

# 2024

# FORMULARY LIST OF COVERED DRUGS

## ALOHACARE QUEST INTEGRATION DUAL

The AlohaCare QUEST Integration Formulary is a list of drugs that AlohaCare covers if the drug restriction(s) (or limits) are met. The formulary is reviewed every 3 months or as needed. The formulary is approved by a group of doctors and pharmacists on the Pharmacy & Therapeutics (P&T) Committee. This formulary is for drugs that a member can get with a prescription at a pharmacy. It does not apply to drugs used in the hospital or drugs given at a doctor's office.

The drugs or products listed in this formulary may not include all drugs and may change. Some drugs may reject at the pharmacy because of other edits such as drug interactions and therapeutic duplication. A drug interaction may happen when 2 or more drugs may work against each other. A therapeutic duplication may happen when 2 or more drugs are the same or works the same way as another. Drugs that are not listed on this formulary are either not covered by AlohaCare QUEST Integration or are non-formulary.



## AlohaCare QUEST Integration Dual

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Drug Name	Drug Tier	Requirements /Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTIDIETIC/OBESITY/ANOREXIANTS*</b>		
<b>*ANALEPTICS***</b>		
<i>caffeine citrate oral solution</i>	Preferred	
<b>*ANALGESICS - ANTI-INFLAMMATORY *</b>		
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***</b>		
<i>cvs ibuprofen childrens oral tablet chewable</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>flurbiprofen oral tablet 50 mg</i>	Preferred	QL (4 tablets per 1 day)
<i>ft ibuprofen oral tablet</i>	Preferred	OTC; QL (100 tablets per 30 days)
<i>ibuprofen oral capsule</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>ibuprofen oral tablet 200 mg</i>	Preferred	OTC; QL (100 tablets per 30 days)
<b>INFANTS ADVIL ORAL SUSPENSION</b>	Preferred	OTC; QL (30 mL per 30 days)
<b>MEDI-FIRST IBUPROFEN ORAL TABLET</b>	Preferred	OTC; QL (100 tablets per 30 days)
<b>MOTRIN CHILDRENS ORAL TABLET CHEWABLE</b>	Preferred	OTC; QL (100 tablets per 90 days)
<b>MOTRIN INFANTS DROPS ORAL SUSPENSION</b>	Preferred	OTC; QL (30 mL per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral capsule</i>	Preferred	OTC; QL (100 capsules per 90 days)
<i>naproxen sodium oral tablet 220 mg</i>	Preferred	OTC; QL (100 tablets per 90 days)
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*ANALGESIC COMBINATIONS*</b>		
<b>**</b>		
<i>kls migraine headache relief oral tablet</i>	Preferred	OTC
<b>*ANALGESICS OTHER***</b>		
<i>8 hour arthritis pain oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>acetaminophen childrens oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen childrens oral tablet chewable</i>	Preferred	OTC
<i>acetaminophen er oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>acetaminophen infants oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen oral liquid</i>	Preferred	OTC; QL (120 mL per 30 days)
<i>acetaminophen oral solution 160 mg/5ml</i>	Preferred	OTC; QL (100 mL per 25 days)
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	Preferred	OTC
<i>acetaminophen oral tablet 500 mg</i>	Preferred	OTC; QL (100 tablets per 30 days)
<i>acetaminophen oral tablet chewable 160 mg</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen rectal suppository</i>	Preferred	OTC
<b>FEVERALL INFANTS RECTAL SUPPOSITORY</b>	Preferred	OTC
<b>FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY</b>	Preferred	OTC
<b>MM ACETAMINOPHEN EX STR ORAL TABLET</b>	Preferred	OTC; QL (100 tablets per 30 days)
<i>pain &amp; fever kids oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>qc 8 hour pain relief oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>qc acetaminophen infants oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>qc pain relief extra strength oral liquid</i>	Preferred	OTC
<b>TRIAMINIC FEVER REDUCER ORAL SYRUP</b>	Preferred	OTC
<b>TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE</b>	Preferred	OTC
<b>TYLENOL CHILDRENS ORAL SUSPENSION</b>	Preferred	OTC; QL (480 mL per 30 days)
<b>TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION</b>	Preferred	OTC; QL (480 mL per 30 days)
<b>TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION</b>	Preferred	OTC; QL (480 mL per 30 days)
<b>TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION</b>	Preferred	OTC; QL (480 mL per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<b>*ANALGESICS- SEDATIVES***</b>		
<i>qc menstrual pain relief oral tablet</i>	Preferred	OTC
<b>*SALICYLATES***</b>		
<i>aspirin 81 oral tablet delayed release</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<i>aspirin oral tablet</i>	Preferred	EDS; OTC
<i>aspirin oral tablet chewable</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<i>aspirin oral tablet delayed release 325 mg</i>	Preferred	EDS; OTC; QL (100 tablets per 25 days)
<i>aspirin oral tablet delayed release 81 mg</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<i>aspirin rectal suppository</i>	Preferred	OTC
<i>aspirin regimen oral tablet delayed release</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<i>cvs genuine aspirin oral tablet</i>	Preferred	EDS; OTC
<i>goodsense aspirin adults oral tablet</i>	Preferred	EDS; OTC
<b>MEDI-FIRST ASPIRIN ORAL TABLET</b>	Preferred	EDS; OTC
<b>MEDIQUE ASPIRIN ORAL TABLET</b>	Preferred	EDS; OTC
<i>mm aspirin oral tablet delayed release</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<b>*ANALGESICS - OPIOID*</b>		
<b>*OPIOID AGONISTS***</b>		
<i>methadone hcl oral tablet soluble</i>	Preferred	PA; C; QL (1 tablet per 1 day)
<b>METHADOSE ORAL TABLET SOLUBLE</b>	Preferred	PA; C; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*RECTAL COMBINATIONS - MISC.***</b>		
<i>gnp hemorrhoidal rectal ointment</i>	Preferred	OTC
<b>*RECTAL LOCAL ANESTHETICS***</b>		
LUBRICAINE EXTERNAL GEL 5 %	Preferred	OTC
TOPICAINE 5 EXTERNAL GEL	Preferred	OTC
<b>*ANTACIDS*</b>		
<b>*ANTACID &amp; SIMETHICONE***</b>		
<i>alum &amp; mag hydroxide-simeth oral suspension</i>	Preferred	OTC
<i>antacid &amp; antigas oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>goodsense advanced antacid oral suspension</i>	Preferred	OTC
<i>goodsense antacid &amp; gas relief oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>qc antacid/anti-gas oral suspension 400-400-40 mg/10ml</i>	Preferred	OTC
<b>*ANTACIDS - ALUMINUM SALTS***</b>		
<i>aluminum hydroxide gel oral suspension</i>	Preferred	OTC
<b>*ANTACIDS - BICARBONATE***</b>		
<i>sodium bicarbonate oral tablet</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<b>*ANTACIDS - CALCIUM SALTS***</b>		
<i>calcium carbonate antacid oral suspension</i>	Preferred	OTC
<i>calcium carbonate antacid oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>calcium carbonate antacid oral tablet chewable</i>	Preferred	OTC; QL (5 tablets per 1 day)
<i>goodsense antacid extra str oral tablet chewable</i>	Preferred	OTC
<i>medi-first antacid oral tablet chewable</i>	Preferred	OTC
<b>*ANTACIDS - MAGNESIUM SALTS***</b>		
<i>magnesium oxide (antacid) oral capsule</i>	Preferred	OTC
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Preferred	OTC
<i>magnesium oxide oral tablet 400 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<b>*ANTHELMINTIC S*</b>		
<b>*ANTHELMINTIC S***</b>		
<i>reeses pinworm medicine oral suspension</i>	Preferred	OTC
<b>*ANTIDIABETICS*</b>		
<b>*DIABETIC OTHER - COMBINATIONS*</b>		
**		
<b>DEX4 GLUCOSE ORAL TABLET CHEWABLE</b>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>DEX4 NATURALS ORAL TABLET CHEWABLE</b>	Preferred	OTC	<i>leader quick dissolve glucose oral tablet chewable</i>	Preferred	OTC
<b>DEX4 ORAL TABLET CHEWABLE</b>	Preferred	OTC	<b>*ANTIDIARRHEA L/PROBIOTIC AGENTS*</b>		
<b>DEX4 POUCH PACK ORAL TABLET CHEWABLE</b>	Preferred	OTC	<b>*ANTIDIARRHEA L/PROBIOTIC AGENTS - MISC.***</b>		
<i>glucose instant energy oral tablet chewable</i>	Preferred	OTC	<i>bismuth subsalicylate oral tablet chewable</i>	Preferred	OTC
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC	<i>gnp stomach relief oral suspension</i>	Preferred	OTC; QL (80 mL per 30 days)
<i>gnp glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC	<i>pink bismuth maximum strength oral suspension</i>	Preferred	OTC
<i>goodsense glucose oral tablet chewable</i>	Preferred	OTC	<b>*ANTIPERISTALTIC AGENTS***</b>		
<i>leader glucose oral tablet chewable</i>	Preferred	OTC	<i>loperamide hcl oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
<i>longs glucose oral tablet chewable</i>	Preferred	OTC	<b>*ANTIEMETICS*</b>		
<b>RELION GLUCOSE ORAL TABLET CHEWABLE</b>	Preferred	OTC	<b>*ANTIEMETIC COMBINATIONS*</b>		
<b>SMART SENSE GLUCOSE ORAL TABLET CHEWABLE</b>	Preferred	OTC	<b>**</b>		
<i>up &amp; up glucose oral tablet chewable</i>	Preferred	OTC	<i>nausea relief oral solution</i>	Preferred	OTC
<b>*DIABETIC OTHER***</b>			<b>*ANTIHISTAMINE S*</b>		
<b>DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE</b>	Preferred	OTC	<b>*ANTIHISTAMINE S - ALKYLAMINES***</b>		
<i>glucose oral gel 40 %</i>	Preferred	OTC	<i>chlorphen oral tablet</i>	Preferred	OTC
<i>glucose oral tablet chewable 4 gm</i>	Preferred	OTC	<i>chlorpheniramine maleate er oral tablet extended release</i>	Preferred	OTC
<i>gnp glucose oral tablet chewable 4 gm</i>	Preferred	OTC	<i>chlorpheniramine maleate oral tablet</i>	Preferred	OTC
<i>gnp quick dissolve glucose oral tablet chewable</i>	Preferred	OTC	<b>DIABETIC TUSSIN ALLERGY ORAL SYRUP</b>	Preferred	OTC

