



# Highmark Wholecare

## **2023 Medicaid Supplemental Formulary**

## INTRODUCTION

Highmark Wholecare follows the Pennsylvania Medical Assistance Statewide Preferred Drug List (PDL). Highmark Wholecare 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 the Highmark Wholecare Pharmacy and Therapeutics (P&T) Committee and the Pennsylvania Department of Human Services (DHS). The Highmark Wholecare 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 Highmark Wholecare 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:

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

The Supplemental Formulary is accessible online at [www.HighmarkWholecare.com](http://www.HighmarkWholecare.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.

Questions about the Supplemental Formulary can be directed to:  
Pharmacy Services Department at 1-800-392-1147 (TTY 711)

## **PHARMACY CO-PAYMENTS**

Co-payments will apply to 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:
  - Antipsychotics
  - Family Planning
  - Antidiabetic Agents, including Insulin
  - Antineoplastic Agents (Cancer medications)
  - Antiparkinson Agents
  - Antiglaucoma Agents
  - Antihypertensive Agents
  - Anticonvulsants
  - HIV/AIDS medications
  - Cardiovascular preparations (Antiarrhythmics, Antianginals, Anticoagulants, Lipid Lowering Agents)
  - Naloxone
  - Smoking cessation products
  - 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 the Highmark Wholecare 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 the 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 Highmark Wholecare 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 our P&T Committee and the Department of Human Services, must be met or additional information must be provided before coverage is approved. Prior authorizations can be submitted by calling Highmark Wholecare at 1-800-392-1147 and selecting option 2, by faxing a drug-specific prior authorization form to 1-888-245-2049, or by accessing the electronic prior authorization portal at [www.covermy meds.com](http://www.covermy meds.com). Drug specific prior authorization forms are available at [www.HighmarkWholecare.com](http://www.HighmarkWholecare.com). 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, Highmark Wholecare 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, Highmark Wholecare requires the use of the generic, except in the event that the brand

name product is preferred over its generic equivalent(s). The Statewide PDL and Supplemental Formulary will identify the situations where a brand product is preferred over its generic equivalent(s). 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 Highmark Wholecare 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, Highmark Wholecare 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, Highmark Wholecare 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, Highmark Wholecare 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, Highmark Wholecare 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 Highmark Wholecare 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, Highmark Wholecare 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, Highmark Wholecare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Highmark Wholecare 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, are only available through a specialty pharmacy network. These medications are denoted as **SPN** in the Supplemental Formulary. To find a participating specialty pharmacy or view the list of medications that must be obtained through a specialty pharmacy, use the Specialty Pharmacy Provider List and Specialty Drug List, which is located on our website at <https://highmarkwholecare.com/Medicaid/Member-Tools/Find-Medications/Specialty-Pharmacy>

If you have questions regarding the status of a particular pharmacy, please contact 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 Highmark Wholecare at 1-800-392-1147 or physicians may complete a Medicaid Drug Exception Form by accessing the website at [www.HighmarkWholecare.com](http://www.HighmarkWholecare.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**

Highmark Wholecare 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, Highmark Wholecare 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 online or submitted on a Universal Claim Form (UCF) to Highmark Wholecare 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**

A valid prescriber NPI number is required when processing a prescription claim.

## **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. View the complete list of medications covered for 90 days on our website at <https://highmarkwholesale.com/Provider/Pharmacy-Tools>

## **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 Highmark Wholecare 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**

Highmark Wholecare follows the DHS Recipient Restriction Program to detect and deter member overutilization and/or misutilization. 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. Highmark Wholecare notifies the member's physician and pharmacy of choice of the member's restriction status. 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. Please note: the restriction is not enforced in the case of an emergency. Please contact Highmark Wholecare 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**. (TTY 711)

## **APPEALS AND COMPLAINTS**

Highmark Wholecare 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.HighmarkWholecare.com](http://www.HighmarkWholecare.com).



## **PHARMACY BENEFIT INQUIRIES**

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

## **HIGHMARK WHOLECARE OTC COVERAGE**

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

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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)
- Antibacterials (bacitracin)
- Dermatological baths (colloidal oatmeal)
- Fungicides (undecylenic acid, salicylic acid)
- 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)

## Vitamins, Hematinics & Electrolytes

Vitamins

Calcium salts

Oral electrolyte mixtures

## Medical Supplies

Please check with Highmark Wholecare 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
<b>*ALTERNATIVE MEDICINES*</b>		
<b>*ALTERNATIVE MEDICINE - CA'S***</b>		
PRELIEF ORAL TABLET 340 (65-50) MG (CA-P)	Supplemental Formulary	
<b>*ALTERNATIVE MEDICINE - LY***</b>		
lycopene oral capsule 10 mg	Supplemental Formulary	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - FOUR INGREDIENTS***</b>		
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	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS***</b>		
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	
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES***</b>		
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
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*GOLD COMPOUNDS***</b>		
RIDAURA ORAL CAPSULE 3 MG	Supplemental Formulary	
<b>*PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
leflunomide oral tablet 10 mg, 20 mg	Supplemental Formulary	QL (30 EA per 30 days)
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*ANALGESIC COMBINATIONS***</b>		
added strength headache relief oral tablet 250-250-65 mg	Supplemental Formulary	
ANACIN ORAL TABLET 400-32 MG	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
BAYER MIGRAINE ORAL TABLET 250-250-65 MG	Supplemental Formulary	
<b>cramp tabs oral tablet 325-25 mg</b>	Supplemental Formulary	
DOANS PM EXTRA STRENGTH ORAL TABLET 580-25 MG	Supplemental Formulary	
<b>eq headache relief oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>eql menstrual relief max st oral tablet 500-60-15 mg</b>	Supplemental Formulary	
<b>eql migraine formula oral tablet 250-250-65 mg</b>	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	
<b>extraprin oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>gnp headache relief extra str oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>gnp migraine relief oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>goodsense headache relief oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>goodsense migraine formula oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>headache formula oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>headache relief oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>hm migraine relief oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>meijer migraine formula oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>menstrual relief max strength oral tablet 500-60-15 mg</b>	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	
<b>migraine formula oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>migraine relief oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>pain reliever extra strength oral tablet 250-250-65 mg</b>	Supplemental Formulary	
<b>pain reliever plus oral tablet 250-250-65 mg</b>	Supplemental Formulary	



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

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>eql acetaminophen childrens oral suspension 160 mg/5ml</b>	Supplemental Formulary	
<b>eql acetaminophen ex st oral tablet 500 mg</b>	Supplemental Formulary	
<b>eql acetaminophen oral tablet 325 mg</b>	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	
<b>gnp 8 hour arthritis relief oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>gnp 8 hour pain reliever oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>gnp acetaminophen oral tablet 325 mg</b>	Supplemental Formulary	
<b>gnp acetaminophen oral tablet chewable 160 mg</b>	Supplemental Formulary	
<b>gnp infants pain/fever oral suspension 160 mg/5ml</b>	Supplemental Formulary	
<b>gnp pain &amp; fever childrens oral suspension 160 mg/5ml</b>	Supplemental Formulary	
<b>gnp pain relief extra strength oral tablet 500 mg</b>	Supplemental Formulary	
<b>gnp pain relief oral tablet 325 mg</b>	Supplemental Formulary	
<b>goodsense arthritis pain oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>goodsense pain &amp; fever child oral suspension 160 mg/5ml</b>	Supplemental Formulary	
<b>goodsense pain &amp; fever infants oral suspension 160 mg/5ml</b>	Supplemental Formulary	
<b>goodsense pain relief extra st oral tablet 500 mg</b>	Supplemental Formulary	
<b>goodsense pain relief oral tablet 325 mg</b>	Supplemental Formulary	
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	Supplemental Formulary	
<b>hm acetaminophen childrens oral tablet chewable 160 mg</b>	Supplemental Formulary	
<b>hm arthritis pain relief oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>hm pain &amp; fever childrens oral suspension 160 mg/5ml</b>	Supplemental Formulary	

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>pain relief childrens oral elixir 160 mg/5ml</b>	Supplemental Formulary	
<b>pain relief childrens oral suspension 160 mg/5ml</b>	Supplemental Formulary	
<b>pain relief extra strength oral capsule 500 mg</b>	Supplemental Formulary	
<b>pain relief extra strength oral tablet 500 mg</b>	Supplemental Formulary	
<b>pain relief oral liquid 500 mg/15ml</b>	Supplemental Formulary	
<b>pain relief regular strength oral tablet 325 mg</b>	Supplemental Formulary	
<b>pain reliever extra strength oral tablet 500 mg</b>	Supplemental Formulary	
<b>pain reliever oral liquid 500 mg/15ml</b>	Supplemental Formulary	
<b>pain reliever oral tablet 325 mg</b>	Supplemental Formulary	
<b>pain reliever/fever reducer rectal suppository 120 mg</b>	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	
<b>px arthritis pain relief oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>px childrens pain relief oral suspension 160 mg/5ml</b>	Supplemental Formulary	
<b>px pain relief extra strength oral tablet 500 mg</b>	Supplemental Formulary	
<b>qc acetaminophen 8 hours oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>qc acetaminophen 8hr arth pain oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>qc acetaminophen 8hr musc ache oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>qc arthritis pain relief oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>qc non-aspirin 8 hour oral tablet extended release 650 mg</b>	Supplemental Formulary	
<b>qc non-aspirin childrens oral suspension 160 mg/5ml</b>	Supplemental Formulary	
<b>qc non-aspirin childrens oral tablet chewable 160 mg</b>	Supplemental Formulary	

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>sm pain reliever oral tablet 325 mg</b>	Supplemental Formulary	
<b>tactinal oral tablet 325 mg</b>	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	
<b>*ANALGESICS-SEDATIVES***</b>		
<b>menstrual pain relief oral tablet 500-25-15 mg</b>	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	
<b>ra menstrual pain relief oral tablet 500-25-15 mg</b>	Supplemental Formulary	
<b>*SALICYLATE COMBINATIONS***</b>		
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	
ASCRIPTIN 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	
<b>effervescent pain relief oral tablet effervescent 325-1000-1916 mg</b>	Supplemental Formulary	

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



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>aspirin rectal suppository 300 mg</b>	Supplemental Formulary	
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	
<b>childrens aspirin oral tablet chewable 81 mg</b>	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	
<b>eq aspirin adult low dose oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>eq aspirin low dose oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>eq aspirin oral tablet 325 mg</b>	Supplemental Formulary	
<b>eql aspirin ec oral tablet delayed release 325 mg</b>	Supplemental Formulary	
<b>eql aspirin low dose oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>eql aspirin low dose oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>gnp adult aspirin low strength oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>gnp aspirin low dose oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>gnp aspirin oral tablet 325 mg</b>	Supplemental Formulary	
<b>gnp aspirin oral tablet delayed release 325 mg, 81 mg</b>	Supplemental Formulary	
<b>goodsense aspirin low dose oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>goodsense aspirin oral tablet 325 mg</b>	Supplemental Formulary	
<b>goodsense aspirin oral tablet chewable 81 mg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>goodsense aspirin oral tablet delayed release 325 mg</b>	Supplemental Formulary	
<b>h-e-b aspirin oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>hm aspirin ec low dose oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>hm aspirin ec oral tablet delayed release 325 mg</b>	Supplemental Formulary	
<b>hm aspirin oral tablet delayed release 325 mg</b>	Supplemental Formulary	
<b>kls aspirin low dose oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>kp aspirin oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>meijer aspirin ec oral tablet delayed release 325 mg</b>	Supplemental Formulary	
<b>px aspirin oral tablet 325 mg</b>	Supplemental Formulary	
<b>px aspirin oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>px enteric aspirin oral tablet delayed release 325 mg, 81 mg</b>	Supplemental Formulary	
<b>qc aspirin low dose oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>qc aspirin low dose oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>qc aspirin oral tablet 325 mg</b>	Supplemental Formulary	
<b>qc aspirin oral tablet delayed release 325 mg</b>	Supplemental Formulary	
<b>qc childrens aspirin oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>qc enteric aspirin oral tablet delayed release 325 mg</b>	Supplemental Formulary	
<b>ra aspirin adult low dose oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>ra aspirin adult low strength oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>ra aspirin childrens oral tablet chewable 81 mg</b>	Supplemental Formulary	
<b>ra aspirin ec adult low st oral tablet delayed release 81 mg</b>	Supplemental Formulary	
<b>ra aspirin ec oral tablet delayed release 325 mg, 81 mg</b>	Supplemental Formulary	
<b>ra aspirin oral tablet 325 mg</b>	Supplemental Formulary	
<b>ra pain relief aspirin oral tablet 325 mg</b>	Supplemental Formulary	
<b>salsalate oral tablet 500 mg, 750 mg</b>	Supplemental Formulary	
<b>sb aspirin ec oral tablet delayed release 325 mg</b>	Supplemental Formulary	
<b>sb aspirin oral tablet 325 mg</b>	Supplemental Formulary	
<b>sb backache extra strength oral tablet 500 mg</b>	Supplemental Formulary	
<b>sb childrens aspirin oral tablet chewable 81 mg</b>	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	
<b>*ANALGESICS - OPIOID*</b>		
<b>*OPIOID AGONISTS***</b>		
fentanyl citrate powder	Supplemental Formulary	PA
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*ANDROGENS***</b>		
danazol oral capsule 100 mg, 200 mg, 50 mg	Supplemental Formulary	
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*INTRARECTAL STEROIDS***</b>		
CORTIFOAM EXTERNAL FOAM 10 %	Supplemental Formulary	
hydrocortisone rectal enema 100 mg/60ml	Supplemental Formulary	
<b>*RECTAL ANESTHETIC/STEROIDS***</b>		
lidocaine-hydrocort (perianal) external cream 3-0.5 %	Supplemental Formulary	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Supplemental Formulary	
<b>*RECTAL LOCAL ANESTHETICS***</b>		
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	

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>comfort gel antacid &amp; anti-gas oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>comfort gel oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
DI-GEL ORAL SUSPENSION 282-87-25 MG/5ML	Supplemental Formulary	
<b>eq antacid maximum strength oral suspension 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>eql antacid/anti-gas oral suspension 200-200-20 mg/5ml</b>	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	
<b>geri-lanta oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>geri-mox oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>gnp antacid &amp; anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>gnp antacid &amp; anti-gas oral tablet chewable 1000-60 mg</b>	Supplemental Formulary	
<b>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>hm antacid oral suspension 200-200-20 mg/5ml</b>	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	
<b>mag-al plus oral liquid 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>mag-al plus xs oral liquid 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>meijer antacid anti-gas oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>meijer antacid oral suspension 400-400-40 mg/5ml</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>mintox maximum strength oral suspension 400-400-40 mg/5ml</b>	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	
<b>px antacid maximum strength oral suspension 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>px antacid regular strength oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>qc antacid oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>ra antacid/anti-gas oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>sb antacid anti-gas oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>sm antacid advanced oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>sm antacid anti-gas oral suspension 200-200-20 mg/5ml</b>	Supplemental Formulary	
<b>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</b>	Supplemental Formulary	
<b>*ANTACID COMBINATIONS***</b>		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML	Supplemental Formulary	
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	Supplemental Formulary	
<b>antacid extra strength oral tablet chewable 160-105 mg</b>	Supplemental Formulary	
<b>antacid oral tablet chewable 550-110 mg</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>*ANTACIDS - ALUMINUM SALTS***</b>		
aluminum hydroxide gel oral suspension 320 mg/5ml	Supplemental Formulary	
<b>*ANTACIDS - BICARBONATE***</b>		
sodium bicarbonate oral tablet 325 mg, 650 mg	Supplemental Formulary	
<b>*ANTACIDS - CALCIUM SALTS***</b>		
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	

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



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>sm calcium antacid ex st oral tablet chewable 750 mg</b>	Supplemental Formulary	
<b>sm calcium antacid oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>sm smooth antacid ex st oral tablet chewable 750 mg</b>	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	
<b>*ANTACIDS - MAGNESIUM SALTS***</b>		
<b>magnesium oxide oral tablet 400 mg</b>	Supplemental Formulary	
<b>*ANTHELMINTICS*</b>		
<b>*ANTHELMINTICS***</b>		
<b>albendazole oral tablet 200 mg</b>	Supplemental Formulary	QL (120 EA per 30 days)
<b>ivermectin oral tablet 3 mg</b>	Supplemental Formulary	
<b>praziquantel oral tablet 600 mg</b>	Supplemental Formulary	
<b>*ANTIAXIETY AGENTS*</b>		
<b>*ANTIAXIETY AGENTS - MISC.***</b>		
<b>droperidol injection solution 2.5 mg/ml</b>	Supplemental Formulary	
<b>*ANTIARRHYTHMICS*</b>		
<b>*ANTIARRHYTHMICS TYPE I-A***</b>		
<b>disopyramide phosphate oral capsule 100 mg</b>	Supplemental Formulary	QL (240 EA per 30 days)
<b>disopyramide phosphate oral capsule 150 mg</b>	Supplemental Formulary	QL (150 EA per 30 days)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Supplemental Formulary	
<b>quinidine gluconate er oral tablet extended release 324 mg</b>	Supplemental Formulary	
<b>quinidine sulfate oral tablet 200 mg, 300 mg</b>	Supplemental Formulary	

Drug Name	Status	Notes
<b>*ANTIARRHYTHMICS TYPE I-B***</b>		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Supplemental Formulary	
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Supplemental Formulary	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Supplemental Formulary	
<b>*ANTIARRHYTHMICS TYPE III***</b>		
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	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*ANTI-INFLAMMATORY AGENTS***</b>		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Supplemental Formulary	QL (240 ML per 30 days)
<b>*BETA ADRENERGICS***</b>		
terbutaline sulfate powder	Supplemental Formulary	
<b>*MIXED ADRENERGICS***</b>		
ephedrine hcl powder	Supplemental Formulary	
ephedrine sulfate powder	Supplemental Formulary	
<b>*XANTHINES***</b>		
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	
<b>*ANTICOAGULANTS*</b>		
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS***</b>		
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	

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

Drug Name	Status	Notes
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*ANTIPERISTALTIC AGENTS***</b>		
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	
ra loperamide hcl oral suspension 1 mg/7.5ml	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	
<b>*DIARRHEA COMBINATIONS - OPIATES***</b>		
hm anti-diarrheal anti-gas oral tablet 2-125 mg	Supplemental Formulary	

Drug Name	Status	Notes
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG	Supplemental Formulary	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*ANTIDOTES - CHELATING AGENTS***</b>		
CHEMET ORAL CAPSULE 100 MG	Supplemental Formulary	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS***</b>		
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Supplemental Formulary	
sm ipecac syrup oral syrup	Supplemental Formulary	
<b>*ANTIFUNGALS*</b>		
<b>*ANTIFUNGALS***</b>		
amphotericin b intravenous solution reconstituted 50 mg	Supplemental Formulary	
<b>*IMIDAZOLES***</b>		
miconazole powder	Supplemental Formulary	
<b>*TRIAZOLES***</b>		
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	Supplemental Formulary	
<b>*ANTIHIISTAMINES*</b>		
<b>*ANTIHIISTAMINES - ALKYLAMINES***</b>		
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>pharbecchlor oral tablet 4 mg</b>	Supplemental Formulary	
<b>qc chlor-pheniramine oral tablet 4 mg</b>	Supplemental Formulary	
<b>ra allergy relief oral tablet 4 mg</b>	Supplemental Formulary	
<b>ra chlorpheniramine maleate oral tablet 4 mg</b>	Supplemental Formulary	
RYCLORA ORAL SOLUTION 2 MG/5ML	Supplemental Formulary	
<b>sb chlorpheniramine oral tablet 4 mg</b>	Supplemental Formulary	
<b>sm allergy 4 hour oral tablet 4 mg</b>	Supplemental Formulary	
WAL-FINATE ORAL TABLET 4 MG	Supplemental Formulary	
<b>*ANTIHISTAMINES - ETHANOLAMINES***</b>		
<b>aler-cap oral capsule 25 mg</b>	Supplemental Formulary	
<b>alertab oral tablet 25 mg</b>	Supplemental Formulary	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	Supplemental Formulary	
<b>allergy childrens oral liquid 12.5 mg/5ml</b>	Supplemental Formulary	
<b>allergy relief childrens oral liquid 12.5 mg/5ml</b>	Supplemental Formulary	
<b>allergy relief oral capsule 25 mg</b>	Supplemental Formulary	
<b>allergy relief oral tablet 25 mg</b>	Supplemental Formulary	
<b>anti-hist allergy oral tablet 25 mg</b>	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	
<b>clemastine fumarate oral tablet 1.34 mg</b>	Supplemental Formulary	
<b>complete allergy medicine oral capsule 25 mg</b>	Supplemental Formulary	
<b>complete allergy medicine oral tablet 25 mg</b>	Supplemental Formulary	
<b>complete allergy relief oral tablet 25 mg</b>	Supplemental Formulary	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG	Supplemental Formulary	
<b>diphen oral tablet 25 mg</b>	Supplemental Formulary	
<b>diphenhist oral capsule 25 mg</b>	Supplemental Formulary	
<b>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</b>	Supplemental Formulary	

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
ra allergy medication oral capsule 25 mg	Supplemental Formulary	
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	
<b>*ANTIHISTAMINES - ETHYLENEDIAMINES***</b>		
tripelennamine hcl powder	Supplemental Formulary	
<b>*ANTIHISTAMINES - PIPERIDINES***</b>		
cyproheptadine hcl oral syrup 2 mg/5ml	Supplemental Formulary	
cyproheptadine hcl oral tablet 4 mg	Supplemental Formulary	
<b>*ANTIHYPERTENSIVES*</b>		
<b>*AGENTS FOR PHEOCHROMOCYTOMA***</b>		
metyrosine oral capsule 250 mg	Supplemental Formulary	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*VASODILATORS***</b>		
<b>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</b>	Supplemental Formulary	
<b>minoxidil oral tablet 10 mg, 2.5 mg</b>	Supplemental Formulary	
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.***</b>		
<b>pentamidine isethionate inhalation solution reconstituted 300 mg</b>	Supplemental Formulary	
<b>trimethoprim oral tablet 100 mg</b>	Supplemental Formulary	
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS***</b>		
<b>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</b>	Supplemental Formulary	
<b>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</b>	Supplemental Formulary	
<b>SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML</b>	Supplemental Formulary	
<b>*ANTIPROTOZOAL AGENTS***</b>		
<b>atovaquone oral suspension 750 mg/5ml</b>	Supplemental Formulary	QL (600 ML per 30 days)
<b>*CARBAPENEM COMBINATIONS***</b>		
<b>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</b>	Supplemental Formulary	
<b>*CARBAPENEMS***</b>		
<b>meropenem intravenous solution reconstituted 1 gm, 500 mg</b>	Supplemental Formulary	
<b>*GLYCOPEPTIDES***</b>		
<b>vancomycin hcl in dextrose intravenous solution 500-5 mg/100ml-%</b>	Supplemental Formulary	
<b>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg</b>	Supplemental Formulary	
<b>*LEPROSTATICS***</b>		
<b>dapsone oral tablet 100 mg, 25 mg</b>	Supplemental Formulary	
<b>*LINCOSAMIDES***</b>		
<b>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</b>	Supplemental Formulary	
<b>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</b>	Supplemental Formulary	
<b>clindamycin phosphate injection solution 600 mg/4ml</b>	Supplemental Formulary	
<b>*OXAZOLIDINONES***</b>		
<b>linezolid oral suspension reconstituted 100 mg/5ml</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
linezolid oral tablet 600 mg	Supplemental Formulary	QL (60 EA per 30 days)
<b>*ANTIMALARIALS*</b>		
<b>*ANTIMALARIALS***</b>		
pyrimethamine oral tablet 25 mg	Supplemental Formulary	PA; SPB; QL (90 EA per 30 days)
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS***</b>		
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	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*ANTIMYCOBACTERIAL AGENTS***</b>		
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	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*ALKYLATING AGENTS***</b>		
MYLERAN ORAL TABLET 2 MG	Supplemental Formulary	
<b>*ANTIADRENALS***</b>		
LYSODREN ORAL TABLET 500 MG	Supplemental Formulary	SPB
<b>*ANTIANDROGENS***</b>		
nilutamide oral tablet 150 mg	Supplemental Formulary	QL (60 EA per 30 days)
<b>*ANTIMETABOLITES***</b>		
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	
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS***</b>		
levamisole hcl powder	Supplemental Formulary	PA

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*ANTINEOPLASTICS MISC.***</b>		
MATULANE ORAL CAPSULE 50 MG	Supplemental Formulary	SPB
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS***</b>		
leucovorin calcium injection solution reconstituted 500 mg	Supplemental Formulary	PA
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Supplemental Formulary	
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES***</b>		
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
<b>*NITROSOUREAS***</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Supplemental Formulary	SPB
<b>*PROGESTINS-ANTINEOPLASTIC***</b>		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	Supplemental Formulary	
megestrol acetate oral tablet 20 mg, 40 mg	Supplemental Formulary	
<b>*RETINOIDS***</b>		
tretinoin oral capsule 10 mg	Supplemental Formulary	SPB
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
bexarotene oral capsule 75 mg	Supplemental Formulary	PA; SPB
<b>*URINARY TRACT PROTECTIVE AGENTS***</b>		
MESNEX ORAL TABLET 400 MG	Supplemental Formulary	SPB
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***</b>		
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
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*ANTIMANIC AGENTS***</b>		
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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>lithium carbonate oral capsule 300 mg</b>	Supplemental Formulary	QL (180 EA per 30 days)
<b>lithium carbonate oral capsule 600 mg</b>	Supplemental Formulary	QL (90 EA per 30 days)
<b>lithium carbonate oral tablet 300 mg</b>	Supplemental Formulary	QL (180 EA per 30 days)
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Supplemental Formulary	QL (120 EA per 30 days)
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*CALCIUM CHANNEL BLOCKERS***</b>		
<b>diltiazem hcl intravenous solution reconstituted 100 mg</b>	Supplemental Formulary	
<b>*CARDIOTONICS*</b>		
<b>*CARDIAC GLYCOSIDES***</b>		
DIGOX ORAL TABLET 125 MCG, 250 MCG	Supplemental Formulary	
<b>digoxin injection solution 0.25 mg/ml</b>	Supplemental Formulary	
<b>digoxin oral solution 0.05 mg/ml</b>	Supplemental Formulary	
<b>digoxin oral tablet 125 mcg, 250 mcg</b>	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	
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*PROSTAGLANDIN VASODILATORS***</b>		
<b>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</b>	Supplemental Formulary	PA; SPB
<b>*CEPHALOSPORINS*</b>		
<b>*CEPHALOSPORINS - 1ST GENERATION***</b>		
<b>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</b>	Supplemental Formulary	
<b>cefazolin sodium intravenous solution reconstituted 1 gm</b>	Supplemental Formulary	
<b>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%</b>	Supplemental Formulary	
<b>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)</b>	Supplemental Formulary	
<b>*CEPHALOSPORINS - 2ND GENERATION***</b>		
<b>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</b>	Supplemental Formulary	
<b>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</b>	Supplemental Formulary	

