



Preferred Drug List

Introduction

Meridian Medicaid Plan is pleased to provide a preferred drug list (PDL) as a reference and tool for providers and pharmacists. The purpose of the Meridian PDL is to help providers choose clinically fit and cost-effective products for their patients. This document has facts about the drugs we cover in this plan.

The Meridian Utilization Management Committee (UMC)

The Meridian UMC comprises providers, pharmacists, and health professionals. The PDL contains clinical information that was sourced primarily from medical literature and is reviewed and approved by the UMC.

Notice

The information contained in this PDL is provided by Meridian for the convenience of medical providers. This PDL is not meant to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in their choice of prescription drugs. Meridian assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should see the drug manufacturer's product literature or standard references for more detailed information.

Preface

The Meridian formulary is organized in sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help in product recognition. Brand name drugs are capitalized (e.g., CONCERTA) and generic drugs are listed in lower case italics (e.g., *methylphenidate HCL*). Meridian will not cover prescription drugs prescribed for experimental, investigational, or non-FDA-approved indications, dosages, or routes of administration. Other exclusions include fertility-enhancing drugs, anorexia, weight loss, or weight gain drugs, Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL), drugs and other agents used for cosmetic purposes or for hair growth, erectile dysfunction drugs prescribed to treat impotence, Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective, over-the-counter (OTC) products (unless listed on the PDL), and drugs not included in the Medicaid Drug Rebate Program drug product data file (unless listed in the PDL).

PDL Components

The Meridian PDL contains medications covered without authorization, medications that must meet step therapy protocol, medications that need prior authorization, specialty medications, and medication quantity limits. Members will not be charged a co-pay for covered medications.

Generic Substitution

Meridian is a mandatory generic plan. The Illinois Department of Healthcare and Family Services (HFS) has mandated that some brand medications are covered in place of the generic medication. Generic medication will be dispensed when available.

Covered Medications without Authorization

Meridian covers many medications without requiring authorization. These medications include many prescription and over-the-counter medications (with a valid prescription).

Prior Authorization (PA)

Drugs indicated with “PA” need prior authorization for coverage. Please call the Pharmacy Help Desk at **855-580-1688** or fax a completed prior authorization form to **855-580-1695**. All prior authorization requests will be reviewed within 24 hours.

Please note: A prior authorization is **NOT** required on any anticonvulsant medications for members with a diagnosis of epilepsy or seizure disorder. Diagnosis code must be given at point of sale or within records.

Specialty Medications (SP)

All specialty medications noted as “SP” are to be filled at contracted, in-network specialty pharmacies.

Quantity Limits (QL)

Drugs with a “QL” have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name.

Day Supply Limit (DS)

Drugs indicated with a “DS” have a set day supply limit imposed. The day supply limit is listed next to the drug name. These medications are limited to a certain day supply in a set amount of time.

Age Limit (AL)

Drugs indicated with an “AL” have a set age limit imposed. The age limit is listed next to the drug name. These medications are limited to a specific age range.

Benefit Exception

To request non-formulary medication(s), fax a completed prior authorization form asking for an exception to the formulary. This request needs to have relevant clinical documentation showing trial and failure of all formulary agents and relevant clinical information. It should also have information showing the medication is the standard of care for the indication provided (peer-reviewed journal articles may be required). Please call the Pharmacy Help Desk at 855-580-1688 or fax a completed prior authorization exception form to 855-580-1695.

Legend

P	Preferred Drug	Drug is preferred
NP	Non-Preferred	Drug is not preferred
AL	Age Limit	Drug is limited to specific ages
PA	Prior Authorization	Prior Authorization required before prescription can be filled
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame
SP	Specialty Drug	Products that must be dispensed by a specialty pharmacy
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage
RX/OTC	Both RX and OTC NDCs	Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician
MP	Maintenance Product	Products used to treat long-term conditions or illnesses, available for a 90-day (3-month) supply
NF	Non-formulary	Drug is not included on the formulary

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date. Please notify the Pharmacy Help Desk of any mistakes in the PDL. A copy of this PDL can be mailed upon request.

Contact Information

Pharmacy help desk: 855-580-1688
Prior authorization fax number: 855-580-1695
Email: pharmacy_IL@centene.com

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
ADDERALL TABS <i>(amphetamine-dextroamphetamine)</i>	NP	QL(3 ea daily)	CAFCIT SOLN IV 60 MG/3ML (<i>caffeine citrate</i>)	NF	
ADDERALL XR CP24 <i>(amphetamine-dextroamphetamine)</i>	NP	QL(1 ea daily)	CAFFEINE ANHYDROUS POWD <i>caffeine citrate soln or</i>	P	RX/OTC
ADZENYS ER SUER <i>(amphetamine)</i>	NF	QL(15 ml daily)	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
ADZENYS XR-ODT TBED <i>amphetamine sulfate tabs</i>	NP	QL(3 ea daily)	<i>atomoxetine hcl</i>	NP	QL(1 ea daily); MP
<i>amphetamine-dextroamphetamine cp24</i>	P	QL(1 ea daily)	<i>clonidine hcl (adhd) tb12</i>	P	QL(4 ea daily); MP
<i>amphetamine-dextroamphetamine tabs</i>	P	QL(3 ea daily)	<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily); MP
DESOXYN <i>(methamphetamine hcl)</i>	NP	QL(3 ea daily)	INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily); MP
DEXEDRINE CP24 5 MG <i>(dextroamphetamine sulfate)</i>	NF	QL(3 ea daily)	QUELBREE	NP	
DEXEDRINE CP24 10 MG, 15 MG <i>(dextroamphetamine sulfate)</i>	NP	QL(3 ea daily)	STRATTERA <i>(atomoxetine hcl)</i>	P	QL(1 ea daily); MP
<i>dextroamphetamine sulfate cp24</i>	NP	QL(3 ea daily)	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
<i>dextroamphetamine sulfate tabs</i>	NP	QL(3 ea daily)	SUNOSI 75 MG	NP	QL(2 ea daily)
<i>dextroamphetamine sulfate soln</i>	NP	QL(15 ml daily); MP	SUNOSI 150 MG	NP	
DYANAVEL XR CHER	NP		Histamine H3-Receptor Antagonist/Inverse Agonists		
DYANAVEL XR SUER	P	QL(15 ml daily); PA	WAKIX	NP	SP
EVEKEO TABS <i>(amphetamine sulfate)</i>	NP	QL(3 ea daily)	Stimulants - Misc.		
EVEKEO ODT TBDP <i>methamphetamine hcl</i>	NP	QL(3 ea daily)	ADHANSIA XR CP24 45 MG, 55 MG	NP	QL(2 ea daily)
MYDAYIS CP24	NP		ADHANSIA XR CP24 70 MG, 85 MG	NP	QL(1 ea daily)
			ADHANSIA XR CP24 25 MG, 35 MG	NP	QL(3 ea daily)
			APTENSIO XR CP24 <i>(methylphenidate hcl)</i>	NP	QL(3 ea daily)