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<b>*ANTIHISTAMINE</b>					
<b>S - ETHANOLAMINE</b>					
<b>S***</b>					
<i>allergy relief childrens oral tablet dispersible</i>	Preferred	C; OTC	<i>allergy relief (loratadine) oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>allergy relief oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)	<i>allergy relief oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>diphenhydramine hcl childrens oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)	<i>cetirizine hcl oral tablet chewable</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>diphenhydramine hcl oral capsule 25 mg</i>	Preferred	C; QL (120 capsules per 30 days)	<i>fexofenadine hcl oral tablet 180 mg</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Preferred	C	<i>fexofenadine hcl oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Preferred	C; OTC; QL (60 mL per 1 day)	<i>ft allergy relief childrens oral tablet chewable</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>diphenhydramine hcl oral tablet</i>	Preferred	C; OTC; QL (4 tablets per 1 day)	<i>loratadine oral capsule</i>	Preferred	OTC; QL (1 capsule per 1 day)
<i>diphenhydramine hcl oral tablet chewable</i>	Preferred	C; OTC	<i>loratadine oral solution</i>	Preferred	PA; AL; OTC; QL (10 mL per 1 day)
<i>gnp allergy relief max st oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)	<i>loratadine oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<b>KINDERMED KIDS ALLERGY ORAL LIQUID</b>	Preferred	C; OTC; QL (60 mL per 1 day)	<i>loratadine oral tablet dispersible</i>	Preferred	OTC; QL (1 tablet per 1 day)
<b>MM ALLER-BEN ORAL TABLET</b>	Preferred	C; OTC; QL (4 tablets per 1 day)	<i>qc allergy relief oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)
<b>*ANTIHISTAMINE</b>					
<b>S - NON-SEDATING***</b>					
<b>ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE</b>	Preferred	OTC; QL (2 tablets per 1 day)	<b>*ANTIPSYCHOTIC/ANTIMANIC AGENTS*</b>		
<i>allergy rel child (cetirizine) oral tablet dispersible</i>	Preferred	OTC; QL (1 tablet per 1 day)	<b>*DIBENZOXAZEPINES***</b>		
<i>allergy relief (loratadine) oral capsule</i>	Preferred	OTC; QL (1 capsule per 1 day)	<b>ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Preferred	AL; C

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<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
**		
<i>hydrogen peroxide external solution</i>	Preferred	OTC
<b>*CHLORINE ANTISEPTICS***</b>		
<i>chlorhexidine gluconate external solution 4 %</i>	Preferred	OTC; QL (480 mL per 30 days)
<b>*CHEMICALS*</b>		
<b>*SOLVENTS***</b>		
<i>gnp isopropyl rubbing alcohol solution 70 %</i>	Preferred	OTC
<b>*CONTRACEPTIVES*</b>		
<b>*EMERGENCY CONTRACEPTIVE S***</b>		
<b>AFTERA ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>AFTERPILL ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>CURAE ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>ECONTRA ONE-STEP ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>HER STYLE ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<i>levonorgestrel oral tablet</i>	Preferred	OTC; QL (1 tablet per 30 days)
<b>MY CHOICE ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<b>MY WAY ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>NEW DAY ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>OPCICON ONE-STEP ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>OPTION 2 ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>REACT ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>TAKE ACTION ORAL TABLET</b>	Preferred	OTC; QL (1 tablet per 30 days)
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANTIHISTAMINE -ANALGESICS***</b>		
<i>severe allergy oral tablet</i>	Preferred	AL; OTC
<b>*ANTITUSSIVE - NONNARCOTIC**</b>		
*		
<i>benzonatate oral capsule</i>	Preferred	AL
<i>daytime cough oral liquid</i>	Preferred	AL; OTC
<i>dextromethorphan polistirex er oral suspension extended release</i>	Preferred	AL; OTC
<i>tussin cough oral syrup</i>	Preferred	AL; OTC
<b>WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID</b>	Preferred	AL; OTC
<b>*ANTITUSSIVE - OPIOID***</b>		
<i>hydrocodone bit-homatrop mbr oral solution</i>	Preferred	AL

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hydrocodone bit-homatrop mbr oral tablet	Preferred	AL	goodsense tussin dm oral liquid	Preferred	AL; OTC
hydromet oral solution	Preferred	AL	guaifenesin-codeine oral solution 100-10 mg/5ml	Preferred	AL; OTC; QL (120 mL per 1 fill)
<b>*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC***</b>			guaifenesin-codeine oral solution 200-20 mg/10ml	Preferred	AL; OTC; QL (120 mL per 30 days)
cold & flu severe daytime oral tablet	Preferred	AL; OTC	guaifenesin-dm oral syrup	Preferred	AL; OTC
eql mucus relief cold/flu oral tablet	Preferred	AL; OTC	intense cough reliever oral liquid 30-200 mg/5ml	Preferred	AL; OTC
ft cold & flu daytime severe oral tablet	Preferred	AL; OTC	kls mucus-dm max strength oral tablet extended release 12 hour	Preferred	AL; OTC
<b>*ANTITUSSIVE-EXPECTORANT**</b>			mucus relief cough childrens oral liquid	Preferred	AL; OTC
*			mucus relief dm oral tablet extended release 12 hour 30-600 mg	Preferred	AL; OTC
chest congestion relief dm oral tablet	Preferred	AL; OTC	neotuss oral liquid	Preferred	OTC
<b>CORICIDIN HBP CONGESTION/COUGH ORAL CAPSULE</b>	Preferred	AL; OTC	<b>SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID</b>	Preferred	AL; OTC
cough & congestion kids oral liquid	Preferred	AL; OTC	sm tussin cough/chest congest oral liquid 20-200 mg/20ml	Preferred	AL; OTC
cvs chest congestion-cough hbp oral capsule	Preferred	AL; OTC	tussin dm cough + chest oral liquid 20-200 mg/20ml	Preferred	AL; OTC
cvs tussindm cough/chest adult oral liquid	Preferred	AL; OTC	<b>*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*</b>		
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Preferred	AL; OTC	*		
dextromethorphan-guaifenesin oral tablet	Preferred	AL; OTC	biogtuss oral liquid	Preferred	AL; OTC
<b>DIABETIC TUSSIN DM MAX ST ORAL LIQUID</b>	Preferred	AL; OTC	g-supress dx pediatric oral liquid	Preferred	AL; OTC
dm-guaifenesin er oral tablet extended release 12 hour	Preferred	AL; OTC	<b>PECGEN PSE ORAL LIQUID</b>	Preferred	AL; OTC
eq cough & chest congestion dm oral liquid	Preferred	AL; OTC	phenylephrine-dm-gg oral liquid	Preferred	AL; OTC
eql tussin cough/chest congest oral liquid	Preferred	AL; OTC	qc mucus relief severe con/cgh oral liquid	Preferred	AL; OTC

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<b>TRISPEC PSE ORAL LIQUID</b>	Preferred	AL; OTC	<i>sexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<b>TUSICOF ORAL TABLET</b>	Preferred	AL; OTC	<b>LOHIST-D ORAL LIQUID</b>	Preferred	AL; OTC
<b>TUSNEL C ORAL SYRUP</b>	Preferred	AL; OTC	<i>loratadine-d 24hr oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<b>TUSNEL DM PEDIATRIC ORAL LIQUID</b>	Preferred	AL; OTC	<i>nohist-lq oral liquid</i>	Preferred	AL; OTC
<i>tussin multi-symptom cold cf oral liquid</i>	Preferred	AL; OTC	<b>SUDOGEST SINUS/ALLERGY ORAL TABLET</b>	Preferred	AL; OTC
<b>*DECONGESTANT &amp; ANTIHISTAMINE*</b>			<b>*DECONGESTANT WI EXPECTORANT**</b>		
**			*		
<i>24hr allergy &amp; congestion reli oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>altarussin-pe oral syrup</i>	Preferred	AL; OTC
<b>ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<i>bronchial asthma relief oral tablet</i>	Preferred	AL; OTC
<i>allergy relief d oral tablet extended release 24 hour 180-240 mg</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>mucus relief d oral tablet</i>	Preferred	AL; OTC
<b>APRODINE ORAL TABLET</b>	Preferred	AL; OTC	<i>phenylephrine-guaifenesin oral tablet</i>	Preferred	AL; OTC
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Preferred	AL; OTC
<b>DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID</b>	Preferred	AL; OTC	<b>TUSSI-PRES PE PEDIATRIC ORAL LIQUID</b>	Preferred	AL; OTC
<b>EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<b>*DECONGESTANT -ANALGESIC***</b>		
<i>sexofenadine-pseudoephed er oral tablet extended release 12 hour</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<b>SUDAFED PE HEAD CONGESTION ORAL TABLET 10-200 MG</b>	Preferred	AL; OTC
<b>*EXPECTORANTS ***</b>			<b>*EXPECTORANTS ***</b>		
<i>chest congestion relief child oral liquid</i>			<i>guaifenesin er oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>guaifenesin oral liquid</i>			<i>guaifenesin oral tablet</i>	Preferred	AL; OTC
<i>guaifenesin oral tablet</i>			<i>guaifenesin oral tablet</i>	Preferred	AL; OTC

