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Wholecare.

Gateway Health

2021 Medicaid Supplemental Formulary

INTRODUCTION

Gateway Health (Gateway) follows the Pennsylvania Medical Assistance Statewide Preferred Drug List (PDL). Gateway also offers drug coverage from classes not included on the Statewide PDL in the Supplemental Formulary. The Supplemental Formulary is a list of FDA-approved covered medications which have been reviewed and approved by our Pharmacy and Therapeutics (P&T) Committee and the Pennsylvania Department of Human Services (DHS). The P&T Committee is made up of actively participating network physicians, pharmacists and Medical Assistance (MA) program consumer representatives and selects products on the basis of their safety, efficacy, quality and cost to the plan.

Physicians are requested to prescribe medications included in the PDL/Supplemental Formulary whenever medically appropriate. Providers can contact Gateway Pharmacy Services with any questions related to a member's prescription coverage limitations.

The Supplemental Formulary is divided into major therapeutic categories (chapters) for easy use. Products that are approved for more than one therapeutic indication may be included in more than one chapter. Covered drugs are listed in the first column under the Drug Name heading. The Notes column lists any additional requirements or limits.

The P&T Committee meets on a quarterly basis to review and revise the Supplemental Formulary. All providers (both participating pharmacies and physicians) are provided access to the Supplemental Formulary and are periodically notified of formulary updates.

Providers may request the addition of a medication to the Supplemental Formulary. Requests must include the drug name, rationale for inclusion on the formulary, role in therapy and formulary medications that may be replaced by the addition. The P&T Committee will review requests. All requests should be forwarded in writing to:

Gateway Health -P&T Committee
Pharmacy Department
Four Gateway Center
444 Liberty Avenue
Suite 2100
Pittsburgh, PA 15222

The Supplemental Formulary is accessible online at www.GatewayHealthPlan.com. It may be searched by drug name or drug class. Additional hard copies of the Supplemental Formulary may be printed directly from the website, or requested as follows:

- Physician Practices: 1-800-392-1147
- Pharmacy Network Providers: 1-800-392-1147

Questions about the Supplemental Formulary can be directed to:

Pharmacy Services Department.....1-800-392-1147

PHARMACY CO-PAYMENTS

Co-payments will apply to Gateway members 21 years of age and older. These co-payments do not apply to any member who is pregnant or in a nursing home. Please note, members cannot be denied a service if they are unable to pay their co-pay.

For members 21 years of age and older, the co-payment structure for drugs is as follows:

- \$1.00 for generic drugs
- \$3.00 for brand drugs
- Copays will apply to any approved prior authorization for a non-formulary drug
- Medications within the following specified therapeutic categories will be excluded from the copay requirements, which will be noted at the point of sale transaction:
 - o Antipsychotics
 - o Family Planning
 - o Antidiabetic Agents, including Insulin
 - o Antineoplastic Agents (Cancer medications)
 - o Antiparkinson Agents
 - o Antiglaucoma Agents
 - o Antihypertensive Agents
 - o Anticonvulsants
 - o HIV/AIDS medications
 - o Cardiovascular preparations (Antiarrhythmics, Antianginals, Anticoagulants, Lipid Lowering Agents)
 - o Naloxone
 - o Smoking cessation products
 - o Influenza, Pneumonia and Zoster vaccines

SUPPLEMENTAL FORMULARY MEDICATION COVERAGE

- **Approved Medications**
Only FDA-approved medications are eligible for coverage.
- **Supplemental Formulary Drugs**
Supplemental Formulary drugs are those reviewed and recommended for inclusion in the Supplemental Formulary by Gateway's P&T Committee. These drugs are selected based upon their safety, efficacy, quality and cost. Physicians should use Supplemental Formulary drugs (or Statewide PDL drugs) when they believe it medically appropriate to do so.
- **Non-formulary Drugs**
A non-formulary drug is one that has not been recommended for inclusion in the Supplemental Formulary by Gateway's P&T Committee on the basis of safety, efficacy, quality and cost. Physicians are requested to comply with the Supplemental Formulary (and Statewide PDL) when prescribing medications for members when medically appropriate.
- **Request for Non-Formulary Drug Coverage**
A physician may request a non-formulary medication only if medical necessity or failure of formulary alternatives are documented by the physician on the Gateway Medicaid Drug

Exception Form. If changing to a Supplemental Formulary medication (or Statewide PDL medication) is not medically advisable for a patient, a physician must initiate a Request for Non-Formulary Drug Coverage by faxing the request form found on our website to: 1-888-245-2049 or by calling 1-800-392-1147 with all of the information requested on the form. All requests for exception will receive a response within 24 hours.

- **Prior Authorization**

Prior Authorization (prior approval) is necessary for coverage of certain medications. In these cases, clinical criteria, based on current medical information and approved by Gateway's P&T Committee and the Department of Human Services, must be met or additional information must be provided before coverage is approved. Prior authorizations are processed by calling Gateway at 1-800-392-1147 or physicians may complete a drug specific prior authorization form by accessing the website at www.GatewayHealthPlan.com. Physicians should fax the completed prior authorization form to 1-888-245-2049 for processing. All requests for prior authorization will receive a response within 24 hours. Medications that require prior authorization are denoted by **PA** in the Supplemental Formulary.

- **Temporary Supplies**

In the event a member's prescription for a medication is not filled when a prescription is presented to the pharmacist due to a Prior Authorization requirement, Gateway will authorize a temporary supply. For new therapies, up to a 5-day supply may be dispensed. If the member is currently taking a medication, it qualifies as ongoing. The pharmacist may dispense up to a 15-day supply for ongoing medications.

- **Generic Substitution**

When there is a generic version of a brand name drug available, Gateway requires the use of the generic. Generic drugs are subject to specific reimbursement levels, such as Maximum Allowable Cost (MAC) price reimbursements. Drugs that are available in generic form will appear in **bold** in the Supplemental Formulary. Requests for "Brand Necessary" medications will be considered a non-formulary medication request and will require authorization. The Gateway Medicaid Drug Exception Form must be submitted with sufficient documentation to substantiate medical necessity of the Brand Name medication. Physicians are encouraged to prescribe generic medications whenever clinically appropriate.

- **Quantity Limits**

For certain drugs, Gateway has established quantity limits (limits on the amount of drug you can have filled). Quantity limits are put in place to ensure that you do not receive a quantity greater than the recommended limit (daily, monthly or yearly based on FDA recommendations) and to promote efficient drug dosing regimens. Prescriptions in excess of the covered quantity require a medical exception request from the prescribing physician. For example, Gateway provides coverage for 60 tablets of leflunomide (generic Arava) 10mg every 30 days. Medications with quantity limits are denoted by **QL** in the Supplemental Formulary.

- **Once Daily Medications (Dose Optimization)**

Some medications are indicated to be taken as a once daily dose rather than several times throughout the day. In these situations, Gateway will cover only the larger dose for 30 days. This is a type of quantity limit called dose optimization. For example, your physician writes you a prescription to take a 5mg tablet twice a day. If a 10mg tablet exists in that medication, Gateway

will cover this strength rather than two of the 5mg tablets. Should there be a medical explanation as to why you would need to take a lesser dose twice a day; your physician may call Gateway at 1-800-392-1147 or fax 1-888-245-2049 to request an exception. These medications are denoted by **QL** in the Supplemental Formulary.

- **Step Therapy**

In some cases, Gateway requires you to first try certain drugs to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Gateway may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Gateway will then cover Drug B. Step therapy medications may also be requested through the prior authorization process. Drugs that require step therapy are denoted by **ST** in the Supplemental Formulary.

- **Specialty Pharmacy**

Some medications, including those that require special handling and some injectable medications, listed in the Supplemental Formulary are available through a specialty pharmacy network. These medications are denoted as **SPN** in the Supplemental Formulary. To find a participating specialty pharmacy, use the Specialty Pharmacy List, which is located on our website at <https://www.gatewayhealthplan.com/provider/pharmacy-tools>. If you have questions regarding the status of a particular pharmacy, please contact: Gateway Member Services at 1-800-392-1147.

- **Compounded Prescriptions**

A claim for a compounded prescription should be submitted with all NDCs used in the compound. Only valid NDCs are permitted. The compound cost will automatically calculate based upon coverage of the submitted ingredients. Payment will only be made for FDA approved drugs and drugs not excluded from payment by Medical Assistance. A compounded medication may require prior authorization to determine medical necessity. Prior authorizations are processed by calling Gateway at 1-800-392-1147 or physicians may complete a Medicaid Drug Exception Form by accessing the website at www.GatewayHealthPlan.com. Physicians should fax the completed form to 1-888-245-2049 for processing. All requests will receive a response within 24 hours.

- **Over-the-counter (OTC) Medications**

Gateway provides coverage for select OTC medications when written as a prescription. Please refer to the OTC product list referenced in this introduction for a listing of covered categories.

- **Medications Covered by Other Insurers (Coordination of Benefits and Third Party Liability)**

As an agent of the Commonwealth of Pennsylvania Medical Assistance Program, Gateway is always the payer of last resort in the event that a member receives a medication that is covered by another payer source. The claim must be billed to the primary insurance, and subsequently billed on-line or submitted on a Universal Claim Form (UCF) to Gateway for any outstanding balance.

- **Non-covered Drugs**

Non-covered drugs include the following categories:

- Drugs and other items prescribed for obesity or appetite control
- Over the counter drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes and similar items
- Prescription and over the counter cough and cold products for members 21 years of age and older
- Pharmaceutical services provided to a hospitalized person
- Drugs and devices classified as experimental by the FDA or whose use is classified as experimental by the FDA
- Drugs and devices not approved by the FDA or whose use is not approved by the FDA
- Placebos
- Prescription and over the counter soaps, cleansing agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants, emollients and other personal care items
- Durable Medical Equipment (DME) items (with the exception of preferred diabetic supplies, syringes, & lancets, inhaler spacers and masks, and condoms)
- Items prescribed or ordered by a physician who has been barred or suspended from participating in the Medical Assistance Program
- Prescriptions or orders filled by a pharmacy other than the one to which a recipient has been restricted
- DESI drugs and identical, similar or related products or combinations of these products
- FDA approved pharmaceutical products whose indicated use is not to treat or manage a medical condition, illness or disorder
- Prescription and over-the-counter pharmaceutical products distributed by a company that has not entered into a National rebate agreement with the Federal government
- Fertility promoting agents
- Erectile dysfunction drugs unless used for an FDA approved indication other than for the treatment of sexual or erectile dysfunction
- Agents prescribed for cosmetic purposes or approved by the FDA for cosmetic purposes only

PROVIDER IDENTIFIER

When processing a prescription claim for a Gateway member, a valid NPI number is required.

DAYS' SUPPLY DISPENSING LIMITATIONS

Members may receive up to a 34-day supply of a pharmaceutical product per prescription or refill. A 34-day supply shall be interpreted to mean consecutive 34-day supply, i.e., if a physician prescribes a medication b.i.d. (two times a day), a 34-day supply corresponds to a quantity of 68. The prescriber is urged to prescribe in amounts that adhere to FDA guidelines and accepted standards of care. The dispensing pharmacist must accurately calculate the days' supply.

A 90-day supply is available for select maintenance medications. These medications are designated as **90** in the Supplemental Formulary.

VACATION SUPPLIES

All requests for an early refill or a quantity in excess of a 34-day supply due to upcoming travel must be made by the prescribing physician. The physician must include the following in a request for a vacation supply of maintenance medication: your destination, your departure and return dates, any travel documentation including flight reservations or hotel confirmations, the dose, strength, frequency, and quantity of the medications that are being requested.

Medications being requested that have abuse potential will be reviewed on a case by case basis with the prescribing physician and Gateway Clinical Pharmacist and/or Medical Director. In addition, members may get their prescriptions filled anywhere in the United States at a participating network pharmacy, potentially eliminating the need for a vacation override.

RECIPIENT RESTRICTION PROGRAM

Gateway's Recipient Restriction Program is a program to detect and deter member misutilization and/or fraud/abuse. This program restricts members to a single, designated Primary Care Physician (PCP) and/or one Pharmacy of the member's choice for a period of five years. Gateway contacts the member's physician and pharmacy of choice to ask if they would be willing to accept a restricted member. Our program interfaces with the DHS centralized Recipient Restriction program. This enables DHS to continue the restrictions for a five-year period across the Pennsylvania Medical Assistance Program. Once a member is identified for this program through referrals from pharmacies, physicians or generated utilization reports, a complete review of pharmacy and medical claims data is performed. Upon completion of the review, if misutilization, fraud and/or abuse can be documented and has met the DHS approved restriction criteria, the member is recommended for restriction to a PCP and/or Participating Pharmacy. Upon approval from DHS, the member is then restricted or "locked-in" to one PCP and/or one Pharmacy. Please note: the restriction is not enforced in the case of an emergency. Please contact Gateway for assistance if this situation occurs. If you suspect member misutilization and/or fraud and/or abuse please contact our Pharmacy Services Department at **1-800-392-1147** or our Fraud Hotline at **1-800-685-5235**.

APPEALS AND COMPLAINTS

Gateway members and providers have the right to appeal any denial made by the plan. Details regarding appeals, complaints, and grievances may be found in the Member Handbook or the Provider Manual. To request a Member or Provider Handbook, call 1-800-392-1147. Both manuals are available online at www.GatewayHealthPlan.com.

PHARMACY BENEFIT INQUIRIES

Members or providers having questions regarding the pharmacy benefit, please call 1-800-392-1147. (TTY/TDD users: 711).

GATEWAY HEALTH OTC COVERAGE

(FOR COVERAGE, DRUGS MUST BE WRITTEN AS A PRESCRIPTION)

This list includes OTC products outside the scope of the Statewide Preferred Drug List (PDL) and included on the Supplemental Formulary. Specific OTC drugs and classes listed below are examples and not inclusive of all covered products.

Analgesics

Acetaminophen
Acetaminophen combinations
Aspirin
Aspirin combinations

Dermatologicals/Topical Therapy

Acne (salicylic acid)
Anesthetics (benzocaine, dibucaine, pramoxine, tetracaine)
Antibacterials (povidone-iodine)
Dermatological baths (colloidal oatmeal)
Fungicides (undecylenic acid, salicylic acid, triacetin)
Tar preparations (not including soaps and cleansing agents)
Wet dressings (aluminum acetate)
Scabicides/pediculicides (RID)

Endocrine/Diabetes

Continuous Glucose Monitoring System (Freestyle Libre)
Diabetic Supplies (insulin needles & syringes, lancets, alcohol swabs)

Gastroenterology

Antacids
Antidiarrheals (kaolin-pectin combinations, loperamide)
Antiflatulents (simethicone)
Laxatives and stool softeners (Miralax, Milk of Magnesia, bisacodyl, docusate)

Obstetrics & Gynecology

Contraceptives (condoms, contraceptive jellies, emergency contraceptives)

Ophthalmic Preparations

Ocular lubricants (polyvinyl alcohol or cellulose derivatives)
Decongestants (Visine)
Sodium chloride hypertonic

Respiratory, Allergy, Cough & Cold

Antihistamines (diphenhydramine)
Cough and cold products for members 20 years of age and younger
Nasal preparations (oxymetazoline, phenylephrine, saline)
Saline for inhalation

Vitamins, Hematinics & Electrolytes

Vitamins
Calcium salts
Oral electrolyte mixtures

Medical Supplies

Please check with Gateway Health for coverage

Supplemental Formulary Drug List

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List of Abbreviations

Supplemental Formulary: Supplemental Formulary Drug

90: 90 Day Supply

AL: Age Limit

PA: Prior Authorization

PC Note: Product Coverage Note

QL: Quantity Limit

QL: Quantity Limit

QL Note: Quantity Limit Note

SPA: Specialty Pharmacy Group A

SPB: Specialty Pharmacy Group B

ST: Step Therapy

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase bold: Generic drugs

UPPERCASE: Brand name drugs

Drug Name	Status	Notes
ALTERNATIVE MEDICINES		
*ALTERNATIVE MEDICINE - CA'S***		
PRELIEF ORAL TABLET 340 (65-50) MG (CA-P)	Supplemental Formulary	
*ALTERNATIVE MEDICINE - LY***		
lycopene oral capsule 10 mg	Supplemental Formulary	
*ALTERNATIVE MEDICINE COMBINATIONS - FOUR INGREDIENTS***		
EZ FLEX GC ORAL TABLET	Supplemental Formulary	
glucosamine chondroitin complx oral tablet	Supplemental Formulary	
glucosamine-chondroitin oral tablet	Supplemental Formulary	
sm glucosamine/chondroitin oral tablet 750-600 mg	Supplemental Formulary	
*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS***		
glucosamine chondroit msm ds oral tablet	Supplemental Formulary	
glucosamine complex -boswellia oral tablet	Supplemental Formulary	
glucosamine complex/vitamin d3 oral tablet	Supplemental Formulary	
glucosamine-chondroitin-msm oral tablet	Supplemental Formulary	
glucosamine-vitamin d3 oral tablet	Supplemental Formulary	
OSTEO BI-FLEX ONE PER DAY ORAL TABLET	Supplemental Formulary	
sm glucosamine-vitamin d3 oral tablet	Supplemental Formulary	
AMINOGLYCOSIDES		
*AMINOGLYCOSIDES***		
gentamicin sulfate injection solution 40 mg/ml	Supplemental Formulary	
tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml, 80 mg/2ml	Supplemental Formulary	SPB
ANALGESICS - ANTI-INFLAMMATORY		
*GOLD COMPOUNDS***		
RIDAURA ORAL CAPSULE 3 MG	Supplemental Formulary	
*PYRIMIDINE SYNTHESIS INHIBITORS***		
leflunomide oral tablet 10 mg, 20 mg	Supplemental Formulary	QL (30 EA per 30 days)
ANALGESICS - NONNARCOTIC		
*ANALGESIC COMBINATIONS***		
added strength headache relief oral tablet 250-250-65 mg	Supplemental Formulary	
ANACIN ORAL TABLET 400-32 MG	Supplemental Formulary	

Drug Name	Status	Notes
BAYER MIGRAINE ORAL TABLET 250-250-65 MG	Supplemental Formulary	
cramp tabs oral tablet 325-25 mg	Supplemental Formulary	
DOANS PM EXTRA STRENGTH ORAL TABLET 580-25 MG	Supplemental Formulary	
eq headache relief oral tablet 250-250-65 mg	Supplemental Formulary	
eql menstrual relief max st oral tablet 500-60-15 mg	Supplemental Formulary	
eql migraine formula oral tablet 250-250-65 mg	Supplemental Formulary	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG	Supplemental Formulary	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG	Supplemental Formulary	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG	Supplemental Formulary	
extraprin oral tablet 250-250-65 mg	Supplemental Formulary	
gnp headache relief extra str oral tablet 250-250-65 mg	Supplemental Formulary	
gnp migraine relief oral tablet 250-250-65 mg	Supplemental Formulary	
goodsense headache relief oral tablet 250-250-65 mg	Supplemental Formulary	
goodsense migraine formula oral tablet 250-250-65 mg	Supplemental Formulary	
headache formula oral tablet 250-250-65 mg	Supplemental Formulary	
headache relief oral tablet 250-250-65 mg	Supplemental Formulary	
hm migraine relief oral tablet 250-250-65 mg	Supplemental Formulary	
meijer migraine formula oral tablet 250-250-65 mg	Supplemental Formulary	
menstrual relief max strength oral tablet 500-60-15 mg	Supplemental Formulary	
MIDOL CAFFEINE FREE ORAL TABLET 500-25 MG	Supplemental Formulary	
MIDOL COMPLETE ORAL TABLET 500-60-15 MG	Supplemental Formulary	
MIDOL MAX ST MENSTRUAL ORAL TABLET 500-60-15 MG	Supplemental Formulary	
migraine formula oral tablet 250-250-65 mg	Supplemental Formulary	
migraine relief oral tablet 250-250-65 mg	Supplemental Formulary	
pain reliever extra strength oral tablet 250-250-65 mg	Supplemental Formulary	
pain reliever plus oral tablet 250-250-65 mg	Supplemental Formulary	

Drug Name	Status	Notes
pain-off oral tablet 250-250-65 mg	Supplemental Formulary	
PAMPRIN MAX ORAL TABLET 250-250-65 MG	Supplemental Formulary	
px headache relief added st oral tablet 250-250-65 mg	Supplemental Formulary	
px migraine relief oral tablet 250-250-65 mg	Supplemental Formulary	
qc headache relief oral tablet 250-250-65 mg	Supplemental Formulary	
qc menstrual complete max st oral tablet 500-60-15 mg	Supplemental Formulary	
ra headache formula oral tablet 250-250-65 mg	Supplemental Formulary	
ra menstrual relief oral tablet 500-60-15 mg	Supplemental Formulary	
ra migraine relief oral tablet 250-250-65 mg	Supplemental Formulary	
ra pain reliever ex st oral tablet 250-250-65 mg	Supplemental Formulary	
ra tension headache oral tablet 500-65 mg	Supplemental Formulary	
sb pain relief x-str oral tablet 250-250-65 mg	Supplemental Formulary	
sm migraine relief oral tablet 250-250-65 mg	Supplemental Formulary	
tension headache oral tablet 500-65 mg	Supplemental Formulary	
VANQUISH ORAL TABLET 227-194-33 MG	Supplemental Formulary	
womens menstrual relief oral tablet 500-25 mg	Supplemental Formulary	
*ANALGESICS OTHER***		
8 hour arthritis pain reliever oral tablet extended release 650 mg	Supplemental Formulary	
8 hour pain reliever oral tablet extended release 650 mg	Supplemental Formulary	
8 hr arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
acetaminophen childrens oral solution 160 mg/5ml	Supplemental Formulary	
acetaminophen childrens oral suspension 160 mg/5ml	Supplemental Formulary	
acetaminophen childrens oral tablet chewable 160 mg	Supplemental Formulary	
acetaminophen er oral tablet extended release 650 mg	Supplemental Formulary	
acetaminophen extra strength oral tablet 500 mg	Supplemental Formulary	
acetaminophen infants oral suspension 160 mg/5ml	Supplemental Formulary	
acetaminophen oral liquid 160 mg/5ml	Supplemental Formulary	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Supplemental Formulary	

Drug Name	Status	Notes
acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Supplemental Formulary	
acetaminophen oral tablet 325 mg, 500 mg	Supplemental Formulary	
acetaminophen oral tablet chewable 160 mg, 80 mg	Supplemental Formulary	
acetaminophen rectal suppository 120 mg, 650 mg	Supplemental Formulary	
apra oral elixir 160 mg/5ml	Supplemental Formulary	
arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
arthritis pain reliever oral tablet extended release 650 mg	Supplemental Formulary	
betatemp childrens oral suspension 160 mg/5ml	Supplemental Formulary	
childrens acetaminophen oral suspension 160 mg/5ml	Supplemental Formulary	
childrens apap oral tablet chewable 80 mg	Supplemental Formulary	
childrens aspirin free oral elixir 80 mg/2.5ml	Supplemental Formulary	
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG	Supplemental Formulary	
childrens non-aspirin oral suspension 160 mg/5ml	Supplemental Formulary	
childrens non-aspirin oral tablet chewable 80 mg	Supplemental Formulary	
childrens pain reliever oral tablet chewable 80 mg	Supplemental Formulary	
childrens silapap oral liquid 160 mg/5ml	Supplemental Formulary	
ed-apap oral liquid 160 mg/5ml	Supplemental Formulary	
eq 8hr arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
eq acetaminophen oral tablet 325 mg, 500 mg	Supplemental Formulary	
eq arthritis pain oral tablet extended release 650 mg	Supplemental Formulary	
eq pain & fever childrens oral suspension 160 mg/5ml	Supplemental Formulary	
eq pain & fever childrens oral tablet chewable 160 mg	Supplemental Formulary	
eq pain & fever infants oral suspension 160 mg/5ml	Supplemental Formulary	
eq pain relief/rapid burst oral liquid 500 mg/15ml	Supplemental Formulary	
eq pain reliever oral tablet 325 mg, 500 mg	Supplemental Formulary	

Drug Name	Status	Notes
eql acetaminophen childrens oral suspension 160 mg/5ml	Supplemental Formulary	
eql acetaminophen ex st oral tablet 500 mg	Supplemental Formulary	
eql acetaminophen oral tablet 325 mg	Supplemental Formulary	
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	Supplemental Formulary	
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	Supplemental Formulary	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	Supplemental Formulary	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	Supplemental Formulary	
gnp 8 hour arthritis relief oral tablet extended release 650 mg	Supplemental Formulary	
gnp 8 hour pain reliever oral tablet extended release 650 mg	Supplemental Formulary	
gnp acetaminophen oral tablet 325 mg	Supplemental Formulary	
gnp acetaminophen oral tablet chewable 160 mg	Supplemental Formulary	
gnp infants pain/fever oral suspension 160 mg/5ml	Supplemental Formulary	
gnp pain & fever childrens oral suspension 160 mg/5ml	Supplemental Formulary	
gnp pain relief extra strength oral tablet 500 mg	Supplemental Formulary	
gnp pain relief oral tablet 325 mg	Supplemental Formulary	
goodsense arthritis pain oral tablet extended release 650 mg	Supplemental Formulary	
goodsense pain & fever child oral suspension 160 mg/5ml	Supplemental Formulary	
goodsense pain & fever infants oral suspension 160 mg/5ml	Supplemental Formulary	
goodsense pain relief extra st oral tablet 500 mg	Supplemental Formulary	
goodsense pain relief oral tablet 325 mg	Supplemental Formulary	
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	Supplemental Formulary	
hm acetaminophen childrens oral tablet chewable 160 mg	Supplemental Formulary	
hm arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
hm pain & fever childrens oral suspension 160 mg/5ml	Supplemental Formulary	

Drug Name	Status	Notes
hm pain relief oral tablet extended release 650 mg	Supplemental Formulary	
hm pain reliever oral tablet 325 mg	Supplemental Formulary	
infants pain & fever oral suspension 160 mg/5ml	Supplemental Formulary	
kls acetaminophen ex st oral tablet 500 mg	Supplemental Formulary	
liquid pain relief oral liquid 160 mg/5ml	Supplemental Formulary	
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML	Supplemental Formulary	
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	Supplemental Formulary	
mapap arthritis pain oral tablet extended release 650 mg	Supplemental Formulary	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	Supplemental Formulary	
mapap oral capsule 500 mg	Supplemental Formulary	
mapap oral liquid 160 mg/5ml	Supplemental Formulary	
mapap oral tablet 325 mg	Supplemental Formulary	
mapap oral tablet chewable 80 mg	Supplemental Formulary	
MEDI-TABS CHILDRENS ORAL ELIXIR 80 MG/2.5ML	Supplemental Formulary	
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG	Supplemental Formulary	
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG	Supplemental Formulary	
meijer aspirin free oral tablet 325 mg, 500 mg	Supplemental Formulary	
meijer jr st aspirin free oral tablet chewable 160 mg	Supplemental Formulary	
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG	Supplemental Formulary	
m-pap oral liquid 160 mg/5ml	Supplemental Formulary	
non-aspirin extra strength oral tablet 500 mg	Supplemental Formulary	
non-aspirin jr strength oral tablet chewable 160 mg	Supplemental Formulary	
non-aspirin oral tablet 325 mg, 500 mg	Supplemental Formulary	
non-aspirin pain relief oral tablet 325 mg	Supplemental Formulary	
pain & fever childrens oral suspension 160 mg/5ml	Supplemental Formulary	
pain & fever childrens oral tablet chewable 160 mg	Supplemental Formulary	
pain & fever infants oral suspension 160 mg/5ml	Supplemental Formulary	

Drug Name	Status	Notes
pain relief childrens oral elixir 160 mg/5ml	Supplemental Formulary	
pain relief childrens oral suspension 160 mg/5ml	Supplemental Formulary	
pain relief extra strength oral capsule 500 mg	Supplemental Formulary	
pain relief extra strength oral tablet 500 mg	Supplemental Formulary	
pain relief oral liquid 500 mg/15ml	Supplemental Formulary	
pain relief regular strength oral tablet 325 mg	Supplemental Formulary	
pain reliever extra strength oral tablet 500 mg	Supplemental Formulary	
pain reliever oral liquid 500 mg/15ml	Supplemental Formulary	
pain reliever oral tablet 325 mg	Supplemental Formulary	
pain reliever/fever reducer rectal suppository 120 mg	Supplemental Formulary	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML	Supplemental Formulary	
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML	Supplemental Formulary	
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML	Supplemental Formulary	
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	Supplemental Formulary	
PHARBETOL ORAL TABLET 325 MG, 500 MG	Supplemental Formulary	
px arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
px childrens pain relief oral suspension 160 mg/5ml	Supplemental Formulary	
px pain relief extra strength oral tablet 500 mg	Supplemental Formulary	
qc acetaminophen 8 hours oral tablet extended release 650 mg	Supplemental Formulary	
qc acetaminophen 8hr arth pain oral tablet extended release 650 mg	Supplemental Formulary	
qc acetaminophen 8hr musc ache oral tablet extended release 650 mg	Supplemental Formulary	
qc arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
qc non-aspirin 8 hour oral tablet extended release 650 mg	Supplemental Formulary	
qc non-aspirin childrens oral suspension 160 mg/5ml	Supplemental Formulary	
qc non-aspirin childrens oral tablet chewable 160 mg	Supplemental Formulary	

Drug Name	Status	Notes
qc non-aspirin extra strength oral tablet 500 mg	Supplemental Formulary	
qc pain relief childrens oral suspension 160 mg/5ml	Supplemental Formulary	
qc pain relief extra strength oral tablet 500 mg	Supplemental Formulary	
qc pain relief oral tablet 325 mg	Supplemental Formulary	
ra 8 hour pain relief oral tablet extended release 650 mg	Supplemental Formulary	
ra acetaminophen childrens oral tablet chewable 160 mg	Supplemental Formulary	
ra acetaminophen ex st oral tablet 500 mg	Supplemental Formulary	
ra acetaminophen oral tablet 325 mg	Supplemental Formulary	
ra arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
ra fever reducer/pain reliever oral suspension 160 mg/5ml	Supplemental Formulary	
ra pain relief acetaminophen oral tablet 325 mg, 500 mg	Supplemental Formulary	
ra pain reliever ex st oral liquid 500 mg/15ml	Supplemental Formulary	
sb arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
sb non-aspirin extra strength oral tablet 500 mg	Supplemental Formulary	
sb non-aspirin oral tablet 325 mg	Supplemental Formulary	
sb non-aspirin oral tablet chewable 160 mg, 80 mg	Supplemental Formulary	
sb pain reliever childrens oral suspension 160 mg/5ml	Supplemental Formulary	
sb pain reliever ex st oral tablet 500 mg	Supplemental Formulary	
sm 8 hour pain relief oral tablet extended release 650 mg	Supplemental Formulary	
sm arthritis pain relief oral tablet extended release 650 mg	Supplemental Formulary	
sm arthritis pain reliever oral tablet extended release 650 mg	Supplemental Formulary	
sm pain & fever childrens oral suspension 160 mg/5ml	Supplemental Formulary	
sm pain & fever infants oral suspension 160 mg/5ml	Supplemental Formulary	
sm pain relief extra strength oral tablet 500 mg	Supplemental Formulary	
sm pain relief oral tablet 500 mg	Supplemental Formulary	
sm pain reliever ex st oral tablet 500 mg	Supplemental Formulary	

Drug Name	Status	Notes
sm pain reliever oral tablet 325 mg	Supplemental Formulary	
tactinal oral tablet 325 mg	Supplemental Formulary	
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML	Supplemental Formulary	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG	Supplemental Formulary	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG	Supplemental Formulary	
TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE 160 MG	Supplemental Formulary	
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	Supplemental Formulary	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG	Supplemental Formulary	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML	Supplemental Formulary	
TYLENOL ORAL TABLET 325 MG	Supplemental Formulary	
*ANALGESICS-SEDATIVES***		
menstrual pain relief oral tablet 500-25-15 mg	Supplemental Formulary	
PAMPRIN MAX PAIN FORMULA ORAL TABLET 500-25-15 MG	Supplemental Formulary	
PAMPRIN MULTI-SYMPTOM ORAL TABLET 500-25-15 MG	Supplemental Formulary	
PREMSYN PMS ORAL TABLET 500-25-15 MG	Supplemental Formulary	
ra menstrual pain relief oral tablet 500-25-15 mg	Supplemental Formulary	
*SALICYLATE COMBINATIONS***		
ALKA-SELTZER EXTRA STRENGTH ORAL TABLET EFFERVESCENT 500 MG	Supplemental Formulary	
ALKA-SELTZER ORAL TABLET EFFERVESCENT 325-1000-1700 MG, 325-1000-1916 MG	Supplemental Formulary	
ALKA-SELTZER ORIGINAL ORAL TABLET EFFERVESCENT 325 MG	Supplemental Formulary	
ASCRIPITIN ORAL TABLET 325 MG	Supplemental Formulary	
BAYER PLUS ORAL TABLET 500 MG	Supplemental Formulary	
BUFFERIN EXTRA STRENGTH ORAL TABLET 500 MG	Supplemental Formulary	
BUFFERIN ORAL TABLET 325 MG	Supplemental Formulary	
effervescent pain relief oral tablet effervescent 325-1000-1916 mg	Supplemental Formulary	

Drug Name	Status	Notes
eq antacid & pain relief oral tablet effervescent 325 mg	Supplemental Formulary	
eql antacid/pain relief oral tablet effervescent 325-1000-1916 mg	Supplemental Formulary	
goodsense antacid/pain relief oral tablet effervescent 325 mg, 325-1000-1916 mg	Supplemental Formulary	
medi-seltzer oral tablet effervescent 325 mg	Supplemental Formulary	
px effervescent oral tablet effervescent 325-1000-1916 mg	Supplemental Formulary	
qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg	Supplemental Formulary	
sb effervescent pain relief oral tablet effervescent 325-1000-1916 mg	Supplemental Formulary	
sm aspirin tri-buffered oral tablet 325 mg	Supplemental Formulary	
sm effervescent pain relief oral tablet effervescent 325-1000-1916 mg	Supplemental Formulary	
tri-buffered aspirin oral tablet 325 mg	Supplemental Formulary	
*SALICYLATES***		
adult aspirin regimen oral tablet delayed release 81 mg	Supplemental Formulary	
aspirin 81 oral tablet chewable 81 mg	Supplemental Formulary	
aspirin 81 oral tablet delayed release 81 mg	Supplemental Formulary	
aspirin adult low dose oral tablet delayed release 81 mg	Supplemental Formulary	
aspirin adult low strength oral tablet delayed release 81 mg	Supplemental Formulary	
aspirin childrens oral tablet chewable 81 mg	Supplemental Formulary	
aspirin ec low dose oral tablet delayed release 81 mg	Supplemental Formulary	
aspirin ec low strength oral tablet delayed release 81 mg	Supplemental Formulary	
aspirin low dose oral tablet chewable 81 mg	Supplemental Formulary	
aspirin low dose oral tablet delayed release 81 mg	Supplemental Formulary	
aspirin low strength oral tablet chewable 81 mg	Supplemental Formulary	
aspirin oral tablet 325 mg	Supplemental Formulary	
aspirin oral tablet chewable 81 mg	Supplemental Formulary	
aspirin oral tablet delayed release 325 mg, 81 mg	Supplemental Formulary	
aspirin rectal suppository 300 mg	Supplemental Formulary	

Drug Name	Status	Notes
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG	Supplemental Formulary	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	Supplemental Formulary	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Supplemental Formulary	
BAYER ASPIRIN ORAL TABLET 325 MG	Supplemental Formulary	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	Supplemental Formulary	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Supplemental Formulary	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Supplemental Formulary	
childrens aspirin oral tablet chewable 81 mg	Supplemental Formulary	
DOANS EXTRA STRENGTH ORAL TABLET 580 MG	Supplemental Formulary	
DOANS PILLS ORAL TABLET 325 MG	Supplemental Formulary	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Supplemental Formulary	
ECPIRIN ORAL TABLET DELAYED RELEASE 325 MG	Supplemental Formulary	
eq aspirin adult low dose oral tablet delayed release 81 mg	Supplemental Formulary	
eq aspirin low dose oral tablet chewable 81 mg	Supplemental Formulary	
eq aspirin oral tablet 325 mg	Supplemental Formulary	
eql aspirin ec oral tablet delayed release 325 mg	Supplemental Formulary	
eql aspirin low dose oral tablet chewable 81 mg	Supplemental Formulary	
eql aspirin low dose oral tablet delayed release 81 mg	Supplemental Formulary	
gnp adult aspirin low strength oral tablet chewable 81 mg	Supplemental Formulary	
gnp aspirin low dose oral tablet delayed release 81 mg	Supplemental Formulary	
gnp aspirin oral tablet 325 mg	Supplemental Formulary	
gnp aspirin oral tablet delayed release 325 mg, 81 mg	Supplemental Formulary	
goodsense aspirin low dose oral tablet delayed release 81 mg	Supplemental Formulary	
goodsense aspirin oral tablet 325 mg	Supplemental Formulary	
goodsense aspirin oral tablet chewable 81 mg	Supplemental Formulary	

Drug Name	Status	Notes
goodsense aspirin oral tablet delayed release 325 mg	Supplemental Formulary	
h-e-b aspirin oral tablet delayed release 81 mg	Supplemental Formulary	
hm aspirin ec low dose oral tablet delayed release 81 mg	Supplemental Formulary	
hm aspirin ec oral tablet delayed release 325 mg	Supplemental Formulary	
hm aspirin oral tablet delayed release 325 mg	Supplemental Formulary	
kls aspirin low dose oral tablet delayed release 81 mg	Supplemental Formulary	
kp aspirin oral tablet delayed release 81 mg	Supplemental Formulary	
meijer aspirin ec oral tablet delayed release 325 mg	Supplemental Formulary	
px aspirin oral tablet 325 mg	Supplemental Formulary	
px aspirin oral tablet chewable 81 mg	Supplemental Formulary	
px enteric aspirin oral tablet delayed release 325 mg, 81 mg	Supplemental Formulary	
qc aspirin low dose oral tablet chewable 81 mg	Supplemental Formulary	
qc aspirin low dose oral tablet delayed release 81 mg	Supplemental Formulary	
qc aspirin oral tablet 325 mg	Supplemental Formulary	
qc aspirin oral tablet delayed release 325 mg	Supplemental Formulary	
qc childrens aspirin oral tablet chewable 81 mg	Supplemental Formulary	
qc enteric aspirin oral tablet delayed release 325 mg	Supplemental Formulary	
ra aspirin adult low dose oral tablet chewable 81 mg	Supplemental Formulary	
ra aspirin adult low strength oral tablet chewable 81 mg	Supplemental Formulary	
ra aspirin childrens oral tablet chewable 81 mg	Supplemental Formulary	
ra aspirin ec adult low st oral tablet delayed release 81 mg	Supplemental Formulary	
ra aspirin ec oral tablet delayed release 325 mg, 81 mg	Supplemental Formulary	
ra aspirin oral tablet 325 mg	Supplemental Formulary	
ra pain relief aspirin oral tablet 325 mg	Supplemental Formulary	
salsalate oral tablet 500 mg, 750 mg	Supplemental Formulary	
sb aspirin ec oral tablet delayed release 325 mg	Supplemental Formulary	
sb aspirin oral tablet 325 mg	Supplemental Formulary	
sb backache extra strength oral tablet 500 mg	Supplemental Formulary	
sb childrens aspirin oral tablet chewable 81 mg	Supplemental Formulary	

Drug Name	Status	Notes
sb low dose asa ec oral tablet delayed release 81 mg	Supplemental Formulary	
sm aspirin adult low strength oral tablet delayed release 81 mg	Supplemental Formulary	
sm aspirin ec low strength oral tablet delayed release 81 mg	Supplemental Formulary	
sm aspirin ec oral tablet delayed release 325 mg	Supplemental Formulary	
sm aspirin low dose oral tablet chewable 81 mg	Supplemental Formulary	
sm aspirin oral tablet 325 mg	Supplemental Formulary	
sm childrens aspirin oral tablet chewable 81 mg	Supplemental Formulary	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Supplemental Formulary	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Supplemental Formulary	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Supplemental Formulary	
ANALGESICS - OPIOID		
*OPIOID AGONISTS***		
fentanyl citrate powder	Supplemental Formulary	PA
ANDROGENS-ANABOLIC		
*ANDROGENS***		
danazol oral capsule 100 mg, 200 mg, 50 mg	Supplemental Formulary	
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STEROIDS***		
CORTIFOAM EXTERNAL FOAM 10 %	Supplemental Formulary	
hydrocortisone rectal enema 100 mg/60ml	Supplemental Formulary	
*RECTAL ANESTHETIC/STEROIDS***		
lidocaine-hydrocort (perianal) external cream 3-0.5 %	Supplemental Formulary	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Supplemental Formulary	
*RECTAL LOCAL ANESTHETICS***		
AMERICAINE RECTAL OINTMENT 20 %	Supplemental Formulary	
ANECREAM5 EXTERNAL CREAM 5 %	Supplemental Formulary	
dibucaine (perianal) external ointment 1 %	Supplemental Formulary	
lidocaine (anorectal) external cream 5 %	Supplemental Formulary	
LMX 5 EXTERNAL CREAM 5 %	Supplemental Formulary	
NUPERCAINAL EXTERNAL OINTMENT 1 %	Supplemental Formulary	
ra anorectal external cream 5 %	Supplemental Formulary	

