MAX EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
<i>avaderm external cream 4-1 %</i>	OTC Benefit	
AVEENO ANTI-ITCH EXTERNAL LOTION 1-3 % (<i>pramoxine-calamine</i>)	OTC Benefit	
BACTINE MAX EXTERNAL LIQUID 4-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
BACTINE MAX SPRAY EXTERNAL LIQUID 4-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
BAND-AID ANTISEPTIC CLEANSING EXTERNAL LIQUID 2-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
BAND-AID ANTISEPTIC SPRAY EXTERNAL LIQUID 1-0.13 % (<i>pramoxine-benzalkonium cl</i>)	OTC Benefit	
BAND-AID ANTISEPTIC TO-GO-SPR EXTERNAL LIQUID 1-0.13 % (<i>pramoxine-benzalkonium cl</i>)	OTC Benefit	
BIORX SPONIX ARTHR & MUSC EXTERNAL SOLUTION 4-10-0.035 % (<i>lidocaine-trolamine-capsaicin</i>)	OTC Benefit	
<i>blt skin external cream 20-4-1 %</i>	OTC Benefit	
<i>burn relief/lidocaine/aloe external gel 0.5 %</i>	OTC Benefit	
CALACLEAR EXTERNAL LOTION 1-0.1 % (<i>pramoxine-zinc acetate</i>)	OTC Benefit	
CALADRYL CLEAR EXTERNAL LOTION 1-0.1 % (<i>pramoxine-zinc acetate</i>)	OTC Benefit	
CALADRYL EXTERNAL LOTION 1-8 % (<i>pramoxine-calamine</i>)	OTC Benefit	
CALAGESIC EXTERNAL LOTION 1-8 % (<i>pramoxine-calamine</i>)	OTC Benefit	
<i>calahist clear external lotion 1-0.1 %</i>	OTC Benefit	
<i>calahist external lotion 1-8 %</i>	OTC Benefit	
<i>calamine clear external lotion 1-0.1 %</i>	OTC Benefit	
<i>calamine plus external lotion 1-8 %</i>	OTC Benefit	
CAPSIDERM EXTERNAL PATCH 0.0375-5 % (<i>capsaicin-menthol</i>)	OTC Benefit	
CAPZASIN QUICK RELIEF EXTERNAL GEL 0.025-10 % (<i>capsaicin-menthol</i>)	OTC Benefit	
CBD KINGS EXTERNAL PATCH 4-3-9-1.2 % (<i>lido-menthol-methyl sal-camph</i>)	OTC Benefit	
<i>cbd4 freeze pump vanish scent external cream 4-1 %</i>	OTC Benefit	
CHIGG AWAY EXTERNAL LOTION 5-10 % (<i>benzocaine-sulfur</i>)	OTC Benefit	
<i>clear anti-itch external lotion 1-0.1 %</i>	OTC Benefit	
<i>cmx external patch 0.0375-5 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cold & hot plus menthol external patch 4-1 %</i>	OTC Benefit	
<i>cool n heat external patch 4-1 %</i>	OTC Benefit	
<i>cooling burn relief external aerosol 20-0.13 %</i>	OTC Benefit	
<i>cvs anti-itch external cream 1-1 %</i>	OTC Benefit	
<i>cvs calamine plus external lotion 1-8 %</i>	OTC Benefit	
<i>cvs cold & hot max strength external patch 4-1 %</i>	OTC Benefit	
<i>cvs itch relief external lotion 1-0.1 %</i>	OTC Benefit	
<i>cvs lidocaine-menthol roll-on external liquid 4-1 %</i>	OTC Benefit	
<i>cvs medicated first aid spray external aerosol 20-0.13 %</i>	OTC Benefit	
DERMAGESIC EXTERNAL CREAM 1-0.4-0.4 % (<i>pramoxine-zinc oxide-calamine</i>)	OTC Benefit	
DERMAGESIC EXTERNAL LIQUID 1-0.4-0.4 % (<i>pramoxine-zinc oxide-calamine</i>)	OTC Benefit	
DERMOPLAST EXTERNAL AEROSOL 20-0.5 % (<i>benzocaine-menthol</i>)	OTC Benefit	
DERMOPLAST FIRST AID EXTERNAL AEROSOL 20-0.2 % (<i>benzocaine-benzethonium</i>)	OTC Benefit	
<i>eql anti-itch clear external lotion 1-0.1 %</i>	OTC Benefit	
<i>eql calamine medicated external lotion 1-8 %</i>	OTC Benefit	
<i>first aid antiseptic external liquid 2.5-0.13 %</i>	OTC Benefit	
<i>first aid antiseptic spray external aerosol 20-0.13 %</i>	OTC Benefit	
<i>first aid burn external cream 0.5-0.13 %</i>	OTC Benefit	
<i>gnp calamine plus external aerosol 1-8 %</i>	OTC Benefit	
<i>gnp caldyphen clear external lotion 1-0.1 %</i>	OTC Benefit	
<i>gnp caldyphen external lotion 1-8 %</i>	OTC Benefit	
<i>gnp lidocaine-menthol external patch 4-1 %</i>	OTC Benefit	
<i>gnp liquid bandage external liquid 0.75-0.2 %</i>	OTC Benefit	
GOLD BOND INTENSIVE HEALING EXTERNAL CREAM 1-6 % (<i>pramoxine-dimethicone</i>)	OTC Benefit	
GOLD BOND MEDICATED ANTI ITCH EXTERNAL LOTION 1-0.5-5 % (<i>pramoxine-menthol-dimethicone</i>)	OTC Benefit	
GOLD BOND RAPID RELIEF EXTERNAL CREAM 1-1 % (<i>pramoxine-menthol</i>)	OTC Benefit	
<i>goodsense clear anti-itch external lotion 1-0.1 %</i>	OTC Benefit	
<i>goodsense medicated calamine external lotion 1-8 %</i>	OTC Benefit	
ICY HOT LIDOCAINE PLUS MENTHOL EXTERNAL CREAM 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ICY HOT LIDOCAINE PLUS MENTHOL EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ICY HOT MAX EXTERNAL AEROSOL 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ICY HOT MAX LIDOCAINE EXTERNAL CREAM 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ICY HOT PM EXTERNAL PATCH 0.025-5 % (<i>capsaicin-menthol</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ITCH-X EXTERNAL GEL 1-10 % (<i>pramoxine-benzyl alcohol</i>)	OTC Benefit	
ITCH-X EXTERNAL SOLUTION 1-10 % (<i>pramoxine-benzyl alcohol</i>)	OTC Benefit	
LANACANE ANTI-BACTERIAL EXTERNAL AEROSOL 20-0.2 % (<i>benzocaine-benzethonium</i>)	OTC Benefit	
LANACANE EXTERNAL CREAM 6-0.2 % (<i>benzocaine-benzethonium</i>)	OTC Benefit	
LANACANE MAXIMUM STRENGTH EXTERNAL CREAM 20-0.2 % (<i>benzocaine-benzethonium</i>)	OTC Benefit	
<i>lenzapro flex patch external patch 4-4 %</i>	OTC Benefit	
<i>levigolt external cream 4-1 %</i>	OTC Benefit	
<i>levigosp external liquid 2.5-0.13 %</i>	OTC Benefit	
<i>lidocaine-menthol external gel 4-1 %</i>	OTC Benefit	
<i>lidocaine-menthol roll-on external liquid 4-1 %</i>	OTC Benefit	
LIDOCREAM EXTERNAL KIT 4 % (<i>lidocaine-transparent dressing</i>)	OTC Benefit	
LIDOPATCH PAIN RELIEF EXTERNAL PATCH 3.99-1.25 % (<i>lidocaine-menthol</i>)	OTC Benefit	
LIDOPRO EXTERNAL OINTMENT 4-.0325-10-27.5 % (<i>lido-capsaicin-men-methyl sal</i>)	OTC Benefit	
LIDOPRO EXTERNAL PATCH 4-0.5-0.1 % (<i>methyl salicylate-lido-menthol</i>)	OTC Benefit	
LIDOPRO EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
<i>lidoreal external patch 4-1 %</i>	OTC Benefit	
<i>lidosync external patch 2-4-1 %, 4-1 %</i>	OTC Benefit	
LIDOZENGEL EXTERNAL GEL 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
LIDOZENPATCH EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
<i>limencin external patch 4-4 %</i>	OTC Benefit	
<i>liquid bandage external liquid 0.75-0.2 %</i>	OTC Benefit	
LMX 4 PLUS EXTERNAL KIT 4 % (<i>lidocaine-transparent dressing</i>)	OTC Benefit	
MEDICAINE/STING & BITE AMPULES EXTERNAL SWAB 20-1 % (<i>benzocaine-menthol</i>)	OTC Benefit	
MEDI-FIRST/LIDOCAINE EXTERNAL CREAM 0.5-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
<i>mega patch external patch 4-0.0375-5-20 %</i>	OTC Benefit	
<i>mencaps external patch 0.0225-4.5 %</i>	OTC Benefit	
MENTHOZEN HYDROGEL EXTERNAL PATCH 0.03-4 % (<i>capsaicin-menthol</i>)	OTC Benefit	
MG217 FIRST AID COOLING SPRAY EXTERNAL LIQUID 4-0.13 % (<i>lidocaine-benzalkonium</i>)	OTC Benefit	
<i>mtx topical pain external patch 4-1 %</i>	OTC Benefit	
NEPTUNE ICE EXTERNAL GEL 4-1-3-3 % (<i>lido-menthol-dimeth-camphor</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NERVIVE ROLL-ON EXTERNAL LIQUID 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
NULIDO EXTERNAL GEL 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
NULIDO EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
POINT RELIEF LIDOSPOT EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
PROLIDA EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
<i>qc anti-itch clear external lotion 1-0.1 %</i>	OTC Benefit	
<i>qc anti-itch medicated max str external cream 1-1 %</i>	OTC Benefit	
<i>ra hot & cold lidocaine external patch 4-1 %</i>	OTC Benefit	
<i>ra liquid bandage external liquid 0.75-0.2 %</i>	OTC Benefit	
<i>reliever external patch 0.05-5 %</i>	OTC Benefit	
SALONPAS LIDOCAINE PLUS EXTERNAL CREAM 4-10 % (<i>lidocaine hcl-benzyl alcohol</i>)	OTC Benefit	
SALONPAS LIDOCAINE PLUS EXTERNAL LIQUID 4-10 % (<i>lidocaine hcl-benzyl alcohol</i>)	OTC Benefit	
SALONPAS PAIN REL GEL-PTCH HOT EXTERNAL PATCH 0.025-1.25 % (<i>capsaicin-menthol</i>)	OTC Benefit	
SARNA CALM + COOL EXTERNAL LOTION 1-0.5 % (<i>pramoxine-menthol</i>)	OTC Benefit	
<i>siterol external patch 3.99-1 %</i>	OTC Benefit	
<i>sm alcohol prep external pad 6-70 %</i>	OTC Benefit	
<i>sm alcohol prep/benzocaine external pad 6-70 %</i>	OTC Benefit	
<i>sm caldyphen clear external lotion 1-0.1 %</i>	OTC Benefit	
<i>sm caldyphen external lotion 1-8 %</i>	OTC Benefit	
<i>sting & bite pads external pad 6-60 %</i>	OTC Benefit	
<i>synoflex external patch 4-5 %</i>	OTC Benefit	
<i>terocin external patch 4-4 %</i>	OTC Benefit	
<i>triceptin external patch 2-4-1 %</i>	OTC Benefit	
VENIA EXTERNAL PATCH 4-4 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ZIMS MAX-FREEZE EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ZIMS MAX-FREEZE PAIN RELIEF EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ZYLOTROL EXTERNAL CREAM 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ZYLOTROL EXTERNAL GEL 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
ZYLOTROL EXTERNAL PATCH 4-1 % (<i>lidocaine-menthol</i>)	OTC Benefit	
*TOPICAL ANESTHETIC GASES***		
GEBAUERS INSTANT ICE EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	OTC Benefit	
*VASCULAR AGENTS***		
<i>cvs hair regrowth for men external foam 5 %</i>	OTC Benefit	
<i>cvs hair regrowth for men external solution 5 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs hair regrowth for women external foam 5 %</i>	OTC Benefit	
<i>cvs hair regrowth for women external solution 2 %</i>	OTC Benefit	
<i>eq hair regrowth for women external foam 5 %</i>	OTC Benefit	
GAINEXTRA HAIR REGROWTH EXTERNAL SOLUTION 5 % (<i>minoxidil</i>)	OTC Benefit	
<i>gainextra mens external foam 5 %</i>	OTC Benefit	
<i>hair regrowth for women external solution 2 %</i>	OTC Benefit	
<i>hair regrowth treatment men external solution 5 %</i>	OTC Benefit	
<i>hair regrowth treatment women external foam 5 %</i>	OTC Benefit	
<i>hair regrowth treatment women external solution 2 %</i>	OTC Benefit	
<i>minoxidil for men external foam 5 %</i>	OTC Benefit	
<i>minoxidil for men external solution 2 %, 5 %</i>	OTC Benefit	
<i>minoxidil for women external foam 5 %</i>	OTC Benefit	
<i>minoxidil for women external solution 2 %</i>	OTC Benefit	
<i>ra daylogic hair regrowth men external foam 5 %</i>	OTC Benefit	
<i>ra hair regrowth ex st for men external solution 5 %</i>	OTC Benefit	
ROGAINE EXTERNAL SOLUTION 2 % (<i>minoxidil</i>)	OTC Benefit	
ROGAINE EXTRA STRENGTH FOR MEN EXTERNAL SOLUTION 5 % (<i>minoxidil</i>)	OTC Benefit	
ROGAINE MENS EXTERNAL FOAM 5 % (<i>minoxidil</i>)	OTC Benefit	
ROGAINE MENS EXTRA STRENGTH EXTERNAL FOAM 5 % (<i>minoxidil</i>)	OTC Benefit	
ROGAINE WOMENS EXTERNAL FOAM 5 % (<i>minoxidil</i>)	OTC Benefit	
ROGAINE WOMENS EXTERNAL SOLUTION 2 % (<i>minoxidil</i>)	OTC Benefit	
*WOUND CARE SUPPLIES***		
<i>horizontal drain/tube att dev</i>	OTC Benefit	
MASTISOL ADHESIVE EXTERNAL LIQUID (<i>wound dressing adhesive</i>)	OTC Benefit	
PEDI-PRE TAPE SPRAY EXTERNAL LIQUID (<i>wound dressing adhesive</i>)	OTC Benefit	
STIK-IT EXTERNAL LIQUID (<i>wound dressing adhesive</i>)	OTC Benefit	
<i>suction tube attachment device</i>	OTC Benefit	
<i>universal catheter access port</i>	OTC Benefit	
<i>vertical drain/tube att device</i>	OTC Benefit	
<i>wound drainage collector</i>	OTC Benefit	
*WOUND CLEANSERS/DECUBITUS ULCER THERAPY***		
ACTIMARIS ALL-NATURAL WOUND EXTERNAL SOLUTION (<i>wound cleansers</i>)	OTC Benefit	
AMERIGEL WOUND WASH EXTERNAL SOLUTION (<i>wound cleansers</i>)	OTC Benefit	
<i>cvs wound wash advanced external liquid</i>	OTC Benefit	
NEXCARE WOUND CLEANSER EXTERNAL LIQUID (<i>wound cleansers</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PURACYN PLUS DUO-CARE EXTERNAL LIQUID (<i>wound cleansers</i>)	OTC Benefit	
RESTA WOUND CLEANSER EXTERNAL LIQUID (<i>wound cleansers</i>)	OTC Benefit	
SAF-CLENS AF EXTERNAL LIQUID (<i>wound cleansers</i>)	OTC Benefit	
SILVERMED EXTERNAL LIQUID (<i>wound cleansers</i>)	OTC Benefit	
SIMPLY SALINE WOUND WASH SPRAY EXTERNAL SOLUTION 0.9 % (<i>wound cleansers</i>)	OTC Benefit	
VASHE CLEANSING EXTERNAL SOLUTION (<i>wound cleansers</i>)	OTC Benefit	
<i>wound cleanser external liquid</i>	OTC Benefit	
<i>wound/skin cleanser external liquid</i>	OTC Benefit	
*WOUND DRESSINGS***		
ACTIMARIS WOUND EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
ADAPTIC NON-ADHERING DRESSING EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALGISITE M 2"X2" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
ALGISITE M 3/4"X12" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
ALGISITE M 4"X4" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
ALGISITE M 6"X8" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
ALLEVYN ADHESIVE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN GENTLE BORDER EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN GENTLE BORDER HEEL EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN GENTLE BORDER LITE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN GENTLE BORDER SACRUM EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN GENTLE BORDR MULTISITE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN GENTLE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN HEEL EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN LIFE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN LIFE HEEL EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN LIFE SACRUM EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN NON-ADHESIVE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ALLEVYN TRACHEOSTOMY EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AMERIGEL WOUND DRESSING EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
<i>antibacterial alginate w/silv external pad 4.25"x4.25"</i>	OTC Benefit	
AQUACEL AG ADVANTAGE EXTERNAL PAD 4"X5" (<i>silver-carboxymethylcellulose</i>)	OTC Benefit	
AQUACEL AG FOAM EXTERNAL PAD 10"X12" , 3.2"X3.2" , 4"X4" , 6"X6" , 6"X8" , 8"X8" (<i>silver</i>)	OTC Benefit	
AQUACEL AG FOAM/HEEL EXTERNAL PAD 8"X5.5" (<i>silver</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AQUACEL AG FOAM/SACRAL EXTERNAL PAD 8"X7" (<i>silver</i>)	OTC Benefit	
AQUACEL EXTRA HYDROFIBER 2X2 EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL EXTRA HYDROFIBER 6X6 EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL EXTRA HYDROFIBER EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 3.2"X3.2" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 5"X5" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 6"X6" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 6"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 7"X7" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 8"X5.5" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 8"X7" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL FOAM 9.4"X8.4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
AQUACEL HYDROFIBER 0.39"X18" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
AQUACEL-AG EXTRA HYDROFIBER EXTERNAL PAD 6"X6" , 8"X12" (<i>silver-carboxymethylcellulose</i>)	OTC Benefit	
AQUACEL-AG FOAM EXTERNAL PAD 4"X4" (<i>silver</i>)	OTC Benefit	
AQUACEL-AG HYDROFIBER EXTERNAL 0.39"X18" , 3/4"X18" (<i>silver-carboxymethylcellulose</i>)	OTC Benefit	
AQUACEL-AG SURGICAL HYDROFIBER EXTERNAL PAD 3.5" X 10" , 3.5" X 12" , 3.5" X 14" , 3.5" X 4" , 3.5" X 6" (<i>silver-carboxymethylcellulose</i>)	OTC Benefit	
AVOGEL DRESSING 4"X4" EXTERNAL 20 % (<i>wound dressings</i>)	OTC Benefit	
AVOGEL DRESSING 6"X48" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
AVOGEL SHEET EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
CARBOFLEX ODOR CONTROL EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
CARETOUCH 4"X4" DRESSING EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
CICA-CARE EXTERNAL SHEET (<i>wound dressings</i>)	OTC Benefit	
COMFORT-AID 1.5"X2.5" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
CONFORMANT 2 WOUND VEIL EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
COOLMAGIC EXTERNAL SHEET (<i>wound dressings</i>)	OTC Benefit	
COOLMAGIC TUBE SITE DRESSING EXTERNAL SHEET (<i>wound dressings</i>)	OTC Benefit	
CURAFIL WOUND DRESSING EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
CURAFOAM FOAM DRESSING EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
CURITY HEAVY DRAINAGE PACK EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CURITY HYPERTONIC NACL STRIP EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
CURITY SALINE DRESSING 8"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
CURITY UNNA BOOT EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
CUTICERIN 3"X16" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
CUTICERIN 3"X3" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
CUTICERIN 3"X8" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
CUTICERIN 4"X4" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
CUTICERIN 8"X16" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
<i>cvs anti-microbial silver external gel</i>	OTC Benefit	
<i>cvs foam adhesive dressing external pad</i>	OTC Benefit	
<i>cvs hydrocolloid pads external pad</i>	OTC Benefit	
<i>cvs manuka honey wound external gel</i>	OTC Benefit	
<i>cvs mepilex border flex lite external pad</i>	OTC Benefit	
CVS MEPILEX BORDER LITE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DERMAPLEX EXTERNAL GEL (<i>hyaluronate sodium</i>)	OTC Benefit	
DRAWTEX 2"X2" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DRAWTEX 3"X3" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DRAWTEX 3"X39" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
DRAWTEX 4"X39" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
DRAWTEX 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DRAWTEX 6"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DRAWTEX 8"X39" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
DRAWTEX 8"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DRS CHOICE BLISTER CARE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DRS CHOICE BURNS/SCALDS/ABRASN EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DRS CHOICE DIABETIC BANDAGES EXTERNAL KIT (<i>wound dressings</i>)	OTC Benefit	
DRS CHOICE SKIN CLOSURE EXTERNAL KIT (<i>wound dressings</i>)	OTC Benefit	
DRS CHOICE SLOW HEAL BANDAGES EXTERNAL KIT (<i>wound dressings</i>)	OTC Benefit	
DRS CHOICE ULTRA-FLEX EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
DUODERM CGF BORDER EXTERNAL (<i>control gel formula dressing</i>)	OTC Benefit	
DUODERM CGF DRESSING EXTERNAL (<i>control gel formula dressing</i>)	OTC Benefit	
DUODERM CGF EXTRA THIN EXTERNAL (<i>control gel formula dressing</i>)	OTC Benefit	
DUODERM CGF SPOTS EXTRA THIN EXTERNAL (<i>control gel formula dressing</i>)	OTC Benefit	
DUODERM HYDROACTIVE EXTERNAL (<i>hydroactive dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DUODERM HYDROACTIVE EXTERNAL GEL (<i>hydroactive dressings</i>)	OTC Benefit	
DUODERM SIGNAL DRESSING EXTERNAL (<i>control gel formula dressing</i>)	OTC Benefit	
DURAFIBER 2"X2" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
DURAFIBER 3/4"X18" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
DURAFIBER 4"X4" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
DURAFIBER 6"X6" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
DYNADERM HYDROCOLL FOAM 4"X4" EXTERNAL (<i>hydroactive dressings</i>)	OTC Benefit	
DYNADERM HYDROCOLLOID 2"X2" EXTERNAL (<i>hydroactive dressings</i>)	OTC Benefit	
DYNADERM HYDROCOLLOID 4"X4" EXTERNAL (<i>hydroactive dressings</i>)	OTC Benefit	
DYNADERM HYDROCOLLOID 6"X6" EXTERNAL (<i>hydroactive dressings</i>)	OTC Benefit	
DYNADERM HYDROCOLLOID 6"X7" EXTERNAL (<i>hydroactive dressings</i>)	OTC Benefit	
DYNAFOAM WATERPROOF 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DYNAFOAM WATERPROOF 6"X6" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DYNAGEL EXTERNAL GEL 20 % (<i>wound dressings</i>)	OTC Benefit	
DYNAGINATE CA ALGINATE 2"X2" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
DYNAGINATE CA ALGINATE 4"X8" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
DYNAGINATE CA ALGINATE 4-1/4" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
DYNAGINATE CAALGINATE ROPE30CM EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
DYNAGUARD WATERPROOF 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DYNAGUARD WATERPROOF 6"X6" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DYNALEVIN WATERPROOF ADH FOAM EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DYNASORB SUPER ABSORB 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
DYNASORB SUPER ABSORB 6"X6" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL 12"X12" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL 2"X3" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL 3" ROUND EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL 5"X5" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ELASTO-GEL 6"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL 8"X16" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL CAST/SPLINT 12"X12" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL CAST/SPLINT 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL CAST/SPLINT 6"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL CAST/SPLINT 8"X16" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL FACE MASK EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL PLUS 2"X3" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL PLUS 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
ELASTO-GEL PLUS 8"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXCEL-GEL EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY 15"X18" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY 15"X24" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY 20"X28" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY 3"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY 4"X6" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY 6"X9" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY 9"X15" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY ARM 27"X31" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY BOOT/FOOT CHILD EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY BURN JACKET 17"X20" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY BURN JACKET 31"X32" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY BURN JACKET 36"X40" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY BURN VEST 26"X38" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY BURN VEST CHILD 15X20" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY BUTTOCKS 23"X53" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY DISC 3" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY FACE 9"X14" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY INCISION 3"X9" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY LEG 34"X37" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY NON-PERMEABLE 24"X36" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY NON-PERMEABLE 36"X72" EXTERNAL SHEET (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY PAD HAND CHILD 8"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EXU-DRY PADDED HAND 12"X13" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY PADDED NECK 6"X25" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY PERMEABLE 24"X36" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY QUILTED 36"X72" EXTERNAL SHEET (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY SLIT DISC 3" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY SLIT TUBE 2"X3" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY SLIT TUBE 3"X4" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
EXU-DRY SLIT TUBE 4"X6" EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
FIBRACOL EXTERNAL , 10-90 % (<i>wound dressings</i>)	OTC Benefit	
FIBRACOL EXTERNAL PAD 10-90 % (<i>wound dressings</i>)	OTC Benefit	
<i>foam dressing bordered external pad</i>	OTC Benefit	
<i>foam dressing circular border external pad</i>	OTC Benefit	
<i>foam dressing non-bordered external pad</i>	OTC Benefit	
FOAMFLEX WATERPROF NON-AD FOAM EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
GELOCAST UNNAS BOOT EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
GOLD DUST WOUND FILLER EXTERNAL PACKET (<i>wound dressings</i>)	OTC Benefit	
HYDROCOL EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
HYDROCOL II EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
HYDROCOL II SACRAL EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
HYDROCOL II THIN EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
HYPAFIX EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
INTRASITE GEL APPLIPAK EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
KALTOSTAT 12"X24" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
KALTOSTAT 2"X2" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
KALTOSTAT 4"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
KALTOSTAT 6"X9-1/2" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
KALTOSTAT FORTEX 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
KALTOSTAT ROPE EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
KALTOSTAT WOUND DRESSING EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
KENDALL ALGINATE DRESS 4"X4" EXTERNAL PAD (<i>hydroactive dressings</i>)	OTC Benefit	
KENDALL ALGINATE DRESS 4"X5" EXTERNAL PAD (<i>hydroactive dressings</i>)	OTC Benefit	
KENDALL ALGINATE DRESS 6"X6" EXTERNAL PAD (<i>hydroactive dressings</i>)	OTC Benefit	
KENDALL ALGINATE DRESS 6"X7" EXTERNAL PAD (<i>hydroactive dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
KENDALL ALGINATE DRESS 8"X8" EXTERNAL PAD (<i>hydroactive dressings</i>)	OTC Benefit	
KENDALL ANTIMICROBIAL BANDAGE EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
KENDALL CA ALGINATE 12" ROPE EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE 12"X24" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE 2"X2" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE 24" ROPE EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE 36" ROPE EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE 4"X4" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE 4"X5-1/2" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE 6"X10" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE 8"X4" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KENDALL CA ALGINATE PLUS 4"X4" EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
KERLIX SUPER SPONGE SALINE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
MEDIHONEY HCS WOUND/BURN EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
MEDI-PAK PERFORMANCE PLUS ABD EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
MEPILEX BORDER FLEX EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
MEPILEX BORDER FLEX LITE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
MEPILEX BORDER FLEX/CM EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
MEPILEX EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
MESALT EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
MESALT EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
NU-GEL EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
NU-GEL EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE 1-1/2"X2-1/2" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE 6"X6" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE 8"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE THIN 2"X2.75" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE THIN 3.5"X5.5" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE THIN 6"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE ULTRA 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REPLICARE ULTRA 6"X6" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
REPLICARE ULTRA SACRUM 7"X8" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
RESTA SILVER EXTERNAL GEL (<i>silver</i>)	OTC Benefit	
RESTORE CALCICARE DRESSING EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
RESTORE CALCIUM ALGINATE EXTERNAL (<i>calcium alginate</i>)	OTC Benefit	
RESTORE CX WOUND CARE DRESSING EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
RESTORE DRESSING FOR PSORIASIS EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
RESTORE EXTRA THIN DRESSING EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
RESTORE HYDROGEL DRESSING EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
RESTORE HYDROGEL GAUZE EXTERNAL 20 % (<i>wound dressings</i>)	OTC Benefit	
RESTORE HYDROGEL GAUZE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
RESTORE PLUS WOUND CARE DRESS EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
RESTORE SILVER DRESSING EXTERNAL 1" X 12" (<i>calcium alginate-silver</i>)	OTC Benefit	
RESTORE WOUND CARE DRESSING EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
REVITADERM WOUND CARE EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
REVIVASIL EXTERNAL KIT (<i>wound dressings</i>)	OTC Benefit	
SILVERMED EXTERNAL GEL (<i>silver</i>)	OTC Benefit	
SOLOSITE WOUND GEL EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
SORBSAN WOUND DRESSING EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
STIMULEN EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
STIMULEN EXTERNAL LOTION (<i>wound dressings</i>)	OTC Benefit	
STIMULEN EXTERNAL PACKET (<i>wound dressings</i>)	OTC Benefit	
STIMULEN EXTERNAL POWDER (<i>wound dressings</i>)	OTC Benefit	
TOE-AID EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
TRIAD HYDROPHILIC WOUND DRESS EXTERNAL PASTE (<i>wound dressings</i>)	OTC Benefit	
TRIDERGEL EXTERNAL GEL 0.1 % (<i>wound dressings</i>)	OTC Benefit	
<i>triple helix collagen 12" rope external</i>	OTC Benefit	
<i>triple helix collagen 2"x2" external pad</i>	OTC Benefit	
<i>triple helix collagen external powder</i>	OTC Benefit	
UNNA-FLEX ELASTIC UNNA BOOT EXTERNAL (<i>wound dressings</i>)	OTC Benefit	
UNNA-FLEX PLUS VENOUS ULCER EXTERNAL KIT (<i>wound dressings</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VASELINE PETROLATUM GAUZE EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
VASELINE PETROLATUM TUBE FOIL EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
VIGILON PRIMARY WOUND DRESSING EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
<i>wound gel external gel</i>	OTC Benefit	
<i>wound gel spray external gel</i>	OTC Benefit	
WOUNDGARD 2-1/2"X2-1/2" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
WOUNDGARD 4"X4-1/4" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
WOUNDGARD 4"X6" EXTERNAL PAD (<i>wound dressings</i>)	OTC Benefit	
WOUNDGELHA EXTERNAL GEL 2.5 % (<i>hyaluronate sodium</i>)	OTC Benefit	
WOUN'DRES EXTERNAL GEL (<i>wound dressings</i>)	OTC Benefit	
<i>zeniabsorb 4"x5" external pad</i>	OTC Benefit	
<i>zeniabsorb 6"x9" external pad</i>	OTC Benefit	
<i>zenicontact 4"x7" external pad</i>	OTC Benefit	
<i>zenifiber 2"x2" external</i>	OTC Benefit	
<i>zenifiber 4"x5" external</i>	OTC Benefit	
<i>zenifiber 6"x6" external</i>	OTC Benefit	
<i>zenifiber 8"x8" external</i>	OTC Benefit	
<i>zenifiber ag external 1" x 12"</i>	OTC Benefit	
<i>zenifoam 2"x2" external pad</i>	OTC Benefit	
<i>zenifoam 4"x5" external pad</i>	OTC Benefit	
<i>zenifoam 6"x6" external pad</i>	OTC Benefit	
<i>zenifoam 8"x8" external pad</i>	OTC Benefit	
<i>zenifoam ag external pad 6"x6" , 8"x8"</i>	OTC Benefit	
<i>zenifoam ag gentle border external pad 4"x4" , 6"x6"</i>	OTC Benefit	
<i>zenifoam gentle 2"x2" external pad</i>	OTC Benefit	
<i>zenifoam gentle 4"x4" external pad</i>	OTC Benefit	
<i>zenifoam gentle 6"x6" external pad</i>	OTC Benefit	
<i>zenifoam gentle 7"x7"/sacral external pad</i>	OTC Benefit	
<i>zenifoam gentle 9"x9"/sacral external pad</i>	OTC Benefit	
<i>zenifoam gentle ag external pad 4"x4"</i>	OTC Benefit	
<i>zenifoam gentle border 2"x2" external pad</i>	OTC Benefit	
<i>zenifoam gentle border 3"x3" external pad</i>	OTC Benefit	
<i>zenifoam gentle border 4"x4" external pad</i>	OTC Benefit	
<i>zenifoam gentle border 6"x6" external pad</i>	OTC Benefit	
<i>zenifoam gentle border/heel external pad</i>	OTC Benefit	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC DRUGS***		
<i>d-xylose powder</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>positive skin test control injection solution 6 mg/ml</i>	OTC Benefit	
*DIAGNOSTIC INFECTION TEST COMBINATIONS***		
AZO UTI/VAGINAL PH TEST EXTRACORPOREAL KIT (<i>uti & vaginal infection test</i>)	OTC Benefit	
<i>covid-19 flu a&b 3-in-1 test in vitro kit</i>	OTC Benefit	
FLOWFLEX PLUS COVID-19/FLU A/B IN VITRO KIT (<i>influenza-sars at home test</i>)	OTC Benefit	
LUCIRA COVID-19 &FLU HOME TEST IN VITRO KIT (<i>influenza-sars at home test</i>)	OTC Benefit	
SPEEDY SWAB COVID-19/FLU A&B IN VITRO KIT (<i>influenza-sars antigen test</i>)	OTC Benefit	
SPEEDY SWAB COVID-19/FLU HOME IN VITRO KIT (<i>influenza-sars at home test</i>)	OTC Benefit	
*DIAGNOSTIC SUPPLIES***		
AQUASONIC 100 EXTERNAL GEL (<i>ultrasound gel</i>)	OTC Benefit	
CHEMSTRIP CALIBRATION IN VITRO STRIP (<i>urine diagnostic calibration</i>)	OTC Benefit	
GRAFCO ULTRASOUND EXTERNAL GEL (<i>ultrasound gel</i>)	OTC Benefit	
GRAFCO ULTRASOUND TRANSMISSION EXTERNAL GEL (<i>ultrasound gel</i>)	OTC Benefit	
<i>ultrasone external cream</i>	OTC Benefit	
*DIAGNOSTIC TEST COMBINATIONS***		
CLEARBLUE DIGITAL OVU + PREG IN VITRO KIT (<i>ovulat predict-pregnancy test</i>)	OTC Benefit	
<i>gnp early ovulation test in vitro kit</i>	OTC Benefit	
*DIAGNOSTIC TESTS***		
<i>a1c test at-home in vitro kit</i>	OTC Benefit	
A1CNOW SELF CHECK IN VITRO KIT (<i>hemoglobin a1c (hba1c) test</i>)	OTC Benefit	
ACCU-CLEAR PREGNANCY IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
ACCUTREND CHOLESTEROL IN VITRO STRIP (<i>cholesterol</i>)	OTC Benefit	
<i>at-home drug test in vitro kit</i>	OTC Benefit	
CHEMSTRIP 2 IN VITRO STRIP (<i>ph test</i>)	OTC Benefit	
CLEARBLUE DIGITAL OVULATION IN VITRO DIAGNOSTIC TEST (<i>ovulation prediction test</i>)	OTC Benefit	
CLEARBLUE DIGITAL PLUS IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
CLEARBLUE DIGITAL PREGNANCY IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
CLEARBLUE EASY OVULATION COMBO IN VITRO DIAGNOSTIC TEST (<i>ovulation prediction test</i>)	OTC Benefit	
CLEARBLUE FERTILITY MONITOR IN VITRO STICK (<i>fertility monitor test</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CLEARBLUE PLUS PREGNANCY IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
CLINISTIX KIDNEY HEALTH IN VITRO STRIP (<i>albumin and creatinine (urine)</i>)	OTC Benefit	
COAGUCHEK PT TEST IN VITRO STRIP (<i>pt/inr test</i>)	OTC Benefit	
COAGUCHEK XS PT TEST IN VITRO STRIP (<i>pt/inr test</i>)	OTC Benefit	
<i>cvs at home a1c test in vitro kit</i>	OTC Benefit	
<i>cvs daily ovulation predictor in vitro kit</i>	OTC Benefit	
<i>cvs digital pregnancy test in vitro diagnostic test</i>	OTC Benefit	
<i>cvs early pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>cvs early result pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>cvs one step pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>cvs pregnancy test kit in vitro diagnostic test</i>	OTC Benefit	
<i>daily ovulation predictor in vitro strip</i>	OTC Benefit	
<i>diabetes test (hba1c) in vitro kit</i>	OTC Benefit	
<i>digital pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>early pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>early result pregnancy in vitro diagnostic test</i>	OTC Benefit	
EPT DIGITAL IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
EPT IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
<i>eq pregnancy test early result in vitro diagnostic test</i>	OTC Benefit	
<i>eq pregnancy test in vitro diagnostic test</i>	OTC Benefit	
<i>eql one-step pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>eql pregnancy early result in vitro diagnostic test</i>	OTC Benefit	
<i>eql pregnancy test digital in vitro diagnostic test</i>	OTC Benefit	
FACT PLUS+ PREGNANCY IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
FENTANYL FE KIT (<i>drug assay</i>)	OTC Benefit	
FIRST RESPONSE PREGNANCY IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	OTC Benefit	
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (<i>ketone blood test</i>)	OTC Benefit	
<i>ft at home drug test in vitro kit</i>	OTC Benefit	
<i>ft early result pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>ft one step pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>gnp advanced pregnancy test in vitro diagnostic test</i>	OTC Benefit	
<i>gnp one step pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>gnp pregnancy test in vitro diagnostic test</i>	OTC Benefit	
GOJJI BLOOD KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	OTC Benefit	
<i>inflammation test kit</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MILKSCREEN FOR BREASTFEEDING IN VITRO STRIP (<i>breastmilk alcohol test</i>)	OTC Benefit	
NOVA MAX PLUS KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	OTC Benefit	
<i>one step ovulation test in vitro kit</i>	OTC Benefit	
<i>one step pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>one-step pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>ovulation predictor in vitro kit</i>	OTC Benefit	
<i>ovulation predictor one step in vitro diagnostic test</i>	OTC Benefit	
<i>personal biometric test kit</i>	OTC Benefit	
PRECISION XTRA KETONE IN VITRO STRIP (<i>ketone blood test</i>)	OTC Benefit	
<i>pregnancy test in vitro diagnostic test</i>	OTC Benefit	
PTS PANELS CHOL+GLU TEST IN VITRO STRIP (<i>cholesterol and glucose test</i>)	OTC Benefit	
PTS PANELS LIPID PANEL+EGLU IN VITRO STRIP (<i>lipid and glucose test</i>)	OTC Benefit	
PURALIN ONE-STEP PREGNANCY IN VITRO DIAGNOSTIC TEST (<i>pregnancy test</i>)	OTC Benefit	
<i>sb pregnancy test kit in vitro diagnostic test</i>	OTC Benefit	
<i>sm ovulation predictor in vitro kit</i>	OTC Benefit	
<i>sm pregnancy in vitro diagnostic test</i>	OTC Benefit	
<i>sm pregnancy test kit in vitro diagnostic test</i>	OTC Benefit	
<i>ufcw biometric kit</i>	OTC Benefit	
<i>vitamin d test kit</i>	OTC Benefit	
*INFECTION TESTS***		
<i>advin covid-19 antigen test in vitro kit</i>	OTC Benefit	
AZO TEST IN VITRO STRIP (<i>urinary tract infection test</i>)	OTC Benefit	
AZO TEST STRIPS IN VITRO STRIP (<i>urinary tract infection test</i>)	OTC Benefit	
AZO VAGINAL PH TEST IN VITRO KIT (<i>vaginal infection test</i>)	OTC Benefit	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
CARESTART COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
CLINISTIX UTI TEST STRIPS IN VITRO STRIP (<i>urinary tract infection test</i>)	OTC Benefit	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
<i>covid-19 at home antigen test in vitro kit</i>	OTC Benefit	
<i>covid-19 at-home test in vitro kit</i>	OTC Benefit	
<i>covid-19 otc antigen 1-pack in vitro kit</i>	OTC Benefit	
<i>covid-19 otc antigen 2-pack in vitro kit</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>covid-19 testing by pharmacist kit</i>	OTC Benefit	
CUE COVID-19 TEST IN VITRO CARTRIDGE (<i>covid-19 at home test</i>)	OTC Benefit	
CUE HEALTH MONITORING SYSTEM IN VITRO (<i>covid-19 at home test</i>)	OTC Benefit	
<i>cvs covid-19 at home test kit in vitro kit</i>	OTC Benefit	
DIATRUST COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
DXTERITY COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 home test</i>)	OTC Benefit	
<i>ellume covid-19 home test in vitro kit</i>	OTC Benefit	
EVERLYWELL COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 home test</i>)	OTC Benefit	
<i>fastep covid-19 antigen test in vitro kit</i>	OTC Benefit	
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
GENABIO COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
<i>gnp urinary tract test strips in vitro strip</i>	OTC Benefit	
GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
HOME ACCESS EXPRESS HIV-1 TEST IN VITRO KIT (<i>hiv-1 test</i>)	OTC Benefit	
HOME ACCESS HIV-1 TEST SYSTEM IN VITRO KIT (<i>hiv-1 test</i>)	OTC Benefit	
ID NOW COVID-19 2.0 CONTROL IN VITRO KIT (<i>covid-19 control test</i>)	OTC Benefit	
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
INDICAID COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
<i>ohc covid-19 antigen self test in vitro kit</i>	OTC Benefit	
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
ORAQUICK IN VITRO KIT (<i>hiv 1/2 test</i>)	OTC Benefit	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT (<i>covid-19 home test</i>)	OTC Benefit	
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
<i>ra urinary tract infection in vitro strip</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
RAPID RESPONSE COVID-19 IN VITRO KIT (<i>covid-19 antibody test</i>)	OTC Benefit	
SIMPLICITY COVID-19 AT-HOME IN VITRO KIT (<i>covid-19 home test</i>)	OTC Benefit	
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (<i>covid-19 at home test</i>)	OTC Benefit	
UTI HOME IN VITRO DIAGNOSTIC TEST (<i>urinary tract infection test</i>)	OTC Benefit	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCT COMBINATIONS*		
CHOLEXMAX ORAL POWDER (<i>dietary management product</i>)	OTC Benefit	
CHOLEXTRA T/F ORAL POWDER (<i>dietary management product</i>)	OTC Benefit	
DENOVO PLUS B12 ORAL CAPSULE 15-2 MG (<i>l-methylfolate-methylcobalamin</i>)	OTC Benefit	
<i>digestive support oral capsule extended release 50-10.75 mg</i>	OTC Benefit	
FDGARD ORAL CAPSULE 25-20.75 MG (<i>caraway oil-levomenthol</i>)	OTC Benefit	
NEOKE BCAA4 ORAL POWDER (<i>dietary management product</i>)	OTC Benefit	
NEOPHE ORAL POWDER (<i>dietary management product</i>)	OTC Benefit	
NEOPHE ORAL TABLET (<i>dietary management product</i>)	OTC Benefit	
NUFOLA ORAL CAPSULE 3.5-1-25-300 MG (<i>l-methylfol-b12-b6-lipoic acid</i>)	OTC Benefit	
PROTEOLIN DS ORAL TABLET (<i>dietary management product</i>)	OTC Benefit	
TEARS AGAIN HYDRATE ORAL CAPSULE 250-125-10 MG (<i>flaxseed-eve prim-bilberry</i>)	OTC Benefit	
TYR SPHERE 20 ORAL PACKET (<i>dietary management product</i>)	OTC Benefit	
ZYTAZE ORAL CAPSULE 25-500 MG (<i>zinc citrate-phytase</i>)	OTC Benefit	
*DIETARY MANAGEMENT PRODUCTS***		
<i>5-mthf es oral capsule 8500 mcg</i>	OTC Benefit	
<i>5-mthf oral capsule 1700 mcg</i>	OTC Benefit	
<i>cytose oral powder</i>	OTC Benefit	
DENOVO ORAL CAPSULE 15 MG (<i>l-methylfolate</i>)	OTC Benefit	
<i>d-ribose oral powder</i>	OTC Benefit	
FOLAFY ER ORAL TABLET EXTENDED RELEASE 25.5 MG (<i>levomefolate glucosamine</i>)	OTC Benefit	
GALAXTRA ORAL POWDER (<i>galactose</i>)	OTC Benefit	
<i>methyl-folate oral capsule 1000 mcg</i>	OTC Benefit	
<i>methylfolate oral capsule 400 mcg</i>	OTC Benefit	
<i>pregnenolone oral tablet 50 mg</i>	OTC Benefit	
UREAPRO ORAL POWDER 15 GM/SCOOP (<i>urea</i>)	OTC Benefit	
URE-NA ORAL PACKET 15 GM (<i>urea</i>)	OTC Benefit	
XAQUIL XR ORAL TABLET EXTENDED RELEASE 25.5 MG (<i>levomefolate glucosamine</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*INFANT FOODS***		
ADVANTAGE INFANT FORMULA/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ALFAMINO INFANT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ALSOY SOY FORMULA ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
ALSOY SOY FORMULA ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ALSOY SOY FORMULA ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
BABYS ONLY ORGANIC/DAIRY ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
BABYS ONLY ORGANIC/DHA & ARA ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
BABYS ONLY ORGANIC/SOY ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
BABYS ONLY ORGNIC/GENT DHA-ARA ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
BABYS ONLY ORGNIC/GENTLE DAIRY ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
BABYS ONLY ORGNIC/SENS DHA-ARA ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
CALCILO XD ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
cvs advantage/iron oral powder	OTC Benefit	
cvs gentle infant formula/iron oral powder	OTC Benefit	
cvs infant formula/iron oral powder	OTC Benefit	
cvs sensitivity/iron oral powder	OTC Benefit	
cvs tender/iron oral powder	OTC Benefit	
cvs toddler & infant/iron oral powder	OTC Benefit	
cvs toddler beginnings-iron oral powder	OTC Benefit	
DR BROWN GOOD ST SOY-EASE PRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
DR BROWN GOOD START GENTLE PRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
DR BROWN GOOD START SOOTHE PRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ELECARE DHA/ARA/IRON INFANT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAGROW NEUROPRO TODDLER ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAGROW NEXT STEP ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAGROW PREMIUM LIPIL ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAGROW PREMIUM OLDER TODDLER ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAGROW PREMIUM TODDLER GENTL ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAGROW PREMIUM TODDLER ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL 24 ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL A.R. INFANT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL AR LIPIL ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ENFAMIL AR SPIT-UP ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL AR SPIT-UP ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL DHA & ARA SUPPLEMENT ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL ENFACARE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL ENSPIRE GENTLEASE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL ENSPIRE OPTIMUM ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL ENSPIRE/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL GENTLEASE LIPIL ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL GENTLEASE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL GENTLEASE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL HUMAN MILK FORTIFIER ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
ENFAMIL HUMAN MILK FORTIFIER ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL HUMAN MILK FORTIFIER ORAL PACKET (<i>infant foods</i>)	OTC Benefit	
ENFAMIL INFANT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL MILK-BASED W/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL MILK-BASED W/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO ENFACARE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO ENFACARE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO GENTLEASE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO GENTLEASE ORAL PACKET (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO GENTLEASE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO INFANT ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO INFANT ORAL PACKET (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO INFANT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NEUROPRO SENSITIVE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NUTRAMIGEN LIPIL ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NUTRAMIGEN LIPIL ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NUTRAMIGEN ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NUTRAMIGEN PROBIOT LGG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL NUTRAMIGEN TOD/ENF LGG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PREGESTIMIL LIPIL ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PREMATURE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PREMIUM INFANT ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PREMIUM INFANT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PREMIUM LIPIL ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PREMIUM NEWBORN ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PROSOBEE LIPIL ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PROSOBEE LIPIL ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ENFAMIL PROSOBEE SOY ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAMIL PROSOBEE/SENSITIVE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ENFAMIL REGULINE-IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ENFAPORT ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
FORTINI INFANT FORMULA ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GERBER EXTENSIVE HA ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START A2-IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START A2-TODDLER ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GENTLE 2 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GENTLE ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GENTLE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GENTLE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GENTLEPRO 2 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GENTLEPRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GENTLEPRO/FE ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GENTLEPRO/FE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START GROW 3 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START NOURISH ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START NOURISH ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START PREMATURE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START PROTECT/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOOTHE 1 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOOTHE 2 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOOTHE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOOTHEPRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOOTHEPRO/FE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOY ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOY/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOY/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SOY/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SUPREME/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GERBER GOOD START SUPREME/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GERBER GOOD START SUPREME/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GRADUATES GENTLE/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GRADUATES PROTECT/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GRADUATES SOOTHE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER GRADUATES SOY/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER NATURA STAGE 1 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER NATURA STAGE 2 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GERBER NATURA STAGE 3 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START 2 ESSENTIALS SOY/FE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START 2 ESSENTIALS/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GOOD START 2 ESSENTIALS/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GOOD START 2 SUPREME/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GOOD START 2 SUPREME/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GOOD START 2 SUPREME/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START ESSENTIALS SOY/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GOOD START ESSENTIALS SOY/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GOOD START ESSENTIALS SOY/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START ESSENTIALS/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START GENTLE PLUS ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GOOD START GENTLE PLUS ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START NATURAL CULTURES ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GOOD START ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START SOY PLUS 2 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START SUPREME/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GOOD START SUPREME/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GOOD START SUPREME/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
GOOD START/FE ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
GOOD START/FE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
GOOD START/FE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ISOMIL 2 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ISOMIL ADVANCE SOY FORMULA-FE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ISOMIL DF ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ISOMIL SF/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
ISOMIL SOY FORMULA/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ISOMIL SOY/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
ISOMIL/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
ISOMIL/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
ISOMIL/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
MSUD ANALOG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
NEOCATE SYNEO INFANT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
PEPTICATE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
PERIFLEX INFANT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
PHENYL-FREE 1 ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
PREGESTIMIL ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
<i>premium infant formula/iron oral powder</i>	OTC Benefit	
<i>protein fortifier oral liquid</i>	OTC Benefit	
PURAMINO DHA/ARA ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
PURAMINO JR ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
PURE BLISS ORG/A2 MILK/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
PURE BLISS ORGANIC/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
PURE BLISS ORGANIC/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
RCF LOW-IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
RCF ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
SIMILAC 2 ADVANCE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC 2-IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC 360 TOT CARE SENS 5HMO ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC 360 TOTAL CARE 5 HMO ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC 360 TOTAL CARE 5 HMO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC 360 TOTAL CARE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC 360 TOTAL CARE SENS ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE COMPLETE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE COMPLETE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE EARLY SHIELD ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE EARLY SHIELD ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE EARLY SHIELD ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE KOSHER ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SIMILAC ADVANCE LAMEHADRIDIN ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE NON-GMO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE ON-THE-GO ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE OPTIGRO/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE ORGANIC ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE ORGANIC ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE/IRON ORAL PACKET (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE-IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ADVANCE-IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ALIMENTUM ADVANCE-IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ALIMENTUM IMMUNESUPP ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ALIMENTUM TODDLER ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ALIMENTUM-IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC EXPERT CARE ALIMENTUM ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC EXPERT CARE DIARRHEA ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC EXPERT CARE NEOSURE/FE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC FOR SPIT-UP ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC FOR SPIT-UP ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC FOR SPIT-UP/OPTIGRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC FOR SUPPLEMENTATION ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC FOR SUPPLEMENTATION ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC GO & GROW EARLY SHIELD ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC GO & GROW HMO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC GO & GROW NON-GMO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC GO & GROW OPTIGRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC GO & GROW TODDLER ORAL PACKET (<i>infant foods</i>)	OTC Benefit	
SIMILAC GO & GROW TODDLER ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC HUMAN MILK FORTIFIER ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
SIMILAC HUMAN MILK FORTIFIER ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC LACTOSE FREE ADVANCE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC LACTOSE FREE ADVANCE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC LACTOSE FREE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC LOW-IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SIMILAC LOW-IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC LOW-IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC NATURAL CARE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC NEOSURE ADVANCE/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC NEOSURE OPTIGRO ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC NEOSURE OPTIGRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC NEOSURE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ORGANIC/A2 MILK/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC ORGANIC/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC ORGANIC/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC PM ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-ADVANCE OPTIGRO ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-ADVANCE OPTIGRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-ADVANCE WITH IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-ADVANCE WITH IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-SENSITIVE OPTIGRO ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-SENSITIVE OPTIGRO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-SENSITIVE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-SENSITIVE/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-TOTAL COMFORT ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC PRO-TOTAL COMFORT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC PURE BLISS ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC PURE BLISS/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE EARLY SHIELD ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE EARLY SHIELD ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE EARLY SHIELD ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE FUSSINESS ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE NON-GMO ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE OPTIGRO ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE OPTIGRO/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SIMILAC SENSITIVE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC SENSITIVE SPIT-UP ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC SOY ISOMIL ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
SIMILAC SOY ISOMIL ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC SOY ISOMIL ORAL PACKET (<i>infant foods</i>)	OTC Benefit	
SIMILAC SOY ISOMIL ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC SPECIAL CARE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC SPECIAL CARE PREMATURE ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC SPECIAL CARE/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC SPECIAL CARE/LOW IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC SPIT-UP OPTIGRO/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC TOTAL CMFRT OPTIGRO/FE ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC TOTAL COMFORT ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC TOTAL COMFORT ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SIMILAC/IRON ORAL CONCENTRATE (<i>infant foods</i>)	OTC Benefit	
SIMILAC/IRON ORAL LIQUID (<i>infant foods</i>)	OTC Benefit	
SIMILAC/IRON ORAL PACKET (<i>infant foods</i>)	OTC Benefit	
SIMILAC/IRON ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
SOD ANAMIX EARLY YEARS ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
<i>ucd anamix infant oral powder</i>	OTC Benefit	
<i>water oral oral liquid</i>	OTC Benefit	
XLEU ANALOG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
XLYS XTRP ANALOG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
XMET ANALOG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
XMTVI ANALOG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
XPHE-XTYR ANALOG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
XPTM ANALOG ORAL POWDER (<i>infant foods</i>)	OTC Benefit	
*NUTRITIONAL SUPPLEMENTS - DIET AIDS***		
<i>acai berry diet oral capsule</i>	OTC Benefit	
CARB INTERCEPT/PHASE 2 ORAL CAPSULE (<i>nutritional supp - diet aids</i>)	OTC Benefit	
DEXATRIM MAX COMPLEX 7 ORAL CAPSULE (<i>nutritional supp - diet aids</i>)	OTC Benefit	
DEXATRIM MAX DAYTIME CONTROL ORAL TABLET EXTENDED RELEASE (<i>nutritional supp - diet aids</i>)	OTC Benefit	
DEXATRIM MAX ORAL PACKET (<i>nutritional supp - diet aids</i>)	OTC Benefit	
DEXATRIM MAX ORAL TABLET (<i>nutritional supp - diet aids</i>)	OTC Benefit	
DEXATRIM NATURAL EXTRA ENERGY ORAL TABLET (<i>nutritional supp - diet aids</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DEXATRIM NATURAL ORAL TABLET (<i>nutritional supp - diet aids</i>)	OTC Benefit	
DIABETITRIM ORAL POWDER (<i>nutritional supp - diet aids</i>)	OTC Benefit	
<i>dietex forte oral capsule</i>	OTC Benefit	
<i>fat burner therapy oral capsule</i>	OTC Benefit	
<i>meta appetite control oral powder</i>	OTC Benefit	
*NUTRITIONAL SUPPLEMENTS***		
<i>3232a infant formula oral powder</i>	OTC Benefit	
<i>5-htp tryptophan oral tablet 50 mg</i>	OTC Benefit	
A/G PRO ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
ACERFLEX ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>acid blockers depletion oral therapy pack</i>	OTC Benefit	
<i>acid blockers support oral therapy pack</i>	OTC Benefit	
ACTIVESSENTIALS/CALCIUM ORAL THERAPY PACK (<i>nutritional supplements</i>)	OTC Benefit	
<i>adult growth hormone support oral therapy pack</i>	OTC Benefit	
ADVERA ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ALFAMINO JUNIOR ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
ALITRAQ ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
ANGINOX ORAL POWDER EFFERVESCENT (<i>nutritional supplements</i>)	OTC Benefit	
<i>anti-inflammatory enzyme oral capsule</i>	OTC Benefit	
<i>antioxidant formula oral capsule</i>	OTC Benefit	
<i>anti-seizure depletion oral therapy pack</i>	OTC Benefit	
<i>anti-seizure support oral therapy pack</i>	OTC Benefit	
ARGINAID EXTRA ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ARGINAID ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
BABY'S BIG SUPPORT ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>balanced nutritional drink oral liquid</i>	OTC Benefit	
<i>balanced nutritional drink pls oral liquid</i>	OTC Benefit	
<i>balanced nutritional shake pls oral liquid</i>	OTC Benefit	
BCAD 1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
BCAD 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>beef/potatoes/spinach oral liquid</i>	OTC Benefit	
BENECALORIE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>bio-immunex oral capsule</i>	OTC Benefit	
<i>bladder 2.2 oral tablet</i>	OTC Benefit	
BOOST BREEZE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST GLUCOSE CONTROL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BOOST HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST KID ESSENTIALS 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST KID ESSENTIALS 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST KID ESSENTIALS 1.5/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST ORIGINAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST PLUS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST VERY HIGH CALORIE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST VHC ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
BOOST WOMEN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>brain support oral capsule</i>	OTC Benefit	
BRAINSUSTAIN FOR KIDS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
BRAINSUSTAIN ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
BRIGHT BEGINNINGS PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>cardio complete oral capsule</i>	OTC Benefit	
CARNATION BREAKFAST ESSENTIALS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
CARNATION BREAKFAST ESSENTIALS ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
CFPREOP ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>chicken/carrots/brown rice oral liquid</i>	OTC Benefit	
<i>chicken/peas/carrots oral powder</i>	OTC Benefit	
<i>chicken/peas/carrots plus oral powder</i>	OTC Benefit	
<i>chicken/peas/carrots plus pedi oral powder</i>	OTC Benefit	
<i>chlorella-spirulina complex oral tablet</i>	OTC Benefit	
<i>cholesterol defense oral tablet</i>	OTC Benefit	
CHOLEXTRA ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>chronic kidney disease support oral therapy pack</i>	OTC Benefit	
<i>chronic pain support oral therapy pack</i>	OTC Benefit	
<i>chrono-basic oral therapy pack</i>	OTC Benefit	
<i>chrono-bone builder oral therapy pack</i>	OTC Benefit	
<i>chronoflex oral tablet</i>	OTC Benefit	
<i>chronoflex oral therapy pack</i>	OTC Benefit	
<i>chrono-immune shield oral therapy pack</i>	OTC Benefit	
<i>chrono-mature oral therapy pack</i>	OTC Benefit	
<i>chronovision oral capsule</i>	OTC Benefit	
<i>click espresso protein drink oral powder</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cold and flu oral therapy pack</i>	OTC Benefit	
COMPLEAT ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT ORGANIC BLENDS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT ORIGINAL PLANT-BASED ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEDI ORIG PLANT-BASED ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEDI PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEDI STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEDI STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEDIATRIC ORG BLENDS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEDIATRIC PEPTIDE 1.0 ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEPTIDE 1.0 ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEAT STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
COMPLEX ESSENTIAL MSD ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
CONCEPTIONXR REPRODUCTIVE ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
<i>corticosteroids depletion oral therapy pack</i>	OTC Benefit	
<i>corticosteroids support oral therapy pack</i>	OTC Benefit	
<i>crohns disease support oral therapy pack</i>	OTC Benefit	
<i>cvs nutrition liquid oral liquid</i>	OTC Benefit	
<i>cvs nutrition plus chocolate oral liquid</i>	OTC Benefit	
<i>cvs nutrition plus oral liquid</i>	OTC Benefit	
<i>cvs nutrition plus vanilla oral liquid</i>	OTC Benefit	
<i>cvs nutritional shake oral liquid</i>	OTC Benefit	
CYCLINEX-1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
CYCLINEX-2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>cystic fibrosis support oral therapy pack</i>	OTC Benefit	
<i>diabetes support oral therapy pack</i>	OTC Benefit	
DIABETISOURCE AC ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
DIARESQ CHILDRENS ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DIARESQ GENTLE RELIEF TODDLERS ORAL PACKET <i>(nutritional supplements)</i>	OTC Benefit	
DIARESQ ORAL PACKET <i>(nutritional supplements)</i>	OTC Benefit	
DPP DIPEPTIDE POWER ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
DUOCAL ORAL POWDER <i>(nutritional supplements)</i>	OTC Benefit	
EAA SUPPLEMENT ORAL PACKET <i>(nutritional supplements)</i>	OTC Benefit	
EGG/PRO ORAL POWDER <i>(nutritional supplements)</i>	OTC Benefit	
<i>eggs/apples/oats oral liquid</i>	OTC Benefit	
ELECARE DHA/ARA INFANT ORAL POWDER <i>(nutritional supplements)</i>	OTC Benefit	
ELECARE DHA/ARA ORAL POWDER <i>(nutritional supplements)</i>	OTC Benefit	
ELECARE JR ORAL POWDER <i>(nutritional supplements)</i>	OTC Benefit	
ELECARE ORAL POWDER <i>(nutritional supplements)</i>	OTC Benefit	
ENCALA ORAL PACKET <i>(nutritional supplements)</i>	OTC Benefit	
ENCALA ORAL POWDER <i>(nutritional supplements)</i>	OTC Benefit	
ENLIVE ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE ACTIVE HEART HEALTH ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE ACTIVE HIGH PROTEIN ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE ACTIVE LIGHT ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE ACTIVE ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE BONE HEALTH REVIGOR ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE CLEAR ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE CLINICAL ST REVIGOR ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE COMPACT ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE COMPLETE ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE COMPLETE SHAKE ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE ENLIVE ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE HARVEST 1.2 CAL ENTERAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE HEALTHY MOM ORAL BAR <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE HEALTHY MOM ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE HIGH CALCIUM ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE HIGH PROTEIN ORAL LIQUID <i>(nutritional supplements)</i>	OTC Benefit	
ENSURE HIGH PROTEIN ORAL POWDER <i>(nutritional supplements)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ENSURE HIGH PROTEIN ORAL PUDDING (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE IMMUNE HEALTH ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE MAX PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE MUSCLE HEALTH REVIGOR ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE NUTRA SHAKE HI-CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE ORIG THERAPEUTIC NUTRI ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE ORIGINAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE ORIGINAL ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE ORIGINAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE PLANT-BASED PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE PLUS HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE PLUS HN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE PLUS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE PLUS WITH FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE PRE-SURGERY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE PUDDING ORAL PUDDING (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE SURGERY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE SURGICAL NUTRITION ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENSURE/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENTERADE IBS-D ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENTERADE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENU COMPLETE NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ENU NUTRITIONAL SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
EO28 SPLASH ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
EQ ESTROBLEND MENOPAUSE ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
eq nutritional shake oral liquid	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq nutritional shake plus oral liquid</i>	OTC Benefit	
<i>eq weight loss shake oral liquid</i>	OTC Benefit	
EQUATE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
EQUATE PLUS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ESTRONATURAL EXTRA STRENGTH ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
ESTRONATURAL ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
ESTROVEN NIGHTTIME ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
ESTROVEN WEIGHT MANAGEMENT ORAL CAPSULE (<i>nutritional supplements</i>)	OTC Benefit	
EXPEDITE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>female infertility support oral therapy pack</i>	OTC Benefit	
FIBER FLOW ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
FIBERSOURCE HN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
FITFOOD LEAN COMPLETE ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
<i>flavor packets oral packet</i>	OTC Benefit	
FORTA DRINK ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
FORTA SHAKE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>foundation essentials oral therapy pack</i>	OTC Benefit	
FRUITIVITS ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
GA EXPRESS15 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
GA GEL ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
GA ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
GA-1 ANAMIX EARLY YEARS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
GELATEIN MCT ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA 1.0 CAL/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA 1.0 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA 1.5 CAL/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA ADVANCE SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA CEREAL ORAL (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA CRISPY DELIGHTS ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GLUCERNA HUNGER SMART SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA MEAL ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA MEAL REPLACEMENT ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA MINI SNACK ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA MINI SNACKS ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA OS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA SELECT ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA SNACK ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA SNACK SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
GLUCERNA WEIGHT LOSS SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>glucose management oral tablet</i>	OTC Benefit	
GLUTAREX-1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
GLUTAREX-2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
GLYCOSADE ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
GLYTROL PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>goodsense nutrisure original oral liquid</i>	OTC Benefit	
<i>goodsense nutrisure plus oral liquid</i>	OTC Benefit	
<i>haelan 951 fermented soy oral liquid</i>	OTC Benefit	
<i>haelan htpi fermented soy oral liquid</i>	OTC Benefit	
HCU ANAMIX EARLY YEARS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
HCU ANAMIX NEXT ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
HCU COOLER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
HCU GEL ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
HCU LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
HCU MAXAMUM ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
HCY 1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
HCY 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
HEALTH SOURCE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
HEALTHY ACCENTS NUTRA FIT ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
HEALTHY ACCENTS NUTRA FIT PLUS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>hemophilia support oral therapy pack</i>	OTC Benefit	
HI-CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>high-protein nutritional shake oral liquid</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>hiv support oral therapy pack</i>	OTC Benefit	
<i>hm nutrisure oral liquid</i>	OTC Benefit	
<i>hm nutrisure plus oral liquid</i>	OTC Benefit	
HOM 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
HOMINEX-1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
HOMINEX-2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>homocysteine support oral capsule</i>	OTC Benefit	
HORMONE PROTECT ORAL CAPSULE (<i>nutritional supplements</i>)	OTC Benefit	
<i>hrt support oral therapy pack</i>	OTC Benefit	
I5 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
<i>ibs support oral therapy pack</i>	OTC Benefit	
IMMULIFE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>immune enhance oral tablet</i>	OTC Benefit	
IMPACT ADVANCED RECOVERY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
IMPACT ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
IMPACT PEPTIDE 1.5 ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
INNOVACIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
INTROLITE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ISOSOURCE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ISOSOURCE HN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
IVA ANAMIX EARLY YEARS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
IVA ANAMIX NEXT ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
IVA MAXAMUM ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
I-VALEX-1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
I-VALEX-2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
JEVITY 1 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
JEVITY 1 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
JEVITY 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
JEVITY 1.2 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
JEVITY 1.5 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
JUICE PLUS FIBRE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
JUVEN NUTRIVIGOR ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
JUVEN ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
JUVEN ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
JUVEN REVIGOR ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
<i>kale/quinoa/berries oral powder</i>	OTC Benefit	
<i>kale/quinoa/berries plus oral powder</i>	OTC Benefit	
<i>kale/quinoa/berries plus pedia oral powder</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
KATE FARMS BLENDED MEALS PED ORAL (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS GLUCOSE SUPPORT 1.2 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS KIDS NUTRITION ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS PED PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS PED STANDARD 1.2 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS PEPTIDE 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS RENAL SUPPORT 1.8 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS STANDARD 1.4 ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KATE FARMS STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>keto oral liquid</i>	OTC Benefit	
KETOCAL 2.5:1 LQ MULTI FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KETOCAL 3:1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
KETOCAL 4:1 LQ MULTI FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KETOCAL 4:1 LQ MULTI-FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KETOCAL 4:1 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KETOCAL 4:1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>ketogen oral powder</i>	OTC Benefit	
KETONEX-1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
KETONEX-2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
KFLO ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KIDS PLANT PROTEIN SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
KINDERSPROUT PLANT PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
K-PAX PROTEIN BLEND IMMUNE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
LANAFLEX ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
LEPTIN MANAGER ORAL CAPSULE 15-80 MG (<i>nutritional supplements</i>)	OTC Benefit	
LIPISTART ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
LIQUID HOPE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
LIQUID HOPE PEPTIDE BERRY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
LIQUID HOPE PEPTIDE HP ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
LIQUID HOPE PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>liver defense oral tablet</i>	OTC Benefit	
LMD ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
LOPHLEX LQ 20 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
LOPHLEX ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
LPS CRITICAL CARE SUGAR FREE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
LPS SUGAR FREE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
LUTRISH CHOCOLATE SHAKE ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
LUTRISH VANILLA SHAKE ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
<i>male infertility support oral therapy pack</i>	OTC Benefit	
<i>male support oral capsule</i>	OTC Benefit	
MALTOCARB ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MCT PRO-CAL ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
METHIONAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
METHIONINE-200 ORAL CAPSULE (<i>nutritional supplements</i>)	OTC Benefit	
MMA/PA ANAMIX EARLY YEARS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MMA/PA ANAMIX NEXT ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MMA/PA COOLER15 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
MMA/PA EXPRESS 15 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
MMA/PA GEL ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
MMA/PA MAXAMUM ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MODULEN ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MONOGEN ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MSUD 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MSUD AID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MSUD ANAMIX EARLY YEARS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MSUD COOLER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
MSUD EXPRESS 15 PLUS ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
MSUD EXPRESS 20 PLUS ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
MSUD GEL ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
MSUD LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
MSUD MAXAMAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
MSUD MAXAMUM ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>multiple sclerosis support oral therapy pack</i>	OTC Benefit	
NEOCATE INFANT DHA/ARA ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
NEOCATE JUNIOR ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
NEOCATE JUNIOR PREBIOTICS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
NEOCATE NUTRA ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
NEOCATE SPLASH ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NEOCATE SYNEO JUNIOR ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
NEPRO ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NEPRO/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NEWPHASE COMPLETE ES ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
NEWPHASE COMPLETE ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
NOURISH ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NOURISH PEPTIDE BERRY MEDLEY ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NOURISH PEPTIDE FORMULA ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NOVASOURCE RENAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA BALANCE DIABETIC/FIBER ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA BALANCE FIBER COOKIE ORAL (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA BALANCE PROTEIN COOKIE ORAL (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA SHAKE ORAL LIQUID (FROZEN) (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA SHAKE/SUPREME ORAL LIQUID (FROZEN) (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA/BALANCE RE/GEN FREE ORAL LIQUID (FROZEN) (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NUTRA/BALANCE RE/GEN ORAL LIQUID (FROZEN) (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA/SHAKE FRUIT PLUS ORAL LIQUID (FROZEN) (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA/SHAKE ORAL LIQUID , (FROZEN) (<i>nutritional supplements</i>)	OTC Benefit	
NUTRA/SHAKE SUPREME ORAL LIQUID (FROZEN) (<i>nutritional supplements</i>)	OTC Benefit	
NUTRAMINE AMINO BITES ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
NUTRAMINE ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
NUTREN 1.5 ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NUTREN JR FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NUTREN JR ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
NUTREN JUNIOR 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>nutricia preop oral packet</i>	OTC Benefit	
<i>nutrifocus oral liquid</i>	OTC Benefit	
NUTRIHEP 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>nutritional drink mix oral powder</i>	OTC Benefit	
<i>nutritional drink oral liquid</i>	OTC Benefit	
<i>nutritional drink plus oral liquid</i>	OTC Benefit	
<i>nutritional drink shake mix oral powder</i>	OTC Benefit	
<i>nutritional shake complete oral liquid</i>	OTC Benefit	
<i>nutritional shake high protein oral liquid</i>	OTC Benefit	
<i>nutritional shake oral liquid</i>	OTC Benefit	
<i>nutritional shake plus oral liquid</i>	OTC Benefit	
<i>nutritional shake plus protein oral liquid</i>	OTC Benefit	
<i>nutritional supplement oral liquid</i>	OTC Benefit	
<i>nutritional supplement plus oral liquid</i>	OTC Benefit	
OA 1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
OA 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>oncology support oral therapy pack</i>	OTC Benefit	
OPTICLEANSE GHI ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
OPTICLEANSE GHI ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
OPTICLEANSE PLUS ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
OPTIMENTAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
OPTIMETABOLIX 2:1 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
OPTIMETABOLIX ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
ORGANIC NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
ORGANIC PEDIA SMART ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
OS 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OSAPLEX MK-7 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
OSAPLEX ORAL CAPSULE THERAPY PACK (<i>nutritional supplements</i>)	OTC Benefit	
OSMOLITE 1 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
OSMOLITE 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
OSMOLITE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
OSMOLITE HN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
OSMOLITE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
osteo advance oral tablet	OTC Benefit	
osteoporosis support oral therapy pack	OTC Benefit	
OXEPA 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
OXEPA ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASmart PEA PROTEIN ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE 1.0 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE 1.5 CAL/FIBER ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE 1.5 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE ENTERAL 1.0 CAL ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE ENTERAL 1.0CAL/FIBER ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE GROW & GAIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE GROW & GAIN ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE GROW & GAIN ORGANIC ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE GROW & GAIN/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE HARVEST 1.0 CAL ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE HARVEST 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE NUTRIPALS ORAL BAR (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE NUTRIPALS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE PEPTIDE 1.0 CAL ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PEDIASURE PEPTIDE 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE PEPTIDE 1.5 CAL ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE PEPTIDE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE REDUCED CALORIE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE SHAKE MIX ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE SHAKE/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE SIDEKICKS CLEAR ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE SIDEKICKS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE SIDEKICKS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE SIDEKICKS SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEDIASURE/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>pediatric drink oral liquid</i>	OTC Benefit	
PEPTAMEN 1 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN 1.5 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN INTENSE VHP ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN JUNIOR 1 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN JUNIOR 1 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN JUNIOR 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN JUNIOR 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN JUNIOR FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN JUNIOR HP ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN JUNIOR PHGG 1.2 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PEPTAMEN JUNIOR/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PERATIVE 1.3 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PERATIVE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PERIFLEX ADVANCE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PERIFLEX JUNIOR ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PFD 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PFD TODDLER ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENEX CHEWS ORAL TABLET CHEWABLE (<i>nutritional supplements</i>)	OTC Benefit	
PHENEX-1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENEX-2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE DRINK MIX ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE ESSENTIAL DRINK MIX ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE ESSENTIAL DRINK MIX ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE ESSENTIAL MIX/FIBER ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE ESSENTIAL MIX/FIBER ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE GMP MIX-IN ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE GMP MIX-IN ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE GMP ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE GMP ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE GMP READY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE GMP ULTRA ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE RTD PKU 10 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE60 DRINK MIX ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PHENYLADE60 DRINK MIX ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYL-FREE 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHENYL-FREE 2HP ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PHLEXY-10 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PIVOT 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PKU 3 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PKU AIR20 GOLD ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU AIR20 GREEN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU AIR20 YELLOW ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PKU COOLER 10 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU COOLER 15 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU COOLER 20 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE (<i>nutritional supplements</i>)	OTC Benefit	
PKU EASY SHAKE & GO ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PKU EXPLORE10 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PKU EXPLORE5 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PKU GEL ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PKU LOPHLEX LQ 20 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU PERIFLEX EARLY YEARS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PKU PERIFLEX JUNIOR PLUS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PKU SPHERE 15 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PKU SPHERE 20 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU SPHERE 20 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
PKU SPHERE NEXT 15 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PKU START ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>pku trio oral powder</i>	OTC Benefit	
POLYCAL ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PORTAGEN ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PREKUNIL ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
PROMOD ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROMOD ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PROMOTE 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROMOTE 1.0 WITH FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROMOTE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROMOTE/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PRO-PHREE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PROPIMEX-1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PROPIMEX-2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PROSOURCE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROSOURCE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
PROSOURCE PLUS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROSOURCE TF ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROSOURCE XTRACAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROSOURCE ZAC ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>prostate 2.4 oral capsule</i>	OTC Benefit	
PROSURE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PROTALITY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PROTEIN FORTIFIED COOKIE ORAL (<i>nutritional supplements</i>)	OTC Benefit	
PROTEOLIN ORAL CAPSULE (<i>nutritional supplements</i>)	OTC Benefit	
PROVIMIN ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>psoriasis support oral therapy pack</i>	OTC Benefit	
PULMOCARE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
PULMOCARE ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>pulmonary hypertension support oral therapy pack</i>	OTC Benefit	
PURECARB ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>push 20+ advanced oral liquid</i>	OTC Benefit	
<i>quinoa/kale/hemp oral liquid</i>	OTC Benefit	
RE/GEN PROTEIN COOKIE ORAL (<i>nutritional supplements</i>)	OTC Benefit	
RE/NEPH LP/HC ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
RE/NEPH ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
RE/NEPH REDUCED SUGAR ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
REAL FOOD BLENDS ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
REAL FOOD BLENDS MINI ENTERAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
REASON ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>regular nutritional shake oral liquid</i>	OTC Benefit	
RENALCAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
RENASTART ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
RENASTEP ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
REPLETE FIBER 1 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
REPLETE FIBER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
RESOURCE 2.0 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>restore fusion renal support oral powder</i>	OTC Benefit	
<i>restore renal support oral powder</i>	OTC Benefit	
RESURGEX ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
RESURGEX PLUS ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
RESURGEX SELECT ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
<i>rheumatoid arthritis support oral therapy pack</i>	OTC Benefit	
S.O.S. 25 ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
<i>salmon/oats/squash oral liquid</i>	OTC Benefit	
<i>sb complete nutrition oral liquid</i>	OTC Benefit	
<i>sb complete nutrition plus oral liquid</i>	OTC Benefit	
SCANDICAL ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
SCANDISHAKE ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
SERACAL ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SERACAL ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>sm estro vital nutrients ex st oral tablet</i>	OTC Benefit	
SM ESTROPLUS EXTRA STRENGTH ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
<i>sol carb oral powder</i>	OTC Benefit	
<i>statins depletion oral therapy pack</i>	OTC Benefit	
<i>statins support oral therapy pack</i>	OTC Benefit	
<i>stress shield oral tablet</i>	OTC Benefit	
SUPLENA 1.8/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
SUPLENA ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
SUPLENA/CARB STEADY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
THERALITH XR ORAL TABLET (<i>nutritional supplements</i>)	OTC Benefit	
THICK-IT CHICKEN A LA KING ORAL (<i>nutritional supplements</i>)	OTC Benefit	
THICK-IT MIXED FRUIT/BERRY ORAL (<i>nutritional supplements</i>)	OTC Benefit	
THICK-IT PUREES BEEF LASAGNA ORAL (<i>nutritional supplements</i>)	OTC Benefit	
THICK-IT PUREES CHICKEN PATTY ORAL (<i>nutritional supplements</i>)	OTC Benefit	
THICK-IT PUREES FRENCH TOAST ORAL (<i>nutritional supplements</i>)	OTC Benefit	
THICK-IT PUREES SWEET CORN ORAL (<i>nutritional supplements</i>)	OTC Benefit	
THICK-IT THICKENED CRANBERRY ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
TOLEREX ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
<i>turkey/sweet potatoes/peaches oral liquid</i>	OTC Benefit	
TWOCAL HN 2.0 ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
TWOCAL HN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
TYR ANAMIX EARLY YEARS ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
TYR ANAMIX NEXT ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
TYR COOLER ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
TYR GEL ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
TYR LOPHLEX GMP MIX-IN ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
TYR LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
TYREX-1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
TYREX-2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
TYROS 1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
TYROS 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
UCD 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
UCD ANAMIX JUNIOR ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>ucd trio oral powder</i>	OTC Benefit	
<i>ultra energy oral tablet</i>	OTC Benefit	
<i>ultramino soy protein oral powder</i>	OTC Benefit	
ULTRIENT 1.5 SAFE-T FEED ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
UTYMAX ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
VITAL 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
VITAL 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
VITAL AF 1.2 CAL ADV FORMULA ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
VITAL AF 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
VITAL HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
VITAL HN ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
VITAL HP 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
VITAL JR ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
VITAL PEPTIDE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
<i>vitamin d booster oral therapy pack</i>	OTC Benefit	
<i>vitamin d maintenance oral therapy pack</i>	OTC Benefit	
<i>vitamin d plus cofactors oral tablet</i>	OTC Benefit	
VITEYES TEAR SUPPORT ORAL CAPSULE (<i>nutritional supplements</i>)	OTC Benefit	
VIVONEX PEDIATRIC ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
VIVONEX PEDIATRIC ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
VIVONEX PLUS ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
VIVONEX RTF ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
VIVONEX T.E.N. ORAL PACKET (<i>nutritional supplements</i>)	OTC Benefit	
WELLNESS ESSENTIALS AI ORAL KIT (<i>nutritional supplements</i>)	OTC Benefit	
WELLNESS ESSENTIALS BLOOD SUGR ORAL KIT (<i>nutritional supplements</i>)	OTC Benefit	
WELLNESS ESSENTIALS FOR JOINT ORAL KIT (<i>nutritional supplements</i>)	OTC Benefit	
WELLNESS ESSENTIALS FOR MEN ORAL KIT (<i>nutritional supplements</i>)	OTC Benefit	
WELLNESS ESSENTIALS FOR WOMEN ORAL KIT (<i>nutritional supplements</i>)	OTC Benefit	
WELLNESS ESSENTIALS ORAL KIT (<i>nutritional supplements</i>)	OTC Benefit	
WELLNESS ESSENTIALS PREGNANCY ORAL KIT (<i>nutritional supplements</i>)	OTC Benefit	
WND 1 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
WND 2 ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
<i>womens health support oral therapy pack</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
XLEU MAXAMAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
XLYS-XTRP MAXAMAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
XLYS-XTRP MAXAMUM ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
XMET MAXAMAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
XMET XCYS MAXAMAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
XMTVI MAXAMAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
XPHE MAXAMAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
XPHE-XTYR MAXAMAID ORAL POWDER (<i>nutritional supplements</i>)	OTC Benefit	
XTRACAL PLUS ORAL LIQUID (<i>nutritional supplements</i>)	OTC Benefit	
*SWEETENERS***		
<i>aspartame (for compounding) powder</i>	OTC Benefit	
DIABETISWEET BROWN SUGAR ORAL POWDER (<i>acesulfame potassium-isomalt</i>)	OTC Benefit	
DIABETISWEET ORAL PACKET (<i>acesulfame potassium-isomalt</i>)	OTC Benefit	
DIABETISWEET ORAL POWDER (<i>acesulfame potassium-isomalt</i>)	OTC Benefit	
PEARSON SAKRIN ORAL SOLUTION 12 % (<i>saccharin ammonium</i>)	OTC Benefit	
<i>saccharin powder</i>	OTC Benefit	
<i>sodium saccharin granules</i>	OTC Benefit	
<i>sodium saccharin powder</i>	OTC Benefit	
DIGESTIVE AIDS		
*DIGESTIVE AIDS - MIXTURES***		
BILE ACID FACTORS ORAL CAPSULE (<i>digestive aids mixture</i>)	OTC Benefit	
*DIGESTIVE ENZYME COMBINATIONS***		
ABATRACE ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
<i>betaine hcl oral capsule 650-130 mg, 650-2-130 mg</i>	OTC Benefit	
BEVITROL ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
<i>biohm prebiotic supplement oral capsule</i>	OTC Benefit	
BIO-ZYME ORAL TABLET (<i>digestive enzymes</i>)	OTC Benefit	
DIGAZ ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
<i>digestive enzyme oral capsule</i>	OTC Benefit	
<i>digestive enzymes oral capsule</i>	OTC Benefit	
<i>digestive enzymes oral tablet</i>	OTC Benefit	
<i>digestive support oral capsule</i>	OTC Benefit	
<i>digestive wellness oral capsule</i>	OTC Benefit	
DOCTORS BEST DIGESTIVE ENZYMES ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
<i>enzyme digest oral capsule</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql digestive enzymes oral tablet</i>	OTC Benefit	
GASTRACE DIGESTIVE SUPPORT ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
GASTRACID ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
<i>hepatitis support oral</i>	OTC Benefit	
<i>lipase concentrate-hp oral capsule 55.5 mg</i>	OTC Benefit	
OMNIGEST EZ ORAL TABLET (<i>digestive enzymes</i>)	OTC Benefit	
<i>panplex 2-phase oral tablet delayed release</i>	OTC Benefit	
PANXYME PH ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
<i>papaya and enzymes oral tablet chewable</i>	OTC Benefit	
<i>parvenzyme digestive enzyme oral tablet</i>	OTC Benefit	
PROTEOXYME ORAL CAPSULE DELAYED RELEASE (<i>digestive enzymes</i>)	OTC Benefit	
SIMILASE LIPO ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
<i>super enzymes oral tablet</i>	OTC Benefit	
TYLER SIMILASE ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
TYLER SIMILASE SENSITIVE ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
XYMOZYME ORAL CAPSULE (<i>digestive enzymes</i>)	OTC Benefit	
*DIGESTIVE ENZYMES***		
<i>cvs dairy relief ex st oral tablet 4500 unit</i>	OTC Benefit	
<i>cvs dairy relief fast acting oral tablet 9000 unit</i>	OTC Benefit	
<i>cvs dairy relief oral tablet 3000 unit</i>	OTC Benefit	
<i>cvs dairy relief oral tablet chewable 9000 unit</i>	OTC Benefit	
<i>cvs lactase enzyme ultra str oral tablet 9000 unit</i>	OTC Benefit	
<i>dairy digestive supplement oral tablet 9000 unit</i>	OTC Benefit	
<i>dairy digestive ultra oral tablet 9000 unit</i>	OTC Benefit	
<i>dairy relief oral tablet 3000 unit</i>	OTC Benefit	
<i>dairy-digestive oral tablet chewable 9000 unit</i>	OTC Benefit	
<i>eq dairy digestive fast acting oral tablet 9000 unit</i>	OTC Benefit	
<i>eq dairy digestive fast acting oral tablet chewable 9000 unit</i>	OTC Benefit	
<i>eql dairy digest fast acting oral tablet 9000 unit</i>	OTC Benefit	
<i>gnp dairy relief oral tablet 3000 unit</i>	OTC Benefit	
<i>gnp fast acting dairy relief oral tablet chewable 9000 unit</i>	OTC Benefit	
HISTDAO ORAL CAPSULE 300 MCG (<i>diamine oxidase</i>)	OTC Benefit	
LACTAID FAST ACT ORAL TABLET 9000 UNIT (<i>lactase</i>)	OTC Benefit	
LACTAID FAST ACT ORAL TABLET CHEWABLE 9000 UNIT (<i>lactase</i>)	OTC Benefit	
LACTAID ORAL TABLET 3000 UNIT (<i>lactase</i>)	OTC Benefit	
<i>lactase enzyme oral tablet 3000 unit, 9000 unit</i>	OTC Benefit	
<i>lactase fast acting oral tablet 9000 unit</i>	OTC Benefit	
<i>lactose fast acting relief oral tablet 9000 unit</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>lactose fast acting relief oral tablet chewable 9000 unit</i>	OTC Benefit	
<i>ra dairy aid oral tablet 3000 unit</i>	OTC Benefit	
<i>ra dairy relief fast acting oral tablet 9000 unit</i>	OTC Benefit	
<i>ra dairy relief fast acting oral tablet chewable 9000 unit</i>	OTC Benefit	
<i>sb dairy relief oral tablet 9000 unit</i>	OTC Benefit	
<i>sb lactase oral tablet 3000 unit</i>	OTC Benefit	
<i>sm ultra dairy digestive oral tablet 9000 unit</i>	OTC Benefit	
<i>surelac oral tablet 3000 unit</i>	OTC Benefit	
*GASTRIC ACIDIFIERS***		
<i>betaine hcl oral tablet 300 mg</i>	OTC Benefit	
DIURETICS		
*DIURETICS - MISCELLANEOUS***		
<i>cvs diuretic maximum strength oral capsule 50 mg</i>	OTC Benefit	
DIUREX MAX ORAL TABLET 50 MG (<i>pamabrom</i>)	OTC Benefit	
DIUREX ULTRA ORAL TABLET 100 MG (<i>caffeine (diuretic)</i>)	OTC Benefit	
*NON PRESCRIPTION DIURETICS***		
<i>hydro-tabs oral tablet</i>	OTC Benefit	
<i>water pills/potassium oral tablet</i>	OTC Benefit	
<i>water tabs oral tablet</i>	OTC Benefit	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*UREA CYCLE DISORDER - AGENTS***		
<i>citrulline easy oral tablet extended release 1 gm</i>	OTC Benefit	
GASTROINTESTINAL AGENTS - MISC.		