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits			
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	Preferred	AL; OTC	<b>DIMETAPP CHILDRENS COLD/COUGH ORAL LIQUID</b>	Preferred	AL; OTC			
<i>qc tussin expectorant adult oral liquid</i>	Preferred	AL; OTC	<b>DIMETAPP COLD/COUGH CHILDRENS ORAL LIQUID</b>	Preferred	AL; OTC			
<b>*MISC. RESPIRATORY INHALANTS***</b>								
<i>nasal mist inhalation aerosol solution</i>	Preferred	OTC	<b>GILTUSS ALLERGY CGH&amp;CONG CHILD ORAL LIQUID</b>	Preferred	AL; OTC			
<b>*NON-NARC ANTITUSSIVE- ANTIHISTAMINE*</b>								
**								
<i>cough &amp; cold hbp oral tablet</i>	Preferred	AL; OTC	<i>nohist-dm oral liquid</i>	Preferred	AL			
<i>nighttime cough oral liquid</i>	Preferred	AL; OTC	<i>qc dibromm childrens cold/cgh oral liquid</i>	Preferred	AL; OTC			
<i>promethazine-dm oral syrup</i>	Preferred	AL	<i>tussi-pres b oral liquid</i>	Preferred	AL; OTC			
<i>qc nighttime cough oral liquid 15-6.25 mg/15ml</i>	Preferred	AL; OTC	<b>*OPIOID ANTITUSSIVE- ANTIHISTAMINE*</b>					
<b>SAFE TUSSIN PM ORAL LIQUID</b>	Preferred	AL; OTC	**					
<b>*NON-NARC ANTITUSSIVE- DECONGESTANT*</b>								
**								
<i>daytime cold &amp; cough childrens oral solution</i>	Preferred	AL; OTC	<i>promethazine-codeine oral solution</i>	Preferred	AL; QL (240 mL per 30 days)			
<b>*NON-NARC ANTITUSSIVE- DECONGESTANT- ANTIHISTAMINE*</b>								
**								
<b>ABATUSS DMX ORAL LIQUID</b>	Preferred	AL; OTC	<i>promethazine-codeine oral syrup</i>	Preferred	AL; QL (240 mL per 30 days)			
<i>cold/cough childrens oral liquid</i>	Preferred	AL; OTC	<b>*DERMATOLOGICAL PRODUCTS***</b>					
<b>DELTUSS DMX ORAL LIQUID</b>	Preferred	AL; OTC	<b>*ACNE PRODUCTS***</b>					
<i>acne medication 10 external lotion</i>	Preferred	OTC; QL (177 mL per 30 days)	<i>advanced acne wash external liquid extended release</i>	Preferred	OTC; QL (125 mL per 30 days)			
<i>acne medication 5 external lotion</i>	Preferred	OTC; QL (177 mL per 30 days)	<i>benzoyl peroxide external gel 10 %</i>	Preferred	QL (90 grams per 30 days)			
<i>benzoyl peroxide external gel 2.5 %</i>	Preferred	OTC; QL (180 grams per 30 days)	<i>benzoyl peroxide external gel 5 %</i>	Preferred	OTC; QL (90 grams per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>benzoyl peroxide external liquid</i>	Preferred	OTC; QL (237 mL per 30 days)
<i>benzoyl peroxide wash external liquid 10 %</i>	Preferred	QL (237 mL per 30 days)
<b>DIFFERIN CLEANSER EXTERNAL LIQUID</b>	Preferred	OTC; QL (237 mL per 30 days)
<i>effaclar duo external solution</i>	Preferred	OTC; QL (40 mL per 30 days)
<b>MEDPURA BENZOYL PEROXIDE EXTERNAL GEL</b>	Preferred	OTC; QL (90 grams per 30 days)
<b>MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID</b>	Preferred	OTC; QL (237 mL per 30 days)
<b>NEUTROGENA CLEAR PORE EXTERNAL LIQUID</b>	Preferred	OTC; QL (125 mL per 30 days)
<b>NEUTROGENA ON-THE-SPOT EXTERNAL CREAM</b>	Preferred	OTC; QL (21 grams per 30 days)
<b>PANOXYL EXTERNAL LIQUID</b>	Preferred	OTC; QL (237 grams per 30 days)
<b>* ANTIBIOTIC MIXTURES TOPICAL***</b>		
<i>poly bacitracin external ointment</i>	Preferred	OTC
<i>triple antibiotic external ointment 5-400-5000 mg-unit</i>	Preferred	OTC; QL (30 grams per 30 days)
<b>* ANTIBIOTICS - TOPICAL***</b>		
<i>bacitracin external ointment</i>	Preferred	OTC; QL (30 grams per 30 days)
<i>bacitracin zinc external ointment</i>	Preferred	OTC; QL (90 grams per 90 days)
<i>bacitracin zinc-aloe external ointment</i>	Preferred	OTC; QL (90 grams per 90 days)

Drug Name	Drug Tier	Requirements /Limits
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS*</b>		
<b>**</b>		
<i>g-myco nail external solution</i>	Preferred	OTC
<b>MYCO NAIL EXTERNAL SOLUTION</b>	Preferred	OTC
<b>*ANTIFUNGALS - TOPICAL***</b>		
<i>cvs toe area treatment max str external solution</i>	Preferred	OTC; QL (55 mL per 30 days)
<b>GORDOCHOM EXTERNAL SOLUTION</b>	Preferred	OTC
<b>LOTRIMIN AF EXTERNAL POWDER</b>	Preferred	OTC; QL (90 grams per 30 days)
<b>MICOTRIN AL EXTERNAL SOLUTION</b>	Preferred	OTC; QL (55 mL per 30 days)
<b>MYCO NAIL A EXTERNAL SOLUTION</b>	Preferred	OTC
<i>terbinafine hcl external cream</i>	Preferred	OTC; QL (42 grams per 30 days)
<i>tm-tolnaftate lr external solution</i>	Preferred	OTC; QL (55 mL per 30 days)
<i>tolnaftate external aerosol powder</i>	Preferred	OTC; QL (150 grams per 30 days)
<i>tolnaftate external cream</i>	Preferred	OTC; QL (30 grams per 30 days)
<i>tolnaftate external powder</i>	Preferred	OTC; QL (90 grams per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<b>*ANTIHISTAMINE -TOPICAL COMBINATIONS*</b>		
**		
<i>anti-itch extra strength external cream</i>	Preferred	OTC
<i>diphenhydramine-zinc acetate external cream</i>	Preferred	OTC
<i>eq anti-itch extra strength external liquid</i>	Preferred	OTC
<b>*ANTIVIRALS - TOPICAL***</b>		
<i>docosanol external cream</i>	Preferred	OTC; QL (2 grams per 30 days)
<i>gnp docosanol external cream</i>	Preferred	OTC; QL (2 grams per 30 days)
<b>*ASTRINGENTS**</b>		
*		
<i>calamine phenolated external lotion</i>	Preferred	OTC
<i>gnp calamine phenolated external lotion</i>	Preferred	OTC
<b>MEDPURA ZINC OXIDE EXTERNAL OINTMENT</b>	Preferred	OTC; QL (480 grams per 30 days)
<i>zinc oxide external ointment 20 %</i>	Preferred	OTC; QL (480 grams per 30 days)
<i>zinc oxide external ointment 40 %</i>	Preferred	OTC; QL (120 grams per 90 days)
<b>*CORTICOSTEROIDS - TOPICAL***</b>		
<i>hydrocortisone external cream 0.5 %</i>	Preferred	OTC; QL (100 grams per 30 days)
<i>hydrocortisone external lotion 1 %</i>	Preferred	OTC; QL (120 gm per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone external ointment 0.5 %</i>	Preferred	OTC; QL (60 grams per 30 days)
<b>*DIAPER RASH PRODUCTS***</b>		
<b>AVEENO BABY SOOTHING MULTI-PUR EXTERNAL OINTMENT</b>	Preferred	OTC
<b>*EMOLlient COMBINATIONS*</b>		
**		
<i>mineral oil-hydrophil petrolat external ointment</i>	Preferred	OTC
<b>*EMOLLIENTS***</b>		
<i>glycerin external liquid</i>	Preferred	OTC
<b>MEDPURA VITAMIN A &amp; D EXTERNAL OINTMENT</b>	Preferred	OTC
<i>vitamin a &amp; d external ointment</i>	Preferred	OTC
<i>vitamin a &amp; d skin protectant external ointment</i>	Preferred	OTC
<i>vitamin e-vit a &amp; d external cream</i>	Preferred	OTC
<i>vitamins a &amp; d external ointment</i>	Preferred	OTC
<b>*IMIDAZOLE- RELATED ANTIFUNGALS - TOPICAL***</b>		
<i>alevazol external ointment</i>	Preferred	OTC; QL (60 grams per 30 days)
<i>miconazole nitrate external cream</i>	Preferred	QL (200 grams per 30 days)
<b>MICOTRIN AP EXTERNAL POWDER</b>	Preferred	OTC; QL (85 grams per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<b>*LINIMENT COMBINATIONS*</b>		
**		
ASPERFLEX EXTERNAL CREAM	Preferred	OTC
DYNARUB EXTERNAL CREAM	Preferred	OTC
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
afterburn external gel	Preferred	OTC
ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL	Preferred	OTC
ALOCANE EMERGENCY BURN MAX STR EXTERNAL PAD	Preferred	OTC
ASPERCREME MAX STRENGTH EXTERNAL AEROSOL	Preferred	OTC; QL (128 gm/mL per 30 days)
ASPERFLEX LIDOCAINE EXTERNAL CREAM	Preferred	OTC
ASPERFLEX LIDOCAINE EXTERNAL OINTMENT	Preferred	OTC; QL (100 grams per 30 days)
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH	Preferred	OTC; QL (4 patches per 1 day)
burn relief external gel	Preferred	OTC
cvs burn relief external gel	Preferred	OTC
HEALTHWISE PAIN RELIEF EXTERNAL PATCH	Preferred	OTC; QL (4 patches per 1 day)
LANSINOH PAIN RELIEF SPRAY EXTERNAL SOLUTION	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
LIDAFLEX EXTERNAL PATCH	Preferred	OTC
<i>lidocaine external cream 4 %</i>	Preferred	OTC
<i>lidocaine external patch 4 %</i>	Preferred	OTC; QL (4 patches per 1 day)
<i>lidocaine hcl external cream 4 %</i>	Preferred	OTC
<i>lidocaine pain relief max st external patch</i>	Preferred	OTC; QL (4 patches per 1 day)
<i>lidocore external patch</i>	Preferred	OTC; QL (4 patches per 1 day)
LIDODOSE EXTERNAL GEL	Preferred	OTC
LIDODOSE PEDIATRIC BULK PACK EXTERNAL GEL	Preferred	OTC
<i>qc pain relieving + lidocaine external cream</i>	Preferred	OTC
REGENECARE HA EXTERNAL LIQUID	Preferred	OTC
SUN BURNT PLUS EXTERNAL GEL	Preferred	OTC
XEROBURN EXTERNAL GEL	Preferred	OTC
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC TESTS***</b>		
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP	Preferred	OTC; QL (50 strips per 30 days)
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	Preferred	OTC; QL (50 strips per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	
<b>TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Preferred	PA; OTC; QL (50 strips per 30 days)	<b>GENABIO COVID-19 RAPID TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	
<b>*INFECTION TESTS***</b>						
<b>BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT</b>	Preferred	OTC	<b>IHEALTH COVID-19 RAPID TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	
<b>CARESTART COVID-19 HOME TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	<b>INDICAID COVID-19 RAPID TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	
<b>CLEARDETECT COVID-19 AG HOME IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	<b>INTELISWAB COVID-19 RAPID TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	
<i>covid-19 at home antigen test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	<b>LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	
<i>covid-19 at-home test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	<b>LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT</b>	Preferred	QL (8 test kits per 1 month)	
<i>covid-19 otc antigen 1-pack in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	<b>ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	
<i>covid-19 otc antigen 2-pack in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	<b>ON/GO ONE COVID-19 HOME TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	
<i>cvs covid-19 at home test kit in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	<b>QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT</b>	Preferred	OTC	
<b>DIATRUST COVID-19 HOME TEST IN VITRO KIT</b>	Preferred	OTC	<b>SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	
<i>ellume covid-19 home test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	<b>*MULTIPLE URINE TESTS***</b>			
<i>fastep covid-19 antigen test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	<b>CHEMSTRIP UGK IN VITRO STRIP</b>	Preferred	OTC	
<b>FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT</b>	Preferred	OTC; QL (8 test kits per 1 month)	<b>KETO-DIASTIX IN VITRO STRIP</b>	Preferred	OTC	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>						
<b>*ANTIFLATULENTS***</b>						
<i>heartland gas relief oral tablet chewable</i>	Preferred	OTC				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>simethicone extra strength oral capsule</i>	Preferred	OTC	<i>vitamin b-12 oral tablet</i>	Preferred	OTC
<i>simethicone oral capsule</i>	Preferred	OTC	<i>vitamin b12 oral tablet extended release</i>	Preferred	OTC
<i>simethicone oral suspension</i>	Preferred	OTC	<i>vitamin b12 sublingual liquid</i>	Preferred	OTC
<i>simethicone oral tablet chewable</i>	Preferred	OTC	<i>vitamin b-12 sublingual liquid</i>	Preferred	OTC
<b>*GENITOURINARY AGENTS - MISCELLANEOUS</b>			<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 500 mcg, 5000 mcg</i>	Preferred	OTC
<b>*URINARY ANALGESICS***</b>			<b>*FOLIC ACID/FOLATES***</b>		
<i>hm urinary pain relief oral tablet 95 mg</i>	Preferred	OTC	<i>folic acid injection solution</i>	Preferred	
<i>phenazopyridine hcl oral tablet</i>	Preferred	QL (12 tablets per 30 days)	<i>folic acid oral tablet 1 mg</i>	Preferred	EDS
<b>*HEMATOPOIETIC AGENTS*</b>			<i>folic acid oral tablet 400 mcg</i>	Preferred	OTC
<b>*COBALAMINS***</b>			<i>folic acid oral tablet 800 mcg</i>	Preferred	EDS; OTC
<b>B-12 DOTS ORAL TABLET DISPERSIBLE</b>	Preferred	OTC	<i>true folic acid oral tablet 1 mg</i>	Preferred	EDS; OTC
<i>b-12 oral tablet 250 mcg, 50 mcg</i>	Preferred	OTC	<i>true folic acid oral tablet 400 mcg</i>	Preferred	OTC
<i>b-12 sublingual tablet sublingual 1000 mcg, 500 mcg</i>	Preferred	OTC	<b>*IRON COMBINATIONS*</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Preferred		<i>iron-vitamin c oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<b>DODEX INJECTION SOLUTION</b>	Preferred				
<i>hydroxocobalamin acetate intramuscular solution</i>	Preferred		<b>*IRON***</b>		
<i>vitamin b-12 er oral tablet extended release 2000 mcg</i>	Preferred	OTC	<i>easy iron oral capsule</i>	Preferred	OTC
<i>vitamin b-12 oral liquid</i>	Preferred	OTC	<i>ferretts oral tablet</i>	Preferred	OTC
<i>vitamin b-12 oral lozenge 500 mcg</i>	Preferred	OTC	<i>ferrous fumarate oral tablet 324 (106 fe) mg</i>	Preferred	EDS; OTC
			<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg</i>	Preferred	EDS; OTC; QL (4 tablets per 1 day)
			<i>ferrous sulfate er oral tablet extended release 50 mg</i>	Preferred	EDS; OTC
			<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	Preferred	EDS; OTC