Drug Name	Status	Notes
RECTASMOOTH EXTERNAL CREAM 5 %	Supplemental Formulary	
RECTICARE EXTERNAL CREAM 5 %	Supplemental Formulary	
*RECTAL STEROIDS***		
hydrocortisone (perianal) external cream 1 %, 2.5 %	Supplemental Formulary	
PROCTOCARE-HC EXTERNAL CREAM 2.5 %	Supplemental Formulary	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Supplemental Formulary	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Supplemental Formulary	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Supplemental Formulary	
ANTACIDS		
*ANTACID & SIMETHICONE***		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	Supplemental Formulary	
aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid & antigas oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid advanced oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
antacid anti-gas max strength oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
antacid anti-gas oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid extra strength oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
antacid fast relief oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid i oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid iii oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
antacid liquid oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid m oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid maximum strength oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
antacid oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid regular strength oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
antacid/simethicone ds oral suspension 400-400-40 mg/5ml	Supplemental Formulary	

Drug Name	Status	Notes
comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	Supplemental Formulary	
comfort gel oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
DI-GEL ORAL SUSPENSION 282-87-25 MG/5ML	Supplemental Formulary	
eq antacid maximum strength oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
eql antacid/anti-gas oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
GAS-X WITH MAALOX EX ST ORAL TABLET CHEWABLE 500-125 MG	Supplemental Formulary	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG	Supplemental Formulary	
geri-lanta oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
geri-mox oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	Supplemental Formulary	
gnp antacid & anti-gas oral tablet chewable 1000-60 mg	Supplemental Formulary	
gnp antacid regular strength oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
hm antacid oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
HYVEE ADVANCED ANTACID ORAL SUSPENSION 400-400-40 MG/5ML	Supplemental Formulary	
MAALOX ADVANCED MAX ST ORAL TABLET CHEWABLE 1000-60 MG	Supplemental Formulary	
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML	Supplemental Formulary	
MAALOX MAX ORAL TABLET CHEWABLE 1000-60 MG	Supplemental Formulary	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	Supplemental Formulary	
mag-al plus oral liquid 200-200-20 mg/5ml	Supplemental Formulary	
mag-al plus xs oral liquid 400-400-40 mg/5ml	Supplemental Formulary	
meijer antacid anti-gas oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
meijer antacid oral suspension 400-400-40 mg/5ml	Supplemental Formulary	

Drug Name	Status	Notes
mintox maximum strength oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML	Supplemental Formulary	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	Supplemental Formulary	
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	Supplemental Formulary	
px antacid maximum strength oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
px antacid regular strength oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
qc antacid oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	Supplemental Formulary	
ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
ra antacid/anti-gas oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
sb antacid anti-gas oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
sm antacid advanced max st oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
sm antacid advanced oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
sm antacid anti-gas oral suspension 200-200-20 mg/5ml	Supplemental Formulary	
sm antacid maximum strength oral suspension 400-400-40 mg/5ml	Supplemental Formulary	
*ANTACID COMBINATIONS***		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML	Supplemental Formulary	
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	Supplemental Formulary	
antacid extra strength oral tablet chewable 160-105 mg	Supplemental Formulary	
antacid oral tablet chewable 550-110 mg	Supplemental Formulary	
GAVISCON EXTRA RELIEF FORMULA ORAL SUSPENSION 508-475 MG/10ML	Supplemental Formulary	
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5ML	Supplemental Formulary	

Drug Name	Status	Notes
GAVISCON EXTRA STRENGTH ORAL TABLET CHEWABLE 160-105 MG	Supplemental Formulary	
GAVISCON ORAL SUSPENSION 95-358 MG/15ML	Supplemental Formulary	
geri-lanta supreme oral suspension 400-135 mg/5ml	Supplemental Formulary	
gnp antacid extra strength oral tablet chewable 160-105 mg	Supplemental Formulary	
heartburn antacid ex st oral tablet chewable 160-105 mg	Supplemental Formulary	
heartburn relief ex st oral suspension 254-237.5 mg/5ml	Supplemental Formulary	
qc heartburn antacid oral tablet chewable 160-105 mg	Supplemental Formulary	
sm foaming antacid oral tablet chewable 80-20 mg	Supplemental Formulary	
*ANTACIDS - ALUMINUM SALTS***		
aluminum hydroxide gel oral suspension 320 mg/5ml	Supplemental Formulary	
*ANTACIDS - BICARBONATE***		
sodium bicarbonate oral tablet 325 mg, 650 mg	Supplemental Formulary	
*ANTACIDS - CALCIUM SALTS***		
antacid calcium oral tablet chewable 500 mg	Supplemental Formulary	
antacid extra strength oral tablet chewable 750 mg	Supplemental Formulary	
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG	Supplemental Formulary	
antacid maximum oral tablet chewable 1000 mg	Supplemental Formulary	
antacid oral tablet chewable 500 mg	Supplemental Formulary	
antacid regular strength oral tablet chewable 500 mg	Supplemental Formulary	
antacid ultra strength oral tablet chewable 1000 mg	Supplemental Formulary	
calcium antacid extra strength oral tablet chewable 750 mg	Supplemental Formulary	
calcium antacid oral tablet chewable 500 mg	Supplemental Formulary	
calcium carbonate antacid oral suspension 1250 mg/5ml	Supplemental Formulary	
calcium carbonate antacid oral tablet chewable 500 mg	Supplemental Formulary	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	Supplemental Formulary	

Drug Name	Status	Notes
childrens pepto oral tablet chewable 400 mg	Supplemental Formulary	
CHILDRENS SOOTHE ORAL TABLET CHEWABLE 400 MG	Supplemental Formulary	
eq antacid extra strength oral tablet chewable 750 mg	Supplemental Formulary	
eq antacid oral tablet chewable 500 mg	Supplemental Formulary	
eq antacid ultra strength oral tablet chewable 1000 mg	Supplemental Formulary	
eql antacid oral tablet chewable 500 mg	Supplemental Formulary	
eql antacid ultra strength oral tablet chewable 1000 mg	Supplemental Formulary	
gnp antacid extra strength oral tablet chewable 750 mg	Supplemental Formulary	
gnp antacid oral tablet chewable 500 mg	Supplemental Formulary	
gnp antacid ultra strength oral tablet chewable 1000 mg	Supplemental Formulary	
goodsense antacid oral tablet chewable 1000 mg, 500 mg, 750 mg	Supplemental Formulary	
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG	Supplemental Formulary	
long lasting antacid oral tablet chewable 500 mg	Supplemental Formulary	
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG	Supplemental Formulary	
MAALOX ORAL TABLET CHEWABLE 600 MG	Supplemental Formulary	
px antacid extra strength oral tablet chewable 750 mg	Supplemental Formulary	
px antacid maximum strength oral tablet chewable 1000 mg	Supplemental Formulary	
px calcium antacid oral tablet chewable 500 mg	Supplemental Formulary	
qc antacid extra strength oral tablet chewable 750 mg	Supplemental Formulary	
qc antacid oral tablet chewable 500 mg	Supplemental Formulary	
qc antacid ultra strength oral tablet chewable 1000 mg	Supplemental Formulary	
ra antacid oral tablet chewable 500 mg	Supplemental Formulary	
ra antacid ultra strength oral tablet chewable 1000 mg	Supplemental Formulary	
sb antacid extra strength oral tablet chewable 750 mg	Supplemental Formulary	
sb antacid oral tablet chewable 500 mg	Supplemental Formulary	

Drug Name	Status	Notes
sm calcium antacid ex st oral tablet chewable 750 mg	Supplemental Formulary	
sm calcium antacid oral tablet chewable 500 mg	Supplemental Formulary	
sm smooth antacid ex st oral tablet chewable 750 mg	Supplemental Formulary	
TITRALAC ORAL TABLET CHEWABLE 420 MG	Supplemental Formulary	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG	Supplemental Formulary	
TUMS E-X 750 ORAL TABLET CHEWABLE 750 MG	Supplemental Formulary	
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG	Supplemental Formulary	
TUMS LASTING EFFECTS ORAL TABLET CHEWABLE 500 MG	Supplemental Formulary	
TUMS ORAL TABLET CHEWABLE 500 MG	Supplemental Formulary	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG	Supplemental Formulary	
TUMS ULTRA 1000 ORAL TABLET CHEWABLE 1000 MG	Supplemental Formulary	
*ANTACIDS - MAGNESIUM SALTS***		
magnesium oxide oral tablet 400 mg	Supplemental Formulary	
ANTHELMINTICS		
*ANTHELMINTICS***		
albendazole oral tablet 200 mg	Supplemental Formulary	QL (120 EA per 30 days)
ivermectin oral tablet 3 mg	Supplemental Formulary	
praziquantel oral tablet 600 mg	Supplemental Formulary	
ANTIANGIOTENSIN AGENTS		
*ANTIANGIOTENSIN AGENTS - MISC.***		
droperidol injection solution 2.5 mg/ml	Supplemental Formulary	
ANTIARRHYTHMICS		
*ANTIARRHYTHMICS TYPE I-A***		
disopyramide phosphate oral capsule 100 mg	Supplemental Formulary	QL (240 EA per 30 days)
disopyramide phosphate oral capsule 150 mg	Supplemental Formulary	QL (150 EA per 30 days)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Supplemental Formulary	
quinidine gluconate er oral tablet extended release 324 mg	Supplemental Formulary	
quinidine sulfate oral tablet 200 mg, 300 mg	Supplemental Formulary	

Drug Name	Status	Notes
*ANTIARRHYTHMICS TYPE I-B***		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Supplemental Formulary	
*ANTIARRHYTHMICS TYPE I-C***		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Supplemental Formulary	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Supplemental Formulary	
*ANTIARRHYTHMICS TYPE III***		
amiodarone hcl intravenous solution 150 mg/3ml	Supplemental Formulary	
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Supplemental Formulary	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Supplemental Formulary	
MULTAQ ORAL TABLET 400 MG	Supplemental Formulary	QL (60 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Supplemental Formulary	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*ANTI-INFLAMMATORY AGENTS***		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Supplemental Formulary	QL (240 ML per 30 days)
*BETA ADRENERGICS***		
terbutaline sulfate powder	Supplemental Formulary	
*MIXED ADRENERGICS***		
ephedrine hcl powder	Supplemental Formulary	
ephedrine sulfate powder	Supplemental Formulary	
*XANTHINES***		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Supplemental Formulary	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	Supplemental Formulary	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Supplemental Formulary	
theophylline oral elixir 80 mg/15ml	Supplemental Formulary	
ANTICOAGULANTS		
*HEPARINS AND HEPARINOID-LIKE AGENTS***		
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 500-0.9 ut/500ml-%, 5000-0.9 unit/l-%	Supplemental Formulary	

Drug Name	Status	Notes
heparin (porcine) in nacl intravenous solution prefilled syringe 50-0.9 unt/50ml-%	Supplemental Formulary	
heparin na (pork) lock flsh pf intravenous solution 100 unit/ml	Supplemental Formulary	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	Supplemental Formulary	
heparin sod (pork) lock flush intravenous solution 10 unit/ml	Supplemental Formulary	
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Supplemental Formulary	
ANTICONVULSANTS		
*HYDANTOINS***		
phenytoin sodium injection solution 50 mg/ml	Supplemental Formulary	
phenytoin sodium powder	Supplemental Formulary	
*VALPROIC ACID***		
valproate sodium intravenous solution 100 mg/ml	Supplemental Formulary	
ANTIDIABETICS		
*DIABETIC OTHER***		
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM	Supplemental Formulary	
glucose oral gel 40 %	Supplemental Formulary	
glucose oral tablet chewable 4 gm	Supplemental Formulary	
GLUTOSE 15 ORAL GEL 40 %	Supplemental Formulary	
GLUTOSE 45 ORAL GEL 40 %	Supplemental Formulary	
GLUTOSE 5 ORAL GEL 40 %	Supplemental Formulary	
gnp glucose oral tablet chewable 4 gm	Supplemental Formulary	
gnp quick dissolve glucose oral tablet chewable 4 gm	Supplemental Formulary	
leader quick dissolve glucose oral tablet chewable 4 gm	Supplemental Formulary	
RA TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML	Supplemental Formulary	
RELION GLUCOSE ORAL GEL 15 GM/38GM	Supplemental Formulary	
sm glucose oral tablet chewable 4 gm	Supplemental Formulary	
TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML	Supplemental Formulary	
value plus glucose oral gel 40 %	Supplemental Formulary	
walgreens glucose oral tablet chewable 4 gm	Supplemental Formulary	

Drug Name	Status	Notes
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIPERISTALTIC AGENTS***		
anti-diarrheal oral capsule 2 mg	Supplemental Formulary	
anti-diarrheal oral liquid 1 mg/7.5ml	Supplemental Formulary	
anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
diamode oral tablet 2 mg	Supplemental Formulary	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Supplemental Formulary	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Supplemental Formulary	
eq anti-diarrheal oral capsule 2 mg	Supplemental Formulary	
eq anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
eql anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
gnp anti-diarrheal oral capsule 2 mg	Supplemental Formulary	
gnp anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
gnp loperamide hcl oral liquid 1 mg/7.5ml	Supplemental Formulary	
goodsense anti-diarrheal oral liquid 1 mg/7.5ml	Supplemental Formulary	
hm anti-diarrheal oral liquid 1 mg/7.5ml	Supplemental Formulary	
IMODIUM A-D ORAL CAPSULE 2 MG	Supplemental Formulary	
IMODIUM A-D ORAL LIQUID 1 MG/7.5ML	Supplemental Formulary	
IMODIUM A-D ORAL TABLET 2 MG	Supplemental Formulary	
loperamide hcl oral capsule 2 mg	Supplemental Formulary	
loperamide hcl oral liquid 1 mg/7.5ml	Supplemental Formulary	
loperamide hcl oral suspension 1 mg/7.5ml	Supplemental Formulary	
loperamide hcl oral tablet 2 mg	Supplemental Formulary	
meijer anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
px anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
qc anti-diarrheal oral capsule 2 mg	Supplemental Formulary	
qc anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
ra anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
sb anti-diarrhea oral tablet 2 mg	Supplemental Formulary	
sm anti-diarrheal oral capsule 2 mg	Supplemental Formulary	
sm anti-diarrheal oral liquid 1 mg/7.5ml	Supplemental Formulary	
sm anti-diarrheal oral tablet 2 mg	Supplemental Formulary	
*DIARRHEA COMBINATIONS - OPIATES***		
hm anti-diarrheal anti-gas oral tablet 2-125 mg	Supplemental Formulary	
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG	Supplemental Formulary	

Drug Name	Status	Notes
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*ANTIDOTES - CHELATING AGENTS***		
CHEMET ORAL CAPSULE 100 MG	Supplemental Formulary	
*ANTIDOTES AND SPECIFIC ANTAGONISTS***		
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Supplemental Formulary	
sm ipecac syrup oral syrup	Supplemental Formulary	
ANTIFUNGALS		
*ANTIFUNGALS***		
amphotericin b intravenous solution reconstituted 50 mg	Supplemental Formulary	
*IMIDAZOLES***		
miconazole powder	Supplemental Formulary	
*TRIAZOLES***		
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	Supplemental Formulary	
ANTIHIISTAMINES		
*ANTIHIISTAMINES - ALKYLAMINES***		
aller-chlor oral tablet 4 mg	Supplemental Formulary	
allergy oral tablet 4 mg	Supplemental Formulary	
allergy relief oral tablet 4 mg	Supplemental Formulary	
chlorhist oral tablet 4 mg	Supplemental Formulary	
chlorpheniramine maleate er oral tablet extended release 12 mg	Supplemental Formulary	
chlorpheniramine maleate oral tablet 4 mg	Supplemental Formulary	
CHLOR-TRIMETON ALLERGY ORAL TABLET EXTENDED RELEASE 12 MG	Supplemental Formulary	
CHLOR-TRIMETON ORAL SYRUP 2 MG/5ML	Supplemental Formulary	
CHLOR-TRIMETON ORAL TABLET 4 MG	Supplemental Formulary	
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML	Supplemental Formulary	
ed chlorped jr oral syrup 2 mg/5ml	Supplemental Formulary	
eq chlortabs oral tablet 4 mg	Supplemental Formulary	
eql allergy oral tablet 4 mg	Supplemental Formulary	
hm allergy relief oral tablet 4 mg	Supplemental Formulary	
pharbechlor oral tablet 4 mg	Supplemental Formulary	
qc chlor-pheniramine oral tablet 4 mg	Supplemental Formulary	

Drug Name	Status	Notes
ra allergy relief oral tablet 4 mg	Supplemental Formulary	
ra chlorpheniramine maleate oral tablet 4 mg	Supplemental Formulary	
RYCLORA ORAL SOLUTION 2 MG/5ML	Supplemental Formulary	
sb chlorpheniramine oral tablet 4 mg	Supplemental Formulary	
sm allergy 4 hour oral tablet 4 mg	Supplemental Formulary	
WAL-FINATE ORAL TABLET 4 MG	Supplemental Formulary	
*ANTIHISTAMINES - ETHANOLAMINES***		
aler-cap oral capsule 25 mg	Supplemental Formulary	
alertab oral tablet 25 mg	Supplemental Formulary	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	Supplemental Formulary	
allergy childrens oral liquid 12.5 mg/5ml	Supplemental Formulary	
allergy relief childrens oral liquid 12.5 mg/5ml	Supplemental Formulary	
allergy relief oral capsule 25 mg	Supplemental Formulary	
allergy relief oral tablet 25 mg	Supplemental Formulary	
anti-hist allergy oral tablet 25 mg	Supplemental Formulary	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	Supplemental Formulary	
BANOPHEN ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	
BANOPHEN ORAL TABLET 25 MG	Supplemental Formulary	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE 12.5 MG	Supplemental Formulary	
BENADRYL ALLERGY ORAL CAPSULE 25 MG	Supplemental Formulary	
BENADRYL ALLERGY ORAL TABLET 25 MG	Supplemental Formulary	
clemastine fumarate oral tablet 1.34 mg	Supplemental Formulary	
complete allergy medicine oral capsule 25 mg	Supplemental Formulary	
complete allergy medicine oral tablet 25 mg	Supplemental Formulary	
complete allergy relief oral tablet 25 mg	Supplemental Formulary	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG	Supplemental Formulary	
diphen oral tablet 25 mg	Supplemental Formulary	
diphenhist oral capsule 25 mg	Supplemental Formulary	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	Supplemental Formulary	
diphenhydramine hcl injection solution 50 mg/ml	Supplemental Formulary	

Drug Name	Status	Notes
diphenhydramine hcl oral capsule 25 mg, 50 mg	Supplemental Formulary	
diphenhydramine hcl oral elixir 12.5 mg/5ml	Supplemental Formulary	
diphenhydramine hcl oral liquid 12.5 mg/5ml	Supplemental Formulary	
diphenhydramine hcl oral tablet 25 mg	Supplemental Formulary	
diphenhydramine hcl powder	Supplemental Formulary	
eq allergy relief childrens oral liquid 12.5 mg/5ml	Supplemental Formulary	
eq allergy relief oral capsule 25 mg	Supplemental Formulary	
eq allergy relief oral tablet 25 mg	Supplemental Formulary	
eql allergy oral tablet 25 mg	Supplemental Formulary	
eql allergy relief oral tablet 25 mg	Supplemental Formulary	
eql childrens allergy oral liquid 12.5 mg/5ml	Supplemental Formulary	
geri-dryl oral liquid 12.5 mg/5ml	Supplemental Formulary	
geri-dryl oral tablet 25 mg	Supplemental Formulary	
gnp allergy oral capsule 25 mg	Supplemental Formulary	
gnp allergy oral tablet 25 mg	Supplemental Formulary	
gnp allergy relief oral capsule 25 mg	Supplemental Formulary	
gnp allergy relief oral tablet 25 mg	Supplemental Formulary	
gnp allergy relief oral tablet chewable 12.5 mg	Supplemental Formulary	
gnp childrens allergy oral liquid 12.5 mg/5ml	Supplemental Formulary	
hm allergy relief oral capsule 25 mg	Supplemental Formulary	
kls allergy medicine oral tablet 25 mg	Supplemental Formulary	
kp diphenhydramine hcl oral capsule 50 mg	Supplemental Formulary	
m-dryl oral liquid 12.5 mg/5ml	Supplemental Formulary	
MEDI-PHEDRYL ORAL CAPSULE 25 MG	Supplemental Formulary	
meijer antihistamine allergy oral capsule 25 mg	Supplemental Formulary	
NARAMIN ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	
pharbedryl oral capsule 25 mg, 50 mg	Supplemental Formulary	
px allergy oral capsule 25 mg	Supplemental Formulary	
px allergy oral liquid 12.5 mg/5ml	Supplemental Formulary	
px allergy oral tablet 25 mg	Supplemental Formulary	
PX DAYHIST ALLERGY ORAL TABLET 1.34 MG	Supplemental Formulary	
qc allergy relief oral tablet 25 mg	Supplemental Formulary	
qc complete allergy medicine oral tablet 25 mg	Supplemental Formulary	
ra allergy medication oral capsule 25 mg	Supplemental Formulary	

Drug Name	Status	Notes
ra allergy medication oral liquid 12.5 mg/5ml	Supplemental Formulary	
ra allergy medication oral tablet 25 mg	Supplemental Formulary	
ra allergy oral liquid 12.5 mg/5ml	Supplemental Formulary	
ra allergy oral tablet 25 mg	Supplemental Formulary	
ra allergy relief childrens oral liquid 12.5 mg/5ml	Supplemental Formulary	
ra allergy relief oral capsule 25 mg	Supplemental Formulary	
ra complete allergy oral tablet 25 mg	Supplemental Formulary	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	
sb allergy medicine oral liquid 12.5 mg/5ml	Supplemental Formulary	
sb allergy medicine oral tablet 25 mg	Supplemental Formulary	
sb allergy oral capsule 25 mg	Supplemental Formulary	
siladryl allergy oral liquid 12.5 mg/5ml	Supplemental Formulary	
sm allergy relief childrens oral liquid 12.5 mg/5ml	Supplemental Formulary	
sm allergy relief oral tablet 25 mg	Supplemental Formulary	
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	
total allergy oral tablet 25 mg	Supplemental Formulary	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	Supplemental Formulary	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	
WAL-DRYL ALLERGY ORAL TABLET 25 MG	Supplemental Formulary	
*ANTIHISTAMINES - ETHYLENEDIAMINES***		
tripelennamine hcl powder	Supplemental Formulary	
*ANTIHISTAMINES - PIPERIDINES***		
cyproheptadine hcl oral syrup 2 mg/5ml	Supplemental Formulary	
cyproheptadine hcl oral tablet 4 mg	Supplemental Formulary	
ANTIHYPERTENSIVES		
*AGENTS FOR PHEOCHROMOCYTOMA***		
metirosine oral capsule 250 mg	Supplemental Formulary	
*VASODILATORS***		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Supplemental Formulary	

Drug Name	Status	Notes
minoxidil oral tablet 10 mg, 2.5 mg	Supplemental Formulary	
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
pentamidine isethionate inhalation solution reconstituted 300 mg	Supplemental Formulary	
trimethoprim oral tablet 100 mg	Supplemental Formulary	
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Supplemental Formulary	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Supplemental Formulary	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Supplemental Formulary	
*ANTIPROTOZOAL AGENTS***		
atovaquone oral suspension 750 mg/5ml	Supplemental Formulary	QL (600 ML per 30 days)
*CARBAPENEM COMBINATIONS***		
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	Supplemental Formulary	
*CARBAPENEMS***		
meropenem intravenous solution reconstituted 1 gm, 500 mg	Supplemental Formulary	
*GLYCOPEPTIDES***		
vancomycin hcl in dextrose intravenous solution 500-5 mg/100ml-%	Supplemental Formulary	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg	Supplemental Formulary	
*LEPROSTATICS***		
dapsone oral tablet 100 mg, 25 mg	Supplemental Formulary	
*LINCOSAMIDES***		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Supplemental Formulary	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Supplemental Formulary	
clindamycin phosphate injection solution 600 mg/4ml	Supplemental Formulary	
*OXAZOLIDINONES***		
linezolid oral suspension reconstituted 100 mg/5ml	Supplemental Formulary	
linezolid oral tablet 600 mg	Supplemental Formulary	QL (60 EA per 30 days)

Drug Name	Status	Notes
ANTIMALARIALS		
*ANTIMALARIALS***		
pyrimethamine oral tablet 25 mg	Supplemental Formulary	PA; SPB; QL (90 EA per 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
pyridostigmine bromide er oral tablet extended release 180 mg	Supplemental Formulary	
pyridostigmine bromide oral solution 60 mg/5ml	Supplemental Formulary	
pyridostigmine bromide oral tablet 60 mg	Supplemental Formulary	
ANTIMYCOBACTERIAL AGENTS		
*ANTIMYCOBACTERIAL AGENTS***		
cycloserine oral capsule 250 mg	Supplemental Formulary	
ethambutol hcl oral tablet 100 mg, 400 mg	Supplemental Formulary	
isoniazid oral syrup 50 mg/5ml	Supplemental Formulary	90
isoniazid oral tablet 100 mg, 300 mg	Supplemental Formulary	90
PRIFTIN ORAL TABLET 150 MG	Supplemental Formulary	
pyrazinamide oral tablet 500 mg	Supplemental Formulary	
rifabutin oral capsule 150 mg	Supplemental Formulary	
rifampin oral capsule 150 mg, 300 mg	Supplemental Formulary	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ALKYLATING AGENTS***		
MYLERAN ORAL TABLET 2 MG	Supplemental Formulary	
*ANTIADRENALS***		
LYSODREN ORAL TABLET 500 MG	Supplemental Formulary	SPB
*ANTIANDROGENS***		
nilutamide oral tablet 150 mg	Supplemental Formulary	QL (60 EA per 30 days)
*ANTIMETABOLITES***		
fludarabine phosphate intravenous solution reconstituted 50 mg	Supplemental Formulary	PA; SPB
mercaptopurine oral tablet 50 mg	Supplemental Formulary	
TABLOID ORAL TABLET 40 MG	Supplemental Formulary	
*ANTINEOPLASTIC - IMMUNOMODULATORS***		
levamisole hcl powder	Supplemental Formulary	PA
*ANTINEOPLASTICS MISC.***		
MATULANE ORAL CAPSULE 50 MG	Supplemental Formulary	SPB

Drug Name	Status	Notes
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***		
leucovorin calcium injection solution reconstituted 500 mg	Supplemental Formulary	PA
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Supplemental Formulary	
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
cyclophosphamide oral capsule 25 mg, 50 mg	Supplemental Formulary	PA; SPB
LEUKERAN ORAL TABLET 2 MG	Supplemental Formulary	
melphalan oral tablet 2 mg	Supplemental Formulary	SPB
*NITROSOUREAS***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Supplemental Formulary	SPB
*PROGESTINS-ANTINEOPLASTIC***		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	Supplemental Formulary	
megestrol acetate oral tablet 20 mg, 40 mg	Supplemental Formulary	
*RETINOIDS***		
tretinoin oral capsule 10 mg	Supplemental Formulary	SPB
*SELECTIVE RETINOID X RECEPTOR AGONISTS***		
bexarotene oral capsule 75 mg	Supplemental Formulary	PA; SPB
*URINARY TRACT PROTECTIVE AGENTS***		
MESNEX ORAL TABLET 400 MG	Supplemental Formulary	SPB
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***		
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Supplemental Formulary	SPB
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Supplemental Formulary	SPB
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Supplemental Formulary	SPB
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*ANTIMANIC AGENTS***		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Supplemental Formulary	QL (120 EA per 30 days)
lithium carbonate oral capsule 150 mg	Supplemental Formulary	QL (360 EA per 30 days)
lithium carbonate oral capsule 300 mg	Supplemental Formulary	QL (180 EA per 30 days)
lithium carbonate oral capsule 600 mg	Supplemental Formulary	QL (90 EA per 30 days)

Drug Name	Status	Notes
lithium carbonate oral tablet 300 mg	Supplemental Formulary	QL (180 EA per 30 days)
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Supplemental Formulary	QL (120 EA per 30 days)
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
diltiazem hcl intravenous solution reconstituted 100 mg	Supplemental Formulary	
CARDIOTONICS		
*CARDIAC GLYCOSIDES***		
DIGOX ORAL TABLET 125 MCG, 250 MCG	Supplemental Formulary	
digoxin injection solution 0.25 mg/ml	Supplemental Formulary	
digoxin oral solution 0.05 mg/ml	Supplemental Formulary	
digoxin oral tablet 125 mcg, 250 mcg	Supplemental Formulary	
LANOXIN INJECTION SOLUTION 0.25 MG/ML	Supplemental Formulary	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Supplemental Formulary	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	Supplemental Formulary	
CARDIOVASCULAR AGENTS - MISC.		
*PROSTAGLANDIN VASODILATORS***		
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	Supplemental Formulary	PA; SPB
CEPHALOSPORINS		
*CEPHALOSPORINS - 1ST GENERATION***		
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	Supplemental Formulary	
cefazolin sodium intravenous solution reconstituted 1 gm	Supplemental Formulary	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%	Supplemental Formulary	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)	Supplemental Formulary	
*CEPHALOSPORINS - 2ND GENERATION***		
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	Supplemental Formulary	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Supplemental Formulary	

Drug Name	Status	Notes
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	Supplemental Formulary	
cefuroxime sodium injection solution reconstituted 750 mg	Supplemental Formulary	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	Supplemental Formulary	
*CEPHALOSPORINS - 3RD GENERATION***		
ceftazidime injection solution reconstituted 1 gm, 6 gm	Supplemental Formulary	
ceftazidime intravenous solution reconstituted 2 gm	Supplemental Formulary	
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	Supplemental Formulary	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	Supplemental Formulary	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Supplemental Formulary	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	Supplemental Formulary	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Supplemental Formulary	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	Supplemental Formulary	
*CEPHALOSPORINS - 4TH GENERATION***		
cefepime hcl injection solution reconstituted 1 gm	Supplemental Formulary	
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	Supplemental Formulary	
cefepime hcl intravenous solution reconstituted 2 gm	Supplemental Formulary	
CHEMICALS		
*ACIDS***		
oxalic acid crystals	Supplemental Formulary	
*ADDITIONAL SOLIDS***		
5-hydroxy-l-tryptophan powder	Supplemental Formulary	
allantoin powder	Supplemental Formulary	
hydroxytryptophan l-5 powder	Supplemental Formulary	
hydroxytryptophan powder	Supplemental Formulary	

Drug Name	Status	Notes
*BULK CHEMICALS - AC'S***		
acetylcholine chloride powder	Supplemental Formulary	
*BULK CHEMICALS - AD'S***		
adenosine powder	Supplemental Formulary	
*BULK CHEMICALS - BE'S***		
benzethonium chloride powder	Supplemental Formulary	
betamethasone powder	Supplemental Formulary	
*BULK CHEMICALS - BI'S***		
biotin powder	Supplemental Formulary	
biotin-d powder	Supplemental Formulary	
*BULK CHEMICALS - CA'S***		
calcium oxide powder	Supplemental Formulary	
*BULK CHEMICALS - CH'S***		
chloramphenicol palmitate powder	Supplemental Formulary	
chloroxylenol powder	Supplemental Formulary	
*BULK CHEMICALS - EC***		
econazole nitrate powder	Supplemental Formulary	
*BULK CHEMICALS - FE'S***		
ferric ammonium citrate powder	Supplemental Formulary	
ferric chloride hexahydrate	Supplemental Formulary	
ferric subsulfate (bulk) powder	Supplemental Formulary	
ferrous fumarate powder	Supplemental Formulary	
ferrous gluconate dihydrate granules	Supplemental Formulary	
ferrous gluconate dihydrate powder	Supplemental Formulary	
ferrous gluconate powder	Supplemental Formulary	
*BULK CHEMICALS - GL'S***		
gluconolactone powder	Supplemental Formulary	
*BULK CHEMICALS - HY'S***		
hydrocodone bitartrate crystals	Supplemental Formulary	PA
hydroxocobalamin hcl powder	Supplemental Formulary	
hydroxocobalamin powder	Supplemental Formulary	
hydroxyprogesterone caproate powder	Supplemental Formulary	PA
hydroxypropyl cellulose powder	Supplemental Formulary	
*BULK CHEMICALS - IT'S***		
itraconazole powder	Supplemental Formulary	
*BULK CHEMICALS - LE'S***		
leuprolide acetate powder	Supplemental Formulary	SPB

Drug Name	Status	Notes
*BULK CHEMICALS - LI***		
lidocaine crystals	Supplemental Formulary	
lidocaine hcl monohydrate powder	Supplemental Formulary	
lidocaine hcl powder	Supplemental Formulary	
lidocaine powder	Supplemental Formulary	
*BULK CHEMICALS - MA'S***		
magnesium gluconate powder	Supplemental Formulary	
*BULK CHEMICALS - ME'S***		
metronidazole benzoate powder	Supplemental Formulary	
*BULK CHEMICALS - MI***		
mitomycin powder	Supplemental Formulary	SPB
*BULK CHEMICALS - NA'S***		
naphazoline hcl powder	Supplemental Formulary	
*BULK CHEMICALS - NI'S***		
nitrofurantoin anhydrous powder	Supplemental Formulary	
*BULK CHEMICALS - PH'S***		
phentolamine mesylate powder	Supplemental Formulary	
*BULK CHEMICALS - PO'S***		
povidone-iodine flakes	Supplemental Formulary	
*BULK CHEMICALS - PR'S***		
propylene glycol liquid	Supplemental Formulary	
*BULK CHEMICALS - RI'S***		
riboflavin 5-phosphate sodium powder	Supplemental Formulary	
riboflavin-5-phosphate sodium powder	Supplemental Formulary	
*BULK CHEMICALS - SU'S***		
sulfacetamide powder	Supplemental Formulary	
sulfur powder	Supplemental Formulary	
sulfur precipitated powder	Supplemental Formulary	
sulfur sublimed powder	Supplemental Formulary	
*BULK CHEMICALS - TE'S***		
testosterone propionate powder	Supplemental Formulary	
tetracaine hcl powder	Supplemental Formulary	
tetracaine powder	Supplemental Formulary	
*BULK CHEMICALS - TI'S***		
titanium dioxide powder	Supplemental Formulary	
*BULK CHEMICALS - TO'S***		
toluidine blue o powder	Supplemental Formulary	

Drug Name	Status	Notes
*BULK CHEMICALS - TR'S***		
triacetin liquid	Supplemental Formulary	
trypsin powder	Supplemental Formulary	
*BULK CHEMICALS - ZI'S***		
zinc oxide powder	Supplemental Formulary	
zinc undecylenate powder	Supplemental Formulary	
*FIXED OILS***		
castor oil oil	Supplemental Formulary	
qc castor oil oil	Supplemental Formulary	
*LIQUIDS***		
ammonium lactate solution 70 %	Supplemental Formulary	
glycerin liquid	Supplemental Formulary	
glycerine liquid	Supplemental Formulary	
glycerol formal liquid	Supplemental Formulary	
*SEMI-SOLIDS***		
coal tar extract solution 20 %	Supplemental Formulary	
coal tar liquid	Supplemental Formulary	
coal tar solution , 20 %	Supplemental Formulary	
*SOLIDS***		
calcium sulfate hemihydrate powder	Supplemental Formulary	
calcium sulfate powder , 90 %	Supplemental Formulary	
l-menthol crystals	Supplemental Formulary	
mannitol powder	Supplemental Formulary	
menthol crystals	Supplemental Formulary	
potassium bromide crystals	Supplemental Formulary	
potassium gluconate anhydrous powder	Supplemental Formulary	
sodium nitrite granules	Supplemental Formulary	
CONTRACEPTIVES		
*EMERGENCY CONTRACEPTIVES***		
AFTERA ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
ELLA ORAL TABLET 30 MG	Supplemental Formulary	
levonorgestrel oral tablet 1.5 mg	Supplemental Formulary	QL (1 EA per 30 days)
MY CHOICE ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
MY WAY ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
NEW DAY ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
OPTION 2 ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)

