

Aetna Better Health Pennsylvania

**Supplemental
Formulary Guide**

June 2022

Important information about your health care benefits. Call our Member Services Department at 1-866-638-1232, or if hearing impaired/TTY call PA Relay 7-1-1; for a translated version of this information.

Información importante sobre sus beneficios de atención médica. Llame a nuestro Departamento de Servicios al Miembro al 1-866-638-1232, o si tiene impedimentos auditivos/TTY debe llamar al relé 7-1-1 de PA para obtener una versión traducida de este información.

Важная информация о льготах вашей программы здравоохранения. Позвоните в Службу поддержки членов по тел. +1-866-638-1232, или по номеру для людей с нарушениями слуха/TTY – PA Relay, 7-1-1, чтобы получить переведенную версию данной информации.

Thông tin quan trọng về phúc lợi y tế của quý vị. Để có bản dịch về thông tin này, xin hãy gọi Ban Dịch vụ Thành viên của chúng tôi ở số 1-866-638-1232, hoặc PA Relay số 7-1-1 dành cho người khiếm thính/dùng TTY.

ព័ត៌មានស្តីអំពីអគ្គប្រយោជន៍ថែទាំសុវត្ថភាពរបស់អ្នក ។ សូមទូរល័ត្តមកក្រឡើងលេខសមាជិករបស់រួចរាល់ ពាមឈោះ 1-866-638-1232 ឬបើសិនជាអ្នកមានត្រឡប់ក្នុង សូមទូរល័ត្តមេ PA Relay 7-1-1; សំរាប់កំណត់ព័ត៌មានទេ: ផែលបានបងប្រែ ។

有关您医疗保健福利的重要说明，致电客服部， 1-866-638-1232，或致电聋哑人/听力障碍者专线 PA Relay 7-1-1，索取该说明的译本。

What is the Aetna Better Health of Pennsylvania Supplemental Formulary?

This is a drug list created by Aetna Better Health in Pennsylvania (“plan”). The plan will cover drugs on this list in addition to the drugs covered on the Statewide Preferred Drug List (PDL). This list is for drugs and products outside the scope of the Statewide PDL. Some drugs may have coverage rules. If the rules for that drug are met, the plan will cover the drug. Drugs must also be filled at a the plan’s network pharmacy. This list is for drugs covered under you prescription benefit. Drugs may not be listed here if they are covered under your medical benefit. Drugs covered under your medical benefit are usually those a health care professional gives to you, like an IV infusion or other injection, and not typically a medication you would take on your own.

Are there any exclusions from the formulary?

Yes, some drugs are excluded from coverage by direction of the department of Health Services (DHS).

Examples include:

- 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
- Drugs and other items prescribed for obesity or appetite control
- Drugs marketed by a drug company who does not participate in the Medicaid Drug Rebate Program.
- Drugs designated as a DESI (Drug Efficacy Study Implementation). A DESI drug is one that was approved by the FDA solely on the basis of their safety prior to 1962. Subsequent to 1962, Congress required drugs to be shown to be effective as well. As a result, the FDA initiated a DESI to evaluate the effectiveness of medications previously approved based on safety alone. DESI drugs may continue to be marketed until proceedings evaluating efficacy have been concluded, at which point continued marketing would only be permitted if a New Drug Application is submitted for those drugs.
- Durable Medical Equipment (DME) items (with the exception of preferred diabetic supplies, syringes, lancets, alcohol wipes and condoms)
- Items prescribed or ordered by a physician who has been barred or suspended from participating in the Medical Assistance Program
- Pharmaceutical services provided to a hospitalized person
- Placebos

Can the Plan's Drug List change?

The plan may add or remove drugs on the list. All drug removals from the formulary will be sent to the state for review at least 30 days before the change is made. Utilizing members will be notified at least 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan's website.

How do I use the Plan's Formulary?

- **Column #1:** lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g., drug).
- **Column #2:** lists the brand name of the drug when a generic is covered
- **Column #3:** shows coverage rules for the drug

Drugs are also grouped by the type of condition they treat. Drugs used to treat an earache are listed

under the section, “Otic.” If you know what your drug is used for; please look for that section name on the drug list. Then look under that section for your drug.

What are generic drugs?

Generic drugs are copies of brand-name drugs. They are the same as those brand name drugs in dosage form, safety, strength, route of administration, quality, and intended use.

When a drug is available as a generic, you will be required to use the generic version for your prescription. If your provider feels it is medically necessary that you take only the brand, then your provider must request a prior authorization from the plan before the brand will be covered.

Are Over-The-Counter (OTC) drugs covered?

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Like other drugs, OTC drugs need a prescription from a doctor if they are to be covered by the plan.

How much will I pay for covered drugs?