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ferrous sulfate oral tablet 27 mg	Preferred	EDS; OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	EDS; OTC; QL (3 tablets per 1 day)
ferrous sulfate oral tablet delayed release 325 (65 fe) mg	Preferred	EDS; OTC
<b>IFEREX 150 ORAL CAPSULE</b>	Preferred	EDS; OTC
<b>INFED INJECTION SOLUTION</b>	Preferred	PA; SP
iron (ferrous sulfate) oral solution	Preferred	EDS; OTC
iron (ferrous sulfate) oral tablet	Preferred	EDS; OTC; QL (3 tablets per 1 day)
iron high-potency oral tablet	Preferred	EDS; OTC; QL (3 tablets per 1 day)
iron infant & toddler oral solution	Preferred	EDS; OTC
iron oral tablet 240 (27 fe) mg	Preferred	EDS; OTC; QL (4 tablets per 1 day)
iron oral tablet 325 (65 fe) mg	Preferred	EDS; OTC; QL (3 tablets per 1 day)
na ferric gluc cplx in sucrose intravenous solution	Preferred	PA; SP; QL (80 mL per 56 days)
polysaccharide iron complex oral capsule	Preferred	EDS; OTC
polysaccharide-iron complex oral capsule	Preferred	EDS; OTC
sv iron oral tablet	Preferred	EDS; OTC; QL (3 tablets per 1 day)
<b>VENOFER INTRAVENOUS SOLUTION</b>	Preferred	PA; SP; QL (1000 mg per 14 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>		
<b>*ANTIHISTAMINE HYPNOTIC COMBINATIONS*</b>		
**		
<i>qc acetaminophen pm ex st oral tablet</i>	Preferred	OTC
<i>qc pain relief extra strength oral tablet 500-25 mg</i>	Preferred	OTC
<b>*ANTIHISTAMINE HYPNOTICS***</b>		
<i>diphenhydramine hcl (sleep) oral tablet</i>	Preferred	OTC
<b>SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET</b>	Preferred	C; OTC; QL (4 tablets per 1 day)
<b>*LAXATIVES*</b>		
<b>*BULK LAXATIVES***</b>		
<i>fiber (corn dextrin) oral powder</i>	Preferred	OTC
<i>fiber adult gummies oral tablet chewable</i>	Preferred	OTC
<i>fiber laxative oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
<i>fiber oral powder</i>	Preferred	OTC
<i>fiber oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
<i>fiber therapy oral tablet</i>	Preferred	OTC
<b>FIBERCON ORAL TABLET</b>	Preferred	OTC; QL (8 tablets per 1 day)
<i>gnp fiber oral powder</i>	Preferred	OTC
<i>goodsense psyllium fiber oral powder</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
<i>natural fiber oral powder</i>	Preferred	OTC
<i>psyldex oral powder</i>	Preferred	OTC
<b>SOLUBLE FIBER THERAPY ORAL POWDER</b>	Preferred	OTC
<b>YUMVS PREBIOTIC FIBER ZERO ORAL TABLET CHEWABLE</b>	Preferred	OTC
<b>*LAXATIVES - MISCELLANEOUS ***</b>		
<i>eq laxative oral packet</i>	Preferred	OTC; QL (34 grams per 1 day)
<i>glycerin (adult) rectal suppository</i>	Preferred	OTC
<i>glycerin (infants &amp; children) rectal suppository 1 gm</i>	Preferred	OTC
<i>glycerin (pediatric) rectal suppository</i>	Preferred	OTC
<i>glycerin childrens rectal suppository 1.2 gm</i>	Preferred	OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Preferred	QL (34 grams per 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Preferred	
<b>*LAXATIVES &amp; DSS***</b>		
<i>senna plus oral capsule</i>	Preferred	OTC
<i>sennosides-docusate sodium oral tablet</i>	Preferred	OTC
<i>stool softener/laxative oral capsule</i>	Preferred	OTC
<b>*LUBRICANT LAXATIVES***</b>		
<i>mineral oil oral oil</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<b>*SALINE LAXATIVE MIXTURES***</b>		
<i>enema pediatric rectal enema</i>	Preferred	OTC
<i>enema rectal enema 7-19 gm/118ml</i>	Preferred	OTC
<b>*SALINE LAXATIVES***</b>		
<i>epsom salt oral granules</i>	Preferred	OTC
<b>FRESKARO MAGNESIUM CITRATE ORAL SOLUTION</b>	Preferred	OTC
<i>gnp magnesium citrate oral solution</i>	Preferred	OTC
<i>goodsense milk of magnesia oral suspension</i>	Preferred	OTC
<i>magnesium citrate oral solution</i>	Preferred	OTC
<i>milk of magnesia oral suspension 400 mg/5ml, 7.75 %</i>	Preferred	OTC
<b>*STIMULANT LAXATIVES***</b>		
<i>bisacodyl ec oral tablet delayed release</i>	Preferred	QL (100 tablets per 90 days)
<i>bisacodyl rectal suppository</i>	Preferred	OTC
<i>chocolated laxative oral tablet chewable</i>	Preferred	OTC
<b>EX-LAX MAXIMUM STRENGTH ORAL TABLET</b>	Preferred	OTC
<i>goodsense bisacodyl laxative oral tablet delayed release</i>	Preferred	OTC; QL (100 tablets per 90 days)
<b>ONELAX RECTAL SUPPOSITORY</b>	Preferred	OTC
<i>senna oral capsule</i>	Preferred	OTC
<i>senna oral syrup 8.8 mg/5ml</i>	Preferred	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
senna oral tablet	Preferred	OTC	<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</b>	Preferred	
<b>*SURFACTANT LAXATIVES***</b>			<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</b>	Preferred	
docusate calcium oral capsule	Preferred	OTC	<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</b>	Preferred	
docusate sodium oral capsule 100 mg	Preferred	OTC; QL (3 capsules per 1 day)	<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	Preferred	
docusate sodium oral liquid 100 mg/10ml	Preferred	OTC	<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
dss oral capsule 250 mg	Preferred	OTC	<b>DEXCOM G6 RECEIVER DEVICE</b>	Preferred	PA; QL (1 receiver per 1 year)
<b>*MEDICAL DEVICES AND SUPPLIES*</b>			<b>DEXCOM G6 SENSOR</b>	Preferred	PA; QL (3 sensors per 30 days)
<b>*CERVICAL CAPS***</b>			<b>DEXCOM G6 TRANSMITTER</b>	Preferred	PA; QL (1 transmitter per 90 days)
FEMCAP VAGINAL DEVICE	Preferred		<b>DEXCOM G7 RECEIVER DEVICE</b>	Preferred	PA; QL (1 receiver per 1 year)
<b>*DIAPHRAGMS**</b> *			<b>DEXCOM G7 SENSOR</b>	Preferred	PA; QL (3 sensors per 30 days)
CAYA VAGINAL DIAPHRAGM	Preferred		<b>FREESTYLE LIBRE 14 DAY READER DEVICE</b>	Preferred	PA; QL (1 reader per 1 year)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Preferred		<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	Preferred	PA; QL (2 sensors per 28 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	Preferred		<b>FREESTYLE LIBRE 2 READER DEVICE</b>	Preferred	PA; QL (1 reader per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	Preferred				
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	Preferred				
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	Preferred				