Drug Name	Status	Notes
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
REACT ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
TAKE ACTION ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Supplemental Formulary	
methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml	Supplemental Formulary	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	Supplemental Formulary	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	Supplemental Formulary	
triamcinolone diacet micronize powder	Supplemental Formulary	
triamcinolone diacetate powder	Supplemental Formulary	
COUGH/COLD/ALLERGY		
*ANTI HISTAMINE-ANALGESICS***		
CORICIDIN HBP COLD/FLU ORAL TABLET 2-325 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
PERCOGESIC EXTRA STRENGTH ORAL TABLET 12.5-500 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc cold relief oral tablet 12.5-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc severe allergy oral tablet 12.5-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb cold & flu hbp oral tablet 2-325 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
severe allergy oral tablet 12.5-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*ANTITUSSIVE - NONNARCOTIC***		
benzonatate oral capsule 100 mg, 200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
BUCKLEYS COUGH ORAL LIQUID 12.5 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cough dm childrens oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cough dm oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
daytime cough oral liquid 15 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
DELSYM ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eq cough dm oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql cough dm oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql tussin cough long-acting oral syrup 15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp cough dm er oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp tussin cough long acting oral syrup 15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
goodsense cough dm childrens oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
goodsense cough dm oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
hm cough dm oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px tussin max oral syrup 15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc cough relief oral liquid 15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra cough dm oral suspension extended release 30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SCOT-TUSSIN DIABETES ORAL LIQUID 10 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm cough relief oral syrup 15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin cough oral capsule 15 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
tussin cough oral syrup 15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
VICKS DAYQUIL COUGH ORAL LIQUID 15 MG/15ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID 15 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-TUSSIN COUGH ORAL CAPSULE 15 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*ANTITUSSIVE - OPIOID***		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 4 Years and Max 20 Years)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	Supplemental Formulary	PA; QL (180 EA per 30 days); AL (Min 4 Years and Max 20 Years)
hydromet oral solution 5-1.5 mg/5ml	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 4 Years and Max 20 Years)
*ANTITUSSIVE-ANTI HISTAMINE-ANALGESIC***		
all-nite cold & flu nighttime oral liquid 30-12.5-650 mg/30ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cold & flu nighttime oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cold & flu relief nighttime oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cold/flu relief nighttime oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
CORICIDIN HBP NIGHTTIME COLD ORAL LIQUID 15-6.25-325 MG/15ML, 15-6.25-500 MG/15ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cough & sore throat nighttime oral liquid 15-6.25-500 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eq nitetime cold/flu ms relief oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql nighttime cold & flu oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp night time cold & flu oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
hm night time cold & flu oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
nighttime cold medicine oral liquid 15-6.25-500 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
NYQUIL HBP COLD & FLU ORAL LIQUID 15-6.25-325 MG/15ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px nitetime cold/flu relief oral liquid 15-6.25-500 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc nighttime cold & flu oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc nighttime cold/flu relief oral liquid 15-6.25-500 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb flu maximum strength hbp oral tablet 15-500-2 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb night time cold/flu relief oral liquid 15-6.25-500 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm cough/sore throat nighttime oral liquid 30-12.5-1000 mg/30ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm nite time cold & flu oral liquid 15-6.25-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
VICKS NYQUIL COLD & FLU NIGHT ORAL LIQUID 15-6.25-325 MG/15ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
VICKS NYQUIL COLD & FLU ORAL LIQUID 15-6.25-325 MG/15ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***		
daytime cold & flu relief oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
daytime cold/flu relief oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
day-time cold/flu relief oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eq daytime cold/flu ms relief oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql daytime cold & flu relief oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
goodsense cold & flu oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
goodsense severe cold/cough oral liquid 20-10-650 mg/30ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px daytime cold/flu relief oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc daytime cold/flu oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
ra daytime cold/flu relief oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb daytime oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb flu relief therapy daytime oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm day time cold & flu relief oral liquid 10-5-325 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
THERAFLU EXPRESSMAX ORAL LIQUID 20-10-650 MG/30ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
VICKS DAYQUIL COLD & FLU ORAL LIQUID 10-5-325 MG/15ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-FLU SEVERE COLD & COUGH ORAL LIQUID 10-5-325 MG/15ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*ANTITUSSIVE-EXPECTORANT***		
ALKA-SELTZER PLUS MUCUS & CONG ORAL CAPSULE 10-200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
altarussin dm oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
biocotron oral liquid 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
childrens cough oral liquid 5-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
childrens mucus relief cough oral liquid 5-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
CORICIDIN HBP CONGESTION/COUGH ORAL CAPSULE 10-200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cough & chest congestion dm oral liquid 5-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
diabetic siltussin-dm oral liquid 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eq cough childrens oral liquid 5-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eq mucus relief dm oral tablet extended release 12 hour 30-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
eq tussin dm cough/chest oral syrup 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eq tussin dm max daytime oral liquid 20-400 mg/20ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql mucus-dm oral tablet extended release 12 hour 30-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
g tussin ac oral solution 100-10 mg/5ml	Supplemental Formulary	PA; AL (Min 18 Years and Max 20 Years)
geri-tussin dm oral syrup 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp tussin dm cough oral liquid 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp tussin dm max oral liquid 20-400 mg/20ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
guaiasorb dm oral liquid 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
guaiaatussin ac oral syrup 100-10 mg/5ml	Supplemental Formulary	PA; AL (Min 18 Years and Max 20 Years)
guaicon dms oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
guaifenesin ac oral syrup 100-10 mg/5ml	Supplemental Formulary	PA; AL (Min 18 Years and Max 20 Years)
guaifenesin-codeine oral solution 100-10 mg/5ml	Supplemental Formulary	PA; AL (Min 18 Years and Max 20 Years)
guaifenesin-dm oral liquid 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
guaifenesin-dm oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
intense cough reliever oral liquid 30-200 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
medi-tussin dm double strength oral liquid 30-200 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
medi-tussin dm oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus dm oral tablet extended release 12 hour 30-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief cough childrens oral liquid 5-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief dm oral liquid 20-400 mg/20ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief dm oral tablet extended release 12 hour 30-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus-dm oral tablet extended release 12 hour 30-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
PEDIACARE COUGH/CONGESTION ORAL LIQUID 5-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px tussin dm oral liquid 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc tussin dm cough/congestion oral liquid 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
q-tussin dm oral syrup 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra mucus relief dm oral tablet extended release 12 hour 30-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra tussin cough dm sugar free oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra tussin cough oral liquid 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra tussin cough/chest dm max oral liquid 10-200 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra tussin dm oral liquid 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
robafen dm clear oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ROBAFEN DM COUGH CLEAR ORAL SYRUP 100-10 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ROBITUSSIN COUGH+CHEST CONG DM ORAL CAPSULE 10-200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
siltussin dm das oral liquid 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
siltussin-dm alcohol free oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm tussin cough/chest congest oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm tussin dm max oral liquid 20-400 mg/20ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm tussin dm oral syrup 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tusnel diabetic oral liquid 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin dm cough + chest oral liquid 10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin dm max adult oral liquid 5-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin dm max oral liquid 20-400 mg/20ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin dm oral liquid 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin dm oral syrup 10-100 mg/5ml, 100-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
virtussin a/c oral solution 100-10 mg/5ml	Supplemental Formulary	PA; AL (Min 18 Years and Max 20 Years)
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***		
biogtuss oral liquid 10-15-300 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
DESGEN DM ORAL LIQUID 5-10-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
DESGEN PEDIATRIC ORAL LIQUID 2.5-5-50 MG/ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
despec dm oral syrup 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
despec dm-g oral syrup 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
despec eda oral liquid 2.5-5-50 mg/ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
GILTUSS COUGH & COLD CHILDRENS ORAL LIQUID 7.5-150-5 MG/2.5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
GILTUSS COUGH & COLD ORAL LIQUID 10-15-300 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
goodsense tussin cf oral liquid 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
g-supress dx pediatric oral liquid 2.5-5-50 mg/ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px tussin cf oral liquid 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc tussin cf oral liquid 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ROBITUSSIN PEAK COLD MULTI-SYM ORAL LIQUID 5-10-100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb cough control cf oral liquid 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm tussin cf oral liquid 30-10-100 mg/5ml, 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
supress-dx pediatric oral liquid 2.5-5-50 mg/ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML	Supplemental Formulary	PA; AL (Min 18 Years and Max 20 Years)
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin cf cough & cold oral liquid 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin cf oral liquid 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
wal-tussin cf oral liquid 30-10-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*AROMATIC INHALANTS***		
ra vaporizing steam inhalation liquid 6.2 %	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
vaporizing steam inhalation liquid 6.2 %	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
VICKS VAPO STEAM INHALATION LIQUID 6.2 %	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*DECONGESTANT & ANTIHISTAMINE***		
ACTICON ORAL TABLET 2-60 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
APRODINE ORAL TABLET 2.5-60 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
CONEX COLD/ALLERGY ORAL TABLET 2-60 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
DRIXORAL COLD/ALLERGY ORAL TABLET EXTENDED RELEASE 12 HOUR 6-120 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
LOHIST-D ORAL LIQUID 2-30 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
promethazine vc oral syrup 6.25-5 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
rynex pse oral liquid 1-15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm cold & allergy childrens oral elixir 1-15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm sinus & allergy max st oral tablet 4-60 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-ACT ORAL TABLET 2.5-60 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-PHED SINUS/ALLERGY ORAL TABLET 4-60 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
wal-tap cold/allergy oral elixir 1-15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*DECONGESTANT W/ EXPECTORANT***		
altarussin-pe oral syrup 100-30 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
bronchial asthma relief oral tablet 12.5-200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ed bron gp oral liquid 5-100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
MUCINEX D MAX STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
mucus d oral tablet extended release 12 hour 120-1200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief d oral tablet extended release 12 hour 60-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus-d oral tablet extended release 12 hour 60-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb bronchial oral tablet 12.5-200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*DECONGESTANT-ANALGESIC***		
ADVIL COLD/SINUS ORAL TABLET 30-200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ALEVE-D SINUS & COLD ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ALEVE-D SINUS & HEADACHE ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
hm cold & sinus relief oral tablet 30-200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ibuprofen cold & sinus oral tablet 30-200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
NEXAFED SINUS PRESSURE + PAIN ORAL TABLET 30-325 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px ibuprofen cold & sinus oral tablet 30-200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc ibuprofen cold/sinus oral tablet 30-200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra ibu-profen cold/sinus oral tablet 30-200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm cold & sinus relief oral tablet 30-200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDAFED SINUS 12HR PRESS+PAIN ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-PROFEN COLD & SINUS ORAL TABLET 30-200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
*DECONGESTANT-ANALGESIC-EXPECTORANT***		
MUCINEX FAST-MAX ORAL LIQUID 10-650-400 MG/20ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
MUCINEX SINUS-MAX CONGESTION ORAL LIQUID 10-650-400 MG/20ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief cold/sinus max st oral liquid 10-650-400 mg/20ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
severe congestion oral liquid 10-650-400 mg/20ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*DECONGESTANT-ANTIHISTAMINE-ANALGESIC***		
ADVIL ALLERGY SINUS ORAL TABLET 2-30-200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
allergy multi-symptom daytime oral tablet 2-5-325 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
allergy multi-symptom oral tablet 2-5-325 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
CORICIDIN D COLD/FLU/SINUS ORAL TABLET 2-5-325 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp allergy multi-symptom oral tablet 2-5-325 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
MEDICIDIN-D ORAL TABLET 2-5-325 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px allergy sinus pe oral tablet 2-5-325 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb allergy multi-symptom oral tablet 2-5-325 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb sinus congestion/pain night oral tablet 2-5-325 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
VALIHIST ORAL TABLET 2-5-325 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*EXPECTORANTS***		
altarussin oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
coughstab oral tablet 200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
eql tussin mucus/chest congest oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
geri-tussin oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp mucus er oral tablet extended release 12 hour 600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp tussin mucus & chest cong oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
guaifenesin er oral tablet extended release 12 hour 600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
guaifenesin oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
guaifenesin oral tablet 200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus & chest congestion oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief chest congestion oral liquid 400 mg/20ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief er oral tablet extended release 12 hour 600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus relief oral tablet extended release 12 hour 600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
mucus+chest congestion oral liquid 200 mg/10ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px tussin oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc medifin mucus relief child oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc mucus relief oral tablet extended release 12 hour 600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc tussin mucus/congestion oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra mucus relief oral tablet extended release 12 hour 600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra tussin chest congestion oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra tussin oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb cough control oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
sb coughtab oral tablet 200 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
scot-tussin expectorant oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
siltussin sa oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm mucus relief childrens oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm mucus relief oral tablet extended release 12 hour 600 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm tussin mucus+chest congest oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin mucus & chest congest oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
tussin mucus+chest congestion oral liquid 100 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*IODINE EXPECTORANTS***		
SSKI ORAL SOLUTION 1 GM/ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*MISC. RESPIRATORY INHALANTS***		
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Supplemental Formulary	
sodium chloride inhalation nebulization solution 0.9 %, 3 %	Supplemental Formulary	
*MUCOLYTICS***		
acetylcysteine inhalation solution 10 %, 20 %	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*NON-NARC ANTITUSSIVE-ANTIHIISTAMINE***		
CORICIDIN HBP COUGH/COLD ORAL TABLET 4-30 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cough & cold hbp oral tablet 4-30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
cough & cold oral tablet 4-30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql nighttime cough relief oral liquid 12.5-30 mg/30ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp night time cough oral liquid 6.25-15 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
goodsense night time cough oral liquid 6.25-15 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
nighttime cough oral liquid 12.5-30 mg/30ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
promethazine-dm oral syrup 6.25-15 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px nitetime cough oral liquid 6.25-15 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc cough/cold hbp oral tablet 4-30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc nighttime cough oral liquid 6.25-15 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb cold & cough hbp oral tablet 4-30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb nighttime cough oral liquid 6.25-15 mg/15ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
VICKS NYQUIL COUGH ORAL LIQUID 12.5-30 MG/30ML, 6.25-15 MG/15ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE-ANALG***		
px nitetime multi-symptom oral capsule 30-6.25-15-325 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***		
promethazine-codeine oral solution 6.25-10 mg/5ml	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 18 Years and Max 20 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 18 Years and Max 20 Years)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***		
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 18 Years and Max 20 Years)
DERMATOLOGICALS		
*ANTIFUNGALS - TOPICAL COMBINATIONS***		
athletes foot maximum strength external ointment	Supplemental Formulary	
BREEZEE MIST EXTERNAL AEROSOL POWDER	Supplemental Formulary	

Drug Name	Status	Notes
GORDONS NO 5 EXTERNAL AEROSOL POWDER	Supplemental Formulary	
UNDELENIC EXTERNAL OINTMENT	Supplemental Formulary	
UNDELENIC EXTERNAL TINCTURE	Supplemental Formulary	
*ANTIFUNGALS - TOPICAL***		
anti-fungal external liquid 25 %	Supplemental Formulary	
benzoic acid crystals	Supplemental Formulary	
benzoic acid powder	Supplemental Formulary	
BLIS-TO-SOL EXTERNAL LIQUID 1 %	Supplemental Formulary	
ciclopirox olamine powder	Supplemental Formulary	
DR GS CLEAR NAIL EXTERNAL SOLUTION 1 %	Supplemental Formulary	
ELON DUAL DEFENSE ANTI-FUNGAL EXTERNAL LIQUID 25 %	Supplemental Formulary	
FOOT REPAIR SERUM EXTERNAL SOLUTION 1 %	Supplemental Formulary	
FORMULA 3 THE TREATMENT EXTERNAL SOLUTION 1 %	Supplemental Formulary	
FUNGAL NAIL ERASER EXTERNAL SOLUTION 1 %	Supplemental Formulary	
gentian violet powder	Supplemental Formulary	
GORDOCHOM EXTERNAL SOLUTION 25 %	Supplemental Formulary	
medicated anti-fungal external solution 1 %	Supplemental Formulary	
MYCO NAIL A EXTERNAL SOLUTION 25 %	Supplemental Formulary	
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 %	Supplemental Formulary	
ra anti-fungal foot care external solution 25 %	Supplemental Formulary	
ra antifungal pen external liquid 25 %	Supplemental Formulary	
tinaspore external solution 1 %	Supplemental Formulary	
tolnaftate powder	Supplemental Formulary	
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
fluorouracil external cream 5 %	Supplemental Formulary	
fluorouracil external solution 2 %, 5 %	Supplemental Formulary	
*ANTIPRURITIC COMBINATIONS - TOPICAL***		
anti-itch external lotion 0.5-0.5 %	Supplemental Formulary	
gnp anti-itch external lotion 0.5-0.5 %	Supplemental Formulary	
SARNA EXTERNAL LOTION 0.5-0.5 %	Supplemental Formulary	

Drug Name	Status	Notes
*ANTIPRURITICS - TOPICAL***		
camphor crystals	Supplemental Formulary	
camphor granules	Supplemental Formulary	
*ANTISEBORRHEIC COMBINATIONS***		
DERMAZINC CREAM EXTERNAL CREAM	Supplemental Formulary	
NUTRASEB EXTERNAL CREAM	Supplemental Formulary	
PROMISEB EXTERNAL CREAM	Supplemental Formulary	
sebex external shampoo 2-2 %	Supplemental Formulary	
*ANTISEBORRHEIC PRODUCTS***		
anti-dandruff external shampoo 1 %	Supplemental Formulary	
beta med external shampoo 2 %	Supplemental Formulary	
CONTROLGX ANTI-DANDRUFF EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
dandruff 2 in 1 external shampoo 1 %	Supplemental Formulary	
dandruff dry scalp care external shampoo 1 %	Supplemental Formulary	
dandruff everyday clean external shampoo 1 %	Supplemental Formulary	
dandruff shampoo external lotion 1 %	Supplemental Formulary	
dandruff shampoo external shampoo 1 %	Supplemental Formulary	
DERMAZINC SHAMPOO EXTERNAL SHAMPOO 2 %	Supplemental Formulary	
DERMAZINC SPRAY EXTERNAL LIQUID 0.25 %	Supplemental Formulary	
DERMAZINC ZINC THERAPY SOAP EXTERNAL BAR 2 %	Supplemental Formulary	
eql dry scalp 2 in 1 external shampoo 1 %	Supplemental Formulary	
eql everyday clean 2 in 1 external shampoo 1 %	Supplemental Formulary	
eql everyday clean external shampoo 1 %	Supplemental Formulary	
eql itchy scalp 2 in 1 external shampoo 1 %	Supplemental Formulary	
eql medicated dandruff external lotion 1 %	Supplemental Formulary	
eql smooth spice 2 in 1 external shampoo 1 %	Supplemental Formulary	
HEAD & SHOULDERS 2 IN 1 EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
HEAD & SHOULDERS CLASSIC CLEAN EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
HEAD & SHOULDERS DRY 2 IN 1 EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
selenium sulfide external lotion 2.5 %	Supplemental Formulary	
selenium sulfide external shampoo 2.25 %	Supplemental Formulary	

Drug Name	Status	Notes
SELSUN BLUE DAILY EXTERNAL LOTION 1 %	Supplemental Formulary	
SELSUN BLUE DRY SCALP EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
SELSUN BLUE EXTERNAL LOTION 1 %	Supplemental Formulary	
SELSUN BLUE FULL & THICK EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
SELSUN BLUE MEDICATED EXTERNAL LOTION 1 %	Supplemental Formulary	
SELSUN BLUE MOISTURIZING EXTERNAL LOTION 1 %	Supplemental Formulary	
SELSUN BLUE SALON EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
sm dandruff 2 in 1 external shampoo 1 %	Supplemental Formulary	
*ASTRINGENTS***		
calamine powder	Supplemental Formulary	
DERMELEVE ADVANCED FORMULA EXTERNAL CREAM 0.2 %	Supplemental Formulary	
gnp zinc oxide external ointment 20 %	Supplemental Formulary	
meijer zinc oxide external ointment 20 %	Supplemental Formulary	
ra zinc oxide external ointment 20 %	Supplemental Formulary	
zinc oxide external ointment 20 %	Supplemental Formulary	
*BURN PRODUCTS***		
silver sulfadiazine external cream 1 %	Supplemental Formulary	
SSD EXTERNAL CREAM 1 %	Supplemental Formulary	
THERMAZENE EXTERNAL CREAM 1 %	Supplemental Formulary	
*CORTICOSTEROIDS - TOPICAL***		
desonide powder	Supplemental Formulary	
fluocinolone acetonide powder	Supplemental Formulary	
GYNECORT 10 EXTERNAL CREAM 1 %	Supplemental Formulary	
LANACORT 10 EXTERNAL CREAM 1 %	Supplemental Formulary	
VAGISIL EXTERNAL CREAM 1 %	Supplemental Formulary	
*EMOLLIENT COMBINATIONS***		
lactic acid e external cream 10-3500 %-unt/30gm	Supplemental Formulary	
*EMOLLIENTS***		
AL12 EXTERNAL LOTION 12 %	Supplemental Formulary	
AMLACTIN DAILY EXTERNAL LOTION 12 %	Supplemental Formulary	
ammonium lactate external cream 12 %	Supplemental Formulary	PC Note (OTC version only covered)

Drug Name	Status	Notes
ammonium lactate external lotion 12 %	Supplemental Formulary	PC Note (OTC version only covered)
AQUA GLYCOLIC FACE EXTERNAL CREAM	Supplemental Formulary	
AVEENO BABY BATH TREATMENT EXTERNAL PACKET 43 %	Supplemental Formulary	
AVEENO BABY ECZEMA THERAPY EXTERNAL PACKET 43 %	Supplemental Formulary	
AVEENO INTENSE RELIEF HAND EXTERNAL CREAM	Supplemental Formulary	
AVEENO POSITIVELY RADIANT EXTERNAL CREAM	Supplemental Formulary	
AVEENO SKIN RELF MOIST REPAIR EXTERNAL CREAM	Supplemental Formulary	
AVEENO SOOTHING BATH TREATMENT EXTERNAL PACKET	Supplemental Formulary	
beta care external cream	Supplemental Formulary	
BETA XMA EXTERNAL CREAM	Supplemental Formulary	
CETAPHIL MOISTURIZING EXTERNAL CREAM	Supplemental Formulary	
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	Supplemental Formulary	
cocoa butter skin external cream	Supplemental Formulary	
coconut oil beauty external cream	Supplemental Formulary	
collagen external cream	Supplemental Formulary	
DERMABASE EXTERNAL CREAM	Supplemental Formulary	
dermaide aloe external cream 70 %	Supplemental Formulary	
DERMEND BRUISE FORMULA EXTERNAL CREAM	Supplemental Formulary	
DIABETIDERM EXTERNAL CREAM	Supplemental Formulary	
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM	Supplemental Formulary	
DML FORTE EXTERNAL CREAM	Supplemental Formulary	
ELON SKIN REPAIR SYSTEM EXTERNAL CREAM	Supplemental Formulary	
EMOLLIA-CREME EXTERNAL CREAM	Supplemental Formulary	
eq therapeutic dry skin external cream	Supplemental Formulary	
eq therapeutic moisturizing external cream	Supplemental Formulary	
eql moisturizing external cream	Supplemental Formulary	
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	Supplemental Formulary	

Drug Name	Status	Notes
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM	Supplemental Formulary	
EUCERIN PLUS EXTERNAL CREAM 2.5-10 %	Supplemental Formulary	
EUCERIN SKIN CALMING EXTERNAL CREAM	Supplemental Formulary	
glycerin external liquid	Supplemental Formulary	
GOLD BOND ULT ROUGH/BUMPY SKIN EXTERNAL CREAM	Supplemental Formulary	
GOLD BOND ULTIMATE HEALING EXTERNAL CREAM	Supplemental Formulary	
GOLD BOND ULTIMATE SOOTHING EXTERNAL CREAM	Supplemental Formulary	
hm glycerin external liquid 99.5 %	Supplemental Formulary	
HYDRASYN25 EXTERNAL CREAM	Supplemental Formulary	
J & J BURN CREAM EXTERNAL CREAM	Supplemental Formulary	
KERADAN EXTERNAL CREAM	Supplemental Formulary	
KERI LONG LASTING EXTERNAL CREAM	Supplemental Formulary	
lactic acid external lotion 10 %	Supplemental Formulary	
LACTINOL HX EXTERNAL CREAM	Supplemental Formulary	
leader finger cream external cream	Supplemental Formulary	
MEDERMA AG FACE EXTERNAL CREAM	Supplemental Formulary	
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	Supplemental Formulary	
moisturizing cream external cream	Supplemental Formulary	
natural oatmeal bath treatment external packet 100 %	Supplemental Formulary	
NEUTROGENA HAND EXTERNAL CREAM	Supplemental Formulary	
NISEKO HYDRATING FACIAL EXTERNAL CREAM	Supplemental Formulary	
NIVEA EXTERNAL CREAM	Supplemental Formulary	
NIVEA VISAGE EXTERNAL CREAM	Supplemental Formulary	
NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM	Supplemental Formulary	
NUTRADERM EXTERNAL CREAM	Supplemental Formulary	
PALMERS COCOA BUTTER FORMULA EXTERNAL CREAM	Supplemental Formulary	
PALMERS COCONUT OIL HAND EXTERNAL CREAM	Supplemental Formulary	
PALMERS INTENSIVE RELIEF HAND EXTERNAL CREAM	Supplemental Formulary	

Drug Name	Status	Notes
PALMERS NIGHT CREAM EXTERNAL CREAM	Supplemental Formulary	
PALMERS STRETCH MARKS EXTERNAL CREAM	Supplemental Formulary	
PEN-KERA EXTERNAL CREAM	Supplemental Formulary	
PENTRAVAN EXTERNAL CREAM	Supplemental Formulary	
PENTRAVAN PLUS EXTERNAL CREAM	Supplemental Formulary	
PRETTY FEET/HANDS EXTERNAL CREAM	Supplemental Formulary	
qc glycerin external liquid 99.5 %	Supplemental Formulary	
ra glycerin external liquid	Supplemental Formulary	
ra renewal soothing bath external packet 100 %	Supplemental Formulary	
RESTA EXTERNAL CREAM	Supplemental Formulary	
RISABAL-PH EXTERNAL CREAM	Supplemental Formulary	
sm glycerin external liquid 99.5 %	Supplemental Formulary	
sm oatmeal bath external packet 100 %	Supplemental Formulary	
special care external cream	Supplemental Formulary	
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	Supplemental Formulary	
therapeutic moisturizing external cream	Supplemental Formulary	
UDDERLY SMOOTH EXTERNAL CREAM	Supplemental Formulary	
UDDERLY SMOOTH EXTRA CARE 20 EXTERNAL CREAM	Supplemental Formulary	
UDDERLY SMOOTH EXTRA CARE EXTERNAL CREAM	Supplemental Formulary	
VANICREAM EXTERNAL CREAM	Supplemental Formulary	
VELVACHOL EXTERNAL CREAM	Supplemental Formulary	
vitamin e external liquid 24000 unit, 920 unit/ml	Supplemental Formulary	
vitamin e with panthenol external cream	Supplemental Formulary	
*INSECT REPELLENTS***		
CUTTER BACKWOODS EXTERNAL AEROSOL	Supplemental Formulary	
CUTTER SKINSATIONS EXTERNAL LIQUID 7 %	Supplemental Formulary	QL (177 ML per 7 days)
NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL 20 %	Supplemental Formulary	QL (177 ML per 7 days)
OFF ACTIVE EXTERNAL AEROSOL 15 %	Supplemental Formulary	QL (170 GM per 6 days)
OFF DEEP WOODS DRY EXTERNAL AEROSOL	Supplemental Formulary	QL (113 GM per 3 days)
OFF DEEP WOODS EXTERNAL AEROSOL	Supplemental Formulary	QL (170 GM per 6 days)

Drug Name	Status	Notes
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %	Supplemental Formulary	QL (71 GM per 2 days)
REPEL SPORTSMEN EXTERNAL AEROSOL	Supplemental Formulary	
REPEL SPORTSMEN MAX EXTERNAL AEROSOL 40 %	Supplemental Formulary	QL (184 GM per 6 days)
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %	Supplemental Formulary	QL (118 ML per 4 days)
*KERATOLYTIC/ANTIMITOTIC AGENTS***		
acne external pad 2 %	Supplemental Formulary	
BETASAL EXTERNAL SHAMPOO 3 %	Supplemental Formulary	
CLEAN & CLEAR ACNE SCRUB EXTERNAL GEL 2 %	Supplemental Formulary	
CLEAN & CLEAR DEEP CLEANING EXTERNAL LIQUID 2 %	Supplemental Formulary	
COMPOUND W EXTERNAL LIQUID 17 %	Supplemental Formulary	
corn & callus remover external liquid 17 %	Supplemental Formulary	
daily face wash external liquid 2 %	Supplemental Formulary	
DERMAREST PSORIASIS EXTERNAL SHAMPOO 3 %	Supplemental Formulary	
DUOFILM EXTERNAL SOLUTION 17 %	Supplemental Formulary	
eql acne scrub pink grapefruit external liquid 2 %	Supplemental Formulary	
eql apricot scrub external liquid 2 %	Supplemental Formulary	
eql scalp relief max strength external liquid 3 %	Supplemental Formulary	
GETS-IT CORN/CALLUS REMOVER EXTERNAL LIQUID 17 %	Supplemental Formulary	
gnp wart remover external liquid 17 %	Supplemental Formulary	
liquid corn & callus remover external liquid 17 %	Supplemental Formulary	
liquid wart remover external liquid 17 %	Supplemental Formulary	
NEUTROGENA BODY CLEAR WASH EXTERNAL LIQUID 2 %	Supplemental Formulary	
NEUTROGENA OIL-FREE ACNE WASH EXTERNAL LIQUID 2 %	Supplemental Formulary	
NEUTROGENA RAPID CLEAR EXTERNAL PAD 2 %	Supplemental Formulary	
NEUTROGENA T/SAL EXTERNAL SHAMPOO 3 %	Supplemental Formulary	
P & S EXTERNAL SHAMPOO 2 %	Supplemental Formulary	
podofilox external solution 0.5 %	Supplemental Formulary	

Drug Name	Status	Notes
ra wart remover max strength external liquid 17 %	Supplemental Formulary	
SCALPICIN EXTERNAL LIQUID 3 %	Supplemental Formulary	
SELSUN BLUE 3-IN-1 TREATMENT EXTERNAL LIQUID 2 %	Supplemental Formulary	
SELSUN BLUE DEEP CLEANSING EXTERNAL SHAMPOO 3 %	Supplemental Formulary	
SELSUN BLUE NATURALS DRY SCALP EXTERNAL SHAMPOO 3 %	Supplemental Formulary	
therapeutic t+plus max st external shampoo 3 %	Supplemental Formulary	
wart remover maximum strength external liquid 17 %	Supplemental Formulary	
*LOCAL ANESTHETICS - TOPICAL***		
7T LIDO EXTERNAL GEL 2 %	Supplemental Formulary	
aloe vera burn relief external aerosol 0.5 %	Supplemental Formulary	
aloe/lidocaine pain reliever external gel 0.5 %	Supplemental Formulary	
BOIL EASE MAXIMUM STRENGTH EXTERNAL OINTMENT 20 %	Supplemental Formulary	
boil pain relief external ointment 20 %	Supplemental Formulary	
burn relief external aerosol 0.5 %	Supplemental Formulary	
cooling external gel 0.5 %	Supplemental Formulary	
dibucaine external ointment 1 %	Supplemental Formulary	
gnp burn relief spray external aerosol 0.5 %	Supplemental Formulary	
OUTGRO PAIN RELIEF EXTERNAL LIQUID 20 %	Supplemental Formulary	
PRAX EXTERNAL LOTION 1 %	Supplemental Formulary	
REGENECARE HA EXTERNAL GEL 2 %	Supplemental Formulary	
SARNA SENSITIVE EXTERNAL LOTION 1 %	Supplemental Formulary	
SOLARCAINE COOL ALOE EXTERNAL AEROSOL 0.5 %	Supplemental Formulary	
*MISC. TOPICAL***		
DRYSOL EXTERNAL SOLUTION 20 %	Supplemental Formulary	
ichthammol powder	Supplemental Formulary	
*NIT REMOVERS***		
LICEMD EXTERNAL GEL	Supplemental Formulary	
LICEOUT EXTERNAL GEL	Supplemental Formulary	
LYCELLE EXTERNAL GEL	Supplemental Formulary	
MEDI-LICE COMBING EXTERNAL GEL	Supplemental Formulary	
STOP LICE STEP 2 EXTERNAL GEL	Supplemental Formulary	

Drug Name	Status	Notes
*PODIATRIC PRODUCTS***		
daily exfoliating cleanser external liquid	Supplemental Formulary	
ELON HERBAL FOOT EXTERNAL CREAM	Supplemental Formulary	
eucerin advanced repair foot external cream	Supplemental Formulary	
GOLD BOND FOOT EXTERNAL CREAM	Supplemental Formulary	
LAMISILK CLEANSE EXTERNAL LIQUID	Supplemental Formulary	
LAMISILK PROTECT EXTERNAL LIQUID	Supplemental Formulary	
PALMERS FOOT MAGIC SCRUB EXTERNAL CREAM	Supplemental Formulary	
TOETAL FRESH EXTERNAL LIQUID	Supplemental Formulary	
UDDERLY SMOOTH FOOT EXTERNAL CREAM	Supplemental Formulary	
*POWDERS***		
ANTI MONKEY BUTT EXTERNAL POWDER	Supplemental Formulary	
BALMEX BABY EXTERNAL POWDER	Supplemental Formulary	
COLUMBIA ANTISEPTIC EXTERNAL POWDER	Supplemental Formulary	
GOLD BOND ULTIMATE EXTERNAL POWDER	Supplemental Formulary	
LADY ANTI MONKEY BUTT EXTERNAL POWDER	Supplemental Formulary	
sm baby powder cornstarch external powder	Supplemental Formulary	
SUMMERS EVE BODY EXTERNAL POWDER	Supplemental Formulary	
VAGISIL DEODORANT EXTERNAL POWDER	Supplemental Formulary	
*ROSACEA AGENTS***		
metronidazole external cream 0.75 %	Supplemental Formulary	
metronidazole external gel 0.75 %, 1 %	Supplemental Formulary	
metronidazole external lotion 0.75 %	Supplemental Formulary	
*SCABICIDES & PEDICULICIDES***		
bedding spray lice treatment aerosol 0.5 %	Supplemental Formulary	QL (142 GM per 5 days)
sm bedding lice treatment aerosol 0.5 %	Supplemental Formulary	QL (142 GM per 5 days)
stop lice aerosol 0.5 %	Supplemental Formulary	QL (142 GM per 5 days)
*SKIN PROTECTANTS***		
AMERICERIN EXTERNAL CREAM	Supplemental Formulary	
BASIS FACIAL MOISTURIZER EXTERNAL CREAM	Supplemental Formulary	
BASIS OVERNIGHT EXTERNAL CREAM	Supplemental Formulary	
benzoin compound external tincture	Supplemental Formulary	
benzoin external tincture	Supplemental Formulary	

Drug Name	Status	Notes
blood clotting spray external aerosol	Supplemental Formulary	
EUCERIN ORIGINAL HEALING EXTERNAL CREAM	Supplemental Formulary	
hydrocerin external cream	Supplemental Formulary	
LANOLOR EXTERNAL CREAM	Supplemental Formulary	
MEDELA TENDER CARE LANOLIN EXTERNAL CREAM	Supplemental Formulary	
MINERIN CREME EXTERNAL CREAM	Supplemental Formulary	
SENSI-CARE MOISTURIZING EXTERNAL CREAM	Supplemental Formulary	
sm benzoin tincture external tincture	Supplemental Formulary	
SORBIDON HYDRATE EXTERNAL CREAM	Supplemental Formulary	
STERI-STRIP COMPOUND BENZOIN EXTERNAL TINCTURE	Supplemental Formulary	
*TAR PRODUCTS***		
BETA CARE BETATAR GEL EXTERNAL SHAMPOO 2.5 %	Supplemental Formulary	
coal tar external solution 20 %	Supplemental Formulary	
DHS TAR EXTERNAL SHAMPOO 0.5 %	Supplemental Formulary	
DHS TAR GEL EXTERNAL SHAMPOO 0.5 %	Supplemental Formulary	
eql therapeutic external shampoo 0.5 %	Supplemental Formulary	
IONIL-T EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
sm anti-dandruff coal tar external shampoo 0.5 %	Supplemental Formulary	
therapeutic external shampoo 0.5 %	Supplemental Formulary	
THERAPEUTIC T+PLUS EXTERNAL SHAMPOO 0.5 %	Supplemental Formulary	
X-SEB T PEARL EXTERNAL SHAMPOO 10 %	Supplemental Formulary	
X-SEB T PLUS EXTERNAL SHAMPOO 10 %	Supplemental Formulary	
*TOPICAL ANESTHETIC COMBINATIONS***		
anti-itch clear external lotion 1-0.1 %	Supplemental Formulary	
BACTINE EXTERNAL LIQUID 2.5-0.13 %	Supplemental Formulary	
burn relief/lidocaine/aloe external gel 0.5 %	Supplemental Formulary	
CALACLEAR EXTERNAL LOTION 1-0.1 %	Supplemental Formulary	
CALADRYL CLEAR EXTERNAL LOTION 1-0.1 %	Supplemental Formulary	
CALADRYL EXTERNAL LOTION 1-8 %	Supplemental Formulary	
CALAGESIC EXTERNAL LOTION 1-8 %	Supplemental Formulary	
calahist clear external lotion 1-0.1 %	Supplemental Formulary	

Drug Name	Status	Notes
calahist external lotion 1-8 %	Supplemental Formulary	
calamine clear external lotion 1-0.1 %	Supplemental Formulary	
calamine plus external lotion 1-8 %	Supplemental Formulary	
caldyphen clear external lotion 1-0.1 %	Supplemental Formulary	
clear anti-itch external lotion 1-0.1 %	Supplemental Formulary	
cooling burn relief external aerosol 20-0.13 %	Supplemental Formulary	
eql anti-itch clear external lotion 1-0.1 %	Supplemental Formulary	
eql calamine medicated external lotion 1-8 %	Supplemental Formulary	
first aid antiseptic external liquid 2.5-0.13 %	Supplemental Formulary	
first aid antiseptic spray external aerosol 20-0.13 %	Supplemental Formulary	
gnp caldyphen clear external lotion 1-0.1 %	Supplemental Formulary	
gnp caldyphen external lotion 1-8 %	Supplemental Formulary	
GOLD BOND RAPID RELIEF EXTERNAL CREAM 1-1 %	Supplemental Formulary	
goodsense clear anti-itch external lotion 1-0.1 %	Supplemental Formulary	
goodsense medicated calamine external lotion 1-8 %	Supplemental Formulary	
ITCH-X EXTERNAL GEL 1-10 %	Supplemental Formulary	
ITCH-X EXTERNAL SOLUTION 1-10 %	Supplemental Formulary	
levigosp external liquid 2.5-0.13 %	Supplemental Formulary	
LIDOCREAM EXTERNAL KIT 4 %	Supplemental Formulary	
sm caldyphen clear external lotion 1-0.1 %	Supplemental Formulary	
sm caldyphen external lotion 1-8 %	Supplemental Formulary	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***		
bexarotene external gel 1 %	Supplemental Formulary	SPB
TARGRETIN EXTERNAL GEL 1 %	Supplemental Formulary	SPB
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC SUPPLIES***		
CHEMSTRIP CALIBRATION IN VITRO STRIP	Supplemental Formulary	
*DIAGNOSTIC TESTS***		
ALBUSTIX IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP 2 IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP K IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP MICRAL IN VITRO STRIP	Supplemental Formulary	
DIASTIX IN VITRO STRIP	Supplemental Formulary	
ketone test in vitro strip	Supplemental Formulary	

Drug Name	Status	Notes
KETOSTIX IN VITRO STRIP	Supplemental Formulary	
ph strips in vitro diagnostic test	Supplemental Formulary	
PRECISION XTRA KETONE IN VITRO STRIP	Supplemental Formulary	QL Note (QL depends on age of member. Members younger than 21 years of age: QL = #200 units per 30 days; Members 21 years of age and older: QL = #150 units per 30 days.); QL (150 EA per 30 days)
RELION KETONE TEST IN VITRO STRIP	Supplemental Formulary	
*INFECTION TESTS***		
AZO TEST IN VITRO STRIP	Supplemental Formulary	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	Supplemental Formulary	QL (8 EA per 30 days)
CLINITEST RAPID COVID-19 TEST IN VITRO KIT	Supplemental Formulary	QL (8 EA per 30 days)
covid-19 at-home test in vitro kit	Supplemental Formulary	QL (8 EA per 30 days)
covid-19 otc antigen 1-pack in vitro kit	Supplemental Formulary	QL (8 EA per 30 days)
covid-19 otc antigen 2-pack in vitro kit	Supplemental Formulary	QL (8 EA per 30 days)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	Supplemental Formulary	QL (8 EA per 30 days)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	Supplemental Formulary	QL (8 EA per 30 days)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	Supplemental Formulary	QL (8 EA per 30 days)
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT	Supplemental Formulary	QL (8 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	Supplemental Formulary	QL (8 EA per 30 days)
UTI HOME IN VITRO DIAGNOSTIC TEST	Supplemental Formulary	
*MULTIPLE URINE TESTS***		
CHEMSTRIP 10 MD IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP 10/SG IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP 2 GP IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP 5 OB IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP 7 IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP 9 IN VITRO STRIP	Supplemental Formulary	
CHEMSTRIP UGK IN VITRO STRIP	Supplemental Formulary	
CVS KETONE CARE IN VITRO STRIP	Supplemental Formulary	
KETO-DIASTIX IN VITRO STRIP	Supplemental Formulary	

Drug Name	Status	Notes
DIURETICS		
*CARBONIC ANHYDRASE INHIBITORS***		
acetazolamide oral tablet 125 mg, 250 mg	Supplemental Formulary	QL (120 EA per 30 days)
methazolamide oral tablet 25 mg, 50 mg	Supplemental Formulary	
*DIURETIC COMBINATIONS***		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Supplemental Formulary	
spironolactone-hctz oral tablet 25-25 mg	Supplemental Formulary	
triamterene-hctz oral capsule 37.5-25 mg	Supplemental Formulary	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Supplemental Formulary	
*LOOP DIURETICS***		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Supplemental Formulary	
ethacrynic acid oral tablet 25 mg	Supplemental Formulary	
furosemide oral solution 10 mg/ml, 8 mg/ml	Supplemental Formulary	90
furosemide oral tablet 20 mg, 40 mg, 80 mg	Supplemental Formulary	90
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Supplemental Formulary	
*POTASSIUM SPARING DIURETICS***		
amiloride hcl oral tablet 5 mg	Supplemental Formulary	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Supplemental Formulary	
triamterene oral capsule 100 mg, 50 mg	Supplemental Formulary	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
chlorthalidone oral tablet 25 mg, 50 mg	Supplemental Formulary	
DIURIL ORAL SUSPENSION 250 MG/5ML	Supplemental Formulary	
hydrochlorothiazide oral capsule 12.5 mg	Supplemental Formulary	90
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Supplemental Formulary	90
indapamide oral tablet 1.25 mg, 2.5 mg	Supplemental Formulary	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Supplemental Formulary	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*CARNITINE REPLENISHER - AGENTS***		
levocarnitine oral solution 1 gm/10ml	Supplemental Formulary	
levocarnitine oral tablet 330 mg	Supplemental Formulary	
levocarnitine sf oral solution 1 gm/10ml	Supplemental Formulary	

Drug Name	Status	Notes
*DOPAMINE RECEPTOR AGONISTS***		
cabergoline oral tablet 0.5 mg	Supplemental Formulary	
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Supplemental Formulary	SPB
ORFADIN ORAL CAPSULE 20 MG	Supplemental Formulary	SPB
*SOMATOSTATIC AGENTS***		
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Supplemental Formulary	SPB
octreotide acetate injection solution 1000 mcg/ml	Supplemental Formulary	SPB; QL (45 ML per 30 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG	Supplemental Formulary	PA; SPA; QL (1 EA per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG	Supplemental Formulary	PA; SPA; QL (2 EA per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 30 MG	Supplemental Formulary	PA; SPA
*VASOPRESSIN***		
desmopressin ace spray refrig nasal solution 0.01 %	Supplemental Formulary	QL (15 ML per 30 days)
desmopressin acetate injection solution 4 mcg/ml	Supplemental Formulary	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Supplemental Formulary	QL (180 EA per 30 days)
desmopressin acetate spray nasal solution 0.01 %	Supplemental Formulary	SPB; QL (15 ML per 30 days)
FLUOROQUINOLONES		
*FLUOROQUINOLONES***		
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	Supplemental Formulary	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	Supplemental Formulary	
GASTROINTESTINAL AGENTS - MISC.		
*ANTIFLATULENTS***		
drxchoice gas relief oral tablet chewable 80 mg	Supplemental Formulary	
eq gas relief extra strength oral tablet chewable 125 mg	Supplemental Formulary	
eq gas relief oral capsule 125 mg	Supplemental Formulary	
eq infants gas relief oral suspension 40 mg/0.6ml	Supplemental Formulary	
eql gas gone oral tablet chewable 125 mg	Supplemental Formulary	
eql gas relief oral capsule 125 mg	Supplemental Formulary	

Drug Name	Status	Notes
eql infants gas relief oral suspension 20 mg/0.3ml	Supplemental Formulary	
gas relief extra strength oral capsule 125 mg	Supplemental Formulary	
gas relief extra strength oral tablet chewable 125 mg	Supplemental Formulary	
gas relief infants oral liquid 40 mg/0.6ml	Supplemental Formulary	
gas relief infants oral suspension 20 mg/0.3ml	Supplemental Formulary	
gas relief oral liquid 40 mg/0.6ml	Supplemental Formulary	
gas relief oral tablet chewable 80 mg	Supplemental Formulary	
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	Supplemental Formulary	
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG	Supplemental Formulary	
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML	Supplemental Formulary	
gnp gas relief extra strength oral capsule 125 mg	Supplemental Formulary	
gnp gas relief extra strength oral tablet chewable 125 mg	Supplemental Formulary	
gnp gas relief oral tablet chewable 80 mg	Supplemental Formulary	
gnp infant gas relief oral suspension 20 mg/0.3ml	Supplemental Formulary	
goodsense gas relief oral tablet chewable 125 mg	Supplemental Formulary	
hm gas relief extra strength oral capsule 125 mg	Supplemental Formulary	
hm gas relief infants drops oral suspension 20 mg/0.3ml	Supplemental Formulary	
hm gas relief oral tablet chewable 80 mg	Supplemental Formulary	
infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml	Supplemental Formulary	
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION 20 MG/0.3ML	Supplemental Formulary	
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML	Supplemental Formulary	
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	Supplemental Formulary	
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	Supplemental Formulary	
PHAZYME ORAL TABLET CHEWABLE 125 MG	Supplemental Formulary	
px gas relief extra strength oral capsule 125 mg	Supplemental Formulary	