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
armodafinil	NP		methylphenidate hcl cp24 10 mg, 20 mg, 30 mg	NP	QL(2 ea daily)
AZSTARYS	NP		methylphenidate hcl tbcr 10 mg, 20 mg	P	QL(1 ea daily)
CONCERTA TBCR (methylphenidate hcl)	P	QL(1 ea daily)	methylphenidate hcl soln	NP	QL(15 ml daily); MP
COTEMPLA XR-ODT TBED 25.9 MG	NP	QL(2 ea daily)	methylphenidate hcl cpcr 40 mg	NP	QL(1 ea daily)
COTEMPLA XR-ODT TBED 8.6 MG, 17.3 MG	NP	QL(3 ea daily)	methylphenidate hcl cpcr 50 mg, 60 mg	NP	
DAYTRANA PTCH (methylphenidate)	P	QL(1 ea daily); PA	methylphenidate hcl cp24 40 mg, 60 mg	NP	
DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR (methylphenidate)	NP	QL(1 ea daily)	methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg	NP	QL(2 ea daily)
DAYTRANA PTCH 15 MG/9HR (methylphenidate)	NF	QL(1 ea daily)	METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
dexmethylphenidate hcl cp24	NP	QL(1 ea daily)	modafinil	P	QL(2 ea daily)
dexmethylphenidate hcl tabs	P	QL(3 ea daily)	NUVIGIL (armodafinil)	NP	
FOCALIN TABS (dexmethylphenidate hcl)	NP	QL(3 ea daily)	PROVIGIL (modafinil)	NP	QL(2 ea daily)
FOCALIN XR CP24 (dexmethylphenidate hcl)	P	QL(1 ea daily)	QUILLICHEW ER CHER	NP	QL(2 ea daily)
JORNAY PM CP24 60 MG, 80 MG, 100 MG	P	PA	QUILLIVANT XR SRER	NP	QL(15 ml daily)
JORNAY PM CP24 20 MG, 40 MG	P	QL(2 ea daily); PA	RELEXXII TBCR	NP	
METHYLINE SOLN (methylphenidate hcl)	NP	QL(15 ml daily); MP	RITALIN TABS 20 MG (methylphenidate hcl)	NP	QL(2 ea daily)
methylphenidate ptch	NP	QL(1 ea daily)	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	NP	QL(3 ea daily)
methylphenidate hcl tabs 20 mg	P	QL(2 ea daily)	RITALIN LA CP24 10 MG, 20 MG, 30 MG (methylphenidate hcl)	NP	QL(2 ea daily)
methylphenidate hcl chew	NP	QL(3 ea daily)	RITALIN LA CP24 40 MG (methylphenidate hcl)	NP	
methylphenidate hcl tb24	NP	QL(1 ea daily)	AMEBICIDES		
methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg, 54 mg	NP	QL(1 ea daily)	Amebicides		
methylphenidate hcl tabs 5 mg, 10 mg	P	QL(3 ea daily)	SOLOSEC	NP	
methylphenidate hcl cp24	NP	QL(3 ea daily)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		
			ARIKAYCE	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP	AMJEVITA SOSY 20 MG/0.4ML, 40 MG/0.8ML	NP	SP
BETHKIS NEBU (<i>tobramycin</i>)	NF	SP	HUMIRA PSKT	P	SP; PA
KITABIS PAK NEBU (<i>tobramycin</i>)	P	SP	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP; PA
<i>neomycin sulfate tabs</i>	P		HUMIRA PEN PNKT	P	SP; PA
<i>paromomycin sulfate</i>	P	SP	HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NF	SP	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP	HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
TOBI PODHALER CAPS	NP	SP	SIMPONI SOAJ	NP	SP; MP
<i>tobramycin nebu</i>	NP	SP	SIMPONI SOSY	NP	SP; MP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			SIMPONI ARIA SOLN	NP	SP; MP
Antirheumatic - Enzyme Inhibitors			Gold Compounds		
OLUMIANT	NP	SP	RIDAURA	NP	
RINVOQ	NP	SP	Interleukin-1 Blockers		
XELJANZ TABS	P	SP; PA	ARCALYST	NP	SP
XELJANZ SOLN	NP	SP; MP	Interleukin-1 Receptor Antagonist (IL-1Ra)		
XELJANZ SOLN	P	SP; MP; PA	KINERET SOSY	NP	SP; MP
XELJANZ XR TB24	P	SP; PA	Interleukin-1beta Blockers		
Antirheumatic Antimetabolites			ILARIS SOLN	NP	SP; MP
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP; MP	Interleukin-6 Receptor Inhibitors		
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP; MP	ACTEMRA SOLN	NP	SP; MP
REDITREX SOSY	NP	SP; MP	ACTEMRA SOSY	NP	SP; MP
Anti-TNF-alpha - Monoclonal Antibodies			ACTEMRA ACTPEN SOAJ	NP	SP; MP
AMJEVITA SOAJ	NP	SP	KEVZARA SOSY	NP	SP; MP
			KEVZARA SOAJ	NP	SP; MP
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	NP	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	NP		<i>ibuprofen tabs 800 mg</i>	P	QL(4 ea daily); MP
CELEBREX (celecoxib)	NP	MP	<i>ibuprofen susp 100 mg/5ml</i>	NP	QL(160 ml daily); MP; RX/OTC
<i>celecoxib</i>	P	MP	<i>ibuprofen-famotidine</i>	NP	MP
<i>celecoxib</i>	P	MP	<i>indomethacin caps 25 mg, 50 mg</i>	P	
CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)	NF	QL(160 ml daily); MP; RX/OTC	<i>indomethacin caps 25 mg, 50 mg</i>	P	
CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen)	NF	QL(160 ml daily); MP; RX/OTC	<i>indomethacin cpcr</i>	P	
DAYPRO (oxaprozin)	NP		INFANTS ADVIL SUSP (ibuprofen)	NF	QL(80 ml daily)
<i>diclofenac potassium tabs</i>	P		<i>ketoprofen caps 50 mg, 75 mg</i>	P	
<i>diclofenac potassium tabs 50 mg</i>	P		<i>ketoprofen cp24</i>	NP	
<i>diclofenac potassium caps</i>	NP		<i>ketorolac tromethamine tabs</i>	P	
<i>diclofenac sodium tb24</i>	P		KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
<i>diclofenac sodium tbec</i>	P		<i>meclofenamate sodium caps</i>	NP	
<i>diclofenac w/ misoprostol tbec</i>	NP		<i>mefenamic acid caps</i>	NP	
DUEXIS (ibuprofen- famotidine)	NP	MP	<i>meloxicam caps</i>	NP	MP
<i>etodolac tb24</i>	P	MP	<i>meloxicam tabs</i>	P	MP
<i>etodolac tabs</i>	P	MP	MOBIC TABS 15 MG (meloxicam)	NF	MP
<i>etodolac caps</i>	P	MP	MOBIC TABS 7.5 MG (meloxicam)	NP	MP
FELDENE CAPS (piroxicam)	NP		MOTRIN INFANTS DROPS SUSP (ibuprofen)	NF	QL(80 ml daily)
<i>fenoprofen calcium tabs</i>	NP		<i>nabumetone</i>	P	
<i>fenoprofen calcium caps 400 mg</i>	NP		<i>nabumetone</i>	P	
<i>flurbiprofen tabs 100 mg</i>	P		NALFON CAPS (fenoprofen calcium)	NP	
IBUPAK KIT	NP		NALFON TABS (fenoprofen calcium)	NP	
<i>ibuprofen susp 40 mg/ml, 50 mg/1.25ml</i>	P	QL(80 ml daily)	NAPRELAN TB24 (naproxen sodium)	NP	MP
<i>ibuprofen tabs 600 mg</i>	P	QL(5 ea daily); MP	NAPRELAN TB24 500 MG (naproxen sodium)	NF	MP
<i>ibuprofen tabs 400 mg</i>	P	QL(8 ea daily); MP			
<i>ibuprofen susp 100 mg/5ml</i>	P	QL(160 ml daily); MP; RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
naproxen susp	P	MP	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			
naproxen susp	P	MP	Analgesic Combinations			
naproxen tabs	P	MP	ALLZITAL TABS	NP		
naproxen tbec	P	MP	aspirin-acetaminophen-caffeine tabs	P		
naproxen sodium tabs 275 mg, 550 mg	P	MP	butalbital-acetaminophen tabs 50 mg-325 mg	P	QL(13 ea daily)	
naproxen sodium tb24	NP	MP	butalbital-acetaminophen tabs 50 mg-300 mg	P		
naproxen-esomeprazole magnesium	NP	MP	butalbital-acetaminophen caps 50 mg-300 mg	NP		
oxaprozin	NP		butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg	P		
oxaprozin	NP		butalbital-acetaminophen-caffeine soln	NP		
piroxicam caps	NP		butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg	P	QL(13 ea daily)	
RELAFEN DS	NP		butalbital-aspirin-caffeine caps	P	QL(13 ea daily)	
sulindac tabs	P		ESGIC TABS (butalbital-acetaminophen-caffeine)	NP	QL(13 ea daily)	
TIVORBEX CAPS (indomethacin)	NF		EXCEDRIN EXTRA STRENGTH TABS (aspirin-acetaminophen-caffeine)	NF		
VIMOVO (naproxen-esomeprazole magnesium)	NP	MP	EXCEDRIN MIGRAINE TABS (aspirin-acetaminophen-caffeine)	NF		
Phosphodiesterase 4 (PDE4) Inhibitors						
OTEZLA TBPK	NP	SP	FIORICET CAPS (butalbital-acetaminophen-caffeine)	NP		
OTEZLA TABS	NP	SP	Analgesics Other			
Pyrimidine Synthesis Inhibitors						
ARAVA (leflunomide)	NP	QL(1 ea daily)	acetaminophen liqd 160 mg/5ml	P	QL(125 ml daily)	
leflunomide	P	QL(1 ea daily)	acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml	P	QL(125 ml daily)	
Selective Costimulation Modulators						
ORENCIA SOLR	NP	SP				
ORENCIA SOSY	NP	SP; MP				
ORENCIA CLICKJECT SOAJ	NP	SP; MP				
Soluble Tumor Necrosis Factor Receptor Agents						
ENBREL SOLR	P	SP; PA				
ENBREL SOSY	P	SP; MP; PA				
ENBREL SOLN	P	SP; MP; PA				
ENBREL MINI SOCT	P	SP; MP; PA				
ENBREL SURECLICK SOAJ	P	SP; MP; PA				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	P	QL(125 ml daily)	BUFFERIN (aspirin buffered (cal carb-mag carb-mag oxide))	NF	
acetaminophen tabs 325 mg	P	QL(13 ea daily)	diflunisal tabs	P	
acetaminophen chew 80 mg	P	QL(50 ea daily)	ECOTRIN TBEC (aspirin)	NF	
acetaminophen supp 120 mg	P	QL(33 ea daily)	ECOTRIN REGULAR STRENGTH TBEC (aspirin)	NF	
acetaminophen tabs 500 mg	P	QL(8 ea daily)	salsalate	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(13 ea daily)	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
OFIRMEV SOLN IV (acetaminophen)	NF		Opioid Agonists		
TYLENOL TABS (acetaminophen)	NF	QL(13 ea daily)	ACTIQ LPOP (fentanyl citrate)	NP	
TYLENOL CHILDRENS SUSP (acetaminophen)	NF	QL(125 ml daily)	codeine sulfate tabs 30 mg	P	QL(6 ea daily); AL(At least 18 yrs old)
TYLENOL CHILDRENS PAIN +FEVER SUSP (acetaminophen)	NF	QL(125 ml daily)	CODEINE SULFATE TABS	P	QL(6 ea daily); AL(At least 18 yrs old)
TYLENOL EXTRA STRENGTH TABS (acetaminophen)	NF	QL(8 ea daily)	CONZIP CP24 (tramadol hcl)	NP	QL(1 ea daily); AL(At least 18 yrs old)
TYLENOL FOR CHILDREN/ADULTS SUSP (acetaminophen)	NF	QL(125 ml daily)	DILAUDID LIQD (hydromorphone hcl)	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (acetaminophen)	NF	QL(125 ml daily)	DILAUDID TABS 8 MG (hydromorphone hcl)	NP	
Salicylates			DILAUDID TABS 2 MG, 4 MG (hydromorphone hcl)	NP	QL(4 ea daily)
aspirin chew	P		DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (fentanyl)	NF	QL(0.34 ea daily)
aspirin tbec 81 mg, 325 mg	P		fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NP	
aspirin tabs 325 mg	P		fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	NP	QL(0.34 ea daily)
ASPIRIN SUPP 300 MG, 600 MG	P		fentanyl citrate lpop	NP	
aspirin buffered (cal carb-mag carb-mag oxide)	P		fentanyl citrate tabs	NP	
			FENTORA TABS (fentanyl citrate)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate t24a	NP		NUCYNTA ER TB12	NP	
hydrocodone bitartrate cp12	NP		oxycodone hcl tabs 5 mg	P	QL(4 ea daily)
hydromorphone hcl tb24	NP		oxycodone hcl soln	P	
hydromorphone hcl tabs 8 mg	P		oxycodone hcl t12a 10 mg, 20 mg, 40 mg, 80 mg	NP	
hydromorphone hcl liqd	P		oxycodone hcl conc 100 mg/5ml	P	
hydromorphone hcl tabs 2 mg, 4 mg	P	QL(4 ea daily)	oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg	P	
HYDROMORPHONE HCL SUPP	P		oxycodone hcl caps	P	QL(4 ea daily)
HYSINGLA ER T24A	NP		OXYCONTIN T12A	NP	
levorphanol tartrate tabs	NP		oxymorphone hcl tabs	NP	
meperidine hcl soln or 50 mg/5ml	NP		oxymorphone hcl tb12	NP	
meperidine hcl tabs 50 mg	NP	QL(6 ea daily)	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	NP	
methadone hcl tabs	NP	QL(4 ea daily)	ROXICODONE TABS 5 MG (oxycodone hcl)	NP	QL(4 ea daily)
methadone hcl conc	NP	QL(8 ml daily)	ROXYBOND TABA	NP	
methadone hcl soln or	NP	QL(8 ml daily)	tramadol hcl cp24 100 mg, 200 mg, 300 mg	NP	QL(1 ea daily); AL(At least 18 yrs old)
methadone hcl tbso	NP	QL(4 ea daily)	tramadol hcl tabs 100 mg	NP	QL(4 ea daily)
METHADOSE CONC (methadone hcl)	NP	QL(8 ml daily)	tramadol hcl tb24	NP	QL(1 ea daily); AL(At least 18 yrs old)
METHADOSE SUGAR-FREE CONC (methadone hcl)	NP	QL(8 ml daily)	tramadol hcl tabs 50 mg	P	QL(8 ea daily)
morphine sulfate supp	P		tramadol hcl soln	NP	
morphine sulfate tabs	P	QL(4 ea daily)	TRAMADOL HYDROCHLORIDE SOLN (tramadol hcl)	NP	
morphine sulfate soln or 10 mg/0.5ml, 10 mg/5ml, 20 mg/5ml, 20 mg/ml, 100 mg/5ml	P	QL(8 ea daily)	ULTRAM TABS (tramadol hcl)	NF	QL(8 ea daily)
morphine sulfate cp24 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	NP		XTAMPZA ER	NP	
morphine sulfate tbcr	P	QL(2 ea daily); PA	ZOHYDRO ER CP12 (hydrocodone bitartrate)	NP	
morphine sulfate beads	NP		Opioid Combinations		
MS CONTIN TBCR (morphine sulfate)	NP	QL(2 ea daily)	acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg	P	QL(14 ea daily); AL(At least 18 yrs old)
NUCYNTA TABS	NP				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
acetaminophen w/ codeine soln	P	QL(167 ml daily)	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG (oxycodone w/ acetaminophen)	NP	QL(13 ea daily)	
acetaminophen w/ codeine soln	P	QL(167 ml daily); AL(At least 18 yrs old)	PERCOCET TABS 325 MG-2.5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	NP	QL(12 ea daily)	
acetaminophen-caff-dihydrocod caps 30 mg-320.5 mg-16 mg	NP		PROLATE SOLN	NP		
butilbital-acetaminophen-caffeine w/ codeine	NP	QL(6 ea daily)	PROLATE TABS	NP		
butilbital-aspirin-caffeine w/cod	P	QL(6 ea daily); AL(At least 18 yrs old)	SEGLENTIS	NP		
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butilbital-acetaminophen-caffeine w/ codeine)	NP	QL(6 ea daily); AL(At least 18 yrs old)	tramadol-acetaminophen	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(40 ea per fill retail); AL(At least 18 yrs old)	
hydrocodone-acetaminophen tabs 300 mg-10 mg, 300 mg-5 mg, 300 mg-7.5 mg	P		ULTRACET (tramadol-acetaminophen)	NF	1 rtl MAX fill; 30 rtl day(s) supply; QL(40 ea per fill retail); AL(At least 18 yrs old)	