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FREESTYLE LIBRE 2 SENSOR	Preferred	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 SENSOR	Preferred	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE	Preferred	PA; QL (1 reader per 1 year)
GNP TRUE METRIX AIR METER KIT	Preferred	OTC
GNP TRUE METRIX GLUCOSE METER KIT	Preferred	OTC
lancets 33g	Preferred	OTC; QL (102 lancets per 30 days)
RELION TRUE MET AIR GLUC METER KIT	Preferred	OTC
TRUE METRIX AIR GLUCOSE METER DEVICE	Preferred	OTC
TRUE METRIX AIR GLUCOSE METER KIT	Preferred	OTC
TRUE METRIX GO GLUCOSE METER KIT	Preferred	OTC
TRUE METRIX LEVEL 1 IN VITRO SOLUTION	Preferred	OTC
TRUE METRIX LEVEL 2 IN VITRO SOLUTION	Preferred	OTC
TRUE METRIX LEVEL 3 IN VITRO SOLUTION	Preferred	OTC
TRUE METRIX METER DEVICE	Preferred	OTC
TRUE METRIX METER KIT	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<b>*RESPIRATORY THERAPY SUPPLIES***</b>		
ACE AEROSOL CLOUD ENHANCER	Preferred	QL (2 units per 365 days)
ACTIVITY POUCH	Preferred	QL (2 units per 365 days)
ADAPTER PED DISPOSABLE	Preferred	OTC; QL (2 units per 365 days)
<i>adult disposable</i>	Preferred	OTC; QL (2 units per 365 days)
<i>adult mask device</i>	Preferred	QL (2 units per 365 days)
<i>adult mask large</i>	Preferred	QL (2 units per 365 days)
AEROBIKA DEVICE	Preferred	QL (2 units per 365 days)
AEROCLIPSE EZ TWIST TUBING	Preferred	QL (2 units per 365 days)
AEROTRACH PLUS	Preferred	QL (2 units per 365 days)
AIRS PEDIATRIC AEROSOL MASK	Preferred	QL (2 units per 365 days)
ALL FLOW 1000 PFT FILTER	Preferred	QL (2 units per 365 days)
ALL FLOW 1000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 2000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 3000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 4000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 5000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 6000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 7000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)

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breathe ease neb mask/child	Preferred	QL (2 units per 365 days)	<b>EASY FLOW BLACK/BLUE DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
breathe ease neb mask/infant	Preferred	QL (2 units per 365 days)	<b>EASY FLOW BLACK/ORANGE DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
<b>CARETOUCH 2 CPAP HOSE HANGER</b>	Preferred	QL (2 units per 365 days)	<b>EASY FLOW BLACK/RED DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
<b>CARETOUCH CPAP &amp; BIPAP HOSE</b>	Preferred	QL (2 units per 365 days)	<b>EASY FLOW BLACK/WHITE DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
<b>CARETOUCH CPAP MASK WIPES</b>	Preferred	QL (2 units per 365 days)	<b>EASY FLOW BLACK/YELLOW DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
<b>CARETOUCH CPAP PRE-WASH SOLN</b>	Preferred	QL (2 units per 365 days)	<b>EASY FLOW HEPA FILTER</b>	Preferred	OTC; QL (2 units per 365 days)
<b>CARETOUCH CPAP TUBE BRUSH</b>	Preferred	QL (2 units per 365 days)	<b>EASY FLOW WHITE/BLUE DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
<b>CARETOUCH UNIVERSL CPAP FILTER</b>	Preferred	QL (2 units per 365 days)	<b>EASY FLOW WHITE/GREEN DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
co monitor device	Preferred	QL (2 units per 365 days)	<b>EASY FLOW WHITE/PINK DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
co monitor replacement pieces	Preferred	QL (2 units per 365 days)	<b>EASY FLOW WHITE/WHITE DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
disposable full range	Preferred	QL (2 units per 365 days)	<b>EASY FLOW WHITE/YELLOW DEVICE</b>	Preferred	OTC; QL (2 units per 365 days)
disposable low range	Preferred	QL (2 units per 365 days)	<b>EBASE CONTROLLER KIT</b>	Preferred	QL (2 units per 365 days)
disposable low range/pediatric	Preferred	QL (2 units per 365 days)	expiratory mouthpiece	Preferred	OTC; QL (2 units per 365 days)
disposable paper	Preferred	OTC; QL (2 units per 365 days)	filter air pp	Preferred	QL (2 units per 365 days)
disposable universal range	Preferred	QL (2 units per 365 days)	full kit nebulizer set	Preferred	QL (2 units per 365 days)
<b>EASY FLOW 300 MM HOSE</b>	Preferred	OTC; QL (2 units per 365 days)			
<b>EASY FLOW 400 MM HOSE</b>	Preferred	OTC; QL (2 units per 365 days)			
<b>EASY FLOW AIR NOZZLE</b>	Preferred	OTC; QL (2 units per 365 days)			

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<b>IN-CHECK DIAL FLOW TRAINER DEVICE</b>	Preferred	QL (2 units per 365 days)	<i>one-way valved inspiratory</i>	Preferred	OTC; QL (2 units per 365 days)
<b>IN-CHECK INSPIRATORY FLOW MTR DEVICE</b>	Preferred	QL (2 units per 365 days)	<b>PARI ALTERA NEBULIZER HANDSET</b>	Preferred	QL (2 units per 365 days)
<b>INNOSPIRE REPLACEMENT FILTER</b>	Preferred	QL (2 units per 365 days)	<b>PARI BABY CONVERSION KIT</b>	Preferred	QL (2 units per 365 days)
<b>KOKO PEAK PRO MOUTHPIECE</b>	Preferred	OTC; QL (2 units per 365 days)	<b>PARI ERAPID NEBULIZER HANDSET</b>	Preferred	QL (2 units per 365 days)
<b>LITETOUCH MASK LARGE</b>	Preferred	QL (2 units per 365 days)	<b>PARI EXPIRATORY FILTER SET DEVICE</b>	Preferred	QL (2 units per 365 days)
<b>LITETOUCH MASK MEDIUM</b>	Preferred	QL (2 units per 365 days)	<b>PARI MANUAL INTERRUPTER DEVICE</b>	Preferred	QL (2 units per 365 days)
<b>LITETOUCH MASK SMALL</b>	Preferred	QL (2 units per 365 days)	<b>PARI MASK SET</b>	Preferred	QL (2 units per 365 days)
<b>MINIELITE FILTER REPLACEMENTS</b>	Preferred	OTC; QL (2 units per 365 days)	<b>PARI SOFT PLASTIC ADULT MASK</b>	Preferred	QL (2 units per 365 days)
<i>nebulizer air tube/plugs</i>	Preferred	QL (2 units per 365 days)	<b>PARI SOFT PLASTIC PED MASK</b>	Preferred	QL (2 units per 365 days)
<b>OMBRA COMPRESSOR ADULT KIT</b>	Preferred		<b>PARI TREK S COMBO PACK DEVICE</b>	Preferred	QL (2 units per 365 days)
<b>OMBRA COMPRESSOR AIR FILTERS</b>	Preferred	OTC; QL (2 units per 365 days)	<i>ped disposable</i>	Preferred	OTC; QL (2 units per 365 days)
<b>OMBRA COMPRESSOR CHILD KIT</b>	Preferred		<b>PFLEX</b>	Preferred	QL (2 units per 365 days)
<b>OMBRA TABLE TOP COMPRESSOR DEVICE</b>	Preferred	QL (2 units per 365 days)	<i>pillow mask/adult</i>	Preferred	QL (2 units per 365 days)
<b>ONE FLOW SPIROMETER DEVICE</b>	Preferred	QL (2 units per 365 days)	<i>pillow mask/child</i>	Preferred	QL (2 units per 365 days)
<b>ONE FLOW TESTER</b>	Preferred	OTC; QL (2 units per 365 days)	<i>pillow mask/pediatric</i>	Preferred	QL (2 units per 365 days)
<i>one-way valved expiratory</i>	Preferred	OTC; QL (2 units per 365 days)	<i>pure comfort 3-ball breathe ex device</i>	Preferred	OTC; QL (2 units per 365 days)
			<b>QUAKE DEVICE</b>	Preferred	QL (2 units per 365 days)
			<i>replacement air filter</i>	Preferred	QL (2 units per 365 days)