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*BULK CHEMICALS - AC'S***</b>		
acetylcholine chloride powder	Supplemental Formulary	
<b>*BULK CHEMICALS - AD'S***</b>		
adenosine powder	Supplemental Formulary	
<b>*BULK CHEMICALS - BE'S***</b>		
benzethonium chloride powder	Supplemental Formulary	
betamethasone powder	Supplemental Formulary	
<b>*BULK CHEMICALS - BI'S***</b>		
biotin powder	Supplemental Formulary	
biotin-d powder	Supplemental Formulary	
<b>*BULK CHEMICALS - CA'S***</b>		
calcium oxide powder	Supplemental Formulary	
<b>*BULK CHEMICALS - CH'S***</b>		
chloramphenicol palmitate powder	Supplemental Formulary	
chloroxylenol powder	Supplemental Formulary	
<b>*BULK CHEMICALS - EC***</b>		
econazole nitrate powder	Supplemental Formulary	
<b>*BULK CHEMICALS - FE'S***</b>		
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	
<b>*BULK CHEMICALS - GL'S***</b>		
gluconolactone powder	Supplemental Formulary	
<b>*BULK CHEMICALS - HY'S***</b>		
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	
<b>*BULK CHEMICALS - IT'S***</b>		
itraconazole powder	Supplemental Formulary	
<b>*BULK CHEMICALS - LE'S***</b>		
leuprolide acetate powder	Supplemental Formulary	SPB

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

Drug Name	Status	Notes
<b>*BULK CHEMICALS - TR'S***</b>		
triacetin liquid	Supplemental Formulary	
trypsin powder	Supplemental Formulary	
<b>*BULK CHEMICALS - ZI'S***</b>		
zinc oxide powder	Supplemental Formulary	
zinc undecylenate powder	Supplemental Formulary	
<b>*FIXED OILS***</b>		
castor oil oil	Supplemental Formulary	
qc castor oil oil	Supplemental Formulary	
<b>*LIQUIDS***</b>		
ammonium lactate solution 70 %	Supplemental Formulary	
glycerin liquid	Supplemental Formulary	
glycerine liquid	Supplemental Formulary	
glycerol formal liquid	Supplemental Formulary	
<b>*SEMI-SOLIDS***</b>		
coal tar extract solution 20 %	Supplemental Formulary	
coal tar liquid	Supplemental Formulary	
coal tar solution , 20 %	Supplemental Formulary	
<b>*SOLIDS***</b>		
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	
<b>*CONTRACEPTIVES*</b>		
<b>*EMERGENCY CONTRACEPTIVES***</b>		
AFTERA ORAL TABLET 1.5 MG	Supplemental Formulary	QL (1 EA per 30 days)
ECONTRA EZ 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)



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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eq cough dm oral suspension extended release 30 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eql cough dm oral suspension extended release 30 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eql tussin cough long-acting oral syrup 15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp cough dm er oral suspension extended release 30 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp tussin cough long acting oral syrup 15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>goodsense cough dm oral suspension extended release 30 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>hm cough dm oral suspension extended release 30 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>px tussin max oral syrup 15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc cough relief oral liquid 15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra cough dm oral suspension extended release 30 mg/5ml</b>	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)
<b>sm cough relief oral syrup 15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>tussin cough oral capsule 15 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>tussin cough oral syrup 15 mg/5ml</b>	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)
<b>*ANTITUSSIVE - OPIOID***</b>		
<b>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</b>	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 4 Years and Max 20 Years)
<b>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</b>	Supplemental Formulary	PA; QL (180 EA per 30 days); AL (Min 4 Years and Max 20 Years)
<b>hydromet oral solution 5-1.5 mg/5ml</b>	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 4 Years and Max 20 Years)
<b>*ANTITUSSIVE-ANTI-HISTAMINE-ANALGESIC***</b>		
<b>all-nite cold &amp; flu nighttime oral liquid 30-12.5-650 mg/30ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>cold &amp; flu nighttime oral liquid 15-6.25-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>cold &amp; flu relief nighttime oral liquid 15-6.25-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>cold/flu relief nighttime oral liquid 15-6.25-325 mg/15ml</b>	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)
<b>cough &amp; sore throat nighttime oral liquid 15-6.25-500 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eq nitetime cold/flu ms relief oral liquid 15-6.25-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eql nighttime cold &amp; flu oral liquid 15-6.25-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eql nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp night time cold &amp; flu oral liquid 15-6.25-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>hm night time cold &amp; flu oral liquid 15-6.25-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>nighttime cold medicine oral liquid 15-6.25-500 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>ra daytime cold/flu relief oral liquid 10-5-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb daytime oral liquid 10-5-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb flu relief therapy daytime oral liquid 10-5-325 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm day time cold &amp; flu relief oral liquid 10-5-325 mg/15ml</b>	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)
<b>*ANTITUSSIVE-EXPECTORANT***</b>		
ALKA-SELTZER PLUS MUCUS & CONG ORAL CAPSULE 10-200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>altarussin dm oral syrup 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>biocotron oral liquid 10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>childrens cough oral liquid 5-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>childrens mucus relief cough oral liquid 5-100 mg/5ml</b>	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)
<b>cough &amp; chest congestion dm oral liquid 5-100 mg/5ml</b>	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)
<b>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>diabetic siltussin-dm oral liquid 100-10 mg/5ml</b>	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)
<b>eq cough childrens oral liquid 5-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eq mucus relief dm oral tablet extended release 12 hour 30-600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>mucus dm oral tablet extended release 12 hour 30-600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus relief cough childrens oral liquid 5-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus relief dm oral liquid 20-400 mg/20ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus relief dm oral tablet extended release 12 hour 30-600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus-dm oral tablet extended release 12 hour 30-600 mg</b>	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)
<b>px tussin dm oral liquid 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>q-tussin dm oral syrup 10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra mucus relief dm oral tablet extended release 12 hour 30-600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra tussin cough dm sugar free oral syrup 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra tussin cough oral liquid 10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra tussin cough/chest dm max oral liquid 10-200 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra tussin dm oral liquid 100-10 mg/5ml</b>	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)
<b>robafen dm clear oral syrup 100-10 mg/5ml</b>	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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>siltussin dm das oral liquid 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>siltussin-dm alcohol free oral syrup 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm tussin dm max oral liquid 20-400 mg/20ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm tussin dm oral syrup 100-10 mg/5ml</b>	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)
<b>tusnel diabetic oral liquid 10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>tussin dm cough + chest oral liquid 10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>tussin dm max adult oral liquid 5-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>tussin dm max oral liquid 20-400 mg/20ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>tussin dm oral liquid 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>tussin dm oral syrup 10-100 mg/5ml, 100-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>virtussin a/c oral solution 100-10 mg/5ml</b>	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)
<b>*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***</b>		
ACTINEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>biogtuss oral liquid 10-15-300 mg/5ml</b>	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)



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>despec dm oral syrup 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>despec dm-g oral syrup 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>despec eda oral liquid 2.5-5-50 mg/ml</b>	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)
<b>gnp tussin cf cough &amp; cold oral syrup 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>goodsense tussin cf oral liquid 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>g-supress dx pediatric oral liquid 2.5-5-50 mg/ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>px tussin cf oral liquid 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc tussin cf oral liquid 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</b>	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)
<b>sb cough control cf oral liquid 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm tussin cf oral liquid 30-10-100 mg/5ml, 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>supress-dx pediatric oral liquid 2.5-5-50 mg/ml</b>	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)
<b>tussin cf cough &amp; cold oral liquid 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>tussin cf oral liquid 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>wal-tussin cf oral liquid 30-10-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*AROMATIC INHALANTS***</b>		
<b>ra vaporizing steam inhalation liquid 6.2 %</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>vaporizing steam inhalation liquid 6.2 %</b>	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)
<b>*DECONGESTANT &amp; ANTIHISTAMINE***</b>		
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)
<b>promethazine vc oral syrup 6.25-5 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>rynex pse oral liquid 1-15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm cold &amp; allergy childrens oral elixir 1-15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm sinus &amp; allergy max st oral tablet 4-60 mg</b>	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)
<b>wal-tap cold/allergy oral elixir 1-15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>*DECONGESTANT W/ EXPECTORANT***</b>		
<b>altarussin-pe oral syrup 100-30 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>bronchial asthma relief oral tablet 12.5-200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ed bron gp oral liquid 5-100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>mucus d oral tablet extended release 12 hour 120-1200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus relief d oral tablet extended release 12 hour 60-600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus-d oral tablet extended release 12 hour 60-600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb bronchial oral tablet 12.5-200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>*DECONGESTANT-ANALGESIC***</b>		
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)
<b>hm cold &amp; sinus relief oral tablet 30-200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ibuprofen cold &amp; sinus oral tablet 30-200 mg</b>	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)
<b>px ibuprofen cold &amp; sinus oral tablet 30-200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc ibuprofen cold/sinus oral tablet 30-200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra ibu-profen cold/sinus oral tablet 30-200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm cold &amp; sinus relief oral tablet 30-200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>*DECONGESTANT-ANALGESIC-EXPECTORANT***</b>		
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)
<b>mucus relief cold/sinus max st oral liquid 10-650-400 mg/20ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>severe congestion oral liquid 10-650-400 mg/20ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>*DECONGESTANT-ANTIHISTAMINE-ANALGESIC***</b>		
ADVIL ALLERGY SINUS ORAL TABLET 2-30-200 MG	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>allergy multi-symptom daytime oral tablet 2-5-325 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>allergy multi-symptom oral tablet 2-5-325 mg</b>	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)
<b>gnp allergy multi-symptom oral tablet 2-5-325 mg</b>	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)
<b>px allergy sinus pe oral tablet 2-5-325 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb allergy multi-symptom oral tablet 2-5-325 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb sinus congestion/pain night oral tablet 2-5-325 mg</b>	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)
<b>*EXPECTORANTS***</b>		
<b>altarussin oral liquid 100 mg/5ml</b>	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)
<b>chest congestion childrens oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>coughtab oral tablet 200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eql tussin mucus/chest congest oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>geri-tussin oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp mucus er oral tablet extended release 12 hour 600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp tussin mucus &amp; chest cong oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>guaifenesin er oral tablet extended release 12 hour 600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>guaifenesin oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>guaifenesin oral tablet 200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus &amp; chest congestion oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus relief chest congestion oral liquid 400 mg/20ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus relief er oral tablet extended release 12 hour 600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus relief oral tablet extended release 12 hour 600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>mucus+chest congestion oral liquid 200 mg/10ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>organ-i nr oral tablet 200 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>px tussin oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc medifin mucus relief child oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc mucus relief oral tablet extended release 12 hour 600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc tussin mucus/congestion oral liquid 100 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra mucus relief oral tablet extended release 12 hour 600 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>cough &amp; cold oral tablet 4-30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eql nighttime cough relief oral liquid 12.5-30 mg/30ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp night time cough oral liquid 6.25-15 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>goodsense night time cough oral liquid 6.25-15 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>nighttime cough oral liquid 12.5-30 mg/30ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>promethazine-dm oral syrup 6.25-15 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>px nitetime cough oral liquid 6.25-15 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc cough/cold hbp oral tablet 4-30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc nighttime cough oral liquid 6.25-15 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb cold &amp; cough hbp oral tablet 4-30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb nighttime cough oral liquid 6.25-15 mg/15ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5ML</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>VICKS NYQUIL COUGH ORAL LIQUID 12.5-30 MG/30ML, 6.25-15 MG/15ML</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***</b>		
<b>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE-ANALG***</b>		
<b>px nitetime multi-symptom oral capsule 30-6.25-15-325 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>*OPIOID ANTITUSSIVE-ANTIHISTAMINE***</b>		
<b>promethazine-codeine oral solution 6.25-10 mg/5ml</b>	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 18 Years and Max 20 Years)
<b>promethazine-codeine oral syrup 6.25-10 mg/5ml</b>	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 18 Years and Max 20 Years)

Drug Name	Status	Notes
<b>*OPIOID ANTITUSSIVE- DECONGESTANT-ANTIHISTAMINE***</b>		
<b>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</b>	Supplemental Formulary	PA; QL (900 ML per 30 days); AL (Min 18 Years and Max 20 Years)
<b>*DERMATOLOGICALS*</b>		
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS***</b>		
<b>athletes foot maximum strength external ointment</b>	Supplemental Formulary	
BREEZEE MIST EXTERNAL AEROSOL POWDER	Supplemental Formulary	
GORDONS NO 5 EXTERNAL AEROSOL POWDER	Supplemental Formulary	
UNDELENIC EXTERNAL OINTMENT	Supplemental Formulary	
UNDELENIC EXTERNAL TINCTURE	Supplemental Formulary	
<b>*ANTIFUNGALS - TOPICAL***</b>		
<b>anti-fungal external liquid 25 %</b>	Supplemental Formulary	
<b>benzoic acid crystals</b>	Supplemental Formulary	
<b>benzoic acid powder</b>	Supplemental Formulary	
BLIS-TO-SOL EXTERNAL LIQUID 1 %	Supplemental Formulary	
<b>ciclopirox olamine powder</b>	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	
<b>gentian violet powder</b>	Supplemental Formulary	
GORDOCHOM EXTERNAL SOLUTION 25 %	Supplemental Formulary	
<b>medicated anti-fungal external solution 1 %</b>	Supplemental Formulary	
MYCO NAIL A EXTERNAL SOLUTION 25 %	Supplemental Formulary	
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 %	Supplemental Formulary	
<b>ra anti-fungal foot care external solution 25 %</b>	Supplemental Formulary	
<b>ra antifungal pen external liquid 25 %</b>	Supplemental Formulary	
<b>tinaspore external solution 1 %</b>	Supplemental Formulary	
<b>tolnaftate powder</b>	Supplemental Formulary	



Drug Name	Status	Notes
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***</b>		
fluorouracil external cream 5 %	Supplemental Formulary	
fluorouracil external solution 2 %, 5 %	Supplemental Formulary	
<b>*ANTIPRURITIC COMBINATIONS - TOPICAL***</b>		
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	
<b>*ANTIPRURITICS - TOPICAL***</b>		
camphor crystals	Supplemental Formulary	
camphor granules	Supplemental Formulary	
<b>*ANTISEBORRHEIC COMBINATIONS***</b>		
DERMAZINC CREAM EXTERNAL CREAM	Supplemental Formulary	
NUTRASEB EXTERNAL CREAM	Supplemental Formulary	
PROMISEB EXTERNAL CREAM	Supplemental Formulary	
sebex external shampoo 2-2 %	Supplemental Formulary	
<b>*ANTISEBORRHEIC PRODUCTS***</b>		
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>eql smooth spice 2 in 1 external shampoo 1 %</b>	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	
<b>selenium sulfide external lotion 2.5 %</b>	Supplemental Formulary	
<b>selenium sulfide external shampoo 2.25 %</b>	Supplemental Formulary	
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	
<b>sm dandruff 2 in 1 external shampoo 1 %</b>	Supplemental Formulary	
<b>*ASTRINGENTS***</b>		
<b>calamine powder</b>	Supplemental Formulary	
DERMELEVE ADVANCED FORMULA EXTERNAL CREAM 0.2 %	Supplemental Formulary	
<b>gnp zinc oxide external ointment 20 %</b>	Supplemental Formulary	
<b>meijer zinc oxide external ointment 20 %</b>	Supplemental Formulary	
<b>ra zinc oxide external ointment 20 %</b>	Supplemental Formulary	
<b>zinc oxide external ointment 20 %</b>	Supplemental Formulary	
<b>*BURN PRODUCTS***</b>		
<b>silver sulfadiazine external cream 1 %</b>	Supplemental Formulary	
SSD EXTERNAL CREAM 1 %	Supplemental Formulary	
THERMAZENE EXTERNAL CREAM 1 %	Supplemental Formulary	
<b>*CORTICOSTEROIDS - TOPICAL***</b>		
<b>desonide powder</b>	Supplemental Formulary	
<b>fluocinolone acetonide powder</b>	Supplemental Formulary	
GYNECORT 10 EXTERNAL CREAM 1 %	Supplemental Formulary	
LANACORT 10 EXTERNAL CREAM 1 %	Supplemental Formulary	
VAGISIL EXTERNAL CREAM 1 %	Supplemental Formulary	

Drug Name	Status	Notes
<b>*EMOLLIENT COMBINATIONS***</b>		
<b>lactic acid e external cream 10-3500 % -unt/30gm</b>	Supplemental Formulary	
<b>*EMOLLIENTS***</b>		
AL12 EXTERNAL LOTION 12 %	Supplemental Formulary	
AMLACTIN DAILY EXTERNAL LOTION 12 %	Supplemental Formulary	
<b>ammonium lactate external cream 12 %</b>	Supplemental Formulary	PC Note (OTC version only covered)
<b>ammonium lactate external lotion 12 %</b>	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	
BASLE EXTERNAL CREAM	Supplemental Formulary	
<b>beta care external cream</b>	Supplemental Formulary	
BETA XMA EXTERNAL CREAM	Supplemental Formulary	
CETAPHIL MOISTURIZING EXTERNAL CREAM	Supplemental Formulary	
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	Supplemental Formulary	
<b>cocoa butter skin external cream</b>	Supplemental Formulary	
<b>coconut oil beauty external cream</b>	Supplemental Formulary	
<b>collagen external cream</b>	Supplemental Formulary	
DERMABASE EXTERNAL CREAM	Supplemental Formulary	
<b>dermaide aloe external cream 70 %</b>	Supplemental Formulary	
DERMEND BRUISE FORMULA EXTERNAL CREAM	Supplemental Formulary	
DIABETIDERM EXTERNAL CREAM	Supplemental Formulary	
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
DML FORTE EXTERNAL CREAM	Supplemental Formulary	
ELON SKIN REPAIR SYSTEM EXTERNAL CREAM	Supplemental Formulary	
EMOLLIA-CREME EXTERNAL CREAM	Supplemental Formulary	
<b>eq therapeutic dry skin external cream</b>	Supplemental Formulary	
<b>eq therapeutic moisturizing external cream</b>	Supplemental Formulary	
<b>eql moisturizing external cream</b>	Supplemental Formulary	
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	Supplemental Formulary	
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM	Supplemental Formulary	
EUCERIN PLUS EXTERNAL CREAM 2.5-10 %	Supplemental Formulary	
EUCERIN SKIN CALMING EXTERNAL CREAM	Supplemental Formulary	
<b>glycerin external liquid</b>	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	
<b>hm glycerin external liquid 99.5 %</b>	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	
<b>lactic acid external lotion 10 %</b>	Supplemental Formulary	
LACTINOL HX EXTERNAL CREAM	Supplemental Formulary	
<b>leader finger cream external cream</b>	Supplemental Formulary	
MEDERMA AG FACE EXTERNAL CREAM	Supplemental Formulary	
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	Supplemental Formulary	
<b>moisturizing cream external cream</b>	Supplemental Formulary	
<b>natural oatmeal bath treatment external packet 100 %</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	
<b>qc glycerin external liquid 99.5 %</b>	Supplemental Formulary	
<b>ra glycerin external liquid</b>	Supplemental Formulary	
<b>ra renewal soothing bath external packet 100 %</b>	Supplemental Formulary	
RESTA EXTERNAL CREAM	Supplemental Formulary	
RISABAL-PH EXTERNAL CREAM	Supplemental Formulary	
<b>sm glycerin external liquid 99.5 %</b>	Supplemental Formulary	
<b>sm oatmeal bath external packet 100 %</b>	Supplemental Formulary	
SORBOLENE EXTERNAL CREAM	Supplemental Formulary	
<b>special care external cream</b>	Supplemental Formulary	
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	Supplemental Formulary	
<b>therapeutic moisturizing external cream</b>	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	
<b>vitamin e external liquid 24000 unit, 920 unit/ml</b>	Supplemental Formulary	
<b>vitamin e with panthenol external cream</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*INSECT REPELLENTS***</b>		
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)
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)
<b>*KERATOLYTIC/ANTIMITOTIC AGENTS***</b>		
<b>acne external pad 2 %</b>	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	
<b>corn &amp; callus remover external liquid 17 %</b>	Supplemental Formulary	
<b>daily face wash external liquid 2 %</b>	Supplemental Formulary	
DERMAREST PSORIASIS EXTERNAL SHAMPOO 3 %	Supplemental Formulary	
DUOFILM EXTERNAL SOLUTION 17 %	Supplemental Formulary	
<b>eql acne scrub pink grapefruit external liquid 2 %</b>	Supplemental Formulary	
<b>eql apricot scrub external liquid 2 %</b>	Supplemental Formulary	
<b>eql scalp relief max strength external liquid 3 %</b>	Supplemental Formulary	
GETS-IT CORN/CALLUS REMOVER EXTERNAL LIQUID 17 %	Supplemental Formulary	
<b>gnp wart remover external liquid 17 %</b>	Supplemental Formulary	
<b>liquid corn &amp; callus remover external liquid 17 %</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>liquid wart remover external liquid 17 %</b>	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	
<b>podofilox external solution 0.5 %</b>	Supplemental Formulary	
<b>ra wart remover max strength external liquid 17 %</b>	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	
<b>therapeutic t+plus max st external shampoo 3 %</b>	Supplemental Formulary	
<b>wart remover maximum strength external liquid 17 %</b>	Supplemental Formulary	
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
7T LIDO EXTERNAL GEL 2 %	Supplemental Formulary	
<b>aloe vera burn relief external aerosol 0.5 %</b>	Supplemental Formulary	
<b>aloe/lidocaine pain reliever external gel 0.5 %</b>	Supplemental Formulary	
BOIL EASE MAXIMUM STRENGTH EXTERNAL OINTMENT 20 %	Supplemental Formulary	
<b>boil pain relief external ointment 20 %</b>	Supplemental Formulary	
<b>burn relief external aerosol 0.5 %</b>	Supplemental Formulary	
<b>cooling external gel 0.5 %</b>	Supplemental Formulary	
<b>dibucaine external ointment 1 %</b>	Supplemental Formulary	
<b>gnp burn relief spray external aerosol 0.5 %</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
SOLARCAINE COOL ALOE EXTERNAL AEROSOL 0.5 %	Supplemental Formulary	
<b>*MISC. TOPICAL***</b>		
DRYSOL EXTERNAL SOLUTION 20 %	Supplemental Formulary	
ichthammol powder	Supplemental Formulary	
<b>*NIT REMOVERS***</b>		
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	
<b>*PODIATRIC PRODUCTS***</b>		
<b>daily exfoliating cleanser external liquid</b>	Supplemental Formulary	
ELON HERBAL FOOT EXTERNAL CREAM	Supplemental Formulary	
<b>eucerin advanced repair foot external cream</b>	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	
<b>*POWDERS***</b>		
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	
<b>sm baby powder cornstarch external powder</b>	Supplemental Formulary	
SUMMERS EVE BODY EXTERNAL POWDER	Supplemental Formulary	
VAGISIL DEODORANT EXTERNAL POWDER	Supplemental Formulary	
<b>*ROSACEA AGENTS***</b>		
<b>metronidazole external cream 0.75 %</b>	Supplemental Formulary	
<b>metronidazole external gel 0.75 %, 1 %</b>	Supplemental Formulary	
<b>metronidazole external lotion 0.75 %</b>	Supplemental Formulary	



Drug Name	Status	Notes
<b>*SCABICIDES &amp; PEDICULICIDES***</b>		
<b>bedding spray lice treatment aerosol 0.5 %</b>	Supplemental Formulary	QL (142 GM per 5 days)
<b>sm bedding lice treatment aerosol 0.5 %</b>	Supplemental Formulary	QL (142 GM per 5 days)
<b>stop lice aerosol 0.5 %</b>	Supplemental Formulary	QL (142 GM per 5 days)
<b>*SKIN PROTECTANTS***</b>		
AMERICERIN EXTERNAL CREAM	Supplemental Formulary	
BASIS FACIAL MOISTURIZER EXTERNAL CREAM	Supplemental Formulary	
BASIS OVERNIGHT EXTERNAL CREAM	Supplemental Formulary	
<b>benzoin compound external tincture</b>	Supplemental Formulary	
<b>benzoin external tincture</b>	Supplemental Formulary	
<b>blood clotting spray external aerosol</b>	Supplemental Formulary	
EUCERIN ORIGINAL HEALING EXTERNAL CREAM	Supplemental Formulary	
<b>hydrocerin external cream</b>	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	
<b>sm benzoin tincture external tincture</b>	Supplemental Formulary	
SORBIDON HYDRATE EXTERNAL CREAM	Supplemental Formulary	
STERI-STRIP COMPOUND BENZOIN EXTERNAL TINCTURE	Supplemental Formulary	
<b>*TAR PRODUCTS***</b>		
BETA CARE BETATAR GEL EXTERNAL SHAMPOO 2.5 %	Supplemental Formulary	
<b>coal tar external solution 20 %</b>	Supplemental Formulary	
DHS TAR EXTERNAL SHAMPOO 0.5 %	Supplemental Formulary	
DHS TAR GEL EXTERNAL SHAMPOO 0.5 %	Supplemental Formulary	
<b>eql therapeutic external shampoo 0.5 %</b>	Supplemental Formulary	
IONIL-T EXTERNAL SHAMPOO 1 %	Supplemental Formulary	
<b>sm anti-dandruff coal tar external shampoo 0.5 %</b>	Supplemental Formulary	
<b>therapeutic external shampoo 0.5 %</b>	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	