No Copays

There are no copays for:

- Pregnant women
- Children under 21 years of age
- Members in a nursing home or other facility (Intermediate Care Facility for Mental Retardation)
- Family planning drugs
- Emergency situation (condition in which emergency medical care is needed to prevent death or serious injury of a member)
- Certain drug groups listed below do not have copays. For those drug groups that will not require a copay the drug group will be marked with a “no copay” on the formulary.
 - Anti-glaucoma drugs
 - Anti-Parkinson drugs
 - Antipsychotic drugs (except for those anti-anxiety drugs that are controlled substances, like alprazolam or diazepam)
 - Cancer drugs
 - Diabetes drugs
 - Drugs used only to treat HIV/AIDS
 - Epilepsy drugs
 - Heart disease drugs

- High blood pressure drugs
- Naloxone injection/nasal spray for drug overdose
- Preventative vaccines

Copays

Members 21 years of age and older: generic drugs on formulary are \$1; brand drugs on formulary are \$3 per prescription. Services cannot be denied if the member cannot afford the copay.

What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs. Your doctor will need to get approval from the plan first before the drug can be filled for more than the plans limits.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition. After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you or you cannot take Drug A, then Drug B will be covered.

What if my drug is not on the plan's Formulary?

- Check whether the drug is on the Statewide PDL – it may be preferred and covered.
- If not already covered on the Statewide PDL, ask your doctor for a similar drug that is on the Statewide PDL or Supplemental Formulary or
- Your doctor can ask the plan to cover your drug through the prior approval process.

Where can I fill my prescriptions?

You can fill your prescriptions at any network pharmacy. You can find the location of an in-network pharmacy by visiting the CVS Caremark pharmacy locator.

<http://www.aetnabetterhealth.com/pennsylvania/providers/pharmacy>

This allows you to search for a pharmacy by zip code so you can find a location close to you.

Icon	Restriction	Definition
	Formulary	<i>Supplemental Formulary. This is a list of drugs and products covered by Aetna Better Health in addition to those on the Statewide Preferred Drug List (https://papdl.com/preferred-drug-list).</i>
	Age Restriction	<i>Age Restriction: We require that the appropriate dose of medication based on age (e.g., pediatric and elderly populations) and indication AND Dosage requested must be based on national established/ recognized guidelines pertaining to the treatment and management of the diagnosis and age for which the medication is being used to treat. OR FDA-approved age limitations - Click this symbol for more information.</i>
	Over The Counter	<i>Over the Counter</i>
	Prescriber Note	<i>Contains additional information for prescribers.</i>
	Prior Authorization	<i>This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.</i> To Our Providers: Please click here to initiate an electronic prior authorization (ePA) request.
	Quantity Limit	<i>This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.</i>
	Zero Copay	<i>This drug does not require a copay.</i>

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Ahd/Anti-Narcolepsy/Anti-Obesity/Anorexiants - Drugs For The Nervous System		
*Analeptics*** - Drugs For The Nervous System		
<i>caffeine citrate</i>		
<i>caffeine citrated</i>		
Alternative Medicines - Vitamins And Minerals		
*Alternative Medicine - Me's*** - Vitamins And Minerals		
<i>melatonin</i>		OTC
<i>melatonin maximum strength</i>		OTC
Analgesics - Anti-Inflammatory - Drugs For Pain And Fever		
*Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs		
<i>leflunomide</i>	Arava	
Analgesics - Nonnarcotic - Drugs For Pain And Fever		
*Analgesics Other*** - Arthritis And Pain Drugs		
<i>acetaminophen</i>	Aphen	OTC
<i>acetaminophen childrens</i>	Mapap Childrens	OTC
<i>acetaminophen er</i>	Midol	OTC
<i>acetaminophen extra strength</i>	Healthy Mama Shake That Ache	OTC
<i>childrens pain reliever</i>	Childrens Medi-Tabs	OTC
FEVERALL JUNIOR STRENGTH		OTC
MAPAP ACETAMINOPHEN EXTRA STR	cvs acetaminophen	OTC
*Salicylates*** - Arthritis And Pain Drugs		
<i>aspirin ec</i>	Bayer Aspirin	OTC
<i>aspirin low dose</i>	Bayer Low Dose	OTC
ASPIR-LOW	adult aspirin regimen	OTC

Formulary Drug Name	Reference	Restrictions
Anorectal And Related Products - Rectal Preparations		
*Intrarectal Steroids*** - Rectal Preparations		
<i>hydrocortisone</i>	Cortenema	
*Nitrate Vasodilating Agents*** - Rectal Preparations		
RECTIV		QLL (30 GM per 30 days)
Antacids - Drugs For The Stomach		
*Antacid & Simethicone*** - Drugs For Ulcers And Stomach Acid		
<i>antacid</i>	Mintox	OTC
<i>antacid anti-gas max strength</i>	Almacone Double Strength	OTC
MINTOX PLUS		OTC
*Antacid Combinations*** - Drugs For Ulcers And Stomach Acid		
<i>antacid extra strength</i>	Acid Gone	OTC
ACID GONE		OTC
*Antacids - Bicarbonate*** - Drugs For Ulcers And Stomach Acid		
<i>sodium bicarbonate oral powder</i>		
<i>sodium bicarbonate oral tablet</i>		OTC
*Antacids - Calcium Salts*** - Drugs For Ulcers And Stomach Acid		
<i>calcium antacid</i>	Tums	OTC
<i>calcium antacid extra strength</i>	Tums Extra Strength 750	OTC
<i>calcium carbonate antacid</i>		OTC
TUMS	calcium antacid	OTC
TUMS EXTRA STRENGTH 750	calcium antacid extra strength	OTC
TUMS ULTRA 1000	antacid maximum	OTC
*Antacids - Magnesium Salts*** - Drugs For Ulcers And Stomach Acid		
<i>magnesium oxide</i>	Maox	OTC
Anthelmintics - Drugs For Infections		
*Anthelmintics*** - Drugs For Parasites		
<i>albendazole</i>		PA