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SAMI THE SEAL FILTERS	Preferred	OTC; QL (2 units per 365 days)	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Preferred	QL (2 units per 365 days)
SIDESTREAM ADULT FACE MASK	Preferred	QL (2 units per 365 days)	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Preferred	QL (2 units per 365 days)
SIDESTREAM PEDIATRIC FACE MASK	Preferred	QL (2 units per 365 days)	BREATHERITE VALVED MDI CHAMBER DEVICE	Preferred	QL (2 units per 365 days)
SIDESTREAM PLS ADULT FACE MASK	Preferred	OTC; QL (2 units per 365 days)	FLEXICHAMBER ADULT MASK/SMALL	Preferred	QL (2 units per 365 days)
silicone mask/adult	Preferred	QL (2 units per 365 days)	FLEXICHAMBER CHILD MASK/LARGE	Preferred	QL (2 units per 365 days)
silicone mask/infant	Preferred	QL (2 units per 365 days)	FLEXICHAMBER CHILD MASK/SMALL	Preferred	QL (2 units per 365 days)
silicone mask/pediatric	Preferred	QL (2 units per 365 days)	MASK VORTEX/CHILD/FROG	Preferred	OTC; QL (2 units per 365 days)
spiro pd device	Preferred	QL (2 units per 365 days)	MASK VORTEX/TODDLER/LADYBUG	Preferred	OTC; QL (2 units per 365 days)
THRESHOLD IMT	Preferred	QL (2 units per 365 days)	MICROCHAMBER	Preferred	QL (2 units per 365 days)
THRESHOLD PEP DEVICE	Preferred	QL (2 units per 365 days)	MICROSPACER	Preferred	QL (2 units per 365 days)
WINDMILL TRAINER	Preferred	QL (2 units per 365 days)	PANDA MASK LARGE	Preferred	OTC; QL (2 units per 365 days)
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES***</b>			PANDA MASK MEDIUM	Preferred	OTC; QL (2 units per 365 days)
AEROCHAMBER HOLDING CHAMBER DEVICE	Preferred	QL (2 units per 365 days)	PANDA MASK SMALL	Preferred	OTC; QL (2 units per 365 days)
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	Preferred	QL (2 units per 365 days)	PEDIATRIC PANDA MASK	Preferred	OTC; QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	Preferred	QL (2 units per 365 days)	prochamber vhc device	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Preferred	QL (2 units per 365 days)	pure comfort spacer chamber device	Preferred	OTC; QL (2 units per 365 days)

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<b>VORTEX HOLD CHMBR/MASK/CHILD DEVICE</b>	Preferred	QL (2 units per 365 days)	<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit, 600-800 mg-unit</i>	Preferred	OTC; QL (2 tablets per 1 day)
<b>VORTEX HOLD CHMBR/MASK/TODDLER DEVICE</b>	Preferred	QL (2 units per 365 days)	<i>citrus calcium/vitamin d oral tablet</i>	Preferred	OTC
<b>*MINERALS &amp; ELECTROLYTES*</b>			<i>finest nutrition calcium/vit d oral capsule</i>	Preferred	OTC
<b>*CALCIUM COMBINATIONS*</b>			<i>oyster shell calcium oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg</i>	Preferred	OTC	<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</i>	Preferred	OTC; QL (4 tablets per 1 day)
			<i>oyster shell calcium/d3 oral tablet 500-5 mg-mcg</i>		
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	Preferred	OTC; QL (2 tablets per 1 day)	<i>oyster shell calcium/vit d oral tablet</i>	Preferred	OTC
<i>calcium carbonate-vitamin d oral capsule</i>	Preferred	OTC; QL (2 capsules per 1 day)	<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>calcium carbonate-vitamin d oral tablet</i>	Preferred	OTC; QL (2 tablets per 1 day)	<i>risacal-d oral tablet</i>	Preferred	OTC
<b>*CALCIUM***</b>			<b>*CALCIUM***</b>		
<i>calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg</i>	Preferred	OTC	<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>calcium citrate-vitamin d3 oral tablet</i>	Preferred	OTC	<i>calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg</i>	Preferred	OTC
<i>calcium/cld oral tablet chewable</i>	Preferred	OTC; QL (4 tablets per 1 day)	<i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i>	Preferred	OTC
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	Preferred	AL; OTC	<i>calcium oyster shell oral tablet 500 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>calcium-magnesium-zinc oral tablet 333-133-8.3 mg</i>	Preferred	OTC	<i>oyster shell calcium oral tablet 500 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>calcium-vitamin d3 oral capsule 600-10 mg-mcg</i>	Preferred	OTC; QL (2 capsules per 1 day)	<b>*ELECTROLYTES ORAL***</b>		
<i>calcium-vitamin d3 oral capsule 600-12.5 mg-mcg</i>	Preferred	OTC	<i>oral electrolytes oral solution</i>	Preferred	AL; OTC; QL (6000 mL per 30 days)

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<i>pediatric electrolyte oral solution</i>	Preferred	AL; OTC; QL (6000 mL per 30 days)	<i>zinc gluconate oral tablet 50 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)			
<b>*MAGNESIUM***</b>								
<b>MAG64 ORAL TABLET DELAYED RELEASE</b>	Preferred	OTC; QL (2 tablets per 1 day)	<i>zinc oral capsule 220 (50 zn) mg</i>	Preferred	OTC			
<i>magnesium gluconate oral tablet 27.5 mg</i>	Preferred	OTC	<i>zinc oral tablet 30 mg</i>	Preferred	OTC			
<i>magnesium oral tablet 200 mg, 250 mg</i>	Preferred	OTC	<i>zinc oral tablet 50 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)			
<i>magnesium oral tablet 400 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)	<i>zinc sulfate oral capsule</i>	Preferred	OTC			
<i>magnesium oxide -mg supplement oral tablet 250 mg, 500 mg</i>	Preferred	OTC	<i>zinc sulfate oral tablet</i>	Preferred	OTC			
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	Preferred	OTC; QL (4 tablets per 1 day)	<b>*MOUTH/THROAT/DENTAL AGENTS*</b>					
<b>*MINERAL COMBINATIONS*</b>								
**								
<i>calcium citrate-magn-minerals oral tablet</i>	Preferred	AL; OTC	<b>CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LIQUID</b>	Preferred	OTC			
<b>*PHOSPHATE***</b>								
<i>phosphorous oral tablet</i>	Preferred	EDS	<b>*MULTIVITAMIN S*</b>					
<b>*POTASSIUM***</b>								
<i>potassium gluconate oral tablet 595 (99 k) mg</i>	Preferred	OTC; QL (4 tablets per 1 day)	<b>*B-COMPLEX VITAMINS***</b>					
<i>sd potassium gluconate oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)	<i>b complex oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)			
<b>*ZINC***</b>			<i>b complex vitamins oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)			
<i>chelated zinc oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)	<i>vitamin b complex oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)			
<i>zinc gluconate oral tablet 100 mg, 30 mg</i>	Preferred	OTC	<b>*B-COMPLEX W/ C &amp; FOLIC ACID***</b>					
<i>b-complex/vitamin c oral tablet</i>								
<b>DIALYVITE 800 ORAL TABLET</b>								

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NEPHRONEX ORAL LIQUID	Preferred	C; OTC; QL (10 mL per 1 day)	*MULTIVITAMIN S***		
<b>*B-COMPLEX W/ C***</b>					
<i>b complex-c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)	<i>multi vitamin oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>b complex-vitamin c oral capsule</i>	Preferred	C; OTC; QL (1 tablet per 1 day)	<i>multiple vitamin-folic acid oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>b-complex-c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)	<i>multiple vitamins oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>super b-complex + vitamin c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)	<i>vit e-vit c-beta carotene oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<b>*B-COMPLEX W/ C-BIOTIN-E &amp; FOLIC ACID***</b>					
<i>b complex-c-biotin-e-fa oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)	<b>BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION</b>	Preferred	OTC; QL (50 mL per 45 days)
<b>*B-COMPLEX W/BIOTIN &amp; FOLIC ACID***</b>					
<i>b-50 complex oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)	<i>multivitamin drops/iron oral solution</i>	Preferred	PA; OTC; QL (50 mL per 45 days)
<i>b-complex oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)	<i>pc pediatric poly-vitalfe drop oral solution</i>	Preferred	OTC; QL (50 mL per 45 days)
<b>*MULTIPLE VITAMINS W/ IRON***</b>					
<i>multiple vitamins/iron oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)	<b>POLY-VI-SOL/IRON ORAL SOLUTION</b>	Preferred	PA; OTC; QL (50 mL per 45 days)
<b>*MULTIPLE VITAMINS W/ MINERALS***</b>					
<i>actical oral capsule</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>poly-vital/iron oral solution</i>	Preferred	OTC; QL (50 mL per 45 days)
<i>prevent oral capsule</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>poly-vite/iron oral solution</i>	Preferred	PA; OTC; QL (50 mL per 45 days)
<b>*PEDIATRIC MULTIPLE VITAMINS***</b>					
<b>BPROTECTED PEDIA POLY-VITE ORAL SOLUTION</b>					
<i>multivitamin infant &amp; toddler oral solution</i>	Preferred	AL; OTC	<b>POLY-VI-SOL ORAL SOLUTION</b>	Preferred	AL; OTC
<i>poly-vita oral solution</i>	Preferred	AL; OTC	<i>poly-vite pediatric oral solution</i>	Preferred	AL; OTC
<i>poly-vite</i>	Preferred	AL; OTC			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>*PRENATAL MV &amp; MIN W/FE-FA &amp; COENZYME Q10***</b>					
<b>THERANATAL OVAVITE ORAL THERAPY PACK</b>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<i>one vite womens oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA***</b>					
<b>ATABEX ORAL TABLET CHEWABLE</b>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<b>ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE</b>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>classic prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<b>ONE-A-DAY WOMENS PRENATAL ORAL</b>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>eql prenatal formula oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal (w/iron &amp; fa) oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>gnp prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal complete oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<b>HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK</b>	Preferred	AL; OTC; QL (1 pack per 1 day)	<i>prenatal formula a-free oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>kp prenatal multivitamins oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal formula oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>kpn prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal forte oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>masonatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>multi prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal one daily oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<b>OBSTETRIX EC ORAL TABLET DELAYED RELEASE</b>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<b>OBTREX ORAL TABLET</b>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal vitamin and mineral oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
			<i>prenatal vitamins oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
			<i>prenatal/iron oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)