*ANTIFLATULENTS***		
<i>anti-gas oral capsule</i>	OTC Benefit	
BEANO MELTAWAYS ORAL TABLET DISPERSIBLE 450 UNIT (<i>alpha-d-galactosidase</i>)	OTC Benefit	
BEANO ULTRA 800 ORAL TABLET (<i>alpha-d-galactosidase</i>)	OTC Benefit	
BICARSIM ORAL TABLET 80 MG (<i>simethicone</i>)	OTC Benefit	
CVS BEANAID ORAL CAPSULE (<i>alpha-d-galactosidase</i>)	OTC Benefit	
<i>cvs gas relief extra strength oral tablet chewable 125 mg</i>	OTC Benefit	
<i>cvs gas relief infants oral suspension 20 mg/0.3ml</i>	OTC Benefit	
<i>cvs gas relief oral tablet chewable 80 mg</i>	OTC Benefit	
<i>cvs gas relief ultra strength oral capsule 180 mg</i>	OTC Benefit	
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	OTC Benefit	
<i>drxchoice gas relief oral tablet chewable 80 mg</i>	OTC Benefit	
<i>eq gas relief extra strength oral capsule 125 mg</i>	OTC Benefit	
<i>eq gas relief extra strength oral tablet chewable 125 mg</i>	OTC Benefit	
<i>eq gas relief oral capsule 125 mg</i>	OTC Benefit	
<i>eq gas relief ultra strength oral capsule 180 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	OTC Benefit	
<i>eql gas gone oral tablet chewable 125 mg</i>	OTC Benefit	
<i>eql gas prevention oral capsule</i>	OTC Benefit	
<i>eql gas relief oral capsule 125 mg</i>	OTC Benefit	
<i>eql gas relief ultra strength oral capsule 180 mg</i>	OTC Benefit	
<i>gas relief & prevention oral capsule</i>	OTC Benefit	
<i>gas relief oral liquid 40 mg/0.6ml</i>	OTC Benefit	
GAS-X CHILDRENS ORAL STRIP 40 MG (<i>simethicone</i>)	OTC Benefit	
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (<i>simethicone</i>)	OTC Benefit	
GAS-X EXTRA STRENGTH ORAL STRIP 62.5 MG (<i>simethicone</i>)	OTC Benefit	
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG (<i>simethicone</i>)	OTC Benefit	
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML (<i>simethicone</i>)	OTC Benefit	
GAS-X MAXIMUM STRENGTH ORAL CAPSULE 250 MG (<i>simethicone</i>)	OTC Benefit	
GAS-X PREVENTION ORAL CAPSULE (<i>alpha-d-galactosidase</i>)	OTC Benefit	
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG (<i>simethicone</i>)	OTC Benefit	
<i>goodsense gas relief oral tablet chewable 125 mg</i>	OTC Benefit	
<i>heartland gas relief oral tablet chewable 80 mg</i>	OTC Benefit	
<i>infants gas relief oral suspension 40 mg/0.6ml</i>	OTC Benefit	
LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	OTC Benefit	
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	OTC Benefit	
MYLANTA GAS MINIS ORAL TABLET CHEWABLE 41.667 MG (<i>simethicone</i>)	OTC Benefit	
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	OTC Benefit	
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	OTC Benefit	
PHAZYME MAXIMUM STRENGTH ORAL CAPSULE 250 MG (<i>simethicone</i>)	OTC Benefit	
PHAZYME ORAL TABLET CHEWABLE 125 MG (<i>simethicone</i>)	OTC Benefit	
PHAZYME ULTIMATE ORAL CAPSULE 500 MG (<i>simethicone</i>)	OTC Benefit	
PHAZYME ULTRA STRENGTH ORAL CAPSULE 180 MG (<i>simethicone</i>)	OTC Benefit	
<i>qc anti-gas oral capsule 180 mg</i>	OTC Benefit	
<i>qc gas relief extra strength oral capsule 125 mg</i>	OTC Benefit	
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	OTC Benefit	
<i>qc gas relief infants oral suspension 20 mg/0.3ml</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>qc gas relief oral capsule 250 mg</i>	OTC Benefit	
<i>qc gas relief oral tablet chewable 80 mg</i>	OTC Benefit	
<i>ra gas relief extra strength oral tablet chewable 125 mg</i>	OTC Benefit	
<i>ra gas relief oral capsule 125 mg</i>	OTC Benefit	
<i>ra gas relief oral tablet chewable 80 mg</i>	OTC Benefit	
<i>ra gas relief ultra strength oral capsule 180 mg</i>	OTC Benefit	
<i>sb anti-gas oral capsule 180 mg</i>	OTC Benefit	
<i>sb gas relief oral suspension 40 mg/0.6ml</i>	OTC Benefit	
<i>sb gas relief oral tablet chewable 125 mg</i>	OTC Benefit	
<i>simeped oral suspension 40 mg/0.6ml</i>	OTC Benefit	
<i>simethicone extra strength oral capsule 125 mg</i>	OTC Benefit	
<i>simethicone liquid</i>	OTC Benefit	
<i>simethicone oral capsule 125 mg</i>	OTC Benefit	
<i>simethicone oral tablet chewable 125 mg</i>	OTC Benefit	
<i>teeny tummy gas relief drops oral suspension 20 mg/0.3ml</i>	OTC Benefit	
*INFLAMMATORY BOWEL AGENTS***		
<i>aminosalicylic acid-5 powder</i>	OTC Benefit	
GENITOURINARY AGENTS - MISCELLANEOUS		
*CITRATES***		
CITRATABS ORAL TABLET EXTENDED RELEASE 100-15 MG (<i>potassium citrate-mag citrate</i>)	OTC Benefit	
<i>cytra-2 oral solution 500-334 mg/5ml</i>	OTC Benefit	
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML (<i>pot & sod cit-cit ac</i>)	OTC Benefit	
<i>cytra-k oral solution 1100-334 mg/5ml</i>	OTC Benefit	
LITHOLYTE ORAL PACKET 400-60 MG (<i>potassium citrate-mag citrate</i>)	OTC Benefit	
<i>potassium citrate granules</i>	OTC Benefit	
<i>sodium citrate granules</i>	OTC Benefit	
*GENITOURINARY IRRIGANTS***		
<i>glycine powder</i>	OTC Benefit	
*URINARY ANALGESIC COMBINATIONS***		
URISTAT ULTRA UTI RELIEF PAK COMBINATION THERAPY PACK 99.5 MG (<i>phenazopyridine hcl & uti test</i>)	OTC Benefit	
URISTAT UTI RELIEF PAK COMBINATION THERAPY PACK 95 MG (<i>phenazopyridine hcl & uti test</i>)	OTC Benefit	
*URINARY ANALGESICS***		
<i>azo tabs oral tablet 95 mg</i>	OTC Benefit	
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG, 99.5 MG (<i>phenazopyridine hcl</i>)	OTC Benefit	
<i>cvs urinary pain relief max st oral tablet 97.5 mg</i>	OTC Benefit	
<i>cvs urinary pain relief oral tablet 95 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq urinary pain relief max st oral tablet 97.5 mg, 99.5 mg</i>	OTC Benefit	
<i>eq urinary pain relief oral tablet 95 mg</i>	OTC Benefit	
<i>ft urinary pain relief max str oral tablet 99.5 mg</i>	OTC Benefit	
<i>gnp urinary pain relief max st oral tablet 99.5 mg</i>	OTC Benefit	
<i>gnp urinary pain relief oral tablet 97.5 mg</i>	OTC Benefit	
<i>hm urinary pain relief oral tablet 99.5 mg</i>	OTC Benefit	
PHENAZO ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>)	OTC Benefit	
<i>qc azo oral tablet 95 mg</i>	OTC Benefit	
<i>qc urinary pain relief max st oral tablet 97.5 mg, 99.5 mg</i>	OTC Benefit	
<i>qc urinary pain relief oral tablet 95 mg</i>	OTC Benefit	
<i>ra urinary pain relief oral tablet 95 mg</i>	OTC Benefit	
<i>sb urinary pain relief max st oral tablet 97.5 mg</i>	OTC Benefit	
<i>sb urinary pain relief oral tablet 95 mg</i>	OTC Benefit	
<i>sm urinary pain relief oral tablet 99.5 mg</i>	OTC Benefit	
<i>urinary pain relief max st oral tablet 97.5 mg</i>	OTC Benefit	
<i>urinary pain relief oral tablet 99.5 mg</i>	OTC Benefit	
URISTAT ULTRA ORAL TABLET 99.5 MG (<i>phenazopyridine hcl</i>)	OTC Benefit	
URO-PAIN MAXIMUM STRENGTH ORAL TABLET 99.5 MG (<i>phenazopyridine hcl</i>)	OTC Benefit	
VH ESSENTIALS UTI RELIEF ORAL TABLET 97.2 MG (<i>phenazopyridine hcl</i>)	OTC Benefit	
HEMATOPOIETIC AGENTS		
*COBALAMIN COMBINATIONS***		
<i>5-mthf plus b12 oral tablet dispersible 2500-1700 mcg</i>	OTC Benefit	
ADENO+HYDROXO B12 ORAL TABLET DISPERSIBLE 2500 MCG (<i>cobalamin combinations</i>)	OTC Benefit	
<i>b-12 + folic acid oral tablet dispersible 2500-400 mcg</i>	OTC Benefit	
<i>b-12 plus folic acid oral tablet dispersible 2500-400 mcg</i>	OTC Benefit	
<i>b-12 sublingual tablet sublingual 100-5000 mcg, 1000-400 mcg</i>	OTC Benefit	
<i>b-12 ultra oral tablet dispersible</i>	OTC Benefit	
COGNIQUIL ORAL CAPSULE (<i>cobalamin combinations</i>)	OTC Benefit	
MTX SUPPORT ORAL TABLET (<i>cobalamin combinations</i>)	OTC Benefit	
<i>natures truth b-12 sublingual liquid 10000 (b12) mcg/2ml</i>	OTC Benefit	
NEURIVA PLUS ORAL CAPSULE (<i>cobalamin combinations</i>)	OTC Benefit	
NEURIVA PLUS ORAL TABLET CHEWABLE (<i>cobalamin combinations</i>)	OTC Benefit	
OPURITY B12/FOLIC ACID ORAL TABLET 1000-200 MCG (<i>cobalamin combinations</i>)	OTC Benefit	
<i>ra b-12 mouth/throat lozenge 1000-400 mcg</i>	OTC Benefit	
<i>vitamin b12-folic acid oral tablet 500-400 mcg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*COBALAMINS***		
<i>b-12 (methylcobalamin) sublingual tablet sublingual 1000 mcg</i>	OTC Benefit	
B-12 DOTS ORAL TABLET DISPERSIBLE 500 MCG (cyanocobalamin)	OTC Benefit	
<i>b12 fast dissolve oral tablet dispersible 5000 mcg</i>	OTC Benefit	
<i>b-12 fast dissolve sublingual tablet sublingual 5000 mcg</i>	OTC Benefit	
<i>b-12 methylcobalamin oral tablet dispersible 1000 mcg</i>	OTC Benefit	
B-12 MICROLOZENGE SUBLINGUAL TABLET SUBLINGUAL 500 MCG (cyanocobalamin)	OTC Benefit	
<i>b-12 oral capsule 1000 mcg, 3000 mcg, 5000 mcg</i>	OTC Benefit	
<i>b-12 oral lozenge 1000 mcg, 3000 mcg</i>	OTC Benefit	
<i>b-12 oral tablet 100 mcg, 1000 mcg, 2000 mcg, 250 mcg, 2500 mcg, 50 mcg, 500 mcg</i>	OTC Benefit	
<i>b-12 oral tablet dispersible 1000 mcg, 5000 mcg</i>	OTC Benefit	
<i>b-12 oral tablet extended release 1000 mcg</i>	OTC Benefit	
<i>b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 500 mcg, 5000 mcg</i>	OTC Benefit	
<i>b12 sublingual tablet sublingual 5000 mcg</i>	OTC Benefit	
<i>b-12 super strength sublingual liquid 5000 mcg/ml</i>	OTC Benefit	
<i>b-12 tr oral tablet extended release 1000 mcg, 2000 mcg</i>	OTC Benefit	
B12-ACTIVE ORAL TABLET CHEWABLE 1 MG (methylcobalamin)	OTC Benefit	
<i>b-12-sl sublingual tablet sublingual 1000 mcg</i>	OTC Benefit	
<i>cvs b12 gummies oral tablet chewable 500 mcg</i>	OTC Benefit	
<i>cvs b12 oral liquid 1000 mcg/15ml</i>	OTC Benefit	
<i>cvs b-12 oral liquid 1000 mcg/15ml</i>	OTC Benefit	
<i>cvs b-12 oral tablet 500 mcg</i>	OTC Benefit	
<i>cvs b12 oral tablet chewable 2500 mcg</i>	OTC Benefit	
<i>cvs b12 quick dissolve oral lozenge 500 mcg, 5000 mcg</i>	OTC Benefit	
<i>cvs vitamin b12 oral tablet 1000 mcg</i>	OTC Benefit	
<i>cvs vitamin b-12 oral tablet 1000 mcg</i>	OTC Benefit	
<i>cvs vitamin b12 oral tablet extended release 1000 mcg</i>	OTC Benefit	
<i>cvs vitamin b-12 oral tablet extended release 2000 mcg</i>	OTC Benefit	
<i>cvs vitamin b-12 sublingual tablet sublingual 5000 mcg</i>	OTC Benefit	
<i>cyanocobalamin sublingual liquid 5000 mcg/ml</i>	OTC Benefit	
<i>energy b12 oral tablet chewable 500 mcg</i>	OTC Benefit	
<i>eql b-12 oral tablet 1000 mcg</i>	OTC Benefit	
<i>eql vitamin b-12 oral tablet 500 mcg</i>	OTC Benefit	
<i>eql vitamin b-12 tr oral tablet extended release 1000 mcg</i>	OTC Benefit	
<i>fast acting b12 sublingual tablet sublingual 2500 mcg</i>	OTC Benefit	
FINEST NUTRITION VITAMIN B-12 ORAL TABLET 500 MCG (cyanocobalamin)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ft vitamin b-12 extra strength oral tablet chewable 1500 mcg</i>	OTC Benefit	
<i>ft vitamin b-12 oral tablet 500 mcg</i>	OTC Benefit	
<i>ft vitamin b-12 pr oral tablet extended release 1000 mcg</i>	OTC Benefit	
<i>ft vitamin b-12 sublingual tablet sublingual 2500 mcg, 5000 mcg</i>	OTC Benefit	
<i>gnp b-12 sublingual tablet sublingual 2500 mcg</i>	OTC Benefit	
<i>gnp vitamin b-12 oral tablet 500 mcg</i>	OTC Benefit	
<i>gnp vitamin b-12 oral tablet extended release 1000 mcg</i>	OTC Benefit	
<i>gnp vitamin health b12 oral tablet chewable 1500 mcg</i>	OTC Benefit	
<i>kp vitamin b-12 oral tablet 1000 mcg</i>	OTC Benefit	
<i>methyl b-12 oral lozenge 1000 mcg</i>	OTC Benefit	
<i>methyl b-12 oral tablet chewable 500 mcg, 5000 mcg</i>	OTC Benefit	
<i>methylcobalamin oral tablet dispersible 5000 mcg</i>	OTC Benefit	
MM VITAMIN B12 SUBLINGUAL TABLET DISPERSIBLE 5000 MCG (<i>methylcobalamin</i>)	OTC Benefit	
<i>qc b12 sublingual tablet sublingual 2500 mcg</i>	OTC Benefit	
<i>qc vitamin b12 oral tablet 500 mcg</i>	OTC Benefit	
<i>qc vitamin b12 oral tablet extended release 1000 mcg</i>	OTC Benefit	
<i>qc vitamin b12 sublingual tablet sublingual 5000 mcg</i>	OTC Benefit	
<i>ra vitamin b-12 oral liquid 1000 mcg/ml</i>	OTC Benefit	
<i>ra vitamin b-12 oral tablet 100 mcg</i>	OTC Benefit	
<i>ra vitamin b12 oral tablet extended release 2000 mcg</i>	OTC Benefit	
<i>ra vitamin b-12 tr oral tablet extended release 1000 mcg</i>	OTC Benefit	
<i>sm vitamin b12 tr oral tablet extended release 1000 mcg, 2000 mcg</i>	OTC Benefit	
<i>sv vitamin b-12 er oral tablet extended release 1000 mcg</i>	OTC Benefit	
VB12 MAX ORAL LIQUID 1 MG/ML (<i>hydroxocobalamin acetate</i>)	OTC Benefit	
VITAMELTS ENERGY VITAMIN B-12 ORAL TABLET DISPERSIBLE 1500 MCG (<i>cyanocobalamin</i>)	OTC Benefit	
<i>vitamin b 12 oral lozenge 100 mcg, 250 mcg</i>	OTC Benefit	
<i>vitamin b 12 oral tablet 500 mcg</i>	OTC Benefit	
<i>vitamin b-12 er oral tablet extended release 1000 mcg, 1500 mcg, 2000 mcg</i>	OTC Benefit	
<i>vitamin b-12 oral liquid 1000 mcg/15ml</i>	OTC Benefit	
<i>vitamin b-12 oral lozenge 50 mcg, 500 mcg, 5000 mcg</i>	OTC Benefit	
<i>vitamin b-12 oral tablet 100 mcg, 50 mcg</i>	OTC Benefit	
<i>vitamin b-12 oral tablet dispersible 5000 mcg</i>	OTC Benefit	
<i>vitamin b12 oral tablet extended release 1000 mcg</i>	OTC Benefit	
<i>vitamin b12 sublingual liquid 3000 mcg/ml</i>	OTC Benefit	
<i>vitamin b-12 sublingual liquid 3000 mcg/ml</i>	OTC Benefit	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 500 mcg, 5000 mcg, 6000 mcg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>vitamin b12 sublingual tablet sublingual 3000 mcg</i>	OTC Benefit	
<i>vitamin b12 tr oral tablet extended release 2000 mcg</i>	OTC Benefit	
*FOLIC ACID/FOLATE COMBINATIONS***		
<i>ABATREX ORAL TABLET 8-200-4-100-600 MG (fa-b6-b12-ifc-alpha lipoic acid)</i>	OTC Benefit	
<i>b complex-folic acid oral tablet 500-5-200 mcg-mg-mcg</i>	OTC Benefit	
<i>b-6 folic acid oral capsule 8.333-100-1 mg</i>	OTC Benefit	
<i>btrex oral tablet extended release 8-200-4-100-600 mg</i>	OTC Benefit	
<i>folic acid-vit b6-vit b12 oral tablet 0.4-50-0.1 mg</i>	OTC Benefit	
<i>folinic-plus oral tablet 4-50-2 mg</i>	OTC Benefit	
<i>FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG (folic acid-vit b6-vit b12)</i>	OTC Benefit	
<i>INTRINSI B12-FOLATE ORAL TABLET 800-500-20 MCG-MCG-MG (folate-b12-intrinsic factor)</i>	OTC Benefit	
<i>l-arginine mens health oral tablet 0.067-0.017-3.3 1000 mg</i>	OTC Benefit	
<i>MOOD POSITIVE 5-HTP ORAL TABLET (fa-b6-b12-5 htp-theanine)</i>	OTC Benefit	
<i>NEUROPHX DPN ORAL CAPSULE 2-5.1-35 MG (folic acid-vit b6-vit b12)</i>	OTC Benefit	
<i>newfolic oral capsule 1-75 mg-mcg</i>	OTC Benefit	
<i>westab one oral tablet 2.5-25-1 mg</i>	OTC Benefit	
*FOLIC ACID/FOLATES***		
<i>cvs folic acid oral tablet 800 mcg</i>	OTC Benefit	
<i>FA-8 ORAL CAPSULE 0.8 MG (folic acid)</i>	OTC Benefit	
<i>folate oral tablet 400 mcg</i>	OTC Benefit	
<i>folic acid oral capsule 0.8 mg, 20 mg, 5 mg</i>	OTC Benefit	
<i>folic acid powder</i>	OTC Benefit	
<i>ft folic acid oral tablet 400 mcg, 800 mcg</i>	OTC Benefit	
<i>gnp folic acid oral tablet 400 mcg</i>	OTC Benefit	
<i>kp folic acid oral tablet 1 mg, 800 mcg</i>	OTC Benefit	
<i>qc folic acid oral tablet 800 mcg</i>	OTC Benefit	
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	OTC Benefit	
<i>yl folic acid oral tablet 400 mcg</i>	OTC Benefit	
*IRON COMBINATIONS***		
<i>ABATRON AF ORAL TABLET 150-1 MG (iron-dss-b12-fa-c-e-cu-biotin)</i>	OTC Benefit	
<i>ABATRON ORAL LIQUID (fe poly cmplx-fa-b cmplx-mg-zn)</i>	OTC Benefit	
<i>ACTIRON ORAL TABLET 165-2 MG (fe cbn-senna-c-e-b6-b12-if-fa)</i>	OTC Benefit	
<i>BIFERA ORAL TABLET 28 MG (polysacch fe cmp-fe heme poly)</i>	OTC Benefit	
<i>chewable iron oral tablet chewable 30-10-25 mg</i>	OTC Benefit	
<i>fe c tab oral tablet 100-250 mg</i>	OTC Benefit	
<i>fe c tab plus oral tablet 100-250-0.025-1 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FEOSOL BIFERA ORAL TABLET 28 MG (<i>polysacch fe cmp-fe heme poly</i>)	OTC Benefit	
FERREX 150 FORTE ORAL CAPSULE 150-0.025-1 MG (<i>iron polysacch cmplx-b12-fa</i>)	OTC Benefit	
FERREX 150 FORTE PLUS ORAL CAPSULE 50-100 MG (<i>fe-succ ac-c-thre ac-b12-fa</i>)	OTC Benefit	
FERREX 150 PLUS ORAL CAPSULE 150-50-50 MG (<i>fe asp gly-fe polysac-suc ac-c</i>)	OTC Benefit	
FERRO-SEQUELS ORAL TABLET EXTENDED RELEASE 65-25 MG (<i>ferrous fumarate-vitamin c</i>)	OTC Benefit	
FUSION ORAL CAPSULE 65-65-25-30 MG (<i>fe fum-fe poly-vit c-lactobac</i>)	OTC Benefit	
<i>gentle iron oral capsule 28-60-0.008-0.4 mg</i>	OTC Benefit	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (<i>fe fum-vit c-vit b12-fa</i>)	OTC Benefit	
HEMATOGEN ORAL CAPSULE (<i>iron combinations</i>)	OTC Benefit	
HEMATRON-AF ORAL TABLET 150-1 MG (<i>iron-c-folate-b12-biot-cu-e</i>)	OTC Benefit	
HEMAX EZY-DOSE ORAL TABLET 150-1 MG (<i>iron-c-folate-b12-biot-cu-e</i>)	OTC Benefit	
HEMAX ORAL TABLET 150-1 MG (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	OTC Benefit	
ICAR-C ORAL TABLET 100-250 MG (<i>iron-vitamin c</i>)	OTC Benefit	
INTEGRA ORAL CAPSULE 62.5-62.5-40-3 MG (<i>fe fum-fepoly-vit c-vit b3</i>)	OTC Benefit	
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	OTC Benefit	
<i>iron 100/c oral tablet 100-250 mg</i>	OTC Benefit	
<i>iron complex oral capsule</i>	OTC Benefit	
<i>iron-vitamin c oral tablet 100-250 mg</i>	OTC Benefit	
<i>iro-plex oral liquid 165-2 mg/5ml</i>	OTC Benefit	
<i>iro-plex oral tablet 165-2 mg</i>	OTC Benefit	
MAXFE ORAL LIQUID 160 MG/10ML (<i>fe bisgl-fepoly-biot-b12-mg-zn</i>)	OTC Benefit	
MAXFE ORAL LIQUID 20-0.01-10 MG/ML (<i>fe bisgly-fe polysac-b12-zinc</i>)	OTC Benefit	
MAXFE ORAL TABLET 160-1.7 MG (<i>iron-folate-c-biot-b12-zinc</i>)	OTC Benefit	
NOVAFERRUM IRON ORAL TABLET CHEWABLE 36-60 MG (<i>polysacch fe complex-vit c</i>)	OTC Benefit	
NOVAFERRUM YAY ORAL TABLET CHEWABLE 18-30 MG (<i>polysacch fe complex-vit c</i>)	OTC Benefit	
PROTECTIRON ORAL TABLET 60-1 MG (<i>fe poly-fa-b cmp-c-e-minerals</i>)	OTC Benefit	
TANDEM ORAL CAPSULE 53-53 MG (<i>ferrous fum-iron polysacch</i>)	OTC Benefit	
<i>vitabex iron oral capsule 65-50-0.025-1 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VITRON-C ORAL TABLET 65-125 MG (<i>iron-vitamin c</i>)	OTC Benefit	
*IRON W/ FOLIC ACID***		
PROFERRIN-FORTE ORAL TABLET 12-1 MG (<i>fe heme polypeptide-folic acid</i>)	OTC Benefit	
*IRON***		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>)	OTC Benefit	
<i>cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg</i>	OTC Benefit	
<i>cvs slow release dried iron oral tablet extended release 45 mg</i>	OTC Benefit	
<i>cvs slow release iron oral tablet extended release 45 mg</i>	OTC Benefit	
<i>easy iron oral capsule 28 mg</i>	OTC Benefit	
<i>eq slow-release iron oral tablet extended release 45 mg</i>	OTC Benefit	
<i>eql carbonyl iron oral tablet 45 mg</i>	OTC Benefit	
<i>eql iron supplement therapy oral tablet 325 mg</i>	OTC Benefit	
<i>eql slow release iron oral tablet extended release 160 (50 fe) mg</i>	OTC Benefit	
EZFE 200 ORAL CAPSULE 434.8 (200 FE) MG (<i>polysaccharide iron complex</i>)	OTC Benefit	
FEOSOL NATURAL RELEASE ORAL TABLET 45 MG (<i>carbonyl iron</i>)	OTC Benefit	
FEOSOL ORAL TABLET 200 (65 FE) MG (<i>ferrous sulfate dried</i>)	OTC Benefit	
FERGON ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	OTC Benefit	
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>)	OTC Benefit	
<i>ferretts chewable iron oral tablet chewable 18 mg</i>	OTC Benefit	
FERRETTS IPS ORAL CAPSULE 18 MG (<i>iron succinyl-protein complex</i>)	OTC Benefit	
<i>ferretts ips oral solution 40 mg/15ml</i>	OTC Benefit	
<i>ferretts oral tablet 325 (106 fe) mg</i>	OTC Benefit	
<i>ferric x-150 oral capsule 150 mg</i>	OTC Benefit	
<i>ferrotabs oral tablet 240 mg</i>	OTC Benefit	
<i>ferrous fumarate oral tablet 29 mg, 324 (106 fe) mg</i>	OTC Benefit	
<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	OTC Benefit	
<i>ferrous sulfate er oral tablet extended release 45 mg, 50 mg</i>	OTC Benefit	
<i>ferrous sulfate granules</i>	OTC Benefit	
<i>ferrous sulfate oral solution 325 (65 fe) mg/5ml</i>	OTC Benefit	
<i>ferrous sulfate oral tablet 27 mg</i>	OTC Benefit	
<i>ferrous sulfate oral tablet delayed release 324 mg</i>	OTC Benefit	
<i>ferrous sulfate powder</i>	OTC Benefit	
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	OTC Benefit	
<i>ft iron oral tablet 325 mg</i>	OTC Benefit	
<i>ft iron slow release oral tablet extended release 45 mg</i>	OTC Benefit	
GOODSENSE IRON ORAL TABLET 325 MG (<i>ferrous sulfate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HEMATEX IRON COMPLEX ORAL TABLET 150 MG (<i>polysaccharide iron complex</i>)	OTC Benefit	
HEMATEX ORAL LIQUID 100 MG/5ML (<i>polysaccharide iron complex</i>)	OTC Benefit	
<i>high potency iron oral capsule 86 (27 fe) mg</i>	OTC Benefit	
<i>high potency iron oral tablet 65 mg</i>	OTC Benefit	
ICAR ORAL SUSPENSION 15 MG/1.25ML (<i>carbonyl iron</i>)	OTC Benefit	
IFEREX 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	OTC Benefit	
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	OTC Benefit	
<i>iron 27 oral tablet 240 (27 fe) mg</i>	OTC Benefit	
<i>iron glycinate oral capsule 29 mg</i>	OTC Benefit	
<i>iron high-potency oral tablet 325 mg</i>	OTC Benefit	
<i>iron high-potency oral tablet extended release 45 mg</i>	OTC Benefit	
<i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i>	OTC Benefit	
<i>iron oral liquid 18 mg/15ml</i>	OTC Benefit	
<i>iron oral tablet 240 (27 fe) mg, 28 mg, 325 (65 fe) mg</i>	OTC Benefit	
<i>iron slow release oral tablet extended release 45 mg</i>	OTC Benefit	
<i>iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml</i>	OTC Benefit	
IRON UP ORAL LIQUID 15 MG/0.5ML (<i>polysaccharide iron complex</i>)	OTC Benefit	
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	OTC Benefit	
<i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i>	OTC Benefit	
<i>meijer ferrous sulfate oral tablet 325 (65 fe) mg</i>	OTC Benefit	
<i>nat-rul iron oral tablet 325 mg</i>	OTC Benefit	
NOVAFERRUM 50 ORAL CAPSULE 50 MG (<i>polysaccharide iron complex</i>)	OTC Benefit	
NOVAFERRUM ORAL LIQUID 125 MG/5ML (<i>polysaccharide iron complex</i>)	OTC Benefit	
NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML (<i>polysaccharide iron complex</i>)	OTC Benefit	
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML (<i>ferrous sulfate</i>)	OTC Benefit	
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	OTC Benefit	
POLY-IRON 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	OTC Benefit	
<i>polysaccharide-iron complex oral capsule 150 mg</i>	OTC Benefit	
PROFE ORAL CAPSULE 391.3 (180 FE) MG (<i>polysaccharide iron complex</i>)	OTC Benefit	
PROFERRIN ES ORAL TABLET 12 MG (<i>iron heme polypeptide</i>)	OTC Benefit	
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	OTC Benefit	
<i>ra high potency iron oral tablet 27 mg</i>	OTC Benefit	
<i>ra iron oral tablet 27 mg, 325 (65 fe) mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ra slow release iron oral tablet extended release 45 mg</i>	OTC Benefit	
SLOW FE ORAL TABLET EXTENDED RELEASE 45 MG (<i>ferrous sulfate</i>)	OTC Benefit	
<i>slow iron oral tablet extended release 160 (50 fe) mg</i>	OTC Benefit	
<i>slow release iron oral tablet extended release 45 mg, 47.5 mg, 50 mg</i>	OTC Benefit	
<i>sm slow release dried iron oral tablet extended release 45 mg</i>	OTC Benefit	
<i>sm slow release iron oral tablet extended release 45 mg</i>	OTC Benefit	
SPATONE PUR-ABSORB IRON ORAL SOLUTION 5 MG/20ML (<i>ferrous sulfate</i>)	OTC Benefit	
<i>sv iron oral tablet 325 (65 fe) mg</i>	OTC Benefit	
*IRON-B12-FOLATE***		
FERREX 28 ORAL (<i>feasppl-fefum-b12-fa-c-succ ac</i>)	OTC Benefit	
HEMOSTATICS		
*HEMOSTATICS - TOPICAL***		
BLEEDCEASE EXTERNAL (<i>calcium alginate (hemostatic)</i>)	OTC Benefit	
NASALCEASE EXTERNAL (<i>calcium alginate (hemostatic)</i>)	OTC Benefit	
NOSEBLEEDQR NASAL POWDER (<i>hydrophilic polymer</i>)	OTC Benefit	
WOUNDSEAL EXTERNAL POWDER (<i>hydrophilic polymer</i>)	OTC Benefit	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*ANTI-HISTAMINE HYPNOTIC COMBINATIONS***		
<i>acetaminophen pm ex st oral tablet 500-25 mg</i>	OTC Benefit	
ADVIL PM ORAL CAPSULE 200-25 MG (<i>ibuprofen-diphenhydramine hcl</i>)	OTC Benefit	
ADVIL PM ORAL TABLET 200-38 MG (<i>ibuprofen-diphenhydramine cit</i>)	OTC Benefit	
ALEVE PM ORAL TABLET 220-25 MG (<i>naproxen sod-diphenhydramine</i>)	OTC Benefit	
<i>cvs acetaminophen pm ext st oral tablet 500-25 mg</i>	OTC Benefit	
<i>cvs ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	
<i>cvs non-aspirin headache pm oral tablet 500-38 mg</i>	OTC Benefit	
<i>cvs pain relief pm ex st oral tablet 25-500 mg</i>	OTC Benefit	
<i>eq acetaminophen pm oral tablet 500-25 mg</i>	OTC Benefit	
<i>eq ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	
<i>eql acetaminophen pm oral tablet 25-500 mg</i>	OTC Benefit	
<i>eql ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	
<i>eql pain relief pm ex st oral tablet 25-500 mg</i>	OTC Benefit	
EXCEDRIN PM ORAL TABLET 500-38 MG (<i>diphenhydramine-apap (sleep)</i>)	OTC Benefit	
<i>ft ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	
<i>gnp ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	
<i>gnp pain relief nighttime oral tablet 250-250-38 mg</i>	OTC Benefit	
<i>goodsense ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GOODYS PM ORAL PACKET 38-500 MG (<i>diphenhydramine-apap (sleep)</i>)	OTC Benefit	
<i>headache relief pm oral tablet 500-38 mg</i>	OTC Benefit	
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET 500-25 MG (<i>diphenhydramine-apap (sleep)</i>)	OTC Benefit	
<i>ibuprofen pm oral capsule 200-25 mg</i>	OTC Benefit	
<i>ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	
MEDI-TABS PM EXTRA STRENGTH ORAL TABLET 25-500 MG (<i>diphenhydramine-apap (sleep)</i>)	OTC Benefit	
MOTRIN PM ORAL TABLET 200-38 MG (<i>ibuprofen-diphenhydramine cit</i>)	OTC Benefit	
<i>night time pain medicine ex st oral tablet 25-500 mg</i>	OTC Benefit	
<i>non-aspirin pm oral tablet 25-500 mg</i>	OTC Benefit	
<i>pain relief pm extra strength oral tablet 500-25 mg</i>	OTC Benefit	
<i>pain reliever pm ex st oral tablet 25-500 mg, 500-25 mg</i>	OTC Benefit	
<i>pain reliever pm oral liquid 25-500 mg/15ml</i>	OTC Benefit	
<i>pain reliever pm oral tablet 25-500 mg, 500-25 mg</i>	OTC Benefit	
PANADOL PM EXTRA STRENGTH ORAL TABLET 25-500 MG (<i>diphenhydramine-apap (sleep)</i>)	OTC Benefit	
<i>qc acetaminophen pm ex st oral tablet 25-500 mg</i>	OTC Benefit	
<i>qc headache relief pm oral tablet 500-38 mg</i>	OTC Benefit	
<i>qc ibuprofen pm oral capsule 200-25 mg</i>	OTC Benefit	
<i>qc ibuprofen-diphenhydramine oral capsule 200-25 mg</i>	OTC Benefit	
<i>qc pain relief extra strength oral tablet 500-25 mg</i>	OTC Benefit	
<i>qc pain reliever pm ex st oral tablet 25-500 mg</i>	OTC Benefit	
<i>ra acetaminophen pm ex st oral tablet 25-500 mg</i>	OTC Benefit	
<i>ra ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	
<i>ra naproxen sodium pm oral tablet 220-25 mg</i>	OTC Benefit	
<i>sb non-asa night time oral tablet 500-25 mg</i>	OTC Benefit	
<i>sb non-aspirin nighttime oral tablet 500-25 mg</i>	OTC Benefit	
<i>sb pain reliever pm oral tablet 500-25 mg</i>	OTC Benefit	
<i>sm ibuprofen pm oral tablet 200-38 mg</i>	OTC Benefit	
TYLENOL PM EXTRA STRENGTH ORAL TABLET 500-25 MG (<i>diphenhydramine-apap (sleep)</i>)	OTC Benefit	
UNISOM PM PAIN ORAL TABLET 50-325 MG (<i>diphenhydramine-apap (sleep)</i>)	OTC Benefit	
*ANTI-HISTAMINE HYPNOTICS***		
<i>cvs sleep aid nighttime oral tablet 25 mg</i>	OTC Benefit	
<i>cvs sleep aid oral tablet 25 mg</i>	OTC Benefit	
<i>cvs sleep-aid (doxylamine) oral tablet 25 mg</i>	OTC Benefit	
<i>cvs sleep-aid nighttime oral capsule 25 mg</i>	OTC Benefit	
<i>cvs ultra sleep oral tablet 25 mg</i>	OTC Benefit	
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq sleep-aid nighttime oral capsule 25 mg</i>	OTC Benefit	
<i>eq sleep-aid oral tablet 25 mg</i>	OTC Benefit	
<i>eql nighttime sleep aid oral capsule 25 mg</i>	OTC Benefit	
<i>eql nighttime sleep aid oral tablet 25 mg</i>	OTC Benefit	
<i>eql sleep aid oral capsule 50 mg</i>	OTC Benefit	
<i>eql sleep aid oral liquid 50 mg/30ml</i>	OTC Benefit	
<i>ft sleep aid (doxylamine) oral tablet 25 mg</i>	OTC Benefit	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	OTC Benefit	
<i>gnp nighttime sleep-aid max st oral capsule 50 mg</i>	OTC Benefit	
<i>gnp sleep aid oral liquid 50 mg/30ml</i>	OTC Benefit	
<i>gnp sleep aid oral tablet 25 mg</i>	OTC Benefit	
<i>goodsense sleep aid oral capsule 50 mg</i>	OTC Benefit	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	OTC Benefit	
<i>goodsense sleeptime oral capsule 25 mg</i>	OTC Benefit	
<i>goodsense sleeptime oral liquid 50 mg/30ml</i>	OTC Benefit	
<i>kls sleep aid oral tablet 25 mg</i>	OTC Benefit	
<i>night time sleep aid oral tablet 25 mg</i>	OTC Benefit	
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
<i>qc rest simply oral tablet 25 mg</i>	OTC Benefit	
<i>qc sleep aid max st oral capsule 50 mg</i>	OTC Benefit	
<i>qc sleep-aid nighttime oral capsule 25 mg</i>	OTC Benefit	
<i>ra night sleep aid oral tablet 25 mg</i>	OTC Benefit	
<i>ra nighttime sleep aid oral tablet 25 mg</i>	OTC Benefit	
<i>ra sleep aid (diphenhydramine) oral tablet 25 mg</i>	OTC Benefit	
<i>ra sleep aid oral capsule 50 mg</i>	OTC Benefit	
<i>ra sleep aid oral tablet 25 mg</i>	OTC Benefit	
<i>sb sleep oral tablet 25 mg</i>	OTC Benefit	
SIMPLY SLEEP ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	OTC Benefit	
<i>sleep aid oral liquid 50 mg/30ml</i>	OTC Benefit	
<i>sleep aid oral tablet 25 mg</i>	OTC Benefit	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	OTC Benefit	
<i>sleep-aid oral tablet 25 mg</i>	OTC Benefit	
<i>sleep-tabs oral tablet 25 mg</i>	OTC Benefit	
<i>sm sleep aid oral tablet 25 mg</i>	OTC Benefit	
SOMINEX MAX ST ORAL TABLET 50 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
UNISOM SLEEPGELS ORAL CAPSULE 50 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
UNISOM SLEEPMELTS ORAL TABLET DISPERSIBLE 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
UNISOM SLEEPMINIS ORAL CAPSULE 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
UNISOM SLEEPTABS ORAL TABLET 25 MG (<i>doxylamine succinate (sleep)</i>)	OTC Benefit	
WAL-SLEEP Z LIQUID SHOTS ORAL LIQUID 50 MG/50ML (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
WAL-SLEEP Z ORAL CAPSULE 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
WAL-SLEEP Z ORAL LIQUID 50 MG/30ML (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
WAL-SLEEP Z ORAL TABLET DISPERSIBLE 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
<i>wal-som maximum strength oral capsule 50 mg</i>	OTC Benefit	
<i>wal-som oral tablet 25 mg</i>	OTC Benefit	
<i>wal-som oral tablet dispersible 25 mg</i>	OTC Benefit	
ZZZQUIL ORAL CAPSULE 25 MG (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
ZZZQUIL ORAL LIQUID 50 MG/30ML (<i>diphenhydramine hcl (sleep)</i>)	OTC Benefit	
LAXATIVES		
*BULK LAXATIVES***		
<i>advanced fiber complex oral capsule</i>	OTC Benefit	
BANATROL TF ENTERAL LIQUID (<i>fiber</i>)	OTC Benefit	
BENEFIBER DRINK MIX ORAL PACKET (<i>wheat dextrin</i>)	OTC Benefit	
BENEFIBER FOR CHILDREN ORAL POWDER (<i>wheat dextrin</i>)	OTC Benefit	
BENEFIBER HEALTHY SHAPE ORAL POWDER (<i>wheat dextrin</i>)	OTC Benefit	
BENEFIBER ON THE GO ORAL PACKET (<i>wheat dextrin</i>)	OTC Benefit	
BENEFIBER ON THE GO ORAL POWDER (<i>wheat dextrin</i>)	OTC Benefit	
BENEFIBER ORAL POWDER (<i>wheat dextrin</i>)	OTC Benefit	
BENEFIBER ORAL TABLET CHEWABLE (<i>wheat dextrin</i>)	OTC Benefit	
<i>bran oral tablet 500 mg</i>	OTC Benefit	
CITRUCEL ORAL POWDER (<i>methylcellulose (laxative)</i>)	OTC Benefit	
CITRUCEL ORAL TABLET 500 MG (<i>methylcellulose (laxative)</i>)	OTC Benefit	
<i>clear fiber powder oral powder</i>	OTC Benefit	
<i>clear soluble fiber oral powder</i>	OTC Benefit	
<i>cvs daily fiber oral capsule 0.52 gm</i>	OTC Benefit	
<i>cvs daily fiber oral packet 58.6 %</i>	OTC Benefit	
<i>cvs daily fiber oral powder 51.7 %</i>	OTC Benefit	
<i>cvs easy fiber oral packet</i>	OTC Benefit	
<i>cvs easy fiber oral powder</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs fiber gummies oral tablet chewable 2 gm</i>	OTC Benefit	
<i>cvs fiber gummy bears children oral tablet chewable</i>	OTC Benefit	
<i>cvs fiber laxative oral tablet 625 mg</i>	OTC Benefit	
<i>cvs fiber oral capsule 0.52 gm</i>	OTC Benefit	
<i>cvs fiber therapy oral tablet 500 mg</i>	OTC Benefit	
<i>cvs natural daily fiber oral powder 43 %, 51.7 %, 58.6 %</i>	OTC Benefit	
<i>cvs natural fiber supplement oral powder 100 %</i>	OTC Benefit	
<i>cvs yogurt + fiber gummies oral tablet chewable</i>	OTC Benefit	
<i>daily fiber oral capsule 400 mg</i>	OTC Benefit	
<i>daily fiber oral packet 51.7 %</i>	OTC Benefit	
<i>daily fiber oral powder 43 %, 51.7 %</i>	OTC Benefit	
<i>eq daily fiber oral capsule 400 mg</i>	OTC Benefit	
<i>eq daily fiber oral powder 25 %, 51.7 %</i>	OTC Benefit	
<i>eq fiber powder oral powder</i>	OTC Benefit	
<i>eq fiber supplement oral tablet chewable 2 gm</i>	OTC Benefit	
<i>eq fiber therapy oral capsule 0.52 gm</i>	OTC Benefit	
<i>eq fiber therapy oral tablet 500 mg, 625 mg</i>	OTC Benefit	
<i>eql fiber laxative oral tablet 625 mg</i>	OTC Benefit	
<i>eql fiber supplement (wheat) oral powder</i>	OTC Benefit	
<i>eql fiber supplement oral powder</i>	OTC Benefit	
<i>eql fiber therapy oral powder 28.3 %, 43 %</i>	OTC Benefit	
<i>eql fiber therapy oral tablet 500 mg</i>	OTC Benefit	
<i>eql natural fiber oral powder 28.3 %</i>	OTC Benefit	
<i>eql smooth texture fiber oral powder 51.7 %</i>	OTC Benefit	
EQUALACTIN ORAL TABLET CHEWABLE 625 MG (<i>calcium polycarbophil</i>)	OTC Benefit	
EVAC ORAL POWDER (<i>psyllium</i>)	OTC Benefit	
<i>fiber (corn dextrin) oral powder</i>	OTC Benefit	
<i>fiber adult gummies oral tablet chewable 2 gm</i>	OTC Benefit	
FIBER CHOICE FRUITY BITES ORAL TABLET CHEWABLE 1.5 GM (<i>inulin</i>)	OTC Benefit	
FIBER CHOICE ORAL TABLET CHEWABLE 1.5 GM (<i>inulin</i>)	OTC Benefit	
FIBER CHOICE PREBIOTIC FIBER ORAL TABLET CHEWABLE 1.5 GM (<i>inulin</i>)	OTC Benefit	
FIBER DIET ORAL TABLET (<i>fiber</i>)	OTC Benefit	
<i>fiber formula oral capsule</i>	OTC Benefit	
<i>fiber gummies oral tablet chewable 2 gm</i>	OTC Benefit	
<i>fiber oral powder 28.3 %</i>	OTC Benefit	
FIBER SELECT GUMMIES ORAL TABLET CHEWABLE (<i>fiber</i>)	OTC Benefit	
<i>fiber therapy oral tablet 500 mg</i>	OTC Benefit	
FIBERCEL ORAL PACKET (<i>fiber</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FIBERCEL ORAL POWDER (<i>fiber</i>)	OTC Benefit	
FIBERCON ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	OTC Benefit	
FIBEREX F15 ORAL LIQUID 15 GM/30ML (<i>fiber</i>)	OTC Benefit	
<i>ft fiber oral powder 25 %, 27 %, 43 %, 51.7 %</i>	OTC Benefit	
<i>ft fiber supplement oral capsule 400 mg</i>	OTC Benefit	
<i>geri-mucil oral powder 25 %, 51.7 %</i>	OTC Benefit	
<i>gnp best fiber oral powder</i>	OTC Benefit	
<i>goodsense fiber oral tablet 500 mg</i>	OTC Benefit	
<i>goodsense psyllium fiber oral powder 51.7 %</i>	OTC Benefit	
<i>hm fiber oral capsule 400 mg</i>	OTC Benefit	
<i>hm fiber oral powder 51.7 %</i>	OTC Benefit	
<i>hm fiber powder oral powder 25 %, 43 %</i>	OTC Benefit	
<i>hm trueplus fiber oral tablet chewable 2 gm</i>	OTC Benefit	
HYDROCIL ORAL PACKET 95 % (<i>psyllium</i>)	OTC Benefit	
HYDROCIL ORAL POWDER 95 % (<i>psyllium</i>)	OTC Benefit	
HYFIBER WITH FOS ORAL LIQUID 12 GM/30ML (<i>fiber</i>)	OTC Benefit	
<i>konsyl daily fiber oral packet 100 %</i>	OTC Benefit	
KONSYL DAILY PSYLLIUM FIBER ORAL POWDER 25 % (<i>psyllium</i>)	OTC Benefit	
MEDI-MUCIL ORAL CAPSULE 0.52 GM (<i>psyllium</i>)	OTC Benefit	
METAMUCIL 3 IN 1 DAILY FIBER ORAL CAPSULE 400 MG (<i>psyllium</i>)	OTC Benefit	
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (<i>psyllium</i>)	OTC Benefit	
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 %, 55.6 % (<i>psyllium</i>)	OTC Benefit	
METAMUCIL FIBER ORAL TABLET CHEWABLE 2 GM (<i>fiber</i>)	OTC Benefit	
METAMUCIL FREE & NATURAL ORAL POWDER 43 % (<i>psyllium</i>)	OTC Benefit	
METAMUCIL ORAL CAPSULE 0.36 GM (<i>psyllium</i>)	OTC Benefit	
METAMUCIL ORAL WAFER (<i>psyllium</i>)	OTC Benefit	
METAMUCIL PREMIUM BLEND ORAL POWDER 52.63 % (<i>psyllium</i>)	OTC Benefit	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 % (<i>psyllium</i>)	OTC Benefit	
<i>natural fiber laxative oral powder 28.3 %, 30.9 %, 58.6 %</i>	OTC Benefit	
<i>natural fiber oral powder 58.6 %</i>	OTC Benefit	
<i>natural psyllium seed oral powder 100 %</i>	OTC Benefit	
NUTRISOURCE FIBER ORAL PACKET (<i>guar gum</i>)	OTC Benefit	
NUTRISOURCE FIBER ORAL POWDER (<i>guar gum</i>)	OTC Benefit	
ONELAX DAILY FIBER ORAL POWDER 83 % (<i>psyllium</i>)	OTC Benefit	
ONELAX FIBER THERAPY ORAL POWDER 25 % (<i>psyllium</i>)	OTC Benefit	
OPTIFIBER LEAN ORAL CAPSULE 500 MG (<i>fiber</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OPTIFIBER LEAN ORAL POWDER 1.5 GM (<i>fiber</i>)	OTC Benefit	
PEDIA-LAX FIBER GUMMIES ORAL TABLET CHEWABLE (<i>fiber</i>)	OTC Benefit	
PHILLIPS FIBER GOOD ORAL TABLET CHEWABLE 2 GM (<i>inulin</i>)	OTC Benefit	
PROFIBER ORAL LIQUID 15 GM/30ML (<i>fiber</i>)	OTC Benefit	
<i>psyldex oral powder 30 %</i>	OTC Benefit	
<i>psyllium fiber oral capsule 0.52 gm</i>	OTC Benefit	
<i>qc fiber laxative oral capsule 0.52 gm</i>	OTC Benefit	
<i>qc fiber oral tablet 625 mg</i>	OTC Benefit	
<i>qc fiber therapy oral powder 25 %, 51.7 %</i>	OTC Benefit	
<i>qc fiber therapy oral tablet 500 mg</i>	OTC Benefit	
<i>qc natural vegetable oral powder 95 %</i>	OTC Benefit	
<i>qc psyllium fiber oral powder 43 %</i>	OTC Benefit	
<i>ra multihealth fiber oral powder 43 %, 58.6 %</i>	OTC Benefit	
REGULOID ORAL CAPSULE 400 MG (<i>psyllium</i>)	OTC Benefit	
REGULOID ORAL POWDER 28.3 %, 43 %, 51.7 %, 57.6 % (<i>psyllium</i>)	OTC Benefit	
<i>sb fib lax orange oral powder 30 %, 33 %</i>	OTC Benefit	
<i>sb fiber laxative oral tablet 625 mg</i>	OTC Benefit	
<i>sb natural fiber laxative oral powder 49 %</i>	OTC Benefit	
<i>sm fiber oral powder 51.7 %</i>	OTC Benefit	
<i>sm fiber powder oral powder 25 %, 27 %</i>	OTC Benefit	
SOLFIBER ORAL POWDER (<i>fiber</i>)	OTC Benefit	
UNIFIBER ORAL POWDER (<i>cellulose</i>)	OTC Benefit	
VITAFUSION FIBER WELL ORAL TABLET CHEWABLE 2.5 GM (<i>fiber</i>)	OTC Benefit	
WAL-MUCIL ORAL CAPSULE 0.52 GM (<i>psyllium</i>)	OTC Benefit	
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 43 %, 51.7 %, 58.6 % (<i>psyllium</i>)	OTC Benefit	
YUMVS PREBIOTIC FIBER ORAL TABLET CHEWABLE 2.5 GM (<i>fiber</i>)	OTC Benefit	
YUMVS PREBIOTIC FIBER ZERO ORAL TABLET CHEWABLE 2 GM (<i>fiber</i>)	OTC Benefit	
YUMVSKIDS PREBIOTIC FIBER ZERO ORAL TABLET CHEWABLE 2 GM (<i>fiber</i>)	OTC Benefit	
*LAXATIVE COMBINATIONS***		
BENEFIBER PLUS B VITS & FA ORAL TABLET (<i>wheat dextrin-vit b6-b12-fa</i>)	OTC Benefit	
BENEFIBER PLUS CALCIUM ORAL POWDER (<i>wheat dextrin-calcium</i>)	OTC Benefit	
BENEFIBER PLUS CALCIUM ORAL TABLET CHEWABLE (<i>wheat dextrin-calcium</i>)	OTC Benefit	
BENEFIBER PLUS HEART HEALTH ORAL POWDER (<i>wheat dextrin-vit b6-b12-fa</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>biohm colon cleanser oral capsule</i>	OTC Benefit	
<i>cvs easy fiber/calcium oral tablet chewable</i>	OTC Benefit	
<i>cvs fiber gummies oral tablet chewable</i>	OTC Benefit	
<i>fiber/d3 adult gummies oral tablet chewable 2.5-500 gm-unit</i>	OTC Benefit	
METAMUCIL PLUS CALCIUM ORAL CAPSULE (<i>psyllium-calcium</i>)	OTC Benefit	
SENOKOT LAXATIVE ORAL TEA BAG (<i>senna-natural laxatives</i>)	OTC Benefit	
WAL-MUCIL PLUS CALCIUM ORAL CAPSULE (<i>psyllium-calcium</i>)	OTC Benefit	
*LAXATIVES - MISCELLANEOUS***		
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM (<i>glycerin (laxative)</i>)	OTC Benefit	
<i>cvs glycerin adult rectal suppository 2 gm</i>	OTC Benefit	
<i>cvs glycerin child rectal suppository 1 gm</i>	OTC Benefit	
CVS PURELAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	OTC Benefit	
CVS PURELAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	OTC Benefit	
DOVER ENEMA BAG AND TUBE 24FR RECTAL KIT (<i>hard soap (castile)</i>)	OTC Benefit	
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	OTC Benefit	
<i>eq laxative oral packet 17 gm</i>	OTC Benefit	
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	OTC Benefit	
<i>gentlelax oral powder 17 gm/scoop</i>	OTC Benefit	
<i>glycerin (adult) rectal suppository 2.1 gm</i>	OTC Benefit	
<i>glycerin (child) rectal suppository 1.2 gm</i>	OTC Benefit	
<i>glycerin (infants & children) rectal suppository 1 gm, 1.2 gm</i>	OTC Benefit	
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	OTC Benefit	
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	OTC Benefit	
MIRALAX MIX-IN PAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	OTC Benefit	
MIRALAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	OTC Benefit	
MM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	OTC Benefit	
<i>qc glycerin rectal suppository 2.1 gm</i>	OTC Benefit	
<i>qc natura-lax oral powder 17 gm/scoop</i>	OTC Benefit	
<i>ra glycerin adult rectal suppository 80.7 %</i>	OTC Benefit	
<i>ra glycerin child rectal suppository 80.7 %</i>	OTC Benefit	
<i>ra laxative oral powder 17 gm/scoop</i>	OTC Benefit	
<i>sb glycerin adult rectal suppository 2.1 gm</i>	OTC Benefit	
<i>sb glycerin pediatric rectal suppository 1.2 gm</i>	OTC Benefit	
<i>sb polyethylene glycol 3350 oral powder 17 gm/scoop</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SMOOTH LAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	OTC Benefit	
SMOOTH LAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	OTC Benefit	
<i>sorbitol oral solution 70 %</i>	OTC Benefit	
<i>sorbitol rectal solution 70 %</i>	OTC Benefit	
*LAXATIVES & DSS***		
<i>cvs senna plus oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>cvs stool softener/laxative oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>docuzen oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>easy-lax plus oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>eq senna-s oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>eq stool softener/laxative oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>eq l senna-s oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>goodsense stimulant lax plus oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>laxacin oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>medi-natural plus oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>qc senna-s oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	OTC Benefit	
<i>ra 2-in-1 lax/stool softener oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>ra p col-rite oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>sb docusate sodium/senna oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>senna plus oral capsule 50-8.6 mg</i>	OTC Benefit	
<i>senna s oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>senna-plus oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>senna-s oral capsule 8.6-50 mg</i>	OTC Benefit	
<i>senna-s oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>stool softener laxative oral tablet 8.6-50 mg</i>	OTC Benefit	
<i>stool softener/laxative oral capsule 50-8.6 mg</i>	OTC Benefit	
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	OTC Benefit	
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	OTC Benefit	
*LUBRICANT LAXATIVES***		
<i>cvs mineral oil enema rectal enema</i>	OTC Benefit	
<i>cvs mineral oil oral oil</i>	OTC Benefit	
<i>eq mineral oil oral oil</i>	OTC Benefit	
FLEET OIL RECTAL ENEMA (<i>mineral oil</i>)	OTC Benefit	
<i>goodsense mineral oil oral oil</i>	OTC Benefit	
<i>mineral oil heavy oil</i>	OTC Benefit	
<i>mineral oil light oil</i>	OTC Benefit	
<i>mineral oil oil</i>	OTC Benefit	
<i>qc mineral oil heavy oral oil</i>	OTC Benefit	
<i>ra mineral oil oral oil</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm mineral oil oral oil</i>	OTC Benefit	
*SALINE LAXATIVE MIXTURES***		
<i>cvs enema disposable rectal enema 19-7 gm/118ml</i>	OTC Benefit	
<i>cvs enema ready-to-use rectal enema 7-19 gm/118ml</i>	OTC Benefit	
<i>enema disposable rectal enema</i>	OTC Benefit	
<i>enema pediatric rectal enema 3.5-9.5 gm/59ml</i>	OTC Benefit	
<i>enema rectal enema</i>	OTC Benefit	
<i>eq enema rectal enema 19-7 gm/118ml</i>	OTC Benefit	
<i>eql ready-to-use enema rectal enema , 7-19 gm/118ml</i>	OTC Benefit	
FLEET ENEMA RECTAL ENEMA (<i>sodium phosphates</i>)	OTC Benefit	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML (<i>sodium phosphates</i>)	OTC Benefit	
FLEET SALINE ENEMA RECTAL ENEMA 7-19 GM/197ML (<i>sodium phosphates</i>)	OTC Benefit	
<i>goodsense enema rectal enema 7-19 gm/118ml</i>	OTC Benefit	
<i>qc enema rectal enema 16-6 gm/133ml</i>	OTC Benefit	
<i>ra enema rectal enema 7-19 gm/118ml</i>	OTC Benefit	
<i>ra saline enema rectal enema 19-7 gm/118ml</i>	OTC Benefit	
*SALINE LAXATIVES***		
<i>citrate of magnesia oral solution</i>	OTC Benefit	
CITROMA ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	OTC Benefit	
<i>cvs epsom salt oral granules</i>	OTC Benefit	
<i>cvs laxative dietary supplement oral tablet 500 mg</i>	OTC Benefit	
<i>cvs magnesium citrate oral solution 1.745 gm/30ml</i>	OTC Benefit	
<i>cvs milk of magnesia oral suspension 1200 mg/15ml</i>	OTC Benefit	
DULCOLAX CHEWY FRUIT BITES ORAL TABLET CHEWABLE 600 MG (<i>magnesium hydroxide</i>)	OTC Benefit	
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (<i>magnesium hydroxide</i>)	OTC Benefit	
DULCOLAX ORAL SUSPENSION 1200 MG/15ML (<i>magnesium hydroxide</i>)	OTC Benefit	
DULCOLAX SOFT CHEWS KIDS ORAL TABLET CHEWABLE 1200 MG (<i>magnesium hydroxide</i>)	OTC Benefit	
DULCOLAX SOFT CHEWS ORAL TABLET CHEWABLE 1200 MG (<i>magnesium hydroxide</i>)	OTC Benefit	
<i>epsom salt powder</i>	OTC Benefit	
<i>eq magnesium citrate oral solution 1.745 gm/30ml</i>	OTC Benefit	
<i>eql magnesium citrate oral solution 1.745 gm/30ml</i>	OTC Benefit	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	OTC Benefit	
<i>gentle laxative oral suspension 1200 mg/15ml</i>	OTC Benefit	
<i>goodsense epsom salt oral granules</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>goodsense magnesium citrate oral solution 1.745 gm/30ml</i>	OTC Benefit	
<i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i>	OTC Benefit	
<i>magnesium sulfate powder</i>	OTC Benefit	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	OTC Benefit	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (<i>magnesium hydroxide</i>)	OTC Benefit	
PHILLIPS ORAL TABLET 500 MG (<i>magnesium oxide</i>)	OTC Benefit	
<i>qc epsom salt oral granules</i>	OTC Benefit	
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	OTC Benefit	
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	OTC Benefit	
<i>ra epsom salt oral granules</i>	OTC Benefit	
<i>ra magnesium citrate oral solution 1.745 gm/30ml</i>	OTC Benefit	
<i>ra milk of magnesia oral suspension 400 mg/5ml</i>	OTC Benefit	
<i>sb magnesium citrate oral solution 1.745 gm/30ml</i>	OTC Benefit	
<i>sb milk of magnesia oral suspension 400 mg/5ml</i>	OTC Benefit	
*STIMULANT LAXATIVES***		
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	OTC Benefit	
<i>bisacodyl laxative rectal suppository 10 mg</i>	OTC Benefit	
BLACK-DRAUGHT LAX-SENNA ORAL TABLET 8.6 MG (<i>sennosides</i>)	OTC Benefit	
<i>casacara sagrada oral capsule 450 mg</i>	OTC Benefit	
<i>casacara sagrada oral tablet 450 mg</i>	OTC Benefit	
<i>castor oil stimulant laxative oral oil 100 %</i>	OTC Benefit	
<i>cvs castor oil oral oil 100 %</i>	OTC Benefit	
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	OTC Benefit	
<i>cvs c-lax laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>cvs gentle laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>cvs gentle laxative rectal suppository 10 mg</i>	OTC Benefit	
<i>cvs gentle laxative womens oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>cvs laxative pills max st oral tablet 25 mg</i>	OTC Benefit	
<i>cvs senna oral capsule 8.6 mg</i>	OTC Benefit	
<i>cvs senna oral tablet 8.6 mg</i>	OTC Benefit	
<i>cvs senna-extra oral tablet 17.2 mg</i>	OTC Benefit	
DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	OTC Benefit	
DULCOLAX PINK LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	OTC Benefit	
DULCOLAX RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	OTC Benefit	
<i>eq chocolate laxative oral tablet chewable 15 mg</i>	OTC Benefit	
<i>eq gentle laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>eq natural vegetable laxative oral tablet 8.6 mg</i>	OTC Benefit	
<i>eq vegetable laxative oral tablet 8.6 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql castor oil oral oil 100 %</i>	OTC Benefit	
<i>eql gentle laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>eql laxative maximum strength oral tablet 25 mg</i>	OTC Benefit	
<i>eql laxative oral tablet chewable 15 mg</i>	OTC Benefit	
<i>eql laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>eql senna laxative oral tablet 8.6 mg</i>	OTC Benefit	
EVAC-U-GEN ORAL TABLET 8.6 MG (<i>sennosides</i>)	OTC Benefit	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG (<i>sennosides</i>)	OTC Benefit	
EX-LAX ORAL TABLET CHEWABLE 15 MG (<i>sennosides</i>)	OTC Benefit	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	OTC Benefit	
<i>geri-kot oral tablet 8.6 mg</i>	OTC Benefit	
<i>goodsense bisacodyl ec oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>goodsense bisacodyl laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>goodsense castor oil oral oil 100 %</i>	OTC Benefit	
<i>goodsense laxative pills oral tablet 25 mg</i>	OTC Benefit	
<i>goodsense senna laxative oral tablet 8.6 mg</i>	OTC Benefit	
<i>kp bisacodyl oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>kp senna oral tablet 8.6 mg</i>	OTC Benefit	
<i>laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>laxative rectal suppository 10 mg</i>	OTC Benefit	
MEDI-LAX ORAL TABLET 15 MG (<i>sennosides</i>)	OTC Benefit	
<i>medi-natural oral tablet 8.6 mg</i>	OTC Benefit	
<i>natural senna laxative oral tablet 8.6 mg</i>	OTC Benefit	
ONELAX RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	OTC Benefit	
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML (<i>sennosides</i>)	OTC Benefit	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG (<i>sennosides</i>)	OTC Benefit	
<i>qc chocolate laxative oral tablet chewable 15 mg</i>	OTC Benefit	
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>qc gentle laxative rectal suppository 10 mg</i>	OTC Benefit	
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>qc laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>qc senna oral tablet 8.6 mg</i>	OTC Benefit	
<i>qc vegetable laxative oral tablet 8.6 mg</i>	OTC Benefit	
<i>ra fast relief laxative rectal suppository 10 mg</i>	OTC Benefit	
<i>ra laxative oral tablet chewable 15 mg</i>	OTC Benefit	
<i>ra laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>ra womens laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>sb bisacodyl laxative ec oral tablet delayed release 5 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sb gentle lax-women oral tablet delayed release 5 mg</i>	OTC Benefit	
<i>sb laxative rectal suppository 10 mg</i>	OTC Benefit	
<i>sb senna-lax oral tablet 8.6 mg</i>	OTC Benefit	
<i>senna laxative oral tablet 8.6 mg</i>	OTC Benefit	
SENNA SMOOTH ORAL TABLET 15 MG (<i>sennosides</i>)	OTC Benefit	
<i>senna-tabs oral tablet 8.6 mg</i>	OTC Benefit	
<i>sennazon oral syrup 8.8 mg/5ml</i>	OTC Benefit	
SEKOKOT KIDS GUMMIES ORAL TABLET CHEWABLE 8.7 MG (<i>senna</i>)	OTC Benefit	
SEKOKOT LAXATIVE GUMMIES ORAL TABLET CHEWABLE 8.7 MG (<i>senna</i>)	OTC Benefit	
SEKOKOT ORAL TABLET 8.6 MG (<i>sennosides</i>)	OTC Benefit	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	OTC Benefit	
<i>womans laxative oral tablet delayed release 5 mg</i>	OTC Benefit	
*SURFACTANT LAXATIVES***		
COLACE CLEAR ORAL CAPSULE 50 MG (<i>docusate sodium</i>)	OTC Benefit	
COLACE ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	OTC Benefit	
<i>cvs mini enema kids rectal enema 100 mg/5ml</i>	OTC Benefit	
<i>cvs stool softener oral capsule 100 mg, 250 mg, 50 mg</i>	OTC Benefit	
<i>docusate sodium oral syrup 60 mg/15ml</i>	OTC Benefit	
<i>dss oral capsule 100 mg, 250 mg</i>	OTC Benefit	
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	OTC Benefit	
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	OTC Benefit	
<i>easy-lax oral capsule 100 mg</i>	OTC Benefit	
<i>eq stool softener extra str oral capsule 250 mg</i>	OTC Benefit	
<i>eq stool softener oral capsule 100 mg, 250 mg</i>	OTC Benefit	
<i>eql stool softener oral capsule 100 mg</i>	OTC Benefit	
<i>goodsense stool softener oral capsule 100 mg</i>	OTC Benefit	
HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG (<i>docusate sodium</i>)	OTC Benefit	
<i>kls stool softener oral capsule 100 mg</i>	OTC Benefit	
<i>mm stool softener laxative oral capsule 100 mg</i>	OTC Benefit	
<i>mm stool softener oral capsule 100 mg</i>	OTC Benefit	
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML (<i>docusate sodium</i>)	OTC Benefit	
<i>qc docusate calcium oral capsule 240 mg</i>	OTC Benefit	
<i>qc stool softener oral capsule 100 mg, 250 mg</i>	OTC Benefit	
<i>ra col-rite oral capsule 100 mg, 250 mg</i>	OTC Benefit	
<i>ra stool softener oral capsule 100 mg</i>	OTC Benefit	
<i>sb docusate sodium oral capsule 100 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sb stool softener oral capsule 240 mg</i>	OTC Benefit	
<i>stool softener oral capsule 250 mg</i>	OTC Benefit	
<i>stool softener oral liquid 50 mg/5ml</i>	OTC Benefit	
<i>stool softener oral tablet 100 mg</i>	OTC Benefit	
SURFAK ORAL CAPSULE 240 MG (<i>docusate calcium</i>)	OTC Benefit	
MEDICAL DEVICES AND SUPPLIES		
*ACUPRESSURE THERAPY SUPPLIES***		
<i>motion sickness relief band device</i>	OTC Benefit	
*ADHESIVE BANDAGES***		
<i>adhesive bandages</i>	OTC Benefit	
<i>adhesive bandages antibacteria</i>	OTC Benefit	
<i>adhesive bandages clear</i>	OTC Benefit	
<i>adhesive bandages flexible</i>	OTC Benefit	
<i>adhesive bandages foam</i>	OTC Benefit	
<i>adhesive bandages health aware</i>	OTC Benefit	
<i>adhesive bandages plastic</i>	OTC Benefit	
<i>adhesive bandages sheer</i>	OTC Benefit	
<i>adhesive bandages strong strip</i>	OTC Benefit	
<i>adhesive bandages water shield</i>	OTC Benefit	
<i>adhesive/large/3"x4" pad</i>	OTC Benefit	
<i>adhesive/medium/2"x3" pad</i>	OTC Benefit	
<i>antibacterial bandages</i>	OTC Benefit	
<i>antibacterial clear bandage</i>	OTC Benefit	
<i>antibacterial clear spot 7/8"</i>	OTC Benefit	
<i>antibacterial plastic bandages</i>	OTC Benefit	
BAND-AID (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID ALL-IN-ONE GAUZE LG PAD (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID BABY SHARK (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID BUTTERFLY CLOSURE (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID CLEAR SPOTS (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID FAMILY PACK (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID FLEXIBLE (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID FLEXIBLE ASSORTED (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID FLEXIBLE FABRIC (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID GLOW IN THE DARK (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID HOT COLORS (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID HURT-FREE NON-STICK PAD (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID HYDRO SEAL (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID HYDRO SEAL ACNE (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID MEDICATED STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID OURTONE (<i>adhesive bandages</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BAND-AID PIXAR (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID PLASTIC (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID PLASTIC STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID SENSITIVE SKIN (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID SHEER COMFORT-FLEX (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID SHEER STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID SKIN-FLEX (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID SPORT STRIP EX WIDE (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID SUPER STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID TOUGH-STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID VARIETY PACK (<i>adhesive bandages</i>)	OTC Benefit	
BAND-AID WATER BLOCK FLEX (<i>adhesive bandages</i>)	OTC Benefit	
<i>blister relief bandage</i>	OTC Benefit	
<i>butterfly closures</i>	OTC Benefit	
CARPALOID EMPLOYEE SURVIVAL LG (<i>adhesive bandages</i>)	OTC Benefit	
CARPALOID EMPLOYEE SURVIVAL SM (<i>adhesive bandages</i>)	OTC Benefit	
CARPALOID LARGE (<i>adhesive bandages</i>)	OTC Benefit	
CARPALOID PRACTITIONER PACK LG (<i>adhesive bandages</i>)	OTC Benefit	
CARPALOID PRACTITIONER PACK SMAL (<i>adhesive bandages</i>)	OTC Benefit	
CARPALOID SMALL (<i>adhesive bandages</i>)	OTC Benefit	
COVERLET STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
CRAYON BANDAGES STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
<i>cvs adhesive bandages</i>	OTC Benefit	
<i>cvs adhesive pad 4"x4" pad</i>	OTC Benefit	
<i>cvs adhesive pad 6"x6" pad</i>	OTC Benefit	
<i>cvs adhesive pads 2.25"x3" pad</i>	OTC Benefit	
<i>cvs advance healing bandages</i>	OTC Benefit	
<i>cvs anti-bact bandages child 0.1 %</i>	OTC Benefit	
<i>cvs anti-bact bandages waterpr</i>	OTC Benefit	
<i>cvs anti-bacterial bandages</i>	OTC Benefit	
<i>cvs butterfly closures</i>	OTC Benefit	
<i>cvs clear bandages</i>	OTC Benefit	
<i>cvs flexible fabric bandage , 0.1 %</i>	OTC Benefit	
<i>cvs plastic bandages</i>	OTC Benefit	
<i>cvs sheer bandages</i>	OTC Benefit	
<i>cvs sheer bandages extra large</i>	OTC Benefit	
<i>cvs spot bandage sheer</i>	OTC Benefit	
<i>eq flexible fabric bandages</i>	OTC Benefit	
EQ STRONG STRIPS BANDAGES (<i>adhesive bandages</i>)	OTC Benefit	
<i>eql adhesive bandages pack</i>	OTC Benefit	
<i>eql adhesive pads</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql advanced healing</i>	OTC Benefit	
<i>eql animal print strips</i>	OTC Benefit	
<i>eql antibacterial fabric strip</i>	OTC Benefit	
<i>eql butterfly closures</i>	OTC Benefit	
<i>eql first aid bandages</i>	OTC Benefit	
<i>eql flexible fabric bandages</i>	OTC Benefit	
<i>eql flexible foam strips</i>	OTC Benefit	
<i>eql gentle strips</i>	OTC Benefit	
<i>eql heavy duty bandages</i>	OTC Benefit	
<i>eql heavy duty fabric strips</i>	OTC Benefit	
<i>eql plastic strips</i>	OTC Benefit	
<i>eql sheer spots small</i>	OTC Benefit	
<i>eql sheer strips</i>	OTC Benefit	
<i>eql sheer strips extra large</i>	OTC Benefit	
<i>eql strips</i>	OTC Benefit	
<i>eql strong strips waterproof</i>	OTC Benefit	
<i>fabric bandages</i>	OTC Benefit	
<i>flexible fabric bandages</i>	OTC Benefit	
<i>ft adhesive pads/sheer pad</i>	OTC Benefit	
<i>ft bandages knuckle/fingertip</i>	OTC Benefit	
<i>ft clear bandages</i>	OTC Benefit	
<i>ft flexible fabric bandages</i>	OTC Benefit	
<i>ft sheer bandages</i>	OTC Benefit	
FT STRONG STRIPS BANDAGES (<i>adhesive bandages</i>)	OTC Benefit	
<i>ft waterproof bandages</i>	OTC Benefit	
<i>gentle adhesive bandages xl</i>	OTC Benefit	
<i>gnp butterfly closures</i>	OTC Benefit	
<i>gnp clear bandages</i>	OTC Benefit	
<i>gnp clear waterproof bandages</i>	OTC Benefit	
<i>gnp extra hold bandages</i>	OTC Benefit	
<i>gnp flexible fabric bandages</i>	OTC Benefit	
<i>gnp plastic bandages</i>	OTC Benefit	
<i>gnp sheer adhesive pad</i>	OTC Benefit	
<i>gnp sheer bandages</i>	OTC Benefit	
<i>gnp variety pack bandages</i>	OTC Benefit	
<i>gnp waterproof bandages ex st</i>	OTC Benefit	
<i>hm adhesive antibacterial pad</i>	OTC Benefit	
<i>hm adhesive bandages</i>	OTC Benefit	
<i>hm butterfly closures</i>	OTC Benefit	
J & J ADHESIVE LARGE PAD (<i>adhesive bandages</i>)	OTC Benefit	
J & J NON-STICK LARGE PAD (<i>adhesive bandages</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
LEUKOSTRIP 1/2"X4" (<i>adhesive bandages</i>)	OTC Benefit	
LEUKOSTRIP 1/4"X3" (<i>adhesive bandages</i>)	OTC Benefit	
LEUKOSTRIP 1/4"X4" (<i>adhesive bandages</i>)	OTC Benefit	
LEUKOSTRIP 1/8"X1-1/2" (<i>adhesive bandages</i>)	OTC Benefit	
<i>moleskin foam pad</i>	OTC Benefit	
NEXCARE ABSOLUTE WATERPROOF PAD (<i>adhesive bandages</i>)	OTC Benefit	
NEXCARE ACTIVE BRIGHTS BANDAGE (<i>adhesive bandages</i>)	OTC Benefit	
NEXCARE ACTIVE SPORT BANDAGES (<i>adhesive bandages</i>)	OTC Benefit	
NEXCARE COMFORT FABRIC BANDAGE (<i>adhesive bandages</i>)	OTC Benefit	
NEXCARE HEAVY DUTY CLR BANDAGE (<i>adhesive bandages</i>)	OTC Benefit	
NEXCARE HEAVY DUTY FAB BANDAGE (<i>adhesive bandages</i>)	OTC Benefit	
NEXCARE SOFT 'N FLEX BANDAGES (<i>adhesive bandages</i>)	OTC Benefit	
NEXCARE TATTOO BANDAGES (<i>adhesive bandages</i>)	OTC Benefit	
NEXCARE WATERPROOF BANDAGES (<i>adhesive bandages</i>)	OTC Benefit	
PEANUTS BANDAGES (<i>adhesive bandages</i>)	OTC Benefit	
<i>plastic adhesive bandages</i>	OTC Benefit	
POLYMEM FILM DOT PAD (<i>adhesive bandages</i>)	OTC Benefit	
PROXI-STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
<i>ra adhesive bandages</i>	OTC Benefit	
<i>ra bandages flexible fabric</i>	OTC Benefit	
<i>ra bandages/extra long fabric</i>	OTC Benefit	
<i>ra first aid non-stick pad</i>	OTC Benefit	
<i>ra sheer adhesive large pad</i>	OTC Benefit	
SELF-ADHESIVE RETENTION SHEET (<i>adhesive bandages</i>)	OTC Benefit	
<i>sheer adhesive bandages</i>	OTC Benefit	
<i>sheer bandages</i>	OTC Benefit	
<i>sm adhesive pads 2"x3" pad</i>	OTC Benefit	
<i>sm adhesive pads 3"x4" pad</i>	OTC Benefit	
<i>sm bandages clear spots</i>	OTC Benefit	
<i>sm bandages fabric 3/4"</i>	OTC Benefit	
<i>sm bandages fabric extra large</i>	OTC Benefit	
<i>sm bandages foam</i>	OTC Benefit	
<i>sm bandages foam extra large</i>	OTC Benefit	
<i>sm bandages plastic</i>	OTC Benefit	
<i>sm bandages sheer</i>	OTC Benefit	
<i>sm bandages sheer extra large</i>	OTC Benefit	
<i>sm bandages strong strips 1"</i>	OTC Benefit	
SM BANDAGES WATERSHIELD (<i>adhesive bandages</i>)	OTC Benefit	
SM BANDAGES/ANTIBACTERIAL (<i>adhesive bandages</i>)	OTC Benefit	
<i>sm bandages/clear/assorted</i>	OTC Benefit	
<i>sm bandages/flexible/assorted</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm fabric knuckle/fingertip</i>	OTC Benefit	
<i>sm hypo-allergenic bandages</i>	OTC Benefit	
SM STRONG STRIPS (<i>adhesive bandages</i>)	OTC Benefit	
SM STURDY STRIP FABRIC BANDAGE (<i>adhesive bandages</i>)	OTC Benefit	
SORESPOT BLISTER/SKIN BANDAGES (<i>adhesive bandages</i>)	OTC Benefit	
SURESEAL (<i>adhesive bandages</i>)	OTC Benefit	
*ADHESIVE TAPE***		
<i>adhesive 1"x6yd tape</i>	OTC Benefit	
<i>adhesive 1/2"x6yd tape</i>	OTC Benefit	
<i>adhesive paper tape</i>	OTC Benefit	
<i>adhesive tape 1/2"x10yd tape</i>	OTC Benefit	
<i>adhesive tape 1/2"x12yd tape</i>	OTC Benefit	
<i>adhesive tape 1/2"x5yd tape</i>	OTC Benefit	
<i>adhesive tape 1/2"x6yd tape</i>	OTC Benefit	
<i>athletic tape 1.5"x10yds tape</i>	OTC Benefit	
<i>athletic tape tape</i>	OTC Benefit	
BAND-AID HURT-FREE WRAP MEDIUM TAPE (<i>adhesive tape</i>)	OTC Benefit	
BAND-AID PAPER SMALL TAPE (<i>adhesive tape</i>)	OTC Benefit	
BAND-AID WATER BLOCK TAPE TAPE (<i>adhesive tape</i>)	OTC Benefit	
<i>clear tape 1"x10yds tape</i>	OTC Benefit	
<i>cloth tape 1"x10yd tape</i>	OTC Benefit	
<i>cotton kinesiology tape/strips tape</i>	OTC Benefit	
<i>cvs adhesive tape 1"x10yd tape</i>	OTC Benefit	
<i>cvs adhesive tape 1/2"x10yd tape</i>	OTC Benefit	
<i>cvs adhesive tape 2"x2.2yd tape</i>	OTC Benefit	
<i>cvs adhesive tape 2"x360" tape</i>	OTC Benefit	
<i>cvs clear breathable tape</i>	OTC Benefit	
<i>cvs cloth tape durable 1"x10yd tape</i>	OTC Benefit	
<i>cvs durable hold cloth tape tape</i>	OTC Benefit	
<i>cvs kinesiology tape</i>	OTC Benefit	
<i>cvs sensitive skin paper tape tape</i>	OTC Benefit	
<i>cvs sports tape</i>	OTC Benefit	
DERMICEL CLOTH TAPE (<i>adhesive tape</i>)	OTC Benefit	
DERMIFORM HYPO-ALLERGENIC TAPE (<i>adhesive tape</i>)	OTC Benefit	
DURAPORE CLOTH TAPE (<i>adhesive tape</i>)	OTC Benefit	
<i>elastic foam tape 1"x5yd tape</i>	OTC Benefit	
<i>eql adhesive 1"x5yds tape</i>	OTC Benefit	
<i>eql adhesive 1/2"x10yds tape</i>	OTC Benefit	
<i>eql first aid 1"x2.3yds tape</i>	OTC Benefit	
<i>eql first aid 2"x2.3yds tape</i>	OTC Benefit	
<i>eql paper 1"x10yds tape</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql paper tape dispenser tape</i>	OTC Benefit	
<i>first aid tape paper tape</i>	OTC Benefit	
FUTURO SPORT TAPING KIT TAPE (<i>adhesive tape</i>)	OTC Benefit	
<i>gnp grip flex tape</i>	OTC Benefit	
<i>gnp kinesiology tape</i>	OTC Benefit	
<i>gnp self-adhering tape</i>	OTC Benefit	
<i>gnp waterproof tape 1/2"x10yds tape</i>	OTC Benefit	
HEALI BUMP KINESIOLOGY INFUSED TAPE (<i>adhesive tape</i>)	OTC Benefit	
HEALI ECO KINESIOLOGY INFUSED TAPE (<i>adhesive tape</i>)	OTC Benefit	
HEALI KIN INFUSED TAPE (<i>adhesive tape</i>)	OTC Benefit	
HEALI PRO FOOT KINES INFUSED TAPE (<i>adhesive tape</i>)	OTC Benefit	
HEALI PRO KINESIOLOGY INFUSED TAPE (<i>adhesive tape</i>)	OTC Benefit	
J & J WATERPROOF TAPE TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL CLOTH TAPE 1"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL CLOTH TAPE 2"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL CLOTH TAPE 3"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL CLOTH TAPE 4"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL CLOTH TAPE 6"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL PAPER 1"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL PAPER 1"X-1-1/2YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL PAPER 1/2"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL PAPER 2"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL PAPER 2"X1-1/2YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KENDALL PAPER 3"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
KINESIO FAN CUT TAPE (<i>adhesive tape</i>)	OTC Benefit	
KINESIO TEX CLASSIC TAPE (<i>adhesive tape</i>)	OTC Benefit	
KINESIO TEX GOLD FP TAPE (<i>adhesive tape</i>)	OTC Benefit	
<i>kinesiology tape tape</i>	OTC Benefit	
KT FLEX KNEE SUPPORT TAPE (<i>adhesive tape</i>)	OTC Benefit	
KT PRO EXTREME TAPE (<i>adhesive tape</i>)	OTC Benefit	
KT PROX TAPE (<i>adhesive tape</i>)	OTC Benefit	
KT RECOVERY + TAPE (<i>adhesive tape</i>)	OTC Benefit	
KT TAPE GENTLE TAPE (<i>adhesive tape</i>)	OTC Benefit	
KT TAPE ORIGINAL TAPE (<i>adhesive tape</i>)	OTC Benefit	
KT TAPE PRO TAPE (<i>adhesive tape</i>)	OTC Benefit	
KT TAPE PRO USA TAPE (<i>adhesive tape</i>)	OTC Benefit	
MICROPORE TAPE (<i>adhesive tape</i>)	OTC Benefit	
MUELLER ATHLETIC TAPE (<i>adhesive tape</i>)	OTC Benefit	
<i>mueller kinesiology tape</i>	OTC Benefit	
NEXCARE ADV HOLD CLOTH 1"X6YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE ATHLETIC 1-1/2"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NEXCARE ATHLETIC 1-1/2"X12.5YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE DURABLE CLOTH 1"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE DURABLE CLOTH 2"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE DURABLE CLOTH 3/4"X6YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE FLEXIBLE CLEAR 1"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE FLEXIBLE CLEAR 2"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE FLEXIBLE TAPE 3/4"X7YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE GENTLE PAPER 1"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE GENTLE PAPER 1/2"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE GENTLE PAPER 2"X10YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE GENTLE PAPER 3/4"X8YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE NO HURT 1"X2.2YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE STERI-STRIP 1/2"X4" TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE STERI-STRIP 1/4"X4" TAPE (<i>adhesive tape</i>)	OTC Benefit	
NEXCARE WATERPROOF 1"X5YD TAPE (<i>adhesive tape</i>)	OTC Benefit	
<i>no hurt tape 3"x2.2yd tape</i>	OTC Benefit	
<i>paper tape 1"x10yd tape</i>	OTC Benefit	
<i>paper tape 1"x12yd tape</i>	OTC Benefit	
<i>paper tape dispenser 1"x10yd tape</i>	OTC Benefit	
<i>paper tape with dispenser tape</i>	OTC Benefit	
<i>ra adhesive 1"x10yd tape</i>	OTC Benefit	
<i>ra adhesive tape tape</i>	OTC Benefit	
<i>ra gentle paper tape</i>	OTC Benefit	
<i>ra paper tape/dispenser tape</i>	OTC Benefit	
<i>ra pro sports tape</i>	OTC Benefit	
SCANPOR TAPE TAPE (<i>adhesive tape</i>)	OTC Benefit	
<i>skin closure strips tape</i>	OTC Benefit	
<i>sm waterproof adh 1/2"x10yd tape</i>	OTC Benefit	
<i>sm waterproof adhesive 1"x5yd tape</i>	OTC Benefit	
TRANSPORE PLASTIC TAPE (<i>adhesive tape</i>)	OTC Benefit	
<i>waterproof tape tape</i>	OTC Benefit	
ZONAS POROUS TAPE (<i>adhesive tape</i>)	OTC Benefit	
*AIR CLEANERS***		
KAZ REPLACEMENT FILTER (FILTERS) (<i>air cleaners</i>)	OTC Benefit	
VICKS AIR PURIFIER/HEPA (DEVICE) (<i>air cleaners</i>)	OTC Benefit	
*APPLICATORS,COTTON BALLS,ETC***		
<i>cotton balls</i>	OTC Benefit	
<i>cotton bandage roll 4.5"x4yd</i>	OTC Benefit	
<i>cotton squares</i>	OTC Benefit	
<i>cotton swabs swab</i>	OTC Benefit	
CURITY COTTON PREP BALLS LG (<i>cotton balls</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CURITY COTTON PREP BALLS MED (<i>cotton balls</i>)	OTC Benefit	
CURITY COTTON TIPPED APPLIC 6" (<i>applicators</i>)	OTC Benefit	
CURITY COTTON TIPPED APPLICATR (<i>applicators</i>)	OTC Benefit	
<i>cvs absorbent cotton/rolled</i>	OTC Benefit	
<i>cvs baby safety swabs swab</i>	OTC Benefit	
<i>cvs beauty 360 cotton balls</i>	OTC Benefit	
<i>cvs cotton balls</i>	OTC Benefit	
<i>cvs cotton swabs swab</i>	OTC Benefit	
<i>cvs rolled cotton</i>	OTC Benefit	
<i>cvs sterile cotton balls</i>	OTC Benefit	
<i>eql cotton balls</i>	OTC Benefit	
<i>eql cotton balls jumbo</i>	OTC Benefit	
<i>eql cotton ovals</i>	OTC Benefit	
<i>eql cotton rounds</i>	OTC Benefit	
<i>eql cotton squares</i>	OTC Benefit	
<i>eql cotton swabs swab</i>	OTC Benefit	
<i>ft cotton balls</i>	OTC Benefit	
<i>ft cotton balls jumbo</i>	OTC Benefit	
<i>ft cotton rounds</i>	OTC Benefit	
<i>ft cotton swabs swab</i>	OTC Benefit	
<i>gnp cotton balls</i>	OTC Benefit	
<i>gnp cotton bandage roll</i>	OTC Benefit	
<i>gnp cotton rounds quilted pads</i>	OTC Benefit	
<i>gnp cotton rounds/exfoliating</i>	OTC Benefit	
<i>gnp cotton swabs swab</i>	OTC Benefit	
<i>hm cotton balls</i>	OTC Benefit	
JOHNSONS SAFETY SWABS SWAB (<i>applicators</i>)	OTC Benefit	
Q-TIPS/SINGLE-TIP APPLICATOR SWAB (<i>applicators</i>)	OTC Benefit	
Q-TIPS/SINGLE-TIP SWAB (<i>applicators</i>)	OTC Benefit	
<i>red cross cotton sterile</i>	OTC Benefit	
<i>sm cosmetic puffs jumbo</i>	OTC Benefit	
<i>sm cotton balls</i>	OTC Benefit	
<i>sm cotton squares</i>	OTC Benefit	
<i>sm cotton swabs swab</i>	OTC Benefit	
SURECARE OB SPONGES 4"X4" (<i>applicators, cotton balls, etc</i>)	OTC Benefit	
*BLOOD CHOLESTEROL MONITORING SUPPLIES***		
ACCUTREND CHOLESTEROL CONTROL IN VITRO SOLUTION (<i>blood cholesterol calibration</i>)	OTC Benefit	
*BLOOD COAGULATION TEST SUPPLIES***		
COAGUCHEK XS PLUS SYSTEM KIT (<i>pt/inr testing monitor</i>)	OTC Benefit	
COAGUCHEK XS PRO SYSTEM KIT (<i>pt/inr testing monitor</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*BLOOD PRESSURE DEVICES***		
3 SERIES BP MONITOR/WRIST DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>adult blood pressure cuff lg kit</i>	OTC Benefit	
<i>advanced one step bp monitor</i>	OTC Benefit	
ADVOCATE ARM BPM DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>blood pressure cuff</i>	OTC Benefit	
<i>blood pressure digital add-on kit</i>	OTC Benefit	
<i>blood pressure digital soln kit</i>	OTC Benefit	
<i>blood pressure kit</i>	OTC Benefit	
<i>blood pressure kit device</i>	OTC Benefit	
<i>blood pressure kit kit</i>	OTC Benefit	
<i>blood pressure mon/auto/wrist device</i>	OTC Benefit	
<i>blood pressure monitor</i>	OTC Benefit	
BLOOD PRESSURE MONITOR 3 DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>blood pressure monitor automat device</i>	OTC Benefit	
<i>blood pressure monitor deluxe kit</i>	OTC Benefit	
<i>blood pressure monitor device</i>	OTC Benefit	
<i>blood pressure monitor/arm device</i>	OTC Benefit	
<i>blood pressure monitor/prm arm device</i>	OTC Benefit	
<i>blood pressure monitor/wrist device</i>	OTC Benefit	
<i>blood pressure monitor/wrist kit</i>	OTC Benefit	
<i>blood pressure monitoring soln kit</i>	OTC Benefit	
<i>blood pressure unit</i>	OTC Benefit	
CARETOUCH BP ARM MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
CARETOUCH BP WRIST MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
CARETOUCH SLIM BP WRIST MONITO DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
CARETOUCH VERSA BP ARM MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
CLEVER CHOICE BP MONITOR CUFF (<i>blood pressure monitoring</i>)	OTC Benefit	
CLEVER CHOICE BP MONITOR/ARM DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
CLEVER CHOICE BP MONITOR/WRIST DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
COMFORT TOUCH BP CUFF/LARGE (<i>blood pressure monitoring</i>)	OTC Benefit	
COMFORT TOUCH BP CUFF/MEDIUM (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF (<i>blood pressure monitoring</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CRITIKON CUFF COMPLETE SYSTEM (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEO SOFT #2 (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEO SOFT #3 (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEO SOFT #4 (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEO SOFT #5 (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEONATAL #1 (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEONATAL #2 (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEONATAL #3 (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEONATAL #4 (<i>blood pressure monitoring</i>)	OTC Benefit	
CRITIKON CUFF NEONATAL #5 (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>cvs advanced bp monitor device</i>	OTC Benefit	
<i>cvs blood pressure cuff</i>	OTC Benefit	
<i>cvs blood pressure monitor</i>	OTC Benefit	
<i>cvs manual blood pressure kit</i>	OTC Benefit	
<i>cvs series 100 blood pressure device</i>	OTC Benefit	
<i>cvs series 400 blood pressure device</i>	OTC Benefit	
<i>cvs series 400w blood pressure device</i>	OTC Benefit	
<i>cvs series 600 blood pressure device</i>	OTC Benefit	
<i>cvs series 600w blood pressure device</i>	OTC Benefit	
<i>cvs series 800 blood pressure device</i>	OTC Benefit	
DURA-CUF (<i>blood pressure monitoring</i>)	OTC Benefit	
DURA-CUF COMPLETE SYSTEM (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>eq bp monitor wrist device</i>	OTC Benefit	
<i>essential bp monitor/arm/small device</i>	OTC Benefit	
<i>fora p20 blood pressure cuff</i>	OTC Benefit	
FORA P20 BP MONITOR SYSTEM DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
FORA TEST N' GO BP DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>ft blood pressure series 200 device</i>	OTC Benefit	
<i>ft blood pressure series 600 device</i>	OTC Benefit	
<i>ft blood pressure series 600w device</i>	OTC Benefit	
<i>ft bp monitor-stethoscope kit</i>	OTC Benefit	
<i>gnp blood pressure mon/wrist kit</i>	OTC Benefit	
<i>gnp blood pressure monitor device</i>	OTC Benefit	
<i>gnp blood pressure monitor kit</i>	OTC Benefit	
GOJJI BLOOD PRESSURE MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>health sense bp monitor device</i>	OTC Benefit	
HEALTHSMART BP MONITOR/WRIST DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
H-E-B INCONTROL BP MONITOR (<i>blood pressure monitoring</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
H-E-B INCONTROL BP MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>h-e-b incontrol deluxe auto bp device</i>	OTC Benefit	
<i>h-e-b incontrol premium bp device</i>	OTC Benefit	
<i>hm blood pressure monitor device</i>	OTC Benefit	
<i>hypertension care kit</i>	OTC Benefit	
IHEALTH EASE BP MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
IHEALTH NEO WIRELESS BP MONITO KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
IHEALTH TRACK BP MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
IHEALTH TRACK BP MONITOR XL KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>kroger blood pressure monitor device</i>	OTC Benefit	
<i>microlife bluetooth bp monitor kit</i>	OTC Benefit	
<i>microlife bp monitor device</i>	OTC Benefit	
MICROLIFE BPM1 BP MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
MICROLIFE BPM2 BP MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
MICROLIFE BPM3 DELUXE MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
MICROLIFE BPM6 PREMIUM MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>microlife deluxe bp monitor device</i>	OTC Benefit	
<i>microlife deluxe bp monitor kit</i>	OTC Benefit	
<i>microlife wrist bp monitor device</i>	OTC Benefit	
OMRON 10 SERIES BP MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
OMRON 3 SERIES BP MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
OMRON 5 SERIES BP MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
OMRON 7 SERIES BP MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
OMRON WRIST BP MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>premier talking blood pres mon kit</i>	OTC Benefit	
PRO HEALTH MINI TALKING MONITR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>pro health track bp monitor device</i>	OTC Benefit	
PROCARE UPPER ARM BP MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
PROCARE WRIST BP MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PROCHECK BLOOD PRESS MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>qc blood pressure monitor</i>	OTC Benefit	
<i>ra blood pressure cuff monitor</i>	OTC Benefit	
<i>ra blood pressure cuff monitor device</i>	OTC Benefit	
RELION BLOOD PRESSURE CUFF (<i>blood pressure monitoring</i>)	OTC Benefit	
RELION BLOOD PRESSURE MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
RELION BLOOD PRESSURE MONITOR KIT (<i>blood pressure monitoring</i>)	OTC Benefit	
RELION PREMIUM MONITOR DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>self-taking blood pressure kit</i>	OTC Benefit	
<i>sm blood pressure monitor</i>	OTC Benefit	
<i>sm blood pressure monitor device</i>	OTC Benefit	
<i>sm blood pressure series 200 device</i>	OTC Benefit	
<i>sm blood pressure series 200w device</i>	OTC Benefit	
<i>sm blood pressure series 600w device</i>	OTC Benefit	
<i>sm blood pressure series 800 device</i>	OTC Benefit	
<i>sm bp monitor-stethoscope kit</i>	OTC Benefit	
<i>sm wrist cuff bp monitor</i>	OTC Benefit	
<i>sphygmomanometer</i>	OTC Benefit	
SURELIFE BP MONITOR/ARM DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
SURELIFE BP MONITOR/WRIST DEVICE (<i>blood pressure monitoring</i>)	OTC Benefit	
<i>talking sense bp monitor device</i>	OTC Benefit	
<i>tgt blood pressure monitor device</i>	OTC Benefit	
<i>true health sense bp monitor device</i>	OTC Benefit	
*CASTS, SPLINTS & ACCESSORIES***		
TCC-EZ TOTAL CONTACT CAST SYS (<i>casts and splints</i>)	OTC Benefit	
*CATHETERS***		
ADVANCE EX EXTERNAL CATHETER (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 10F/15CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 10F/25CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 10F/40CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 12F/15CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 12F/40CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 14F/15CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 14F/40CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 16F/15CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 16F/40CM (<i>catheters</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ADVANCE HYDRO SOFT 18F/15CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 18F/40CM (<i>catheters</i>)	OTC Benefit	
ADVANCE HYDRO SOFT 8F/25CM (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS COUDE 12FR/40CM KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS COUDE 14FR/40CM KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS COUDE 16FR/40CM KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS STRAIGHT 10FR/40 KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS STRAIGHT 12FR/40 KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS STRAIGHT 14FR/40 KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS STRAIGHT 16FR/40 KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS STRAIGHT 18FR/40 KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS STRAIGHT 6FR/40CM KIT (<i>catheters</i>)	OTC Benefit	
ADVANCE PLUS STRAIGHT 8FR/40CM KIT (<i>catheters</i>)	OTC Benefit	
ARGYLE OPEN SUCTION MINI TRAY (<i>catheters</i>)	OTC Benefit	
ARGYLE SUCTION CATHETER 14FR (<i>catheters</i>)	OTC Benefit	
ARGYLE SUCTION CATHETER 18FR (<i>catheters</i>)	OTC Benefit	
ARGYLE SUCTION CATHETER 6FR (<i>catheters</i>)	OTC Benefit	
ARGYLE SUCTION CATHETER 8FR (<i>catheters</i>)	OTC Benefit	
BARD CLEAN-CATH (<i>catheters</i>)	OTC Benefit	
BARD COUDE TIP CATHETER (<i>catheters</i>)	OTC Benefit	
BARD DISPOSABLE URO-SHEATH (<i>catheters</i>)	OTC Benefit	
BARD FEMALE INTERMITTENT CATH (<i>catheters</i>)	OTC Benefit	
BARD LUBRICATH FOLEY CATHETER (<i>catheters</i>)	OTC Benefit	
BARD LUBRICATH FOLEY TRAY 16FR KIT (<i>catheters</i>)	OTC Benefit	
BARD LUBRICATH FOLEY TRAY 18FR KIT (<i>catheters</i>)	OTC Benefit	
BARD LUBRICATH FOLEY TRAY KIT (<i>catheters</i>)	OTC Benefit	
BARD MALE EXTERNAL CATHETER (<i>catheters</i>)	OTC Benefit	
BARD RUBBER UTILITY CATHETER (<i>catheters</i>)	OTC Benefit	
BARD TIEMANN MODEL CATHETER (<i>catheters</i>)	OTC Benefit	
BARD UNIVERSAL FOLEY CATH TRAY KIT (<i>catheters</i>)	OTC Benefit	
BARD URETHRAL CATHETER (<i>catheters</i>)	OTC Benefit	
BARD URETHRAL CATHETER TRAY KIT (<i>catheters</i>)	OTC Benefit	
BARDEX ALL-SILICONE FOLEY CATH (<i>catheters</i>)	OTC Benefit	
BARDEX FOLEY CATHETER (<i>catheters</i>)	OTC Benefit	
BARDEX LUBRICATH CATHETER (<i>catheters</i>)	OTC Benefit	
BARDEX LUBRICATH FOLEY CATH (<i>catheters</i>)	OTC Benefit	
BARDEX URETHRAL CATH TRAY KIT (<i>catheters</i>)	OTC Benefit	
BARDIA ALL-SILICONE FOLEY CATH (<i>catheters</i>)	OTC Benefit	
BARDIA COMPLETE FOLEY KIT (<i>catheters</i>)	OTC Benefit	
BARDIA FOLEY CATH INSERT TRAY KIT (<i>catheters</i>)	OTC Benefit	
BARDIA FOLEY CATHETER TRAY KIT (<i>catheters</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BARDIA SILICONE FOLEY CATHETER (<i>catheters</i>)	OTC Benefit	
BARDIA UNIVERSAL CATH TRAY KIT (<i>catheters</i>)	OTC Benefit	
BARDIA URETHRAL CATH TRAY KIT (<i>catheters</i>)	OTC Benefit	
BARDIA URETHRAL CATHETER 12FR (<i>catheters</i>)	OTC Benefit	
BARDIA URETHRAL CATHETER 14FR (<i>catheters</i>)	OTC Benefit	
BARDIA URETHRAL CATHETER 16FR (<i>catheters</i>)	OTC Benefit	
BARDIC URO-SHEATH EXT CATHETER (<i>catheters</i>)	OTC Benefit	
<i>catheter self-adhesive urinary</i>	OTC Benefit	
CLEAN-CATH/COUDE TIP/14FR (<i>catheters</i>)	OTC Benefit	
CURITY ADD-A-FOLEY CATH TRAY KIT (<i>catheters</i>)	OTC Benefit	
CURITY FOLEY CATHETER TRAY KIT (<i>catheters</i>)	OTC Benefit	
DAVOL URETHRAL CATHETER (<i>catheters</i>)	OTC Benefit	
DOVER 3-WAY FOLEY CATHETER (<i>catheters</i>)	OTC Benefit	
DOVER ADD-A-FOLEY TRAY KIT (<i>catheters</i>)	OTC Benefit	
DOVER ALL SILICONE FOLEY CATH (<i>catheters</i>)	OTC Benefit	
DOVER HYDROGEL FOLEY CATH 20FR (<i>catheters</i>)	OTC Benefit	
DOVER HYDROGEL FOLEY CATH 22FR (<i>catheters</i>)	OTC Benefit	
DOVER HYDROGEL FOLEY CATH 24FR (<i>catheters</i>)	OTC Benefit	
DOVER HYDROGEL FOLEY CATH 26FR (<i>catheters</i>)	OTC Benefit	
DOVER MALE EXTERNAL CATHETER (<i>catheters</i>)	OTC Benefit	
DOVER ROBINSON CATHETER (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH 16FR (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH 18FR (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH 20FR (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH 22FR (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH 24FR (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH 26FR (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH 28FR (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH 30FR (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATH TRAY KIT (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY CATHETER (<i>catheters</i>)	OTC Benefit	
DOVER SILICONE FOLEY KIT (<i>catheters</i>)	OTC Benefit	
DOVER TEXAS MALE EXTERNAL CATH (<i>catheters</i>)	OTC Benefit	
DOVER URETHRAL CATH TRAY KIT (<i>catheters</i>)	OTC Benefit	
DOVER URETHRAL CATHETER (<i>catheters</i>)	OTC Benefit	
DOVER URI-DRAIN MALE EXT CATH (<i>catheters</i>)	OTC Benefit	
<i>everyday male external cath/sm</i>	OTC Benefit	
<i>extended wear self-adhesive</i>	OTC Benefit	
<i>extended wear self-adhesive kit</i>	OTC Benefit	
<i>extended wear urinary catheter</i>	OTC Benefit	
GENTLECATH URINARY CATHETER (<i>catheters</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
IN CARE STRAIGHT 6FR/20CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 10FR/20CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 10FR/40CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 12FR/20CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 12FR/40CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 14FR/20CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 14FR/40CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 16FR/40CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 18FR/40CM (<i>catheters</i>)	OTC Benefit	
INCARE STRAIGHT 8FR/20CM (<i>catheters</i>)	OTC Benefit	
INVIEW EXTRA EXTERNAL 25MM (<i>catheters</i>)	OTC Benefit	
INVIEW EXTRA EXTERNAL 29MM (<i>catheters</i>)	OTC Benefit	
INVIEW EXTRA EXTERNAL 32MM (<i>catheters</i>)	OTC Benefit	
INVIEW EXTRA EXTERNAL 36MM (<i>catheters</i>)	OTC Benefit	
INVIEW EXTRA EXTERNAL 41MM (<i>catheters</i>)	OTC Benefit	
INVIEW SPECIAL EXTERNAL 25MM (<i>catheters</i>)	OTC Benefit	
INVIEW SPECIAL EXTERNAL 29MM (<i>catheters</i>)	OTC Benefit	
INVIEW SPECIAL EXTERNAL 32MM (<i>catheters</i>)	OTC Benefit	
INVIEW SPECIAL EXTERNAL 36MM (<i>catheters</i>)	OTC Benefit	
INVIEW SPECIAL EXTERNAL 41MM (<i>catheters</i>)	OTC Benefit	
INVIEW STANDARD EXTERNAL 25MM (<i>catheters</i>)	OTC Benefit	
INVIEW STANDARD EXTERNAL 29MM (<i>catheters</i>)	OTC Benefit	
INVIEW STANDARD EXTERNAL 32MM (<i>catheters</i>)	OTC Benefit	
INVIEW STANDARD EXTERNAL 36MM (<i>catheters</i>)	OTC Benefit	
INVIEW STANDARD EXTERNAL 41MM (<i>catheters</i>)	OTC Benefit	
KENGUARD ADD-A-FOLEY CATH TRAY KIT (<i>catheters</i>)	OTC Benefit	
LOFRIC SENSE NELATON (<i>catheters</i>)	OTC Benefit	
MAGIC3 GO INTERMITTENT CATH (<i>catheters</i>)	OTC Benefit	
MAGIC3 INTERMITTENT CATHETER (<i>catheters</i>)	OTC Benefit	
<i>male external catheter medium</i>	OTC Benefit	
MEN'S LIBERTY MALE EXT CATH (<i>catheters</i>)	OTC Benefit	
PERSONAL INTERMITTENT CATHETER (<i>catheters</i>)	OTC Benefit	
SILASTIC FOLEY CATHETER (<i>catheters</i>)	OTC Benefit	
SPIRIT HYDROCOLLOID ADH SHEATH (<i>catheters</i>)	OTC Benefit	
TOUCH-TROL SUCTION CATHETER (<i>catheters</i>)	OTC Benefit	
<i>urethral catheter</i>	OTC Benefit	
<i>vinyl catheter</i>	OTC Benefit	
WIDE BAND MALE CATHETER (<i>catheters</i>)	OTC Benefit	
*COLD PACKS***		
ACE COLD COMPRESS REUSABLE (<i>cold packs</i>)	OTC Benefit	
<i>back pad cold pack</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cold pack reusable</i>	OTC Benefit	
<i>cold packs</i>	OTC Benefit	
<i>cold pak</i>	OTC Benefit	
<i>cvs cold pain relief pack</i>	OTC Benefit	
CVS CRYOMAX COLD PACK (<i>cold packs</i>)	OTC Benefit	
<i>cvs instant cold pack</i>	OTC Benefit	
<i>cvs instant cold therapy wrap</i>	OTC Benefit	
DUNLAP ICE BAG (<i>cold packs</i>)	OTC Benefit	
DUNLAP INSTANT ICE PACK (<i>cold packs</i>)	OTC Benefit	
<i>eq cold compress</i>	OTC Benefit	
<i>ft ice bag</i>	OTC Benefit	
<i>ft instant cold pack</i>	OTC Benefit	
FUTURO REUSABLE COLD PACK (<i>cold packs</i>)	OTC Benefit	
<i>gnp cold pack reusable</i>	OTC Benefit	
<i>gnp cold packs</i>	OTC Benefit	
<i>gnp ice bag</i>	OTC Benefit	
<i>ice bag</i>	OTC Benefit	
ICE IT 11"X14" (<i>cold packs</i>)	OTC Benefit	
ICE IT 4.25"X8.25" (<i>cold packs</i>)	OTC Benefit	
ICE IT 6"X9" (<i>cold packs</i>)	OTC Benefit	
ICE IT COLD COMFORT SYS/KNEE (<i>cold packs</i>)	OTC Benefit	
ICE IT COLD COMFORT SYS/SHOULD (<i>cold packs</i>)	OTC Benefit	
ICE IT COLD COMFORT SYSTEM (<i>cold packs</i>)	OTC Benefit	
ICE IT COLLAR W/COVER 4.5"X10" (<i>cold packs</i>)	OTC Benefit	
ICE IT DOUBLE PACK 4.25"X4.5" (<i>cold packs</i>)	OTC Benefit	
ICE IT REUSABLE COLD/B-PK DOUB (<i>cold packs</i>)	OTC Benefit	
ICE IT REUSABLE COLD/C-PACK (<i>cold packs</i>)	OTC Benefit	
ICE IT REUSABLE COLD/D-PACK (<i>cold packs</i>)	OTC Benefit	
ICE IT REUSABLE COLD/E-PACK (<i>cold packs</i>)	OTC Benefit	
ICE IT REUSABLE COLD/E-PK DOUB (<i>cold packs</i>)	OTC Benefit	
ICE IT REUSABLE COLD/F-PACK (<i>cold packs</i>)	OTC Benefit	
ICE IT W/COVER/STRAP 6"X18" (<i>cold packs</i>)	OTC Benefit	
ICE IT W/COVER/STRAP 6"X9" (<i>cold packs</i>)	OTC Benefit	
ICE IT W/COVER/STRAP 9"X20" (<i>cold packs</i>)	OTC Benefit	
ICE IT WRAP/WRIST 4.25"X8.25" (<i>cold packs</i>)	OTC Benefit	
<i>instant cold pack</i>	OTC Benefit	
MEDI-BEAR FREEZER FRIEND (<i>cold packs</i>)	OTC Benefit	
<i>multi-purpose cold compress</i>	OTC Benefit	
NEXCARE INSTANT COLD PACK (<i>cold packs</i>)	OTC Benefit	
NEXCARE INSTANT/REUSE COLD PAK (<i>cold packs</i>)	OTC Benefit	
NEXCARE REUSABLE COLD PACK (<i>cold packs</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ra back & neck cold pad</i>	OTC Benefit	
<i>ra multi-use cold pad reusable</i>	OTC Benefit	
SMARTTEMP INSTANT ICE (<i>cold packs</i>)	OTC Benefit	
THERMACARE COLD JOINT THERAPY (<i>cold packs</i>)	OTC Benefit	
THERMACARE COLD MUSCLE THERAPY (<i>cold packs</i>)	OTC Benefit	
*COMPRESSION BANDAGES***		
DUNLAP COLD COMPRESSION WRAP KIT (<i>compression bandages</i>)	OTC Benefit	
GELOCAST 3"X10YD (<i>compression bandages</i>)	OTC Benefit	
KT RECOVERY + ICE/HEAT KIT (<i>compression bandages</i>)	OTC Benefit	
PROFORE (<i>compression bandages</i>)	OTC Benefit	
PROFORE LITE (<i>compression bandages</i>)	OTC Benefit	
PROFORE WCL 5-1/2"X8" (<i>compression bandages</i>)	OTC Benefit	
<i>ra hot/cold gel sleeve</i>	OTC Benefit	
<i>sm deluxe reusable compress</i>	OTC Benefit	
SUREPRESS HI COMPRESS BANDAGE (<i>compression bandages</i>)	OTC Benefit	
*CONCEPTION ASSISTANCE SUPPLIES***		
CLEARBLUE FERTILITY DEVICE (<i>fertility monitor</i>)	OTC Benefit	
*CONDOMS - FEMALE***		
FC2 FEMALE CONDOM (<i>condoms - female</i>)	OTC Benefit	
*CONDOMS - MALE***		
<i>condoms</i>	OTC Benefit	
*CONTACT LENS CARE SUPPLIES***		
SOF/PRO CLEANER (<i>contact lens care products</i>)	OTC Benefit	
*DENTAL DESENSITIZING PRODUCTS***		
HURRISEAL DENTAL SOLUTION (<i>dental desensitizing product</i>)	OTC Benefit	
HURRISEAL SNAP-N-GO DENTAL SWAB (<i>dental desensitizing product</i>)	OTC Benefit	
*DENTAL WHITENING PRODUCTS***		
CREST WHITESTRIPS DENTAL STRIP (<i>dental whitening products</i>)	OTC Benefit	
EQL XTREME WHITENING WRAPS DENTAL STRIP (<i>dental whitening products</i>)	OTC Benefit	
LUMINEUX WHITENING DENTAL STRIP (<i>dental whitening products</i>)	OTC Benefit	
<i>qc 5 minute whitening dental gel</i>	OTC Benefit	
*DENTIFRICES***		
AQUAFRESH CAVITY PROTECTION DENTAL PASTE 0.25 % (<i>dentifrices</i>)	OTC Benefit	
AQUAFRESH EXTREME CLEAN DENTAL PASTE 0.25 % (<i>dentifrices</i>)	OTC Benefit	
AQUAFRESH WHITE TRAYS DENTAL (<i>dentifrices</i>)	OTC Benefit	
BIOTENE DRY MOUTH GENTLE DENTAL PASTE (<i>dentifrices</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CREST DENTAL GEL 0.243 % (<i>dentifrices</i>)	OTC Benefit	
CREST DENTAL PASTE , 0.243 % (<i>dentifrices</i>)	OTC Benefit	
CREST TARTAR CONTROL DENTAL GEL (<i>dentifrices</i>)	OTC Benefit	
CREST TARTAR CONTROL DENTAL PASTE (<i>dentifrices</i>)	OTC Benefit	
CREST TC/BAKING SODA DENTAL GEL (<i>dentifrices</i>)	OTC Benefit	
CREST TC/BAKING SODA DENTAL PASTE (<i>dentifrices</i>)	OTC Benefit	
<i>eql drytouch whitening trays dental</i>	OTC Benefit	
LUMINEUX CLEAN/FRESH TOOTHPASTE DENTAL PASTE (<i>dentifrices</i>)	OTC Benefit	
LUMINEUX KIDS TOOTHPASTE DENTAL PASTE (<i>dentifrices</i>)	OTC Benefit	
LUMINEUX SENSITIVITY TOOTHPASTE DENTAL PASTE (<i>dentifrices</i>)	OTC Benefit	
LUMINEUX WHITENING TOOTHPASTE DENTAL PASTE (<i>dentifrices</i>)	OTC Benefit	
<i>qc sensitive extreme dental paste</i>	OTC Benefit	
<i>sensitive extra whitening dental paste 5-0.243 %</i>	OTC Benefit	
<i>sensitive toothpaste/fluoride dental paste 5-0.243 %</i>	OTC Benefit	
SENSODYNE EXTRA WHITENING DENTAL PASTE 5-0.24 % (<i>dentifrices</i>)	OTC Benefit	
SENSODYNE MAX ST/FLUORIDE DENTAL PASTE 5-0.25 % (<i>dentifrices</i>)	OTC Benefit	
SENSODYNE MAXIMUM STRENGTH DENTAL GEL (<i>dentifrices</i>)	OTC Benefit	
SENSODYNE MAXIMUM STRENGTH DENTAL PASTE 5-0.13 %, 5-0.25 % (<i>dentifrices</i>)	OTC Benefit	
SENSODYNE PRONAMEL DENTAL PASTE , 5-0.25 % (<i>dentifrices</i>)	OTC Benefit	
SENSODYNE PRONAMEL GENTLE WHT DENTAL PASTE 5-0.25 % (<i>dentifrices</i>)	OTC Benefit	
*DENTURE CARE PRODUCTS***		
<i>control denture adhesive cream</i>	OTC Benefit	
<i>cvs denture adhesive cream cream</i>	OTC Benefit	
<i>denture adhesive cream</i>	OTC Benefit	
EFFERDENT COMPLETE CLEAN TABLET EFFERVESCENT (<i>denture care products</i>)	OTC Benefit	
EFFERDENT DENTAL BATH (<i>denture care products</i>)	OTC Benefit	
EFFERDENT PLUS FRESH & CLEAN TABLET EFFERVESCENT (<i>denture care products</i>)	OTC Benefit	
EFFERDENT PM NIGHT WHITENING TABLET EFFERVESCENT (<i>denture care products</i>)	OTC Benefit	
EFFERGRIP ADHESIVE DENTURE CREAM (<i>denture care products</i>)	OTC Benefit	
EFFERGRIP CREAM (<i>denture care products</i>)	OTC Benefit	