Formulary Drug Name	Reference	Restrictions
<i>ivermectin</i>	Stromectol	
<i>praziquantel</i>	Biltricide	PA
<i>reeses pinworm medicine</i>		OTC
Antiarrhythmics - Drugs For The Heart		
*Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms		
<i>disopyramide phosphate</i>	Norpace	
*Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms		
<i>mexiletine hcl</i>		
*Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms		
<i>flecainide acetate</i>		
<i>propafenone hcl</i>		
<i>propafenone hcl er</i>	Rythmol SR	
*Antiarrhythmics Type III*** - Drugs For Abnormal Heart Rhythms		
<i>amiodarone hcl</i>	Pacerone	
MULTAQ		PA; QLL (2 EA per 1 day)
Antiesthmatic And Bronchodilator Agents - Drugs For The Lungs		
*Xanthines*** - Drugs For Asthma/Copd		
<i>theophylline er</i>		
Antidiabetics - Hormones		
*Diabetic Other - Combinations*** - Drugs For Diabetes		
<i>sm glucose</i>	Dex4	OTC
*Diabetic Other*** - Drugs For Diabetes		
<i>glucose</i>	Dex4 Quick Dissolve Glucose	OTC
<i>sm glucose</i>	Dex4 Quick Dissolve Glucose	OTC
Antidiarrheal/Probiotic Agents - Drugs For The Stomach		
*Antiperistaltic Agents*** - Drugs For Diarrhea		
<i>diphenoxylate-atropine</i>	Lomotil	

Formulary Drug Name	Reference	Restrictions
<i>loperamide hcl oral capsule</i>	Imodium A-D	
<i>loperamide hcl oral liquid</i>	Imodium A-D	OTC
<i>loperamide hcl oral tablet</i>	Imodium A-D	OTC

***Antihistamines* - Drugs For The Lungs**

Antihistamines - Alkylamines - Drugs For Allergies**

<i>chlorpheniramine maleate</i>	Chlor-Trimeton	OTC
<i>sm allergy 4 hour</i>	Chlor-Trimeton	OTC

Antihistamines - Ethanolamines - Drugs For Allergies**

<i>carbinoxamine maleate</i>		
<i>clemastine fumarate</i>		
<i>diphenhydramine hcl oral capsule</i>	Banophen	
<i>diphenhydramine hcl oral elixir</i>		
<i>diphenhydramine hcl oral liquid</i>	Banophen	OTC; QLL (20 ML per 1 day)
<i>diphenhydramine hcl oral tablet</i>	Alka-Seltzer Plus Allergy	OTC

Antihistamines - Piperidines - Drugs For Allergies**

<i>ciproheptadine hcl</i>		
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***Antihypertensives* - Drugs For The Heart**

Vasodilators - Drugs For High Blood Pressure**

<i>hydralazine hcl</i>		
<i>minoxidil</i>		

***Anti-Infective Agents - Misc.* - Drugs For Infections**

Anti-Infective Misc. - Combinations - Antibiotics**

<i>sulfamethoxazole-trimethoprim</i>	Bactrim	
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Leprostatics - Antibiotics**

<i>dapsone</i>		
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Lincosamides - Antibiotics**

<i>clindamycin hcl</i>	Cleocin	
<i>clindamycin palmitate hcl</i>	Cleocin	

Formulary Drug Name	Reference	Restrictions
Antimycobacterial Agents - Drugs For Infections		
*Antimycobacterial Agents*** - Antibiotics		
<i>ethambutol hcl</i>	Myambutol	
<i>isoniazid</i>		
<i>pyrazinamide</i>		
<i>rifabutin</i>	Mycobutin	
<i>rifampin</i>		
PRIFTIN		
Antineoplastics And Adjunctive Therapies - Drugs For Cancer		
*Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer		
<i>leucovorin calcium</i>		
*Mitotic Inhibitors*** - Drugs For Cancer		
<i>etoposide</i>		PA
*Retinoids*** - Drugs For Cancer		
<i>tretinoin</i>		PA
*Selective Retinoid X Receptor Agonists*** - Drugs For Cancer		
<i>bexarotene</i>	Targretin	PA
Antipsychotics/Antimanic Agents - Drugs For The Nervous System		
*Antimanic Agents*** - Drugs For Severe Mental Disorders		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	QLL (8 EA per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>		QLL (6 EA per 1 day)
<i>lithium carbonate oral capsule 150 mg</i>		QLL (16 EA per 1 day)
<i>lithium carbonate oral capsule 300 mg</i>		QLL (8 EA per 1 day)
<i>lithium carbonate oral capsule 600 mg</i>		QLL (4 EA per 1 day)
<i>lithium carbonate oral tablet</i>		QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
Cardiotonics - Drugs For The Heart		
*Cardiac Glycosides*** - Drugs For The Heart		
<i>digoxin</i>	Digitek	
DIGITEK	<i>digoxin</i>	
Cardiovascular Agents - Misc. - Drugs For The Heart		
*Sinus Node Inhibitors** - Drugs For High Blood Pressure		
CORLANOR		PA; QLL (2 EA per 1 day)
Chemicals		
*Bulk Chemicals - Hy's***		
<i>hydroxyprogesterone caproate</i>		
*Bulk Chemicals - St's***		
<i>stevia extract</i>	TrueClear Stevia Plus	
<i>steviol glycosides</i>		
*Liquids***		
<i>glycerin</i>		
Contraceptives - Drugs For Women		
*Emergency Contraceptives*** - Birth Control Pills		
<i>levonorgestrel</i>	Aftera	OTC
AFTERA	levonorgestrel	OTC
ECONTRA EZ	levonorgestrel	OTC
ECONTRA ONE-STEP	levonorgestrel	OTC
ELLA		
MY CHOICE	levonorgestrel	OTC
MY WAY	levonorgestrel	OTC
NEW DAY	levonorgestrel	OTC
OPCICON ONE-STEP	levonorgestrel	OTC
OPTION 2	levonorgestrel	OTC
REACT	levonorgestrel	OTC
TAKE ACTION	levonorgestrel	OTC