hydrocodone-acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg	P	QL(12 ea daily)	Opioid Partial Agonists			
hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml	P	QL(240 ml per 30 days retail)	BELBUCA FILM	NP		
hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg	P		buprenorphine ptwk	NP		
LORTAB ELIX	NP		buprenorphine hcl subl	P		
NALOCET TABS	NP		buprenorphine hcl-naloxone hcl dihydrate film sl	P		
oxycodone w/ acetaminophen soln	P		buprenorphine hcl-naloxone hcl dihydrate subl	P		
oxycodone w/ acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg	P	QL(13 ea daily)	butorphanol tartrate na 10 mg/ml	NP		
			BUTRANS PTWK (buprenorphine)	NP		
			pentazocine w/ naloxone hcl	NP		
			SUBLOCADE SOSY	P	SP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM SL <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	P		CORTIFOAM EX 10 %	NP	
ZUBSOLV SUBL	P		<i>hydrocortisone (intrarectal)</i>	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			UCERIS <i>(budesonide (intrarectal))</i>	NP	
Androgens			Rectal Combinations		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	P	PA	LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	
ANDROGEL GEL TD <i>(testosterone)</i>	NF	PA	<i>lidocaine-hydrocortisone acetate (rectal) kit</i>	NP	
ANDROGEL PUMP GEL TD 1.62 % <i>(testosterone)</i>	NF	PA	<i>lidocaine-hydrocortisone acetate (rectal) crea ex</i>	NP	
AVEED SOLN	P	SP; MP; PA	<i>phenylephrine in hard fat</i>	P	
<i>danazol caps</i>	P		PROCTOFOAM HC FOAM EX	NP	
FORTESTA GEL TD <i>(testosterone)</i>	NF	PA	Rectal Local Anesthetics		
METHITEST TABS	P	PA	<i>dibucaine (rectal) ex</i>	P	
<i>methyltestosterone caps</i>	P	PA	NUPERCAINAL EX <i>(dibucaine (rectal))</i>	NF	
TESTIM GEL TD <i>(testosterone)</i>	NF	PA	Rectal Steroids		
<i>testosterone soln</i>	P	MP; PA	ANUSOL-HC EX <i>(hydrocortisone (rectal))</i>	NP	
<i>testosterone gel td</i>	P	PA	<i>hydrocortisone (rectal) ex</i>	P	
<i>testosterone cypionate soln im</i>	P	MP	PROCTOCORT EX <i>(hydrocortisone (rectal))</i>	NF	
<i>testosterone enanthate soln im</i>	P		Vasodilating Agents		
VOGELXO GEL TD <i>(testosterone)</i>	NF	PA	RECTIV	NP	
VOGELXO PUMP GEL TD <i>(testosterone)</i>	NF	PA	ANTACIDS		
XYOSTED SOAJ	P	MP; PA	Antacid Combinations		
ANOORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			<i>alum & mag hydrox-simethicone liqd</i>	P	
Intrarectal Steroids			<i>alum & mag hydrox-simethicone susp</i>	P	
<i>budesonide (intrarectal)</i>	NP		<i>aluminum hydroxide-mag carb susp 358 mg/15ml-95 mg/15ml</i>	P	
CORTENEMA <i>(hydrocortisone (intrarectal))</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GAVISCON SUSP (aluminum hydroxide-mag carb)	NF		Antacids - Magnesium Salts		
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (alum & mag hydrox-simethicone)	NF		<i>magnesium oxide tabs 400 mg</i>	P	
Antacids - Aluminum Salts			ANTHELMINTICS - Drugs to Treat Worm Infections		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P		Anthelmintics		
Antacids - Bicarbonate			<i>albendazole</i>	NP	
<i>sodium bicarbonate (antacid) tabs 325 mg, 650 mg</i>	P		<i>ALBENZA (albendazole)</i>	NF	
Antacids - Calcium Salts			<i>BENZNIDAZOLE</i>	NP	SP
<i>calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg</i>	P		<i>BILTRICIDE (praziquantel)</i>	NP	
<i>calcium carbonate (antacid) susp</i>	P		<i>EMVERM CHEW</i>	NP	
TUMS CHEW (calcium carbonate (antacid))	NF		<i>ivermectin</i>	NP	
TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	NF		<i>praziquantel</i>	P	
TUMS E-X 750 CHEW (calcium carbonate (antacid))	NF		<i>STROMECTOL (ivermectin)</i>	NP	
TUMS EXTRA STRENGTH 750 CHEW (calcium carbonate (antacid))	NF		ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid))	NF		Antianginals-Other		
TUMS SMOOTHIES CHEW (calcium carbonate (antacid))	NF		<i>ASPRUZYO SPRINKLE PACK</i>	NP	
TUMS ULTRA 1000 CHEW (calcium carbonate (antacid))	NF		<i>RANEXA TB12 (ranolazine)</i>	NP	MP
			<i>ranolazine tb12</i>	NP	MP
			<i>ranolazine tb12</i>	NP	MP
			Nitrates		
			<i>GONITRO PACK</i>	NP	
			<i>ISORDIL TITRADOSE TABS (isosorbide dinitrate)</i>	NP	MP
			<i>isosorbide dinitrate tabs</i>	P	MP
			<i>isosorbide mononitrate tb24</i>	P	MP
			<i>isosorbide mononitrate tb24</i>	P	MP
			<i>isosorbide mononitrate tabs</i>	P	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NITRO-BID OINT	P		<i>clorazepate dipotassium tabs</i>	P	
NITRO-DUR PT24	NP		<i>diazepam soln or 5 mg/5ml</i>	P	
NITRO-DUR PT24 (nitroglycerin)	NP	MP	<i>diazepam conc</i>	P	
NITRO-DUR PT24 0.1 MG/HR (nitroglycerin)	NF	MP	<i>diazepam tabs</i>	P	
<i>nitroglycerin subl</i>	P	MP	<i>lorazepam tabs</i>	P	
<i>nitroglycerin pt24</i>	P	MP	<i>lorazepam conc</i>	P	
<i>nitroglycerin soln tl 0.4 mg/spray</i>	NP	MP	LOREEV XR CS24	NP	
NITROLINGUAL PUMPSPRAY SOLN TL (nitroglycerin)	NP	MP	<i>oxazepam caps</i>	P	
NITROSTAT SUBL (nitroglycerin)	NP	MP	TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			XANAX TABS 2 MG (alprazolam)	NP	QL(3 ea daily)
Antianxiety Agents - Misc.			XANAX TABS 0.25 MG, 0.5 MG, 1 MG (alprazolam)	NP	
<i>buspirone hcl</i>	P	MP	XANAX XR TB24 (alprazolam)	NP	
<i>buspirone hcl 7.5 mg, 30 mg</i>	P	MP	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
<i>hydroxyzine hcl tabs</i>	P		Antiarrhythmics Type I-A		
<i>hydroxyzine hcl tabs</i>	P		<i>disopyramide phosphate caps</i>	P	MP
<i>hydroxyzine hcl syrup</i>	P		NORPACE CAPS (disopyramide phosphate)	NP	MP
<i>hydroxyzine pamoate caps</i>	P		NORPACE CR CP12	P	MP
<i>meprobamate</i>	NP		<i>quinidine gluconate tbcr</i>	P	MP
VISTARIL CAPS (hydroxyzine pamoate)	NP		<i>quinidine sulfate tabs</i>	P	MP
Benzodiazepines			Antiarrhythmics Type I-B		
<i>alprazolam tabs 2 mg</i>	P	QL(3 ea daily)	<i>mexiletine hcl</i>	P	MP
<i>alprazolam tbdp</i>	NP		Antiarrhythmics Type I-C		
<i>alprazolam tb24</i>	NP		<i>flecainide acetate</i>	P	MP
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg</i>	P		<i>flecainide acetate</i>	P	MP
ALPRAZOLAM INTENSOL CONC	P		<i>propafenone hcl cp12</i>	NP	MP
ATIVAN TABS (lorazepam)	NP		<i>propafenone hcl tabs</i>	P	MP
<i>chlordiazepoxide hcl caps</i>	P				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
RYTHMOL SR CP12 <i>(propafenone hcl)</i>	NP	MP	SPIRIVA HANDIHALER CAPS	P	MP	
Antiarrhythmics Type III				SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	P	QL(0.134 gm daily); MP
amiodarone hcl tabs	P	MP	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	P	MP	
dofetilide 250 mcg	P	MP	TUDORZA PRESSAIR	NP	MP	
dofetilide	P	MP	YUPELRI	NP	MP	
MULTAQ	NP		Leukotriene Modulators			
TIKOSYN (dofetilide)	NP	MP	ACCOLATE (zafirlukast)	NP	QL(2 ea daily); MP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions						
Antiasthmatic - Monoclonal Antibodies						
CINQAIR	NP	SP; MP	montelukast sodium tabs	P	QL(1 ea daily); MP	
FASENRA SOSY	P	SP; MP; PA	montelukast sodium pack	P	QL(1 ea daily); MP	
FASENRA PEN SOAJ	P	SP; MP; PA	montelukast sodium chew	P	QL(1 ea daily); MP	
NUCALA SOLR	P	SP; PA	SINGULAIR TABS (montelukast sodium)	NP	QL(1 ea daily); MP	
NUCALA SOAJ	P	SP; MP; PA	SINGULAIR CHEW 4 MG (montelukast sodium)	NF	QL(1 ea daily); MP	
NUCALA SOSY 40 MG/0.4ML	P	SP; PA	SINGULAIR PACK (montelukast sodium)	NP	QL(1 ea daily); MP	
NUCALA SOSY 100 MG/ML	P	SP; MP; PA	SINGULAIR PACK (montelukast sodium)	NF	QL(1 ea daily); MP	
TEZSPIRE SOSY	NP	SP; MP	SINGULAIR TABS (montelukast sodium)	NF	QL(1 ea daily); MP	
TEZSPIRE SOAJ	NP	SP	SINGULAIR CHEW (montelukast sodium)	NP	QL(1 ea daily); MP	
XOLAIR SOLR	P	SP; PA	zafirlukast	P	QL(2 ea daily); MP	
XOLAIR SOSY	P	SP; MP; PA	zileuton tb12	NP	MP	
Anti-Inflammatory Agents			ZYFLO TABS	NP	MP	
cromolyn sodium nebu	P	MP	Selective Phosphodiesterase 4 (PDE4) Inhibitors			
Bronchodilators - Anticholinergics			DALIRESP (roflumilast)	NP		
ATROVENT HFA	P	QL(0.516 gm daily); MP	roflumilast	NP		
INCRUSE ELLIPTA	P	MP	Steroid Inhalants			
ipratropium bromide soln 0.02 %	P	MP	ALVESCO	NP	MP	
LONHALA MAGNAIR REFILL KIT SOLN	NP	MP	ARMONAIR DIGIHALER	NP	QL(0.034 ea daily); MP	
LONHALA MAGNAIR STARTER KIT SOLN	NP	MP				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA	NP	QL(1 ea daily); MP	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	QL(2 ea daily); MP
ASMANEX HFA AERO 50 MCG/ACT	NP	QL(0.44 gm daily); MP	ADVAIR HFA AERO	P	QL(0.4 gm daily); MP
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	NP	MP	AIRDUO DIGIHALER 113/14	P	QL(0.034 ea daily); MP
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	MP	AIRDUO DIGIHALER 232/14	P	QL(0.034 ea daily); MP
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	MP	AIRDUO RESPICLICK 55/14	P	QL(0.034 ea daily); MP
ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	MP	AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	P	QL(0.034 ea daily); MP
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	MP	AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	P	QL(0.034 ea daily); MP
<i>budesonide (inhalation) susp</i>	P	QL(4 ml daily); AL(Up to 7 yrs old); MP	AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	P	QL(0.034 ea daily); MP
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	P	150 rtl MAX fill; QL(2 ea daily); MP	<i>albuterol sulfate nebu 0.63 mg/3ml, 1.25 mg/3ml</i>	P	MP
FLOVENT DISKUS AEPB 50 MCG/BLIST	P	QL(2 ea daily); MP	<i>albuterol sulfate aers</i>	NP	MP
FLOVENT HFA 44 MCG/ACT	P	QL(0.36 gm daily); MP	<i>albuterol sulfate nebu 0.083 %</i>	P	QL(13 ml daily); MP
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(0.4 gm daily); MP	<i>albuterol sulfate aers</i>	NP	1 rtl MAX fill; 15 rtl day(s) supply; QL(1.2 gm daily); MP
<i>fluticasone propionate hfa 44 mcg/act</i>	NP	QL(0.36 gm daily); MP	<i>albuterol sulfate nebu 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	P	MP
<i>fluticasone propionate hfa 110 mcg/act, 220 mcg/act</i>	NP	QL(0.4 gm daily); MP	<i>albuterol sulfate tabs</i>	NP	
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP	QL(4 ml daily); AL(Up to 7 yrs old); MP	<i>albuterol sulfate syrp</i>	P	MP
PULMICORT FLEXHALER AEPB	NP	QL(0.034 ea daily); MP	<i>albuterol sulfate aers</i>	NP	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.57 gm daily); MP
QVAR REDIHALER	NP	QL(0.36 gm daily); MP	ANORO ELLIPTA	P	MP
Sympathomimetics			<i>arformoterol tartrate</i>	NP	
			BEVESPI AEROSPHERE	NP	QL(0.36 gm daily); MP
			BREO ELLIPTA	NP	150 rtl MAX fill; QL(2 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE	NP	MP	PROVENTIL HFA AERS <i>(albuterol sulfate)</i>	NF	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.45 gm daily); MP
BROVANA <i>(arformoterol tartrate)</i>	NP		SEREVENT DISKUS	P	QL(2 ea daily); MP
<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(0.34 gm daily); MP	STIOLTO RESPIMAT	NP	MP
COMBIVENT RESPIMAT AERS	NP	MP	STRIVERDI RESPIMAT	NP	MP
DUAKLIR PRESSAIR	NP	MP	SYMBICORT <i>(budesonide-formoterol fumarate dihydrate)</i>	P	QL(0.34 gm daily); MP
DULERA	P	QL(0.44 gm daily); MP	<i>terbutaline sulfate tabs</i>	P	MP
<i>fluticasone furoate-vilanterol</i>	NP	150 rtl MAX fill; QL(2 ea daily); MP	<i>terbutaline sulfate tabs</i>	P	MP
<i>fluticasone-salmeterol aepb 113 mcg/act-14 mcg/act, 232 mcg/act-14 mcg/act, 55 mcg/act-14 mcg/act</i>	NP	QL(0.034 ea daily); MP	TRELEGY ELLIPTA	NP	150 rtl MAX fill; QL(2 ea daily); MP
<i>fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 250 mcg/act-50 mcg/act, 500 mcg/act-50 mcg/act</i>	NP	QL(2 ea daily); MP	VENTOLIN HFA AERS <i>(albuterol sulfate)</i>	NP	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.54 gm daily); MP
<i>fluticasone-salmeterol aero</i>	NP	QL(0.4 gm daily); MP	XOPENEX <i>(levalbuterol hcl)</i>	NP	MP
<i>formoterol fumarate nebu</i>	NP		XOPENEX CONCENTRATE <i>(levalbuterol hcl)</i>	NP	MP
<i>ipratropium-albuterol soln</i>	P	MP	XOPENEX HFA <i>(levalbuterol tartrate)</i>	NP	MP
<i>levalbuterol hcl</i>	NP	MP	Xanthines		
<i>levalbuterol tartrate</i>	NP	MP	THEO-24 CP24	P	MP
PERFOROMIST NEBU <i>(formoterol fumarate)</i>	NP		<i>theophylline soln</i>	P	MP
PROAIR DIGIHALER	NP	MP	<i>theophylline tb12 300 mg, 450 mg</i>	P	MP
PROAIR HFA AERS <i>(albuterol sulfate)</i>	P	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.57 gm daily); MP	<i>theophylline elix</i>	P	
PROAIR RESPICLICK AEPB	NP	MP	<i>theophylline tb24</i>	P	MP
PROVENTIL HFA AERS <i>(albuterol sulfate)</i>	P	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.45 gm daily); MP	ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants					
<i>warfarin sodium tabs</i>			<i>warfarin sodium tabs</i>	P	MP
Direct Factor Xa Inhibitors					
ELIQUIS TABS			ELIQUIS TABS	P	PA