Drug Name	Status	Notes
px gas relief infants oral suspension 20 mg/0.3ml	Supplemental Formulary	
qc gas relief extra strength oral tablet chewable 125 mg	Supplemental Formulary	
qc gas relief oral tablet chewable 80 mg	Supplemental Formulary	
ra gas relief extra strength oral tablet chewable 125 mg	Supplemental Formulary	
ra gas relief oral capsule 125 mg	Supplemental Formulary	
ra gas relief oral tablet chewable 80 mg	Supplemental Formulary	
sb gas relief oral suspension 40 mg/0.6ml	Supplemental Formulary	
sb gas relief oral tablet chewable 125 mg	Supplemental Formulary	
simeped oral suspension 40 mg/0.6ml	Supplemental Formulary	
simethicone extra strength oral capsule 125 mg	Supplemental Formulary	
simethicone oral capsule 125 mg	Supplemental Formulary	
simethicone oral suspension 40 mg/0.6ml	Supplemental Formulary	
simethicone oral tablet chewable 125 mg, 80 mg	Supplemental Formulary	
sm gas relief extra strength oral capsule 125 mg	Supplemental Formulary	
sm gas relief infants drops oral suspension 40 mg/0.6ml	Supplemental Formulary	
sm gas relief infants oral suspension 20 mg/0.3ml	Supplemental Formulary	
sm gas relief oral tablet chewable 125 mg, 80 mg	Supplemental Formulary	
*INTESTINAL ACIDIFIERS***		
enulose oral solution 10 gm/15ml	Supplemental Formulary	
generlac oral solution 10 gm/15ml	Supplemental Formulary	
lactulose encephalopathy oral solution 10 gm/15ml	Supplemental Formulary	
GENERAL ANESTHETICS		
*VOLATILE ANESTHETICS***		
desflurane inhalation solution	Supplemental Formulary	
sevoflurane inhalation solution	Supplemental Formulary	
GENITOURINARY AGENTS - MISCELLANEOUS		
*CITRATES***		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	Supplemental Formulary	
*INTERSTITIAL CYSTITIS AGENTS***		
ELMIRON ORAL CAPSULE 100 MG	Supplemental Formulary	QL (90 EA per 30 days)

Drug Name	Status	Notes
*URINARY ANALGESICS***		
PHENAZO ORAL TABLET 200 MG	Supplemental Formulary	
phenazopyridine hcl oral tablet 100 mg, 200 mg	Supplemental Formulary	
HEMATOLOGICAL AGENTS - MISC.		
*HEMATORHEOLOGIC AGENTS***		
pentoxifylline er oral tablet extended release 400 mg	Supplemental Formulary	
*PHOSPHODIESTERASE III INHIBITORS***		
cilostazol oral tablet 100 mg, 50 mg	Supplemental Formulary	QL (60 EA per 30 days)
*QUINAZOLINE AGENTS***		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Supplemental Formulary	
HEMATOPOIETIC AGENTS		
*COBALAMIN COMBINATIONS***		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Supplemental Formulary	
*COBALAMINS***		
B-12 DOTS ORAL TABLET DISPERSIBLE 500 MCG	Supplemental Formulary	
b-12 oral tablet 100 mcg, 1000 mcg, 2000 mcg, 250 mcg, 50 mcg, 500 mcg	Supplemental Formulary	
b-12 oral tablet extended release 1000 mcg	Supplemental Formulary	
b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg	Supplemental Formulary	
b-12 tr oral tablet extended release 1000 mcg, 2000 mcg	Supplemental Formulary	
b-12-sl sublingual tablet sublingual 1000 mcg	Supplemental Formulary	
cyanocobalamin injection solution 1000 mcg/ml	Supplemental Formulary	
eql b-12 oral tablet 1000 mcg	Supplemental Formulary	
eql vitamin b-12 oral tablet 500 mcg	Supplemental Formulary	
eql vitamin b-12 tr oral tablet extended release 1000 mcg	Supplemental Formulary	
gnp b-12 sublingual tablet sublingual 2500 mcg	Supplemental Formulary	
gnp vitamin b-12 oral tablet 500 mcg	Supplemental Formulary	
gnp vitamin b-12 oral tablet extended release 1000 mcg	Supplemental Formulary	
hm vitamin b-12 oral tablet 500 mcg	Supplemental Formulary	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	Supplemental Formulary	

Drug Name	Status	Notes
kp vitamin b-12 oral tablet 1000 mcg	Supplemental Formulary	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	Supplemental Formulary	
qc vitamin b12 oral tablet 500 mcg	Supplemental Formulary	
qc vitamin b12 oral tablet extended release 1000 mcg	Supplemental Formulary	
ra vitamin b-12 oral tablet 100 mcg	Supplemental Formulary	
ra vitamin b12 oral tablet extended release 2000 mcg	Supplemental Formulary	
ra vitamin b-12 tr oral tablet extended release 1000 mcg	Supplemental Formulary	
sm vitamin b-12 oral tablet 100 mcg, 500 mcg	Supplemental Formulary	
sm vitamin b12 tr oral tablet extended release 1000 mcg, 2000 mcg	Supplemental Formulary	
sv vitamin b-12 er oral tablet extended release 1000 mcg	Supplemental Formulary	
vitamin b 12 oral tablet 500 mcg	Supplemental Formulary	
vitamin b-12 er oral tablet extended release 1000 mcg, 2000 mcg	Supplemental Formulary	
vitamin b12 oral tablet 100 mcg	Supplemental Formulary	
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg, 500 mcg	Supplemental Formulary	
vitamin b12 oral tablet extended release 1000 mcg	Supplemental Formulary	
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg	Supplemental Formulary	
vitamin b12 tr oral tablet extended release 2000 mcg	Supplemental Formulary	
*FOLIC ACID/FOLATE COMBINATIONS***		
b complex-folic acid oral tablet 500-5-200 mcg-mg-mcg	Supplemental Formulary	
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	Supplemental Formulary	
homocysteine formula oral tablet 800-50-100 mcg-mg-mcg	Supplemental Formulary	
MILLGUARD ORAL TABLET 800-10-115 MCG-MG-MCG	Supplemental Formulary	
*FOLIC ACID/FOLATES***		
folate oral tablet 400 mcg	Supplemental Formulary	
folic acid injection solution 5 mg/ml	Supplemental Formulary	
folic acid oral capsule 20 mg	Supplemental Formulary	

Drug Name	Status	Notes
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	Supplemental Formulary	
gnp folic acid oral tablet 400 mcg	Supplemental Formulary	
hm folic acid oral tablet 400 mcg	Supplemental Formulary	
kp folic acid oral tablet 1 mg, 800 mcg	Supplemental Formulary	
px folic acid oral tablet 400 mcg	Supplemental Formulary	
qc folic acid oral tablet 800 mcg	Supplemental Formulary	
ra folic acid oral tablet 400 mcg, 800 mcg	Supplemental Formulary	
sm folic acid oral tablet 400 mcg	Supplemental Formulary	
yl folic acid oral tablet 400 mcg	Supplemental Formulary	
*IRON COMBINATIONS***		
ABATRON ORAL LIQUID	Supplemental Formulary	
fe c tab plus oral tablet 100-250-0.025-1 mg	Supplemental Formulary	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG	Supplemental Formulary	
iron 100 plus oral tablet 100-250-0.025-1 mg	Supplemental Formulary	
*IRON***		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Supplemental Formulary	
eql carbonyl iron oral tablet 45 mg	Supplemental Formulary	
eql iron supplement therapy oral tablet 325 mg	Supplemental Formulary	
eql slow release iron oral tablet extended release 160 (50 fe) mg	Supplemental Formulary	
fe tabs oral tablet delayed release 325 (65 fe) mg	Supplemental Formulary	
FEOSOL NATURAL RELEASE ORAL TABLET 45 MG	Supplemental Formulary	
FERATE ORAL TABLET 240 (27 FE) MG	Supplemental Formulary	
FERGON ORAL TABLET 240 (27 FE) MG	Supplemental Formulary	
FEROSUL ORAL TABLET 325 (65 FE) MG	Supplemental Formulary	
FERRIMIN 150 ORAL TABLET 150 MG	Supplemental Formulary	
ferrotabs oral tablet 240 mg	Supplemental Formulary	
ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	Supplemental Formulary	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	Supplemental Formulary	
ferrous sulfate oral solution 75 (15 fe) mg/ml	Supplemental Formulary	
ferrous sulfate oral tablet 27 mg, 325 (65 fe) mg	Supplemental Formulary	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg	Supplemental Formulary	
fe-vite iron oral solution 75 (15 fe) mg/ml	Supplemental Formulary	

Drug Name	Status	Notes
GOODSENSE IRON ORAL TABLET 325 MG	Supplemental Formulary	
ICAR ORAL SUSPENSION 15 MG/1.25ML	Supplemental Formulary	
iron (ferrous sulfate) oral tablet 325 (65 fe) mg	Supplemental Formulary	
iron 27 oral tablet 240 (27 fe) mg	Supplemental Formulary	
iron chews pediatric oral tablet chewable 15 mg	Supplemental Formulary	
iron high-potency oral tablet 325 mg	Supplemental Formulary	
iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg, 90 (18 fe) mg	Supplemental Formulary	
iron supplement childrens oral solution 75 (15 fe) mg/ml	Supplemental Formulary	
iron supplement oral elixir 220 (44 fe) mg/5ml	Supplemental Formulary	
kp ferrous gluconate oral tablet 324 (37.5 fe) mg	Supplemental Formulary	
kp ferrous sulfate oral tablet 325 (65 fe) mg	Supplemental Formulary	
meijer ferrous sulfate oral tablet 325 (65 fe) mg	Supplemental Formulary	
nat-rul iron oral tablet 325 mg	Supplemental Formulary	
pc pediatric iron drops oral solution 15 mg/ml	Supplemental Formulary	
PROFERRIN ES ORAL TABLET 12 MG	Supplemental Formulary	
px iron oral tablet 27 mg	Supplemental Formulary	
qc ferrous sulfate oral tablet 325 (65 fe) mg	Supplemental Formulary	
ra high potency iron oral tablet 27 mg	Supplemental Formulary	
ra iron oral tablet 27 mg, 325 (65 fe) mg	Supplemental Formulary	
slow iron oral tablet extended release 160 (50 fe) mg	Supplemental Formulary	
slow release iron oral tablet extended release 160 (50 fe) mg	Supplemental Formulary	
sm iron oral tablet 325 (65 fe) mg	Supplemental Formulary	
sm iron slow release oral tablet extended release 160 (50 fe) mg	Supplemental Formulary	
wee care oral suspension 15 mg/1.25ml	Supplemental Formulary	
HEMOSTATICS		
*HEMOSTATICS - SYSTEMIC***		
tranexamic acid oral tablet 650 mg	Supplemental Formulary	QL (180 EA per 30 days)
*HEMOSTATICS - TOPICAL***		
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	Supplemental Formulary	

Drug Name	Status	Notes
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*ANTI HISTAMINE HYPNOTIC COMBINATIONS***		
acetaminophen pm ex st oral tablet 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
acetaminophen pm oral tablet 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eq acetaminophen pm oral tablet 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql acetaminophen pm oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql pain relief pm ex st oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
EXCEDRIN PM ORAL TABLET 500-38 MG	Supplemental Formulary	
gnp pain relief pm ex st oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
goodsense pain relief pm ex st oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
headache relief pm oral tablet 500-38 mg	Supplemental Formulary	
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET 500-25 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
hm pain reliever pm ex st oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
MEDI-TABS PM EXTRA STRENGTH ORAL TABLET 25-500 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
night time pain medicine ex st oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
non-aspirin pm oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
pain relief pm extra strength oral tablet 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
pain reliever pm ex st oral tablet 25-500 mg, 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
pain reliever pm oral tablet 25-500 mg, 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px pain relief pm ex st oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc headache relief pm oral tablet 500-38 mg	Supplemental Formulary	
ra acetaminophen pm ex st oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb non-asa night time oral tablet 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
sb non-aspirin nighttime oral tablet 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sb pain reliever pm oral tablet 500-25 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm headache relief pm oral tablet 500-38 mg	Supplemental Formulary	
sm pain reliever pm ex st oral tablet 25-500 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
TYLENOL PM EXTRA STRENGTH ORAL TABLET 500-25 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*ANTI-HISTAMINE HYPNOTICS***		
diphenhydramine hcl (sleep) oral tablet 50 mg	Supplemental Formulary	
eql nighttime sleep aid oral tablet 25 mg	Supplemental Formulary	
gnp sleep aid oral tablet 25 mg	Supplemental Formulary	
hm nighttime sleep aid oral tablet 25 mg	Supplemental Formulary	
kls sleep aid oral tablet 25 mg	Supplemental Formulary	
night time sleep aid oral tablet 25 mg	Supplemental Formulary	
nighttime sleep aid oral tablet 25 mg	Supplemental Formulary	
qc rest simply oral tablet 25 mg	Supplemental Formulary	
ra night sleep aid oral tablet 25 mg	Supplemental Formulary	
ra nighttime sleep aid oral tablet 25 mg	Supplemental Formulary	
ra sleep aid (diphenhydramine) oral tablet 25 mg	Supplemental Formulary	
ra sleep aid oral tablet 25 mg	Supplemental Formulary	
sb sleep oral tablet 25 mg	Supplemental Formulary	
SIMPLY SLEEP ORAL TABLET 25 MG	Supplemental Formulary	
sleep aid (diphenhydramine) oral tablet 25 mg	Supplemental Formulary	
sleep aid oral tablet 25 mg	Supplemental Formulary	
sleep tabs oral tablet 25 mg	Supplemental Formulary	
sleep-tabs oral tablet 25 mg	Supplemental Formulary	
sm nighttime sleep aid oral tablet 25 mg	Supplemental Formulary	
sm sleep aid oral tablet 25 mg	Supplemental Formulary	
UNISOM SLEEPTABS ORAL TABLET 25 MG	Supplemental Formulary	
wal-som oral tablet 25 mg	Supplemental Formulary	
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Supplemental Formulary	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Supplemental Formulary	

Drug Name	Status	Notes
*BULK LAXATIVES***		
CITRUCEL ORAL POWDER	Supplemental Formulary	
CITRUCEL ORAL TABLET 500 MG	Supplemental Formulary	
eq fiber therapy oral tablet 500 mg, 625 mg	Supplemental Formulary	
eq fiber laxative oral tablet 625 mg	Supplemental Formulary	
eq fiber therapy oral powder 28.3 %, 48.57 %	Supplemental Formulary	
eq fiber therapy oral tablet 500 mg	Supplemental Formulary	
eq natural fiber oral powder 28.3 %	Supplemental Formulary	
EVAC ORAL POWDER	Supplemental Formulary	
fiber laxative oral tablet 625 mg	Supplemental Formulary	
fiber oral tablet 625 mg	Supplemental Formulary	
fiber therapy oral tablet 500 mg	Supplemental Formulary	
FIBERCON ORAL TABLET 625 MG	Supplemental Formulary	
fiber-lax oral tablet 625 mg	Supplemental Formulary	
gnp fiber therapy oral tablet 500 mg	Supplemental Formulary	
gnp fiber-caps oral tablet 625 mg	Supplemental Formulary	
gnp natural fiber oral powder 28.3 %, 48.57 %	Supplemental Formulary	
goodsense fiber oral tablet 500 mg	Supplemental Formulary	
konsyl daily fiber oral powder 28.3 %	Supplemental Formulary	
METAMUCIL ORAL POWDER 48.57 %	Supplemental Formulary	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %	Supplemental Formulary	
natural fiber laxative oral powder 28.3 %, 48.57 %	Supplemental Formulary	
natural psyllium seed oral powder 100 %	Supplemental Formulary	
natural vegetable fiber oral powder 48.57 %	Supplemental Formulary	
px fiber oral tablet 625 mg	Supplemental Formulary	
qc fiber therapy oral tablet 500 mg	Supplemental Formulary	
ra multihealth fiber oral powder 48.57 %	Supplemental Formulary	
REGULOID ORAL POWDER 28.3 %, 48.57 %	Supplemental Formulary	
sb fiber laxative oral powder 48.57 %	Supplemental Formulary	
sb fiber laxative oral tablet 625 mg	Supplemental Formulary	
sm fiber laxative oral tablet 500 mg	Supplemental Formulary	
sm fiber oral powder 28.3 %, 48.57 %	Supplemental Formulary	
sm fiber oral tablet 625 mg	Supplemental Formulary	
SOLUBLE FIBER THERAPY ORAL POWDER	Supplemental Formulary	
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 48.57 %	Supplemental Formulary	

Drug Name	Status	Notes
*LAXATIVES - MISCELLANEOUS***		
CEO-TWO RECTAL SUPPOSITORY	Supplemental Formulary	
CLEARLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
constulose oral solution 10 gm/15ml	Supplemental Formulary	
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
gavilax oral packet 17 gm	Supplemental Formulary	
gavilax oral powder 17 gm/scoop	Supplemental Formulary	
gentlelax oral powder 17 gm/scoop	Supplemental Formulary	
glycerin (adult) rectal suppository 2 gm, 2.1 gm	Supplemental Formulary	
glycerin (child) rectal suppository 1.2 gm	Supplemental Formulary	
glycerin (infants & children) rectal suppository 1 gm, 1.2 gm	Supplemental Formulary	
glycerin (pediatric) rectal suppository 1.2 gm	Supplemental Formulary	
glycerin adult rectal suppository 2 gm	Supplemental Formulary	
glycerin childrens rectal suppository 1 gm	Supplemental Formulary	
GLYCOLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
GNP CLEARLAX ORAL PACKET 17 GM	Supplemental Formulary	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
gnp glycerin (adult) rectal suppository 2.1 gm	Supplemental Formulary	
gnp glycerin child rectal suppository 1.2 gm	Supplemental Formulary	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
HEALTHYLAX ORAL PACKET 17 GM	Supplemental Formulary	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Supplemental Formulary	
MIRALAX ORAL PACKET 17 GM	Supplemental Formulary	
MIRALAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
peg 3350 oral packet 17 gm	Supplemental Formulary	
peg 3350 oral powder 17 gm/scoop	Supplemental Formulary	
polyethylene glycol 3350 oral packet 17 gm	Supplemental Formulary	
polyethylene glycol 3350 oral powder 17 gm/scoop	Supplemental Formulary	

Drug Name	Status	Notes
px glycerin rectal suppository 2.1 gm	Supplemental Formulary	
qc natura-lax oral powder 17 gm/scoop	Supplemental Formulary	
ra glycerin adult rectal suppository 80.7 %	Supplemental Formulary	
ra glycerin child rectal suppository 80.7 %	Supplemental Formulary	
ra laxative oral powder 17 gm/scoop	Supplemental Formulary	
sb glycerin adult rectal suppository 2.1 gm	Supplemental Formulary	
sb glycerin pediatric rectal suppository 1.2 gm	Supplemental Formulary	
sb polyethylene glycol 3350 oral powder 17 gm/scoop	Supplemental Formulary	
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %	Supplemental Formulary	
SMOOTH LAX ORAL PACKET 17 GM	Supplemental Formulary	
SMOOTH LAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
*LAXATIVES & DSS***		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	Supplemental Formulary	
DOC-Q-LAX ORAL TABLET 8.6-50 MG	Supplemental Formulary	
docuzen oral tablet 8.6-50 mg	Supplemental Formulary	
easy-lax plus oral tablet 8.6-50 mg	Supplemental Formulary	
eq senna-s oral tablet 8.6-50 mg	Supplemental Formulary	
eq stool softener/laxative oral tablet 8.6-50 mg	Supplemental Formulary	
eql senna-s oral tablet 8.6-50 mg	Supplemental Formulary	
gnp senna plus oral tablet 8.6-50 mg	Supplemental Formulary	
gnp stool softener/laxative oral tablet 8.6-50 mg	Supplemental Formulary	
goodsense stimulant laxative oral tablet 8.6-50 mg	Supplemental Formulary	
hm stool softener/laxative oral tablet 8.6-50 mg	Supplemental Formulary	
laxacin oral tablet 8.6-50 mg	Supplemental Formulary	
medi-laxx oral capsule 8.6-50 mg	Supplemental Formulary	
medi-natural plus oral tablet 8.6-50 mg	Supplemental Formulary	
qc senna-s oral tablet 8.6-50 mg	Supplemental Formulary	
qc stool softener pls laxative oral tablet 8.6-50 mg	Supplemental Formulary	
ra p col-rite oral tablet 8.6-50 mg	Supplemental Formulary	
sb docusate sodium/senna oral tablet 8.6-50 mg	Supplemental Formulary	
SENEXON-S ORAL TABLET 8.6-50 MG	Supplemental Formulary	
senna plus oral capsule 50-8.6 mg	Supplemental Formulary	

Drug Name	Status	Notes
senna plus oral tablet 8.6-50 mg	Supplemental Formulary	
senna s oral tablet 8.6-50 mg	Supplemental Formulary	
senna-docusate sodium oral tablet 8.6-50 mg	Supplemental Formulary	
senna-plus oral tablet 8.6-50 mg	Supplemental Formulary	
senna-s oral tablet 8.6-50 mg	Supplemental Formulary	
senna-time s oral tablet 8.6-50 mg	Supplemental Formulary	
sennosides-docusate sodium oral tablet 8.6-50 mg	Supplemental Formulary	
SENOKOT S ORAL TABLET 8.6-50 MG	Supplemental Formulary	
sm natural laxative/stool soft oral tablet 8.6-50 mg	Supplemental Formulary	
sm senna-s oral tablet 8.6-50 mg	Supplemental Formulary	
sm stool softener/laxative oral tablet 8.6-50 mg	Supplemental Formulary	
stimulant laxative oral tablet 8.6-50 mg	Supplemental Formulary	
stool softener laxative oral tablet 8.6-50 mg	Supplemental Formulary	
stool softener plus laxative oral tablet 8.6-50 mg	Supplemental Formulary	
stool softener/laxative oral capsule 50-8.6 mg	Supplemental Formulary	
stool softener/laxative oral tablet 50-8.6 mg	Supplemental Formulary	
vegetable lax+stool softener oral tablet 8.6-50 mg	Supplemental Formulary	
*LUBRICANT LAXATIVES***		
enema mineral oil rectal enema	Supplemental Formulary	
eq mineral oil oral oil	Supplemental Formulary	
FLEET OIL RECTAL ENEMA	Supplemental Formulary	
gnp mineral oil oral oil	Supplemental Formulary	
goodsense mineral oil oral oil	Supplemental Formulary	
hm enema mineral oil rectal enema	Supplemental Formulary	
mineral oil heavy oral oil	Supplemental Formulary	
mineral oil oral oil	Supplemental Formulary	
qc mineral oil heavy oral oil	Supplemental Formulary	
ra mineral oil oral oil	Supplemental Formulary	
sm mineral oil oral oil	Supplemental Formulary	
sm mineral oil rectal enema	Supplemental Formulary	
*SALINE LAXATIVE MIXTURES***		
enema disposable rectal enema	Supplemental Formulary	
enema pediatric rectal enema 3.5-9.5 gm/59ml	Supplemental Formulary	
enema ready-to-use rectal enema 7-19 gm/118ml	Supplemental Formulary	
enema rectal enema , 7-19 gm/118ml	Supplemental Formulary	

Drug Name	Status	Notes
eq enema rectal enema 19-7 gm/118ml	Supplemental Formulary	
eql ready-to-use enema rectal enema , 7-19 gm/118ml	Supplemental Formulary	
FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML	Supplemental Formulary	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML	Supplemental Formulary	
goodsense enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml	Supplemental Formulary	
hm enema rectal enema 7-19 gm/118ml	Supplemental Formulary	
qc enema rectal enema 16-6 gm/133ml	Supplemental Formulary	
ra enema rectal enema 7-19 gm/118ml	Supplemental Formulary	
ra saline enema rectal enema 19-7 gm/118ml	Supplemental Formulary	
sm enema rectal enema , 7-19 gm/118ml	Supplemental Formulary	
*SALINE LAXATIVES***		
citrate of magnesia oral solution	Supplemental Formulary	
CITROMA ORAL SOLUTION 1.745 GM/30ML	Supplemental Formulary	
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	Supplemental Formulary	
epsom salt granules	Supplemental Formulary	
epsom salt oral granules	Supplemental Formulary	
eq magnesium citrate oral solution 1.745 gm/30ml	Supplemental Formulary	
eql epsom salt granules	Supplemental Formulary	
eql milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml	Supplemental Formulary	
gnp epsom salt oral granules	Supplemental Formulary	
gnp milk of magnesia oral suspension 1200 mg/15ml	Supplemental Formulary	
goodsense epsom salt oral granules	Supplemental Formulary	
goodsense magnesium citrate oral solution 1.745 gm/30ml	Supplemental Formulary	
hm magnesium citrate oral solution 1.745 gm/30ml	Supplemental Formulary	
hm milk of magnesia oral suspension 1200 mg/15ml	Supplemental Formulary	
magnesium citrate oral solution 1.745 gm/30ml	Supplemental Formulary	
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	Supplemental Formulary	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML, 800 MG/5ML	Supplemental Formulary	

Drug Name	Status	Notes
PHILLIPS MILK OF MAGNESIA ORAL TABLET CHEWABLE 311 MG	Supplemental Formulary	
px milk of magnesia oral suspension 1200 mg/15ml	Supplemental Formulary	
qc epsom salt oral granules	Supplemental Formulary	
qc magnesium citrate oral solution 1.745 gm/30ml	Supplemental Formulary	
qc milk of magnesia oral suspension 400 mg/5ml	Supplemental Formulary	
ra epsom salt granules	Supplemental Formulary	
ra epsom salt oral granules	Supplemental Formulary	
ra magnesium citrate oral solution 1.745 gm/30ml	Supplemental Formulary	
ra milk of magnesia oral suspension 400 mg/5ml	Supplemental Formulary	
sb magnesium citrate oral solution 1.745 gm/30ml	Supplemental Formulary	
sb milk of magnesia oral suspension 400 mg/5ml	Supplemental Formulary	
sm epsom salt oral granules	Supplemental Formulary	
sm magnesium citrate oral solution 1.745 gm/30ml	Supplemental Formulary	
sm milk of magnesia oral suspension 1200 mg/15ml	Supplemental Formulary	
*STIMULANT LAXATIVES***		
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG	Supplemental Formulary	
bisacodyl ec oral tablet delayed release 5 mg	Supplemental Formulary	
bisacodyl laxative rectal suppository 10 mg	Supplemental Formulary	
bisacodyl rectal suppository 10 mg	Supplemental Formulary	
castor oil oral oil 100 %	Supplemental Formulary	
castor oil stimulant laxative oral oil 100 %	Supplemental Formulary	
chocolated laxative oral tablet chewable 15 mg	Supplemental Formulary	
CORRECTOL ORAL TABLET DELAYED RELEASE 5 MG	Supplemental Formulary	
DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG	Supplemental Formulary	
DULCOLAX RECTAL SUPPOSITORY 10 MG	Supplemental Formulary	
eq gentle laxative oral tablet delayed release 5 mg	Supplemental Formulary	
eq laxative maximum strength oral tablet 25 mg	Supplemental Formulary	

Drug Name	Status	Notes
eq natural vegetable laxative oral tablet 8.6 mg	Supplemental Formulary	
eq vegetable laxative oral tablet 8.6 mg	Supplemental Formulary	
eq1 castor oil oral oil 100 %	Supplemental Formulary	
eq1 gentle laxative oral tablet delayed release 5 mg	Supplemental Formulary	
eq1 laxative maximum strength oral tablet 25 mg	Supplemental Formulary	
eq1 laxative oral tablet chewable 15 mg	Supplemental Formulary	
eq1 laxative oral tablet delayed release 5 mg	Supplemental Formulary	
eq1 senna laxative oral tablet 8.6 mg	Supplemental Formulary	
EVAC-U-GEN ORAL TABLET 8.6 MG	Supplemental Formulary	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	Supplemental Formulary	
EX-LAX ORAL TABLET CHEWABLE 15 MG	Supplemental Formulary	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	Supplemental Formulary	
FEENAMINT ORAL TABLET DELAYED RELEASE 5 MG	Supplemental Formulary	
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML	Supplemental Formulary	
gentle laxative oral tablet delayed release 5 mg	Supplemental Formulary	
gentle laxative rectal suppository 10 mg	Supplemental Formulary	
geri-kot oral tablet 8.6 mg	Supplemental Formulary	
gnp castor oil oral oil 100 %	Supplemental Formulary	
gnp gentle laxative oral tablet delayed release 5 mg	Supplemental Formulary	
gnp gentle laxative rectal suppository 10 mg	Supplemental Formulary	
gnp senna lax oral tablet 8.6 mg	Supplemental Formulary	
gnp womens gentle laxative oral tablet delayed release 5 mg	Supplemental Formulary	
goodsense bisacodyl ec oral tablet delayed release 5 mg	Supplemental Formulary	
goodsense castor oil oral oil 100 %	Supplemental Formulary	
goodsense laxative pills oral tablet 25 mg	Supplemental Formulary	
goodsense senna laxative oral tablet 8.6 mg	Supplemental Formulary	
goodsense womens laxative oral tablet delayed release 5 mg	Supplemental Formulary	
hm laxative oral tablet delayed release 5 mg	Supplemental Formulary	
hm senna oral tablet 8.6 mg	Supplemental Formulary	
kp bisacodyl oral tablet delayed release 5 mg	Supplemental Formulary	
kp senna oral tablet 8.6 mg	Supplemental Formulary	

Drug Name	Status	Notes
laxative max str oral tablet 25 mg	Supplemental Formulary	
laxative oral tablet delayed release 5 mg	Supplemental Formulary	
laxative rectal suppository 10 mg	Supplemental Formulary	
medi-natural oral tablet 8.6 mg	Supplemental Formulary	
natural senna laxative oral tablet 8.6 mg	Supplemental Formulary	
px laxative oral tablet delayed release 5 mg	Supplemental Formulary	
px vegetable laxative oral tablet 8.6 mg	Supplemental Formulary	
qc gentle laxative oral tablet delayed release 5 mg	Supplemental Formulary	
qc gentle laxative rectal suppository 10 mg	Supplemental Formulary	
qc senna oral tablet 8.6 mg	Supplemental Formulary	
ra fast relief laxative rectal suppository 10 mg	Supplemental Formulary	
ra laxative oral tablet chewable 15 mg	Supplemental Formulary	
ra laxative oral tablet delayed release 5 mg	Supplemental Formulary	
ra womens laxative oral tablet delayed release 5 mg	Supplemental Formulary	
sb bisacodyl laxative ec oral tablet delayed release 5 mg	Supplemental Formulary	
sb gentle lax-women oral tablet delayed release 5 mg	Supplemental Formulary	
sb laxative rectal suppository 10 mg	Supplemental Formulary	
sb senna-lax oral tablet 8.6 mg	Supplemental Formulary	
senexon oral liquid 8.8 mg/5ml	Supplemental Formulary	
senna lax oral tablet 8.6 mg	Supplemental Formulary	
senna laxative oral tablet 8.6 mg	Supplemental Formulary	
senna oral capsule 8.6 mg	Supplemental Formulary	
senna oral liquid 8.8 mg/5ml	Supplemental Formulary	
senna oral syrup 176 mg/5ml, 8.8 mg/5ml	Supplemental Formulary	
senna oral tablet 8.6 mg	Supplemental Formulary	
senna-lax oral tablet 8.6 mg	Supplemental Formulary	
senna-tabs oral tablet 8.6 mg	Supplemental Formulary	
senna-time oral tablet 8.6 mg	Supplemental Formulary	
sennazon oral syrup 8.8 mg/5ml	Supplemental Formulary	
sennosides oral tablet 8.6 mg	Supplemental Formulary	
SENOKOT ORAL TABLET 8.6 MG	Supplemental Formulary	
sm gentle laxative oral tablet delayed release 5 mg	Supplemental Formulary	
sm laxative rectal suppository 10 mg	Supplemental Formulary	
sm senna laxative oral tablet 8.6 mg	Supplemental Formulary	

Drug Name	Status	Notes
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	Supplemental Formulary	
womans laxative oral tablet delayed release 5 mg	Supplemental Formulary	
womens laxative oral tablet delayed release 5 mg	Supplemental Formulary	
*SURFACTANT LAXATIVES***		
COLACE CLEAR ORAL CAPSULE 50 MG	Supplemental Formulary	
COLACE ORAL CAPSULE 100 MG	Supplemental Formulary	
CORRECTOL EXTRA GENTLE ORAL CAPSULE 100 MG	Supplemental Formulary	
docqlace oral capsule 100 mg	Supplemental Formulary	
docuprene oral tablet 100 mg	Supplemental Formulary	
docusate calcium oral capsule 240 mg	Supplemental Formulary	
docusate mini rectal enema 283 mg/5ml	Supplemental Formulary	
docusate sodium oral capsule 100 mg, 250 mg	Supplemental Formulary	
docusate sodium oral liquid 50 mg/5ml	Supplemental Formulary	
docusate sodium oral syrup 60 mg/15ml	Supplemental Formulary	
docusate sodium powder	Supplemental Formulary	
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML	Supplemental Formulary	
DOK ORAL CAPSULE 100 MG	Supplemental Formulary	
DOK ORAL TABLET 100 MG	Supplemental Formulary	
dss oral capsule 100 mg, 250 mg	Supplemental Formulary	
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG	Supplemental Formulary	
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	Supplemental Formulary	
easy-lax oral capsule 100 mg	Supplemental Formulary	
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	Supplemental Formulary	
eq stool softener oral capsule 100 mg	Supplemental Formulary	
eql stool softener oral capsule 100 mg	Supplemental Formulary	
gnp stool softener ex st oral capsule 250 mg	Supplemental Formulary	
gnp stool softener oral capsule 100 mg, 250 mg	Supplemental Formulary	
goodsense stool softener oral capsule 100 mg	Supplemental Formulary	
HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG	Supplemental Formulary	
hm stool softener oral capsule 100 mg, 250 mg	Supplemental Formulary	
mm stool softener laxative oral capsule 100 mg	Supplemental Formulary	

Drug Name	Status	Notes
PEDIA-LAX ORAL LIQUID 50 MG/15ML	Supplemental Formulary	
PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG	Supplemental Formulary	
PROMOLAXIN ORAL TABLET 100 MG	Supplemental Formulary	
px docusate sodium oral capsule 100 mg	Supplemental Formulary	
qc docusate calcium oral capsule 240 mg	Supplemental Formulary	
qc stool softener oral capsule 100 mg	Supplemental Formulary	
ra col-rite oral capsule 100 mg, 250 mg	Supplemental Formulary	
ra stool softener oral capsule 100 mg	Supplemental Formulary	
sb docusate sodium oral capsule 100 mg	Supplemental Formulary	
sb stool softener oral capsule 240 mg	Supplemental Formulary	
silace oral liquid 150 mg/15ml	Supplemental Formulary	
sm docusate calcium oral capsule 240 mg	Supplemental Formulary	
sm stool softener oral capsule 100 mg, 250 mg	Supplemental Formulary	
stool softener laxative oral capsule 100 mg	Supplemental Formulary	
stool softener oral capsule 100 mg, 240 mg, 250 mg	Supplemental Formulary	
stool softener oral liquid 50 mg/5ml	Supplemental Formulary	
stool softener oral tablet 100 mg	Supplemental Formulary	
SURFAK ORAL CAPSULE 240 MG	Supplemental Formulary	
LOCAL ANESTHETICS-PARENTERAL		
*LOCAL ANESTHETICS - AMIDES***		
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	Supplemental Formulary	
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	Supplemental Formulary	
MEDICAL DEVICES AND SUPPLIES		
*APPLICATORS,COTTON BALLS,ETC***		
ALCOH-GLOVE CONTOURED WIPE PAD	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
alcohol pads pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
alcohol prep pad , 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
alcohol swabs pad , 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)

Drug Name	Status	Notes
BD SWAB SINGLE USE REGULAR PAD	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
CARETOUCH ALCOHOL PREP PAD 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
CURITY ALCOHOL PREPS PAD 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
cvs alcohol prep pads pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
cvs prep pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
easy comfort alcohol pads pad	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
eql alcohol swabs pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
FIFTY50 ALCOHOL PREP PAD 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
global alcohol prep ease pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
gnp alcohol swabs pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
h-e-b incontrol alcohol pad	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
hm sterile alcohol prep pad	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
meijer alcohol swabs pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
PHARMACIST CHOICE ALCOHOL PAD	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)

Drug Name	Status	Notes
pro comfort alcohol pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
pure comfort alcohol prep pad	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
qc alcohol swabs pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
ra alcohol swabs pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
reality swabs pad	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
RELION ALCOHOL SWABS PAD , 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
saps care alcohol prep pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
saps health alcohol prep pad , 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
saps health care alcohol prep pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
sb alcohol prep pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
sm alcohol prep pad , 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
sure comfort alcohol prep pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
true comfort alcohol prep pads pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
ULTICARE ALCOHOL SWABS PAD , 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
ultilet alcohol swabs pad	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)

Drug Name	Status	Notes
ultra-care alcohol prep pads pad 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
WEBCOL ALCOHOL PREP LARGE PAD 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
*CONDOMS - FEMALE***		
FC2 FEMALE CONDOM	Supplemental Formulary	
*CONDOMS - MALE***		
aimsco lubricated	Supplemental Formulary	
FANTASY LUBRICATED	Supplemental Formulary	
FANTASY LUBRICATED/SPERMICIDE	Supplemental Formulary	
KAMELEON LUBRICATED	Supplemental Formulary	
kimono	Supplemental Formulary	
KIMONO COLORS DEVICE	Supplemental Formulary	
kimono micro thin	Supplemental Formulary	
kimono micro thin plus	Supplemental Formulary	
kimono plus	Supplemental Formulary	
kimono ps	Supplemental Formulary	
kimono ps plus	Supplemental Formulary	
kimono sensation	Supplemental Formulary	
kimono sensation plus	Supplemental Formulary	
KIMONO SPECIAL DEVICE	Supplemental Formulary	
maxx	Supplemental Formulary	
maxx plus	Supplemental Formulary	
REALITY LATEX CONDOMS	Supplemental Formulary	
REALITY LATEX/ULTRA TEXTURED DEVICE	Supplemental Formulary	
REALITY LATEX/ULTRA THIN DEVICE	Supplemental Formulary	
TRUSTEX COLOR CONDOMS + LUBE	Supplemental Formulary	
TRUSTEX LUB/RIBBED/STUDDER	Supplemental Formulary	
TRUSTEX LUB/SPERMICIDE EX ST	Supplemental Formulary	
TRUSTEX LUB/SPERMICIDE XL	Supplemental Formulary	
TRUSTEX LUBRICATED	Supplemental Formulary	
TRUSTEX LUBRICATED EX LARGE	Supplemental Formulary	
TRUSTEX LUBRICATED EXTRA ST	Supplemental Formulary	
TRUSTEX LUBRICATED/SPERMICIDE	Supplemental Formulary	