Formulary Drug Name	Reference	Restrictions
Cough/Cold/Allergy - Drugs For The Lungs		
*Antitussive - Nonnarcotic*** - Drugs For Allergies		
<i>benzonataate oral capsule 100 mg</i>	Tessalon Perles	QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonataate oral capsule 200 mg</i>		QLL (3 EA per 1 day); AL (Min 10 Years)
*Expectorants*** - Drugs For Cough And Cold		
<i>guaifenesin</i>	Buckles Chest Congestion	OTC
<i>guaifenesin er</i>	EQ Mucus ER	
*Misc. Respiratory Inhalants*** - Drugs For Allergies		
<i>sodium chloride</i>	HyperSal	
HYPERSAL		
*Mucolytics*** - Drugs For The Lungs		
<i>acetylcysteine</i>		
Dermatologicals - Drugs For The Skin		
*Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin		
<i>fluorouracil</i>	Efudex	
*Astringents*** - Drugs For The Skin		
<i>zinc oxide</i>	Boudreauxs Butt Paste	OTC
MEDPURA ZINC OXIDE	zinc oxide	OTC
*Burn Products*** - Drugs For The Skin		
SSD	silver sulfadiazine	
*Emollient Combinations*** - Drugs For The Skin		
<i>mineral oil-hydrophil petrolat</i>		OTC
*Emollients*** - Drugs For The Skin		
<i>ammonium lactate</i>	AL12	
<i>thera-derm</i>	A + D Personal Care Lotion	OTC
A+D PREVENT	a	OTC

Formulary Drug Name	Reference	Restrictions
HYDROLATUM	advanced healing/baby	OTC
*Misc. Topical*** - Drugs For The Skin		
DRYSOL		
*Skin Cleansers*** - Drugs For The Skin		
alcohol wipes		OTC
*Tar Products*** - Drugs For The Skin		
therapeutic	DHS Tar	OTC
Dietary Products/Dietary Management Products - Drugs For Nutrition		
*Nutritional Supplements*** - Drugs For Nutrition		
BOOST HIGH PROTEIN	balanced nutritional drink	OTC
Diuretics - Drugs For The Heart		
*Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure		
acetazolamide		
acetazolamide er		
methazolamide		
*Diuretic Combinations*** - Drugs For High Blood Pressure		
amiloride-hydrochlorothiazide		
spironolactone-hctz	Aldactazide	
triamterene-hctz	Maxzide	
*Loop Diuretics*** - Drugs For High Blood Pressure		
bumetanide	Bumex	
furosemide	Lasix	
torsemide	Soaanz	
*Potassium Sparing Diuretics*** - Drugs For High Blood Pressure		
amiloride hcl		
spironolactone	Aldactone	

Formulary Drug Name	Reference	Restrictions
*Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure		
<i>chlorthalidone</i>		
<i>hydrochlorothiazide</i>		
<i>indapamide</i>		
<i>metolazone</i>		
Endocrine And Metabolic Agents - Misc. - Hormones		
*Dopamine Receptor Agonists*** - Drugs For Women		
<i>cabergoline</i>		
*Somatostatic Agents*** - Drugs For Growth		
<i>octreotide acetate</i>	SandoSTATIN	PA
SANDOSTATIN LAR DEPOT		PA
SOMATULINE DEPOT	lanreotide acetate	PA
*Vasopressin*** - Hormones		
<i>desmopressin ace spray refrig</i>		QLL (5 ML per 12 days)
<i>desmopressin acetate</i>	DDAVP	QLL (3 EA per 1 day)
<i>desmopressin acetate spray</i>		QLL (5 ML per 12 days)
Gastrointestinal Agents - Misc. - Drugs For The Stomach		
*Antiflatulents*** - Drugs For The Stomach		
<i>gas relief extra strength</i>	Gas-X Extra Strength	OTC
<i>gas relief ultra strength</i>	Gas-X Ultra Strength	OTC
<i>simethicone</i>	Gas-X Extra Strength	OTC
*Intestinal Acidifiers*** - Drugs For The Stomach		
<i>lactulose encephalopathy</i>		
Genitourinary Agents - Miscellaneous - Drugs For The Urinary System		
*Citrates*** - Drugs For Infections		
<i>cytral k crystals</i>		
<i>potassium citrate er</i>	Urocit-K 10	
<i>potassium citrate-citric acid</i>		