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK TBPK	P	PA	<i>fondaparinux sodium 10 mg/0.8ml</i>	P	QL(33.6 ml per 365 days retail); SP
SAVAYSA	NP		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
XARELTO TABS	P	PA	FRAGMIN SOSY	P	SP
XARELTO SUSR	NP		HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P	
XARELTO STARTER PACK TBPK	P	PA	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
Heparins And Heparinoid-Like Agents					
ARIXTRA 5 MG/0.4ML (<i>fondaparinux sodium</i>)	NP	QL(16.8 ml per 365 days retail); SP	<i>heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	P	
ARIXTRA 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NP	QL(25.2 ml per 365 days retail); SP	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(252 ml per 365 days retail); SP
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	NP	QL(21 ml per 365 days retail); SP	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL(67.2 ml per 365 days retail); SP
ARIXTRA 10 MG/0.8ML (<i>fondaparinux sodium</i>)	NP	QL(33.6 ml per 365 days retail); SP	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(33.6 ml per 365 days retail); SP
<i>enoxaparin sodium sosy 80 mg/0.8ml, 120 mg/0.8ml</i>	P	QL(67.2 ml per 365 days retail); SP	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(25.2 ml per 365 days retail); SP
<i>enoxaparin sodium sosy 30 mg/0.3ml</i>	P	QL(25.2 ml per 365 days retail); SP	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(84 ml per 365 days retail); SP
<i>enoxaparin sodium sosy 60 mg/0.6ml</i>	P	QL(50.4 ml per 365 days retail); SP	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(50.4 ml per 365 days retail); SP
<i>enoxaparin sodium sosy 40 mg/0.4ml</i>	P	QL(33.6 ml per 365 days retail); SP	Thrombin Inhibitors		
<i>enoxaparin sodium sosy 100 mg/ml, 150 mg/ml</i>	P	QL(84 ml per 365 days retail); SP	<i>dabigatran etexilate mesylate caps</i>	NP	
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	P	QL(252 ml per 365 days retail); SP	PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	NP	
<i>fondaparinux sodium 2.5 mg/0.5ml</i>	P	QL(21 ml per 365 days retail); SP	PRADAXA PACK	NP	
<i>fondaparinux sodium 7.5 mg/0.6ml</i>	P	QL(25.2 ml per 365 days retail); SP	PRADAXA CAPS	NP	
<i>fondaparinux sodium 5 mg/0.4ml</i>	P	QL(16.8 ml per 365 days retail); SP	ANTICONVULSANTS - Drugs to Treat Seizures		