Drug Name	Status	Notes
<b>*TOPICAL ANESTHETIC COMBINATIONS***</b>		
<b>anti-itch clear external lotion 1-0.1 %</b>	Supplemental Formulary	
BACTINE EXTERNAL LIQUID 2.5-0.13 %	Supplemental Formulary	
<b>burn relief/lidocaine/aloe external gel 0.5 %</b>	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	
<b>calahist clear external lotion 1-0.1 %</b>	Supplemental Formulary	
<b>calahist external lotion 1-8 %</b>	Supplemental Formulary	
<b>calamine clear external lotion 1-0.1 %</b>	Supplemental Formulary	
<b>calamine plus external lotion 1-8 %</b>	Supplemental Formulary	
<b>caldyphen clear external lotion 1-0.1 %</b>	Supplemental Formulary	
<b>clear anti-itch external lotion 1-0.1 %</b>	Supplemental Formulary	
<b>cooling burn relief external aerosol 20-0.13 %</b>	Supplemental Formulary	
<b>eql anti-itch clear external lotion 1-0.1 %</b>	Supplemental Formulary	
<b>eql calamine medicated external lotion 1-8 %</b>	Supplemental Formulary	
<b>first aid antiseptic external liquid 2.5-0.13 %</b>	Supplemental Formulary	
<b>first aid antiseptic spray external aerosol 20-0.13 %</b>	Supplemental Formulary	
<b>gnp caldyphen clear external lotion 1-0.1 %</b>	Supplemental Formulary	
<b>gnp caldyphen external lotion 1-8 %</b>	Supplemental Formulary	
GOLD BOND RAPID RELIEF EXTERNAL CREAM 1-1 %	Supplemental Formulary	
<b>goodsense clear anti-itch external lotion 1-0.1 %</b>	Supplemental Formulary	
<b>goodsense medicated calamine external lotion 1-8 %</b>	Supplemental Formulary	
ITCH-X EXTERNAL GEL 1-10 %	Supplemental Formulary	
ITCH-X EXTERNAL SOLUTION 1-10 %	Supplemental Formulary	
<b>levigosp external liquid 2.5-0.13 %</b>	Supplemental Formulary	
LIDOCREAM EXTERNAL KIT 4 %	Supplemental Formulary	
<b>sm caldyphen clear external lotion 1-0.1 %</b>	Supplemental Formulary	
<b>sm caldyphen external lotion 1-8 %</b>	Supplemental Formulary	
<b>*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
<b>bexarotene external gel 1 %</b>	Supplemental Formulary	SPB
TARGRETIN EXTERNAL GEL 1 %	Supplemental Formulary	SPB

Drug Name	Status	Notes
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC SUPPLIES***</b>		
CHEMSTRIP CALIBRATION IN VITRO STRIP	Supplemental Formulary	
<b>*DIAGNOSTIC TESTS***</b>		
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	
<b>ketone test in vitro strip</b>	Supplemental Formulary	
KETOSTIX IN VITRO STRIP	Supplemental Formulary	
<b>ph strips in vitro diagnostic test</b>	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	
<b>*INFECTION TESTS***</b>		
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)
<b>covid-19 at-home test in vitro kit</b>	Supplemental Formulary	QL (8 EA per 30 days)
<b>covid-19 otc antigen 1-pack in vitro kit</b>	Supplemental Formulary	QL (8 EA per 30 days)
<b>covid-19 otc antigen 2-pack in vitro kit</b>	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	

Drug Name	Status	Notes
<b>*MULTIPLE URINE TESTS***</b>		
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	
<b>*DIURETICS*</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS***</b>		
acetazolamide oral tablet 125 mg, 250 mg	Supplemental Formulary	QL (120 EA per 30 days)
methazolamide oral tablet 25 mg, 50 mg	Supplemental Formulary	
<b>*DIURETIC COMBINATIONS***</b>		
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	
<b>*LOOP DIURETICS***</b>		
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
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Supplemental Formulary	
<b>*POTASSIUM SPARING DIURETICS***</b>		
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	
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS***</b>		
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

Drug Name	Status	Notes
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	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*CARNITINE REPLENISHER - AGENTS***</b>		
levocarnitine oral solution 1 gm/10ml	Supplemental Formulary	
levocarnitine oral tablet 330 mg	Supplemental Formulary	
levocarnitine sf oral solution 1 gm/10ml	Supplemental Formulary	
<b>*DOPAMINE RECEPTOR AGONISTS***</b>		
cabergoline oral tablet 0.5 mg	Supplemental Formulary	
<b>*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***</b>		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Supplemental Formulary	SPB
ORFADIN ORAL CAPSULE 20 MG	Supplemental Formulary	SPB
<b>*SOMATOSTATIC AGENTS***</b>		
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
<b>*VASOPRESSIN***</b>		
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)
<b>*FLUOROQUINOLONES*</b>		
<b>*FLUOROQUINOLONES***</b>		
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	Supplemental Formulary	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	Supplemental Formulary	

Drug Name	Status	Notes
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*ANTIFLATULENTS***</b>		
<b>drxchoice gas relief oral tablet chewable 80 mg</b>	Supplemental Formulary	
<b>eq gas relief extra strength oral tablet chewable 125 mg</b>	Supplemental Formulary	
<b>eq gas relief oral capsule 125 mg</b>	Supplemental Formulary	
<b>eq infants gas relief oral suspension 40 mg/0.6ml</b>	Supplemental Formulary	
<b>eql gas gone oral tablet chewable 125 mg</b>	Supplemental Formulary	
<b>eql gas relief oral capsule 125 mg</b>	Supplemental Formulary	
<b>eql infants gas relief oral suspension 20 mg/0.3ml</b>	Supplemental Formulary	
<b>gas relief extra strength oral capsule 125 mg</b>	Supplemental Formulary	
<b>gas relief extra strength oral tablet chewable 125 mg</b>	Supplemental Formulary	
<b>gas relief infants oral liquid 40 mg/0.6ml</b>	Supplemental Formulary	
<b>gas relief infants oral suspension 20 mg/0.3ml</b>	Supplemental Formulary	
<b>gas relief oral liquid 40 mg/0.6ml</b>	Supplemental Formulary	
<b>gas relief oral tablet chewable 80 mg</b>	Supplemental Formulary	
<b>GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG</b>	Supplemental Formulary	
<b>GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG</b>	Supplemental Formulary	
<b>GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML</b>	Supplemental Formulary	
<b>gnp gas relief extra strength oral capsule 125 mg</b>	Supplemental Formulary	
<b>gnp gas relief extra strength oral tablet chewable 125 mg</b>	Supplemental Formulary	
<b>gnp gas relief oral tablet chewable 80 mg</b>	Supplemental Formulary	
<b>gnp infant gas relief oral suspension 20 mg/0.3ml</b>	Supplemental Formulary	
<b>goodsense gas relief oral tablet chewable 125 mg</b>	Supplemental Formulary	
<b>hm gas relief extra strength oral capsule 125 mg</b>	Supplemental Formulary	
<b>hm gas relief infants drops oral suspension 20 mg/0.3ml</b>	Supplemental Formulary	
<b>hm gas relief oral tablet chewable 80 mg</b>	Supplemental Formulary	
<b>infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>px gas relief extra strength oral capsule 125 mg</b>	Supplemental Formulary	
<b>px gas relief infants oral suspension 20 mg/0.3ml</b>	Supplemental Formulary	
<b>qc gas relief extra strength oral tablet chewable 125 mg</b>	Supplemental Formulary	
<b>qc gas relief oral tablet chewable 80 mg</b>	Supplemental Formulary	
<b>ra gas relief extra strength oral tablet chewable 125 mg</b>	Supplemental Formulary	
<b>ra gas relief oral capsule 125 mg</b>	Supplemental Formulary	
<b>ra gas relief oral tablet chewable 80 mg</b>	Supplemental Formulary	
<b>sb gas relief oral suspension 40 mg/0.6ml</b>	Supplemental Formulary	
<b>sb gas relief oral tablet chewable 125 mg</b>	Supplemental Formulary	
<b>simeped oral suspension 40 mg/0.6ml</b>	Supplemental Formulary	
<b>simethicone extra strength oral capsule 125 mg</b>	Supplemental Formulary	
<b>simethicone oral capsule 125 mg</b>	Supplemental Formulary	
<b>simethicone oral suspension 40 mg/0.6ml</b>	Supplemental Formulary	
<b>simethicone oral tablet chewable 125 mg, 80 mg</b>	Supplemental Formulary	
<b>sm gas relief extra strength oral capsule 125 mg</b>	Supplemental Formulary	
<b>sm gas relief infants drops oral suspension 40 mg/0.6ml</b>	Supplemental Formulary	
<b>sm gas relief infants oral suspension 20 mg/0.3ml</b>	Supplemental Formulary	
<b>sm gas relief oral tablet chewable 125 mg, 80 mg</b>	Supplemental Formulary	
<b>*INTESTINAL ACIDIFIERS***</b>		
<b>enulose oral solution 10 gm/15ml</b>	Supplemental Formulary	
<b>generlac oral solution 10 gm/15ml</b>	Supplemental Formulary	

Drug Name	Status	Notes
<b>*GENERAL ANESTHETICS*</b>		
<b>*VOLATILE ANESTHETICS***</b>		
desflurane inhalation solution	Supplemental Formulary	
sevoflurane inhalation solution	Supplemental Formulary	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*CITRATES***</b>		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	Supplemental Formulary	
<b>*INTERSTITIAL CYSTITIS AGENTS***</b>		
ELMIRON ORAL CAPSULE 100 MG	Supplemental Formulary	QL (90 EA per 30 days)
<b>*URINARY ANALGESICS***</b>		
PHENAZO ORAL TABLET 200 MG	Supplemental Formulary	
phenazopyridine hcl oral tablet 100 mg, 200 mg	Supplemental Formulary	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*HEMATORHEOLOGIC AGENTS***</b>		
pentoxifylline er oral tablet extended release 400 mg	Supplemental Formulary	
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
cilostazol oral tablet 100 mg, 50 mg	Supplemental Formulary	QL (60 EA per 30 days)
<b>*QUINAZOLINE AGENTS***</b>		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Supplemental Formulary	
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*COBALAMIN COMBINATIONS***</b>		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Supplemental Formulary	
<b>*COBALAMINS***</b>		
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	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>eql b-12 oral tablet 1000 mcg</b>	Supplemental Formulary	
<b>eql vitamin b-12 oral tablet 500 mcg</b>	Supplemental Formulary	
<b>eql vitamin b-12 tr oral tablet extended release 1000 mcg</b>	Supplemental Formulary	
<b>gnp b-12 sublingual tablet sublingual 2500 mcg</b>	Supplemental Formulary	
<b>gnp vitamin b-12 oral tablet 500 mcg</b>	Supplemental Formulary	
<b>gnp vitamin b-12 oral tablet extended release 1000 mcg</b>	Supplemental Formulary	
<b>hm vitamin b-12 oral tablet 500 mcg</b>	Supplemental Formulary	
<b>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</b>	Supplemental Formulary	
<b>kp vitamin b-12 oral tablet 1000 mcg</b>	Supplemental Formulary	
<b>NASCOBAL NASAL SOLUTION 500 MCG/0.1ML</b>	Supplemental Formulary	
<b>qc vitamin b12 oral tablet 500 mcg</b>	Supplemental Formulary	
<b>qc vitamin b12 oral tablet extended release 1000 mcg</b>	Supplemental Formulary	
<b>ra vitamin b-12 oral tablet 100 mcg</b>	Supplemental Formulary	
<b>ra vitamin b12 oral tablet extended release 2000 mcg</b>	Supplemental Formulary	
<b>ra vitamin b-12 tr oral tablet extended release 1000 mcg</b>	Supplemental Formulary	
<b>sm vitamin b-12 oral tablet 100 mcg, 500 mcg</b>	Supplemental Formulary	
<b>sm vitamin b12 tr oral tablet extended release 1000 mcg, 2000 mcg</b>	Supplemental Formulary	
<b>sv vitamin b-12 er oral tablet extended release 1000 mcg</b>	Supplemental Formulary	
<b>vitamin b 12 oral tablet 500 mcg</b>	Supplemental Formulary	
<b>vitamin b-12 er oral tablet extended release 1000 mcg, 2000 mcg</b>	Supplemental Formulary	
<b>vitamin b12 oral tablet 100 mcg</b>	Supplemental Formulary	
<b>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg, 500 mcg</b>	Supplemental Formulary	
<b>vitamin b12 oral tablet extended release 1000 mcg</b>	Supplemental Formulary	
<b>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg</b>	Supplemental Formulary	
<b>vitamin b12 tr oral tablet extended release 2000 mcg</b>	Supplemental Formulary	

Drug Name	Status	Notes
<b>*FOLIC ACID/FOLATE COMBINATIONS***</b>		
<b>b complex-folic acid oral tablet 500-5-200 mcg-mg-mcg</b>	Supplemental Formulary	
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	Supplemental Formulary	
<b>homocysteine formula oral tablet 800-50-100 mcg-mg-mcg</b>	Supplemental Formulary	
MILLGUARD ORAL TABLET 800-10-115 MCG-MG-MCG	Supplemental Formulary	
<b>*FOLIC ACID/FOLATES***</b>		
<b>folate oral tablet 400 mcg</b>	Supplemental Formulary	
<b>folic acid injection solution 5 mg/ml</b>	Supplemental Formulary	
<b>folic acid oral capsule 20 mg</b>	Supplemental Formulary	
<b>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</b>	Supplemental Formulary	
<b>gnp folic acid oral tablet 400 mcg</b>	Supplemental Formulary	
<b>hm folic acid oral tablet 400 mcg</b>	Supplemental Formulary	
<b>kp folic acid oral tablet 1 mg, 800 mcg</b>	Supplemental Formulary	
<b>px folic acid oral tablet 400 mcg</b>	Supplemental Formulary	
<b>qc folic acid oral tablet 800 mcg</b>	Supplemental Formulary	
<b>ra folic acid oral tablet 400 mcg, 800 mcg</b>	Supplemental Formulary	
<b>sm folic acid oral tablet 400 mcg</b>	Supplemental Formulary	
<b>yl folic acid oral tablet 400 mcg</b>	Supplemental Formulary	
<b>*IRON COMBINATIONS***</b>		
ABATRON ORAL LIQUID	Supplemental Formulary	
<b>fe c tab plus oral tablet 100-250-0.025-1 mg</b>	Supplemental Formulary	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG	Supplemental Formulary	
<b>iron 100 plus oral tablet 100-250-0.025-1 mg</b>	Supplemental Formulary	
<b>*IRON***</b>		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Supplemental Formulary	
<b>eql carbonyl iron oral tablet 45 mg</b>	Supplemental Formulary	
<b>eql iron supplement therapy oral tablet 325 mg</b>	Supplemental Formulary	
<b>eql slow release iron oral tablet extended release 160 (50 fe) mg</b>	Supplemental Formulary	
<b>fe tabs oral tablet delayed release 325 (65 fe) mg</b>	Supplemental Formulary	
FEOSOL NATURAL RELEASE ORAL TABLET 45 MG	Supplemental Formulary	
FERATE ORAL TABLET 240 (27 FE) MG	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>ferrotabs oral tablet 240 mg</b>	Supplemental Formulary	
<b>ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</b>	Supplemental Formulary	
<b>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</b>	Supplemental Formulary	
<b>ferrous sulfate oral solution 75 (15 fe) mg/ml</b>	Supplemental Formulary	
<b>ferrous sulfate oral tablet 27 mg, 325 (65 fe) mg</b>	Supplemental Formulary	
<b>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg</b>	Supplemental Formulary	
<b>fe-vite iron oral solution 75 (15 fe) mg/ml</b>	Supplemental Formulary	
GOODSENSE IRON ORAL TABLET 325 MG	Supplemental Formulary	
ICAR ORAL SUSPENSION 15 MG/1.25ML	Supplemental Formulary	
<b>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</b>	Supplemental Formulary	
<b>iron 27 oral tablet 240 (27 fe) mg</b>	Supplemental Formulary	
<b>iron chews pediatric oral tablet chewable 15 mg</b>	Supplemental Formulary	
<b>iron high-potency oral tablet 325 mg</b>	Supplemental Formulary	
<b>iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg, 90 (18 fe) mg</b>	Supplemental Formulary	
<b>iron supplement childrens oral solution 75 (15 fe) mg/ml</b>	Supplemental Formulary	
<b>iron supplement oral elixir 220 (44 fe) mg/5ml</b>	Supplemental Formulary	
<b>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</b>	Supplemental Formulary	
<b>kp ferrous sulfate oral tablet 325 (65 fe) mg</b>	Supplemental Formulary	
<b>meijer ferrous sulfate oral tablet 325 (65 fe) mg</b>	Supplemental Formulary	
<b>nat-rul iron oral tablet 325 mg</b>	Supplemental Formulary	
<b>pc pediatric iron drops oral solution 15 mg/ml</b>	Supplemental Formulary	
PROFERRIN ES ORAL TABLET 12 MG	Supplemental Formulary	
<b>px iron oral tablet 27 mg</b>	Supplemental Formulary	
<b>qc ferrous sulfate oral tablet 325 (65 fe) mg</b>	Supplemental Formulary	
<b>ra high potency iron oral tablet 27 mg</b>	Supplemental Formulary	
<b>ra iron oral tablet 27 mg, 325 (65 fe) mg</b>	Supplemental Formulary	
<b>slow iron oral tablet extended release 160 (50 fe) mg</b>	Supplemental Formulary	
<b>slow release iron oral tablet extended release 160 (50 fe) mg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>*HEMOSTATICS*</b>		
<b>*HEMOSTATICS - SYSTEMIC***</b>		
tranexamic acid oral tablet 650 mg	Supplemental Formulary	QL (180 EA per 30 days)
<b>*HEMOSTATICS - TOPICAL***</b>		
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	Supplemental Formulary	
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>		
<b>*ANTI-HISTAMINE HYPNOTIC COMBINATIONS***</b>		
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 25-500 mg, 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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>pain reliever pm ex st oral tablet 25-500 mg, 500-25 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>pain reliever pm oral tablet 25-500 mg, 500-25 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>px pain relief pm ex st oral tablet 25-500 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc headache relief pm oral tablet 500-38 mg</b>	Supplemental Formulary	
<b>ra acetaminophen pm ex st oral tablet 25-500 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb non-asa night time oral tablet 500-25 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb non-aspirin nighttime oral tablet 500-25 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sb pain reliever pm oral tablet 500-25 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm headache relief pm oral tablet 500-38 mg</b>	Supplemental Formulary	
<b>sm pain reliever pm ex st oral tablet 25-500 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>TYLENOL PM EXTRA STRENGTH ORAL TABLET 500-25 MG</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>*ANTI-HISTAMINE HYPNOTICS***</b>		
<b>diphenhydramine hcl (sleep) oral tablet 50 mg</b>	Supplemental Formulary	
<b>eql nighttime sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>gnp sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>hm nighttime sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>kls sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>night time sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>nighttime sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>qc rest simply oral tablet 25 mg</b>	Supplemental Formulary	
<b>ra night sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>ra nighttime sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>ra sleep aid (diphenhydramine) oral tablet 25 mg</b>	Supplemental Formulary	
<b>ra sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>sb sleep oral tablet 25 mg</b>	Supplemental Formulary	
<b>SIMPLY SLEEP ORAL TABLET 25 MG</b>	Supplemental Formulary	
<b>sleep aid (diphenhydramine) oral tablet 25 mg</b>	Supplemental Formulary	
<b>sleep aid oral tablet 25 mg</b>	Supplemental Formulary	
<b>sleep tabs oral tablet 25 mg</b>	Supplemental Formulary	
<b>sleep-tabs oral tablet 25 mg</b>	Supplemental Formulary	
<b>sm nighttime sleep aid oral tablet 25 mg</b>	Supplemental Formulary	

Drug Name	Status	Notes
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	
<b>*LAXATIVES*</b>		
<b>*BOWEL EVACUANT COMBINATIONS***</b>		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Supplemental Formulary	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Supplemental Formulary	
<b>*BULK LAXATIVES***</b>		
CITRUCEL ORAL POWDER	Supplemental Formulary	
CITRUCEL ORAL TABLET 500 MG	Supplemental Formulary	
eq fiber therapy oral tablet 500 mg, 625 mg	Supplemental Formulary	
eql fiber laxative oral tablet 625 mg	Supplemental Formulary	
eql fiber therapy oral powder 28.3 %, 48.57 %	Supplemental Formulary	
eql fiber therapy oral tablet 500 mg	Supplemental Formulary	
eql 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	

Drug Name	Status	Notes
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	
<b>*LAXATIVES - MISCELLANEOUS***</b>		
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>lactulose oral solution 10 gm/15ml, 20 gm/30ml</b>	Supplemental Formulary	
MIRALAX ORAL PACKET 17 GM	Supplemental Formulary	
MIRALAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
<b>peg 3350 oral packet 17 gm</b>	Supplemental Formulary	
<b>peg 3350 oral powder 17 gm/scoop</b>	Supplemental Formulary	
<b>polyethylene glycol 3350 oral packet 17 gm</b>	Supplemental Formulary	
<b>polyethylene glycol 3350 oral powder 17 gm/scoop</b>	Supplemental Formulary	
<b>px glycerin rectal suppository 2.1 gm</b>	Supplemental Formulary	
<b>qc natura-lax oral powder 17 gm/scoop</b>	Supplemental Formulary	
<b>ra glycerin adult rectal suppository 80.7 %</b>	Supplemental Formulary	
<b>ra glycerin child rectal suppository 80.7 %</b>	Supplemental Formulary	
<b>ra laxative oral powder 17 gm/scoop</b>	Supplemental Formulary	
<b>sb glycerin adult rectal suppository 2.1 gm</b>	Supplemental Formulary	
<b>sb glycerin pediatric rectal suppository 1.2 gm</b>	Supplemental Formulary	
<b>sb polyethylene glycol 3350 oral powder 17 gm/scoop</b>	Supplemental Formulary	
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
<b>sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %</b>	Supplemental Formulary	
SMOOTH LAX ORAL PACKET 17 GM	Supplemental Formulary	
SMOOTH LAX ORAL POWDER 17 GM/SCOOP	Supplemental Formulary	
<b>*LAXATIVES &amp; DSS***</b>		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	Supplemental Formulary	
DOC-Q-LAX ORAL TABLET 8.6-50 MG	Supplemental Formulary	
<b>docuzen oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>easy-lax plus oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>eq senna-s oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>eq stool softener/laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>eql senna-s oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>gnp senna plus oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>gnp stool softener/laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>goodsense stimulant laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>hm stool softener/laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>laxacin oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>medi-laxx oral capsule 8.6-50 mg</b>	Supplemental Formulary	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>medi-natural plus oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>qc senna-s oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>qc stool softener pls laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>ra p col-rite oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>sb docusate sodium/senna oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>SENEXON-S ORAL TABLET 8.6-50 MG</b>	Supplemental Formulary	
<b>senna plus oral capsule 50-8.6 mg</b>	Supplemental Formulary	
<b>senna plus oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>senna s oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>senna-docusate sodium oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>senna-plus oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>senna-s oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>senna-time s oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>sennosides-docusate sodium oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>SENOKOT S ORAL TABLET 8.6-50 MG</b>	Supplemental Formulary	
<b>sm natural laxative/stool soft oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>sm senna-s oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>sm stool softener/laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>stimulant laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>stool softener laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>stool softener plus laxative oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>stool softener/laxative oral capsule 50-8.6 mg</b>	Supplemental Formulary	
<b>stool softener/laxative oral tablet 50-8.6 mg</b>	Supplemental Formulary	
<b>vegetable lax+stool softener oral tablet 8.6-50 mg</b>	Supplemental Formulary	
<b>*LUBRICANT LAXATIVES***</b>		
<b>enema mineral oil rectal enema</b>	Supplemental Formulary	
<b>eq mineral oil oral oil</b>	Supplemental Formulary	
<b>FLEET OIL RECTAL ENEMA</b>	Supplemental Formulary	
<b>gnp mineral oil oral oil</b>	Supplemental Formulary	
<b>goodsense mineral oil oral oil</b>	Supplemental Formulary	
<b>hm enema mineral oil rectal enema</b>	Supplemental Formulary	
<b>mineral oil heavy oral oil</b>	Supplemental Formulary	
<b>mineral oil oral oil</b>	Supplemental Formulary	
<b>qc mineral oil heavy oral oil</b>	Supplemental Formulary	
<b>ra mineral oil oral oil</b>	Supplemental Formulary	