Formulary Drug Name	Reference	Restrictions
sod citrate-citric acid		
*Genitourinary Irrigants*** - Drugs For The Urinary System		
sodium chloride	Argyle Sterile Saline	
*Interstitial Cystitis Agents*** - Drugs For The Urinary System		
ELMIRON		PA
*Phosphates*** - Drugs For Infections		
K-PHOS NO 2		
*Urinary Analgesics*** - Drugs For Infections		
phenazopyridine hcl	Phenazo	
Hematological Agents - Misc. - Drugs For The Blood		
*Hematorheologic Agents*** - Drugs For The Blood		
pentoxifylline er		
Hematopoietic Agents - Drugs For Nutrition		
*Cobalamins*** - Drugs For Nutrition		
cyanocobalamin	Dodex	
*Folic Acid/Folates*** - Drugs For Nutrition		
folic acid		
Hemostatics - Drugs For The Blood		
*Hemostatics - Systemic*** - Drugs To Prevent Bleeding		
aminocaproic acid	Amicar	
Hypnotics/Sedatives/Sleep Disorder Agents - Drugs For The Nervous System		
*Antihistamine Hypnotics*** - Drugs For Insomnia		
sleep aid	Unisom SleepTabs	OTC

Formulary Drug Name	Reference	Restrictions
Laxatives - Drugs For The Stomach		
*Bowel Evacuant Combinations*** - Drugs To Prevent Constipation		
peg 3350-kcl-na bicarb-nacl	GaviLyte-N with Flavor Pack	
peg-3350/electrolytes	GaviLyte-G	
GAVILYTE-C		
GAVILYTE-N WITH FLAVOR PACK	peg 3350-kcl-na bicarb-nacl	
*Bulk Laxatives*** - Drugs To Prevent Constipation		
konsyl daily fiber	Metamucil Smooth Texture	OTC
natural fiber laxative	Metamucil Smooth Texture	OTC
qc fiber laxative	Medi-Mucil	OTC
qc natural vegetable	Hydrocil	OTC
*Laxatives - Miscellaneous*** - Drugs To Prevent Constipation		
glycerin (adult)		OTC
glycerin (pediatric)		OTC
lactulose		
polyethylene glycol 3350 oral packet	CVS Purelax	QLL (17 GM per 1 day)
polyethylene glycol 3350 oral powder	ClearLax	QLL (17 GM per 1 day)
*Laxatives & Dss*** - Drugs To Prevent Constipation		
senna-docusate sodium	Colace 2-IN-1	OTC
*Saline Laxative Mixtures*** - Drugs To Prevent Constipation		
enema	Fleet Enema	OTC
FLEET PEDIATRIC	enema pediatric	OTC
*Saline Laxatives*** - Drugs To Prevent Constipation		
milk of magnesia	Dulcolax	OTC
*Stimulant Laxatives*** - Drugs To Prevent Constipation		
bisacodyl	Dulcolax	OTC
bisacodyl ec	Alophen	OTC
chocolated laxative	Ex-Lax	OTC
eql laxative maximum strength	Ex-Lax Maximum Strength	OTC
gnp senna lax	Senokot	OTC

Formulary Drug Name	Reference	Restrictions
<i>hm senna</i>	Senokot	OTC
<i>laxative regular strength</i>	Medi-Lax	OTC
<i>qc natural vegetable laxative</i>	Senokot	OTC
<i>senna lax</i>	Senokot	OTC
<i>senna oral syrup 176 mg/5ml</i>		OTC
<i>senna oral syrup 8.8 mg/5ml</i>		
<i>senna oral tablet</i>	Senokot	OTC
FLEET BISACODYL		OTC
SENOKOT	gnp senna lax	OTC
SENOKOT EXTRA STRENGTH	cvs senna-extra	OTC

Surfactant Laxatives - Drugs To Prevent Constipation**

<i>docusate calcium</i>	Surfak	OTC
<i>docusate sodium oral capsule 100 mg</i>	Colace	OTC
<i>docusate sodium oral capsule 250 mg</i>		
<i>docusate sodium oral liquid</i>	Docu Liquid	OTC
<i>docusate sodium oral syrup</i>		OTC
<i>docusate sodium oral tablet</i>	DOK	OTC
<i>stool softener</i>	Colace	OTC
COLACE CLEAR	cvs stool softener	OTC
PEDIA-LAX		OTC

***Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment**

Applicators,Cotton Balls,Etc - Medical Supplies And Durable Medical Equipment**

<i>alcohol pads</i>	Advocate Alcohol Prep Pads	OTC
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Condoms - Female - Medical Supplies And Durable Medical Equipment**

FC FEMALE CONDOM		OTC
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Condoms - Male - Medical Supplies And Durable Medical Equipment**