<i>eq denture adhesive cream</i>	OTC Benefit	
<i>eql denture brush/pick</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql denture cleanser tablet effervescent</i>	OTC Benefit	
FIXODENT COMPLETE CREAM (<i>denture care products</i>)	OTC Benefit	
FIXODENT EXTRA HOLD POWDER (<i>denture care products</i>)	OTC Benefit	
FIXODENT FREE CREAM (<i>denture care products</i>)	OTC Benefit	
FIXODENT ORIGINAL CREAM (<i>denture care products</i>)	OTC Benefit	
<i>gnp denture adhesive cream</i>	OTC Benefit	
KLUTCH POWDER (<i>denture care products</i>)	OTC Benefit	
PLATE-WELD DENTURE REPAIR KIT (<i>denture care products</i>)	OTC Benefit	
POLIDENT 3 MINUTE TABLET EFFERVESCENT (<i>denture care products</i>)	OTC Benefit	
POLIDENT DENTU-CREME CREAM (<i>denture care products</i>)	OTC Benefit	
POLIDENT OVERNIGHT WHITENING TABLET EFFERVESCENT (<i>denture care products</i>)	OTC Benefit	
POLIGRIP SUPER STRONG CREAM (<i>denture care products</i>)	OTC Benefit	
POLIGRIP SUPER STRONG EX ST POWDER (<i>denture care products</i>)	OTC Benefit	
POLIGRIP SUPER STRONG FREE CREAM (<i>denture care products</i>)	OTC Benefit	
<i>qc denture cleanser 3 minute tablet effervescent</i>	OTC Benefit	
<i>qc denture cleanser tablet effervescent</i>	OTC Benefit	
<i>qc denture cleanser whitening tablet effervescent</i>	OTC Benefit	
<i>ra denture bath</i>	OTC Benefit	
SEA BOND BRIGHTENING CLEANSER GEL (<i>denture care products</i>)	OTC Benefit	
SEA BOND DENTURE BATH (<i>denture care products</i>)	OTC Benefit	
SEA BOND DENTURE BRUSH (<i>denture care products</i>)	OTC Benefit	
SEA BOND QUICK FIX (<i>denture care products</i>)	OTC Benefit	
SEA BOND WAFER (<i>denture care products</i>)	OTC Benefit	
<i>sm denture cleanser tablet effervescent</i>	OTC Benefit	
SUPER POLIGRIP COMFORT SEAL STRIP (<i>denture care products</i>)	OTC Benefit	
SUPER POLIGRIP CREAM (<i>denture care products</i>)	OTC Benefit	
*DIAPERS***		
ALL-DRY SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
ALL-DRY SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
ALL-DRY SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
ALL-DRY SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES DRI NITE JR YOUTH PANT (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES GIRLS TRAIN PANTS 2-3T (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES PREMIUM DIAPERS SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES PREMIUM DIAPERS SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES PREMIUM DIAPERS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
COMFEES PREMIUM DIAPERS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES PREMIUM DIAPERS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES PREMIUM DIAPERS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES PREMIUM DIAPERS SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES PREMIUM DIAPERS SIZENB (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES TRAINING PANTS 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES TRAINING PANTS 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
COMFEES TRAINING PANTS 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
<i>comfort-stretch cloth newborn</i>	OTC Benefit	
<i>comfort-stretch cloth size 4</i>	OTC Benefit	
<i>comfort-stretch cloth size 6</i>	OTC Benefit	
<i>comfort-stretch premium size 3</i>	OTC Benefit	
<i>comfort-stretch premium size 4</i>	OTC Benefit	
<i>comfort-stretch premium size 5</i>	OTC Benefit	
<i>comfort-stretch premium size 6</i>	OTC Benefit	
<i>comfort-stretch size 1</i>	OTC Benefit	
<i>comfort-stretch size 2</i>	OTC Benefit	
<i>comfort-stretch size 3</i>	OTC Benefit	
<i>comfort-stretch size 4</i>	OTC Benefit	
<i>comfort-stretch size 5</i>	OTC Benefit	
<i>comfort-stretch size 6</i>	OTC Benefit	
<i>comfort-stretch training pants</i>	OTC Benefit	
CURITY BABY DIAPERS (<i>diapers & supplies</i>)	OTC Benefit	
CURITY TRAINING PANTS (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-BOYS SIZE 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-BOYS SIZE 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-BOYS SIZE 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-GIRLS SIZE 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-GIRLS SIZE 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-GIRLS SIZE 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-UNISEX SIZE 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-UNISEX SIZE 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIE PANTS-UNISEX SIZE 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES COMPLETE CARE NEWBORN (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES COMPLETE CARE SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES COMPLETE CARE SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES COMPLETE CARE SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES COMPLETE CARE SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES COMPLETE CARE SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES COMPLETE CARE SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES COMPLETE CARE SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CUTIES SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
CUTIES SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
CVS I AM A CAREFREE KID 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
CVS I CRAWL AND SCOOT SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
CVS I LIKE TO PLAY SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
CVS I LOVE TO CUDDLE SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
CVS I LOVE TO DANCE SIZE 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
CVS I LOVE TO ROCK SIZE 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
CVS I LOVE TO RUN SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
CVS I PLAY SPORTS SIZE 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
CVS I PLAYED ALL DAY BOYS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
CVS I PLAYED ALL DAY L/XL (<i>diapers & supplies</i>)	OTC Benefit	
CVS I TUCK MYSELF IN S/M (<i>diapers & supplies</i>)	OTC Benefit	
CVS IM A BUSY BABY SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
CVS IM A CAREFREE KID SZ 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
CVS IM ON THE MOVE SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
CVS IM ON THE MOVE SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
CVS ITS TIME TO SLEEP SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
CVS ITS TIME TO SLEEP SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
CVS ITS TIME TO SLEEP SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
<i>cvs its time to sleep smartfit</i>	OTC Benefit	
<i>cvs kidpant boys medium</i>	OTC Benefit	
<i>cvs kidpant girls medium</i>	OTC Benefit	
CVS SLEEP COMFORTS UNISEX S/M (<i>diapers & supplies</i>)	OTC Benefit	
FQ CUTIES BABY DIAPERS LARGE (<i>diapers & supplies</i>)	OTC Benefit	
FQ CUTIES BABY DIAPERS MEDIUM (<i>diapers & supplies</i>)	OTC Benefit	
FQ CUTIES BABY DIAPERS XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES BED MATS (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES BEDTIME GIRLS S/M (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES BEDTIME UNDERWEAR (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES NIGHTTIME UNDERWEAR (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES SLEEP BOXER BOY L/XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES SLEEP BOXER BOYS S/M (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES SLEEP SHORT GIRL S/M (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES SLEEP SHORT GRL L/XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES TRUFIT (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES TRUFIT BOYS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES TRUFIT GIRLS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES UNDERPANTS BOYS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES UNDERPANTS BOYS S/M (<i>diapers & supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
GOODNITES UNDERPANTS GIRL L/XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES UNDERPANTS GIRLS S/M (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES UNDERWEAR BOYS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES UNDERWEAR BOYS S/M (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES UNDERWEAR GIRL L/XL (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES UNDERWEAR GIRL S/M (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES YOUTH PANTS BOYS L/X (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES YOUTH PANTS BOYS S/M (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES YOUTH PANTS GIRL L/X (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES YOUTH PANTS GIRL S/M (<i>diapers & supplies</i>)	OTC Benefit	
GOODNITES YOUTH PANTS GIRL XS (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES CHANGING PADS (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES CONVERTIBLES SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS SIZE 8 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS STEP 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS STEP 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE MOVERS STEP 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUG NEWBRN/SZ1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLER NEWBRN (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLERS (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLERS SZ 1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLERS SZ 2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLERS SZ 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLERS SZ 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLERS SZ 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLERS SZ 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SNUGGLERS SZ3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SWIMMERS LARGE (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SWIMMERS MEDIUM (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES LITTLE SWIMMERS SMALL (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES OVERNITES SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES OVERNITES SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES OVERNITES SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES OVERNITES SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES OVERNITES SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HUGGIES OVERNITES STEP 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES OVERNITES STEP 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES OVERNITES STEP 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES OVERNITES STEP 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS BOYS 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS BOYS 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS BOYS 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS GIRLS 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS GIRLS 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS GIRLS 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS PROTECT 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PULL-UPS PROTECT 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PURE & NATURAL NEWBORN (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PURE & NATURAL SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PURE & NATURAL SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PURE & NATURAL SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PURE & NATURAL SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES PURE & NATURAL SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY SIZE 8 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY STEP 1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY STEP 2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY STEP 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY STEP 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY STEP 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SNUG & DRY STEP 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SOFT SKIN WASHCLOTHS (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SPEC DELIVERY NEWBORN (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SPEC DELIVERY SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SPEC DELIVERY SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SPEC DELIVERY SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HUGGIES SPEC DELIVERY SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SPEC DELIVERY SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SPEC DELIVERY SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SUPREME GENTLE NEWBORN (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SUPREME GENTLE SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SUPREME GENTLE SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SUPREME NAT FIT SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SUPREME NAT FIT SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SUPREME NAT FIT SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SUPREME NAT FIT SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES SUPREME STEP 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES ULTRATRIM PREEMIE (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES ULTRATRIM STEP 1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES ULTRATRIM STEP 1/2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES ULTRATRIM STEP 2 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES ULTRATRIM STEP 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES ULTRATRIM STEP 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES ULTRATRIM STEP 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES ULTRATRIM STEP 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES WASHCLOTHS (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES+ LITTLE MOVERS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES+ LITTLE MOVERS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES+ LITTLE MOVERS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES+ LITTLE MOVERS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES+ LITTLE MOVERS SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES+ LITTLE SNUGGLER NEWBN (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES+ LITTLE SNUGGLER SZ 1 (<i>diapers & supplies</i>)	OTC Benefit	
HUGGIES+ LITTLE SNUGGLER SZ 2 (<i>diapers & supplies</i>)	OTC Benefit	
LAND BEFORE TIME DIAPER 2T/3T (<i>diapers & supplies</i>)	OTC Benefit	
LAND BEFORE TIME DIAPER 3T/4T (<i>diapers & supplies</i>)	OTC Benefit	
LAND BEFORE TIME DIAPER SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
LAND BEFORE TIME DIAPER SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
LAND BEFORE TIME DIAPER SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
LAND BEFORE TIME DIAPER SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
LAND BEFORE TIME DIAPER SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS ULTRA LEAKGUARDS NEWBORN (<i>diapers & supplies</i>)	OTC Benefit	
LUVS ULTRA LEAKGUARDS SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
LUVS ULTRA LEAKGUARDS SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS ULTRA LEAKGUARDS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS ULTRA LEAKGUARDS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS ULTRA LEAKGUARDS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
LUVS ULTRA LEAKGUARDS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY DRY SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY DRY SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY DRY SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY-DRY NEWBORN (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY-DRY SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY-DRY SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY-DRY SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY-DRY SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY-DRY SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY-DRY SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS BABY-DRY SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS CRUISERS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS CRUISERS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS CRUISERS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS CRUISERS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS CRUISERS SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS BOYS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS BOYS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS BOYS SZ 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS BOYS SZ 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS BOYS SZ 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS GIRL SZ 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS GIRL SZ 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS GIRL SZ 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS GIRLS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS MLP 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EASY UPS MLP 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EXTRA PROTECTION SZ 3 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EXTRA PROTECTION SZ 4 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EXTRA PROTECTION SZ 5 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS EXTRA PROTECTION SZ 6 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS PREMIE (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SPLASHERS SIZE 3-4 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SPLASHERS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PAMPERS SPLASHERS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS NEWBORN (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS PREEMIE (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SENS SZ 1 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SENS SZ 2 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SENS SZ 3 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SENS SZ 4 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SENSITIVE NB (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SIZE 1 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SIZE 2 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS SWADDLERS SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS UNDERJAMS BOYS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS UNDERJAMS BOYS S/M (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS UNDERJAMS GIRLS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS UNDERJAMS GIRLS S/M (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS UNDERJAMS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS UNDERJAMS S/M (<i>diapers & supplies</i>)	OTC Benefit	
PAMPERS UNISEX BABY-DRY (<i>diapers & supplies</i>)	OTC Benefit	
<i>premium baby diapers newborn</i>	OTC Benefit	
<i>premium baby diapers size 1</i>	OTC Benefit	
<i>premium baby diapers size 2</i>	OTC Benefit	
<i>premium baby diapers size 3</i>	OTC Benefit	
<i>premium baby diapers size 4</i>	OTC Benefit	
<i>premium baby diapers size 5</i>	OTC Benefit	
<i>premium baby diapers size 6</i>	OTC Benefit	
<i>premium comfort-stretch 2t/3t</i>	OTC Benefit	
<i>premium comfort-stretch 3t/4t</i>	OTC Benefit	
<i>premium comfort-stretch 4t/5t</i>	OTC Benefit	
<i>premium comfort-stretch size 3</i>	OTC Benefit	
<i>premium comfort-stretch size 4</i>	OTC Benefit	
<i>premium comfort-stretch size 5</i>	OTC Benefit	
<i>premium comfort-stretch size 6</i>	OTC Benefit	
<i>premium training pants 2t-3t</i>	OTC Benefit	
<i>premium training pants 3t-4t</i>	OTC Benefit	
<i>premium training pants 4t-5t</i>	OTC Benefit	
PREVENT PLUS BOYS (<i>diapers & supplies</i>)	OTC Benefit	
PREVENT PLUS GIRLS (<i>diapers & supplies</i>)	OTC Benefit	
PREVENT PLUS SUPER TRAINING PAD (<i>diapers & supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
RA TUGABOOS BOYS 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS BOYS 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS BOYS 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS DIAPERS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS DIAPERS SIZE 5 (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS DIAPERS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS GIRLS 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS GIRLS 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS GIRLS 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
RA TUGABOOS OVERNIGHTS UNISEX (<i>diapers & supplies</i>)	OTC Benefit	
SECURE BOY BABY DIAPERS (<i>diapers & supplies</i>)	OTC Benefit	
SECURE BOY TRAINING PANTS (<i>diapers & supplies</i>)	OTC Benefit	
SECURE GIRL BABY DIAPERS (<i>diapers & supplies</i>)	OTC Benefit	
SECURE GIRL TRAINING PANTS (<i>diapers & supplies</i>)	OTC Benefit	
SLEEP OVERS LARGE/X-LARGE (<i>diapers & supplies</i>)	OTC Benefit	
SLEEP OVERS SMALL/MEDIUM (<i>diapers & supplies</i>)	OTC Benefit	
SLEEP OVERS YOUTH PANTS XL (<i>diapers & supplies</i>)	OTC Benefit	
SLEEP PANTS FOR BOYS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
SLEEP PANTS FOR BOYS S/M (<i>diapers & supplies</i>)	OTC Benefit	
SLEEP PANTS FOR GIRLS L/XL (<i>diapers & supplies</i>)	OTC Benefit	
SLEEP PANTS FOR GIRLS S/M (<i>diapers & supplies</i>)	OTC Benefit	
SWIMMATES DISPOSABLE SWIMWEAR (<i>diapers & supplies</i>)	OTC Benefit	
<i>training pants his/her xl</i>	OTC Benefit	
<i>wegmans supreme diapers size 5</i>	OTC Benefit	
<i>wegmans training pants 2t-3t</i>	OTC Benefit	
<i>wegmans training pants 4t-5t</i>	OTC Benefit	
WELL BEGINNINGS SIZE 3 (<i>diapers & supplies</i>)	OTC Benefit	
WELL BEGINNINGS SIZE 4 (<i>diapers & supplies</i>)	OTC Benefit	
WELL BEGINNINGS SIZE 6 (<i>diapers & supplies</i>)	OTC Benefit	
WELL BEGINNINGS SIZE 7 (<i>diapers & supplies</i>)	OTC Benefit	
WELL BEGINNINGS SLEEP PANTS (<i>diapers & supplies</i>)	OTC Benefit	
WELL BEGINNINGSTRAINING PANTS (<i>diapers & supplies</i>)	OTC Benefit	
WONDERPANTS UNISEX LG 3T-4T (<i>diapers & supplies</i>)	OTC Benefit	
WONDERPANTS UNISEX MED 2T-3T (<i>diapers & supplies</i>)	OTC Benefit	
WONDERPANTS UNISEX XL 4T-5T (<i>diapers & supplies</i>)	OTC Benefit	
*ELASTIC BANDAGES & SUPPORTS***		
<i>abdominal binder 10"</i>	OTC Benefit	
<i>abdominal binder/elastic 2xl</i>	OTC Benefit	
<i>abdominal binder/elastic 3xl</i>	OTC Benefit	
<i>abdominal binder/elastic large</i>	OTC Benefit	
<i>abdominal binder/elastic med</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>abdominal binder/elastic small</i>	OTC Benefit	
<i>abdominal binder/elastic xl</i>	OTC Benefit	
<i>abdominal support 2x/3x large</i>	OTC Benefit	
<i>abdominal support/l-xl</i>	OTC Benefit	
ACE ABDOMEN SURGICAL BINDER (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE BRACE DELUXE LACED (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE BRACE LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE BRACE LEFT/RIGHT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE BRACE MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE BRACE W/STABILIZERS (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE STABILIZER DELUXE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE SUPPORT SPANDEX LG (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ANKLE SUPPORT SPANDEX MED (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ARM SLING (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE BACK STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE BACK SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE BANDAGE SELF-ADHERING (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE COMFORT LIFT ANKLE SUPP/SM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE CONTOURED BACK SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE DELUXE WRIST STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELASTIC BANDAGE 4" (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELASTIC BANDAGE/CLIPS (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELASTIC BANDAGE/E-Z CLIPS (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELBOW BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELBOW BRACE LARGE/X-LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELBOW BRACE SMALL/MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELBOW STRAP (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELBOW STRAP ONE SIZE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELBOW SUPPORT LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELBOW SUPPORT MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE ELBOW SUPPORT ONE SIZE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE HAND SUPPORT GLOVE (<i>elastic bandages & supports</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ACE HAND SUPPORT GLOVE SM/MED (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE BRACE HINGED (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE BRACE LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE BRACE LARGE/X-LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE BRACE MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE BRACE SMALL/MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE BRACE W/STABILIZERS (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE STABILIZER LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE STABILIZER MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE SUPPORT ADJUSTABLE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE SUPPORT KNITTED (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE SUPPORT KNITTED XL (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE SUPPORT LARGE/XL (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE KNEE SUPPORT SM/MED (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE NEOPRENE ELBOW SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE TENNIS ELBOW BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE TENNIS ELBOW STRAP (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE TENNIS ELBOW SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE THUMB STABILIZER LEFT/RGHT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST BRACE DELUXE LEFT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST BRACE DELUXE RIGHT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST BRACE/REVERSIBLE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST BRACE/SPLINT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST IMMOBILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST SLEEP SUPPORT/NIGHT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST STABILIZER DELUXE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST STABILIZER/DIAL SYS (<i>elastic bandages & supports</i>)	OTC Benefit	
ACE WRIST SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA ANTI-EMBOLISM STOCKINGS (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA CASUAL SOCKS LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ACTIVA CASUAL SOCKS MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA CASUAL SOCKS SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA CASUAL SOCKS X-LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA COOLMAX SOCKS LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA COOLMAX SOCKS MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA COOLMAX SOCKS SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA COOLMAX SOCKS X-LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA DRESS SOCKS LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA DRESS SOCKS MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA DRESS SOCKS SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA DRESS SOCKS X-LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA DRESS TROUSER SOCKS LG (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA DRESS TROUSER SOCKS MD (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA DRESS TROUSER SOCKS SM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA DRESS TROUSER SOCKS XL (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA GRADUATED THERAPY (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA MICROFIBER DRESS SOCKS (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SHEER THERAPY 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SHEER THERAPY PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SHEER THERAPY SOCKS LG (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SHEER THERAPY SOCKS MD (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SHEER THERAPY SOCKS SM (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SHEER THERAPY SOCKS XL (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SOFT FIT 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SOFT FIT PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA SURGICAL WEIGHT (<i>elastic bandages & supports</i>)	OTC Benefit	
ACTIVA ULTRA SHEER 9-12MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ACTIVA ULTRA SHEER PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>acu-strap</i>	OTC Benefit	
ADJUSTABLE ARM SLING (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>adjustable wrist brace</i>	OTC Benefit	
AIRCAST AIRSPORT ANKLE BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
AIRCAST SPORT ANKLE BRACE/LEFT (<i>elastic bandages & supports</i>)	OTC Benefit	
AIRCAST SPORT ANKLE BRACE/RGHT (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>ankle brace deluxe laced/l-xl</i>	OTC Benefit	
<i>ankle brace deluxe laced/s-m</i>	OTC Benefit	
<i>ankle brace/flexible stays lg</i>	OTC Benefit	
<i>ankle brace/flexible stays med</i>	OTC Benefit	
<i>ankle brace/flexible stays sm</i>	OTC Benefit	
<i>ankle brace/flexible stays xl</i>	OTC Benefit	
<i>ankle brace/high perform 2xl</i>	OTC Benefit	
<i>ankle brace/high performance l</i>	OTC Benefit	
<i>ankle brace/high performance m</i>	OTC Benefit	
<i>ankle brace/high performance s</i>	OTC Benefit	
<i>ankle brace/high performnce xl</i>	OTC Benefit	
<i>ankle brace/high performnce xs</i>	OTC Benefit	
<i>ankle brace/side stabilizers</i>	OTC Benefit	
<i>ankle knitted compression</i>	OTC Benefit	
<i>ankle lace-up brace</i>	OTC Benefit	
<i>ankle splint/canvas large</i>	OTC Benefit	
<i>ankle splint/canvas medium</i>	OTC Benefit	
<i>ankle splint/canvas small</i>	OTC Benefit	
<i>ankle splint/canvas xl</i>	OTC Benefit	
<i>ankle splint/canvas xs</i>	OTC Benefit	
<i>ankle splint/night airform</i>	OTC Benefit	
<i>ankle stabilizer</i>	OTC Benefit	
<i>ankle stabilizer 2xl</i>	OTC Benefit	
<i>ankle stabilizer adjustable</i>	OTC Benefit	
<i>ankle stabilizer large</i>	OTC Benefit	
<i>ankle stabilizer medium</i>	OTC Benefit	
<i>ankle stabilizer small</i>	OTC Benefit	
<i>ankle stabilizer xl</i>	OTC Benefit	
<i>ankle stabilizer xs</i>	OTC Benefit	
<i>ankle stirrup brace/left</i>	OTC Benefit	
<i>ankle stirrup brace/pony/left</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ankle stirrup brace/pony/right</i>	OTC Benefit	
<i>ankle stirrup brace/right</i>	OTC Benefit	
<i>ankle support</i>	OTC Benefit	
ANKLE SUPPORT 4-WAY STRETCH (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>ankle support adjustable</i>	OTC Benefit	
<i>ankle support/elastic/firm lg</i>	OTC Benefit	
<i>ankle support/elastic/firm med</i>	OTC Benefit	
<i>ankle support/elastic/firm sm</i>	OTC Benefit	
<i>ankle support/elastic/firm xl</i>	OTC Benefit	
<i>ankle support/elastic/sheer lg</i>	OTC Benefit	
<i>ankle support/elastic/sheer m</i>	OTC Benefit	
<i>ankle support/elastic/sheer sm</i>	OTC Benefit	
<i>ankle support/elastic/sheer xl</i>	OTC Benefit	
<i>ankle support/figure-8 large</i>	OTC Benefit	
<i>ankle support/figure-8 medium</i>	OTC Benefit	
<i>ankle support/figure-8 small</i>	OTC Benefit	
<i>ankle support/figure-8 vl</i>	OTC Benefit	
<i>ankle support/figure-8 xl</i>	OTC Benefit	
<i>ankle support/slip on/ped</i>	OTC Benefit	
<i>ankle support/slip on/youth</i>	OTC Benefit	
<i>ankle support/slip-on large</i>	OTC Benefit	
<i>ankle support/slip-on medium</i>	OTC Benefit	
<i>ankle support/slip-on small</i>	OTC Benefit	
<i>ankle support/slip-on xl</i>	OTC Benefit	
<i>ankle support/spiral stays lg</i>	OTC Benefit	
<i>ankle support/spiral stays med</i>	OTC Benefit	
<i>ankle support/spiral stays sm</i>	OTC Benefit	
<i>ankle support/spiral stays xl</i>	OTC Benefit	
<i>ankle support/spiral stays xs</i>	OTC Benefit	
<i>ankle support/viscoelastic lg</i>	OTC Benefit	
<i>ankle support/viscoelastic med</i>	OTC Benefit	
<i>ankle support/viscoelastic sm</i>	OTC Benefit	
<i>ankle support/viscoelastic xl</i>	OTC Benefit	
<i>ankle support/wraparound lg</i>	OTC Benefit	
<i>ankle support/wraparound med</i>	OTC Benefit	
<i>ankle support/wraparound small</i>	OTC Benefit	
<i>ankle support/wraparound xl</i>	OTC Benefit	
<i>ankle wrap</i>	OTC Benefit	
<i>anti-embolism stocking/knee/lg</i>	OTC Benefit	
<i>anti-embolism stockings medium</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AQUA ARMOR ADULT/SHORT LEG (<i>elastic bandages & supports</i>)	OTC Benefit	
AQUA ARMOR PEDI/MED ARM (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>arch bandage</i>	OTC Benefit	
<i>arm sling/thumb loop/one size</i>	OTC Benefit	
<i>arthritis glove large</i>	OTC Benefit	
<i>arthritis glove medium</i>	OTC Benefit	
<i>arthritis glove small</i>	OTC Benefit	
<i>arthritis glove xl</i>	OTC Benefit	
<i>arthritis glove xsmall</i>	OTC Benefit	
ASPERCREME FLEXI SHOULDER (<i>elastic bandages & supports</i>)	OTC Benefit	
ASPERCREME FLEXI-MOTION BACK (<i>elastic bandages & supports</i>)	OTC Benefit	
ASPERCREME FLEXI-MOTION KNEE (<i>elastic bandages & supports</i>)	OTC Benefit	
ASPERCREME FLEXI-MOTION NECK (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>athletic bandage</i>	OTC Benefit	
<i>athletic recovery socks</i>	OTC Benefit	
<i>aum diabetic gel socks</i>	OTC Benefit	
<i>back support</i>	OTC Benefit	
<i>back support l/xl</i>	OTC Benefit	
<i>back support m/l</i>	OTC Benefit	
<i>back support s/m</i>	OTC Benefit	
<i>bandage roll 4.5" x 144"</i>	OTC Benefit	
<i>bandage roll 4.5"x4yd</i>	OTC Benefit	
BAND-AID SECURE-FLEX WRAP (<i>elastic bandages & supports</i>)	OTC Benefit	
BAND-IT FOREARM BAND (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>baseball splint</i>	OTC Benefit	
BEYOND SUPPORT PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>bilateral hernia support large</i>	OTC Benefit	
<i>bilateral hernia support med</i>	OTC Benefit	
<i>bilateral hernia support small</i>	OTC Benefit	
<i>bilateral hernia support xl</i>	OTC Benefit	
<i>carpal tunnel wrist stabilizer</i>	OTC Benefit	
<i>cast and bandage cover</i>	OTC Benefit	
<i>cast protector/full-arm adult</i>	OTC Benefit	
<i>cast protector/full-arm youth</i>	OTC Benefit	
<i>cast protector/full-leg adult</i>	OTC Benefit	
<i>cast protector/full-leg youth</i>	OTC Benefit	
<i>cast protector/half-arm adult</i>	OTC Benefit	
<i>cast protector/half-arm youth</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cast protector/half-leg adult</i>	OTC Benefit	
<i>cast protector/half-leg youth</i>	OTC Benefit	
<i>cast shoe infant</i>	OTC Benefit	
<i>cast shoe pediatric</i>	OTC Benefit	
<i>cast/bandage protector</i>	OTC Benefit	
<i>casual socks</i>	OTC Benefit	
<i>cervical collar</i>	OTC Benefit	
<i>cervical collar adjustable</i>	OTC Benefit	
<i>cervical collar infant</i>	OTC Benefit	
<i>cervical collar pediatric</i>	OTC Benefit	
<i>cervical collar youth</i>	OTC Benefit	
<i>cervical collar/average large</i>	OTC Benefit	
<i>cervical collar/average medium</i>	OTC Benefit	
<i>cervical collar/average small</i>	OTC Benefit	
<i>cervical collar/average univ</i>	OTC Benefit	
<i>cervical collar/average xl</i>	OTC Benefit	
<i>cervical collar/average xs</i>	OTC Benefit	
<i>cervical collar/narrow large</i>	OTC Benefit	
<i>cervical collar/narrow medium</i>	OTC Benefit	
<i>cervical collar/narrow small</i>	OTC Benefit	
<i>cervical collar/narrow univ</i>	OTC Benefit	
<i>cervical collar/narrow xl</i>	OTC Benefit	
<i>cervical collar/narrow xs</i>	OTC Benefit	
<i>cervical collar/wide large</i>	OTC Benefit	
<i>cervical collar/wide medium</i>	OTC Benefit	
<i>cervical collar/wide small</i>	OTC Benefit	
<i>cervical collar/wide universal</i>	OTC Benefit	
<i>cervical collar/wide xl</i>	OTC Benefit	
<i>cervical collar/wide xs</i>	OTC Benefit	
<i>clavicle strap/figure-8 large</i>	OTC Benefit	
<i>clavicle strap/figure-8 medium</i>	OTC Benefit	
<i>clavicle strap/figure-8 small</i>	OTC Benefit	
<i>clavicle strap/figure-8 xl</i>	OTC Benefit	
<i>clavicle strap/figure-8 xs</i>	OTC Benefit	
CLEVER CHOICE ANKLE BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
CLEVER CHOICE COMFORT FIT (<i>elastic bandages & supports</i>)	OTC Benefit	
CLEVER CHOICE COMFORT GLOVES (<i>elastic bandages & supports</i>)	OTC Benefit	
CLEVER CHOICE COPPER GLOVES (<i>elastic bandages & supports</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CLEVER CHOICE ELBOW BRACE-UNIV (<i>elastic bandages & supports</i>)	OTC Benefit	
CLEVER CHOICE KNEE BRACE-LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
CLEVER CHOICE LUMBAR BACK (<i>elastic bandages & supports</i>)	OTC Benefit	
CLEVER CHOICE SPINAL ORTHOSIS (<i>elastic bandages & supports</i>)	OTC Benefit	
CLEVER CHOICE WRIST BRACE-RIGH (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>clip bandage</i>	OTC Benefit	
COBAN ACTION WRAP (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>comfort fit maternity supp lg</i>	OTC Benefit	
<i>comfort fit maternity supp med</i>	OTC Benefit	
<i>comfort fit maternity supp sm</i>	OTC Benefit	
<i>compression & support gloves l</i>	OTC Benefit	
COOL-WEAVE ANKLE SUPPORT L/XL (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE ANKLE SUPPORT S/M (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE ELBOW SUPPORT LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE ELBOW SUPPORT MED (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE ELBOW SUPPORT SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE KNEE SUPPORT LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE KNEE SUPPORT MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE KNEE SUPPORT SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE KNEE SUPPORT XL (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE TENNIS ELBOW SUPPRT (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE WRIST SUPPORT L/XL (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE WRIST SUPPORT MED (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE WRIST SUPPORT S/M (<i>elastic bandages & supports</i>)	OTC Benefit	
COOL-WEAVE WRIST SUPPORT SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>cotton socks/cushioned</i>	OTC Benefit	
<i>cotton socks/golf</i>	OTC Benefit	
<i>cotton socks/maternity</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cradle arm sling</i>	OTC Benefit	
<i>cradle arm sling infant</i>	OTC Benefit	
<i>cradle arm sling pediatric</i>	OTC Benefit	
<i>cradle arm sling youth</i>	OTC Benefit	
<i>c-section recovery 1x/2x</i>	OTC Benefit	
<i>c-section recovery l/xl</i>	OTC Benefit	
<i>c-section recovery s/m</i>	OTC Benefit	
CURITY ELASTIC BANDAGE W/CLIP (<i>elastic bandages & supports</i>)	OTC Benefit	
CURITY STRETCH BANDAGE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>curved finger splint</i>	OTC Benefit	
<i>cvs ankle support sleeve</i>	OTC Benefit	
<i>cvs arm sling/adult</i>	OTC Benefit	
<i>cvs arm sling/universal</i>	OTC Benefit	
<i>cvs bandage roll 4.5"x108"</i>	OTC Benefit	
<i>cvs cast & wound protector</i>	OTC Benefit	
<i>cvs copper compression sleeve</i>	OTC Benefit	
<i>cvs elastic bandage 4"</i>	OTC Benefit	
<i>cvs elastic bandage 6"</i>	OTC Benefit	
<i>cvs finger injury kit</i>	OTC Benefit	
<i>cvs finger splint deluxe</i>	OTC Benefit	
<i>cvs firm compression socks</i>	OTC Benefit	
<i>cvs knee sup sleeve mild compr</i>	OTC Benefit	
<i>cvs knee support sleeve</i>	OTC Benefit	
<i>cvs lumbar/back support brace</i>	OTC Benefit	
<i>cvs pain-free wrap</i>	OTC Benefit	
<i>cvs self-grip athletic tape tape</i>	OTC Benefit	
<i>cvs wrist support strap</i>	OTC Benefit	
<i>diabetic crew socks/mens/xl</i>	OTC Benefit	
<i>diabetic crew socks/women/xl</i>	OTC Benefit	
<i>diabetic socks large</i>	OTC Benefit	
<i>diabetic socks medium</i>	OTC Benefit	
DMI DELUXE CAST-BAND PROTECTOR (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>dress socks</i>	OTC Benefit	
<i>elastic bandage</i>	OTC Benefit	
<i>elastic bandage 2"</i>	OTC Benefit	
<i>elastic bandage 3"</i>	OTC Benefit	
<i>elastic bandage 4"</i>	OTC Benefit	
<i>elastic bandage 6"</i>	OTC Benefit	
ELASTIKON ELASTIC TAPE (<i>elastic bandages & supports</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>elbow brace</i>	OTC Benefit	
<i>elbow compression</i>	OTC Benefit	
<i>elbow copper-infused sleeve</i>	OTC Benefit	
<i>elbow strap left/right</i>	OTC Benefit	
<i>elbow support</i>	OTC Benefit	
<i>elbow support left/right</i>	OTC Benefit	
<i>elbow support l-r/large-xl</i>	OTC Benefit	
<i>elbow support l-r/small-medium</i>	OTC Benefit	
<i>elbow support/countour lg</i>	OTC Benefit	
<i>elbow support/countour med</i>	OTC Benefit	
<i>elbow support/countour small</i>	OTC Benefit	
<i>elbow support/countour xl</i>	OTC Benefit	
<i>elbow support/firm large</i>	OTC Benefit	
<i>elbow support/firm medium</i>	OTC Benefit	
<i>elbow support/firm small</i>	OTC Benefit	
<i>elbow support/firm xl</i>	OTC Benefit	
<i>elbow support/neoprene large</i>	OTC Benefit	
<i>elbow support/neoprene medium</i>	OTC Benefit	
<i>elbow support/neoprene small</i>	OTC Benefit	
<i>elbow support/neoprene xl</i>	OTC Benefit	
<i>elbow support/pressure pads</i>	OTC Benefit	
<i>elbow support/viscoelastic lg</i>	OTC Benefit	
<i>elbow support/viscoelastic med</i>	OTC Benefit	
<i>elbow support/viscoelastic sm</i>	OTC Benefit	
<i>elbow support/viscoelastic xl</i>	OTC Benefit	
<i>eversheer stockings</i>	OTC Benefit	
EXOLITE WRIST BRACE LEFT (<i>elastic bandages & supports</i>)	OTC Benefit	
EXOLITE WRIST BRACE RIGHT (<i>elastic bandages & supports</i>)	OTC Benefit	
EXTREMIT-EASE COMPRESSION GRMT (<i>elastic bandages & supports</i>)	OTC Benefit	
EXTREMIT-EASE GARMENT LINER (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>finger cots</i>	OTC Benefit	
<i>finger splint medium</i>	OTC Benefit	
<i>finger splint small</i>	OTC Benefit	
<i>finger-toe splint</i>	OTC Benefit	
<i>fitrite back brace with pulley</i>	OTC Benefit	
<i>fitrite hinged knee support</i>	OTC Benefit	
<i>fitrite lumbar back brace</i>	OTC Benefit	
FLEXLITE KNEE BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>four-sided finger protector</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>frog splint</i>	OTC Benefit	
<i>ft elastic bandage self-adh 3"</i>	OTC Benefit	
<i>ft elastic bandage self-adh 4"</i>	OTC Benefit	
<i>ft elastic bandage/clips/3"</i>	OTC Benefit	
<i>ft elastic bandage/clips/4"</i>	OTC Benefit	
FUTURO ABDOMINAL SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ADJUST ANKLE SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ADJUST ELBOW SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ADJUST WRIST SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ANKLE BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ANKLE SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ANTI-EMBOLISM STOCKINGS (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ATHLETIC SOCKS (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO COMFORT LIFT ANKLE SUPP (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO CUP SUPPORTER (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO DELUXE ANKLE STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO DELUXE WRIST STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO DRESS SOCKS FOR MEN (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ELASTIC BANDAGE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ELBOW BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ELBOW SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ENERGIZ TROUSER SOCK LG (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ENERGIZ TROUSER SOCK M (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO ENERGIZING KNEE HIGH SM (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO FEMALE RIB BELT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO FIRM COMPRESSION HOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO HERNIA AID (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO KNEE BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO KNEE HI SHEER HOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO KNEE HIGHS (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO KNEE STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FUTURO KNEE SUPPORT ADJUSTABLE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO KNEE SUPPORT LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO KNEE SUPPORT MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO KNEE SUPPORT SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO LACE-UP ANKLE BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO LEFT HAND WRIST BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO MALE RIB BELT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO MENS DRESS SOCKS (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO MENS SUPER SOX (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO OVER KNEE FULL FOOT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO OVER KNEE OPEN TOE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO PATELLA KNEE SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>futuro patterned tights</i>	OTC Benefit	
FUTURO POUCH ARM SLING (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO RESTORING DRESS SOCKS (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO REVERSIBLE WRIST BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO RIGHT HAND WRIST BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SACROILIAC BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SHEER SUPPORT HOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SHEEREST SUPPORT P/HOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SOFT CERVICAL COLLAR (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT ADJUST KNEE STRAP (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT ADJUSTABLE KNEE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT ANKLE STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT ELASTIC BANDAGE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT KNEE STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT KNEE STRAP (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT KNEE SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT SHIN SPLINT (<i>elastic bandages & supports</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FUTURO SPORT TENNIS ELBOW SUP (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORT WRIST SUPPORT/ADJ (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SPORTS-3 SUPPORTER (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO STABILIZ BACK SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO STABILIZ KNEE SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SUPPORT GLOVE LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SUPPORT GLOVE MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SUPPORT GLOVE SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO SUSPENSORY (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO TENNIS ELBOW SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO THERAPEUTIC STOCKING (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO THUMB STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO TROUSER SOCKS (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO UNDER KNEE OPEN TOE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO UNDER KNEE OPEN TOEHEEL (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO WRIST BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO WRIST BRACE WATER RES (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO WRIST SLEEP SUPP/NIGHT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO WRIST STABILIZER/DIAL (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO WRIST SUPPORT L-XL (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO YOUTH CUP SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
FUTURO YOUTH SPORTS-3 SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>gait/transfer belt</i>	OTC Benefit	
<i>garter belt 2" womens large</i>	OTC Benefit	
<i>garter belt 2" womens medium</i>	OTC Benefit	
<i>garter belt 2" womens small</i>	OTC Benefit	
<i>garter belt 2" womens xl</i>	OTC Benefit	
<i>garter belt 3" large</i>	OTC Benefit	
<i>garter belt 3" medium</i>	OTC Benefit	
<i>garter belt 3" medium-large</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>garter belt 3" small</i>	OTC Benefit	
<i>garter belt 3" xl</i>	OTC Benefit	
<i>garter belt 3" xs</i>	OTC Benefit	
<i>garter belt 6" large</i>	OTC Benefit	
<i>garter belt 6" medium</i>	OTC Benefit	
<i>garter belt 6" medium-large</i>	OTC Benefit	
<i>garter belt 6" small</i>	OTC Benefit	
<i>garter belt 6" x-large</i>	OTC Benefit	
<i>garter belt 6" x-small</i>	OTC Benefit	
<i>gnp adjustable thumb support</i>	OTC Benefit	
<i>gnp ankle support</i>	OTC Benefit	
<i>gnp anti-embolism stockings</i>	OTC Benefit	
<i>gnp daily comfort socks large</i>	OTC Benefit	
<i>gnp daily comfort socks medium</i>	OTC Benefit	
<i>gnp daily comfort socks xl</i>	OTC Benefit	
<i>gnp diabetic socks large</i>	OTC Benefit	
<i>gnp diabetic socks medium</i>	OTC Benefit	
<i>gnp diabetic socks unisex lg</i>	OTC Benefit	
<i>gnp diabetic socks unisex med</i>	OTC Benefit	
<i>gnp diabetic socks unisex xl</i>	OTC Benefit	
<i>gnp diabetic socks xl</i>	OTC Benefit	
<i>gnp footless tights large</i>	OTC Benefit	
<i>gnp footless tights medium</i>	OTC Benefit	
<i>gnp footless tights small</i>	OTC Benefit	
<i>gnp hinge knee brace</i>	OTC Benefit	
<i>gnp knee brace neoprene</i>	OTC Benefit	
<i>gnp knee strap universal</i>	OTC Benefit	
<i>gnp medical socks mens large</i>	OTC Benefit	
<i>gnp medical socks mens medium</i>	OTC Benefit	
<i>gnp medical socks mens xl</i>	OTC Benefit	
<i>gnp plantar fasciitis support</i>	OTC Benefit	
<i>gnp sheer pantyhose medium</i>	OTC Benefit	
<i>gnp sheer pantyhose queen</i>	OTC Benefit	
<i>gnp sheer pantyhose queen plus</i>	OTC Benefit	
<i>gnp sheer pantyhose tall</i>	OTC Benefit	
<i>gnp sheer thigh stockings lg</i>	OTC Benefit	
<i>gnp sheer thigh stockings med</i>	OTC Benefit	
<i>gnp sheer thigh stockings xl</i>	OTC Benefit	
<i>gnp slip-on knee</i>	OTC Benefit	
<i>gnp stockings</i>	OTC Benefit	
<i>gnp support stocking knee high</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>gnp support stockings unisex</i>	OTC Benefit	
<i>gnp thigh high stockings lg</i>	OTC Benefit	
<i>gnp thigh high stockings med</i>	OTC Benefit	
<i>gnp thigh high stockings xl</i>	OTC Benefit	
<i>gnp wrist night support</i>	OTC Benefit	
<i>gnp wrist splint</i>	OTC Benefit	
<i>heel/ankle protector</i>	OTC Benefit	
<i>hernia belt double large</i>	OTC Benefit	
<i>hernia belt double medium</i>	OTC Benefit	
<i>hernia belt double small</i>	OTC Benefit	
<i>hernia belt double xl</i>	OTC Benefit	
<i>hernia support left large</i>	OTC Benefit	
<i>hernia support left medium</i>	OTC Benefit	
<i>hernia support left small</i>	OTC Benefit	
<i>hernia support left xl</i>	OTC Benefit	
<i>hernia support right large</i>	OTC Benefit	
<i>hernia support right medium</i>	OTC Benefit	
<i>hernia support right small</i>	OTC Benefit	
<i>hernia support right xl</i>	OTC Benefit	
HG80 TENNIS ELBOW SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
HIGH WAIST INCISION CARE 1X/2X (<i>elastic bandages & supports</i>)	OTC Benefit	
HIGH WAIST INCISION CARE L/XL (<i>elastic bandages & supports</i>)	OTC Benefit	
HIGH WAIST INCISION CARE S/M (<i>elastic bandages & supports</i>)	OTC Benefit	
IMAK COMPRESSION GLOVES (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>industrial belt ex sm</i>	OTC Benefit	
<i>industrial belt regular</i>	OTC Benefit	
<i>industrial belt xl</i>	OTC Benefit	
<i>industrial belt xxl</i>	OTC Benefit	
<i>industrial belt/shoulder strap</i>	OTC Benefit	
INNER LOK8 ANKLE BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
J & J TRIANGULAR BANDAGE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>jewel socks</i>	OTC Benefit	
<i>j-hook armsleeve</i>	OTC Benefit	
<i>j-hook ct men size 5</i>	OTC Benefit	
<i>j-hook knee ct</i>	OTC Benefit	
<i>j-hook knee hinge</i>	OTC Benefit	
<i>j-hook ultrasheer thigh high</i>	OTC Benefit	
JOBST 20-30MMHG COMPRESSION SM (<i>elastic bandages & supports</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
JOBST 30-40MMHG COMPRESSION SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ACTIVA ANTI-EMBOLISM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ACTIVE 15-20MMHG MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ACTIVE 15-20MMHG X-LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ACTIVE 20-30MMHG MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ACTIVEWEAR 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ANTI-EM KNEE HIGH MED (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ANTI-EM KNEE LENGTH LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ANTI-EM KNEE LENGTH MED (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ANTI-EM THIGH HIGH LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ANTI-EM THIGH HIGH MED (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ANTI-EM THIGH HIGH SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ANTI-EM THIGH HIGH XL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST CASUAL 8-15MMHG MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST FOR MEN 15-20MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST FOR MEN 15-20MMHG MED (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST FOR MEN 15-20MMHG XL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST FOR MEN 20-30MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST FOR MEN 30-40MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST FOR MEN 30-40MMHG MED (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST FOR MEN 30-40MMHG SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST FOR MEN 8-15MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST OPAQUE KNEE 15-20MMHG SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST OPAQUE KNEE 15-20MMHG XL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST OPAQUE KNEE 20-30MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST OPAQUE KNEE 20-30MMHG MD (<i>elastic bandages & supports</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
JOBST OPAQUE KNEE 20-30MMHG SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST OPAQUE KNEE 20-30MMHG XL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST OPAQUE SOFTFIT KNEE SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 15-20MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 20-30MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 20-30MMHG MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 20-30MMHG SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 20-30MMHG XL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 30-40MMHG LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 30-40MMHG MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST RELIEF 30-40MMHG XL (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>jobst rib belt/men/elastic/xxl</i>	OTC Benefit	
JOBST SENSIFOOT CREW MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST SENSIFOOT KNEE (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST SPORT 15-20MMHG SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST SPORT 20-30MMHG SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 15-20MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 15-20MMHG SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 15-20MMHG XL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 20-30MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 20-30MMHG MED (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 20-30MMHG SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 20-30MMHG XL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 30-40MMHG MED (<i>elastic bandages & supports</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
JOBST ULTRASHEER 30-40MMHG SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 30-40MMHG XL (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 8-15MMHG LG (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER 8-15MMHG SM (<i>elastic bandages & supports</i>)	OTC Benefit	
JOBST ULTRASHEER THIGH HIGH MD (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>knee brace</i>	OTC Benefit	
<i>knee brace adjustable hinged</i>	OTC Benefit	
<i>knee brace hinged adjust s/m</i>	OTC Benefit	
<i>knee brace/cushion/l-xl</i>	OTC Benefit	
<i>knee brace/cushion/s/m</i>	OTC Benefit	
<i>knee brace/flex stays large</i>	OTC Benefit	
<i>knee brace/flex stays medium</i>	OTC Benefit	
<i>knee brace/flex stays small</i>	OTC Benefit	
<i>knee brace/flex stays xl</i>	OTC Benefit	
<i>knee brace/hinged bars 2xl</i>	OTC Benefit	
<i>knee brace/hinged bars 3xl</i>	OTC Benefit	
<i>knee brace/hinged bars large</i>	OTC Benefit	
<i>knee brace/hinged bars medium</i>	OTC Benefit	
<i>knee brace/hinged bars small</i>	OTC Benefit	
<i>knee brace/hinged bars xl</i>	OTC Benefit	
<i>knee brace/hinged bars xs</i>	OTC Benefit	
<i>knee brace/hinged l/xl</i>	OTC Benefit	
<i>knee brace/hinged s/m</i>	OTC Benefit	
<i>knee brace/hinged/large</i>	OTC Benefit	
<i>knee brace/hinged/regular</i>	OTC Benefit	
<i>knee brace/hor-shu supp pad lg</i>	OTC Benefit	
<i>knee brace/hor-shu supp pad m</i>	OTC Benefit	
<i>knee brace/hor-shu supp pad sm</i>	OTC Benefit	
<i>knee brace/hor-shu supp pad xl</i>	OTC Benefit	
<i>knee compression sleeve/l/xl</i>	OTC Benefit	
<i>knee compression sleeve/s/m</i>	OTC Benefit	
<i>knee compression xl</i>	OTC Benefit	
<i>knee immobilizer 22"</i>	OTC Benefit	
<i>knee sleeve/kids large</i>	OTC Benefit	
<i>knee sleeve/kids medium</i>	OTC Benefit	
<i>knee sleeve/kids small</i>	OTC Benefit	
<i>knee sleeve/medium</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>knee sleeve-side stabilizers</i>	OTC Benefit	
<i>knee slip-on open patella</i>	OTC Benefit	
<i>knee stabilizer one size</i>	OTC Benefit	
<i>knee stabilizer w/hinged bars</i>	OTC Benefit	
<i>knee stabilizer wrap 2xl</i>	OTC Benefit	
<i>knee stabilizer wrap 3xl</i>	OTC Benefit	
<i>knee stabilizer wrap 4xl</i>	OTC Benefit	
<i>knee stabilizer wrap 5xl</i>	OTC Benefit	
<i>knee stabilizer wrap large</i>	OTC Benefit	
<i>knee stabilizer wrap medium</i>	OTC Benefit	
<i>knee stabilizer wrap small</i>	OTC Benefit	
<i>knee stabilizer wrap xl</i>	OTC Benefit	
<i>knee stabilizer wrap xs</i>	OTC Benefit	
<i>knee stabilizer/elastic/sm/med</i>	OTC Benefit	
<i>knee stabilizer/self-adjusting</i>	OTC Benefit	
<i>knee stabilizer/spiral stays</i>	OTC Benefit	
<i>knee strap/universal</i>	OTC Benefit	
<i>knee support</i>	OTC Benefit	
KNEE SUPPORT 4-WAY STRETCH (elastic bandages & supports)	OTC Benefit	
<i>knee support w/stabilizer pad</i>	OTC Benefit	
<i>knee support/contour large</i>	OTC Benefit	
<i>knee support/contour medium</i>	OTC Benefit	
<i>knee support/contour small</i>	OTC Benefit	
<i>knee support/contour v-large</i>	OTC Benefit	
<i>knee support/contour xl</i>	OTC Benefit	
<i>knee support/elastic/firm lg</i>	OTC Benefit	
<i>knee support/elastic/firm med</i>	OTC Benefit	
<i>knee support/elastic/firm sm</i>	OTC Benefit	
<i>knee support/elastic/firm xl</i>	OTC Benefit	
<i>knee support/elastic/sheer lg</i>	OTC Benefit	
<i>knee support/elastic/sheer med</i>	OTC Benefit	
<i>knee support/elastic/sheer sm</i>	OTC Benefit	
<i>knee support/elastic/sheer xl</i>	OTC Benefit	
<i>knee support/hinged bars lg</i>	OTC Benefit	
<i>knee support/hinged bars med</i>	OTC Benefit	
<i>knee support/hinged bars sm</i>	OTC Benefit	
<i>knee support/hinged bars xl</i>	OTC Benefit	
<i>knee support/hor-shu stabilize</i>	OTC Benefit	
<i>knee support/neoprene/hor-shu</i>	OTC Benefit	
<i>knee support/neoprene/oval lg</i>	OTC Benefit	
<i>knee support/neoprene/oval med</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>knee support/neoprene/oval sm</i>	OTC Benefit	
<i>knee support/neoprene/oval xl</i>	OTC Benefit	
<i>knee support/open patella 4-xl</i>	OTC Benefit	
<i>knee support/open patella lg</i>	OTC Benefit	
<i>knee support/open patella med</i>	OTC Benefit	
<i>knee support/open patella sm</i>	OTC Benefit	
<i>knee support/open patella xl</i>	OTC Benefit	
<i>knee support/open patella xxl</i>	OTC Benefit	
<i>knee support/open patella xxxl</i>	OTC Benefit	
<i>knee support/pressure pads 2xl</i>	OTC Benefit	
<i>knee support/pressure pads 3xl</i>	OTC Benefit	
<i>knee support/pressure pads lg</i>	OTC Benefit	
<i>knee support/pressure pads med</i>	OTC Benefit	
<i>knee support/pressure pads sm</i>	OTC Benefit	
<i>knee support/pressure pads xl</i>	OTC Benefit	
<i>knee support/pressure pads xs</i>	OTC Benefit	
<i>knee support/spiral stays lg</i>	OTC Benefit	
<i>knee support/spiral stays med</i>	OTC Benefit	
<i>knee support/spiral stays sm</i>	OTC Benefit	
<i>knee support/spiral stays xl</i>	OTC Benefit	
<i>knee support/viscoelastic lg</i>	OTC Benefit	
<i>knee support/viscoelastic med</i>	OTC Benefit	
<i>knee support/viscoelastic sm</i>	OTC Benefit	
<i>knee support/viscoelastic xl</i>	OTC Benefit	
<i>knee wrap/patellar stabilizing</i>	OTC Benefit	
KNEED-IT KNEE GUARD (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>lifestylecomfort compres stock</i>	OTC Benefit	
LOVING COMFORT KNEE HIGH-MD (<i>elastic bandages & supports</i>)	OTC Benefit	
LOVING COMFORT KNEE HIGH-SM (<i>elastic bandages & supports</i>)	OTC Benefit	
LOVING COMFORT KNEE HIGH-XL (<i>elastic bandages & supports</i>)	OTC Benefit	
LOVING COMFORT MATERNITY-MD (<i>elastic bandages & supports</i>)	OTC Benefit	
LOVING COMFORT MEDICAL SOCK-MD (<i>elastic bandages & supports</i>)	OTC Benefit	
LOVING COMFORT PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
LOVING COMFORT THIGH HIGH-LG (<i>elastic bandages & supports</i>)	OTC Benefit	
LOVING COMFORT THIGH HIGH-MD (<i>elastic bandages & supports</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
LOVING COMFORT THIGH HIGH-SM (<i>elastic bandages & supports</i>)	OTC Benefit	
LOVING COMFORT THIGH HIGH-XL (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>lumbar back brace/support pad</i>	OTC Benefit	
<i>lumbosacral supp abdominal 2xl</i>	OTC Benefit	
<i>lumbosacral supp abdominal l</i>	OTC Benefit	
<i>lumbosacral supp abdominal m</i>	OTC Benefit	
<i>lumbosacral supp abdominal s</i>	OTC Benefit	
<i>lumbosacral supp abdominal uni</i>	OTC Benefit	
<i>lumbosacral supp abdominal xl</i>	OTC Benefit	
<i>lumbosacral supp abdominal xs</i>	OTC Benefit	
<i>lumbosacral supp elastic 2xl</i>	OTC Benefit	
<i>lumbosacral supp elastic univ</i>	OTC Benefit	
<i>lumbosacral supp lightweight l</i>	OTC Benefit	
<i>lumbosacral supp lightweight m</i>	OTC Benefit	
<i>lumbosacral supp lightweight s</i>	OTC Benefit	
<i>lumbosacral supp lightweight u</i>	OTC Benefit	
<i>lumbosacral supp lightwght xl</i>	OTC Benefit	
<i>lumbosacral supp petite univ</i>	OTC Benefit	
<i>lumbosacral support elastic l</i>	OTC Benefit	
<i>lumbosacral support elastic m</i>	OTC Benefit	
<i>lumbosacral support elastic s</i>	OTC Benefit	
<i>lumbosacral support elastic xl</i>	OTC Benefit	
<i>lumbosacral support petite</i>	OTC Benefit	
<i>lumbosacral support petite l</i>	OTC Benefit	
<i>lumbosacral support petite m</i>	OTC Benefit	
<i>lumbosacral support petite s</i>	OTC Benefit	
<i>lumbotek lumbosacral supp 2xl</i>	OTC Benefit	
<i>lumbotek lumbosacral supp 3xl</i>	OTC Benefit	
<i>lumbotek lumbosacral supp l</i>	OTC Benefit	
<i>lumbotek lumbosacral supp m</i>	OTC Benefit	
<i>lumbotek lumbosacral supp s</i>	OTC Benefit	
<i>lumbotek lumbosacral supp xl</i>	OTC Benefit	
<i>lumbotek2 lumbosac supp 2xl</i>	OTC Benefit	
<i>lumbotek2 lumbosac supp 3xl</i>	OTC Benefit	
<i>lumbotek2 lumbosac supp l</i>	OTC Benefit	
<i>lumbotek2 lumbosac supp m</i>	OTC Benefit	
<i>lumbotek2 lumbosac supp s</i>	OTC Benefit	
<i>lumbotek2 lumbosac supp xl</i>	OTC Benefit	
<i>lumbotek3 lumbosac supp 2xl</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>lumbotek3 lumbosac supp 3xl</i>	OTC Benefit	
<i>lumbotek3 lumbosac supp l</i>	OTC Benefit	
<i>lumbotek3 lumbosac supp m</i>	OTC Benefit	
<i>lumbotek3 lumbosac supp s</i>	OTC Benefit	
<i>lumbotek3 lumbosac supp xl</i>	OTC Benefit	
<i>medical compression socks</i>	OTC Benefit	
<i>medical compression stockings</i>	OTC Benefit	
<i>medical legwear/knee high</i>	OTC Benefit	
MUELLER ADJUSTABLE BACK BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
MUELLER ADJUSTABLE ELBOW (<i>elastic bandages & supports</i>)	OTC Benefit	
MUELLER COMPRESSION & RECOVERY (<i>elastic bandages & supports</i>)	OTC Benefit	
MUELLER FASCIADERM (<i>elastic bandages & supports</i>)	OTC Benefit	
MUELLER JUMPERS KNEE STRAP (<i>elastic bandages & supports</i>)	OTC Benefit	
MWRAP MULTI-PURPOSE WRAP (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>natural rubber stockings</i>	OTC Benefit	
<i>neoprene ankle support</i>	OTC Benefit	
<i>neoprene ankle wrap</i>	OTC Benefit	
<i>neoprene elbow support</i>	OTC Benefit	
<i>neoprene knee brace</i>	OTC Benefit	
<i>neoprene knee stabilizer</i>	OTC Benefit	
<i>neoprene knee wrap/stabilizer</i>	OTC Benefit	
<i>neoprene patella knee support</i>	OTC Benefit	
<i>neoprene slip-on knee-lg</i>	OTC Benefit	
NEOPRENE TENNIS ELBOW SLEEVE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>neoprene wrist support</i>	OTC Benefit	
NEXCARE COBAN WRAP 1"X5YD (<i>elastic bandages & supports</i>)	OTC Benefit	
NEXCARE COBAN WRAP 2"X5YD (<i>elastic bandages & supports</i>)	OTC Benefit	
NEXCARE COBAN WRAP 3"X5YD (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>occupational wrist supprt/l lg</i>	OTC Benefit	
<i>occupational wrist supprt/l md</i>	OTC Benefit	
<i>occupational wrist supprt/l sm</i>	OTC Benefit	
<i>occupational wrist supprt/l xl</i>	OTC Benefit	
<i>occupational wrist supprt/l xs</i>	OTC Benefit	
<i>occupational wrist supprt/r lg</i>	OTC Benefit	
<i>occupational wrist supprt/r md</i>	OTC Benefit	
<i>occupational wrist supprt/r sm</i>	OTC Benefit	
<i>occupational wrist supprt/r xl</i>	OTC Benefit	
<i>occupational wrist supprt/r xs</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>open nail finger protector</i>	OTC Benefit	
<i>orthotex knee wrap/hinged 2xl</i>	OTC Benefit	
<i>orthotex knee wrap/hinged 3xl</i>	OTC Benefit	
<i>orthotex knee wrap/hinged 4xl</i>	OTC Benefit	
<i>orthotex knee wrap/hinged 5xl</i>	OTC Benefit	
<i>orthotex knee wrap/hinged lg</i>	OTC Benefit	
<i>orthotex knee wrap/hinged med</i>	OTC Benefit	
<i>orthotex knee wrap/hinged sm</i>	OTC Benefit	
<i>orthotex knee wrap/hinged xl</i>	OTC Benefit	
<i>orthotex knee wrap/hinged xs</i>	OTC Benefit	
<i>orthotex knee wrap/spiral 2xl</i>	OTC Benefit	
<i>orthotex knee wrap/spiral 3xl</i>	OTC Benefit	
<i>orthotex knee wrap/spiral 4xl</i>	OTC Benefit	
<i>orthotex knee wrap/spiral 5xl</i>	OTC Benefit	
<i>orthotex knee wrap/spiral lg</i>	OTC Benefit	
<i>orthotex knee wrap/spiral med</i>	OTC Benefit	
<i>orthotex knee wrap/spiral sm</i>	OTC Benefit	
<i>orthotex knee wrap/spiral xl</i>	OTC Benefit	
<i>orthotex knee wrap/spiral xs</i>	OTC Benefit	
<i>orthotex knee/hinged bars 2xl</i>	OTC Benefit	
<i>orthotex knee/hinged bars 3xl</i>	OTC Benefit	
<i>orthotex knee/hinged bars 4xl</i>	OTC Benefit	
<i>orthotex knee/hinged bars lg</i>	OTC Benefit	
<i>orthotex knee/hinged bars med</i>	OTC Benefit	
<i>orthotex knee/hinged bars sm</i>	OTC Benefit	
<i>orthotex knee/hinged bars xl</i>	OTC Benefit	
<i>orthotex knee/spiral stays 2xl</i>	OTC Benefit	
<i>orthotex knee/spiral stays 3xl</i>	OTC Benefit	
<i>orthotex knee/spiral stays 4xl</i>	OTC Benefit	
<i>orthotex knee/spiral stays lg</i>	OTC Benefit	
<i>orthotex knee/spiral stays med</i>	OTC Benefit	
<i>orthotex knee/spiral stays sm</i>	OTC Benefit	
<i>orthotex knee/spiral stays xl</i>	OTC Benefit	
<i>orthotex knee/spiral stays xs</i>	OTC Benefit	
<i>orthotex knee/stablzr pad 2xl</i>	OTC Benefit	
<i>orthotex knee/stablzr pad 3xl</i>	OTC Benefit	
<i>orthotex knee/stablzr pad 4xl</i>	OTC Benefit	
<i>orthotex knee/stablzr pad lg</i>	OTC Benefit	
<i>orthotex knee/stablzr pad med</i>	OTC Benefit	
<i>orthotex knee/stablzr pad sm</i>	OTC Benefit	
<i>orthotex knee/stablzr pad xl</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>orthotex stabilizer wrap/l 2xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/l 3xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/l 4xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/l 5xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/l lg</i>	OTC Benefit	
<i>orthotex stabilizer wrap/l med</i>	OTC Benefit	
<i>orthotex stabilizer wrap/l sm</i>	OTC Benefit	
<i>orthotex stabilizer wrap/l xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/l xs</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r 2xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r 3xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r 4xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r 5xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r lg</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r med</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r sm</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r xl</i>	OTC Benefit	
<i>orthotex stabilizer wrap/r xs</i>	OTC Benefit	
<i>plantar fasciitis arch sleeve</i>	OTC Benefit	
PLANTAR FASCIITIS SUPPORT (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>plastic finger guard large</i>	OTC Benefit	
<i>plastic finger guard medium</i>	OTC Benefit	
<i>plastic finger guard small</i>	OTC Benefit	
<i>post-op shoe/soft top men</i>	OTC Benefit	
<i>post-op shoe/soft top women</i>	OTC Benefit	
<i>posture support/elastic large</i>	OTC Benefit	
<i>posture support/elastic medium</i>	OTC Benefit	
<i>posture support/elastic small</i>	OTC Benefit	
<i>posture support/elastic xl</i>	OTC Benefit	
<i>posture support/elastic xs</i>	OTC Benefit	
<i>pouch arm sling</i>	OTC Benefit	
<i>pro comfort knee brace</i>	OTC Benefit	
<i>pro comfort lumb spin orthosis</i>	OTC Benefit	
PROCARE MAXTRAX AIR ANKLE WALK (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>prolite 3d ankle support</i>	OTC Benefit	
<i>prolite ankle stirrup brace</i>	OTC Benefit	
<i>prolite arm sling</i>	OTC Benefit	
<i>prolite lumbar support</i>	OTC Benefit	
<i>prolite wrist splint</i>	OTC Benefit	
<i>pure comfort posture corrector</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ra athletic bandage</i>	OTC Benefit	
<i>ra athletic bandage ultrawrap</i>	OTC Benefit	
<i>ra finger injury kit</i>	OTC Benefit	
<i>ra multi-purpose sports wrap</i>	OTC Benefit	
<i>ra wrist brace adj left l/xl</i>	OTC Benefit	
<i>ra wrist brace adj right l/xl</i>	OTC Benefit	
RELIEF KNEE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>relief knee stocking</i>	OTC Benefit	
RELIEF MEDICAL LEG KNEE HIGH (<i>elastic bandages & supports</i>)	OTC Benefit	
REVERSIBLE WRIST BRACE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>rib belt/mens large</i>	OTC Benefit	
<i>rib belt/mens medium</i>	OTC Benefit	
<i>rib belt/mens small</i>	OTC Benefit	
<i>rib belt/mens xl</i>	OTC Benefit	
<i>rib belt/mens/elastic large</i>	OTC Benefit	
<i>rib belt/mens/elastic regular</i>	OTC Benefit	
<i>rib belt/womens large</i>	OTC Benefit	
<i>rib belt/womens medium</i>	OTC Benefit	
<i>rib belt/womens small</i>	OTC Benefit	
<i>rib belt/womens xl</i>	OTC Benefit	
<i>rib belt/womens/elastic large</i>	OTC Benefit	
<i>rib belt/womens/elastic reg</i>	OTC Benefit	
<i>sacro brace</i>	OTC Benefit	
<i>sacro brace/thermo-pad</i>	OTC Benefit	
<i>sacro-cushion</i>	OTC Benefit	
SAFE-T-SPORT KNEE SLEEVE SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
SAFE-T-SPORT KNEE SUPPORT 2XL (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>select comfort socks</i>	OTC Benefit	
<i>self adherent wrap</i>	OTC Benefit	
<i>self-adhering elastic bandage</i>	OTC Benefit	
SELFGRIP 2"X1.9YD (<i>elastic bandages & supports</i>)	OTC Benefit	
SELFGRIP 3"X1.9YD (<i>elastic bandages & supports</i>)	OTC Benefit	
SENSIFOOT CREW SOCKS LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
SHEER FASHION MATERNITY (<i>elastic bandages & supports</i>)	OTC Benefit	
SHEER FASHION PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>sheer fashion stockings</i>	OTC Benefit	
<i>shoulder brace large</i>	OTC Benefit	
<i>shoulder brace medium</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>shoulder brace small</i>	OTC Benefit	
<i>shoulder brace xl</i>	OTC Benefit	
<i>shoulder support/neoprene lg</i>	OTC Benefit	
<i>shoulder support/neoprene med</i>	OTC Benefit	
<i>shoulder support/neoprene sm</i>	OTC Benefit	
SKINEEZ ARTHRITIS GLOVES (<i>elastic bandages & supports</i>)	OTC Benefit	
SKINEEZ COMPRESS CALF SLEEVE (<i>elastic bandages & supports</i>)	OTC Benefit	
SKINEEZ COMPRESS KNEE SLEEVE (<i>elastic bandages & supports</i>)	OTC Benefit	
SKINEEZ COMPRESSION ARM SLEEVE (<i>elastic bandages & supports</i>)	OTC Benefit	
SKINEEZ COMPRESSION LEG SLEEVE (<i>elastic bandages & supports</i>)	OTC Benefit	
SKINEEZ FOOT & ANKLE SLEEVES (<i>elastic bandages & supports</i>)	OTC Benefit	
SKINEEZ SKIN-REPARATIVE SOCKS (<i>elastic bandages & supports</i>)	OTC Benefit	
SKINEEZ TED STOCKINGS (<i>elastic bandages & supports</i>)	OTC Benefit	
SKINEEZ WORK COMPRESSION SOCK (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>sling & swathe shldr immobiliz</i>	OTC Benefit	
<i>sm elastic bandage</i>	OTC Benefit	
<i>sm elastic bandage self adh</i>	OTC Benefit	
<i>sm knee high 20-30mmhg</i>	OTC Benefit	
<i>sm tender 2"x5yd tape</i>	OTC Benefit	
SOF-BAND (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>splint wrist brace/left-right</i>	OTC Benefit	
<i>sport wrap reversible 3"x2.2yd</i>	OTC Benefit	
<i>sports brief large</i>	OTC Benefit	
<i>sports brief regular</i>	OTC Benefit	
<i>sports support large</i>	OTC Benefit	
<i>sports support medium</i>	OTC Benefit	
<i>sports support small</i>	OTC Benefit	
<i>sports support xl</i>	OTC Benefit	
<i>sports support youth</i>	OTC Benefit	
<i>stirrup ankle brace/left-right</i>	OTC Benefit	
<i>support compression sock mens</i>	OTC Benefit	
<i>suspensory large</i>	OTC Benefit	
<i>suspensory medium</i>	OTC Benefit	
<i>suspensory small</i>	OTC Benefit	
<i>suspensory xl</i>	OTC Benefit	
<i>suspensory xxl</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SWEDE-O INNER LOK 8 ANKLE (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/L X-LGTH (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/L-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/M X-LGTH (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/M-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/S X-LGTH (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/S-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/XL (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/XL X-LGTH (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELOW KNEE/X-LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELTED THIGH/XL-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELTED THIGH/XS-LONG (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. BELTED THIGH/XS-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/L-LONG (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/L-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/M-LONG (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/M-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/S-LONG (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/S-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/XL-LONG (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. KNEE LENGTH/XL-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. THIGH LENGTH/L-LONG (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. THIGH LENGTH/L-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. THIGH LENGTH/L-SHORT (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. THIGH LENGTH/M-LONG (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. THIGH LENGTH/M-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. THIGH LENGTH/M-SHORT (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. THIGH LENGTH/S-LONG (<i>elastic bandages & supports</i>)	OTC Benefit	
T.E.D. THIGH LENGTH/S-REGULAR (<i>elastic bandages & supports</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
T.E.D. THIGH LENGTH/S-SHORT (<i>elastic bandages & supports</i>)	OTC Benefit	
TENDER 1"X6YD TAPE (<i>elastic bandages & supports</i>)	OTC Benefit	
TENDER 2"X6YD TAPE (<i>elastic bandages & supports</i>)	OTC Benefit	
TENNIS ELBOW ANTIMICROBIAL (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>tennis elbow strap</i>	OTC Benefit	
<i>tennis elbow strap/air pad</i>	OTC Benefit	
<i>tennis elbow strap/gel pad</i>	OTC Benefit	
<i>tennis elbow strap/support pad</i>	OTC Benefit	
<i>tennis elbow support</i>	OTC Benefit	
<i>tennis elbow support/l-r</i>	OTC Benefit	
TENSOR ELASTIC BANDAGE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>therapeutic knee guard</i>	OTC Benefit	
THERMO KNEE COMFORTER (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>thigh support w/oval patch lg</i>	OTC Benefit	
<i>thigh support w/oval patch med</i>	OTC Benefit	
<i>thigh support w/oval patch sm</i>	OTC Benefit	
<i>thigh support w/oval patch xl</i>	OTC Benefit	
<i>three-panel binder for men 2xl</i>	OTC Benefit	
<i>three-panel binder for men lg</i>	OTC Benefit	
<i>three-panel binder for men med</i>	OTC Benefit	
<i>three-panel binder for men sm</i>	OTC Benefit	
<i>three-panel binder for men xl</i>	OTC Benefit	
<i>three-panel binder/women 2xl</i>	OTC Benefit	
<i>three-panel binder/women lg</i>	OTC Benefit	
<i>three-panel binder/women med</i>	OTC Benefit	
<i>three-panel binder/women small</i>	OTC Benefit	
<i>three-panel binder/women xl</i>	OTC Benefit	
<i>thumb brace</i>	OTC Benefit	
<i>thumb splint/left large</i>	OTC Benefit	
<i>thumb splint/left medium</i>	OTC Benefit	
<i>thumb splint/left small</i>	OTC Benefit	
<i>thumb splint/left xl</i>	OTC Benefit	
<i>thumb splint/neoprene large</i>	OTC Benefit	
<i>thumb splint/neoprene medium</i>	OTC Benefit	
<i>thumb splint/neoprene small</i>	OTC Benefit	
<i>thumb splint/right large</i>	OTC Benefit	
<i>thumb splint/right medium</i>	OTC Benefit	
<i>thumb splint/right small</i>	OTC Benefit	
<i>thumb splint/right xl</i>	OTC Benefit	
<i>thumb stabilizer/adjustable</i>	OTC Benefit	
<i>thumb stabilizer/left large</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>thumb stabilizer/left medium</i>	OTC Benefit	
<i>thumb stabilizer/left small</i>	OTC Benefit	
<i>thumb stabilizer/left xl</i>	OTC Benefit	
<i>thumb stabilizer/left xsmall</i>	OTC Benefit	
<i>thumb stabilizer/reversible</i>	OTC Benefit	
<i>thumb stabilizer/right large</i>	OTC Benefit	
<i>thumb stabilizer/right medium</i>	OTC Benefit	
<i>thumb stabilizer/right small</i>	OTC Benefit	
<i>thumb stabilizer/right xl</i>	OTC Benefit	
<i>thumb stabilizer/right xsmall</i>	OTC Benefit	
<i>total comfort elbow support</i>	OTC Benefit	
<i>total comfort knee support</i>	OTC Benefit	
<i>true comfort back compression</i>	OTC Benefit	
<i>true comfort knee compression</i>	OTC Benefit	
<i>true comfort shoulder compress</i>	OTC Benefit	
<i>true support neck compression</i>	OTC Benefit	
<i>true support wrist brace/left</i>	OTC Benefit	
TRU-FIT AIR KNEE STABILIZER (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM ARM SLEEVE L 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM ARM SLEEVE L 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM ARM SLEEVE M 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM ARM SLEEVE M 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM ARM SLEEVE S 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM ARM SLEEVE S 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM ATHLETIC CREW MENS (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM GAUNTLET L 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM GAUNTLET L 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM GAUNTLET M 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM GAUNTLET M 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM GAUNTLET S 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM GAUNTLET S 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TRUFORM LITES KNEE HIGH (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM LITES MATERNITY HOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM LITES PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM LITES THIGH HIGH (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM MATERNITY PANTYHOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM PANTYHOSE 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM STOCKINGS 10-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM STOCKINGS 18MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM STOCKINGS 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM STOCKINGS 30-40MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM SUPPORT SOCK 10-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM SUPPORT SOCK 15-20MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM SUPPORT SOCK 20-30MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM SUPPORT SOCK 30-40MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM SUPPORT SOCK 8-15MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUFORM TRUSHEER MATERN HOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>trusheer pantyhose 20-30mmhg</i>	OTC Benefit	
<i>trusheer pantyhose 30-40mmhg</i>	OTC Benefit	
<i>trusheer stockings 20-30mmhg</i>	OTC Benefit	
<i>trusheer stockings 30-40mmhg</i>	OTC Benefit	
TRUSOFT CALF LENGTH 8-15MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUSOFT SOCK CREW 8-15MMHG (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUSOFT SOCK MINI-CREW/LARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUSOFT SOCK MINI-CREW/MEDIUM (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUSOFT SOCK MINI-CREW/SMALL (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUSOFT SOCK MINI-CREW/XLARGE (<i>elastic bandages & supports</i>)	OTC Benefit	
TRUSOFT SOCK MINI-CREW/XSMALL (<i>elastic bandages & supports</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>tubular stretch bandage</i>	OTC Benefit	
<i>ultra support heated socks</i>	OTC Benefit	
<i>ultra support spinal orthosis</i>	OTC Benefit	
<i>universal arm sling</i>	OTC Benefit	
UPSPRING POST OP PANTY (<i>elastic bandages & supports</i>)	OTC Benefit	
V-2 HIGH COMPRESSION HOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
V-4 HIGH COMPRESSION HOSE (<i>elastic bandages & supports</i>)	OTC Benefit	
VASCURA ANTI-EMBOLISM/KNEE LG (<i>elastic bandages & supports</i>)	OTC Benefit	
VENES CUSTOM 1-LEG LEOTARD (<i>elastic bandages & supports</i>)	OTC Benefit	
VENES CUSTOM FEMALE LEOTARD (<i>elastic bandages & supports</i>)	OTC Benefit	
VENES CUSTOM MALE LEOTARD (<i>elastic bandages & supports</i>)	OTC Benefit	
VENES CUSTOM MATERNITY LEOTARD (<i>elastic bandages & supports</i>)	OTC Benefit	
VENES CUSTOM MEDICAL STOCKINGS (<i>elastic bandages & supports</i>)	OTC Benefit	
VITAWEAR COMPRESSION SOCKS (<i>elastic bandages & supports</i>)	OTC Benefit	
VITAWEAR DIABETIC DRESS SOCKS (<i>elastic bandages & supports</i>)	OTC Benefit	
<i>wrap/multipurpose 2.75"x21.4yd</i>	OTC Benefit	
<i>wrap/pain free</i>	OTC Benefit	
<i>wraparound wrist support</i>	OTC Benefit	
<i>wrist brace deluxe/left l-xl</i>	OTC Benefit	
<i>wrist brace deluxe/left s/m</i>	OTC Benefit	
<i>wrist brace deluxe/right l-xl</i>	OTC Benefit	
<i>wrist brace deluxe/right s/m</i>	OTC Benefit	
<i>wrist brace//left large</i>	OTC Benefit	
<i>wrist brace/left medium</i>	OTC Benefit	
<i>wrist brace/left small</i>	OTC Benefit	
<i>wrist brace/left xl</i>	OTC Benefit	
<i>wrist brace/left xsmall</i>	OTC Benefit	
<i>wrist brace/right large</i>	OTC Benefit	
<i>wrist brace/right medium</i>	OTC Benefit	
<i>wrist brace/right small</i>	OTC Benefit	
<i>wrist brace/right xl</i>	OTC Benefit	
<i>wrist brace/right xsmall</i>	OTC Benefit	
<i>wrist splint</i>	OTC Benefit	
<i>wrist splint/cock-up/left 2xsm</i>	OTC Benefit	
<i>wrist splint/cock-up/left l</i>	OTC Benefit	
<i>wrist splint/cock-up/left m</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>wrist splint/cock-up/left sm</i>	OTC Benefit	
<i>wrist splint/cock-up/left xl</i>	OTC Benefit	
<i>wrist splint/cock-up/left xsm</i>	OTC Benefit	
<i>wrist splint/cock-up/right 2xs</i>	OTC Benefit	
<i>wrist splint/cock-up/right l</i>	OTC Benefit	
<i>wrist splint/cock-up/right m</i>	OTC Benefit	
<i>wrist splint/cock-up/right sm</i>	OTC Benefit	
<i>wrist splint/cock-up/right xl</i>	OTC Benefit	
<i>wrist splint/cock-up/right xsm</i>	OTC Benefit	
<i>wrist splint/elastic left lg</i>	OTC Benefit	
<i>wrist splint/elastic left med</i>	OTC Benefit	
<i>wrist splint/elastic left sm</i>	OTC Benefit	
<i>wrist splint/elastic left xl</i>	OTC Benefit	
<i>wrist splint/elastic left xs</i>	OTC Benefit	
<i>wrist splint/elastic right lg</i>	OTC Benefit	
<i>wrist splint/elastic right med</i>	OTC Benefit	
<i>wrist splint/elastic right sm</i>	OTC Benefit	
<i>wrist splint/elastic right xl</i>	OTC Benefit	
<i>wrist splint/elastic right xs</i>	OTC Benefit	
<i>wrist splint/left infant</i>	OTC Benefit	
<i>wrist splint/left large</i>	OTC Benefit	
<i>wrist splint/left medium</i>	OTC Benefit	
<i>wrist splint/left pediatric</i>	OTC Benefit	
<i>wrist splint/left small</i>	OTC Benefit	
<i>wrist splint/left xl</i>	OTC Benefit	
<i>wrist splint/left xsmall</i>	OTC Benefit	
<i>wrist splint/left youth</i>	OTC Benefit	
<i>wrist splint/neoprene left lg</i>	OTC Benefit	
<i>wrist splint/neoprene left med</i>	OTC Benefit	
<i>wrist splint/neoprene left sm</i>	OTC Benefit	
<i>wrist splint/neoprene left xl</i>	OTC Benefit	
<i>wrist splint/neoprene right lg</i>	OTC Benefit	
<i>wrist splint/neoprene right md</i>	OTC Benefit	
<i>wrist splint/neoprene right sm</i>	OTC Benefit	
<i>wrist splint/neoprene right xl</i>	OTC Benefit	
<i>wrist splint/neoprene right xs</i>	OTC Benefit	
<i>wrist splint/neoprene/left xsm</i>	OTC Benefit	
<i>wrist splint/reversible large</i>	OTC Benefit	
<i>wrist splint/reversible medium</i>	OTC Benefit	
<i>wrist splint/reversible small</i>	OTC Benefit	
<i>wrist splint/reversible xl</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>wrist splint/right infant</i>	OTC Benefit	
<i>wrist splint/right large</i>	OTC Benefit	
<i>wrist splint/right medium</i>	OTC Benefit	
<i>wrist splint/right pediatric</i>	OTC Benefit	
<i>wrist splint/right small</i>	OTC Benefit	
<i>wrist splint/right xl</i>	OTC Benefit	
<i>wrist splint/right xsmall</i>	OTC Benefit	
<i>wrist splint/right youth</i>	OTC Benefit	
<i>wrist splint/right/one size</i>	OTC Benefit	
<i>wrist stabilizer left l-xl</i>	OTC Benefit	
<i>wrist stabilizer right l/xl</i>	OTC Benefit	
<i>wrist support</i>	OTC Benefit	
<i>wrist support/elastic large</i>	OTC Benefit	
<i>wrist support/elastic medium</i>	OTC Benefit	
<i>wrist support/elastic small</i>	OTC Benefit	
<i>wrist support/elastic xl</i>	OTC Benefit	
<i>wrist support/elastic/firm lg</i>	OTC Benefit	
<i>wrist support/elastic/firm med</i>	OTC Benefit	
<i>wrist support/elastic/firm sm</i>	OTC Benefit	
<i>wrist support/elastic/firm xl</i>	OTC Benefit	
<i>wrist support/elastic/pullover</i>	OTC Benefit	
<i>wrist wrap</i>	OTC Benefit	
<i>wrist wrap/adjustable kids</i>	OTC Benefit	
<i>wrist/thumb splint/left large</i>	OTC Benefit	
<i>wrist/thumb splint/left medium</i>	OTC Benefit	
<i>wrist/thumb splint/left small</i>	OTC Benefit	
<i>wrist/thumb splint/left univ</i>	OTC Benefit	
<i>wrist/thumb splint/left xl</i>	OTC Benefit	
<i>wrist/thumb splint/left xsmall</i>	OTC Benefit	
<i>wrist/thumb splint/right large</i>	OTC Benefit	
<i>wrist/thumb splint/right med</i>	OTC Benefit	
<i>wrist/thumb splint/right small</i>	OTC Benefit	
<i>wrist/thumb splint/right univ</i>	OTC Benefit	
<i>wrist/thumb splint/right xl</i>	OTC Benefit	
<i>wrist/thumb splint/right xsm</i>	OTC Benefit	
<i>wrist-thumb support/neoprene l</i>	OTC Benefit	
<i>wrist-thumb support/neoprene m</i>	OTC Benefit	
<i>wrist-thumb support/neoprene s</i>	OTC Benefit	
*ENTERAL NUTRITION SUPPLIES***		
<i>enteral delivery gravity bag</i>	OTC Benefit	
<i>enteral feeding piston syringe</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HIDE-A-PORT STOMA MEASURING (<i>enteral nutrition supplies</i>)	OTC Benefit	
MONOJECT ENTERAL SYRINGE/12ML (<i>enteral nutrition supplies</i>)	OTC Benefit	
MONOJECT ENTERAL SYRINGE/1ML (<i>enteral nutrition supplies</i>)	OTC Benefit	
MONOJECT ENTERAL SYRINGE/35ML (<i>enteral nutrition supplies</i>)	OTC Benefit	
MONOJECT ENTERAL SYRINGE/3ML (<i>enteral nutrition supplies</i>)	OTC Benefit	
MONOJECT ENTERAL SYRINGE/60ML (<i>enteral nutrition supplies</i>)	OTC Benefit	
MONOJECT ENTERAL SYRINGE/6ML (<i>enteral nutrition supplies</i>)	OTC Benefit	
*EYE GLASS CARE SUPPLIES***		
B & L ACCESSORIES LENS CASE (<i>eye glass care products</i>)	OTC Benefit	
CARETOUCH LENS-SCREEN WIPES (<i>eye glass care products</i>)	OTC Benefit	
CLEAN SIGHTS (<i>eye glass care products</i>)	OTC Benefit	
CLEAN SIGHTS SOLUTION (<i>eye glass care products</i>)	OTC Benefit	
<i>cleaning cloth universal</i>	OTC Benefit	
<i>eyeglass screwdriver kit</i>	OTC Benefit	
<i>gnp eyeglass lens cleaning solution</i>	OTC Benefit	
<i>gnp eyewear repair kit kit</i>	OTC Benefit	
<i>gnp lens & screen cloth</i>	OTC Benefit	
<i>gnp pre-moistened lens wipes</i>	OTC Benefit	
<i>lens cleaner solution</i>	OTC Benefit	
<i>lens towelettes</i>	OTC Benefit	
<i>lens wipes</i>	OTC Benefit	
LENS-CLEAR CLOTHS (<i>eye glass care products</i>)	OTC Benefit	
LENS-CLEAR SOLUTION (<i>eye glass care products</i>)	OTC Benefit	
<i>microfiber cleaning cloths</i>	OTC Benefit	
SIGHT SAVERS LENS CLEANER CLOT (<i>eye glass care products</i>)	OTC Benefit	
SIGHT SAVERS LIQUID CLEANER SOLUTION (<i>eye glass care products</i>)	OTC Benefit	
SIGHT SAVERS PRE-MOISTENED TIS (<i>eye glass care products</i>)	OTC Benefit	
SIGHT SAVERS REPAIR KIT (<i>eye glass care products</i>)	OTC Benefit	
SIGHT SAVERS SUPER SOFT CLOTH (<i>eye glass care products</i>)	OTC Benefit	
*EYE PATCHES***		
<i>convex eye protector</i>	OTC Benefit	
COVERLET EYE OCCLUSOR JUNIOR (<i>eye patches</i>)	OTC Benefit	
CURITY EYE PAD (<i>eye patches</i>)	OTC Benefit	
<i>cvs eye patch</i>	OTC Benefit	
<i>eye patch</i>	OTC Benefit	
NEXCARE OPTICLUDE EYE PATCH JR (<i>eye patches</i>)	OTC Benefit	
NEXCARE OPTICLUDE EYE PTCH REG (<i>eye patches</i>)	OTC Benefit	
OPTICLUDE EYE PATCH JUNIOR (<i>eye patches</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OPTICLUDE EYE PATCH REGULAR (<i>eye patches</i>)	OTC Benefit	
<i>sleep eye shield</i>	OTC Benefit	
*FEEDING SUPPLIES***		
AMEDA BREAST MILK STORAGE (<i>feeding supplies</i>)	OTC Benefit	
AMEDA LOCKING RING/DISC (<i>feeding supplies</i>)	OTC Benefit	
AMEDA MILK STORAGE BAGS (<i>feeding supplies</i>)	OTC Benefit	
AMEDA NIPPLE SHIELD (<i>feeding supplies</i>)	OTC Benefit	
AMEDA PURELY YOURS TOTE BAG (<i>feeding supplies</i>)	OTC Benefit	
AMEDA STORE N POUR STARTER KIT (<i>feeding supplies</i>)	OTC Benefit	
AMEDA STORE N POUR STORAGE BAG (<i>feeding supplies</i>)	OTC Benefit	
<i>breastmilk storage bags</i>	OTC Benefit	
<i>breastmilk storage bottles</i>	OTC Benefit	
ENFAMIL CROSS-CUT TPE NIPPLE (<i>feeding supplies</i>)	OTC Benefit	
ENFAMIL SLOW-FLOW NIPPLE (<i>feeding supplies</i>)	OTC Benefit	
ENFAMIL STANDARD-FLOW NIPPLE (<i>feeding supplies</i>)	OTC Benefit	
<i>feeding bottles/standard neck</i>	OTC Benefit	
GERBER GOOD START NURSER (<i>feeding supplies</i>)	OTC Benefit	
GOOD START NURSER NIPPLES (<i>feeding supplies</i>)	OTC Benefit	
GOOD START PREMATURE NIPPLES (<i>feeding supplies</i>)	OTC Benefit	
LANSINOH BREASTMILK STORAGE BAG (<i>feeding supplies</i>)	OTC Benefit	
LANSINOH CONTACT NIPPLE SHIELD (<i>feeding supplies</i>)	OTC Benefit	
LANSINOH NATURALWAVE NIPPLES (<i>feeding supplies</i>)	OTC Benefit	
LANSINOH PRIMO-LACTO COLOSTRUM (<i>feeding supplies</i>)	OTC Benefit	
LANSINOH PRIMO-LACTO HAND EXPR (<i>feeding supplies</i>)	OTC Benefit	
LANSINOH PRIMO-LACTO SLIP TIP (<i>feeding supplies</i>)	OTC Benefit	
MOMMA BOTTLE 5OZ (<i>feeding supplies</i>)	OTC Benefit	
MOMMA BOTTLE 8OZ (<i>feeding supplies</i>)	OTC Benefit	
MOMMA NATURALWAVE/MEDIUM FLOW (<i>feeding supplies</i>)	OTC Benefit	
MOMMA NATURALWAVE/SLOW FLOW (<i>feeding supplies</i>)	OTC Benefit	
NESTLE GOOD START DUAL FEEDER (<i>feeding supplies</i>)	OTC Benefit	
NESTLE GOOD START PREM NIPPLE (<i>feeding supplies</i>)	OTC Benefit	
<i>plastic bottle/nipple</i>	OTC Benefit	
SNAPPIES STORAGE CONTAINERS (<i>feeding supplies</i>)	OTC Benefit	
TOMMEE TIPPEE BREAST MILK BTL (<i>feeding supplies</i>)	OTC Benefit	
TOMMEE TIPPEE BREAST MILK PCH (<i>feeding supplies</i>)	OTC Benefit	
TOMMEE TIPPEE BREAST MILK SET KIT (<i>feeding supplies</i>)	OTC Benefit	
*FEEDING TUBES***		
<i>clearstar pump</i>	OTC Benefit	
DURA-G GASTROSTOMY TUBE 18FR (<i>feeding tubes - tubing</i>)	OTC Benefit	
EMBRACE ENTERAL PUMP SET (<i>feeding tubes - pump</i>)	OTC Benefit	