Drug Name	Status	Notes
TRUSTEX NATURAL CONDOMS + LUBE	Supplemental Formulary	
TRUSTEX NON-LUBRICATED	Supplemental Formulary	
TRUSTEX RIA LUB/SPERMICIDE	Supplemental Formulary	
TRUSTEX RIA LUBRICATED	Supplemental Formulary	
TRUSTEX RIA NON-LUBRICATED	Supplemental Formulary	
TRUSTEX-NONOXYNOL-9/RIB/STUD	Supplemental Formulary	
*GLUCOSE MONITORING TEST SUPPLIES***		
1st tier unilet comfortouch	Supplemental Formulary	QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET KIT	Supplemental Formulary	
ACCU-CHEK FASTCLIX LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Supplemental Formulary	
ACCU-CHEK SOFTCLIX LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
acti-lance 28g	Supplemental Formulary	QL (200 EA per 30 days)
acti-lance lite lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
acti-lance special lancets 17g	Supplemental Formulary	QL (200 EA per 30 days)
acti-lance universal 23g	Supplemental Formulary	QL (200 EA per 30 days)
adjustable lancing device	Supplemental Formulary	
advanced mobile lancet	Supplemental Formulary	QL (200 EA per 30 days)
ADVOCATE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ADVOCATE LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
ADVOCATE LANCING DEVICE	Supplemental Formulary	
ADVOCATE RAPID-SAFE LANCING	Supplemental Formulary	
ADVOCATE SAFETY LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS 26G	Supplemental Formulary	QL (200 EA per 30 days)
AGAMATRIX ULTRA-THIN LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
aimscotwist lancets 32g	Supplemental Formulary	QL (200 EA per 30 days)
AIMSCO TWIST LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
AQUALANCE LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
assure comfort lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS HIGH	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS LOW	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS MICRO	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS PED	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE LANCE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE LANCE LANCETS 21G	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE LANCE PLUS SAFETY 25G	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
ASSURE LANCE PLUS SAFETY 30G	Supplemental Formulary	QL (200 EA per 30 days)
ASSURE LANCE SAFETY LANCET 28G	Supplemental Formulary	QL (200 EA per 30 days)
aurora lancet super thin 30g	Supplemental Formulary	QL (200 EA per 30 days)
aurora lancet thin 23g	Supplemental Formulary	QL (200 EA per 30 days)
AUTO-LANCET	Supplemental Formulary	
AUTO-LANCET MINI	Supplemental Formulary	
AUTOLET II CLINISAFE KIT	Supplemental Formulary	
AUTOLET LANCING DEVICE	Supplemental Formulary	
AUTOLET LITE CLINISAFE KIT	Supplemental Formulary	
AUTOLET LITE STARTER PACK KIT	Supplemental Formulary	
AUTOLET MINI	Supplemental Formulary	
AUTOLET PLATFORMS	Supplemental Formulary	
AUTOLET PLUS	Supplemental Formulary	
BD LANCET ULTRAFINE 30G	Supplemental Formulary	QL (200 EA per 30 days)
BD LANCET ULTRAFINE 33G	Supplemental Formulary	QL (200 EA per 30 days)
BD MICROTAINER LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
CARDIOCOM LANCING DEVICE	Supplemental Formulary	
careone advanced lancsing dev	Supplemental Formulary	
CAREONE LANCET SUPER THIN 30G	Supplemental Formulary	QL (200 EA per 30 days)
careone lancet thin 23g	Supplemental Formulary	QL (200 EA per 30 days)
CARESENS LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
CARETOUCH LANCING/EJECTOR	Supplemental Formulary	
CARETOUCH SAFETY LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
CARETOUCH SAFETY LANCETS 26G	Supplemental Formulary	QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
CLEANLET LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
CLEVER CHEK LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 21G	Supplemental Formulary	QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 23G	Supplemental Formulary	QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
COAGUCHEK LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
comfort assured lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
comfort assured lancets 33g	Supplemental Formulary	QL (200 EA per 30 days)
comfort lancets	Supplemental Formulary	QL (200 EA per 30 days)
cvs lancets 21g	Supplemental Formulary	QL (200 EA per 30 days)
cvs lancets micro thin 33g	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
cvs lancets original	Supplemental Formulary	QL (200 EA per 30 days)
cvs lancets thin 26g	Supplemental Formulary	QL (200 EA per 30 days)
cvs lancets ultra thin 30g	Supplemental Formulary	QL (200 EA per 30 days)
cvs lancets ultra-thin 30g	Supplemental Formulary	QL (200 EA per 30 days)
cvs lancing device	Supplemental Formulary	
cvs ultra thin lancets	Supplemental Formulary	QL (200 EA per 30 days)
DIASCREEN 10	Supplemental Formulary	
DIASCREEN 1B	Supplemental Formulary	
DIASCREEN 1G STRIP	Supplemental Formulary	
DIASCREEN 1K	Supplemental Formulary	
DIASCREEN 1K STRIP	Supplemental Formulary	
DIASCREEN 2GK STRIP	Supplemental Formulary	
DIASCREEN 2GP	Supplemental Formulary	
DIASCREEN 3	Supplemental Formulary	
DIASCREEN 4NL	Supplemental Formulary	
DIASCREEN 4OBL	Supplemental Formulary	
DIASCREEN 4PH	Supplemental Formulary	
DIASCREEN 5	Supplemental Formulary	
DIASCREEN 6	Supplemental Formulary	
DIASCREEN 7	Supplemental Formulary	
DIASCREEN 8	Supplemental Formulary	
DIASCREEN 9	Supplemental Formulary	
diascreen liquid urine control	Supplemental Formulary	
DIATHRIVE LANCET ULTRA THIN 30	Supplemental Formulary	QL (200 EA per 30 days)
DIATHRIVE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
DIATHRIVE LANCING DEVICE	Supplemental Formulary	
DROPLET LANCETS ULTRA THIN 30G	Supplemental Formulary	QL (200 EA per 30 days)
DROPLET LANCING DEVICE	Supplemental Formulary	
drug mart lancets thin 26g	Supplemental Formulary	QL (200 EA per 30 days)
DRUG MART LANCING DEVICE	Supplemental Formulary	
DRUG MART ON-THE-GO LANCET 30G	Supplemental Formulary	QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
easy comfort lancets	Supplemental Formulary	QL (200 EA per 30 days)
easy comfort lancets twist top	Supplemental Formulary	QL (200 EA per 30 days)
easy mini eject lancing device	Supplemental Formulary	
easy mini lancing device	Supplemental Formulary	

Drug Name	Status	Notes
EASY TOUCH LANCETS 21G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 23G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 26G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G/TWIST	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G/TWIST	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G/TWIST	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCETS 33G/TWIST	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH LANCING DEVICE	Supplemental Formulary	
EASY TOUCH SAFETY LANCETS 21G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 23G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 26G	Supplemental Formulary	QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
EMBRACE LANCETS ULTRA THIN 30G	Supplemental Formulary	QL (200 EA per 30 days)
eql color lancets 21g	Supplemental Formulary	QL (200 EA per 30 days)
eql color lancets micro 33g	Supplemental Formulary	QL (200 EA per 30 days)
eql super thin lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
eql thin lancets 26g	Supplemental Formulary	QL (200 EA per 30 days)
E-Z JECT LANCET MICRO-THIN 33G	Supplemental Formulary	QL (200 EA per 30 days)
E-Z JECT LANCET SUPER THIN 30G	Supplemental Formulary	QL (200 EA per 30 days)
E-Z JECT LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
E-Z JECT LANCETS 21G	Supplemental Formulary	QL (200 EA per 30 days)
E-Z JECT LANCETS THIN 26G	Supplemental Formulary	QL (200 EA per 30 days)
EZ-LETS LANCETS 21G	Supplemental Formulary	QL (200 EA per 30 days)
EZ-LETS LANCETS 26G	Supplemental Formulary	QL (200 EA per 30 days)
EZ-LETS LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
EZ-LETS LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
FIFTY50 SAFETY SEAL LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
FIFTY50 UNILET LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
FINE 30	Supplemental Formulary	QL (200 EA per 30 days)
FINGERSTIX LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
FORA LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
FORA LANCING DEVICE	Supplemental Formulary	
freds pharmacy autolet lancing	Supplemental Formulary	
freds pharmacy unilet lanc 28g	Supplemental Formulary	QL (200 EA per 30 days)
freds pharmacy unilet lanc 30g	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
FREESTYLE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE	Supplemental Formulary	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	Supplemental Formulary	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER DEVICE	Supplemental Formulary	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	Supplemental Formulary	ST; QL (2 EA per 30 days)
freestyle libre 3 sensor	Supplemental Formulary	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE READER DEVICE	Supplemental Formulary	ST; QL (1 EA per 365 days)
FREESTYLE UNISTICK II LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET	Supplemental Formulary	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (BLUE)	Supplemental Formulary	
GENTEEL CONTACT TIPS (CLEAR)	Supplemental Formulary	
GENTEEL CONTACT TIPS (GREEN)	Supplemental Formulary	
GENTEEL CONTACT TIPS (ORANGE)	Supplemental Formulary	
GENTEEL CONTACT TIPS (RAINBOW)	Supplemental Formulary	
GENTEEL CONTACT TIPS (VIOLET)	Supplemental Formulary	
GENTEEL CONTACT TIPS (YELLOW)	Supplemental Formulary	
GENTEEL LANCING KIT (BLUE) KIT	Supplemental Formulary	
GENTEEL NOZZLES	Supplemental Formulary	
GENTEEL PLUS LANCING (BLACK)	Supplemental Formulary	
GENTEEL PLUS LANCING (PURPLE)	Supplemental Formulary	
GENTEEL PLUS LANCING (WHITE)	Supplemental Formulary	
GENTEEL PLUS LANCING DEV(BLUE)	Supplemental Formulary	
GENTEEL PLUS LANCING DEV(PINK)	Supplemental Formulary	
GENTLE-LET GP LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
GENTLE-LET LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
GENTLE-LET PLATFORMS	Supplemental Formulary	
global inject ease lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
global inject ease lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
global lancing device	Supplemental Formulary	
GLUCOCOM LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
GLUCOCOM LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
GLUCOCOM LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
gnp lancets 21g	Supplemental Formulary	QL (200 EA per 30 days)
gnp lancets thin 26g	Supplemental Formulary	QL (200 EA per 30 days)
GOJJI LANCING DEVICE/CLEAR CAP	Supplemental Formulary	
GOJJI STERILE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
goodsense color lancets 33g	Supplemental Formulary	QL (200 EA per 30 days)
goodsense lancets 26g univ	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
goodsense lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
goodsense lancets 30g univ	Supplemental Formulary	QL (200 EA per 30 days)
goodsense lancets 33g	Supplemental Formulary	QL (200 EA per 30 days)
goodsense lancets 33g univ	Supplemental Formulary	QL (200 EA per 30 days)
goodsense lancings device	Supplemental Formulary	
HAEMOLANCE	Supplemental Formulary	QL (200 EA per 30 days)
HAEMOLANCE LOW FLOW LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
HAEMOLANCE PLUS	Supplemental Formulary	QL (200 EA per 30 days)
HAEMOLANCE PLUS HIGH FLOW	Supplemental Formulary	QL (200 EA per 30 days)
HAEMOLANCE PLUS LOW FLOW	Supplemental Formulary	QL (200 EA per 30 days)
HAEMOLANCE PLUS MAX FLOW	Supplemental Formulary	QL (200 EA per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW	Supplemental Formulary	QL (200 EA per 30 days)
HEALTH CARE LANCING DEVICE	Supplemental Formulary	
healthy accents lancings device	Supplemental Formulary	
healthy accents unilet lancets	Supplemental Formulary	QL (200 EA per 30 days)
h-e-b incontrol adv lancings	Supplemental Formulary	
h-e-b incontrol lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
h-e-b incontrol lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
h-e-b incontrol lancets 33g	Supplemental Formulary	QL (200 EA per 30 days)
HYPOLANCE AST LANCING KIT	Supplemental Formulary	
HY-VEE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
hy-vee thin lancets	Supplemental Formulary	QL (200 EA per 30 days)
IN TOUCH LANCING DEVICE	Supplemental Formulary	
IN TOUCH STERILE LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
kinney lancets	Supplemental Formulary	QL (200 EA per 30 days)
kinney thin lancets	Supplemental Formulary	QL (200 EA per 30 days)
KROGER AUTOLET LANCING DEVICE	Supplemental Formulary	
KROGER HEALTHPRO LANCET 26G	Supplemental Formulary	QL (200 EA per 30 days)
kroger lancets	Supplemental Formulary	QL (200 EA per 30 days)
kroger lancets 21g	Supplemental Formulary	QL (200 EA per 30 days)
kroger lancets micro thin 33g	Supplemental Formulary	QL (200 EA per 30 days)
kroger lancets super thin	Supplemental Formulary	QL (200 EA per 30 days)
kroger lancets thin	Supplemental Formulary	QL (200 EA per 30 days)
kroger lancets thin 26g	Supplemental Formulary	QL (200 EA per 30 days)
kroger lancets ultrathin 30g	Supplemental Formulary	QL (200 EA per 30 days)
kroger lancings device	Supplemental Formulary	
lancet device	Supplemental Formulary	
lancet device with ejector	Supplemental Formulary	

Drug Name	Status	Notes
lancet transporter case	Supplemental Formulary	
lancets	Supplemental Formulary	QL (200 EA per 30 days)
lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
lancets micro thin 33g	Supplemental Formulary	QL (200 EA per 30 days)
lancets super thin 28g	Supplemental Formulary	QL (200 EA per 30 days)
lancets thin	Supplemental Formulary	QL (200 EA per 30 days)
LANCETS ULTRA THIN	Supplemental Formulary	QL (200 EA per 30 days)
lancets ultra thin 30g	Supplemental Formulary	QL (200 EA per 30 days)
lancing device	Supplemental Formulary	
LANZO	Supplemental Formulary	
leader advanced lancing device	Supplemental Formulary	
LIBERTY MEDICAL LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
LIBERTY MINI LANCING DEVICE	Supplemental Formulary	
lite touch lancets	Supplemental Formulary	QL (200 EA per 30 days)
LITE TOUCH LANCING PEN	Supplemental Formulary	
LITETOUCH LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
live better adv lancing device	Supplemental Formulary	
live better lancet super thin	Supplemental Formulary	QL (200 EA per 30 days)
live better lancet ultra thin	Supplemental Formulary	QL (200 EA per 30 days)
longs lancets standard	Supplemental Formulary	QL (200 EA per 30 days)
longs lancets thin	Supplemental Formulary	QL (200 EA per 30 days)
longs lancets ultra thin	Supplemental Formulary	QL (200 EA per 30 days)
medichoice safety lancet	Supplemental Formulary	QL (200 EA per 30 days)
medichoice safety lancet extra	Supplemental Formulary	QL (200 EA per 30 days)
medichoice safety lancet norm	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE EXTRA 21G	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE LITE 25G	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE PLUS EXTRA 21G	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE PLUS LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE PLUS LITE 25G	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE PLUS SUPERLITE 30G	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE PLUS UNIVERSAL 21G	Supplemental Formulary	QL (200 EA per 30 days)
MEDLANCE UNIVERSAL 21G	Supplemental Formulary	QL (200 EA per 30 days)
MEIJER LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
MEIJER LANCETS THIN	Supplemental Formulary	QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 21G	Supplemental Formulary	QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 30G	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
MEIJER LANCETS UNIVERSAL 33G	Supplemental Formulary	QL (200 EA per 30 days)
MEIJER SUPER THIN LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
MICROLET LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
MICROLET NEXT LANCING DEVICE	Supplemental Formulary	
mini lancing device	Supplemental Formulary	
MM LANCING DEVICE	Supplemental Formulary	
MM TWIST LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
MONOLET LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
MONOLET OPD LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
MONOLETTOR SAFETY LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
mpd safety lancet 21g	Supplemental Formulary	QL (200 EA per 30 days)
mpd safety lancet 23g	Supplemental Formulary	QL (200 EA per 30 days)
mpd safety lancet 28g	Supplemental Formulary	QL (200 EA per 30 days)
mpd safety lancet 30g	Supplemental Formulary	QL (200 EA per 30 days)
multi-lancet device	Supplemental Formulary	
MULTI-LANCET DEVICE 2 KIT	Supplemental Formulary	
MYGLUCOHEALTH LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23G	Supplemental Formulary	QL (200 EA per 30 days)
NOVA SAFETY LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
NOVA SUREFLEX LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
NOVA SUREFLEX LANCING DEVICE	Supplemental Formulary	
ONETOUCH DELICA PLUS LANCET30G	Supplemental Formulary	QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET33G	Supplemental Formulary	QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCING	Supplemental Formulary	
pc lancets super thin 30g	Supplemental Formulary	QL (200 EA per 30 days)
PERFECT LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
PERFECT LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
PHARMACIST CHOICE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
PHARMACY COUNTER LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
pip lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
pip lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
PRECISION THINS GP LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
preferred plus lancets colored	Supplemental Formulary	QL (200 EA per 30 days)
preferred plus lancets thin	Supplemental Formulary	QL (200 EA per 30 days)
pro comfort lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
pro comfort lancets 31g	Supplemental Formulary	QL (200 EA per 30 days)
PRODIGY LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
PRODIGY LANCING DEVICE	Supplemental Formulary	

Drug Name	Status	Notes
PRODIGY SAFETY LANCETS 26G	Supplemental Formulary	QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
PSS SELECT GP LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
PSS SELECT PLATFORMS	Supplemental Formulary	
PSS SELECT SAFETY LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
px advanced lancing device	Supplemental Formulary	
px lancet auto injector	Supplemental Formulary	
px lancets ultra thin	Supplemental Formulary	QL (200 EA per 30 days)
px lancets ultra thin 28g	Supplemental Formulary	QL (200 EA per 30 days)
qc advanced lancing device	Supplemental Formulary	
qc lancets super thin 30g	Supplemental Formulary	QL (200 EA per 30 days)
qc lancets ultra thin	Supplemental Formulary	QL (200 EA per 30 days)
qc unilet lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
qc unilet lancets micro thin	Supplemental Formulary	QL (200 EA per 30 days)
RA E-ZJECT LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
RA E-ZJECT LANCETS THIN 26G	Supplemental Formulary	QL (200 EA per 30 days)
RA E-ZJECT LANCETS THIN 28G	Supplemental Formulary	QL (200 EA per 30 days)
RA E-ZJECT LANCETS ULTRA THIN	Supplemental Formulary	QL (200 EA per 30 days)
READYLANCE SAFETY LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
reality lancets	Supplemental Formulary	QL (200 EA per 30 days)
reality trigger lancets	Supplemental Formulary	QL (200 EA per 30 days)
RELION LANCET DEVICES 30G	Supplemental Formulary	
RELION LANCETS MICRO-THIN 33G	Supplemental Formulary	QL (200 EA per 30 days)
RELION LANCETS THIN 26G	Supplemental Formulary	QL (200 EA per 30 days)
RELION LANCETS ULTRA-THIN 30G	Supplemental Formulary	QL (200 EA per 30 days)
RELION LANCING DEVICE	Supplemental Formulary	
RELION LANCING DEVICE KIT	Supplemental Formulary	
RELION ULTRA THIN LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
RELION ULTRA THIN PLUS LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
REXALL LANCETS ULTRA THIN 30G	Supplemental Formulary	QL (200 EA per 30 days)
RIGHTEST ALTERNATE SITE ADAPT	Supplemental Formulary	
RIGHTEST GD500 LANCING DEVICE	Supplemental Formulary	
RIGHTEST GL300 LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
SAFE-T-LANCE	Supplemental Formulary	QL (200 EA per 30 days)
SAFE-T-LANCE PLUS	Supplemental Formulary	QL (200 EA per 30 days)
safety lancet 30g/pressure act	Supplemental Formulary	QL (200 EA per 30 days)
SAFETY LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
SAFETY LANCETS 21G	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
safety lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
saps health twist top lancets	Supplemental Formulary	QL (200 EA per 30 days)
saps twist top lancets	Supplemental Formulary	QL (200 EA per 30 days)
sapscare twist top lancets	Supplemental Formulary	QL (200 EA per 30 days)
sb lancets thin	Supplemental Formulary	QL (200 EA per 30 days)
sb lancets ultra thin	Supplemental Formulary	QL (200 EA per 30 days)
select-lite device/lancets kit	Supplemental Formulary	
select-lite lancing device	Supplemental Formulary	
SHOPKO AUTOLET LANCING DEVICE	Supplemental Formulary	
SHOPKO ON-THE-GO LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
SHOPKO UNILET LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
SHOPKO UNILET LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
SIMPLE DIAGNOSTICS LANCING DEV	Supplemental Formulary	
SINGLE-LET	Supplemental Formulary	QL (200 EA per 30 days)
sm lancets 33g	Supplemental Formulary	QL (200 EA per 30 days)
SM TRUEDRAW LANCING DEVICE	Supplemental Formulary	
SMART DIABETES VANTAGE LANCING	Supplemental Formulary	
SMART SENSE COLOR LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
SMART SENSE STANDARD LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
SMART SENSE SUPER THIN LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
SMART SENSE THIN LANCETS 26G	Supplemental Formulary	QL (200 EA per 30 days)
SMARTEST LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
SOLUS V2 LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
SOLUS V2 LANCING DEVICE	Supplemental Formulary	
SOLUS V2 TWIST LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
STERILANCE PA	Supplemental Formulary	
STERILANCE TL	Supplemental Formulary	QL (200 EA per 30 days)
super thin lancets	Supplemental Formulary	QL (200 EA per 30 days)
sure comfort lancets 18g	Supplemental Formulary	QL (200 EA per 30 days)
sure comfort lancets 21g	Supplemental Formulary	QL (200 EA per 30 days)
sure comfort lancets 23g	Supplemental Formulary	QL (200 EA per 30 days)
sure comfort lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
sure comfort lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
sure comfort lancing pen	Supplemental Formulary	
SURELITE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
TECHLITE AST LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
TECHLITE LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
TECHLITE LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
tgt lancet micro thin 33g	Supplemental Formulary	QL (200 EA per 30 days)
tgt lancet thin 26g	Supplemental Formulary	QL (200 EA per 30 days)
tgt lancet ultra thin 30g	Supplemental Formulary	QL (200 EA per 30 days)
tgt lancing device	Supplemental Formulary	
THINLETS GP LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
todays health lancing device	Supplemental Formulary	
todays health thin lancets 28g	Supplemental Formulary	QL (200 EA per 30 days)
todays health thin lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
topcare lancets micro-thin 33g	Supplemental Formulary	QL (200 EA per 30 days)
travel lancets	Supplemental Formulary	QL (200 EA per 30 days)
TRAVEL LANCETS ADVANCED 28G	Supplemental Formulary	QL (200 EA per 30 days)
true comfort twist top lancets	Supplemental Formulary	QL (200 EA per 30 days)
TRUEDRAW LANCING DEVICE	Supplemental Formulary	
TRUEPLUS LANCETS 26G	Supplemental Formulary	QL (200 EA per 30 days)
TRUEPLUS LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
TRUEPLUS LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
TRUEPLUS LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
TRUEPLUS SAFETY LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
ULTI-LANCE AUTOMATIC	Supplemental Formulary	
ULTILET CLASSIC LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ULTILET LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ULTILET SAFETY LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ULTILET SAFETY LANCETS 23G	Supplemental Formulary	QL (200 EA per 30 days)
ultra thin lancets 31g	Supplemental Formulary	QL (200 EA per 30 days)
ultra-care lancets 30g	Supplemental Formulary	QL (200 EA per 30 days)
ULTRA-THIN II AUTO LANCET	Supplemental Formulary	QL (200 EA per 30 days)
ULTRA-THIN II LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET	Supplemental Formulary	QL (200 EA per 30 days)
UNILET EXCELITE	Supplemental Formulary	QL (200 EA per 30 days)
UNILET EXCELITE II	Supplemental Formulary	QL (200 EA per 30 days)
UNILET G.P. LANCET	Supplemental Formulary	QL (200 EA per 30 days)
UNILET G.P. SUPERLITE LANCET	Supplemental Formulary	QL (200 EA per 30 days)
UNILET GP 28 ULTRA THIN	Supplemental Formulary	QL (200 EA per 30 days)
UNILET LANCET	Supplemental Formulary	QL (200 EA per 30 days)
UNILET MICRO-THIN 33G	Supplemental Formulary	QL (200 EA per 30 days)
UNILET SUPERLITE LANCET	Supplemental Formulary	QL (200 EA per 30 days)
UNILET SUPER-THIN 30G	Supplemental Formulary	QL (200 EA per 30 days)
UNILET ULTRA-THIN 28G	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
UNISTIK 1	Supplemental Formulary	
UNISTIK 2	Supplemental Formulary	
UNISTIK 2 COMFORT	Supplemental Formulary	
UNISTIK 2 EXTRA	Supplemental Formulary	
UNISTIK 2 NEONATAL	Supplemental Formulary	
UNISTIK 2 NORMAL	Supplemental Formulary	
UNISTIK 2 SUPER	Supplemental Formulary	
UNISTIK 3	Supplemental Formulary	
UNISTIK 3 COMFORT	Supplemental Formulary	
UNISTIK 3 EXTRA	Supplemental Formulary	
UNISTIK 3 GENTLE	Supplemental Formulary	QL (200 EA per 30 days)
UNISTIK 3 NEONATAL	Supplemental Formulary	
UNISTIK 3 NORMAL	Supplemental Formulary	
UNISTIK CZT COMFORT	Supplemental Formulary	
UNISTIK CZT NORMAL	Supplemental Formulary	
UNISTIK PRO SAFETY LANCET	Supplemental Formulary	QL (200 EA per 30 days)
UNISTIK SAFETY LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
UNISTIK SAFETY LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 21G	Supplemental Formulary	QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 23G	Supplemental Formulary	QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 28G	Supplemental Formulary	QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 30G	Supplemental Formulary	QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS THIN 26G	Supplemental Formulary	QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS THIN 33G	Supplemental Formulary	QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN	Supplemental Formulary	QL (200 EA per 30 days)
value plus lancet standard 21g	Supplemental Formulary	QL (200 EA per 30 days)
value plus lancets super thin	Supplemental Formulary	QL (200 EA per 30 days)
value plus lancets thin 26g	Supplemental Formulary	QL (200 EA per 30 days)
value plus lancing device	Supplemental Formulary	
valumark lancet super thin 30g	Supplemental Formulary	QL (200 EA per 30 days)
valumark lancet ultra thin 28g	Supplemental Formulary	QL (200 EA per 30 days)
VIDA MIA AUTOLET LANCING DEV	Supplemental Formulary	
VIDA MIA UNILET LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
VIDA MIA UNILET LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
VIVAGUARD LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
VIVAGUARD LANCING DEVICE	Supplemental Formulary	
walgreens adv travel lancets	Supplemental Formulary	QL (200 EA per 30 days)
WALGREENS LANCETS	Supplemental Formulary	QL (200 EA per 30 days)

Drug Name	Status	Notes
walgreens lancets micro thin	Supplemental Formulary	QL (200 EA per 30 days)
walgreens lancets super thin	Supplemental Formulary	QL (200 EA per 30 days)
WALGREENS THIN LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
WALGREENS ULTRA THIN LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
*INSULIN ADMINISTRATION SUPPLIES***		
ACCU-CHEK PLASTIC CARTRIDGE	Supplemental Formulary	
ACCU-CHEK SPIRIT CARTRIDGE	Supplemental Formulary	
ACCU-CHEK TENDER I SET 24"	Supplemental Formulary	
ACCU-CHEK TENDER I SET 31"	Supplemental Formulary	
ACCU-CHEK ULTRAFLEX INF SET	Supplemental Formulary	
ACCU-CHEK ULTRAFLEX-1 INF SET	Supplemental Formulary	
AMBI-TRAY	Supplemental Formulary	
AUTOSOFT 30 INFUSION SET	Supplemental Formulary	
AUTOSOFT 90 INFUSION SET	Supplemental Formulary	
AUTOSOFT XC INFUSION SET	Supplemental Formulary	
EASY TOUCH INSULIN BARRELS 1ML	Supplemental Formulary	
ENLITE SERTER	Supplemental Formulary	
GLUCOPRO SYR RES 3ML 22GX3/8"	Supplemental Formulary	
INSUL-CAP	Supplemental Formulary	
INSUL-EZE	Supplemental Formulary	
MINIMED PUMP RESERVOIR 3ML	Supplemental Formulary	
MINIMED QUICK-SERTER	Supplemental Formulary	
MINIMED RESERVOIR 1.8ML	Supplemental Formulary	
MINIMED RESERVOIR 3ML	Supplemental Formulary	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Supplemental Formulary	QL (1 EA per 730 days)
OMNIPOD 5 G6 POD (GEN 5)	Supplemental Formulary	QL (10 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	Supplemental Formulary	QL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Supplemental Formulary	QL (1 EA per 730 days)
OMNIPOD DASH PODS (GEN 4)	Supplemental Formulary	QL (10 EA per 30 days)
OMNIPOD POD PALS	Supplemental Formulary	QL (10 EA per 30 days)
PARADIGM PUMP RESERVOIR 1.8ML	Supplemental Formulary	
PARADIGM PUMP RESERVOIR 3ML	Supplemental Formulary	
PARADIGM SILHOUETTE COMBO 23"	Supplemental Formulary	
PARADIGM SILHOUETTE COMBO 43"	Supplemental Formulary	
PRODIGY COUNT-A-DOSE	Supplemental Formulary	
QUICK-SERTER INSERTION DEVICE	Supplemental Formulary	
SEN-SERTER	Supplemental Formulary	
SILHOUETTE 23" INFUSION SET	Supplemental Formulary	

Drug Name	Status	Notes
SILHOUETTE 43" INFUSION SET	Supplemental Formulary	
SILHOUETTE INFUSION SET 18"	Supplemental Formulary	
SIL-SERTER INSERTION DEVICE	Supplemental Formulary	
SURE T INFUSION SET 18"/6MM	Supplemental Formulary	
SURE T INFUSION SET 23"/10MM	Supplemental Formulary	
SURE T INFUSION SET 23"/6MM	Supplemental Formulary	
SURE T INFUSION SET 23"/8MM	Supplemental Formulary	
SURE T INFUSION SET 32"/10MM	Supplemental Formulary	
SURE T INFUSION SET 32"/6MM	Supplemental Formulary	
SURE T INFUSION SET 32"/8MM	Supplemental Formulary	
T:FLEX T:LOCK CARTRIDGE 4.8ML	Supplemental Formulary	
TRUSTEEL INFUSION SET	Supplemental Formulary	
VARISOFT INFUSION SET	Supplemental Formulary	
*NEEDLES & SYRINGES***		
AUTOJECT 2	Supplemental Formulary	
BD ECLIPSE SYRINGE 21G X 1" 3 ML, 25G X 1" 3 ML, 27G X 1/2" 1 ML, 30G X 1/2" 1 ML	Supplemental Formulary	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Supplemental Formulary	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	Supplemental Formulary	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Supplemental Formulary	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Supplemental Formulary	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	Supplemental Formulary	
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	Supplemental Formulary	
BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ML	Supplemental Formulary	
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 1 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" 1 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML	Supplemental Formulary	
BD PEN NEEDLE MICRO U/F 32G X 6 MM	Supplemental Formulary	
BD PEN NEEDLE MINI U/F 31G X 5 MM	Supplemental Formulary	

Drug Name	Status	Notes
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Supplemental Formulary	
BD PEN NEEDLE NANO U/F 32G X 4 MM	Supplemental Formulary	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	Supplemental Formulary	
BD PEN NEEDLE SHORT U/F 31G X 8 MM	Supplemental Formulary	
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML, 27G X 5/8" 1 ML	Supplemental Formulary	
BD SYRINGE LUER-LOK 1 ML , 3 ML	Supplemental Formulary	
BD SYRINGE SLIP TIP 1 ML , 25G X 5/8" 1 ML, 26G X 5/8" 1 ML, 3 ML	Supplemental Formulary	
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML	Supplemental Formulary	
BD TB SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML	Supplemental Formulary	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Supplemental Formulary	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Supplemental Formulary	
EASY GLIDE LUER LOCK SYRINGE 1 ML	Supplemental Formulary	
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML	Supplemental Formulary	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 3 ML, 18G X 1-1/2" 3 ML, 19G X 1" 3 ML, 19G X 1.5" 3 ML, 20G X 1" 3 ML, 20G X 1-1/2" 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" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML	Supplemental Formulary	
EASY TOUCH FLURINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML	Supplemental Formulary	
EASY TOUCH FLURINGE FLIPLOCK 25G X 1" 1 ML, 25G X 5/8" 1 ML	Supplemental Formulary	
EASY TOUCH FLURINGE SHEATHLOCK 25G X 1" 1 ML, 25G X 5/8" 1 ML	Supplemental Formulary	
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" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML	Supplemental Formulary	

Drug Name	Status	Notes
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	Supplemental Formulary	
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML	Supplemental Formulary	
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML, 26G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML	Supplemental Formulary	
flow-eze vented needle	Supplemental Formulary	
inject-ease	Supplemental Formulary	
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, 3 ML	Supplemental Formulary	
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML	Supplemental Formulary	
MONOJECT BLUNTIP SYR/CANNULA 3 ML	Supplemental Formulary	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML	Supplemental Formulary	
MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 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" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML	Supplemental Formulary	
MONOJECT MEDICATION TRANSF NDL	Supplemental Formulary	
MONOJECT PHARMACY TRAY 1 ML , 3 ML	Supplemental Formulary	
MONOJECT SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 20G X 3/4" 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 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 27G X 1/2" 1 ML, 3 ML	Supplemental Formulary	
MONOJECT SYRINGE PHARMACY TRAY 1 ML	Supplemental Formulary	
MONOJECT SYRINGE REG LUER 3 ML	Supplemental Formulary	
MONOJECT SYRINGE REGULAR TIP 3 ML	Supplemental Formulary	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML	Supplemental Formulary	
MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML	Supplemental Formulary	
NORM-JECT LUER SLIP SYRINGE 1 ML	Supplemental Formulary	

Drug Name	Status	Notes
NOVOPEN ECHO DEVICE	Supplemental Formulary	QL (2 EA per 365 days)
PATIENT SAFE SYRINGE 3 ML	Supplemental Formulary	
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML, 27G X 1/2" 1 ML	Supplemental Formulary	
syringe luer lock 20g x 1" 3 ml, 20g x 1-1/2" 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, 3 ml	Supplemental Formulary	
syringe luer slip 1 ml , 25g x 5/8" 1 ml, 26g x 3/8" 1 ml, 27g x 1/2" 1 ml, 3 ml	Supplemental Formulary	
ULTICARE SYRINGE 22G X 1-1/2" 3 ML	Supplemental Formulary	
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	Supplemental Formulary	
VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 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	Supplemental Formulary	
VANISHPOINT SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 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" 1 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Supplemental Formulary	
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Supplemental Formulary	
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***		
AEROCHAMBER MINI CHAMBER DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER MV	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)

Drug Name	Status	Notes
AEROCHAMBER PLUS FLO-VU W/MASK	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW VU	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
AEROVENT PLUS DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
breathe ease large device	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
breathe ease medium device	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
breathe ease small device	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
EASIVENT	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
EASIVENT MASK LARGE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
EASIVENT MASK MEDIUM	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
EASIVENT MASK SMALL	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
FLEXICHAMBER ADULT MASK/SMALL	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)

Drug Name	Status	Notes
FLEXICHAMBER CHILD MASK/LARGE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
FLEXICHAMBER DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
INSPIRACHAMBER/LARGE DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
INSPIRACHAMBER/MEDIUM DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
INSPIRACHAMBER/MOUTHPIECE DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
INSPIRACHAMBER/SMALL DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
INSPIREASE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
MASK VORTEX/TODDLER/LADYBUG	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
MICROCHAMBER	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
MICROCHAMBER DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
MICROSPACER	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
OPTICHAMBER DIAMOND	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
PANDA MASK LARGE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
PANDA MASK MEDIUM	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
PANDA MASK SMALL	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
PEDIATRIC PANDA MASK	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
POCKET CHAMBER DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
POCKET SPACER DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)

Drug Name	Status	Notes
pro comfort spacer adult	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
pro comfort spacer child	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
procare spacer/adult mask device	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
procare spacer/child mask device	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
RITEFLO DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
MINERALS & ELECTROLYTES		
*CALCIUM COMBINATIONS***		
CALCITRATE ORAL TABLET 315-6.25 MG-MCG	Supplemental Formulary	
calcitrate plus d oral tablet 315-5 mg-mcg	Supplemental Formulary	
calcium + vitamin d3 oral tablet 600-5 mg-mcg	Supplemental Formulary	
calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg	Supplemental Formulary	
calcium 500 + d3 oral tablet 500-5 mg-mcg	Supplemental Formulary	
calcium 500/d oral tablet 500-5 mg-mcg	Supplemental Formulary	
calcium 500/vitamin d oral tablet 500-3.125 mg-mcg	Supplemental Formulary	
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Supplemental Formulary	
calcium 500+d3 oral tablet 500-10 mg-mcg	Supplemental Formulary	
calcium 600 + d oral tablet 600-5 mg-mcg	Supplemental Formulary	
calcium 600/vitamin d oral tablet 600-10 mg-mcg	Supplemental Formulary	
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	Supplemental Formulary	
calcium 600+d high potency oral tablet 600-10 mg-mcg	Supplemental Formulary	
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Supplemental Formulary	
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	Supplemental Formulary	
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	Supplemental Formulary	
calcium citrate + d oral tablet 250-5 mg-mcg, 315-5 mg-mcg	Supplemental Formulary	

Drug Name	Status	Notes
calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
calcium citrate + d3 oral tablet 250-5 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg	Supplemental Formulary	
calcium citrate + oral tablet 315-5 mg-mcg	Supplemental Formulary	
calcium citrate+d3 oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
calcium citrate-vitamin d oral tablet 315-5 mg-mcg	Supplemental Formulary	
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	Supplemental Formulary	
calcium oral tablet chewable 500-2.5 mg-mcg	Supplemental Formulary	
calcium plus d3 absorbable oral capsule 600-62.5 mg-mcg	Supplemental Formulary	
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	Supplemental Formulary	
calcium+d3 oral tablet 600-20 mg-mcg	Supplemental Formulary	
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg	Supplemental Formulary	
calcium-vitamin d oral tablet 600-3.125 mg-mcg	Supplemental Formulary	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	Supplemental Formulary	
chewable calcium/d3 oral wafer 500-15 mg-mcg	Supplemental Formulary	
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG	Supplemental Formulary	
coral calcium oral capsule 185-50-100 mg-mg-unit	Supplemental Formulary	
eq calcium 500+d oral tablet 500-5 mg-mcg	Supplemental Formulary	
eq calcium 600+d oral tablet 600-20 mg-mcg	Supplemental Formulary	
eq calcium citrate+d oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
eq calcium citrate+d3 oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
eq calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
eq calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
eq calcium/vitamin d oral tablet 600-10 mg-mcg	Supplemental Formulary	

Drug Name	Status	Notes
eql calcium/vitamin d3 oral tablet 600-20 mg-mcg	Supplemental Formulary	
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	Supplemental Formulary	
gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg	Supplemental Formulary	
kp calcium citrate+d oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
kp calcium-magnesium-zinc oral tablet 333-133-5 mg	Supplemental Formulary	
nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg	Supplemental Formulary	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	Supplemental Formulary	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	Supplemental Formulary	
oyster calcium/d3 oral tablet 500-5 mg-mcg	Supplemental Formulary	
oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Supplemental Formulary	
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	Supplemental Formulary	
oyster shell calcium oral tablet 500-10 mg-mcg	Supplemental Formulary	
oyster shell calcium plus d oral tablet 500-5 mg-mcg	Supplemental Formulary	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	Supplemental Formulary	
oyster shell calcium/d oral tablet 250-3.125 mg-mcg	Supplemental Formulary	
oyster shell calcium/d3 oral tablet 500-5 mg-mcg	Supplemental Formulary	
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	Supplemental Formulary	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	Supplemental Formulary	
px calcium&d oral tablet 600-10 mg-mcg	Supplemental Formulary	
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	Supplemental Formulary	
ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
ra calcium citrate plus vit d oral tablet 315-5 mg-mcg	Supplemental Formulary	

Drug Name	Status	Notes
ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Supplemental Formulary	
ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg	Supplemental Formulary	
ra calcium-boron oral tablet 500-1.5 mg	Supplemental Formulary	
RA HI CAL ORAL TABLET 500-5 MG-MCG	Supplemental Formulary	
sb calcium + d oral tablet 600-5 mg-mcg	Supplemental Formulary	
sm calcium 600/vitamin d oral tablet 600-10 mg-mcg	Supplemental Formulary	
sm calcium 600+d3 oral tablet 600-20 mg-mcg	Supplemental Formulary	
sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg	Supplemental Formulary	
sm calcium citrate-vit d oral tablet 315-5 mg-mcg	Supplemental Formulary	
sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg	Supplemental Formulary	
sm calcium-magnesium-zinc oral tablet 333-133-5 mg	Supplemental Formulary	
sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg	Supplemental Formulary	
sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg	Supplemental Formulary	
super calcium 600 + d 400 oral tablet 600-10 mg-mcg	Supplemental Formulary	
super calcium 600 + d3 oral tablet 600-10 mg-mcg	Supplemental Formulary	
*CALCIUM***		
calcium 600 high potency oral tablet 600 mg	Supplemental Formulary	
calcium 600 oral tablet 1500 (600 ca) mg, 600 mg	Supplemental Formulary	
calcium carbonate oral tablet 1250 (500 ca) mg, 600 mg	Supplemental Formulary	
calcium citrate oral tablet 250 mg, 333 mg, 950 (200 ca) mg	Supplemental Formulary	
calcium gluconate oral tablet 50 mg	Supplemental Formulary	
calcium high potency oral tablet 1500 (600 ca) mg	Supplemental Formulary	
calcium oral tablet 500 mg	Supplemental Formulary	
calcium oyster shell oral tablet 1250 (500 ca) mg, 500 mg	Supplemental Formulary	
gnp calcium oral tablet 1500 (600 ca) mg	Supplemental Formulary	
oyster shell calcium oral tablet 500 mg	Supplemental Formulary	