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMPA Glutamate Receptor Antagonists					
FYCOMPA SUSP	NP	MP	APTIOM	NP	QL(2 ea daily)
FYCOMPA TABS	NP		BANZEL SUSP <i>(rufinamide)</i>	NP	QL(80 ml daily); SP; MP
Anticonvulsants - Benzodiazepines					
clobazam susp	NP	QL(8 ml daily); MP	BANZEL TABS 200 MG <i>(rufinamide)</i>	NP	QL(4 ea daily); SP; MP
clobazam tabs	NP	QL(2 ea daily)	BANZEL TABS 400 MG <i>(rufinamide)</i>	NP	QL(8 ea daily); SP; MP
clonazepam tabs	P		BRIVIACT TABS	NP	QL(2 ea daily)
clonazepam tbdp	NP		BRIVIACT SOLN OR 10 MG/ML	NP	QL(20 ml daily); MP
DIASTAT ACUDIAL GEL <i>(diazepam (anticonvulsant))</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)	carbamazepine tabs	P	QL(8 ea daily); MP
DIASTAT PEDIATRIC GEL <i>(diazepam (anticonvulsant))</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)	carbamazepine susp 100 mg/5ml	P	MP
diazepam (anticonvulsant) gel	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)	carbamazepine tb12	P	MP
KLONOPIN TABS <i>(clonazepam)</i>	NP		carbamazepine chew	P	MP
NAYZILAM	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)	carbamazepine susp	P	MP
ONFI TABS (clobazam)	NP	QL(2 ea daily)	carbamazepine cp12	NP	MP
ONFI SUSP (clobazam)	NP	QL(8 ml daily); MP	CARBATROL CP12 <i>(carbamazepine)</i>	NP	MP
SYMPAZAN FILM	NP	QL(2 ea daily)	DIACOMIT PACK	NP	SP
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	NP		DIACOMIT CAPS	NP	SP
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	NP		ELEPSIA XR TB24	NP	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	NP		EPIDIOLEX	NP	QL(20 ml daily); SP; MP
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	NP		EPRONTIA SOLN	NP	MP
Anticonvulsants - Misc.					
gabapentin caps 300 mg					
gabapentin soln					
gabapentin tabs 800 mg					
gabapentin tabs 600 mg					
gabapentin caps 100 mg, 400 mg					
KEPPRA TABS <i>(levetiracetam)</i>					
KEPPRA SOLN OR 100 MG/ML <i>(levetiracetam)</i>					