<i>feeding tube attachment device</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FLEXIFLO BAG-PUMP SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO COMPANION COLORMARK (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO COMPANION PUMP SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO EASY-FEED BAG SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO ENTERAL PUMP (<i>feeding tubes - pump</i>)	OTC Benefit	
FLEXIFLO FEEDING TUBE (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO FEEDING TUBE 10FR (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO GASTROSTOMY TUBE (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO INVERTA-PEG GASTRO KIT (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO IRRIGATION ADAPTOR (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO JEJUNAL FEEDING TUBE (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO MAGNA-PORT (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO OVER-THE-GUIDEWIRE (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO OVER-THEGUIDEWIRE SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO PATROL COLORMARK (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO QUANTUM (<i>feeding tubes - pump</i>)	OTC Benefit	
FLEXIFLO QUANTUM 40MM PUMP SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO QUANTUM COLORMARK (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO STOMATE (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO STOMATE 26 KIT (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO STOMATE DECOMP TUBE (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO STOMATE EXT TUBE (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO STOMATE TUBE (<i>feeding tubes - tubing</i>)	OTC Benefit	
FLEXIFLO T-FASTENER SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO TOPTAINER ENTERAL BAG (<i>feeding tubes - bags</i>)	OTC Benefit	
FLEXIFLO TOPTAINER FEED SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO TOPTAINER/ATTACH PUMP (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO TOPTAINER/PUMP SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO VERSA-PED KIT (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO Y-PORT CONNECTOR (<i>feeding tubes</i>)	OTC Benefit	
FLEXIFLO/PIERCING PIN (<i>feeding tubes - bags</i>)	OTC Benefit	
FLEXIFLO/PREATTACHED FLEXICO (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO-III COLORMARK (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXIFLO-III ENTERAL PUMP (<i>feeding tubes - pump</i>)	OTC Benefit	
FLEXIFLO-III ENTERAL PUMP SET (<i>feeding tubes - sets</i>)	OTC Benefit	
FLEXITAINER ENTERAL CONTAINER (<i>feeding tubes - bags</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/0.8CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/1.2CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/1.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/1.7CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/2.3CM (<i>feeding tubes - tubing</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HIDE-A-PORT CUSTOM 14FR/2.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/2.7CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/3.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/4.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 14FR/5.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 18FR/0.8CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 18FR/1.2CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 18FR/1.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 18FR/1.7CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 18FR/5.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/1.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/1.7CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/2.3CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/2.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/2.7CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/2CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/3.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/3CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/4.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM 24FR/4CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM KIT 14F/1CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM KIT 14F/2CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM KIT 14F/3CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM KIT 14F/4CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM KIT 14F/5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM KIT 18F/1CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM KIT 18F/2CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT CUSTOM KIT 18F/5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT EXTENSION TUBE (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH 20FR/3.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 14FR/1.2 (<i>feeding tubes - sets</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 16FR/1.2 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 16FR/1.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 16FR/1CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 16FR/2.3 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 16FR/2.7 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 16FR/2CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 16FR/3CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 16FR/4CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
<i>hide-a-port flush kit 18fr/1.7</i>	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/0.8 (<i>feeding tubes - tubing</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HIDE-A-PORT FLUSH KIT 20FR/1.2 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/1.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/1.7 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/1CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/2.3 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/2.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/2.7 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/2CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/3CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/4.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH KIT 20FR/4CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16F/1.7 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16F/2.3 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16F/2.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16FR/0.8 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16FR/1.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16FR/1.7 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16FR/1CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16FR/2.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16FR/2CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16FR/3.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 16FR/4.5 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 18FR/1CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT FLUSH TIP 18FR/2.3 (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT KIT 18FR/2.3CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT KIT 18FR/2.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT KIT 18FR/2.7CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT KIT 18FR/3.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT KIT 18FR/3CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT KIT 18FR/4.5CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
HIDE-A-PORT KIT 18FR/4CM (<i>feeding tubes - tubing</i>)	OTC Benefit	
INVERTA-PEG GASTROSTOMY 20FR KIT (<i>feeding tubes - sets</i>)	OTC Benefit	
INVERTA-PEG GASTROSTOMY KIT (<i>feeding tubes - sets</i>)	OTC Benefit	
INVERTA-PEG KIT (<i>feeding tubes - sets</i>)	OTC Benefit	
INVERTA-PEG KIT OVER THE WIRE (<i>feeding tubes - sets</i>)	OTC Benefit	
KANGAROO BALLOON 16FR/2.5CM (<i>feeding tubes - sets</i>)	OTC Benefit	
KANGAROO BALLOON 20FR/2.5CM (<i>feeding tubes - sets</i>)	OTC Benefit	
KANGAROO BALLOON 20FR/2.7CM (<i>feeding tubes - sets</i>)	OTC Benefit	
KANGAROO DELUXE EZ CAP PUMP (<i>feeding tubes - sets</i>)	OTC Benefit	
KANGAROO DELUXE EZ PUMP SET (<i>feeding tubes - sets</i>)	OTC Benefit	
KANGAROO EZ CAP PUMP SET/500ML (<i>feeding tubes - pump</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
KANGAROO GRAVITY SET (<i>feeding tubes - sets</i>)	OTC Benefit	
KANGAROO PROXIMAL SPIKE PUMP (<i>feeding tubes - sets</i>)	OTC Benefit	
KANGAROO SPIKE PUMP SET (<i>feeding tubes - sets</i>)	OTC Benefit	
MAGNA-PORT ADAPTER (<i>feeding tubes - tubing</i>)	OTC Benefit	
MAGNA-PORT GASTROSTOMY TUBE (<i>feeding tubes - tubing</i>)	OTC Benefit	
MIC GASTROSTOMY TUBE 20FR (<i>feeding tubes - tubing</i>)	OTC Benefit	
MIC-KEY GASTROSTOMY KIT 12FR (<i>feeding tubes - sets</i>)	OTC Benefit	
MIC-KEY GASTROSTOMY KIT 14FR (<i>feeding tubes - sets</i>)	OTC Benefit	
MIC-KEY GASTROSTOMY KIT 16FR (<i>feeding tubes - sets</i>)	OTC Benefit	
MIC-KEY GASTROSTOMY KIT 18FR (<i>feeding tubes - sets</i>)	OTC Benefit	
MIC-KEY GASTROSTOMY KIT 20FR (<i>feeding tubes - sets</i>)	OTC Benefit	
MIC-KEY GASTROSTOMY KIT 24FR (<i>feeding tubes - sets</i>)	OTC Benefit	
*FIRST AID KITS***		
<i>cvs first aid combination kit</i>	OTC Benefit	
<i>cvs readiness essentials combination kit</i>	OTC Benefit	
<i>cvs travel first aid kit combination kit</i>	OTC Benefit	
<i>first aid build your own combination kit</i>	OTC Benefit	
<i>first aid kit all purpose combination kit</i>	OTC Benefit	
<i>first aid kit industrial combination kit</i>	OTC Benefit	
<i>first aid kit metal combination kit</i>	OTC Benefit	
<i>first aid kit/10 person combination kit</i>	OTC Benefit	
<i>first aid refill pack combination kit</i>	OTC Benefit	
<i>gnp first aid kit combination kit</i>	OTC Benefit	
J & J FIRST AID KIT ALL-PURPOS COMBINATION KIT (<i>first aid kits</i>)	OTC Benefit	
J & J FIRST AID TO GO COMBINATION KIT (<i>first aid kits</i>)	OTC Benefit	
MCKIDS FIRST AID COMBINATION KIT (<i>first aid kits</i>)	OTC Benefit	
<i>ra all-purpose first aid kit combination kit</i>	OTC Benefit	
*FOOT CARE PRODUCTS***		
<i>air foam insoles mens</i>	OTC Benefit	
<i>air foam insoles womens</i>	OTC Benefit	
<i>all gel bunion toe spreader</i>	OTC Benefit	
BAND-AID HYDRO SEAL HEELS PAD (<i>foot care products</i>)	OTC Benefit	
BAND-AID MOLESKIN ADHESIVE PAD (<i>foot care products</i>)	OTC Benefit	
<i>bromi-talc external powder</i>	OTC Benefit	
<i>bromi-talc plus external powder</i>	OTC Benefit	
<i>bunion guard pad</i>	OTC Benefit	
<i>callus cushions pad</i>	OTC Benefit	
<i>callus remover</i>	OTC Benefit	
<i>callus/corn shaver</i>	OTC Benefit	
<i>callus/corn shaver blades</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>comfort insoles womens pad</i>	OTC Benefit	
<i>corn cushions pad</i>	OTC Benefit	
<i>cvs advanced gel orthotics</i>	OTC Benefit	
<i>cvs callus cushion pad</i>	OTC Benefit	
<i>cvs contoured foot file</i>	OTC Benefit	
<i>cvs corn cushion pad</i>	OTC Benefit	
<i>cvs foot powder external powder</i>	OTC Benefit	
<i>cvs gel heel cushion womens pad</i>	OTC Benefit	
<i>cvs moleskin padding pad</i>	OTC Benefit	
<i>cvs moleskin plus pad</i>	OTC Benefit	
<i>cvs odor absorbing insoles pad</i>	OTC Benefit	
DESENEX FOOT/SNEAKER SPRAY EXTERNAL AEROSOL (<i>foot care products</i>)	OTC Benefit	
<i>double air foam insoles mens</i>	OTC Benefit	
<i>double air foam insoles womens</i>	OTC Benefit	
DR SCHOLLS CMFT/ENG MAS/M/8-14 (<i>foot care products</i>)	OTC Benefit	
DR SCHOLLS CMFT/ENGY WK/M/8-14 (<i>foot care products</i>)	OTC Benefit	
DR SCHOLLS CMFT/ENGY WK/W/6-10 (<i>foot care products</i>)	OTC Benefit	
DR SCHOLLS HVY DTY SUPP/M/8-14 (<i>foot care products</i>)	OTC Benefit	
DR SCHOLLS PLANTAR FASC/M/8-13 (<i>foot care products</i>)	OTC Benefit	
DR SCHOLLS PLANTAR FASC/W/6-10 (<i>foot care products</i>)	OTC Benefit	
DR SCHOLLS TRI-COMFORT/WM/6-10 (<i>foot care products</i>)	OTC Benefit	
<i>dual gel insoles men sz 8-13</i>	OTC Benefit	
<i>dual gel insoles women sz 6-10</i>	OTC Benefit	
EASY GRIP CALLUS REMOVER (<i>foot care products</i>)	OTC Benefit	
<i>eql dual gel insoles womens</i>	OTC Benefit	
<i>eql pumice stone/rope</i>	OTC Benefit	
<i>eql toenail clipper</i>	OTC Benefit	
<i>exfoliating stone file</i>	OTC Benefit	
<i>foam toe separators</i>	OTC Benefit	
<i>foot comfort stabilizer</i>	OTC Benefit	
<i>foot powder external powder</i>	OTC Benefit	
<i>foot sleep support</i>	OTC Benefit	
<i>foot smoother dual surface</i>	OTC Benefit	
<i>ft bunion cushions pad</i>	OTC Benefit	
<i>ft callus cushions pad</i>	OTC Benefit	
<i>ft comfort insole</i>	OTC Benefit	
<i>ft corn cushions pad</i>	OTC Benefit	
<i>ft foot powder external powder</i>	OTC Benefit	
<i>ft lambs wool pad</i>	OTC Benefit	
<i>ft massaging dual gel insoles</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ft moleskin plus pad</i>	OTC Benefit	
<i>ft tri-performance foam insole</i>	OTC Benefit	
<i>ft ultra cushion insole</i>	OTC Benefit	
FUTURO THERAPEUTIC ARCH SUPPRT (<i>foot care products</i>)	OTC Benefit	
<i>gel ball of foot cushions</i>	OTC Benefit	
<i>gel corn cushions pad</i>	OTC Benefit	
<i>gel corn protectors</i>	OTC Benefit	
<i>gel insoles mens</i>	OTC Benefit	
<i>gel insoles womens</i>	OTC Benefit	
<i>gel toe protector</i>	OTC Benefit	
<i>gel toe separators</i>	OTC Benefit	
<i>gel toe spacers</i>	OTC Benefit	
<i>gnp ball of foot cushions pad</i>	OTC Benefit	
<i>gnp callus cushions pad</i>	OTC Benefit	
<i>gnp corn cushions pad</i>	OTC Benefit	
<i>gnp cushion comfort insoles</i>	OTC Benefit	
<i>gnp flesh felt toe pad</i>	OTC Benefit	
<i>gnp foam toe separators</i>	OTC Benefit	
<i>gnp lambs wool pad</i>	OTC Benefit	
<i>gnp plantar fascia strap</i>	OTC Benefit	
<i>gnp super moleskin padding pad</i>	OTC Benefit	
<i>gnp white felt bunion pad</i>	OTC Benefit	
<i>gnp white felt metatarsal pad</i>	OTC Benefit	
GOLD BOND SOFT HYDRATING FOOT EXTERNAL CREAM (<i>foot care products</i>)	OTC Benefit	
GOLD BOND ULTIM HEALING FOOT EXTERNAL CREAM (<i>foot care products</i>)	OTC Benefit	
<i>gordomatic external powder</i>	OTC Benefit	
<i>hammer toe gel cushion pad</i>	OTC Benefit	
<i>health slippers/unisex</i>	OTC Benefit	
<i>heel liners pad</i>	OTC Benefit	
JOHNSONS FOOT SOAP EXTERNAL PACKET (<i>foot care products</i>)	OTC Benefit	
JOHNSONS FOOT SPRAY EXTERNAL AEROSOL (<i>foot care products</i>)	OTC Benefit	
MEDICOOLS DIASOX (<i>foot care products</i>)	OTC Benefit	
<i>memory work/sport insoles</i>	OTC Benefit	
<i>moleskin plus pad</i>	OTC Benefit	
<i>mycomist external liquid</i>	OTC Benefit	
<i>odor control insoles men/women</i>	OTC Benefit	
ODOR EATERS FOOT EXTERNAL POWDER (<i>foot care products</i>)	OTC Benefit	
ODOR EATERS PAD (<i>foot care products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ODOR EATERS SUPER TUFF PAD (<i>foot care products</i>)	OTC Benefit	
ODOR EATERS ULTRA COMFORT (<i>foot care products</i>)	OTC Benefit	
ODOR EATERS ULTRA DURABLE PAD (<i>foot care products</i>)	OTC Benefit	
PREVALON (<i>foot care products</i>)	OTC Benefit	
PREVALON FOOT/LEG WEDGE (<i>foot care products</i>)	OTC Benefit	
PREVALON HEEL PROTECTOR (<i>foot care products</i>)	OTC Benefit	
PREVALON HEEL PROTECTOR/PETITE (<i>foot care products</i>)	OTC Benefit	
PREVALON HEEL PROTECTOR/WEDGE (<i>foot care products</i>)	OTC Benefit	
PROFOOT PLANTAR FASCIITIS (<i>foot care products</i>)	OTC Benefit	
<i>pumice stone</i>	OTC Benefit	
<i>ra arch sleeve</i>	OTC Benefit	
<i>ra callus cushions pad</i>	OTC Benefit	
<i>ra corn cushions small pad</i>	OTC Benefit	
<i>ra cushion insoles womens</i>	OTC Benefit	
<i>ra gel hammer toe cushion pad</i>	OTC Benefit	
<i>ra gel toe separator</i>	OTC Benefit	
<i>ra super moleskin pad</i>	OTC Benefit	
<i>shoe horn</i>	OTC Benefit	
SLEEP-N-HEEL NGHT HEEL SLEEVES (<i>foot care products</i>)	OTC Benefit	
SLEEP-N-HEEL+ HEEL SLEEVES (<i>foot care products</i>)	OTC Benefit	
<i>sm bunion cushions pad</i>	OTC Benefit	
<i>sm callus cushions pad</i>	OTC Benefit	
<i>sm corn cushions pad</i>	OTC Benefit	
<i>sm lambs wool pad</i>	OTC Benefit	
<i>sm moleskin plus pad</i>	OTC Benefit	
<i>sock aid</i>	OTC Benefit	
<i>sport & work cushion insoles</i>	OTC Benefit	
<i>toenail clipper</i>	OTC Benefit	
<i>toenail clipper/file deluxe</i>	OTC Benefit	
<i>toenail nipper</i>	OTC Benefit	
VALULINE PNEUMATIC LEG WLKR LG (<i>foot care products</i>)	OTC Benefit	
VALULINE PNEUMATIC LEG WLKR MD (<i>foot care products</i>)	OTC Benefit	
VALULINE PNEUMATIC LEG WLKR SM (<i>foot care products</i>)	OTC Benefit	
VALULINE SHORT LEG WALKER LG (<i>foot care products</i>)	OTC Benefit	
VALULINE SHORT LEG WALKER MED (<i>foot care products</i>)	OTC Benefit	
VALULINE SHORT LEG WALKER SM (<i>foot care products</i>)	OTC Benefit	
VALULINE SHORT LEG WALKER XL (<i>foot care products</i>)	OTC Benefit	
VALULINE SHORT LEG WALKER XSM (<i>foot care products</i>)	OTC Benefit	
VISCO-GEL TOE CAP (<i>foot care products</i>)	OTC Benefit	
*GAUZE BANDAGES***		
<i>bandage cotton roll 4.5"x4yd</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>conforming rolled gauze</i>	OTC Benefit	
<i>cvs gentle wrap 3"x2.2yds</i>	OTC Benefit	
<i>cvs premium rolled gauze 4"</i>	OTC Benefit	
<i>cvs rolled gauze</i>	OTC Benefit	
ELASTOMULL 2"X4.1YD (<i>gauze bandages</i>)	OTC Benefit	
<i>eql rolled gauze 2"x2.5yd</i>	OTC Benefit	
<i>eql rolled gauze 3"x2.5yd</i>	OTC Benefit	
<i>gnp premium rolled gauze</i>	OTC Benefit	
<i>gnp rolled gauze 2"x4.1yds</i>	OTC Benefit	
<i>hm rolled gauze bandage</i>	OTC Benefit	
KLING FLUFF ROLLS (<i>gauze bandages</i>)	OTC Benefit	
<i>qc gauze bandage roll 4.5"x3yd</i>	OTC Benefit	
<i>qc stretch bandage 3"x2.1yd</i>	OTC Benefit	
<i>qc stretch gauze bdg 2"x2yd</i>	OTC Benefit	
<i>qc stretch gauze bdg 3"x2yd</i>	OTC Benefit	
<i>qc stretch gauze bdg 4"x2yd</i>	OTC Benefit	
<i>rolled gauze</i>	OTC Benefit	
<i>rolled gauze bandage 2"x2.5yd</i>	OTC Benefit	
<i>rolled gauze bandage 3"x2.5yd</i>	OTC Benefit	
<i>rolled gauze bandage 4"x2.5yd</i>	OTC Benefit	
<i>sm rolled gauze 2"x2.5yd</i>	OTC Benefit	
SOF-KLING CONFORMING BANDAGE (<i>gauze bandages</i>)	OTC Benefit	
SUREPRESS ABSORBENT PADDING (<i>gauze bandages</i>)	OTC Benefit	
<i>tubular gauze</i>	OTC Benefit	
*GAUZE PADS & DRESSINGS***		
<i>abdominal pad pad 8"x10"</i>	OTC Benefit	
ALLEVYN NON-ADHESIVE PAD 8"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>bandage new generation large pad</i>	OTC Benefit	
BAND-AID FLEXIBLE ROLLED GAUZE (<i>gauze pads & dressings</i>)	OTC Benefit	
BAND-AID GAUZE LARGE PAD 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
BAND-AID GAUZE MEDIUM PAD 3"X3" (<i>gauze pads & dressings</i>)	OTC Benefit	
BAND-AID GAUZE SMALL PAD 2"X2" (<i>gauze pads & dressings</i>)	OTC Benefit	
BAND-AID ISLAND SURG DRESSING PAD 4"X10" , 4"X14" , 4"X7" (<i>gauze pads & dressings</i>)	OTC Benefit	
BAND-AID KLING ROLLED GAUZE LG (<i>gauze pads & dressings</i>)	OTC Benefit	
BAND-AID KLING ROLLED GAUZE SM (<i>gauze pads & dressings</i>)	OTC Benefit	
BAND-AID TRU-ABSORB GAUZE PAD 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
BIOCLUSIVE DRESSING PAD (<i>transparent dressings</i>)	OTC Benefit	
BIOCLUSIVE MVP SELECT PAD (<i>transparent dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BIOCLUSIVE SELECT PAD (<i>transparent dressings</i>)	OTC Benefit	
BIOCLUSIVE TRANSPARENT PAD (<i>transparent dressings</i>)	OTC Benefit	
COMBINE ABD PAD 5"X9" (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>combine pad 5"x9"</i>	OTC Benefit	
<i>combine pad pad 8"x10"</i>	OTC Benefit	
<i>combine pads pad 5"x9" , 8"x10"</i>	OTC Benefit	
COMPEED SKIN PROTECTOR DRESS (<i>gauze pads & dressings</i>)	OTC Benefit	
COPA ISLAND BORDERED FOAM PAD 4"X4" , 6"X6" , 8"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
COPA PLUS HYDROPHILIC FOAM PAD 3"X3-1/2" , 4"X4" , 4"X8" , 6"X6" , 8"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
COVRSITE COVER DRESSING PAD 4"X4" , 6"X6" (<i>gauze pads & dressings</i>)	OTC Benefit	
COVRSITE PLUS COMPOSITE DRESS PAD 4"X4" , 6"X6" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY #10 BURN DRESS 12"X12" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY #10 BURN DRESS 18"X18" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY #10 BURN DRESS 36"X36" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY #10 GAUZE BOLT 36"X300' (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY ABDOMINAL PAD 5"X9" , 7-1/2"X8" , 8"X10" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY ALL PURPOSE SPONGES PAD 2"X2" , 3"X3" , 3"X4" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY BURN DRESSING PAD 18"X18" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY COVER SPONGE PAD 3"X3" , 3"X4" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY DRESSING SPONGES PAD 3"X4" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY GAUZE PAD 2"X2" , 3"X3" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY GAUZE SPONGE PAD 2"X2" , 3"X3" , 3"X4" , 4"X4" , 4"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY GAUZE SPONGES PAD 3-1/2"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY IODOFORM PACKING STRIP (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY MESH GAUZE BNDG 1"X30' (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY MESH GAUZE BNDG 2"X30' (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY MESH GAUZE BNDG 3"X30' (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY MESH GAUZE BNDG 4"X30' (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY NON-ADHERENT STRIP 9"X16" (<i>gauze pads & dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CURITY NON-ADHERENT STRIPS (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY NON-ADHERENT STRIPS PAD 3"X3" , 3"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY NON-ADHERING DRESSING PAD 3"X16" , 3"X8" , 5"X9" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY PLAIN PACKING STRIP (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY SPONGES PAD 2"X2" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY TRIANGULAR BANDAGE (<i>gauze pads & dressings</i>)	OTC Benefit	
CURITY WET DRESSING PAD 4"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>cvs adhesive gauze pad 2-3/8"x4" , 4"x8"</i>	OTC Benefit	
<i>cvs antibacterial gauze pad 2"x2"</i>	OTC Benefit	
<i>cvs dressing 4"x4-3/4"</i>	OTC Benefit	
<i>cvs eye pad</i>	OTC Benefit	
<i>cvs gauze pad 2"x2"</i>	OTC Benefit	
<i>cvs gauze pad sterile pad 3"x3" , 4"x4" , 4"x8"</i>	OTC Benefit	
<i>cvs gauze sterile pad 4"x4"</i>	OTC Benefit	
<i>cvs mepitel transparent film</i>	OTC Benefit	
<i>cvs non-stick pad 1-1/2"x2" , 2"x3" , 3"x4"</i>	OTC Benefit	
<i>cvs non-stick pads pad 3"x8"</i>	OTC Benefit	
<i>cvs surgical pad 5"x9"</i>	OTC Benefit	
<i>cvs tubular gauze</i>	OTC Benefit	
<i>cvs window bandages</i>	OTC Benefit	
DERMACEA DRAIN SPONGES PAD 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA GAUZE FLUFF ROLL (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA GAUZE ROLL 2"X4-1/8YD (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA GAUZE ROLL 3"X4-1/8YD (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA GAUZE ROLL 4"X4-1/8YD (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA GAUZE ROLL 6"X4-1/8YD (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA GAUZE SPONGE PAD 2"X2" , 3"X3" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA IV DRAIN SPONGES PAD 2"X2" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA IV SPONGES PAD 2"X2" (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA NON-ADHERENT DRESSING PAD 2"X3" , 3"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA NON-WOVEN SPONGES PAD 2"X2" , 3"X3" , 3"X4" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA STRETCH BANDAGE (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA STRETCH BANDAGE ROLL (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA SUPER SPONGE PAD 6"X6-3/4" (<i>gauze pads & dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DERMACEA TYPE VII GAUZE PAD 2"X2" , 3"X3" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
DERMACEA X-RAY SPONGES PAD 4"X4" , 4"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>drymax extra pad 4"x4" , 4"x8" , 8"x8"</i>	OTC Benefit	
<i>eq gauze pad 4"x4"</i>	OTC Benefit	
<i>eql gauze pad 2"x2" , 4"x4"</i>	OTC Benefit	
<i>eql gauze sterile pad 3"x3"</i>	OTC Benefit	
<i>eql non-stick pad 3"x4"</i>	OTC Benefit	
EXCILON AMD NON-WOVEN SPONGES PAD 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
EXCILON DRAIN SPONGES PAD 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
EXCILON IV SPONGES PAD 2"X2" (<i>gauze pads & dressings</i>)	OTC Benefit	
FLEXZAN PAD 2"X3" , 4"X8" , 8"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>ft non-stick pad 3"x4"</i>	OTC Benefit	
<i>gauze bandage</i>	OTC Benefit	
<i>gauze bandage 3"</i>	OTC Benefit	
<i>gauze bandage roll</i>	OTC Benefit	
<i>gauze dressing pad 4"x4"</i>	OTC Benefit	
<i>gauze pads pad 2"x2" , 3"x3" , 4"x4"</i>	OTC Benefit	
<i>gauze stretch bandage</i>	OTC Benefit	
<i>gauze type vii medi-pak pad 2"x2"</i>	OTC Benefit	
<i>gnp non-stick pads pad 3"x4"</i>	OTC Benefit	
<i>gnp sterile gauze pad 2"x2" , 3"x3"</i>	OTC Benefit	
<i>hm non-stick 3"x4" pad 3"x4"</i>	OTC Benefit	
<i>hm sterile pads pad 2"x2" , 4"x4"</i>	OTC Benefit	
IV3000 1-HAND (<i>transparent dressings</i>)	OTC Benefit	
IV3000 1-HAND PEDIATRIC (<i>transparent dressings</i>)	OTC Benefit	
IV3000 FRAME DELIVERY (<i>transparent dressings</i>)	OTC Benefit	
IV3000 STANDARD (<i>transparent dressings</i>)	OTC Benefit	
J & J EYE PADS OVAL SMALL PAD (<i>gauze eye pads</i>)	OTC Benefit	
J & J GAUZE PAD 2"X2" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
J & J GAUZE SPONGES 12-PLY 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
J & J GAUZE SPONGES 16-PLY 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
J & J GAUZE SPONGES 8-PLY 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
J & J OVAL EYE PADS PAD (<i>gauze eye pads</i>)	OTC Benefit	
J & J STERILE EYE PADS PAD (<i>gauze eye pads</i>)	OTC Benefit	
JOHNSONS STERILE EYE PADS PAD (<i>gauze eye pads</i>)	OTC Benefit	
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2" , 3"X3" , 3"X3-1/2" , 4"X4" , 4"X8" , 5"X5" , 6"X6" , 8"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2" , 3"X3" (<i>gauze pads & dressings</i>)	OTC Benefit	
KENDALL TRANSPARENT FILM DRESS (<i>transparent dressings</i>)	OTC Benefit	
KERLIX BANDAGE ROLL (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX BANDAGE ROLL 2-1/4"X9' (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX BANDAGE ROLL 4.5"X9.3' (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX GAUZE ROLL LARGE (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX GAUZE ROLL MEDIUM (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX GAUZE ROLL SMALL (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX SPONGES PAD 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX SUPER SPONGES LARGE PAD 7-3/4"X8-3/4" (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX SUPER SPONGES MEDIUM PAD 6"X6-3/4" (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX SUPER SPONGES XL PAD 9-3/4"X10-3/4" (<i>gauze pads & dressings</i>)	OTC Benefit	
KERLIX X-RAY DETECTABLE SPONGE (<i>gauze pads & dressings</i>)	OTC Benefit	
KLING FLUFF (<i>gauze pads & dressings</i>)	OTC Benefit	
KLING FLUFF SPONGE 6"X6-3/4" (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>microspunge</i>	OTC Benefit	
MIRASORB SPONGES 2"X2" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
NEXCARE ADHESIVE DRESSING/PAD PAD 3-1/2"X6" , 3-1/2"X8" , 6"X6" (<i>gauze pads & dressings</i>)	OTC Benefit	
NEXCARE NON-STICK PAD 2"X3" , 3"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
NEXCARE PREMIUM ADHESIVE GAUZE PAD 2-3/8"X4" , 3-1/2"X6" , 3-1/2"X8" , 6"X6" (<i>gauze pads & dressings</i>)	OTC Benefit	
NEXCARE TEGADERM 2-3/8"X2-3/4" (<i>transparent dressings</i>)	OTC Benefit	
NEXCARE TEGADERM 4"X4-3/4" (<i>transparent dressings</i>)	OTC Benefit	
NEXCARE WATERPROOF PREMIUM PAD (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>non-stick pad 2"x3" , 3"x4"</i>	OTC Benefit	
NU GAUZE 4PLY PAD 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
NU GAUZE GENERAL-USE SPONGES 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
NU GAUZE PACKING STRIPS (<i>gauze pads & dressings</i>)	OTC Benefit	
NU GAUZE UTERINE PACKING STRIP (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>oil emulsions dressing/non-adh pad 3"x3" , 3"x8" , 5"x9"</i>	OTC Benefit	
OPSITE 11"X11-3/4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE 11"X17-3/4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE 11"X6" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE 17-3/4"X21-5/8" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE 4"X5-1/2" (<i>transparent dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OPSITE FLEXIGRID 2-3/8"X2-3/4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE FLEXIGRID 4"X4-3/4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE FLEXIGRID 4-3/4"X10" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE FLEXIGRID 6"X8" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE IV 3000 (<i>transparent dressings</i>)	OTC Benefit	
OPSITE POST-OP 10"X4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE POST-OP 13-3/4"X4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE POST-OP 4-3/4"X4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE POST-OP 8"X4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE POST-OP VISIBLE (<i>transparent dressings</i>)	OTC Benefit	
OPSITE POST-OP VISIBLE 10"X4" (<i>transparent dressings</i>)	OTC Benefit	
OPSITE POST-OP VISIBLE 4X3-1/8 (<i>transparent dressings</i>)	OTC Benefit	
OPSITE POST-OP VISIBLE 6"X4" (<i>transparent dressings</i>)	OTC Benefit	
POLYMEM NON-ADHESIVE PAD 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
POLYSKIN II DRESSING 2"X2.75" (<i>transparent dressings</i>)	OTC Benefit	
PRIMAPORE 11-3/4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
PRIMAPORE 13-3/4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
PRIMAPORE 2-7/8"X2" (<i>gauze pads & dressings</i>)	OTC Benefit	
PRIMAPORE 4"X3-1/8" (<i>gauze pads & dressings</i>)	OTC Benefit	
PRIMAPORE 6"X3-1/8" (<i>gauze pads & dressings</i>)	OTC Benefit	
PRIMAPORE 8"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>qc all purpose dressings pad 4"x4"</i>	OTC Benefit	
<i>qc border island gauze pad 2"x2"</i>	OTC Benefit	
<i>qc non-adherent pad 3"x4"</i>	OTC Benefit	
<i>qc sterile pads pad 2"x2" , 3"x3" , 4"x4"</i>	OTC Benefit	
<i>ra sterile pad 2"x2" , 3"x3" , 4"x4"</i>	OTC Benefit	
<i>ra surgical dressing pad 5"x9"</i>	OTC Benefit	
RAY-TEC X-RAY DETECTABLE SPNGE 4"X4" , 4"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
RELEASE NON-ADHERING DRESSING PAD 3"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
RESTORE CONTACT LAYER PAD 2"X2" , 8"X12" (<i>gauze pads & dressings</i>)	OTC Benefit	
RESTORE DUO DRESSING PAD 2"X4" , 4"X5" , 6"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
RESTORE FOAM DRESSING PAD 2.5"X2.5" , 4"X4" , 6"X6" , 6"X8" , 8"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
RESTORE FOAM HEEL DRESSING PAD 4.7"X7.5" (<i>gauze pads & dressings</i>)	OTC Benefit	
RESTORE LITE FOAM DRESSING PAD 2.5"X2.5" , 4"X5" , 6"X6" , 6"X8" (<i>gauze pads & dressings</i>)	OTC Benefit	
RESTORE ODOR ABSORBING DRESS PAD 4"X4" , 6"X10" (<i>gauze pads & dressings</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
RESTORE TRIO ABSORBENT DRESS PAD 3"X3" , 4"X5" , 6"X8" <i>(gauze pads & dressings)</i>	OTC Benefit	
<i>rolled gauze 2"x2yd</i>	OTC Benefit	
SILIGENTLE FOAM DRESSING PAD 2"X2" , 4"X4" , 6"X6" <i>(gauze pads & dressings)</i>	OTC Benefit	
SILIGENTLE FOAM DRESSING/HEEL PAD 10"X9" <i>(gauze pads & dressings)</i>	OTC Benefit	
SILIGENTLE FOAM DRESSNG/SACRAL PAD 7"X7" , 9"X9" <i>(gauze pads & dressings)</i>	OTC Benefit	
<i>sm bandage roll</i>	OTC Benefit	
<i>sm gauze pad 2"x2" , 3"x3" , 4"x4"</i>	OTC Benefit	
<i>sm rolled gauze 2"x4.1yd</i>	OTC Benefit	
<i>sm rolled gauze 3"x4.1yd</i>	OTC Benefit	
<i>sm sterile pad 2"x2" , 4"x4"</i>	OTC Benefit	
SOF-WICK PAD 4"X4" <i>(gauze pads & dressings)</i>	OTC Benefit	
SOF-WIK <i>(gauze pads & dressings)</i>	OTC Benefit	
<i>sterile bandage roll 2.25"x3yd</i>	OTC Benefit	
<i>sterile gauze pad 2"x2" , 3"x3"</i>	OTC Benefit	
<i>sterile pad 2"x2" , 3"x3"</i>	OTC Benefit	
<i>stretch gauze bandage</i>	OTC Benefit	
<i>surgical dressing pad 5"x9" , 8"x10"</i>	OTC Benefit	
<i>surgical gauze sponge pad 2"x2"</i>	OTC Benefit	
TEGADERM FILM 2-3/8"X2-3/4" <i>(transparent dressings)</i>	OTC Benefit	
TELFA ADHESIVE DRESSING PAD 2"X3" , 3"X4" <i>(gauze pads & dressings)</i>	OTC Benefit	
TELFA AMD ADHESIVE BANDAGE <i>(gauze pads & dressings)</i>	OTC Benefit	
TELFA CLEAR DRESSING 39"X25YD <i>(transparent dressings)</i>	OTC Benefit	
TELFA CLEAR WOUND 12"X12" PAD <i>(transparent dressings)</i>	OTC Benefit	
TELFA CLEAR WOUND 12"X24" <i>(transparent dressings)</i>	OTC Benefit	
TELFA CLEAR WOUND 3"X3" PAD <i>(transparent dressings)</i>	OTC Benefit	
TELFA CLEAR WOUND 4"X5" PAD <i>(transparent dressings)</i>	OTC Benefit	
TELFA ISLAND DRESSING PAD 2"X3-3/4" , 4"X10" , 4"X14" , 4"X5" , 4"X8" <i>(gauze pads & dressings)</i>	OTC Benefit	
TELFA NON-ADHERENT DESSING PAD 2"X3" , 3"X4" <i>(gauze pads & dressings)</i>	OTC Benefit	
TELFA NON-ADHERENT PAD 3"X4" , 3"X6" , 3"X8" , 8"X10" <i>(gauze pads & dressings)</i>	OTC Benefit	
TELFA PLUS BARRIER ISLAND DRES PAD 4"X6" , 6"X7" <i>(gauze pads & dressings)</i>	OTC Benefit	
TELFA PLUS BARRIER ISLAND PAD 6"X10" , 8"X8" <i>(gauze pads & dressings)</i>	OTC Benefit	
TENDEROL UNDERCAST PADDING <i>(gauze pads & dressings)</i>	OTC Benefit	
THERAGAUZE PAD 2"X2" , 4.125"X4.125" <i>(gauze pads & dressings)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TIELLE PAD 2-3/4"X3-1/2" , 4-1/4"X4-1/4" , 5-7/8"X7-3/4" , 7"X7" (<i>gauze pads & dressings</i>)	OTC Benefit	
TOPPER DRESSING SPONGES 3"X4" , 4"X4" (<i>gauze pads & dressings</i>)	OTC Benefit	
<i>trans waterproof dressings</i>	OTC Benefit	
<i>transparent film dressing</i>	OTC Benefit	
<i>wound treatment kit</i>	OTC Benefit	
*GLUCOSE MONITOR & BLOOD PRESSURE MONITOR COMBINATIONS***		
ADVOCATE DUO DEVICE (<i>blood glucose-bp monitor</i>)	OTC Benefit	
<i>blood pres-diabetes digit soln kit</i>	OTC Benefit	
<i>cardiometabolic solution kit</i>	OTC Benefit	
<i>care activation solution kit</i>	OTC Benefit	
CLEVER CHEK AUTO-CODE DEVICE (<i>blood glucose-bp monitor</i>)	OTC Benefit	
DUO-CARE DEVICE (<i>blood glucose-bp monitor</i>)	OTC Benefit	
FORA D40 GLUCOSE/PRESSURE DEVICE (<i>blood glucose-bp monitor</i>)	OTC Benefit	
FORA D40G GLUCOSE/PRESSURE DEVICE (<i>blood glucose-bp monitor</i>)	OTC Benefit	
NEUTEK 2TEK GLUCOSE/PRESSURE DEVICE (<i>blood glucose-bp monitor</i>)	OTC Benefit	
*GLUCOSE MONITOR & CHOLESTEROL MONITOR COMBINATIONS***		
ACCUTREND PLUS DEVICE (<i>glucose-cholesterol monitor</i>)	OTC Benefit	
CARDIOCHEK PLUS ANALYZER DEVICE (<i>glucose-lipid monitor</i>)	OTC Benefit	
*GLUCOSE MONITORING TEST SUPPLIES***		
BLUESTAR DEVICE (<i>blood glucose monitor software</i>)	OTC Benefit	
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 10 (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 1B (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 1G STRIP (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 1K (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 1K STRIP (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 2GK STRIP (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 2GP (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 3 (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 4NL (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 4OBL (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 4PH (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 5 (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 6 (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 7 (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
DIASCREEN 8 (<i>urine glucose monitoring suppl</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DIASCREEN 9 (<i>urine glucose monitoring suppl</i>)	OTC Benefit	
<i>diascreen liquid urine control</i>	OTC Benefit	
GLUCOCOM AUTOLINK TELEMONITOR (<i>blood glucose monitoring suppl</i>)	OTC Benefit	
<i>oval tape</i>	OTC Benefit	
RELION ALL-IN-ONE DEVICE (<i>blood gluc meter disp-strips</i>)	OTC Benefit	
<i>supreme ii confidence paddles</i>	OTC Benefit	
TRACER II 3 VOLT BATTERY (<i>blood glucose monitoring suppl</i>)	OTC Benefit	
*GLUCOSE/KETONE MONITORING TEST SUPPLIES***		
FORA TEST N' GO ADVANCE DEVICE (<i>blood glucose/ketone monitor</i>)	OTC Benefit	
FORA TN'G ADVANCE PRO DEVICE (<i>blood glucose/ketone monitor</i>)	OTC Benefit	
GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE (<i>blood glucose/ketone monitor</i>)	OTC Benefit	
GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE (<i>blood glucose/ketone monitor</i>)	OTC Benefit	
PRECISION XTRA-GLUCOSE/KETONE DEVICE (<i>blood glucose/ketone monitor</i>)	OTC Benefit	
*HEARING AID DEVICES***		
CLEVER CHOICE HEARING AID DEVICE (<i>hearing aid device</i>)	OTC Benefit	
*HEARING AID SUPPLIES-BATTERIES***		
<i>cvs hearing aid batteries</i>	OTC Benefit	
<i>cvs max hearing aid batteries</i>	OTC Benefit	
DURACELL HEARING AID BATTERIES (<i>hearing aid batteries</i>)	OTC Benefit	
<i>hearing aid batteries</i>	OTC Benefit	
<i>hearing aid battery</i>	OTC Benefit	
<i>premium hearing aid batteries</i>	OTC Benefit	
<i>ra hearing aid batteries s 312</i>	OTC Benefit	
<i>ra hearing aid batteries sz 10</i>	OTC Benefit	
<i>ra hearing aid batteries sz 13</i>	OTC Benefit	
*HEATING PADS***		
ADVOCATE HEATING PAD PAD (<i>heating pads</i>)	OTC Benefit	
CLEVER CHOICE COMFORT HEAT PAD (<i>heating pads</i>)	OTC Benefit	
<i>comfort-heal heating pad pad</i>	OTC Benefit	
<i>cvs heating pad pad</i>	OTC Benefit	
<i>cvs moist/dry heat heating pad</i>	OTC Benefit	
<i>dry heat heating pad deluxe pad</i>	OTC Benefit	
<i>dry heat heating pad standard pad</i>	OTC Benefit	
DUNLAP CUSTOM DRY HEAT PAD (<i>heating pads</i>)	OTC Benefit	
DUNLAP DELUXE DRY HEAT PAD (<i>heating pads</i>)	OTC Benefit	
DUNLAP DELUXE MOIST/DRY PAD (<i>heating pads</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DUNLAP HOSPITAL HEAT THERAPY PAD (<i>heating pads</i>)	OTC Benefit	
DUNLAP MOIST HEAT HUGGER WRAP PAD (<i>heating pads</i>)	OTC Benefit	
DUNLAP MOIST HEAT THERAPY PAD (<i>heating pads</i>)	OTC Benefit	
<i>fast-heat heating pad king sz pad</i>	OTC Benefit	
<i>fast-heat heating pad pad</i>	OTC Benefit	
<i>ft heating pad dry/moist pad</i>	OTC Benefit	
<i>gnp deluxe heating pad pad</i>	OTC Benefit	
<i>gnp heating pad pad</i>	OTC Benefit	
<i>heat pad moist/dry massaging pad</i>	OTC Benefit	
<i>heating pad moist/dry king sz pad</i>	OTC Benefit	
<i>heating pad moist/dry pad</i>	OTC Benefit	
<i>heating pad pad</i>	OTC Benefit	
<i>heating pad/xpress heat pad</i>	OTC Benefit	
KAZ HEAT PAD/SMARTHEAT/HP710 PAD (<i>heating pads</i>)	OTC Benefit	
KAZ HEAT PAD/SMARTHEAT/HP910 PAD (<i>heating pads</i>)	OTC Benefit	
<i>kaz heating pad/hp110/dry heat pad</i>	OTC Benefit	
KAZ PAD/SMARTHEAT PRO/HP750 PAD (<i>heating pads</i>)	OTC Benefit	
KAZ PAD/SMARTHEAT PRO/HP950 PAD (<i>heating pads</i>)	OTC Benefit	
<i>moist heat back wrap pad</i>	OTC Benefit	
<i>moist heat neck wrap pad</i>	OTC Benefit	
<i>moist heat pack pad</i>	OTC Benefit	
<i>sinus mask</i>	OTC Benefit	
<i>sm heating pad pad</i>	OTC Benefit	
SOFTHEAT MOIST/DRY PAD (<i>heating pads</i>)	OTC Benefit	
SOFTHEAT ULTRA MOIST/DRY PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE ARTHRITIS LARGE PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE ARTHRITIS MEDIUM PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE ARTHRITIS MUFF PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE ARTHRITIS PETITE PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE BED WARMER DELUXE PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE BED WARMER PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE CLASSIC PLS PETITE PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE CLASSIC PLUS LARGE PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE CLASSIC PLUS MED PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE MAXHEAT PLS/PETITE PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE MAXHEAT PLUS/LARGE PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE MAXHEAT PLUS/MED PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE MEDIUM PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE PETITE PAD (<i>heating pads</i>)	OTC Benefit	
THERMOPHORE STANDARD PAD (<i>heating pads</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*HOT PACKS***		
<i>cvs arthritis heatwraps</i>	OTC Benefit	
<i>cvs heat therapy/back</i>	OTC Benefit	
<i>cvs heatwraps</i>	OTC Benefit	
<i>cvs heatwraps/back/hip</i>	OTC Benefit	
<i>cvs moist heat pain relief</i>	OTC Benefit	
DUNLAP FACIAL COMPRESS (<i>hot packs</i>)	OTC Benefit	
DUNLAP MOIST HEAT COLLAR (<i>hot packs</i>)	OTC Benefit	
DUNLAP MOIST HEAT PACK (<i>hot packs</i>)	OTC Benefit	
DUNLAP MOIST HEAT PACK COVER (<i>hot packs</i>)	OTC Benefit	
DUNLAP MOIST HEAT SINUS COMP (<i>hot packs</i>)	OTC Benefit	
DUNLAP MOIST HEAT THERAPY WRAP (<i>hot packs</i>)	OTC Benefit	
<i>eql heat wraps</i>	OTC Benefit	
<i>eql heat wraps back/hip</i>	OTC Benefit	
GOOD2GO HEAT PACK POLYBAG/CERV (<i>hot packs</i>)	OTC Benefit	
GOOD2GO HEAT PACK POLYBAG/LG (<i>hot packs</i>)	OTC Benefit	
GOOD2GO HEAT PACK POLYBAG/MED (<i>hot packs</i>)	OTC Benefit	
GOOD2GO HEAT PACK/CERVICAL (<i>hot packs</i>)	OTC Benefit	
GOOD2GO HEAT PACK/LARGE (<i>hot packs</i>)	OTC Benefit	
GOOD2GO HEAT PACK/MEDIUM (<i>hot packs</i>)	OTC Benefit	
GOOD2GO HEAT PACK/SHOULDER (<i>hot packs</i>)	OTC Benefit	
GOOD2GO HEAT POLYBAG/SHOULDER (<i>hot packs</i>)	OTC Benefit	
<i>heat and go spot heat</i>	OTC Benefit	
<i>heat and go spot hot pak</i>	OTC Benefit	
<i>heat therapy patches</i>	OTC Benefit	
<i>heat wraps back/hip</i>	OTC Benefit	
<i>heatwraps back/hip</i>	OTC Benefit	
MEDI-BEAR CRIB WARMER (<i>hot packs</i>)	OTC Benefit	
MIDOL HEAT VIBES (<i>heat wraps</i>)	OTC Benefit	
<i>sm heatwraps back/hip pad</i>	OTC Benefit	
SOFTHEAT HEATING WRAP ULTRA (<i>heat wraps</i>)	OTC Benefit	
STYE EYE THERAPY WARM COMPRESS (<i>hot packs</i>)	OTC Benefit	
THERA BEADS FACIAL COMPRESS (<i>hot packs</i>)	OTC Benefit	
THERA BEADS MOIST HEAT COLLAR (<i>hot packs</i>)	OTC Benefit	
THERMACARE (<i>heat wraps</i>)	OTC Benefit	
THERMACARE ARTHRITIS HAND (<i>heat wraps</i>)	OTC Benefit	
THERMACARE ARTHRITIS KNEE/ELBW (<i>heat wraps</i>)	OTC Benefit	
THERMACARE ARTHRITIS NECK (<i>heat wraps</i>)	OTC Benefit	
THERMACARE BACK PAIN THERAPY (<i>heat wraps</i>)	OTC Benefit	
THERMACARE JOINT PAIN THERAPY (<i>heat wraps</i>)	OTC Benefit	
THERMACARE KNEE/ELBOW (<i>heat wraps</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
THERMACARE MENSTRUAL (<i>heat wraps</i>)	OTC Benefit	
THERMACARE MENSTRUAL PAIN (<i>heat wraps</i>)	OTC Benefit	
THERMACARE MUSCLE PAIN THERAPY (<i>heat wraps</i>)	OTC Benefit	
THERMACARE MUSCLE/JOINT (<i>heat wraps</i>)	OTC Benefit	
THERMACARE NECK PAIN THERAPY (<i>heat wraps</i>)	OTC Benefit	
<i>ultra comfort heat patch</i>	OTC Benefit	
*HOT/COLD COMBINATION THERAPY AIDS***		
<i>cold wrap reusable</i>	OTC Benefit	
<i>cold-hot therapy wrap</i>	OTC Benefit	
<i>cvs deluxe hot/cold compress pad</i>	OTC Benefit	
<i>cvs hot/cold compress pad</i>	OTC Benefit	
CVS PEAS HOT OR COLD THERAPY PAD (<i>hot/cold therapy aids</i>)	OTC Benefit	
<i>eq hot or cold large compress pad</i>	OTC Benefit	
<i>eq hot/cold compression sleeve</i>	OTC Benefit	
<i>ft hot/cold compress head/neck pad</i>	OTC Benefit	
<i>ft hot/cold compress pad</i>	OTC Benefit	
FUTURO HOT/COLD PACK PAD (<i>hot/cold therapy aids</i>)	OTC Benefit	
<i>gnp gel bead hot cold pack pad</i>	OTC Benefit	
<i>gnp hot & cold wrap pad</i>	OTC Benefit	
<i>gnp hotcold pack</i>	OTC Benefit	
GOOD2GO HOT/COLD PACK/MITTEN (<i>hot/cold therapy aids</i>)	OTC Benefit	
GOOD2GO HOT/COLD POLYBAG/MITT (<i>hot/cold therapy aids</i>)	OTC Benefit	
<i>hot & cold bead back wrap pad</i>	OTC Benefit	
<i>hot & cold bead eye mask pad</i>	OTC Benefit	
<i>hot & cold bead neck wrap pad</i>	OTC Benefit	
<i>hot & cold bead oval pack pad</i>	OTC Benefit	
<i>hot & cold clay back therapy pad</i>	OTC Benefit	
<i>hot & cold clay multi therapy pad</i>	OTC Benefit	
<i>hot & cold compress pad</i>	OTC Benefit	
<i>hot & cold gel bead compress pad</i>	OTC Benefit	
<i>hot & cold neck & shoulder pad pad</i>	OTC Benefit	
<i>hot & cold wrap head/neck pad</i>	OTC Benefit	
<i>hot & cold wrap universal</i>	OTC Benefit	
<i>hot & cold wrap universal med pad</i>	OTC Benefit	
<i>hot & cold wrap universal pad</i>	OTC Benefit	
<i>hot & cold wrap/gel pack pad</i>	OTC Benefit	
<i>hot cold gelpack pad</i>	OTC Benefit	
<i>hot/cold compress pad</i>	OTC Benefit	
<i>hot/cold pack pad</i>	OTC Benefit	
<i>hot/cold pack/strap pad</i>	OTC Benefit	
<i>hot/cold pak</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>hot/cold wrap</i>	OTC Benefit	
<i>ice & heat wrap/gel pack pad</i>	OTC Benefit	
ICE IT DELUXE HEADACHE/MIGRAIN (<i>hot/cold therapy aids</i>)	OTC Benefit	
ICE IT HEADACHE AND MIGRAINE (<i>hot/cold therapy aids</i>)	OTC Benefit	
<i>instant + reusable gel pack</i>	OTC Benefit	
KAZ COMPLETE INJURY/RECOVERY KIT (<i>hot/cold therapy aids</i>)	OTC Benefit	
KAZ THERMIPAQ HOT/COLD PAD (<i>hot/cold therapy aids</i>)	OTC Benefit	
LANSINOH HOT & COLD THERAPY PAD (<i>hot/cold therapy aids</i>)	OTC Benefit	
NEXCARE COLD/HOT PACK REUSABLE PAD (<i>hot/cold therapy aids</i>)	OTC Benefit	
<i>ra comfort care plus hot/cold pad</i>	OTC Benefit	
SMARTTEMP HOT/COLD PAD (<i>hot/cold therapy aids</i>)	OTC Benefit	
SMARTTEMP MOIST HEAT PAD (<i>hot/cold therapy aids</i>)	OTC Benefit	
THERA PEARL BREAST THERAPY PAD (<i>hot/cold therapy aids</i>)	OTC Benefit	
<i>therma-kool hot/cold compress pad</i>	OTC Benefit	
*HUMIDIFIERS***		
BREATHE COMFORT HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
<i>breathe ease humidifier</i>	OTC Benefit	
<i>charcoal filter</i>	OTC Benefit	
CLEVER CHOICE HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
<i>cool mist humidifier</i>	OTC Benefit	
<i>cool mist humidifier 0.8 gal</i>	OTC Benefit	
<i>cool mist humidifier 1 gallon</i>	OTC Benefit	
<i>cool mist humidifier 1.2 gal</i>	OTC Benefit	
<i>cool mist humidifier 1.3 gal</i>	OTC Benefit	
<i>cool mist humidifier 2 gallon</i>	OTC Benefit	
<i>cvs cool mist humidifer</i>	OTC Benefit	
<i>dual ultrasonic humidifier</i>	OTC Benefit	
FLOWING VAPORS PAD (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
FLOWING VAPORS/VAPOR FAN PAD (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
<i>gnp cool mist humidifier</i>	OTC Benefit	
<i>humidifier</i>	OTC Benefit	
<i>humidifier filter replacement</i>	OTC Benefit	
KAZ AROMATIC INHALANT PAD (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
KAZ DEMINERALIZATION CARTRIDGE (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
KAZ DYNAFILTER K14-3P (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
KAZ DYNAFILTER K14-S (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
KAZ HEALTHMIST HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
<i>kaz humidifier evaporativ 3000</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>kaz humidifier evaporativ 3300</i>	OTC Benefit	
<i>kaz humidifier evaporativ 3400</i>	OTC Benefit	
KAZ ULTRASONIC HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
<i>kaz wicking filter wf1</i>	OTC Benefit	
<i>natural mist wicking filter</i>	OTC Benefit	
<i>personal ultrasonic humidifier</i>	OTC Benefit	
<i>procare humidifier</i>	OTC Benefit	
<i>pure comfort humidifier</i>	OTC Benefit	
<i>sm humidifier/cool mist</i>	OTC Benefit	
<i>ultrasonic cool mist humidif</i>	OTC Benefit	
<i>ultrasonic filter</i>	OTC Benefit	
<i>ultrasonic humidifier</i>	OTC Benefit	
VICKS COOL MIST HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
VICKS GERMFREE HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
VICKS HEALTHCHECK MONITOR (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
VICKS HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
VICKS MINI COOLMIST HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
VICKS PUREMIST HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
VICKS ULTRASONIC HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
VICKS VAPOPADS PEDIATRIC PAD (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
VICKS VAPORIZER SCENT PAD (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
VICKS WARM MIST HUMIDIFIER (<i>humidifiers</i>)	OTC Benefit	
WICKING FILTER (<i>humidifier/vaporizer supplies</i>)	OTC Benefit	
*INCONTINENCE SUPPLIES***		
<i>air permeable underpad</i>	OTC Benefit	
ALWAYS DISCREET (<i>incontinence supply disposable</i>)	OTC Benefit	
ALWAYS DISCREET PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
ALWAYS DISCREET UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	
ALWAYS FEMININE WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
ALWAYS WIPES-TO-GO (<i>incontinence supply disposable</i>)	OTC Benefit	
ASSURANCE BELTED SHIELD (<i>incontinence supply disposable</i>)	OTC Benefit	
ASSURANCE BOXERS MENS 28"-40" (<i>incontinence supply disposable</i>)	OTC Benefit	
ASSURANCE BOXERS MENS 38"-64" (<i>incontinence supply disposable</i>)	OTC Benefit	
ASSURANCE GUARDS FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
ASSURANCE PREMIUM WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
ASSURANCE UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ASSURANCE UNDERWEAR MENS (<i>incontinence supply disposable</i>)	OTC Benefit	
ASSURANCE UNDERWEAR WOMENS (<i>incontinence supply disposable</i>)	OTC Benefit	
ATTENDS BRIEFS SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
ATTENDS UNDERPADS L EX-ABSORB (<i>incontinence supply disposable</i>)	OTC Benefit	
ATTENDS WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
BARD BASIC IRRIGATION TRAY KIT (<i>incontinence supplies</i>)	OTC Benefit	
BARD CATHETER STRAP (<i>incontinence supplies</i>)	OTC Benefit	
BARD CENTER ENTRY CLOSE SYSTEM (<i>incontinence supplies</i>)	OTC Benefit	
BARD CUNNINGHAM INCONTIN CLAMP (<i>incontinence supplies</i>)	OTC Benefit	
BARD DELUXE FABRIC LEG STRAPS (<i>incontinence supplies</i>)	OTC Benefit	
BARD DISPOZ-A-BAG LEG BAG (<i>incontinence supply disposable</i>)	OTC Benefit	
BARD DISPOZ-A-BAG/FLIP-FLO VLV (<i>incontinence supply disposable</i>)	OTC Benefit	
BARD DRAINAGE BAG FLOOR STAND (<i>incontinence supplies</i>)	OTC Benefit	
BARD EXTENSION TUBING/CONNECT (<i>incontinence supplies</i>)	OTC Benefit	
BARD INFECT CONT TRAY W/O CATH KIT (<i>incontinence supplies</i>)	OTC Benefit	
BARD INFECTION CONTROL BAG (<i>incontinence supplies</i>)	OTC Benefit	
BARD IRRIGATION TRAY KIT (<i>incontinence supplies</i>)	OTC Benefit	
BARD LEG BAG HOLDER (<i>incontinence supplies</i>)	OTC Benefit	
BARD LEG BAG STRAPS/FABRIC (<i>incontinence supplies</i>)	OTC Benefit	
BARD LUBRICATH FOLEY W/O CATH KIT (<i>incontinence supplies</i>)	OTC Benefit	
BARD PLASTIC TUBING/ADAPTER (<i>incontinence supplies</i>)	OTC Benefit	
BARD PROTECTIVE BARRIER FILM (<i>incontinence supplies</i>)	OTC Benefit	
BARD TWO-SIDED ADHESIVE STRIP (<i>incontinence supply disposable</i>)	OTC Benefit	
BARD URINARY DRAINAGE SYSTEM (<i>incontinence supplies</i>)	OTC Benefit	
BARDIA IRRIGATION TRAY KIT (<i>incontinence supplies</i>)	OTC Benefit	
BARDIA URINARY DRAINAGE BAG (<i>incontinence supplies</i>)	OTC Benefit	
BARDIA URINARY DRAINAGE BAG KIT (<i>incontinence supplies</i>)	OTC Benefit	
<i>bedpan</i>	OTC Benefit	
<i>bedside drainage collect systm kit</i>	OTC Benefit	
<i>belted undergarment</i>	OTC Benefit	
<i>belted undergarment pad</i>	OTC Benefit	
<i>belted undergarment xtra</i>	OTC Benefit	
<i>bladder control pads ex absorb</i>	OTC Benefit	
<i>bladder control pads extra pls</i>	OTC Benefit	
<i>bladder control pads regular</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>bladder control pads ultra</i>	OTC Benefit	
<i>bladder control pads ultra pls</i>	OTC Benefit	
<i>briefs overnight large</i>	OTC Benefit	
<i>briefs overnight medium</i>	OTC Benefit	
CATHGRIP DOUBLE STRAP (<i>incontinence supplies</i>)	OTC Benefit	
CATH-SECURE (<i>incontinence supplies</i>)	OTC Benefit	
CATH-SECURE DUAL TAB (<i>incontinence supplies</i>)	OTC Benefit	
CATH-SECURE FOR KIDS (<i>incontinence supplies</i>)	OTC Benefit	
CATH-SECURE PLUS (<i>incontinence supplies</i>)	OTC Benefit	
CERTAINTY ADJ UNDERWEAR LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY ADJ UNDERWEAR SM/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY ADULT WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY BELTED SHIELDS (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY BOXERS 28"-40" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY BOXERS 38"-64" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY CLEANSING WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY COMFORTLUX UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY FITTED BRIEFS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY FITTED BRIEFS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY FITTED BRIEFS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY GUARDS FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY LINERS/WOMEN (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY MAXIMUM PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY OVERNIGHT UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY PADS/WOMEN (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY PURSEREADY UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY STRETCH BRIEFS L/XL (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY ULTIMATE (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY ULTIMATE PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY ULTRA THIN UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CERTAINTY UNDERPADS 17"X24" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERPADS 23"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERPADS 30"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 20"-34" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 28"-40" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 32"-44" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 34"-46" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 38"-50" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 38"-64" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 44"-58" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 48"-64" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 58"-63" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 58"-68" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY UNDERWEAR 68"-80" (<i>incontinence supply disposable</i>)	OTC Benefit	
CERTAINTY WOMENS PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>cleansing cloths flushable</i>	OTC Benefit	
CLEVER CHOICE COMFORT PROTECT (<i>incontinence supply disposable</i>)	OTC Benefit	
COMFORT PROTECT ADLT DIAPER/XL (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>comfort protect adult diap xl</i>	OTC Benefit	
COMFORT PROTECT ADULT DIAPER/L (<i>incontinence supply disposable</i>)	OTC Benefit	
COMFORT PROTECT ADULT DIAPER/M (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>comfort shield adult diapers</i>	OTC Benefit	
<i>comfort shield underpads adult</i>	OTC Benefit	
COMFORT TOUCH ADULT UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	
CONTIGEN TREATMENT SYRINGE (<i>incontinence supplies</i>)	OTC Benefit	
<i>control pads extra absorbency</i>	OTC Benefit	
<i>cotton snap pants</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
COTTONELLE FRESH CARE (<i>incontinence supply disposable</i>)	OTC Benefit	
COTTONELLE FRESH MOIST WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
COTTONELLE MOIST WIPE FOR KIDS (<i>incontinence supply disposable</i>)	OTC Benefit	
COTTONELLE MOIST WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
CURITY CLEANERS (<i>incontinence supply disposable</i>)	OTC Benefit	
CURITY INFANT CRIB LINER (<i>incontinence supplies</i>)	OTC Benefit	
CURITY YOUTH PANTS (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>cvs adjustable underwear</i>	OTC Benefit	
<i>cvs belted shields unisex</i>	OTC Benefit	
<i>cvs cleansing wipes</i>	OTC Benefit	
<i>cvs cleansing wipes sensitive</i>	OTC Benefit	
<i>cvs day & night underpads</i>	OTC Benefit	
<i>cvs disposable bed mats</i>	OTC Benefit	
<i>cvs fitted briefs day/night lg</i>	OTC Benefit	
<i>cvs fitted briefs day/night md</i>	OTC Benefit	
<i>cvs fitted briefs day/night xl</i>	OTC Benefit	
<i>cvs fitted briefs unisex xl</i>	OTC Benefit	
<i>cvs mens guard</i>	OTC Benefit	
<i>cvs mens guards max absorbency</i>	OTC Benefit	
<i>cvs mens underwear large/xl</i>	OTC Benefit	
<i>cvs mens underwear sm/med</i>	OTC Benefit	
<i>cvs overnight pads-womens</i>	OTC Benefit	
<i>cvs overnight underwear</i>	OTC Benefit	
<i>cvs overnight underwear s/m</i>	OTC Benefit	
<i>cvs overnight underwear xl</i>	OTC Benefit	
<i>cvs premium adult wash cloths</i>	OTC Benefit	
<i>cvs premium underpads</i>	OTC Benefit	
<i>cvs proactive pad</i>	OTC Benefit	
<i>cvs protective max absorb/long</i>	OTC Benefit	
<i>cvs protective maximum absorb</i>	OTC Benefit	
<i>cvs protective ult absorb/long</i>	OTC Benefit	
<i>cvs protective underwear lge</i>	OTC Benefit	
<i>cvs protective underwear s/m</i>	OTC Benefit	
<i>cvs stretch fit adj brief l/xl</i>	OTC Benefit	
<i>cvs stretch fit adj brief med</i>	OTC Benefit	
<i>cvs underpads 22"x35"</i>	OTC Benefit	
<i>cvs underpads day/nght 30"x36"</i>	OTC Benefit	
<i>cvs womens protect pads long</i>	OTC Benefit	
<i>cvs womens protective pad</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs womens protective pad long</i>	OTC Benefit	
<i>cvs womens underwear large</i>	OTC Benefit	
<i>cvs womens underwear sm/med</i>	OTC Benefit	
<i>cvs womens underwear x-large</i>	OTC Benefit	
<i>cvs womens underwear xs/small</i>	OTC Benefit	
<i>cvs womens underwear x-small</i>	OTC Benefit	
<i>cvs womens underwear xx-large</i>	OTC Benefit	
DEPEND ADJUSTABLE UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND ADJUSTABLE UNDERWEAR LG (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND BOOST INSERT (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND EASY FIT UNDERGARMENTS (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND FIT-FLEX FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND FIT-FLEX WOMENS/SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND FIT-FLEX-WOMEN-M (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND FITTED BRIEFS SM/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND FRESH PROTECTION LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND FRESH PROTECTION MENS (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND GUARDS FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND PANT EXTRA LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND PANT LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND PANT SM/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND PROTECTION BRIEFS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND REAL FIT UNDERWEAR/MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND REAL FIT/BRIEF/MEN/L-XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND REAL-FIT BRIEFS FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND SHIELDS FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND SILHOUETTE ACTIVE FIT (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND SILHOUETTE BRIEFS L/XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND SILHOUETTE BRIEFS S/M (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND SILHOUETTE UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DEPEND UNDERGARMENT EX ABSORB (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND UNDERGARMENTS (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND UNDERWEAR LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND UNDERWEAR LARGE/XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND UNDERWEAR SM/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
DEPEND UNDERWEAR X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY BRIEFMATES MENS POUCH (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY BRIEFMATES SUPERGUARD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY BRIEFMATES ULTRA PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY DERMATEAM UNDERPAD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY DERMATEAM WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY DRY WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY DUCHESS PANTY LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY DUCHESS PANTY MED (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY DUCHESS PANTY SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY DUCHESS PANTY XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY EXTRA-DUTY DOUBLE PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY LITES LONG PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY LITES PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY LITES THINSERTS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY MENS BOXER SHORTS L (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY MENS BOXER SHORTS M (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY MENS BOXER SHORTS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY MENS BOXER SHORTS XXL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY MINI PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY NATURALS PADS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PANT REGULAR (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DIGNITY PANT REGULAR LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PANT REGULAR MED (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PANT REGULAR SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PANT REGULAR XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS BRIEFMATES (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DERMATEAM LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DERMATEAM MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DERMATEAM XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DISPOSABLE LG (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DISPOSABLE MED (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DISPOSABLE SM (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DISPOSABLE XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DISPOSABLE XXL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS DISPOSABLE YOUTH (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS OVERNIGHT LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS OVERNIGHT MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS OVERNIGHT XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS REGULAR LG (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS REGULAR MED (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS REGULAR SM (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS REGULAR XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS SHEET/LINEN PROT (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS SUPER LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PLUS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PREVENT PLUS (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY PROTECTIVE UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DIGNITY REGULAR CLASSIC (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY REGULAR-DUTY PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY REUSABLE PAD (<i>incontinence supplies</i>)	OTC Benefit	
DIGNITY SHEET/LINEN PROTECTORS (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY SPARTAN LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY SUPER NATURALS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY ULTRA LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY ULTRA MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY ULTRA SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY ULTRA WOMENS GUARDS (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY ULTRA XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DIGNITY WINGFOLD (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>dispos underpads/105g/30"x30"</i>	OTC Benefit	
<i>dispos underpads/22g/17"x24"</i>	OTC Benefit	
<i>dispos underpads/31g/23"x24"</i>	OTC Benefit	
<i>dispos underpads/45g/23"x36"</i>	OTC Benefit	
<i>dispos underpads/60g/23"x36"</i>	OTC Benefit	
<i>dispos underpads/90g/30"x36"</i>	OTC Benefit	
<i>disposable brief large</i>	OTC Benefit	
<i>disposable brief medium</i>	OTC Benefit	
<i>disposable brief small</i>	OTC Benefit	
<i>disposable brief x-large</i>	OTC Benefit	
<i>disposable liners</i>	OTC Benefit	
<i>disposable pants</i>	OTC Benefit	
<i>disposable polymer pants large</i>	OTC Benefit	
<i>disposable polymer pants med</i>	OTC Benefit	
<i>disposable underpads 17"x24"</i>	OTC Benefit	
<i>disposable underpads 30"x36"</i>	OTC Benefit	
DOVER ADHESIVE STRAP 2-SIDED (<i>incontinence supplies</i>)	OTC Benefit	
DOVER CATHETER LEG STRAP (<i>incontinence supplies</i>)	OTC Benefit	
DOVER CATHETER STRIP (<i>incontinence supplies</i>)	OTC Benefit	
DOVER DRAINAGE BAG (<i>incontinence supplies</i>)	OTC Benefit	
DOVER ELASTIC FOAM STRAP (<i>incontinence supply disposable</i>)	OTC Benefit	
DOVER EXT TUBE/CONNECTOR (<i>incontinence supplies</i>)	OTC Benefit	
DOVER IRRIGATION TRAY (<i>incontinence supplies</i>)	OTC Benefit	
DOVER IRRIGATION TRAY KIT (<i>incontinence supplies</i>)	OTC Benefit	
DOVER TWO-SIDED ADHESIVE STRAP (<i>incontinence supply disposable</i>)	OTC Benefit	
DOVER URI-DRAIN DELUXE LEG BAG (<i>incontinence supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DOVER URINARY EXTENSION TUBING (<i>incontinence supplies</i>)	OTC Benefit	
DOVER URINARY LEG BAG (<i>incontinence supplies</i>)	OTC Benefit	
DOVER URINE DRAINAGE BAG (<i>incontinence supplies</i>)	OTC Benefit	
DOVER URINE LEG BAG (<i>incontinence supplies</i>)	OTC Benefit	
<i>drainable fecal collector</i>	OTC Benefit	
DRY COMFORT EXTRA BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
DRY COMFORT EXTRA BRIEF MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
DRY COMFORT EXTRA BRIEF SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
DRY COMFORT EXTRA BRIEF XL (<i>incontinence supply disposable</i>)	OTC Benefit	
DRY COMFORT WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS BLDR CNTRL PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS BRIEFS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS BRIEFS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS BRIEFS SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS DISP UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS DISP UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS FITTED BRIEFS LG (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS FITTED BRIEFS MED (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS SHIELD (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS UNDERGARMENTS (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS UNDERPADS 23"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS UNDERWEAR S/M (<i>incontinence supply disposable</i>)	OTC Benefit	
ENTRUST PLUS UNDERWEAR XL (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>eq body curve pads regular</i>	OTC Benefit	
<i>eq options liners long</i>	OTC Benefit	
<i>eq options liners regular</i>	OTC Benefit	
<i>eq options pads long</i>	OTC Benefit	
<i>eq options pads regular</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EQ OPTIONS ULTRA THINS LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>eql liners long/very light abs</i>	OTC Benefit	
<i>eql pads bladder protect max</i>	OTC Benefit	
<i>eql pads bladder protect mod</i>	OTC Benefit	
<i>eql pads bladder protect ultim</i>	OTC Benefit	
EQL PERSONAL CONFIDENCE (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>eql personal confidence guard</i>	OTC Benefit	
EQL PERSONAL CONFIDENCE PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
EQL PURSEREADY UNDERWEAR S/M (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>eql ultra thin pads/light abs</i>	OTC Benefit	
<i>eql underwear men 28"-40"</i>	OTC Benefit	
<i>eql underwear men 38"-64"</i>	OTC Benefit	
<i>eql underwear men 48"-64"</i>	OTC Benefit	
<i>eql underwear women 28"-40"</i>	OTC Benefit	
<i>eql underwear women 38"-50"</i>	OTC Benefit	
<i>extension tubing/connector</i>	OTC Benefit	
EXU-DRY CRIB SHEET 20"X28" (<i>incontinence supplies</i>)	OTC Benefit	
<i>female urinal</i>	OTC Benefit	
<i>female urinary pouch</i>	OTC Benefit	
<i>feminine wipes</i>	OTC Benefit	
FIRST QUALITY PERSONAL CLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
FIRST QUALITY WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
FIRST-TIME URINE SPEC COLLECT (<i>incontinence supplies</i>)	OTC Benefit	
<i>fitted briefs maximum large</i>	OTC Benefit	
<i>fitted briefs maximum medium</i>	OTC Benefit	
<i>fitted briefs maximum xl</i>	OTC Benefit	
<i>fitted briefs medium</i>	OTC Benefit	
<i>fitted briefs small</i>	OTC Benefit	
<i>fitted briefs/aloe large</i>	OTC Benefit	
FLEXI-SEAL FECAL COLLECTOR (<i>incontinence supplies</i>)	OTC Benefit	
FLEXI-SEAL FMS BAGS/FILTER (<i>incontinence supplies</i>)	OTC Benefit	
FLEXI-SEAL SIGNAL FMS (<i>incontinence supplies</i>)	OTC Benefit	
FQ AIR PERMEABLE UNDERPAD (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ BELTED UNDERGARMENT (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ FRONTAL TAPE BRIEF XL (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ FULL MAT BRIEF ADULT SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FQ FULL MAT BRIEF YOUTH (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ NU-FIT ADULT BRIEF XL (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PANT LINER (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PANT LINER LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PANT LINER MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PANT LINER SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PERFIT LMTD MAT ADULT BRIEF (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PREMIUM UNDERPAD (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PREVAIL BELTED UNDERGARMENT (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PREVAIL BLADDER CONTROL PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
FQ PROTECTIVE UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE FEMALE PANTY (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE FEMALE PANTY LG (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE FEMALE PANTY MED (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE FEMALE PANTY XL (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE MALE BRIEF (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE MALE BRIEF LG (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE MALE BRIEF MED (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE MALE BRIEF XL (<i>incontinence supply disposable</i>)	OTC Benefit	
FREE & ACTIVE PADS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>full mat brief</i>	OTC Benefit	
<i>gnp briefs with tabs large</i>	OTC Benefit	
<i>gnp guards for men</i>	OTC Benefit	
<i>gnp pads for women</i>	OTC Benefit	
<i>gnp stretch briefs l-xl</i>	OTC Benefit	
<i>gnp stretch briefs small-med</i>	OTC Benefit	
<i>gnp underwear for men large-xl</i>	OTC Benefit	
<i>gnp underwear for men/women lg</i>	OTC Benefit	
<i>gnp underwear for women sm/med</i>	OTC Benefit	
<i>gnp underwear men sm/med</i>	OTC Benefit	
<i>guards</i>	OTC Benefit	
HARMONIE UNDERPAD (<i>incontinence supply disposable</i>)	OTC Benefit	
HARMONIE UNDERPAD EXTRA (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HARMONIE UNDERPAD REGULAR (<i>incontinence supply disposable</i>)	OTC Benefit	
HARMONIE UNDERPAD ULTRA (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>hexasorb disposable underpads</i>	OTC Benefit	
<i>high capacity pads</i>	OTC Benefit	
<i>hm underpads 23" x 36"</i>	OTC Benefit	
<i>hm womens underwear</i>	OTC Benefit	
<i>incontinence brief large</i>	OTC Benefit	
<i>incontinence brief medium</i>	OTC Benefit	
<i>infant urine collector</i>	OTC Benefit	
KENDALL WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
KENDALL WASHCLOTHS/NOVONETTE (<i>incontinence supply disposable</i>)	OTC Benefit	
KINDKLAMP PENILE CLAMP (<i>incontinence supplies</i>)	OTC Benefit	
LADY DIGNITY PLUS PANTIES (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY PLUS PANTIES LG (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY PLUS PANTIES MED (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY PLUS PANTIES SM (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY PLUS PANTIES XL (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY WOMENS PANTY (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY WOMENS PANTY LG (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY WOMENS PANTY MED (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY WOMENS PANTY SM (<i>incontinence supply disposable</i>)	OTC Benefit	
LADY DIGNITY WOMENS PANTY XL (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>land before time brief jumbo</i>	OTC Benefit	
<i>latex leg bag straps</i>	OTC Benefit	
<i>male urinal</i>	OTC Benefit	
<i>male urinal/odor shield</i>	OTC Benefit	
MAXICARE BELTED UNDERGARMENT (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>mesh pants</i>	OTC Benefit	
<i>moist wipes flushable</i>	OTC Benefit	
NU-FIT ADULT BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
NU-FIT ADULT BRIEF MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OVERNIGHT SLEEP GUARD LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>padsorber bed pan liners</i>	OTC Benefit	
PER-FIT BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PER-FIT BRIEF MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PER-FIT UNDERWEAR EXTRA LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PER-FIT UNDERWEAR LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PER-FIT UNDERWEAR MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>personal cleansing washcloths</i>	OTC Benefit	
POISE FRESH PROTECTION (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE FRESH PROTECTION PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE HOURGLASS SHAPE PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE LINERS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE MAXIMUM ABSORBENCY (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE MAXIMUM ABSORBENCY PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE MICROLINERS LONG (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE MODERATE ABSORBENCY PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE PAD PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE THIN-SHAPE MODERATE PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE THIN-SHAPE PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE ULTIMATE ABSORBENCY (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE ULTIMATE ABSORBENCY PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE ULTRA THIN PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
POISE ULTRA THINS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL ADJ UNDERWEAR LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL ADJ UNDERWEAR SM/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL ADULT BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL ADULT BRIEF MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL ADULT WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL AIR BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL AIR PLUS BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PREVAIL ALL NITES MEDIUM/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BARIATRIC A (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BARIATRIC B (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BLADDER CONT ULTRA PLS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BLADDER CONTROL PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BLADDER CONTROL ULTRA (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BOXERS FOR MEN L-XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BOXERS FOR MEN S-M (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BREEZERS 360-SIZE 1 (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BREEZERS 360-SIZE 2 (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BREEZERS 360-SIZE 3 (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BREEZERS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BREEZERS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BREEZERS REGULAR (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BREEZERS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BRIEF MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BRIEF SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BRIEF X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL BRIEF YOUTH (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL CURVE PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL EXTRA PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL EXTRA PLUS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL FITS TO A T LARGE/XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL FITS TO A T MEDIUM/REG (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL FLUFF UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL FOR WOMEN LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL FOR WOMEN SMALL/MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL FOR WOMEN X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL FULL COVER UNDERWEAR (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PREVAIL GUARDS FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL IB FULL MAT BRIEF 2XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL IBF FULL MAT BRIEF LG (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL IBF FULL MAT BRIEF MED (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL MAXIMUM ABSORBENCY PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL MAXIMUM ABSORBENCY/LNG PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL MEN UNDERWEAR 2XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL MEN UNDERWEAR LARGE-XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL MEN UNDERWEAR SM-MED (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL MESH PANTS 2XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL MODERATE ABSORBENCY (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PANT LINER SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PANTILINER (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT 360 SIZE 1 (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT 360 SIZE 2 (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT 360 SIZE 3 (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT MEN LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT MEN MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT MEN X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT WOMEN LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT WOMEN MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PER-FIT WOMEN X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PREMIUM UNDERPAD SUPER (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL PREMIUM WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL SIMPLY STRETCHFIT/A (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL SIMPLY STRETCHFIT/B (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL STRETCHFIT SIZE A (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PREVAIL SUPER PLUS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL SUPER PLUS SM/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL SUPER PLUS XLARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL TOTAL CARE UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL ULTIMATE ABSORBENCY PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL ULTRATHIN UNDERWEAR LG (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL ULTRATHIN UNDERWEAR MD (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL UNDERWEAR 2XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL WET WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL WOMEN UNDERWEAR 2XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL WOMEN UNDERWEAR LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL WOMEN UNDERWEAR SM/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL WOMEN UNDERWEAR XL (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL XTREME FIT PLUS (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVAIL XTREME FIT REGULAR (<i>incontinence supply disposable</i>)	OTC Benefit	
PREVENT PLUS SUPERGUARD (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE ADULT BRIEFS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE ADULT BRIEFS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE ADULT BRIEFS X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE ADULT WASHCLOTHS/LG (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE BARIATRIC BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE PLUS UNDERWEAR LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE PLUS UNDERWEAR MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE PLUS UNDERWEAR X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PROCARE UNDERWEAR LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE UNDERWEAR MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
PROCARE UNDERWEAR X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
PROMISE DAY LIGHT PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>protect underwear super sm/med</i>	OTC Benefit	
<i>protect underwear xtra large</i>	OTC Benefit	
<i>protect underwear xtra sm/med</i>	OTC Benefit	
<i>protective underwear large</i>	OTC Benefit	
<i>protective underwear medium</i>	OTC Benefit	
<i>protective underwear sm/med</i>	OTC Benefit	
<i>protective underwear small</i>	OTC Benefit	
<i>protective underwear super lg</i>	OTC Benefit	
<i>protective underwear super pls</i>	OTC Benefit	
<i>protective underwear super xl</i>	OTC Benefit	
<i>protective underwear xl</i>	OTC Benefit	
PROVIDE UNDERPAD (<i>incontinence supply disposable</i>)	OTC Benefit	
PROVIDE UNDERPAD ULTRA (<i>incontinence supply disposable</i>)	OTC Benefit	
QUIK-SORB UNDERPAD (<i>incontinence supplies</i>)	OTC Benefit	
<i>ra guards for men</i>	OTC Benefit	
<i>ra overnight pads for women</i>	OTC Benefit	
<i>ra pads for women</i>	OTC Benefit	
<i>ra protective underwear</i>	OTC Benefit	
<i>ra underpads extra large</i>	OTC Benefit	
<i>ra underpads super large</i>	OTC Benefit	
<i>ra underwear for men & women</i>	OTC Benefit	
<i>ra underwear for men large</i>	OTC Benefit	
<i>ra underwear for men lg-xl</i>	OTC Benefit	
<i>ra underwear for men xl</i>	OTC Benefit	
<i>ra underwear for men/sm-med</i>	OTC Benefit	
<i>ra underwear for women 2xl</i>	OTC Benefit	
<i>ra underwear for women lg</i>	OTC Benefit	
<i>ra underwear for women sm-med</i>	OTC Benefit	
<i>ra underwear for women xlarge</i>	OTC Benefit	
<i>ra underwear men/women s/m</i>	OTC Benefit	
<i>reality incontinent briefs sm</i>	OTC Benefit	
<i>regular strap</i>	OTC Benefit	
<i>retracted penis pouch</i>	OTC Benefit	
<i>reusable pants w/liner</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>reusable pants w/o liner</i>	OTC Benefit	
<i>reusable snap-in liners</i>	OTC Benefit	
<i>saps health incontinence pads</i>	OTC Benefit	
SCOTT MOIST WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE BELTED UNDERGARMENT (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE BELTLESS UNDERGARMENT (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FEMALE PANTS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FEMALE PANTS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FEMALE PANTS SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FEMALE PANTS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FITTED BRIEFS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FITTED BRIEFS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FITTED BRIEFS SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FITTED BRIEFS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE FITTED BRIEFS YOUTH (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE GUARDS (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE MALE PANTS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE MALE PANTS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE MALE PANTS SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE MALE PANTS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE MATTRESS COVER (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE PADS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE PLUS BELTED UNDERGARMNT (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE UNDERGARMENT STRAPS LG (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE UNDERGARMENT STRAPS MED (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE UNDERGARMENT STRAPS SM (<i>incontinence supply disposable</i>)	OTC Benefit	
SECURE UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT BELTED UNDERGARMENTS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT BOOSTER PADS (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SELECT CONTOURED SHIELD LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DAYTIME LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DAYTIME PLUS LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE BRIEF MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE BRIEF SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE BRIEF XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE BRIEF XS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE UNDERWEAR LG (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE UNDERWEAR M (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE UNDERWEAR SM (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE UNDERWEAR XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT DISPOSABLE UNDERWEAR XS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT KIDS DISPOSABLE BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT MESH PANTS EXTRA LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT MESH PANTS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT MESH PANTS MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT MESH PANTS XXL (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT NIGHTTIME LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT PERSONAL CARE PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT SHIELD PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT SLIM N' SOFT GUARD (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT SLIM N' SOFT GUARD REG (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT SLIM N' SOFT PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT SOFT N' BREATHABLE LG (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT SOFT N' BREATHABLE MED (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SELECT SOFT N' BREATHABLE XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT ULTRA UNDERPADS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT UNDERGARMENT STRAPS (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT UNDERPADS EXTRA LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SELECT UNDERPADS LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY ADULT BRIEF 31"-48" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY ADULT BRIEF 31"-52" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY ADULT BRIEF 31"-56" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY ADULT BRIEF 32"-44" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY ADULT BRIEF 45"-58" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY ADULT BRIEF XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY FLUFF UNDERPAD (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY GARMENT LINER (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY INSERT PAD 12"-21" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY INSERT PAD 12"-24" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY INSERT PAD 12"-28" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY INSERT PAD 14"-30" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY INSERT PAD 6.5"X17" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY PANT LINER 8"X24" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY POLY BRIEF 32"-44" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY POLY BRIEF 45"-58" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIMPLICITY POLY BRIEF 59"-64" (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY MENS BRIEFS LG (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY MENS BRIEFS MED (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY MENS BRIEFS SM (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SIR DIGNITY MENS BRIEFS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY MENS BRIEFS XXL (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY PLUS BRIEFS LG (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY PLUS BRIEFS MED (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY PLUS BRIEFS SM (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY PLUS BRIEFS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SIR DIGNITY PLUS BRIEFS XXL (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE ADJUSTABLE BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE CONTOURED LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE DISPOSABLE BRIEFS LG (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE DISPOSABLE BRIEFS MED (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE DISPOSABLE BRIEFS SM (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE DISPOSABLE BRIEFS XL (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE DISPOSABLE BRIEFS YTH (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE FITTED LINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
SLIMLINE PEACH SHEET CARE PADS (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>slip-on undergarments</i>	OTC Benefit	
SM INCONTINENT LINER DISP (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>sm underpads medium</i>	OTC Benefit	
SPARTAN WATERPROOF PANT EXTRA (<i>incontinence supplies</i>)	OTC Benefit	
SPARTAN WATERPROOF PANT LARGE (<i>incontinence supplies</i>)	OTC Benefit	
SPARTAN WATERPROOF PANT S/M (<i>incontinence supplies</i>)	OTC Benefit	
SURE CARE BELTED UNDERGARMENT (<i>incontinence supply disposable</i>)	OTC Benefit	
SURE CARE BELTLESS UNDERGARMNT (<i>incontinence supply disposable</i>)	OTC Benefit	
SURE CARE UNDERGARMENT (<i>incontinence supply disposable</i>)	OTC Benefit	
SURE CARE UNDERPADS 17"X24" (<i>incontinence supply disposable</i>)	OTC Benefit	
SURE CARE UNDERPADS 23"X24" (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SURE CARE UNDERPADS 23"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
SURE CARE UNDERPADS 30"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
SURE CARE UNDERWEAR 34"-46" (<i>incontinence supply disposable</i>)	OTC Benefit	
SURE CARE UNDERWEAR 44"-54" (<i>incontinence supply disposable</i>)	OTC Benefit	
SURE CARE UNDERWEAR 48"-66" (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA BELTED BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA CLASSIC BRIEFS/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA CLASSIC BRIEFS/MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA CLASSIC BRIEFS/X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA COMPLETE + CARE LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA COMPLETE + CARE MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA COMPLETE + CARE XL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA COMPLETE BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA COMPLETE BRIEF MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA COMPLETE BRIEF XL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DAY DRY COMFORT HEAVY (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DAY DRY COMFORT LIGHT (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DAY DRY COMFORT MODERATE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DAY LIGHT PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DAY PLUS PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DAY REGULAR PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DISCREET SUPER/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DISCREET SUPER/MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DISCREET ULTRA/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DISCREET ULTRA/MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DISCREET XLARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DISCREET/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TENA DISCREET/MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA DISCREET/SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FLEX 12 MAXI (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FLEX 12 PLUS (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FLEX 12 SUPER (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FLEX 16 MAXI (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FLEX 16 PLUS (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FLEX 16 SUPER (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FLEX 20 (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FLEX 8 SUPER (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA KNIT PANTS/PLUS (<i>incontinence supplies</i>)	OTC Benefit	