Drug Name	Status	Notes
qc calcium fast dissolution oral tablet 1500 (600 ca) mg	Supplemental Formulary	
ra calcium 600 oral tablet 1500 (600 ca) mg	Supplemental Formulary	
ra calcium high potency oral tablet 600 mg	Supplemental Formulary	
ra calcium oral tablet 500 mg	Supplemental Formulary	
sb oyster shell calcium oral tablet 500 mg	Supplemental Formulary	
super calcium oral tablet 1500 (600 ca) mg	Supplemental Formulary	
*ELECTROLYTES ORAL***		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION	Supplemental Formulary	
CERALYTE 70 ORAL SOLUTION	Supplemental Formulary	
CERASPORT EX1 ORAL SOLUTION	Supplemental Formulary	
CERASPORT ORAL SOLUTION	Supplemental Formulary	
ENFAMIL ENFALYTE ORAL SOLUTION	Supplemental Formulary	
EQUALYTE ORAL SOLUTION	Supplemental Formulary	
h-e-b oral electrolyte oral solution	Supplemental Formulary	
HYDRALYTE FREEZER POPS ORAL SOLUTION	Supplemental Formulary	
HYDRALYTE ORAL SOLUTION	Supplemental Formulary	
oral electrolyte freezer pops oral solution	Supplemental Formulary	
oral electrolytes oral solution	Supplemental Formulary	
ORALYTE ORAL SOLUTION	Supplemental Formulary	
ped electrolyte freeze pops oral solution	Supplemental Formulary	
ped electrolyte freezer pops oral solution	Supplemental Formulary	
PEDIA VANCE ORAL SOLUTION	Supplemental Formulary	
PEDIALYTE ADVANCED CARE ORAL SOLUTION	Supplemental Formulary	
PEDIALYTE FREEZER POPS ORAL SOLUTION	Supplemental Formulary	
PEDIALYTE ORAL SOLUTION	Supplemental Formulary	
PEDIALYTE SINGLES ORAL SOLUTION	Supplemental Formulary	
pediatric electrolyte oral solution	Supplemental Formulary	
pediatric electrolyte-zinc oral solution	Supplemental Formulary	
ra pediatric electrolyte oral solution	Supplemental Formulary	
REHYDRALYTE ORAL SOLUTION	Supplemental Formulary	
sb pediatric electrolyte oral solution	Supplemental Formulary	
sm pediatric electrolyte oral solution	Supplemental Formulary	
*FLUORIDE***		
fluoritab oral solution 0.275 (0.125 f) mg/drop	Supplemental Formulary	

Drug Name	Status	Notes
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	Supplemental Formulary	
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	Supplemental Formulary	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Supplemental Formulary	
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	Supplemental Formulary	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Supplemental Formulary	
*MAGNESIUM***		
MAG64 ORAL TABLET DELAYED RELEASE 64 MG	Supplemental Formulary	
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	Supplemental Formulary	
magnesium oral tablet 400 mg	Supplemental Formulary	
magnesium oxide oral tablet 400 (240 mg) mg	Supplemental Formulary	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	Supplemental Formulary	
MAGOX 400 ORAL TABLET 400 (240 MG) MG	Supplemental Formulary	
mgo oral tablet 400 (240 mg) mg	Supplemental Formulary	
*MINERAL COMBINATIONS***		
ADVANCED CALCIUM/D/MAGNESIUM ORAL TABLET	Supplemental Formulary	
bone density builder oral tablet	Supplemental Formulary	
cal mag zinc +d3 oral tablet	Supplemental Formulary	
calcium citrate + oral tablet	Supplemental Formulary	
calcium citrate plus oral tablet	Supplemental Formulary	
calcium citrate plus/magnesium oral tablet	Supplemental Formulary	
calcium citrate-mag-minerals oral tablet	Supplemental Formulary	
calcium-magnesium-zinc-d3 oral tablet	Supplemental Formulary	
cal-mag-zinc-d oral tablet	Supplemental Formulary	
CITRACAL MAXIMUM PLUS ORAL TABLET	Supplemental Formulary	
CITRACAL PLUS ORAL TABLET	Supplemental Formulary	
fem-cal citrate oral tablet	Supplemental Formulary	
gnp cal mag zinc +d3 oral tablet	Supplemental Formulary	
MULTI MEGA MINERALS ORAL TABLET	Supplemental Formulary	
multi-minerals oral tablet	Supplemental Formulary	
multisource calcium mag/d oral tablet	Supplemental Formulary	
PROSTEON ORAL TABLET	Supplemental Formulary	

Drug Name	Status	Notes
THERACAL D2000 ORAL TABLET	Supplemental Formulary	
THERACAL D4000 ORAL TABLET	Supplemental Formulary	
THERACAL RAPID REPLETION ORAL TABLET	Supplemental Formulary	
*PHOSPHATE***		
phos-nak oral packet 280-160-250 mg	Supplemental Formulary	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Supplemental Formulary	
phosphorous oral tablet 155-852-130 mg	Supplemental Formulary	
phosphorus supplement oral packet 280-160-250 mg	Supplemental Formulary	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Supplemental Formulary	
*POTASSIUM***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Supplemental Formulary	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Supplemental Formulary	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Supplemental Formulary	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Supplemental Formulary	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Supplemental Formulary	
KLOR-CON ORAL PACKET 20 MEQ	Supplemental Formulary	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Supplemental Formulary	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Supplemental Formulary	
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	Supplemental Formulary	
potassium bicarbonate granules	Supplemental Formulary	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	Supplemental Formulary	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Supplemental Formulary	
potassium chloride er oral tablet extended release 10 meq, 8 meq	Supplemental Formulary	
potassium chloride oral packet 20 meq	Supplemental Formulary	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	Supplemental Formulary	

Drug Name	Status	Notes
*SODIUM***		
sodium chloride (pf) injection solution 0.9 %	Supplemental Formulary	
sodium chloride granules	Supplemental Formulary	
sodium chloride powder	Supplemental Formulary	
*ZINC***		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Supplemental Formulary	
MISCELLANEOUS THERAPEUTIC CLASSES		
*CHELATING AGENTS***		
penicillamine oral tablet 250 mg	Supplemental Formulary	SPB; QL (480 EA per 30 days)
*POTASSIUM REMOVING AGENTS***		
sodium polystyrene sulfonate oral powder	Supplemental Formulary	
SPS ORAL SUSPENSION 15 GM/60ML	Supplemental Formulary	
*PROSTAGLANDINS***		
alprostadil injection solution 500 mcg/ml	Supplemental Formulary	
*PURINE ANALOGS***		
azathioprine powder	Supplemental Formulary	SPB
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL - COMBINATIONS***		
ACTISEP (SPRAY) MOUTH/THROAT SOLUTION 2-0.5-0.1 %	Supplemental Formulary	
ACTISEP MOUTH/THROAT SOLUTION 2-0.5-0.1 %	Supplemental Formulary	
ORASEP MOUTH/THROAT SOLUTION 2-0.5-0.1 %	Supplemental Formulary	
*ANESTHETICS TOPICAL ORAL***		
ALLEVACAINE MOUTH/THROAT SOLUTION 20 %	Supplemental Formulary	
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL 20 %	Supplemental Formulary	
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT LIQUID 20 %	Supplemental Formulary	
BABY ANBESOL MOUTH/THROAT GEL 7.5 %	Supplemental Formulary	
baby teething mouth/throat gel 7.5 %	Supplemental Formulary	
baby teething pain medicine mouth/throat gel 7.5 %	Supplemental Formulary	
goodsense oral pain relief mouth/throat gel 20 %	Supplemental Formulary	

Drug Name	Status	Notes
HURRICAIN MOUTH/THROAT AEROSOL 20 %	Supplemental Formulary	
HURRICAIN MOUTH/THROAT GEL 20 %	Supplemental Formulary	
HURRICAIN MOUTH/THROAT SOLUTION 20 %	Supplemental Formulary	
HURRICAIN ONE MOUTH/THROAT SOLUTION 20 %	Supplemental Formulary	
HURRICAIN SNAP-N-GO MOUTH/THROAT SWAB 20 %	Supplemental Formulary	
intense toothache pain relief mouth/throat gel 20 %	Supplemental Formulary	
oral analgesic max st mouth/throat gel 20 %	Supplemental Formulary	
oral analgesic max st mouth/throat liquid 20 %	Supplemental Formulary	
oral analgesic max st mouth/throat paste 20 %	Supplemental Formulary	
oral anesthetic mouth/throat paste 20 %	Supplemental Formulary	
ra mouth pain anesthetic mouth/throat liquid 20 %	Supplemental Formulary	
ZILACTIN BABY MOUTH/THROAT GEL 10 %	Supplemental Formulary	
*ANTI-INFECTIVES - THROAT***		
amphotericin b powder , 905 unit/mg	Supplemental Formulary	
*ANTISEPTICS - MOUTH/THROAT***		
chlorhexidine gluconate mouth/throat solution 0.12 %	Supplemental Formulary	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Supplemental Formulary	
*FLUORIDE DENTAL PRODUCTS***		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Supplemental Formulary	
DENTAGEL DENTAL GEL 1.1 %	Supplemental Formulary	
EASYGEL DENTAL GEL 0.4 %	Supplemental Formulary	
GEL-KAM DENTAL GEL 0.4 %	Supplemental Formulary	
JUST FOR KIDS DENTAL GEL 0.4 %	Supplemental Formulary	
OMNI GEL DENTAL GEL 0.4 %	Supplemental Formulary	
sf 5000 plus dental cream 1.1 %	Supplemental Formulary	
sf dental gel 1.1 %	Supplemental Formulary	
sodium fluoride 5000 plus dental cream 1.1 %	Supplemental Formulary	
sodium fluoride 5000 ppm dental cream 1.1 %	Supplemental Formulary	
sodium fluoride dental cream 1.1 %	Supplemental Formulary	
sodium fluoride dental gel 1.1 %	Supplemental Formulary	

Drug Name	Status	Notes
*SALIVA STIMULANTS***		
cevimeline hcl oral capsule 30 mg	Supplemental Formulary	
pilocarpine hcl oral tablet 5 mg	Supplemental Formulary	
*STEROIDS - MOUTH/THROAT/DENTAL***		
ORALONE MOUTH/THROAT PASTE 0.1 %	Supplemental Formulary	
triamcinolone acetonide mouth/throat paste 0.1 %	Supplemental Formulary	
MULTIVITAMINS		
*B-COMPLEX VITAMINS***		
b complex oral capsule	Supplemental Formulary	
b complex vitamins oral capsule	Supplemental Formulary	
b-complex high potency oral tablet extended release	Supplemental Formulary	
b-complex/b-12 oral tablet	Supplemental Formulary	
ra b-complex oral tablet	Supplemental Formulary	
ra b-complex with b-12 oral tablet	Supplemental Formulary	
vitamin b complex oral tablet	Supplemental Formulary	
vitamin-b complex oral tablet	Supplemental Formulary	
*B-COMPLEX W/ C & CALCIUM***		
gnp b-complex plus vitamin c oral tablet	Supplemental Formulary	
qc b-complex/vitamin c oral tablet	Supplemental Formulary	
*B-COMPLEX W/ C & E + ZN***		
bec/zinc oral tablet	Supplemental Formulary	
eql stress b-complex c/zinc oral tablet	Supplemental Formulary	
stress b/zinc oral tablet	Supplemental Formulary	
stress b-complex/vit c/zinc oral tablet	Supplemental Formulary	
stress plus zinc oral tablet	Supplemental Formulary	
zinc-vites oral tablet	Supplemental Formulary	
*B-COMPLEX W/ C & E***		
PRONUTRIENTS SUPER B COMPLEX ORAL TABLET	Supplemental Formulary	
*B-COMPLEX W/ C & FOLIC ACID***		
b complex-c-folic acid oral tablet	Supplemental Formulary	
b-complex balanced oral tablet	Supplemental Formulary	
b-complex/vitamin c oral tablet	Supplemental Formulary	
b-plex oral tablet	Supplemental Formulary	
DEXIFOL ORAL TABLET 5 MG	Supplemental Formulary	
DIALYVITE 800 ORAL TABLET 0.8 MG	Supplemental Formulary	

Drug Name	Status	Notes
eql super b complex/vitamin c oral tablet	Supplemental Formulary	
folbee plus oral tablet	Supplemental Formulary	
full spectrum b/vitamin c oral tablet 0.8 mg	Supplemental Formulary	
hylavite oral tablet	Supplemental Formulary	
kp b complex-c oral tablet	Supplemental Formulary	
MYNEPHRON ORAL CAPSULE 1 MG	Supplemental Formulary	
nephro vitamins oral tablet 0.8 mg	Supplemental Formulary	
NEPHRO-VITE ORAL TABLET 0.8 MG	Supplemental Formulary	
px b complex/vitamin c oral tablet	Supplemental Formulary	
RENAL ORAL CAPSULE 1 MG	Supplemental Formulary	
renal vitamin oral tablet 0.8 mg	Supplemental Formulary	
rena-vite oral tablet	Supplemental Formulary	
reno caps oral capsule 1 mg	Supplemental Formulary	
sm b super vitamin complex oral tablet	Supplemental Formulary	
sm b-complex/vitamin c oral tablet	Supplemental Formulary	
super b complex/fa/vit c oral tablet	Supplemental Formulary	
super b-complex/vit c/fa oral tablet	Supplemental Formulary	
triphrocaps oral capsule 1 mg	Supplemental Formulary	
virt-caps oral capsule 1 mg	Supplemental Formulary	
*B-COMPLEX W/ C***		
ALLBEE/C ORAL TABLET	Supplemental Formulary	
b complex-c oral capsule	Supplemental Formulary	
b complex-c oral tablet	Supplemental Formulary	
b complex-vitamin c oral capsule	Supplemental Formulary	
b-complex-c oral tablet	Supplemental Formulary	
better b complex oral tablet	Supplemental Formulary	
hm b complex/c oral tablet	Supplemental Formulary	
ra b-complex/vitamin c cr oral tablet extended release	Supplemental Formulary	
sm super b complex/c oral tablet	Supplemental Formulary	
sm vitamin b complex/vitamin c oral tablet	Supplemental Formulary	
super b complex/vitamin c oral tablet	Supplemental Formulary	
super b/c oral capsule	Supplemental Formulary	
vitamin b complex-c oral capsule	Supplemental Formulary	
*B-COMPLEX W/ FOLIC ACID***		
b complex (folic acid) oral tablet	Supplemental Formulary	
b complex formula 1 (w/ fa) oral tablet	Supplemental Formulary	
balanced b-50 oral tablet extended release	Supplemental Formulary	
b-complex (folic acid) oral tablet	Supplemental Formulary	

Drug Name	Status	Notes
benfotiamine multi-b oral capsule	Supplemental Formulary	
kobee oral tablet	Supplemental Formulary	
sm balanced b-100 oral tablet	Supplemental Formulary	
sm balanced b-50 oral tablet	Supplemental Formulary	
*B-COMPLEX W/ IRON***		
APETIGEN-PLUS ORAL SOLUTION	Supplemental Formulary	
b complex-c-iron oral tablet	Supplemental Formulary	
super b-complex/iron/vitamin c oral tablet	Supplemental Formulary	
*B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID***		
ACTRIVIT ORAL LIQUID 800-15-1 MG/15ML	Supplemental Formulary	
NUTRIVIT ORAL LIQUID	Supplemental Formulary	
*B-COMPLEX W/ MINERALS***		
ELDERTONIC ORAL LIQUID	Supplemental Formulary	
*B-COMPLEX W/BIOTIN & FOLIC ACID***		
b complex 100 tr oral tablet extended release	Supplemental Formulary	
b-100 b-complex oral tablet	Supplemental Formulary	
b-100 complex cr oral tablet extended release	Supplemental Formulary	
b-100 tr oral tablet extended release	Supplemental Formulary	
balance b-50 oral tablet	Supplemental Formulary	
balanced b complex oral tablet	Supplemental Formulary	
balanced b-100 oral tablet	Supplemental Formulary	
balanced b-100 oral tablet extended release	Supplemental Formulary	
balanced b-50/fa oral tablet	Supplemental Formulary	
b-compleet-100 oral tablet	Supplemental Formulary	
b-compleet-50 oral tablet	Supplemental Formulary	
BIG 100 (BIOTIN) ORAL TABLET	Supplemental Formulary	
complex b-100 oral tablet extended release	Supplemental Formulary	
complex b-50 prolonged release oral tablet extended release	Supplemental Formulary	
ENDUR-B ORAL TABLET EXTENDED RELEASE	Supplemental Formulary	
eql b complex 50 oral tablet	Supplemental Formulary	
eql b-100 complex oral tablet extended release	Supplemental Formulary	
gnp b-100 complex oral tablet extended release	Supplemental Formulary	
gnp b-50 complex oral tablet extended release	Supplemental Formulary	
qc b50 prolonged release oral tablet extended release	Supplemental Formulary	

Drug Name	Status	Notes
quin b strong b-25 oral tablet	Supplemental Formulary	
ra balanced b-100 cr oral tablet extended release	Supplemental Formulary	
ra balanced b-100 oral tablet	Supplemental Formulary	
ra balanced b-50 oral tablet	Supplemental Formulary	
ra balanced b-50 tr oral tablet extended release	Supplemental Formulary	
sm b100 complex oral tablet	Supplemental Formulary	
sm b-complex oral tablet	Supplemental Formulary	
super b-100 oral tablet	Supplemental Formulary	
super b-50 oral tablet	Supplemental Formulary	
super b-complex oral tablet	Supplemental Formulary	
SUPER DEC B-100 ORAL TABLET	Supplemental Formulary	
SUPER QUINTS B-50 ORAL TABLET	Supplemental Formulary	
yl balanced b-100 oral tablet	Supplemental Formulary	
*BIOFLAVONOID PRODUCTS***		
ACTITROM ORAL CAPSULE	Supplemental Formulary	
ACTITROM-D ORAL CAPSULE	Supplemental Formulary	
ADRENAL C FORMULA ORAL TABLET	Supplemental Formulary	
ADVANCED C PLUS ORAL TABLET	Supplemental Formulary	
anti-allergy oral tablet 100-100-50 mg	Supplemental Formulary	
bioflex oral tablet	Supplemental Formulary	
c 1000-bioflavonoids-rose hips oral capsule 1000-25 mg	Supplemental Formulary	
c complex oral tablet extended release	Supplemental Formulary	
c1000 tr/rose hip/bioflavonoid oral tablet extended release 1000-50-50 mg	Supplemental Formulary	
c1500 tr/rose hip/bioflavonoid oral tablet extended release 1500-50-50 mg	Supplemental Formulary	
daflonex-xl oral tablet extended release	Supplemental Formulary	
EASY-C ORAL TABLET 500 MG	Supplemental Formulary	
ESTER-C ORAL TABLET	Supplemental Formulary	
ESTER-C ORAL TABLET EXTENDED RELEASE	Supplemental Formulary	
FLEXGEN ORAL TABLET	Supplemental Formulary	
fruit c 200 oral tablet chewable	Supplemental Formulary	
grape seed oral capsule 250-50 mg	Supplemental Formulary	
hi c-500 oral tablet 500-100-50 mg	Supplemental Formulary	
pan-c 500/bioflavonoids oral tablet	Supplemental Formulary	
PERIDIN-C ORAL TABLET 200-50-150 MG	Supplemental Formulary	

Drug Name	Status	Notes
ra vitamin c cr oral tablet extended release	Supplemental Formulary	
span c oral tablet	Supplemental Formulary	
super c-500 oral tablet	Supplemental Formulary	
super-c 1000 oral tablet	Supplemental Formulary	
THORNE VITAMIN C-FLAVONOIDS ORAL CAPSULE	Supplemental Formulary	
TRI SUPER FLAVONS ORAL TABLET	Supplemental Formulary	
TROMBONEX ORAL CAPSULE	Supplemental Formulary	
TROMBONEX-D ORAL CAPSULE	Supplemental Formulary	
vasoflex forte oral capsule 150-150-150 mg	Supplemental Formulary	
vasoflex hd oral tablet	Supplemental Formulary	
VASOFLEX ORAL CAPSULE	Supplemental Formulary	
VASOFLEX ORAL TABLET	Supplemental Formulary	
vita c/bioflavonoids/rose hips oral tablet 1000-30-18 mg	Supplemental Formulary	
vitamin c oral tablet chewable	Supplemental Formulary	
vitamin c-bioflavonoids oral tablet extended release 1000-100 mg	Supplemental Formulary	
*MULTIPLE VITAMINS W/ CALCIUM***		
eql one daily womens oral tablet	Supplemental Formulary	
essential one daily multivit oral tablet	Supplemental Formulary	
gnp one daily womens health oral tablet	Supplemental Formulary	
ONE-A-DAY WOMENS FORMULA ORAL TABLET	Supplemental Formulary	
signacal oral tablet	Supplemental Formulary	
sm one daily essential oral tablet	Supplemental Formulary	
*MULTIPLE VITAMINS W/ IRON***		
daily vite multivitamin/iron oral tablet	Supplemental Formulary	
daily-vitamin/iron oral tablet	Supplemental Formulary	
multiple vitamins/iron oral tablet	Supplemental Formulary	
multiple vitamins-iron oral tablet	Supplemental Formulary	
multi-vitamin/iron oral tablet	Supplemental Formulary	
nat-rul daily-vite+iron oral tablet	Supplemental Formulary	
one daily multivitamin/iron oral tablet	Supplemental Formulary	
one-daily/iron oral tablet	Supplemental Formulary	
qc daily multivitamins/iron oral tablet	Supplemental Formulary	
sm multiple vitamins/iron oral tablet	Supplemental Formulary	
stress b complex/iron oral tablet	Supplemental Formulary	
tab-a-vite/iron oral tablet	Supplemental Formulary	

Drug Name	Status	Notes
*MULTIPLE VITAMINS W/ MINERALS***		
50+ adult eye health oral capsule	Supplemental Formulary	
a thru z advanced adult oral tablet	Supplemental Formulary	
a thru z advanced oral tablet	Supplemental Formulary	
a thru z high potency oral tablet	Supplemental Formulary	
a thru z select 50+ advanced oral tablet	Supplemental Formulary	
a thru z select 50+ mens oral tablet	Supplemental Formulary	
a thru z select advanced oral tablet	Supplemental Formulary	
a thru z select oral tablet	Supplemental Formulary	
a thru z select oral tablet chewable	Supplemental Formulary	
a thru z select ultimate women oral tablet	Supplemental Formulary	
a thru z ultimate mens oral tablet	Supplemental Formulary	
abc complete senior womens 50+ oral tablet	Supplemental Formulary	
ACTIVNUTRIENTS ORAL CAPSULE	Supplemental Formulary	
adult one daily gummies oral tablet chewable	Supplemental Formulary	
advanced diabetic multivitamin oral tablet	Supplemental Formulary	
advanced eye health oral capsule	Supplemental Formulary	
ADVANCED MULTI EA ORAL TABLET CHEWABLE	Supplemental Formulary	
AIRBORNE GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	
AIRBORNE KIDS ORAL TABLET CHEWABLE	Supplemental Formulary	
AIRBORNE ORAL TABLET CHEWABLE	Supplemental Formulary	
ALIVE ENERGY 50+ ORAL TABLET	Supplemental Formulary	
ALIVE ONCE DAILY WOMENS ORAL TABLET	Supplemental Formulary	
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	Supplemental Formulary	
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	Supplemental Formulary	
ALIVE WOMENS ENERGY ORAL TABLET	Supplemental Formulary	
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	Supplemental Formulary	
AMORYN MOOD BOOSTER ORAL CAPSULE	Supplemental Formulary	
antioxidant a/c/e/selenium oral tablet	Supplemental Formulary	
antioxidant formula oral tablet	Supplemental Formulary	
antioxidant formula/minerals oral capsule	Supplemental Formulary	
antioxidant oral capsule	Supplemental Formulary	

Drug Name	Status	Notes
antioxidant protection formula oral tablet	Supplemental Formulary	
antioxidant vitamins oral tablet	Supplemental Formulary	
BACMIN ORAL TABLET	Supplemental Formulary	
BARIATRIC FUSION ORAL TABLET CHEWABLE	Supplemental Formulary	
bariatric multivitamins/iron oral capsule	Supplemental Formulary	
basic am oral tablet	Supplemental Formulary	
basic pm oral tablet	Supplemental Formulary	
BIO-35 GLUTEN-FREE ORAL CAPSULE	Supplemental Formulary	
BIO-35 IRON FREE ORAL CAPSULE	Supplemental Formulary	
biocal oral capsule	Supplemental Formulary	
biocel oral tablet	Supplemental Formulary	
body/hair/skin/nails oral capsule	Supplemental Formulary	
b-plex plus oral tablet	Supplemental Formulary	
BPROTECTED MULTI-VITE ORAL LIQUID	Supplemental Formulary	
BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID	Supplemental Formulary	
CAL-DAY 1000 ORAL TABLET	Supplemental Formulary	
CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE	Supplemental Formulary	
CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE	Supplemental Formulary	
CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE	Supplemental Formulary	
CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE	Supplemental Formulary	
CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE	Supplemental Formulary	
CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE	Supplemental Formulary	
CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE	Supplemental Formulary	
CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE	Supplemental Formulary	
centavite a-z complete-mineral oral tablet	Supplemental Formulary	
centravites 50 plus oral tablet	Supplemental Formulary	
centravites adults oral tablet	Supplemental Formulary	
centravites oral tablet	Supplemental Formulary	
CENTRUM ADULTS ORAL TABLET	Supplemental Formulary	
CENTRUM CARDIO ORAL TABLET	Supplemental Formulary	

Drug Name	Status	Notes
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE	Supplemental Formulary	
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE	Supplemental Formulary	
CENTRUM MEN ORAL TABLET	Supplemental Formulary	
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE	Supplemental Formulary	
CENTRUM ORAL LIQUID	Supplemental Formulary	
CENTRUM SILVER 50+MEN ORAL TABLET	Supplemental Formulary	
CENTRUM SILVER 50+WOMEN ORAL TABLET	Supplemental Formulary	
CENTRUM SILVER ADULT 50+ ORAL TABLET	Supplemental Formulary	
CENTRUM SILVER ORAL TABLET	Supplemental Formulary	
CENTRUM SILVER ORAL TABLET CHEWABLE	Supplemental Formulary	
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	Supplemental Formulary	
CENTRUM SPECIALIST HEART ORAL TABLET	Supplemental Formulary	
CENTRUM SPECIALIST IMMUNE ORAL TABLET	Supplemental Formulary	
CENTRUM SPECIALIST VISION ORAL TABLET	Supplemental Formulary	
CENTRUM ULTRA WOMENS ORAL TABLET	Supplemental Formulary	
CENTRUM VITAMINTS ORAL TABLET CHEWABLE	Supplemental Formulary	
CENTRUM WOMEN ORAL TABLET	Supplemental Formulary	
century mature oral tablet	Supplemental Formulary	
century oral tablet	Supplemental Formulary	
CEROVITE SENIOR ORAL TABLET	Supplemental Formulary	
CERTA-VITE ORAL LIQUID	Supplemental Formulary	
CERTAVITE SENIOR ORAL TABLET	Supplemental Formulary	
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	Supplemental Formulary	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	Supplemental Formulary	
CHOICEFUL MULTIVITAMIN ORAL CAPSULE	Supplemental Formulary	
CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE	Supplemental Formulary	

Drug Name	Status	Notes
companion oral tablet	Supplemental Formulary	
COMPETE ORAL TABLET	Supplemental Formulary	
complete multivitamin/mineral oral liquid	Supplemental Formulary	
CONCEPTIONXR MOTILITY SUPPORT ORAL	Supplemental Formulary	
coral calcium plus oral capsule	Supplemental Formulary	
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE	Supplemental Formulary	
daily betic oral tablet	Supplemental Formulary	
daily combo multi vitamins oral tablet	Supplemental Formulary	
daily heart health support oral	Supplemental Formulary	
daily mens health formula oral tablet	Supplemental Formulary	
daily multiple vitamins/min oral tablet	Supplemental Formulary	
daily multivitamin oral capsule	Supplemental Formulary	
DAILY PAK MAXIMUM MULTIVITAMIN ORAL	Supplemental Formulary	
daily vitamin plus oral capsule	Supplemental Formulary	
daily womens health formula oral tablet	Supplemental Formulary	
daily-vitamin maximum formula oral tablet	Supplemental Formulary	
DECUBI-VITE ORAL CAPSULE	Supplemental Formulary	
dekas bariatric oral tablet chewable	Supplemental Formulary	
DEKAS PLUS ORAL CAPSULE	Supplemental Formulary	
DEKAS PLUS ORAL TABLET CHEWABLE	Supplemental Formulary	
DERMAVITE ORAL TABLET	Supplemental Formulary	
diabetes health formula oral tablet	Supplemental Formulary	
DIABETES HEALTH ORAL	Supplemental Formulary	
dialyvite 800/ultra d oral tablet	Supplemental Formulary	
DRY EYE FORMULA ORAL CAPSULE	Supplemental Formulary	
EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE	Supplemental Formulary	
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE	Supplemental Formulary	
ENDUR-VM ORAL TABLET EXTENDED RELEASE	Supplemental Formulary	
ENDUR-VM WITH IRON ORAL TABLET EXTENDED RELEASE	Supplemental Formulary	
eq complete multivit adult 50+ oral tablet	Supplemental Formulary	
eq complete multivitamin-adult oral tablet	Supplemental Formulary	
eq multivitamins adult gummy oral tablet chewable	Supplemental Formulary	

Drug Name	Status	Notes
eq one daily mens 50+ oral tablet	Supplemental Formulary	
eq one daily mens health oral tablet	Supplemental Formulary	
EQ ONE DAILY WOMENS 50+ ORAL TABLET	Supplemental Formulary	
eq one daily womens health oral tablet	Supplemental Formulary	
eq vision formula 50+ oral capsule	Supplemental Formulary	
eql century mature adults 50+ oral tablet	Supplemental Formulary	
eql century mature men 50+ oral tablet	Supplemental Formulary	
eql century mature oral tablet	Supplemental Formulary	
eql century mature women 50+ oral tablet	Supplemental Formulary	
eql century mens oral tablet	Supplemental Formulary	
eql century oral tablet	Supplemental Formulary	
eql century womens oral tablet	Supplemental Formulary	
eql one daily adult gummies oral tablet chewable	Supplemental Formulary	
eql one daily mens 50+ advance oral tablet	Supplemental Formulary	
eql one daily mens health oral tablet	Supplemental Formulary	
eql one daily mens oral tablet	Supplemental Formulary	
eql one daily womens 50+ adv oral tablet	Supplemental Formulary	
eql vision formula oral tablet	Supplemental Formulary	
ESSENTIA ORAL TABLET	Supplemental Formulary	
essential balance oral tablet	Supplemental Formulary	
eye health oral capsule	Supplemental Formulary	
EYE VITAMINS ORAL CAPSULE	Supplemental Formulary	
EYE-VITES ORAL TABLET	Supplemental Formulary	
FITNESS TABS FOR MEN AM/PM ORAL TABLET	Supplemental Formulary	
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET	Supplemental Formulary	
FOSFREE ORAL TABLET	Supplemental Formulary	
freedavite oral tablet	Supplemental Formulary	
geri-freeda senior formula oral tablet	Supplemental Formulary	
gerivite complete oral tablet	Supplemental Formulary	
glucoten oral capsule	Supplemental Formulary	
gnp century mature women's 50+ oral tablet	Supplemental Formulary	
gnp hair/skin/nails oral tablet	Supplemental Formulary	
gnp healthy eyes oral tablet	Supplemental Formulary	
gnp healthy eyes supervision 2 oral capsule	Supplemental Formulary	
gnp mega multi for men oral tablet	Supplemental Formulary	

Drug Name	Status	Notes
gnp mega multi for women oral tablet	Supplemental Formulary	
gnp one daily mens health 50+ oral tablet	Supplemental Formulary	
gnp one daily mens/lycopene oral tablet	Supplemental Formulary	
gnp one daily womens 50+ oral tablet	Supplemental Formulary	
gnp one daily womens oral tablet	Supplemental Formulary	
gnp therapeutic-m oral tablet	Supplemental Formulary	
hair skin & nails advanced oral tablet	Supplemental Formulary	
hair skin and nails formula oral tablet	Supplemental Formulary	
hair skin nails oral capsule	Supplemental Formulary	
hair/skin/nails oral capsule	Supplemental Formulary	
hair/skin/nails oral tablet	Supplemental Formulary	
healthy eyes oral tablet	Supplemental Formulary	
hi-kovite 2-part formula oral tablet	Supplemental Formulary	
hi-potency multi-vitamin oral tablet	Supplemental Formulary	
hm complete men oral tablet	Supplemental Formulary	
hm complete women oral tablet	Supplemental Formulary	
hm hair/skin/nails oral tablet	Supplemental Formulary	
hm womens 50+ advanced daily oral tablet	Supplemental Formulary	
ICAPS AREDS FORMULA ORAL TABLET	Supplemental Formulary	
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	Supplemental Formulary	
ICAPS MV ORAL TABLET	Supplemental Formulary	
ICAPS ORAL CAPSULE	Supplemental Formulary	
immune support oral tablet chewable	Supplemental Formulary	
i-vite oral tablet	Supplemental Formulary	
kp adults 50+ daily formula oral tablet	Supplemental Formulary	
kp adults daily formula oral tablet	Supplemental Formulary	
kp mens 50+ daily formula oral tablet	Supplemental Formulary	
kp mens daily formula oral tablet	Supplemental Formulary	
kp mens daily pack oral	Supplemental Formulary	
KP VISION FORMULA ORAL TABLET	Supplemental Formulary	
KP VISION FORMULA/LUTEIN ORAL TABLET	Supplemental Formulary	
kp womens 50+ daily formula oral tablet	Supplemental Formulary	
kp womens daily formula oral tablet	Supplemental Formulary	
kp womens daily oral	Supplemental Formulary	
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	Supplemental Formulary	
LIFE PACK MENS ORAL	Supplemental Formulary	
LIFE PACK WOMENS ORAL	Supplemental Formulary	

Drug Name	Status	Notes
lutein-zeaxanthin oral tablet	Supplemental Formulary	
LYSIPLEX PLUS ORAL LIQUID	Supplemental Formulary	
LYSIPLEX PLUS ORAL TABLET	Supplemental Formulary	
MACULAR HEALTH FORMULA ORAL CAPSULE	Supplemental Formulary	
MACUVITE EYE CARE ORAL TABLET	Supplemental Formulary	
MACUVITE ORAL TABLET	Supplemental Formulary	
MACUVITE/LUTEIN ORAL TABLET	Supplemental Formulary	
magnum-75 oral tablet extended release	Supplemental Formulary	
maximum daily green oral tablet	Supplemental Formulary	
mega multi for women oral tablet	Supplemental Formulary	
MEGA MULTI MEN ORAL TABLET	Supplemental Formulary	
mega-marathon 100 tr oral tablet extended release	Supplemental Formulary	
megavite fruits & veggies oral tablet	Supplemental Formulary	
megavite golden years 55+ oral tablet	Supplemental Formulary	
meijer advanced formula oral tablet	Supplemental Formulary	
mens 50+ advanced oral capsule	Supplemental Formulary	
mens 50+ multi vitamin/min oral tablet	Supplemental Formulary	
mens daily formula/lycopene oral capsule	Supplemental Formulary	
MENS LIFE PACK ORAL TABLET	Supplemental Formulary	
mens multi vitamin & mineral oral tablet	Supplemental Formulary	
mens multivitamin oral tablet	Supplemental Formulary	
MENS PACK ORAL	Supplemental Formulary	
MILLTRIUM ADVANCED FORMULA ORAL TABLET	Supplemental Formulary	
MILLTRIUM CARDIO ORAL TABLET	Supplemental Formulary	
MILLTRIUM SENIOR ORAL TABLET	Supplemental Formulary	
multi + omega-3 adult gummies oral tablet chewable	Supplemental Formulary	
multi adult gummies oral tablet chewable	Supplemental Formulary	
MULTI COMPLETE ORAL CAPSULE	Supplemental Formulary	
multi complete/iron oral tablet	Supplemental Formulary	
multi for her 50+ oral capsule	Supplemental Formulary	
multi for her 50+ oral tablet	Supplemental Formulary	
multi for her oral capsule	Supplemental Formulary	
multi for her oral tablet	Supplemental Formulary	
multi for him 50+ oral tablet	Supplemental Formulary	
MULTI FOR HIM ORAL CAPSULE	Supplemental Formulary	

Drug Name	Status	Notes
MULTI FOR HIM ORAL TABLET	Supplemental Formulary	
multi vitamin/minerals oral tablet	Supplemental Formulary	
MULTI-LEAN ORAL TABLET	Supplemental Formulary	
multiple vit/minerals/no iron oral tablet	Supplemental Formulary	
multiple vitamins/womens oral tablet	Supplemental Formulary	
multivitamin & mineral oral liquid	Supplemental Formulary	
multivitamin adult (minerals) oral tablet	Supplemental Formulary	
multivitamin adults 50+ oral tablet	Supplemental Formulary	
multivitamin adults oral tablet	Supplemental Formulary	
multivitamin gummies adult oral tablet chewable	Supplemental Formulary	
multivitamin gummies mens oral tablet chewable	Supplemental Formulary	
multi-vitamin gummies oral tablet chewable	Supplemental Formulary	
multivitamin gummies womens oral tablet chewable	Supplemental Formulary	
multivitamin men 50+ oral tablet	Supplemental Formulary	
multivitamin men oral tablet	Supplemental Formulary	
multi-vitamin menopausal oral tablet	Supplemental Formulary	
multi-vitamin monocaps oral tablet	Supplemental Formulary	
multivitamin oral liquid	Supplemental Formulary	
multivitamin women 50+ oral tablet	Supplemental Formulary	
multivitamin women oral tablet	Supplemental Formulary	
multivitamin womens 50+ adv oral tablet	Supplemental Formulary	
multi-vitamin/minerals oral tablet	Supplemental Formulary	
multi-vite oral liquid	Supplemental Formulary	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	Supplemental Formulary	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	Supplemental Formulary	
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	Supplemental Formulary	
MVW COMPLETE FORMULATION ORAL CAPSULE	Supplemental Formulary	
myamulti oral tablet	Supplemental Formulary	
nat-rul theravite-m oral tablet	Supplemental Formulary	
natrul-vites oral tablet	Supplemental Formulary	
neovite oral tablet	Supplemental Formulary	
NICADAN ORAL TABLET	Supplemental Formulary	
NICAZEL ORAL TABLET	Supplemental Formulary	

Drug Name	Status	Notes
no iron mult vitamin-minerals oral tablet	Supplemental Formulary	
NUTRICAP ORAL TABLET	Supplemental Formulary	
NUTRIFAC ZX ORAL TABLET	Supplemental Formulary	
ocular vitamins oral tablet	Supplemental Formulary	
ocutabs oral tablet	Supplemental Formulary	
ocutabs-lutein oral tablet	Supplemental Formulary	
OCUVITE ADULT 50+ ORAL CAPSULE	Supplemental Formulary	
OCUVITE ADULT FORMULA ORAL CAPSULE	Supplemental Formulary	
OCUVITE EXTRA ORAL TABLET	Supplemental Formulary	
OCUVITE EYE + MULTI ORAL TABLET	Supplemental Formulary	
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	Supplemental Formulary	
OCUVITE EYE HEATHLH GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	
OCUVITE-LUTEIN ORAL CAPSULE	Supplemental Formulary	
OCUVITE-LUTEIN ORAL TABLET	Supplemental Formulary	
ONCOVITE ORAL TABLET	Supplemental Formulary	
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE	Supplemental Formulary	
one daily 50 plus oral tablet	Supplemental Formulary	
one daily calcium/iron oral tablet	Supplemental Formulary	
one daily complete for men oral tablet	Supplemental Formulary	
one daily complete oral tablet	Supplemental Formulary	
one daily for men 50+ advanced oral tablet	Supplemental Formulary	
one daily for men/lycopene oral tablet	Supplemental Formulary	
one daily for women 50+ adv oral tablet	Supplemental Formulary	
one daily for women oral tablet	Supplemental Formulary	
one daily healthy weight adv oral tablet	Supplemental Formulary	
one daily healthy weight oral tablet	Supplemental Formulary	
one daily maximum oral tablet	Supplemental Formulary	
one daily men formula w/o iron oral tablet	Supplemental Formulary	
one daily mens 50+ multivit oral tablet	Supplemental Formulary	
one daily mens 50+/lycopene oral tablet	Supplemental Formulary	
one daily mens health oral tablet	Supplemental Formulary	
one daily mens oral tablet	Supplemental Formulary	
one daily multivit/iron-free oral tablet	Supplemental Formulary	
one daily multivitamin men oral tablet	Supplemental Formulary	
one daily multivitamin women oral tablet	Supplemental Formulary	

Drug Name	Status	Notes
one daily womens 50 plus oral tablet	Supplemental Formulary	
one daily womens 50+ oral tablet	Supplemental Formulary	
one daily womens oral tablet	Supplemental Formulary	
one daily/minerals oral tablet	Supplemental Formulary	
ONE-A-DAY ENERGY ORAL TABLET	Supplemental Formulary	
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE	Supplemental Formulary	
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE	Supplemental Formulary	
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	Supplemental Formulary	
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	Supplemental Formulary	
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	Supplemental Formulary	
ONE-A-DAY MENS PRO EDGE ORAL TABLET	Supplemental Formulary	
ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE	Supplemental Formulary	
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	Supplemental Formulary	
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	Supplemental Formulary	
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	Supplemental Formulary	
ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE	Supplemental Formulary	
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE	Supplemental Formulary	
ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE	Supplemental Formulary	
ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE	Supplemental Formulary	
ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET	Supplemental Formulary	
ONE-A-DAY WOMENS 50 PLUS ORAL TABLET	Supplemental Formulary	
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	Supplemental Formulary	
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	Supplemental Formulary	
ONE-A-DAY WOMENS MIND & BODY ORAL TABLET	Supplemental Formulary	