<i>premium condoms lubricated</i>	Fantasy Lubricated	OTC
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Formulary Drug Name	Reference	Restrictions
*Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment		
lancet device with ejector	Advocate Lancing Device	OTC
ACCU-CHEK FASTCLIX LANCET	select-lite device/lancets	OTC
ACCU-CHEK SOFTCLIX LANCETS	1st tier unilet comfortouch	OTC
BD LANCET ULTRAFINE 30G	1st tier unilet comfortouch	OTC
DEXCOM G6 RECEIVER		PA; QLL (1 EA per 365 days)
DEXCOM G6 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER		PA; QLL (1 EA per 90 days)
FREESTYLE LIBRE 14 DAY READER		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	guardian sensor 3	PA; QLL (4 EA per 28 days)
FREESTYLE LIBRE 2 READER		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	guardian sensor 3	PA; QLL (4 EA per 28 days)
FREESTYLE LIBRE READER		PA; QLL (1 EA per 365 days)
*Hearing Aid Supplies-Batteries*** - Medical Supplies And Durable Medical Equipment		
hearing aid batteries	Duracell Hearing Aid Batteries	OTC
*Incontinence Supplies*** - Medical Supplies And Durable Medical Equipment		
A + D PERSONAL CARE WIPES	air permeable underpad	OTC
*Needles & Syringes*** - Medical Supplies And Durable Medical Equipment		
ADVOCATE INSULIN SYRINGE	easy comfort insulin syringe	OTC
BD INSULIN SYR ULTRAFINE II	careone insulin syringe	OTC
BD INSULIN SYRINGE	eql insulin syringe	OTC
BD INSULIN SYRINGE MICROFINE	global inject ease insulin syr	OTC
BD INSULIN SYRINGE U/F	careone insulin syringe	OTC
BD INSULIN SYRINGE ULTRAFINE	careone insulin syringe	OTC
BD LUER-LOK SYRINGE	safety syringe/needle	OTC
BD PEN NEEDLE MICRO U/F	1st tier unifine pentips	OTC
BD PEN NEEDLE MINI U/F	1st tier unifine pentips	OTC
BD PEN NEEDLE NANO U/F	1st tier unifine pentips	
BD PEN NEEDLE ORIGINAL U/F	sure comfort pen needles	OTC
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	easy comfort insulin syringe	OTC

Formulary Drug Name	Reference	Restrictions
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	global easy glide insulin syr	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
EASY TOUCH FLIPLOCK SAFETY SYR		OTC
*Peak Flow Meters*** - Medical Supplies And Durable Medical Equipment		
PEAK AIR PEAK FLOW METER	breathe ease peak flow meter	OTC; QLL (1 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies*** - Medical Supplies And Durable Medical Equipment		
AEROCHAMBER MV	breathe comfort chamber/adult	QLL (2 EA per 365 days)
Minerals & Electrolytes - Drugs For Nutrition		
*Bicarbonates*** - Drugs For Nutrition		
<i>sodium bicarbonate</i>		
*Calcium Combinations*** - Drugs For Nutrition		
<i>calcium 500/d</i>		OTC
<i>calcium 600+d</i>		OTC
<i>calcium high potency/vitamin d</i>		OTC
<i>citrus calcium/vitamin d</i>	Citracal Petites/Vitamin D	OTC
<i>oyster shell calcium w/d</i>	Oysco 500+D	OTC
<i>oyster shell calcium/d</i>		OTC
<i>oyster shell calcium/vitamin d</i>		OTC
<i>sm calcium citrate-vit d</i>		OTC
<i>sm oyster shell calcium/vit d3</i>		OTC
OYSKO 500+D	oyster shell calcium w/d	OTC
*Calcium*** - Drugs For Nutrition		
<i>calcium 600</i>		OTC
<i>calcium carbonate</i>		
*Electrolytes Oral*** - Drugs For Nutrition		
REHYDRALYTE	cvs electrolyte solution	OTC
*Fluoride*** - Drugs For Nutrition		
<i>sodium fluoride oral solution</i>		AL (Max 13 Years)
<i>sodium fluoride oral tablet chewable</i>	NaFrinse	

Formulary Drug Name	Reference	Restrictions
*Magnesium*** - Drugs For Nutrition		
<i>magnesium</i>		OTC
<i>magnesium oxide</i>	MAGnesium-Oxide	OTC
*Phosphate*** - Drugs For Nutrition		
K-PHOS		
PHOSPHA 250 NEUTRAL	phosphorous	
*Potassium*** - Drugs For Nutrition		
<i>potassium chloride crys er</i>	Klor-Con M10	
<i>potassium chloride er</i>	K-Tab	
KLOR-CON/EF		
*Sodium*** - Drugs For Nutrition		
<i>sodium chloride</i>		OTC
Miscellaneous Therapeutic Classes		
- Vitamins And Minerals		
*Irrigation Solutions*** - Vitamins And Minerals		
<i>sterile water for irrigation</i>	Argyle Sterile Water	
Mouth/Throat/Dental Agents - Drugs For The Mouth And Throat		
*Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat		
<i>chlorhexidine gluconate</i>	Paroex	
<i>sore throat spray</i>	Chloraseptic	OTC
*Fluoride Dental Products*** - Drugs For The Mouth And Throat		
<i>sodium fluoride</i>	Cavarest	
<i>sodium fluoride 5000 plus</i>	Denta 5000 Plus	
*Saliva Stimulants*** - Drugs For The Mouth And Throat		
<i>pilocarpine hcl</i>	Salagen	
*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat		
<i>triamcinolone acetonide</i>	Oralone	