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<b>UPSPRING PRENATAL COMPLETE ORAL CAPSULE</b>	Preferred	AL; OTC; QL (1 capsule per 1 day)	<i>prenatal vitamin/min +dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>vita-pac oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)	<i>prenatal+dha oral</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA-CA- OMEGA 3 FISH OIL***</b>			<b>SIMILAC PRENATAL EARLY SHIELD ORAL</b>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal + complete multi oral therapy pack 18-0.8 &amp; 290 mg</i>	Preferred	AL; OTC; QL (2 capsules per 1 day)	<b>STUART ONE ORAL CAPSULE</b>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA- DHA***</b>			<b>THERANATAL COMPLETE ORAL</b>	Preferred	AL; OTC; QL (3 units per 1 day)
<b>BRAINSTRONG PRENATAL ORAL</b>	Preferred	AL; OTC; QL (2 units per 1 day)	<b>THERANATAL ONE ORAL CAPSULE</b>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>cadeau dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)	<i>ultra prenatal + dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<b>CENTRUM SPECIALIST PRENATAL ORAL</b>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<b>*PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON***</b>		
<b>ENFAMIL EXPECTA ORAL</b>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<b>ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE</b>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<b>OBSTETRIX DHA ORAL</b>	Preferred	AL; OTC	<b>ALIVE PRENATAL ORAL TABLET CHEWABLE</b>	Preferred	AL; OTC; QL (3 tablets per 1 day)
<b>OBSTETRIX ONE ORAL CAPSULE</b>	Preferred	AL; OTC; QL (1 capsule per 1 day)	<i>cvs prenatal gummy oral tablet chewable 0.18-25 mg</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-250 mg</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)	<b>GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE</b>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<b>PRENATAL MULTIVITAMIN + DHA ORAL</b>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<b>ONE A DAY PRENATAL ORAL TABLET CHEWABLE</b>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal multivitamin plus dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)			

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<i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal adult gummy/dhalfa oral tablet chewable</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal gummies oral tablet chewable</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal gummies/dha &amp; fa oral tablet chewable</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*NASAL AGENTS - MISC.***</b>		
<b>AYR SALINE NASAL DROPS NASAL SOLUTION</b>	Preferred	OTC; QL (2 fills per 30 days)
<i>qc saline nasal spray nasal solution</i>	Preferred	OTC; QL (2 fills per 30 days)
<i>saline nasal spray nasal solution</i>	Preferred	OTC; QL (2 fills per 30 days)
<b>*NASAL MAST CELL STABILIZERS***</b>		
<i>cromolyn sodium nasal aerosol solution</i>	Preferred	OTC
<b>*NASAL STEROIDS***</b>		
<i>budesonide nasal suspension</i>	Preferred	OTC; QL (2 inhalers per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	Preferred	OTC; QL (1 inhaler per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<b>*SYSTEMIC DECONGESTANT S***</b>		
<i>eq sinus 12-hour oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>nasal decongestant d oral tablet</i>	Preferred	AL; OTC; QL (2 fills per 30 days)
<i>phenylephrine hcl oral tablet</i>	Preferred	AL; OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Preferred	AL; OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Preferred	AL
<b>*TOPICAL DECONGESTANT S***</b>		
<i>cvs allergy nasal mist no drip nasal solution</i>	Preferred	OTC
<i>cvs nasal spray nasal solution 1 %</i>	Preferred	OTC
<i>cvs sinus nasal spray nasal solution</i>	Preferred	OTC
<b>DRISTAN NASAL SOLUTION</b>	Preferred	OTC
<b>GILTUSS SEVERE SINUS NASAL SOLUTION</b>	Preferred	OTC
<i>gnp nasal four spray nasal solution</i>	Preferred	OTC
<i>nasal spray nasal solution</i>	Preferred	OTC
<i>qc nasal mist no drip nasal solution</i>	Preferred	OTC
<i>qc nasal spray nasal solution 1 %</i>	Preferred	OTC
<i>qc no drip extra moisturizing nasal solution</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
qc no drip original 12 hours nasal solution	Preferred	OTC
<b>*NUTRIENTS*</b>		
<b>*MISC. NUTRITIONAL SUBSTANCES***</b>		
dha from algae oral capsule	Preferred	OTC
fish oil high potency oral capsule	Preferred	OTC
fish oil odor-less oral capsule	Preferred	OTC; QL (100 capsules per 30 days)
fish oil oral capsule 1000 mg	Preferred	
fish oil oral capsule 1200 mg	Preferred	OTC; QL (100 capsules per 30 days)
fish oil oral capsule 435 mg, 500 mg, 600 mg, 645 mg	Preferred	OTC
fish oil oral capsule delayed release 1000 mg	Preferred	OTC
fish oil oral capsule delayed release 1200 mg	Preferred	OTC; QL (100 capsules per 30 days)
omega 3 oral capsule 1000 mg	Preferred	OTC
omega 3 oral capsule 1200 mg	Preferred	OTC; QL (100 capsules per 30 days)
omega-3 fish oil oral capsule 1000 mg, 300 mg, 500 mg	Preferred	OTC
omega-3 fish oil oral capsule 1200 mg	Preferred	OTC; QL (100 capsules per 30 days)
omega-3 microgel oral capsule	Preferred	OTC
omega-3 oral capsule 1000 mg	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<b>*OPHTHALMIC AGENTS*</b>		
<b>*ARTIFICIAL TEAR SOLUTIONS***</b>		
artificial tears ophthalmic solution	Preferred	OTC
<b>*ARTIFICIAL TEARS AND LUBRICANTS***</b>		
carboxymethylcellulose sodium ophthalmic solution	Preferred	OTC
polyvinyl alcohol ophthalmic solution	Preferred	
<b>*OPHTHALMIC ANTIALLERGIC**</b>		
ALAWAY OPHTHALMIC SOLUTION	Preferred	OTC; QL (1 bottle per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.7 %	Preferred	OTC; QL (2.5 mL per 30 days)
<b>*PSYCHOTHERAP EUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*SMOKING DETERRENTS***</b>		
nicotine polacrilex mini mouth/throat lozenge	Preferred	OTC; QL (20 lozenges per 1 day)
nicotine polacrilex mouth/throat gum	Preferred	OTC; QL (20 units per 1 day)
nicotine polacrilex mouth/throat lozenge	Preferred	OTC; QL (20 lozenges per 1 day)
nicotine transdermal kit	Preferred	OTC; QL (1 patch per 1 day)

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<i>nicotine transdermal patch 24 hour</i>	Preferred	OTC; QL (1 patch per 1 day)	<i>omeprazole oral tablet delayed release dispersible</i>	Preferred	OTC
<b>*ULCER DRUGS/ANTISPAS MODICS/ANTICH OLINERGICS*</b>			<b>PRILOSEC OTC ORAL TABLET DELAYED RELEASE</b>	Preferred	OTC; QL (2 capsules per 1 day)
<b>*H-2 ANTAGONIST- ANTACID COMBINATIONS*</b>			<b>*VAGINAL AND RELATED PRODUCTS*</b>		
ft acid reducer + antacid oral tablet chewable	Preferred	OTC	<b>*IMIDAZOLE- RELATED ANTIFUNGALS***</b>		
<b>*H-2 ANTAGONISTS***</b>			<i>clotrimazole vaginal cream</i>	Preferred	OTC; QL (45 grams per 30 days)
<i>famotidine oral tablet 10 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)	<i>miconazole 1 vaginal kit</i>	Preferred	OTC
<i>ft acid reducer oral tablet</i>	Preferred	OTC; QL (2 tablets per 1 day)	<i>miconazole nitrate vaginal cream</i>	Preferred	OTC
<b>*PROTON PUMP INHIBITORS***</b>			<b>*SPERMICIDES**</b>		
<i>cvs omeprazole magnesium oral capsule delayed release</i>	Preferred	OTC	*		
<i>esomeprazole magnesium oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)	<b>TODAY SPONGE VAGINAL</b>	Preferred	OTC
<i>gnp omeprazole oral capsule delayed release</i>	Preferred	OTC	<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM</b>	Preferred	OTC
<i>kls omeprazole oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)	<b>*VASOPRESSORS</b>		
<i>omeprazole magnesium oral capsule delayed release</i>	Preferred	OTC	*		
<i>omeprazole magnesium oral tablet delayed release</i>	Preferred	OTC	<b>*VASOPRESSORS</b>		
<i>omeprazole oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)	***		
			<i>epinephrine injection solution 10 mg/10ml</i>	Preferred	
			<b>*VITAMINS*</b>		
			<b>*VITAMIN B-6***</b>		
			<i>pyridoxine hcl oral tablet</i>	Preferred	OTC
			<i>vitamin b6 oral tablet 250 mg</i>	Preferred	OTC
			<b>*VITAMIN D***</b>		
			<i>ergocalciferol oral capsule</i>	Preferred	PA

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<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Preferred	PA

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<i>eq cough &amp; chest congestion dm</i>	10
<i>eq laxative</i>	19
<i>eq sinus 12-hour</i>	30
<i>eql mucus relief cold/flu</i>	10
<i>eql prenatal formula</i>	28
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<i>fexofenadine-pseudoephed er</i>	11
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<i>fiber (corn dextrin)</i>	18
<i>fiber adult gummies</i>	18
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<b>FIBERCON</b>	18
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<b>GILTUSS SEVERE SINUS.....</b>	30
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gnp calamine phenolated.....	14
gnp docosanol.....	14
gnp fiber.....	18
gnp glucose.....	7
gnp hemorrhoidal.....	6
gnp isopropyl rubbing alcohol.....	9
gnp magnesium citrate.....	19
gnp nasal four spray.....	30
gnp omeprazole.....	32
gnp prenatal.....	28
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<b>KINDERMED KIDS ALLERGY..</b>	8
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<b>KOKO PEAK PRO MOUTHPIECE .....</b>	23
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<b>LIDAFLEX .....</b>	15
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<b>LITETOUCH MASK SMALL .....</b>	23
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<b>MEDIQUE ASPIRIN .....</b>	5
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<b>MICROCHAMBER .....</b>	24
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mineral oil .....	19
mineral oil-hydrophil petrolat .....	14