Drug Name	Status	Notes
ONE-A-DAY WOMENS PETITES ORAL TABLET	Supplemental Formulary	
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	Supplemental Formulary	
one-daily multi-vit/mineral oral tablet	Supplemental Formulary	
optic-vites oral tablet	Supplemental Formulary	
optic-vites with lutein oral tablet	Supplemental Formulary	
optimum airvites oral tablet chewable	Supplemental Formulary	
optimum pms oral tablet	Supplemental Formulary	
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE	Supplemental Formulary	
OPTIVITE P.M.T. ORAL TABLET	Supplemental Formulary	
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE	Supplemental Formulary	
OPURITY ORAL TABLET	Supplemental Formulary	
OSTEOPRIME PLUS ORAL TABLET	Supplemental Formulary	
OSTEOPRIME ULTRA ORAL TABLET	Supplemental Formulary	
parvlex oral tablet	Supplemental Formulary	
PHYTOMULTI ORAL TABLET	Supplemental Formulary	
PREMIUM PACKETS ORAL	Supplemental Formulary	
PRESERVISION AREDS 2 ORAL CAPSULE	Supplemental Formulary	
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	Supplemental Formulary	
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	Supplemental Formulary	
PRESERVISION AREDS ORAL CAPSULE	Supplemental Formulary	
PRESERVISION AREDS ORAL TABLET	Supplemental Formulary	
PRESERVISION/LUTEIN ORAL CAPSULE	Supplemental Formulary	
PRO-CAL ORAL TABLET	Supplemental Formulary	
PROCERV HP ORAL TABLET	Supplemental Formulary	
PRORENAL + D ORAL TABLET	Supplemental Formulary	
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	Supplemental Formulary	
PROSIGHT ORAL TABLET	Supplemental Formulary	
PROTECT CARDIO AF ORAL CAPSULE	Supplemental Formulary	
PROTECT PLUS SO ORAL CAPSULE	Supplemental Formulary	
PROTEGRA ORAL CAPSULE	Supplemental Formulary	
PROVIT ORAL TABLET	Supplemental Formulary	
px advanced formula multivits oral tablet	Supplemental Formulary	
px complete senior multivits oral tablet	Supplemental Formulary	

Drug Name	Status	Notes
px mens multivitamins oral tablet	Supplemental Formulary	
qc daily multivit/multimineral oral tablet	Supplemental Formulary	
qc hair skin & nails oral tablet	Supplemental Formulary	
qc mens daily multivitamin oral tablet	Supplemental Formulary	
qc multi-vite 50 & over oral tablet	Supplemental Formulary	
qc multi-vite oral tablet	Supplemental Formulary	
qc therin-m oral tablet	Supplemental Formulary	
qc womens daily multivitamin oral tablet	Supplemental Formulary	
quin b strong oral tablet	Supplemental Formulary	
quintabs-m oral tablet	Supplemental Formulary	
ra central-vite mens mature oral tablet	Supplemental Formulary	
RA CENTRAL-VITE ORAL TABLET	Supplemental Formulary	
ra central-vite womens mature oral tablet	Supplemental Formulary	
ra one daily maximum oral tablet	Supplemental Formulary	
ra one daily mens 50+ w/vit d3 oral tablet	Supplemental Formulary	
ra one daily mens multi oral tablet	Supplemental Formulary	
ra one daily mens/vit d-3 oral tablet	Supplemental Formulary	
RENAPLEX ORAL TABLET	Supplemental Formulary	
RENAPLEX-D ORAL TABLET	Supplemental Formulary	
senior tabs oral tablet	Supplemental Formulary	
sentry oral tablet	Supplemental Formulary	
sentry senior oral tablet	Supplemental Formulary	
sentry senior/lutein oral tablet	Supplemental Formulary	
sm antioxidant vitamins oral tablet	Supplemental Formulary	
sm complete 50+ oral tablet	Supplemental Formulary	
sm complete 50+ ultimate mens oral tablet	Supplemental Formulary	
sm complete 50+ ultimate women oral tablet	Supplemental Formulary	
sm complete advanced formula oral tablet	Supplemental Formulary	
sm complete oral tablet	Supplemental Formulary	
sm complete senior formula oral tablet	Supplemental Formulary	
sm daily diet support oral tablet	Supplemental Formulary	
sm hair/skin/nails oral tablet	Supplemental Formulary	
sm one daily mens oral tablet	Supplemental Formulary	
sm one daily womens oral tablet	Supplemental Formulary	
sm opti-vitamins oral tablet	Supplemental Formulary	
solo oral tablet	Supplemental Formulary	
stress formula/zinc oral tablet	Supplemental Formulary	
STRESSTABS ADVANCED ORAL TABLET	Supplemental Formulary	

Drug Name	Status	Notes
STROVITE ONE ORAL TABLET	Supplemental Formulary	
super antioxidant oral capsule	Supplemental Formulary	
super antioxidants protector oral capsule	Supplemental Formulary	
super aytinal 50 plus oral tablet	Supplemental Formulary	
super aytinal oral tablet	Supplemental Formulary	
super multiple oral tablet	Supplemental Formulary	
super natrul-100 oral tablet extended release	Supplemental Formulary	
super thera vite m oral tablet	Supplemental Formulary	
super vita-mins oral tablet	Supplemental Formulary	
superior 35 oral tablet extended release	Supplemental Formulary	
SYSTANE ICAPS AREDS2 ORAL CAPSULE	Supplemental Formulary	
SYSTANE ICAPS AREDS2 ORAL TABLET	Supplemental Formulary	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	Supplemental Formulary	
THERA M PLUS ORAL TABLET	Supplemental Formulary	
thera vital m oral tablet	Supplemental Formulary	
thera vital-m oral tablet	Supplemental Formulary	
therabasic-m oral tablet	Supplemental Formulary	
THERABETIC MULTI-VITAMIN ORAL TABLET	Supplemental Formulary	
THERADEX M ORAL TABLET	Supplemental Formulary	
THERADEX M/BETA CAROTENE ORAL TABLET	Supplemental Formulary	
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	Supplemental Formulary	
THERAGRAN-M ADVANCED ORAL TABLET	Supplemental Formulary	
THERAGRAN-M ORAL TABLET	Supplemental Formulary	
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	Supplemental Formulary	
THERAGRAN-M PREMIER ORAL TABLET	Supplemental Formulary	
thera-m oral tablet	Supplemental Formulary	
THERAMILL FORTE ORAL CAPSULE	Supplemental Formulary	
THERA-MILL M ORAL TABLET	Supplemental Formulary	
THERANATAL LACTATION COMPLETE ORAL	Supplemental Formulary	
THERANATAL LACTATION ONE ORAL CAPSULE	Supplemental Formulary	
therapeutic formula/hematinics oral tablet	Supplemental Formulary	
therapeutic-m oral tablet	Supplemental Formulary	

Drug Name	Status	Notes
therapeutic-m/lutein oral tablet	Supplemental Formulary	
thera-tabs m oral tablet	Supplemental Formulary	
THERATRUM COMPLETE 50 PLUS ORAL TABLET	Supplemental Formulary	
THERATRUM COMPLETE ORAL TABLET	Supplemental Formulary	
THEREMS-M ORAL TABLET	Supplemental Formulary	
THRIVE FOR LIFE WOMENS ORAL TABLET	Supplemental Formulary	
totalday multiple oral tablet extended release	Supplemental Formulary	
tropical liquid nutrition oral liquid	Supplemental Formulary	
t-vites oral tablet	Supplemental Formulary	
ultra freeda oral tablet	Supplemental Formulary	
ultra freeda/iron oral tablet	Supplemental Formulary	
ULTRA MEGA GOLD ORAL TABLET EXTENDED RELEASE	Supplemental Formulary	
ULTRA MEGA ORAL TABLET EXTENDED RELEASE	Supplemental Formulary	
ULTRA MEGA TWO ORAL TABLET EXTENDED RELEASE	Supplemental Formulary	
ultra multi formula/iron oral capsule	Supplemental Formulary	
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	Supplemental Formulary	
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	Supplemental Formulary	
ultra-mega oral tablet extended release	Supplemental Formulary	
v-c forte oral capsule	Supplemental Formulary	
VIC-FORTE ORAL CAPSULE	Supplemental Formulary	
vision formula 2 oral capsule	Supplemental Formulary	
vision formula/lutein oral tablet	Supplemental Formulary	
vision plus oral capsule	Supplemental Formulary	
vision vitamins oral tablet	Supplemental Formulary	
visivites oral tablet	Supplemental Formulary	
visivites/lutein oral tablet	Supplemental Formulary	
vita hair oral tablet	Supplemental Formulary	
VITA S FORTE ORAL TABLET	Supplemental Formulary	
vitabasic complete oral tablet	Supplemental Formulary	
vitabasic senior oral tablet	Supplemental Formulary	
vitabex oral capsule	Supplemental Formulary	
vitabex plus oral capsule	Supplemental Formulary	
VITACEL ORAL TABLET	Supplemental Formulary	
vitamin d3 complete oral tablet	Supplemental Formulary	

Drug Name	Status	Notes
vita-min oral capsule	Supplemental Formulary	
vitamins a-d-e/selenium oral tablet	Supplemental Formulary	
VITAROCA PLUS ORAL TABLET	Supplemental Formulary	
VITASANA ORAL TABLET	Supplemental Formulary	
VITATRUM COMPLETE ORAL TABLET	Supplemental Formulary	
vitatrum oral tablet	Supplemental Formulary	
vitatrum oral tablet chewable	Supplemental Formulary	
VITEYES CLASSIC ADVANCED ORAL CAPSULE	Supplemental Formulary	
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET	Supplemental Formulary	
VITEYES COMPLETE ORAL CAPSULE	Supplemental Formulary	
vitrum 50+ adult-multi oral tablet	Supplemental Formulary	
vitrum 50+ senior multi oral tablet	Supplemental Formulary	
VITRUM SENIOR ORAL TABLET	Supplemental Formulary	
WAL-BORN VITAMIN C ORAL TABLET CHEWABLE	Supplemental Formulary	
womens 50+ advanced oral capsule	Supplemental Formulary	
womens 50+ multi vitamin/min oral tablet	Supplemental Formulary	
womens daily form/fa/ca/fe oral tablet	Supplemental Formulary	
womens daily formula oral tablet	Supplemental Formulary	
WOMENS LIFE PACK ORAL TABLET	Supplemental Formulary	
womens multi gummies oral tablet chewable	Supplemental Formulary	
womens multi oral capsule	Supplemental Formulary	
womens multi vitamin & mineral oral tablet	Supplemental Formulary	
womens multivitamin oral tablet	Supplemental Formulary	
WOMENS PACK ORAL	Supplemental Formulary	
YELETS TEENAGE FORMULA ORAL TABLET	Supplemental Formulary	
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	
*MULTIVITAMINS***		
antioxidant formula oral capsule 250-10000-200	Supplemental Formulary	
anti-oxidant oral tablet	Supplemental Formulary	
CHLOROCAPS ORAL CAPSULE	Supplemental Formulary	
daily multiple vitamins oral tablet	Supplemental Formulary	
daily value multivitamin oral tablet	Supplemental Formulary	
daily vitamins oral tablet	Supplemental Formulary	
daily vite oral tablet	Supplemental Formulary	

Drug Name	Status	Notes
daily vites oral tablet	Supplemental Formulary	
daily-vitamin oral tablet	Supplemental Formulary	
daily-vite oral tablet	Supplemental Formulary	
dekas essential oral capsule	Supplemental Formulary	
dekas essential oral liquid	Supplemental Formulary	
ESTROFACTORS ORAL TABLET	Supplemental Formulary	
gnp essential one daily oral tablet	Supplemental Formulary	
healthy hair/skin/nails oral tablet	Supplemental Formulary	
MOMMY'S BLISS MV ORGANIC DROPS ORAL LIQUID	Supplemental Formulary	
multi vitamin oral tablet	Supplemental Formulary	
multi vitamin w/d-3 oral tablet	Supplemental Formulary	
multiple vitamin-folic acid oral tablet	Supplemental Formulary	
multiple vitamins essential oral tablet	Supplemental Formulary	
multiple vitamins oral tablet	Supplemental Formulary	
multivitamin adult oral tablet	Supplemental Formulary	
multivitamin iron-free oral tablet	Supplemental Formulary	
multivitamin oral tablet	Supplemental Formulary	
multi-vitamin oral tablet	Supplemental Formulary	
multivitamin+ oral liquid	Supplemental Formulary	
multi-vitamins oral tablet	Supplemental Formulary	
mv-one oral capsule	Supplemental Formulary	
NEOMULTIVITE ORAL TABLET	Supplemental Formulary	
omnicap oral tablet	Supplemental Formulary	
once daily oral tablet	Supplemental Formulary	
ONE DAILY ESSENTIAL ORAL TABLET	Supplemental Formulary	
one daily multivitamin adult oral tablet	Supplemental Formulary	
one daily oral tablet	Supplemental Formulary	
ONE-A-DAY ESSENTIAL ORAL TABLET	Supplemental Formulary	
ONE-A-DAY MENS ORAL TABLET	Supplemental Formulary	
one-daily multi vitamins oral tablet	Supplemental Formulary	
one-daily multi-vitamin oral tablet	Supplemental Formulary	
qc essentials oral tablet	Supplemental Formulary	
quintabs oral tablet	Supplemental Formulary	
sm multiple vitamins essential oral tablet	Supplemental Formulary	
stress formula oral tablet	Supplemental Formulary	
STRESSTABS ENERGY ORAL TABLET	Supplemental Formulary	
TAB-A-VITE ORAL TABLET	Supplemental Formulary	

Drug Name	Status	Notes
TAB-A-VITE/BETA CAROTENE ORAL TABLET	Supplemental Formulary	
THERA ORAL TABLET	Supplemental Formulary	
thera-mill oral tablet	Supplemental Formulary	
thera-tabs oral tablet	Supplemental Formulary	
THEREMS ORAL TABLET	Supplemental Formulary	
vit e-vit c-beta carotene oral tablet 200-250-5000	Supplemental Formulary	
vitalee oral tablet	Supplemental Formulary	
ZE-PLUS ORAL CAPSULE	Supplemental Formulary	
*PED MULTI VITAMINS W/FL & FE***		
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	Supplemental Formulary	
multivitamin/fluoride/iron oral solution 0.25-10 mg/ml	Supplemental Formulary	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Supplemental Formulary	
*PED MULTIPLE VITAMINS W/ MINERALS***		
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE	Supplemental Formulary	
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE	Supplemental Formulary	
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE	Supplemental Formulary	
CENTRUM KIDS ORAL TABLET CHEWABLE	Supplemental Formulary	
childrens gummies oral tablet chewable	Supplemental Formulary	
eq multivitamin gummies oral tablet chewable	Supplemental Formulary	
eq multivitamins gummy child oral tablet chewable	Supplemental Formulary	
eq1 gummies childrens oral tablet chewable	Supplemental Formulary	
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE	Supplemental Formulary	
FLINTSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE	Supplemental Formulary	
FLINTSTONES GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	
FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE	Supplemental Formulary	
FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	

Drug Name	Status	Notes
FLINTSTONES TODDLER ORAL TABLET CHEWABLE	Supplemental Formulary	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Supplemental Formulary	
healthy kids gummies oral tablet chewable	Supplemental Formulary	
multivit-min gummies childrens oral tablet chewable	Supplemental Formulary	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	Supplemental Formulary	
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	Supplemental Formulary	
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	Supplemental Formulary	
ONE-A-DAY JOLLY RANCHER ORAL TABLET CHEWABLE	Supplemental Formulary	
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE	Supplemental Formulary	
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	
vitachew multiple vitamin oral tablet chewable	Supplemental Formulary	
VITALETS CHILDRENS ORAL TABLET CHEWABLE	Supplemental Formulary	
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	
*PED MV W/ FLUORIDE***		
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Supplemental Formulary	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Supplemental Formulary	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Supplemental Formulary	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Supplemental Formulary	
poly-vitamin/fluoride oral solution 0.5 mg/ml	Supplemental Formulary	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Supplemental Formulary	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Supplemental Formulary	
*PED MV W/ IRON***		
bite-a-mins/iron oral tablet chewable 15 mg	Supplemental Formulary	
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML	Supplemental Formulary	

Drug Name	Status	Notes
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	Supplemental Formulary	
childrens animal shapes oral tablet chewable 18 mg	Supplemental Formulary	
eq complete multivitamin child oral tablet chewable 18 mg	Supplemental Formulary	
eq1 child multivit/minerals oral tablet chewable 18 mg	Supplemental Formulary	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 10 MG	Supplemental Formulary	
FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG	Supplemental Formulary	
fruity chews/iron oral tablet chewable	Supplemental Formulary	
gnp childrens chewables/iron oral tablet chewable 15 mg	Supplemental Formulary	
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3	Supplemental Formulary	
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG	Supplemental Formulary	
multiple vitamins-iron oral tablet chewable 15 mg	Supplemental Formulary	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	Supplemental Formulary	
poly-vitamin/iron oral solution 10 mg/ml	Supplemental Formulary	
PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG	Supplemental Formulary	
qc childrens complete oral tablet chewable 18 mg	Supplemental Formulary	
qc childrens vitamins/iron oral tablet chewable 15 mg	Supplemental Formulary	
ra vitamins complete childrens oral tablet chewable 18 mg	Supplemental Formulary	
sm animal shapes complete oral tablet chewable 18 mg	Supplemental Formulary	
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG	Supplemental Formulary	
*PEDIATRIC MULTIPLE VITAMINS***		
bite-a-mins oral tablet chewable	Supplemental Formulary	
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	Supplemental Formulary	
childrens chewable vitamins oral tablet chewable	Supplemental Formulary	

Drug Name	Status	Notes
CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE	Supplemental Formulary	
FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE	Supplemental Formulary	
FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE	Supplemental Formulary	
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE	Supplemental Formulary	
fruity chews oral tablet chewable	Supplemental Formulary	
gnp childrens chewables/ex c oral tablet chewable	Supplemental Formulary	
gnp little ones childrens oral tablet chewable	Supplemental Formulary	
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE	Supplemental Formulary	
little animals oral tablet chewable	Supplemental Formulary	
multivitamin childrens oral tablet chewable	Supplemental Formulary	
multivitamin infant & toddler oral solution	Supplemental Formulary	
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID	Supplemental Formulary	
ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE	Supplemental Formulary	
POLY-VI-SOL ORAL SOLUTION	Supplemental Formulary	
poly-vite pediatric oral solution	Supplemental Formulary	
qc childrens vitamins/extra c oral tablet chewable	Supplemental Formulary	
sm animal shapes kids first oral tablet chewable	Supplemental Formulary	
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE	Supplemental Formulary	
*PEDIATRIC VITAMINS***		
HONEY BEARS ORAL TABLET CHEWABLE	Supplemental Formulary	
multivitamin gummies childrens oral tablet chewable	Supplemental Formulary	
*VITAMINS A & D***		
a & d oral capsule 10000-400 unit	Supplemental Formulary	
cod liver oil for kids oral oil	Supplemental Formulary	
cod liver oil oral capsule , 1250-130 unit, 1250-133 unit, 1250-135 unit, 4000-200 unit	Supplemental Formulary	
cod liver oil oral oil , 5000-500 unit/5ml	Supplemental Formulary	
cod liver oil w/vit a & d oral capsule	Supplemental Formulary	
cod liver oil/low vitamin a oral capsule	Supplemental Formulary	

Drug Name	Status	Notes
cod liver oil/vitamins a & d oral capsule	Supplemental Formulary	
norwegian cod liver oil oral capsule	Supplemental Formulary	
norwegian cod liver oil oral oil	Supplemental Formulary	
qc cod liver oil oral capsule 1250-135 unit	Supplemental Formulary	
qc cod liver oil oral oil	Supplemental Formulary	
ra cod liver oil oral capsule 1250-133 unit	Supplemental Formulary	
ra cod liver oil oral oil	Supplemental Formulary	
sm cod liver oil oral capsule	Supplemental Formulary	
vitamin a & d oral capsule 8000-400 unit	Supplemental Formulary	
vitamins a & d oral capsule 5000-400 unit	Supplemental Formulary	
yl natural vitamin a & d oral capsule 1250-135 unit	Supplemental Formulary	
*VITAMINS W/ LIPOTROPICS***		
ACTIFLOVIT EAR HEALTH ORAL TABLET	Supplemental Formulary	
balance b-100 oral tablet	Supplemental Formulary	
balanced b-50 complex oral capsule	Supplemental Formulary	
balanced b-50 complex oral tablet	Supplemental Formulary	
b-stress oral capsule	Supplemental Formulary	
ear health formula oral tablet	Supplemental Formulary	
ear health plus oral tablet	Supplemental Formulary	
LIPOFLAVOVIT ORAL TABLET	Supplemental Formulary	
LIPOTRIAD ORAL TABLET	Supplemental Formulary	
mega multiple/chelated mineral oral tablet	Supplemental Formulary	
multi-vitamin hp/minerals oral capsule	Supplemental Formulary	
nat-rul b-50 oral tablet	Supplemental Formulary	
PX B-50 ORAL TABLET	Supplemental Formulary	
risanoid plus oral tablet	Supplemental Formulary	
ultra b-100 complex oral tablet	Supplemental Formulary	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*NASAL AGENTS - MISC.***		
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %	Supplemental Formulary	
altamist spray nasal solution 0.65 %	Supplemental Formulary	
AYR NASAL SOLUTION 0.65 %	Supplemental Formulary	
AYR SALINE NASAL DROPS NASAL SOLUTION 0.65 %	Supplemental Formulary	
BABY AYR SALINE NASAL SOLUTION 0.65 %	Supplemental Formulary	
deep sea nasal spray nasal solution 0.65 %	Supplemental Formulary	

Drug Name	Status	Notes
eq saline nasal spray nasal solution 0.65 %	Supplemental Formulary	
eql saline nasal spray nasal solution 0.65 %	Supplemental Formulary	
gnp nasal moisturizing nasal solution 0.65 %	Supplemental Formulary	
LITTLE REMEDIES SALINE NASAL SOLUTION	Supplemental Formulary	
meijer saline nasal spray nasal solution 0.65 %	Supplemental Formulary	
NASAL MOIST NASAL SOLUTION 0.65 %	Supplemental Formulary	
nasal moisturizing spray nasal solution 0.65 %	Supplemental Formulary	
OCEAN FOR KIDS NASAL SOLUTION 0.65 %	Supplemental Formulary	
OCEAN NASAL SPRAY NASAL SOLUTION 0.65 %	Supplemental Formulary	
px saline nasal spray nasal solution 0.65 %	Supplemental Formulary	
qc saline nasal relief nasal solution 0.65 %	Supplemental Formulary	
ra saline nasal spray nasal solution 0.65 %	Supplemental Formulary	
saline mist spray nasal solution 0.65 %	Supplemental Formulary	
saline nasal spray nasal solution 0.65 %	Supplemental Formulary	
sb saline nose nasal solution 0.65 %	Supplemental Formulary	
sm nasal spray saline nasal solution 0.65 %	Supplemental Formulary	
sodium chloride nasal solution 0.65 %	Supplemental Formulary	
*SYSTEMIC DECONGESTANTS***		
12 hour decongestant oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
decongestant oral tablet 30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql nasal decongestant oral tablet 30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
eql nasal decongestant pe oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp nasal decongestant oral tablet 30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp nasal decongestant pe oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
hm nasal decongestant pe oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
kp pseudoephedrine hcl oral tablet 30 mg, 60 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
meijer nasal decongestant oral tablet 30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
nasal decongestant 12hr oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
nasal decongestant oral tablet 30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
nasal decongestant pe max st oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
nasal decongestant pe oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
non-pseudo sinus decongestant oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
phenylephrine hcl oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
pseudoephedrine hcl oral tablet 30 mg, 60 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px nasal decongestant oral tablet 30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px nasal decongestant oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
px nasal decongestant pe oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra nasal decongestant pe oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra sinus/congestion relief pe oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra suphedrine oral tablet 30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
ra suphedrine oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sinus 12 hour oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm nasal decongestant max st oral tablet 30 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm nasal decongestant oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sm nasal decongestant pe oral tablet 10 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

Drug Name	Status	Notes
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDAFED ORAL TABLET 30 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDAFED PE MAXIMUM STRENGTH ORAL TABLET 10 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDAFED PE SINUS CONGESTION ORAL TABLET 10 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
sudogest 12 hour oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDOGEST ORAL TABLET 30 MG, 60 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
SUDOGEST PE ORAL TABLET 10 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
suphedrine 12hour oral tablet extended release 12 hour 120 mg	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-PHED ORAL TABLET 30 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
WAL-PHED PE ORAL TABLET 10 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
*TOPICAL DECONGESTANTS***		
12 hour decongestant nasal solution 0.05 %	Supplemental Formulary	
12 hour nasal decongestant nasal solution 0.05 %	Supplemental Formulary	
12 hour nasal relief spray nasal solution 0.05 %	Supplemental Formulary	
12 hour nasal spray nasal solution 0.05 %	Supplemental Formulary	
4-WAY FAST ACTING NASAL SOLUTION 1 %	Supplemental Formulary	
4-WAY MENTHOL NASAL SOLUTION 1 %	Supplemental Formulary	
ADRENALIN NASAL SOLUTION 0.1 %	Supplemental Formulary	
AFRIN 12 HOUR NASAL SOLUTION 0.05 %	Supplemental Formulary	

Drug Name	Status	Notes
AFRIN ALL NIGHT NODRIP NASAL SOLUTION 0.05 %	Supplemental Formulary	
AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION 0.05 %	Supplemental Formulary	
AFRIN NODRIP ORIGINAL NASAL SOLUTION 0.05 %	Supplemental Formulary	
AFRIN NODRIP SEVERE CONGEST NASAL SOLUTION 0.05 %	Supplemental Formulary	
AFRIN NODRIP SINUS NASAL SOLUTION 0.05 %	Supplemental Formulary	
AFRIN PUMP MIST NASAL SOLUTION 0.05 %	Supplemental Formulary	
anefrin spray nasal solution 0.05 %	Supplemental Formulary	
DURATION 12 HOUR NASAL SPRAY NASAL SOLUTION 0.05 %	Supplemental Formulary	
DURATION SPRAY NASAL SOLUTION 0.05 %	Supplemental Formulary	
ephrine nose drops nasal solution 1 %	Supplemental Formulary	
eq nasal spray fast acting nasal solution 1 %	Supplemental Formulary	
eq nasal spray nasal solution 0.05 %	Supplemental Formulary	
eql nasal spray 12 hour nasal solution 0.05 %	Supplemental Formulary	
eql nasal spray fast acting nasal solution 1 %	Supplemental Formulary	
eql nasal spray no drip nasal solution 0.05 %	Supplemental Formulary	
gnp nasal spray extra moist nasal solution 0.05 %	Supplemental Formulary	
gnp nasal spray fast acting nasal solution 1 %	Supplemental Formulary	
gnp nasal spray nasal solution 0.05 %	Supplemental Formulary	
gnp no drip nasal spray nasal solution 0.05 %	Supplemental Formulary	
hm nose drops nasal solution 1 %	Supplemental Formulary	
LITTLE REMEDIES DECONG NOSE NASAL SOLUTION 0.125 %	Supplemental Formulary	
long acting nasal spray nasal solution 0.05 %	Supplemental Formulary	
long lasting nasal spray nasal solution 0.05 %	Supplemental Formulary	
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	Supplemental Formulary	
nasal decongestant spray nasal solution 0.05 %	Supplemental Formulary	
nasal four nasal solution 1 %	Supplemental Formulary	
nasal relief nasal solution 0.05 %	Supplemental Formulary	
nasal spray 12 hour nasal solution 0.05 %	Supplemental Formulary	
nasal spray extra moisturizing nasal solution 0.05 %	Supplemental Formulary	

Drug Name	Status	Notes
nasal spray max strength nasal solution 0.05 %	Supplemental Formulary	
nasal spray nasal solution 0.05 %	Supplemental Formulary	
nasal spray no drip nasal solution 0.05 %	Supplemental Formulary	
nasal spray sinus nasal solution 0.05 %	Supplemental Formulary	
no drip nasal spray nasal solution 0.05 %	Supplemental Formulary	
NRS NASAL RELIEF NASAL SOLUTION 0.05 %	Supplemental Formulary	
px nasal four nasal solution 1 %	Supplemental Formulary	
px nasal spray moisturizing nasal solution 0.05 %	Supplemental Formulary	
px no drip nasal spray nasal solution 0.05 %	Supplemental Formulary	
px original nasal spray nasal solution 0.05 %	Supplemental Formulary	
qc nasal spray nasal solution 0.05 %	Supplemental Formulary	
qc no drip nasal relief nasal solution 0.05 %	Supplemental Formulary	
QLEARQUIL NASAL SOLUTION 0.05 %	Supplemental Formulary	
ra 12 hour nasal spray nasal solution 0.05 %	Supplemental Formulary	
ra nose drops extra strength nasal solution 1 %	Supplemental Formulary	
sb 12hr nasal spray nasal solution 0.05 %	Supplemental Formulary	
sb nasal spray no-drip nasal solution 0.05 %	Supplemental Formulary	
sb sinus relief nasal solution 0.05 %	Supplemental Formulary	
sinus nasal spray nasal solution 0.05 %	Supplemental Formulary	
sinus relief extra strength nasal solution 1 %	Supplemental Formulary	
sinus relief mist nasal solution 0.05 %	Supplemental Formulary	
sinus relief nasal solution 0.05 %	Supplemental Formulary	
sm nasal spray 12 hour nasal solution 0.05 %	Supplemental Formulary	
sm nasal spray moisturizing nasal solution 0.05 %	Supplemental Formulary	
sm nasal spray nasal solution 0.05 %	Supplemental Formulary	
sm nasal spray sinus nasal solution 0.05 %	Supplemental Formulary	
sm nose drops nasal decongest nasal solution 1 %	Supplemental Formulary	
VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION 0.05 %	Supplemental Formulary	
VICKS SINEX MOISTURIZING NASAL SOLUTION 0.05 %	Supplemental Formulary	
VICKS SINEX SEVERE DECONGEST NASAL SOLUTION 0.05 %	Supplemental Formulary	
VICKS SINEX SEVERE NASAL SOLUTION 0.05 %	Supplemental Formulary	

Drug Name	Status	Notes
WAL-FOUR NASAL SOLUTION 1 %	Supplemental Formulary	
NEUROMUSCULAR AGENTS		
*BENZATHIAZOLES***		
riluzole oral tablet 50 mg	Supplemental Formulary	SPB; QL (60 EA per 30 days)
NUTRIENTS		
*AMINO ACIDS-SINGLE***		
g-levocarnitine s/f oral solution 1 gm/10ml	Supplemental Formulary	
levocarnitine l-tartrate oral tablet 330 mg	Supplemental Formulary	
l-glutamine oral tablet 500 mg	Supplemental Formulary	
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS***		
kelp-b6-lecithin-vinegar oral capsule 5-0.75-200-50 mg	Supplemental Formulary	
OPHTHALMIC AGENTS		
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***		
ALTALUBE OPHTHALMIC OINTMENT 85-15 %	Supplemental Formulary	
artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 1-0.3 %	Supplemental Formulary	
artificial tears pf ophthalmic solution 0.1-0.3 %	Supplemental Formulary	
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	Supplemental Formulary	
eq artificial tears ophthalmic solution 1-0.3 %	Supplemental Formulary	
eq lubricant eye drops ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
EQ RESTORE PM OPHTHALMIC OINTMENT	Supplemental Formulary	
eye lubricant ophthalmic ointment	Supplemental Formulary	
for sty relief ophthalmic ointment 31.9-57.7 %	Supplemental Formulary	
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	Supplemental Formulary	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT	Supplemental Formulary	
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.3 %	Supplemental Formulary	
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	Supplemental Formulary	
gnp eye drops long lasting ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %	Supplemental Formulary	

Drug Name	Status	Notes
hm dry eye relief ophthalmic solution 0.2-0.2-1 %	Supplemental Formulary	
hm lubricating tears ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
HYPOTEARs OPTHALMIC OINTMENT	Supplemental Formulary	
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
lubricant eye drops ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
lubricant eye fast acting ophthalmic ointment	Supplemental Formulary	
lubricant eye nighttime ophthalmic ointment	Supplemental Formulary	
lubricant eye ophthalmic ointment	Supplemental Formulary	
lubricating eye drops ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
lubrifresh p.m. ophthalmic ointment	Supplemental Formulary	
MOISTURE EYES OPTHALMIC SOLUTION 1-0.3 %	Supplemental Formulary	
ra artificial tears ophthalmic solution 1-0.3 %	Supplemental Formulary	
ra lubricant eye ophthalmic solution 0.4-0.3 %, 1-0.3 %	Supplemental Formulary	
REFRESH LACRI-LUBE OPTHALMIC OINTMENT	Supplemental Formulary	
REFRESH OPTHALMIC SOLUTION 1.4-0.6 %	Supplemental Formulary	
RETAINe PM OPTHALMIC OINTMENT	Supplemental Formulary	
sm dry eye relief ophthalmic solution 0.2-0.2-1 %	Supplemental Formulary	
sm lubricant eye drops ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
sm lubricating tears ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
SOOTHE NIGHTTIME OPTHALMIC OINTMENT	Supplemental Formulary	
STYE OPTHALMIC OINTMENT 31.9-57.7 %	Supplemental Formulary	
SYSTANE NIGHTTIME OPTHALMIC OINTMENT	Supplemental Formulary	
SYSTANE OPTHALMIC SOLUTION 0.4-0.3 %	Supplemental Formulary	
SYSTANE PRESERVATIVE FREE OPTHALMIC SOLUTION 0.4-0.3 %	Supplemental Formulary	
SYSTANE ULTRA OPTHALMIC SOLUTION 0.4-0.3 %	Supplemental Formulary	

Drug Name	Status	Notes
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	Supplemental Formulary	
ULTRA FRESH PM OPHTHALMIC OINTMENT	Supplemental Formulary	
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	Supplemental Formulary	
*ARTIFICIAL TEAR INSERTS***		
LACRISERT OPHTHALMIC INSERT 5 MG	Supplemental Formulary	
*ARTIFICIAL TEAR SOLUTIONS***		
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	Supplemental Formulary	
just tears eye drops ophthalmic solution	Supplemental Formulary	
sm artificial tears ophthalmic solution	Supplemental Formulary	
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 %	Supplemental Formulary	
SOOTHE XP OPHTHALMIC SOLUTION	Supplemental Formulary	
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION	Supplemental Formulary	
SYSTANE CONTACTS OPHTHALMIC SOLUTION	Supplemental Formulary	
*ARTIFICIAL TEARS AND LUBRICANTS***		
artificial tears ophthalmic solution 1.4 %	Supplemental Formulary	
BIOLLE GEL TEARS OPHTHALMIC GEL 1 %	Supplemental Formulary	
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 %	Supplemental Formulary	
eq restore plus lubricant eye ophthalmic solution 0.5 %	Supplemental Formulary	
eq restore tears ophthalmic solution 0.5 %	Supplemental Formulary	
eye drops ophthalmic solution 0.5 %	Supplemental Formulary	
gnp lubricating plus eye drops ophthalmic solution 0.5 %	Supplemental Formulary	
goodsense lubricating eye drop ophthalmic solution 0.5 %	Supplemental Formulary	
liquitears ophthalmic solution 1.4 %	Supplemental Formulary	
lubricant eye drops ophthalmic solution 0.5 %	Supplemental Formulary	
lubricant eye drops pf ophthalmic solution 0.5 %	Supplemental Formulary	
lubricating plus eye drops ophthalmic solution 0.5 %	Supplemental Formulary	
moisturizing lubricant eye ophthalmic solution 0.25 %	Supplemental Formulary	

Drug Name	Status	Notes
polyvinyl alcohol ophthalmic solution 1.4 %	Supplemental Formulary	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	Supplemental Formulary	
ra lubricant eye drops ophthalmic solution 0.5 %	Supplemental Formulary	
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	Supplemental Formulary	
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	Supplemental Formulary	
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	Supplemental Formulary	
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	Supplemental Formulary	
sm lubricating plus ophthalmic solution 0.5 %	Supplemental Formulary	
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 %	Supplemental Formulary	
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 %	Supplemental Formulary	
VISINE DRY EYE RELIEF OPHTHALMIC SOLUTION 1 %	Supplemental Formulary	
*CYCLOPLEGIC MYDRIATICS***		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Supplemental Formulary	
atropine sulfate ophthalmic ointment 1 %	Supplemental Formulary	
atropine sulfate ophthalmic solution 1 %	Supplemental Formulary	
cyclopentolate hcl ophthalmic solution 1 %	Supplemental Formulary	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Supplemental Formulary	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	Supplemental Formulary	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Supplemental Formulary	
tropicamide ophthalmic solution 0.5 %, 1 %	Supplemental Formulary	
*GONIOSCOPIC SOLUTIONS***		
GONIOTAIRE OPHTHALMIC SOLUTION 2.5 %	Supplemental Formulary	
*OPHTHALMIC ANTIVIRALS***		
trifluridine ophthalmic solution 1 %	Supplemental Formulary	
*OPHTHALMIC DECONGESTANT COMBINATIONS***		
advanced lubricant ophthalmic solution 0.05-1 %	Supplemental Formulary	

Drug Name	Status	Notes
eq eye allergy relief ophthalmic solution 0.027-0.315 %	Supplemental Formulary	
eql advanced relief ophthalmic solution 0.05-0.1-1-1 %	Supplemental Formulary	
eql eye drops ac ophthalmic solution 0.05-0.25 %	Supplemental Formulary	
eye allergy relief ophthalmic solution 0.027-0.315 %	Supplemental Formulary	
eye drops advanced relief ophthalmic solution 0.05-0.1-1-1 %	Supplemental Formulary	
eye drops ar ophthalmic solution 0.05-0.25 %	Supplemental Formulary	
eye drops maximum relief ophthalmic solution 0.05-0.1-1-1 %	Supplemental Formulary	
eye drops ophthalmic solution 0.012-0.2 %	Supplemental Formulary	
gnp eye drops ophthalmic solution 0.05-0.1-1-1 %	Supplemental Formulary	
goodsense eye drops ophthalmic solution 0.05-0.1-1-1 %	Supplemental Formulary	
goodsense relief eye drops ophthalmic solution 0.05-0.25 %	Supplemental Formulary	
hm eye drops advanced relief ophthalmic solution 0.05-0.1-1-1 %	Supplemental Formulary	
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 %	Supplemental Formulary	
ra eye allergy relief ophthalmic solution 0.027-0.315 %	Supplemental Formulary	
ra sterile eye drops ophthalmic solution 0.012-0.2 %	Supplemental Formulary	
relief drops ophthalmic solution 0.05-0.25 %	Supplemental Formulary	
relief eye drops ophthalmic solution 0.05-0.25 %	Supplemental Formulary	
sm eye drops ophthalmic solution 0.05-0.1-1-1 %	Supplemental Formulary	
VISINE-AC OPHTHALMIC SOLUTION 0.05-0.25 %	Supplemental Formulary	
*OPHTHALMIC DECONGESTANTS****		
eq eye drops ophthalmic solution 0.05 %	Supplemental Formulary	
eql eye drops ophthalmic solution 0.05 %	Supplemental Formulary	
eye drops ophthalmic solution 0.05 %	Supplemental Formulary	
gnp eye drops ophthalmic solution 0.05 %	Supplemental Formulary	
goodsense eye drops ophthalmic solution 0.05 %	Supplemental Formulary	

Drug Name	Status	Notes
hm eye drops ophthalmic solution 0.05 %	Supplemental Formulary	
px sterile eye drops ophthalmic solution 0.05 %	Supplemental Formulary	
redness reliever eye drops ophthalmic solution 0.05 %	Supplemental Formulary	
sm eye drops ophthalmic solution 0.05 %	Supplemental Formulary	
tetrahydrozoline hcl ophthalmic solution 0.05 %	Supplemental Formulary	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***		
ALTACHLORE OPHTHALMIC OINTMENT 5 %	Supplemental Formulary	
ALTACHLORE OPHTHALMIC SOLUTION 5 %	Supplemental Formulary	
MURO 128 OPHTHALMIC OINTMENT 5 %	Supplemental Formulary	
MURO 128 OPHTHALMIC SOLUTION 2 %, 5 %	Supplemental Formulary	
sodium chloride (hypertonic) ophthalmic ointment 5 %	Supplemental Formulary	
sodium chloride (hypertonic) ophthalmic solution 5 %	Supplemental Formulary	
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
acetic acid otic solution 2 %	Supplemental Formulary	
*OTIC STEROIDS***		
ACETASOL HC OTIC SOLUTION 2-1 %	Supplemental Formulary	
hydrocortisone-acetic acid otic solution 1-2 %	Supplemental Formulary	
OXYTOCICS		
*OXYTOCICS***		
METHERGINE ORAL TABLET 0.2 MG	Supplemental Formulary	
methylergonovine maleate oral tablet 0.2 mg	Supplemental Formulary	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	Supplemental Formulary	PA; SPA; QL (1 ML per 30 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	Supplemental Formulary	PA; SPA; QL (0.5 ML per 30 days)