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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>hm magnesium citrate oral solution 1.745 gm/30ml</b>	Supplemental Formulary	
<b>hm milk of magnesia oral suspension 1200 mg/15ml</b>	Supplemental Formulary	
<b>magnesium citrate oral solution 1.745 gm/30ml</b>	Supplemental Formulary	
<b>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</b>	Supplemental Formulary	
<b>PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML, 800 MG/5ML</b>	Supplemental Formulary	
<b>PHILLIPS MILK OF MAGNESIA ORAL TABLET CHEWABLE 311 MG</b>	Supplemental Formulary	
<b>px milk of magnesia oral suspension 1200 mg/15ml</b>	Supplemental Formulary	
<b>qc epsom salt oral granules</b>	Supplemental Formulary	
<b>qc magnesium citrate oral solution 1.745 gm/30ml</b>	Supplemental Formulary	
<b>qc milk of magnesia oral suspension 400 mg/5ml</b>	Supplemental Formulary	
<b>ra epsom salt granules</b>	Supplemental Formulary	
<b>ra epsom salt oral granules</b>	Supplemental Formulary	
<b>ra magnesium citrate oral solution 1.745 gm/30ml</b>	Supplemental Formulary	
<b>ra milk of magnesia oral suspension 400 mg/5ml</b>	Supplemental Formulary	
<b>sb magnesium citrate oral solution 1.745 gm/30ml</b>	Supplemental Formulary	
<b>sb milk of magnesia oral suspension 400 mg/5ml</b>	Supplemental Formulary	
<b>sm epsom salt oral granules</b>	Supplemental Formulary	
<b>sm magnesium citrate oral solution 1.745 gm/30ml</b>	Supplemental Formulary	
<b>sm milk of magnesia oral suspension 1200 mg/15ml</b>	Supplemental Formulary	
<b>*STIMULANT LAXATIVES***</b>		
<b>ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG</b>	Supplemental Formulary	
<b>bisacodyl ec oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>bisacodyl laxative rectal suppository 10 mg</b>	Supplemental Formulary	
<b>bisacodyl rectal suppository 10 mg</b>	Supplemental Formulary	
<b>castor oil oral oil 100 %</b>	Supplemental Formulary	
<b>castor oil stimulant laxative oral oil 100 %</b>	Supplemental Formulary	
<b>chocolated laxative oral tablet chewable 15 mg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>eq gentle laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>eq laxative maximum strength oral tablet 25 mg</b>	Supplemental Formulary	
<b>eq natural vegetable laxative oral tablet 8.6 mg</b>	Supplemental Formulary	
<b>eq vegetable laxative oral tablet 8.6 mg</b>	Supplemental Formulary	
<b>eql castor oil oral oil 100 %</b>	Supplemental Formulary	
<b>eql gentle laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>eql laxative maximum strength oral tablet 25 mg</b>	Supplemental Formulary	
<b>eql laxative oral tablet chewable 15 mg</b>	Supplemental Formulary	
<b>eql laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>eql senna laxative oral tablet 8.6 mg</b>	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	
<b>gentle laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>gentle laxative rectal suppository 10 mg</b>	Supplemental Formulary	
<b>geri-kot oral tablet 8.6 mg</b>	Supplemental Formulary	
<b>gnp castor oil oral oil 100 %</b>	Supplemental Formulary	
<b>gnp gentle laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>gnp gentle laxative rectal suppository 10 mg</b>	Supplemental Formulary	
<b>gnp senna lax oral tablet 8.6 mg</b>	Supplemental Formulary	
<b>gnp womens gentle laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>goodsense bisacodyl ec oral tablet delayed release 5 mg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>senna-time oral tablet 8.6 mg</b>	Supplemental Formulary	
<b>sennazon oral syrup 8.8 mg/5ml</b>	Supplemental Formulary	
<b>sennosides oral tablet 8.6 mg</b>	Supplemental Formulary	
SENOKOT ORAL TABLET 8.6 MG	Supplemental Formulary	
<b>sm gentle laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>sm laxative rectal suppository 10 mg</b>	Supplemental Formulary	
<b>sm senna laxative oral tablet 8.6 mg</b>	Supplemental Formulary	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	Supplemental Formulary	
<b>womans laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>womens laxative oral tablet delayed release 5 mg</b>	Supplemental Formulary	
<b>*SURFACTANT LAXATIVES***</b>		
COLACE CLEAR ORAL CAPSULE 50 MG	Supplemental Formulary	
COLACE ORAL CAPSULE 100 MG	Supplemental Formulary	
CORRECTOL EXTRA GENTLE ORAL CAPSULE 100 MG	Supplemental Formulary	
<b>docqlace oral capsule 100 mg</b>	Supplemental Formulary	
<b>docuprene oral tablet 100 mg</b>	Supplemental Formulary	
<b>docusate calcium oral capsule 240 mg</b>	Supplemental Formulary	
<b>docusate mini rectal enema 283 mg/5ml</b>	Supplemental Formulary	
<b>docusate sodium oral capsule 100 mg, 250 mg</b>	Supplemental Formulary	
<b>docusate sodium oral liquid 50 mg/5ml</b>	Supplemental Formulary	
<b>docusate sodium oral syrup 60 mg/15ml</b>	Supplemental Formulary	
<b>docusate sodium powder</b>	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	
<b>dss oral capsule 100 mg, 250 mg</b>	Supplemental Formulary	
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG	Supplemental Formulary	
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	Supplemental Formulary	
<b>easy-lax oral capsule 100 mg</b>	Supplemental Formulary	
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	Supplemental Formulary	
<b>eq stool softener oral capsule 100 mg</b>	Supplemental Formulary	

Drug Name	Status	Notes
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	
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	
<b>*LOCAL ANESTHETICS-PARENTERAL*</b>		
<b>*LOCAL ANESTHETICS - AMIDES***</b>		
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	Supplemental Formulary	
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	Supplemental Formulary	
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*APPLICATORS,COTTON BALLS,ETC***</b>		
ALCOH-GLOVE CONTOURED WIPE PAD	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)

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



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

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>true comfort alcohol prep pads pad 70 %</b>	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)
<b>ultilet alcohol swabs pad</b>	Supplemental Formulary	PC Note (There is a maximum dollar limit of \$25 each.); QL (200 EA per 30 days)
<b>ultra-care alcohol prep pads pad 70 %</b>	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)
<b>*CONDOMS - FEMALE***</b>		
FC2 FEMALE CONDOM	Supplemental Formulary	
<b>*CONDOMS - MALE***</b>		
<b>aimsco lubricated</b>	Supplemental Formulary	
FANTASY LUBRICATED	Supplemental Formulary	
FANTASY LUBRICATED/SPERMICIDE	Supplemental Formulary	
KAMELEON LUBRICATED	Supplemental Formulary	
<b>kimono</b>	Supplemental Formulary	
KIMONO COLORS DEVICE	Supplemental Formulary	
<b>kimono micro thin</b>	Supplemental Formulary	
<b>kimono micro thin plus</b>	Supplemental Formulary	
<b>kimono plus</b>	Supplemental Formulary	
<b>kimono ps</b>	Supplemental Formulary	
<b>kimono ps plus</b>	Supplemental Formulary	
<b>kimono sensation</b>	Supplemental Formulary	
<b>kimono sensation plus</b>	Supplemental Formulary	
KIMONO SPECIAL DEVICE	Supplemental Formulary	
<b>maxx</b>	Supplemental Formulary	
<b>maxx plus</b>	Supplemental Formulary	
REALITY LATEX CONDOMS	Supplemental Formulary	
REALITY LATEX/ULTRA TEXTURED DEVICE	Supplemental Formulary	
REALITY LATEX/ULTRA THIN DEVICE	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
TRUSTEX COLOR CONDOMS + LUBE	Supplemental Formulary	
TRUSTEX LUB/RIBBED/STUDED	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	
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	
<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
<b>1st tier unilet comfortouch</b>	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)
<b>acti-lance 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>acti-lance lite lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>acti-lance special lancets 17g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>acti-lance universal 23g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>adjustable lancing device</b>	Supplemental Formulary	
<b>advanced mobile lancet</b>	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)
<b>aimsco twist lancets 32g</b>	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)
<b>assure comfort lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
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)
<b>aurora lancet super thin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>aurora lancet thin 23g</b>	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	
<b>careone advanced lancing dev</b>	Supplemental Formulary	
CAREONE LANCET SUPER THIN 30G	Supplemental Formulary	QL (200 EA per 30 days)
<b>careone lancet thin 23g</b>	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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>comfort assured lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>comfort assured lancets 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>comfort lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>cvs lancets 21g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>cvs lancets micro thin 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>cvs lancets original</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>cvs lancets thin 26g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>cvs lancets ultra thin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>cvs lancets ultra-thin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>cvs lancing device</b>	Supplemental Formulary	
<b>cvs ultra thin lancets</b>	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	
<b>diascreen liquid urine control</b>	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	
<b>drug mart lancets thin 26g</b>	Supplemental Formulary	QL (200 EA per 30 days)
DRUG MART LANCING DEVICE	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>easy comfort lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>easy comfort lancets twist top</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>easy mini eject lancing device</b>	Supplemental Formulary	
<b>easy mini lancing device</b>	Supplemental Formulary	
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)
<b>eql color lancets 21g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>eql color lancets micro 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>eql super thin lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>eql thin lancets 26g</b>	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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>freds pharmacy autolet lancing</b>	Supplemental Formulary	
<b>freds pharmacy unilet lanc 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>freds pharmacy unilet lanc 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
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)
<b>freestyle libre 3 sensor</b>	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	
<b>global inject ease lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>global inject ease lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>global lancing device</b>	Supplemental Formulary	
GLUCOCOM LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
GLUCOCOM LANCETS 30G	Supplemental Formulary	QL (200 EA per 30 days)
GLUCOCOM LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
<b>gnp lancets 21g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>gnp lancets thin 26g</b>	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)
<b>goodsense color lancets 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>goodsense lancets 26g univ</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>goodsense lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>goodsense lancets 30g univ</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>goodsense lancets 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>goodsense lancets 33g univ</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>goodsense lancing device</b>	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	
<b>healthy accents lancing device</b>	Supplemental Formulary	
<b>healthy accents unilet lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>h-e-b incontrol adv lancing</b>	Supplemental Formulary	
<b>h-e-b incontrol lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>h-e-b incontrol lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>h-e-b incontrol lancets 33g</b>	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)
<b>hy-vee thin lancets</b>	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)
<b>kinney lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>kinney thin lancets</b>	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)
<b>kroger lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>kroger lancets 21g</b>	Supplemental Formulary	QL (200 EA per 30 days)



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>groger lancets micro thin 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>groger lancets super thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>groger lancets thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>groger lancets thin 26g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>groger lancets ultrathin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>groger lancing device</b>	Supplemental Formulary	
<b>lancet device</b>	Supplemental Formulary	
<b>lancet device with ejector</b>	Supplemental Formulary	
<b>lancet transporter case</b>	Supplemental Formulary	
<b>lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>lancets micro thin 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>lancets super thin 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>lancets thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
LANCETS ULTRA THIN	Supplemental Formulary	QL (200 EA per 30 days)
<b>lancets ultra thin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>lancing device</b>	Supplemental Formulary	
LANZO	Supplemental Formulary	
<b>leader advanced lancing device</b>	Supplemental Formulary	
LIBERTY MEDICAL LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
LIBERTY MINI LANCING DEVICE	Supplemental Formulary	
LIFESCAN UNISTIK 2	Supplemental Formulary	QL (200 EA per 30 days)
LIFESCAN UNISTIK II LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
<b>lite touch lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
LITE TOUCH LANCING PEN	Supplemental Formulary	
LITETOUCH LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
<b>live better adv lancing device</b>	Supplemental Formulary	
<b>live better lancet super thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>live better lancet ultra thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>longs lancets standard</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>longs lancets thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>longs lancets ultra thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>medichoice safety lancet</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>medichoice safety lancet extra</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>medichoice safety lancet norm</b>	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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
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	
<b>mini lancing device</b>	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)
<b>mpd safety lancet 21g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>mpd safety lancet 23g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>mpd safety lancet 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>mpd safety lancet 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>multi-lancet device</b>	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 CLUB LANCETS FINE PT	Supplemental Formulary	QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 33G	Supplemental Formulary	QL (200 EA per 30 days)
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	
ONETOUCH FINEPOINT LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ONETOUCH SURESOFT LANCING DEV	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
ONETOUCH ULTRASOFT LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
<b>pc lancets super thin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
PENLET II BLOOD SAMPLER KIT	Supplemental Formulary	
PENLET II REPLACEMENT CAP	Supplemental Formulary	
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)
<b>pip lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>pip lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
PRECISION THINS GP LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
<b>preferred plus lancets colored</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>preferred plus lancets thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>pro comfort lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>pro comfort lancets 31g</b>	Supplemental Formulary	QL (200 EA per 30 days)
PRODIGY LANCETS 28G	Supplemental Formulary	QL (200 EA per 30 days)
PRODIGY LANCING DEVICE	Supplemental Formulary	
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)
<b>px advanced lancing device</b>	Supplemental Formulary	
<b>px lancet auto injector</b>	Supplemental Formulary	
<b>px lancets ultra thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>px lancets ultra thin 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>qc advanced lancing device</b>	Supplemental Formulary	
<b>qc lancets super thin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>qc lancets ultra thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>qc unilet lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>qc unilet lancets micro thin</b>	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)
<b>reality lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>reality trigger lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>safety lancet 30g/pressure act</b>	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)
<b>safety lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>saps health twist top lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>saps twist top lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sapscare twist top lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sb lancets thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sb lancets ultra thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>select-lite device/lancets kit</b>	Supplemental Formulary	
<b>select-lite lancing device</b>	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)
<b>sm lancets 33g</b>	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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>super thin lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sure comfort lancets 18g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sure comfort lancets 21g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sure comfort lancets 23g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sure comfort lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sure comfort lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>sure comfort lancing pen</b>	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)
<b>tgt lancet micro thin 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>tgt lancet thin 26g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>tgt lancet ultra thin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>tgt lancing device</b>	Supplemental Formulary	
THINLETS GP LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
<b>todays health lancing device</b>	Supplemental Formulary	
<b>todays health thin lancets 28g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>todays health thin lancets 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>topcare lancets micro-thin 33g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>travel lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
TRAVEL LANCETS ADVANCED 28G	Supplemental Formulary	QL (200 EA per 30 days)
<b>true comfort twist top lancets</b>	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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
ULTILET SAFETY LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
ULTILET SAFETY LANCETS 23G	Supplemental Formulary	QL (200 EA per 30 days)
<b>ultra thin lancets 31g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>ultra-care lancets 30g</b>	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)
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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>value plus lancet standard 21g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>value plus lancets super thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>value plus lancets thin 26g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>value plus lancing device</b>	Supplemental Formulary	
<b>valumark lancet super thin 30g</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>valumark lancet ultra thin 28g</b>	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	
<b>walgreens adv travel lancets</b>	Supplemental Formulary	QL (200 EA per 30 days)
WALGREENS LANCETS	Supplemental Formulary	QL (200 EA per 30 days)
<b>walgreens lancets micro thin</b>	Supplemental Formulary	QL (200 EA per 30 days)
<b>walgreens lancets super thin</b>	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)
<b>*INSULIN ADMINISTRATION SUPPLIES***</b>		
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	
<b>*NEEDLES &amp; SYRINGES***</b>		
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	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	
<b>flow-eze vented needle</b>	Supplemental Formulary	
<b>inject-ease</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	
<b>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</b>	Supplemental Formulary	
<b>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</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES***</b>		
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)
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)
<b>breathe ease large device</b>	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
<b>breathe ease medium device</b>	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>breathe ease small device</b>	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)
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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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)
<b>pro comfort spacer adult</b>	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
<b>pro comfort spacer child</b>	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
<b>procare spacer/adult mask device</b>	Supplemental Formulary	QL Note (Max cost threshold of \$30.); QL (2 EA per 365 days)
<b>procare spacer/child mask device</b>	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)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*CALCIUM COMBINATIONS***</b>		
CALCITRATE ORAL TABLET 315-6.25 MG-MCG	Supplemental Formulary	
<b>calcitrate plus d oral tablet 315-5 mg-mcg</b>	Supplemental Formulary	
<b>calcium + vitamin d3 oral tablet 600-5 mg-mcg</b>	Supplemental Formulary	
<b>calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg</b>	Supplemental Formulary	
<b>calcium 500 + d3 oral tablet 500-5 mg-mcg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>calcium-vitamin d oral tablet 600-3.125 mg-mcg</b>	Supplemental Formulary	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	Supplemental Formulary	
<b>chewable calcium/d3 oral wafer 500-15 mg-mcg</b>	Supplemental Formulary	
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG	Supplemental Formulary	
<b>coral calcium oral capsule 185-50-100 mg-mg-unit</b>	Supplemental Formulary	
<b>eq calcium 500+d oral tablet 500-5 mg-mcg</b>	Supplemental Formulary	
<b>eq calcium 600+d oral tablet 600-20 mg-mcg</b>	Supplemental Formulary	
<b>eq calcium citrate+d oral tablet 315-6.25 mg-mcg</b>	Supplemental Formulary	
<b>eq calcium citrate+d3 oral tablet 315-6.25 mg-mcg</b>	Supplemental Formulary	
<b>eql calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</b>	Supplemental Formulary	
<b>eql calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</b>	Supplemental Formulary	
<b>eql calcium/vitamin d oral tablet 600-10 mg-mcg</b>	Supplemental Formulary	
<b>eql calcium/vitamin d3 oral tablet 600-20 mg-mcg</b>	Supplemental Formulary	
<b>gnp calcium 600 +d3 oral tablet 600-20 mg-mcg</b>	Supplemental Formulary	
<b>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</b>	Supplemental Formulary	
<b>kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg</b>	Supplemental Formulary	
<b>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</b>	Supplemental Formulary	
<b>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</b>	Supplemental Formulary	
<b>nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg</b>	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	
<b>oyster calcium/d3 oral tablet 500-5 mg-mcg</b>	Supplemental Formulary	
<b>oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</b>	Supplemental Formulary	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>oyster shell calcium + d3 oral tablet 500-10 mg-mcg</b>	Supplemental Formulary	
<b>oyster shell calcium oral tablet 500-10 mg-mcg</b>	Supplemental Formulary	
<b>oyster shell calcium plus d oral tablet 500-5 mg-mcg</b>	Supplemental Formulary	
<b>oyster shell calcium w/d oral tablet 500-5 mg-mcg</b>	Supplemental Formulary	
<b>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</b>	Supplemental Formulary	
<b>oyster shell calcium/d3 oral tablet 500-5 mg-mcg</b>	Supplemental Formulary	
<b>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</b>	Supplemental Formulary	
<b>PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG</b>	Supplemental Formulary	
<b>px calcium&amp;d oral tablet 600-10 mg-mcg</b>	Supplemental Formulary	
<b>ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg</b>	Supplemental Formulary	
<b>ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg</b>	Supplemental Formulary	
<b>ra calcium citrate plus vit d oral tablet 315-5 mg-mcg</b>	Supplemental Formulary	
<b>ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</b>	Supplemental Formulary	
<b>ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg</b>	Supplemental Formulary	
<b>ra calcium-boron oral tablet 500-1.5 mg</b>	Supplemental Formulary	
<b>RA HI CAL ORAL TABLET 500-5 MG-MCG</b>	Supplemental Formulary	
<b>sb calcium + d oral tablet 600-5 mg-mcg</b>	Supplemental Formulary	
<b>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</b>	Supplemental Formulary	
<b>sm calcium 600+d3 oral tablet 600-20 mg-mcg</b>	Supplemental Formulary	
<b>sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg</b>	Supplemental Formulary	
<b>sm calcium citrate-vit d oral tablet 315-5 mg-mcg</b>	Supplemental Formulary	
<b>sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg</b>	Supplemental Formulary	
<b>sm calcium-magnesium-zinc oral tablet 333-133-5 mg</b>	Supplemental Formulary	
<b>sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</b>	Supplemental Formulary	
<b>super calcium 600 + d 400 oral tablet 600-10 mg-mcg</b>	Supplemental Formulary	
<b>super calcium 600 + d3 oral tablet 600-10 mg-mcg</b>	Supplemental Formulary	
<b>*CALCIUM***</b>		
<b>calcium 600 high potency oral tablet 600 mg</b>	Supplemental Formulary	
<b>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</b>	Supplemental Formulary	
<b>calcium carbonate oral tablet 1250 (500 ca) mg, 600 mg</b>	Supplemental Formulary	
<b>calcium citrate oral tablet 250 mg, 333 mg, 950 (200 ca) mg</b>	Supplemental Formulary	
<b>calcium gluconate oral tablet 50 mg</b>	Supplemental Formulary	
<b>calcium high potency oral tablet 1500 (600 ca) mg</b>	Supplemental Formulary	
<b>calcium oral tablet 500 mg</b>	Supplemental Formulary	
<b>calcium oyster shell oral tablet 1250 (500 ca) mg, 500 mg</b>	Supplemental Formulary	
<b>gnp calcium oral tablet 1500 (600 ca) mg</b>	Supplemental Formulary	
<b>oyster calcium oral tablet 500 mg</b>	Supplemental Formulary	
<b>oyster shell calcium oral tablet 500 mg</b>	Supplemental Formulary	
<b>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</b>	Supplemental Formulary	
<b>ra calcium 600 oral tablet 1500 (600 ca) mg</b>	Supplemental Formulary	
<b>ra calcium high potency oral tablet 600 mg</b>	Supplemental Formulary	
<b>ra calcium oral tablet 500 mg</b>	Supplemental Formulary	
<b>sb oyster shell calcium oral tablet 500 mg</b>	Supplemental Formulary	
<b>super calcium oral tablet 1500 (600 ca) mg</b>	Supplemental Formulary	
<b>*ELECTROLYTES ORAL***</b>		
<b>ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION</b>	Supplemental Formulary	
<b>CERALYTE 70 ORAL SOLUTION</b>	Supplemental Formulary	
<b>CERASPORT EX1 ORAL SOLUTION</b>	Supplemental Formulary	
<b>CERASPORT ORAL SOLUTION</b>	Supplemental Formulary	
<b>ENFAMIL ENFALYTE ORAL SOLUTION</b>	Supplemental Formulary	
<b>EQUALYTE ORAL SOLUTION</b>	Supplemental Formulary	
<b>h-e-b oral electrolyte oral solution</b>	Supplemental Formulary	
<b>HYDRALYTE FREEZER POPS ORAL SOLUTION</b>	Supplemental Formulary	

Drug Name	Status	Notes
HYDRALYTE ORAL SOLUTION	Supplemental Formulary	
<b>oral electrolyte freezer pops oral solution</b>	Supplemental Formulary	
<b>oral electrolytes oral solution</b>	Supplemental Formulary	
ORALYTE ORAL SOLUTION	Supplemental Formulary	
<b>ped electrolyte freeze pops oral solution</b>	Supplemental Formulary	
<b>ped electrolyte freezer pops oral solution</b>	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	
<b>pediatric electrolyte oral solution</b>	Supplemental Formulary	
<b>pediatric electrolyte-zinc oral solution</b>	Supplemental Formulary	
<b>ra pediatric electrolyte oral solution</b>	Supplemental Formulary	
REHYDRALYTE ORAL SOLUTION	Supplemental Formulary	
<b>sb pediatric electrolyte oral solution</b>	Supplemental Formulary	
<b>sm pediatric electrolyte oral solution</b>	Supplemental Formulary	
<b>*FLUORIDE***</b>		
<b>fluoritab oral solution 0.275 (0.125 f) mg/drop</b>	Supplemental Formulary	
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	Supplemental Formulary	
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	Supplemental Formulary	
<b>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</b>	Supplemental Formulary	
<b>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</b>	Supplemental Formulary	
<b>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</b>	Supplemental Formulary	
<b>*MAGNESIUM***</b>		
MAG64 ORAL TABLET DELAYED RELEASE 64 MG	Supplemental Formulary	
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	Supplemental Formulary	
<b>magnesium oral tablet 400 mg</b>	Supplemental Formulary	
<b>magnesium oxide oral tablet 400 (240 mg) mg</b>	Supplemental Formulary	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	Supplemental Formulary	
MAGOX 400 ORAL TABLET 400 (240 MG) MG	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>mgo oral tablet 400 (240 mg) mg</b>	Supplemental Formulary	
<b>*MINERAL COMBINATIONS***</b>		
ADVANCED CALCIUM/D/MAGNESIUM ORAL TABLET	Supplemental Formulary	
<b>bone density builder oral tablet</b>	Supplemental Formulary	
<b>cal mag zinc +d3 oral tablet</b>	Supplemental Formulary	
<b>calcium citrate + oral tablet</b>	Supplemental Formulary	
<b>calcium citrate plus oral tablet</b>	Supplemental Formulary	
<b>calcium citrate plus/magnesium oral tablet</b>	Supplemental Formulary	
<b>calcium citrate-mag-minerals oral tablet</b>	Supplemental Formulary	
<b>calcium-magnesium-zinc-d3 oral tablet</b>	Supplemental Formulary	
<b>cal-mag-zinc-d oral tablet</b>	Supplemental Formulary	
CITRACAL MAXIMUM PLUS ORAL TABLET	Supplemental Formulary	
CITRACAL PLUS ORAL TABLET	Supplemental Formulary	
<b>fem-cal citrate oral tablet</b>	Supplemental Formulary	
<b>gnp cal mag zinc +d3 oral tablet</b>	Supplemental Formulary	
MULTI MEGA MINERALS ORAL TABLET	Supplemental Formulary	
<b>multi-minerals oral tablet</b>	Supplemental Formulary	
<b>multisource calcium mag/d oral tablet</b>	Supplemental Formulary	
PROSTEON ORAL TABLET	Supplemental Formulary	
THERACAL D2000 ORAL TABLET	Supplemental Formulary	
THERACAL D4000 ORAL TABLET	Supplemental Formulary	
THERACAL RAPID REPLETION ORAL TABLET	Supplemental Formulary	
<b>*PHOSPHATE***</b>		
<b>phos-nak oral packet 280-160-250 mg</b>	Supplemental Formulary	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Supplemental Formulary	
<b>phosphorous oral tablet 155-852-130 mg</b>	Supplemental Formulary	
<b>phosphorus supplement oral packet 280-160-250 mg</b>	Supplemental Formulary	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Supplemental Formulary	
<b>*POTASSIUM***</b>		
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>*SODIUM***</b>		
sodium chloride (pf) injection solution 0.9 %	Supplemental Formulary	
sodium chloride granules	Supplemental Formulary	
sodium chloride powder	Supplemental Formulary	
<b>*ZINC***</b>		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Supplemental Formulary	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*CHELATING AGENTS***</b>		
penicillamine oral tablet 250 mg	Supplemental Formulary	SPB; QL (480 EA per 30 days)
<b>*POTASSIUM REMOVING AGENTS***</b>		
sodium polystyrene sulfonate oral powder	Supplemental Formulary	
SPS ORAL SUSPENSION 15 GM/60ML	Supplemental Formulary	
<b>*PROSTAGLANDINS***</b>		
alprostadil injection solution 500 mcg/ml	Supplemental Formulary	
<b>*PURINE ANALOGS***</b>		
azathioprine powder	Supplemental Formulary	SPB