TENA KNIT PANTS/REGULAR (<i>incontinence supplies</i>)	OTC Benefit	
TENA MEN UNDERWEAR CULOTTE M/L (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA MEN UNDERWEAR CULOTTE XL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA MESH PANTS/LARGE (<i>incontinence supplies</i>)	OTC Benefit	
TENA MESH PANTS/MEDIUM (<i>incontinence supplies</i>)	OTC Benefit	
TENA MESH PANTS/SMALL (<i>incontinence supplies</i>)	OTC Benefit	
TENA MESH PANTS/X-LARGE (<i>incontinence supplies</i>)	OTC Benefit	
TENA NIGHT DRY COMFORT (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA NIGHT SUPER PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA OVERNIGHT (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PANTS SUPER/MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PANTS ULTRA/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PANTS ULTRA/MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PANTS/SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PANTS/XL-XXL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PANTS/YOUTH (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECT UNDERWEAR EXT/LG (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECT UNDERWEAR EXT/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECT UNDERWEAR EXT/SM (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECT UNDERWEAR PLS/LG (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECT UNDERWEAR PLS/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECT UNDERWEAR PLS/XL (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TENA PROTECT UNDERWEAR/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECTIVE UNDERWEAR/2XL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECTIVE UNDERWEAR/LG (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECTIVE UNDERWEAR/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA PROTECTIVE UNDERWEAR/XL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA SKIN-CARING WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA STRETCH BRIEF 2XL (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA SUPER BRIEF/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA WOMEN UNDERWEAR CULOTTE (<i>incontinence supply disposable</i>)	OTC Benefit	
TENA YOUTH BRIEF EXTRA SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
THERAWORX HARMONY FEM WIPE (<i>incontinence supply disposable</i>)	OTC Benefit	
THERAWORX PROTECT CLEANS WIPE (<i>incontinence supply disposable</i>)	OTC Benefit	
TOPLINERS (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY ADULT LINER (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY AIR-PLUS BARIATRIC (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY ATN BRIEF EX SM (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY ATN BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY ATN BRIEF MED (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY ATN BRIEF SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY ATN BRIEF XL (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY BARIATRIC PANT (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY BRIEFS KIT (<i>incontinence supplies</i>)	OTC Benefit	
TRANQUILITY CLEANSING WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY FLEXTENDER STRAP (<i>incontinence supplies</i>)	OTC Benefit	
TRANQUILITY HIGH CAPACITY PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY HI-RISE BARIATRIC (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TRANQUILITY MINI TRIMSHIELD (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY PREMIUM DAYTIME (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY PREMIUM OVERNIGHT (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY PREMIUM PROTECTION (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY PREMIUN DAYTIME (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE BRIEF (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE BRIEF ADJ (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE BRIEF JR (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE BRIEF LG (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE BRIEF MED (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE BRIEF SM (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE BRIEF YTH (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE FIT LINER (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SLIMLINE SHEET PAD (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SMARTCORE BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY SUPER PLUS LINER (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY THINLINER 2022 (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY THINLINER 610 (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY THINLINER 714 (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY TOPLINER (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY TOPLINER BOOSTER (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY TRIMSHIELD FOR MEN (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY TRIMSHIELD REGULAR (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY TRIMSHIELD SUPR-PL (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY UNDERGARMENTS (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TRANQUILITY UNDERPADS (<i>incontinence supply disposable</i>)	OTC Benefit	
TRANQUILITY WASHABLE PANT L (<i>incontinence supplies</i>)	OTC Benefit	
TRANQUILITY WASHABLE PANT M (<i>incontinence supplies</i>)	OTC Benefit	
TRANQUILITY WASHABLE PANT S (<i>incontinence supplies</i>)	OTC Benefit	
TRANQUILITY WASHABLE PANT XL (<i>incontinence supplies</i>)	OTC Benefit	
TRANQUILITY WASHABLE PANT XS (<i>incontinence supplies</i>)	OTC Benefit	
TRANQUILITY XL+ BARIATRIC (<i>incontinence supply disposable</i>)	OTC Benefit	
TRIMSHIELD (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>u-bag urine specimen collector</i>	OTC Benefit	
<i>undergarment</i>	OTC Benefit	
<i>underpads</i>	OTC Benefit	
<i>underpads extra large</i>	OTC Benefit	
<i>underpads medium</i>	OTC Benefit	
<i>underpads regular</i>	OTC Benefit	
<i>underpads small</i>	OTC Benefit	
<i>urinary drainage bag</i>	OTC Benefit	
<i>urinary leg bag</i>	OTC Benefit	
<i>urinary leg bag kit</i>	OTC Benefit	
<i>urinary leg bag straps</i>	OTC Benefit	
VAGISIL INTIMATE WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
VAGISIL ODOR BLOCK DAILY WIPES (<i>incontinence supply disposable</i>)	OTC Benefit	
VALUE BUY ADULT BRIEF X-LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
VALUE BUY BRIEF LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
VALUE BUY BRIEF MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
<i>vented urinary leg bag kit</i>	OTC Benefit	
<i>washable pants</i>	OTC Benefit	
<i>washable pants kit</i>	OTC Benefit	
<i>waterproof sheeting 36"x54"</i>	OTC Benefit	
<i>waterproof sheeting 36"x80"</i>	OTC Benefit	
<i>waterproof sheeting 39"x75"</i>	OTC Benefit	
WINGS ADULT BRIEFS XXL (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS ADULT QUILTED BRIEFS/LG (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS ADULT QUILTED BRIEFS/MED (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS ADULT QUILTED BRIEFS/S (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS ADULT QUILTED BRIEFS/XL (<i>incontinence supply disposable</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
WINGS BARIATRIC ADULT BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS BREATHABLE UNDERPAD (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS CHOICE PLUS ADULT BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS CHOICE PLUS YOUTH BRIEFS (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS CONTOURED PAD 13"X24" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS CONTOURED PAD 14"X26" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS CONTOURED PAD 14"X27" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS FLUFF UNDERPAD 17"X24" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS FLUFF UNDERPAD 23"X24" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS FLUFF UNDERPAD 23"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS FLUFF UNDERPAD 30"X30" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS FLUFF UNDERPAD 30"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS HL ADULT BRIEFS/LARGE (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS HL ADULT BRIEFS/MEDIUM (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS HL ADULT BRIEFS/SMALL (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS HL ADULT BRIEFS/XL (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS HL ULTRA ADULT BRIEFS/L (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS HL ULTRA ADULT BRIEFS/M (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS HL ULTRA ADULT BRIEFS/S (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS HL ULTRA ADULT BRIEFS/XL (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS INCONTINENCE PANTS 4XL (<i>incontinence supplies</i>)	OTC Benefit	
WINGS INCONTINENCE PANTS L/XL (<i>incontinence supplies</i>)	OTC Benefit	
WINGS INCONTINENCE PANTS S/M (<i>incontinence supplies</i>)	OTC Benefit	
WINGS KNIT PANTS XXL/XXXL (<i>incontinence supplies</i>)	OTC Benefit	
WINGS MATERNITY PANTS 2X-3X (<i>incontinence supplies</i>)	OTC Benefit	
WINGS MATERNITY PANTS 4X (<i>incontinence supplies</i>)	OTC Benefit	
WINGS MATERNITY PANTS LG-1X (<i>incontinence supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
WINGS UNDERPAD 30"X30" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS UNDERPAD 30"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS UNDERPAD 36"X36" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS UNDERPAD 36"X70" (<i>incontinence supply disposable</i>)	OTC Benefit	
WINGS WASHCLOTHS (<i>incontinence supply disposable</i>)	OTC Benefit	
*INFANT CARE PRODUCTS***		
AQUAPHOR BABY WASH & SHAMPOO EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
AVEENO BABY BATHTIME SOLUTIONS EXTERNAL KIT (<i>infant care products</i>)	OTC Benefit	
AVEENO BABY SENSITIVE WIPES (<i>infant care products</i>)	OTC Benefit	
AVEENO BABY WASH & SHAMPOO EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
<i>baby lotion external lotion</i>	OTC Benefit	
<i>baby shampoo external shampoo</i>	OTC Benefit	
<i>baby wash external liquid</i>	OTC Benefit	
<i>baby wipes</i>	OTC Benefit	
BOUDREAUXS BABY KISSES EXTERNAL OINTMENT (<i>infant care products</i>)	OTC Benefit	
<i>breastfeeding starter set</i>	OTC Benefit	
CERAVE BABY MOISTRIZING CREAM EXTERNAL CREAM (<i>infant care products</i>)	OTC Benefit	
CERAVE BABY MOISTURIZING EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	
CERAVE BABY WASH & SHAMPOO EXTERNAL SHAMPOO (<i>infant care products</i>)	OTC Benefit	
CLEFT LIP/PALATE NURSER (<i>infant care products</i>)	OTC Benefit	
COMFORT BATH BABY WASHCLOTHS (<i>infant care products</i>)	OTC Benefit	
<i>comfort-smooth baby wipes</i>	OTC Benefit	
<i>comfort-smooth baby wipes/aloë</i>	OTC Benefit	
CUTIES BABY WIPES/ALOE (<i>infant care products</i>)	OTC Benefit	
CUTIES PREMIUM WIPES (<i>infant care products</i>)	OTC Benefit	
CUTIES PREMIUM WIPES/SENSITIVE (<i>infant care products</i>)	OTC Benefit	
CUTIES SENSITIVE WIPES (<i>infant care products</i>)	OTC Benefit	
<i>cvs baby shampoo external shampoo</i>	OTC Benefit	
<i>cvs rash guard cleansing wipes</i>	OTC Benefit	
<i>cvs soft cloths supreme</i>	OTC Benefit	
<i>ft baby shampoo external shampoo</i>	OTC Benefit	
<i>hm baby shampoo external shampoo</i>	OTC Benefit	
HUGGIES BABY WASH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
HUGGIES BABY WIPES CALMING (<i>infant care products</i>)	OTC Benefit	
HUGGIES BABY WIPES GENTLE CARE (<i>infant care products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HUGGIES BABY WIPES SHEA BUTTER (<i>infant care products</i>)	OTC Benefit	
HUGGIES BABY WIPES SUPREME (<i>infant care products</i>)	OTC Benefit	
HUGGIES CALMING TOUCH EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	
HUGGIES CALMING TOUCH WASH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
HUGGIES CALMING TOUCH WIPES (<i>infant care products</i>)	OTC Benefit	
HUGGIES CLEAN TEAM CLEANSING (<i>infant care products</i>)	OTC Benefit	
HUGGIES CLEAN TEAM MOIST WIPES (<i>infant care products</i>)	OTC Benefit	
HUGGIES NATURAL CARE EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	
HUGGIES NATURAL CARE EXTERNAL SHAMPOO (<i>infant care products</i>)	OTC Benefit	
HUGGIES NATURAL CARE WASH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
HUGGIES NATURAL CARE WIPES (<i>infant care products</i>)	OTC Benefit	
HUGGIES NATURALLY REFRESH WASH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
HUGGIES NATURALLY REFRESH WIPE (<i>infant care products</i>)	OTC Benefit	
HUGGIES NATURALLY REFRESHING EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	
HUGGIES ONE AND DONE WIPES (<i>infant care products</i>)	OTC Benefit	
HUGGIES SIMPLY CLEAN WIPES (<i>infant care products</i>)	OTC Benefit	
HUGGIES SOFT SKIN BABY WIPES (<i>infant care products</i>)	OTC Benefit	
HUGGIES SOFT SKIN EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	
HUGGIES SOFT SKIN WASH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
HUGGIES SUPREME BABY WIPES (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BABY BUBBLE BATH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BABY CARE ESSENTIALS EXTERNAL KIT (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BABY CREAMY OIL EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BABY EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BABY LOTION EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BABY OIL GEL EXTERNAL GEL (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BABY SHAMPOO EXTERNAL SHAMPOO (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BEDTIME BATH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
JOHNSONS BEDTIME EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
JOHNSONS BEDTIME MOISTURE WASH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
JOHNSONS CALMING EXTERNAL SHAMPOO (<i>infant care products</i>)	OTC Benefit	
JOHNSONS COTTONTOUCH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
JOHNSONS COTTONTOUCH EXTERNAL LOTION (<i>infant care products</i>)	OTC Benefit	
JOHNSONS HEAD-TO-TOE EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
JOHNSONS SHEA & COCOA BUTTER EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
JOHNSONS SLEEPY TIME BABY GIFT EXTERNAL KIT (<i>infant care products</i>)	OTC Benefit	
JOHNSONS SOOTHING VAPOR BATH EXTERNAL LIQUID (<i>infant care products</i>)	OTC Benefit	
LANSINOH CLEAN & COND BABYWIPE (<i>infant care products</i>)	OTC Benefit	
PAMPERS BABY FRESH WIPES (<i>infant care products</i>)	OTC Benefit	
PAMPERS SENSITIVE WIPES (<i>infant care products</i>)	OTC Benefit	
<i>pregnancy care box combination kit</i>	OTC Benefit	
<i>premium baby wipes</i>	OTC Benefit	
<i>premium baby wipes/sensitive</i>	OTC Benefit	
<i>qc baby wipes trav pack/lotion</i>	OTC Benefit	
<i>qc baby wipes travel pack</i>	OTC Benefit	
<i>qc baby wipes/lotion</i>	OTC Benefit	
RA TUGABOOS BABY OIL GEL EXTERNAL GEL (<i>infant care products</i>)	OTC Benefit	
<i>sm baby shampoo external shampoo</i>	OTC Benefit	
<i>well beginnings scented wipes</i>	OTC Benefit	
*IRRIGATION-TYPE SYRINGES***		
BD CATHETER TIP SYRINGE 50 ML (<i>catheter syringes</i>)	OTC Benefit	
DOVER BULB SYRINGE 60 ML (<i>irrigation bulb syringe</i>)	OTC Benefit	
*IV SETS/TUBING***		
BD SAFETY-LOK SET (<i>iv sets-tubing</i>)	OTC Benefit	
<i>fluid administration set</i>	OTC Benefit	
LTXF PRIM CNV PIN MICRODRIP (<i>iv sets-tubing</i>)	OTC Benefit	
LTXF PRIM IV SET/CNVT PIN (<i>iv sets-tubing</i>)	OTC Benefit	
LTXF SECONDARY/CNV PIN/32INC (<i>iv sets-tubing</i>)	OTC Benefit	
NERIA 29G INFUSION SET 10MM (<i>iv sets-tubing</i>)	OTC Benefit	
NERIA 29G INFUSION SET 6MM (<i>iv sets-tubing</i>)	OTC Benefit	
NERIA 29G INFUSION SET 8MM (<i>iv sets-tubing</i>)	OTC Benefit	
NERIA MULTI 27G 2X10MM (<i>iv sets-tubing</i>)	OTC Benefit	
NERIA MULTI 27G 3X10MM (<i>iv sets-tubing</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NERIA MULTI 27G 4X12MM (<i>iv sets-tubing</i>)	OTC Benefit	
NERIA SOFT 25G INFUSION 13MM (<i>iv sets-tubing</i>)	OTC Benefit	
NERIA SOFT 25G INFUSION 17MM (<i>iv sets-tubing</i>)	OTC Benefit	
<i>solution transfer device</i>	OTC Benefit	
*KETONE MONITORING TEST SUPPLIES***		
FORA CONTROL L1 IN VITRO SOLUTION (<i>blood ketone calibration</i>)	OTC Benefit	
GOJJI CONTROL LEVEL 1 IN VITRO SOLUTION (<i>blood ketone calibration</i>)	OTC Benefit	
*MEDICAL IDENTIFICATION SUPPLIES***		
<i>medical id bracelet</i>	OTC Benefit	
<i>medical id plate for bracelet</i>	OTC Benefit	
<i>medical id plate for necklace</i>	OTC Benefit	
*MEDICATION DISPOSAL SYSTEMS***		
DETERRA 3.5 GALLON (<i>medication disposal systems</i>)	OTC Benefit	
DETERRA 5 GALLON (<i>medication disposal systems</i>)	OTC Benefit	
DETERRA LP (<i>medication disposal systems</i>)	OTC Benefit	
DETERRA MP (<i>medication disposal systems</i>)	OTC Benefit	
DETERRA SP (<i>medication disposal systems</i>)	OTC Benefit	
DETERRA XL (<i>medication disposal systems</i>)	OTC Benefit	
DISPOSERX (<i>medication disposal systems</i>)	OTC Benefit	
*MISC. DEVICES***		
<i>14-count warmer</i>	OTC Benefit	
<i>3-in-1 bedside toilet</i>	OTC Benefit	
ACU-LIFE CRUSHER/CONTAINER (<i>misc. devices</i>)	OTC Benefit	
<i>adjust bath/shower seat</i>	OTC Benefit	
<i>adjust bath/shower seat/back</i>	OTC Benefit	
<i>adjust fold cane/york handle</i>	OTC Benefit	
<i>adjustable aluminum cane</i>	OTC Benefit	
<i>adjustable aluminum cane 3/4"</i>	OTC Benefit	
<i>adjustable aluminum cane 5/8"</i>	OTC Benefit	
<i>adjustable aluminum cane 7/8"</i>	OTC Benefit	
<i>adjustable commode 3-in-1</i>	OTC Benefit	
<i>adjustable folding cane</i>	OTC Benefit	
<i>adult push button alum crutch</i>	OTC Benefit	
ALL-BODY MASSAGE (<i>misc. devices</i>)	OTC Benefit	
<i>aluminum blanket support</i>	OTC Benefit	
<i>aluminum flip off seals 13mm</i>	OTC Benefit	
AMEDA ADAPTER CAP (<i>misc. devices</i>)	OTC Benefit	
AMEDA BREAST FLANGE INSERT (<i>misc. devices</i>)	OTC Benefit	
AMEDA CUSTOMFIT BREAST FLANGE (<i>misc. devices</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AMEDA DIAPHRAGMS (<i>misc. devices</i>)	OTC Benefit	
AMEDA DUAL HYGIENIKIT SYSTEM (<i>misc. devices</i>)	OTC Benefit	
AMEDA DUAL HYGIENIKIT W/ADAPT (<i>misc. devices</i>)	OTC Benefit	
AMEDA ELITE BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
AMEDA FINESSE BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
AMEDA FLEXISHIELD (<i>misc. devices</i>)	OTC Benefit	
AMEDA MYA JOY BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
AMEDA MYA JOY BREAST PUMP/TOTE (<i>misc. devices</i>)	OTC Benefit	
AMEDA ONE-HAND BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
AMEDA PLATINUM BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
AMEDA PURELY YOURS BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
AMEDA SILICONE TUBING (<i>misc. devices</i>)	OTC Benefit	
AMEDA TUBING ADAPTER (<i>misc. devices</i>)	OTC Benefit	
AMEDA VALVES (<i>misc. devices</i>)	OTC Benefit	
<i>amielle restore vag exercisers</i>	OTC Benefit	
AMIELLE VAGINAL TRAINER (<i>misc. devices</i>)	OTC Benefit	
AQUA FILTER HOLDERS (<i>misc. devices</i>)	OTC Benefit	
ARGYLE TRACH TUBE HOLDER (<i>misc. devices</i>)	OTC Benefit	
<i>baby fridge</i>	OTC Benefit	
<i>bamboo cane</i>	OTC Benefit	
<i>bandage scissors</i>	OTC Benefit	
<i>bariatric aluminum cane</i>	OTC Benefit	
<i>bath bench with back</i>	OTC Benefit	
<i>bath/shower seat</i>	OTC Benefit	
<i>bathtub safety rail</i>	OTC Benefit	
<i>bed wedge</i>	OTC Benefit	
<i>beutlich ph test roll</i>	OTC Benefit	
<i>bi-focal magnifier</i>	OTC Benefit	
<i>blood collection tube holder</i>	OTC Benefit	
<i>blood pressure smart card</i>	OTC Benefit	
<i>bmi digital smart scale</i>	OTC Benefit	
<i>breast pump</i>	OTC Benefit	
<i>breathe comfort nasal aspirato</i>	OTC Benefit	
<i>breathe comfort nasal irrigat</i>	OTC Benefit	
<i>breathe ease pulse oximeter</i>	OTC Benefit	
<i>cane</i>	OTC Benefit	
<i>cane for blind folding</i>	OTC Benefit	
<i>cane holder</i>	OTC Benefit	
<i>cane tips</i>	OTC Benefit	
<i>cane tips 3/4"</i>	OTC Benefit	
<i>cane tips 7/8"</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cane tips for alum 3/4"</i>	OTC Benefit	
<i>cane tips for wood 3/4"</i>	OTC Benefit	
<i>cane tips for wood 5/8"</i>	OTC Benefit	
<i>cane tips for wood 7/8"</i>	OTC Benefit	
<i>cane wrist strap</i>	OTC Benefit	
<i>cane/offset handle</i>	OTC Benefit	
<i>cane/t-handle</i>	OTC Benefit	
CARETOUCH PULSE OXIMETER (<i>misc. devices</i>)	OTC Benefit	
CAREX COCCYX CUSHION (<i>misc. devices</i>)	OTC Benefit	
CAREX ULTRA GRABBER 32" (<i>misc. devices</i>)	OTC Benefit	
CAREX WHEELCHAIR (<i>misc. devices</i>)	OTC Benefit	
<i>cervical pillow</i>	OTC Benefit	
<i>cervical pillow/cover</i>	OTC Benefit	
<i>cervical traction kit</i>	OTC Benefit	
<i>chemo transfer pin</i>	OTC Benefit	
CINIS PREEMIE HALO LARGE (<i>misc. devices</i>)	OTC Benefit	
CINIS PREEMIE HALO MEDIUM (<i>misc. devices</i>)	OTC Benefit	
CINIS PREEMIE HALO SMALL (<i>misc. devices</i>)	OTC Benefit	
<i>classics rolling walker</i>	OTC Benefit	
CLEVER CHOICE BMI SCALE (<i>misc. devices</i>)	OTC Benefit	
CLEVER CHOICE BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
CLEVER CHOICE HEARING AMPLIFIE (<i>misc. devices</i>)	OTC Benefit	
CLEVER CHOICE HYDROTHERAPY SYS (<i>misc. devices</i>)	OTC Benefit	
CLINERE EARWAX CLEANERS (<i>misc. devices</i>)	OTC Benefit	
CLINERE EARWAX REMOVER (<i>misc. devices</i>)	OTC Benefit	
CLIP & STOR (<i>misc. devices</i>)	OTC Benefit	
<i>cold seal blister/lg 62 dose</i>	OTC Benefit	
<i>cold seal blister/md 28 dose</i>	OTC Benefit	
<i>cold seal blister/md 31 dose</i>	OTC Benefit	
<i>cold seal blister/md 90 dose</i>	OTC Benefit	
<i>cold seal blister/sm 28 dose</i>	OTC Benefit	
<i>cold seal blister/sm 31 dose</i>	OTC Benefit	
<i>cold seal blisters/large</i>	OTC Benefit	
<i>comfort curve massage cushion</i>	OTC Benefit	
COMFORT FIT FLANGES LARGE (<i>misc. devices</i>)	OTC Benefit	
COMFORT PERSONAL CLEANS CART (<i>misc. devices</i>)	OTC Benefit	
COMFORT PERSONAL MICROWAVE (<i>misc. devices</i>)	OTC Benefit	
COMFORT PERSONAL SHAMPOO CAP (<i>misc. devices</i>)	OTC Benefit	
COMFORT PERSONAL WARMER 14-CT (<i>misc. devices</i>)	OTC Benefit	
COMFORT PERSONAL WARMER 28-CT (<i>misc. devices</i>)	OTC Benefit	
<i>commode</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>commode 3-in-1</i>	OTC Benefit	
<i>commode bedside</i>	OTC Benefit	
<i>commode bedside/back</i>	OTC Benefit	
<i>commode pail</i>	OTC Benefit	
<i>commode splash guard</i>	OTC Benefit	
<i>contour back cushion</i>	OTC Benefit	
<i>contour fitted sheets</i>	OTC Benefit	
<i>contour mattress cover</i>	OTC Benefit	
<i>crutch</i>	OTC Benefit	
<i>crutch accessory kit</i>	OTC Benefit	
<i>crutch handgrips</i>	OTC Benefit	
<i>crutch pillows/arm/hand</i>	OTC Benefit	
<i>crutch set</i>	OTC Benefit	
<i>crutch tips</i>	OTC Benefit	
<i>crutch underarm pads</i>	OTC Benefit	
<i>crutches-aluminum</i>	OTC Benefit	
CRUTCH-MATE ADULT ARM (<i>misc. devices</i>)	OTC Benefit	
CRUTCH-MATE ADULT FOREARM (<i>misc. devices</i>)	OTC Benefit	
CRUTCH-MATE ADULT HAND GRIP LG (<i>misc. devices</i>)	OTC Benefit	
CRUTCH-MATE ADULT HAND GRIPS (<i>misc. devices</i>)	OTC Benefit	
CURITY SUTURE REMOVAL KIT (<i>misc. devices</i>)	OTC Benefit	
<i>custom-flex</i>	OTC Benefit	
<i>cvs alkaline batteries size aa</i>	OTC Benefit	
<i>cvs cane</i>	OTC Benefit	
<i>cvs crutches</i>	OTC Benefit	
<i>cvs diabetic organizer</i>	OTC Benefit	
<i>cvs ear plugs</i>	OTC Benefit	
<i>cvs gel grip folding cane</i>	OTC Benefit	
<i>cvs inflatable vinyl cushion</i>	OTC Benefit	
<i>cvs pill splitter</i>	OTC Benefit	
<i>cvs pulse oximeter</i>	OTC Benefit	
<i>cvs quad cane</i>	OTC Benefit	
<i>cvs ready set go bath bench</i>	OTC Benefit	
<i>cvs reusable sheet protector</i>	OTC Benefit	
<i>cvs rubber cushion</i>	OTC Benefit	
DEEP-TISSUE (<i>misc. devices</i>)	OTC Benefit	
<i>dental guard</i>	OTC Benefit	
DENTEK PROF-FIT DENTAL GUARD (<i>misc. devices</i>)	OTC Benefit	
DIFFUSER ULTRA SONIC (<i>misc. devices</i>)	OTC Benefit	
<i>digital glass scale</i>	OTC Benefit	
<i>digital scale/bluetooth</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DINAMAP MONITOR PROBE COVERS (<i>misc. devices</i>)	OTC Benefit	
<i>disp single head stethoscope</i>	OTC Benefit	
<i>disposable bulb/valve</i>	OTC Benefit	
<i>diverter valve</i>	OTC Benefit	
DOVER COMMODE SPECIMEN COLLECT (<i>misc. devices</i>)	OTC Benefit	
DOVER MIDSTREAM SPECIMEN CATCH (<i>misc. devices</i>)	OTC Benefit	
<i>droptainer tip caps</i>	OTC Benefit	
DUAL HYGIENIKIT MILK COLLECT KIT (<i>misc. devices</i>)	OTC Benefit	
<i>dual paddle folding walker</i>	OTC Benefit	
DUNLAP FOAM RING CUSHION (<i>misc. devices</i>)	OTC Benefit	
DUNLAP INFLATABLE VINYL RING (<i>misc. devices</i>)	OTC Benefit	
<i>ear wax removal/tri-stream tip</i>	OTC Benefit	
<i>earplugs</i>	OTC Benefit	
<i>easy feed electric breast pump</i>	OTC Benefit	
<i>egg crate bed pad</i>	OTC Benefit	
<i>electrodes 2"x2"/reusable</i>	OTC Benefit	
<i>electrotherapy pain relief</i>	OTC Benefit	
ELON PROFESSIONAL NAIL CARE (<i>misc. devices</i>)	OTC Benefit	
<i>elongated toilet seat elevator</i>	OTC Benefit	
ELOSHIELD FACE SHIELD (<i>misc. devices</i>)	OTC Benefit	
<i>endoscopic delivery system</i>	OTC Benefit	
<i>endurance four leg seat cane</i>	OTC Benefit	
ENDURANCE HD COMMODE (<i>misc. devices</i>)	OTC Benefit	
<i>eq bath & shower seat/back</i>	OTC Benefit	
<i>eq crutches</i>	OTC Benefit	
<i>eq folding walker</i>	OTC Benefit	
<i>eq wheelchair folding black</i>	OTC Benefit	
<i>eql ear plugs/silicone</i>	OTC Benefit	
<i>eql mustache/beard scissors</i>	OTC Benefit	
<i>eql skin care tool</i>	OTC Benefit	
EVERYDAY PICK (<i>misc. devices</i>)	OTC Benefit	
<i>extendable bedside rail</i>	OTC Benefit	
<i>eye/ear dropper</i>	OTC Benefit	
E-Z LOCK RAISED TOILET SEAT (<i>misc. devices</i>)	OTC Benefit	
EZY DOSE ADULT-LOCK PILL CUT (<i>misc. devices</i>)	OTC Benefit	
<i>ezy dose cold seal crd 28 dose</i>	OTC Benefit	
<i>ezy dose cold seal crd 62 dose</i>	OTC Benefit	
<i>ezy dose cold seal crd 90 dose</i>	OTC Benefit	
EZY DOSE CUT N CRUSH (<i>misc. devices</i>)	OTC Benefit	
EZY DOSE DELUXE PILL CUTTER (<i>misc. devices</i>)	OTC Benefit	
EZY DOSE EZY CRUSH PILL CRUSH (<i>misc. devices</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EZY DOSE MEDICINE CUPS (<i>misc. devices</i>)	OTC Benefit	
EZY DOSE PILL CUTTER (<i>misc. devices</i>)	OTC Benefit	
EZY DOSE PILL CUTTER ORIGINAL (<i>misc. devices</i>)	OTC Benefit	
<i>fall mat</i>	OTC Benefit	
<i>fashion cane/t-handle</i>	OTC Benefit	
<i>fetal doppler</i>	OTC Benefit	
FLA ADJUST AIR ANKLE WALKER (<i>misc. devices</i>)	OTC Benefit	
<i>flaortho walker</i>	OTC Benefit	
<i>flex & go folding cane</i>	OTC Benefit	
FLEX SHIELD WITH EAR LOOPS (<i>misc. devices</i>)	OTC Benefit	
FLEX SHIELD WITH TIE STRINGS (<i>misc. devices</i>)	OTC Benefit	
FLEX THERAPY (<i>misc. devices</i>)	OTC Benefit	
<i>flight ear plugs</i>	OTC Benefit	
<i>foam chair cushion</i>	OTC Benefit	
<i>foam crutch pad</i>	OTC Benefit	
<i>foam cushion</i>	OTC Benefit	
<i>foam ear plugs</i>	OTC Benefit	
<i>foam invalid cushion</i>	OTC Benefit	
<i>folding cane</i>	OTC Benefit	
<i>folding commode</i>	OTC Benefit	
<i>folding paddle walker</i>	OTC Benefit	
<i>folding reacher</i>	OTC Benefit	
<i>folding seat cane</i>	OTC Benefit	
<i>folding walker</i>	OTC Benefit	
<i>folding walker/adult</i>	OTC Benefit	
<i>folding walking cane</i>	OTC Benefit	
<i>foot massager</i>	OTC Benefit	
FORA GATEWAY (<i>misc. devices</i>)	OTC Benefit	
FORA GW9014 TELEHEALTH GATEWAY (<i>misc. devices</i>)	OTC Benefit	
FORA TN'G SCALE 550 (<i>misc. devices</i>)	OTC Benefit	
FREE SPIRIT KNEE/LEG WALKER (<i>misc. devices</i>)	OTC Benefit	
FREESTYLE DOUBLE BREASTPUMP (<i>misc. devices</i>)	OTC Benefit	
<i>ft comfort foam ear plugs</i>	OTC Benefit	
<i>getgo rolling walker</i>	OTC Benefit	
<i>gnp assorted combs</i>	OTC Benefit	
<i>gnp deluxe pulse oximeter</i>	OTC Benefit	
<i>gnp digital weight scale</i>	OTC Benefit	
<i>gnp lice removal kit kit</i>	OTC Benefit	
<i>gnp nail clippers</i>	OTC Benefit	
<i>gnp pocket tissue</i>	OTC Benefit	
<i>gnp pulse oximeter</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>gnp reacher 32"</i>	OTC Benefit	
<i>gnp tweezers slant tip</i>	OTC Benefit	
GOJJI WEIGHT SCALE (<i>misc. devices</i>)	OTC Benefit	
<i>groove rolling walker</i>	OTC Benefit	
<i>hand held shower spray</i>	OTC Benefit	
HARMONY BREASTPUMP (<i>misc. devices</i>)	OTC Benefit	
<i>head halter</i>	OTC Benefit	
<i>head halter over door traction</i>	OTC Benefit	
<i>head halter overdoor traction kit</i>	OTC Benefit	
<i>head lice comb</i>	OTC Benefit	
HEAT THERAPY (<i>misc. devices</i>)	OTC Benefit	
<i>heelboot large</i>	OTC Benefit	
<i>heelboot laundry bag</i>	OTC Benefit	
<i>heelboot liner large</i>	OTC Benefit	
<i>heelboot liner regular</i>	OTC Benefit	
<i>heelboot regular</i>	OTC Benefit	
<i>heelboot walk pad</i>	OTC Benefit	
HIBICLENS FOOT PEDAL (<i>misc. devices</i>)	OTC Benefit	
HIBICLENS HAND PUMP 16OZ (<i>misc. devices</i>)	OTC Benefit	
HIBICLENS HAND PUMP 32OZ (<i>misc. devices</i>)	OTC Benefit	
HIBICLENS HAND PUMP GALLON (<i>misc. devices</i>)	OTC Benefit	
HIBICLENS HAND PUMP NON FOAM (<i>misc. devices</i>)	OTC Benefit	
HIBICLENS PUMP ASSEMBLY (<i>misc. devices</i>)	OTC Benefit	
HIBICLENS WALL DISPENSER/FOOT (<i>misc. devices</i>)	OTC Benefit	
HIBICLENS WALL DISPENSER/HAND (<i>misc. devices</i>)	OTC Benefit	
<i>home style bed rails</i>	OTC Benefit	
<i>hot-cold therapy</i>	OTC Benefit	
HURRICAIN DISPENSING CAP (<i>misc. devices</i>)	OTC Benefit	
HURRICAIN LIQUID DISPENSER (<i>misc. devices</i>)	OTC Benefit	
HURRICAIN SPR EXTENSION TUBES (<i>misc. devices</i>)	OTC Benefit	
HURRIPAK PERIO IRRIGATION TIPS (<i>misc. devices</i>)	OTC Benefit	
HURRIPAK PERIODONTAL ANESTHETI (<i>misc. devices</i>)	OTC Benefit	
HURRYCANE FREEDOM EDITION CANE (<i>misc. devices</i>)	OTC Benefit	
ICY DIAMOND TOTE CANVAS (<i>misc. devices</i>)	OTC Benefit	
ICY DIAMOND TOTE NON LEATHER (<i>misc. devices</i>)	OTC Benefit	
ICY HOT TENS THERAPY REFILL (<i>misc. devices</i>)	OTC Benefit	
<i>inflatable neck rest</i>	OTC Benefit	
<i>itouch sure pelvic exerciser</i>	OTC Benefit	
J & J ANTISEPTIC WIPES (<i>misc. devices</i>)	OTC Benefit	
J & J INSTANT COLD PACK (<i>misc. devices</i>)	OTC Benefit	
J & J TOURNIQUET (<i>misc. devices</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>journey series rolling walker</i>	OTC Benefit	
KABOOTI (<i>misc. devices</i>)	OTC Benefit	
KABOOTI ICE (<i>misc. devices</i>)	OTC Benefit	
KANESON BREAST PUMP/NURSER (<i>misc. devices</i>)	OTC Benefit	
KANGAROO RIGID CONTAINER (<i>misc. devices</i>)	OTC Benefit	
<i>kegel ball trainer</i>	OTC Benefit	
<i>kegel fit</i>	OTC Benefit	
<i>kegel toner pelvic trainer</i>	OTC Benefit	
<i>lab coat-disposable</i>	OTC Benefit	
<i>ladycare menopause</i>	OTC Benefit	
LANSINOH BREASTFEEDING PILLOW (<i>misc. devices</i>)	OTC Benefit	
LANSINOH BREASTMILK COLLECTOR (<i>misc. devices</i>)	OTC Benefit	
LANSINOH EXTRA PUMPING SET (<i>misc. devices</i>)	OTC Benefit	
LANSINOH MANUAL BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
LANSINOH POSTPART WASH BOTTLE (<i>misc. devices</i>)	OTC Benefit	
LANSINOH PUMP ADAPTERS (<i>misc. devices</i>)	OTC Benefit	
LANSINOH SMART PUMP TOTE BAGS (<i>misc. devices</i>)	OTC Benefit	
LANSINOH SMARTPUMP (<i>misc. devices</i>)	OTC Benefit	
LANSINOH SMARTPUMP 2.0 (<i>misc. devices</i>)	OTC Benefit	
LATCH ASSIST NIPPLE EVERTER (<i>misc. devices</i>)	OTC Benefit	
LITE'N UP 50 (<i>misc. devices</i>)	OTC Benefit	
LITE'N UP 90 (<i>misc. devices</i>)	OTC Benefit	
<i>los yankauer holder</i>	OTC Benefit	
<i>lullaby dbl elect breast pump</i>	OTC Benefit	
<i>lumbar cushion</i>	OTC Benefit	
<i>lumbar support cushion</i>	OTC Benefit	
<i>magnifier hands-free</i>	OTC Benefit	
<i>massager</i>	OTC Benefit	
<i>mattress cover</i>	OTC Benefit	
<i>mattress pad</i>	OTC Benefit	
MEDELA DOUBLE BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
MEDELA LACTINA DOUBLE PUMPING (<i>misc. devices</i>)	OTC Benefit	
MEDELA PUMP IN STYLE (<i>misc. devices</i>)	OTC Benefit	
<i>medicine dropper</i>	OTC Benefit	
<i>medicine dropper/calibrated</i>	OTC Benefit	
<i>medicine spoon</i>	OTC Benefit	
MEDI-COOLER (<i>misc. devices</i>)	OTC Benefit	
MEDI-FRIDGE IIX (<i>misc. devices</i>)	OTC Benefit	
<i>metal reacher</i>	OTC Benefit	
MICROCLENS WALL MOUNT BRACKET (<i>misc. devices</i>)	OTC Benefit	
MINI DIFFUSER (<i>misc. devices</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>mini transfer pin</i>	OTC Benefit	
<i>mn8</i>	OTC Benefit	
MOIST-SURE REPLACEMENT COVER/L (<i>misc. devices</i>)	OTC Benefit	
MOIST-SURE REPLACEMENT COVER/M (<i>misc. devices</i>)	OTC Benefit	
MOIST-SURE REPLACEMENT COVER/P (<i>misc. devices</i>)	OTC Benefit	
MOISTUREPLUS COVER LARGE (<i>misc. devices</i>)	OTC Benefit	
MOISTUREPLUS COVER/MEDIUM (<i>misc. devices</i>)	OTC Benefit	
MOISTUREPLUS COVER/PETITE (<i>misc. devices</i>)	OTC Benefit	
MONOJECT BLOOD COLLECTION SET (<i>misc. devices</i>)	OTC Benefit	
MONOJECT BLOOD COLLECTION TUBE (<i>misc. devices</i>)	OTC Benefit	
<i>mucosal atomization device</i>	OTC Benefit	
<i>nailit</i>	OTC Benefit	
NASADOCK (<i>misc. devices</i>)	OTC Benefit	
<i>natural wood cane</i>	OTC Benefit	
<i>natural wood walking stick</i>	OTC Benefit	
NATURESPIRIT (<i>misc. devices</i>)	OTC Benefit	
NEXCARE COMFORT FOAM EAR PLUGS (<i>misc. devices</i>)	OTC Benefit	
NEXCARE REUSABLE EAR PLUGS (<i>misc. devices</i>)	OTC Benefit	
NG SECURE (<i>misc. devices</i>)	OTC Benefit	
NIX ELECTRONIC LICE COMB (<i>misc. devices</i>)	OTC Benefit	
NIX METAL TWO-SIDED COMB (<i>misc. devices</i>)	OTC Benefit	
<i>nosebleed plugs/towelettes kit</i>	OTC Benefit	
<i>nouri auto</i>	OTC Benefit	
<i>nouri duo</i>	OTC Benefit	
<i>nova bath seat</i>	OTC Benefit	
<i>nova cushion gel seat pad</i>	OTC Benefit	
<i>nova quad tip-four prongs</i>	OTC Benefit	
<i>nuaskin facial scrubber</i>	OTC Benefit	
<i>nuaskin skin tag remover</i>	OTC Benefit	
<i>nuaskin vacuum pro</i>	OTC Benefit	
<i>nvzzler pro double breast pump</i>	OTC Benefit	
<i>nvzzler single breast pump</i>	OTC Benefit	
<i>offset cane</i>	OTC Benefit	
<i>one ounce medicine cups</i>	OTC Benefit	
ONE STEP AT A TIME FILTERS (<i>misc. devices</i>)	OTC Benefit	
ONE-DAY-AT-A-TIME PLANNER (<i>misc. devices</i>)	OTC Benefit	
ORABRUSH (<i>misc. devices</i>)	OTC Benefit	
<i>oral dose syringe</i>	OTC Benefit	
<i>oral endotracheal device</i>	OTC Benefit	
<i>oral medicine dropper</i>	OTC Benefit	
<i>oral syringe/brush</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ORIG MCKENZIE CERVICAL ROLL (<i>misc. devices</i>)	OTC Benefit	
<i>o-ring cushion</i>	OTC Benefit	
<i>osteoboost belt large</i>	OTC Benefit	
<i>osteoboost belt medium</i>	OTC Benefit	
<i>osteoboost belt small</i>	OTC Benefit	
<i>pedal exerciser</i>	OTC Benefit	
PERSONALFIT FLEX CONNECTORS (<i>misc. devices</i>)	OTC Benefit	
<i>pill box 7 day</i>	OTC Benefit	
<i>pill counting tray/right hand</i>	OTC Benefit	
<i>pill crusher</i>	OTC Benefit	
<i>pill pouch</i>	OTC Benefit	
<i>pill splitter</i>	OTC Benefit	
<i>plastic bed pan</i>	OTC Benefit	
<i>platform walker attachment</i>	OTC Benefit	
<i>platinum reacher 31"</i>	OTC Benefit	
<i>pocket magnifier</i>	OTC Benefit	
<i>posture seat</i>	OTC Benefit	
<i>power adaptor pump in style</i>	OTC Benefit	
PRECISION CATHETER URINE SYS KIT (<i>misc. devices</i>)	OTC Benefit	
PRECISION MIDSTREAM KIT KIT (<i>misc. devices</i>)	OTC Benefit	
PRECISION SPECIMEN CONTAINER (<i>misc. devices</i>)	OTC Benefit	
PRECISION SPUTUM COLLECTOR (<i>misc. devices</i>)	OTC Benefit	
PRECISION STOOL COLLECTOR (<i>misc. devices</i>)	OTC Benefit	
PRECISION TISSUE GRINDER (<i>misc. devices</i>)	OTC Benefit	
PRECISION TISSUE GRINDER 15ML (<i>misc. devices</i>)	OTC Benefit	
PRECISION TISSUE GRINDER 50ML (<i>misc. devices</i>)	OTC Benefit	
PRECISION URINE SPECIMEN SYS (<i>misc. devices</i>)	OTC Benefit	
PRECISION URINE SPECIMEN SYS KIT (<i>misc. devices</i>)	OTC Benefit	
<i>premium pill crusher</i>	OTC Benefit	
<i>pro comfort foot bath</i>	OTC Benefit	
<i>pro comfort pulse oximeter</i>	OTC Benefit	
<i>protective safety eyewear</i>	OTC Benefit	
<i>pulse oximeter</i>	OTC Benefit	
<i>pulse oximeter deluxe</i>	OTC Benefit	
<i>pulse oximeter for finger</i>	OTC Benefit	
PUMP IN STYLE ADVANCED (<i>misc. devices</i>)	OTC Benefit	
PUMP IN STYLE/MAXFLOW (<i>misc. devices</i>)	OTC Benefit	
PUMP IN STYLE/MAXFLOW TUBING (<i>misc. devices</i>)	OTC Benefit	
<i>pure comfort leg comp massager</i>	OTC Benefit	
<i>quad cane</i>	OTC Benefit	
<i>quad cane tips</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>quad cane/small base</i>	OTC Benefit	
<i>quick-fit crutches</i>	OTC Benefit	
<i>ra deluxe pulse oximeter</i>	OTC Benefit	
<i>ra extra comfort night protect</i>	OTC Benefit	
<i>raised toilet seat</i>	OTC Benefit	
<i>raised toilet seat/lock</i>	OTC Benefit	
<i>raised toilet seat/lock & arms</i>	OTC Benefit	
RECONSTITUBE (<i>misc. devices</i>)	OTC Benefit	
<i>reflections aa breast prosthes</i>	OTC Benefit	
RELION PULSE OXIMETER (<i>misc. devices</i>)	OTC Benefit	
<i>replacement neckband straps</i>	OTC Benefit	
<i>ring cushion 14"</i>	OTC Benefit	
<i>ring cushion 16"</i>	OTC Benefit	
<i>ring cushion 18"</i>	OTC Benefit	
<i>rollator ultra-light</i>	OTC Benefit	
<i>roller walker</i>	OTC Benefit	
<i>rolling walker/burgundy</i>	OTC Benefit	
<i>round shower stool</i>	OTC Benefit	
<i>rubber bath mat</i>	OTC Benefit	
<i>rubber inflatable cushion</i>	OTC Benefit	
RX LOCKING CAP (<i>misc. devices</i>)	OTC Benefit	
SAFE-SENSE BEARD NET (<i>misc. devices</i>)	OTC Benefit	
SAFE-SENSE HEAD COVER 21" (<i>misc. devices</i>)	OTC Benefit	
SAFE-SENSE HEAD COVER CIRC 21" (<i>misc. devices</i>)	OTC Benefit	
SAFE-SENSE SHOE COVER NON-SKID (<i>misc. devices</i>)	OTC Benefit	
SEAL-TIGHT CAST/BANDAGE (<i>misc. devices</i>)	OTC Benefit	
SEAL-TIGHT MID-ARM PROTECTOR (<i>misc. devices</i>)	OTC Benefit	
<i>shower-pak</i>	OTC Benefit	
SIGNATURE PRO ELEC BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
<i>silicone ear plugs</i>	OTC Benefit	
<i>silicone ear plugs for kids</i>	OTC Benefit	
SIMPLE WISHES PUMPING BRA (<i>misc. devices</i>)	OTC Benefit	
SIMPLYGO BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
<i>sitz bath</i>	OTC Benefit	
SLEEPRIGHT BREATHE AID (<i>misc. devices</i>)	OTC Benefit	
SLEEPRIGHT DENTAL GUARD (<i>misc. devices</i>)	OTC Benefit	
SLEEPRIGHT DENTAL GUARD DURA (<i>misc. devices</i>)	OTC Benefit	
SLEEPRIGHT DENTAL GUARD SLIM (<i>misc. devices</i>)	OTC Benefit	
SLEEPRIGHT SPORT BREATHE AID (<i>misc. devices</i>)	OTC Benefit	
SLEEPRIGHT VAPOR INHALER (<i>misc. devices</i>)	OTC Benefit	
<i>sm foam ear plugs</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm walker/youth</i>	OTC Benefit	
SOFT HANDS COTTON GLOVE (<i>misc. devices</i>)	OTC Benefit	
SOOTHIES COOLING GEL PADS (<i>misc. devices</i>)	OTC Benefit	
SOOTHIES GEL PADS (<i>misc. devices</i>)	OTC Benefit	
<i>splash shield full face</i>	OTC Benefit	
<i>splash shield short face</i>	OTC Benefit	
<i>split handgrips</i>	OTC Benefit	
<i>spray applicator kit</i>	OTC Benefit	
<i>standard crutch tip</i>	OTC Benefit	
<i>steel rolling walker</i>	OTC Benefit	
<i>step counter</i>	OTC Benefit	
STEP N REST II WALKER (<i>misc. devices</i>)	OTC Benefit	
STEP N REST WALKER (<i>misc. devices</i>)	OTC Benefit	
<i>stethoscope</i>	OTC Benefit	
<i>stethoscope dual head</i>	OTC Benefit	
<i>stethoscope single head</i>	OTC Benefit	
<i>stocking applicator petite</i>	OTC Benefit	
<i>stocking applicator regular</i>	OTC Benefit	
<i>stop lice egg & nit removal</i>	OTC Benefit	
<i>suction grab bar</i>	OTC Benefit	
<i>suction tips</i>	OTC Benefit	
<i>suppository mold 2gm</i>	OTC Benefit	
<i>suppository molds 1.3 ml</i>	OTC Benefit	
<i>suppository molds 2 cc/v-notch</i>	OTC Benefit	
<i>suppository molds 2 ml</i>	OTC Benefit	
<i>suppository molds 2.25 ml</i>	OTC Benefit	
<i>suppository molds 3 ml</i>	OTC Benefit	
<i>suppository shells 2.0 ml</i>	OTC Benefit	
SURELIFE CLEARWAVE II OXIMETER (<i>misc. devices</i>)	OTC Benefit	
SURELIFE CLEARWAVE OXIMETER (<i>misc. devices</i>)	OTC Benefit	
<i>swim earplugs</i>	OTC Benefit	
SWING MAXI HANDS-FREE PUMP (<i>misc. devices</i>)	OTC Benefit	
SYMPHONY DOUBLE PUMPING SYSTEM (<i>misc. devices</i>)	OTC Benefit	
<i>tablet cutter/crusher</i>	OTC Benefit	
<i>tablet cutter/deluxe safety</i>	OTC Benefit	
<i>tablet cutter/safety shield</i>	OTC Benefit	
<i>tablet cutter-crusher</i>	OTC Benefit	
TAKEAWAY ENVIRONMENTAL RETURN (<i>misc. devices</i>)	OTC Benefit	
THE DOCTORS NIGHTGUARD (<i>misc. devices</i>)	OTC Benefit	
THE SIDE RESTER CUSHION (<i>misc. devices</i>)	OTC Benefit	
<i>toilet safety frame</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>toilet seat elevator</i>	OTC Benefit	
TOMMEE TIPPEE BREAST PUMP (<i>misc. devices</i>)	OTC Benefit	
TOMMEE TIPPEE BREAST PUMP ADTP (<i>misc. devices</i>)	OTC Benefit	
<i>tongue cleaner/comfort curve</i>	OTC Benefit	
<i>tongue depressors</i>	OTC Benefit	
<i>toothette bite block</i>	OTC Benefit	
<i>topi-click 1 port</i>	OTC Benefit	
<i>topi-click 140</i>	OTC Benefit	
<i>topi-click 3 port</i>	OTC Benefit	
TOPI-CLICK APPLICATOR (<i>misc. devices</i>)	OTC Benefit	
<i>topi-click dose check</i>	OTC Benefit	
<i>topi-click micro angled aa</i>	OTC Benefit	
<i>topi-click micro pin point aa</i>	OTC Benefit	
<i>topi-click micro rounded aa</i>	OTC Benefit	
<i>topi-click uv blocking</i>	OTC Benefit	
<i>topi-click vaginal applicator</i>	OTC Benefit	
<i>topi-click vaginal dose loader</i>	OTC Benefit	
<i>topi-click vaginal dosing</i>	OTC Benefit	
<i>total comfort chair cushion</i>	OTC Benefit	
<i>total comfort seat cushion</i>	OTC Benefit	
<i>traction floor stand</i>	OTC Benefit	
<i>traction head halter rope</i>	OTC Benefit	
<i>traction kit kit</i>	OTC Benefit	
<i>traction pelvic belt</i>	OTC Benefit	
<i>traction weight bag</i>	OTC Benefit	
<i>transfer bench</i>	OTC Benefit	
<i>transfer board</i>	OTC Benefit	
<i>transfer pin</i>	OTC Benefit	
<i>transport chair</i>	OTC Benefit	
<i>travel pouch</i>	OTC Benefit	
<i>traveler 3 wheel roll walker</i>	OTC Benefit	
<i>trigger release junior walker</i>	OTC Benefit	
<i>tri-grip bathtub rail</i>	OTC Benefit	
<i>trio rolling walker</i>	OTC Benefit	
<i>true comfort folding 2 wheel</i>	OTC Benefit	
<i>true comfort folding walker</i>	OTC Benefit	
<i>true comfort height adj cane</i>	OTC Benefit	
<i>true comfort quad adj cane</i>	OTC Benefit	
<i>tub transfer board</i>	OTC Benefit	
<i>twin medicine spoon</i>	OTC Benefit	
<i>ultra care ear wax remover</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ultra comfort body massager</i>	OTC Benefit	
<i>ultra fit smart body scale</i>	OTC Benefit	
<i>universal quick adjust crutch</i>	OTC Benefit	
<i>universal tips</i>	OTC Benefit	
<i>universal walker organizer</i>	OTC Benefit	
UNODOSE APPLICATOR (<i>misc. devices</i>)	OTC Benefit	
VANISHPOINT TUBE HOLDER (<i>misc. devices</i>)	OTC Benefit	
VIBE 6 (<i>misc. devices</i>)	OTC Benefit	
<i>vibrating foot bath</i>	OTC Benefit	
<i>vida cellular scale</i>	OTC Benefit	
<i>vinyl inflatable cushion</i>	OTC Benefit	
VIVI EPI (<i>misc. devices</i>)	OTC Benefit	
<i>walker</i>	OTC Benefit	
<i>walker auto glides</i>	OTC Benefit	
<i>walker basket</i>	OTC Benefit	
<i>walker glide wheels</i>	OTC Benefit	
<i>walker ski glides</i>	OTC Benefit	
<i>walker swivel wheels</i>	OTC Benefit	
<i>walker tall extension legs</i>	OTC Benefit	
<i>walker tips</i>	OTC Benefit	
<i>walker tips 1-1/8"</i>	OTC Benefit	
<i>walker wheels</i>	OTC Benefit	
<i>wall grab bar</i>	OTC Benefit	
<i>wash gloves pre-moistened</i>	OTC Benefit	
<i>waterproof sheeting</i>	OTC Benefit	
WET-STOP 3 (<i>misc. devices</i>)	OTC Benefit	
<i>wheelchair</i>	OTC Benefit	
<i>wheelchair cushion</i>	OTC Benefit	
<i>wheelchair invalid ring</i>	OTC Benefit	
<i>wooden cane 7/8"</i>	OTC Benefit	
<i>work belt</i>	OTC Benefit	
<i>wrist brace</i>	OTC Benefit	
<i>wrist sleep support</i>	OTC Benefit	
<i>youth push button alum crutch</i>	OTC Benefit	
ZEWA ELECTRODES (<i>misc. devices</i>)	OTC Benefit	
<i>zippered mattress cover</i>	OTC Benefit	
<i>zoom 20 rolling walker</i>	OTC Benefit	
*NASAL DILATORS***		
BREATHE RIGHT ADVANCED STRIP (<i>nasal dilators</i>)	OTC Benefit	
BREATHE RIGHT EXTRA CLEAR STRIP (<i>nasal dilators</i>)	OTC Benefit	
BREATHE RIGHT EXTRA STRENGTH STRIP (<i>nasal dilators</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BREATHE RIGHT EXTRA STRIP (<i>nasal dilators</i>)	OTC Benefit	
BREATHE RIGHT LARGE STRIP (<i>nasal dilators</i>)	OTC Benefit	
BREATHE RIGHT SMALL/MEDIUM STRIP (<i>nasal dilators</i>)	OTC Benefit	
BREATHE RIGHT STRIP (<i>nasal dilators</i>)	OTC Benefit	
BREATHE RIGHT VAPOR SM/MED STRIP (<i>nasal dilators</i>)	OTC Benefit	
<i>eql nasal strips large strip</i>	OTC Benefit	
<i>eql nasal strips medium strip</i>	OTC Benefit	
<i>nasal dilators small/medium strip</i>	OTC Benefit	
<i>nasal strips large strip</i>	OTC Benefit	
<i>nasal strips sm/med strip</i>	OTC Benefit	
<i>nasal strips strip</i>	OTC Benefit	
<i>ra nasal strip/drug free/large strip</i>	OTC Benefit	
<i>rest easy large strip</i>	OTC Benefit	
<i>rest easy small/medium strip</i>	OTC Benefit	
<i>sleep-snore internal nasal</i>	OTC Benefit	
<i>sm nasal large strip</i>	OTC Benefit	
<i>ultra comfort sleep anti snore</i>	OTC Benefit	
*NASAL FILTERS***		
<i>nasal filter</i>	OTC Benefit	
*NASAL NEBULIZERS***		
<i>easy air mini sinus irrig sys</i>	OTC Benefit	
NASONEB NEBULIZER REPLACEMENT (<i>nasal nebulizers</i>)	OTC Benefit	
NASONEB NEBULIZER STARTER (<i>nasal nebulizers</i>)	OTC Benefit	
NASONEB SINUS THERAPY SYSTEM (<i>nasal nebulizers</i>)	OTC Benefit	
NASONEB STS SUPPLY KIT (<i>nasal nebulizers</i>)	OTC Benefit	
*NEBULIZERS***		
<i>aeriva concentrator nebulizer</i>	OTC Benefit	
AIRS DISPOSABLE NEBULIZER (<i>nebulizers</i>)	OTC Benefit	
COMPmist COMPRESSOR NEBULIZER (<i>nebulizers</i>)	OTC Benefit	
<i>compressor/nebulizer</i>	OTC Benefit	
<i>easy air compressor nebulizer</i>	OTC Benefit	
<i>easy neb</i>	OTC Benefit	
<i>elite compressor nebulizer</i>	OTC Benefit	
HOMENEB WITH SIDESTREAM (<i>nebulizers</i>)	OTC Benefit	
INNOSPIRE GO PORTABLE MESH NEB (<i>nebulizers</i>)	OTC Benefit	
MABIS COMPXP NEBULIZER (<i>nebulizers</i>)	OTC Benefit	
MARGO MOO COMPRESSOR NEBULIZER (<i>nebulizers</i>)	OTC Benefit	
<i>medneb nebuliz-reuse-disp kit</i>	OTC Benefit	
<i>medneb nebuliz-reuse-disp-bag</i>	OTC Benefit	
MINIBREEZE ULTRASONIC NEBULIZE (<i>nebulizers</i>)	OTC Benefit	
<i>neb-rite4</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PHILLIPS WILLIS THE WHALE NEB (<i>nebulizers</i>)	OTC Benefit	
<i>portable compressor nebulizer</i>	OTC Benefit	
PROCARE COMPRESSOR NEBULIZER (<i>nebulizers</i>)	OTC Benefit	
PRODIGY MINI-MIST NEBULIZIER (<i>nebulizers</i>)	OTC Benefit	
<i>pure air mini nebulizer</i>	OTC Benefit	
<i>smart neb compressor nebulizer</i>	OTC Benefit	
<i>ultrasonic mini nebulizer</i>	OTC Benefit	
VERSA-NEB COMPRESSOR/NEBULIZER (<i>nebulizers</i>)	OTC Benefit	
*NEEDLES & SYRINGES***		
AUTOJECT 2 (<i>injection device</i>)	OTC Benefit	
<i>autopen device</i>	OTC Benefit	
BARDIA BULB IRRIGATION SYRINGE 60 ML (<i>syringe (disposable)</i>)	OTC Benefit	
BARDIA PISTON IRRIGATION SYR 60 ML (<i>syringe (disposable)</i>)	OTC Benefit	
BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	OTC Benefit	
BD ALLERGY SYRINGE 27G X 1/2" 0.5 ML, 27G X 3/8" 0.5 ML, 27G X 3/8" 1 ML (<i>tuberculin-allergy syringes</i>)	OTC Benefit	
BD CONTROL SYRING LUER-LOK 10 ML (<i>syringe (disposable)</i>)	OTC Benefit	
BD DISP NEEDLE 30G X 1" (<i>needle (disp)</i>)	OTC Benefit	
BD DISP NEEDLES 16G X 1-1/2" , 19G X 1" , 20G X 1-1/2" , 21G X 1-1/2" , 25G X 7/8" (<i>needle (disp)</i>)	OTC Benefit	
BD ECLIPSE NEEDLE 21G X 1" , 21G X 1-1/2" (<i>needle (disp)</i>)	OTC Benefit	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML, 30G X 1/2" 1 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
BD FILTER NEEDLE 18G X 1-1/2" (<i>filter needles</i>)	OTC Benefit	
BD HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 23G X 3/4" , 26G X 1/2" (<i>needle (disp)</i>)	OTC Benefit	
BD LUER-LOK SYRINGE 10 ML (<i>syringe (disposable)</i>)	OTC Benefit	
BD LUER-LOK SYRINGE 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1-1/2" 5 ML, 25G X 5/8" 1 ML, 26G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
BD PEN (<i>injection device for insulin</i>)	OTC Benefit	
BD PEN MINI (<i>injection device for insulin</i>)	OTC Benefit	
BD PLASTIPAK SYRINGE 3 ML (<i>syringe (disposable)</i>)	OTC Benefit	
BD PRECISIONGLIDE NEEDLE 27G X 3/8" (<i>needle (disp)</i>)	OTC Benefit	
BD SAFETYGLIDE NEEDLE 21G X 1" , 27G X 5/8" (<i>needle (disp)</i>)	OTC Benefit	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML (<i>tuberculin-allergy syringes</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML (syringe/needle (disp))	OTC Benefit	
BD SYRINGE 50 ML (syringe (disposable))	OTC Benefit	
BD SYRINGE BLUNT CANNULA 17G 10 ML (syringe (disposable))	OTC Benefit	
BD SYRINGE DISPOSABLE 50 ML (syringe (disposable))	OTC Benefit	
BD SYRINGE DUAL CANNULA 10 ML (syringe (disposable))	OTC Benefit	
BD SYRINGE LUER SLIP TIP 5 ML , 50 ML (syringe (disposable))	OTC Benefit	
BD SYRINGE LUER-LOK 10 ML , 20 ML , 30 ML , 5 ML (syringe (disposable))	OTC Benefit	
BD SYRINGE SLIP TIP 10 ML (syringe (disposable))	OTC Benefit	
BD SYRINGE SLIP TIP 26G X 3/8" 1 ML (tuberculin-allergy syringes)	OTC Benefit	
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML (syringe/needle (disp))	OTC Benefit	
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML (syringe/needle (disp))	OTC Benefit	
BD TB SYRINGE 21G X 1" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 3/8" 1 ML (tuberculin-allergy syringes)	OTC Benefit	
caretouch catheter tip syringe 60 ml	OTC Benefit	
CARETOUCH HYPODERMIC NEEDLE 26G X 1" (needle (disp))	OTC Benefit	
CARETOUCH LUER LOCK 10 ML , 3 ML , 5 ML (syringe (disposable))	OTC Benefit	
CARETOUCH LUER SLIP 10 ML , 3 ML , 5 ML (syringe (disposable))	OTC Benefit	
crono syringe 19g x 1-1/2" 10 ml, 19g x 1-1/2" 20 ml	OTC Benefit	
easy glide cath tip syringe 60 ml	OTC Benefit	
EASY GLIDE LUER LOCK SYRINGE 10 ML , 20 ML , 3 ML , 30 ML , 5 ML , 60 ML (syringe (disposable))	OTC Benefit	
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML (tuberculin-allergy syringes)	OTC Benefit	
EASY TOUCH FLIPLOCK NEEDLES 19G X 1" , 19G X 1-1/2" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 3/4" , 23G X 5/8" , 26G X 1/2" , 27G X 1" , 28G X 1/2" , 29G X 1/2" , 30G X 5/16" , 31G X 5/16" (needle (disp))	OTC Benefit	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML, 18G X 1" 3 ML, 18G X 1" 5 ML, 18G X 1.5" 10 ML, 19G X 1" 3 ML, 19G X 1.5" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 5 ML, 25G X 1" 1 ML, 25G X 1" 10 ML, 25G X 1" 5 ML, 25G X 5/8" 5 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML (syringe/needle (disp))	OTC Benefit	
EASY TOUCH FLURINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML (syringe/needle (disp))	OTC Benefit	
EASY TOUCH FLURINGE FLIPLOCK 25G X 1" 1 ML (syringe/needle (disp))	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EASY TOUCH FLURINGE SHEATHLOCK 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" , 18G X 1.25" , 19G X 1" , 19G X 1-1/2" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 23G X 1-1/4" , 23G X 3/4" , 24G X 1" , 24G X 1.25" , 26G X 1/2" , 26G X 3/8" , 26G X 5/8" , 27G X 1-1/4" , 30G X 1" , 31G X 5/16" , 32G X 5/16" (<i>needle (disp)</i>)	OTC Benefit	
EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 5 ML, 25G X 1" 10 ML, 25G X 1" 5 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
EASY TOUCH SYRINGE BARREL 20 ML , 60 ML (<i>syringe (disposable)</i>)	OTC Benefit	
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	OTC Benefit	
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
EASYPOINT NEEDLE 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" (<i>needle (disp)</i>)	OTC Benefit	
<i>flow-eze vented needle</i>	OTC Benefit	
HUMATROPEN FOR 12MG DEVICE (<i>injection device</i>)	OTC Benefit	
HUMATROPEN FOR 24MG DEVICE (<i>injection device</i>)	OTC Benefit	
HUMATROPEN FOR 6MG DEVICE (<i>injection device</i>)	OTC Benefit	
<i>hypodermic needle 20g x 1-1/2" , 21g x 1" , 21g x 1-1/2" , 26g x 1/2"</i>	OTC Benefit	
<i>inject-ease</i>	OTC Benefit	
LUER LOCK SAFETY SYRINGES 3 ML (<i>syringe (disposable)</i>)	OTC Benefit	
MONOJECT MEDICATION TRANSF NDL (<i>hypodermic needles-disposable</i>)	OTC Benefit	
MONOJECT SOFTPACK/CATH TIP 35 ML (<i>syringe (disposable)</i>)	OTC Benefit	
MONOJECT SOFTPACK/LLOCK 20 ML , 35 ML , 60 ML (<i>syringe (disposable)</i>)	OTC Benefit	
MONOJECT SOFTPACK/LTIP 20 ML (<i>syringe (disposable)</i>)	OTC Benefit	
MONOJECT SOFTPACK/RG LOCK 35 ML (<i>syringe (disposable)</i>)	OTC Benefit	
MONOJECT SOFTPACK/RG LUER 60 ML (<i>syringe (disposable)</i>)	OTC Benefit	
MONOJECT SYRINGE 18G X 1" 12 ML, 20G X 1-1/2" 12 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
MONOJECT SYRINGE CATH TIP 60 ML (<i>syringe (disposable)</i>)	OTC Benefit	
MONOJECT SYRINGE REG LUER 12 ML (<i>syringe (disposable)</i>)	OTC Benefit	
MONOJECT TB SYRINGE 26G X 3/8" 1 ML (<i>tuberculin-allergy syringes</i>)	OTC Benefit	
NORDIPEN DELIVERY SYSTEM (<i>injection device</i>)	OTC Benefit	
NORM-JECT LUER LOCK SYRINGE 10 ML , 20 ML (<i>syringe (disposable)</i>)	OTC Benefit	
<i>poly hub needle 21g x 1" , 21g x 1-1/2" , 27g x 1-1/4"</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 21G X 1-1/2" , 26G X 1/2" (<i>needle (disp)</i>)	OTC Benefit	
SECURESAFE SYRINGE/NEEDLE 20G X 1-1/2" 3 ML, 25G X 1-1/2" 1 ML, 27G X 1/2" 1 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
<i>syringe disposable 10 ml</i>	OTC Benefit	
<i>syringe eccentric tip 10 ml</i>	OTC Benefit	
<i>syringe luer lock 10 ml , 20 ml , 20g x 1" 5 ml, 20g x 1-1/2" 10 ml, 20g x 1-1/2" 3 ml, 20g x 1-1/2" 5 ml, 21g x 1" 10 ml, 21g x 1" 5 ml, 21g x 1-1/2" 5 ml, 22g x 1" 10 ml, 22g x 1-1/2" 10 ml, 22g x 1-1/2" 5 ml, 3 ml , 30 ml , 5 ml , 60 ml</i>	OTC Benefit	
<i>syringe luer slip 10 ml , 25g x 5/8" 1 ml, 26g x 3/8" 1 ml, 27g x 1/2" 1 ml, 3 ml , 35 ml , 5 ml , 60 ml</i>	OTC Benefit	
<i>syringe/hypodermic safety 18g x 1" 12 ml</i>	OTC Benefit	
ULTICARE SYRINGE 22G X 1-1/2" 1 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
VANISHPOINT ALLERGY TRAY KIT 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	OTC Benefit	
VANISHPOINT SAFETY SYRINGE 20G X 1-1/2" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 5 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
VANISHPOINT SYRINGE 20G X 1-1/2" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 25G X 1" 1 ML (<i>syringe/needle (disp)</i>)	OTC Benefit	
YALE DISP NEEDLES 21G X 1-1/4" (<i>needle (disp)</i>)	OTC Benefit	
*NERVE STIMULATORS***		
CEFALY ELECTRODE (<i>nerve stimulator</i>)	OTC Benefit	
<i>cvs advanced tens replace pads</i>	OTC Benefit	
<i>cvs tens therapy replace pads</i>	OTC Benefit	
<i>electrodes 25mm</i>	OTC Benefit	
<i>electrodes 50x100mm</i>	OTC Benefit	
<i>electrodes 50x50mm</i>	OTC Benefit	
<i>electrodes 50x90mm</i>	OTC Benefit	
<i>electrodes butterfly 105x155mm</i>	OTC Benefit	
<i>electrodes face 30x50mm</i>	OTC Benefit	
<i>electrodes joint 150mm</i>	OTC Benefit	
ICY HOT SMART RELIEF TENS DEVICE (<i>nerve stimulator</i>)	OTC Benefit	
<i>iglove</i>	OTC Benefit	
<i>isock</i>	OTC Benefit	
<i>kneestim</i>	OTC Benefit	
<i>pain aide device</i>	OTC Benefit	
PAIN RELIEF PRO DEVICE (<i>nerve stimulator</i>)	OTC Benefit	
<i>perfect ems device</i>	OTC Benefit	
<i>pro comfort tens electrodes</i>	OTC Benefit	
<i>procare tens & ems device</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>prolixus</i>	OTC Benefit	
<i>ra single channel pain relief device</i>	OTC Benefit	
<i>spabuddy sport elite device</i>	OTC Benefit	
<i>sports tens 2 device</i>	OTC Benefit	
<i>standard tens device</i>	OTC Benefit	
<i>tens therapy pain relief device</i>	OTC Benefit	
<i>tens therapy replace back pads</i>	OTC Benefit	
<i>tens therapy replace body pads</i>	OTC Benefit	
<i>tens wired pain management device</i>	OTC Benefit	
*NEUROLOGICAL DIAGNOSTIC SUPPLIES***		
DIABETIC TOES TEST/MEDIPIN (<i>neurological diagnostic access</i>)	OTC Benefit	
MEDIPIN (<i>neurological diagnostic access</i>)	OTC Benefit	
NEUROOPEN KIT (<i>neurological diagnostic device</i>)	OTC Benefit	
NEUROOPEN MONOFILAMENTS (<i>neurological diagnostic access</i>)	OTC Benefit	
NEUROTIPS (<i>neurological diagnostic access</i>)	OTC Benefit	
*NURSING PADS***		
AMEDA COMFORTGEL PAD (<i>nursing pads</i>)	OTC Benefit	
AMEDA MOISTUREGUARD PAD (<i>nursing pads</i>)	OTC Benefit	
AMEDA NOSHOW PREMIUM NURSING PAD (<i>nursing pads</i>)	OTC Benefit	
AMEDA WASHABLE NURSING PAD (<i>nursing pads</i>)	OTC Benefit	
COMFORTGEL HYDROGEL NURSING PAD (<i>nursing pads</i>)	OTC Benefit	
CURITY NURSING PAD (<i>nursing pads</i>)	OTC Benefit	
LANSINOH ULTIMATE NURSING PADS (<i>nursing pads</i>)	OTC Benefit	
LANSINOH WASHABLE NURSING PADS (<i>nursing pads</i>)	OTC Benefit	
<i>nursing pads/disposable pad</i>	OTC Benefit	
TOMMEE TIPPEE BREAST PADS PAD (<i>nursing pads</i>)	OTC Benefit	
*OPTICAL SUPPLIES***		
AUTODROP (<i>optical supplies</i>)	OTC Benefit	
AUTOSQUEEZE (<i>optical supplies</i>)	OTC Benefit	
<i>contact lens case</i>	OTC Benefit	
EZY-DROP GUIDE (<i>optical supplies</i>)	OTC Benefit	
GNP TIGHT-TOP CONTACT CASE (<i>optical supplies</i>)	OTC Benefit	
<i>lens case</i>	OTC Benefit	
<i>lens holders</i>	OTC Benefit	
<i>nose pads</i>	OTC Benefit	
OCUSOFT LID SCRUB COMPLIANCE KIT (<i>optical supplies</i>)	OTC Benefit	
OPTI-FREE REPLENISH LENS CASE (<i>optical supplies</i>)	OTC Benefit	
SIGHT SAVERS ADJ ACTION CORD (<i>optical supplies</i>)	OTC Benefit	
SIGHT SAVERS CLEAR NOSE PADS (<i>optical supplies</i>)	OTC Benefit	
SIGHT SAVERS FASHION CHAIN (<i>optical supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SIGHT SAVERS HINGE RINGS (<i>optical supplies</i>)	OTC Benefit	
SIGHT SAVERS NOSE COMFORT PADS (<i>optical supplies</i>)	OTC Benefit	
SIGHT SAVERS SPORT BAND (<i>optical supplies</i>)	OTC Benefit	
SIGHT SAVERS TEMPLE PADS (<i>optical supplies</i>)	OTC Benefit	
*ORAL DOSING DEVICES***		
<i>adult-lock weekly pill remind</i>	OTC Benefit	
<i>alarm clock pill box</i>	OTC Benefit	
BD ORAL SYRINGE NON LUER TIP (<i>oral syringes</i>)	OTC Benefit	
BD ORAL SYRINGE/TIP CAP (<i>oral syringes</i>)	OTC Benefit	
<i>cvs weekly pill planner</i>	OTC Benefit	
<i>cvs weekly vitamin planner</i>	OTC Benefit	
<i>daily medication container</i>	OTC Benefit	
<i>diamond cut pill case</i>	OTC Benefit	
<i>easy glide oral dispenser</i>	OTC Benefit	
<i>medication container/large</i>	OTC Benefit	
<i>medication container/small</i>	OTC Benefit	
MEDTIME PLANNER (<i>oral medication containers</i>)	OTC Benefit	
MONOJECT ORAL SYRINGE (<i>oral syringes</i>)	OTC Benefit	
ONE DAY AT A TIME PILL REMIND (<i>oral medication containers</i>)	OTC Benefit	
<i>oral syringe/tip cap 1ml</i>	OTC Benefit	
<i>pill case</i>	OTC Benefit	
<i>pill case/lock</i>	OTC Benefit	
<i>pill fob key ring</i>	OTC Benefit	
<i>pill organizer 7-day large</i>	OTC Benefit	
<i>pill organizer extra large</i>	OTC Benefit	
<i>pill planner</i>	OTC Benefit	
<i>pill reminder</i>	OTC Benefit	
<i>pill reminder 7-day</i>	OTC Benefit	
<i>pill reminder seven sided</i>	OTC Benefit	
<i>pill reminder stackable</i>	OTC Benefit	
<i>pill reminder/pen holder</i>	OTC Benefit	
<i>pocket/purse pill case</i>	OTC Benefit	
<i>ra am/pm pill reminder 7 day</i>	OTC Benefit	
<i>ra weekly pill reminder xlarge</i>	OTC Benefit	
SAFER LOCK (<i>oral medication containers</i>)	OTC Benefit	
SAFER LOCK BOX (<i>oral medication containers</i>)	OTC Benefit	
SOL-M ORAL SYRINGE/TIP CAP/1ML (<i>oral syringes</i>)	OTC Benefit	
*ORAL HYGIENE PRODUCTS***		
<i>advanced oral moisturizer spr mouth/throat liquid</i>	OTC Benefit	
DENTEK GUM HEALTH ADV CLEANING MOUTH/THROAT KIT (<i>oral hygiene products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DENTEK PROFESSIONAL ORAL CARE MOUTH/THROAT KIT (<i>oral hygiene products</i>)	OTC Benefit	
<i>extended term oral care system mouth/throat kit</i>	OTC Benefit	
<i>oral irrigator mouth/throat</i>	OTC Benefit	
ORAL SWAB PETITE MOUTH/THROAT SWAB (<i>oral hygiene products</i>)	OTC Benefit	
<i>oropharyngeal suction catheter mouth/throat</i>	OTC Benefit	
<i>power oral care system mouth/throat kit</i>	OTC Benefit	
Q-CARE COVERD YANKAUER/SUCTION MOUTH/THROAT (<i>oral hygiene products</i>)	OTC Benefit	
Q-CARE COVERED YANKAUER/HANDLE MOUTH/THROAT (<i>oral hygiene products</i>)	OTC Benefit	
Q-CARE Q2 ORAL CLEANS/SUCTION MOUTH/THROAT KIT (<i>oral hygiene products</i>)	OTC Benefit	
Q-CARE Q4 ORAL CLEANS/SUCTION MOUTH/THROAT KIT (<i>oral hygiene products</i>)	OTC Benefit	
Q-CARE SUCTION CATHETER MOUTH/THROAT (<i>oral hygiene products</i>)	OTC Benefit	
<i>short term oral care system mouth/throat kit</i>	OTC Benefit	
<i>single use suction swab system mouth/throat kit</i>	OTC Benefit	
<i>single use suction toothbrush mouth/throat kit</i>	OTC Benefit	
<i>suction oral swab system mouth/throat kit</i>	OTC Benefit	
<i>suction toothbrush system mouth/throat kit</i>	OTC Benefit	
TOOTHETTE PLUS UNTREATED MOUTH/THROAT SWAB (<i>oral hygiene products</i>)	OTC Benefit	
TOOTHETTE SWABS UNTREATED MOUTH/THROAT SWAB (<i>oral hygiene products</i>)	OTC Benefit	
TOOTHETTE SWABS/DENTIFRICE MOUTH/THROAT SWAB (<i>oral hygiene products</i>)	OTC Benefit	
*OSTOMY SUPPLIES***		
ACTIVE LIFE 1-PC DRAIN 19-64MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE 1-PC DRAIN 19MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE 1-PC DRAIN 25MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE 1-PC DRAIN 32MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE 1-PC DRAIN 38MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE 1-PC DRAIN 45MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE 1-PC DRAIN 50MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE 1-PC DRAIN 64MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE 1-PC STOMA CAP (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 13MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 16MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 19MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 22MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ACTIVE LIFE CONVEX 1-PC 25MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 28MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 32MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 35MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 38MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 45MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE CONVEX 1-PC 50MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ACTIVE LIFE UROSTOMY/BARRIER POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ADAPT BARRIER RING 1-3/16" (<i>ostomy supplies</i>)	OTC Benefit	
ADAPT BARRIER STRIP (<i>ostomy supplies</i>)	OTC Benefit	
ADAPT CERARING (<i>ostomy supplies</i>)	OTC Benefit	
ADAPT CONVEX BARRIER RING (<i>ostomy supplies</i>)	OTC Benefit	
ADAPT LUBRICATING DEODORANT LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
ADAPT MEDICAL ADHESIVE LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
ADAPT PASTE (<i>ostomy supplies</i>)	OTC Benefit	
<i>adapt stoma powder</i>	OTC Benefit	
ALFRED ALERT (<i>ostomy supplies</i>)	OTC Benefit	
ALFRED POST-OPERATIVE KIT KIT (<i>ostomy supplies</i>)	OTC Benefit	
ALFRED SMART 30 DAY KIT (<i>ostomy supplies</i>)	OTC Benefit	
ALFRED SMARTBAG POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ALFRED SMARTHUB (<i>ostomy supplies</i>)	OTC Benefit	
ALFRED SMARTWAFER/BASEPLATE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
ALLKARE ADHESIVE REMOVER WIPES (<i>ostomy supplies</i>)	OTC Benefit	
ALLKARE PROTECT BARRIER WIPES (<i>ostomy supplies</i>)	OTC Benefit	
BANISH II APPLIANCE DEODORANT LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
BARD ADHESIVE/FILM REMOVER (<i>ostomy supplies</i>)	OTC Benefit	
CENTERPOINTLOCK CLOSED POUCH (<i>ostomy supplies</i>)	OTC Benefit	
CENTERPOINTLOCK DRAIN POUCH (<i>ostomy supplies</i>)	OTC Benefit	
CENTERPOINTLOCK IRRIG DRAIN (<i>ostomy supplies</i>)	OTC Benefit	
CENTERPOINTLOCK SKIN BARRIER (<i>ostomy supplies</i>)	OTC Benefit	
CENTERPOINTLOCK STOMA CAP (<i>ostomy supplies</i>)	OTC Benefit	
<i>ceraplus urostomy pouch pouch</i>	OTC Benefit	
<i>closed pouch/filter/flange</i>	OTC Benefit	
<i>closed-end colostomy pouch</i>	OTC Benefit	
<i>closed-end pouch one-pc 1"</i>	OTC Benefit	
<i>closed-end pouch one-pc 1-1/2"</i>	OTC Benefit	
<i>closed-end pouch one-pc 1-1/4"</i>	OTC Benefit	
<i>closed-end pouch one-pc 1-1/8"</i>	OTC Benefit	
<i>closed-end pouch one-pc 1-3/4"</i>	OTC Benefit	
<i>closed-end pouch one-pc 1-3/8"</i>	OTC Benefit	
<i>closed-end pouch one-pc 7/8"</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>combination cone/tube drain</i>	OTC Benefit	
<i>cone/tube irrigation set kit</i>	OTC Benefit	
CONTOUR I STOMA CAP (<i>ostomy supplies</i>)	OTC Benefit	
<i>drain/tube attachment device</i>	OTC Benefit	
<i>drainable pouch clamp</i>	OTC Benefit	
<i>drainable pouch closure</i>	OTC Benefit	
<i>drainable pouch/filter/flange</i>	OTC Benefit	
DUOLOCK CURVED TAIL CLOSURE (<i>ostomy supplies</i>)	OTC Benefit	
EAKIN COHESIVE SEALS (<i>ostomy supplies</i>)	OTC Benefit	
EAKIN COHESIVE SKIN BARRIER WAFER (<i>ostomy supplies</i>)	OTC Benefit	
EAKIN COHESIVE SLIMS WAFER (<i>ostomy supplies</i>)	OTC Benefit	
EAKIN COHESIVE STOMAWRAP SEAL (<i>ostomy supplies</i>)	OTC Benefit	
EAKIN FISTULA-WOUND POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM SYNERGY DURAHESIVE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM SYNERGY STOMAHESIVE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM SYNERGY UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM SYNERGY UROSTOMY/SHORT POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM SYNERGY UROSTOMY/STD POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM SYNERGY+ CLOSED-END POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM SYNERGY+ CLOSED-END STD POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM SYNERGY+ DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM+ CLOSED POUCH POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM+ CLOSED-END/STOMAHESIVE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM+ DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM+ DRAINABLE POUCH POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ESTEEM+ DURAHESIVE PLUS POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FEATHER-LITE UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
<i>filter security closed pouch</i>	OTC Benefit	
FIRSTCHOICE CLOSED POUCH (<i>ostomy supplies</i>)	OTC Benefit	
<i>firstchoice drainable kit</i>	OTC Benefit	
<i>firstchoice drainable pouch kit</i>	OTC Benefit	
FIRSTCHOICE POST-OP DRAINABLE (<i>ostomy supplies</i>)	OTC Benefit	
FIRSTCHOICE UROSTOMY KIT (<i>ostomy supplies</i>)	OTC Benefit	
FIRSTCHOICE UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
<i>fistula pouch</i>	OTC Benefit	
FLEXI-TRAK ANCHORING DEVICE (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER 1 1/2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FLEXTEND PREMIER 1 1/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER 1 1/8" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER 1 3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER 1" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER 2 1/2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER 2 1/8" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER 2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER 7/8" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND PREMIER POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FLEXTEND SKIN BARRIER (<i>ostomy supplies</i>)	OTC Benefit	
FLEXWEAR PREMIER 2 1/2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
FRESHNET LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
HOLLIHESIVE SKIN BARRIER (<i>ostomy supplies</i>)	OTC Benefit	
HOLLISTER REPLACEMENT FILTERS (<i>ostomy supplies</i>)	OTC Benefit	
ILEO B DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
ILE-SORB (<i>ostomy supplies</i>)	OTC Benefit	
<i>irrigation sleeves</i>	OTC Benefit	
KARAYA 5 SEAL DRAINABLE POUCH POUCH (<i>ostomy supplies</i>)	OTC Benefit	
<i>karaya paste paste</i>	OTC Benefit	
<i>karaya powder powder</i>	OTC Benefit	
<i>karaya seal closed stoma pouch</i>	OTC Benefit	
<i>karaya seal drainable pouch</i>	OTC Benefit	
LITTLE ONES CLOSED END POUCH (<i>ostomy supplies</i>)	OTC Benefit	
LITTLE ONES ONE-PIECE DRAIN POUCH (<i>ostomy supplies</i>)	OTC Benefit	
LITTLE ONES SKIN BARRIER WAFER (<i>ostomy supplies</i>)	OTC Benefit	
LITTLE ONES TWO-PIECE CLOSED POUCH (<i>ostomy supplies</i>)	OTC Benefit	
LITTLE ONES TWO-PIECE DRAIN POUCH (<i>ostomy supplies</i>)	OTC Benefit	
LITTLE ONES TWO-PIECE UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
LITTLE ONES UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
<i>loop ostomy bridge sterile</i>	OTC Benefit	
LO-PROFILE UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
M9 CLEANER/DECRYSTALLIZER LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
M9 ODOR ELIMINATOR LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
<i>medical adhesive remover liquid</i>	OTC Benefit	
MICRODERM PLUS WASHERS 1" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM PLUS WASHERS 1-1/2" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM PLUS WASHERS 1-1/4" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM PLUS WASHERS 1-1/8" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM PLUS WASHERS 1-3/8" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM PLUS WASHERS 7/8" (<i>ostomy supplies</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MICRODERM WASHERS 1" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM WASHERS 1-1/2" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM WASHERS 1-1/4" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM WASHERS 1-1/8" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM WASHERS 1-3/8" (<i>ostomy supplies</i>)	OTC Benefit	
MICRODERM WASHERS 7/8" (<i>ostomy supplies</i>)	OTC Benefit	
MICROHESIVE STOMA PASTE (<i>ostomy supplies</i>)	OTC Benefit	
<i>moisture barrier skin ointment</i>	OTC Benefit	
NATURA DRAINABLE/HIGH OUTPUT POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NATURA DURAHESIVE MOLDABLE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NATURA STOMAHESIVE MOLDABLE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NATURA STOMAHESIVE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NATURA+ CLOSED END/STANDARD POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NATURA+ DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NATURA+ DRAINABLE/FILTER POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CERAPLUS SKIN/TAPE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CERAPLUS WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CLOSED 1-3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CLOSED 2-1/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CLOSED 2-3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CLOSED MINI 1-3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CLOSED MINI 2-1/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CLOSED MINI 2-3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE COLOSTOMY 1-3/4" KIT (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE COLOSTOMY 2-3/4" KIT (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CONVEX BARRIER 44MM WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CONVEX BARRIER 57MM WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE CONVEX BARRIER 70MM WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAIN MINI-POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAIN POUCH 102MM KIT (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE 102MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE 1-3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE 57MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE 70MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE MINI 44MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE MINI 57MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE MINI 70MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NEW IMAGE DRAINABLE POUCH 44MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE POUCH 57MM KIT (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE DRAINABLE POUCH 70MM KIT (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE FLAT BARRIER 57MM WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE FLAT BARRIER 70MM WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE FLEXTEND BARRIER WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE FLEXWEAR BARRIER WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE IRRIG SLEEVE 44MM (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE IRRIG SLEEVE 57MM (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE IRRIG SLEEVE 70MM (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE OSTOMY SYSTEM (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE SKIN BARRIER/FLANGE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE SKIN/FLANGE/TAPE (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE SKIN/FLANGE/TAPE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE UROSTOMY 1-3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE UROSTOMY 2-1/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE UROSTOMY 2-3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE UROSTOMY 70MM KIT (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE UROSTOMY POUCH 44MM KIT (<i>ostomy supplies</i>)	OTC Benefit	
NEW IMAGE UROSTOMY POUCH 57MM KIT (<i>ostomy supplies</i>)	OTC Benefit	
NEXCARE STOMASEAL 4"X4" (<i>ostomy supplies</i>)	OTC Benefit	
<i>night drain adapter</i>	OTC Benefit	
<i>night drainage system kit</i>	OTC Benefit	
<i>night drainage tubing</i>	OTC Benefit	
NUTRIPORT BALLOON 16FR/2.5CM KIT (<i>ostomy supplies</i>)	OTC Benefit	
NUTRIPORT BALLOON 20FR/3CM KIT (<i>ostomy supplies</i>)	OTC Benefit	
NUTRIPORT BALLOON 24FR/5CM KIT (<i>ostomy supplies</i>)	OTC Benefit	
<i>odor spray liquid</i>	OTC Benefit	
<i>one-pc mini drain pouch 38mm</i>	OTC Benefit	
<i>one-pc mini drain pouch 45mm</i>	OTC Benefit	
<i>one-piece drainable pouch 22mm</i>	OTC Benefit	
<i>one-piece drainable pouch 25mm</i>	OTC Benefit	
<i>one-piece drainable pouch 29mm</i>	OTC Benefit	
<i>one-piece drainable pouch 32mm</i>	OTC Benefit	
<i>one-piece drainable pouch 35mm</i>	OTC Benefit	
<i>one-piece drainable pouch 38mm</i>	OTC Benefit	
<i>one-piece drainable pouch 45mm</i>	OTC Benefit	
<i>open end drain</i>	OTC Benefit	
<i>ostomy appliance belt</i>	OTC Benefit	
<i>ostomy belt large</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ostomy belt medium</i>	OTC Benefit	
<i>ostomy drain/mini-pouch/flange</i>	OTC Benefit	
<i>ostomy drainable pouch/flange</i>	OTC Benefit	
<i>pediatric drainable pouch</i>	OTC Benefit	
<i>pediatric urostomy pouch</i>	OTC Benefit	
POUCHKINS 1-PC DRAINABLE 2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS 2-PC DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS 2-PC UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS DRAIN TUBE (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS OSTOMY SYSTEM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS PED 1-PC DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS PED 1-PC UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS PED 2-PC DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS PED OSTOMY BELT (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS PED SKIN BARRIER (<i>ostomy supplies</i>)	OTC Benefit	
POUCHKINS PED SKIN BARRIER WAFER (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 1 1/2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 1 1/8" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 1 3/16" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 1 3/8" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 1 9/16" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 1' POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 1" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 2 1/2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 2 1/8" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CERAPLUS 7/8" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CLOSED MINI-POUCH 25MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CLOSED MINI-POUCH 30MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CLOSED MINI-POUCH 35MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CLOSED MINI-POUCH 55MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CLOSED POUCH 25MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CLOSED POUCH 30MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CLOSED POUCH 35MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CLOSED POUCH 55MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER COLOSTOMY/ILEOSTOMY KIT (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER CONVEX SKIN BARRIER (<i>ostomy supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PREMIER DRAINABLE 110MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE 2-1/2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE 25MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE 3"X2.5" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE 70MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE MINI 25MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE MINI 30MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE MINI 35MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE MINI 40MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE MINI 55MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE MINI-POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 19MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 22MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 29MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 30MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 32MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 35MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 38MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 40MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 44MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 51MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 55MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE POUCH 64MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE SOFTFLEX POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER DRAINABLE/FILTER POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER SKIN BARRIER (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER UROSTOMY 1" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER UROSTOMY 1-1/2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER UROSTOMY 1-3/4" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER UROSTOMY 2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER UROSTOMY 2-1/2" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER UROSTOMY KIT 64MM KIT (<i>ostomy supplies</i>)	OTC Benefit	
PREMIER UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
<i>premium drainable pouch/karaya kit</i>	OTC Benefit	
<i>premium skin barrier</i>	OTC Benefit	
RELIASEAL SKIN BARRIER DISC (<i>ostomy supplies</i>)	OTC Benefit	
RESTORE BARRIER CREAM (<i>ostomy supplies</i>)	OTC Benefit	
RESTORE WOUND CLEANSER LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 1-PC CLOSED-END 8" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 1-PC DRAINABLE 12" POUCH (<i>ostomy supplies</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SECURI-T 1-PC DRAINABLE 6" POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 1-PC STOMA CAP 50MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 1-PC UROSTOMY/STOMA POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC CLOSED-END 38MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC CLOSED-END 45MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC CLOSED-END 57MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC CLOSED-END 70MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC CONVEXITY WAFER (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC DRAIN 32MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC DRAIN 38MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC DRAIN 45MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC DRAIN 57MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC DRAIN 70MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC UROSTOMY 38MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC UROSTOMY 45MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T 2-PC UROSTOMY 57MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONFORMABLE SEALS (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONVEX INSERTS 19MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONVEX INSERTS 22MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONVEX INSERTS 25MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONVEX INSERTS 29MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONVEX INSERTS 32MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONVEX INSERTS 35MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONVEX INSERTS 38MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CONVEX INSERTS 41MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T CURVED TAIL CLOSURE (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T FLEXIBLE WAFER/FLANGE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T NIGHT DRAIN ADAPTER (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T NO STING WIPE (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T OSTOMY BELT (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T OSTOMY DEODORANT LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T SECU-RINGS 32MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T SECU-RINGS 38MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T SECU-RINGS 45MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T SECU-RINGS 57MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T SECU-RINGS 70MM (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T SKIN BARRIER STRIP (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T SKIN BARRIER WAFER (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T STOMA PASTE (<i>ostomy supplies</i>)	OTC Benefit	
SECURI-T WAFER/FLANGE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
<i>security pouch</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>skin cleanser liquid</i>	OTC Benefit	
<i>skin conditioning cream</i>	OTC Benefit	
<i>skin gel protect dressing wipe pad</i>	OTC Benefit	
SKIN PREP SPRAY (<i>ostomy supplies</i>)	OTC Benefit	
SKIN PREP WIPES (<i>ostomy supplies</i>)	OTC Benefit	
SKIN TAC ADHESIVE BARRIER WIPE (<i>ostomy supplies</i>)	OTC Benefit	
SOFTFLEX SKIN BARRIER RING (<i>ostomy supplies</i>)	OTC Benefit	
<i>stoma cap/adhesive/filter</i>	OTC Benefit	
<i>stoma cone irrigator kit</i>	OTC Benefit	
<i>stoma cone/connector repl unit</i>	OTC Benefit	
<i>stoma lubricant paste</i>	OTC Benefit	
<i>stoma urine bag</i>	OTC Benefit	
STOMAHEESIVE MOLDABLE ADHESIVE STRIP (<i>ostomy supplies</i>)	OTC Benefit	
STOMAHEESIVE PASTE PASTE (<i>ostomy supplies</i>)	OTC Benefit	
STOMAHEESIVE PROTECTIVE POWDER (<i>ostomy supplies</i>)	OTC Benefit	
STOMAHEESIVE SKIN BARRIER WAFER (<i>ostomy supplies</i>)	OTC Benefit	
STOMAHEESIVE STERILE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA CLOSED-END POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA CONVEX INSERTS (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA DRAINABLE 32MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA DRAINABLE 38MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA DRAINABLE 45MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA DRAINABLE 57MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA DRAINABLE 70MM POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA DRAINABLE POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA DURAHEESIVE (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA DURAHEESIVE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA FLANGE CAP (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA HIGH OUTPUT POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA LITTLE ONES WAFER (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA STOMAHEESIVE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA UROSTOMY POUCH (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT NATURA WAFER/FLANGE WAFER (<i>ostomy supplies</i>)	OTC Benefit	
SUR-FIT UROSTOMY POUCH POUCH (<i>ostomy supplies</i>)	OTC Benefit	
<i>tail closures</i>	OTC Benefit	
TORBOT BONDING CEMENT LIQUID (<i>ostomy supplies</i>)	OTC Benefit	
<i>two piece closed-end pouch</i>	OTC Benefit	
<i>two piece drainable pouch</i>	OTC Benefit	
<i>two piece pouch mid-size</i>	OTC Benefit	
<i>two-piece adhesive barriers</i>	OTC Benefit	
<i>two-piece irrigation sleeve</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>urostomy drain tube adapter</i>	OTC Benefit	
<i>urostomy pouch 1"/25mm</i>	OTC Benefit	
<i>urostomy pouch 1-1/2"/45mm</i>	OTC Benefit	
<i>urostomy pouch 1-1/4"/32mm</i>	OTC Benefit	
<i>urostomy pouch 1-1/8"/29mm</i>	OTC Benefit	
<i>urostomy pouch 1-3/4"/45mm</i>	OTC Benefit	
<i>urostomy pouch 3/4"/19mm</i>	OTC Benefit	
<i>urostomy pouch 7/8"/22mm</i>	OTC Benefit	
<i>urostomy pouch/flange/adapters</i>	OTC Benefit	
UROSTOMY POUCH/INTEGRAL 1" (<i>ostomy supplies</i>)	OTC Benefit	
UROSTOMY POUCH/INTEGRAL 1-1/2" (<i>ostomy supplies</i>)	OTC Benefit	
UROSTOMY POUCH/INTEGRAL 1-1/4" (<i>ostomy supplies</i>)	OTC Benefit	
UROSTOMY POUCH/INTEGRAL 1-1/8" (<i>ostomy supplies</i>)	OTC Benefit	
UROSTOMY POUCH/INTEGRAL 1-3/8" (<i>ostomy supplies</i>)	OTC Benefit	
UROSTOMY POUCH/INTEGRAL 7/8" (<i>ostomy supplies</i>)	OTC Benefit	
VISI-FLOW IRRIGATION CLOSURE (<i>ostomy supplies</i>)	OTC Benefit	
VISI-FLOW IRRIGATION FACEPLATE (<i>ostomy supplies</i>)	OTC Benefit	
VISI-FLOW IRRIGATOR/STOMA CONE (<i>ostomy supplies</i>)	OTC Benefit	
VISI-FLOW STOMA CONE (<i>ostomy supplies</i>)	OTC Benefit	
WEBCOL ADHESIVE REMOVER (<i>ostomy supplies</i>)	OTC Benefit	
WEBCOL SKIN BARRIER WIPE (<i>ostomy supplies</i>)	OTC Benefit	
*PARENTERAL CATHETERS***		
BD SAF-T-INTIMA 18G X 1" KIT (<i>iv catheter</i>)	OTC Benefit	
BD SAF-T-INTIMA 20GX1" (<i>iv catheter</i>)	OTC Benefit	
BD SAF-T-INTIMA 22GX3/4" (<i>iv catheter</i>)	OTC Benefit	
BD SAF-T-INTIMA 24GX3/4" (<i>iv catheter</i>)	OTC Benefit	
INSYTE AUTOGUARD 20GX1" (<i>iv catheter</i>)	OTC Benefit	
INSYTE AUTOGUARD 20GX1.16" (<i>iv catheter</i>)	OTC Benefit	
INSYTE AUTOGUARD 22GX1" (<i>iv catheter</i>)	OTC Benefit	
INSYTE AUTOGUARD 24GX3/4" (<i>iv catheter</i>)	OTC Benefit	
*PARENTERAL THERAPY SUPPLIES***		
BD INTERLINK BLUNT CANNULA (<i>parenteral therapy supplies</i>)	OTC Benefit	
BD LUER-LOK ACCESS DEVICE (<i>parenteral therapy supplies</i>)	OTC Benefit	
BD Q-STYLE ACCESS DEVICE (<i>parenteral therapy supplies</i>)	OTC Benefit	
BD Q-STYLE EXTENSION SET (<i>parenteral therapy supplies</i>)	OTC Benefit	
BD Q-STYLE VIAL ADAPTER (<i>parenteral therapy supplies</i>)	OTC Benefit	
<i>empty sterilized</i>	OTC Benefit	
<i>hi-volume pumping chamber set</i>	OTC Benefit	
<i>iv pole</i>	OTC Benefit	
<i>iv transfer spike</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
IVENIX LVP EPIDURAL ADMIN SET (<i>parenteral therapy supplies</i>)	OTC Benefit	
J-TIP NEEDLE/FREE INJECTOR (<i>parenteral therapy supplies</i>)	OTC Benefit	
KOKO PEAK FILTER ADAPTER (<i>parenteral therapy supplies</i>)	OTC Benefit	
KOKO PEAK PRO 6 MONITOR (<i>parenteral therapy supplies</i>)	OTC Benefit	
KOKO PEAK PRO 6 SOFTWARE-CRADL (<i>parenteral therapy supplies</i>)	OTC Benefit	
<i>ltxf 3-port adapter/inj site</i>	OTC Benefit	
MONOJECT BLOOD NEEDLE HOLDER (<i>parenteral therapy supplies</i>)	OTC Benefit	
MONOJECT BLUNT TIP SYRINGE (<i>parenteral therapy supplies</i>)	OTC Benefit	
MONOJECT SAFETY SYR TIP CAPS (<i>parenteral therapy supplies</i>)	OTC Benefit	
MONOJECT SYRINGE TIP CAPS (<i>parenteral therapy supplies</i>)	OTC Benefit	
MONOJECT TIP CAPS (<i>parenteral therapy supplies</i>)	OTC Benefit	
PTS COLLECT CAPILLARY TUBES (<i>parenteral therapy supplies</i>)	OTC Benefit	
<i>small vial luer adapter</i>	OTC Benefit	
<i>sterile empty vial</i>	OTC Benefit	
STERI-TAMP SEALS 13MM (<i>safety seal miscellaneous</i>)	OTC Benefit	
STERI-TAMP SEALS 20MM (<i>safety seal miscellaneous</i>)	OTC Benefit	
STERI-TAMP SEALS 28MM (<i>safety seal miscellaneous</i>)	OTC Benefit	
STERI-TAMP SEALS BOTTLES/VIALS (<i>safety seal miscellaneous</i>)	OTC Benefit	
STERI-TAMP SEALS/BAGS (<i>safety seal for bags</i>)	OTC Benefit	
STERI-TAMP SEALS/SYRINGES (<i>safety seal for syringes</i>)	OTC Benefit	
<i>syringe filter 0.2 micron/25mm</i>	OTC Benefit	
<i>universal syringe tip adaptor</i>	OTC Benefit	
<i>universal vial luer adapter</i>	OTC Benefit	
WINTHROP CARPUJECT HOLDER (<i>parenteral therapy supplies</i>)	OTC Benefit	
*RAZORS AND BLADES***		
<i>eql 5 blade cartridges/trimmer</i>	OTC Benefit	
<i>eql 5 blade razor system</i>	OTC Benefit	
<i>eql mens twin blade/disposable</i>	OTC Benefit	
<i>eql triple blade disposable</i>	OTC Benefit	
*RESPIRATORY THERAPY SUPPLIES***		
<i>pro neb nebulizer accessories kit</i>	OTC Benefit	
PRONEB TURBO DELUXE/LC STAR NB KIT (<i>respiratory therapy supplies</i>)	OTC Benefit	
<i>replacement disp nebulizer kit</i>	OTC Benefit	
SIDESTREAM REUSABLE PEDIATRIC KIT (<i>respiratory therapy supplies</i>)	OTC Benefit	
*RUBBER GOODS***		
<i>combination water system</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>douche/enema/water bottle sys</i>	OTC Benefit	
DUNLAP COMBINATION BOTTLE/SYR (<i>rubber goods</i>)	OTC Benefit	
DUNLAP EAR SYRINGE (<i>rubber goods</i>)	OTC Benefit	
DUNLAP ENEMA SYRINGE (<i>rubber goods</i>)	OTC Benefit	
DUNLAP FOUNTAIN SYRINGE (<i>rubber goods</i>)	OTC Benefit	
DUNLAP WATER BOTTLE (<i>rubber goods</i>)	OTC Benefit	
<i>ear syringe</i>	OTC Benefit	
<i>enema syringe</i>	OTC Benefit	
<i>feminine bulb syringe</i>	OTC Benefit	
<i>feminine compact travel syringe</i>	OTC Benefit	
<i>feminine folding syringe</i>	OTC Benefit	
<i>fountain syringe</i>	OTC Benefit	
<i>ft deluxe water bottle</i>	OTC Benefit	
<i>ft ear syringe adult</i>	OTC Benefit	
<i>ft ear syringe child</i>	OTC Benefit	
<i>ft water bottle system</i>	OTC Benefit	
<i>gnp ear & nasal aspirator kit</i>	OTC Benefit	
<i>gnp ear syringe</i>	OTC Benefit	
<i>gnp ear syringe infant</i>	OTC Benefit	
<i>gnp nasal aspirator infant</i>	OTC Benefit	
<i>gnp water bottle</i>	OTC Benefit	
<i>hm ear syringe child</i>	OTC Benefit	
<i>nasal aspirator</i>	OTC Benefit	
<i>nipple shields</i>	OTC Benefit	
<i>ra ear syringe</i>	OTC Benefit	
<i>ra water bottle/syringe</i>	OTC Benefit	
<i>rectal syringe</i>	OTC Benefit	
<i>travel douche system</i>	OTC Benefit	
WAGI BABY NASAL ASPIRATOR (<i>rubber goods</i>)	OTC Benefit	
<i>water bottle</i>	OTC Benefit	
*SANITARY NAPKINS & TAMPONS***		
ALWAYS MAXI MAXIMUM PROTECTION PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
ALWAYS PANTILINERS/THONG PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
ALWAYS ULTRA OVERNIGHT/WINGS PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
ALWAYS ULTRA THIN PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
<i>cvs maxi overnight pad</i>	OTC Benefit	
<i>cvs ultra thin-wings pad</i>	OTC Benefit	
<i>eq maxi long super pad</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq maxi overnight extra heavy pad</i>	OTC Benefit	
<i>eq maxi overnight pad</i>	OTC Benefit	
<i>eq maxi regular pad</i>	OTC Benefit	
<i>eq maxi super pad</i>	OTC Benefit	
<i>eq pantliners pad</i>	OTC Benefit	
<i>eq tampons multi absorbency vaginal tampon</i>	OTC Benefit	
<i>eq tampons regular vaginal tampon</i>	OTC Benefit	
<i>eq tampons super plus vaginal tampon</i>	OTC Benefit	
<i>eq tampons super vaginal tampon</i>	OTC Benefit	
<i>eq thin liner regular pad</i>	OTC Benefit	
<i>eq ultra thin overnight pad</i>	OTC Benefit	
<i>eq ultra thin regular pad</i>	OTC Benefit	
<i>eq ultra thin super long pad</i>	OTC Benefit	
<i>eql maxi flex-wings/long/super pad</i>	OTC Benefit	
<i>eql maxi flex-wings/moderate pad</i>	OTC Benefit	
<i>eql maxi flex-wings/overnight pad</i>	OTC Benefit	
<i>eql maxi moderate pad</i>	OTC Benefit	
<i>eql maxi regular pad</i>	OTC Benefit	
<i>eql pantliners pad</i>	OTC Benefit	
EQL PERSONAL CONFIDENCE LINER PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
EQL PERSONAL CONFIDENCE MAXI PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
<i>eql super maxi pad</i>	OTC Benefit	
<i>eql tampons multipack vaginal tampon</i>	OTC Benefit	