Drug Name	Status	Notes
PENICILLINS		
*AMINOPENICILLINS***		
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	Supplemental Formulary	
ampicillin sodium intravenous solution reconstituted 1 gm, 2 gm	Supplemental Formulary	
*NATURAL PENICILLINS***		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Supplemental Formulary	
*PENICILLIN COMBINATIONS***		
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Supplemental Formulary	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	Supplemental Formulary	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 40.5 (36-4.5) gm	Supplemental Formulary	
*PENICILLINASE-RESISTANT PENICILLINS***		
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	Supplemental Formulary	
nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Supplemental Formulary	
oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml	Supplemental Formulary	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	Supplemental Formulary	
oxacillin sodium intravenous solution reconstituted 10 gm	Supplemental Formulary	
PHARMACEUTICAL ADJUVANTS		
*ANTIMICROBIAL AGENTS***		
chlorobutanol anhydrous powder	Supplemental Formulary	
chlorobutanol crystals	Supplemental Formulary	
chlorobutanol hemihydrate crystals	Supplemental Formulary	
chlorobutanol powder	Supplemental Formulary	
*COLORING AGENTS***		
fd&c yellow #5 powder	Supplemental Formulary	
fd&c yellow #6 aluminum lake powder	Supplemental Formulary	

Drug Name	Status	Notes
fdc yellow 5 aluminum lake powder	Supplemental Formulary	
fdc yellow 6 powder	Supplemental Formulary	
food color orange powder	Supplemental Formulary	
food color yellow #5 alum lake powder	Supplemental Formulary	
*FLAVORING AGENTS***		
almond oil bitter flavor liquid	Supplemental Formulary	
anise extract liquid	Supplemental Formulary	
apple flavor liquid	Supplemental Formulary	
apricot flavor liquid	Supplemental Formulary	
bacon flavor liquid	Supplemental Formulary	
banana concentrate liquid	Supplemental Formulary	
banana cream flavor liquid	Supplemental Formulary	
banana creme flavor liquid	Supplemental Formulary	
banana flavor liquid	Supplemental Formulary	
beef (grilled) flavor oil sol liquid	Supplemental Formulary	
beef braised natural flavor liquid	Supplemental Formulary	
beef flavor liquid	Supplemental Formulary	
beef type flavor natural liquid	Supplemental Formulary	
bitter stop flavor liquid	Supplemental Formulary	
bitterness mask flavor liquid	Supplemental Formulary	
bitterness suppressor flavor liquid	Supplemental Formulary	
blackberry flavor liquid	Supplemental Formulary	
blueberry flavor liquid	Supplemental Formulary	
bubble gum concentrate liquid	Supplemental Formulary	
bubble gum flavor liquid	Supplemental Formulary	
butter flavor liquid	Supplemental Formulary	
butter rum flavor liquid	Supplemental Formulary	
butterscotch flavor liquid	Supplemental Formulary	
caramel flavor liquid	Supplemental Formulary	
cheesecake flavor liquid	Supplemental Formulary	
cherry flavor liquid	Supplemental Formulary	
chicken (grilled) flavor liquid	Supplemental Formulary	
chicken flavor liquid	Supplemental Formulary	
chicken flavor oil miscible liquid	Supplemental Formulary	
chicken flavor oil soluble liquid	Supplemental Formulary	
chicken flavor water miscible liquid	Supplemental Formulary	
chicken roasted concentrate liquid	Supplemental Formulary	
chocolate flavor liquid	Supplemental Formulary	

Drug Name	Status	Notes
chocolate hazelnut flavor liquid	Supplemental Formulary	
coconut flavor liquid	Supplemental Formulary	
coffee flavor liquid	Supplemental Formulary	
cola flavor liquid	Supplemental Formulary	
cotton candy flavor liquid	Supplemental Formulary	
cran-raspberry flavor liquid	Supplemental Formulary	
creme de menthe flavor liquid	Supplemental Formulary	
creme dementhe flavor liquid	Supplemental Formulary	
english toffee flavor liquid	Supplemental Formulary	
eugenol flavor liquid	Supplemental Formulary	
fish flavor liquid	Supplemental Formulary	
FLAVORX LIQUID	Supplemental Formulary	
grape flavor liquid	Supplemental Formulary	
guava flavor liquid	Supplemental Formulary	
ham flavor liquid	Supplemental Formulary	
honey flavor liquid	Supplemental Formulary	
kahlua flavor liquid	Supplemental Formulary	
lemon extract liquid	Supplemental Formulary	
lemon flavor liquid	Supplemental Formulary	
licorice flavor liquid	Supplemental Formulary	
liver concentrate liquid	Supplemental Formulary	
liver flavor liquid	Supplemental Formulary	
mango flavor liquid	Supplemental Formulary	
maple flavor liquid	Supplemental Formulary	
marshmallow flavor liquid	Supplemental Formulary	
mint chocolate chip flavor liquid	Supplemental Formulary	
natural caramel liquid	Supplemental Formulary	
orange concentrate liquid	Supplemental Formulary	
orange cream flavor liquid	Supplemental Formulary	
orange flavor liquid	Supplemental Formulary	
orange oil flavor liquid	Supplemental Formulary	
PCCA SWEETNESS ENHANCER LIQUID	Supplemental Formulary	
peach flavor liquid	Supplemental Formulary	
peanut butter flavor liquid	Supplemental Formulary	
pina colada flavor liquid	Supplemental Formulary	
pineapple flavor liquid	Supplemental Formulary	
pralines and cream flavor liquid	Supplemental Formulary	
pumpkin flavor liquid	Supplemental Formulary	

Drug Name	Status	Notes
raspberry flavor liquid	Supplemental Formulary	
root beer flavor liquid	Supplemental Formulary	
sardine flavor liquid	Supplemental Formulary	
shrimp flavor liquid	Supplemental Formulary	
stevia glycerite extract liquid	Supplemental Formulary	
strawberry flavor liquid	Supplemental Formulary	
sweetening enhancer liquid	Supplemental Formulary	
tropical punch flavor liquid	Supplemental Formulary	
tuna flavor liquid	Supplemental Formulary	
tutti frutti flavor liquid	Supplemental Formulary	
tutti-frutti flavor liquid	Supplemental Formulary	
vanilla butternut flavor liquid	Supplemental Formulary	
vanilla flavor liquid	Supplemental Formulary	
vitamin/iron masking agent liquid	Supplemental Formulary	
watermelon flavor liquid	Supplemental Formulary	
wild cherry flavor liquid	Supplemental Formulary	
*ORAL VEHICLES***		
cherry concentrate oral syrup	Supplemental Formulary	
cherry oral syrup	Supplemental Formulary	
flavor plus oral liquid	Supplemental Formulary	
flavor sweet oral syrup	Supplemental Formulary	
flavor sweet-sf oral syrup	Supplemental Formulary	
GERBER GOOD START WATER ORAL LIQUID	Supplemental Formulary	
GOOD START STERILE WATER ORAL LIQUID	Supplemental Formulary	
grape syrup oral syrup	Supplemental Formulary	
MX-SOL ORAL SYRUP	Supplemental Formulary	
MX-SOL SF ORAL SYRUP	Supplemental Formulary	
oral suspend oral liquid	Supplemental Formulary	
oral syrup oral syrup	Supplemental Formulary	
oral syrup sf oral syrup	Supplemental Formulary	
ORA-PLUS ORAL LIQUID	Supplemental Formulary	
ORA-SWEET ORAL SYRUP	Supplemental Formulary	
ORA-SWEET SF ORAL SYRUP	Supplemental Formulary	
PCCA SWEET-SF ORAL SYRUP	Supplemental Formulary	
PCCA SYRUP VEHICLE ORAL SYRUP	Supplemental Formulary	
SIMILAC STERILIZED WATER ORAL LIQUID	Supplemental Formulary	

Drug Name	Status	Notes
SOSWEET ORAL SYRUP	Supplemental Formulary	
SYRPALTA (RED) ORAL SYRUP	Supplemental Formulary	
SYRPALTA ORAL SYRUP	Supplemental Formulary	
SYRSPEND SF ORAL LIQUID	Supplemental Formulary	
syrup vehicle oral syrup	Supplemental Formulary	
syrup vehicle sf oral syrup	Supplemental Formulary	
VERSAFREE ORAL SYRUP	Supplemental Formulary	
VERSAPLUS ORAL SYRUP	Supplemental Formulary	
*PARENTERAL VEHICLES***		
saline bacteriostatic injection solution 0.9 %	Supplemental Formulary	
sodium chloride bacteriostatic injection solution 0.9 %	Supplemental Formulary	
sterile water for injection injection solution	Supplemental Formulary	
*PLACEBOS***		
cherry concentrate oral concentrate	Supplemental Formulary	
*SEMI SOLID VEHICLES***		
1st base external cream	Supplemental Formulary	
ALTADERM EXTERNAL CREAM	Supplemental Formulary	
ARBEM H-COSMETIC EXTERNAL CREAM	Supplemental Formulary	
ARBEM LIOPEN EXTERNAL CREAM	Supplemental Formulary	
ATREVIS HYDROGEL EXTERNAL CREAM	Supplemental Formulary	
AUXIPRO VANISHING EXTERNAL CREAM	Supplemental Formulary	
az cream external cream	Supplemental Formulary	
BASE PCCA CLARIFYING EXTERNAL CREAM	Supplemental Formulary	
base w301 external cream	Supplemental Formulary	
CHRYSADERM DAY EXTERNAL CREAM	Supplemental Formulary	
CHRYSADERM NIGHT EXTERNAL CREAM	Supplemental Formulary	
cream base external cream	Supplemental Formulary	
cream concentrate external cream	Supplemental Formulary	
cutis plus external cream	Supplemental Formulary	
DURABASE ADVANCED EXTERNAL CREAM	Supplemental Formulary	
DURABASE EXTERNAL CREAM	Supplemental Formulary	
EMOLIVAN EXTERNAL CREAM	Supplemental Formulary	
emollient base external cream	Supplemental Formulary	
fagron ls plus external cream	Supplemental Formulary	
fagron natural external cream	Supplemental Formulary	
fagron supreme external cream	Supplemental Formulary	

Drug Name	Status	Notes
FITALITE EXTERNAL CREAM	Supplemental Formulary	
freedom adaptaderm external cream	Supplemental Formulary	
freedom derma serum external cream	Supplemental Formulary	
FREEDOM DERMA-D EXTERNAL CREAM	Supplemental Formulary	
FREEDOM DERMA-N EXTERNAL CREAM	Supplemental Formulary	
hydrous emulsified base external cream	Supplemental Formulary	
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	Supplemental Formulary	
lipo cream base external cream	Supplemental Formulary	
LIPOCREAM BASE EXTERNAL CREAM	Supplemental Formulary	
lipopen ultra base external cream	Supplemental Formulary	
liposomal heavy external cream	Supplemental Formulary	
liposomal regular external cream	Supplemental Formulary	
MEDIDERM EXTERNAL CREAM	Supplemental Formulary	
microderm base external cream	Supplemental Formulary	
MICROSOME BASE EXTERNAL CREAM	Supplemental Formulary	
MULTIBASE EXTERNAL CREAM	Supplemental Formulary	
NOURILITE EXTERNAL CREAM	Supplemental Formulary	
NOURIVAN ANTIOX BASE EXTERNAL CREAM	Supplemental Formulary	
OMNIBASE EXTERNAL CREAM	Supplemental Formulary	
PCCA ALADERM BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA BASE 7542 EXTERNAL CREAM	Supplemental Formulary	
PCCA BIOPEPTIDE BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA CANNIDEX CUSTOM BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA COSMETIC HRT BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA LIPODERM BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA MVC BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA NATACREAM EXTERNAL CREAM	Supplemental Formulary	
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA VANISHING CREAM BASE EXTERNAL CREAM	Supplemental Formulary	

Drug Name	Status	Notes
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM	Supplemental Formulary	
PCCA VANPEN BASE EXTERNAL CREAM	Supplemental Formulary	
PCCA WAV CUSTOM BASE EXTERNAL CREAM	Supplemental Formulary	
PENCREAM EXTERNAL CREAM	Supplemental Formulary	
penderm external cream	Supplemental Formulary	
pensomal external cream	Supplemental Formulary	
PFCB EXTERNAL CREAM	Supplemental Formulary	
PHARMABASE ANTIOXIDANT EXTERNAL CREAM	Supplemental Formulary	
PHARMABASE COSMETIC EXTERNAL CREAM	Supplemental Formulary	
PHARMABASE COSMETIC NATURAL EXTERNAL CREAM	Supplemental Formulary	
PHARMABASE HEAVY EXTERNAL CREAM	Supplemental Formulary	
PHARMABASE LIGHT EXTERNAL CREAM	Supplemental Formulary	
PHARMABASE VAGINAL EXTERNAL CREAM	Supplemental Formulary	
PHYTOBASE EXTERNAL CREAM	Supplemental Formulary	
polyethylene glycol 3350 powder	Supplemental Formulary	
p-siloxan ds external cream	Supplemental Formulary	
sa3 derm external cream	Supplemental Formulary	
salt durable cream external cream	Supplemental Formulary	
SALT STABLE LS ADVANCED EXTERNAL CREAM	Supplemental Formulary	
SALTSTABLE LO EXTERNAL CREAM	Supplemental Formulary	
SANARE ADVANCED SCAR THERAPY EXTERNAL CREAM	Supplemental Formulary	
sanare scar therapy external cream	Supplemental Formulary	
scar care external cream	Supplemental Formulary	
silprotex plus external cream	Supplemental Formulary	
skyy derm external cream	Supplemental Formulary	
teroderm external cream	Supplemental Formulary	
teroderm-plus external cream	Supplemental Formulary	
U-BASE EXTERNAL CREAM	Supplemental Formulary	
VANIBASE EXTERNAL CREAM	Supplemental Formulary	
vanishing cream botanical base external cream	Supplemental Formulary	
vanishing external cream	Supplemental Formulary	

Drug Name	Status	Notes
vanish-pen external cream	Supplemental Formulary	
VERSAPRO EXTERNAL CREAM	Supplemental Formulary	
versatile cream base external cream	Supplemental Formulary	
VERSATILE RICH BASE EXTERNAL CREAM	Supplemental Formulary	
VERSIGEL EXTERNAL CREAM	Supplemental Formulary	
vp dermabase external cream	Supplemental Formulary	
wound care external cream	Supplemental Formulary	
XCEL 100 EXTERNAL CREAM	Supplemental Formulary	
XEMATOP BASE EXTERNAL CREAM	Supplemental Formulary	
RESPIRATORY AGENTS - MISC.		
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Supplemental Formulary	PA; SPA; QL (150 ML per 30 days)
*RESPIRATORY AGENTS - MISC.***		
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-%	Supplemental Formulary	
SULFONAMIDES		
*SULFONAMIDES***		
sulfadiazine oral tablet 500 mg	Supplemental Formulary	
THYROID AGENTS		
*ANTITHYROID AGENTS***		
methimazole oral tablet 10 mg, 5 mg	Supplemental Formulary	
propylthiouracil oral tablet 50 mg	Supplemental Formulary	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
*ANTICHOLINERGIC COMBINATIONS***		
belladonna alkaloids-opium rectal suppository 16.2-60 mg	Supplemental Formulary	
*ANTISPASMODICS***		
dicyclomine hcl oral capsule 10 mg	Supplemental Formulary	
dicyclomine hcl oral solution 10 mg/5ml	Supplemental Formulary	
dicyclomine hcl oral tablet 20 mg	Supplemental Formulary	
*MISC. ANTI-ULCER***		
sucralfate oral suspension 1 gm/10ml	Supplemental Formulary	QL (1200 ML per 30 days)
sucralfate oral tablet 1 gm	Supplemental Formulary	
*ULCER DRUGS - PROSTAGLANDINS***		
misoprostol oral tablet 100 mcg, 200 mcg	Supplemental Formulary	

Drug Name	Status	Notes
URINARY ANTISPASMODICS		
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Supplemental Formulary	
VACCINES		
*VIRAL VACCINES***		
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Supplemental Formulary	AL (Min 50 Years)
VAGINAL AND RELATED PRODUCTS		
*MISCELLANEOUS VAGINAL PRODUCTS***		
VAGISIL EXTERNAL CREAM 5-2 %	Supplemental Formulary	
*SPERMICIDES***		
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Supplemental Formulary	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Supplemental Formulary	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	Supplemental Formulary	
VITAMINS		
*BIOTIN***		
biotin maximum strength oral capsule 5000 mcg	Supplemental Formulary	
biotin maximum strength oral tablet 10000 mcg	Supplemental Formulary	
biotin oral capsule 5 mg, 5000 mcg	Supplemental Formulary	
biotin oral tablet 10 mg, 10000 mcg, 300 mcg, 800 mcg	Supplemental Formulary	
biotin oral tablet chewable 1000 mcg	Supplemental Formulary	
biotin oral tablet dispersible 5 mg	Supplemental Formulary	
eql biotin oral capsule 5000 mcg	Supplemental Formulary	
gnp biotin oral capsule 5000 mcg	Supplemental Formulary	
hm biotin oral capsule 5000 mcg	Supplemental Formulary	
hm biotin oral tablet dispersible 10000 mcg	Supplemental Formulary	
LEXINAL ORAL TABLET 2.5 MG	Supplemental Formulary	
MERIBIN ORAL CAPSULE 5 MG	Supplemental Formulary	
NAIL-EX ORAL TABLET 2.5 MG	Supplemental Formulary	
qc biotin oral tablet 800 mcg	Supplemental Formulary	
sm biotin oral capsule 5000 mcg	Supplemental Formulary	
super biotin oral capsule 5000 mcg	Supplemental Formulary	

Drug Name	Status	Notes
*VITAMIN A***		
a-10000 oral capsule 3 mg (10000 ut)	Supplemental Formulary	
beta carotene oral capsule 25000 unit	Supplemental Formulary	
beta carotene provitamin a oral capsule 25000 unit	Supplemental Formulary	
gnp vitamin a oral capsule 3 mg (10000 ut)	Supplemental Formulary	
natural vitamin a oral capsule 3 mg (10000 ut)	Supplemental Formulary	
px vitamin a oral capsule 2400 mcg (8000 ut)	Supplemental Formulary	
ra vitamin a oral capsule 3 mg (10000 ut)	Supplemental Formulary	
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut)	Supplemental Formulary	
vitamin a palmitate oral tablet 4.5 mg (15000 ut)	Supplemental Formulary	
vitamin a-beta carotene oral capsule 25000 unit	Supplemental Formulary	
yl beta carotene oral capsule 25000 unit	Supplemental Formulary	
*VITAMIN B-1***		
b-1 oral tablet 100 mg, 250 mg, 500 mg	Supplemental Formulary	
gnp vitamin b-1 oral tablet 100 mg	Supplemental Formulary	
qc vitamin b1 oral tablet 100 mg	Supplemental Formulary	
ra vitamin b-1 oral tablet 100 mg	Supplemental Formulary	
sm vitamin b1 oral tablet 100 mg	Supplemental Formulary	
thiamine hcl oral tablet 100 mg	Supplemental Formulary	
thiamine hcl powder	Supplemental Formulary	
vitamin b-1 oral tablet 250 mg, 50 mg	Supplemental Formulary	
*VITAMIN B-2***		
b-2 oral tablet 100 mg, 50 mg	Supplemental Formulary	
vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg	Supplemental Formulary	
*VITAMIN B-6***		
b6 natural oral tablet 100 mg	Supplemental Formulary	
b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg	Supplemental Formulary	
eql b-6 oral tablet 100 mg	Supplemental Formulary	
gnp vitamin b-6 oral tablet 100 mg	Supplemental Formulary	
kp vitamin b-6 oral tablet 100 mg	Supplemental Formulary	
pyridoxine hcl oral tablet 25 mg, 50 mg	Supplemental Formulary	
pyridoxine hcl powder	Supplemental Formulary	
qc vitamin b6 oral tablet 100 mg	Supplemental Formulary	
ra vitamin b-6 oral tablet 100 mg, 50 mg	Supplemental Formulary	
sm vitamin b6 oral tablet 100 mg	Supplemental Formulary	

Drug Name	Status	Notes
sm vitamin b-6 oral tablet 100 mg	Supplemental Formulary	
vitamin b-6 er oral tablet extended release 200 mg	Supplemental Formulary	
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg	Supplemental Formulary	
vitamin b6 oral tablet 250 mg, 50 mg	Supplemental Formulary	
yl vitamin b-6 oral tablet 100 mg	Supplemental Formulary	
*VITAMIN C***		
acerola c-500 oral tablet chewable 500 mg	Supplemental Formulary	
ascorbic acid oral tablet 1000 mg, 500 mg	Supplemental Formulary	
c 1000 oral tablet 1000 mg	Supplemental Formulary	
c 250 oral tablet 250 mg	Supplemental Formulary	
c 500 oral tablet 500 mg	Supplemental Formulary	
c 500 oral tablet chewable 500 mg	Supplemental Formulary	
c 500/rose hips oral tablet 500 mg	Supplemental Formulary	
c-1000 oral tablet 1000 mg	Supplemental Formulary	
c-1000 oral tablet extended release 1000 mg	Supplemental Formulary	
c-1000 sr oral tablet extended release 1000 mg	Supplemental Formulary	
c-1000/rose hips oral tablet 1000 mg	Supplemental Formulary	
c-1000/rose hips sr oral tablet extended release 1000 mg	Supplemental Formulary	
c-250 oral tablet 250 mg	Supplemental Formulary	
c-250 oral tablet chewable 250 mg	Supplemental Formulary	
c-500 non-acid oral tablet 500 mg	Supplemental Formulary	
c-500 oral tablet 500 mg	Supplemental Formulary	
c-500 oral tablet chewable 500 mg	Supplemental Formulary	
c-500 oral tablet extended release 500 mg	Supplemental Formulary	
c-500 sr oral capsule extended release 500 mg	Supplemental Formulary	
c-500 sr oral tablet extended release 500 mg	Supplemental Formulary	
c-500/rose hips oral tablet 500 mg	Supplemental Formulary	
calcium ascorbate oral tablet 500 mg	Supplemental Formulary	
c-chewable oral tablet chewable 500 mg	Supplemental Formulary	
ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG	Supplemental Formulary	
eql vitamin c oral tablet 1000 mg, 500 mg	Supplemental Formulary	
eql vitamin c/rose hips oral tablet 1000 mg, 500 mg	Supplemental Formulary	
fruit c 500 oral tablet chewable 500 mg	Supplemental Formulary	
fruity c oral tablet chewable 250 mg	Supplemental Formulary	
gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg	Supplemental Formulary	

Drug Name	Status	Notes
gnp vitamin c oral tablet chewable 500 mg	Supplemental Formulary	
gnp vitamin c oral tablet extended release 500 mg	Supplemental Formulary	
gnp vitamin c w/rose hips oral tablet 500-37 mg	Supplemental Formulary	
gnp vitamin c/rose hips oral tablet 1000 mg	Supplemental Formulary	
hm vitamin c oral tablet chewable 500 mg	Supplemental Formulary	
meijer c oral tablet 500 mg	Supplemental Formulary	
natural c/rose hips oral tablet 1000 mg, 500 mg	Supplemental Formulary	
PUREWAY-C ORAL TABLET 500 MG	Supplemental Formulary	
px vitamin c oral tablet 500 mg	Supplemental Formulary	
qc vitamin c oral tablet 1000 mg, 500 mg	Supplemental Formulary	
qc vitamin c oral tablet chewable 500 mg	Supplemental Formulary	
qc vitamin c with rose hips oral tablet 500 mg	Supplemental Formulary	
ra vitamin c cr oral tablet extended release 500 mg	Supplemental Formulary	
ra vitamin c oral tablet 250 mg, 500 mg	Supplemental Formulary	
ra vitamin c oral tablet chewable 250 mg, 500 mg	Supplemental Formulary	
ra vitamin c/acerola oral tablet chewable 500 mg	Supplemental Formulary	
ra vitamin c/rose hips oral tablet 1000 mg, 500 mg	Supplemental Formulary	
sb vitamin c oral tablet 500 mg	Supplemental Formulary	
sm chewable c oral tablet chewable 500 mg	Supplemental Formulary	
sm chewable vitamin c oral tablet chewable 500 mg	Supplemental Formulary	
sm vit c/rose hips oral tablet 1000 mg	Supplemental Formulary	
sm vitamin c cr oral tablet extended release 500 mg	Supplemental Formulary	
sm vitamin c oral tablet 1000 mg, 250 mg, 500 mg	Supplemental Formulary	
sm vitamin c oral tablet chewable 500 mg	Supplemental Formulary	
sm vitamin c/rose hips oral tablet 500 mg	Supplemental Formulary	
sodium ascorbate granules	Supplemental Formulary	
SUNKIST VITAMIN C ORAL TABLET CHEWABLE 500 MG	Supplemental Formulary	
vitamin c er oral capsule extended release 500 mg	Supplemental Formulary	
vitamin c er oral tablet extended release 500 mg	Supplemental Formulary	

Drug Name	Status	Notes
vitamin c immune health oral tablet chewable 500 mg	Supplemental Formulary	
vitamin c oral tablet 1000 mg, 250 mg	Supplemental Formulary	
vitamin c oral tablet chewable 250 mg, 500 mg	Supplemental Formulary	
vitamin c plus wild rose hips oral tablet chewable 500 mg	Supplemental Formulary	
vitamin c/bioflavonoids/rosehp oral tablet 500 mg	Supplemental Formulary	
vitamin c/rose hips oral tablet 500 mg	Supplemental Formulary	
vitamin c/rose hips tr oral tablet extended release 1000 mg	Supplemental Formulary	
vitamin c-acerola oral tablet chewable 500 mg	Supplemental Formulary	
vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg	Supplemental Formulary	
vitamin c-rose hips oral tablet 1000 mg, 500 mg	Supplemental Formulary	
vitamin c-rose hips oral tablet chewable 500 mg	Supplemental Formulary	
vitamin c-rose hips tr oral tablet extended release 500 mg	Supplemental Formulary	
yl vitamin c oral tablet 1000 mg, 500 mg	Supplemental Formulary	
yl vitamin c-rose hips oral tablet 1000 mg, 500 mg	Supplemental Formulary	
*VITAMIN D***		
aqueous vitamin d oral liquid 10 mcg/ml	Supplemental Formulary	
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	Supplemental Formulary	
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	Supplemental Formulary	
CALCIDOL ORAL SOLUTION 200 MCG/ML	Supplemental Formulary	
d 1000 oral capsule 25 mcg (1000 ut)	Supplemental Formulary	
d 400 oral tablet 10 mcg (400 unit)	Supplemental Formulary	
d 5000 oral capsule 125 mcg (5000 ut)	Supplemental Formulary	
d-1000 extra strength oral tablet 25 mcg (1000 ut)	Supplemental Formulary	
d-1000 oral tablet 25 mcg (1000 ut)	Supplemental Formulary	
d2000 ultra strength oral capsule 50 mcg (2000 ut)	Supplemental Formulary	
d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
d3 high potency oral tablet 10 mcg (400 unit)	Supplemental Formulary	

Drug Name	Status	Notes
d3 maximum strength oral capsule 125 mcg (5000 ut)	Supplemental Formulary	
d3 oral tablet 50 mcg (2000 ut)	Supplemental Formulary	
d3 super strength oral capsule 50 mcg (2000 ut)	Supplemental Formulary	
d3-1000 oral capsule 25 mcg (1000 ut)	Supplemental Formulary	
d3-1000 oral tablet 25 mcg (1000 ut)	Supplemental Formulary	
d-3-5 oral capsule 125 mcg (5000 ut)	Supplemental Formulary	
d-400 oral tablet 10 mcg (400 unit)	Supplemental Formulary	
DDROPS ORAL LIQUID 50 MCG /0.028ML, 50 MCG/0.03ML	Supplemental Formulary	
delta d3 oral tablet 10 mcg (400 unit)	Supplemental Formulary	
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	Supplemental Formulary	
D-VI-SOL ORAL LIQUID 10 MCG/ML	Supplemental Formulary	
d-vite pediatric oral liquid 10 mcg/ml	Supplemental Formulary	
eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
ergocalciferol oral capsule 1.25 mg (50000 ut)	Supplemental Formulary	
ergocalciferol oral solution 200 mcg/ml	Supplemental Formulary	
ergocalciferol powder	Supplemental Formulary	
gnp d 1000 oral capsule 25 mcg (1000 ut)	Supplemental Formulary	
gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)	Supplemental Formulary	
gnp vitamin d oral tablet 25 mcg (1000 ut)	Supplemental Formulary	
gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)	Supplemental Formulary	
hm vitamin d3 oral tablet 25 mcg (1000 ut)	Supplemental Formulary	
kp vitamin d oral capsule 25 mcg (1000 ut)	Supplemental Formulary	
kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
nat-rul vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT)	Supplemental Formulary	
qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
qc vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)	Supplemental Formulary	

Drug Name	Status	Notes
ra vitamin d-3 oral tablet 25 mcg (1000 ut)	Supplemental Formulary	
sm vitamin d oral tablet 10 mcg (400 unit)	Supplemental Formulary	
sm vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
sm vitamin d3 oral tablet 25 mcg (1000 ut)	Supplemental Formulary	
super daily d3 oral liquid 50 mcg /0.028ml	Supplemental Formulary	
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT)	Supplemental Formulary	
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT)	Supplemental Formulary	
vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)	Supplemental Formulary	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
vitamin d high potency oral capsule 25 mcg (1000 ut)	Supplemental Formulary	
vitamin d infant oral liquid 10 mcg/ml	Supplemental Formulary	
vitamin d oral capsule 50 mcg (2000 ut)	Supplemental Formulary	
vitamin d oral liquid 10 mcg/ml	Supplemental Formulary	
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)	Supplemental Formulary	
vitamin d2 oral tablet 10 mcg (400 unit)	Supplemental Formulary	
vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)	Supplemental Formulary	
vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
vitamin d-3 oral capsule 25 mcg (1000 ut)	Supplemental Formulary	
vitamin d3 oral liquid 10 mcg/ml	Supplemental Formulary	
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	Supplemental Formulary	
vitamin d3 oral tablet dispersible 125 mcg (5000 ut)	Supplemental Formulary	
vitamin d3 super strength oral capsule 50 mcg (2000 ut)	Supplemental Formulary	
vitamin d3 super strength oral tablet 50 mcg (2000 ut)	Supplemental Formulary	

Drug Name	Status	Notes
vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)	Supplemental Formulary	
*VITAMIN E***		
aqueous vitamin e oral solution 15 mg/0.67ml	Supplemental Formulary	
e 1000 oral capsule 450 mg (1000 ut)	Supplemental Formulary	
e-1000 oral capsule 450 mg (1000 ut)	Supplemental Formulary	
e-200 oral capsule 200 unit	Supplemental Formulary	
e200 oral capsule 90 mg (200 unit)	Supplemental Formulary	
e400 oral capsule 180 mg (400 unit)	Supplemental Formulary	
e-400 oral capsule 400 unit	Supplemental Formulary	
e-400-clear oral capsule 268 mg (400 unit)	Supplemental Formulary	
eql vitamin e oral capsule 400 unit	Supplemental Formulary	
gnp vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut), 90 mg (200 unit)	Supplemental Formulary	
hm e vitamin oral capsule 180 mg (400 unit)	Supplemental Formulary	
kp vitamin e oral capsule 45 mg (100 unit)	Supplemental Formulary	
natural vitamin e oral capsule 100 unit, 400 unit, 670 mg (1000 ut)	Supplemental Formulary	
natural vitamin e oral tablet 268 mg (400 unit)	Supplemental Formulary	
px vitamin e oral capsule 400 unit	Supplemental Formulary	
qc vitamin e oral capsule 180 mg (400 unit)	Supplemental Formulary	
ra natural vitamin e oral capsule 268 mg (400 unit)	Supplemental Formulary	
ra vitamin e natural oral capsule 670 mg (1000 ut)	Supplemental Formulary	
ra vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)	Supplemental Formulary	
sm vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut), 90 mg (200 unit)	Supplemental Formulary	
SOLUVITA E ORAL SOLUTION 15.8 MG/0.7ML	Supplemental Formulary	
vitamin e blend oral capsule 400 unit	Supplemental Formulary	
vitamin e high potency oral capsule 180 mg (400 unit)	Supplemental Formulary	
vitamin e oral capsule 180 mg (400 unit), 200 unit, 45 mg (100 unit), 450 mg (1000 ut)	Supplemental Formulary	
vitamin e oral solution 6.75 mg/0.3ml	Supplemental Formulary	
vitamin e oral tablet 268 mg (400 unit)	Supplemental Formulary	
vitamin e water soluble oral capsule 180 mg (400 unit), 450 mg (1000 ut)	Supplemental Formulary	

Drug Name	Status	Notes
vitamin e/d-alpha natural oral capsule 134 mg (200 unit), 268 mg (400 unit)	Supplemental Formulary	
vitamin e/d-alpha oral capsule 134 mg (200 unit)	Supplemental Formulary	
vitamin supplement e-1000 oral capsule 450 mg (1000 ut)	Supplemental Formulary	
vitamin supplement e-400 oral capsule 180 mg (400 unit)	Supplemental Formulary	
*VITAMIN K***		
k 100 oral tablet 100 mcg	Supplemental Formulary	
phytonadione oral tablet 5 mg	Supplemental Formulary	
SUPERIORSOURCE K1 ORAL TABLET DISPERSIBLE 500 MCG	Supplemental Formulary	
vitamin k (phytonadione) oral tablet 100 mcg	Supplemental Formulary	
vitamin k oral tablet 100 mcg	Supplemental Formulary	

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ELMIRON	69	eq calcium citrate+d3	109	eq therapeutic dry skin	57
ELON DUAL DEFENSE		eq chlortabs	27	eq therapeutic moisturizing	57
ANTI-FUNGAL	54	EQ CLEARLAX	77	eq tussin dm cough/chest	44
ELON HERBAL FOOT	62	eq complete multivit adult 50+		eq tussin dm max daytime	44
ELON SKIN REPAIR			125	eq vegetable laxative	82
SYSTEM	57	eq complete multivitamin		eq vision formula 50+	126
EMBRACE LANCETS		child	140	eql acetaminophen	9
ULTRA THIN 30G	92	eq complete multivitamin-		eql acetaminophen childrens	9
EMERGEN-C IMMUNE		adult	125	eql acetaminophen ex st	9
PLUS/VIT D	125	eq cough childrens	43	eql acetaminophen pm	74
EMERGEN-C VITAMIN C	125	eq cough dm	40	eql acne scrub pink grapefruit .60	
EMOLIVAN	158	eq daytime cold/flu ms relief	42	eql advanced relief	152
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ENDUR-B	119	eq eye drops	152	eql allergy relief	29
ENDUR-C	164	eq fiber therapy	76	eql antacid	22
ENDUR-VM	125	eq gas relief	67	eql antacid ultra strength	22
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		qc fiber therapy.....	76
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qc gentle laxative.....	83	qc womens daily multivitamin		ra calcium 600/vitamin d-3....	110
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qc saline nasal relief.....	143	ra antacid/gas relief max st.....	20	ra gas relief.....	69
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qc stool softener pls laxative.... 78		ra artificial tears.....	149	ra headache formula.....	7
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ra sinus/congestion relief pe...	144	REFRESH PLUS.....	151	ROBAFEN DM COUGH CLEAR.....	45
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salt durable cream	160	sb glycerin pediatric	78	MOISTURIZING	56
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saps health alcohol prep	87	sb nighttime cough	53	senna laxative	83
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saps twist top lancets	98	sb non-aspirin extra strength ..	12	senna-docusate sodium	79
saps care twist top lancets	98	sb non-aspirin nighttime	75	senna-lax	83
sardine flavor	157	sb oyster shell calcium	112	senna-plus	79
SARNA	54	sb pain relief x-str	7	senna-s	79
SARNA SENSITIVE	61	sb pain reliever childrens	12	senna-tabs	83
SAWYER INSECT		sb pain reliever ex st	12	senna-time	83
REPELLENT	60	sb pain reliever pm	75	senna-time s	79
sb 12hr nasal spray	147	sb pediatric electrolyte	112	sennazon	83
sb alcohol prep	87	sb polyethylene glycol 3350	78	sennosides	83
sb allergy	30	sb saline nose	143	sennosides-docusate sodium	79
sb allergy medicine	30	sb senna-lax	83	SENOKOT	83
sb allergy multi-symptom	50	sb sinus congestion/pain night ..	50	SENOKOT S	79
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sb arthritis pain relief	12	SCALPICIN	61	sentry senior	133
sb aspirin	16	scar care	160	sentry senior/lutein	133
sb aspirin ec	16	SCOT-TUSSIN DIABETES	40	severe allergy	39
sb backache extra strength	16	SCOT-TUSSIN DM	53	severe congestion	50
sb bisacodyl laxative ec	83	scot-tussin expectorant	52	sevoflurane	69
sb bronchial	49	SCOT-TUSSIN SENIOR	46	sf	116
sb calcium + d	111	sebex	55	sf 5000 plus	116
sb childrens aspirin	16	SECURESAFE		SHINGRIX	162
sb chlorpheniramine	28	SYRINGE/NEEDLE	105	SHOPKO AUTOLET	
sb cold & cough hbp	53	select-lite device/lancets	98	LANCING DEVICE	98
sb cold & flu hbp	39	select-lite lancing device	98	SHOPKO ON-THE-GO	
sb cough control	51	selenium sulfide	55	LANCETS 30G	98
sb cough control cf	47	SELSUN BLUE	56	SHOPKO UNILET LANCETS	
sb cough tab	52	SELSUN BLUE 3-IN-1		28G	98
sb daytime	43	TREATMENT	61	SHOPKO UNILET LANCETS	
sb docusate sodium	85	SELSUN BLUE DAILY	56	30G	98
sb docusate sodium/senna	78			shrimp flavor	157

signacal	121	sm arthritis pain reliever	12	sm dry eye relief	149
silace	85	sm artificial tears	150	sm effervescent pain relief	14
siladryl allergy	30	sm aspirin	17	sm enema	80
SILHOUETTE 23" INFUSION SET	101	sm aspirin adult low strength..	17	sm epsom salt	81
SILHOUETTE 43" INFUSION SET	102	sm aspirin ec	17	sm eye drops	152, 153
SILHOUETTE INFUSION SET 18"	102	sm aspirin ec low strength	17	sm fiber	76
silprotex plus	160	sm aspirin low dose	17	sm fiber laxative	76
SIL-SERTER INSERTION DEVICE	102	sm aspirin tri-buffered	14	sm foaming antacid	21
siltussin dm das	46	sm aspirin tri-buffered	14	sm folic acid	72
siltussin sa	52	sm b super vitamin complex..	118	sm gas relief	69
siltussin-dm alcohol free	46	sm b100 complex	120	sm gas relief extra strength	69
silver sulfadiazine	56	sm baby powder cornstarch	62	sm gas relief infants	69
simeped	69	sm balanced b-100	119	sm gas relief infants drops	69
simethicone	69	sm balanced b-50	119	sm gentle laxative	83
simethicone extra strength	69	sm b-complex	120	sm glucosamine/chondroitin	5
SIMILAC STERILIZED WATER	157	sm b-complex/vitamin c	118	sm glucosamine-vitamin d3	5
SIMPLE DIAGNOSTICS LANCING DEV	98	sm bedding lice treatment	62	sm glucose	25
SIMPLY SLEEP	75	sm benzoin tincture	63	sm glycerin	59
SINGLE-LET	98	sm biotin	162	sm glycerin pediatric	78
sinus 12 hour	144	sm calcium 600/vitamin d	111	sm hair/skin/nails	133
sinus nasal spray	147	sm calcium 600+d3	111	sm headache relief pm	75
sinus relief	147	sm calcium antacid	23	sm ipecac syrup	27
sinus relief extra strength	147	sm calcium antacid ex st	23	sm iron	73
sinus relief mist	147	sm calcium citrate+/vit d3	111	sm iron slow release	73
skyy derm	160	sm calcium citrate-vit d	111	sm lancets 33g	98
sleep aid	75	sm calcium/iron	111	sm laxative	83
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sleep-tabs	75	sm caldyphen	64	sm lubricating tears	149
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sm alcohol prep	87	sm childrens aspirin	17	sm mineral oil	79
sm allergy 4 hour	28	SM CLEARLAX	78	sm mucus relief	52
sm allergy relief	30	sm cod liver oil	142	sm mucus relief childrens	52
sm allergy relief childrens	30	sm cold & allergy childrens	48	sm multiple vitamins essential	137
sm animal shapes complete	140	sm cold & sinus relief	49	sm multiple vitamins/iron	121
sm animal shapes kids first	141	sm complete	133	sm nasal decongestant	144
sm antacid advanced	20	sm complete 50+	133	sm nasal decongestant max st	144
sm antacid advanced max st	20	sm complete 50+ ultimate mens	133	sm nasal decongestant pe	144
sm antacid anti-gas	20	sm complete 50+ ultimate women	133	sm nasal spray	147
sm antacid maximum strength	20	sm complete advanced formula	133	sm nasal spray 12 hour	147
sm anti-dandruff coal tar	63	sm complete senior formula ...	133	sm nasal spray moisturizing..	147
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sm arthritis pain relief	12	sm daily diet support	133	sm natural laxative/stool soft ...	79
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		sm day time cold & flu relief	43	sm nite time cold & flu	42
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