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEPPRA XR TB24 <i>(levetiracetam)</i>	NP	MP	LAMICTAL XR TB24 <i>(lamotrigine)</i>	NP	QL(2 ea daily); MP
lacosamide soln or 10 mg/ml	NP	MP	LAMICTAL XR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)
lacosamide tabs	NP	QL(2 ea daily)	<i>lamotrigine tabs</i>	P	MP
LAMICTAL TABS <i>(lamotrigine)</i>	NP	MP	<i>lamotrigine chew</i>	P	MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW <i>(lamotrigine)</i>	NP	MP	<i>lamotrigine kit</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.64 ea daily)
LAMICTAL ODT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.87 ea daily)	<i>lamotrigine kit</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(3.27 ea daily)
LAMICTAL ODT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)	<i>lamotrigine tabs</i>	P	MP
LAMICTAL ODT TBDP <i>(lamotrigine)</i>	NP	MP	<i>lamotrigine kit</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.87 ea daily)
LAMICTAL ODT KIT <i>(lamotrigine)</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)	<i>lamotrigine kit</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT <i>(lamotrigine)</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.64 ea daily)	<i>lamotrigine tbdp</i>	NP	MP
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT <i>(lamotrigine)</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(3.27 ea daily)	<i>lamotrigine kit</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)
LAMICTAL STARTER/TAKING VALPROATE KIT <i>(lamotrigine)</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)	<i>lamotrigine tb24</i>	NP	QL(2 ea daily); MP
LAMICTAL XR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)	<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	P	MP
			<i>levetiracetam tb24</i>	P	MP
			<i>levetiracetam tb24 750 mg</i>	P	MP
			<i>levetiracetam tabs</i>	P	MP
			<i>levetiracetam tabs</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
LYRICA CAPS (<i>pregabalin</i>)	NP	QL(2 ea daily); MP	TEGRETOL-XR TB12 (<i>carbamazepine</i>)	NP	MP	
LYRICA SOLN (<i>pregabalin</i>)	NP	QL(30 ml daily); MP	TOPAMAX TABS (<i>topiramate</i>)	NP	MP	
MYSOLINE (<i>primidone</i>)	NP	MP	TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	NP	MP	
NEURONTIN CAPS 100 MG, 400 MG (<i> gabapentin</i>)	NP	QL(9 ea daily); MP	<i>topiramate cpsp</i>	P	MP	
NEURONTIN CAPS 300 MG (<i> gabapentin</i>)	NP	QL(12 ea daily); MP	<i>topiramate cp24</i>	NP	QL(1 ea daily); MP	
NEURONTIN SOLN (<i> gabapentin</i>)	NP	QL(75 ml daily); MP	<i>topiramate tabs</i>	P	MP	
NEURONTIN TABS 600 MG (<i> gabapentin</i>)	NP	QL(6 ea daily); MP	<i>topiramate tabs</i>	P	MP	
NEURONTIN TABS 800 MG (<i> gabapentin</i>)	NP	QL(4 ea daily); MP	<i>topiramate cs24</i>	NP	QL(1 ea daily); MP	
NEURONTIN SOLN (<i> gabapentin</i>)	NF	QL(75 ml daily); MP	TRILEPTAL TABS 600 MG (<i> oxcarbazepine</i>)	NP	QL(4 ea daily); MP	
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	P	QL(9 ea daily); MP	TRILEPTAL SUSP (<i> oxcarbazepine</i>)	NP	QL(33.4 ml daily); MP	
<i>oxcarbazepine susp</i>	P	QL(33.4 ml daily); MP	TRILEPTAL TABS 600 MG (<i> oxcarbazepine</i>)	NF	QL(4 ea daily); MP	
<i>oxcarbazepine tabs 600 mg</i>	P	QL(4 ea daily); MP	TRILEPTAL TABS 150 MG, 300 MG (<i> oxcarbazepine</i>)	NP	QL(9 ea daily); MP	
OXTELLAR XR TB24	NP	MP	TRILEPTAL TABS 150 MG, 300 MG (<i> oxcarbazepine</i>)	NF	QL(9 ea daily); MP	
<i>pregabalin soln</i>	P	QL(30 ml daily); MP	TROKENDI XR CP24 (<i>topiramate</i>)	NP	QL(1 ea daily); MP	
<i>pregabalin caps</i>	P	QL(2 ea daily); MP	VIMPAT TABS (<i>lacosamide</i>)	NP	QL(2 ea daily)	
<i>primidone 50 mg, 250 mg</i>	P	MP	VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	NP	MP	
<i>primidone</i>	P	MP	ZONISADE SUSP	NP		
QUDEXY XR CS24 (<i>topiramate</i>)	NP	QL(1 ea daily); MP	<i>zonisamide caps</i>	P	MP	
<i>rufinamide tabs 400 mg</i>	NP	QL(8 ea daily); SP; MP	ZTALMY	NP		
<i>rufinamide susp</i>	NP	QL(80 ml daily); SP; MP	Carbamates			
<i>rufinamide tabs 200 mg</i>	NP	QL(4 ea daily); SP; MP	<i>felbamate susp</i>	NP	MP	
SPRITAM TB3D	NP	MP	<i>felbamate susp</i>	NP	MP	
TEGRETOL SUSP (<i> carbamazepine</i>)	NP	MP	<i>felbamate tabs</i>	NP	MP	
TEGRETOL TABS (<i> carbamazepine</i>)	NP	QL(8 ea daily); MP	<i>felbamate tabs</i>	NP	MP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
FELBATOL SUSP <i>(felbamate)</i>	NP	MP	ZARONTIN SOLN <i>(ethosuximide)</i>	NP	MP	
XCOPRI TBPK	P		Valproic Acid			
XCOPRI TABS	P		DEPAKOTE TBEC 250 MG, 500 MG <i>(divalproex sodium)</i>	NP	MP	
GABA Modulators			DEPAKOTE TBEC 250 MG <i>(divalproex sodium)</i>	NF		
GABITRIL <i>(tiagabine hcl)</i>	NP	QL(4 ea daily); MP	DEPAKOTE TBEC 125 MG <i>(divalproex sodium)</i>	NF	MP	
SABRIL PACK <i>(vigabatrin)</i>	NP	QL(6.1 ea daily); SP; MP	DEPAKOTE TBEC 125 MG, 500 MG <i>(divalproex sodium)</i>	NP	MP	
SABRIL TABS <i>(vigabatrin)</i>	NP	QL(6 ea daily); SP; MP	DEPAKOTE ER TB24 250 MG <i>(divalproex sodium)</i>	NF	MP	
<i>tiagabine hcl</i>	NP	QL(4 ea daily); MP	DEPAKOTE ER TB24 500 MG <i>(divalproex sodium)</i>	NP	MP	
<i>vigabatrin tabs</i>	NP	QL(6 ea daily); SP; MP	DEPAKOTE ER TB24 500 MG <i>(divalproex sodium)</i>	NF	MP	
<i>vigabatrin pack</i>	NP	QL(6.1 ea daily); SP; MP	DEPAKOTE ER TB24 <i>(divalproex sodium)</i>	NP	MP	
Hydantoins			DEPAKOTE SPRINKLES CS DR <i>(divalproex sodium)</i>	NP	MP	
DILANTIN	NP	MP	<i>divalproex sodium tb24</i>	P	MP	
DILANTIN <i>(phenytoin sodium extended)</i>	NP	MP	<i>divalproex sodium csdr</i>	P	MP	
DILANTIN INFATABS CHEW <i>(phenytoin)</i>	NP	MP	<i>divalproex sodium tbec</i>	P	MP	
DILANTIN-125 SUSP <i>(phenytoin)</i>	NP	MP	<i>divalproex sodium tb24</i>	P	MP	
PHENYTEK <i>(phenytoin sodium extended)</i>	NP	MP	<i>valproate sodium soln or 250 mg/5ml</i>	P	MP	
<i>phenytoin chew</i>	P	MP	<i>valproate sodium soln or 250 mg/5ml</i>	P	MP	
<i>phenytoin chew</i>	P	MP	<i>valproic acid caps</i>	P	MP	
<i>phenytoin susp</i>	P	MP	ANTIDEPRESSANTS - Drugs to Treat Depression			
<i>phenytoin sodium extended 100 mg, 200 mg, 300 mg</i>	P	MP	Alpha-2 Receptor Antagonists (Tetracyclines)			
Succinimides			<i>mirtazapine tbdp</i>	P	QL(1 ea daily); MP	
CELONTIN <i>(methsuximide)</i>	NP		<i>mirtazapine tabs</i>	P	QL(1 ea daily); MP	
<i>ethosuximide caps</i>	P	MP	REMERON TABS 15 MG, 30 MG <i>(mirtazapine)</i>	NP	QL(1 ea daily); MP	
<i>ethosuximide soln</i>	P	MP				
<i>ethosuximide soln</i>	P	MP				
ZARONTIN CAPS <i>(ethosuximide)</i>	NP	MP				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NP	QL(1 ea daily); MP	<i>citalopram hydrobromide tabs</i>	P	MP
Antidepressant Combinations					
AUVELITY	NP		<i>citalopram hydrobromide tabs 10 mg</i>	P	MP
Antidepressants - Misc.					
APLENZIN	NP		CITALOPRAM HYDROBROMIDE CAPS	NP	
<i>bupropion hcl tb12</i>	P	QL(2 ea daily); MP	<i>escitalopram oxalate tabs 20 mg</i>	P	QL(1 ea daily); MP
<i>bupropion hcl tabs</i>	P	MP	<i>escitalopram oxalate soln</i>	P	MP
<i>bupropion hcl tb24 150 mg, 300 mg</i>	P	QL(1 ea daily); MP	<i>escitalopram oxalate tabs 5 mg, 10 mg</i>	P	QL(1.5 ea daily); MP
<i>bupropion hcl tb24 450 mg</i>	P	MP	<i>fluoxetine hcl soln</i>	P	MP
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	MP	<i>fluoxetine hcl tabs 10 mg</i>	P	QL(1 ea daily); MP
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	QL(2 ea daily); MP	<i>fluoxetine hcl soln</i>	P	MP
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NP	QL(1 ea daily); MP	<i>fluoxetine hcl caps 10 mg</i>	P	QL(1 ea daily); MP
Monoamine Oxidase Inhibitors (MAOIs)					
EMSAM	NP		<i>fluoxetine hcl caps 20 mg, 40 mg</i>	P	QL(2 ea daily); MP
MARPLAN	NP		<i>fluoxetine hcl cpdr</i>	NP	MP
NARDIL (<i>phenelzine sulfate</i>)	NP	MP	<i>fluoxetine hcl tabs 60 mg</i>	P	MP
<i>phenelzine sulfate</i>	P	MP	<i>fluoxetine hcl tabs 20 mg</i>	P	QL(2 ea daily); MP
<i>tranylcypromine sulfate</i>	P	MP	FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>fluvoxamine maleate tabs</i>	P	MP
SPRAVATO 56MG DOSE	NP	SP; MP	<i>fluvoxamine maleate cp24</i>	NP	MP
SPRAVATO 84MG DOSE	NP	SP; MP	LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	QL(1 ea daily); MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			LEXAPRO TABS 5 MG, 10 MG (<i>escitalopram oxalate</i>)	NP	QL(1.5 ea daily); MP
CELEXA TABS (<i>citalopram hydrobromide</i>)	NP	MP	<i>paroxetine hcl tabs</i>	P	MP
<i>citalopram hydrobromide soln</i>	P	MP	<i>paroxetine hcl tb24</i>	NP	MP
<i>citalopram hydrobromide soln</i>	P	MP	<i>paroxetine hcl tb24</i>	NP	MP
			<i>paroxetine hcl tabs</i>	P	MP
			<i>paroxetine hcl susp</i>	P	MP
			PAXIL SUSP (<i>paroxetine hcl</i>)	NP	MP
			PAXIL TABS (<i>paroxetine hcl</i>)	NP	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PAXIL CR TB24 <i>(paroxetine hcl)</i>	NP	MP	duloxetine hcl cpep	P	QL(2 ea daily); MP
PEXEVA	NP		EFFEXOR XR CP24 <i>(venlafaxine hcl)</i>	NP	MP
PROZAC CAPS 20 MG <i>(fluoxetine hcl)</i>	NF	QL(2 ea daily); MP	EFFEXOR XR CP24 37.5 MG, 150 MG <i>(venlafaxine hcl)</i>	NF	MP
PROZAC CAPS 20 MG, 40 MG <i>(fluoxetine hcl)</i>	NP	QL(2 ea daily); MP	FETZIMA CP24	NP	
PROZAC CAPS 10 MG <i>(fluoxetine hcl)</i>	NP	QL(1 ea daily); MP	FETZIMA TITRATION PACK C4PK	NP	
sertraline hcl conc	P	MP	PRISTIQ <i>(desvenlafaxine succinate)</i>	NP	MP
sertraline hcl tabs	P	MP	PRISTIQ 50 MG <i>(desvenlafaxine succinate)</i>	NF	MP
SERTRALINE HYDROCHLORIDE CAPS	NP	MP	VENLAFAKINE BESYLATE ER	P	
ZOLOFT TABS <i>(sertraline hcl)</i>	NP	MP	venlafaxine hcl cp24	P	MP
ZOLOFT CONC <i>(sertraline hcl)</i>	NP	MP	venlafaxine hcl tb24	NP	QL(1 ea daily); MP
Serotonin Modulators			venlafaxine hcl cp24	P	MP
nefazodone hcl	NP	MP	venlafaxine hcl tabs	P	QL(3 ea daily); MP
trazodone hcl tabs	P	MP	Tricyclic Agents		
trazodone hcl tabs 150 mg	P	MP	amitriptyline hcl tabs	P	MP
TRINTELLIX	NP		amitriptyline hcl tabs 25 mg, 50 mg	P	MP
VIIBRYD TABS <i>(vilazodone hcl)</i>	NP		amoxapine	NP	MP
VIIBRYD STARTER PACK KIT	NP		ANAFRANIL <i>(clomipramine hcl)</i>	NP	MP
vilazodone hcl tabs	NP		clomipramine hcl	P	MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			desipramine hcl tabs	P	MP
CYMBALTA CPEP <i>(duloxetine hcl)</i>	NP	QL(2 ea daily); MP	doxepin hcl conc	P	MP
CYMBALTA CPEP 60 MG <i>(duloxetine hcl)</i>	NF	QL(2 ea daily); MP	doxepin hcl caps	P	MP
DESVENLAFAKINE ER	NP	MP	doxepin hcl caps	P	MP
desvenlafaxine succinate 25 mg	NP	MP	imipramine hcl tabs	P	MP
desvenlafaxine succinate	NP	MP	imipramine hcl tabs	P	MP
DRIZALMA SPRINKLE CSRD	NP	MP	imipramine pamoate	NP	MP
			NORPRAMIN TABS 10 MG, 25 MG <i>(desipramine hcl)</i>	NP	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl caps</i>	P	MP	JANUMET XR TB24	NP	QL(2 ea daily)
<i>nortriptyline hcl soln</i>	P	MP	JENTADUETO TABS	NP	
PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	MP	JENTADUETO XR TB24	NP	
<i>protriptyline hcl</i>	P	MP	KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 ea daily); MP
<i>trimipramine maleate caps</i>	NP	MP	KOMBIGLYZE XR	NP	
<i>trimipramine maleate caps</i>	NP	MP	OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (<i>alogliptin-pioglitazone</i>)	NF	QL(1 ea daily); MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar			OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 ea daily); MP
Alpha-Glucosidase Inhibitors			<i>pioglitazone hcl-glimepiride</i>	NP	MP
<i>acarbose</i>	P	QL(3 ea daily); MP	<i>pioglitazone hcl-metformin hcl tabs</i>	NP	MP
<i>miglitol</i>	P	MP	QTERN	NP	
PRECOSE (<i>acarbose</i>)	NF	QL(3 ea daily); MP	SEGLUROMET	NP	QL(2 ea daily)
Antidiabetic - Amylin Analogs			SOLIQUA 100/33	NP	MP
SYMLINPEN 120 SOPN	NP	MP	STEGLUJAN	NP	
SYMLINPEN 60 SOPN	NP	MP	SYNJARDY TABS	NP	
Antidiabetic Combinations			SYNJARDY XR TB24	NP	
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	MP	TRIJARDY XR	NP	
ACTOPLUS MET TABS 500 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NF	MP	XIGDUO XR	NP	
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily); MP	XULTOPHY 100/3.6	NP	MP
<i>alogliptin-pioglitazone 15 mg-25 mg, 30 mg-12.5 mg, 30 mg-25 mg, 45 mg-25 mg</i>	NP	QL(1 ea daily); MP	Biguanides		
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	MP	FORTAMET TB24 (<i>metformin hcl</i>)	NF	MP
<i>glipizide-metformin hcl</i>	P	MP	GLUMETZA TB24 (<i>metformin hcl</i>)	NP	MP
<i>glyburide-metformin</i>	P	MP	<i>metformin hcl tabs</i>	P	MP