<i>eql tampons regular absorbency vaginal tampon</i>	OTC Benefit	
<i>eql tampons regular vaginal tampon</i>	OTC Benefit	
<i>eql tampons super absorbency vaginal tampon</i>	OTC Benefit	
<i>eql tampons super vaginal tampon</i>	OTC Benefit	
<i>eql thin liners regular pad</i>	OTC Benefit	
<i>eql ultra thin/flexi-wings pad</i>	OTC Benefit	
<i>eql ultra thin/flex-wings reg pad</i>	OTC Benefit	
KOTEX CURVED MAXI PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
KOTEX LIGHTDAYS PANTILINERS PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
KOTEX MAXI OVERNITE PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
KOTEX MAXI PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
KOTEX MAXI WITH WINGS PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
KOTEX OVERNITE PAD (<i>sanitary napkins & tampons</i>)	OTC Benefit	
KOTEX SECURITY TAMPONS MLTIPK VAGINAL TAMPON (<i>sanitary napkins & tampons</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
KOTEX SECURITY TAMPONS REGULAR VAGINAL TAMPON <i>(sanitary napkins & tampons)</i>	OTC Benefit	
KOTEX SECURITY TAMPONS SUPER VAGINAL TAMPON <i>(sanitary napkins & tampons)</i>	OTC Benefit	
KOTEX SECURITY TAMPONS SUPR PL VAGINAL TAMPON <i>(sanitary napkins & tampons)</i>	OTC Benefit	
KOTEX SUPER MAXI PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
KOTEX THIN MAXI PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
KOTEX ULTRA COMPACT MAXI PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
KOTEX ULTRA MAXI OVERNIGHT PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
KOTEX ULTRA THIN MAXI LONG PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
KOTEX ULTRA THIN MAXI PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
LIGHTDAYS LONG PANTYLINER PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
<i>maxi pad deodorant pad</i>	OTC Benefit	
<i>maxi pad overnight pad</i>	OTC Benefit	
<i>maxi pad regular pad</i>	OTC Benefit	
<i>maxi pad super pad</i>	OTC Benefit	
<i>maxi pad ultra thin overnight pad</i>	OTC Benefit	
<i>maxi pad ultra thin pad</i>	OTC Benefit	
MAXI WITH FLEXI-WINGS PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
MAXI WITH FLEX-WINGS PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
<i>pantiliners long pad</i>	OTC Benefit	
<i>pantiliners pad</i>	OTC Benefit	
<i>pantiliners thong pad</i>	OTC Benefit	
<i>pantiliners to go pad</i>	OTC Benefit	
<i>pantiliners unscented long pad</i>	OTC Benefit	
PERFECTION MULTIPACK VAGINAL TAMPON <i>(sanitary napkins & tampons)</i>	OTC Benefit	
PERFECTION SILK SUPER ABSORB VAGINAL TAMPON <i>(sanitary napkins & tampons)</i>	OTC Benefit	
<i>ra pantiliners long pad</i>	OTC Benefit	
STAYFREE ULTRA THIN WING NIGHT PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	
TAMPAX VAGINAL TAMPON <i>(sanitary napkins & tampons)</i>	OTC Benefit	
<i>tampons multi absorbency vaginal tampon</i>	OTC Benefit	
<i>tampons multipack vaginal tampon</i>	OTC Benefit	
<i>tampons super absorbency vaginal tampon</i>	OTC Benefit	
<i>tampons super plus absorbency vaginal tampon</i>	OTC Benefit	
ULTRA THIN WITH FLEXI-WINGS PAD <i>(sanitary napkins & tampons)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*SCAR TREATMENTS***		
<i>kp silicone scar therapy gel strip</i>	OTC Benefit	
PROTEZALL SHEET (<i>occlusive silicone sheets</i>)	OTC Benefit	
<i>scar treatment sheet</i>	OTC Benefit	
SCARAWAY SHEET (<i>occlusive silicone sheets</i>)	OTC Benefit	
<i>silicone scar sheets sheet</i>	OTC Benefit	
*STEAM INHALERS***		
<i>cvs steam inhaler</i>	OTC Benefit	
<i>personal cgh/cld steam inhaler</i>	OTC Benefit	
<i>personal steam inhaler</i>	OTC Benefit	
VICKS VAPO THERAPY STEAM INHAL (<i>steam inhalers</i>)	OTC Benefit	
*THERMOMETERS***		
<i>2-second digital thermometer</i>	OTC Benefit	
<i>30 second digital thermometer</i>	OTC Benefit	
ADVOCATE INFRARED THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
<i>baby thermometer</i>	OTC Benefit	
<i>basal thermometer</i>	OTC Benefit	
BRAUN NO TOUCH + FOREHEAD (<i>electronic thermometer</i>)	OTC Benefit	
BRAUN THERMOSCAN EAR (<i>electronic thermometer</i>)	OTC Benefit	
BRAUN THERMOSCAN LENS FILTERS (<i>thermometer sheaths</i>)	OTC Benefit	
CARETOUCH DIGITAL THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
CARETOUCH INFRARED THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
CARETOUCH UNIVERSL PROBE COVER (<i>thermometer sheaths</i>)	OTC Benefit	
CHOSEN FOREHEAD THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
<i>clever choice digital60</i>	OTC Benefit	
CLEVER CHOICE DUO THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
<i>clever choice thermometer</i>	OTC Benefit	
<i>cvs digital ear thermometer</i>	OTC Benefit	
<i>cvs digital therm flexible tip</i>	OTC Benefit	
<i>cvs digital therm micro temple</i>	OTC Benefit	
<i>cvs digital therm multi-tip</i>	OTC Benefit	
<i>cvs digital thermometer</i>	OTC Benefit	
<i>cvs digital thermometer basal</i>	OTC Benefit	
<i>cvs digital thermometer temple</i>	OTC Benefit	
<i>cvs probe covers</i>	OTC Benefit	
DIATHRIVE INFRARED THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
<i>digital ear thermometer</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>digital flex-tip thermometer</i>	OTC Benefit	
<i>digital pacifier thermometer</i>	OTC Benefit	
<i>digital temple thermometer</i>	OTC Benefit	
<i>digital thermometer</i>	OTC Benefit	
<i>digital thermometer/30 second</i>	OTC Benefit	
<i>digital thermometer/beeper</i>	OTC Benefit	
<i>digital thermometer/flex tip</i>	OTC Benefit	
<i>digital thermometer/temple</i>	OTC Benefit	
<i>ear thermometer</i>	OTC Benefit	
EASY TOUCH INFRARED THERMOMTR (<i>electronic thermometer</i>)	OTC Benefit	
<i>economy digital thermometer</i>	OTC Benefit	
<i>eql digital thermometer/flex</i>	OTC Benefit	
<i>eql digital thermometer/rigid</i>	OTC Benefit	
EQL FEVERFLASH DIGITAL (<i>electronic thermometer</i>)	OTC Benefit	
<i>eql instant ear digital</i>	OTC Benefit	
<i>eql probe covers</i>	OTC Benefit	
<i>forehead thermometer</i>	OTC Benefit	
<i>gnp 2-second thermometer</i>	OTC Benefit	
<i>gnp digital thermometer</i>	OTC Benefit	
<i>gnp fever flash thermometer</i>	OTC Benefit	
<i>gnp oral thermometer</i>	OTC Benefit	
<i>gnp temple thermometer</i>	OTC Benefit	
GNP TEMPLE TOUCH MINI (<i>electronic thermometer</i>)	OTC Benefit	
<i>gnp thermometer probe cover</i>	OTC Benefit	
<i>gnp touch-free thermometer</i>	OTC Benefit	
<i>hm digital thermometer</i>	OTC Benefit	
<i>hm temple thermometer</i>	OTC Benefit	
<i>hm thermometer flexible-tip</i>	OTC Benefit	
<i>infrared ear thermometer</i>	OTC Benefit	
<i>infrared forehead thermometer</i>	OTC Benefit	
<i>kaz digital thermometer</i>	OTC Benefit	
KAZ THERMOMETER PROBE COVERS (<i>thermometer sheaths</i>)	OTC Benefit	
KAZ VICKS DIGITAL THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
KP FAST READ FLEX-TIP THERM (<i>electronic thermometer</i>)	OTC Benefit	
<i>neodot infrared thermometer</i>	OTC Benefit	
<i>neodot thermometer</i>	OTC Benefit	
<i>oral temp digital thermometer</i>	OTC Benefit	
<i>oral thermometer</i>	OTC Benefit	
<i>pacifier plus</i>	OTC Benefit	
<i>pro comfort tempa check</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>pro temp oral thermometer</i>	OTC Benefit	
<i>probe covers</i>	OTC Benefit	
<i>procare infrared thermometer</i>	OTC Benefit	
<i>pure comfort tempa thermometer</i>	OTC Benefit	
<i>quick read digital thermometer</i>	OTC Benefit	
<i>quick temp infrared therm</i>	OTC Benefit	
<i>quick temp pro infrared</i>	OTC Benefit	
<i>ra digital thermometer</i>	OTC Benefit	
<i>ra fever flash ear thermometer</i>	OTC Benefit	
RA FEVER FLASH THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
<i>ra probe covers</i>	OTC Benefit	
<i>rectal thermometer</i>	OTC Benefit	
RELION BASAL THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
RELION DIGITAL THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
RELION THERMOMETER TIP COVERS (<i>thermometer sheaths</i>)	OTC Benefit	
<i>sm digital thermometer</i>	OTC Benefit	
<i>sm digital thermometer deluxe</i>	OTC Benefit	
<i>sm probe covers</i>	OTC Benefit	
<i>sm temple thermometer</i>	OTC Benefit	
SURELIFE THINTEMP THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
<i>tempa check</i>	OTC Benefit	
<i>thermometer covers</i>	OTC Benefit	
<i>thermometer probe covers</i>	OTC Benefit	
VICKS BABY THERMOMETER (<i>rectal thermometer</i>)	OTC Benefit	
VICKS BASAL THERMOMETER (<i>basal thermometer</i>)	OTC Benefit	
VICKS EAR THERMOM PROBE COVERS (<i>thermometer sheaths</i>)	OTC Benefit	
VICKS EAR THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
VICKS FOREHEAD THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
VICKS PACIFIER THERMOMETER (<i>infant thermometer</i>)	OTC Benefit	
VICKS THERMOMETER COMFORT-FLEX (<i>electronic thermometer</i>)	OTC Benefit	
VICKS THERMOMETER DISPOSABLE (<i>oral thermometer</i>)	OTC Benefit	
VICKS THERMOMETER SPEED READ (<i>electronic thermometer</i>)	OTC Benefit	
VICKS THERMOMETER UNDERARM (<i>electronic thermometer</i>)	OTC Benefit	
VICKS WEARABLE THERMOMETER (<i>thermometer</i>)	OTC Benefit	
VIVAGUARD FOREHEAD THERMOMETER (<i>electronic thermometer</i>)	OTC Benefit	
<i>walgreens digital thermometer</i>	OTC Benefit	
<i>walgreens flex-tip thermometer</i>	OTC Benefit	
*TOOTH BRUSHES-FLOSS***		
AQUAFRESH DR SEUSS EXTRA SOFT (<i>toothbrushes</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>brush & toothpick/interdental</i>	OTC Benefit	
CLEAN+ TOOTHBRUSH MEDIUM (<i>toothbrushes</i>)	OTC Benefit	
CLEAN+ TOOTHBRUSH SOFT (<i>toothbrushes</i>)	OTC Benefit	
<i>cvs dental floss</i>	OTC Benefit	
<i>cvs dental floss unwaxed</i>	OTC Benefit	
<i>cvs dental floss waxed</i>	OTC Benefit	
<i>dental tape waxed</i>	OTC Benefit	
DENTEK ADVANCED CLEAN (<i>dental floss</i>)	OTC Benefit	
DENTEK INTERDENTAL CLEANERS (<i>toothbrushes</i>)	OTC Benefit	
EQL ANGLE EDGE+ DEEP CLEAN (<i>toothbrushes</i>)	OTC Benefit	
<i>eql clean+ angled end-tuft</i>	OTC Benefit	
<i>eql clean+ soft/full head</i>	OTC Benefit	
<i>eql dental floss extra comfort</i>	OTC Benefit	
<i>eql dental floss superslip</i>	OTC Benefit	
<i>eql dental floss unwaxed</i>	OTC Benefit	
<i>eql dental floss waxed</i>	OTC Benefit	
<i>eql easyflex brush heads</i>	OTC Benefit	
<i>eql folding travel toothbrush</i>	OTC Benefit	
EQL GEM GRIP BI-LEVEL BRISTLES (<i>toothbrushes</i>)	OTC Benefit	
EQL GEM GRIP MED/DUAL ANGLED (<i>toothbrushes</i>)	OTC Benefit	
EQL GEM GRIP MEDIUM/FULL HEAD (<i>toothbrushes</i>)	OTC Benefit	
EQL GEM GRIP SOFT/DUAL ANGLED (<i>toothbrushes</i>)	OTC Benefit	
<i>eql multifit contour plus soft</i>	OTC Benefit	
<i>eql orbit toothbrush soft</i>	OTC Benefit	
EQL SMARTGRIP CONTOUR SOFT (<i>toothbrushes</i>)	OTC Benefit	
<i>eql smilesonic brush heads</i>	OTC Benefit	
<i>eql tooth flossers</i>	OTC Benefit	
EQL XTREME WHITE/SOFT (<i>toothbrushes</i>)	OTC Benefit	
<i>gnp dental floss waxed</i>	OTC Benefit	
<i>honeycomb tongue/cheek cleaner</i>	OTC Benefit	
J & J DENTAL FLOSS FOR KIDS (<i>dental floss</i>)	OTC Benefit	
J & J DENTAL FLOSS UNWAXED (<i>dental floss</i>)	OTC Benefit	
<i>qc complete clean toothbrush</i>	OTC Benefit	
<i>qc design pro toothbrush soft</i>	OTC Benefit	
<i>qc extreme clean toothbrush</i>	OTC Benefit	
<i>qc kids toothbrush</i>	OTC Benefit	
<i>qc mega clean toothbrush soft</i>	OTC Benefit	
<i>qc mint waxed floss</i>	OTC Benefit	
<i>qc soft comfort picks</i>	OTC Benefit	
<i>qc waxed floss</i>	OTC Benefit	
<i>ra dental floss waxed</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
REACH ADVANCED DESIGN (<i>toothbrushes</i>)	OTC Benefit	
REACH CRYSTAL CLEAN (<i>toothbrushes</i>)	OTC Benefit	
REACH FRESH & CLEAN (<i>toothbrushes</i>)	OTC Benefit	
REACH TOTAL CARE + WHITENING (<i>toothbrushes</i>)	OTC Benefit	
REACH TOTAL CARE MULTI-ACTION (<i>toothbrushes</i>)	OTC Benefit	
REACH TOTAL CARE SENSITIVE (<i>toothbrushes</i>)	OTC Benefit	
REACH ULTRACLEAN (<i>toothbrushes</i>)	OTC Benefit	
REACH WONDER GRIP (<i>toothbrushes</i>)	OTC Benefit	
REACH YOUTH SOFT (<i>toothbrushes</i>)	OTC Benefit	
<i>sm dental floss unwaxed</i>	OTC Benefit	
<i>sm dental floss waxed</i>	OTC Benefit	
THE DOCTORS BRUSHPICKS (<i>toothbrushes</i>)	OTC Benefit	
TINY TEETH SOFT FINGER BRUSH (<i>toothbrushes</i>)	OTC Benefit	
<i>toothbrush medium</i>	OTC Benefit	
<i>toothbrush/cross action</i>	OTC Benefit	
<i>toothbrush/tongue cleaner</i>	OTC Benefit	
<i>ultra-soft toothbrush</i>	OTC Benefit	
XTREME MULTI PRO MEDIUM (<i>toothbrushes</i>)	OTC Benefit	
XTREME MULTI PRO SOFT (<i>toothbrushes</i>)	OTC Benefit	
*URINARY DRAINAGE & IRRIGATION SUPPLIES***		
DOVER PISTON SYRINGE (<i>irrigation supplies</i>)	OTC Benefit	
KANGAROO IRRIGATION SYRINGE (<i>irrigation supplies</i>)	OTC Benefit	
*VAPORIZERS***		
<i>cvs vaporizer warm steam</i>	OTC Benefit	
KAZ VAPORIZER (<i>vaporizers</i>)	OTC Benefit	
KAZ VICKS VAPORIZER V150 (<i>vaporizers</i>)	OTC Benefit	
<i>lifestylecomfort vaporizer</i>	OTC Benefit	
<i>vaporizer</i>	OTC Benefit	
VICKS NURSERY VAPORIZER (<i>vaporizers</i>)	OTC Benefit	
VICKS VAPORIZER (<i>vaporizers</i>)	OTC Benefit	
VICKS WATERLESS VAPORIZER (<i>vaporizers</i>)	OTC Benefit	
<i>warm mist vaporizer</i>	OTC Benefit	
MINERALS & ELECTROLYTES		
*BICARBONATES***		
<i>sodium acetate powder</i>	OTC Benefit	
*CALCIUM COMBINATIONS***		
<i>600+d3 oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>advanced calcium formula oral tablet 200 mg</i>	OTC Benefit	
ALIVE CALCIUM PLUS VITAMIN D3 ORAL TABLET CHEWABLE 260-25 MG-MCG (<i>ca phosphate-cholecalciferol</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AVORIA CAL+D ORAL PACKET 500-40-60-400 (<i>calcium-mag-vit c-vit d</i>)	OTC Benefit	
BONE DENSITY ORAL TABLET 300-200 MG-UNIT (<i>calcium-vit d-arg-inos-silicon</i>)	OTC Benefit	
<i>bone meal oral tablet</i>	OTC Benefit	
<i>cal/mag oral tablet 200-100 mg</i>	OTC Benefit	
CALCET CREAMY BITES ORAL TABLET CHEWABLE 500-10 MG-MCG (<i>calcium citrate-vitamin d</i>)	OTC Benefit	
<i>calcitrate plus d oral tablet 315-5 mg-mcg</i>	OTC Benefit	
<i>cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg</i>	OTC Benefit	
<i>calcium + d + k oral tablet 750-500-40 mg-unt-mcg</i>	OTC Benefit	
<i>calcium + d oral tablet chewable 500-1000-40 mg-unt-mcg</i>	OTC Benefit	
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	OTC Benefit	
<i>calcium 1000 + d oral tablet 1000-20 mg-mcg</i>	OTC Benefit	
<i>calcium 1200 oral tablet chewable 1200-1000 mg-unit</i>	OTC Benefit	
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
<i>calcium 500 + d3 oral tablet chewable 250-12.5 mg-mcg</i>	OTC Benefit	
<i>calcium 500/d oral tablet 500-5 mg-mcg</i>	OTC Benefit	
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>	OTC Benefit	
<i>calcium 500+d high potency oral tablet 500-10 mg-mcg</i>	OTC Benefit	
<i>calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
<i>calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
<i>calcium 600 + d oral tablet 600-5 mg-mcg</i>	OTC Benefit	
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>	OTC Benefit	
<i>calcium 600 +d high potency oral tablet 600-10 mg-mcg</i>	OTC Benefit	
<i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	OTC Benefit	
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	OTC Benefit	
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>calcium 600+d high potency oral tablet 600-10 mg-mcg</i>	OTC Benefit	
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	OTC Benefit	
<i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i>	OTC Benefit	
<i>calcium 600+d plus minerals oral tablet chewable 600-400 mg-unit</i>	OTC Benefit	
<i>calcium 600+d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	OTC Benefit	
<i>calcium 600+d3 plus minerals oral tablet 600-800 mg-unit</i>	OTC Benefit	
<i>calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit</i>	OTC Benefit	
<i>calcium 600-vitamin d3 oral tablet 600-3.125 mg-mcg</i>	OTC Benefit	
<i>calcium carb-cholecalciferol oral capsule 200-10 mg-mcg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	OTC Benefit	
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	OTC Benefit	
<i>calcium carbonate-vitamin d oral capsule 600-5 mg-mcg</i>	OTC Benefit	
<i>calcium carbonate-vitamin d oral tablet 600-5 mg-mcg</i>	OTC Benefit	
<i>calcium citrate + d oral tablet 250-5 mg-mcg, 315-5 mg-mcg</i>	OTC Benefit	
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-5 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg</i>	OTC Benefit	
<i>calcium citrate + oral tablet 315-5 mg-mcg</i>	OTC Benefit	
<i>calcium citrate chewy bite oral tablet chewable 500-12.5 mg-mcg</i>	OTC Benefit	
<i>calcium citrate malate-vit d oral tablet 250-2.5 mg-mcg</i>	OTC Benefit	
<i>calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	OTC Benefit	
<i>calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 250-1.25 mg-mcg, 315-5 mg-mcg</i>	OTC Benefit	
<i>calcium citrate-vitamin d3 oral liquid 1000-0.01 mg/30ml</i>	OTC Benefit	
<i>calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>calcium creamies oral tablet chewable 600-10 mg-mcg</i>	OTC Benefit	
<i>calcium for women oral tablet chewable 500-100-40</i>	OTC Benefit	
<i>calcium gummies oral tablet chewable 250-100-500 mg-unit</i>	OTC Benefit	
<i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i>	OTC Benefit	
<i>calcium magnesium zinc oral tablet 333-133-5 mg</i>	OTC Benefit	
<i>calcium oral tablet chewable 500-2.5 mg-mcg</i>	OTC Benefit	
<i>calcium plus d3 absorbable oral capsule 600-62.5 mg-mcg</i>	OTC Benefit	
<i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i>	OTC Benefit	
<i>calcium plus vitamin d3 oral capsule 600-12.5 mg-mcg</i>	OTC Benefit	
<i>calcium plus vitamin d3 oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>calcium soft chews oral tablet chewable 500-1-1000-40 mg-unt-mcg, 500-1000-40 mg-unt-mcg, 500-500-40 mg-unt-mcg</i>	OTC Benefit	
<i>calcium with d3 oral tablet chewable 250-12.5 mg-mcg</i>	OTC Benefit	
<i>calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit</i>	OTC Benefit	
<i>calcium/vitamin d3 gummies oral tablet chewable 200-5 mg-mcg</i>	OTC Benefit	
<i>calcium/vitamin d3/adult gummy oral tablet chewable 250-100-500 mg-mg-unit</i>	OTC Benefit	
<i>calcium+d3 gradual release oral tablet extended release 24 hour 600-40-500 mg-mg-unit</i>	OTC Benefit	
<i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg</i>	OTC Benefit	
CALCIUM+MENAQ7 ORAL TABLET 500-200-90 MG-UNT-MCG, 600-1000-90 MG-UNT-MCG (calcium-vitamin d-vitamin k)	OTC Benefit	
<i>calcium-magnesium oral tablet 250-155 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>calcium-magnesium-vitamin d oral capsule 200-100-33.3 mg-mg-unit</i>	OTC Benefit	
<i>calcium-magnesium-vitamin d oral liquid 600-300-400</i>	OTC Benefit	
<i>calcium-magnesium-vitamin d oral wafer 250-125-200 mg-mg-unit</i>	OTC Benefit	
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg, 333.33-133.33-5 mg, 334-134-5 mg</i>	OTC Benefit	
<i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i>	OTC Benefit	
<i>calcium-vitamin d3 oral capsule 600-10 mg-mcg, 600-12.5 mg-mcg</i>	OTC Benefit	
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit, 600-800 mg-unit</i>	OTC Benefit	
CAL-MAG COMPLEX ORAL TABLET 300-150-400 MG-MG-UNIT (<i>calcium-magnesium-vitamin d</i>)	OTC Benefit	
CAL-MAG ORAL TABLET 500-250 MG (<i>calcium-magnesium</i>)	OTC Benefit	
<i>calmag thins oral tablet 200-50 mg</i>	OTC Benefit	
CAL-QUICK ORAL LIQUID 500-10 MG-MCG/5ML (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
CALTRATE 600+D PLUS MINERALS ORAL TABLET 600-800 MG-UNIT (<i>calcium carbonate-vit d-min</i>)	OTC Benefit	
CALTRATE 600+D PLUS MINERALS ORAL TABLET CHEWABLE 600-800 MG-UNIT (<i>calcium carbonate-vit d-min</i>)	OTC Benefit	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
CALTRATE BONE HEALTH ADVANCED ORAL TABLET CHEWABLE 600-800 MG-UNIT (<i>calcium carbonate-vit d-min</i>)	OTC Benefit	
CALTRATE BONE HEALTH ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
CALTRATE BONE HEALTH ORAL TABLET CHEWABLE 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
CALTRATE GUMMY BITES ORAL TABLET CHEWABLE 250-10 MG-MCG (<i>ca phosphate-cholecalciferol</i>)	OTC Benefit	
CALTRATE MINIS PLUS MINERALS ORAL TABLET 300-800 MG-UNIT (<i>calcium carbonate-vit d-min</i>)	OTC Benefit	
CELEBRATE CALCIUM CITRATE ORAL TABLET CHEWABLE 500-12.5 MG-MCG (<i>calcium citrate-vitamin d</i>)	OTC Benefit	
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-8.325 MG-MCG (<i>calcium citrate-vitamin d</i>)	OTC Benefit	
<i>chewable calcium oral tablet chewable 500-200-40 mg-unt-mcg</i>	OTC Benefit	
CITRACAL +D3 ORAL TABLET CHEWABLE 250-112.5-12.5 MG-MG-MCG (<i>calcium-phosphorus-vitamin d</i>)	OTC Benefit	
CITRACAL CALCIUM +D3 ORAL TABLET EXTENDED RELEASE 24 HOUR 600-40-500 MG-MG-UNIT (<i>calcium-magnesium-vitamin d</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG (<i>calcium citrate-vitamin d</i>)	OTC Benefit	
CITRACAL PETITES/VITAMIN D ORAL TABLET 200-6.25 MG-MCG (<i>calcium citrate-vitamin d</i>)	OTC Benefit	
CITRACAL SLOW RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 600-40-500 MG-MG-UNIT (<i>calcium-magnesium-vitamin d</i>)	OTC Benefit	
<i>coral calcium oral capsule 185-50-100 mg-mg-unit, 250-125-100 mg-unit</i>	OTC Benefit	
<i>cvs calcium + d3 oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit</i>	OTC Benefit	
<i>cvs calcium 600 + d/minerals oral tablet chewable 600-800 mg-unit</i>	OTC Benefit	
<i>cvs calcium 600+d oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	OTC Benefit	
<i>cvs calcium soft chews oral tablet chewable 500-1000-40 mg-unt-mcg, 650-12.5-40 mg-mcg</i>	OTC Benefit	
<i>cvs calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	OTC Benefit	
<i>cvs calcium-vitamin d oral tablet chewable 250-10 mg-mcg</i>	OTC Benefit	
<i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i>	OTC Benefit	
<i>cvs yogurt + calcium oral tablet chewable 250-2.5 mg-mcg</i>	OTC Benefit	
<i>dolomite oral tablet 130-78 mg</i>	OTC Benefit	
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	OTC Benefit	
<i>eq calcium 600+d oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>eq calcium 600+d+minerals oral tablet 600-800 mg-unit</i>	OTC Benefit	
<i>eq calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>eq calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>eq calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	OTC Benefit	
<i>eq calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>eq calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>eq calcium gummies oral tablet chewable 250-10 mg-mcg</i>	OTC Benefit	
<i>eq calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg</i>	OTC Benefit	
<i>eq calcium/vitamin d oral capsule 600-2.5 mg-mcg</i>	OTC Benefit	
<i>eq calcium/vitamin d oral tablet 600-10 mg-mcg</i>	OTC Benefit	
<i>eq calcium/vitamin d3 oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>finest nutrition calcium/vit d oral capsule 600-12.5 mg-mcg</i>	OTC Benefit	
<i>ft calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	OTC Benefit	
<i>ft calcium 600+vit d3/minerals oral tablet 600-800 mg-unit</i>	OTC Benefit	
<i>ft calcium citrate +vitamin d3 oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
FT CALCIUM CITRATE/VIT D3 ORAL TABLET 315-6.25 MG-MCG (<i>calcium citrate-vitamin d</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ft calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	OTC Benefit	
FT CALCIUM/VITAMIN D3 ORAL TABLET 1000-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
FT CALCIUM+D3 ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
<i>ft calcium-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg</i>	OTC Benefit	
<i>gnp calcium 600 +d/minerals oral tablet 600-800 mg-unit</i>	OTC Benefit	
<i>gnp calcium 600 +d3 oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>gnp calcium 600 +d3/minerals oral tablet chewable 600-800 mg-unit</i>	OTC Benefit	
<i>hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	OTC Benefit	
<i>hm calcium-vitamin d-minerals oral tablet 600-400 mg-unit</i>	OTC Benefit	
<i>kp calcium 600+d oral capsule 600-12.5 mg-mcg</i>	OTC Benefit	
<i>kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg</i>	OTC Benefit	
<i>kp calcium 600+d3 oral capsule 600-12.5 mg-mcg</i>	OTC Benefit	
<i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	OTC Benefit	
<i>liquid calcium with d3 oral capsule 600-12.5 mg-mcg, 600-25 mg-mcg</i>	OTC Benefit	
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	OTC Benefit	
<i>localnesium oral tablet 166.67-83.33 mg</i>	OTC Benefit	
<i>localnesium-c oral tablet 400-116.7-166.7 mg</i>	OTC Benefit	
<i>nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg</i>	OTC Benefit	
NEOFLEX CALCIUM + VITAMIN D ORAL TABLET 600-12.5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
ONE VITE CALCIUM + D3 ORAL TABLET 600-10 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
OPTIMAG PLUS CALCIUM ORAL POWDER 600-300 MG/6.8GM (<i>calcium-magnesium</i>)	OTC Benefit	
OPURITY CALCIUM CITRATE PLUS ORAL TABLET CHEWABLE 300-20-200 MG-MG-UNIT (<i>calcium-magnesium-vitamin d</i>)	OTC Benefit	
OS-CAL ULTRA ORAL TABLET 600 MG (<i>calcium carb-vit d-c-e-mineral</i>)	OTC Benefit	
OSSOPAN MD ORAL CAPSULE 500-1.25-50 MG-MCG-MG (<i>hydroxyapatite-cholecalciferol</i>)	OTC Benefit	
<i>oyster calcium/d3 oral tablet 500-5 mg-mcg</i>	OTC Benefit	
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
<i>oyster shell calcium + d3 oral tablet 500-10 mg-mcg</i>	OTC Benefit	
<i>oyster shell calcium oral tablet 500-10 mg-mcg</i>	OTC Benefit	
<i>oyster shell calcium plus d oral tablet 500-5 mg-mcg</i>	OTC Benefit	
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 250-6.25 mg-mcg, 500-10 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
<i>parva-cal oral tablet 250-2.5 mg-mcg, 500-5 mg-mcg</i>	OTC Benefit	
POSTURE ORAL TABLET 600-280 MG (<i>calcium-phosphorus</i>)	OTC Benefit	
POSTURE-D CALCIUM/MAGNESIUM ORAL TABLET 600-280-500-50 (<i>ca & phos-vit d-mag</i>)	OTC Benefit	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
<i>qc calcium 500mg-d3 oral tablet 500-5 mg-mcg</i>	OTC Benefit	
<i>qc calcium 600 +d3/minerals oral tablet chewable 600-800 mg-unit</i>	OTC Benefit	
<i>qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i>	OTC Benefit	
<i>qc calcium-magnesium-zinc-d3 oral tablet 333.4-133 mg-unit</i>	OTC Benefit	
<i>ra calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>	OTC Benefit	
<i>ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	OTC Benefit	
<i>ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg</i>	OTC Benefit	
<i>ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>ra calcium citrate plus vit d oral tablet 315-5 mg-mcg</i>	OTC Benefit	
<i>ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg</i>	OTC Benefit	
<i>ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	OTC Benefit	
<i>ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg</i>	OTC Benefit	
<i>ra calcium/vitamin d/minerals oral tablet 600-400 mg-unit</i>	OTC Benefit	
<i>ra calcium-boron oral tablet 500-1.5 mg</i>	OTC Benefit	
RA HI CAL ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	OTC Benefit	
<i>sb calcium + d oral tablet 600-5 mg-mcg</i>	OTC Benefit	
<i>sm calcium 600+d plus minerals oral tablet chewable 600-800 mg-unit</i>	OTC Benefit	
<i>sm calcium 600+d3 oral tablet 600-20 mg-mcg</i>	OTC Benefit	
<i>sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>sm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	OTC Benefit	
<i>sm calcium citrate+vit d3 max oral tablet 315-6.25 mg-mcg</i>	OTC Benefit	
<i>sm calcium soft chews oral tablet chewable 500-100-40 , 500-200-40 mg-unt-mcg</i>	OTC Benefit	
<i>sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg</i>	OTC Benefit	
<i>sm calcium/vitamin d3 oral tablet 600-800 mg-unit</i>	OTC Benefit	
<i>sm calcium-magnesium-zinc oral tablet 333-133-8.3 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	OTC Benefit	
<i>super cal/mag oral tablet 333.333-166.667 mg</i>	OTC Benefit	
<i>super cal-mag-d oral tablet 500-250-125 mg-mg-unit</i>	OTC Benefit	
UPCAL D ORAL PACKET 500-12.5 MG-MCG (<i>calcium citrate-vitamin d</i>)	OTC Benefit	
UPCAL D ORAL POWDER 500-12.5 MG-MCG/5GM (<i>calcium citrate-vitamin d</i>)	OTC Benefit	
VIActiv CALCIUM IMMUNE ORAL TABLET CHEWABLE 650-20-5.5 MG-MCG-MG (<i>calcium-cholecalciferol-zinc</i>)	OTC Benefit	
VIActiv CALCIUM PLUS D ORAL TABLET CHEWABLE 650-12.5-40 MG-MCG (<i>calcium-vitamin d-vitamin k</i>)	OTC Benefit	
*CALCIUM***		
<i>ca phosphate dibasic dihyd powder</i>	OTC Benefit	
<i>cal-citrate oral capsule 150 mg</i>	OTC Benefit	
<i>calcium 600 high potency oral tablet 600 mg</i>	OTC Benefit	
<i>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</i>	OTC Benefit	
<i>calcium carbonate extra light powder</i>	OTC Benefit	
<i>calcium carbonate light powder</i>	OTC Benefit	
<i>calcium carbonate oral powder 800 mg/2gm</i>	OTC Benefit	
<i>calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg</i>	OTC Benefit	
<i>calcium carbonate oral tablet chewable 260 mg</i>	OTC Benefit	
<i>calcium carbonate powder</i>	OTC Benefit	
<i>calcium citrate oral granules 760 mg/3.5gm</i>	OTC Benefit	
<i>calcium citrate oral tablet 250 mg, 333 mg, 950 (200 ca) mg</i>	OTC Benefit	
<i>calcium gluconate anhydrous powder</i>	OTC Benefit	
<i>calcium gluconate oral capsule 50 mg</i>	OTC Benefit	
<i>calcium high potency oral tablet 1500 (600 ca) mg</i>	OTC Benefit	
<i>calcium lactate oral tablet 100 mg, 750 mg</i>	OTC Benefit	
<i>calcium oral tablet 280 mg</i>	OTC Benefit	
<i>calcium oyster shell oral tablet 1250 (500 ca) mg, 500 mg</i>	OTC Benefit	
<i>calcium phosphate tribasic powder</i>	OTC Benefit	
<i>cal-mint oral tablet chewable 260 mg</i>	OTC Benefit	
<i>chelated calcium oral tablet 200 mg</i>	OTC Benefit	
<i>coral calcium oral capsule 500 mg</i>	OTC Benefit	
<i>cvs calcium carbonate oral tablet 1250 (500 ca) mg</i>	OTC Benefit	
<i>cvs calcium oral tablet 600 mg</i>	OTC Benefit	
<i>ft calcium oral tablet 600 mg</i>	OTC Benefit	
OSSOPAN 1100 ORAL CAPSULE 1100 MG (<i>hydroxyapatite compound</i>)	OTC Benefit	
<i>pure calcium carbonate oral tablet 1500 (600 ca) mg</i>	OTC Benefit	
<i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ra calcium 600 oral tablet 1500 (600 ca) mg</i>	OTC Benefit	
<i>ra calcium high potency oral tablet 600 mg</i>	OTC Benefit	
<i>ra calcium oral tablet 500 mg</i>	OTC Benefit	
<i>sb oyster shell calcium oral tablet 500 mg</i>	OTC Benefit	
<i>super calcium oral tablet 1500 (600 ca) mg</i>	OTC Benefit	
*ELECTROLYTES ORAL***		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
BIOLYTE ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
BIOLYTE ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
CERALYTE 50 ORAL PACKET 1.3-2.2-2.9 GM/L (<i>oral electrolytes</i>)	OTC Benefit	
CERALYTE 50 POTASSIUM FREE ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
CERALYTE 70 ORAL PACKET , 1.3-2.2-2.9 GM/L (<i>oral electrolytes</i>)	OTC Benefit	
CERALYTE 70 ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
CERALYTE 90 ORAL PACKET 1.3-3.4-2.9 GM/L (<i>oral electrolytes</i>)	OTC Benefit	
CERASPORT ENDURANCE ORAL PACKET 160-400 MG (<i>oral electrolytes</i>)	OTC Benefit	
CERASPORT EX1 ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
CERASPORT EX1 ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
CERASPORT EX1 ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>)	OTC Benefit	
CERASPORT ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
CERASPORT ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
CERASPORT ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>)	OTC Benefit	
CERASPORT PLUS ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
<i>cvs electrolyte solution oral solution</i>	OTC Benefit	
<i>cvs ped electrolyte freeze pop oral solution</i>	OTC Benefit	
<i>cvs pediatric electrolyte oral solution</i>	OTC Benefit	
DRIPDROP HYDRATION ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
DRIPDROP ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
<i>electrolyte sr oral tablet extended release</i>	OTC Benefit	
EMERGEN-C ELECTRO MIX ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
ENFAMIL ENFALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
ENSURE RAPID HYDRATION ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
EQUALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
<i>ft electrolyte oral solution</i>	OTC Benefit	
<i>gnp electrolyte powder oral packet</i>	OTC Benefit	
<i>goodsense electrolyte adv care oral solution</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>goodsense electrolyte oral solution</i>	OTC Benefit	
<i>goodsense electrolyte variety oral packet</i>	OTC Benefit	
<i>h-e-b oral electrolyte oral solution</i>	OTC Benefit	
HYDRALYTE FREEZER POPS ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
HYDRALYTE ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
HYDRALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
HYDRALYTE ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>)	OTC Benefit	
HYDRALYTE ORAL TABLET EFFERVESCENT (<i>oral electrolytes</i>)	OTC Benefit	
KINDERLYTE IMMUNITY ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
KINDERLYTE ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
KINDERLYTE ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
KINDERLYTE PREMAX ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
KINDERLYTE PREMAX ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
LIQUID I.V. ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
MEDI-LYTE ORAL TABLET (<i>oral electrolytes</i>)	OTC Benefit	
NORMALYTE ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
<i>oral electrolyte freezer pops oral solution</i>	OTC Benefit	
<i>oral electrolytes oral solution</i>	OTC Benefit	
<i>ped electrolyte freeze pops oral solution</i>	OTC Benefit	
<i>ped electrolyte freezer pops oral solution</i>	OTC Benefit	
PEDIA VANCE ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
PEDIALYTE ADVANCED CARE ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
PEDIALYTE FREEZER POPS ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
PEDIALYTE ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
PEDIALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
PEDIALYTE SINGLES ORAL SOLUTION (<i>oral electrolytes</i>)	OTC Benefit	
PEDIALYTE SPARKLING RUSH ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
PEDIA-POP ORAL PACKET (<i>oral electrolytes</i>)	OTC Benefit	
<i>pediatric electrolyte oral packet</i>	OTC Benefit	
<i>pediatric electrolyte oral solution</i>	OTC Benefit	
<i>ra pediatric electrolyte oral solution</i>	OTC Benefit	
<i>sb pediatric electrolyte oral solution</i>	OTC Benefit	
THERMOTABS ORAL TABLET (<i>oral electrolytes</i>)	OTC Benefit	
<i>truelyte oral solution</i>	OTC Benefit	
*FLUORIDE COMBINATIONS***		
FLORICAL ORAL CAPSULE 8.3-364 MG (<i>sod fluoride-ca carbonate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
FLORICAL ORAL TABLET 8.3-364 MG (<i>sod fluoride-ca carbonate</i>)	OTC Benefit	
MONOCAL ORAL TABLET 625-22.75 MG (<i>sod monofluorophosphate-ca carb</i>)	OTC Benefit	
*IODINE COMBINATIONS***		
XYMODINE ORAL CAPSULE 5000-7500 MCG (<i>iodine-potassium iodide</i>)	OTC Benefit	
*IODINE PRODUCTS***		
<i>kelp oral tablet 0.15 mg, 150 mcg</i>	OTC Benefit	
*LITHIUM***		
LITH-ORO ORAL CAPSULE 5 MG (<i>lithium orotate</i>)	OTC Benefit	
*MAGNESIUM COMBINATIONS***		
CHOLEREX ORAL CAPSULE 100-10 MG (<i>magnesium-policosanol</i>)	OTC Benefit	
K-MAG ORAL CAPSULE 40-40 MG (<i>magnesium-potassium</i>)	OTC Benefit	
K-MAG-60 ORAL CAPSULE 60-60 MG (<i>magnesium-potassium</i>)	OTC Benefit	
K-MG CITRATE ORAL CAPSULE 70-99 MG (<i>magnesium-potassium</i>)	OTC Benefit	
<i>krebs magnesium-potassium oral tablet 250-100 mg</i>	OTC Benefit	
MAG-AMIDE ORAL TABLET EXTENDED RELEASE 500-250 MG (<i>mag threonate-niacinamide</i>)	OTC Benefit	
<i>magnesium fizz-plus oral powder effervescent 300-500 mg/6.1gm</i>	OTC Benefit	
MAGNESIUM OPTIMIZER ORAL TABLET 50-1-25-175 MG (<i>mag mal-vit b6-pot cit-aurine</i>)	OTC Benefit	
<i>potassium & magnesium aspartat oral capsule 250-250 mg</i>	OTC Benefit	
<i>ra potassium/magnesium oral capsule 250-250 mg</i>	OTC Benefit	
<i>slow magnesium/calcium oral tablet delayed release 64-106 mg</i>	OTC Benefit	
*MAGNESIUM***		
<i>chelated magnesium oral tablet 100 mg</i>	OTC Benefit	
<i>cvs magnesium glycinate oral capsule 100 mg</i>	OTC Benefit	
<i>cvs magnesium oral tablet 500 mg</i>	OTC Benefit	
<i>cvs magnesium oral tablet chewable 200 mg</i>	OTC Benefit	
<i>cvs magnesium oxide oral tablet 250 mg</i>	OTC Benefit	
<i>cvs triple magnesium complex oral capsule 400 mg</i>	OTC Benefit	
<i>ft magnesium oral tablet 250 mg</i>	OTC Benefit	
<i>ft magnesium oxide oral tablet 400 (240 mg) mg</i>	OTC Benefit	
<i>high absorption magnesium oral tablet 100 mg</i>	OTC Benefit	
<i>kp mag-oxide magnesium oral tablet 200 mg</i>	OTC Benefit	
<i>m2 magnesium oral capsule 100 mg</i>	OTC Benefit	
<i>mag glycinate oral tablet 100 mg</i>	OTC Benefit	
MAG-200 ORAL TABLET 200 MG (<i>magnesium oxide</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MAG64 ORAL TABLET DELAYED RELEASE 64 MG (<i>magnesium chloride</i>)	OTC Benefit	
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (<i>magnesium chloride</i>)	OTC Benefit	
<i>mag-g oral tablet 500 (27 mg) mg</i>	OTC Benefit	
<i>magnesium bisglycinate oral capsule 655 mg</i>	OTC Benefit	
<i>magnesium bisglycinate oral tablet 100 mg</i>	OTC Benefit	
<i>magnesium carbonate heavy powder</i>	OTC Benefit	
<i>magnesium carbonate oral powder 250 mg/gm</i>	OTC Benefit	
<i>magnesium carbonate powder</i>	OTC Benefit	
<i>magnesium chloride oral tablet 64 mg</i>	OTC Benefit	
<i>magnesium chloride powder</i>	OTC Benefit	
<i>magnesium citrate oral capsule 100 mg, 125 mg</i>	OTC Benefit	
<i>magnesium citrate oral tablet 100 mg, 200 mg</i>	OTC Benefit	
<i>magnesium citrate oral tablet chewable 100 mg</i>	OTC Benefit	
<i>magnesium complex high potency oral capsule 250 mg</i>	OTC Benefit	
<i>magnesium extra strength oral capsule 400 mg</i>	OTC Benefit	
<i>magnesium gluconate oral tablet 250 mg, 27.5 mg, 550 mg</i>	OTC Benefit	
<i>magnesium glycinate advanced oral capsule 120 mg</i>	OTC Benefit	
<i>magnesium glycinate oral capsule 100 mg</i>	OTC Benefit	
<i>magnesium gummies oral tablet chewable 67 mg</i>	OTC Benefit	
<i>magnesium high absorption oral tablet chewable 125 mg</i>	OTC Benefit	
<i>magnesium malate oral tablet 1250 (141.7 mg) mg</i>	OTC Benefit	
<i>magnesium oral capsule 300 mg</i>	OTC Benefit	
<i>magnesium oral tablet 200 mg, 250 mg, 30 mg, 400 mg</i>	OTC Benefit	
<i>magnesium oral tablet chewable 200 mg</i>	OTC Benefit	
<i>magnesium oxide (elemental) oral tablet 400 mg</i>	OTC Benefit	
<i>magnesium oxide -mg supplement oral capsule 400 mg, 500 mg</i>	OTC Benefit	
<i>magnesium oxide -mg supplement oral tablet 250 mg, 420 (252 mg) mg</i>	OTC Benefit	
<i>magnesium oxide -mg supplement oral tablet chewable 200 mg</i>	OTC Benefit	
<i>magnesium oxide oral powder</i>	OTC Benefit	
MAGOX 400 ORAL TABLET 400 (240 MG) MG (<i>magnesium oxide</i>)	OTC Benefit	
MAG-OXIDE ORAL TABLET 200 MG (<i>magnesium oxide</i>)	OTC Benefit	
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ) (<i>magnesium lactate</i>)	OTC Benefit	
<i>mg aspartate oral tablet 65 mg</i>	OTC Benefit	
<i>mgo oral tablet 400 (240 mg) mg</i>	OTC Benefit	
<i>mp magnesium oral capsule 100 mg</i>	OTC Benefit	
<i>natrul magnesium oral tablet 250 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OPTIMAG 125 ORAL CAPSULE 125 MG (<i>magnesium</i>)	OTC Benefit	
OPTIMAG NEURO ORAL CAPSULE (<i>magnesium</i>)	OTC Benefit	
OPTIMAG NEURO ORAL POWDER (<i>magnesium</i>)	OTC Benefit	
<i>ra magnesium oral capsule 500 mg</i>	OTC Benefit	
<i>ra natural magnesium oral tablet 250 mg</i>	OTC Benefit	
SLOWMAG MG MUSCLE HLTH/RECOVER ORAL TABLET CHEWABLE 85 MG (<i>magnesium citrate</i>)	OTC Benefit	
<i>sm magnesium oxide oral tablet 250 mg</i>	OTC Benefit	
<i>sv magnesium oral capsule 100 mg</i>	OTC Benefit	
<i>sv magnesium oral tablet 250 mg</i>	OTC Benefit	
YUMVS MAGNESIUM ORAL TABLET CHEWABLE 83 MG (<i>magnesium citrate</i>)	OTC Benefit	
*MANGANESE***		
<i>manganese amino acid chelate oral tablet 50 mg</i>	OTC Benefit	
<i>manganese gluconate oral tablet 50 mg</i>	OTC Benefit	
*MINERAL COMBINATIONS***		
ADVANCED CALCIUM/D/MAGNESIUM ORAL TABLET (<i>multiple minerals-vitamins</i>)	OTC Benefit	
<i>bone density builder oral tablet</i>	OTC Benefit	
<i>bone essentials oral capsule</i>	OTC Benefit	
<i>calcium & vit d3 bone health oral liquid</i>	OTC Benefit	
<i>calcium 600+d3 plus minerals oral tablet</i>	OTC Benefit	
<i>calcium citrate + oral tablet</i>	OTC Benefit	
<i>calcium citrate plus oral tablet</i>	OTC Benefit	
<i>calcium citrate plus/magnesium oral tablet</i>	OTC Benefit	
<i>calcium citrate-mag-minerals oral tablet</i>	OTC Benefit	
<i>calcium-magnesium-zinc-d3 oral tablet</i>	OTC Benefit	
<i>cal-mag-zinc w/d oral tablet</i>	OTC Benefit	
CITRACAL MAXIMUM PLUS ORAL TABLET (<i>multiple minerals-vitamins</i>)	OTC Benefit	
<i>cvs calcium citrate+d3 oral tablet</i>	OTC Benefit	
<i>cvs calcium citrate+d3 w/magne oral tablet</i>	OTC Benefit	
<i>fem-cal citrate oral tablet</i>	OTC Benefit	
<i>gnp cal mag zinc +d3 oral tablet</i>	OTC Benefit	
MG/TAURINE FORTE ORAL CAPSULE (<i>multi minerals-amino acids</i>)	OTC Benefit	
MINREX ORAL CAPSULE (<i>multiple minerals</i>)	OTC Benefit	
MULTI MEGA MINERALS ORAL TABLET (<i>multiple minerals-vitamins</i>)	OTC Benefit	
<i>multi-minerals oral tablet</i>	OTC Benefit	
NUTRA-SUPPORT BONE ORAL CAPSULE (<i>multiple minerals-vitamins</i>)	OTC Benefit	
PROSTEON ORAL TABLET (<i>multiple minerals-vitamins</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sv n-acetyl cysteine oral capsule</i>	OTC Benefit	
THERACAL D2000 ORAL TABLET (<i>multiple minerals-vitamins</i>)	OTC Benefit	
THERACAL D4000 ORAL TABLET (<i>multiple minerals-vitamins</i>)	OTC Benefit	
THERACAL RAPID REPLETION ORAL TABLET (<i>multiple minerals-vitamins</i>)	OTC Benefit	
YUMVS CALC-MAG-ZINC-VIT D ORAL TABLET CHEWABLE (<i>multiple minerals-vitamins</i>)	OTC Benefit	
ZINC BALANCE ORAL CAPSULE (<i>multiple minerals</i>)	OTC Benefit	
*PHOSPHATE***		
<i>phos-nak oral packet 280-160-250 mg</i>	OTC Benefit	
<i>phosphorus w/sod & potassium oral packet 280-160-250 mg</i>	OTC Benefit	
<i>sodium-potassium-phosphorus oral packet 160-280-250 mg</i>	OTC Benefit	
*POTASSIUM***		
<i>cvs potassium gluconate oral tablet 595 mg</i>	OTC Benefit	
<i>ft potassium oral tablet 595 mg</i>	OTC Benefit	
<i>gnp potassium gluconate oral tablet 595 (99 k) mg</i>	OTC Benefit	
<i>k-99 oral capsule 595 mg</i>	OTC Benefit	
K-BICARB ORAL CAPSULE 99 MG (<i>potassium bicarbonate</i>)	OTC Benefit	
<i>potassium chloride crystals</i>	OTC Benefit	
<i>potassium chloride granules</i>	OTC Benefit	
<i>potassium citrate(elemental k) oral capsule 99 mg</i>	OTC Benefit	
<i>potassium gluconate oral tablet 2 meq, 2.5 meq, 550 (90 k) mg, 550 mg, 595 (99 k) mg, 80 mg</i>	OTC Benefit	
<i>potassium oral tablet 99 mg</i>	OTC Benefit	
<i>qc potassium oral tablet 595 (99 k) mg</i>	OTC Benefit	
<i>ra potassium gluconate oral tablet 595 (99 k) mg</i>	OTC Benefit	
<i>sd potassium gluconate oral tablet 595 (99 k) mg</i>	OTC Benefit	
<i>sm potassium oral tablet 595 (99 k) mg</i>	OTC Benefit	
*SODIUM***		
<i>sodium chloride granules</i>	OTC Benefit	
<i>sodium chloride oral solution 4 meq/ml</i>	OTC Benefit	
*TRACE MINERAL COMBINATIONS***		
<i>cro-man-zin oral tablet 200-5-25 mcg-mg-mg</i>	OTC Benefit	
<i>selenium-yeast oral tablet 200 mcg</i>	OTC Benefit	
*TRACE MINERALS***		
AQUEOUS SELENIUM ORAL LIQUID 95 MCG/DROP (<i>selenium</i>)	OTC Benefit	
<i>chromium gtf oral tablet 200 mcg</i>	OTC Benefit	
<i>chromium oral tablet 400 mcg</i>	OTC Benefit	
<i>chromium picolinate oral capsule 500 mcg</i>	OTC Benefit	
<i>chromium picolinate oral tablet 1000 mcg, 200 mcg, 400 mcg, 800 mcg</i>	OTC Benefit	
<i>chromium picolinate ultra oral tablet 1000 mcg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>copper gluconate oral tablet 2 mg</i>	OTC Benefit	
<i>copper sulfate crystals</i>	OTC Benefit	
CRM ORAL CAPSULE 200 MCG (<i>chromium</i>)	OTC Benefit	
<i>cupric sulfate powder</i>	OTC Benefit	
<i>cvs selenium oral tablet 200 mcg</i>	OTC Benefit	
<i>molybdenum oral capsule 30 mcg</i>	OTC Benefit	
<i>oceanic selenium oral tablet 200 mcg, 50 mcg</i>	OTC Benefit	
<i>ra selenium natural oral tablet 200 mcg</i>	OTC Benefit	
<i>ra selenium oral tablet 200 mcg</i>	OTC Benefit	
<i>se-100 oral capsule 100 mcg</i>	OTC Benefit	
<i>selenium oral capsule 200 mcg</i>	OTC Benefit	
<i>selenium oral tablet 200 mcg, 50 mcg</i>	OTC Benefit	
<i>sm chromium picolinate oral tablet 200 mcg</i>	OTC Benefit	
<i>sm selenium oral tablet 200 mcg</i>	OTC Benefit	
<i>yl chromium picolinate oral tablet 200 mcg</i>	OTC Benefit	
*ZINC COMBINATIONS***		
<i>zinc magnesium aspartate oral capsule 150-3.83-10 mg</i>	OTC Benefit	
<i>zinc plus vitamin c oral capsule 50-90 mg</i>	OTC Benefit	
<i>zinc-c-b6 mouth/throat lozenge 12-60-0.5 mg</i>	OTC Benefit	
<i>zinc-vitamin c oral capsule 40-90 mg</i>	OTC Benefit	
<i>zinc-vitamin c oral tablet dispersible 15-60 mg</i>	OTC Benefit	
<i>zinc-vitamin c-vitamin a mouth/throat lozenge 15-100-0.15 mg</i>	OTC Benefit	
*ZINC***		
<i>chelated zinc oral tablet 50 mg</i>	OTC Benefit	
<i>cvs zinc gluconate oral tablet 50 mg</i>	OTC Benefit	
<i>eql natural zinc oral tablet 50 mg</i>	OTC Benefit	
<i>ft zinc chelated oral tablet 50 mg</i>	OTC Benefit	
<i>gnp zinc chelated oral tablet 50 mg</i>	OTC Benefit	
IS-ZC 50 ORAL TABLET 50 MG (<i>zinc</i>)	OTC Benefit	
ORAZINC ORAL CAPSULE 220 (50 ZN) MG (<i>zinc sulfate</i>)	OTC Benefit	
ORAZINC ORAL TABLET 110 MG (<i>zinc sulfate</i>)	OTC Benefit	
<i>qc zinc oral tablet 50 mg</i>	OTC Benefit	
<i>ra zinc oral tablet 50 mg</i>	OTC Benefit	
VITAMELTS ZINC FAST DISSOLVE ORAL TABLET DISPERSIBLE 15 MG (<i>zinc oxide</i>)	OTC Benefit	
ZINC 15 ORAL TABLET 66 MG (<i>zinc sulfate</i>)	OTC Benefit	
<i>zinc chelated oral tablet 22.5 mg</i>	OTC Benefit	
<i>zinc extra strength oral tablet chewable 16.67 mg</i>	OTC Benefit	
<i>zinc gluconate oral tablet 100 mg, 15 mg, 30 mg, 50 mg</i>	OTC Benefit	
<i>zinc glycinate oral capsule 20 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>zinc gummy oral tablet chewable 11 mg</i>	OTC Benefit	
<i>zinc high absorption oral tablet chewable 7.5 mg</i>	OTC Benefit	
<i>zinc mouth/throat lozenge 10 mg</i>	OTC Benefit	
<i>zinc oral capsule 220 (50 zn) mg, 30 mg</i>	OTC Benefit	
<i>zinc oral tablet 100 mg, 30 mg, 50 mg</i>	OTC Benefit	
<i>zinc sulfate heptahydrate powder</i>	OTC Benefit	
<i>zinc sulfate monohydrate powder</i>	OTC Benefit	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	OTC Benefit	
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>	OTC Benefit	
<i>zn-50 oral capsule 50 mg</i>	OTC Benefit	
MISCELLANEOUS THERAPEUTIC CLASSES		
*DIGITAL THERAPY APPLICATION - BEHAVIOR & MENTAL HEALTH***		
<i>coaching app</i>	OTC Benefit	
<i>cvs behavioral health app</i>	OTC Benefit	
<i>cvs sleep application</i>	OTC Benefit	
<i>daylight 2024 app</i>	OTC Benefit	
<i>daylight app</i>	OTC Benefit	
<i>DEPREXIS (dtx app-behav & mental hlth)</i>	OTC Benefit	
<i>pelago in-pers couns - 45 min</i>	OTC Benefit	
<i>pelago in-person prov - 30 min</i>	OTC Benefit	
<i>pelago in-person prov - 45 min</i>	OTC Benefit	
<i>pelago in-person prov - 60 min</i>	OTC Benefit	
<i>pelago nicotine ther - 12 week</i>	OTC Benefit	
<i>pelago nicotine ther - 4 week</i>	OTC Benefit	
<i>pelago nicotine ther - 8 week</i>	OTC Benefit	
<i>premium therapy app</i>	OTC Benefit	
<i>silvercloud coached user</i>	OTC Benefit	
<i>silvercloud coaching true up</i>	OTC Benefit	
<i>silvercloud self guided</i>	OTC Benefit	
<i>SLEEPIO (dtx app - sleep)</i>	OTC Benefit	
<i>SLEEPIO 2024 APP (dtx app - sleep)</i>	OTC Benefit	
<i>SLEEPIO/DAYLIGHT APP BUNDLE (dtx app - sleep)</i>	OTC Benefit	
<i>sleepio/daylight group bundle</i>	OTC Benefit	
<i>SLEEPIO/DAYLIGHT STEP BUNDLE (dtx app - sleep)</i>	OTC Benefit	
<i>spark direct</i>	OTC Benefit	
<i>spark direct 2024</i>	OTC Benefit	
<i>therapy app</i>	OTC Benefit	
*DIGITAL THERAPY APPLICATION - CARDIOVASCULAR***		
<i>OMADA FOR HYPERTENSION (dtx app - cardiovascular)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*DIGITAL THERAPY APPLICATION - GASTROINTESTINAL***		
REGULORA (<i>dtx app - gastrointestinal</i>)	OTC Benefit	
*DIGITAL THERAPY APPLICATION - MISCELLANEOUS***		
<i>nurx herpes prevention/treat</i>	OTC Benefit	
<i>nurx hpv consult/test</i>	OTC Benefit	
<i>nurx sti care/treatment</i>	OTC Benefit	
<i>nurx teleprep discounted</i>	OTC Benefit	
<i>nurx teleprep mandatory</i>	OTC Benefit	
<i>nurx teleprep voluntary</i>	OTC Benefit	
<i>nurx uti</i>	OTC Benefit	
OMADA EXTENDED CARE TRACK (<i>dtx app - miscellaneous</i>)	OTC Benefit	
OMADA FOR DIABETES + HYPERTENS (<i>dtx app - miscellaneous</i>)	OTC Benefit	
<i>parsley health</i>	OTC Benefit	
TORCHLIGHT CHILD (<i>dtx app - miscellaneous</i>)	OTC Benefit	
TORCHLIGHT COMPLETE SUITE (<i>dtx app - miscellaneous</i>)	OTC Benefit	
TORCHLIGHT ELDER (<i>dtx app - miscellaneous</i>)	OTC Benefit	
*DIGITAL THERAPY APPLICATION - MUSCULOSKELETAL***		
ACUTE PROG-CHRON/SURG Y1 MILE2 KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
ACUTE PROG-CHRON/SURG Y2 MILE1 KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
ACUTE PROG-CHRON/SURG Y2 MILE2 KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
CHRONIC/SURGERY MILESTONE 1 KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
CHRONIC/SURGERY MILESTONE 2 KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
<i>engagement billing-additional</i>	OTC Benefit	
<i>engagement billing-first</i>	OTC Benefit	
<i>fall prevention standalone kit</i>	OTC Benefit	
HINGE HEALTH ACUTE MIL 3 CHRON KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH ACUTE MIL 3 SURG KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH ACUTE PROG/CHRON (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH ACUTE PROG/CHRON KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH ACUTE YEAR 2 (<i>dtx app - musculoskeletal</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HINGE HEALTH ACUTE-CHRON/SURG KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH CHRON PROG/ACUTE (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH CHRON/SURG MILE 1 KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH CHRON/SURG MILE 2 KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH CHRONIC & SURGERY (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH CHRONIC SURGERY KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH CHRONIC YEAR 2 KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH EVEN MIL 2/3 SURG KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH EVEN MILE 1 CHRON KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH EVEN MILE 1 SURG KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH EVN MIL 2/3 CHRON KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
HINGE HEALTH SURGERY PROGRAM KIT (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
OMADA MSK PT CONSULTATION (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
OMADA MSK PT SUBS/RECOVERY (<i>dtx app - musculoskeletal</i>)	OTC Benefit	
*DIGITAL THERAPY APPLICATION - TYPE 2 DIABETES***		
OMADA FOR DIABETES (<i>dtx app - type 2 diabetes</i>)	OTC Benefit	
*DIGITAL THERAPY APPLICATION - WELLNESS***		
<i>cvs metabolic disease app</i>	OTC Benefit	
<i>cvs wellness application</i>	OTC Benefit	
<i>diabetes prevention program kit</i>	OTC Benefit	
FORM HEALTH VIRTUAL PROVIDER (<i>dtx app - wellness</i>)	OTC Benefit	
<i>glp-1 companion kit</i>	OTC Benefit	
<i>health & wellness kit</i>	OTC Benefit	
<i>healthy weight kit</i>	OTC Benefit	
KURBO BY WW (<i>dtx app - wellness</i>)	OTC Benefit	
NATURALLY SLIM FOUNDATIONS (<i>dtx app - wellness</i>)	OTC Benefit	
NATURALLY SLIM NS4YOU (<i>dtx app - wellness</i>)	OTC Benefit	
OMADA FOR PREVENTION (<i>dtx app - wellness</i>)	OTC Benefit	
VIDA GROUP COACHING (<i>dtx app - wellness</i>)	OTC Benefit	
<i>vida health</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>vida health tier 1 prevent/eng</i>	OTC Benefit	
<i>vida health tier 1 prevent/not</i>	OTC Benefit	
<i>vida health tier 2 chronic</i>	OTC Benefit	
<i>vida health tier 3 obesity</i>	OTC Benefit	
<i>vida health tier 4 obesity+</i>	OTC Benefit	
<i>weight maintenance kit</i>	OTC Benefit	
<i>weight management solution kit</i>	OTC Benefit	
<i>whil app</i>	OTC Benefit	
WONDR HEALTH ENGAGEMENT (<i>dtx app - wellness</i>)	OTC Benefit	
WONDR HEALTH OUTCOME BONUS (<i>dtx app - wellness</i>)	OTC Benefit	
WONDR HEALTH OUTCOME ENGAGEMNT (<i>dtx app - wellness</i>)	OTC Benefit	
<i>ww beh sub/enrolled</i>	OTC Benefit	
WW BEH SUB/NOT ENROLLED (<i>dtx app - wellness</i>)	OTC Benefit	
<i>ww clinic sub</i>	OTC Benefit	
WW CORE (<i>dtx app - wellness</i>)	OTC Benefit	
WW CORE (24 MONTHS) (<i>dtx app - wellness</i>)	OTC Benefit	
WW DIGITAL (<i>dtx app - wellness</i>)	OTC Benefit	
WW DIGITAL - V2 (50%) (<i>dtx app - wellness</i>)	OTC Benefit	
WW DIGITAL 360 (<i>dtx app - wellness</i>)	OTC Benefit	
*DIGITAL THERAPY APPLICATION - WOMEN'S HEALTH***		
<i>menopause app</i>	OTC Benefit	
<i>nurx contraceptive counseling</i>	OTC Benefit	
<i>nurx emergency contraceptive</i>	OTC Benefit	
<i>nurx vaginitis</i>	OTC Benefit	
<i>pregnancy/postpartum app</i>	OTC Benefit	
*ENZYMES***		
<i>bromelain powder</i>	OTC Benefit	
<i>bromelains oral tablet 500 mg</i>	OTC Benefit	
<i>papaya enzymes oral tablet chewable</i>	OTC Benefit	
<i>papaya oral tablet 100 mg</i>	OTC Benefit	
<i>papaya oral tablet chewable</i>	OTC Benefit	
*HOMEOPATHIC PRODUCTS***		
4 THRIVE CLEANSING INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
ALKALOL ALLERGY RELIEF NASAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
<i>arnica montana oral pellet</i>	OTC Benefit	
ARNICARE ARNICA EXTERNAL CREAM (<i>homeopathic products</i>)	OTC Benefit	
ARNICARE ARNICA EXTERNAL OINTMENT (<i>homeopathic products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ARNICARE ARTHRITIS EXTERNAL CREAM (<i>homeopathic products</i>)	OTC Benefit	
<i>arnicare arthritis oral tablet dispersible</i>	OTC Benefit	
<i>arnicare arthritis sublingual tablet sublingual</i>	OTC Benefit	
ARNICARE BRUISE EXTERNAL GEL (<i>homeopathic products</i>)	OTC Benefit	
<i>arnicare external gel</i>	OTC Benefit	
ARNICARE PAIN RELIEF EXTERNAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
ARNICARE PAIN RELIEF SUBLINGUAL TABLET SUBLINGUAL (<i>homeopathic products</i>)	OTC Benefit	
<i>arthritis pain relief sublingual tablet sublingual</i>	OTC Benefit	
AVOCADO REVITALIZING EXTERNAL OIL (<i>homeopathic products</i>)	OTC Benefit	
AZO YEAST PLUS ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
BERGAMOT SERENITY INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
<i>bhi allergy relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi arthritis pain relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi back pain relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi calming oral tablet dispersible</i>	OTC Benefit	
<i>bhi constipation relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi diarrhea relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi flu+ multi-symptom relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi hemorrhoid relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi migraine relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi mucus relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi nausea relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi sinus relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi skin eczema relief oral tablet dispersible</i>	OTC Benefit	
<i>bhi spasm pain cramp/spasm oral tablet dispersible</i>	OTC Benefit	
BIORX SPONIX NAIL EXTERNAL GEL (<i>homeopathic products</i>)	OTC Benefit	
BODYANEW CLEANSE/DETOX MULTIPK ORAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
BREATHE EASY PURIFYING INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
<i>bv treatment vaginal insert</i>	OTC Benefit	
<i>calendula external cream</i>	OTC Benefit	
<i>calendula external gel</i>	OTC Benefit	
<i>calendula external ointment</i>	OTC Benefit	
CALMING INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
CLEARLIFE ALLERGY NASAL NASAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
CLEARLIFE ALLERGY ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>coffea cruda oral pellet</i>	OTC Benefit	
COLDCALM SUBLINGUAL TABLET SUBLINGUAL (<i>homeopathic products</i>)	OTC Benefit	
COLD-EEZE MOUTH/THROAT LOZENGE (<i>homeopathic products</i>)	OTC Benefit	
COLD-EEZE PLUS COLD & FLU MOUTH/THROAT LOZENGE (<i>homeopathic products</i>)	OTC Benefit	
COLD-EEZE PLUS DEFENSE MOUTH/THROAT LOZENGE (<i>homeopathic products</i>)	OTC Benefit	
COPPERFIXX PAIN RELIEF EXTERNAL CREAM (<i>homeopathic products</i>)	OTC Benefit	
COPPERFIXX PAIN THERAPY EXTERNAL PATCH (<i>homeopathic products</i>)	OTC Benefit	
<i>cough & cold daytime/kids oral liquid</i>	OTC Benefit	
<i>cvs arnica external gel</i>	OTC Benefit	
<i>cvs cold remedy oral tablet chewable</i>	OTC Benefit	
<i>cvs cold remedy oral tablet dispersible</i>	OTC Benefit	
<i>cvs ear relief otic solution</i>	OTC Benefit	
<i>cvs flu relief oral pellet</i>	OTC Benefit	
<i>cvs irritated eye ophthalmic solution</i>	OTC Benefit	
<i>cvs leg cramps pain relief oral tablet</i>	OTC Benefit	
<i>cvs nerve pain relief external ointment</i>	OTC Benefit	
CYCLEASE CRAMP SUBLINGUAL TABLET SUBLINGUAL (<i>homeopathic products</i>)	OTC Benefit	
<i>drainage oral liquid</i>	OTC Benefit	
<i>ear pain relief homeopathic otic solution</i>	OTC Benefit	
<i>earache drops otic solution</i>	OTC Benefit	
<i>energy inhalation oil</i>	OTC Benefit	
ENGYSTOL IMMUNE SUPPORT ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
<i>eq zinc cold therapy oral tablet dispersible</i>	OTC Benefit	
<i>eql ear drops otic solution</i>	OTC Benefit	
<i>eql zinc cold relief mouth/throat lozenge</i>	OTC Benefit	
<i>eql zinc cold remedy oral tablet dispersible</i>	OTC Benefit	
EUCALYPTUS INVIGORATING INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
<i>fibromyalgia symptom relief sublingual tablet sublingual</i>	OTC Benefit	
FLORASONE EXTERNAL CREAM (<i>homeopathic products</i>)	OTC Benefit	
FRANKINCENSE UPLIFTING INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
FREEDOM QUIT SMOKING SYSTEM ORAL KIT (<i>homeopathic products</i>)	OTC Benefit	
<i>gnp zinc cold therapy oral tablet chewable</i>	OTC Benefit	
GOOD NITE INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
HYLAFEM PH VAGINAL SUPPOSITORY (<i>homeopathic products</i>)	OTC Benefit	
<i>ichthammol drawing salve external ointment</i>	OTC Benefit	
<i>indigestion/bloating relief sublingual tablet sublingual</i>	OTC Benefit	
<i>insomnia relief sublingual tablet sublingual</i>	OTC Benefit	
LAVENDER REJUVENATING INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
LEG CRAMP COMPLEX ORAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
<i>leg cramp relief sublingual tablet sublingual</i>	OTC Benefit	
<i>leg cramps oral tablet</i>	OTC Benefit	
<i>leg cramps pm sublingual tablet sublingual</i>	OTC Benefit	
<i>leg cramps sublingual tablet sublingual</i>	OTC Benefit	
<i>lice treatment spray external solution</i>	OTC Benefit	
LICEFREEE EXTERNAL KIT (<i>homeopathic products</i>)	OTC Benefit	
LICEFREEE EXTERNAL SOLUTION (<i>homeopathic products</i>)	OTC Benefit	
LOMA ASTHMA ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
LOMA ECZEMA ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
LOMA LUX ACNEPILL ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
LOMA LUX PSORIASIS ORAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
LOMA SINUS/ALLERGY ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
LYMPHOMYOSOT LYMPH SUPPORT ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
MENASTIL EXTERNAL OIL (<i>homeopathic products</i>)	OTC Benefit	
MENTAL CLARITY INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
MUSCLE CRAMP COMPLEX ORAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
MUSCLE THERAPY/ARNICA EXTERNAL GEL (<i>homeopathic products</i>)	OTC Benefit	
<i>nerve pain relief sublingual tablet sublingual</i>	OTC Benefit	
NEURAGEN EXTERNAL GEL (<i>homeopathic products</i>)	OTC Benefit	
NEURAGEN PAIN RELIEF EXTERNAL CREAM (<i>homeopathic products</i>)	OTC Benefit	
NEURAGEN PN EXTERNAL OINTMENT (<i>homeopathic products</i>)	OTC Benefit	
OSCILLOCOCCINUM ORAL PELLET (<i>homeopathic products</i>)	OTC Benefit	
OUTDOOR JOE'S RHUS TOX ORAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
PEPPERMINT REFRESHING INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
<i>phytolacca decandra oral pellet</i>	OTC Benefit	
PRID EXTERNAL OINTMENT (<i>homeopathic products</i>)	OTC Benefit	
PROVENT WART EXTERNAL PATCH (<i>homeopathic products</i>)	OTC Benefit	
PROVENT WART REMOVER EXTERNAL OIL (<i>homeopathic products</i>)	OTC Benefit	
<i>pulsatilla oral pellet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PURALIN ARTHRITIS FORMULA ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
PURALIN DECONGESTANT ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
PURALIN PM NIGHTTIME SLEEP-AID ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
PURALIN WEIGHT LOSS ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
<i>qc ear relief otic solution</i>	OTC Benefit	
<i>qc flu relief homeopathic oral pellet</i>	OTC Benefit	
<i>qc zinc cold therapy oral tablet chewable</i>	OTC Benefit	
RA EAR DROPS HOMEOPATHIC OTIC SOLUTION (<i>homeopathic products</i>)	OTC Benefit	
<i>ra earache drops otic solution</i>	OTC Benefit	
<i>ra yeast relief plus oral tablet</i>	OTC Benefit	
REBOOST BREATHE EASY NASAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
REBOOST ZINC +10 SUBLINGUAL TABLET SUBLINGUAL (<i>homeopathic products</i>)	OTC Benefit	
REBOOST ZINC +13 ORAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
RESTFUL LEGS PM SUBLINGUAL TABLET SUBLINGUAL (<i>homeopathic products</i>)	OTC Benefit	
RESTFUL LEGS SUBLINGUAL TABLET SUBLINGUAL (<i>homeopathic products</i>)	OTC Benefit	
SIMILASAN KIDS EAR RELIEF OTIC SOLUTION (<i>homeopathic products</i>)	OTC Benefit	
SIMILASAN PINK EYE RELIEF KIDS OPHTHALMIC SOLUTION (<i>homeopathic products</i>)	OTC Benefit	
SIMILASAN PINK EYE RELIEF OPHTHALMIC SOLUTION (<i>homeopathic products</i>)	OTC Benefit	
<i>sinus relief sublingual tablet sublingual</i>	OTC Benefit	
<i>skin tag remover external liquid</i>	OTC Benefit	
SLEEP CALM SLEEP RELIEF SUBLINGUAL TABLET SUBLINGUAL (<i>homeopathic products</i>)	OTC Benefit	
SPASCUPREEL ORAL TABLET (<i>homeopathic products</i>)	OTC Benefit	
<i>stress/exhaustion relief sublingual tablet sublingual</i>	OTC Benefit	
SWEET ALMOND EXTERNAL OIL (<i>homeopathic products</i>)	OTC Benefit	
TEA TREE PURIFYING INHALATION OIL (<i>homeopathic products</i>)	OTC Benefit	
THERAWORX FOOT CRAMPS ROLL-ON EXTERNAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	
THERAWORX GLOVE + FOAM EXTERNAL KIT (<i>homeopathic products</i>)	OTC Benefit	
THERAWORX JOINT RELIEF ROLL-ON EXTERNAL LIQUID (<i>homeopathic products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
THERAWORX KNEE SLEEVE + FOAM EXTERNAL KIT <i>(homeopathic products)</i>	OTC Benefit	
THERAWORX MUSCLE CRAMP ROLL-ON EXTERNAL LIQUID <i>(homeopathic products)</i>	OTC Benefit	
THERAWORX MUSCLE CRAMPS EXTERNAL FOAM <i>(homeopathic products)</i>	OTC Benefit	
THERAWORX MUSCLE CRAMPS SPRAY EXTERNAL LIQUID <i>(homeopathic products)</i>	OTC Benefit	
THERAWORX NERVE RELIEF EXTERNAL FOAM <i>(homeopathic products)</i>	OTC Benefit	
THERAWORX RELIEF EXTERNAL FOAM <i>(homeopathic products)</i>	OTC Benefit	
THERAWORX RELIEF EXTERNAL LIQUID <i>(homeopathic products)</i>	OTC Benefit	
THERAWORX RELIEF/CRAMP/SPASM EXTERNAL FOAM <i>(homeopathic products)</i>	OTC Benefit	
THERAWORX RELIEF/FOOT CRAMPS EXTERNAL FOAM <i>(homeopathic products)</i>	OTC Benefit	
TRAUMEEL EXTERNAL OINTMENT <i>(homeopathic products)</i>	OTC Benefit	
TRAUMEEL ORAL TABLET <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARNICA + 12 EXTERNAL CREAM <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARNICA + 12 EXTERNAL GEL <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARNICA + 12 ORAL LIQUID <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARNICA + 12 ORAL TABLET <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARNICA + 12 ORAL TABLET CHEWABLE <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARTHRITIS PAIN EXTERNAL CREAM <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARTHRITIS PAIN ORAL TABLET <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARTHRITIS MOBILITY EXTERNAL CREAM <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF ARTHRITIS MOBILITY ORAL TABLET CHEWABLE <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF EXTRA STRENGTH EXTERNAL CREAM <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF PAIN RELIEF EXTERNAL CREAM <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF PAIN RELIEF EXTERNAL GEL <i>(homeopathic products)</i>	OTC Benefit	
T-RELIEF SAFE RELIEF ORAL TABLET CHEWABLE <i>(homeopathic products)</i>	OTC Benefit	
UMCKA COLD+FLU ORAL SYRUP <i>(homeopathic products)</i>	OTC Benefit	
UMCKA COLDCARE ORAL LIQUID <i>(homeopathic products)</i>	OTC Benefit	
<i>uri-control bhi oral tablet</i>	OTC Benefit	
VEGA ORAL CARE GEL MOUTH/THROAT GEL <i>(homeopathic products)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VEGA ORAL CARE RECOVERY KIT MOUTH/THROAT KIT <i>(homeopathic products)</i>	OTC Benefit	
VEGA ORAL CARE RINSE MOUTH/THROAT SOLUTION <i>(homeopathic products)</i>	OTC Benefit	
VH ESSENTIALS BV TREATMENT ORAL CAPSULE <i>(homeopathic products)</i>	OTC Benefit	
WELLMIND CALMING DAY/NIGHT ORAL TABLET <i>(homeopathic products)</i>	OTC Benefit	
WELLMIND VERTIGO ORAL TABLET <i>(homeopathic products)</i>	OTC Benefit	
YEAST-GARD ADV HOMEOPATHIC ORAL CAPSULE <i>(homeopathic products)</i>	OTC Benefit	
YEAST-GARD ADV HOMEOPATHIC VAGINAL SUPPOSITORY <i>(homeopathic products)</i>	OTC Benefit	
YEAST-GARD ADVANCED DOUCHE VAGINAL SOLUTION <i>(homeopathic products)</i>	OTC Benefit	
YEAST-GARD FEMININE WASH VAGINAL SOLUTION <i>(homeopathic products)</i>	OTC Benefit	
YEAST-GARD HOMEOPATHIC VAGINAL GEL <i>(homeopathic products)</i>	OTC Benefit	
ZEEL ARTHRITIS PAIN RELIEF EXTERNAL OINTMENT <i>(homeopathic products)</i>	OTC Benefit	
ZEEL ARTHRITIS PAIN RELIEF ORAL TABLET <i>(homeopathic products)</i>	OTC Benefit	
<i>zinc cold therapy oral tablet chewable</i>	OTC Benefit	
<i>zinc mouth/throat lozenge</i>	OTC Benefit	
ZYMADERM EXTERNAL SOLUTION <i>(homeopathic products)</i>	OTC Benefit	
*MISC NATURAL PRODUCTS***		
7-KETO LEAN ORAL CAPSULE <i>(misc natural products)</i>	OTC Benefit	
<i>acai+superfruit/green tea oral tablet</i>	OTC Benefit	
ADRENAL ESSENCE ORAL CAPSULE <i>(misc natural products)</i>	OTC Benefit	
<i>adv turmeric curcumin complex oral capsule</i>	OTC Benefit	
<i>advanced joint relief oral capsule</i>	OTC Benefit	
ALLERD HQ ORAL CAPSULE <i>(misc natural products)</i>	OTC Benefit	
ALLERGY RELEAF SYSTEM ORAL <i>(misc natural products)</i>	OTC Benefit	
ALLERGY RELEAF SYSTEM ORAL KIT <i>(misc natural products)</i>	OTC Benefit	
<i>alz oral capsule</i>	OTC Benefit	
ARTHRI-FLEX ADVANTAGE ORAL TABLET <i>(misc natural products)</i>	OTC Benefit	
ATRANTIL ORAL CAPSULE <i>(misc natural products)</i>	OTC Benefit	
<i>beet root oral capsule 500 mg</i>	OTC Benefit	
BERBEMYCIN ORAL CAPSULE <i>(misc natural products)</i>	OTC Benefit	
<i>berberine with insea2 oral capsule 250-500-7.5 mg-mcg</i>	OTC Benefit	
BERGACOR PLUS ORAL TABLET <i>(misc natural products)</i>	OTC Benefit	
<i>beta-sitosterol plant sterols oral capsule</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>bio-flav oral capsule</i>	OTC Benefit	
<i>black cohosh menopause complex oral tablet</i>	OTC Benefit	
<i>blood sugar 360 oral capsule</i>	OTC Benefit	
<i>blood sugar balance oral tablet</i>	OTC Benefit	
BLUES AWAY ORAL LIQUID THERAPY PACK (<i>misc natural products</i>)	OTC Benefit	
BODY CHOICE HOODIA WEIGHT LOSS ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>bowel support oral capsule extended release</i>	OTC Benefit	
BRAINSTRONG MEMORY SUPPORT ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
BUG ITCH RELEAF EXTERNAL SOLUTION (<i>misc natural products</i>)	OTC Benefit	
<i>calcium pyruvate oral capsule 600 mg</i>	OTC Benefit	
CANDICIDAL ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
CELL FORTE IP-6 & INOSITOL ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
CELL FORTE MAX3 IP-6/INOSITOL ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
CHELEX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>cholesterol relief oral capsule</i>	OTC Benefit	
CINNDROMEX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
CLAIRVEE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>clarity support oral capsule</i>	OTC Benefit	
COGNIUM FOCUS ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>cold defense fighter oral capsule</i>	OTC Benefit	
<i>colon cleanse oral capsule</i>	OTC Benefit	
<i>colon cleanser oral capsule</i>	OTC Benefit	
<i>colon herbal cleanser oral capsule</i>	OTC Benefit	
COLONX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>colox oral capsule</i>	OTC Benefit	
<i>complete liver cleanse oral capsule</i>	OTC Benefit	
CORDYMAX CS-4 ORAL CAPSULE 525 MG (<i>misc natural products</i>)	OTC Benefit	
CORTISOL MANAGER ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
CORTISOLV ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
COSAMIN ASU ADVANCED FORMULA ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
COSAMIN ASU FOR JOINT HEALTH ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
COSAMIN VERDE FOR JOINT HEALTH ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
CRAMP RELEAF ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CRAMP RELIEF ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>cranberry/probiotic oral tablet</i>	OTC Benefit	
CRANBLADDER RELIEF ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
CRANBLADDER RELIEF ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
CRAN-B-OTC ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
CURCUMAX PRO ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
<i>cvs glucos-chondroitin-msm ts oral tablet</i>	OTC Benefit	
<i>cvs manuka honey external cream</i>	OTC Benefit	
<i>cvs prostate max + oral tablet</i>	OTC Benefit	
<i>cvs sleep support oral tablet chewable</i>	OTC Benefit	
CYSTEX URINARY HEALTH ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
DEEP HEALTH ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
DEEP HEALTH ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
DEEP SLEEP ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
DEEP SLEEP ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>detoxarex oral capsule</i>	OTC Benefit	
DIMENSION 3 ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
DIM-PLUS ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
EARLY ALERT ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
EARLY ALERT ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>eczema & psoriasis spray oral liquid</i>	OTC Benefit	
<i>elderberry immune complex oral tablet chewable</i>	OTC Benefit	
<i>elderberry/vitamin c/zinc oral tablet chewable</i>	OTC Benefit	
ENERGEL ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>eq glucosamine chondr/msm/d oral tablet</i>	OTC Benefit	
<i>eq glucosamine-chondroitin-msm oral tablet</i>	OTC Benefit	
<i>eql glucosamine chondroitin oral tablet</i>	OTC Benefit	
ESBERITOX ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
<i>essiac tonic oral capsule</i>	OTC Benefit	
<i>essiac tonic oral liquid</i>	OTC Benefit	
ESTROVEN + ENERGY MAX STRENGTH ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
FLASHARREST ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>flevoxin oral tablet extended release</i>	OTC Benefit	
FLEXCIN JOINT & MOBILITY MAX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
FLEXCIN JOINT & MOBILITY REG ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
FLEXCIN MOTION EXTERNAL LOTION (<i>misc natural products</i>)	OTC Benefit	
<i>ft mind & memory support oral capsule</i>	OTC Benefit	
<i>garlin oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>germanium oral capsule 10 mg</i>	OTC Benefit	
GI BALANCE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
GI BALANCE ORAL POWDER (<i>misc natural products</i>)	OTC Benefit	
<i>glucoless oral capsule</i>	OTC Benefit	
GLUCOSA FACTOR HIGH BLOOD GLUC ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>glucosa immune booster oral capsule</i>	OTC Benefit	
<i>glucosamine chond cmp advanced oral tablet</i>	OTC Benefit	
<i>glucosamine chond cmp double oral tablet</i>	OTC Benefit	
<i>glucosamine chond cmp triple oral tablet</i>	OTC Benefit	
<i>glucosamine chond complex/msm oral tablet</i>	OTC Benefit	
<i>glucosamine chond double str oral capsule</i>	OTC Benefit	
<i>glucosamine chond double str oral tablet</i>	OTC Benefit	
<i>glucosamine chond msm formula oral tablet</i>	OTC Benefit	
<i>glucosamine chondroitin adv oral tablet</i>	OTC Benefit	
<i>glucosamine chondroitin msm oral tablet</i>	OTC Benefit	
<i>glucosamine chondroitin triple oral tablet</i>	OTC Benefit	
<i>glucosamine chondroitin vit d3 oral capsule</i>	OTC Benefit	
<i>glucosamine-chondroitin ds oral tablet</i>	OTC Benefit	
<i>glucos-chondroit-msm complex oral tablet</i>	OTC Benefit	
<i>glucos-chondroit-msm-turm cmpl oral tablet</i>	OTC Benefit	
<i>glucos-chondroit-msm-turmeric oral tablet</i>	OTC Benefit	
GLUTALOEMINE ORAL POWDER (<i>misc natural products</i>)	OTC Benefit	
<i>gnp glucosamine chondroit ds oral tablet</i>	OTC Benefit	
<i>gnp glucosamine chondroitin oral tablet</i>	OTC Benefit	
<i>gnp glucosamine complex oral tablet</i>	OTC Benefit	
<i>goodsense glucosamine complex oral tablet</i>	OTC Benefit	
<i>grape seed complex oral capsule</i>	OTC Benefit	
<i>green tea oral tablet</i>	OTC Benefit	
HERBAPROFEN ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>hm estroplus menopause formula oral tablet</i>	OTC Benefit	
<i>hm joint health ultra oral tablet</i>	OTC Benefit	
<i>horny goat weed oral capsule</i>	OTC Benefit	
<i>horny goat weed plus oral capsule</i>	OTC Benefit	
<i>horny goat weed-maca for men oral capsule</i>	OTC Benefit	
HOT FLASHEX ORAL TABLET 70-50-60 MG (<i>misc natural products</i>)	OTC Benefit	
<i>hyprost oral capsule</i>	OTC Benefit	
IBEROGAST ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
IBEROGAST ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>ig 26 df oral capsule 500-500 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ig 26 df oral powder 2 gm</i>	OTC Benefit	
<i>ig 26 plus df oral powder</i>	OTC Benefit	
<i>immune boost oral capsule</i>	OTC Benefit	
IMMUNE ESSENTIALS ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>imuhance oral capsule</i>	OTC Benefit	
I-SIGHT ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
IVY ITCH RELIEF EXTERNAL SOLUTION (<i>misc natural products</i>)	OTC Benefit	
JOINT HEALTH ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>joint support oral capsule</i>	OTC Benefit	
JUICEFESTIV ORAL CAPSULE THERAPY PACK (<i>misc natural products</i>)	OTC Benefit	
KINDERMED COUGH PLUS INFANTS ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
KINDERMED NIGHT COUGH INFANTS ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
LANSINOH HERBAL POSTPARTUM EXTERNAL SOLUTION (<i>misc natural products</i>)	OTC Benefit	
LANSINOH ORGANIC NIPPLE EXTERNAL OINTMENT (<i>misc natural products</i>)	OTC Benefit	
LANSINOH POSTPARTUM RECOVERY EXTERNAL KIT (<i>misc natural products</i>)	OTC Benefit	
<i>laxative formula oral tablet</i>	OTC Benefit	
<i>leg vein & circulation oral tablet</i>	OTC Benefit	
<i>lipidsave oral capsule delayed release</i>	OTC Benefit	
LIPOTROPIX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
LIVER PROTECT ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>livetrol oral capsule</i>	OTC Benefit	
LOVIRAL ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
LOVIRAL ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
LUNG TONIC ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
LUNG TONIC ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
LYDIA PINKHAM ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
LYDIA PINKHAM ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
LYMPHATONIC ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
LYMPHATONIC ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>magic mushroom mix oral capsule</i>	OTC Benefit	
MAX HYPOTHALAMUS/PITUITARY ORAL CAPSULE 100 MG (<i>misc natural products</i>)	OTC Benefit	
MEDCAPS MENOPAUSE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
MENOFEM ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
MENOPAUTONIC ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
MENOPAUTONIC ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>mens potent formula oral tablet</i>	OTC Benefit	
METABO-STYLE ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
MIDNITE FOR MENOPAUSE ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
MIDNITE ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
MIDNITE PM ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
<i>milk thistle oral capsule</i>	OTC Benefit	
MILKFLOW MAX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
MILKFLOW ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
MILKFLOW ORAL PACKET (<i>misc natural products</i>)	OTC Benefit	
<i>miseflex oral tablet</i>	OTC Benefit	
<i>miseflex-c oral tablet</i>	OTC Benefit	
<i>mitochondrial renewal kit oral therapy pack</i>	OTC Benefit	
<i>mixed tocotrienols w/ vita e oral capsule</i>	OTC Benefit	
MORNING SICKLESS ORAL KIT (<i>misc natural products</i>)	OTC Benefit	
MORNINGSICKLESS MOUTH/THROAT LOZENGE (<i>misc natural products</i>)	OTC Benefit	
MOUTH TONIC ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>mullein garlic ear drops otic solution</i>	OTC Benefit	
NARCOSOFT HERBAL LAX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>narcosoft ii oral capsule</i>	OTC Benefit	
NATURAL EMU RELIEF EXTERNAL GEL (<i>misc natural products</i>)	OTC Benefit	
NEURIVA ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
NEURIVA ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
NEUROACTIVES BRAINSUSTAIN ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
NF FORMULAS TESTOSTERONE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
NIX LICE PREVENTION EXTERNAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
NOPIOD ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
NRF2 ACTIVATOR ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>octacosanol oral tablet 1000-5 mcg-unit</i>	OTC Benefit	
OLIVDEFENSE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
ORAXINOL ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
ORGANIX PHYTOFOOD ORAL POWDER (<i>misc natural products</i>)	OTC Benefit	
<i>orthodiet oral tablet</i>	OTC Benefit	
<i>osha root cough oral syrup</i>	OTC Benefit	
OSTEO BI-FLEX ADV TRIPLE ST ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
OSTEO BI-FLEX TRIPLE STRENGTH ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OSTEO BI-FLEX/5-LOXIN ADVANCED ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
PARA-GARD ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>pau d arco oral capsule 500 mg</i>	OTC Benefit	
PETADOLEX 50 ORAL CAPSULE 50 MG (<i>misc natural products</i>)	OTC Benefit	
PETADOLEX 75 ORAL CAPSULE 75 MG (<i>misc natural products</i>)	OTC Benefit	
PHYTOCILLIN ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
PHYTOCILLIN ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
PMS SOOTHE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
PRO CUT ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
PRO NUTRIENTS FRUIT & VEGGIE ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
PROSTATE COMPLETE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>prostate control oral capsule</i>	OTC Benefit	
PROSTATE FLO ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>prostate support oral capsule</i>	OTC Benefit	
PROSTATE THERAPY COMPLEX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
PROVENT SKIN TAG REMOVER EXTERNAL PATCH (<i>misc natural products</i>)	OTC Benefit	
PROVENT VERTIGO X EXTERNAL OIL (<i>misc natural products</i>)	OTC Benefit	
<i>pumpkin seed oil oral capsule</i>	OTC Benefit	
<i>pure comfort prostate patch external patch</i>	OTC Benefit	
<i>qc glucosamine-chondroitin-msm oral tablet</i>	OTC Benefit	
<i>ra estroplus max strength oral tablet</i>	OTC Benefit	
<i>ra glucosamine-chondroitin-msm-d oral tablet</i>	OTC Benefit	
<i>recharge oral capsule</i>	OTC Benefit	
<i>red wine extract oral capsule</i>	OTC Benefit	
<i>refex oral capsule</i>	OTC Benefit	
RELAX & SLEEP ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
RELAX+ ULTIMATE CALM ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
RELAXMAX ORAL POWDER (<i>misc natural products</i>)	OTC Benefit	
RELIZEN ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
REPHRESH URINARY TRACT HEALTH ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
RESPIRATONIC ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
RESPIRATONIC ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>rest/relaxation oral capsule</i>	OTC Benefit	
RESVERATIN PLUS ORAL CAPSULE 62.5-250-75 MG (<i>misc natural products</i>)	OTC Benefit	
RESVERATROL ULTRA ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
RISTELA ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SALOXICIN ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS COUGH RELIEF + IMMUNE ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS ELDERBERRY IMMUNE KID ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS ELDERBERRY IMMUNE ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS ELDERBERRY IMMUNE ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS ELDERBERRY MOUTH/THROAT LOZENGE (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS ELDERBERRY VITAMIN C MOUTH/THROAT LOZENGE (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS ELDERBERRY ZINC MOUTH/THROAT LOZENGE (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS KIDS COUGH + IMMUNE ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS KIDS COUGH + IMMUNE ORAL TABLET CHEWABLE (<i>misc natural products</i>)	OTC Benefit	
SAMBUCUS RELIEF ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
<i>saw palmetto oral capsule</i>	OTC Benefit	
SEREDYN ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
SERENOL ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
SINGERS SAVING GRACE THROAT ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>skelagesic oral capsule</i>	OTC Benefit	
<i>sleep tonite-valerian oral tablet</i>	OTC Benefit	
SLEEP'N RESTORE ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
<i>sm echinacea-goldenseal oral capsule</i>	OTC Benefit	
<i>sm glucosamine chondroitin msm oral tablet</i>	OTC Benefit	
<i>sm glucosamine chondroitin oral tablet</i>	OTC Benefit	
<i>sm saw palmetto complex oral capsule</i>	OTC Benefit	
SOOTHING NIGHT ORAL POWDER (<i>misc natural products</i>)	OTC Benefit	
<i>steatox oral capsule</i>	OTC Benefit	
<i>stomach settle mouth/throat lozenge</i>	OTC Benefit	
<i>stress & anxiety day/night oral tablet therapy pack</i>	OTC Benefit	
<i>stress & anxiety formula oral capsule</i>	OTC Benefit	
STRESS RELEAF ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
STRESS RELEAF ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
<i>super energy oral tablet</i>	OTC Benefit	
<i>super-d3+ oral capsule 5000 unit</i>	OTC Benefit	
<i>superior joint support oral capsule</i>	OTC Benefit	
<i>superior prostate oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>superior sleep oral capsule</i>	OTC Benefit	
SYNOVX CALM ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
SYNOVX DJD ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
SYNOVX METABOLIC ORAL CAPSULE , 15-80 MG (<i>misc natural products</i>)	OTC Benefit	
SYNOVX PERFORMANCE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
SYNOVX RELIEF ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
SYNOVX TENDON & LIGAMENT ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>t-150 oral capsule</i>	OTC Benefit	
TART CHERRY ADVANCED ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
TESTOPLEX PLUS ORAL CAPSULE 250-100 MG (<i>misc natural products</i>)	OTC Benefit	
THERAWORX PROTECT U-PAK EXTERNAL KIT (<i>misc natural products</i>)	OTC Benefit	
<i>thisilbin oral capsule 300 mg</i>	OTC Benefit	
<i>toprophan oral capsule</i>	OTC Benefit	
<i>total body cleanse oral tablet</i>	OTC Benefit	
<i>transferon oral capsule</i>	OTC Benefit	
TRIPLE FLEX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>triple strength joint health oral tablet</i>	OTC Benefit	
<i>tumersaid oral tablet</i>	OTC Benefit	
<i>turmeric curcumin oral capsule</i>	OTC Benefit	
TYLER INDOLPLEX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
UPSPRING FERTILITY ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
UPSPRING MILKFLOW ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
UPSPRING MILKFLOW SUPPLEMENT ORAL POWDER (<i>misc natural products</i>)	OTC Benefit	
UPSPRING STOMACH SETTLE MOUTH/THROAT LOZENGE (<i>misc natural products</i>)	OTC Benefit	
URINOZINC PLUS ORAL TABLET (<i>misc natural products</i>)	OTC Benefit	
URINOZINC PROSTATE CLASSIC ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
URINOZINC PROSTATE ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>valinex oral capsule</i>	OTC Benefit	
<i>varivoda oral tablet</i>	OTC Benefit	
VARVIMAX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>vertigox external oil</i>	OTC Benefit	
VIRAGRAPHIS ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
VITALVASC ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
<i>water pill oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
XENOPROTX ORAL CAPSULE (<i>misc natural products</i>)	OTC Benefit	
YUMVS BEET ROOT-TART CHERRY ORAL TABLET CHEWABLE 250-0.5 MG (<i>misc natural products</i>)	OTC Benefit	
ZARBEES ALL-IN-ONE ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
ZARBEES CGH/MUCUS AGV/IVY BABY ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
ZARBEES CGH/MUCUS HNY/IVY CHLD ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
ZARBEES COMP COUGH+IMMUNE BABY ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
ZARBEES COUGH AGAVE/THYME BABY ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
ZARBEES COUGH DK HONEY CHILD ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
ZARBEES COUGH/MUCUS & IMMUNE ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
ZARBEES COUGH+IMMUNE ORAL SYRUP (<i>misc natural products</i>)	OTC Benefit	
ZARBEES THROAT SPRAY CHILDRENS ORAL LIQUID (<i>misc natural products</i>)	OTC Benefit	
*MISCELLANEOUS THERAPEUTIC CLASSES***		
<i>ammonia inhalants inhalation inhaler</i>	OTC Benefit	
<i>chlorophyll-alfalfa oral tablet 20-100 mg</i>	OTC Benefit	
CHLOROXYGEN ORAL CAPSULE 50 MG (<i>chlorophyll</i>)	OTC Benefit	
CHLOROXYGEN ORAL CONCENTRATE 50 MG/18DROPS (<i>chlorophyll</i>)	OTC Benefit	
ENNDS ORAL TABLET 10 MG (<i>chlorophyll</i>)	OTC Benefit	
<i>gelatin oral capsule 585 mg, 600 mg, 650 mg</i>	OTC Benefit	
<i>qc aromatic ammonia inhalation spirit</i>	OTC Benefit	
*THICKENED PRODUCTS***		
THICK-IT ORAL LIQUID (<i>thickened products</i>)	OTC Benefit	
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL - COMBINATIONS***		
CEPACOL DUAL RELIEF MOUTH/THROAT LIQUID 5-33 % (<i>benzocaine-glycerin</i>)	OTC Benefit	
CEPACOL DUAL RELIEF ORAL LIQUID 5-30-5 %-MG/SPRAY (<i>benzocaine-glycerin-dm</i>)	OTC Benefit	
CEPACOL EXTRA STRENGTH MOUTH/THROAT LOZENGE 15-2.6 MG (<i>benzocaine-menthol</i>)	OTC Benefit	
CEPACOL SORE THROAT EX ST MOUTH/THROAT LOZENGE 15-3.6 MG (<i>benzocaine-menthol</i>)	OTC Benefit	
CEPACOL SORE THROAT MAX NUMB MOUTH/THROAT LOZENGE 15-4 MG (<i>benzocaine-menthol</i>)	OTC Benefit	
CEPACOL SORE THROAT MOUTH/THROAT LOZENGE 10-2.1 MG (<i>benzocaine-menthol</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CEPACOL SORE THROAT SPRAY MOUTH/THROAT LIQUID 0.1-33 % (<i>dyclonine-glycerin</i>)	OTC Benefit	
CHLORASEPTIC MAX SORE THROAT MOUTH/THROAT LOZENGE 15-10 MG (<i>benzocaine-menthol</i>)	OTC Benefit	
CHLORASEPTIC MOUTH/THROAT LOZENGE 6-10 MG (<i>benzocaine-menthol</i>)	OTC Benefit	
CHLORASEPTIC SORE THROAT MOUTH/THROAT LOZENGE 6-10 MG (<i>benzocaine-menthol</i>)	OTC Benefit	
<i>cvs sore throat mouth/throat lozenge 15-2.6 mg, 15-3.6 mg</i>	OTC Benefit	
<i>cvs toothache relief mouth/throat gel 20-0.26 %</i>	OTC Benefit	
G-BUCAL-C MOUTH/THROAT SOLUTION 0.15-0.1 % (<i>menthol-zinc chloride</i>)	OTC Benefit	
GILTUSS BUCALSEP MOUTH/THROAT LIQUID 6.5-0.1-0.12 % (<i>benzocaine-menthol-zinc cl</i>)	OTC Benefit	
<i>goodsense sore throat mouth/throat lozenge 15-3.6 mg</i>	OTC Benefit	
<i>gumsol mouth/throat liquid 5-0.1 %</i>	OTC Benefit	
MUCINEX INSTASOOTHIE SORE THRT MOUTH/THROAT LIQUID 5-2 % (<i>benzocaine-menthol</i>)	OTC Benefit	
MUCINEX INSTASOOTHIE THROAT/PN MOUTH/THROAT LIQUID 7-1 % (<i>benzocaine-menthol</i>)	OTC Benefit	
ORAJEL 2X TOOTHACHE & GUM MOUTH/THROAT GEL 20-0.26 % (<i>benzocaine-menthol</i>)	OTC Benefit	
ORAJEL 2X TOOTHACHE RINSE MOUTH/THROAT LIQUID 0.27-0.15 % (<i>benzyl alcohol-zinc chloride</i>)	OTC Benefit	
ORAJEL 3X TOOTHACHE & GUM MOUTH/THROAT GEL 20-0.26-0.15 % (<i>benzocaine-menthol-zinc cl</i>)	OTC Benefit	
ORASEP MOUTH/THROAT SOLUTION 2-0.5-0.1 % (<i>benzocaine-menthol-cetylpyrid</i>)	OTC Benefit	
<i>sore throat lozenges mouth/throat lozenge 6-10 mg</i>	OTC Benefit	
<i>sore throat mouth/throat lozenge 6-10 mg</i>	OTC Benefit	
<i>ultra throat mouth/throat lozenge 6-10 mg</i>	OTC Benefit	
*ANESTHETICS TOPICAL ORAL***		
ALLEVACAINE MOUTH/THROAT SOLUTION 20 % (<i>benzocaine</i>)	OTC Benefit	
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL 20 % (<i>benzocaine</i>)	OTC Benefit	
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT LIQUID 20 % (<i>benzocaine</i>)	OTC Benefit	
AVERTEAX MOUTH/THROAT OINTMENT 1 % (<i>benzyl alcohol</i>)	OTC Benefit	
BABY ANBESOL MOUTH/THROAT GEL 7.5 % (<i>benzocaine</i>)	OTC Benefit	
<i>baby teething mouth/throat gel 7.5 %</i>	OTC Benefit	
<i>baby teething pain medicine mouth/throat gel 7.5 %</i>	OTC Benefit	
BENZODENT MOUTH/THROAT CREAM 20 % (<i>benzocaine</i>)	OTC Benefit	
CANKERMELTS MOUTH/THROAT DISK 15 MG (<i>benzocaine</i>)	OTC Benefit	
<i>complete toothache kit mouth/throat solution 85 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs baby teething oral pain mouth/throat gel 7.5 %</i>	OTC Benefit	
<i>cvs oral anesthetic max str mouth/throat gel 20 %</i>	OTC Benefit	
<i>cvs oral pain reliever max st mouth/throat paste 20 %</i>	OTC Benefit	
<i>cvs oral pain reliever mouth/throat cream 20 %</i>	OTC Benefit	
DENTEK INSTANT PAIN RELIEF ADV MOUTH/THROAT LIQUID 20 % (<i>benzocaine</i>)	OTC Benefit	
DENTS TOOTHACHE MOUTH/THROAT GUM 20 % (<i>benzocaine</i>)	OTC Benefit	
<i>goodsense oral pain relief mouth/throat gel 20 %</i>	OTC Benefit	
HURRICAIN MOUTH/THROAT AEROSOL 20 % (<i>benzocaine</i>)	OTC Benefit	
HURRICAIN MOUTH/THROAT GEL 20 % (<i>benzocaine</i>)	OTC Benefit	
HURRICAIN MOUTH/THROAT SOLUTION 20 % (<i>benzocaine</i>)	OTC Benefit	
HURRICAIN ONE MOUTH/THROAT SOLUTION 20 % (<i>benzocaine</i>)	OTC Benefit	
HURRICANE SNAP-N-GO MOUTH/THROAT SWAB 20 % (<i>benzocaine</i>)	OTC Benefit	
HURRIPAK STARTER KIT MOUTH/THROAT KIT 20 % (<i>benzocaine</i>)	OTC Benefit	
<i>instant oral pain relief max mouth/throat gel 20 %</i>	OTC Benefit	
<i>intense toothache pain relief mouth/throat gel 20 %</i>	OTC Benefit	
LOLLICAIN MOUTH/THROAT GEL 20 % (<i>benzocaine</i>)	OTC Benefit	
ORA-FILM MOUTH/THROAT STRIP 6 % (<i>benzocaine</i>)	OTC Benefit	
<i>oral analgesic max st mouth/throat gel 20 %</i>	OTC Benefit	
<i>oral analgesic max st mouth/throat liquid 20 %</i>	OTC Benefit	
<i>oral analgesic max st mouth/throat paste 20 %</i>	OTC Benefit	
<i>oral anesthetic mouth/throat paste 20 %</i>	OTC Benefit	
ORAMAGIC PLUS MOUTH/THROAT SUSPENSION RECONSTITUTED 10 % (<i>benzocaine</i>)	OTC Benefit	
<i>qc oral pain relieving mouth/throat gel 20 %</i>	OTC Benefit	
<i>ra mouth pain anesthetic mouth/throat liquid 20 %</i>	OTC Benefit	
ZILACTIN BABY MOUTH/THROAT GEL 10 % (<i>benzocaine</i>)	OTC Benefit	
ZILACTIN MOUTH/THROAT GEL 10 % (<i>benzyl alcohol</i>)	OTC Benefit	
*ANTI-INFECTIVES - THROAT***		
<i>cvs peroxide sore mouth cleans mouth/throat solution 1.5 %</i>	OTC Benefit	
GLY-OXIDE MOUTH/THROAT SOLUTION 10 % (<i>carbamide peroxide</i>)	OTC Benefit	
ORAJEL MOUTH SORES RINSE MOUTH/THROAT SOLUTION 1.5 % (<i>hydrogen peroxide</i>)	OTC Benefit	
PEROX-A-MINT MOUTH/THROAT SOLUTION 1.5 % (<i>hydrogen peroxide</i>)	OTC Benefit	
PEROXYL EXTERNAL SOLUTION 1.5-6 % (<i>hydrogen peroxide-benzy alc</i>)	OTC Benefit	
PEROXYL MOUTH/THROAT SOLUTION 1.5 % (<i>hydrogen peroxide</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PEROXYL SPOT TREATMENT MOUTH/THROAT GEL 1.5 % (hydrogen peroxide)	OTC Benefit	
*ANTISEPTIC COMBINATIONS - MOUTH/THROAT***		
CHLORASEPTIC MAX SORE THROAT MOUTH/THROAT LIQUID 1.5-33 % (phenol-glycerin)	OTC Benefit	