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<i>mm aspirin</i>	5
<b>MOTRIN CHILDRENS</b>	4
<b>MOTRIN INFANTS DROPS</b>	4
<i>mucus relief cough childrens</i>	10
<i>mucus relief d</i>	11
<i>mucus relief dm</i>	10
<i>mucus relief er</i>	12
<i>multi prenatal</i>	28
<i>multi vitamin</i>	27
<i>multiple vitamin-folic acid</i>	27
<i>multiple vitamins</i>	27
<i>multiple vitamins/iron</i>	27
<i>multivitamin drops/iron</i>	27
<i>multivitamin infant &amp; toddler</i>	27
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<b>MYCO NAIL</b>	13
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<i>na ferric gluc cplx in sucrose</i>	18
<i>naproxen sodium</i>	4
<i>nasal decongestant d</i>	30
<i>nasal mist</i>	12
<i>nasal spray</i>	30
<i>natural fiber</i>	19
<i>nausea relief</i>	7
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<i>neotuss</i>	10
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<i>nighttime cough</i>	12
<i>nohist-dm</i>	12
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<b>OBSTETRIX DHA</b>	29
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<i>oyster shell calcium</i>	25
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<i>oyster shell calcium/d3</i>	25
<i>oyster shell calcium/vit d</i>	25
<i>oyster shell calcium/vitamin d</i>	25
<i>pain &amp; fever kids</i>	5
<b>PANDA MASK LARGE</b>	24
<b>PANDA MASK MEDIUM</b>	24
<b>PANDA MASK SMALL</b>	24
<b>PANOXYL</b>	13
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<i>ped disposable</i>	23
<i>pediatric electrolyte</i>	26
<b>PEDIATRIC PANDA MASK</b>	24
<b>PFLEX</b>	23
<i>phenazopyridine hcl</i>	17
<i>phenylephrine hcl</i>	30
<i>phenylephrine-dm-gg</i>	10
<i>phenylephrine-guaifenesin</i>	11
<i>phosphorous</i>	26
<i>pillow mask/adult</i>	23
<i>pillow mask/child</i>	23
<i>pillow mask/pediatric</i>	23
<i>pink bismuth maximum strength</i>	7
<i>poly bacitracin</i>	13
<i>polyethylene glycol 3350</i>	19
<i>polysaccharide iron complex</i>	18
<i>polysaccharide-iron complex</i>	18
<i>polyvinyl alcohol</i>	31
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<b>POLY-VI-SOL/IRON</b>	27
<i>poly-vita</i>	27
<i>poly-vita/iron</i>	27
<i>poly-vite pediatric</i>	27
<i>poly-vitel/iron</i>	27
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<i>prenatal</i>	28
<i>prenatal (w/iron &amp; fa)</i>	28
<i>prenatal + complete multi</i>	29, 30
<i>prenatal adult gummy/dhalfa</i>	30
<i>prenatal complete</i>	28
<i>prenatal formula</i>	28
<i>prenatal formula a-free</i>	28
<i>prenatal forte</i>	28
<i>prenatal gummies</i>	30
<i>prenatal gummies/dha &amp; fa</i>	30
<i>prenatal multi +dha</i>	28, 29
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<i>prenatal multivitamin plus dha</i>	29
<i>prenatal one daily</i>	28
<i>prenatal vitamin and mineral</i>	28
<i>prenatal vitamin/min +dha</i>	29
<i>prenatal vitamins</i>	28
<i>prenatal/iron</i>	28
<i>prenatal+dha</i>	29
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<b>PRILOSEC OTC</b>	32
<i>prochamber vhc</i>	24
<i>promethazine-codeine</i>	12
<i>promethazine-dm</i>	12
<i>pseudoephedrine hcl</i>	30
<i>pseudoephedrine hcl er</i>	30
<i>pseudoephedrine-guaifenesin er</i>	11
<i>psyldex</i>	19
<i>pure comfort 3-ball breathe ex</i>	23
<i>pure comfort spacer chamber</i>	24

<i>pyridoxine hcl</i>	32	<i>sm tussin cough/chest congest</i>	10	<b>TYLENOL CHILDRENS PAIN</b>	
<i>qc 8 hour pain relief</i>	5	<b>SMART SENSE GLUCOSE</b>	7	<b>+ FEVER</b>	5
<i>qc acetaminophen infants</i>	5	<i>sodium bicarbonate</i>	6	<b>TYLENOL FOR CHILDREN +</b>	
<i>qc acetaminophen pm ex st</i>	18	<b>SOLUBLE FIBER THERAPY</b>	19	<b>ADULTS</b>	5
<i>qc allergy relief</i>	8	<b>SOMINEX NIGHTTIME</b>		<b>TYLENOL INFANTS</b>	
<i>qc antacid/anti-gas</i>	6	<b>SLEEP-AID</b>	18	<b>PAIN+FEVER</b>	5
<i>qc dibromm childrens cold/cgh</i>	12	<b>SPEEDY SWAB COVID-19</b>		<i>ultra prenatal + dha</i>	29
<i>qc menstrual pain relief</i>	5	<b>ANTIGEN</b>	16	<i>up &amp; up glucose</i>	7
<i>qc mucus relief severe con/cgh</i>	10	<i>spiro pd</i>	24	<b>UPSPRING PRENATAL</b>	
<i>qc nasal mist no drip</i>	30	<i>stool softener/laxative</i>	19	<b>COMPLETE</b>	29
<i>qc nasal spray</i>	30	<b>STUART ONE</b>	29	<b>VCF VAGINAL</b>	
<i>qc nighttime cough</i>	12	<b>SUDAFED PE HEAD</b>		<b>CONTRACEPTIVE</b>	32
<i>qc no drip extra moisturizing</i>	30	<b>CONGESTION</b>	11	<b>VENOFER</b>	18
<i>qc no drip original 12 hours</i>	31	<b>SUDOGEST SINUS/ALLERGY</b>	11	<i>vit e-vit c-beta carotene</i>	27
<i>qc pain relief extra strength</i>	5, 18	<b>SUN BURNT PLUS</b>	15	<i>vitamin a &amp; d</i>	14
<i>qc pain relieving + lidocaine</i>	15	<i>super b-complex + vitamin c</i>	27	<i>vitamin a &amp; d skin protectant</i>	14
<i>qc saline nasal spray</i>	30	<i>sv iron</i>	18	<i>vitamin b complex</i>	26
<i>qc tussin expectorant adult</i>	12	<b>TAKE ACTION</b>	9	<i>vitamin b12</i>	17
<b>QUAKE</b>	23	<i>terbinafine hcl</i>	13	<i>vitamin b-12</i>	17
<b>QUICKVUE AT-HOME</b>		<b>THERANATAL COMPLETE</b>	29	<i>vitamin b6</i>	32
<b>COVID-19 TEST</b>	16	<b>THERANATAL ONE</b>	29	<i>vitamin d (ergocalciferol)</i>	33
<b>REACT</b>	9	<b>THERANATAL OVAVITE</b>	28	<i>vitamin e-vit a &amp; d</i>	14
<i>reeses pinworm medicine</i>	6	<b>THRESHOLD IMT</b>	24	<i>vitamins a &amp; d</i>	14
<b>REGENECARE HA</b>	15	<b>THRESHOLD PEP</b>	24	<i>vita-pac</i>	29
<b>RELION GLUCOSE</b>	7	<i>tm-tolnaftate lr</i>	13	<b>VORTEX HOLD</b>	
<b>RELION TRUE MET AIR</b>		<b>TODAY SPONGE</b>	32	<b>CHMBR/MASK/CHILD</b>	25
<b>GLUC METER</b>	21	<i>tolnaftate</i>	13	<b>VORTEX HOLD</b>	
<b>RELION TRUE METRIX TEST</b>		<b>TOPICAINE 5</b>	6	<b>CHMBR/MASK/TODDLER</b>	25
<b>STRIPS</b>	15	<i>triamcinolone acetonide</i>	30	<b>WAL-TUSSIN COUGH LONG</b>	
<i>replacement air filter</i>	23	<b>TRIAMINIC FEVER</b>		<b>ACTING</b>	9
<i>risacal-d</i>	25	<b>REDUCER</b>	5	<b>WIDE-SEAL DIAPHRAGM 60</b>	20
<b>SAFE TUSSIN PM</b>	12	<i>triple antibiotic</i>	13	<b>WIDE-SEAL DIAPHRAGM 65</b>	20
<b>SAFETUSSIN DM</b>		<b>TRISPEC PSE</b>	11	<b>WIDE-SEAL DIAPHRAGM 70</b>	20
<b>COUGH/CHEST CONG</b>	10	<i>true folic acid</i>	17	<b>WIDE-SEAL DIAPHRAGM 75</b>	20
<i>saline nasal spray</i>	30	<b>TRUE METRIX AIR</b>		<b>WIDE-SEAL DIAPHRAGM 80</b>	20
<b>SAMI THE SEAL FILTERS</b>	24	<b>GLUCOSE METER</b>	21	<b>WIDE-SEAL DIAPHRAGM 85</b>	20
<i>sd potassium gluconate</i>	26	<b>TRUE METRIX BLOOD</b>		<b>WIDE-SEAL DIAPHRAGM 90</b>	20
<i>senna</i>	19, 20	<b>GLUCOSE TEST</b>	16	<b>WIDE-SEAL DIAPHRAGM 95</b>	20
<i>senna plus</i>	19	<b>TRUE METRIX GO GLUCOSE</b>		<b>WINDMILL TRAINER</b>	24
<i>sennosides-docusate sodium</i>	19	<b>METER</b>	21	<b>XEROBURN</b>	15
<i>severe allergy</i>	9	<b>TRUE METRIX LEVEL 1</b>	21	<b>YUMVS PREBIOTIC FIBER</b>	
<b>SIDESTREAM ADULT FACE</b>		<b>TRUE METRIX LEVEL 2</b>	21	<b>ZERO</b>	19
<b>MASK</b>	24	<b>TRUE METRIX LEVEL 3</b>	21	<i>zinc</i>	26
<b>SIDESTREAM PEDIATRIC</b>		<b>TRUE METRIX METER</b>	21	<i>zinc gluconate</i>	26
<b>FACE MASK</b>	24	<b>TUSICOF</b>	11	<i>zinc oxide</i>	14
<b>SIDESTREAM PLS ADULT</b>		<b>TUSNEL C</b>	11	<i>zinc sulfate</i>	26
<b>FACE MASK</b>	24	<b>TUSNEL DM PEDIATRIC</b>	11	<b>ZYRTEC</b>	8
<i>silicone mask/adult</i>	24	<i>tussin cough</i>	9		
<i>silicone mask/infant</i>	24	<i>tussin dm cough + chest</i>	10		
<i>silicone mask/pediatric</i>	24	<i>tussin multi-symptom cold cf</i>	11		
<i>simethicone</i>	17	<i>tussi-pres b</i>	12		
<i>simethicone extra strength</i>	17	<b>TUSSI-PRES PE PEDIATRIC</b>	11		
<b>SIMILAC PRENATAL EARLY</b>		<b>TYLENOL CHILDRENS</b>	5		
<b>SHIELD</b>	29	<b>TYLENOL CHILDRENS CHEWABLES</b>	5		
<i>sm allergy relief</i>	8				



1357 KAPIOLANI BLVD., STE G101  
HONOLULU, HI 96814