Formulary Drug Name	Reference	Restrictions
Multivitamins - Drugs For Nutrition		
*Multiple Vitamins W/ Minerals*** - Drugs For Nutrition		
DEKAS PLUS	50+ adult eye health	OTC
DEKAS PLUS OCEAN	50+ adult eye health	OTC
*Multivitamins*** - Drugs For Nutrition		
multi-vitamins	Amladex	OTC
*Ped Multi Vitamins W/Fl & Fe*** - Drugs For Nutrition		
multivitamin/fluoride/iron		AL (Max 16 Years)
*Ped Multiple Vitamins W/ Minerals & C*** - Drugs For Nutrition		
CENTRUM KIDS	childrens gummies	OTC
MVW COMPLETE FORMULATION		OTC
*Ped Multiple Vitamins W/ Minerals*** - Drugs For Nutrition		
DEKAS PLUS	genadek	OTC
*Ped Mv W/ Fluoride*** - Drugs For Nutrition		
multivitamin/fluoride oral solution	Floriva Plus	AL (Max 16 Years)
multivitamin/fluoride oral tablet chewable	Multi-Vit-Flor	
*Ped Vitamins Acd W/ Fluoride*** - Drugs For Nutrition		
tri-vitamin/fluoride		AL (Max 16 Years)
Nasal Agents - Systemic And Topical - Drugs For The Nose		
*Nasal Agents - Misc.*** - Allergy		
deep sea nasal spray	Afrin Saline Nasal Mist	OTC
saline mist spray	Afrin Saline Nasal Mist	OTC
AFRIN SALINE NASAL MIST	deep sea nasal spray	OTC
AYR	deep sea nasal spray	OTC
BABY AYR SALINE	deep sea nasal spray	OTC
*Systemic Decongestants*** - Allergy		
pseudoephedrine hcl	SudoGest	
*Topical Decongestants*** - Allergy		
12 hour nasal decongestant	Afrin 12 Hour	OTC

Formulary Drug Name	Reference	Restrictions
<i>12 hour nasal spray</i>	Afrin 12 Hour	OTC
<i>nasal decongestant spray</i>	Afrin 12 Hour	OTC
Neuromuscular Agents - Drugs For Nerves And Muscles		
*Benzathiazoles*** - Drugs For Nerves And Muscles		
<i>riluzole</i>	Rilutek	
Nutrients - Drugs For Nutrition		
*Misc. Nutritional Substances*** - Drugs For Nutrition		
SEA-OMEGA	cvs fish oil	OTC
Ophthalmic Agents - Drugs For The Eye		
*Artificial Tear And Lubricant Combinations*** - Drugs For The Eye		
<i>artificial tears</i>	GenTeal Tears	OTC
GENTEAL TEARS MODERATE PF	artificial tears pf	OTC
SYSTANE	dry eye relief	OTC
*Artificial Tear Solutions*** - Drugs For The Eye		
SYSTANE CONTACTS	just tears eye drops	OTC
*Artificial Tears And Lubricants*** - Drugs For The Eye		
<i>artificial tears</i>		OTC
<i>lubricating plus eye drops</i>	Biolle Tears	OTC
REFRESH CELLUVISC	carboxymethylcellulose sod pf	OTC
REFRESH LIQUIGEL	carboxymethylcellulose sodium	OTC
REFRESH TEARS	carboxymethylcellulose sodium	OTC
*Cycloplegic Mydriatics*** - Drugs For The Eye		
<i>atropine sulfate</i>	Isopto Atropine	
<i>cyclopentolate hcl</i>	Cyclogyl	

Formulary Drug Name	Reference	Restrictions
Otic Agents - Drugs For The Ear		
*Otic Agents - Miscellaneous*** - Wax Removal		
<i>acetic acid</i>		
<i>ear drops earwax aid</i>	Clearcanal Earwax Softener	OTC
*Otic Steroids*** - Anti-Infective/Anti-Inflammatories		
<i>hydrocortisone-acetic acid</i>	Acetasol HC	
Oxytocics - Hormones		
*Oxytocics*** - Drugs For Women		
<i>methylergonovine maleate</i>	Methergine	
Passive Immunizing And Treatment Agents - Biological Agents		
*Immune Serums*** - Biological Agents		
FLEBOGAMMA DIF		PA
GAMMAGARD		PA
GAMMAKED		PA
GAMUNEX-C		PA
HYPERRHO S/D		
RHOGAM ULTRA-FILTERED PLUS		
Pharmaceutical Adjuvants		
*Antimicrobial Agents***		
<i>benzyl alcohol</i>		
*Oral Vehicles***		
<i>cherry</i>		
<i>simple syrup</i>		
<i>sorbitol</i>		
ORA-PLUS	flavor plus	
ORA-SWEET SF	flavor sweet	
SYRSPEND SF		OTC
SYRSPEND SF ALKA		OTC
SYRSPEND SF PH4		
*Parenteral Vehicles***		
<i>sterile water for injection</i>		
*Pharmaceutical Excipients***		
<i>lactose monohydrate</i>		