GLYXAMBI	NP		<i>metformin hcl soln</i>	NP	QL(3 ml daily); MP
INVOKAMET TABS	NP		<i>metformin hcl tb24 500 mg, 750 mg</i>	P	MP
INVOKAMET XR TB24	NP		<i>metformin hcl tb24 500 mg, 1000 mg</i>	NP	MP
JANUMET TABS	NP	QL(2 ea daily)	<i>metformin hcl tb24 500 mg, 1000 mg</i>	NP	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
metformin hcl tabs	P	MP	GNP GLUCOSE CHEW	P	
RIOMET SOLN (metformin hcl)	NP	QL(3 ml daily); MP	GNP QUICK DISSOLVE GLUCOSE CHEW	P	
Diabetic Other					
BAQSIMI ONE PACK POWD	P		GOODSENSE GLUCOSE	P	
BAQSIMI TWO PACK POWD	P		GVOKE HYPOOPEN 1-PACK SOAJ	P	QL(3 ml daily)
CVS GLUCOSE CHEW	P		GVOKE HYPOOPEN 2-PACK SOAJ	P	QL(3 ml daily)
CVS SOFT GLUCOSE CHEW	P		GVOKE KIT SOLN	P	
DEX4	P		GVOKE PFS SOSY 1 MG/0.2ML	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.2 ml per fill retail)
DEX4 FAST ACTING GLUCOSE	P		GVOKE PFS SOSY 0.5 MG/0.1ML	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.1 ml per fill retail)
DEX4 NATURALS	P		HY-VEE GLUCOSE	P	
DEX4 POUCH PACK	P		KORLYM	NP	SP
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P		KROGER GLUCOSE	P	
dextrose (diabetic use) gel	P		LEADER GLUCOSE 6 MG-4 GM	P	
diazoxide	P	MP	LEADER QUICK DISSOLVE GLUCOSE CHEW	P	
GLUCAGEN HYPOKIT	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)	LONGS GLUCOSE	P	
glucagon (rdna)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)	MEIJER GLUCOSE	P	
GLUCAGON EMERGENCY KIT (glucagon (rdna))	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)	PREFERRED PLUS GLUCOSE	P	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)	PROGLYCEM (diazoxide)	P	MP
GLUCOSE CHEW	P		PX GLUCOSE	P	
GLUCOSE INSTANT ENERGY	P		RA GLUCOSE	P	
			RELIION GLUCOSE	P	
			SM GLUCOSE	P	
			SMART SENSE GLUCOSE	P	
			SMART SENSE GLUCOSE TABLETS	P	
			TGT GLUCOSE	P	
			TRUEPLUS GLUCOSE CHEW	P	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS GLUCOSE ON THE GO CHEW	P		ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily); MP
UP & UP GLUCOSE	P		AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
VALUE PLUS GLUCOSE	P		APIDRA SOLN	NP	MP
WALGREENS GLUCOSE	P		APIDRA SOLOSTAR SOPN	NP	MP
ZEGALOGUE SOSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.6 ml per fill retail)	BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily); MP
ZEGALOGUE SOAJ	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.6 ml per fill retail)	BASAGLAR TEMPO PEN SOPN	NP	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			FIASP SOLN	NP	MP
alogliptin benzoate	NP	QL(1 ea daily); MP	FIASP FLEXTOUCH SOPN	NP	MP
JANUVIA	P	QL(1 ea daily); MP	FIASP PENFILL SOCT	NP	MP
NESINA (alogliptin benzoate)	NP	QL(1 ea daily); MP	HUMALOG SOCT	P	MP
ONGLYZA	NP		HUMALOG SOLN IJ	P	QL(2 ml daily); MP
TRADJENTA	P	MP	HUMALOG JUNIOR KWIKPEN SOPN	P	MP
Dopamine Receptor Agonists - Antidiabetic			HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	MP
CYCLOSET	NP	MP	HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ml daily); MP
Incretin Mimetic Agents			HUMALOG MIX 50/50 SUSP	P	QL(1 ml daily); MP
ADLYXIN SOPN	NP	MP	HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
ADLYXIN STARTER PACK PNKT	NP		HUMALOG MIX 75/25 SUSP	P	QL(1 ml daily); MP
BYDUREON BCISE AUIJ	NP	MP	HUMALOG MIX 75/25 KWIKPEN SUPN	P	MP
BYETTA SOPN	NP	MP	HUMALOG TEMPO PEN SOPN	NP	
MOUNJARO	NP		HUMULIN 70/30 SUSP	P	QL(1 ml daily); MP
OZEMPIC SOPN	NP	MP	HUMULIN 70/30 KWIKPEN SUPN	P	MP
OZEMPIC SOPN	NP		HUMULIN N SUSP	P	QL(1 ml daily); MP
RYBELSUS TABS	P	PA	HUMULIN N KWIKPEN SUPN	P	MP
TRULICITY	P	QL(0.072 ml daily); MP			
VICTOZA	P	QL(0.3 ml daily); MP			
Insulin					
ADMELOG SOLN IJ	NP	QL(2 ml daily); MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMULIN R SOLN IJ	P	QL(1 ml daily); MP	LEVEMIR SOLN	P	MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	MP	LEVEMIR FLEXPEN SOPN	P	MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP	LEVEMIR FLEXTOUCH SOPN	P	MP
INSULIN ASPART SOLN IJ	NP	MP	LYUMJEV SOLN	NP	MP
INSULIN ASPART FLEXPEN SOPN	NP	MP	LYUMJEV KWIKPEN SOPN	NP	MP
INSULIN ASPART PENFILL SOCT	NP	MP	LYUMJEV TEMPO PEN SOPN	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	NP	MP	NOVOLIN 70/30 SUSP	NP	QL(1 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	NP	MP	NOVOLIN 70/30 FLEXPEN SUPN	NP	MP
INSULIN DEGLUDEC SOLN	NP	MP	NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP	NOVOLIN 70/30 RELION SUSP	NP	QL(1 ml daily); MP
INSULIN GLARGINE SOLN	NP	MP	NOVOLIN N SUSP	NP	QL(1 ml daily); MP
INSULIN GLARGINE SOPN	NP	MP	NOVOLIN N FLEXPEN SUPN	NP	MP
INSULIN GLARGINE SOLN	NP	MP	NOVOLIN N FLEXPEN RELION SUPN	NP	MP
INSULIN GLARGINE SOLOSTAR SOPN	NP	QL(2 ml daily); MP	NOVOLIN N RELION SUSP	NP	QL(1 ml daily); MP
INSULIN LISPRO SOLN IJ	P	QL(2 ml daily); MP	NOVOLIN R SOLN IJ	NP	QL(1 ml daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP	NOVOLIN R FLEXPEN SOPN IJ	NP	MP
INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily); MP	NOVOLIN R FLEXPEN RELION SOPN IJ	NP	MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	MP	NOVOLIN R RELION SOLN IJ	NP	QL(1 ml daily); MP
LANTUS SOLN	P	MP	NOVOLOG SOLN IJ	NP	MP
LANTUS SOLOSTAR SOPN	P	QL(2 ml daily); MP	NOVOLOG FLEXPEN SOPN	NP	MP
			NOVOLOG FLEXPEN RELION SOPN	NP	MP
			NOVOLOG MIX 70/30 SUSP	NP	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	MP	<i>glimepiride</i>	P	MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	MP	<i>glipizide tabs</i>	P	MP
NOVOLOG MIX 70/30 RELION SUSP	NP	MP	<i>glipizide tb24</i>	P	MP
NOVOLOG PENFILL SOCT	NP	MP	<i>glipizide tabs 5 mg</i>	P	MP
NOVOLOG RELION SOLN IJ	NP	MP	<i>glipizide tb24</i>	P	MP
REZVOGLAR KWIKPEN	NP		GLUCOTROL XL TB24 (<i>glipizide</i>)	NP	MP
SEMGLEE SOPN	NP	MP	<i>glyburide tabs</i>	P	MP
SEMGLEE SOLN	NP	MP	<i>glyburide micronized 1.5 mg, 3 mg, 6 mg</i>	P	MP
TOUJEO MAX SOLOSTAR SOPN	NP	MP	GLYNASE 3 MG (<i>glyburide micronized</i>)	NF	MP
TOUJEO SOLOSTAR SOPN	NP	MP	GLYNASE (<i>glyburide micronized</i>)	NP	MP
TRESIBA SOLN	NP	MP	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
TRESIBA FLEXTOUCH SOPN	NP	MP	Antidiarrheal/Probiotic Agents - Misc.		
Insulin Sensitizing Agents			<i>bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml, 525 mg/30ml, 527 mg/30ml, 1050 mg/30ml</i>	P	
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 ea daily); MP	<i>bismuth subsalicylate tabs</i>	P	
<i>pioglitazone hcl</i>	P	QL(1 ea daily); MP	<i>bismuth subsalicylate chew 262 mg</i>	P	
Meglitinide Analogues			PEPTO BISMOL TABS (<i>bismuth subsalicylate</i>)	NF	
<i>nateglinide</i>	P	MP	PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	NF	
<i>nateglinide</i>	P	MP	PEPTO-BISMOL SUSP (<i>bismuth subsalicylate</i>)	NF	
<i>repaglinide</i>	NP	MP	PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	NF	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	NF	
FARXIGA	P		Antiperistaltic Agents		
INVOKANA	P	MP	<i>diphenoxylate w/ atropine tabs</i>	P	
JARDIANCE	P	MP			
STEGLATRO	NP	QL(1 ea daily)			
Sulfonylureas					
AMARYL (<i>glimepiride</i>)	NP	MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine liqd	P	QL(3.94 ml daily)	NARCAN LIQD (<i>naloxone hcl</i>)	P	
IMODIUM A-D TABS (<i>loperamide hcl</i>)	NF		VIVITROL	P	SP
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NF	RX/OTC	ZIMHI SOSY	P	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NF		ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
<i>loperamide hcl caps</i>	P	RX/OTC	5-HT3 Receptor Antagonists		
<i>loperamide hcl tabs</i>	P		ANZEMET TABS 50 MG	NP	
ANTIDOTES AND SPECIFIC ANTAGONISTS			<i>granisetron hcl tabs</i>	NP	
Antidotes - Chelating Agents			<i>ondansetron tbdp</i>	P	QL(1 ea daily)
CHEMET	P		<i>ondansetron hcl tabs 4 mg, 8 mg</i>	P	QL(1 ea daily)
<i>deferasirox tabs</i>	NP	SP	<i>ondansetron hcl soln or 4 mg/5ml</i>	P	
<i>deferasirox pack</i>	NP	SP	SANCUSO PTCH	NP	
<i>deferasirox tbs</i>	NP	SP	ZOFRAN TABS 4 MG (<i>ondansetron hcl</i>)	NF	QL(1 ea daily)
<i>deferiprone tabs</i>	NP	SP	Antiemetics - Anticholinergic		
EXJADE TBSO (<i>deferasirox</i>)	NP	SP	ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC
FERRIPROX SOLN	NP	SP	ANTIVERT TABS	NP	
FERRIPROX TABS (<i>deferiprone</i>)	NP	SP	<i>dimenhydrinate tabs</i>	P	
FERRIPROX TWICE-A-DAY TABS	NP	SP	DRAMAMINE TABS (<i>dimenhydrinate</i>)	NF	
JADENU TABS (<i>deferasirox</i>)	NP	SP	<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	P	RX/OTC
JADENU SPRINKLE PACK (<i>deferasirox</i>)	NP	SP	<i>scopolamine</i>	P	
Opioid Antagonists			TRANSDERM-SCOP (<i>scopolamine</i>)	P	
KLOXXADO LIQD	P		<i>trimethobenzamide hcl caps</i>	NP	QL(4 ea daily)
NALMEFENE HYDROCHLORIDE	P		Antiemetics - Miscellaneous		
<i>naloxone hcl sosy</i>	P		AKYNZEO	NP	
<i>naloxone hcl liqd</i>	P		BONJESTA TBCR	NP	
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	P		DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NP	
<i>naloxone hcl soct</i>	P		<i>doxylamine-pyridoxine tbec</i>	NP	
<i>naltrexone hcl</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
dronabinol caps	NP		fluconazole susr	P	
EMETROL SOLN (fructose-dextrose-phosphoric acid)	NF		itraconazole soln	NP	
fructose-dextrose-phosphoric acid soln	P		itraconazole caps	P	
MARINOL CAPS 2.5 MG (dronabinol)	NP		ketoconazole	P	
MARINOL CAPS (dronabinol)	NF		NOXAFL TBEC (posaconazole)	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			NOXAFL SUSP (posaconazole)	NP	
aprepitant caps	P		NOXAFL PACK	NP	
aprepitant misc	P		posaconazole susp	NP	
EMEND SUSR	NP		posaconazole tbec	NP	
EMEND CAPS 80 MG (aprepitant)	NP		SPORANOX CAPS (itraconazole)	NP	
EMEND TRIPACK CAPS (aprepitant)	NP		SPORANOX SOLN (itraconazole)	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections			SPORANOX PULSEPAK CAPS (itraconazole)	NF	
Antifungal - Glucan Synthesis Inhibitors			TOLSURA CAPS	NP	
BREXAFEMME	NP		VFEND TABS (voriconazole)	NP	
Antifungals			VFEND SUSR (voriconazole)	NP	
ANCOBON (flucytosine)	NP		VIVJOA	NP	
flucytosine	NP		voriconazole tabs	NP	
griseofulvin microsize tabs	P		voriconazole susr	NP	
griseofulvin microsize susp	P		ANTIHISTAMINES - Drugs to Treat Allergies		
griseofulvin ultramicrosize	P		Antihistamines - Alkylamines		
nystatin tabs	P		chlorpheniramine maleate tabs	P	
terbinafine hcl tabs	P		CHLOR-TRIMETON TABS (chlorpheniramine maleate)	NF	
Imidazole-Related Antifungals			Antihistamines - Ethanolamines		
CRESEMBAL CAPS	NP		BENADRYL ALLERGY TABS (diphenhydramine hcl)	NF	AL(Up to 65 yrs old)
DIFLUCAN TABS (fluconazole)	NP	QL(1 ea daily)	BENADRYL ALLERGY CAPS (diphenhydramine hcl)	NF	AL(Up to 65 yrs old)
DIFLUCAN SUSR (fluconazole)	NP				
fluconazole tabs	P	QL(1 ea daily)			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BENADRYL ALLERGY CHILDRENS LIQD <i>(diphenhydramine hcl)</i>	NF		CLARITIN REDITABS TBDP (<i>loratadine</i>)	NF	
BENADRYL ALLERGY ULTRATABS TABS <i>(diphenhydramine hcl)</i>	NF	AL(Up to 65 yrs old)	<i>fexofenadine hcl tabs 180 mg</i>	P	QL(1 ea daily)
clemastine fumarate tabs 1.34 mg, 2.68 mg	P		<i>fexofenadine hcl tabs 60 mg</i>	P	QL(2 ea daily)
diphenhydramine hcl tabs 25 mg	P	AL(Up to 65 yrs old)	<i>loratadine chew</i>	P	
diphenhydramine hcl soln 50 mg/ml	P		<i>loratadine soln</i>	P	
diphenhydramine hcl caps	P	AL(Up to 65 yrs old)	<i>loratadine tbdp 10 mg</i>	P	
diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P		<i>loratadine tabs</i>	P	
diphenhydramine hcl elix 12.5 mg/5ml	P		ZYRTEC ALLERGY TABS <i>(cetirizine hcl)</i>	NF	
Antihistamines - Non-Sedating			ZYRTEC CHILDRENS ALLERGY SOLN OR <i>(cetirizine hcl)</i>	NF	RX/OTC
ALLEGRA ALLERGY TABS 60 MG <i>(fexofenadine hcl)</i>	NF	QL(2 ea daily)	Antihistamines - Phenothiazines		
ALLEGRA ALLERGY TABS 180 MG <i>(fexofenadine hcl)</i>	NF	QL(1 ea daily)	<i>promethazine hcl syrup</i>	P	
<i>cetirizine hcl chew 5 mg</i>	P		<i>promethazine hcl tabs</i>	P	
<i>cetirizine hcl syrup or</i>	P	RX/OTC	<i>promethazine hcl soln</i>	P	
<i>cetirizine hcl tabs</i>	P		Antihistamines - Piperidines		
<i>cetirizine hcl soln or</i>	P	RX/OTC	<i>cyproheptadine hcl tabs</i>	P	
CLARITIN TABS <i>(loratadine)</i>	NF		<i>cyproheptadine hcl syrup</i>	P	
CLARITIN SOLN <i>(loratadine)</i>	NF		ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
CLARITIN CHEW <i>(loratadine)</i>	NF		Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