Drug Name	Status	Notes
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*ANESTHETICS TOPICAL ORAL - COMBINATIONS***</b>		
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	
<b>*ANESTHETICS TOPICAL ORAL***</b>		
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	
<b>baby teething mouth/throat gel 7.5 %</b>	Supplemental Formulary	
<b>baby teething pain medicine mouth/throat gel 7.5 %</b>	Supplemental Formulary	
<b>goodsense oral pain relief mouth/throat gel 20 %</b>	Supplemental Formulary	
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	
HURRICANE SNAP-N-GO MOUTH/THROAT SWAB 20 %	Supplemental Formulary	
<b>intense toothache pain relief mouth/throat gel 20 %</b>	Supplemental Formulary	
<b>oral analgesic max st mouth/throat gel 20 %</b>	Supplemental Formulary	
<b>oral analgesic max st mouth/throat liquid 20 %</b>	Supplemental Formulary	
<b>oral analgesic max st mouth/throat paste 20 %</b>	Supplemental Formulary	
<b>oral anesthetic mouth/throat paste 20 %</b>	Supplemental Formulary	
<b>ra mouth pain anesthetic mouth/throat liquid 20 %</b>	Supplemental Formulary	
ZILACTIN BABY MOUTH/THROAT GEL 10 %	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*ANTI-INFECTIVES - THROAT***</b>		
<b>amphotericin b powder , 905 unit/mg</b>	Supplemental Formulary	
<b>*ANTISEPTICS - MOUTH/THROAT***</b>		
<b>chlorhexidine gluconate mouth/throat solution 0.12 %</b>	Supplemental Formulary	
<b>PERIOGARD MOUTH/THROAT SOLUTION 0.12 %</b>	Supplemental Formulary	
<b>*FLUORIDE DENTAL PRODUCTS***</b>		
<b>DENTA 5000 PLUS DENTAL CREAM 1.1 %</b>	Supplemental Formulary	
<b>DENTAGEL DENTAL GEL 1.1 %</b>	Supplemental Formulary	
<b>EASYGEL DENTAL GEL 0.4 %</b>	Supplemental Formulary	
<b>GEL-KAM DENTAL GEL 0.4 %</b>	Supplemental Formulary	
<b>JUST FOR KIDS DENTAL GEL 0.4 %</b>	Supplemental Formulary	
<b>OMNI GEL DENTAL GEL 0.4 %</b>	Supplemental Formulary	
<b>sf 5000 plus dental cream 1.1 %</b>	Supplemental Formulary	
<b>sf dental gel 1.1 %</b>	Supplemental Formulary	
<b>sodium fluoride 5000 plus dental cream 1.1 %</b>	Supplemental Formulary	
<b>sodium fluoride 5000 ppm dental cream 1.1 %</b>	Supplemental Formulary	
<b>sodium fluoride dental cream 1.1 %</b>	Supplemental Formulary	
<b>sodium fluoride dental gel 1.1 %</b>	Supplemental Formulary	
<b>*SALIVA STIMULANTS***</b>		
<b>cevimeline hcl oral capsule 30 mg</b>	Supplemental Formulary	
<b>pilocarpine hcl oral tablet 5 mg</b>	Supplemental Formulary	
<b>*STEROIDS - MOUTH/THROAT/DENTAL***</b>		
<b>ORALONE MOUTH/THROAT PASTE 0.1 %</b>	Supplemental Formulary	
<b>triamcinolone acetonide mouth/throat paste 0.1 %</b>	Supplemental Formulary	
<b>*MULTIVITAMINS*</b>		
<b>*B-COMPLEX VITAMINS***</b>		
<b>b complex oral capsule</b>	Supplemental Formulary	
<b>b complex vitamins oral capsule</b>	Supplemental Formulary	
<b>b-complex high potency oral tablet extended release</b>	Supplemental Formulary	
<b>b-complex/b-12 oral tablet</b>	Supplemental Formulary	
<b>ra b-complex oral tablet</b>	Supplemental Formulary	
<b>ra b-complex with b-12 oral tablet</b>	Supplemental Formulary	
<b>vitamin b complex oral tablet</b>	Supplemental Formulary	
<b>vitamin-b complex oral tablet</b>	Supplemental Formulary	

Drug Name	Status	Notes
<b>*B-COMPLEX W/ C &amp; CALCIUM***</b>		
<b>gnp b-complex plus vitamin c oral tablet</b>	Supplemental Formulary	
<b>qc b-complex/vitamin c oral tablet</b>	Supplemental Formulary	
<b>*B-COMPLEX W/ C &amp; E + ZN***</b>		
<b>bec/zinc oral tablet</b>	Supplemental Formulary	
<b>eql stress b-complex c/zinc oral tablet</b>	Supplemental Formulary	
<b>stress b/zinc oral tablet</b>	Supplemental Formulary	
<b>stress b-complex/vit c/zinc oral tablet</b>	Supplemental Formulary	
<b>stress plus zinc oral tablet</b>	Supplemental Formulary	
<b>zinc-vites oral tablet</b>	Supplemental Formulary	
<b>*B-COMPLEX W/ C &amp; E***</b>		
<b>PRONUTRIENTS SUPER B COMPLEX ORAL TABLET</b>	Supplemental Formulary	
<b>*B-COMPLEX W/ C &amp; FOLIC ACID***</b>		
<b>b complex-c-folic acid oral tablet</b>	Supplemental Formulary	
<b>b-complex balanced oral tablet</b>	Supplemental Formulary	
<b>b-complex/vitamin c oral tablet</b>	Supplemental Formulary	
<b>b-plex oral tablet</b>	Supplemental Formulary	
<b>DEXIFOL ORAL TABLET 5 MG</b>	Supplemental Formulary	
<b>DIALYVITE 800 ORAL TABLET 0.8 MG</b>	Supplemental Formulary	
<b>eql super b complex/vitamin c oral tablet</b>	Supplemental Formulary	
<b>folbee plus oral tablet</b>	Supplemental Formulary	
<b>full spectrum b/vitamin c oral tablet 0.8 mg</b>	Supplemental Formulary	
<b>hylavite oral tablet</b>	Supplemental Formulary	
<b>kp b complex-c oral tablet</b>	Supplemental Formulary	
<b>MYNEPHRON ORAL CAPSULE 1 MG</b>	Supplemental Formulary	
<b>nephro vitamins oral tablet 0.8 mg</b>	Supplemental Formulary	
<b>NEPHRO-VITE ORAL TABLET 0.8 MG</b>	Supplemental Formulary	
<b>px b complex/vitamin c oral tablet</b>	Supplemental Formulary	
<b>RENAL ORAL CAPSULE 1 MG</b>	Supplemental Formulary	
<b>renal vitamin oral tablet 0.8 mg</b>	Supplemental Formulary	
<b>rena-vite oral tablet</b>	Supplemental Formulary	
<b>reno caps oral capsule 1 mg</b>	Supplemental Formulary	
<b>sm b super vitamin complex oral tablet</b>	Supplemental Formulary	
<b>sm b-complex/vitamin c oral tablet</b>	Supplemental Formulary	
<b>super b complex/fa/vit c oral tablet</b>	Supplemental Formulary	
<b>super b-complex/vit c/fa oral tablet</b>	Supplemental Formulary	
<b>triphrocaps oral capsule 1 mg</b>	Supplemental Formulary	
<b>virt-caps oral capsule 1 mg</b>	Supplemental Formulary	



Drug Name	Status	Notes
<b>*B-COMPLEX W/ C***</b>		
ALLBEE/C ORAL TABLET	Supplemental Formulary	
<b>b complex-c oral capsule</b>	Supplemental Formulary	
<b>b complex-c oral tablet</b>	Supplemental Formulary	
<b>b complex-vitamin c oral capsule</b>	Supplemental Formulary	
<b>b-complex-c oral tablet</b>	Supplemental Formulary	
<b>better b complex oral tablet</b>	Supplemental Formulary	
<b>hm b complex/c oral tablet</b>	Supplemental Formulary	
<b>ra b-complex/vitamin c cr oral tablet extended release</b>	Supplemental Formulary	
<b>sm super b complex/c oral tablet</b>	Supplemental Formulary	
<b>sm vitamin b complex/vitamin c oral tablet</b>	Supplemental Formulary	
<b>super b complex/vitamin c oral tablet</b>	Supplemental Formulary	
<b>super b/c oral capsule</b>	Supplemental Formulary	
<b>vitamin b complex-c oral capsule</b>	Supplemental Formulary	
<b>*B-COMPLEX W/ FOLIC ACID***</b>		
<b>b complex (folic acid) oral tablet</b>	Supplemental Formulary	
<b>b complex formula 1 (w/ fa) oral tablet</b>	Supplemental Formulary	
<b>balanced b-50 oral tablet extended release</b>	Supplemental Formulary	
<b>b-complex (folic acid) oral tablet</b>	Supplemental Formulary	
<b>benfotiamine multi-b oral capsule</b>	Supplemental Formulary	
<b>kobee oral tablet</b>	Supplemental Formulary	
<b>sm balanced b-100 oral tablet</b>	Supplemental Formulary	
<b>sm balanced b-50 oral tablet</b>	Supplemental Formulary	
<b>*B-COMPLEX W/ IRON***</b>		
APETIGEN-PLUS ORAL SOLUTION	Supplemental Formulary	
<b>b complex-c-iron oral tablet</b>	Supplemental Formulary	
<b>super b-complex/iron/vitamin c oral tablet</b>	Supplemental Formulary	
<b>*B-COMPLEX W/ LYSINE-MIN-FE &amp; FOLIC ACID***</b>		
ACTRIVIT ORAL LIQUID 800-15-1 MG/15ML	Supplemental Formulary	
NUTRIVIT ORAL LIQUID	Supplemental Formulary	
<b>*B-COMPLEX W/ MINERALS***</b>		
ELDERTONIC ORAL LIQUID	Supplemental Formulary	
<b>*B-COMPLEX W/BIOTIN &amp; FOLIC ACID***</b>		
<b>b complex 100 tr oral tablet extended release</b>	Supplemental Formulary	
<b>b-100 b-complex oral tablet</b>	Supplemental Formulary	
<b>b-100 complex cr oral tablet extended release</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>b-100 tr oral tablet extended release</b>	Supplemental Formulary	
<b>balance b-50 oral tablet</b>	Supplemental Formulary	
<b>balanced b complex oral tablet</b>	Supplemental Formulary	
<b>balanced b-100 oral tablet</b>	Supplemental Formulary	
<b>balanced b-100 oral tablet extended release</b>	Supplemental Formulary	
<b>balanced b-50/fa oral tablet</b>	Supplemental Formulary	
<b>b-compleet-100 oral tablet</b>	Supplemental Formulary	
<b>b-compleet-50 oral tablet</b>	Supplemental Formulary	
BIG 100 (BIOTIN) ORAL TABLET	Supplemental Formulary	
<b>complex b-100 oral tablet extended release</b>	Supplemental Formulary	
<b>complex b-50 prolonged release oral tablet extended release</b>	Supplemental Formulary	
ENDUR-B ORAL TABLET EXTENDED RELEASE	Supplemental Formulary	
<b>eql b complex 50 oral tablet</b>	Supplemental Formulary	
<b>eql b-100 complex oral tablet extended release</b>	Supplemental Formulary	
<b>gnp b-100 complex oral tablet extended release</b>	Supplemental Formulary	
<b>gnp b-50 complex oral tablet extended release</b>	Supplemental Formulary	
<b>qc b50 prolonged release oral tablet extended release</b>	Supplemental Formulary	
<b>quin b strong b-25 oral tablet</b>	Supplemental Formulary	
<b>ra balanced b-100 cr oral tablet extended release</b>	Supplemental Formulary	
<b>ra balanced b-100 oral tablet</b>	Supplemental Formulary	
<b>ra balanced b-50 oral tablet</b>	Supplemental Formulary	
<b>ra balanced b-50 tr oral tablet extended release</b>	Supplemental Formulary	
<b>sm b100 complex oral tablet</b>	Supplemental Formulary	
<b>sm b-complex oral tablet</b>	Supplemental Formulary	
<b>super b-100 oral tablet</b>	Supplemental Formulary	
<b>super b-50 oral tablet</b>	Supplemental Formulary	
<b>super b-complex oral tablet</b>	Supplemental Formulary	
SUPER DEC B-100 ORAL TABLET	Supplemental Formulary	
SUPER QUINTS B-50 ORAL TABLET	Supplemental Formulary	
<b>yl balanced b-100 oral tablet</b>	Supplemental Formulary	
<b>*BIOFLAVONOID PRODUCTS***</b>		
ACTITROM ORAL CAPSULE	Supplemental Formulary	
ACTITROM-D ORAL CAPSULE	Supplemental Formulary	
ADRENAL C FORMULA ORAL TABLET	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
ADVANCED C PLUS ORAL TABLET	Supplemental Formulary	
<b>anti-allergy oral tablet 100-100-50 mg</b>	Supplemental Formulary	
<b>bioflex oral tablet</b>	Supplemental Formulary	
<b>c 1000-bioflavonoids-rose hips oral capsule 1000-25 mg</b>	Supplemental Formulary	
<b>c complex oral tablet extended release</b>	Supplemental Formulary	
<b>c1000 tr/rose hip/bioflavonoid oral tablet extended release 1000-50-50 mg</b>	Supplemental Formulary	
<b>c1500 tr/rose hip/bioflavonoid oral tablet extended release 1500-50-50 mg</b>	Supplemental Formulary	
<b>daflonex-xl oral tablet extended release</b>	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	
<b>fruit c 200 oral tablet chewable</b>	Supplemental Formulary	
<b>grape seed oral capsule 250-50 mg</b>	Supplemental Formulary	
<b>hi c-500 oral tablet 500-100-50 mg</b>	Supplemental Formulary	
<b>pan-c 500/bioflavonoids oral tablet</b>	Supplemental Formulary	
PERIDIN-C ORAL TABLET 200-50-150 MG	Supplemental Formulary	
<b>ra vitamin c cr oral tablet extended release</b>	Supplemental Formulary	
<b>span c oral tablet</b>	Supplemental Formulary	
<b>super c-500 oral tablet</b>	Supplemental Formulary	
<b>super-c 1000 oral tablet</b>	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	
<b>vasoflex forte oral capsule 150-150-150 mg</b>	Supplemental Formulary	
<b>vasoflex hd oral tablet</b>	Supplemental Formulary	
VASOFLEX ORAL CAPSULE	Supplemental Formulary	
VASOFLEX ORAL TABLET	Supplemental Formulary	
<b>vita c/bioflavonoids/rose hips oral tablet 1000-30-18 mg</b>	Supplemental Formulary	
<b>vitamin c oral tablet chewable</b>	Supplemental Formulary	
<b>vitamin c-bioflavonoids oral tablet extended release 1000-100 mg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*MULTIPLE VITAMINS W/ CALCIUM***</b>		
<b>eql one daily womens oral tablet</b>	Supplemental Formulary	
<b>essential one daily multivit oral tablet</b>	Supplemental Formulary	
<b>gnp one daily womens health oral tablet</b>	Supplemental Formulary	
<b>ONE-A-DAY WOMENS FORMULA ORAL TABLET</b>	Supplemental Formulary	
<b>signacal oral tablet</b>	Supplemental Formulary	
<b>sm one daily essential oral tablet</b>	Supplemental Formulary	
<b>*MULTIPLE VITAMINS W/ IRON***</b>		
<b>daily vite multivitamin/iron oral tablet</b>	Supplemental Formulary	
<b>daily-vitamin/iron oral tablet</b>	Supplemental Formulary	
<b>multiple vitamins/iron oral tablet</b>	Supplemental Formulary	
<b>multiple vitamins-iron oral tablet</b>	Supplemental Formulary	
<b>multi-vitamin/iron oral tablet</b>	Supplemental Formulary	
<b>nat-rul daily-vite+iron oral tablet</b>	Supplemental Formulary	
<b>one daily multivitamin/iron oral tablet</b>	Supplemental Formulary	
<b>one-daily/iron oral tablet</b>	Supplemental Formulary	
<b>qc daily multivitamins/iron oral tablet</b>	Supplemental Formulary	
<b>sm multiple vitamins/iron oral tablet</b>	Supplemental Formulary	
<b>stress b complex/iron oral tablet</b>	Supplemental Formulary	
<b>tab-a-vite/iron oral tablet</b>	Supplemental Formulary	
<b>*MULTIPLE VITAMINS W/ MINERALS***</b>		
<b>50+ adult eye health oral capsule</b>	Supplemental Formulary	
<b>a thru z advanced adult oral tablet</b>	Supplemental Formulary	
<b>a thru z advanced oral tablet</b>	Supplemental Formulary	
<b>a thru z high potency oral tablet</b>	Supplemental Formulary	
<b>a thru z select 50+ advanced oral tablet</b>	Supplemental Formulary	
<b>a thru z select 50+ mens oral tablet</b>	Supplemental Formulary	
<b>a thru z select advanced oral tablet</b>	Supplemental Formulary	
<b>a thru z select oral tablet</b>	Supplemental Formulary	
<b>a thru z select oral tablet chewable</b>	Supplemental Formulary	
<b>a thru z select ultimate women oral tablet</b>	Supplemental Formulary	
<b>a thru z select ultimate mens oral tablet</b>	Supplemental Formulary	
<b>abc complete senior womens 50+ oral tablet</b>	Supplemental Formulary	
<b>ACTIVNUTRIENTS ORAL CAPSULE</b>	Supplemental Formulary	
<b>adult one daily gummies oral tablet chewable</b>	Supplemental Formulary	
<b>advanced diabetic multivitamin oral tablet</b>	Supplemental Formulary	
<b>advanced eye health oral capsule</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>antioxidant a/c/e/selenium oral tablet</b>	Supplemental Formulary	
<b>antioxidant formula oral tablet</b>	Supplemental Formulary	
<b>antioxidant formula/minerals oral capsule</b>	Supplemental Formulary	
<b>antioxidant oral capsule</b>	Supplemental Formulary	
<b>antioxidant protection formula oral tablet</b>	Supplemental Formulary	
<b>antioxidant vitamins oral tablet</b>	Supplemental Formulary	
BACMIN ORAL TABLET	Supplemental Formulary	
BARIATRIC FUSION ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>bariatric multivitamins/iron oral capsule</b>	Supplemental Formulary	
<b>basic am oral tablet</b>	Supplemental Formulary	
<b>basic pm oral tablet</b>	Supplemental Formulary	
BIO-35 GLUTEN-FREE ORAL CAPSULE	Supplemental Formulary	
BIO-35 IRON FREE ORAL CAPSULE	Supplemental Formulary	
<b>biocal oral capsule</b>	Supplemental Formulary	
<b>biocel oral tablet</b>	Supplemental Formulary	
<b>body/hair/skin/nails oral capsule</b>	Supplemental Formulary	
<b>b-plex plus oral tablet</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>centavite a-z complete-mineral oral tablet</b>	Supplemental Formulary	
<b>centravites 50 plus oral tablet</b>	Supplemental Formulary	
<b>centravites adults oral tablet</b>	Supplemental Formulary	
<b>centravites oral tablet</b>	Supplemental Formulary	
CENTRUM ADULTS ORAL TABLET	Supplemental Formulary	
CENTRUM CARDIO ORAL TABLET	Supplemental Formulary	
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>century mature oral tablet</b>	Supplemental Formulary	
<b>century oral tablet</b>	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	
<b>companion oral tablet</b>	Supplemental Formulary	
COMPETE ORAL TABLET	Supplemental Formulary	
<b>complete multivitamin/mineral oral liquid</b>	Supplemental Formulary	
CONCEPTIONXR MOTILITY SUPPORT ORAL	Supplemental Formulary	
<b>coral calcium plus oral capsule</b>	Supplemental Formulary	
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>daily betic oral tablet</b>	Supplemental Formulary	
<b>daily combo multi vitamins oral tablet</b>	Supplemental Formulary	
<b>daily heart health support oral</b>	Supplemental Formulary	
<b>daily mens health formula oral tablet</b>	Supplemental Formulary	
<b>daily multiple vitamins/min oral tablet</b>	Supplemental Formulary	
<b>daily multivitamin oral capsule</b>	Supplemental Formulary	
DAILY PAK MAXIMUM MULTIVITAMIN ORAL	Supplemental Formulary	
<b>daily vitamin plus oral capsule</b>	Supplemental Formulary	
<b>daily womens health formula oral tablet</b>	Supplemental Formulary	
<b>daily-vitamin maximum formula oral tablet</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
DECUBI-VITE ORAL CAPSULE	Supplemental Formulary	
<b>dekas bariatric oral tablet chewable</b>	Supplemental Formulary	
DEKAS PLUS ORAL CAPSULE	Supplemental Formulary	
DEKAS PLUS ORAL TABLET CHEWABLE	Supplemental Formulary	
DERMAVITE ORAL TABLET	Supplemental Formulary	
<b>diabetes health formula oral tablet</b>	Supplemental Formulary	
DIABETES HEALTH ORAL	Supplemental Formulary	
<b>dialyvite 800/ultra d oral tablet</b>	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	
<b>eq complete multivit adult 50+ oral tablet</b>	Supplemental Formulary	
<b>eq complete multivitamin-adult oral tablet</b>	Supplemental Formulary	
<b>eq multivitamins adult gummy oral tablet chewable</b>	Supplemental Formulary	
<b>eq one daily mens 50+ oral tablet</b>	Supplemental Formulary	
<b>eq one daily mens health oral tablet</b>	Supplemental Formulary	
EQ ONE DAILY WOMENS 50+ ORAL TABLET	Supplemental Formulary	
<b>eq one daily womens health oral tablet</b>	Supplemental Formulary	
<b>eq vision formula 50+ oral capsule</b>	Supplemental Formulary	
<b>eql century mature adults 50+ oral tablet</b>	Supplemental Formulary	
<b>eql century mature men 50+ oral tablet</b>	Supplemental Formulary	
<b>eql century mature oral tablet</b>	Supplemental Formulary	
<b>eql century mature women 50+ oral tablet</b>	Supplemental Formulary	
<b>eql century mens oral tablet</b>	Supplemental Formulary	
<b>eql century oral tablet</b>	Supplemental Formulary	
<b>eql century womens oral tablet</b>	Supplemental Formulary	
<b>eql one daily adult gummies oral tablet chewable</b>	Supplemental Formulary	
<b>eql one daily mens 50+ advance oral tablet</b>	Supplemental Formulary	
<b>eql one daily mens health oral tablet</b>	Supplemental Formulary	
<b>eql one daily mens oral tablet</b>	Supplemental Formulary	
<b>eql one daily womens 50+ adv oral tablet</b>	Supplemental Formulary	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>eql vision formula oral tablet</b>	Supplemental Formulary	
ESSENTIA ORAL TABLET	Supplemental Formulary	
<b>essential balance oral tablet</b>	Supplemental Formulary	
<b>eye health oral capsule</b>	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	
<b>freedavite oral tablet</b>	Supplemental Formulary	
<b>geri-freeda senior formula oral tablet</b>	Supplemental Formulary	
<b>gerivite complete oral tablet</b>	Supplemental Formulary	
<b>glucoten oral capsule</b>	Supplemental Formulary	
<b>gnp century mature women's 50+ oral tablet</b>	Supplemental Formulary	
<b>gnp hair/skin/nails oral tablet</b>	Supplemental Formulary	
<b>gnp healthy eyes oral tablet</b>	Supplemental Formulary	
<b>gnp healthy eyes supervision 2 oral capsule</b>	Supplemental Formulary	
<b>gnp mega multi for men oral tablet</b>	Supplemental Formulary	
<b>gnp mega multi for women oral tablet</b>	Supplemental Formulary	
<b>gnp one daily mens health 50+ oral tablet</b>	Supplemental Formulary	
<b>gnp one daily mens/lycopene oral tablet</b>	Supplemental Formulary	
<b>gnp one daily womens 50+ oral tablet</b>	Supplemental Formulary	
<b>gnp one daily womens oral tablet</b>	Supplemental Formulary	
<b>gnp therapeutic-m oral tablet</b>	Supplemental Formulary	
<b>hair skin &amp; nails advanced oral tablet</b>	Supplemental Formulary	
<b>hair skin and nails formula oral tablet</b>	Supplemental Formulary	
<b>hair skin nails oral capsule</b>	Supplemental Formulary	
<b>hair/skin/nails oral capsule</b>	Supplemental Formulary	
<b>hair/skin/nails oral tablet</b>	Supplemental Formulary	
<b>healthy eyes oral tablet</b>	Supplemental Formulary	
<b>hi-kovite 2-part formula oral tablet</b>	Supplemental Formulary	
<b>hi-potency multi-vitamin oral tablet</b>	Supplemental Formulary	
<b>hm complete men oral tablet</b>	Supplemental Formulary	
<b>hm complete women oral tablet</b>	Supplemental Formulary	
<b>hm hair/skin/nails oral tablet</b>	Supplemental Formulary	
<b>hm womens 50+ advanced daily oral tablet</b>	Supplemental Formulary	
ICAPS AREDS FORMULA ORAL TABLET	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	Supplemental Formulary	
ICAPS MV ORAL TABLET	Supplemental Formulary	
ICAPS ORAL CAPSULE	Supplemental Formulary	
<b>immune support oral tablet chewable</b>	Supplemental Formulary	
<b>i-vite oral tablet</b>	Supplemental Formulary	
<b>kp adults 50+ daily formula oral tablet</b>	Supplemental Formulary	
<b>kp adults daily formula oral tablet</b>	Supplemental Formulary	
<b>kp mens 50+ daily formula oral tablet</b>	Supplemental Formulary	
<b>kp mens daily formula oral tablet</b>	Supplemental Formulary	
<b>kp mens daily pack oral</b>	Supplemental Formulary	
KP VISION FORMULA ORAL TABLET	Supplemental Formulary	
KP VISION FORMULA/LUTEIN ORAL TABLET	Supplemental Formulary	
<b>kp womens 50+ daily formula oral tablet</b>	Supplemental Formulary	
<b>kp womens daily formula oral tablet</b>	Supplemental Formulary	
<b>kp womens daily oral</b>	Supplemental Formulary	
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	Supplemental Formulary	
LIFE PACK MENS ORAL	Supplemental Formulary	
LIFE PACK WOMENS ORAL	Supplemental Formulary	
<b>lutein-zeaxanthin oral tablet</b>	Supplemental Formulary	
LYSIPLIX PLUS ORAL LIQUID	Supplemental Formulary	
LYSIPLIX 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	
<b>magnum-75 oral tablet extended release</b>	Supplemental Formulary	
<b>maximum daily green oral tablet</b>	Supplemental Formulary	
<b>mega multi for women oral tablet</b>	Supplemental Formulary	
MEGA MULTI MEN ORAL TABLET	Supplemental Formulary	
<b>mega-marathon 100 tr oral tablet extended release</b>	Supplemental Formulary	
<b>megavite fruits &amp; veggies oral tablet</b>	Supplemental Formulary	
<b>megavite golden years 55+ oral tablet</b>	Supplemental Formulary	
<b>meijer advanced formula oral tablet</b>	Supplemental Formulary	
<b>mens 50+ advanced oral capsule</b>	Supplemental Formulary	
<b>mens 50+ multi vitamin/min oral tablet</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>mens daily formula/lycopene oral capsule</b>	Supplemental Formulary	
MENS LIFE PACK ORAL TABLET	Supplemental Formulary	
<b>mens multi vitamin &amp; mineral oral tablet</b>	Supplemental Formulary	
<b>mens multivitamin oral tablet</b>	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	
<b>multi + omega-3 adult gummies oral tablet chewable</b>	Supplemental Formulary	
<b>multi adult gummies oral tablet chewable</b>	Supplemental Formulary	
MULTI COMPLETE ORAL CAPSULE	Supplemental Formulary	
<b>multi complete/iron oral tablet</b>	Supplemental Formulary	
<b>multi for her 50+ oral capsule</b>	Supplemental Formulary	
<b>multi for her 50+ oral tablet</b>	Supplemental Formulary	
<b>multi for her oral capsule</b>	Supplemental Formulary	
<b>multi for her oral tablet</b>	Supplemental Formulary	
<b>multi for him 50+ oral tablet</b>	Supplemental Formulary	
MULTI FOR HIM ORAL CAPSULE	Supplemental Formulary	
MULTI FOR HIM ORAL TABLET	Supplemental Formulary	
<b>multi vitamin/minerals oral tablet</b>	Supplemental Formulary	
MULTI-LEAN ORAL TABLET	Supplemental Formulary	
<b>multiple vit/minerals/no iron oral tablet</b>	Supplemental Formulary	
<b>multiple vitamins/womens oral tablet</b>	Supplemental Formulary	
<b>multivitamin &amp; mineral oral liquid</b>	Supplemental Formulary	
<b>multivitamin adult (minerals) oral tablet</b>	Supplemental Formulary	
<b>multivitamin adults 50+ oral tablet</b>	Supplemental Formulary	
<b>multivitamin adults oral tablet</b>	Supplemental Formulary	
<b>multivitamin gummies adult oral tablet chewable</b>	Supplemental Formulary	
<b>multivitamin gummies mens oral tablet chewable</b>	Supplemental Formulary	
<b>multi-vitamin gummies oral tablet chewable</b>	Supplemental Formulary	
<b>multivitamin gummies womens oral tablet chewable</b>	Supplemental Formulary	
<b>multivitamin men 50+ oral tablet</b>	Supplemental Formulary	
<b>multivitamin men oral tablet</b>	Supplemental Formulary	
<b>multi-vitamin menopausal oral tablet</b>	Supplemental Formulary	
<b>multi-vitamin monocaps oral tablet</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>multivitamin oral liquid</b>	Supplemental Formulary	
<b>multivitamin women 50+ oral tablet</b>	Supplemental Formulary	
<b>multivitamin women oral tablet</b>	Supplemental Formulary	
<b>multivitamin womens 50+ adv oral tablet</b>	Supplemental Formulary	
<b>multi-vitamin/minerals oral tablet</b>	Supplemental Formulary	
<b>multi-vite oral liquid</b>	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	
<b>myamulti oral tablet</b>	Supplemental Formulary	
<b>nat-rul theravite-m oral tablet</b>	Supplemental Formulary	
<b>natrul-vites oral tablet</b>	Supplemental Formulary	
<b>neovite oral tablet</b>	Supplemental Formulary	
NICADAN ORAL TABLET	Supplemental Formulary	
NICAZEL ORAL TABLET	Supplemental Formulary	
<b>no iron mult vitamin-minerals oral tablet</b>	Supplemental Formulary	
NUTRICAP ORAL TABLET	Supplemental Formulary	
NUTRIFAC ZX ORAL TABLET	Supplemental Formulary	
<b>ocular vitamins oral tablet</b>	Supplemental Formulary	
<b>ocutabs oral tablet</b>	Supplemental Formulary	
<b>ocutabs-lutein oral tablet</b>	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 HEATLH 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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>one daily 50 plus oral tablet</b>	Supplemental Formulary	
<b>one daily calcium/iron oral tablet</b>	Supplemental Formulary	
<b>one daily complete for men oral tablet</b>	Supplemental Formulary	
<b>one daily complete oral tablet</b>	Supplemental Formulary	
<b>one daily for men 50+ advanced oral tablet</b>	Supplemental Formulary	
<b>one daily for men/lycopene oral tablet</b>	Supplemental Formulary	
<b>one daily for women 50+ adv oral tablet</b>	Supplemental Formulary	
<b>one daily for women oral tablet</b>	Supplemental Formulary	
<b>one daily healthy weight adv oral tablet</b>	Supplemental Formulary	
<b>one daily healthy weight oral tablet</b>	Supplemental Formulary	
<b>one daily maximum oral tablet</b>	Supplemental Formulary	
<b>one daily men formula w/o iron oral tablet</b>	Supplemental Formulary	
<b>one daily mens 50+ multivit oral tablet</b>	Supplemental Formulary	
<b>one daily mens 50+/lycopene oral tablet</b>	Supplemental Formulary	
<b>one daily mens health oral tablet</b>	Supplemental Formulary	
<b>one daily mens oral tablet</b>	Supplemental Formulary	
<b>one daily multivit/iron-free oral tablet</b>	Supplemental Formulary	
<b>one daily multivitamin men oral tablet</b>	Supplemental Formulary	
<b>one daily multivitamin women oral tablet</b>	Supplemental Formulary	
<b>one daily womens 50 plus oral tablet</b>	Supplemental Formulary	
<b>one daily womens 50+ oral tablet</b>	Supplemental Formulary	
<b>one daily womens oral tablet</b>	Supplemental Formulary	
<b>one daily/minerals oral tablet</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
ONE-A-DAY WOMENS PETITES ORAL TABLET	Supplemental Formulary	
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>one-daily multi-vit/mineral oral tablet</b>	Supplemental Formulary	
<b>optic-vites oral tablet</b>	Supplemental Formulary	
<b>optic-vites with lutein oral tablet</b>	Supplemental Formulary	
<b>optimum airvites oral tablet chewable</b>	Supplemental Formulary	
<b>optimum pms oral tablet</b>	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	
<b>parvlex oral tablet</b>	Supplemental Formulary	
PHYTOMULTI ORAL TABLET	Supplemental Formulary	
PREMIUM PACKETS ORAL	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>px advanced formula multivits oral tablet</b>	Supplemental Formulary	
<b>px complete senior multivits oral tablet</b>	Supplemental Formulary	
<b>px mens multivitamins oral tablet</b>	Supplemental Formulary	
<b>qc daily multivit/multimineral oral tablet</b>	Supplemental Formulary	
<b>qc hair skin &amp; nails oral tablet</b>	Supplemental Formulary	
<b>qc mens daily multivitamin oral tablet</b>	Supplemental Formulary	
<b>qc multi-vite 50 &amp; over oral tablet</b>	Supplemental Formulary	
<b>qc multi-vite oral tablet</b>	Supplemental Formulary	
<b>qc therin-m oral tablet</b>	Supplemental Formulary	
<b>qc womens daily multivitamin oral tablet</b>	Supplemental Formulary	
<b>quin b strong oral tablet</b>	Supplemental Formulary	
<b>quintabs-m oral tablet</b>	Supplemental Formulary	
<b>ra central-vite mens mature oral tablet</b>	Supplemental Formulary	
RA CENTRAL-VITE ORAL TABLET	Supplemental Formulary	
<b>ra central-vite womens mature oral tablet</b>	Supplemental Formulary	
<b>ra one daily maximum oral tablet</b>	Supplemental Formulary	
<b>ra one daily mens 50+ w/vit d3 oral tablet</b>	Supplemental Formulary	
<b>ra one daily mens multi oral tablet</b>	Supplemental Formulary	
<b>ra one daily mens/vit d-3 oral tablet</b>	Supplemental Formulary	
RENAPLEX ORAL TABLET	Supplemental Formulary	
RENAPLEX-D ORAL TABLET	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>thera-m oral tablet</b>	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	
<b>therapeutic formula/hematinics oral tablet</b>	Supplemental Formulary	
<b>therapeutic-m oral tablet</b>	Supplemental Formulary	
<b>therapeutic-m/lutein oral tablet</b>	Supplemental Formulary	
<b>thera-tabs m oral tablet</b>	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	
<b>totalday multiple oral tablet extended release</b>	Supplemental Formulary	
<b>tropical liquid nutrition oral liquid</b>	Supplemental Formulary	
<b>t-vites oral tablet</b>	Supplemental Formulary	
<b>ultra freeda oral tablet</b>	Supplemental Formulary	
<b>ultra freeda/iron oral tablet</b>	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	
<b>ultra multi formula/iron oral capsule</b>	Supplemental Formulary	
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	Supplemental Formulary	
<b>ultra-mega oral tablet extended release</b>	Supplemental Formulary	
<b>v-c forte oral capsule</b>	Supplemental Formulary	
VIC-FORTE ORAL CAPSULE	Supplemental Formulary	
<b>vision formula 2 oral capsule</b>	Supplemental Formulary	
<b>vision formula/lutein oral tablet</b>	Supplemental Formulary	
<b>vision plus oral capsule</b>	Supplemental Formulary	
<b>vision vitamins oral tablet</b>	Supplemental Formulary	
<b>visivites oral tablet</b>	Supplemental Formulary	
<b>visivites/lutein oral tablet</b>	Supplemental Formulary	
<b>vita hair oral tablet</b>	Supplemental Formulary	
VITA S FORTE ORAL TABLET	Supplemental Formulary	
<b>vitabasic complete oral tablet</b>	Supplemental Formulary	
<b>vitabasic senior oral tablet</b>	Supplemental Formulary	
<b>vitabex oral capsule</b>	Supplemental Formulary	
<b>vitabex plus oral capsule</b>	Supplemental Formulary	
VITACEL ORAL TABLET	Supplemental Formulary	
<b>vitamin d3 complete oral tablet</b>	Supplemental Formulary	
<b>vita-min oral capsule</b>	Supplemental Formulary	
<b>vitamins a-d-e/selenium oral tablet</b>	Supplemental Formulary	
VITAROCA PLUS ORAL TABLET	Supplemental Formulary	
VITASANA ORAL TABLET	Supplemental Formulary	
VITATRUM COMPLETE ORAL TABLET	Supplemental Formulary	
<b>vitatrum oral tablet</b>	Supplemental Formulary	
<b>vitatrum oral tablet chewable</b>	Supplemental Formulary	
VITEYES CLASSIC ADVANCED ORAL CAPSULE	Supplemental Formulary	
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET	Supplemental Formulary	
VITEYES COMPLETE ORAL CAPSULE	Supplemental Formulary	
<b>vitrum 50+ adult-multi oral tablet</b>	Supplemental Formulary	
<b>vitrum 50+ senior multi oral tablet</b>	Supplemental Formulary	
VITRUM SENIOR ORAL TABLET	Supplemental Formulary	
WAL-BORN VITAMIN C ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>womens 50+ advanced oral capsule</b>	Supplemental Formulary	
<b>womens 50+ multi vitamin/min oral tablet</b>	Supplemental Formulary	
<b>womens daily form/fa/ca/fe oral tablet</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>womens daily formula oral tablet</b>	Supplemental Formulary	
WOMENS LIFE PACK ORAL TABLET	Supplemental Formulary	
<b>womens multi gummies oral tablet chewable</b>	Supplemental Formulary	
<b>womens multi oral capsule</b>	Supplemental Formulary	
<b>womens multi vitamin &amp; mineral oral tablet</b>	Supplemental Formulary	
<b>womens multivitamin oral tablet</b>	Supplemental Formulary	
WOMENS PACK ORAL	Supplemental Formulary	
YELETS TEENAGE FORMULA ORAL TABLET	Supplemental Formulary	
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>*MULTIVITAMINS***</b>		
<b>antioxidant formula oral capsule 250-10000-200</b>	Supplemental Formulary	
<b>anti-oxidant oral tablet</b>	Supplemental Formulary	
CHLOROCAPS ORAL CAPSULE	Supplemental Formulary	
<b>daily multiple vitamins oral tablet</b>	Supplemental Formulary	
<b>daily value multivitamin oral tablet</b>	Supplemental Formulary	
<b>daily vitamins oral tablet</b>	Supplemental Formulary	
<b>daily vite oral tablet</b>	Supplemental Formulary	
<b>daily vites oral tablet</b>	Supplemental Formulary	
<b>daily-vitamin oral tablet</b>	Supplemental Formulary	
<b>daily-vite oral tablet</b>	Supplemental Formulary	
<b>dekas essential oral capsule</b>	Supplemental Formulary	
<b>dekas essential oral liquid</b>	Supplemental Formulary	
ESTROFACTORS ORAL TABLET	Supplemental Formulary	
<b>gnp essential one daily oral tablet</b>	Supplemental Formulary	
<b>healthy hair/skin/nails oral tablet</b>	Supplemental Formulary	
MOMMY'S BLISS MV ORGANIC DROPS ORAL LIQUID	Supplemental Formulary	
<b>multi vitamin oral tablet</b>	Supplemental Formulary	
<b>multi vitamin w/d-3 oral tablet</b>	Supplemental Formulary	
<b>multiple vitamin-folic acid oral tablet</b>	Supplemental Formulary	
<b>multiple vitamins essential oral tablet</b>	Supplemental Formulary	
<b>multiple vitamins oral tablet</b>	Supplemental Formulary	
<b>multivitamin adult oral tablet</b>	Supplemental Formulary	
<b>multivitamin iron-free oral tablet</b>	Supplemental Formulary	
<b>multivitamin oral tablet</b>	Supplemental Formulary	
<b>multi-vitamin oral tablet</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>multivitamin+ oral liquid</b>	Supplemental Formulary	
<b>multi-vitamins oral tablet</b>	Supplemental Formulary	
<b>mv-one oral capsule</b>	Supplemental Formulary	
NEOMULTIVITE ORAL TABLET	Supplemental Formulary	
<b>omnicap oral tablet</b>	Supplemental Formulary	
<b>once daily oral tablet</b>	Supplemental Formulary	
ONE DAILY ESSENTIAL ORAL TABLET	Supplemental Formulary	
<b>one daily multivitamin adult oral tablet</b>	Supplemental Formulary	
<b>one daily oral tablet</b>	Supplemental Formulary	
ONE-A-DAY ESSENTIAL ORAL TABLET	Supplemental Formulary	
ONE-A-DAY MENS ORAL TABLET	Supplemental Formulary	
<b>one-daily multi vitamins oral tablet</b>	Supplemental Formulary	
<b>one-daily multi-vitamin oral tablet</b>	Supplemental Formulary	
<b>qc essentials oral tablet</b>	Supplemental Formulary	
<b>quintabs oral tablet</b>	Supplemental Formulary	
<b>sm multiple vitamins essential oral tablet</b>	Supplemental Formulary	
<b>stress formula oral tablet</b>	Supplemental Formulary	
STRESSTABS ENERGY ORAL TABLET	Supplemental Formulary	
TAB-A-VITE ORAL TABLET	Supplemental Formulary	
TAB-A-VITE/BETA CAROTENE ORAL TABLET	Supplemental Formulary	
THERA ORAL TABLET	Supplemental Formulary	
<b>thera-mill oral tablet</b>	Supplemental Formulary	
<b>thera-tabs oral tablet</b>	Supplemental Formulary	
THEREMS ORAL TABLET	Supplemental Formulary	
<b>vit e-vit c-beta carotene oral tablet 200-250-5000</b>	Supplemental Formulary	
<b>vitalee oral tablet</b>	Supplemental Formulary	
ZE-PLUS ORAL CAPSULE	Supplemental Formulary	
<b>*PED MULTI VITAMINS W/FL &amp; FE***</b>		
<b>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</b>	Supplemental Formulary	
<b>multivitamin/fluoride/iron oral solution 0.25-10 mg/ml</b>	Supplemental Formulary	
<b>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</b>	Supplemental Formulary	
<b>*PED MULTIPLE VITAMINS W/ MINERALS***</b>		
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
<b>childrens gummies oral tablet chewable</b>	Supplemental Formulary	
<b>eq multivitamin gummies oral tablet chewable</b>	Supplemental Formulary	
<b>eq multivitamins gummy child oral tablet chewable</b>	Supplemental Formulary	
<b>eql gummies childrens oral tablet chewable</b>	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	
FLINTSTONES TODDLER ORAL TABLET CHEWABLE	Supplemental Formulary	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>healthy kids gummies oral tablet chewable</b>	Supplemental Formulary	
<b>multivit-min gummies childrens oral tablet chewable</b>	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	
<b>vitachew multiple vitamin oral tablet chewable</b>	Supplemental Formulary	