Formulary Drug Name	Reference	Restrictions
Respiratory Agents - Misc. - Drugs For The Lungs		
*Hydrolytic Enzymes*** - Drugs For The Lungs		
PULMOZYME		PA; QLL (5 ML per 1 day); AL (Min 5 Years)
Sulfonamides - Drugs For Infections		
*Sulfonamides*** - Antibiotics		
sulfadiazine		
Thyroid Agents - Hormones		
*Antithyroid Agents*** - Drugs For Thyroid		
methimazole		
propylthiouracil		
Ulcer Drugs/Antispasmodics/Anticholinergics - Drugs For The Stomach		
*Antispasmodics*** - Drugs For Stomach Cramps		
dicyclomine hcl oral capsule		
dicyclomine hcl oral solution		AL (Max 10 Years)
dicyclomine hcl oral tablet		
*Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid		
sucralfate oral suspension	Carafate	AL (Max 10 Years)
sucralfate oral tablet	Carafate	
CARAFATE	sucralfate	AL (Max 10 Years)
*Quaternary Anticholinergics*** - Drugs For Stomach Cramps		
glycopyrrolate	Robinul	
*Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid		
misoprostol	Cytotec	

Formulary Drug Name	Reference	Restrictions
Vasopressors - Drugs For The Heart		
*Vasopressors*** - Drugs For Serious Allergic Reaction		
<i>midodrine hcl</i>		
Vitamins - Drugs For Nutrition		
*Vitamin D*** - Drugs For Nutrition		
<i>d3</i>	Healthy Kids Vitamin D3	OTC
<i>vitamin d</i>	BProtected Pedia D-Vite	OTC
<i>vitamin d (ergocalciferol)</i>	Drisdol	
<i>vitamin d3</i>	Dalyvite Vitamin D 5000	OTC
*Vitamin K*** - Drugs For Nutrition		
<i>phytonadione</i>	Mephyton	

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<i>acetaminophen extra strength</i>	3	<i>benzonatate</i>	<i>digoxin</i>	8
<i>acetazolamide</i>	10	<i>benzyl alcohol</i>	<i>diphenhydramine hcl</i>	6
<i>acetazolamide er</i>	10	<i>bexarotene</i>	<i>diphenoxylate-atropine</i>	5
<i>acetic acid</i>	20	<i>bisacodyl</i>	<i>disopyramide phosphate</i>	5
<i>acetylcysteine</i>	9	<i>bisacodyl ec</i>	<i>docusate calcium</i>	14
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<i>konsyl daily fiber</i>	13	<i>oyster shell calcium/d</i>	16	<i>sm allergy 4 hour</i>	6
K-PHOS	17	<i>oyster shell calcium/vitamin d</i>	16	<i>sm calcium citrate-vit d</i>	16
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<i>levonorgestrel</i>	8	<i>pilocarpine hcl</i>	17	<i>sorbitol</i>	20
<i>lithium carbonate</i>	7	<i>polyethylene glycol 3350</i>	13	<i>sore throat spray</i>	17
<i>lithium carbonate er</i>	7	<i>potassium chloride crys er</i>	17	<i>spironolactone</i>	10
<i>loperamide hcl</i>	6	<i>potassium chloride er</i>	17	<i>spironolactone-hctz</i>	10
<i>lubricating plus eye drops</i>	19	<i>potassium citrate er</i>	11	SSD	9
<i>magnesium</i>	17	<i>potassium citrate-citric acid</i>	11	<i>sterile water for injection</i>	20
<i>magnesium oxide</i>	4, 17	<i>praziquantel</i>	5	<i>sterile water for irrigation</i>	17
MAPAP ACETAMINOPHEN EXTRA STR	3	<i>premium condoms lubricated</i>	14	<i>stevia extract</i>	8
MEDPURA ZINC OXIDE	9	PRIFTIN	7	<i>steviol glycosides</i>	8
<i>melatonin</i>	3	<i>propafenone hcl</i>	5	<i>stool softener</i>	14

<i>sucralfate</i>	21
<i>sulfadiazine</i>	21
<i>sulfamethoxazole-trimethoprim</i>	6
SYRSPEND SF	20
SYRSPEND SF ALKA	20
SYRSPEND SF PH4	20
SYSTANE	19
SYSTANE CONTACTS	19
TAKE ACTION	8
<i>theophylline er</i>	5
<i>thera-derm</i>	9
<i>therapeutic</i>	10
<i>torsemide</i>	10
<i>tretinoin</i>	7
<i>triamcinolone acetonide</i>	17
<i>triamterene-hctz</i>	10
<i>tri-vitamin/fluoride</i>	18
TUMS	4
TUMS EXTRA STRENGTH	
750	4
TUMS ULTRA 1000	4
<i>vitamin d</i>	22
<i>vitamin d (ergocalciferol)</i>	22
<i>vitamin d3</i>	22
<i>zinc oxide</i>	9