*ANTISEPTICS - MOUTH/THROAT***		
BETADINE ANTISEPTIC GARGLE MOUTH/THROAT SOLUTION 0.5 % (povidone-iodine)	OTC Benefit	
BETADINE ANTISEPTIC RINSE MOUTH/THROAT SOLUTION 0.5 % (povidone-iodine)	OTC Benefit	
CHLORASEPTIC MOUTH/THROAT LIQUID 1.4 % (phenol)	OTC Benefit	
CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LIQUID 1.4 % (phenol)	OTC Benefit	
cvs sore throat spray mouth/throat liquid 1.4 %	OTC Benefit	
DIABETIC TUSSIN SORE THROAT MOUTH/THROAT LIQUID 1.4 % (phenol)	OTC Benefit	
eql sore throat spray mouth/throat liquid 1.4 %	OTC Benefit	
goodsense sore throat spray mouth/throat liquid 1.4 %	OTC Benefit	
MUCINEX INSTASOOTHIE THROAT/CMF MOUTH/THROAT LOZENGE 2.4 MG (hexylresorcinol)	OTC Benefit	
MUCINEX INSTASOOTHIE THROAT/PN MOUTH/THROAT LOZENGE 2 MG (hexylresorcinol)	OTC Benefit	
ora relief mouth/throat liquid 1.4 %	OTC Benefit	
oral relief mouth/throat liquid 1.4 %	OTC Benefit	
oralseptic mouth/throat liquid 1.4 %	OTC Benefit	
ra sore throat mouth/throat liquid 1.4 %	OTC Benefit	
sb sore throat spray mouth/throat liquid 1.4 %	OTC Benefit	
sore throat childrens spray mouth/throat liquid 1.4 %	OTC Benefit	
sore throat mouth/throat liquid	OTC Benefit	
ST-37 MOUTH/THROAT LIQUID (hexylresorcinol)	OTC Benefit	
TRIAMINIC SORE THROAT MOUTH/THROAT SOLUTION 0.5 % (phenol)	OTC Benefit	
*DENTAL AIDS***		
HURRIVIEW DENTAL SWAB 1.5 % (d&c red no 28)	OTC Benefit	
HURRIVIEW II DENTAL SWAB (d&c red no 28-fd&c blue no 1)	OTC Benefit	
*DENTAL PRODUCTS - COMBINATIONS***		
LISTERINE ESSENTIAL CARE DENTAL GEL 0.76 (0.13 F) % (sod monofl-eucal-men-mesal-thy)	OTC Benefit	
*DENTAL PRODUCTS***		
cvs anti-plaque mouth/throat liquid	OTC Benefit	
PLAX MOUTH/THROAT LIQUID (dental products)	OTC Benefit	
sm dental rinse anti-plaque mouth/throat liquid	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*DENTAL WHITENERS***		
NUVORAWHITE MOUTH/THROAT LOZENGE (<i>dental whiteners</i>)	OTC Benefit	
*DRY MOUTH AGENTS AND ARTIFICIAL SALIVA***		
ACT DRY MOUTH MOISTURIZING MOUTH/THROAT GUM (<i>artificial saliva</i>)	OTC Benefit	
ACT DRY MOUTH MOUTH/THROAT LOZENGE (<i>artificial saliva</i>)	OTC Benefit	
BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	OTC Benefit	
BIOTENE DRY MOUTH MOUTH/THROAT GUM (<i>artificial saliva</i>)	OTC Benefit	
BIOTENE DRY MOUTH MOUTH/THROAT LOZENGE (<i>artificial saliva</i>)	OTC Benefit	
BIOTENE ORALBALANCE DRY MOUTH MOUTH/THROAT GEL (<i>artificial saliva</i>)	OTC Benefit	
BIOTENE PBF DRY MOUTH MOUTH/THROAT GUM (<i>artificial saliva</i>)	OTC Benefit	
<i>cvs dry mouth mouth/throat solution</i>	OTC Benefit	
<i>dry mouth drops mouth/throat lozenge</i>	OTC Benefit	
<i>eql dry mouth oral rinse mouth/throat solution</i>	OTC Benefit	
FRESHMELTS MOUTH/THROAT LOZENGE (<i>artificial saliva</i>)	OTC Benefit	
MIGHTEAFLOW MOUTH/THROAT GUM (<i>artificial saliva</i>)	OTC Benefit	
MOI-STIR MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	OTC Benefit	
MOUTH KOTE MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	OTC Benefit	
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	OTC Benefit	
<i>oral relief for dry mouth mouth/throat gel</i>	OTC Benefit	
<i>oral relief for dry mouth mouth/throat kit</i>	OTC Benefit	
<i>oral relief for dry mouth mouth/throat lozenge</i>	OTC Benefit	
<i>oral relief spray mouth/throat solution</i>	OTC Benefit	
<i>ra dry mouth mouth/throat solution</i>	OTC Benefit	
SALESE/XYLITOL MOUTH/THROAT LOZENGE (<i>artificial saliva</i>)	OTC Benefit	
SALIVASURE MOUTH/THROAT LOZENGE (<i>artificial saliva</i>)	OTC Benefit	
THERABREATH DRY MOUTH MOUTH/THROAT LOZENGE (<i>artificial saliva</i>)	OTC Benefit	
XYLIGEL MOUTH/THROAT GEL 17 % (<i>xylitol</i>)	OTC Benefit	
XYLIMELTS MOUTH/THROAT DISK 500 MG, 550 MG (<i>xylitol</i>)	OTC Benefit	
<i>xylitol chewing gum mouth/throat gum 750 mg</i>	OTC Benefit	
*FLUORIDE DENTAL PRODUCTS***		
ACT ANTICAVITY FLUORIDE RINSE MOUTH/THROAT SOLUTION 0.05 % (<i>sodium fluoride</i>)	OTC Benefit	
ACT KIDS ANTICAVITY FLUORIDE MOUTH/THROAT SOLUTION 0.05 % (<i>sodium fluoride</i>)	OTC Benefit	
ACT RESTORING FLUORIDE RINSE MOUTH/THROAT SOLUTION 0.05 % (<i>sodium fluoride</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ACT TOTAL CARE DRY MOUTH MOUTH/THROAT SOLUTION 0.02 % (sodium fluoride)	OTC Benefit	
ACT TOTAL CARE MOUTH/THROAT SOLUTION 0.05 % (sodium fluoride)	OTC Benefit	
ACT TOTAL CARE SENSITIVE MOUTH/THROAT SOLUTION 0.02 % (sodium fluoride)	OTC Benefit	
CREST COMPLETE MOUTH/THROAT PASTE 0.243 % (sodium fluoride)	OTC Benefit	
CREST PRO-HEALTH COMPLETE MOUTH/THROAT SOLUTION 0.0221 (0.01 F) % (sodium fluoride)	OTC Benefit	
EASYGEL DENTAL GEL 0.4 % (stannous fluoride)	OTC Benefit	
<i>eql anticavity mouthwash mouth/throat solution 0.022 %</i>	OTC Benefit	
<i>eql dental travel pack mouth/throat kit 0.243 %</i>	OTC Benefit	
<i>eql toothbrush/toothpaste mouth/throat paste 0.15 %</i>	OTC Benefit	
<i>fluoride mouth rinse mouth/throat solution 0.0221 (0.01 f) %</i>	OTC Benefit	
<i>fraiche rinse mouth/throat concentrate 0.63 %</i>	OTC Benefit	
GEL-KAM DENTAL GEL 0.4 % (stannous fluoride)	OTC Benefit	
JUST FOR KIDS DENTAL GEL 0.4 % (stannous fluoride)	OTC Benefit	
LISTERINE TOTAL CARE MOUTH/THROAT SOLUTION 0.0221 (0.01 F) % (sodium fluoride)	OTC Benefit	
LISTERINE TOTAL CARE ZERO MOUTH/THROAT SOLUTION 0.02 % (sodium fluoride)	OTC Benefit	
OMNI GEL DENTAL GEL 0.4 % (stannous fluoride)	OTC Benefit	
PARODONTAX MOUTH/THROAT PASTE 0.454 % (stannous fluoride)	OTC Benefit	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 % (stannous fluoride)	OTC Benefit	
<i>ra anticavity fluoride rinse mouth/throat solution 0.05 %</i>	OTC Benefit	
SENSODYNE COMPLETE PROTECTION MOUTH/THROAT PASTE 0.454 % (stannous fluoride)	OTC Benefit	
SENSODYNE RAPID RELIEF MOUTH/THROAT PASTE 0.454 % (stannous fluoride)	OTC Benefit	
SENSODYNE REPAIR & PROTECT MOUTH/THROAT PASTE 0.454 % (stannous fluoride)	OTC Benefit	
<i>sm anticavity fluoride rinse mouth/throat solution 0.05 %</i>	OTC Benefit	
<i>stannous fluoride rinse mouth/throat liquid 0.1 %</i>	OTC Benefit	
THERABREATH ORAL RINSE MOUTH/THROAT SOLUTION 0.05 % (sodium fluoride)	OTC Benefit	
*LOZENGE - COMBINATIONS***		
CEPACOL SORE THROAT & COUGH MOUTH/THROAT LOZENGE 5-7.5 MG (dextromethorphan-benzocaine)	OTC Benefit	
CHLORASEPTIC TOTAL MOUTH/THROAT LOZENGE 5-6-10 MG (dm-benzocaine-menthol)	OTC Benefit	
<i>cvs sore throat & cough mouth/throat lozenge 5-7.5 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
DIABETIC TUSSIN THROAT & COUGH MOUTH/THROAT LOZENGE 5-6-10 MG (<i>dm-benzocaine-menthol</i>)	OTC Benefit	
<i>eql sore throat & cough mouth/throat lozenge 5-7.5 mg</i>	OTC Benefit	
MUCINEX INSTASOOTHIE THROAT/CGH MOUTH/THROAT LOZENGE 5-2 MG (<i>dm-hexylresorcinol</i>)	OTC Benefit	
<i>sore throat & cough lozenges mouth/throat lozenge 5-7.5 mg</i>	OTC Benefit	
SUCRETS SORE THRT/CGH/DRY MOU MOUTH/THROAT LOZENGE 2-5-6 MG (<i>dyclonine hcl-menthol-pectin</i>)	OTC Benefit	
SUCRETS SORETHROAT/COUGH MOUTH/THROAT LOZENGE 2-6 MG (<i>dyclonine-menthol</i>)	OTC Benefit	
*LOZENGES***		
CEPACOL FIZZLERS MOUTH/THROAT TABLET DISPERSIBLE 6 MG (<i>benzocaine</i>)	OTC Benefit	
CEPACOL REGULAR STRENGTH MOUTH/THROAT LOZENGE 3 MG (<i>menthol</i>)	OTC Benefit	
CEPACOL SORE THROAT MOUTH/THROAT LOZENGE 5.4 MG (<i>menthol</i>)	OTC Benefit	
<i>cherry cough drops mouth/throat lozenge 6.1 mg</i>	OTC Benefit	
CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LOZENGE 15 MG (<i>benzocaine</i>)	OTC Benefit	
<i>cough drops menthol mouth/throat lozenge</i>	OTC Benefit	
<i>cough drops mouth/throat lozenge , 10 mg, 2.7 mg, 3.1 mg, 5 mg, 5.4 mg, 5.8 mg, 6.5 mg, 7 mg, 7.5 mg, 7.6 mg, 8 mg, 8.4 mg</i>	OTC Benefit	
<i>cvs cherry menthol drops mouth/throat lozenge</i>	OTC Benefit	
<i>cvs cough drops sugar free mouth/throat lozenge 5.8 mg, 7.6 mg</i>	OTC Benefit	
<i>cvs honey lemon drops mouth/throat lozenge</i>	OTC Benefit	
<i>cvs menthol drops mouth/throat lozenge</i>	OTC Benefit	
<i>cvs throat relief childrens mouth/throat lozenge on a handle 10 mg</i>	OTC Benefit	
DADS MENTHOL THROAT DROP MOUTH/THROAT LOZENGE 3.5 MG (<i>menthol</i>)	OTC Benefit	
DENTIVA MOUTH/THROAT LOZENGE (<i>throat lozenges</i>)	OTC Benefit	
DIABETIC TUSSIN COUGH DROPS MOUTH/THROAT LOZENGE 6 MG (<i>throat lozenges</i>)	OTC Benefit	
<i>eq cough sugar free mouth/throat lozenge 5.8 mg</i>	OTC Benefit	
<i>eql cough drops mouth/throat lozenge 5.8 mg, 7.5 mg, 7.6 mg</i>	OTC Benefit	
FRUIT FROSTERS MOUTH/THROAT LOZENGE 7 MG (<i>pectin</i>)	OTC Benefit	
<i>gnp herbal mouth/throat lozenge 4.8 mg</i>	OTC Benefit	
<i>gnp throat drops mouth/throat lozenge 2.8 mg</i>	OTC Benefit	
<i>goodsense cough drops mouth/throat lozenge 5.4 mg, 5.8 mg, 7.5 mg</i>	OTC Benefit	
<i>goodsense cough honey lemon mouth/throat lozenge 7.5 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>goodsense cough simply menthol mouth/throat lozenge 5.4 mg</i>	OTC Benefit	
LUDENS DUAL RELIEF MOUTH/THROAT LOZENGE 2.5-2.8 MG (<i>throat lozenges</i>)	OTC Benefit	
LUDENS THROAT DROPS MOUTH/THROAT LOZENGE 1.6 MG (<i>menthol</i>)	OTC Benefit	
LUDENS THROAT DROPS MOUTH/THROAT LOZENGE 1.7 MG, 2.8 MG (<i>pectin</i>)	OTC Benefit	
LUDENS THROAT DROPS SUGAR FREE MOUTH/THROAT LOZENGE 2.8 MG (<i>pectin</i>)	OTC Benefit	
<i>medikoff drops mouth/throat lozenge 5.8 mg, 7.6 mg</i>	OTC Benefit	
<i>menthol cough drops mouth/throat lozenge 5 mg</i>	OTC Benefit	
<i>natural herb cough drops mouth/throat lozenge 3 mg</i>	OTC Benefit	
<i>qc cough drops mouth/throat lozenge 2.5 mg, 5.8 mg</i>	OTC Benefit	
<i>qc sore throat mouth/throat lozenge 6-10 mg</i>	OTC Benefit	
<i>ra cough drops mouth/throat lozenge 5.4 mg, 5.8 mg, 6.5 mg, 7 mg, 7.5 mg</i>	OTC Benefit	
RICOLA CHERRY HONEY HERB MOUTH/THROAT LOZENGE 2 MG (<i>menthol</i>)	OTC Benefit	
SALESE MOUTH/THROAT LOZENGE (<i>throat lozenges</i>)	OTC Benefit	
<i>sm cough drops mouth/throat lozenge 10 mg, 3.1 mg, 5 mg, 5.8 mg, 6.5 mg, 7 mg, 8 mg</i>	OTC Benefit	
<i>sm fruit coolers mouth/throat lozenge 7 mg</i>	OTC Benefit	
<i>sm natural herb cough drops mouth/throat lozenge 4.8 mg</i>	OTC Benefit	
<i>sore throat lollipops mouth/throat lozenge on a handle 10 mg</i>	OTC Benefit	
SUCRETS SORE THROAT MOUTH/THROAT LOZENGE 2 MG (<i>dyclonine hcl</i>)	OTC Benefit	
<i>throat discs mouth/throat lozenge</i>	OTC Benefit	
VICKS VAPODROPS MOUTH/THROAT LOZENGE 1.7 MG, 3.3 MG (<i>menthol</i>)	OTC Benefit	
<i>zinc w/a&c mouth/throat lozenge</i>	OTC Benefit	
*MOUTHWASHES***		
<i>antiseptic mouth rinse mouth/throat liquid</i>	OTC Benefit	
<i>antiseptic mouthrinse mouth/throat liquid</i>	OTC Benefit	
ASTRING-O-SOL MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
BIOTENE DRY MOUTH GENTLE MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
BIOTENE DRY MOUTH MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
BIOTENE PBF DRY MOUTH MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
CEPACOL ANTIBACTERIAL MOUTH/THROAT LIQUID 0.05 % (<i>cetylpyridinium chloride</i>)	OTC Benefit	
CEPACOL MOUTHWASH/GARGLE MOUTH/THROAT LIQUID 0.05 % (<i>cetylpyridinium chloride</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CREST PRO-HEALTH MOUTH/THROAT LIQUID 0.07 % (<i>cetylpyridinium chloride</i>)	OTC Benefit	
<i>cvs antiseptic mouth rinse mouth/throat liquid</i>	OTC Benefit	
<i>cvs dry mouth mouthwash mouth/throat liquid</i>	OTC Benefit	
<i>cvs mouthwash mouth/throat liquid</i>	OTC Benefit	
<i>cvs oral rinse mouth/throat liquid 0.07 %</i>	OTC Benefit	
<i>eql antiseptic mouthrinse mouth/throat liquid</i>	OTC Benefit	
<i>eql antiseptic rinse mouth/throat liquid 0.07 %</i>	OTC Benefit	
<i>eql mouthwash/gargle mouth/throat liquid</i>	OTC Benefit	
<i>ft antiseptic mouthwash mouth/throat liquid</i>	OTC Benefit	
<i>gnp dry mouth mouthwash mouth/throat liquid</i>	OTC Benefit	
<i>goodsense mouth rinse mouth/throat liquid</i>	OTC Benefit	
<i>goodsense mouthwash mouth/throat liquid</i>	OTC Benefit	
<i>goodsense oral rinse mouth/throat liquid 0.07 %</i>	OTC Benefit	
<i>hm antiseptic mouthrinse mouth/throat liquid</i>	OTC Benefit	
LISTERINE ANTISEPTIC MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
LISTERINE MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
LISTERINE POCKETMIST MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
LISTERINE POCKETPAKS MOUTH/THROAT STRIP (<i>mouthwashes</i>)	OTC Benefit	
LISTERINE ULTRACLEAN MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
LISTERINE ZERO MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
LUMINEUX CLEAN/FRESH MOUTHWASH MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
LUMINEUX HYDRATING MOUTHWASH MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
LUMINEUX SENSITIVITY MOUTHWASH MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
LUMINEUX WHITENING MOUTHWASH MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
<i>mouth rinse mouth/throat liquid 0.07 %</i>	OTC Benefit	
<i>qc antiseptic mouth rinse mouth/throat liquid</i>	OTC Benefit	
<i>qc mouthwash mouth/throat liquid</i>	OTC Benefit	
<i>ra antiseptic mouth rinse mouth/throat liquid</i>	OTC Benefit	
<i>ra antiseptic rinse mouth/throat liquid 0.07 %</i>	OTC Benefit	
<i>ra dry mouth mouthwash mouth/throat liquid</i>	OTC Benefit	
SCOPE MOUTH/THROAT LIQUID 18.5-0.45-0.005 % (<i>mouthwashes</i>)	OTC Benefit	
<i>sm antiseptic mouth rinse mouth/throat liquid</i>	OTC Benefit	
THERABREATH HEALTHY GUMS RINSE MOUTH/THROAT LIQUID 0.05 % (<i>cetylpyridinium chloride</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
THERABREATH ORAL RINSE MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
THERABREATH ORAL RINSE MOUTH/THROAT LIQUID 0.05 % (<i>cetylpyridinium chloride</i>)	OTC Benefit	
TONSILINE MOUTH/THROAT LIQUID (<i>mouthwashes</i>)	OTC Benefit	
*PROTECTANTS - MOUTH/THROAT***		
ABREVA RAPID PAIN RELIEF EXTERNAL GEL 20-4 % (<i>cold sore products</i>)	OTC Benefit	
ANBESOL COLD SORE THERAPY EXTERNAL OINTMENT (<i>cold sore products</i>)	OTC Benefit	
<i>cold sore treatment external liquid</i>	OTC Benefit	
<i>eql cold sore treatment external liquid 0.13-3 %</i>	OTC Benefit	
HERPECIN-L EXTERNAL (<i>cold sore products</i>)	OTC Benefit	
LIP CLEAR LYSINE EXTERNAL OINTMENT 0.1 % (<i>cold sore products</i>)	OTC Benefit	
<i>lip-guard external ointment</i>	OTC Benefit	
<i>l-lysine external ointment</i>	OTC Benefit	
*THROAT PRODUCTS - MISC.***		
<i>anti-snore throat spray mouth/throat liquid</i>	OTC Benefit	
AYR THROAT SPRAY MOUTH/THROAT LIQUID (<i>misc. throat products</i>)	OTC Benefit	
ENTERTAINERS SECRET THROAT MOUTH/THROAT LIQUID (<i>misc. throat products</i>)	OTC Benefit	
<i>lemon-glycerin mouth/throat swab</i>	OTC Benefit	
OASIS MOISTURIZING MOUTH SPRAY MOUTH/THROAT LIQUID 35 % (<i>glycerin</i>)	OTC Benefit	
OASIS MOISTURIZING MOUTHWASH MOUTH/THROAT LIQUID (<i>misc. throat products</i>)	OTC Benefit	
MULTIVITAMINS		
*B-COMPLEX VITAMINS***		
APETEX ORAL ELIXIR (<i>b complex vitamins</i>)	OTC Benefit	
APETIGEN ORAL ELIXIR (<i>b complex vitamins</i>)	OTC Benefit	
<i>b complex vitamins oral capsule</i>	OTC Benefit	
<i>b complex-b12 oral tablet</i>	OTC Benefit	
<i>b-complex energy support oral tablet dispersible</i>	OTC Benefit	
<i>b-complex plus b-12 oral tablet</i>	OTC Benefit	
<i>b-complex/b-12 sublingual liquid</i>	OTC Benefit	
<i>biopetit oral elixir</i>	OTC Benefit	
CVS BALANCED B100 ORAL TABLET EXTENDED RELEASE (<i>b complex vitamins</i>)	OTC Benefit	
<i>ra b-complex oral tablet</i>	OTC Benefit	
<i>ra b-complex with b-12 oral tablet</i>	OTC Benefit	
<i>vitamin b complex oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>vitamin-b complex oral tablet</i>	OTC Benefit	
*B-COMPLEX W/ C & CALCIUM***		
<i>gnp b-complex plus vitamin c oral tablet</i>	OTC Benefit	
<i>qc b-complex/vitamin c oral tablet</i>	OTC Benefit	
*B-COMPLEX W/ C & E + ZN***		
<i>bec/zinc oral tablet</i>	OTC Benefit	
<i>cvs stress formula/zinc oral tablet</i>	OTC Benefit	
<i>eql stress b-complex c/zinc oral tablet</i>	OTC Benefit	
<i>stress b/zinc oral tablet</i>	OTC Benefit	
<i>stress b-complex/vit c/zinc oral tablet</i>	OTC Benefit	
<i>stress formula/zinc (b-compl) oral tablet</i>	OTC Benefit	
<i>stress plus zinc oral tablet</i>	OTC Benefit	
<i>zinc-vites oral tablet</i>	OTC Benefit	
*B-COMPLEX W/ C & E***		
PRONUTRIENTS SUPER B COMPLEX ORAL TABLET (<i>b complex-c-e</i>)	OTC Benefit	
*B-COMPLEX W/ C & FOLIC ACID***		
<i>b complex-c-folic acid oral tablet</i>	OTC Benefit	
<i>b-complex balanced oral tablet</i>	OTC Benefit	
<i>b-complex/folic acid/vitamin c oral tablet extended release</i>	OTC Benefit	
<i>b-complex/vitamin c oral tablet</i>	OTC Benefit	
<i>b-complex-c (w/folic acid) oral tablet</i>	OTC Benefit	
DIALYVITE 800 ORAL WAFER 0.8 MG (<i>b complex-c-folic acid</i>)	OTC Benefit	
<i>eql super b complex/vitamin c oral tablet</i>	OTC Benefit	
<i>full spectrum b/vitamin c oral tablet 0.8 mg</i>	OTC Benefit	
<i>kp b complex-c oral tablet</i>	OTC Benefit	
<i>nephro vitamins oral tablet 0.8 mg</i>	OTC Benefit	
NEPHRONEX ORAL LIQUID 0.9 MG/5ML (<i>b complex-c-folic acid</i>)	OTC Benefit	
<i>renal vitamin oral tablet 0.8 mg</i>	OTC Benefit	
<i>rena-vite oral tablet</i>	OTC Benefit	
<i>rena-vite rx oral tablet 1 mg</i>	OTC Benefit	
<i>reno caps oral capsule 1 mg</i>	OTC Benefit	
<i>sm b super vitamin complex oral tablet</i>	OTC Benefit	
<i>sm b-complex/vitamin c oral tablet</i>	OTC Benefit	
<i>stress formula (folic acid) oral tablet</i>	OTC Benefit	
<i>super b complex/fa/vit c oral tablet</i>	OTC Benefit	
<i>super b-complex/vit c/fa oral tablet</i>	OTC Benefit	
*B-COMPLEX W/ C***		
ALLBEE/C ORAL TABLET (<i>b complex-c</i>)	OTC Benefit	
<i>b complex-c oral capsule</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>b complex-c oral tablet</i>	OTC Benefit	
<i>b complex-vitamin c oral capsule</i>	OTC Benefit	
<i>b-complex-c oral tablet</i>	OTC Benefit	
<i>better b complex oral tablet</i>	OTC Benefit	
<i>cvs b complex plus c oral tablet</i>	OTC Benefit	
<i>cvs super b complex/c oral tablet</i>	OTC Benefit	
<i>ft b-complex plus vitamin c oral tablet</i>	OTC Benefit	
<i>ra b-complex/vitamin c cr oral tablet extended release</i>	OTC Benefit	
<i>sm vitamin b complex/vitamin c oral tablet</i>	OTC Benefit	
<i>super b complex/vitamin c oral tablet</i>	OTC Benefit	
<i>super b/c oral capsule</i>	OTC Benefit	
<i>super b-complex + vitamin c oral tablet</i>	OTC Benefit	
<i>vitamin b complex-c oral capsule</i>	OTC Benefit	
*B-COMPLEX W/ C-BIOTIN-D & FOLIC ACID***		
DIALYVITE 800 PLUS D ORAL WAFER 800 MCG (<i>b complex-c-biotin-d-fa</i>)	OTC Benefit	
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID***		
<i>b complex-c-biotin-e-fa oral tablet 0.4 mg</i>	OTC Benefit	
*B-COMPLEX W/ C-BIOTIN-FE & FOLIC ACID***		
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG (<i>b-complex-c-biotin-fe & fa</i>)	OTC Benefit	
*B-COMPLEX W/ FOLIC ACID***		
<i>b complex formula 1 (w/ fa) oral tablet</i>	OTC Benefit	
<i>b complex vitamins (w/ fa) oral capsule</i>	OTC Benefit	
<i>balanced b-50 oral tablet extended release</i>	OTC Benefit	
<i>b-complex (folic acid) oral tablet</i>	OTC Benefit	
<i>b-complex/electrolytes oral tablet</i>	OTC Benefit	
<i>benfotiamine multi-b oral capsule</i>	OTC Benefit	
BIG 100 ORAL TABLET (<i>b complex-folic acid</i>)	OTC Benefit	
<i>kobee oral tablet</i>	OTC Benefit	
<i>sm balanced b-100 oral tablet</i>	OTC Benefit	
<i>sm balanced b-50 oral tablet</i>	OTC Benefit	
*B-COMPLEX W/ IRON***		
APETIGEN-PLUS ORAL SOLUTION (<i>b complex-c-iron</i>)	OTC Benefit	
<i>super b-complex/iron/vitamin c oral tablet</i>	OTC Benefit	
*B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID***		
ACTRIVIT ORAL LIQUID 800-15-1 MG/15ML (<i>b complex-lysine-min-fe-fa</i>)	OTC Benefit	
*B-COMPLEX W/ MINERALS***		
APETIGEN-PLUS ORAL TABLET (<i>b complex-minerals</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*B-COMPLEX W/BIOTIN & FOLIC ACID***		
B ACTIV ORAL CAPSULE (<i>b complex-biotin-fa</i>)	OTC Benefit	
<i>b complex 100 tr oral tablet extended release</i>	OTC Benefit	
<i>b-100 b-complex oral tablet</i>	OTC Benefit	
<i>b-100 complex cr oral tablet extended release</i>	OTC Benefit	
<i>b-100 high potency balanced oral capsule</i>	OTC Benefit	
<i>b-100 tr oral tablet extended release</i>	OTC Benefit	
<i>b-50 complex oral tablet</i>	OTC Benefit	
<i>balance b-50 oral tablet</i>	OTC Benefit	
<i>balanced b complex oral tablet</i>	OTC Benefit	
<i>balanced b-100 oral tablet</i>	OTC Benefit	
<i>balanced b-100 oral tablet extended release</i>	OTC Benefit	
<i>balanced b-50/fa oral tablet</i>	OTC Benefit	
<i>b-compleet-100 oral tablet</i>	OTC Benefit	
<i>b-compleet-50 oral tablet</i>	OTC Benefit	
<i>b-complex oral capsule</i>	OTC Benefit	
<i>b-complex oral tablet</i>	OTC Benefit	
BIG 100 (BIOTIN) ORAL TABLET (<i>b complex-biotin-fa</i>)	OTC Benefit	
<i>b-right optimized b-complex oral capsule</i>	OTC Benefit	
<i>complex b-100 oral tablet extended release</i>	OTC Benefit	
<i>complex b-50 prolonged release oral tablet extended release</i>	OTC Benefit	
ENDUR-B ORAL TABLET EXTENDED RELEASE (<i>b complex-biotin-fa</i>)	OTC Benefit	
<i>eql b complex 50 oral tablet</i>	OTC Benefit	
<i>eql b-100 complex oral tablet extended release</i>	OTC Benefit	
<i>ft b-100 complex pr oral tablet extended release</i>	OTC Benefit	
<i>gnp b-100 complex oral tablet extended release</i>	OTC Benefit	
<i>gnp b-50 complex oral tablet extended release</i>	OTC Benefit	
<i>qc b50 prolonged release oral tablet extended release</i>	OTC Benefit	
<i>quin b strong b-25 oral tablet</i>	OTC Benefit	
<i>ra balanced b-100 cr oral tablet extended release</i>	OTC Benefit	
<i>ra balanced b-100 oral tablet</i>	OTC Benefit	
<i>ra balanced b-50 oral tablet</i>	OTC Benefit	
<i>ra balanced b-50 tr oral tablet extended release</i>	OTC Benefit	
<i>sm b100 complex oral tablet</i>	OTC Benefit	
<i>sm b-complex oral tablet</i>	OTC Benefit	
SUPER B-50 B COMPLEX ORAL CAPSULE (<i>b complex-biotin-fa</i>)	OTC Benefit	
<i>super b-complex oral capsule</i>	OTC Benefit	
<i>super b-complex oral tablet</i>	OTC Benefit	
SUPER DEC B-100 ORAL TABLET (<i>b complex-biotin-fa</i>)	OTC Benefit	
SUPER QUINTS B-50 ORAL TABLET (<i>b complex-biotin-fa</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>yl balanced b-100 oral tablet</i>	OTC Benefit	
*BIOFLAVONOID PRODUCTS***		
ACTITROM ORAL CAPSULE (<i>bioflavonoid products</i>)	OTC Benefit	
ACTITROM-D ORAL CAPSULE (<i>bioflavonoid products</i>)	OTC Benefit	
ADVANCED C PLUS ORAL TABLET (<i>bioflavonoid products</i>)	OTC Benefit	
<i>anti-allergy oral tablet 100-100-50 mg</i>	OTC Benefit	
BIO C 1:1 ORAL CAPSULE 500-500 MG (<i>bioflavonoid products</i>)	OTC Benefit	
<i>bioflex oral tablet</i>	OTC Benefit	
<i>c 1000-bioflavonoids-rose hips oral capsule 1000-25 mg</i>	OTC Benefit	
<i>c complex oral tablet extended release</i>	OTC Benefit	
<i>c1000 tr/rose hip/bioflavonoid oral tablet extended release 1000-50-50 mg</i>	OTC Benefit	
<i>c1500 tr/rose hip/bioflavonoid oral tablet extended release 1500-50-50 mg</i>	OTC Benefit	
<i>citrus bioflavonoids oral powder 700 mg/0.7gm</i>	OTC Benefit	
<i>daflonex-xl oral capsule</i>	OTC Benefit	
<i>daflonex-xl oral tablet extended release</i>	OTC Benefit	
EASY-C IMMUNE HEALTH W/BIOFLAV ORAL CAPSULE 500-200 MG (<i>bioflavonoid products</i>)	OTC Benefit	
EASY-C ORAL TABLET 500 MG (<i>bioflavonoid products</i>)	OTC Benefit	
ESTER-C ORAL TABLET (<i>bioflavonoid products</i>)	OTC Benefit	
ESTER-C ORAL TABLET EXTENDED RELEASE (<i>bioflavonoid products</i>)	OTC Benefit	
FLEXGEN ORAL TABLET (<i>bioflavonoid products</i>)	OTC Benefit	
<i>fruit c 200 oral tablet chewable</i>	OTC Benefit	
<i>grape seed extract oral capsule</i>	OTC Benefit	
<i>grape seed oral capsule 250-50 mg</i>	OTC Benefit	
<i>hi c-500 oral tablet 500-100-50 mg</i>	OTC Benefit	
<i>pan-c 500/bioflavonoids oral tablet</i>	OTC Benefit	
PERIDIN-C ORAL TABLET 200-50-150 MG (<i>bioflavonoid products</i>)	OTC Benefit	
<i>quercetin complex immune oral capsule</i>	OTC Benefit	
<i>ra vitamin c cr oral tablet extended release</i>	OTC Benefit	
<i>span c oral tablet</i>	OTC Benefit	
THORNE VITAMIN C-FLAVONOIDS ORAL CAPSULE (<i>bioflavonoid products</i>)	OTC Benefit	
TRI SUPER FLAVONS ORAL TABLET (<i>bioflavonoid products</i>)	OTC Benefit	
TROMBONEX ORAL CAPSULE (<i>bioflavonoid products</i>)	OTC Benefit	
TROMBONEX-D ORAL CAPSULE (<i>bioflavonoid products</i>)	OTC Benefit	
<i>vasoflex forte oral capsule 150-150-150 mg</i>	OTC Benefit	
<i>vasoflex hd oral tablet</i>	OTC Benefit	
VASOFLEX ORAL CAPSULE (<i>bioflavonoid products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VASOFLEX ORAL TABLET (<i>bioflavonoid products</i>)	OTC Benefit	
<i>vita c/bioflavonoids/rose hips oral tablet 1000-30-18 mg</i>	OTC Benefit	
<i>vitamin c oral tablet chewable</i>	OTC Benefit	
<i>vitamin c-bioflavonoids oral tablet extended release 1000-100 mg</i>	OTC Benefit	
*BIOTIN W/ LUTEIN***		
<i>biotin plus beauty oral tablet 5000-10 mcg-mg</i>	OTC Benefit	
*BIOTIN W/ VITAMIN C***		
<i>hair skin nails gummies oral tablet chewable 1250-50 mcg-mg</i>	OTC Benefit	
*BIOTIN W/ VITAMINS C & E***		
<i>hair skin & nails gummies oral tablet chewable 1250-7.5-3.375 mcg-mg-mg</i>	OTC Benefit	
<i>hair/skin/nails oral tablet chewable 1250-7.5-3.375 mcg-mg-mg</i>	OTC Benefit	
*BREWERS YEAST***		
<i>brewers yeast oral powder</i>	OTC Benefit	
<i>brewers yeast oral tablet , 487.5 mg</i>	OTC Benefit	
*IRON W/ VITAMINS***		
GERITOL COMPLETE ORAL TABLET (<i>iron-vitamins</i>)	OTC Benefit	
GERITOL TONIC ORAL LIQUID (<i>iron-vitamins</i>)	OTC Benefit	
*MULTIPLE VITAMINS W/ CALCIUM***		
<i>calci-max oral capsule</i>	OTC Benefit	
<i>eql one daily womens oral tablet</i>	OTC Benefit	
<i>essential one daily multivit oral tablet</i>	OTC Benefit	
<i>gnp one daily womens health oral tablet</i>	OTC Benefit	
<i>signacal oral tablet</i>	OTC Benefit	
<i>sm one daily essential oral tablet</i>	OTC Benefit	
*MULTIPLE VITAMINS W/ IRON***		
<i>chlorella oral capsule</i>	OTC Benefit	
<i>daily vite multivitamin/iron oral tablet</i>	OTC Benefit	
<i>multiple vitamins/iron oral tablet</i>	OTC Benefit	
<i>multivitamin plus iron adult oral tablet</i>	OTC Benefit	
<i>multi-vitamin/iron oral tablet</i>	OTC Benefit	
<i>nat-rul daily-vite+iron oral tablet</i>	OTC Benefit	
<i>one daily multivitamin/iron oral tablet</i>	OTC Benefit	
<i>one-daily multi-vitamin/iron oral tablet</i>	OTC Benefit	
<i>one-daily/iron oral tablet</i>	OTC Benefit	
PROTECT IRON ORAL LIQUID (<i>multiple vitamins-iron</i>)	OTC Benefit	
<i>qc daily multivitamins/iron oral tablet</i>	OTC Benefit	
<i>stress b complex/iron oral tablet</i>	OTC Benefit	
<i>stress formula/iron oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-iron</i>)	OTC Benefit	
*MULTIPLE VITAMINS W/ MINERALS***		
50+ adult eye health oral capsule	OTC Benefit	
a thru z advanced adult oral tablet	OTC Benefit	
a thru z advanced oral tablet	OTC Benefit	
a thru z high potency oral tablet	OTC Benefit	
a thru z select 50+ advanced oral tablet	OTC Benefit	
a thru z select 50+ mens oral tablet	OTC Benefit	
a thru z select advanced oral tablet	OTC Benefit	
a thru z select oral tablet	OTC Benefit	
a thru z select oral tablet chewable	OTC Benefit	
a thru z select ultimate women oral tablet	OTC Benefit	
a thru z ultimate mens oral tablet	OTC Benefit	
abc complete adult oral tablet	OTC Benefit	
abc complete mens oral tablet	OTC Benefit	
abc complete senior 50+ oral tablet	OTC Benefit	
abc complete senior mens 50+ oral tablet	OTC Benefit	
abc complete senior womens 50+ oral tablet	OTC Benefit	
abc complete womens oral tablet	OTC Benefit	
actical oral capsule	OTC Benefit	
ACTIVESSENTIALS FOR WOMEN ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ACTIVESSENTIALS ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ACTIVESSENTIALS/ONCOPLEX & D3 ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ACTIVNUTRIENTS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ACTIVNUTRIENTS W/O COPPER/IRON ORAL POWDER (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ACTIVNUTRIENTS W/O IRON ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
adult one daily gummies oral tablet chewable	OTC Benefit	
advanced eye health oral capsule	OTC Benefit	
ADVANCED MULTI EA ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
AIRBORNE GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AIRBORNE KIDS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
AIRBORNE ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
AIRBORNE ORAL TABLET EFFERVESCENT (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE ADULT PREMIUM ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE CALCIUM BONE SUPPORT ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>alive daily energy oral tablet</i>	OTC Benefit	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE ENERGY 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE EVERYDAY IMMUNE HEALTH ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE GARDEN GOODNESS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE HAIR, SKIN & NAILS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE MENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE MENS 50+ ULTRA ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE MENS COMPLETE MULTI ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE MENS ULTRA ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE MULTI-VITAMIN ORAL LIQUID (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE ONCE DAILY WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE ULTRA POTENCY ADULT ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE WOMENS ENERGY ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ALPHA BETIC ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
AMORYN MOOD BOOSTER ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>antioxidant a/c/e/selenium oral tablet</i>	OTC Benefit	
<i>antioxidant formula oral tablet</i>	OTC Benefit	
<i>antioxidant formula/minerals oral capsule</i>	OTC Benefit	
<i>antioxidant oral capsule</i>	OTC Benefit	
<i>antioxidant vitamins oral tablet</i>	OTC Benefit	
APETIBEX ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
APPE-CURB ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ATP IGNITE ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ATP IGNITE WORKOUT ORAL POWDER (<i>multiple vitamins-minerals</i>)	OTC Benefit	
BARIATRIC FUSION ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>bariatric multivitamins oral capsule</i>	OTC Benefit	
<i>bariatric multivitamins oral tablet chewable</i>	OTC Benefit	
<i>bariatric multivitamins/iron oral capsule</i>	OTC Benefit	
<i>bariatric multivitamins/iron oral tablet chewable</i>	OTC Benefit	
<i>basic am oral tablet</i>	OTC Benefit	
<i>basic pm oral tablet</i>	OTC Benefit	
BIO-35 GLUTEN-FREE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
BIO-35 IRON FREE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>biocal oral capsule</i>	OTC Benefit	
BIOTECT PLUS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>body/hair/skin/nails oral capsule</i>	OTC Benefit	
BONEUP 3 PER DAY ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
BONEUP ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
BONEUP VEGETARIAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
BOOSTNOW IMMUNE SUPPORT ORAL POWDER (<i>multiple vitamins-minerals</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
BPROTECTED MULTI-VITE ORAL LIQUID (<i>multiple vitamins-minerals</i>)	OTC Benefit	
BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>c-buff oral powder</i>	OTC Benefit	
CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>centavite a-z complete-mineral oral tablet</i>	OTC Benefit	
<i>centravites 50 plus oral tablet</i>	OTC Benefit	
<i>centravites adults oral tablet</i>	OTC Benefit	
<i>centravites oral tablet</i>	OTC Benefit	
CENTRUM ADULT 50+ MULTIGUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM ADULT ORAL LIQUID (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM ADULTS MULTIGUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM ADULTS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM CARDIO ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM FLAVOR BURST DRINK ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM MEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM MINIS ADULTS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CENTRUM MINIS MEN 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM MINIS WOMEN 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM ORAL LIQUID (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SILVER 50+MEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SILVER 50+WOMEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SILVER ADULT 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SILVER ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SILVER ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SILVER ULTRA WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SILVER WOMEN 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SPECIALIST HEART ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SPECIALIST IMMUNE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM SPECIALIST VISION ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM ULTRA WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM VITAMINTS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CENTRUM WOMEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>century mature oral tablet</i>	OTC Benefit	
<i>century oral tablet</i>	OTC Benefit	
CERTAVITE SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CHOICEFUL MULTIVITAMIN ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CITRACAL +D3 ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>companion oral tablet</i>	OTC Benefit	
<i>complete multivitamin/mineral oral liquid</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CONCEPTIONXR MOTILITY SUPPORT ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>coral calcium plus oral capsule</i>	OTC Benefit	
CULTURELLE PROBIOTIC MEN DAILY ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>cvs adult 50+ eye health oral capsule</i>	OTC Benefit	
<i>cvs adult multivitamin oral tablet chewable</i>	OTC Benefit	
CVS AIRSHIELD FORMULA ORAL TABLET EFFERVESCENT (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
CVS AIRSHIELD ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>cvs daily gummies adult oral tablet chewable</i>	OTC Benefit	
<i>cvs daily gummies oral tablet chewable</i>	OTC Benefit	
<i>cvs daily multiple for men oral tablet</i>	OTC Benefit	
<i>cvs daily multiple women 50+ oral tablet</i>	OTC Benefit	
<i>cvs daily multiv/mineral mens oral tablet</i>	OTC Benefit	
<i>cvs diabetes health support oral</i>	OTC Benefit	
<i>cvs eye health & lutein oral tablet</i>	OTC Benefit	
<i>cvs eye health adult 50+ oral capsule</i>	OTC Benefit	
<i>cvs immune support oral capsule</i>	OTC Benefit	
<i>cvs immune support vitamin c oral packet</i>	OTC Benefit	
<i>cvs mens daily gummies oral tablet chewable</i>	OTC Benefit	
<i>cvs one daily essential oral tablet</i>	OTC Benefit	
<i>cvs one daily mens 50+ adv oral tablet</i>	OTC Benefit	
<i>cvs one daily mens formula oral tablet</i>	OTC Benefit	
<i>cvs one daily womens 50+ adv oral tablet</i>	OTC Benefit	
<i>cvs one daily womens formula oral tablet</i>	OTC Benefit	
<i>cvs spectravite adult 50+ oral tablet</i>	OTC Benefit	
<i>cvs spectravite adult 50+ oral tablet chewable</i>	OTC Benefit	
<i>cvs spectravite adults oral tablet</i>	OTC Benefit	
<i>cvs spectravite advanced oral tablet</i>	OTC Benefit	
<i>cvs spectravite men 50+ oral tablet</i>	OTC Benefit	
<i>cvs spectravite men oral tablet</i>	OTC Benefit	
<i>cvs spectravite senior oral tablet</i>	OTC Benefit	
<i>cvs spectravite ultra men 50+ oral tablet</i>	OTC Benefit	
<i>cvs spectravite ultra mens oral tablet</i>	OTC Benefit	
<i>cvs spectravite ultra women oral tablet</i>	OTC Benefit	
<i>cvs spectravite women 50+ oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs spectravite women oral tablet</i>	OTC Benefit	
<i>cvs spectravite women oral tablet chewable</i>	OTC Benefit	
<i>cvs spectravite womens senior oral tablet</i>	OTC Benefit	
<i>cvs vision health oral capsule</i>	OTC Benefit	
<i>cvs womens active daily oral tablet</i>	OTC Benefit	
<i>cvs womens daily gummies oral tablet chewable</i>	OTC Benefit	
<i>daily betic oral tablet</i>	OTC Benefit	
<i>daily combo multi vitamins oral tablet</i>	OTC Benefit	
<i>daily diabetes health pack oral</i>	OTC Benefit	
<i>daily heart health support oral</i>	OTC Benefit	
<i>daily multiple vitamins/min oral tablet</i>	OTC Benefit	
<i>daily multivitamin oral capsule</i>	OTC Benefit	
DAILY PAK MAXIMUM MULTIVITAMIN ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
DECUBI-VITE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>dekas bariatric oral tablet chewable</i>	OTC Benefit	
DEKAS PLUS OCEAN ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
DEKAS PLUS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
DEKAS PLUS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
DERMAVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>diabetes health formula oral tablet</i>	OTC Benefit	
DIABETES HEALTH ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
DRY EYE FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C ASHWAGANDHA ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C BLUE ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C ELDERBERRY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C FIVE ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C HEART HEALTH ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C IMMUNE ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C IMMUNE PLUS ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>emergen-c immune+ oral packet</i>	OTC Benefit	
<i>emergen-c immune+ oral tablet chewable</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EMERGEN-C IMMUNE+WARMERS ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C JOINT HEALTH ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C KIDZ ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C MSM LITE ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C PINK ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C SUPER FRUIT ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C TURMERIC & GINGER ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C VITAMIN C LITE ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C VITAMIN C ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EMERGEN-C VITAMIN D/CALCIUM ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ENDUR-VM ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ENDUR-VM WITH IRON ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ENERGY BOOSTER ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>eq complete multivit adult 50+ oral tablet</i>	OTC Benefit	
<i>eq complete multivitamin-adult oral tablet</i>	OTC Benefit	
<i>eq multivitamins adult gummy oral tablet chewable</i>	OTC Benefit	
<i>eq one daily mens 50+ oral tablet</i>	OTC Benefit	
<i>eq one daily mens health oral tablet</i>	OTC Benefit	
EQ ONE DAILY WOMENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>eq one daily womens health oral tablet</i>	OTC Benefit	
<i>eq vision formula 50+ oral capsule</i>	OTC Benefit	
<i>eql air protector oral tablet effervescent</i>	OTC Benefit	
<i>eql century mature adults 50+ oral tablet</i>	OTC Benefit	
<i>eql century mature men 50+ oral tablet</i>	OTC Benefit	
<i>eql century mature oral tablet</i>	OTC Benefit	
<i>eql century mature women 50+ oral tablet</i>	OTC Benefit	
<i>eql century mens oral tablet</i>	OTC Benefit	
<i>eql century oral tablet</i>	OTC Benefit	
<i>eql century womens oral tablet</i>	OTC Benefit	
<i>eql one daily adult gummies oral tablet chewable</i>	OTC Benefit	
<i>eql one daily mens 50+ advance oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql one daily mens health oral tablet</i>	OTC Benefit	
<i>eql one daily mens oral tablet</i>	OTC Benefit	
<i>eql one daily womens 50+ adv oral tablet</i>	OTC Benefit	
<i>eql vision formula oral tablet</i>	OTC Benefit	
ESSENTIA ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>essential balance oral tablet</i>	OTC Benefit	
EVOLUTION60 ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>eye health + lutein oral tablet</i>	OTC Benefit	
<i>eye health oral capsule</i>	OTC Benefit	
<i>eye multivitamin/sodium oral tablet</i>	OTC Benefit	
EYE VITAMINS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
EYE-VITES ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
FITNESS TABS FOR MEN AM/PM ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>freedavite oral tablet</i>	OTC Benefit	
<i>ft century adults oral tablet</i>	OTC Benefit	
<i>ft eye health oral tablet</i>	OTC Benefit	
<i>ft hair skin & nails extra str oral tablet</i>	OTC Benefit	
<i>ft immune support oral tablet chewable</i>	OTC Benefit	
<i>genadek step 1 oral capsule</i>	OTC Benefit	
<i>genadek step 2 oral capsule</i>	OTC Benefit	
<i>geri-freeda senior formula oral tablet</i>	OTC Benefit	
<i>gerivite complete oral tablet</i>	OTC Benefit	
<i>gnp century adult formula oral tablet</i>	OTC Benefit	
<i>gnp century adult oral tablet</i>	OTC Benefit	
<i>gnp century mature women's 50+ oral tablet</i>	OTC Benefit	
<i>gnp hair/skin/nails oral tablet</i>	OTC Benefit	
<i>gnp healthy eyes supervision 2 oral capsule</i>	OTC Benefit	
<i>gnp immune support oral packet</i>	OTC Benefit	
<i>gnp immune support oral tablet effervescent</i>	OTC Benefit	
<i>gnp therapeutic-m oral tablet</i>	OTC Benefit	
<i>hair skin & nails advanced oral tablet</i>	OTC Benefit	
<i>hair skin & nails oral tablet</i>	OTC Benefit	
<i>hair skin and nails formula oral tablet</i>	OTC Benefit	
<i>hair skin nails oral capsule</i>	OTC Benefit	
<i>hair/skin/nails oral capsule</i>	OTC Benefit	
<i>hair/skin/nails oral tablet</i>	OTC Benefit	
<i>head care proactive health oral tablet</i>	OTC Benefit	
<i>healthy eyes oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>healthy eyes supervision 2 oral capsule</i>	OTC Benefit	
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	OTC Benefit	
<i>high potency multivit/fa oral tablet</i>	OTC Benefit	
<i>hi-kovite 2-part formula oral tablet</i>	OTC Benefit	
<i>hm complete men oral tablet</i>	OTC Benefit	
<i>hm complete women oral tablet</i>	OTC Benefit	
<i>hm womens 50+ advanced daily oral tablet</i>	OTC Benefit	
ICAPS AREDS FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
IMMUBLAST-C ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
IMMUNE ESSENTIALS DAILY ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>immune support oral tablet chewable</i>	OTC Benefit	
<i>kp adults 50+ daily formula oral tablet</i>	OTC Benefit	
<i>kp adults daily formula oral tablet</i>	OTC Benefit	
<i>kp mens 50+ daily formula oral tablet</i>	OTC Benefit	
<i>kp mens daily formula oral tablet</i>	OTC Benefit	
<i>kp mens daily pack oral</i>	OTC Benefit	
KP VISION FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
KP VISION FORMULA/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>kp womens 50+ daily formula oral tablet</i>	OTC Benefit	
<i>kp womens daily formula oral tablet</i>	OTC Benefit	
<i>kp womens daily oral</i>	OTC Benefit	
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
LIFE PACK MENS ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
LIFE PACK WOMENS ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>liver detox oral tablet</i>	OTC Benefit	
<i>lutein-zeaxanthin oral tablet</i>	OTC Benefit	
LYSIPILEX PLUS ORAL LIQUID (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MACULAR HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MACUVITE EYE CARE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MACUVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MACUVITE/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MAXIMIN PACK ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>maximum daily green oral tablet</i>	OTC Benefit	
<i>mega multi for women oral tablet</i>	OTC Benefit	
MEGA MULTI MEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>mega-marathon 100 tr oral tablet extended release</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>megavite fruits & veggies oral tablet</i>	OTC Benefit	
<i>meijer advanced formula oral tablet</i>	OTC Benefit	
<i>mens 50+ advanced oral capsule</i>	OTC Benefit	
<i>mens 50+ multivitamin oral tablet</i>	OTC Benefit	
<i>mens daily pack oral packet</i>	OTC Benefit	
MENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>mens multi health formula oral tablet</i>	OTC Benefit	
<i>mens multivitamin gummies oral tablet chewable</i>	OTC Benefit	
<i>mens multivitamin oral tablet</i>	OTC Benefit	
<i>mens multivitamin oral tablet chewable</i>	OTC Benefit	
MENS PACK ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MOOD FOOD ES ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MOOD FOOD ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>multi + omega-3 adult gummies oral tablet chewable</i>	OTC Benefit	
<i>multi adult gummies oral tablet chewable</i>	OTC Benefit	
MULTI COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>multi complete/iron oral tablet</i>	OTC Benefit	
<i>multi for her 50+ oral capsule</i>	OTC Benefit	
<i>multi for her 50+ oral tablet</i>	OTC Benefit	
<i>multi for her oral capsule</i>	OTC Benefit	
<i>multi for her oral packet</i>	OTC Benefit	
<i>multi for her oral tablet</i>	OTC Benefit	
<i>multi for him 50+ oral tablet</i>	OTC Benefit	
MULTI FOR HIM ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MULTI FOR HIM ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MULTI FOR HIM ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>multi vitamin/minerals oral tablet</i>	OTC Benefit	
MULTIA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>multiple vit/minerals/no iron oral tablet</i>	OTC Benefit	
<i>multiple vitamins/womens oral tablet</i>	OTC Benefit	
<i>multivitamin adult (minerals) oral tablet</i>	OTC Benefit	
<i>multivitamin adults 50+ oral tablet</i>	OTC Benefit	
<i>multivitamin adults oral tablet</i>	OTC Benefit	
<i>multivitamin gummies adult oral tablet chewable</i>	OTC Benefit	
<i>multivitamin gummies mens oral tablet chewable</i>	OTC Benefit	
<i>multi-vitamin gummies oral tablet chewable</i>	OTC Benefit	
<i>multivitamin gummies womens oral tablet chewable</i>	OTC Benefit	
<i>multivitamin men 50+ oral tablet</i>	OTC Benefit	
<i>multivitamin men oral tablet</i>	OTC Benefit	
<i>multi-vitamin monocaps oral tablet</i>	OTC Benefit	
<i>multivitamin oral liquid</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>multivitamin women 50+ oral tablet</i>	OTC Benefit	
<i>multivitamin women oral tablet</i>	OTC Benefit	
<i>multivitamin womens 50+ adv oral tablet</i>	OTC Benefit	
<i>multi-vitamin/minerals oral tablet</i>	OTC Benefit	
<i>multivitamin/zinc stress oral tablet</i>	OTC Benefit	
<i>multivitamin-minerals oral tablet</i>	OTC Benefit	
<i>multi-vite oral liquid</i>	OTC Benefit	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MVW COMPLETE FORMULATION ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>mvw hi-d adek gummies oral tablet chewable</i>	OTC Benefit	
MVW MODULATOR FORMULATION MINI ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MVW MODULATOR FORMULATION ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
MVW ORANGE CHEWABLES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>myamulti oral tablet</i>	OTC Benefit	
NANOVM ADULT ORAL POWDER (<i>multiple vitamins-minerals</i>)	OTC Benefit	
NANOVM SENIOR + ORAL POWDER (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>nat-rul theravite-m oral tablet</i>	OTC Benefit	
<i>natrul-vites oral tablet</i>	OTC Benefit	
<i>no iron mult vitamin-minerals oral tablet</i>	OTC Benefit	
<i>ocular vitamins oral tablet</i>	OTC Benefit	
<i>ocutabs oral tablet</i>	OTC Benefit	
<i>ocutabs-lutein oral tablet</i>	OTC Benefit	
OCUVITE ADULT 50+ ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
OCUVITE ADULT FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
OCUVITE-LUTEIN ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ONCOVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ONE A DAY MEN 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ONE A DAY WOMEN 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE (multiple vitamins-minerals)	OTC Benefit	
<i>one daily 50 plus oral tablet</i>	OTC Benefit	
<i>one daily calcium/iron oral tablet</i>	OTC Benefit	
<i>one daily complete for men oral tablet</i>	OTC Benefit	
<i>one daily complete oral tablet</i>	OTC Benefit	
<i>one daily for men 50+ advanced oral tablet</i>	OTC Benefit	
<i>one daily for men/lycopene oral tablet</i>	OTC Benefit	
<i>one daily for women 50+ adv oral tablet</i>	OTC Benefit	
<i>one daily for women oral tablet</i>	OTC Benefit	
<i>one daily healthy weight adv oral tablet</i>	OTC Benefit	
<i>one daily healthy weight oral tablet</i>	OTC Benefit	
<i>one daily maximum oral tablet</i>	OTC Benefit	
<i>one daily men formula w/o iron oral tablet</i>	OTC Benefit	
<i>one daily mens 50+ multivit oral tablet</i>	OTC Benefit	
<i>one daily mens 50+/lycopene oral tablet</i>	OTC Benefit	
<i>one daily mens health oral tablet</i>	OTC Benefit	
<i>one daily mens oral tablet</i>	OTC Benefit	
<i>one daily multivit/iron-free oral tablet</i>	OTC Benefit	
<i>one daily multivitamin men oral tablet</i>	OTC Benefit	
<i>one daily multivitamin women oral tablet</i>	OTC Benefit	
<i>one daily womens 50 plus oral tablet</i>	OTC Benefit	
<i>one daily womens 50+ oral tablet</i>	OTC Benefit	
<i>one daily womens oral tablet</i>	OTC Benefit	
<i>one daily/minerals oral tablet</i>	OTC Benefit	
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE (multiple vitamins-minerals)	OTC Benefit	
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE (multiple vitamins-minerals)	OTC Benefit	
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET (multiple vitamins-minerals)	OTC Benefit	
ONE-A-DAY MENS (MINERALS) ORAL TABLET (multiple vitamins-minerals)	OTC Benefit	
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET (multiple vitamins-minerals)	OTC Benefit	
ONE-A-DAY MENS 50+ ORAL TABLET (multiple vitamins- minerals)	OTC Benefit	
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET (multiple vitamins-minerals)	OTC Benefit	
ONE-A-DAY MENS PRO EDGE ORAL TABLET (multiple vitamins- minerals)	OTC Benefit	
ONE-A-DAY PROACTIVE 65+ ORAL TABLET (multiple vitamins- minerals)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
ONE-A-DAY WOMENS 50+ ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
ONE-A-DAY WOMENS ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
ONE-A-DAY WOMENS PETITES ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	OTC Benefit	
<i>one-daily multi caps oral capsule</i>	OTC Benefit	
<i>one-daily multi-vit/mineral oral tablet</i>	OTC Benefit	
<i>optic-vites oral tablet</i>	OTC Benefit	
<i>optic-vites with lutein oral tablet</i>	OTC Benefit	
OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	OTC Benefit	
<i>optimum airvites oral tablet chewable</i>	OTC Benefit	
<i>optimum pms oral tablet</i>	OTC Benefit	
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	OTC Benefit	
OPTIVITE P.M.T. ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	OTC Benefit	
OPURITY ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
OSTEOPRIME PLUS ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
OSTEOPRIME ULTRA ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
<i>parvlex oral tablet</i>	OTC Benefit	
PHLEXY-VITS ORAL POWDER <i>(multiple vitamins-minerals)</i>	OTC Benefit	
PHYTOMULTI ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
PREMIUM PACKETS ORAL <i>(multiple vitamins-minerals)</i>	OTC Benefit	
<i>prescription support multivit oral capsule</i>	OTC Benefit	
PRESERVISION AREDS 2 ORAL CAPSULE <i>(multiple vitamins-minerals)</i>	OTC Benefit	
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE <i>(multiple vitamins-minerals)</i>	OTC Benefit	
PRESERVISION AREDS ORAL CAPSULE <i>(multiple vitamins-minerals)</i>	OTC Benefit	
PRESERVISION AREDS ORAL TABLET <i>(multiple vitamins-minerals)</i>	OTC Benefit	
PRESERVISION/LUTEIN ORAL CAPSULE <i>(multiple vitamins-minerals)</i>	OTC Benefit	
<i>prevent oral capsule</i>	OTC Benefit	
<i>probiotics + bariatric multi oral capsule</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PRO-CAL ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
PROCERV HP ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
PRORENAL + D ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
PROTECT CARDIO AF ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
PROTECT PLUS SO ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
PROTEGRA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
PROVIT ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
PROXEED PLUS ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>qc daily multivit/multimineral oral tablet</i>	OTC Benefit	
<i>qc hair skin & nails oral tablet</i>	OTC Benefit	
<i>qc mens daily multivitamin oral tablet</i>	OTC Benefit	
<i>qc multi-vite 50 & over oral tablet</i>	OTC Benefit	
<i>qc multi-vite oral tablet</i>	OTC Benefit	
QC OCUHEALTH VISION SUPPORT 2 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>qc therin-m oral tablet</i>	OTC Benefit	
<i>qc womens daily multivitamin oral tablet</i>	OTC Benefit	
<i>quin b strong oral tablet</i>	OTC Benefit	
<i>quintabs-m oral tablet</i>	OTC Benefit	
<i>ra central-vite mens mature oral tablet</i>	OTC Benefit	
RA CENTRAL-VITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>ra central-vite womens mature oral tablet</i>	OTC Benefit	
RA ESSENCE-C ORAL PACKET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>ra one daily maximum oral tablet</i>	OTC Benefit	
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	OTC Benefit	
<i>ra one daily mens multi oral tablet</i>	OTC Benefit	
<i>ra one daily mens/vit d-3 oral tablet</i>	OTC Benefit	
<i>rayavit oral tablet</i>	OTC Benefit	
RENAPLEX-D ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>senior tabs oral tablet</i>	OTC Benefit	
<i>sentry oral tablet</i>	OTC Benefit	
<i>sentry senior mens 50+ oral tablet</i>	OTC Benefit	
<i>sentry senior oral tablet</i>	OTC Benefit	
<i>sentry senior/lutein oral tablet</i>	OTC Benefit	
<i>skin beauty & wellness oral packet</i>	OTC Benefit	
<i>skin hair & nails advanced oral capsule</i>	OTC Benefit	
<i>sm antioxidant vitamins oral tablet</i>	OTC Benefit	
<i>sm complete 50+ oral tablet</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>sm complete 50+ ultimate mens oral tablet</i>	OTC Benefit	
<i>sm complete 50+ ultimate women oral tablet</i>	OTC Benefit	
<i>sm hair/skin/nails oral tablet</i>	OTC Benefit	
<i>sm one daily mens oral tablet</i>	OTC Benefit	
<i>sm one daily womens oral tablet</i>	OTC Benefit	
<i>solo oral tablet</i>	OTC Benefit	
SPECTRAVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>stress b complex/antioxid/zinc oral tablet</i>	OTC Benefit	
STRESSTABS ADVANCED ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>super antioxidant oral capsule</i>	OTC Benefit	
<i>super antioxidants protector oral capsule</i>	OTC Benefit	
<i>super aytinal 50 plus oral tablet</i>	OTC Benefit	
<i>super aytinal oral tablet</i>	OTC Benefit	
<i>super d-zinc-selenium-copper oral tablet</i>	OTC Benefit	
<i>super natrul-100 oral tablet extended release</i>	OTC Benefit	
<i>super thera vite m oral tablet</i>	OTC Benefit	
<i>super vita-mins oral tablet</i>	OTC Benefit	
<i>superior mens multi oral tablet</i>	OTC Benefit	
<i>superior womens multi oral tablet</i>	OTC Benefit	
SUPPORT-500 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
SYSTANE ICAPS AREDS2 ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>thera vital m oral tablet</i>	OTC Benefit	
<i>thera vital-m oral tablet</i>	OTC Benefit	
<i>therabasic-m oral tablet</i>	OTC Benefit	
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
THERAGRAN-M ADVANCED ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
THERAGRAN-M ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
THERAGRAN-M PREMIER ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
THERAMILL FORTE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
THERANATAL LACTATION COMPLETE ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
THERANATAL LACTATION ONE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>therapeutic formula/hematinics oral tablet</i>	OTC Benefit	
<i>therapeutic-m oral tablet</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>thera-tabs m oral tablet</i>	OTC Benefit	
THERATRUM COMPLETE 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
THERATRUM COMPLETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>thera-vite max-m oral tablet</i>	OTC Benefit	
THRIVE FOR LIFE WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>totalday multiple oral tablet extended release</i>	OTC Benefit	
<i>tropical liquid nutrition oral liquid</i>	OTC Benefit	
<i>t-vites oral tablet</i>	OTC Benefit	
ULTRA BONEUP ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>ultra freeda oral tablet</i>	OTC Benefit	
<i>ultra freeda/iron oral tablet</i>	OTC Benefit	
ULTRA MEGA GOLD ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ULTRA MEGA ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ULTRA MEGA TWO ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>ultra multi formula/iron oral capsule</i>	OTC Benefit	
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
ULTRACHOICE ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>ultra-mega oral tablet extended release</i>	OTC Benefit	
<i>vision formula 2 oral capsule</i>	OTC Benefit	
<i>vision formula/lutein oral tablet</i>	OTC Benefit	
<i>vision health oral capsule</i>	OTC Benefit	
VISION OPTIMIZER ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>vision plus oral capsule</i>	OTC Benefit	
<i>vision vitamins oral tablet</i>	OTC Benefit	
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>vita hair oral tablet</i>	OTC Benefit	
<i>vitabasic complete oral tablet</i>	OTC Benefit	
<i>vitabasic senior oral tablet</i>	OTC Benefit	
<i>vitabex oral capsule</i>	OTC Benefit	
<i>vitabex plus oral capsule</i>	OTC Benefit	
<i>vitachew adult multi vitamin oral tablet chewable</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VITAJEY MULTI GUMMIES ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>vitamin c effervescent blend oral packet</i>	OTC Benefit	
<i>vita-min oral capsule</i>	OTC Benefit	
<i>vitamins a-d-e/selenium oral tablet</i>	OTC Benefit	
VITASANA ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
VITEYES CLASSIC ADVANCED ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
VITEYES CLASSIC+MULTI ORAL POWDER (<i>multiple vitamins-minerals</i>)	OTC Benefit	
VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
VITEYES COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
VITEYES OPTIC NERVE SUPPORT ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
WAL-BORN VITAMIN C ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>womens 50+ advanced oral capsule</i>	OTC Benefit	
<i>womens 50+ multi vitamin oral tablet</i>	OTC Benefit	
<i>womens daily formula oral tablet</i>	OTC Benefit	
<i>womens daily pack oral packet</i>	OTC Benefit	
WOMENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>womens multi gummies oral tablet chewable</i>	OTC Benefit	
<i>womens multi oral capsule</i>	OTC Benefit	
<i>womens multivitamin + collagen oral tablet chewable</i>	OTC Benefit	
<i>womens multivitamin gummies oral tablet chewable</i>	OTC Benefit	
<i>womens multivitamin oral tablet</i>	OTC Benefit	
WOMENS PACK ORAL (<i>multiple vitamins-minerals</i>)	OTC Benefit	
YELETS TEENAGE FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	OTC Benefit	
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
YUM-VS COMPLETE MULTIVITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
YUMVS MULTI ZERO ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	OTC Benefit	
<i>zinc oral lozenge</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*MULTIVITAMINS***		
<i>antioxidant formula oral capsule 250-10000-200</i>	OTC Benefit	
<i>anti-oxidant oral tablet</i>	OTC Benefit	
CHLOROCAPS ORAL CAPSULE (<i>multiple vitamin</i>)	OTC Benefit	
<i>daily multiple vitamins oral tablet</i>	OTC Benefit	
<i>daily stress relief tr oral tablet extended release</i>	OTC Benefit	
<i>daily value multivitamin oral tablet</i>	OTC Benefit	
<i>daily vitamins oral tablet</i>	OTC Benefit	
<i>daily vite oral tablet</i>	OTC Benefit	
<i>daily vites oral tablet</i>	OTC Benefit	
<i>daily-vite multivitamin oral tablet</i>	OTC Benefit	
<i>dekas essential oral capsule</i>	OTC Benefit	
<i>dekas essential oral liquid</i>	OTC Benefit	
DIALYVITE 800 ORAL LIQUID (<i>multiple vitamin</i>)	OTC Benefit	
ESTROFACTORS ORAL TABLET (<i>multiple vitamin</i>)	OTC Benefit	
<i>healthy hair/skin/nails oral tablet</i>	OTC Benefit	
<i>high potency multivitamin oral tablet</i>	OTC Benefit	
MOMMY'S BLISS MV ORGANIC DROPS ORAL LIQUID (<i>multiple vitamin</i>)	OTC Benefit	
<i>multi vitamin oral tablet</i>	OTC Benefit	
<i>multi vitamin w/d-3 oral tablet</i>	OTC Benefit	
<i>multiple vitamin-folic acid oral tablet</i>	OTC Benefit	
<i>multiple vitamins essential oral tablet</i>	OTC Benefit	
<i>multiple vitamins oral tablet</i>	OTC Benefit	
<i>multivitamin adult oral tablet</i>	OTC Benefit	
<i>multivitamin iron-free oral tablet</i>	OTC Benefit	
<i>multivitamin oral tablet</i>	OTC Benefit	
<i>multi-vitamin oral tablet</i>	OTC Benefit	
<i>multivitamin+ oral liquid</i>	OTC Benefit	
<i>mv-one oral capsule</i>	OTC Benefit	
NEOMULTIVITE ORAL TABLET (<i>multiple vitamin</i>)	OTC Benefit	
<i>nutra-z+ oral capsule</i>	OTC Benefit	
<i>omnicap oral tablet</i>	OTC Benefit	
<i>once daily oral tablet</i>	OTC Benefit	
ONE DAILY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>)	OTC Benefit	
<i>one daily essentials oral tablet</i>	OTC Benefit	
<i>one daily multivitamin adult oral tablet</i>	OTC Benefit	
<i>one daily oral tablet</i>	OTC Benefit	
ONE VITE DAILY MULTIVITAMIN ORAL TABLET (<i>multiple vitamin</i>)	OTC Benefit	
<i>one-daily multi vitamins oral tablet</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>one-daily multi-vitamin oral tablet</i>	OTC Benefit	
<i>qc essentials oral tablet</i>	OTC Benefit	
<i>quintabs oral tablet</i>	OTC Benefit	
<i>stress formula/zinc/energy oral tablet</i>	OTC Benefit	
STRESSTABS ENERGY ORAL TABLET (<i>multiple vitamin</i>)	OTC Benefit	
THERA ORAL TABLET (<i>multiple vitamin</i>)	OTC Benefit	
<i>thera-tabs oral tablet</i>	OTC Benefit	
THEREMS ORAL TABLET (<i>multiple vitamin</i>)	OTC Benefit	
<i>tm-daily vite oral tablet</i>	OTC Benefit	
<i>true multivitamin oral tablet</i>	OTC Benefit	
<i>vit e-vit c-beta carotene oral tablet 200-250-5000</i>	OTC Benefit	
<i>vitalee oral tablet</i>	OTC Benefit	
VITEYES CLASSIC ZINC FREE ORAL CAPSULE (<i>multiple vitamin</i>)	OTC Benefit	
ZELDANA ORAL CAPSULE (<i>multiple vitamin</i>)	OTC Benefit	
ZE-PLUS ORAL CAPSULE (<i>multiple vitamin</i>)	OTC Benefit	
*NIACIN W/ INOSITOL***		
<i>cvs niacin flush free oral capsule 400-100 mg</i>	OTC Benefit	
<i>gnp niacin flush free oral capsule 400-100 mg</i>	OTC Benefit	
<i>niacin flush free oral capsule 400-100 mg</i>	OTC Benefit	
<i>no flush niacin oral capsule 400-100 mg</i>	OTC Benefit	
*PED MULTI VITAMINS W/FL & FE***		
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	OTC Benefit	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	OTC Benefit	
*PED MULTIPLE VITAMINS W/ MINERALS***		
ACTIVNUTRIENTS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
CENTRUM KIDS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
<i>childrens gummies oral tablet chewable</i>	OTC Benefit	
<i>cvs gummy dinos oral tablet chewable</i>	OTC Benefit	
<i>cvs gummy multivitamin kids oral tablet chewable</i>	OTC Benefit	
DEKAS PLUS ORAL LIQUID (<i>pediatric multivit-minerals</i>)	OTC Benefit	
<i>emergen-c kidz immune+ oral tablet chewable</i>	OTC Benefit	
EMERGEN-C KIDZ ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq multivitamin gummies oral tablet chewable</i>	OTC Benefit	
<i>eq multivitamins gummy child oral tablet chewable</i>	OTC Benefit	
<i>eql gummies childrens oral tablet chewable</i>	OTC Benefit	
FLINTSTONES + EXTRA IRON ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
FLINTSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
FLINTSTONES-IMMUNITY SUPPORT ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
<i>gnp multi childrens oral tablet chewable</i>	OTC Benefit	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
<i>just 4 kidz multivit/probiotic oral tablet chewable</i>	OTC Benefit	
<i>multivitamin childrens gummies oral tablet chewable</i>	OTC Benefit	
<i>multivit-min gummies childrens oral tablet chewable</i>	OTC Benefit	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
MVW COMPLETE FORMULATION ORAL SOLUTION (<i>pediatric multivit-minerals</i>)	OTC Benefit	
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
<i>mvw hi-d drops w/extra vit d oral liquid</i>	OTC Benefit	
MVW MODULATOR FORMULATION PEDS ORAL LIQUID (<i>pediatric multivit-minerals</i>)	OTC Benefit	
NANOVM 1-3 YEARS ORAL POWDER (<i>pediatric multivit-minerals</i>)	OTC Benefit	
NANOVM 4-8 YEARS ORAL POWDER (<i>pediatric multivit-minerals</i>)	OTC Benefit	
NANOVM 9-18 YEARS ORAL POWDER (<i>pediatric multivit-minerals</i>)	OTC Benefit	
NANOVM T/F ORAL POWDER (<i>pediatric multivit-minerals</i>)	OTC Benefit	
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
UPSPRING BABY IRON-IMMUNITY ORAL LIQUID (<i>pediatric multivit-minerals</i>)	OTC Benefit	
<i>upspringbaby multivitamin/iron oral liquid</i>	OTC Benefit	
<i>vitachew multiple vitamin oral tablet chewable</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VITALETS CHILDRENS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
YUMVSKIDS MULTI ZERO ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	OTC Benefit	
*PED MV W/ FLUORIDE***		
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	OTC Benefit	
SOLUVITA WITH FLUORIDE ORAL SOLUTION 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	OTC Benefit	
*PED MV W/ IRON***		
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML (<i>pediatric multivitamins-iron</i>)	OTC Benefit	
<i>childrens animal shapes oral tablet chewable 18 mg</i>	OTC Benefit	
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	OTC Benefit	
<i>cvs childrens complete oral tablet chewable 18 mg</i>	OTC Benefit	
<i>eq complete multivitamin child oral tablet chewable 18 mg</i>	OTC Benefit	
<i>eq1 child multivit/minerals oral tablet chewable 18 mg</i>	OTC Benefit	
FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>)	OTC Benefit	
<i>fruity chews/iron oral tablet chewable</i>	OTC Benefit	
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3 (<i>pediatric multivitamins-iron</i>)	OTC Benefit	
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG (<i>pediatric multivitamins-iron</i>)	OTC Benefit	
<i>multivitamin drops/iron oral solution 11 mg/ml</i>	OTC Benefit	
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	OTC Benefit	
<i>pc pediatric poly-vita/fe drop oral solution 10 mg/ml</i>	OTC Benefit	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML (<i>pediatric multivitamins-iron</i>)	OTC Benefit	
<i>poly-vita/iron oral solution 10 mg/ml</i>	OTC Benefit	
<i>poly-vite/iron oral solution 11 mg/ml</i>	OTC Benefit	
<i>qc childrens complete oral tablet chewable 18 mg</i>	OTC Benefit	
<i>qc childrens vitamins/iron oral tablet chewable 15 mg</i>	OTC Benefit	
<i>ra vitamins complete childrens oral tablet chewable 18 mg</i>	OTC Benefit	
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>)	OTC Benefit	
*PED VITAMINS ACD W/ FLUORIDE***		
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML (<i>pediatric vitamin acd-fl</i>)	OTC Benefit	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	OTC Benefit	
*PEDIATRIC MULTIPLE VITAMINS***		
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>childrens chew multivitamin oral tablet chewable</i>	OTC Benefit	
<i>childrens chewable vitamins oral tablet chewable</i>	OTC Benefit	
CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	OTC Benefit	
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	OTC Benefit	
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	OTC Benefit	
<i>fruity chews oral tablet chewable</i>	OTC Benefit	
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	OTC Benefit	
<i>little animals oral tablet chewable</i>	OTC Benefit	
<i>multivitamin childrens (w/ fa) oral tablet chewable</i>	OTC Benefit	
<i>multivitamin childrens oral tablet chewable</i>	OTC Benefit	
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID (<i>pediatric multiple vitamins</i>)	OTC Benefit	
<i>pc pediatric poly-vitamin drop oral solution</i>	OTC Benefit	
POLY-VI-SOL ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	OTC Benefit	
<i>poly-vita oral solution</i>	OTC Benefit	
<i>poly-vite pediatric oral solution</i>	OTC Benefit	
<i>qc childrens vitamins/extra c oral tablet chewable</i>	OTC Benefit	
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	OTC Benefit	
*PEDIATRIC VITAMINS A & D W/ C***		
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (<i>pediatric vitamins adc</i>)	OTC Benefit	
<i>pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml</i>	OTC Benefit	
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (<i>pediatric vitamins adc</i>)	OTC Benefit	
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	OTC Benefit	
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	OTC Benefit	
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	OTC Benefit	
*PEDIATRIC VITAMINS***		
HONEY BEARS ORAL TABLET CHEWABLE (<i>pediatric vitamins</i>)	OTC Benefit	
<i>multivitamin gummies childrens oral tablet chewable</i>	OTC Benefit	
*PRENATAL MV & MIN W/FE-FA & COENZYME Q10***		
THERANATAL OVAVITE ORAL THERAPY PACK 18-1 & 125 MG (<i>prenat fefum-fa & coenzyme q10</i>)	OTC Benefit	
*PRENATAL MV & MIN W/FE-FA***		
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG (<i>prenatal w/o a vit-fe cbn-fa</i>)	OTC Benefit	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql prenatal formula oral tablet 28-0.8 mg</i>	OTC Benefit	
<i>ft prenatal oral tablet 28-0.8 mg</i>	OTC Benefit	
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (<i>pregnancy-fe bisgly-fa-omega 3</i>)	OTC Benefit	
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	OTC Benefit	
<i>kpn prenatal oral tablet 0.1 mg</i>	OTC Benefit	
<i>masonatal oral tablet 28-0.8 mg</i>	OTC Benefit	
<i>multi prenatal oral tablet 27-0.8 mg</i>	OTC Benefit	
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	OTC Benefit	
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG (<i>pregnancy vit-fe fumarate-fa</i>)	OTC Benefit	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>pregnancy vit-iron carbonyl-fa</i>)	OTC Benefit	
OBTREX ORAL TABLET (<i>pregnancy vit-dss-fe cbn-fa</i>)	OTC Benefit	
<i>one vite womens oral tablet 27-0.8 mg</i>	OTC Benefit	
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>pregnancy-fe carbonyl-fa-omega 3</i>)	OTC Benefit	
<i>prenatabs fa oral tablet 29-1 mg</i>	OTC Benefit	
PRENATABS RX ORAL TABLET 29-1 MG (<i>pregnancy vit-iron carbonyl-fa</i>)	OTC Benefit	
<i>pregnancy (w/iron & fa) oral tablet 27-0.8 mg</i>	OTC Benefit	
<i>pregnancy 19 oral tablet</i>	OTC Benefit	
<i>pregnancy complete oral capsule therapy pack</i>	OTC Benefit	
<i>pregnancy complete oral tablet 14-0.4 mg</i>	OTC Benefit	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (<i>pregnancy multivit-min-fe-fa</i>)	OTC Benefit	
<i>pregnancy formula a-free oral tablet 9-0.267 mg</i>	OTC Benefit	
<i>pregnancy formula oral capsule 28-0.8-235 mg</i>	OTC Benefit	
<i>pregnancy forte oral tablet</i>	OTC Benefit	
<i>pregnancy multi +dha oral capsule 27-0.8-228 mg</i>	OTC Benefit	
<i>pregnancy one daily oral tablet 27-0.8 mg</i>	OTC Benefit	
<i>pregnancy oral tablet 28-0.8 mg, 6.75-0.2 mg</i>	OTC Benefit	
<i>pregnancy vitamin and mineral oral tablet 28-0.8 mg</i>	OTC Benefit	
<i>pregnancy vitamins oral tablet 27-0.8 mg</i>	OTC Benefit	
<i>pregnancy/iron oral tablet , 28-0.8 mg</i>	OTC Benefit	
<i>qc prenatal oral tablet 28-0.8 mg</i>	OTC Benefit	
<i>ra prenatal formula oral tablet 28-0.8 mg</i>	OTC Benefit	
<i>ra prenatal oral tablet 28-0.8 mg</i>	OTC Benefit	
<i>sm one daily prenatal oral 28-0.8 & 440 mg</i>	OTC Benefit	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (<i>pregnancy vit-fe fumarate-fa</i>)	OTC Benefit	
UPSPRING PRENATAL COMPLETE ORAL CAPSULE 9-0.267-191.67 MG (<i>pregnancy-fe bisgly-l-meth-fish oil</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VINATE CARE ORAL TABLET CHEWABLE 40-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	OTC Benefit	
<i>vita-pac oral capsule 0.9 mg</i>	OTC Benefit	
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL***		
<i>prenatal + complete multi oral therapy pack 18-0.8 & 290 mg</i>	OTC Benefit	
*PRENATAL MV & MIN W/FE-FA-DHA & CHOLINE***		
ONE A DAY PRENATAL ADV BRAIN ORAL THERAPY PACK (<i>prenatal fe-fa-dha & choline</i>)	OTC Benefit	
*PRENATAL MV & MIN W/FE-FA-DHA***		
<i>cadeau dha oral capsule 29-0.4-0.8-375 mg</i>	OTC Benefit	
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	OTC Benefit	
<i>cvs prenatal multi+dha oral capsule 27-0.8-250 mg</i>	OTC Benefit	
<i>cvs prenatal multivitamin oral capsule 27-0.8-250 mg</i>	OTC Benefit	
<i>cvs womens prenatal+dha oral 28-0.975 & 200 mg</i>	OTC Benefit	
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	OTC Benefit	
OBSTETRIX DHA ORAL 29-1 & 350 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>)	OTC Benefit	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenatal-fe cbn-fa-dha w/o a</i>)	OTC Benefit	
OBTREX DHA ORAL 29-1 & 350 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>)	OTC Benefit	
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-250 mg</i>	OTC Benefit	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	OTC Benefit	
<i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>	OTC Benefit	
<i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>	OTC Benefit	
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	OTC Benefit	
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	OTC Benefit	
THERANATAL COMPLETE ORAL 27-1 & 300 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	OTC Benefit	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG (<i>prenatal-fefum-fa-dha w/o a</i>)	OTC Benefit	
<i>ultra prenatal vit/min + dha oral capsule 23-0.8-200 mg</i>	OTC Benefit	
*PRENATAL MV & MINERALS W/ FA WITHOUT IRON***		
<i>cvs prenatal gummy oral tablet chewable 0.4 mg</i>	OTC Benefit	
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON***		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE 0.18-25 MG (<i>prenatal mv & min w/fa-dha</i>)	OTC Benefit	
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.12-25 MG (<i>prenatal mv & min w/fa-dha</i>)	OTC Benefit	
<i>cvs prenatal gummy oral tablet chewable 0.18-25 mg, 0.4-25 mg</i>	OTC Benefit	
GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE 0.12-33.3 MG (<i>prenatal mv & min w/fa-dha</i>)	OTC Benefit	
ONE A DAY PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG (<i>prenatal mv & min w/fa-dha</i>)	OTC Benefit	
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	OTC Benefit	
<i>prenatal adult gummy/dha/fa oral tablet chewable 0.4-25 mg</i>	OTC Benefit	
<i>prenatal gummies oral tablet chewable 0.18-25 mg</i>	OTC Benefit	
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	OTC Benefit	
VITAFUSION PRENATAL ORAL TABLET CHEWABLE 0.18-32.5 MG (<i>prenatal mv-min-fa-omega-3</i>)	OTC Benefit	
*SPECIALTY VITAMINS PRODUCTS***		
<i>a thru z advantage oral tablet</i>	OTC Benefit	
ADRENAL MANAGER ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
ADRENALIV ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
<i>adrenoid oral capsule</i>	OTC Benefit	
ALLERWELL ALLERGY FORMULA ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
<i>bilberry plus oral capsule</i>	OTC Benefit	
<i>biotin plus keratin oral tablet 10000-100 mcg-mg</i>	OTC Benefit	
<i>cardiopress oral capsule</i>	OTC Benefit	
CENTRUM PERFORMANCE ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
CENTRUM SPECIALIST ENERGY ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
<i>cholase control oral capsule</i>	OTC Benefit	
COGNIUM COMPLETE GUMMIES ORAL TABLET CHEWABLE (<i>specialty vitamins products</i>)	OTC Benefit	
<i>collagen ultra oral capsule</i>	OTC Benefit	
COMPLETE BALANCE MENOPAUSE RLF ORAL (<i>specialty vitamins products</i>)	OTC Benefit	
<i>complete menopause am/pm oral</i>	OTC Benefit	
CORTICARE B ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
<i>cvs hair/skin/nails oral tablet</i>	OTC Benefit	
<i>cvs menopause support oral tablet</i>	OTC Benefit	
ELON MATRIX 5000 COMPLETE ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
ELON MATRIX 5000 ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
ELON MATRIX COMPLETE ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
ELON MATRIX PLUS ORAL TABLET 3000-50-100 MCG-MG-MG (<i>specialty vitamins products</i>)	OTC Benefit	
ELON R3 ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
FEMQUIL ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
GERM DEFENSE PM ORAL TABLET EFFERVESCENT (<i>specialty vitamins products</i>)	OTC Benefit	
GLYCOTROL COMPLETE ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
GLYCOTROL ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
<i>hair nourishing supplement oral tablet</i>	OTC Benefit	
<i>heart savior oral capsule</i>	OTC Benefit	
HEART TABS ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
ICAPS LUTEIN & ZEAXANTHIN ORAL TABLET DELAYED RELEASE (<i>specialty vitamins products</i>)	OTC Benefit	
IMMUNERX ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
<i>immunicare oral capsule</i>	OTC Benefit	
<i>inulose blood sugar support oral capsule</i>	OTC Benefit	
LIPIDSHIELD PLUS ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
LIPOTRIAD VISION SUPPORT ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
<i>lipotriad vision support plus oral capsule</i>	OTC Benefit	
LIPOTRIAD VISIONARY ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
MEDCAPS DPO ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
MEDCAPS GI ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
MEDCAPS IS ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
MEDCAPS T3 ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
MEMORALL ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
<i>memory complex brain health oral tablet</i>	OTC Benefit	
METHYL PROTECT ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
METHYL-GUARD ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
METHYL-GUARD PLUS ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
MG PLUS PROTEIN ORAL TABLET 133 MG (<i>specialty vitamins products</i>)	OTC Benefit	
MIL ADREGEN ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
<i>mm biotin/keratin oral capsule</i>	OTC Benefit	
NERVIVE NERVE RELIEF ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
<i>ra ear care oral tablet</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>ra effervescent formula oral tablet effervescent</i>	OTC Benefit	
RETAINÉ VISION ORAL CAPSULE (<i>specialty vitamins products</i>)	OTC Benefit	
<i>synertropin oral capsule</i>	OTC Benefit	
<i>ultimate fat burner oral tablet</i>	OTC Benefit	
UPSPRING HE NATAL ORAL TABLET (<i>specialty vitamins products</i>)	OTC Benefit	
<i>varisan vitality oral tablet</i>	OTC Benefit	
<i>vitamins for hair oral capsule</i>	OTC Benefit	
<i>vitamins for hair oral tablet</i>	OTC Benefit	
WAL-BORN ORAL TABLET EFFERVESCENT (<i>specialty vitamins products</i>)	OTC Benefit	
WOMENS MENOPAUSE VITA PAK ORAL (<i>specialty vitamins products</i>)	OTC Benefit	
WOMENS VITA PAK ORAL (<i>specialty vitamins products</i>)	OTC Benefit	
*VITAMIN C, VITAMIN D & ZINC***		
<i>d3/vitamin c/zinc oral tablet</i>	OTC Benefit	
*VITAMIN D & K***		
D3 + K2 DOTS ORAL TABLET 1000-90 UNIT-MCG (<i>vitamin d-vitamin k</i>)	OTC Benefit	
<i>d3 + k2 oral capsule 125-100 mcg</i>	OTC Benefit	
DECARA K ORAL CAPSULE 1250-200 MCG (<i>vitamin d-vitamin k</i>)	OTC Benefit	
<i>dosokap oral tablet 137.5-200 mcg</i>	OTC Benefit	
<i>k2 plus d3 oral tablet 100-1000 mcg-unit</i>	OTC Benefit	
<i>k2-d3 10,000 oral capsule , 10000-45 unit-mcg</i>	OTC Benefit	
<i>k2-d3 5000 oral capsule 5000-90 unit-mcg</i>	OTC Benefit	
K2-D3 MAX ORAL CAPSULE 180-125 MCG (<i>vitamin d-vitamin k</i>)	OTC Benefit	
VITAMIN D2 + K1 ORAL SOLUTION 20-120 MCG/0.1ML (<i>vitamin d-vitamin k</i>)	OTC Benefit	
*VITAMIN MIXTURES***		
<i>ecee plus oral tablet</i>	OTC Benefit	
*VITAMINS A & D W/ K***		
<i>adk oral capsule 5000-5000-500 unit-mcg</i>	OTC Benefit	
*VITAMINS A & D***		
<i>cod liver oil for kids oral oil</i>	OTC Benefit	
<i>cod liver oil oral capsule , 1250-130 unit, 1250-133 unit, 1250-135 unit, 4000-200 unit</i>	OTC Benefit	
<i>cod liver oil oral oil , 5000-500 unit/5ml</i>	OTC Benefit	
<i>cod liver oil w/vit a & d oral capsule</i>	OTC Benefit	
<i>cod liver oil/low vitamin a oral capsule</i>	OTC Benefit	
<i>cod liver oil/vitamins a & d oral capsule</i>	OTC Benefit	
<i>norwegian cod liver oil oral capsule</i>	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>norwegian cod liver oil oral oil</i>	OTC Benefit	
<i>qc cod liver oil oral capsule 1250-135 unit</i>	OTC Benefit	
<i>qc cod liver oil oral oil</i>	OTC Benefit	
<i>ra cod liver oil oral capsule 1250-133 unit</i>	OTC Benefit	
<i>ra cod liver oil oral oil</i>	OTC Benefit	
<i>sm cod liver oil oral capsule</i>	OTC Benefit	
<i>vitamin a & d oral capsule 8000-400 unit</i>	OTC Benefit	
<i>vitamin a & d oral tablet 10000-400 unit, 25000-1000 unit</i>	OTC Benefit	
<i>vitamins a & d oral capsule 5000-400 unit</i>	OTC Benefit	
<i>vitamins a & d oral tablet 10000-400 unit</i>	OTC Benefit	
<i>yl natural vitamin a & d oral capsule 1250-135 unit</i>	OTC Benefit	
*VITAMINS C & E***		
CRANBERRY URINARY COMFORT ORAL CAPSULE 100-3 MG-UNIT (<i>vitamins c e</i>)	OTC Benefit	
*VITAMINS W/ LIPOTROPICS***		
ACTIFLOVIT EAR HEALTH ORAL TABLET (<i>vitamins-lipotropics</i>)	OTC Benefit	
<i>b complex (lipotropics) oral tablet</i>	OTC Benefit	
<i>b complex formula 1 (lipotrop) oral tablet</i>	OTC Benefit	
<i>balance b-100 oral tablet</i>	OTC Benefit	
<i>balanced b-50 complex oral capsule</i>	OTC Benefit	
<i>balanced b-50 complex oral tablet</i>	OTC Benefit	
<i>b-stress oral capsule</i>	OTC Benefit	
<i>complex b-100-inositol oral tablet extended release</i>	OTC Benefit	
CVS BALANCED B50 ORAL TABLET (<i>vitamins-lipotropics</i>)	OTC Benefit	
<i>cvs inner ear plus oral tablet</i>	OTC Benefit	
<i>ear health formula oral tablet</i>	OTC Benefit	
<i>ear health plus oral tablet</i>	OTC Benefit	
FLAVOVIT EAR HEALTH ORAL TABLET (<i>vitamins-lipotropics</i>)	OTC Benefit	
<i>geravine oral elixir</i>	OTC Benefit	
LIPO FLAVONOID PLUS ORAL TABLET (<i>vitamins-lipotropics</i>)	OTC Benefit	
LIPOFLAVOVIT ORAL TABLET (<i>vitamins-lipotropics</i>)	OTC Benefit	
LIPOTRIAD ORAL TABLET (<i>vitamins-lipotropics</i>)	OTC Benefit	
<i>mega multiple/chelated mineral oral tablet</i>	OTC Benefit	
<i>multi-vitamin hp/minerals oral capsule</i>	OTC Benefit	
<i>nat-rul b-50 oral tablet</i>	OTC Benefit	
<i>risanoid plus oral tablet</i>	OTC Benefit	
<i>ultra b-100 complex oral tablet</i>	OTC Benefit	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*NASAL AGENTS - MISC.***		
ALLERBLOCK ADULT NASAL POWDER (<i>hypromellose</i>)	OTC Benefit	
ALLERBLOCK TRAVEL NASAL POWDER (<i>hypromellose</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>altamist spray nasal solution 0.65 %</i>	OTC Benefit	
AYR NASAL MIST ALLERGY/SINUS NASAL SOLUTION 2.65 % (<i>saline</i>)	OTC Benefit	
AYR NASAL SOLUTION 0.65 % (<i>saline</i>)	OTC Benefit	
AYR SALINE NASAL DROPS NASAL SOLUTION 0.65 % (<i>saline</i>)	OTC Benefit	
AYR SALINE NASAL NASAL GEL (<i>saline</i>)	OTC Benefit	
AYR SALINE NASAL NO-DRIP NASAL GEL (<i>saline</i>)	OTC Benefit	
BABY AYR SALINE NASAL SOLUTION 0.65 % (<i>saline</i>)	OTC Benefit	
<i>cvs nasal mist nasal aerosol solution 0.9 %, 3 %</i>	OTC Benefit	
<i>cvs saline nasal spray nasal solution 0.65 %</i>	OTC Benefit	
<i>eq saline nasal spray nasal solution 0.65 %</i>	OTC Benefit	
<i>eql saline nasal spray nasal solution 0.65 %</i>	OTC Benefit	
<i>ft saline nasal spray nasal solution</i>	OTC Benefit	
<i>gnp nasal moisturizing nasal solution 0.65 %</i>	OTC Benefit	
LITTLE REMEDIES SALINE MIST NASAL AEROSOL SOLUTION (<i>saline</i>)	OTC Benefit	
LITTLE REMEDIES SALINE NASAL SOLUTION (<i>saline</i>)	OTC Benefit	
<i>meijer saline nasal spray nasal solution 0.65 %</i>	OTC Benefit	
NASADROPS SALINE ON THE GO NASAL SOLUTION 0.9 % (<i>saline</i>)	OTC Benefit	
NASAL MOIST NASAL SOLUTION 0.65 % (<i>saline</i>)	OTC Benefit	
<i>nasal moisturizing spray nasal solution 0.65 %</i>	OTC Benefit	
NASOGEL NASAL GEL (<i>saline</i>)	OTC Benefit	
NOZIN NASAL SANITIZER NASAL KIT 62 % (<i>alcohol</i>)	OTC Benefit	
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB (<i>alcohol</i>)	OTC Benefit	
OCEAN NASAL SPRAY NASAL SOLUTION 0.65 % (<i>saline</i>)	OTC Benefit	
<i>qc saline nasal relief nasal solution 0.65 %</i>	OTC Benefit	
<i>qc saline nasal spray nasal solution 0.65 %</i>	OTC Benefit	
<i>ra saline nasal spray nasal solution 0.65 %</i>	OTC Benefit	
<i>ra sterile saline nasal mist nasal solution 0.9 %</i>	OTC Benefit	
<i>saline nasal gel</i>	OTC Benefit	
<i>sb saline nose nasal solution 0.65 %</i>	OTC Benefit	
SIMPLY SALINE NASAL AEROSOL SOLUTION 0.9 % (<i>saline</i>)	OTC Benefit	
<i>sinus wash salt nasal crystals</i>	OTC Benefit	
ZARBEES SOOTHING SALINE MIST NASAL AEROSOL SOLUTION (<i>saline</i>)	OTC Benefit	
*NASAL AGENTS MISC. - COMBINATIONS***		
ALKALOL NASAL SOLUTION (<i>nasal wash</i>)	OTC Benefit	
ALKALOL SALINE NASAL SOLUTION (<i>nasal moisturizer combination</i>)	OTC Benefit	
ALLERRINSE SINUS RINSE KIT NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
AYR SALINE NASAL GEL NASAL SWAB (<i>aloe-sodium chloride</i>)	OTC Benefit	
AYR SALINE NASAL NETI RINSE NASAL PACKET 1.57 GM (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
AYR SALINE NASAL RINSE NASAL PACKET 1.57 GM (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
<i>classic neti pot sinus wash nasal kit 2300-700 mg</i>	OTC Benefit	
<i>cvs allergy relief neti pot nasal kit 2300-700 mg</i>	OTC Benefit	
<i>cvs neti pot soft tip nasal kit 700-2300 mg</i>	OTC Benefit	
<i>cvs saline sinus wash refills nasal packet 700-2300 mg</i>	OTC Benefit	
<i>cvs sinus wash system nasal kit 2300-700 mg</i>	OTC Benefit	
GELONASAL NASAL SOLUTION (<i>misc natural product nasal</i>)	OTC Benefit	
<i>gnp sinus wash neti pot nasal kit 2300-700 mg</i>	OTC Benefit	
<i>gnp sinus wash refill nasal packet 2300-700 mg</i>	OTC Benefit	
<i>gnp squeeze bottle sinus relie nasal kit 2300-700 mg</i>	OTC Benefit	
<i>kettle neti pot sinus wash nasal kit 2300-700 mg</i>	OTC Benefit	
NASADOCK PLUS NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
NASAFLO NETI POT NASAL WASH NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
NASAFLO PORCELAIN NASAL RINSE NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
NASAL MOIST NASAL GEL (<i>propyl glycol-hydroxyethylcell</i>)	OTC Benefit	
NASALCARE FOR KIDS NASAL PACKET (<i>misc natural product nasal</i>)	OTC Benefit	
NASALCARE FOR KIDS STARTER KIT NASAL PACKET (<i>misc natural product nasal</i>)	OTC Benefit	
NASALCARE NASAL PACKET (<i>misc natural product nasal</i>)	OTC Benefit	
NASALCARE NASALCLEANSE KIT NASAL PACKET (<i>misc natural product nasal</i>)	OTC Benefit	
NASAMIST ALL-IN-ONE NASAL AEROSOL SOLUTION (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
NASAMIST HYPERTONIC NASAL AEROSOL SOLUTION (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
NASAMIST ISOTONIC NASAL AEROSOL SOLUTION (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
<i>neti pot sinus wash nasal kit 2300-700 mg</i>	OTC Benefit	
NOSE BETTER EXTERNAL GEL 0.5-0.75-0.5 % (<i>allantoin-camphor-menthol</i>)	OTC Benefit	
NOSE BETTER NATURAL MIST NASAL SOLUTION 1-0.35 % (<i>glycerin-sodium chloride</i>)	OTC Benefit	
OCEAN COMPLETE SINUS RINSE NASAL AEROSOL SOLUTION (<i>nasal moisturizer combination</i>)	OTC Benefit	
OCEAN NASAL MOISTURIZER NASAL GEL (<i>nasal moisturizer combination</i>)	OTC Benefit	
OCEAN ULTRA SALINE MIST NASAL SOLUTION (<i>nasal moisturizer combination</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PONARIS NASAL SOLUTION (<i>misc natural product nasal</i>)	OTC Benefit	
PRETZ IRRIGATION NASAL SOLUTION (<i>sod chloride-yerba santa-gly</i>)	OTC Benefit	
PRETZ NASAL SOLUTION (<i>sod chloride-yerba santa-gly</i>)	OTC Benefit	
PRETZ NATUR MOIST NASAL SPRAY NASAL SOLUTION (<i>sod chloride-yerba santa-gly</i>)	OTC Benefit	
<i>qc saline aloe nasal solution 0.65 %</i>	OTC Benefit	
<i>ra micro-filtered sinus wash nasal kit 2300-700 mg</i>	OTC Benefit	
<i>ra sinus wash nasal relief nasal packet 1685-515 mg</i>	OTC Benefit	
<i>ra sinus wash neti pot nasal packet 1685-515 mg</i>	OTC Benefit	
RHINASE NASAL GEL (<i>nasal moisturizer combination</i>)	OTC Benefit	
RHINASE NASAL SOLUTION (<i>nasal moisturizer combination</i>)	OTC Benefit	
<i>saline nasal packet 2300-700 mg</i>	OTC Benefit	
<i>sesame oil nasal spray nasal solution</i>	OTC Benefit	
SINUCLEANSE NETI POT NASAL KIT 2300-700 MG (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
SINUCLEANSE REFILL NASAL PACKET 2300-700 MG (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
SINUCLEANSE SQUEEZE NASAL KIT 2300-700 MG (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
SINUFLO READYRINSE NASAL KIT (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
SINUGATOR NASAL WASH NASAL PACKET (<i>sodium chloride-sodium bicarb</i>)	OTC Benefit	
SINUS RINSE BOTTLE KIT NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
SINUS RINSE KIT NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
SINUS RINSE KIT PEDIATRIC NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
SINUS RINSE NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
SINUS RINSE PEDIATRIC STARTER NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
SINUS RINSE REFILL NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
SINUS RINSE REFILL PEDIATRIC NASAL PACKET (<i>hypertonic nasal wash</i>)	OTC Benefit	
<i>sinus wash squeeze bottle nasal kit 2300-700 mg</i>	OTC Benefit	
<i>sm sinus wash nasal packet 2300-700 mg</i>	OTC Benefit	
<i>sm sinus wash neti pot nasal kit 2300-700 mg</i>	OTC Benefit	
<i>squeeze bottle sinus wash nasal kit 2300-700 mg</i>	OTC Benefit	
XLEAR SINUS CARE SPRAY NASAL SOLUTION (<i>sodium chloride-xylitol</i>)	OTC Benefit	
XLEAR SINUS CARE SPRAY/KIDS NASAL SOLUTION (<i>sodium chloride-xylitol</i>)	OTC Benefit	
XYNASE NASAL SOLUTION (<i>sodium chloride-xylitol</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*NASAL ANTIHISTAMINES***		
ASTEPRO ALLERGY NASAL SOLUTION 205.5 MCG/SPRAY (azelastine hcl)	OTC Benefit	
ASTEPRO CHILDRENS NASAL SOLUTION 205.5 MCG/SPRAY (azelastine hcl)	OTC Benefit	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY (azelastine hcl)	OTC Benefit	
*NASAL DECONGESTANT INHALERS***		
BENZEDREX NASAL INHALER (propylhexedrine)	OTC Benefit	
*NASAL MAST CELL STABILIZERS***		
NASALCROM NASAL AEROSOL SOLUTION 5.2 MG/ACT (cromolyn sodium)	OTC Benefit	
*NASAL STEROIDS***		
<i>allergy spray 24 hour nasal aerosol 55 mcg/act</i>	OTC Benefit	
<i>allergy spray 24 hour nasal suspension 50 mcg/act</i>	OTC Benefit	
<i>cvs budesonide nasal suspension 32 mcg/act</i>	OTC Benefit	
<i>cvs fluticasone propionate nasal suspension 50 mcg/act</i>	OTC Benefit	
<i>cvs nasal allergy spray nasal aerosol 55 mcg/act</i>	OTC Benefit	
<i>eq allergy relief nasal suspension 50 mcg/act</i>	OTC Benefit	
<i>eq budesonide nasal nasal suspension 32 mcg/act</i>	OTC Benefit	
<i>eq nasal allergy nasal aerosol 55 mcg/act</i>	OTC Benefit	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (fluticasone propionate)	OTC Benefit	
FLONASE SENSIMIST CHILDRENS NASAL SUSPENSION 27.5 MCG/SPRAY (fluticasone furoate)	OTC Benefit	
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (fluticasone furoate)	OTC Benefit	
KLS ALLER-FLO NASAL SUSPENSION 50 MCG/ACT (fluticasone propionate)	OTC Benefit	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (triamcinolone acetonide)	OTC Benefit	
<i>ra budesonide nasal suspension 32 mcg/act</i>	OTC Benefit	
<i>ra nasal allergy nasal aerosol 55 mcg/act</i>	OTC Benefit	
*SYSTEMIC DECONGESTANTS***		
<i>12 hour decongestant oral tablet extended release 12 hour 120 mg</i>	OTC Benefit	
<i>cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	OTC Benefit	
<i>cvs nasal decongestant oral capsule 30 mg</i>	OTC Benefit	
<i>cvs nasal decongestant oral tablet 30 mg</i>	OTC Benefit	
<i>cvs sinus pe decongestant oral tablet 10 mg</i>	OTC Benefit	
<i>decongestant oral tablet 30 mg</i>	OTC Benefit	
<i>eq sinus & congestion max str oral tablet 30 mg</i>	OTC Benefit	
<i>eq sinus 12-hour oral tablet extended release 12 hour 120 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql nasal decongestant oral tablet 30 mg</i>	OTC Benefit	
<i>eql nasal decongestant pe oral tablet 10 mg</i>	OTC Benefit	