Drug Name	Status	Notes
VITALETS CHILDRENS ORAL TABLET CHEWABLE	Supplemental Formulary	
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>*PED MV W/ FLUORIDE***</b>		
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Supplemental Formulary	
<b>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</b>	Supplemental Formulary	
<b>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</b>	Supplemental Formulary	
<b>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</b>	Supplemental Formulary	
<b>poly-vitamin/fluoride oral solution 0.5 mg/ml</b>	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	
<b>*PED MV W/ IRON***</b>		
<b>bite-a-mins/iron oral tablet chewable 15 mg</b>	Supplemental Formulary	
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML	Supplemental Formulary	
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	Supplemental Formulary	
<b>childrens animal shapes oral tablet chewable 18 mg</b>	Supplemental Formulary	
<b>eq complete multivitamin child oral tablet chewable 18 mg</b>	Supplemental Formulary	
<b>eql child multivit/minerals oral tablet chewable 18 mg</b>	Supplemental Formulary	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 10 MG	Supplemental Formulary	
FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG	Supplemental Formulary	
<b>fruity chews/iron oral tablet chewable</b>	Supplemental Formulary	
<b>gnp childrens chewables/iron oral tablet chewable 15 mg</b>	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	
<b>multiple vitamins-iron oral tablet chewable 15 mg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	Supplemental Formulary	
<b>poly-vitamin/iron oral solution 10 mg/ml</b>	Supplemental Formulary	
PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG	Supplemental Formulary	
<b>qc childrens complete oral tablet chewable 18 mg</b>	Supplemental Formulary	
<b>qc childrens vitamins/iron oral tablet chewable 15 mg</b>	Supplemental Formulary	
<b>ra vitamins complete childrens oral tablet chewable 18 mg</b>	Supplemental Formulary	
<b>sm animal shapes complete oral tablet chewable 18 mg</b>	Supplemental Formulary	
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG	Supplemental Formulary	
<b>*PEDIATRIC MULTIPLE VITAMINS***</b>		
<b>bite-a-mins oral tablet chewable</b>	Supplemental Formulary	
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	Supplemental Formulary	
<b>childrens chewable vitamins oral tablet chewable</b>	Supplemental Formulary	
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	
<b>fruity chews oral tablet chewable</b>	Supplemental Formulary	
<b>gnp childrens chewables/ex c oral tablet chewable</b>	Supplemental Formulary	
<b>gnp little ones childrens oral tablet chewable</b>	Supplemental Formulary	
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>little animals oral tablet chewable</b>	Supplemental Formulary	
<b>multivitamin childrens oral tablet chewable</b>	Supplemental Formulary	
<b>multivitamin infant &amp; toddler oral solution</b>	Supplemental Formulary	
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID	Supplemental Formulary	
ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
POLY-VI-SOL ORAL SOLUTION	Supplemental Formulary	
<b>poly-vite pediatric oral solution</b>	Supplemental Formulary	
<b>qc childrens vitamins/extra c oral tablet chewable</b>	Supplemental Formulary	
<b>sm animal shapes kids first oral tablet chewable</b>	Supplemental Formulary	
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>*PEDIATRIC VITAMINS***</b>		
HONEY BEARS ORAL TABLET CHEWABLE	Supplemental Formulary	
<b>multivitamin gummies childrens oral tablet chewable</b>	Supplemental Formulary	
<b>*VITAMINS A &amp; D***</b>		
<b>a &amp; d oral capsule 10000-400 unit</b>	Supplemental Formulary	
<b>cod liver oil for kids oral oil</b>	Supplemental Formulary	
<b>cod liver oil oral capsule , 1250-130 unit, 1250-133 unit, 1250-135 unit, 4000-200 unit</b>	Supplemental Formulary	
<b>cod liver oil oral oil , 5000-500 unit/5ml</b>	Supplemental Formulary	
<b>cod liver oil w/vit a &amp; d oral capsule</b>	Supplemental Formulary	
<b>cod liver oil/low vitamin a oral capsule</b>	Supplemental Formulary	
<b>cod liver oil/vitamins a &amp; d oral capsule</b>	Supplemental Formulary	
<b>norwegian cod liver oil oral capsule</b>	Supplemental Formulary	
<b>norwegian cod liver oil oral oil</b>	Supplemental Formulary	
<b>qc cod liver oil oral capsule 1250-135 unit</b>	Supplemental Formulary	
<b>qc cod liver oil oral oil</b>	Supplemental Formulary	
<b>ra cod liver oil oral capsule 1250-133 unit</b>	Supplemental Formulary	
<b>ra cod liver oil oral oil</b>	Supplemental Formulary	
<b>sm cod liver oil oral capsule</b>	Supplemental Formulary	
<b>vitamin a &amp; d oral capsule 8000-400 unit</b>	Supplemental Formulary	
<b>vitamins a &amp; d oral capsule 5000-400 unit</b>	Supplemental Formulary	
<b>yl natural vitamin a &amp; d oral capsule 1250-135 unit</b>	Supplemental Formulary	
<b>*VITAMINS W/ LIPOTROPICS***</b>		
ACTIFLOVIT EAR HEALTH ORAL TABLET	Supplemental Formulary	
<b>balance b-100 oral tablet</b>	Supplemental Formulary	
<b>balanced b-50 complex oral capsule</b>	Supplemental Formulary	
<b>balanced b-50 complex oral tablet</b>	Supplemental Formulary	
<b>b-stress oral capsule</b>	Supplemental Formulary	
<b>ear health formula oral tablet</b>	Supplemental Formulary	
<b>ear health plus oral tablet</b>	Supplemental Formulary	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
LIPOFLAVOVIT ORAL TABLET	Supplemental Formulary	
LIPOTRIAD ORAL TABLET	Supplemental Formulary	
<b>mega multiple/chelated mineral oral tablet</b>	Supplemental Formulary	
<b>multi-vitamin hp/minerals oral capsule</b>	Supplemental Formulary	
<b>nat-rul b-50 oral tablet</b>	Supplemental Formulary	
PX B-50 ORAL TABLET	Supplemental Formulary	
<b>risanoid plus oral tablet</b>	Supplemental Formulary	
<b>ultra b-100 complex oral tablet</b>	Supplemental Formulary	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*NASAL AGENTS - MISC.***</b>		
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %	Supplemental Formulary	
<b>altamist spray nasal solution 0.65 %</b>	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	
<b>deep sea nasal spray nasal solution 0.65 %</b>	Supplemental Formulary	
<b>eq saline nasal spray nasal solution 0.65 %</b>	Supplemental Formulary	
<b>eql saline nasal spray nasal solution 0.65 %</b>	Supplemental Formulary	
<b>gnp nasal moisturizing nasal solution 0.65 %</b>	Supplemental Formulary	
LITTLE REMEDIES SALINE NASAL SOLUTION	Supplemental Formulary	
<b>meijer saline nasal spray nasal solution 0.65 %</b>	Supplemental Formulary	
NASAL MOIST NASAL SOLUTION 0.65 %	Supplemental Formulary	
<b>nasal moisturizing spray nasal solution 0.65 %</b>	Supplemental Formulary	
OCEAN FOR KIDS NASAL SOLUTION 0.65 %	Supplemental Formulary	
OCEAN NASAL SPRAY NASAL SOLUTION 0.65 %	Supplemental Formulary	
<b>px saline nasal spray nasal solution 0.65 %</b>	Supplemental Formulary	
<b>qc saline nasal relief nasal solution 0.65 %</b>	Supplemental Formulary	
<b>ra saline nasal spray nasal solution 0.65 %</b>	Supplemental Formulary	
<b>saline mist spray nasal solution 0.65 %</b>	Supplemental Formulary	
<b>saline nasal spray nasal solution 0.65 %</b>	Supplemental Formulary	
<b>sb saline nose nasal solution 0.65 %</b>	Supplemental Formulary	
<b>sm nasal spray saline nasal solution 0.65 %</b>	Supplemental Formulary	
<b>sodium chloride nasal solution 0.65 %</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*SYSTEMIC DECONGESTANTS***</b>		
<b>12 hour decongestant oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>decongestant oral tablet 30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eql nasal decongestant oral tablet 30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>eql nasal decongestant pe oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp nasal decongestant oral tablet 30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp nasal decongestant pe oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>hm nasal decongestant pe oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>kp pseudoephedrine hcl oral tablet 30 mg, 60 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>meijer nasal decongestant oral tablet 30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>nasal decongestant 12hr oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>nasal decongestant oral tablet 30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>nasal decongestant pe max st oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>nasal decongestant pe oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>non-pseudo sinus decongestant oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>phenylephrine hcl oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>pseudoephedrine hcl oral tablet 30 mg, 60 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>px nasal decongestant oral tablet 30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>px nasal decongestant oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>px nasal decongestant pe oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra nasal decongestant pe oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra sinus/congestion relief pe oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra suphedrine oral tablet 30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>ra suphedrine oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sinus 12 hour oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm nasal decongestant max st oral tablet 30 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm nasal decongestant oral tablet extended release 12 hour 120 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
<b>sm nasal decongestant pe oral tablet 10 mg</b>	Supplemental Formulary	AL (Min 4 Years and Max 20 Years)
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)
<b>sudogest 12 hour oral tablet extended release 12 hour 120 mg</b>	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)

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>suphedrine 12hour oral tablet extended release 12 hour 120 mg</b>	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)
<b>*TOPICAL DECONGESTANTS***</b>		
<b>12 hour decongestant nasal solution 0.05 %</b>	Supplemental Formulary	
<b>12 hour nasal decongestant nasal solution 0.05 %</b>	Supplemental Formulary	
<b>12 hour nasal relief spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>12 hour nasal spray nasal solution 0.05 %</b>	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	
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	
<b>anefrin spray nasal solution 0.05 %</b>	Supplemental Formulary	
DURATION 12 HOUR NASAL SPRAY NASAL SOLUTION 0.05 %	Supplemental Formulary	
DURATION SPRAY NASAL SOLUTION 0.05 %	Supplemental Formulary	
<b>ephedrine nose drops nasal solution 1 %</b>	Supplemental Formulary	
<b>eq nasal spray fast acting nasal solution 1 %</b>	Supplemental Formulary	
<b>eq nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>eql nasal spray 12 hour nasal solution 0.05 %</b>	Supplemental Formulary	
<b>eql nasal spray fast acting nasal solution 1 %</b>	Supplemental Formulary	
<b>eql nasal spray no drip nasal solution 0.05 %</b>	Supplemental Formulary	
<b>gnp nasal spray extra moist nasal solution 0.05 %</b>	Supplemental Formulary	
<b>gnp nasal spray fast acting nasal solution 1 %</b>	Supplemental Formulary	
<b>gnp nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>gnp no drip nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>hm nose drops nasal solution 1 %</b>	Supplemental Formulary	
LITTLE REMEDIES DECONG NOSE NASAL SOLUTION 0.125 %	Supplemental Formulary	
<b>long acting nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>long lasting nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	Supplemental Formulary	
<b>nasal decongestant spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>nasal four nasal solution 1 %</b>	Supplemental Formulary	
<b>nasal relief nasal solution 0.05 %</b>	Supplemental Formulary	
<b>nasal spray 12 hour nasal solution 0.05 %</b>	Supplemental Formulary	
<b>nasal spray extra moisturizing nasal solution 0.05 %</b>	Supplemental Formulary	
<b>nasal spray max strength nasal solution 0.05 %</b>	Supplemental Formulary	
<b>nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>nasal spray no drip nasal solution 0.05 %</b>	Supplemental Formulary	
<b>nasal spray sinus nasal solution 0.05 %</b>	Supplemental Formulary	
<b>no drip nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
NRS NASAL RELIEF NASAL SOLUTION 0.05 %	Supplemental Formulary	
<b>px nasal four nasal solution 1 %</b>	Supplemental Formulary	
<b>px nasal spray moisturizing nasal solution 0.05 %</b>	Supplemental Formulary	
<b>px no drip nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>px original nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>qc nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>qc no drip nasal relief nasal solution 0.05 %</b>	Supplemental Formulary	
QLEARQUIL NASAL SOLUTION 0.05 %	Supplemental Formulary	
<b>ra 12 hour nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	
<b>ra nose drops extra strength nasal solution 1 %</b>	Supplemental Formulary	
<b>sb 12hr nasal spray nasal solution 0.05 %</b>	Supplemental Formulary	

Drug Name	Status	Notes
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	
WAL-FOUR NASAL SOLUTION 1 %	Supplemental Formulary	
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*BENZATHIAZOLES***</b>		
riluzole oral tablet 50 mg	Supplemental Formulary	SPB; QL (60 EA per 30 days)
<b>*NUTRIENTS*</b>		
<b>*AMINO ACIDS-SINGLE***</b>		
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	
<b>*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS***</b>		
kelp-b6-lecithin-vinegar oral capsule 5-0.75-200-50 mg	Supplemental Formulary	
<b>*OPHTHALMIC AGENTS*</b>		
<b>*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***</b>		
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>artificial tears pf ophthalmic solution 0.1-0.3 %</b>	Supplemental Formulary	
<b>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</b>	Supplemental Formulary	
<b>eq artificial tears ophthalmic solution 1-0.3 %</b>	Supplemental Formulary	
<b>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>EQ RESTORE PM OPHTHALMIC OINTMENT</b>	Supplemental Formulary	
<b>eye lubricant ophthalmic ointment</b>	Supplemental Formulary	
<b>for sty relief ophthalmic ointment 31.9-57.7 %</b>	Supplemental Formulary	
<b>GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %</b>	Supplemental Formulary	
<b>GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT</b>	Supplemental Formulary	
<b>GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.3 %</b>	Supplemental Formulary	
<b>GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %</b>	Supplemental Formulary	
<b>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>hm dry eye relief ophthalmic solution 0.2-0.2-1 %</b>	Supplemental Formulary	
<b>hm lubricating tears ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>HYPOTEARs OPHTHALMIC OINTMENT</b>	Supplemental Formulary	
<b>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>lubricant eye drops ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>lubricant eye fast acting ophthalmic ointment</b>	Supplemental Formulary	
<b>lubricant eye nighttime ophthalmic ointment</b>	Supplemental Formulary	
<b>lubricant eye ophthalmic ointment</b>	Supplemental Formulary	
<b>lubricating eye drops ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>lubrifresh p.m. ophthalmic ointment</b>	Supplemental Formulary	
<b>MOISTURE EYES OPHTHALMIC SOLUTION 1-0.3 %</b>	Supplemental Formulary	
<b>ra artificial tears ophthalmic solution 1-0.3 %</b>	Supplemental Formulary	
<b>ra lubricant eye ophthalmic solution 0.4-0.3 %, 1-0.3 %</b>	Supplemental Formulary	

Drug Name	Status	Notes
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	Supplemental Formulary	
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	Supplemental Formulary	
RETAINES PM OPHTHALMIC OINTMENT	Supplemental Formulary	
<b>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</b>	Supplemental Formulary	
<b>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>sm lubricating tears ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT	Supplemental Formulary	
STYE OPHTHALMIC OINTMENT 31.9-57.7 %	Supplemental Formulary	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT	Supplemental Formulary	
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	Supplemental Formulary	
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	Supplemental Formulary	
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	Supplemental Formulary	
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	Supplemental Formulary	
ULTRA FRESH PM OPHTHALMIC OINTMENT	Supplemental Formulary	
<b>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</b>	Supplemental Formulary	
<b>*ARTIFICIAL TEAR INSERTS***</b>		
LACRISERT OPHTHALMIC INSERT 5 MG	Supplemental Formulary	
<b>**ARTIFICIAL TEAR SOLUTIONS***</b>		
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	Supplemental Formulary	
<b>just tears eye drops ophthalmic solution</b>	Supplemental Formulary	
<b>sm artificial tears ophthalmic solution</b>	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	



Drug Name	Status	Notes
<b>*ARTIFICIAL TEARS AND LUBRICANTS***</b>		
<b>artificial tears ophthalmic solution 1.4 %</b>	Supplemental Formulary	
BIOLLE GEL TEARS OPHTHALMIC GEL 1 %	Supplemental Formulary	
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 %	Supplemental Formulary	
<b>eq restore plus lubricant eye ophthalmic solution 0.5 %</b>	Supplemental Formulary	
<b>eq restore tears ophthalmic solution 0.5 %</b>	Supplemental Formulary	
<b>eye drops ophthalmic solution 0.5 %</b>	Supplemental Formulary	
<b>gnp lubricating plus eye drops ophthalmic solution 0.5 %</b>	Supplemental Formulary	
<b>goodsense lubricating eye drop ophthalmic solution 0.5 %</b>	Supplemental Formulary	
<b>liquitears ophthalmic solution 1.4 %</b>	Supplemental Formulary	
<b>lubricant eye drops ophthalmic solution 0.5 %</b>	Supplemental Formulary	
<b>lubricant eye drops pf ophthalmic solution 0.5 %</b>	Supplemental Formulary	
<b>lubricating plus eye drops ophthalmic solution 0.5 %</b>	Supplemental Formulary	
<b>moisturizing lubricant eye ophthalmic solution 0.25 %</b>	Supplemental Formulary	
<b>polyvinyl alcohol ophthalmic solution 1.4 %</b>	Supplemental Formulary	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	Supplemental Formulary	
<b>ra lubricant eye drops ophthalmic solution 0.5 %</b>	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	
<b>sm lubricating plus ophthalmic solution 0.5 %</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*CYCLOPLEGIC MYDRIATICS***</b>		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Supplemental Formulary	
<b>atropine sulfate ophthalmic ointment 1 %</b>	Supplemental Formulary	
<b>atropine sulfate ophthalmic solution 1 %</b>	Supplemental Formulary	
<b>cyclopentolate hcl ophthalmic solution 1 %</b>	Supplemental Formulary	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Supplemental Formulary	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	Supplemental Formulary	
<b>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</b>	Supplemental Formulary	
<b>tropicamide ophthalmic solution 0.5 %, 1 %</b>	Supplemental Formulary	
<b>*GONIOSCOPIIC SOLUTIONS***</b>		
GONIOTAIRE OPHTHALMIC SOLUTION 2.5 %	Supplemental Formulary	
<b>*OPHTHALMIC ANTIVIRALS***</b>		
<b>trifluridine ophthalmic solution 1 %</b>	Supplemental Formulary	
<b>*OPHTHALMIC DECONGESTANT COMBINATIONS***</b>		
<b>advanced lubricant ophthalmic solution 0.05-1 %</b>	Supplemental Formulary	
<b>eq eye allergy relief ophthalmic solution 0.027-0.315 %</b>	Supplemental Formulary	
<b>eql advanced relief ophthalmic solution 0.05-0.1-1-1 %</b>	Supplemental Formulary	
<b>eql eye drops ac ophthalmic solution 0.05-0.25 %</b>	Supplemental Formulary	
<b>eye allergy relief ophthalmic solution 0.027-0.315 %</b>	Supplemental Formulary	
<b>eye drops advanced relief ophthalmic solution 0.05-0.1-1-1 %</b>	Supplemental Formulary	
<b>eye drops ar ophthalmic solution 0.05-0.25 %</b>	Supplemental Formulary	
<b>eye drops maximum relief ophthalmic solution 0.05-0.1-1-1 %</b>	Supplemental Formulary	
<b>eye drops ophthalmic solution 0.012-0.2 %</b>	Supplemental Formulary	
<b>gnp eye drops ophthalmic solution 0.05-0.1-1-1 %</b>	Supplemental Formulary	
<b>goodsense eye drops ophthalmic solution 0.05-0.1-1-1 %</b>	Supplemental Formulary	
<b>goodsense relief eye drops ophthalmic solution 0.05-0.25 %</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>hm eye drops advanced relief ophthalmic solution 0.05-0.1-1-1 %</b>	Supplemental Formulary	
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 %	Supplemental Formulary	
<b>ra eye allergy relief ophthalmic solution 0.027-0.315 %</b>	Supplemental Formulary	
<b>ra sterile eye drops ophthalmic solution 0.012-0.2 %</b>	Supplemental Formulary	
<b>relief drops ophthalmic solution 0.05-0.25 %</b>	Supplemental Formulary	
<b>relief eye drops ophthalmic solution 0.05-0.25 %</b>	Supplemental Formulary	
<b>sm eye drops ophthalmic solution 0.05-0.1-1-1 %</b>	Supplemental Formulary	
VISINE-AC OPHTHALMIC SOLUTION 0.05-0.25 %	Supplemental Formulary	
<b>*OPHTHALMIC DECONGESTANTS***</b>		
<b>eq eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>eql eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>gnp eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>goodsense eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>hm eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>px sterile eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>redness reliever eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>sm eye drops ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>tetrahydrozoline hcl ophthalmic solution 0.05 %</b>	Supplemental Formulary	
<b>*OPHTHALMIC HYPEROSMOLAR PRODUCTS***</b>		
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	
<b>sodium chloride (hypertonic) ophthalmic ointment 5 %</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>sodium chloride (hypertonic) ophthalmic solution 5 %</b>	Supplemental Formulary	
<b>*OTIC AGENTS*</b>		
<b>*OTIC AGENTS - MISCELLANEOUS***</b>		
<b>acetic acid otic solution 2 %</b>	Supplemental Formulary	
<b>*OTIC STEROIDS***</b>		
<b>ACETASOL HC OTIC SOLUTION 2-1 %</b>	Supplemental Formulary	
<b>hydrocortisone-acetic acid otic solution 1-2 %</b>	Supplemental Formulary	
<b>*OXYTOCICS*</b>		
<b>*OXYTOCICS***</b>		
<b>METHERGINE ORAL TABLET 0.2 MG</b>	Supplemental Formulary	
<b>methylergonovine maleate oral tablet 0.2 mg</b>	Supplemental Formulary	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*ANTIVIRAL MONOCLONAL ANTIBODIES***</b>		
<b>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML</b>	Supplemental Formulary	PA; SPA; QL (1 ML per 30 days)
<b>SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML</b>	Supplemental Formulary	PA; SPA; QL (0.5 ML per 30 days)
<b>*PENICILLINS*</b>		
<b>*AMINOPENICILLINS***</b>		
<b>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</b>	Supplemental Formulary	
<b>ampicillin sodium intravenous solution reconstituted 1 gm, 2 gm</b>	Supplemental Formulary	
<b>*NATURAL PENICILLINS***</b>		
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML</b>	Supplemental Formulary	
<b>*PENICILLIN COMBINATIONS***</b>		
<b>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</b>	Supplemental Formulary	
<b>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</b>	Supplemental Formulary	
<b>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</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*PENICILLINASE-RESISTANT PENICILLINS***</b>		
<b>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</b>	Supplemental Formulary	
<b>nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</b>	Supplemental Formulary	
<b>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</b>	Supplemental Formulary	
<b>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</b>	Supplemental Formulary	
<b>oxacillin sodium intravenous solution reconstituted 10 gm</b>	Supplemental Formulary	
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*ANTIMICROBIAL AGENTS***</b>		
<b>chlorobutanol anhydrous powder</b>	Supplemental Formulary	
<b>chlorobutanol crystals</b>	Supplemental Formulary	
<b>chlorobutanol hemihydrate crystals</b>	Supplemental Formulary	
<b>chlorobutanol powder</b>	Supplemental Formulary	
<b>*COLORING AGENTS***</b>		
<b>fd&amp;c yellow #5 powder</b>	Supplemental Formulary	
<b>fd&amp;c yellow #6 aluminum lake powder</b>	Supplemental Formulary	
<b>fdc yellow 5 aluminum lake powder</b>	Supplemental Formulary	
<b>fdc yellow 6 powder</b>	Supplemental Formulary	
<b>food color orange powder</b>	Supplemental Formulary	
<b>food color yellow #5 alum lake powder</b>	Supplemental Formulary	
<b>*FLAVORING AGENTS***</b>		
<b>almond oil bitter flavor liquid</b>	Supplemental Formulary	
<b>anise extract liquid</b>	Supplemental Formulary	
<b>apple flavor liquid</b>	Supplemental Formulary	
<b>apricot flavor liquid</b>	Supplemental Formulary	
<b>bacon flavor liquid</b>	Supplemental Formulary	
<b>banana concentrate liquid</b>	Supplemental Formulary	
<b>banana cream flavor liquid</b>	Supplemental Formulary	
<b>banana creme flavor liquid</b>	Supplemental Formulary	
<b>banana flavor liquid</b>	Supplemental Formulary	
<b>beef (grilled) flavor oil sol liquid</b>	Supplemental Formulary	
<b>beef braised natural flavor liquid</b>	Supplemental Formulary	
<b>beef flavor liquid</b>	Supplemental Formulary	
<b>beef type flavor natural liquid</b>	Supplemental Formulary	
<b>bitter stop flavor liquid</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>bitterness mask flavor liquid</b>	Supplemental Formulary	
<b>bitterness suppressor flavor liquid</b>	Supplemental Formulary	
<b>blackberry flavor liquid</b>	Supplemental Formulary	
<b>blueberry flavor liquid</b>	Supplemental Formulary	
<b>bubble gum concentrate liquid</b>	Supplemental Formulary	
<b>bubble gum flavor liquid</b>	Supplemental Formulary	
<b>butter flavor liquid</b>	Supplemental Formulary	
<b>butter rum flavor liquid</b>	Supplemental Formulary	
<b>butterscotch flavor liquid</b>	Supplemental Formulary	
<b>caramel flavor liquid</b>	Supplemental Formulary	
<b>cheesecake flavor liquid</b>	Supplemental Formulary	
<b>cherry flavor liquid</b>	Supplemental Formulary	
<b>chicken (grilled) flavor liquid</b>	Supplemental Formulary	
<b>chicken flavor liquid</b>	Supplemental Formulary	
<b>chicken flavor oil miscible liquid</b>	Supplemental Formulary	
<b>chicken flavor oil soluble liquid</b>	Supplemental Formulary	
<b>chicken flavor water miscible liquid</b>	Supplemental Formulary	
<b>chicken roasted concentrate liquid</b>	Supplemental Formulary	
<b>chocolate flavor liquid</b>	Supplemental Formulary	
<b>chocolate hazelnut flavor liquid</b>	Supplemental Formulary	
<b>coconut flavor liquid</b>	Supplemental Formulary	
<b>coffee flavor liquid</b>	Supplemental Formulary	
<b>cola flavor liquid</b>	Supplemental Formulary	
<b>cotton candy flavor liquid</b>	Supplemental Formulary	
<b>cran-raspberry flavor liquid</b>	Supplemental Formulary	
<b>creme de menthe flavor liquid</b>	Supplemental Formulary	
<b>creme dementhe flavor liquid</b>	Supplemental Formulary	
<b>english toffee flavor liquid</b>	Supplemental Formulary	
<b>eugenol flavor liquid</b>	Supplemental Formulary	
<b>fish flavor liquid</b>	Supplemental Formulary	
<b>FLAVORX LIQUID</b>	Supplemental Formulary	
<b>grape flavor liquid</b>	Supplemental Formulary	
<b>guava flavor liquid</b>	Supplemental Formulary	
<b>ham flavor liquid</b>	Supplemental Formulary	
<b>honey flavor liquid</b>	Supplemental Formulary	
<b>kahlua flavor liquid</b>	Supplemental Formulary	
<b>lemon extract liquid</b>	Supplemental Formulary	
<b>lemon flavor liquid</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>licorice flavor liquid</b>	Supplemental Formulary	
<b>liver concentrate liquid</b>	Supplemental Formulary	
<b>liver flavor liquid</b>	Supplemental Formulary	
<b>mango flavor liquid</b>	Supplemental Formulary	
<b>maple flavor liquid</b>	Supplemental Formulary	
<b>marshmallow flavor liquid</b>	Supplemental Formulary	
<b>mint chocolate chip flavor liquid</b>	Supplemental Formulary	
<b>natural caramel liquid</b>	Supplemental Formulary	
<b>orange concentrate liquid</b>	Supplemental Formulary	
<b>orange cream flavor liquid</b>	Supplemental Formulary	
<b>orange flavor liquid</b>	Supplemental Formulary	
<b>orange oil flavor liquid</b>	Supplemental Formulary	
<b>PCCA SWEETNESS ENHANCER LIQUID</b>	Supplemental Formulary	
<b>peach flavor liquid</b>	Supplemental Formulary	
<b>peanut butter flavor liquid</b>	Supplemental Formulary	
<b>pina colada flavor liquid</b>	Supplemental Formulary	
<b>pineapple flavor liquid</b>	Supplemental Formulary	
<b>pralines and cream flavor liquid</b>	Supplemental Formulary	
<b>pumpkin flavor liquid</b>	Supplemental Formulary	
<b>raspberry flavor liquid</b>	Supplemental Formulary	
<b>root beer flavor liquid</b>	Supplemental Formulary	
<b>sardine flavor liquid</b>	Supplemental Formulary	
<b>shrimp flavor liquid</b>	Supplemental Formulary	
<b>stevia glycerite extract liquid</b>	Supplemental Formulary	
<b>strawberry flavor liquid</b>	Supplemental Formulary	
<b>sweetening enhancer liquid</b>	Supplemental Formulary	
<b>tropical punch flavor liquid</b>	Supplemental Formulary	
<b>tuna flavor liquid</b>	Supplemental Formulary	
<b>tutti frutti flavor liquid</b>	Supplemental Formulary	
<b>tutti-frutti flavor liquid</b>	Supplemental Formulary	
<b>vanilla butternut flavor liquid</b>	Supplemental Formulary	
<b>vanilla flavor liquid</b>	Supplemental Formulary	
<b>vitamin/iron masking agent liquid</b>	Supplemental Formulary	
<b>watermelon flavor liquid</b>	Supplemental Formulary	
<b>wild cherry flavor liquid</b>	Supplemental Formulary	
<b>*ORAL VEHICLES***</b>		
<b>cherry concentrate oral syrup</b>	Supplemental Formulary	
<b>cherry oral syrup</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>flavor plus oral liquid</b>	Supplemental Formulary	
<b>flavor sweet oral syrup</b>	Supplemental Formulary	
<b>flavor sweet-sf oral syrup</b>	Supplemental Formulary	
GERBER GOOD START WATER ORAL LIQUID	Supplemental Formulary	
GOOD START STERILE WATER ORAL LIQUID	Supplemental Formulary	
<b>grape syrup oral syrup</b>	Supplemental Formulary	
MX-SOL ORAL SYRUP	Supplemental Formulary	
MX-SOL SF ORAL SYRUP	Supplemental Formulary	
<b>oral suspend oral liquid</b>	Supplemental Formulary	
<b>oral syrup oral syrup</b>	Supplemental Formulary	
<b>oral syrup sf oral syrup</b>	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	
SOSWEET ORAL SYRUP	Supplemental Formulary	
SYRPALTA (RED) ORAL SYRUP	Supplemental Formulary	
SYRPALTA ORAL SYRUP	Supplemental Formulary	
SYRSPEND SF ORAL LIQUID	Supplemental Formulary	
<b>syrup vehicle oral syrup</b>	Supplemental Formulary	
<b>syrup vehicle sf oral syrup</b>	Supplemental Formulary	
VERSAFREE ORAL SYRUP	Supplemental Formulary	
VERSAPLUS ORAL SYRUP	Supplemental Formulary	
<b>*PARENTERAL VEHICLES***</b>		
<b>saline bacteriostatic injection solution 0.9 %</b>	Supplemental Formulary	
<b>sodium chloride bacteriostatic injection solution 0.9 %</b>	Supplemental Formulary	
<b>sterile water for injection injection solution</b>	Supplemental Formulary	
<b>*PLACEBOS***</b>		
<b>cherry concentrate oral concentrate</b>	Supplemental Formulary	
<b>*SEMI SOLID VEHICLES***</b>		
<b>1st base external cream</b>	Supplemental Formulary	
ALTADERM EXTERNAL CREAM	Supplemental Formulary	
ARBEM H-COSMETIC EXTERNAL CREAM	Supplemental Formulary	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
ARBEM LIPOPEN EXTERNAL CREAM	Supplemental Formulary	
ATREVIS HYDROGEL EXTERNAL CREAM	Supplemental Formulary	
AUXIPRO VANISHING EXTERNAL CREAM	Supplemental Formulary	
<b>az cream external cream</b>	Supplemental Formulary	
BASE PCCA CLARIFYING EXTERNAL CREAM	Supplemental Formulary	
<b>base w301 external cream</b>	Supplemental Formulary	
CHRYSADERM DAY EXTERNAL CREAM	Supplemental Formulary	
CHRYSADERM NIGHT EXTERNAL CREAM	Supplemental Formulary	
<b>cream base external cream</b>	Supplemental Formulary	
<b>cream concentrate external cream</b>	Supplemental Formulary	
<b>cutis plus external cream</b>	Supplemental Formulary	
DURABASE ADVANCED EXTERNAL CREAM	Supplemental Formulary	
DURABASE EXTERNAL CREAM	Supplemental Formulary	
EMOLIVAN EXTERNAL CREAM	Supplemental Formulary	
<b>emollient base external cream</b>	Supplemental Formulary	
<b>fagron ls plus external cream</b>	Supplemental Formulary	
<b>fagron natural external cream</b>	Supplemental Formulary	
<b>fagron supreme external cream</b>	Supplemental Formulary	
FITALITE EXTERNAL CREAM	Supplemental Formulary	
<b>freedom adaptaderm external cream</b>	Supplemental Formulary	
<b>freedom derma serum external cream</b>	Supplemental Formulary	
FREEDOM DERMA-D EXTERNAL CREAM	Supplemental Formulary	
FREEDOM DERMA-N EXTERNAL CREAM	Supplemental Formulary	
<b>hydrous emulsified base external cream</b>	Supplemental Formulary	
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	Supplemental Formulary	
<b>lipo cream base external cream</b>	Supplemental Formulary	
LIPOCREAM BASE EXTERNAL CREAM	Supplemental Formulary	
<b>lipopen ultra base external cream</b>	Supplemental Formulary	
<b>liposomal heavy external cream</b>	Supplemental Formulary	
<b>liposomal regular external cream</b>	Supplemental Formulary	
MEDIDERM EXTERNAL CREAM	Supplemental Formulary	
<b>microderm base external cream</b>	Supplemental Formulary	
MICROSOME BASE EXTERNAL CREAM	Supplemental Formulary	
MULTIBASE EXTERNAL CREAM	Supplemental Formulary	
NOURILITE EXTERNAL CREAM	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
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	
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	
<b>penderm external cream</b>	Supplemental Formulary	
<b>pensomal external cream</b>	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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>polyethylene glycol 3350 powder</b>	Supplemental Formulary	
<b>p-siloxan ds external cream</b>	Supplemental Formulary	
<b>sa3 derm external cream</b>	Supplemental Formulary	
<b>salt durable cream external cream</b>	Supplemental Formulary	
SALT STABLE LS ADVANCED EXTERNAL CREAM	Supplemental Formulary	
SALTSTABLE LO EXTERNAL CREAM	Supplemental Formulary	
SANARE ADVANCED SCAR THERAPY EXTERNAL CREAM	Supplemental Formulary	
<b>sanare scar therapy external cream</b>	Supplemental Formulary	
<b>scar care external cream</b>	Supplemental Formulary	
<b>silprotex plus external cream</b>	Supplemental Formulary	
<b>skyy derm external cream</b>	Supplemental Formulary	
<b>teroderm external cream</b>	Supplemental Formulary	
<b>teroderm-plus external cream</b>	Supplemental Formulary	
U-BASE EXTERNAL CREAM	Supplemental Formulary	
VANIBASE EXTERNAL CREAM	Supplemental Formulary	
<b>vanishing cream botanical base external cream</b>	Supplemental Formulary	
<b>vanishing external cream</b>	Supplemental Formulary	
<b>vanish-pen external cream</b>	Supplemental Formulary	
VERSAPRO EXTERNAL CREAM	Supplemental Formulary	
<b>versatile cream base external cream</b>	Supplemental Formulary	
VERSATILE RICH BASE EXTERNAL CREAM	Supplemental Formulary	
VERSIGEL EXTERNAL CREAM	Supplemental Formulary	
<b>vp dermabase external cream</b>	Supplemental Formulary	
<b>wound care external cream</b>	Supplemental Formulary	
XCEL 100 EXTERNAL CREAM	Supplemental Formulary	
XEMATOP BASE EXTERNAL CREAM	Supplemental Formulary	
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Supplemental Formulary	PA; SPA; QL (150 ML per 30 days)
<b>*RESPIRATORY AGENTS - MISC.***</b>		
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-%	Supplemental Formulary	
<b>*SULFONAMIDES*</b>		
<b>*SULFONAMIDES***</b>		
<b>sulfadiazine oral tablet 500 mg</b>	Supplemental Formulary	