<i>kp pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	OTC Benefit	
<i>medi-phenyl oral tablet 5 mg</i>	OTC Benefit	
<i>meijer nasal decongestant oral tablet 30 mg</i>	OTC Benefit	
<i>nasal decongestant 12hr oral tablet extended release 12 hour 120 mg</i>	OTC Benefit	
<i>nasal decongestant d max str oral tablet 30 mg</i>	OTC Benefit	
<i>nasal decongestant d oral tablet 30 mg</i>	OTC Benefit	
<i>non-pseudo sinus decongestant oral tablet 10 mg</i>	OTC Benefit	
<i>qc nasal decongestant pe oral tablet 10 mg, 30 mg</i>	OTC Benefit	
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	OTC Benefit	
<i>ra nasal decongestant pe oral tablet 10 mg</i>	OTC Benefit	
<i>ra sinus/congestion relief oral tablet 30 mg</i>	OTC Benefit	
<i>ra sinus/congestion relief oral tablet extended release 12 hour 120 mg</i>	OTC Benefit	
<i>ra sinus/congestion relief pe oral tablet 10 mg</i>	OTC Benefit	
<i>ra suphedrine oral tablet 30 mg</i>	OTC Benefit	
<i>ra suphedrine oral tablet extended release 12 hour 120 mg</i>	OTC Benefit	
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (<i>pseudoephedrine hcl</i>)	OTC Benefit	
SUDAFED ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	OTC Benefit	
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>phenylephrine hcl</i>)	OTC Benefit	
SUDAFED PE SINUS CONGESTION ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	OTC Benefit	
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>)	OTC Benefit	
SUDAFED SINUS CONGESTION 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG (<i>pseudoephedrine hcl</i>)	OTC Benefit	
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	OTC Benefit	
<i>sudanyl pe oral tablet 5 mg</i>	OTC Benefit	
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>)	OTC Benefit	
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>)	OTC Benefit	
WAL-PHED PE ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	OTC Benefit	
ZEPHREX-D ORAL CAPSULE ABUSE-DETERRENT 30 MG (<i>pseudoephedrine hcl</i>)	OTC Benefit	
ZEPHREX-D ORAL TABLET ABUSE-DETERRENT 30 MG (<i>pseudoephedrine hcl</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*TOPICAL DECONGESTANTS***		
<i>12 hour decongestant nasal solution 0.05 %</i>	OTC Benefit	
<i>12 hour nasal relief spray nasal solution 0.05 %</i>	OTC Benefit	
4-WAY FAST ACTING NASAL SOLUTION 1 % (<i>phenylephrine hcl</i>)	OTC Benefit	
AFRIN 12 HOUR NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN ALLERGY SINUS NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN CHILDRENS EXTRA MOISTURE NASAL SOLUTION 0.025 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN NODRIP CHILDRENS NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN NODRIP NIGHT NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN NODRIP ORIGINAL NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN NODRIP SEVERE CONGEST NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN NODRIP SINUS NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN ORIGINAL NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
AFRIN SEVERE CONGESTION NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
<i>anefrin spray nasal solution 0.05 %</i>	OTC Benefit	
<i>cvs allergy nasal mist no drip nasal solution 0.05 %</i>	OTC Benefit	
<i>cvs nasal mist nasal solution 0.05 %</i>	OTC Benefit	
<i>cvs nasal spray nasal solution 0.05 %, 1 %</i>	OTC Benefit	
<i>cvs sinus nasal spray nasal solution 0.05 %</i>	OTC Benefit	
DRISTAN NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
<i>eq nasal spray fast acting nasal solution 1 %</i>	OTC Benefit	
<i>eq nasal spray nasal solution 0.05 %</i>	OTC Benefit	
<i>eql nasal spray 12 hour nasal solution 0.05 %</i>	OTC Benefit	
<i>eql nasal spray fast acting nasal solution 1 %</i>	OTC Benefit	
<i>eql nasal spray no drip nasal solution 0.05 %</i>	OTC Benefit	
GILTUSS SEVERE SINUS NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	OTC Benefit	
LITTLE REMEDIES DECONG NOSE NASAL SOLUTION 0.125 % (<i>phenylephrine hcl</i>)	OTC Benefit	
<i>long acting nasal spray nasal solution 0.05 %</i>	OTC Benefit	
<i>long lasting nasal spray nasal solution 0.05 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
<i>nasal spray max strength nasal solution 0.05 %</i>	OTC Benefit	
<i>nasal spray nasal solution 0.05 %</i>	OTC Benefit	
NEO-SYNEPHRINE COLD/ALLRG MILD NASAL SOLUTION 0.25 % <i>(phenylephrine hcl)</i>	OTC Benefit	
NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION 1 % <i>(phenylephrine hcl)</i>	OTC Benefit	
NEO-SYNEPHRINE COLD/ALLRGY REG NASAL SOLUTION 0.5 % <i>(phenylephrine hcl)</i>	OTC Benefit	
<i>no drip nasal spray nasal solution 0.05 %</i>	OTC Benefit	
NOSTRILLA NASAL SOLUTION 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
<i>phenylephrine hcl powder</i>	OTC Benefit	
<i>qc nasal mist no drip nasal solution 0.05 %</i>	OTC Benefit	
<i>qc nasal spray nasal solution 0.05 %, 1 %</i>	OTC Benefit	
<i>qc no drip extra moisturizing nasal solution 0.05 %</i>	OTC Benefit	
<i>qc no drip nasal relief nasal solution 0.05 %</i>	OTC Benefit	
<i>qc no drip original 12 hours nasal solution 0.05 %</i>	OTC Benefit	
QLEARQUIL NASAL SOLUTION 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
<i>ra 12 hour nasal spray nasal solution 0.05 %</i>	OTC Benefit	
<i>ra nose drops extra strength nasal solution 1 %</i>	OTC Benefit	
RHINASE D NASAL GEL 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
<i>sb 12hr nasal spray nasal solution 0.05 %</i>	OTC Benefit	
<i>sb nasal spray no-drip nasal solution 0.05 %</i>	OTC Benefit	
<i>sb sinus relief nasal solution 0.05 %</i>	OTC Benefit	
<i>sinus relief mist nasal solution 0.05 %</i>	OTC Benefit	
<i>sinus relief nasal solution 0.05 %</i>	OTC Benefit	
VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
VICKS SINEX MOISTURIZING NASAL SOLUTION 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
VICKS SINEX SEVERE DECONGEST NASAL SOLUTION 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
VICKS SINEX SEVERE NASAL SOLUTION 0.05 % <i>(oxymetazoline hcl)</i>	OTC Benefit	
NUTRIENTS		
*AMINO ACID MIXTURES***		
ADD-INS COMPLETE ORAL PACKET <i>(amino acids)</i>	OTC Benefit	
ADRENAMAX ORAL CAPSULE <i>(amino acids)</i>	OTC Benefit	
AMINO 4800 ORAL TABLET EXTENDED RELEASE 425-425-350 MG <i>(amino acids)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>amino action oral tablet 1200-100 mg</i>	OTC Benefit	
ARGUMENT AT ORAL PACKET (<i>amino acids</i>)	OTC Benefit	
COMPLETE AMINO ACID MIX ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
COMPLEX JUNIOR MSD ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
COMPLEX MSD ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
COMPLEX MSUD ORAL BAR (<i>amino acids</i>)	OTC Benefit	
COMPLEX MSUD ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
<i>daily amino acid oral tablet</i>	OTC Benefit	
DECUBAMINE ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
ESSENTIAL AMINO ACID MIX ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
GLUTARADE AMINO ACID BLEND ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
GLUTARADE ESSENTIAL GA-1 ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
GLUTARADE JUNIOR GA-1 ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
G-PREPROTEIN ORAL LIQUID (<i>amino acids</i>)	OTC Benefit	
LIQUACEL ORAL LIQUID (<i>amino acids</i>)	OTC Benefit	
LIQUACEL PUMP + GO ORAL LIQUID (<i>amino acids</i>)	OTC Benefit	
<i>nutrasentials oral powder</i>	OTC Benefit	
PERIFLEX LQ PKU ORAL LIQUID (<i>amino acids</i>)	OTC Benefit	
PHENYLADE AMINO ACID BLEND ORAL PACKET (<i>amino acids</i>)	OTC Benefit	
PHENYLADE AMINO ACID ORAL BAR (<i>amino acids</i>)	OTC Benefit	
PHENYLADE MTE AMINO ACID BLEND ORAL PACKET (<i>amino acids</i>)	OTC Benefit	
PHENYLADE MTE AMINO ACID BLEND ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
PHENYLADE MTE ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
PHENYLADE ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
PHENYLADE PHEBLOC ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
PHENYLADE PHEBLOC ORAL TABLET (<i>amino acids</i>)	OTC Benefit	
PHENYLADE40 DRINK MIX ORAL PACKET (<i>amino acids</i>)	OTC Benefit	
PHLEXY-10 ORAL TABLET (<i>amino acids</i>)	OTC Benefit	
<i>pku goliike 10g p.e. oral bar</i>	OTC Benefit	
<i>pku goliike 5g p.e. oral bar</i>	OTC Benefit	
<i>pku goliike plus 16+ oral packet</i>	OTC Benefit	
<i>pku goliike plus 4-16 oral packet</i>	OTC Benefit	
PKU MAXAMUM ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
PRE PROTEIN ORAL TABLET (<i>amino acids</i>)	OTC Benefit	
PREPROTEIN 20 ORAL LIQUID (<i>amino acids</i>)	OTC Benefit	
PREPROTEIN ORAL LIQUID (<i>amino acids</i>)	OTC Benefit	
PROTEINEX ORAL TABLET (<i>amino acids</i>)	OTC Benefit	
<i>triamino oral tablet</i>	OTC Benefit	
XPHE MAXAMUM ORAL PACKET (<i>amino acids</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
XYMOBOIX ORAL POWDER (<i>amino acids</i>)	OTC Benefit	
*AMINO ACIDS-SINGLE***		
<i>acetyl l-carnitine hcl oral capsule 500 mg</i>	OTC Benefit	
ACTICARNITINE SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	OTC Benefit	
<i>arginine oral packet 500 mg</i>	OTC Benefit	
<i>arginine oral tablet 500 mg</i>	OTC Benefit	
<i>arginine2000 oral packet 2000 mg</i>	OTC Benefit	
CARNITEX ORAL CAPSULE 340 MG (<i>levocarnitine l-tartrate</i>)	OTC Benefit	
CITRULLINE 1000 ORAL PACKET 1 GM (<i>citrulline</i>)	OTC Benefit	
CITRULLINE200 ORAL PACKET 200 MG (<i>citrulline</i>)	OTC Benefit	
<i>cvs l-lysine oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>cystine oral packet 500 mg</i>	OTC Benefit	
CYTO ARG ORAL POWDER (<i>arginine</i>)	OTC Benefit	
CYTO CARN ORAL POWDER (<i>acetylcarnitine</i>)	OTC Benefit	
CYTOLLINE ORAL POWDER (<i>citrulline</i>)	OTC Benefit	
<i>dl-methionine powder</i>	OTC Benefit	
<i>dl-phenylalanine powder</i>	OTC Benefit	
<i>eql l-lysine oral tablet 500 mg</i>	OTC Benefit	
<i>gaba oral tablet dispersible 25 mg</i>	OTC Benefit	
<i>g-levocarnitine s/f oral solution 1 gm/10ml</i>	OTC Benefit	
<i>glutamine oral capsule 500 mg</i>	OTC Benefit	
<i>glutamine oral powder</i>	OTC Benefit	
GLUTASOLVE ORAL PACKET 15 GM (<i>glutamine</i>)	OTC Benefit	
<i>glutathione powder</i>	OTC Benefit	
<i>glutathione reduced oral capsule 500 mg</i>	OTC Benefit	
<i>glycine oral powder</i>	OTC Benefit	
<i>glycine500 oral packet 500 mg</i>	OTC Benefit	
GLYMAX ORAL POWDER (<i>glycine</i>)	OTC Benefit	
<i>gnp l-lysine oral tablet 600 mg</i>	OTC Benefit	
ISOLEUCINE 1000 ORAL PACKET 1 GM (<i>isoleucine</i>)	OTC Benefit	
<i>isoleucine oral packet 50 mg</i>	OTC Benefit	
<i>l-alanine powder</i>	OTC Benefit	
<i>l-arginine double strength oral tablet 1000 mg</i>	OTC Benefit	
<i>l-arginine maximum strength oral tablet 1000 mg</i>	OTC Benefit	
<i>l-arginine oral capsule 500 mg</i>	OTC Benefit	
<i>l-arginine oral powder</i>	OTC Benefit	
<i>l-arginine oral tablet 1000 mg</i>	OTC Benefit	
<i>l-arginine oral tablet extended release 350 mg</i>	OTC Benefit	
<i>l-arginine powder</i>	OTC Benefit	
<i>l-carnitine oral capsule 500 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>l-carnitine oral tablet 500 mg</i>	OTC Benefit	
<i>l-cystine powder</i>	OTC Benefit	
<i>leucine oral packet 100 mg</i>	OTC Benefit	
<i>leucine powder</i>	OTC Benefit	
<i>levocarnitine (dietary) oral solution 1 gm/10ml</i>	OTC Benefit	
<i>levocarnitine (dietary) oral tablet 330 mg</i>	OTC Benefit	
<i>levocarnitine l-tartrate oral capsule 500 mg</i>	OTC Benefit	
<i>levocarnitine l-tartrate oral tablet 330 mg</i>	OTC Benefit	
<i>levocarnitine oral capsule 250 mg, 500 mg</i>	OTC Benefit	
<i>l-formula lysine hcl oral tablet 500 mg</i>	OTC Benefit	
<i>l-glutamic acid powder</i>	OTC Benefit	
<i>l-glutamine oral powder</i>	OTC Benefit	
<i>l-glutamine oral tablet 500 mg</i>	OTC Benefit	
<i>l-glutamine powder</i>	OTC Benefit	
<i>l-glutathione crystals</i>	OTC Benefit	
<i>l-histidine powder</i>	OTC Benefit	
<i>l-iso-leucine powder</i>	OTC Benefit	
<i>l-leucine oral powder</i>	OTC Benefit	
<i>l-leucine powder</i>	OTC Benefit	
<i>l-lysine hcl oral capsule 500 mg</i>	OTC Benefit	
<i>l-lysine hcl oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>l-lysine oral capsule 500 mg</i>	OTC Benefit	
<i>l-lysine oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>l-methionine powder</i>	OTC Benefit	
<i>l-ornithine powder</i>	OTC Benefit	
<i>l-phenylalanine oral tablet 500 mg</i>	OTC Benefit	
<i>l-phenylalanine powder</i>	OTC Benefit	
<i>l-proline oral capsule 500 mg</i>	OTC Benefit	
<i>l-proline powder</i>	OTC Benefit	
<i>l-theanine oral capsule 100 mg, 200 mg</i>	OTC Benefit	
<i>l-threonine oral tablet 500 mg</i>	OTC Benefit	
<i>l-tryptophan oral capsule 500 mg</i>	OTC Benefit	
<i>l-tryptophan oral tablet 500 mg</i>	OTC Benefit	
<i>l-tryptophan powder</i>	OTC Benefit	
<i>l-tyrosine oral capsule 500 mg</i>	OTC Benefit	
<i>l-tyrosine oral powder</i>	OTC Benefit	
<i>l-tyrosine oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>l-tyrosine powder</i>	OTC Benefit	
<i>l-valine oral powder</i>	OTC Benefit	
<i>l-valine powder</i>	OTC Benefit	
<i>lysine hcl oral tablet 1000 mg, 500 mg, 600 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>methionine oral packet 100 mg</i>	OTC Benefit	
<i>nac 600 oral capsule 600 mg</i>	OTC Benefit	
<i>nac oral capsule 500 mg, 600 mg</i>	OTC Benefit	
N-A-C SUSTAIN ORAL TABLET EXTENDED RELEASE 600 MG (<i>acetylcysteine</i>)	OTC Benefit	
<i>n-acetyl cysteine oral capsule 600 mg</i>	OTC Benefit	
NF FORMULAS NAC ORAL CAPSULE 600 MG (<i>acetylcysteine</i>)	OTC Benefit	
<i>phenylalanine oral packet 50 mg</i>	OTC Benefit	
<i>pure l-arginine hcl oral capsule 500 mg</i>	OTC Benefit	
<i>pure l-citrulline oral capsule 600 mg</i>	OTC Benefit	
<i>pure l-citrulline oral powder</i>	OTC Benefit	
<i>pure l-tyrosine oral capsule 500 mg</i>	OTC Benefit	
<i>ra l-arginine oral tablet 1000 mg</i>	OTC Benefit	
<i>ra l-carnitine oral capsule 500 mg</i>	OTC Benefit	
<i>ra l-lysine oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>s-acetyl glutathione oral capsule delayed release 100 mg</i>	OTC Benefit	
<i>sm l-lysine oral tablet 500 mg</i>	OTC Benefit	
<i>sp l-lysine oral tablet 500 mg</i>	OTC Benefit	
<i>taurine oral capsule 500 mg</i>	OTC Benefit	
<i>theanine 100 oral capsule 100 mg</i>	OTC Benefit	
<i>theanine 200 oral capsule 200 mg</i>	OTC Benefit	
<i>theanine gummies oral tablet chewable 100 mg</i>	OTC Benefit	
<i>threonine powder</i>	OTC Benefit	
<i>tyrosine oral packet 1000 mg</i>	OTC Benefit	
VALINE 1000 ORAL PACKET 1 GM (<i>valine</i>)	OTC Benefit	
<i>valine oral packet 50 mg</i>	OTC Benefit	
VITAMELTS RELAX L-THEANINE ORAL TABLET DISPERSIBLE 50 MG (<i>theanine</i>)	OTC Benefit	
*CARBOHYDRATES***		
<i>cvs glucose shot oral liquid</i>	OTC Benefit	
<i>dextrose anhydrous granules</i>	OTC Benefit	
<i>dextrose anhydrous powder</i>	OTC Benefit	
<i>dextrose monohydrate powder</i>	OTC Benefit	
<i>fructose granules</i>	OTC Benefit	
GERBER GOOD START WATER ORAL SOLUTION 5 % (<i>glucose</i>)	OTC Benefit	
<i>gluco shot oral liquid</i>	OTC Benefit	
GLUCOSE NURSETTE ORAL SOLUTION 5 % (<i>glucose</i>)	OTC Benefit	
<i>glucose oral liquid</i>	OTC Benefit	
GOOD START 5% GLUCOSE WATER ORAL SOLUTION 5 % (<i>glucose</i>)	OTC Benefit	
POLYCOSE ORAL LIQUID (<i>glucose polymer</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
POLYCOSE ORAL POWDER (<i>glucose polymer</i>)	OTC Benefit	
SIMILAC GLUCOSE WATER ORAL SOLUTION 10 %, 5 % (<i>glucose</i>)	OTC Benefit	
*FATTY ACIDS***		
TONALIN CLA ORAL CAPSULE 1200 MG (<i>linoleic acid conjugated</i>)	OTC Benefit	
*LIPIDS***		
KQUIK ORAL EMULSION (<i>medium chain triglycerides</i>)	OTC Benefit	
LIQUIGEN ORAL EMULSION (<i>medium chain triglycerides</i>)	OTC Benefit	
MCT OIL ORAL OIL (<i>medium chain triglycerides</i>)	OTC Benefit	
NEOKE MCT70 ORAL POWDER 70 GM/100GM (<i>medium chain triglycerides</i>)	OTC Benefit	
<i>organic mct oil oral oil</i>	OTC Benefit	
*LIPOTROPIC COMBINATIONS***		
ACTIPOCHOL PLUS ORAL TABLET (<i>choline-inositol-methionine-fa</i>)	OTC Benefit	
<i>cvs lecithin oral capsule 1200 mg</i>	OTC Benefit	
<i>gram-o-leci oral tablet chewable 1000 mg</i>	OTC Benefit	
<i>lecithin concentrate oral capsule 400 mg</i>	OTC Benefit	
<i>lecithin granules</i>	OTC Benefit	
<i>lecithin oral capsule 1200 mg</i>	OTC Benefit	
<i>lecithin oral granules</i>	OTC Benefit	
LIVERITE ORAL TABLET 1.125 MCG (<i>lecith-inosi-chol-b12-liver</i>)	OTC Benefit	
OVASITOL ORAL PACKET 2000-50 MG (<i>inositol-d chiro-inositol</i>)	OTC Benefit	
PREGNITUDE ORAL PACKET 2000-200 MG-MCG (<i>inositol-folic acid</i>)	OTC Benefit	
<i>sm soya lecithin oral capsule 1200 mg</i>	OTC Benefit	
<i>soya lecithin oral capsule 1200 mg</i>	OTC Benefit	
*LIPOTROPICS***		
<i>choline bitartrate crystals</i>	OTC Benefit	
<i>choline citrate oral tablet 650 mg</i>	OTC Benefit	
<i>choline sr oral tablet extended release 300 mg</i>	OTC Benefit	
<i>inositol oral powder</i>	OTC Benefit	
<i>inositol oral tablet 650 mg</i>	OTC Benefit	
PHOSPHALINE ORAL CAPSULE 900 MG (<i>polyenylphosphatidylcholine</i>)	OTC Benefit	
PHOSPHALINE ORAL CONCENTRATE 3000 MG/5ML (<i>polyenylphosphatidylcholine</i>)	OTC Benefit	
<i>phosphatidylserine oral capsule 100 mg</i>	OTC Benefit	
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS***		
<i>cla oral capsule 500-1000 mg</i>	OTC Benefit	
<i>co q-10 vitamin e fish oil oral capsule 60-90-25-200</i>	OTC Benefit	
EQUAZEN PRO ORAL CAPSULE 87-279-30 MG (<i>dha-epa-gla</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EQUAZEN PRO ORAL LIQUID 174-558-60 MG/15ML (<i>dha-epa-gla</i>)	OTC Benefit	
<i>evening primrose oil-vit e oral capsule 45-360-15 mg-mg-unit</i>	OTC Benefit	
EXTREME OMEGA HEART HEALTH ORAL CAPSULE 1200-10 MG (<i>omega-3 fatty acids-vitamin e</i>)	OTC Benefit	
<i>garlic-parsley oral capsule</i>	OTC Benefit	
<i>garlic-parsley oral tablet 100-175 mg</i>	OTC Benefit	
<i>kelp-b6-lecithin-vinegar oral capsule 5-0.75-200-50 mg</i>	OTC Benefit	
<i>lecithin w/kelp/b-6 oral tablet 400-0.05-20-80 mg</i>	OTC Benefit	
<i>lecithin-kelp-b6-cider vinegar oral capsule 200-0.075-5-50 mg</i>	OTC Benefit	
<i>lipotriad dry eye oral capsule delayed release</i>	OTC Benefit	
NITEBITE ORAL BAR (<i>sugar-protein-starch</i>)	OTC Benefit	
<i>omega-3 + vitamin d3 ultra str oral liquid</i>	OTC Benefit	
<i>omega-3 complex oral capsule 192-251-11 mg-mg-unit</i>	OTC Benefit	
RELION GLUCOSE SHOT ORAL LIQUID (<i>glucose-cholecalciferol</i>)	OTC Benefit	
<i>superior omega3 w/ vitamin d oral capsule 1250-25 mg-mcg</i>	OTC Benefit	
TRUEPLUS GLUCOSE SHOT ORAL LIQUID (<i>glucose-cholecalciferol</i>)	OTC Benefit	
UPSPRING BABY VIT D + BRAIN ORAL LIQUID (<i>omega-3 fat ac-cholecalciferol</i>)	OTC Benefit	
*MISC. NUTRITIONAL SUBSTANCES***		
ALASKA WILD FISH OIL ORAL CAPSULE DELAYED RELEASE 650 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>algal omega-3 dha oral capsule 200 mg</i>	OTC Benefit	
ALGAL-900 DHA ORAL CAPSULE 300 MG, 450 MG (<i>docosahexaenoic acid</i>)	OTC Benefit	
<i>alp high3 oral capsule delayed release 600 mg</i>	OTC Benefit	
<i>asian ginseng oral capsule 550 mg</i>	OTC Benefit	
<i>atabex dha 200 oral capsule 200 mg</i>	OTC Benefit	
<i>bee pollen oral capsule 550 mg, 580 mg</i>	OTC Benefit	
COROMEGA OMEGA 3 KIDS ORAL EMULSION (<i>omega-3 fatty acids</i>)	OTC Benefit	
COROMEGA OMEGA 3 SQUEEZE ORAL EMULSION (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>creatine5000 oral packet 5000 mg</i>	OTC Benefit	
<i>cvs algal-900 dha oral capsule 300 mg</i>	OTC Benefit	
<i>cvs fish oil half-the-size oral capsule 500 mg</i>	OTC Benefit	
<i>cvs fish oil oral capsule 1000 mg, 1200 mg, 360 mg, 500 mg</i>	OTC Benefit	
<i>cvs fish oil oral capsule delayed release 1200 mg</i>	OTC Benefit	
<i>cvs natural fish oil oral capsule 1000 mg, 1200 mg</i>	OTC Benefit	
<i>cvs omega-3 gummy fish oral tablet chewable 113.5 mg</i>	OTC Benefit	
CYTOTINE MAX ORAL LIQUID 1.5 GM/5ML (<i>creatine monohydrate</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CYTOTINE ORAL LIQUID 1.5 GM/15ML (<i>creatine monohydrate</i>)	OTC Benefit	
DHA ALGAL-900 ORAL CAPSULE 300 MG (<i>docosahexaenoic acid</i>)	OTC Benefit	
<i>dha complete oral capsule 200 mg</i>	OTC Benefit	
<i>dha from algae oral capsule 200 mg</i>	OTC Benefit	
DIALYVITE OMEGA-3 CONCENTRATE ORAL CAPSULE 600 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>eql evening primrose oil oral capsule 500 mg</i>	OTC Benefit	
<i>eql fish oil oral capsule 1000 mg</i>	OTC Benefit	
<i>eql omega 3 fish oil oral capsule 1000 mg, 1200 mg</i>	OTC Benefit	
<i>eql omega 3 fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	OTC Benefit	
<i>evening primrose oil oral capsule 1000 mg, 500 mg</i>	OTC Benefit	
<i>fish oil adult gummies oral tablet chewable 113.5 mg</i>	OTC Benefit	
<i>fish oil burp-less oral capsule 1000 mg, 1200 mg, 500 mg, 720 mg</i>	OTC Benefit	
<i>fish oil concentrate oral capsule 1000 mg, 300 mg, 435 mg</i>	OTC Benefit	
<i>fish oil double strength oral capsule 1200 mg</i>	OTC Benefit	
<i>fish oil extra strength oral capsule 1200 mg, 435 mg</i>	OTC Benefit	
<i>fish oil maximum strength oral capsule 1200 mg</i>	OTC Benefit	
<i>fish oil maximum strength oral capsule delayed release 1200 mg</i>	OTC Benefit	
<i>fish oil minis oral capsule 500 mg</i>	OTC Benefit	
<i>fish oil odor-less oral capsule 1200 mg</i>	OTC Benefit	
<i>fish oil omega-3 oral capsule 1000 mg</i>	OTC Benefit	
<i>fish oil oral capsule 1200 mg, 300 mg, 360 mg, 435 mg, 600 mg, 645 mg, 875 mg</i>	OTC Benefit	
<i>fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	OTC Benefit	
FISH OIL PEARLS ORAL CAPSULE 150 MG, 180 MG, 183.33 MG, 300 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>fish oil triple strength oral capsule 1400 mg, 850 mg</i>	OTC Benefit	
<i>fish oil ultra oral capsule 1400 mg</i>	OTC Benefit	
<i>ft fish oil oral capsule 300 mg</i>	OTC Benefit	
<i>ginseng extract oral capsule 100 mg</i>	OTC Benefit	
<i>ginseng oral capsule 100 mg, 250 mg</i>	OTC Benefit	
GIN-ZING ORAL CAPSULE 100 MG (<i>ginseng</i>)	OTC Benefit	
<i>gla-45 oral capsule 45 mg</i>	OTC Benefit	
<i>gnp evening primrose oil oral capsule 500 mg</i>	OTC Benefit	
<i>gnp fish oil max st oral capsule delayed release 1200 mg</i>	OTC Benefit	
<i>gnp fish oil oral capsule 1000 mg</i>	OTC Benefit	
<i>gnp fish oil oral capsule delayed release 1000 mg, 840 mg</i>	OTC Benefit	
<i>gnp ginseng oral capsule 100 mg</i>	OTC Benefit	
<i>hm fish oil oral capsule 1000 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>korean ginseng oral capsule 250 mg, 350 mg, 518 mg</i>	OTC Benefit	
<i>korean ginseng oral tablet 1000 mg</i>	OTC Benefit	
<i>kp fish oil oral capsule 1200 mg</i>	OTC Benefit	
<i>kp omega-3 fish oil oral capsule 1200 mg</i>	OTC Benefit	
<i>kp omega-3 fish oil oral capsule delayed release 1200 mg</i>	OTC Benefit	
<i>lifes dha adult oral capsule 200 mg</i>	OTC Benefit	
<i>lifes dha kids oral capsule 100 mg</i>	OTC Benefit	
MAXIMUM EPA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
MEGARED ADVANCED OMEGA-3 ORAL CAPSULE 800 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>mini fish oil oral capsule 415 mg, 645 mg</i>	OTC Benefit	
<i>mini omega-3 burp-less oral capsule 540 mg</i>	OTC Benefit	
MULTI GINSENG ORAL CAPSULE 1000 MG (<i>ginseng</i>)	OTC Benefit	
<i>norwegian salmon oil oral capsule 1000 mg</i>	OTC Benefit	
OCEAN BLUE MINICAPS OMEGA-3 ORAL CAPSULE 350 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	OTC Benefit	
<i>omega 3 oral capsule 1000 mg, 1200 mg</i>	OTC Benefit	
OMEGA MONOPURE 1300 EC ORAL CAPSULE DELAYED RELEASE 1300 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OMEGA MONOPURE 650 EC ORAL CAPSULE DELAYED RELEASE 650 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OMEGA MONOPURE DHA EC ORAL CAPSULE DELAYED RELEASE 1300 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OMEGA MONOPURE EPA EC ORAL CAPSULE DELAYED RELEASE 910 MG (<i>eicosapentaenoic acid</i>)	OTC Benefit	
<i>omega-3 cf oral capsule 1000 mg</i>	OTC Benefit	
<i>omega-3 epa fish oil oral capsule 1205 mg</i>	OTC Benefit	
<i>omega-3 fish oil concentrate oral capsule delayed release 1000 mg</i>	OTC Benefit	
<i>omega-3 fish oil ex st oral capsule 880 mg</i>	OTC Benefit	
<i>omega-3 fish oil oral capsule 1200 mg, 300 mg, 500 mg</i>	OTC Benefit	
<i>omega-3 microgel oral capsule 600 mg</i>	OTC Benefit	
<i>omega-3 oral capsule 1000 mg, 1400 mg</i>	OTC Benefit	
<i>omega-3 oral capsule delayed release 350 mg</i>	OTC Benefit	
OMEGAPURE 600 EC ORAL CAPSULE DELAYED RELEASE 1000 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OMEGAPURE 780 EC ORAL CAPSULE DELAYED RELEASE 1400 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OMEGAPURE 820 ORAL CAPSULE 1250 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OMEGAPURE 900 EC ORAL CAPSULE DELAYED RELEASE 1290 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
OMEGAPURE 900-TG ORAL CAPSULE 1286 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OMEGAPURE PRM ORAL CAPSULE 800 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OMERA ORAL CAPSULE 750 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
OVEGA-3 ORAL CAPSULE 250 MG, 500 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>prenatal dha oral capsule 200 mg</i>	OTC Benefit	
PRO NUTRIENTS OMEGA 3 ORAL CAPSULE DELAYED RELEASE 332.5 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>qc fish oil oral capsule 1000 mg</i>	OTC Benefit	
<i>qc fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	OTC Benefit	
<i>ra fish oil oral capsule 1000 mg</i>	OTC Benefit	
<i>ra fish oil oral capsule delayed release 1000 mg</i>	OTC Benefit	
REALROOT GINSENG ORAL CAPSULE 200 MG (<i>ginseng</i>)	OTC Benefit	
<i>sam-e.p.a. oral capsule 200-300 mg</i>	OTC Benefit	
<i>sb omega-3 fish oil oral capsule 1000 mg</i>	OTC Benefit	
<i>siberian ginseng oral capsule 250 mg</i>	OTC Benefit	
<i>sm fish oil oral capsule 1200 mg, 300 mg, 554 mg</i>	OTC Benefit	
<i>sm fish oil oral capsule delayed release 1000 mg</i>	OTC Benefit	
SUPER DHA GEMS ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
SUPER OMEGA-3 ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>sustainable vegan omega-3 oral capsule 275 mg</i>	OTC Benefit	
<i>sv fish oil oral capsule 500 mg</i>	OTC Benefit	
<i>the very finest fish oil oral liquid</i>	OTC Benefit	
<i>the very finest fish oil/kids oral liquid</i>	OTC Benefit	
THERAGRAN-M FISH OIL CONC ORAL CAPSULE 1200 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
THEROMEGA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
ULTRA OMEGA 3 ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
<i>ultra omega-3 fish oil oral capsule 1400 mg</i>	OTC Benefit	
VITEYES OMEGA-3 TG ORAL CAPSULE 800 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
VITEYES OMEGA-3 VISION SUPPORT ORAL CAPSULE DELAYED RELEASE 1000 MG (<i>omega-3 fatty acids</i>)	OTC Benefit	
*PROTEIN COMBINATIONS***		
<i>l-carnitine 500 oral tablet 500-15-5 mg</i>	OTC Benefit	
N.O.MAX ER ORAL TABLET EXTENDED RELEASE 660-50 MG (<i>arg alpha-ketoglutarate-whey</i>)	OTC Benefit	
<i>n-acetyl tyrosine oral capsule 350-5 mg</i>	OTC Benefit	
PRO-STAT 101 ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PRO-STAT 64 ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PRO-STAT AWC ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PRO-STAT MAX ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PRO-STAT ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PRO-STAT PROFILE ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PRO-STAT RC ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PRO-STAT SUGAR FREE ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PRO-STAT/FIBER ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PROTEINEX ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PROTEINEX P100 ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PROTEINEX P18 ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
PROTEINEX-18 ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	OTC Benefit	
*PROTEIN PRODUCTS***		
BENEPROTEIN ORAL PACKET (<i>protein</i>)	OTC Benefit	
BENEPROTEIN ORAL POWDER (<i>protein</i>)	OTC Benefit	
BOOST SOOTHE ORAL LIQUID (<i>protein</i>)	OTC Benefit	
CARDIOWHEY ORAL POWDER (<i>protein</i>)	OTC Benefit	
<i>cvs whey protein oral packet</i>	OTC Benefit	
<i>cvs whey protein oral powder</i>	OTC Benefit	
FITFOOD LEAN COLLAGEN ORAL POWDER (<i>protein</i>)	OTC Benefit	
FITFOOD LEAN ORAL PACKET (<i>protein</i>)	OTC Benefit	
FITFOOD LEAN WHEY ORAL PACKET (<i>protein</i>)	OTC Benefit	
GI PROTECT ORAL POWDER (<i>protein</i>)	OTC Benefit	
IGG 2000 CWP ORAL CAPSULE (<i>protein</i>)	OTC Benefit	
IGG 2000 CWP ORAL POWDER (<i>protein</i>)	OTC Benefit	
IGG PURE ORAL POWDER (<i>protein</i>)	OTC Benefit	
NATURAL WHEY ORAL POWDER (<i>protein</i>)	OTC Benefit	
NEW ZEALAND WHEY PROTEIN ORAL POWDER (<i>protein</i>)	OTC Benefit	
NUTRA/PRO CHOCOLATE ORAL PACKET (<i>protein</i>)	OTC Benefit	
NUTRA/PRO STRAWBERRY ORAL PACKET (<i>protein</i>)	OTC Benefit	
NUTRA/PRO VANILLA ORAL PACKET (<i>protein</i>)	OTC Benefit	
PRE PROTEIN ORAL POWDER (<i>protein</i>)	OTC Benefit	
PROCEL 100 ORAL POWDER (<i>protein</i>)	OTC Benefit	
PROCEL ORAL PACKET (<i>protein</i>)	OTC Benefit	
PROCEL ORAL POWDER (<i>protein</i>)	OTC Benefit	
PROSOURCE GELATEIN PLUS ORAL GEL (<i>protein</i>)	OTC Benefit	
PROSOURCE GELATEIN PLUS/MCT ORAL GEL (<i>protein</i>)	OTC Benefit	
PROSOURCE GELATEIN20 ORAL GEL (<i>protein</i>)	OTC Benefit	
PROSOURCE NO CARB ORAL LIQUID (<i>protein</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
PROSOURCE ORAL PACKET (<i>protein</i>)	OTC Benefit	
PROSOURCE PROTEIN ORAL LIQUID (<i>protein</i>)	OTC Benefit	
PROSOURCE PROTEIN ORAL PACKET (<i>protein</i>)	OTC Benefit	
PROSOURCE PROTEIN ORAL POWDER (<i>protein</i>)	OTC Benefit	
PROSOURCE TF FREE ENTERAL LIQUID (<i>protein</i>)	OTC Benefit	
PROSOURCE TF20 ENFIT COMPATIBL ENTERAL LIQUID (<i>protein</i>)	OTC Benefit	
<i>prosynminic oral powder</i>	OTC Benefit	
<i>protein oral powder , 80 %</i>	OTC Benefit	
<i>protein oral tablet chewable 500 mg</i>	OTC Benefit	
RENAMENT ORAL PACKET (<i>protein</i>)	OTC Benefit	
UNJURY ORAL POWDER (<i>protein</i>)	OTC Benefit	
VEGAPRO ORAL POWDER (<i>protein</i>)	OTC Benefit	
<i>wellness protein shake oral powder 21 gm</i>	OTC Benefit	
<i>whey protein concentrate oral powder</i>	OTC Benefit	
<i>whey protein oral powder</i>	OTC Benefit	
OPHTHALMIC AGENTS		
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***		
ALTALUBE OPHTHALMIC OINTMENT 85-15 % (<i>white petrolatum-mineral oil</i>)	OTC Benefit	
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 1-0.3 %, 5-6 mg/ml</i>	OTC Benefit	
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	OTC Benefit	
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML (<i>polyvinyl alcohol-povidone</i>)	OTC Benefit	
<i>cvs artificial tears ophthalmic solution 1-0.3 %</i>	OTC Benefit	
<i>cvs dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	OTC Benefit	
<i>cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %</i>	OTC Benefit	
<i>cvs eye lubricant nighttime ophthalmic ointment 3-94 %</i>	OTC Benefit	
<i>cvs eye lubricant ophthalmic ointment</i>	OTC Benefit	
<i>cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %</i>	OTC Benefit	
<i>cvs lubricant drops ophthalmic gel 0.25-0.3 %</i>	OTC Benefit	
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	OTC Benefit	
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	OTC Benefit	
<i>cvs lubricating eye/overnight ophthalmic ointment</i>	OTC Benefit	
<i>cvs natural tears pf ophthalmic solution 0.1-0.3 %</i>	OTC Benefit	
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	OTC Benefit	
<i>eq artificial tears ophthalmic solution 0.5-0.6 %, 1-0.3 %</i>	OTC Benefit	
<i>eq eye lubricant ophthalmic ointment</i>	OTC Benefit	
<i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
EQ RESTORE PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	OTC Benefit	
<i>eye lubricant ophthalmic ointment</i>	OTC Benefit	
<i>for sty relief ophthalmic ointment 31.9-57.7 %</i>	OTC Benefit	
FRESHKOTE OPHTHALMIC SOLUTION 2.7-2 % (<i>polyvinyl alcohol-povidone</i>)	OTC Benefit	
FRESHKOTE PF OPHTHALMIC SOLUTION 2.7-2 % (<i>polyvinyl alcohol-povidone</i>)	OTC Benefit	
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 % (<i>dextran 70-hypromellose</i>)	OTC Benefit	
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (<i>dextran 70-hypromellose</i>)	OTC Benefit	
<i>goodsense artificial tears ophthalmic solution 0.5-0.6 %</i>	OTC Benefit	
<i>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</i>	OTC Benefit	
HYPOTEARs OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	OTC Benefit	
<i>lubricant drops/dual-action ophthalmic solution 0.5-0.9 %</i>	OTC Benefit	
<i>lubricant eye drops (pf) ophthalmic solution 0.1-0.3 %</i>	OTC Benefit	
<i>lubricant eye fast acting ophthalmic ointment</i>	OTC Benefit	
<i>lubricant eye ophthalmic ointment</i>	OTC Benefit	
<i>lubricant eye pm ophthalmic ointment</i>	OTC Benefit	
MOISTURE EYES OPHTHALMIC SOLUTION 1-0.3 % (<i>propylene glycol-glycerin</i>)	OTC Benefit	
<i>ra artificial tears ophthalmic solution 1-0.3 %</i>	OTC Benefit	
<i>ra lubricant eye ophthalmic solution 0.4-0.3 %, 1-0.3 %</i>	OTC Benefit	
REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>)	OTC Benefit	
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>)	OTC Benefit	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-1 % (<i>carboxymethylcellul-glycerin</i>)	OTC Benefit	
RETAINÉ MGD OPHTHALMIC EMULSION 0.5-0.5 % (<i>light mineral oil-mineral oil</i>)	OTC Benefit	
RETAINÉ PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	OTC Benefit	
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	OTC Benefit	
SOOTHE OPHTHALMIC SOLUTION 0.6-0.6 % (<i>propylene glycol-glycerin</i>)	OTC Benefit	
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (<i>white petrolatum-mineral oil</i>)	OTC Benefit	
STYE OPHTHALMIC SOLUTION 0.5-0.6 % (<i>polyvinyl alcohol-povidone</i>)	OTC Benefit	
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	OTC Benefit	
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	OTC Benefit	
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	OTC Benefit	
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	OTC Benefit	
ULTRA FRESH PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	OTC Benefit	
*ARTIFICIAL TEAR SOLUTIONS***		
<i>just tears eye drops ophthalmic solution</i>	OTC Benefit	
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 % (<i>artificial tear solution</i>)	OTC Benefit	
SOOTHE XP OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	OTC Benefit	
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	OTC Benefit	
*ARTIFICIAL TEARS AND LUBRICANTS***		
<i>artificial tears ophthalmic solution 1 %</i>	OTC Benefit	
BIOLLE GEL TEARS OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
BIOTRUE LUBRICANT OPHTHALMIC SOLUTION 0.5 % (<i>glycerin</i>)	OTC Benefit	
BLINK TEARS OPHTHALMIC GEL 0.25 % (<i>polyethylene glycol 400</i>)	OTC Benefit	
BLINK TEARS OPHTHALMIC SOLUTION 0.25 % (<i>polyethylene glycol 400</i>)	OTC Benefit	
CLEAR EYES NIGHTTIME RESTORIN OPHTHALMIC SOLUTION 0.25 % (<i>glycerin</i>)	OTC Benefit	
COMPUTER EYE DROPS OPHTHALMIC SOLUTION 1 % (<i>glycerin</i>)	OTC Benefit	
<i>cvs lubricant drops ophthalmic gel 1 %</i>	OTC Benefit	
<i>cvs lubricant drops ophthalmic solution 0.6 %</i>	OTC Benefit	
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	OTC Benefit	
<i>cvs lubricant eye drops ophthalmic solution 0.25 %, 0.5 %, 0.6 %</i>	OTC Benefit	
<i>eq lubricant eye drops ophthalmic solution 0.6 %</i>	OTC Benefit	
<i>eq restore plus lubricant eye ophthalmic solution 0.5 %</i>	OTC Benefit	
<i>eq restore tears ophthalmic solution 0.5 %</i>	OTC Benefit	
EYES ALIVE OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
<i>ft dry eye relief ophthalmic solution 1 %</i>	OTC Benefit	
<i>goodsense lubricating plus pf ophthalmic solution 0.5 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
IMPROVUE OPHTHALMIC SOLUTION PREFILLED SYRINGE 1.7 % (<i>hypromellose</i>)	OTC Benefit	
IVIZIA DRY EYES OPHTHALMIC SOLUTION 0.5 % (<i>povidone</i>)	OTC Benefit	
<i>lubricating tears eye drops ophthalmic solution 0.5 %</i>	OTC Benefit	
<i>moisturizing lubricant eye ophthalmic solution 0.25 %</i>	OTC Benefit	
OASIS TEARS PF OPHTHALMIC SOLUTION 0.22 %, 0.25 % (<i>glycerin</i>)	OTC Benefit	
OASIS TEARS PLUS PF OPHTHALMIC SOLUTION 0.22 % (<i>glycerin</i>)	OTC Benefit	
OPTASE COMFORT DRY EYE OPHTHALMIC SOLUTION 1 % (<i>glycerin</i>)	OTC Benefit	
OPTASE DRY EYE INTENSE OPHTHALMIC SOLUTION 0.2 % (<i>glycerin</i>)	OTC Benefit	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (<i>hypromellose</i>)	OTC Benefit	
<i>qc lubricant eye drops ophthalmic solution 0.6 %</i>	OTC Benefit	
<i>ra lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i>	OTC Benefit	
REFRESH LIQUIGEL OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
STERILE LUBRICANT OPHTHALMIC LIQUID 0.7 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 % (<i>propylene glycol</i>)	OTC Benefit	
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 % (<i>propylene glycol</i>)	OTC Benefit	
SYSTANE COMPLETE PF OPHTHALMIC SOLUTION 0.6 % (<i>propylene glycol</i>)	OTC Benefit	
THERATEARS EXTRA OPHTHALMIC SOLUTION 0.25 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
THERATEARS EXTRA PF OPHTHALMIC SOLUTION 0.25 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
THERATEARS OPHTHALMIC SOLUTION 0.25 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
THERATEARS PF OPHTHALMIC SOLUTION 0.25 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	OTC Benefit	
<i>ventiva ophthalmic solution 0.7 %</i>	OTC Benefit	
VISINE DRY EYE RELIEF OPHTHALMIC SOLUTION 1 % (<i>polyethylene glycol 400</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VISINE TIRED EYE RELIEF OPHTHALMIC SOLUTION 1 % (polyethylene glycol 400)	OTC Benefit	
VISTA GONIO DRY EYE RELIEF OPHTHALMIC SOLUTION 2.5 % (hypromellose)	OTC Benefit	
*GONIOSCOPIC SOLUTIONS***		
GONIOTAIRE OPHTHALMIC SOLUTION 2.5 % (hypromellose)	OTC Benefit	
*HARD LENS PRODUCTS***		
LOBOB HARD CONTACT LENS CLEAN SOLUTION (hard lens products)	OTC Benefit	
LOBOB HARD CONTACT LENS WET SOLUTION 0.01-0.1 % (hard lens products)	OTC Benefit	
LOBOB HARD LENS SOAKING SOLUTION 0.01-0.25 % (hard lens products)	OTC Benefit	
*HARD/SOFT/GAS PERMEABLE PRODUCTS***		
REFRESH RELIEVA FOR CONTACTS SOLUTION (hard/soft/gas permeable prods)	OTC Benefit	
*OPHTHALMIC ANTIALLERGIC***		
cvs allergy eye drops ophthalmic solution 0.035 %	OTC Benefit	
cvs eye itch relief ophthalmic solution 0.035 %	OTC Benefit	
cvs olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	OTC Benefit	
eq eye itch relief ophthalmic solution 0.035 %	OTC Benefit	
eq olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	OTC Benefit	
goodsense eye itch relief ophthalmic solution 0.035 %	OTC Benefit	
qc olopatadine hcl ophthalmic solution 0.2 %	OTC Benefit	
ra eye itch relief ophthalmic solution 0.035 %	OTC Benefit	
sm eye itch relief ophthalmic solution 0.035 %	OTC Benefit	
*OPHTHALMIC DECONGESTANT COMBINATIONS***		
ADVANCED EYE RELIEF MAX RED OPHTHALMIC SOLUTION 0.03-0.5 % (naphazoline-hypromellose)	OTC Benefit	
advanced lubricant ophthalmic solution 0.05-1 %	OTC Benefit	
allergy eye ophthalmic solution 0.025-0.3 %	OTC Benefit	
CLEAR EYES COMPLETE OPHTHALMIC SOLUTION (hyprom-naphaz-polysorb-zn sulf)	OTC Benefit	
CLEAR EYES COOLING COMFORT OPHTHALMIC SOLUTION 0.012-0.25-0.25 % (naphazoline-glycerin-zinc sulf)	OTC Benefit	
CLEAR EYES COOLING COMFORT OPHTHALMIC SOLUTION 0.5-0.03 % (naphazoline-glycerin)	OTC Benefit	
CLEAR EYES MAX REDNESS RELIEF OPHTHALMIC SOLUTION 0.03-0.5 % (naphazoline-glycerin)	OTC Benefit	
CLEAR EYES MAXIMUM ITCHY EYE OPHTHALMIC SOLUTION 0.012-0.25-0.25 % (naphazoline-glycerin-zinc sulf)	OTC Benefit	
CLEAR EYES PURE RELIEF MS PF OPHTHALMIC SOLUTION 0.3-0.25-0.1 % (hypromell-glycerin-phenyleph)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
CLEAR EYES REDNESS RELIEF OPHTHALMIC SOLUTION 0.012-0.25 % (<i>naphazoline-glycerin</i>)	OTC Benefit	
CLEAR EYES SENSITIVE EYES OPHTHALMIC SOLUTION 0.2-0.25 % (<i>phenylephrine-glycerin</i>)	OTC Benefit	
CLEAR EYES TRIPLE ACTION OPHTHALMIC SOLUTION 0.05-0.5-0.6 % (<i>tetrahydroz-polyvinyl al-povid</i>)	OTC Benefit	
<i>cvs astringent eye drops ophthalmic solution 0.05-0.25 %</i>	OTC Benefit	
<i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i>	OTC Benefit	
<i>cvs eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	OTC Benefit	
<i>cvs redness relief ophthalmic solution 0.012-0.2 %, 0.012-0.25 %</i>	OTC Benefit	
<i>eq eye allergy relief ophthalmic solution 0.027-0.315 %</i>	OTC Benefit	
<i>eql advanced relief ophthalmic solution 0.05-0.1-1-1 %</i>	OTC Benefit	
<i>eql eye drops ac ophthalmic solution 0.05-0.25 %</i>	OTC Benefit	
<i>eql redness relief ophthalmic solution 0.012-0.2 %</i>	OTC Benefit	
<i>eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %</i>	OTC Benefit	
<i>eye drops advanced relief ophthalmic solution 0.05-0.1-1-1 %</i>	OTC Benefit	
<i>eye drops ar ophthalmic solution 0.05-0.25 %</i>	OTC Benefit	
<i>eye drops maximum relief ophthalmic solution 0.05-0.1-1-1 %</i>	OTC Benefit	
<i>eye drops ophthalmic solution 0.012-0.2 %</i>	OTC Benefit	
<i>ft eye drops advanced relief ophthalmic solution 0.05-1 %</i>	OTC Benefit	
<i>ft eye drops redness relief ophthalmic solution 0.012-0.25 %</i>	OTC Benefit	
<i>gnp eye drops ophthalmic solution 0.012-0.25 %, 0.03-0.5 %, 0.05-0.1-1-1 %, 0.05-1-0.25 %</i>	OTC Benefit	
<i>goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %</i>	OTC Benefit	
<i>goodsense relief eye drops ophthalmic solution 0.05-0.25 %</i>	OTC Benefit	
NAPHCAN-A OPHTHALMIC SOLUTION 0.025-0.3 % (<i>naphazoline-pheniramine</i>)	OTC Benefit	
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 % (<i>naphazoline-pheniramine</i>)	OTC Benefit	
<i>ra eye allergy relief ophthalmic solution 0.027-0.315 %</i>	OTC Benefit	
<i>ra sterile eye drops ophthalmic solution 0.012-0.2 %</i>	OTC Benefit	
<i>redness relief max strength ophthalmic solution 0.03-0.5 %</i>	OTC Benefit	
REDNESS RELIEF OPHTHALMIC SOLUTION 0.012-0.25 % (<i>naphazoline-glycerin</i>)	OTC Benefit	
<i>relief drops ophthalmic solution 0.05-0.25 %</i>	OTC Benefit	
<i>relief eye drops ophthalmic solution 0.05-0.25 %</i>	OTC Benefit	
<i>sm eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	OTC Benefit	
VASOCLEAR-A OPHTHALMIC SOLUTION 0.02-0.25 % (<i>naphazoline-zinc sulfite</i>)	OTC Benefit	
VISINE A.C. OPHTHALMIC SOLUTION 0.05-0.25 % (<i>tetrahydrozoline-zn sulfite</i>)	OTC Benefit	

*Products listed as an OTC Benefit are covered up to a combined \$50 per quarter.

Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
VISINE OPHTHALMIC SOLUTION 0.025-0.3 % (<i>naphazoline-pheniramine</i>)	OTC Benefit	
VISINE RED EYE HYDRATING COMF OPHTHALMIC SOLUTION 0.05-1 % (<i>tetrahydrozoline-peg</i>)	OTC Benefit	
VISINE RED EYE TOTAL COMFORT OPHTHALMIC SOLUTION 0.05-1-0.25 % (<i>tetrahydrozoline-peg-zinc sulf</i>)	OTC Benefit	
*OPHTHALMIC DECONGESTANTS***		
<i>cvs eye drops ophthalmic solution 0.05 %</i>	OTC Benefit	
<i>eq eye drops ophthalmic solution 0.05 %</i>	OTC Benefit	
<i>eql eye drops ophthalmic solution 0.05 %</i>	OTC Benefit	
<i>goodsense eye drops ophthalmic solution 0.05 %</i>	OTC Benefit	
<i>qc eye drops ophthalmic solution 0.05 %</i>	OTC Benefit	
<i>redness reliever eye drops ophthalmic solution 0.05 %</i>	OTC Benefit	
VISINE RED EYE COMFORT OPHTHALMIC SOLUTION 0.05 % (<i>tetrahydrozoline hcl</i>)	OTC Benefit	
*OPHTHALMIC DIAGNOSTIC PRODUCTS***		
GLOSTRIPS OPHTHALMIC STRIP 1.3 MG (<i>rose bengal</i>)	OTC Benefit	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***		
ALTACHLORE OPHTHALMIC OINTMENT 5 % (<i>sodium chloride hypertonic</i>)	OTC Benefit	
ALTACHLORE OPHTHALMIC SOLUTION 5 % (<i>sodium chloride hypertonic</i>)	OTC Benefit	
<i>cvs sod chloride hypertonicity ophthalmic ointment 5 %</i>	OTC Benefit	
<i>cvs sodium chloride ophthalmic ointment 5 %</i>	OTC Benefit	
<i>cvs sodium chloride ophthalmic solution 5 %</i>	OTC Benefit	
MURO 128 OPHTHALMIC OINTMENT 5 % (<i>sodium chloride hypertonic</i>)	OTC Benefit	
MURO 128 OPHTHALMIC SOLUTION 5 % (<i>sodium chloride hypertonic</i>)	OTC Benefit	
*OPHTHALMIC IRRIGATION SOLUTIONS***		
COLLYRIUM EYE WASH OPHTHALMIC SOLUTION (<i>ophthalmic irrigation solution</i>)	OTC Benefit	
<i>collyrium for fresh eyes ophthalmic solution 0.01 %</i>	OTC Benefit	
<i>cvs eye wash ophthalmic solution 99.05 %</i>	OTC Benefit	
EYEAID IRRIGATING OPHTHALMIC SOLUTION (<i>ophthalmic irrigation solution</i>)	OTC Benefit	
MEDI-FIRST EYEWASH OPHTHALMIC SOLUTION 98.3 % (<i>ophthalmic irrigation solution</i>)	OTC Benefit	
PHYSICIANS CARE EYEWASH OPHTHALMIC SOLUTION 98.3 % (<i>ophthalmic irrigation solution</i>)	OTC Benefit	
<i>qc eye wash ophthalmic solution 99.05 %</i>	OTC Benefit	
<i>ra sterile eye wash ophthalmic solution</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***		
LUMIFY OPHTHALMIC SOLUTION 0.025 % (<i>brimonidine tartrate</i>)	OTC Benefit	
*OXYGEN PERMEABLE LENS PRODUCTS***		
BOSTON ADVANCE CLEANER SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
BOSTON ADVANCE CONDITIONING SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
BOSTON CLEANER SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
BOSTON CONDITIONING SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
BOSTON ONE STEP CLEANER SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
BOSTON REWETTING SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
BOSTON SIMPLUS SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
LOBOB GAS PERM WETTING/REWET SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
LOBOB GAS PERM/CLEAN/DISINFECT SOLUTION 0.1-0.5 % (<i>oxygen permeable lens products</i>)	OTC Benefit	
OPTIMUM CLEAN/DISINFECT SOLUTION 0.1-0.5 % (<i>oxygen permeable lens products</i>)	OTC Benefit	
OPTIMUM EXTRA STRENGTH RGP SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
OPTIMUM WETTING/REWETTING DROP SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
RENU REWETTING DROPS SOLUTION (<i>oxygen permeable lens products</i>)	OTC Benefit	
*SOFT LENS PRODUCTS***		
B&L SENSITIVE EYES DAILY CLEAN SOLUTION (<i>soft lens products</i>)	OTC Benefit	
B&L SENSITIVE EYES SALINE SOLUTION 0.4 % (<i>soft lens products</i>)	OTC Benefit	
B&L SENSITIVE EYES SOLUTION , 1-1 % (<i>soft lens products</i>)	OTC Benefit	
BIOTRUE SOLUTION (<i>soft lens products</i>)	OTC Benefit	
CLEAR CARE PLUS/HYDRAGLYDE SOLUTION (<i>soft lens products</i>)	OTC Benefit	
CLEAR CARE SOLUTION (<i>soft lens products</i>)	OTC Benefit	
CLEAR EYES CONTACT LENS RELIEF SOLUTION (<i>soft lens products</i>)	OTC Benefit	
<i>cvs contact lens relief/rewet solution</i>	OTC Benefit	
<i>cvs multi-purpose no-rub solution</i>	OTC Benefit	
<i>cvs multi-purpose solution</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs saline solution</i>	OTC Benefit	
<i>daily cleaner solution</i>	OTC Benefit	
<i>eq hydrogen peroxide lens care solution</i>	OTC Benefit	
<i>eq multi-purpose solution solution</i>	OTC Benefit	
<i>eq saline solution/sensitive solution</i>	OTC Benefit	
<i>eql clean/disinfect lens care solution 3 %</i>	OTC Benefit	
<i>eql multi-purpose disinfecting solution</i>	OTC Benefit	
<i>eql multi-purpose solution</i>	OTC Benefit	
<i>ft multi-purpose adv formula solution</i>	OTC Benefit	
<i>gnp multi-purpose solution</i>	OTC Benefit	
<i>goodsense multi-purpose soln solution</i>	OTC Benefit	
LOBOB SOFT LENS CLEANER SOLUTION 0.25-0.05-0.1 % (<i>soft lens products</i>)	OTC Benefit	
<i>multi-purpose no-rub solution</i>	OTC Benefit	
<i>multi-purpose solution solution</i>	OTC Benefit	
OPTI-FREE DAILY CLEANER SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OPTI-FREE EXPRESS REWETTING SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OPTI-FREE EXPRESS SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OPTI-FREE PUREMOIST REWETTING SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OPTI-FREE PUREMOIST SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OPTI-FREE REPLENISH PACK SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OPTI-FREE REPLENISH REWETTING SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OPTI-FREE REPLENISH SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OPTI-FREE SUPRA CLENS SOLUTION (<i>soft lens products</i>)	OTC Benefit	
PEROXICLEAR SOLUTION (<i>soft lens products</i>)	OTC Benefit	
<i>ra cleaning/disinfecting lens solution</i>	OTC Benefit	
<i>ra rewetting drops solution</i>	OTC Benefit	
<i>ra saline solution solution</i>	OTC Benefit	
RAININ LENS GUIDE (<i>soft lens products</i>)	OTC Benefit	
REFRESH CONTACTS DROPS SOLUTION (<i>soft lens products</i>)	OTC Benefit	
RENU 1 STEP ENZYMATIC CLEANER TABLET (<i>soft lens products</i>)	OTC Benefit	
RENU DISINFECTING SOLUTION (<i>soft lens products</i>)	OTC Benefit	
RENU MULTIPLUS LUB/REWETTING SOLUTION (<i>soft lens products</i>)	OTC Benefit	
RENU MULTIPLUS SOLUTION (<i>soft lens products</i>)	OTC Benefit	
RENU SALINE SOLUTION (<i>soft lens products</i>)	OTC Benefit	
REVITALENS OCUTEK SOLUTION (<i>soft lens products</i>)	OTC Benefit	
<i>rewetting drops solution</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>saline solution</i>	OTC Benefit	
<i>sb multi-purpose solution 0.9 %</i>	OTC Benefit	
<i>sb saline sensitive solution 0.9 %</i>	OTC Benefit	
SENSITIVE EYES ENZYME CLEANER TABLET EFFERVESCENT (<i>soft lens products</i>)	OTC Benefit	
SENSITIVE EYES PLUS SALINE SOLUTION (<i>soft lens products</i>)	OTC Benefit	
SENSITIVE EYES SALINE SOLUTION (<i>soft lens products</i>)	OTC Benefit	
<i>sm multi-purpose solution</i>	OTC Benefit	
<i>sm saline solution solution</i>	OTC Benefit	
STERILE DAILY CLEANER SOLUTION (<i>soft lens products</i>)	OTC Benefit	
<i>sterile preserved saline solution</i>	OTC Benefit	
STERILE SALINE SOLUTION (<i>soft lens products</i>)	OTC Benefit	
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
AURO DRI SWIMMERS EARS OTIC LIQUID 95 % (<i>isopropyl alcohol</i>)	OTC Benefit	
CLEARCANAL EAR WAX REMOVAL OTIC KIT 6.5 % (<i>carbamide peroxide-saline</i>)	OTC Benefit	
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	OTC Benefit	
CLINERE EARWAX REMOVAL KIT OTIC OIL (<i>olive oil (otic)</i>)	OTC Benefit	
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	OTC Benefit	
<i>cvs ear drops otic solution 6.5 %</i>	OTC Benefit	
<i>cvs ear wax removal system otic solution 6.5 %</i>	OTC Benefit	
<i>cvs earwax removal kit otic solution 6.5 %</i>	OTC Benefit	
<i>cvs swimmers ear drops otic liquid 95 %</i>	OTC Benefit	
DEBROX KIDS OTIC LIQUID 95-5 % (<i>isopropyl alcohol-glycerin</i>)	OTC Benefit	
DEBROX OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	OTC Benefit	
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (<i>isopropyl alcohol-glycerin</i>)	OTC Benefit	
<i>ear drops for swimmers otic liquid 95-5 %</i>	OTC Benefit	
<i>ear wax cleansing otic kit 6.5 %</i>	OTC Benefit	
<i>ear wax removal drops otic solution 6.5 %</i>	OTC Benefit	
<i>ear wax removal kit otic solution 6.5 %</i>	OTC Benefit	
<i>ear wax removal system otic oil</i>	OTC Benefit	
<i>ear wax removal system otic solution 6.5 %</i>	OTC Benefit	
<i>earwax removal kit otic solution 6.5 %</i>	OTC Benefit	
<i>eq ear wax removal aid otic solution 6.5 %</i>	OTC Benefit	
<i>eq earwax removal aid otic solution 6.5 %</i>	OTC Benefit	
<i>goodsense ear wax kit otic solution 6.5 %</i>	OTC Benefit	
<i>goodsense ear wax removal otic solution 6.5 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>instant ear-dry otic liquid 95-5 %</i>	OTC Benefit	
MURINE EAR OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	OTC Benefit	
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	OTC Benefit	
<i>qc ear wax removal otic solution 6.5 %</i>	OTC Benefit	
<i>qc earwax removal kit otic solution 6.5 %</i>	OTC Benefit	
<i>qc earwax removal otic solution 6.5 %</i>	OTC Benefit	
<i>qc instant ear-dry otic liquid 95-5 %</i>	OTC Benefit	
<i>ra ear drops otic solution 6.5 %</i>	OTC Benefit	
<i>ra ear drying agent otic liquid 95-5 %</i>	OTC Benefit	
<i>ra earwax removal kit otic solution 6.5 %</i>	OTC Benefit	
<i>sm swimmers ear drops otic liquid 95 %</i>	OTC Benefit	
SWIM EAR OTIC LIQUID 95 % (<i>isopropyl alcohol</i>)	OTC Benefit	
<i>swimmers ear drops otic liquid 95 %</i>	OTC Benefit	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*SMOKING DETERRENTS***		
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	OTC Benefit	
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	OTC Benefit	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	OTC Benefit	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	OTC Benefit	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	OTC Benefit	
<i>eq nicotine mouth/throat gum 4 mg</i>	OTC Benefit	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	OTC Benefit	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	OTC Benefit	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	OTC Benefit	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	OTC Benefit	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	OTC Benefit	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (<i>nicotine</i>)	OTC Benefit	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	OTC Benefit	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (<i>nicotine polacrilex</i>)	OTC Benefit	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (<i>nicotine polacrilex</i>)	OTC Benefit	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (<i>nicotine polacrilex</i>)	OTC Benefit	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR (<i>nicotine</i>)	OTC Benefit	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG (<i>nicotine polacrilex</i>)	OTC Benefit	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	OTC Benefit	
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG (<i>nicotine polacrilex</i>)	OTC Benefit	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	OTC Benefit	
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	OTC Benefit	
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	OTC Benefit	
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	OTC Benefit	
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	OTC Benefit	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	OTC Benefit	
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	OTC Benefit	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
*H-2 ANTAGONIST-ANTACID COMBINATIONS***		
<i>cvs dual action complete oral tablet chewable 10-800-165 mg</i>	OTC Benefit	
DUO FUSION ORAL TABLET CHEWABLE 10-800-165 MG (<i>famotidine-ca carb-mag hydrox</i>)	OTC Benefit	
<i>eq acid reducer complete oral tablet chewable 10-800-165 mg</i>	OTC Benefit	
<i>eql dual action complete oral tablet chewable 10-800-165 mg</i>	OTC Benefit	
<i>kls acid controller complete oral tablet chewable 10-800-165 mg</i>	OTC Benefit	
PEPCID COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG (<i>famotidine-ca carb-mag hydrox</i>)	OTC Benefit	
<i>ra acid reducer plus antacid oral tablet chewable 10-800-165 mg</i>	OTC Benefit	
<i>ra dual action complete oral tablet chewable 10-800-165 mg</i>	OTC Benefit	
*H-2 ANTAGONISTS***		
<i>acid control maximum strength oral tablet 20 mg</i>	OTC Benefit	
<i>acid controller max st oral tablet 20 mg</i>	OTC Benefit	
<i>acid controller oral tablet 10 mg</i>	OTC Benefit	
<i>cimetidine 200 oral tablet 200 mg</i>	OTC Benefit	
<i>cimetidine acid reducer oral tablet 200 mg</i>	OTC Benefit	
<i>cvs acid controller max st oral tablet 20 mg</i>	OTC Benefit	
<i>cvs acid controller oral tablet 10 mg</i>	OTC Benefit	
<i>cvs heartburn relief oral tablet 200 mg</i>	OTC Benefit	
<i>eq acid reducer oral tablet 200 mg</i>	OTC Benefit	
<i>eq cimetidine oral tablet 200 mg</i>	OTC Benefit	
<i>eq famotidine max st oral tablet 20 mg</i>	OTC Benefit	
<i>eq famotidine oral tablet 10 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eql heartburn prevention oral tablet 10 mg, 20 mg</i>	OTC Benefit	
<i>kls acid controller max st oral tablet 20 mg</i>	OTC Benefit	
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG (famotidine)	OTC Benefit	
PEPCID AC MAXIMUM STRENGTH ORAL TABLET 20 MG (famotidine)	OTC Benefit	
PEPCID AC ORAL TABLET 10 MG (famotidine)	OTC Benefit	
<i>qc acid controller max st oral tablet 20 mg</i>	OTC Benefit	
<i>qc acid controller oral tablet 10 mg</i>	OTC Benefit	
<i>qc famotidine acid reducer oral tablet 10 mg, 20 mg</i>	OTC Benefit	
<i>ra acid reducer max st oral tablet 20 mg</i>	OTC Benefit	
<i>ra acid reducer oral tablet 10 mg</i>	OTC Benefit	
<i>sb acid controller max st oral tablet 20 mg</i>	OTC Benefit	
<i>sb acid controller oral tablet 10 mg</i>	OTC Benefit	
<i>sb acid reducer oral tablet 10 mg</i>	OTC Benefit	
<i>sb cimetidine oral tablet 200 mg</i>	OTC Benefit	
TAGAMET HB 200 ORAL TABLET 200 MG (cimetidine)	OTC Benefit	
TAGAMET HB ORAL TABLET 200 MG (cimetidine)	OTC Benefit	
ZANTAC 360 MAX ST ORAL TABLET 20 MG (famotidine)	OTC Benefit	
ZANTAC 360 ORAL TABLET 10 MG (famotidine)	OTC Benefit	
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS***		
<i>cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg</i>	OTC Benefit	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (omeprazole-sodium bicarbonate)	OTC Benefit	
*PROTON PUMP INHIBITORS***		
<i>acid reducer oral tablet delayed release 20 mg</i>	OTC Benefit	
<i>cvs esomeprazole magnesium oral capsule delayed release 20 mg</i>	OTC Benefit	
<i>cvs lansoprazole oral tablet delayed release dispersible 15 mg</i>	OTC Benefit	
<i>cvs omeprazole magnesium oral capsule delayed release 20 mg, 20.6 mg</i>	OTC Benefit	
<i>cvs omeprazole oral tablet delayed release 20 mg</i>	OTC Benefit	
<i>cvs omeprazole oral tablet delayed release dispersible 20 mg</i>	OTC Benefit	
<i>eq esomeprazole magnesium oral capsule delayed release 20 mg</i>	OTC Benefit	
<i>eq lansoprazole oral capsule delayed release 15 mg</i>	OTC Benefit	
<i>eq omeprazole magnesium oral capsule delayed release 20 mg</i>	OTC Benefit	
<i>eq omeprazole oral tablet delayed release 20 mg</i>	OTC Benefit	
<i>eql lansoprazole oral capsule delayed release 15 mg</i>	OTC Benefit	
<i>eql omeprazole oral tablet delayed release 20 mg</i>	OTC Benefit	
<i>ft acid reducer oral capsule delayed release 20 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>kls esomeprazole magnesium oral capsule delayed release 20 mg</i>	OTC Benefit	
<i>kls lansoprazole oral capsule delayed release 15 mg</i>	OTC Benefit	
<i>kls omeprazole oral tablet delayed release 20 mg</i>	OTC Benefit	
<i>kp omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	OTC Benefit	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	OTC Benefit	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	OTC Benefit	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	OTC Benefit	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	OTC Benefit	
<i>qc esomeprazole magnesium oral capsule delayed release 20 mg</i>	OTC Benefit	
<i>qc omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	OTC Benefit	
<i>qc omeprazole oral tablet delayed release 20 mg</i>	OTC Benefit	
<i>ra esomeprazole magnesium oral capsule delayed release 20 mg</i>	OTC Benefit	
<i>ra omeprazole oral tablet delayed release 20 mg</i>	OTC Benefit	
<i>sb omeprazole oral tablet delayed release 20 mg</i>	OTC Benefit	
VAGINAL AND RELATED PRODUCTS		
*DOUCHE PRODUCTS***		
<i>eq feminine douche vaginal solution</i>	OTC Benefit	
SUMMERS EVE COMPLETE CLEAN VAGINAL SOLUTION (<i>douche products</i>)	OTC Benefit	
SUMMERS EVE FRESH VAGINAL SOLUTION (<i>douche products</i>)	OTC Benefit	
SUMMERS EVE ISLAND SPLASH VAGINAL SOLUTION (<i>douche products</i>)	OTC Benefit	
SUMMERS EVE VAGINAL SOLUTION (<i>douche products</i>)	OTC Benefit	
*FERTILITY ENHANCERS***		
PRO-CEPTION VAGINAL KIT (<i>fertility enhancers</i>)	OTC Benefit	
*IMIDAZOLE-RELATED ANTIFUNGALS***		
<i>clotrimazole 3 vaginal cream 2 %</i>	OTC Benefit	
<i>clotrimazole-7 vaginal cream 1 %</i>	OTC Benefit	
<i>cvs clotrimazole 3 vaginal cream 2 %</i>	OTC Benefit	
<i>cvs miconazole 1 combo pack vaginal kit 1200 & 2 mg & %</i>	OTC Benefit	
<i>cvs miconazole 1 combo-wipes vaginal kit 1200 & 2 mg & %</i>	OTC Benefit	
<i>cvs miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	OTC Benefit	
<i>cvs miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	OTC Benefit	
<i>cvs miconazole 7 vaginal cream 2 %</i>	OTC Benefit	
<i>cvs tioconazole 1 vaginal ointment 6.5 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>eq miconazole 1 vaginal kit 1200 & 2 mg & %</i>	OTC Benefit	
<i>eq miconazole 3-day combo vaginal kit 200 & 2 mg-% (9gm)</i>	OTC Benefit	
<i>eq miconazole 7 vaginal cream 2 %</i>	OTC Benefit	
<i>eq tioconazole 1 vaginal ointment 6.5 %</i>	OTC Benefit	
<i>eql miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	OTC Benefit	
<i>eql miconazole 7 vaginal cream 2 %</i>	OTC Benefit	
<i>eql tioconazole-1 vaginal ointment 6.5 %</i>	OTC Benefit	
MONISTAT 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & % (<i>miconazole nitrate</i>)	OTC Benefit	
MONISTAT 1 DAY OR NIGHT VAGINAL KIT 1200 & 2 MG & % (<i>miconazole nitrate</i>)	OTC Benefit	
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % (<i>tioconazole</i>)	OTC Benefit	
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	OTC Benefit	
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200-2 MG-% (<i>miconazole nitrate-wipes</i>)	OTC Benefit	
MONISTAT 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	OTC Benefit	
MONISTAT 3 VAGINAL CREAM 4 % (<i>miconazole nitrate</i>)	OTC Benefit	
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	OTC Benefit	
MONISTAT 7 COMPLETE THERAPY VAGINAL KIT 100-2 MG-% (<i>miconazole nitrate-wipes</i>)	OTC Benefit	
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 % (<i>miconazole nitrate</i>)	OTC Benefit	
<i>qc 3 day vaginal cream 4 %</i>	OTC Benefit	
<i>qc clotrimazole vaginal cream 1 %</i>	OTC Benefit	
<i>qc miconazole 7 vaginal cream 2 %</i>	OTC Benefit	
<i>ra clotrimazole 7 vaginal cream 1 %</i>	OTC Benefit	
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	OTC Benefit	
<i>ra miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	OTC Benefit	
<i>ra miconazole 7 vaginal cream 2 %</i>	OTC Benefit	
<i>ra tioconazole 1 vaginal ointment 6.5 %</i>	OTC Benefit	
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	OTC Benefit	
*MISCELLANEOUS VAGINAL COMBINATIONS***		
<i>cvs itch relief vaginal cream 0.13-5 %</i>	OTC Benefit	
VAGISIL BATH BOMB EXTERNAL (<i>na bicarb-citric ac (topical)</i>)	OTC Benefit	
VH ESSENTIALS MEDICATED VAGINAL CREAM 5-0.13 % (<i>benzocaine-benalkonium cl</i>)	OTC Benefit	
*MISCELLANEOUS VAGINAL PRODUCTS***		
AZO BORIC ACID VAGINAL SUPPOSITORY 600 MG (<i>boric acid vaginal</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>cvs boric acid vaginal suppository 600 mg</i>	OTC Benefit	
<i>cvs cleansing wash odor block external liquid</i>	OTC Benefit	
<i>cvs cleansing wash/sensitive external liquid</i>	OTC Benefit	
<i>cvs feminine moisturizer vaginal gel</i>	OTC Benefit	
<i>cvs vagicaine external cream 20-3 %</i>	OTC Benefit	
<i>douche vinegar/water vaginal solution</i>	OTC Benefit	
<i>eq feminine wash sensitive external liquid</i>	OTC Benefit	
FEMINEASE VAGINAL CREAM (<i>vaginal lubricant</i>)	OTC Benefit	
HYALO GYN VAGINAL GEL (<i>vaginal lubricant</i>)	OTC Benefit	
KEY-E COMBINATION SUPPOSITORY (<i>vitamin e</i>)	OTC Benefit	
K-Y LIQUIBEADS VAGINAL INSERT (<i>vaginal moisturizer</i>)	OTC Benefit	
LUVENA DAILY THERAPEUTIC WASH EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
LUVENA PREBIOTIC LUBRICANT VAGINAL SOLUTION (<i>vaginal moisturizer</i>)	OTC Benefit	
LUVENA RESTORATIVE RINSE VAGINAL LIQUID (<i>vaginal cleanser</i>)	OTC Benefit	
LUVENA VAGINAL MOISTURIZER VAGINAL GEL (<i>vaginal moisturizer</i>)	OTC Benefit	
MAINTAIN BORIC ACID VAGINAL SUPPOSITORY 600 MG (<i>boric acid vaginal</i>)	OTC Benefit	
MONISTAT CARE VAGINAL GEL (<i>miscellaneous vaginal products</i>)	OTC Benefit	
MONISTAT MAINTAIN CLEANSER EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
MONISTAT MAINTAIN-BORIC ACID EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
NORFORMS VAGINAL SUPPOSITORY (<i>vaginal lubricant</i>)	OTC Benefit	
PH-D VAGINAL SUPPOSITORY 600 MG (<i>boric acid vaginal</i>)	OTC Benefit	
<i>qc feminine anti-itch max external cream 20-3 %</i>	OTC Benefit	
<i>ra feminine cleansing wash external liquid</i>	OTC Benefit	
REPHRESH ODOR ELIMINATING VAGINAL GEL (<i>vaginal lubricant</i>)	OTC Benefit	
REPLENS EXTERNAL COMFORT VAGINAL GEL (<i>vaginal moisturizer</i>)	OTC Benefit	
REPLENS VAGINAL MOISTURIZER VAGINAL GEL (<i>vaginal moisturizer</i>)	OTC Benefit	
REVAREE PLUS VAGINAL SUPPOSITORY 0.5 % (<i>vaginal lubricant</i>)	OTC Benefit	
REVAREE VAGINAL SUPPOSITORY 0.25 % (<i>vaginal lubricant</i>)	OTC Benefit	
<i>sb ex cleansing vinegar/water vaginal solution</i>	OTC Benefit	
SUMMERS EVE CLEANSING WASH EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SUMMERS EVE EXTRA CLEANSING VAGINAL SOLUTION (<i>acetic acid</i>)	OTC Benefit	
SUMMERS EVE FEMININE WASH EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
SUMMERS EVE NIGHT-TIME EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
THERAWORX HARMONY FOAM WASH EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
VAGISIL EXTERNAL CREAM 5-2 % (<i>benzocaine-resorcinol</i>)	OTC Benefit	
VAGISIL FEMININE MOISTURIZER VAGINAL LOTION (<i>vaginal moisturizer</i>)	OTC Benefit	
VAGISIL FEMININE WASH EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
VAGISIL INTIMATE WASH EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
VAGISIL LUBRICANT VAGINAL GEL (<i>vaginal lubricant</i>)	OTC Benefit	
VAGISIL MAXIMUM STRENGTH EXTERNAL CREAM 20-3 % (<i>benzocaine-resorcinol</i>)	OTC Benefit	
<i>vagisil ph balance external liquid</i>	OTC Benefit	
VAGISIL SENSITIVE PLUS WASH EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
VAGISIL YEAST-CONTROL VAGINAL SUPPOSITORY (<i>miscellaneous vaginal products</i>)	OTC Benefit	
VCF VAGINAL ODOR ELIMINATING VAGINAL FILM (<i>miscellaneous vaginal products</i>)	OTC Benefit	
VH ESSENTIALS BORIC+TEA TREE VAGINAL SUPPOSITORY (<i>prebiotic vaginal products</i>)	OTC Benefit	
VH ESSENTIALS FEMININE WASH EXTERNAL LIQUID (<i>perivaginal cleanser</i>)	OTC Benefit	
VH ESSENTIALS MOISTURIZER VAGINAL GEL (<i>vaginal moisturizer</i>)	OTC Benefit	
VH ESSENTIALS PREBIOTIC VAGINAL SUPPOSITORY (<i>prebiotic vaginal products</i>)	OTC Benefit	
VH ESSENTIALS VAGINAL ODOR VAGINAL SUPPOSITORY (<i>miscellaneous vaginal products</i>)	OTC Benefit	
VH ESSENTIALS VITAMIN C VAGINAL TABLET 250 MG (<i>vitamin c</i>)	OTC Benefit	
VIA VAGINAL GEL (<i>vaginal moisturizer</i>)	OTC Benefit	
*SPERMICIDES***		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	OTC Benefit	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	OTC Benefit	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	OTC Benefit	
*VAGINAL ANTI-INFECTIVES***		
<i>medicated douche vaginal solution 0.3 %</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
SUMMERS EVE DISP MEDICATED VAGINAL SOLUTION 0.3 % (povidone-iodine)	OTC Benefit	
*VAGINAL CORTICOSTEROIDS***		
CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 % (hydrocortisone)	OTC Benefit	
MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM 1 % (hydrocortisone)	OTC Benefit	
VITAMINS		
*BIOFLAVONOID COMBINATIONS***		
DIOVASC ORAL CAPSULE (<i>hesperidin-diosmin</i>)	OTC Benefit	
FLOGEN ORAL TABLET 250-650 MG (<i>hesperidin-diosmin</i>)	OTC Benefit	
VASOFLEX D1 ORAL TABLET 900-100 MG (<i>diosmin-hesperidin methyl chal</i>)	OTC Benefit	
<i>venaliv oral tablet 900-100-100 mg</i>	OTC Benefit	
*BIOFLAVONOIDS***		
<i>quercetin oral capsule 500 mg</i>	OTC Benefit	
<i>quercetin oral tablet 250 mg, 50 mg</i>	OTC Benefit	
<i>rutin oral tablet 50 mg</i>	OTC Benefit	
*BIOTIN***		
<i>biotin beauty extra strength oral tablet dispersible 5000 mcg</i>	OTC Benefit	
<i>biotin fast dissolve oral tablet dispersible 10000 mcg</i>	OTC Benefit	
<i>biotin forte oral tablet 3 mg, 5 mg</i>	OTC Benefit	
<i>biotin maximum strength oral capsule 5000 mcg</i>	OTC Benefit	
<i>biotin maximum strength oral tablet 10000 mcg</i>	OTC Benefit	
<i>biotin oral capsule 1 mg, 10 mg, 5 mg, 5000 mcg</i>	OTC Benefit	
<i>biotin oral tablet 10 mg, 1000 mcg, 10000 mcg, 5 mg, 5000 mcg, 800 mcg</i>	OTC Benefit	
<i>biotin oral tablet chewable 1000 mcg</i>	OTC Benefit	
<i>biotin oral tablet dispersible 5 mg</i>	OTC Benefit	
<i>biotin sublingual tablet sublingual 5000 mcg</i>	OTC Benefit	
<i>biotin super potency oral capsule 5000 mcg</i>	OTC Benefit	
<i>cvs biotin high potency oral tablet 1000 mcg</i>	OTC Benefit	
<i>cvs biotin oral capsule 10 mg, 5000 mcg</i>	OTC Benefit	
<i>cvs biotin oral tablet 5000 mcg</i>	OTC Benefit	
<i>cvs hair/skin/nails oral tablet chewable 10 mg</i>	OTC Benefit	
CYTO B7 ORAL LIQUID 10 MG/ML (<i>biotin</i>)	OTC Benefit	
<i>eql biotin oral capsule 5000 mcg</i>	OTC Benefit	
<i>ft biotin oral capsule 5 mg</i>	OTC Benefit	
<i>ft biotin oral tablet 10 mg</i>	OTC Benefit	
<i>ft biotin oral tablet chewable 2500 mcg</i>	OTC Benefit	
<i>gnp biotin oral capsule 5000 mcg</i>	OTC Benefit	
HARD NAILS ORAL CAPSULE 2.5 MG (<i>biotin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>hm biotin oral tablet dispersible 10000 mcg</i>	OTC Benefit	
LEXINAL ORAL TABLET 2.5 MG (<i>biotin</i>)	OTC Benefit	
<i>mega biotin oral capsule 10 mg</i>	OTC Benefit	
MERIBIN ORAL CAPSULE 5 MG (<i>biotin</i>)	OTC Benefit	
NAIL-EX ORAL TABLET 2.5 MG (<i>biotin</i>)	OTC Benefit	
<i>qc biotin oral tablet 800 mcg</i>	OTC Benefit	
<i>ra biotin oral capsule 2500 mcg</i>	OTC Benefit	
<i>ra biotin oral tablet 1000 mcg</i>	OTC Benefit	
<i>sm biotin oral capsule 5000 mcg</i>	OTC Benefit	
<i>sm biotin oral tablet 5000 mcg</i>	OTC Benefit	
<i>super biotin oral capsule 5000 mcg</i>	OTC Benefit	
<i>super biotin oral tablet 5000 mcg</i>	OTC Benefit	
VB7 MAX ORAL POWDER 100 MG/GM (<i>biotin</i>)	OTC Benefit	
VITAJoy BIOTIN GUMMIES ORAL TABLET CHEWABLE 2500 MCG (<i>biotin</i>)	OTC Benefit	
YUMVS BIOTIN HIGH POTENCY ZERO ORAL TABLET CHEWABLE 2500 MCG (<i>biotin</i>)	OTC Benefit	
YUMVS BIOTIN MAX POTENCY ORAL TABLET CHEWABLE 5000 MCG (<i>biotin</i>)	OTC Benefit	
*PABA***		
<i>paba oral tablet 100 mg</i>	OTC Benefit	
*VITAMIN A***		
<i>a-10000 oral capsule 3 mg (10000 ut)</i>	OTC Benefit	
<i>a-25 oral capsule 7.5 mg (25000 ut)</i>	OTC Benefit	
<i>beta carotene high potency oral capsule 25000 unit</i>	OTC Benefit	
<i>beta carotene oral capsule 25000 unit</i>	OTC Benefit	
<i>beta carotene provitamin a oral capsule 25000 unit</i>	OTC Benefit	
<i>cvs beta carotene oral capsule 15 mg</i>	OTC Benefit	
<i>cvs vitamin a oral capsule 2400 mcg (8000 ut)</i>	OTC Benefit	
<i>gnp vitamin a oral capsule 3 mg (10000 ut)</i>	OTC Benefit	
<i>natural vitamin a oral capsule 3 mg (10000 ut)</i>	OTC Benefit	
<i>ra vitamin a oral capsule 3 mg (10000 ut)</i>	OTC Benefit	
<i>true vitamin a oral capsule 8000 unit</i>	OTC Benefit	
VITAMIN A FISH ORAL CAPSULE 2250 MCG (7500 UT) (<i>vitamin a</i>)	OTC Benefit	
<i>vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 7.5 mg (25000 ut)</i>	OTC Benefit	
<i>vitamin a oral tablet 2400 mcg (8000 ut), 3 mg (10000 ut)</i>	OTC Benefit	
<i>vitamin a palmitate oral tablet 3 mg (10000 ut), 4.5 mg (15000 ut)</i>	OTC Benefit	
<i>vitamin a-beta carotene oral capsule 25000 unit</i>	OTC Benefit	
<i>vitamin a-beta carotene oral tablet 15000-10000 unit</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>xcellent a 3000 oral capsule 3000 mcg</i>	OTC Benefit	
<i>xcellent a 7500 oral capsule 7.5 mg (25000 ut)</i>	OTC Benefit	
<i>yl beta carotene oral capsule 25000 unit</i>	OTC Benefit	
*VITAMIN B-1***		
<i>arkaliox oral capsule 200 mg</i>	OTC Benefit	
<i>b1 natural oral tablet 250 mg</i>	OTC Benefit	
<i>b1 oral tablet 100 mg</i>	OTC Benefit	
<i>b-1 oral tablet 100 mg, 250 mg</i>	OTC Benefit	
<i>benfotiamine oral capsule 150 mg</i>	OTC Benefit	
<i>benfotiamine-v oral capsule 150 mg</i>	OTC Benefit	
<i>cvs b-1 oral tablet 100 mg</i>	OTC Benefit	
CYTO B1 ORAL POWDER (<i>thiamine mononitrate</i>)	OTC Benefit	
<i>ft vitamin b-1 oral tablet 100 mg</i>	OTC Benefit	
<i>gnp vitamin b-1 oral tablet 100 mg</i>	OTC Benefit	
<i>qc vitamin b1 oral tablet 100 mg</i>	OTC Benefit	
<i>ra vitamin b-1 oral tablet 100 mg</i>	OTC Benefit	
<i>sm vitamin b1 oral tablet 100 mg</i>	OTC Benefit	
<i>thiamine hcl oral tablet 100 mg</i>	OTC Benefit	
<i>thiamine hcl powder</i>	OTC Benefit	
<i>true vitamin b1 oral tablet 250 mg, 50 mg</i>	OTC Benefit	
<i>vitamin b-1 oral tablet 250 mg, 50 mg</i>	OTC Benefit	
*VITAMIN B-2***		
<i>b-2 oral tablet 100 mg</i>	OTC Benefit	
B-2-400 ORAL CAPSULE 400 MG (<i>riboflavin</i>)	OTC Benefit	
<i>cvs vitamin b-2 oral tablet 100 mg</i>	OTC Benefit	
CYTO B2 ORAL POWDER 343 MG/GM (<i>riboflavin</i>)	OTC Benefit	
<i>riboflavin oral tablet 400 mg</i>	OTC Benefit	
<i>vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg</i>	OTC Benefit	
*VITAMIN B-3***		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG (<i>niacin</i>)	OTC Benefit	
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG (<i>niacinamide</i>)	OTC Benefit	
<i>kp niacin oral tablet 500 mg</i>	OTC Benefit	
<i>niacin er oral tablet extended release 1000 mg, 250 mg</i>	OTC Benefit	
<i>niacin oral tablet 250 mg, 50 mg</i>	OTC Benefit	
<i>niacinamide er oral tablet extended release 500 mg</i>	OTC Benefit	
<i>niacinamide oral tablet 100 mg, 500 mg</i>	OTC Benefit	
<i>niacinamide powder</i>	OTC Benefit	
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG (<i>niacin</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin</i>)	OTC Benefit	
<i>qc niacin oral tablet 100 mg</i>	OTC Benefit	
<i>ra niacin oral tablet 100 mg, 500 mg</i>	OTC Benefit	
<i>ra no flush niacin oral tablet 500 mg</i>	OTC Benefit	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG (<i>niacin</i>)	OTC Benefit	
<i>sm niacin cr oral tablet extended release 250 mg</i>	OTC Benefit	
*VITAMIN B-5***		
<i>calcium pantothenate oral tablet 100 mg, 200 mg, 500 mg</i>	OTC Benefit	
<i>calcium pantothenate powder</i>	OTC Benefit	
*VITAMIN B-6***		
<i>b6 natural oral tablet 100 mg</i>	OTC Benefit	
<i>b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	OTC Benefit	
B-NATAL MOUTH/THROAT LOZENGE 25 MG (<i>pyridoxine hcl</i>)	OTC Benefit	
B-NATAL MOUTH/THROAT LOZENGE ON A HANDLE 25 MG (<i>pyridoxine hcl</i>)	OTC Benefit	
<i>cvs b6 oral tablet 100 mg</i>	OTC Benefit	
<i>eql b-6 oral tablet 100 mg</i>	OTC Benefit	
<i>ft vitamin b-6 oral tablet 100 mg</i>	OTC Benefit	
<i>gnp vitamin b-6 oral tablet 100 mg</i>	OTC Benefit	
<i>kp vitamin b-6 oral tablet 100 mg</i>	OTC Benefit	
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	OTC Benefit	
<i>pyridoxine hcl powder</i>	OTC Benefit	
<i>qc vitamin b6 oral tablet 100 mg</i>	OTC Benefit	
<i>ra vitamin b-6 oral tablet 100 mg, 50 mg</i>	OTC Benefit	
<i>sm vitamin b6 oral tablet 100 mg</i>	OTC Benefit	
<i>true vitamin b6 oral tablet 10 mg</i>	OTC Benefit	
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	OTC Benefit	
<i>vitamin b6 oral tablet 100 mg, 250 mg, 50 mg</i>	OTC Benefit	
<i>yl vitamin b-6 oral tablet 100 mg</i>	OTC Benefit	
*VITAMIN C***		
ACEROLA C 500 ORAL WAFER 500 MG (<i>ascorbic acid</i>)	OTC Benefit	
<i>acerola c-500 oral tablet chewable 500 mg</i>	OTC Benefit	
<i>ascorbic acid oral powder</i>	OTC Benefit	
<i>ascorbic acid oral tablet 1000 mg</i>	OTC Benefit	
BPROTECTED VITAMIN C ORAL LIQUID 500 MG/5ML (<i>ascorbic acid</i>)	OTC Benefit	
<i>buffered c powder oral packet</i>	OTC Benefit	
<i>buffered vitamin c oral capsule 1000 mg</i>	OTC Benefit	
<i>c 1000 oral tablet 1000 mg</i>	OTC Benefit	
<i>c 500 oral tablet chewable 500 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>c 500/rose hips oral tablet 500 mg</i>	OTC Benefit	
<i>c extra strength oral tablet 1000 mg</i>	OTC Benefit	
<i>c-1000 oral tablet 1000 mg</i>	OTC Benefit	
<i>c-1000 oral tablet extended release 1000 mg</i>	OTC Benefit	
<i>c-1000/rose hips oral tablet 1000 mg</i>	OTC Benefit	
<i>c-250 oral tablet 250 mg</i>	OTC Benefit	
<i>c-250 oral tablet chewable 250 mg</i>	OTC Benefit	
<i>c-500 oral tablet 500 mg</i>	OTC Benefit	
<i>c-500 oral tablet extended release 500 mg</i>	OTC Benefit	
<i>c-500/rose hips oral tablet 500 mg</i>	OTC Benefit	
<i>calcium ascorbate oral tablet 500 mg</i>	OTC Benefit	
<i>calcium ascorbate powder</i>	OTC Benefit	
<i>c-chewable oral tablet chewable 500 mg</i>	OTC Benefit	
CRUSH VITAMIN C DROPS MOUTH/THROAT LOZENGE 60 MG (ascorbic acid)	OTC Benefit	
<i>cvs chewable c with rose hips oral tablet chewable 500 mg</i>	OTC Benefit	
<i>cvs vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	OTC Benefit	
<i>cvs vitamin c-rose hips oral tablet 1000 mg, 500-10 mg</i>	OTC Benefit	
CYTO C ORAL POWDER (ascorbic acid)	OTC Benefit	
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG (ascorbic acid)	OTC Benefit	
ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG (ascorbic acid)	OTC Benefit	
<i>eql vitamin c drops mouth/throat lozenge 53 mg</i>	OTC Benefit	
<i>eql vitamin c gummies oral tablet chewable 125 mg</i>	OTC Benefit	
<i>eql vitamin c oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>eql vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>fruit c 500 oral tablet chewable 500 mg</i>	OTC Benefit	
<i>fruit c oral tablet chewable 100 mg</i>	OTC Benefit	
<i>fruity c oral tablet chewable 250 mg</i>	OTC Benefit	
<i>ft vitamin c oral tablet 1000 mg</i>	OTC Benefit	
<i>ft vitamin c oral tablet chewable 500 mg</i>	OTC Benefit	
<i>ft vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>gnp vitamin c drops mouth/throat lozenge 60 mg</i>	OTC Benefit	
<i>gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	OTC Benefit	
<i>gnp vitamin c oral tablet chewable 125 mg, 500 mg</i>	OTC Benefit	
<i>gnp vitamin c oral tablet extended release 500 mg</i>	OTC Benefit	
<i>gnp vitamin c w/rose hips oral tablet 500-37 mg</i>	OTC Benefit	
<i>gnp vitamin c/rose hips oral tablet 1000 mg</i>	OTC Benefit	
<i>liquid c oral liquid 500 mg/5ml</i>	OTC Benefit	
<i>meijer c oral tablet 500 mg</i>	OTC Benefit	
<i>natural c/rose hips oral tablet 1000 mg, 500 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>qc vitamin c oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>qc vitamin c oral tablet chewable 500 mg</i>	OTC Benefit	
<i>qc vitamin c with rose hips oral tablet 500 mg</i>	OTC Benefit	
<i>ra vitamin c cr oral tablet extended release 500 mg</i>	OTC Benefit	
<i>ra vitamin c drops mouth/throat lozenge 53 mg</i>	OTC Benefit	
<i>ra vitamin c oral tablet 250 mg, 500 mg</i>	OTC Benefit	
<i>ra vitamin c oral tablet chewable 250 mg, 500 mg</i>	OTC Benefit	
<i>ra vitamin c/acerola oral tablet chewable 500 mg</i>	OTC Benefit	
<i>ra vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>sb vitamin c oral tablet 500 mg</i>	OTC Benefit	
<i>sm chewable vitamin c oral tablet chewable 500 mg</i>	OTC Benefit	
<i>sm vitamin c cr oral tablet extended release 500 mg</i>	OTC Benefit	
<i>sm vitamin c oral tablet 500 mg</i>	OTC Benefit	
<i>sodium ascorbate powder</i>	OTC Benefit	
SUNKIST VITAMIN C ORAL TABLET CHEWABLE 500 MG (ascorbic acid)	OTC Benefit	
<i>vita-c oral crystals</i>	OTC Benefit	
<i>vitachew vit c citrus burst oral tablet chewable 125 mg</i>	OTC Benefit	
VITAJEY DAILY C GUMMIES ORAL TABLET CHEWABLE 125 MG (ascorbic acid)	OTC Benefit	
VITAMELTS VITAMIN C ORAL TABLET DISPERSIBLE 60 MG (ascorbic acid)	OTC Benefit	
<i>vitamin c (calcium ascorbate) oral solution reconstituted</i>	OTC Benefit	
<i>vitamin c adult gummies oral tablet chewable 125 mg</i>	OTC Benefit	
<i>vitamin c drops mouth/throat lozenge 60 mg</i>	OTC Benefit	
<i>vitamin c er oral capsule extended release 500 mg</i>	OTC Benefit	
<i>vitamin c er oral tablet extended release 1500 mg, 500 mg</i>	OTC Benefit	
<i>vitamin c gummie oral tablet chewable 120 mg</i>	OTC Benefit	
<i>vitamin c gummies oral tablet chewable 125 mg</i>	OTC Benefit	
<i>vitamin c immune health oral tablet chewable 500 mg</i>	OTC Benefit	
<i>vitamin c oral capsule 500 mg</i>	OTC Benefit	
<i>vitamin c oral liquid 500 mg/5ml</i>	OTC Benefit	
<i>vitamin c oral powder</i>	OTC Benefit	
<i>vitamin c oral tablet 100 mg</i>	OTC Benefit	
<i>vitamin c oral tablet chewable 100 mg, 125 mg, 250 mg, 500 mg</i>	OTC Benefit	
<i>vitamin c plus wild rose hips oral tablet chewable 500 mg</i>	OTC Benefit	
<i>vitamin c/bioflavonoids/rosehp oral tablet 500 mg</i>	OTC Benefit	
<i>vitamin c/natural rose hips oral tablet 1000 mg</i>	OTC Benefit	
<i>vitamin c/rose hips oral tablet 500 mg</i>	OTC Benefit	
<i>vitamin c/rose hips tr oral tablet extended release 1000 mg</i>	OTC Benefit	
<i>vitamin c-acerola oral tablet chewable 500 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg</i>	OTC Benefit	
<i>vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>vitamin c-rose hips oral tablet chewable 500 mg</i>	OTC Benefit	
<i>vitamin c-rose hips tr oral tablet extended release 500 mg</i>	OTC Benefit	
XCELLENT C ORAL CAPSULE 750-7.5 MG (<i>vitamin c-black pepper</i>)	OTC Benefit	
<i>yl vitamin c oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
<i>yl vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	OTC Benefit	
YUMVS VITAMIN C ZERO ORAL TABLET CHEWABLE 125 MG (<i>ascorbic acid</i>)	OTC Benefit	
*VITAMIN D***		
AQUA-D ORAL LIQUID 12.5 MCG/0.25ML (<i>vitamin d</i>)	OTC Benefit	
BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML (<i>cholecalciferol</i>)	OTC Benefit	
<i>baby super daily d3 oral liquid 10 mcg /0.028ml</i>	OTC Benefit	
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>	OTC Benefit	
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML (<i>cholecalciferol</i>)	OTC Benefit	
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML (<i>cholecalciferol</i>)	OTC Benefit	
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML (<i>cholecalciferol</i>)	OTC Benefit	
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 2000 unit, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>cvs vitamin d3 oral capsule 250 mcg (10000 ut)</i>	OTC Benefit	
<i>cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	OTC Benefit	
<i>d 1000 oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	OTC Benefit	
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	OTC Benefit	
<i>d-1000 extra strength oral tablet 25 mcg (1000 ut)</i>	OTC Benefit	
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	OTC Benefit	
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	OTC Benefit	
<i>d3 5000 oral capsule 125 mcg (5000 ut)</i>	OTC Benefit	
<i>d3 adult oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
<i>d3 baby drops oral liquid 10 mcg /0.025ml</i>	OTC Benefit	
<i>d3 extra strength oral capsule 125 mcg (5000 ut)</i>	OTC Benefit	
<i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>d3 high potency oral tablet 10 mcg (400 unit)</i>	OTC Benefit	
<i>d3 kids oral tablet chewable 10 mcg (400 unit)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>d3 liquid oral liquid 25 mcg/0.04ml</i>	OTC Benefit	
<i>d3 max st oral capsule 250 mcg (10000 ut)</i>	OTC Benefit	
<i>d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	OTC Benefit	
<i>d3 oral capsule 25 mcg (1000 ut)</i>	OTC Benefit	
<i>d3 oral tablet 50 mcg (2000 ut)</i>	OTC Benefit	
<i>d3 oral tablet chewable 50 mcg (2000 ut), 62.5 mcg (2500 ut)</i>	OTC Benefit	
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>	OTC Benefit	
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	OTC Benefit	
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	OTC Benefit	
<i>d-3-5 oral capsule 125 mcg (5000 ut)</i>	OTC Benefit	
D3-50 ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol)	OTC Benefit	
<i>d-400 oral tablet 10 mcg (400 unit)</i>	OTC Benefit	
<i>d-5000 oral tablet 125 mcg (5000 ut)</i>	OTC Benefit	
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML (cholecalciferol)	OTC Benefit	
DDROPS ORAL LIQUID 25 MCG /0.028ML, 25 MCG/0.03ML, 50 MCG /0.028ML, 50 MCG/0.03ML (cholecalciferol)	OTC Benefit	
DECARA ORAL CAPSULE 625 MCG (25000 UT) (cholecalciferol)	OTC Benefit	
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	OTC Benefit	
D-VI-SOL ORAL LIQUID 10 MCG/ML (cholecalciferol)	OTC Benefit	
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	OTC Benefit	
<i>eq d3 drops infants/childrens oral liquid 10 mcg /0.025ml</i>	OTC Benefit	
<i>eql vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
<i>eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)</i>	OTC Benefit	
<i>ft vitamin d3 oral capsule 25 mcg, 50 mcg</i>	OTC Benefit	
<i>ft vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg</i>	OTC Benefit	
<i>ft vitamin d3 rapid release oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut)</i>	OTC Benefit	
<i>gnp d 1000 oral capsule 25 mcg (1000 ut)</i>	OTC Benefit	
<i>gnp d 2000 oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
<i>gnp d3 oral capsule 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</i>	OTC Benefit	
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	OTC Benefit	
<i>gnp vitamin d oral tablet chewable 10 mcg (400 unit)</i>	OTC Benefit	
<i>gnp vitamin d super strength oral tablet 125 mcg (5000 ut)</i>	OTC Benefit	
<i>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</i>	OTC Benefit	
<i>gnp vitamin d3 oral tablet 10 mcg (400 unit)</i>	OTC Benefit	
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT) (cholecalciferol)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
KIDS FIRST VITAMIN D3 GUMMIES ORAL TABLET CHEWABLE 25 MCG (1000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
<i>kls d3 oral capsule 50 mcg (2000 ut)</i>	OTC Benefit	
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	OTC Benefit	
<i>kp vitamin d oral tablet chewable 10 mcg (400 unit)</i>	OTC Benefit	
<i>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML (<i>cholecalciferol</i>)	OTC Benefit	
<i>nat-rul vitamin d oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	OTC Benefit	
OPTIMAL D3 M ORAL CAPSULE 350 MCG (14000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
OPURITY VITAMIN D ORAL TABLET CHEWABLE 125 MCG (5000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
<i>osteo-vit3 oral liquid 417 mcg/ml</i>	OTC Benefit	
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	OTC Benefit	
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
<i>qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	OTC Benefit	
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
REPLESTA NX ORAL WAFER 350 MCG (14000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
REPLESTA ORAL WAFER 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
<i>sm vitamin d oral tablet 10 mcg (400 unit)</i>	OTC Benefit	
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 125 mcg (5000 ut), 50 mcg, 50 mcg (2000 ut)</i>	OTC Benefit	
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut)</i>	OTC Benefit	
<i>super daily d3 oral liquid 25 mcg /0.028ml, 50 mcg /0.028ml</i>	OTC Benefit	
<i>sv vitamin d3 oral capsule 25 mcg, 50 mcg</i>	OTC Benefit	
<i>sv vitamin d3 oral tablet chewable 25 mcg</i>	OTC Benefit	
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (<i>cholecalciferol</i>)	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
THERA-D 4000 ORAL TABLET 100 MCG (4000 UT) <i>(cholecalciferol)</i>	OTC Benefit	
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT) <i>(cholecalciferol)</i>	OTC Benefit	
<i>true vitamin d3 oral tablet 250 mcg (10000 ut)</i>	OTC Benefit	
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML <i>(cholecalciferol)</i>	OTC Benefit	
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
VITAJOY DAILY D GUMMIES ORAL TABLET CHEWABLE 25 MCG (1000 UT) <i>(cholecalciferol)</i>	OTC Benefit	
VITAMELTS VITAMIN D ORAL TABLET DISPERSIBLE 25 MCG (1000 UT) <i>(cholecalciferol)</i>	OTC Benefit	
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	OTC Benefit	
<i>vitamin d (ergocalciferol) oral capsule 50 mcg (2000 ut)</i>	OTC Benefit	
<i>vitamin d high potency oral capsule 25 mcg (1000 ut)</i>	OTC Benefit	
<i>vitamin d infant oral liquid 10 mcg/ml</i>	OTC Benefit	
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>	OTC Benefit	
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT) <i>(cholecalciferol)</i>	OTC Benefit	
<i>vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>vitamin d3 adult gummies oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
<i>vitamin d3 fast dissolve oral tablet dispersible 50 mcg (2000 ut)</i>	OTC Benefit	
<i>vitamin d3 gummies adult oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
<i>vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>	OTC Benefit	
VITAMIN D3 IMMUNE HEALTH ORAL LIQUID 25 MCG/10ML <i>(cholecalciferol)</i>	OTC Benefit	
<i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	OTC Benefit	
<i>vitamin d3 oral capsule 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg, 62.5 mcg</i>	OTC Benefit	
<i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i>	OTC Benefit	
<i>vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 30 mcg/15ml</i>	OTC Benefit	
<i>vitamin d3 oral tablet 20 mcg (800 unit), 25 mcg, 250 mcg (10000 ut), 75 mcg (3000 ut)</i>	OTC Benefit	
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	OTC Benefit	
<i>vitamin d3 oral tablet dispersible 125 mcg (5000 ut)</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>vitamin d3 ultra potency oral tablet 1250 mcg</i>	OTC Benefit	
YUMVS VITAMIN D3 ORAL TABLET CHEWABLE 25 MCG (1000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT), 62.5 MCG (2500 UT) (<i>cholecalciferol</i>)	OTC Benefit	
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT) (<i>cholecalciferol</i>)	OTC Benefit	
*VITAMIN E***		
ADVANCED E ORAL CAPSULE 400 UNIT (<i>vitamin e-misc nat products</i>)	OTC Benefit	
AQUA-E ORAL LIQUID 20 UNIT (<i>tocopherols-tocotrienols</i>)	OTC Benefit	
AQUA-E ORAL LIQUID 50.25 MG/ML (75 UT/ML) (<i>vitamin e</i>)	OTC Benefit	
<i>cvs e oil oral oil 45 mg/0.25ml</i>	OTC Benefit	
<i>cvs e oral capsule 90 mg (200 unit)</i>	OTC Benefit	
<i>cvs vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	OTC Benefit	
<i>e 1000 oral capsule 450 mg (1000 ut)</i>	OTC Benefit	
<i>e200 oral capsule 90 mg (200 unit)</i>	OTC Benefit	
<i>e400 oral capsule 180 mg (400 unit)</i>	OTC Benefit	
<i>e-400 oral capsule 180 mg (400 unit), 268 mg (400 unit)</i>	OTC Benefit	
<i>e-400-clear oral capsule 268 mg (400 unit)</i>	OTC Benefit	
<i>e-oil oral oil 100 unt/0.25ml, 45 mg/0.25ml</i>	OTC Benefit	
<i>eql vitamin e oral capsule 400 unit</i>	OTC Benefit	
<i>ft vitamin e oral capsule 180 mg</i>	OTC Benefit	
<i>gnp vitamin e oral capsule 180 mg (400 unit), 400 unit, 450 mg (1000 ut), 90 mg (200 unit)</i>	OTC Benefit	
<i>high potency e oral capsule 450 mg (1000 ut)</i>	OTC Benefit	
KEY-E ORAL TABLET CHEWABLE 268 MG (400 UNIT) (<i>vitamin e</i>)	OTC Benefit	
<i>kp vitamin e oral capsule 45 mg (100 unit)</i>	OTC Benefit	
<i>natural vitamin e oral capsule 670 mg (1000 ut)</i>	OTC Benefit	
<i>natural vitamin e oral tablet 200 unit, 268 mg (400 unit)</i>	OTC Benefit	
<i>qc vitamin e oral capsule 180 mg (400 unit)</i>	OTC Benefit	
<i>ra natural vitamin e oral capsule 268 mg (400 unit)</i>	OTC Benefit	
<i>ra vitamin e natural oral capsule 670 mg (1000 ut)</i>	OTC Benefit	
<i>ra vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)</i>	OTC Benefit	
<i>sm vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut), 90 mg (200 unit)</i>	OTC Benefit	
<i>toco-sorb oral capsule 13 mg (19 unit)</i>	OTC Benefit	
<i>vitamin e blend oral capsule 400 unit</i>	OTC Benefit	
<i>vitamin e high potency oral capsule 180 mg (400 unit), 90 mg</i>	OTC Benefit	

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Drug Name	Formulary Status	Requirements/Limits* (See Footnotes)
<i>vitamin e oral capsule 100 unit, 1000 unit, 134 mg (200 unit), 200 unit, 268 mg (400 unit), 400 unit, 45 mg (100 unit), 670 mg (1000 ut), 90 mg (200 unit)</i>	OTC Benefit	
<i>vitamin e oral oil 45 mg/0.25ml, 67 mg/0.25ml</i>	OTC Benefit	
<i>vitamin e oral tablet 100 unit, 134 mg (200 unit), 200 unit, 268 mg (400 unit), 400 unit, 67 mg (100 unit)</i>	OTC Benefit	
<i>vitamin e oral tablet chewable 400 unit</i>	OTC Benefit	
<i>vitamin e water soluble oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	OTC Benefit	
<i>vitamin e/d-alpha natural oral capsule 268 mg (400 unit)</i>	OTC Benefit	
<i>vitamin e/d-alpha oral capsule 134 mg (200 unit)</i>	OTC Benefit	
XCELLENT E ORAL CAPSULE 33.5 MG (50 UNIT) (<i>vitamin e</i>)	OTC Benefit	
*VITAMIN K***		
AQUA-K ORAL LIQUID 200 MCG/0.2ML (<i>vitamin k</i>)	OTC Benefit	
<i>k 100 oral tablet 100 mcg</i>	OTC Benefit	
K1-1000 ORAL CAPSULE 1 MG (<i>phytonadione</i>)	OTC Benefit	
<i>k2 oral liquid 90 mcg/0.5ml</i>	OTC Benefit	
<i>k2-45 oral capsule 45 mcg</i>	OTC Benefit	
SUPERIORSOURCE K1 ORAL TABLET DISPERSIBLE 500 MCG (<i>phytonadione</i>)	OTC Benefit	
<i>vitamin k (phytonadione) oral tablet 100 mcg</i>	OTC Benefit	
<i>vitamin k oral tablet 100 mcg</i>	OTC Benefit	
<i>vitamin k2 oral capsule 100 mcg</i>	OTC Benefit	
<i>vitamin k2 oral tablet 100 mcg, 40 mcg</i>	OTC Benefit	

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