Drug Name	Status	Notes
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS***</b>		
methimazole oral tablet 10 mg, 5 mg	Supplemental Formulary	
propylthiouracil oral tablet 50 mg	Supplemental Formulary	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>		
<b>*ANTICHOLINERGIC COMBINATIONS***</b>		
belladonna alkaloids-opium rectal suppository 16.2-60 mg	Supplemental Formulary	
<b>*ANTISPASMODICS***</b>		
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	
<b>*MISC. ANTI-ULCER***</b>		
sucralfate oral suspension 1 gm/10ml	Supplemental Formulary	QL (1200 ML per 30 days)
sucralfate oral tablet 1 gm	Supplemental Formulary	
<b>*ULCER DRUGS - PROSTAGLANDINS***</b>		
misoprostol oral tablet 100 mcg, 200 mcg	Supplemental Formulary	
<b>*URINARY ANTISPASMODICS*</b>		
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***</b>		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Supplemental Formulary	
<b>*VACCINES*</b>		
<b>*VIRAL VACCINES***</b>		
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Supplemental Formulary	AL (Min 50 Years)
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*MISCELLANEOUS VAGINAL PRODUCTS***</b>		
VAGISIL EXTERNAL CREAM 5-2 %	Supplemental Formulary	
<b>*SPERMICIDES***</b>		
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	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*VITAMINS*</b>		
<b>*BIOTIN***</b>		
<b>biotin maximum oral tablet dispersible 10000 mcg</b>	Supplemental Formulary	
<b>biotin maximum strength oral capsule 5000 mcg</b>	Supplemental Formulary	
<b>biotin maximum strength oral tablet 10000 mcg</b>	Supplemental Formulary	
<b>biotin oral capsule 5 mg, 5000 mcg</b>	Supplemental Formulary	
<b>biotin oral tablet 10 mg, 10000 mcg, 300 mcg, 800 mcg</b>	Supplemental Formulary	
<b>biotin oral tablet chewable 1000 mcg</b>	Supplemental Formulary	
<b>biotin oral tablet dispersible 5 mg</b>	Supplemental Formulary	
<b>eql biotin oral capsule 5000 mcg</b>	Supplemental Formulary	
<b>gnp biotin oral capsule 5000 mcg</b>	Supplemental Formulary	
<b>hm biotin oral capsule 5000 mcg</b>	Supplemental Formulary	
<b>hm biotin oral tablet dispersible 10000 mcg</b>	Supplemental Formulary	
<b>LEXINAL ORAL TABLET 2.5 MG</b>	Supplemental Formulary	
<b>MERIBIN ORAL CAPSULE 5 MG</b>	Supplemental Formulary	
<b>NAIL-EX ORAL TABLET 2.5 MG</b>	Supplemental Formulary	
<b>qc biotin oral tablet 800 mcg</b>	Supplemental Formulary	
<b>sm biotin oral capsule 5000 mcg</b>	Supplemental Formulary	
<b>super biotin oral capsule 5000 mcg</b>	Supplemental Formulary	
<b>*VITAMIN A***</b>		
<b>a-10000 oral capsule 3 mg (10000 ut)</b>	Supplemental Formulary	
<b>beta carotene oral capsule 25000 unit</b>	Supplemental Formulary	
<b>beta carotene provitamin a oral capsule 25000 unit</b>	Supplemental Formulary	
<b>gnp vitamin a oral capsule 3 mg (10000 ut)</b>	Supplemental Formulary	
<b>natural vitamin a oral capsule 3 mg (10000 ut)</b>	Supplemental Formulary	
<b>px vitamin a oral capsule 2400 mcg (8000 ut)</b>	Supplemental Formulary	
<b>ra vitamin a oral capsule 3 mg (10000 ut)</b>	Supplemental Formulary	
<b>vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut)</b>	Supplemental Formulary	
<b>vitamin a palmitate oral tablet 4.5 mg (15000 ut)</b>	Supplemental Formulary	
<b>vitamin a-beta carotene oral capsule 25000 unit</b>	Supplemental Formulary	
<b>yl beta carotene oral capsule 25000 unit</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>*VITAMIN B-1***</b>		
<b>b-1 oral tablet 100 mg, 250 mg, 500 mg</b>	Supplemental Formulary	
<b>gnp vitamin b-1 oral tablet 100 mg</b>	Supplemental Formulary	
<b>qc vitamin b1 oral tablet 100 mg</b>	Supplemental Formulary	
<b>ra vitamin b-1 oral tablet 100 mg</b>	Supplemental Formulary	
<b>sm vitamin b1 oral tablet 100 mg</b>	Supplemental Formulary	
<b>thiamine hcl oral tablet 100 mg</b>	Supplemental Formulary	
<b>thiamine hcl powder</b>	Supplemental Formulary	
<b>vitamin b-1 oral tablet 250 mg, 50 mg</b>	Supplemental Formulary	
<b>*VITAMIN B-2***</b>		
<b>b-2 oral tablet 100 mg, 50 mg</b>	Supplemental Formulary	
<b>vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg</b>	Supplemental Formulary	
<b>*VITAMIN B-6***</b>		
<b>b6 natural oral tablet 100 mg</b>	Supplemental Formulary	
<b>b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg</b>	Supplemental Formulary	
<b>eql b-6 oral tablet 100 mg</b>	Supplemental Formulary	
<b>gnp vitamin b-6 oral tablet 100 mg</b>	Supplemental Formulary	
<b>kp vitamin b-6 oral tablet 100 mg</b>	Supplemental Formulary	
<b>pyridoxine hcl oral tablet 25 mg, 50 mg</b>	Supplemental Formulary	
<b>pyridoxine hcl powder</b>	Supplemental Formulary	
<b>qc vitamin b6 oral tablet 100 mg</b>	Supplemental Formulary	
<b>ra vitamin b-6 oral tablet 100 mg, 50 mg</b>	Supplemental Formulary	
<b>sm vitamin b6 oral tablet 100 mg</b>	Supplemental Formulary	
<b>sm vitamin b-6 oral tablet 100 mg</b>	Supplemental Formulary	
<b>vitamin b-6 er oral tablet extended release 200 mg</b>	Supplemental Formulary	
<b>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</b>	Supplemental Formulary	
<b>vitamin b6 oral tablet 250 mg, 50 mg</b>	Supplemental Formulary	
<b>yl vitamin b-6 oral tablet 100 mg</b>	Supplemental Formulary	
<b>*VITAMIN C***</b>		
<b>acerola c-500 oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>ascorbic acid oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>c 1000 oral tablet 1000 mg</b>	Supplemental Formulary	
<b>c 250 oral tablet 250 mg</b>	Supplemental Formulary	
<b>c 500 oral tablet 500 mg</b>	Supplemental Formulary	
<b>c 500 oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>c 500/rose hips oral tablet 500 mg</b>	Supplemental Formulary	
<b>c-1000 oral tablet 1000 mg</b>	Supplemental Formulary	
<b>c-1000 oral tablet extended release 1000 mg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>c-1000 sr oral tablet extended release 1000 mg</b>	Supplemental Formulary	
<b>c-1000/rose hips oral tablet 1000 mg</b>	Supplemental Formulary	
<b>c-1000/rose hips sr oral tablet extended release 1000 mg</b>	Supplemental Formulary	
<b>c-250 oral tablet 250 mg</b>	Supplemental Formulary	
<b>c-250 oral tablet chewable 250 mg</b>	Supplemental Formulary	
<b>c-500 non-acid oral tablet 500 mg</b>	Supplemental Formulary	
<b>c-500 oral tablet 500 mg</b>	Supplemental Formulary	
<b>c-500 oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>c-500 oral tablet extended release 500 mg</b>	Supplemental Formulary	
<b>c-500 sr oral capsule extended release 500 mg</b>	Supplemental Formulary	
<b>c-500 sr oral tablet extended release 500 mg</b>	Supplemental Formulary	
<b>c-500/rose hips oral tablet 500 mg</b>	Supplemental Formulary	
<b>calcium ascorbate oral tablet 500 mg</b>	Supplemental Formulary	
<b>c-chewable oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG</b>	Supplemental Formulary	
<b>eql vitamin c oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>eql vitamin c/rose hips oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>fruit c 500 oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>fruity c oral tablet chewable 250 mg</b>	Supplemental Formulary	
<b>gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg</b>	Supplemental Formulary	
<b>gnp vitamin c oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>gnp vitamin c oral tablet extended release 500 mg</b>	Supplemental Formulary	
<b>gnp vitamin c w/rose hips oral tablet 500-37 mg</b>	Supplemental Formulary	
<b>gnp vitamin c/rose hips oral tablet 1000 mg</b>	Supplemental Formulary	
<b>hm vitamin c oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>meijer c oral tablet 500 mg</b>	Supplemental Formulary	
<b>natural c/rose hips oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>PUREWAY-C ORAL TABLET 500 MG</b>	Supplemental Formulary	
<b>px vitamin c oral tablet 500 mg</b>	Supplemental Formulary	
<b>qc vitamin c oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>qc vitamin c oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>qc vitamin c with rose hips oral tablet 500 mg</b>	Supplemental Formulary	
<b>ra vitamin c cr oral tablet extended release 500 mg</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>ra vitamin c oral tablet 250 mg, 500 mg</b>	Supplemental Formulary	
<b>ra vitamin c oral tablet chewable 250 mg, 500 mg</b>	Supplemental Formulary	
<b>ra vitamin c/acerola oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>ra vitamin c/rose hips oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>sb vitamin c oral tablet 500 mg</b>	Supplemental Formulary	
<b>sm chewable c oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>sm chewable vitamin c oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>sm vit c/rose hips oral tablet 1000 mg</b>	Supplemental Formulary	
<b>sm vitamin c cr oral tablet extended release 500 mg</b>	Supplemental Formulary	
<b>sm vitamin c oral tablet 1000 mg, 250 mg, 500 mg</b>	Supplemental Formulary	
<b>sm vitamin c oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>sm vitamin c/rose hips oral tablet 500 mg</b>	Supplemental Formulary	
<b>sodium ascorbate granules</b>	Supplemental Formulary	
<b>SUNKIST VITAMIN C ORAL TABLET CHEWABLE 500 MG</b>	Supplemental Formulary	
<b>vitamin c er oral capsule extended release 500 mg</b>	Supplemental Formulary	
<b>vitamin c er oral tablet extended release 500 mg</b>	Supplemental Formulary	
<b>vitamin c immune health oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>vitamin c oral tablet 1000 mg, 250 mg</b>	Supplemental Formulary	
<b>vitamin c oral tablet chewable 250 mg, 500 mg</b>	Supplemental Formulary	
<b>vitamin c plus wild rose hips oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>vitamin c/bioflavonoids/rosehp oral tablet 500 mg</b>	Supplemental Formulary	
<b>vitamin c/rose hips oral tablet 500 mg</b>	Supplemental Formulary	
<b>vitamin c/rose hips tr oral tablet extended release 1000 mg</b>	Supplemental Formulary	
<b>vitamin c-acerola oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>vitamin c-rose hips oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	



<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>vitamin c-rose hips oral tablet chewable 500 mg</b>	Supplemental Formulary	
<b>vitamin c-rose hips tr oral tablet extended release 500 mg</b>	Supplemental Formulary	
<b>yl vitamin c oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>yl vitamin c-rose hips oral tablet 1000 mg, 500 mg</b>	Supplemental Formulary	
<b>*VITAMIN D***</b>		
<b>aqueous vitamin d oral liquid 10 mcg/ml</b>	Supplemental Formulary	
<b>BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML</b>	Supplemental Formulary	
<b>BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML</b>	Supplemental Formulary	
<b>CALCIDOL ORAL SOLUTION 200 MCG/ML</b>	Supplemental Formulary	
<b>d 1000 oral capsule 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>d 400 oral tablet 10 mcg (400 unit)</b>	Supplemental Formulary	
<b>d 5000 oral capsule 125 mcg (5000 ut)</b>	Supplemental Formulary	
<b>d-1000 extra strength oral tablet 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>d-1000 oral tablet 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>d2000 ultra strength oral capsule 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>d3 high potency oral tablet 10 mcg (400 unit)</b>	Supplemental Formulary	
<b>d3 maximum strength oral capsule 125 mcg (5000 ut)</b>	Supplemental Formulary	
<b>d3 oral tablet 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>d3 super strength oral capsule 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>d3-1000 oral capsule 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>d3-1000 oral tablet 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>d-3-5 oral capsule 125 mcg (5000 ut)</b>	Supplemental Formulary	
<b>d-400 oral tablet 10 mcg (400 unit)</b>	Supplemental Formulary	
<b>DDROPS ORAL LIQUID 50 MCG /0.028ML, 50 MCG/0.03ML</b>	Supplemental Formulary	
<b>delta d3 oral tablet 10 mcg (400 unit)</b>	Supplemental Formulary	
<b>DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)</b>	Supplemental Formulary	
<b>D-VI-SOL ORAL LIQUID 10 MCG/ML</b>	Supplemental Formulary	
<b>d-vite pediatric oral liquid 10 mcg/ml</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>ergocalciferol oral capsule 1.25 mg (50000 ut)</b>	Supplemental Formulary	
<b>ergocalciferol oral solution 200 mcg/ml</b>	Supplemental Formulary	
<b>ergocalciferol powder</b>	Supplemental Formulary	
<b>gnp d 1000 oral capsule 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>gnp vitamin d oral tablet 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>hm vitamin d3 oral tablet 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>kp vitamin d oral capsule 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>nat-rul vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT)</b>	Supplemental Formulary	
<b>qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>qc vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>sm vitamin d oral tablet 10 mcg (400 unit)</b>	Supplemental Formulary	
<b>sm vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>sm vitamin d3 oral tablet 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>super daily d3 oral liquid 50 mcg /0.028ml</b>	Supplemental Formulary	
<b>THERA-D 2000 ORAL TABLET 50 MCG (2000 UT)</b>	Supplemental Formulary	
<b>THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT)</b>	Supplemental Formulary	
<b>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>vitamin d high potency oral capsule 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>vitamin d infant oral liquid 10 mcg/ml</b>	Supplemental Formulary	
<b>vitamin d oral capsule 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>vitamin d oral liquid 10 mcg/ml</b>	Supplemental Formulary	
<b>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)</b>	Supplemental Formulary	
<b>vitamin d2 oral tablet 10 mcg (400 unit)</b>	Supplemental Formulary	
<b>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</b>	Supplemental Formulary	
<b>vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>vitamin d-3 oral capsule 25 mcg (1000 ut)</b>	Supplemental Formulary	
<b>vitamin d3 oral liquid 10 mcg/ml</b>	Supplemental Formulary	
<b>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>vitamin d3 oral tablet dispersible 125 mcg (5000 ut)</b>	Supplemental Formulary	
<b>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</b>	Supplemental Formulary	
<b>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</b>	Supplemental Formulary	
<b>*VITAMIN E***</b>		
<b>aqueous vitamin e oral solution 15 mg/0.67ml</b>	Supplemental Formulary	
<b>e 1000 oral capsule 450 mg (1000 ut)</b>	Supplemental Formulary	
<b>e-1000 oral capsule 450 mg (1000 ut)</b>	Supplemental Formulary	
<b>e-200 oral capsule 200 unit</b>	Supplemental Formulary	
<b>e200 oral capsule 90 mg (200 unit)</b>	Supplemental Formulary	
<b>e400 oral capsule 180 mg (400 unit)</b>	Supplemental Formulary	
<b>e-400 oral capsule 400 unit</b>	Supplemental Formulary	
<b>e-400-clear oral capsule 268 mg (400 unit)</b>	Supplemental Formulary	
<b>eql vitamin e oral capsule 400 unit</b>	Supplemental Formulary	
<b>gnp vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut), 90 mg (200 unit)</b>	Supplemental Formulary	
<b>hm e vitamin oral capsule 180 mg (400 unit)</b>	Supplemental Formulary	
<b>kp vitamin e oral capsule 45 mg (100 unit)</b>	Supplemental Formulary	

<b>Drug Name</b>	<b>Status</b>	<b>Notes</b>
<b>natural vitamin e oral capsule 100 unit, 400 unit, 670 mg (1000 ut)</b>	Supplemental Formulary	
<b>natural vitamin e oral tablet 268 mg (400 unit)</b>	Supplemental Formulary	
<b>px vitamin e oral capsule 400 unit</b>	Supplemental Formulary	
<b>qc vitamin e oral capsule 180 mg (400 unit)</b>	Supplemental Formulary	
<b>ra natural vitamin e oral capsule 268 mg (400 unit)</b>	Supplemental Formulary	
<b>ra vitamin e natural oral capsule 670 mg (1000 ut)</b>	Supplemental Formulary	
<b>ra vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)</b>	Supplemental Formulary	
<b>sm vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut), 90 mg (200 unit)</b>	Supplemental Formulary	
SOLUVITA E ORAL SOLUTION 15.8 MG/0.7ML	Supplemental Formulary	
<b>vitamin e blend oral capsule 400 unit</b>	Supplemental Formulary	
<b>vitamin e high potency oral capsule 180 mg (400 unit)</b>	Supplemental Formulary	
<b>vitamin e oral capsule 180 mg (400 unit), 200 unit, 45 mg (100 unit), 450 mg (1000 ut)</b>	Supplemental Formulary	
<b>vitamin e oral solution 6.75 mg/0.3ml</b>	Supplemental Formulary	
<b>vitamin e oral tablet 268 mg (400 unit)</b>	Supplemental Formulary	
<b>vitamin e water soluble oral capsule 180 mg (400 unit), 450 mg (1000 ut)</b>	Supplemental Formulary	
<b>vitamin e/d-alpha natural oral capsule 134 mg (200 unit), 268 mg (400 unit)</b>	Supplemental Formulary	
<b>vitamin e/d-alpha oral capsule 134 mg (200 unit)</b>	Supplemental Formulary	
<b>vitamin supplement e-1000 oral capsule 450 mg (1000 ut)</b>	Supplemental Formulary	
<b>vitamin supplement e-400 oral capsule 180 mg (400 unit)</b>	Supplemental Formulary	
<b>*VITAMIN K***</b>		
<b>k 100 oral tablet 100 mcg</b>	Supplemental Formulary	
<b>phytonadione oral tablet 5 mg</b>	Supplemental Formulary	
SUPERIORSOURCE K1 ORAL TABLET DISPERSIBLE 500 MCG	Supplemental Formulary	
<b>vitamin k (phytonadione) oral tablet 100 mcg</b>	Supplemental Formulary	
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<b>ECPIRIN</b> .....	15	<b>eq anti-diarrheal</b> .....	26	<b>eq pain relief/rapid burst</b> .....
<b>ed bron gp</b> .....	48	<b>eq arthritis pain</b> .....	8	<b>eq pain reliever</b> .....
<b>ed chlorped jr</b> .....	27	<b>eq artificial tears</b> .....	149	<b>eq restore plus lubricant eye</b> ..
<b>ed-apap</b> .....	8	<b>eq aspirin</b> .....	15	<b>EQ RESTORE PM</b> .....
<b>EFFER-K</b> .....	114	<b>eq aspirin adult low dose</b> .....	15	<b>eq restore tears</b> .....
<b>effervescent pain relief</b> .....	13	<b>eq aspirin low dose</b> .....	15	<b>eq saline nasal spray</b> .....
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<b>ELLA</b> .....	38	<b>eq calcium citrate+d</b> .....	110	<b>eq stool softener/laxative</b> .....
<b>ELMIRON</b> .....	70	<b>eq calcium citrate+d3</b> .....	110	<b>eq therapeutic dry skin</b> .....
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<b>ELON HERBAL FOOT</b> .....	62	<b>eq complete multivit adult 50+</b>		<b>eq tussin dm max daytime</b> .....
<b>ELON SKIN REPAIR</b>		.....	126	<b>eq vegetable laxative</b> .....
<b>SYSTEM</b> .....	58	<b>eq complete multivitamin</b>		<b>eq vision formula 50+</b> .....
<b>EMBRACE LANCETS</b>		<b>child</b> .....	140	<b>eql acetaminophen</b> .....
<b>ULTRA THIN 30G</b> .....	92	<b>eq complete multivitamin-</b>		<b>eql acetaminophen childrens</b> ....
<b>EMERGEN-C IMMUNE</b>		<b>adult</b> .....	126	<b>eql acetaminophen ex st</b> .....
<b>PLUS/VIT D</b> .....	126	<b>eq cough childrens</b> .....	43	<b>eql acetaminophen pm</b> .....
<b>EMERGEN-C VITAMIN C</b> ....	126	<b>eq cough dm</b> .....	40	<b>eql acne scrub pink grapefruit</b> ..
<b>EMOLIVAN</b> .....	159	<b>eq daytime cold/flu ms relief</b> ... 42		<b>eql advanced relief</b> .....
<b>EMOLLIA-CREME</b> .....	58	<b>eq enema</b> .....	80	<b>eql alcohol swabs</b> .....
<b>emollient base</b> .....	159	<b>eq eye allergy relief</b> .....	152	<b>eql allergy</b> .....
<b>ENDUR-B</b> .....	120	<b>eq eye drops</b> .....	153	<b>eql allergy relief</b> .....
<b>ENDUR-C</b> .....	165	<b>eq fiber therapy</b> .....	76	<b>eql antacid</b> .....
<b>ENDUR-VM</b> .....	126	<b>eq gas relief</b> .....	68	<b>eql antacid ultra strength</b> .....
<b>ENDUR-VM WITH IRON</b> .....	126	<b>eq gas relief extra strength</b> .....	68	<b>eql antacid/anti-gas</b> .....
<b>enema</b> .....	80	<b>eq gentle laxative</b> .....	82	<b>eql antacid/pain relief</b> .....
<b>enema disposable</b> .....	80	<b>eq headache relief</b> .....	6	<b>eql anti-diarrheal</b> .....
<b>enema mineral oil</b> .....	79	<b>eq infants gas relief</b> .....	68	<b>eql anti-itch clear</b> .....
<b>enema pediatric</b> .....	80	<b>eq laxative maximum strength</b> ..	82	<b>eql apricot scrub</b> .....
<b>enema ready-to-use</b> .....	80	<b>eq lubricant eye drops</b> .....	149	<b>eql aspirin ec</b> .....
<b>ENEMEEZ MINI</b> .....	84	<b>eq magnesium citrate</b> .....	80	<b>eql aspirin low dose</b> .....
<b>ENFAMIL ENFALYTE</b> .....	112	<b>eq mineral oil</b> .....	79	<b>eql b complex 50</b> .....
<b>english toffee flavor</b> .....	156	<b>EQ MUCUS ER</b> .....	51	<b>eql b-100 complex</b> .....
<b>ENLITE SERTER</b> .....	101	<b>eq mucus relief dm</b> .....	43	<b>eql b-12</b> .....
<b>enulose</b> .....	69	<b>eq multivitamin gummies</b> .....	139	<b>eql b-6</b> .....
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<b>ephedrine sulfate</b> .....	24	<b>gummy</b> .....	126	<b>eql calamine medicated</b> .....
<b>ephrine nose drops</b> .....	146	<b>eq multivitamins gummy child</b>		<b>eql calcium citrate/vitamin d</b> ..
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<b>eq 8hr arthritis pain relief</b> .....	8	<b>eq nasal spray fast acting</b> .....	146	<b>eql calcium/vitamin d3</b> .....
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qc essentials	138	qc vitamin b12	71	ra balanced b-50	120
qc ferrous sulfate	73	qc vitamin b6	164	ra balanced b-50 tr	120
qc fiber therapy	76	qc vitamin c	165	ra b-complex	117
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qc mineral oil heavy	79	ra acetaminophen	12	ra complete allergy	30
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