CLARITIN ALLERGY CHILDRENS SOLN <i>(loratadine)</i>	NF		NEXLETOL	NP	QL(3 ea daily)
CLARITIN CHILDRENS CHEW (<i>loratadine</i>)	NF		Antihyperlipidemics - Combinations		
			<i>ezetimibe-simvastatin</i>	NP	MP
			NEXLIZET	NP	
			VYTORIN (<i>ezetimibe-simvastatin</i>)	NF	MP
			VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	MP
			Antihyperlipidemics - Misc.		
			<i>icosapent ethyl</i>	NP	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
LOVAZA (omega-3-acid ethyl esters)	NP	MP	WELCHOL TABS (colesevelam hcl)	NP	MP	
omega-3-acid ethyl esters	NP	MP	WELCHOL PACK (colesevelam hcl)	NP	MP	
omega-3-acid ethyl esters	NP	MP	Fibric Acid Derivatives			
VASCEPA 1 GM (icosapent ethyl)	NP	MP	ANTARA 30 MG, 90 MG	NP	MP	
VASCEPA 0.5 GM (icosapent ethyl)	NP		ANTARA 30 MG, 90 MG (fenofibrate micronized)	NP	MP	
Bile Acid Sequestrants			choline fenofibrate	P	MP	
cholestyramine powd	P	MP	fenofibrate caps	P	MP	
cholestyramine powd	P	MP	fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg	P	MP	
cholestyramine pack	P	MP	fenofibrate tabs	P	MP	
cholestyramine pack	P	MP	fenofibrate micronized	P	MP	
cholestyramine light powd	P	MP	fenofibric acid	NP	MP	
cholestyramine light pack	P	MP	FENOGLIDE TABS (fenofibrate)	NP	MP	
cholestyramine light powd	P	MP	gemfibrozil tabs	P	MP	
cholestyramine light pack	P	MP	LIPOFEN CAPS 150 MG (fenofibrate)	NF	MP	
colesevelam hcl tabs	NP	MP	LIPOFEN CAPS (fenofibrate)	NP	MP	
colesevelam hcl pack	NP	MP	LOPID TABS (gemfibrozil)	NP	MP	
COLESTID GRAN (colestipol hcl)	NP	MP	TRICOR TABS (fenofibrate)	NP	MP	
COLESTID PACK (colestipol hcl)	NP	MP	TRILIPIX (choline fenofibrate)	NP	MP	
COLESTID TABS (colestipol hcl)	NP	MP	HMG CoA Reductase Inhibitors			
COLESTID FLAVORED PACK (colestipol hcl)	NP	MP	ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP		
COLESTID FLAVORED GRAN (colestipol hcl)	NP	MP	ATORVALIQ SUSP	NP		
colestipol hcl pack	NP	MP	atorvastatin calcium tabs	P	QL(1 ea daily); MP	
colestipol hcl gran	NP	MP	CRESTOR TABS (rosuvastatin calcium)	NP	QL(1 ea daily); MP	
colestipol hcl tabs	NP	MP	CRESTOR TABS 5 MG, 10 MG (rosuvastatin calcium)	NF	QL(1 ea daily); MP	
QUESTRAN POWD (cholestyramine)	NP	MP	EZALLOR SPRINKLE CPSP	NP		
QUESTRAN PACK (cholestyramine)	NP	MP				
QUESTRAN LIGHT POWD (cholestyramine light)	NP	MP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>fluvastatin sodium tb24</i>	NP	MP	LEQVIO	NP	SP; MP	
<i>fluvastatin sodium caps</i>	NP	MP	PRALUENT SOAJ	NP	SP; MP	
<i>fluvastatin sodium tb24</i>	NP	MP	REPATHA SOSY	NP	SP; MP	
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	MP	REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP; MP	
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 ea daily); MP	REPATHA SURECLICK SOAJ	NP	SP; MP	
LIPITOR TABS 10 MG (<i>atorvastatin calcium</i>)	NF	QL(1 ea daily); MP	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			
LIVALO	NP		ACE Inhibitors			
<i>lovastatin tabs</i>	P	QL(1 ea daily); MP	ACCUPRIL (<i>quinapril hcl</i>)	NP	MP	
<i>pravastatin sodium</i>	P	QL(1 ea daily); MP	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	MP	
<i>rosuvastatin calcium tabs</i>	P	QL(1 ea daily); MP	<i>benazepril hcl</i>	P	MP	
<i>simvastatin tabs</i>	P	QL(1 ea daily); MP	<i>benazepril hcl</i>	P	MP	
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 ea daily); MP	<i>captopril</i>	P	MP	
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (<i>simvastatin</i>)	NF	QL(1 ea daily); MP	<i>enalapril maleate tabs</i>	P	MP	
ZYPITAMAG 2 MG, 4 MG	NP		<i>enalapril maleate tabs</i>	P	MP	
Intestinal Cholesterol Absorption Inhibitors						
<i>ezetimibe</i>	P	MP	<i>enalapril maleate soln</i>	NP	MP	
ZETIA (<i>ezetimibe</i>)	NP	MP	EPANED SOLN (<i>enalapril maleate</i>)	NP	MP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors						
JUXTAPIID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP	<i>fosinopril sodium</i>	P	MP	
Nicotinic Acid Derivatives			<i>lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	P	MP	
<i>niacin (antihyperlipidemic) tbcr 500 mg, 1000 mg</i>	NP	MP	<i>lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	P	MP	
<i>niacin (antihyperlipidemic) tbcr</i>	NP	MP	LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	MP	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	NF	MP	<i>moexipril hcl</i>	P	MP	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>perindopril erbumine</i>	NP	MP	
			PRINIVIL TABS 20 MG (<i>lisinopril</i>)	NF	MP	
			QBRELIS SOLN	NP	QL(5 ml daily); MP	
			<i>quinapril hcl</i>	P	MP	
			<i>ramipril caps</i>	P	MP	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ramipril caps 2.5 mg, 5 mg, 10 mg	P	MP	CARDURA (doxazosin mesylate)	NP	MP
trandolapril	P	MP	CARDURA 1 MG, 2 MG, 4 MG (doxazosin mesylate)	NF	MP
VASOTEC TABS (enalapril maleate)	NP	MP	CATAPRES-TTS-1 (clonidine)	NP	MP
ZESTRIL TABS (lisinopril)	NP	MP	CATAPRES-TTS-2 (clonidine)	NP	MP
Agents for Pheochromocytoma			CATAPRES-TTS-3 (clonidine)	NP	MP
DEM SER (metyrosine)	P	SP	clonidine	P	MP
metyrosine	P	SP	clonidine hcl tabs	P	MP
phenoxybenzamine hcl	NP		clonidine hcl tabs	P	MP
Angiotensin II Receptor Antagonists			clonidine hcl tb24	NP	
ATACAND (candesartan cilexetil)	NP	MP	doxazosin mesylate 4 mg	P	MP
AVAPRO (irbesartan)	NP	MP	doxazosin mesylate	P	MP
BENICAR (olmesartan medoxomil)	NP	MP	guanfacine hcl	P	MP
candesartan cilexetil	NP	MP	methyldopa tabs	P	MP
COZAAR 50 MG, 100 MG (losartan potassium)	NF	MP	MINIPRESS CAPS (prazosin hcl)	NP	MP
COZAAR (losartan potassium)	NP	MP	prazosin hcl caps	P	MP
DIOVAN TABS (valsartan)	NP	MP	prazosin hcl caps	P	MP
EDARBI	NP	MP	terazosin hcl	P	MP
irbesartan	P	MP	terazosin hcl	P	MP
losartan potassium	P	MP	Antihypertensive Combinations		
losartan potassium	P	MP	ACCURETIC	NP	MP
MICARDIS (telmisartan)	NP	MP	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)	NF	MP
olmesartan medoxomil	NP	MP	ACCURETIC (quinapril-hydrochlorothiazide)	NP	MP
olmesartan medoxomil 5 mg	NP	MP	amlodipine besylate-benazepril hcl	P	MP
telmisartan	NP	MP	amlodipine besylate-olmesartan medoxomil	NP	MP
telmisartan	NP	MP	amlodipine besylate-valsartan	NP	MP
valsartan tabs	P	MP	amlodipine-valsartan-hydrochlorothiazide	NP	MP
valsartan tabs	P	MP			
Antiadrenergic Antihypertensives					
CARDURA 8 MG (doxazosin mesylate)	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	NP	MP	<i>lisinopril & hydrochlorothiazide</i>	P	MP
atenolol & chlorthalidone	P	MP	<i>losartan potassium & hydrochlorothiazide</i>	P	MP
AVALIDE (irbesartan-hydrochlorothiazide)	NP	MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	NP	MP
AZOR (amlodipine besylate-olmesartan medoxomil)	NP	MP	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	NP	MP
benazepril & hydrochlorothiazide	P	MP	<i>metoprolol & hydrochlorothiazide tabs</i>	P	MP
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)	NP	MP	MICARDIS HCT (telmisartan-hydrochlorothiazide)	NP	MP
bisoprolol & hydrochlorothiazide	P	MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	MP
candesartan cilexetil-hydrochlorothiazide	NP	MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	NP	MP
candesartan cilexetil-hydrochlorothiazide	NP	MP	<i>quinapril-hydrochlorothiazide</i>	P	MP
captopril & hydrochlorothiazide	P		TARKA 180 MG-2 MG, 240 MG-2 MG, 240 MG-4 MG (trandolapril-verapamil hcl)	NF	MP
DIOVAN HCT (valsartan-hydrochlorothiazide)	NP	QL(1 ea daily); MP	TEKTURNA HCT	NP	
EDARBYCLOR	NP		<i>telmisartan-amlodipine</i>	NP	MP
enalapril maleate & hydrochlorothiazide	P	MP	<i>telmisartan-hydrochlorothiazide</i>	NP	MP
EXFORGE (amlodipine besylate-valsartan)	NP	MP	TENORETIC 100 (atenolol & chlorthalidone)	NP	MP
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	NP	MP	TENORETIC 50 (atenolol & chlorthalidone)	NP	MP
fosinopril sodium & hydrochlorothiazide	P	MP	<i>trandolapril-verapamil hcl</i>	P	MP
HYZAAR (losartan potassium & hydrochlorothiazide)	NF	MP	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	MP
HYZAAR (losartan potassium & hydrochlorothiazide)	NP	MP	TWYNSTA (telmisartan-amlodipine)	NF	MP
irbesartan-hydrochlorothiazide	P	MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide	P	QL(1 ea daily); MP	Anti-infective Misc. - Combinations		
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	MP	BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	MP	BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NP	MP	<i>methenamine-hyoscamine-methylene blue-sodium phosphate tabs</i>	NP	
Antihypertensives - Misc.			<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NP	
VECAMYL	NP	SP	<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal caps</i>	NP	
Direct Renin Inhibitors			<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 10.8 mg-81.6 mg-36.2 mg-0.12 mg-40.8 mg</i>	NP	
<i>aliskiren fumarate</i>	NP	MP	<i>sulfamethoxazole-trimethoprim tabs</i>	P	
TEKTURNA (<i>aliskiren fumarate</i>)	NP	MP	<i>sulfamethoxazole-trimethoprim susp</i>	P	
Selective Aldosterone Receptor Antagonists (SARAs)			UROGESIC-BLUE TABS (<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP	
<i>eplerenone</i>	NP	MP	Antiprotozoal Agents		
INSPRA (<i>eplerenone</i>)	NP	MP	<i>atovaquone</i>	P	
Vasodilators			LAMPIT	NP	
<i>hydralazine hcl tabs</i>	P	MP	MEPRON (<i>atovaquone</i>)	NP	
<i>minoxidil 2.5 mg, 10 mg</i>	P	MP	<i>nitazoxanide tabs</i>	NP	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			Glycopeptides		
Anti-infective Agents - Misc.			FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	NP	
AEMCOLO	NP		VANCOCIN CAPS (<i>vancomycin hcl</i>)	NP	
FLAGYL CAPS (<i>metronidazole</i>)	NP		<i>vancomycin hcl solr or 25 mg/ml, 50 mg/ml</i>	P	
<i>metronidazole tabs</i>	P				
<i>metronidazole caps</i>	NP				
NEBUPENT IN (<i>pentamidine isethionate</i>)	P				
<i>pentamidine isethionate in</i>	P				
<i>tinidazole</i>	NP				
<i>trimethoprim tabs</i>	P				
XIFAXAN	NP				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>vancomycin hcl caps</i>	P		MACROBID (nitrofurantoin monohyd macro)	NP				
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	P		MACRODANTIN (nitrofurantoin macrocrystal)	NP				
Leprostatics								
<i>dapsone</i>	P		<i>methenamine hippurate</i>	P				
Lincosamides								
CLEOCIN (clindamycin hcl)	NP		<i>methenamine mandelate 0.5 gm, 1 gm</i>	P				
CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ml daily)	MONUROL (fosfomycin tromethamine)	P				
<i>clindamycin hcl</i>	P		<i>nitrofurantoin</i>	P				
<i>clindamycin palmitate hydrochloride</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ml daily)	<i>nitrofurantoin macrocrystal</i>	P				
Monobactams			<i>nitrofurantoin monohyd macro</i>	P				
CAYSTON	NP	SP	ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)					
Oxazolidinones								
<i>linezolid susr</i>	NP		Antimalarial Combinations					
<i>linezolid tabs</i>	NP		<i>atovaquone-proguanil hcl</i>	P				
SIVEXTRO TABS	NP		COARTEM	NP				
ZYVOX TABS (<i>linezolid</i>)	NP		MALARONE (atovaquone-proguanil hcl)	NP				
ZYVOX SUSR (<i>linezolid</i>)	NP		Antimalarials					
Pleuromutilins			<i>chloroquine phosphate tabs</i>	P				
XENLETA TABS	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(20 ea per fill retail); SP	DARAPRIM (pyrimethamine)	NP	SP			
Urinary Anti-infectives			<i>hydroxychloroquine sulfate</i>	P				
<i>fosfomycin tromethamine</i>	P		KRINTAFEL	NP				
HIPREX (methenamine hippurate)	NF		<i>mefloquine hcl</i>	P				
HIPREX (methenamine hippurate)	NP		<i>primaquine phosphate tabs</i>	P				
			PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	P				
			<i>pyrimethamine</i>	NP	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
QUALAQUIN CAPS <i>(quinine sulfate)</i>	NP		TRECATOR	P				
<i>quinine sulfate caps 324 mg</i>	NP		ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer					
ANTIMYASTHENIC/CHOLINERGIC AGENTS								
Antimyasthenic/Cholinergic Agents								
FIRDAPSE	NP	SP	cyclophosphamide caps	P				
MESTINON SOLN OR <i>(pyridostigmine bromide)</i>	NP	MP	CYCLOPHOSPHAMIDE TABS	P				
MESTINON TABS <i>(pyridostigmine bromide)</i>	NP		LEUKERAN	P				
MESTINON TIMESPAN TBCR <i>(pyridostigmine bromide)</i>	NP		<i>melphalan</i>	P				
<i>pyridostigmine bromide tbcr</i>	P		MYLERAN TABS	P				
<i>pyridostigmine bromide soln or</i>	P	MP	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	NF	SP			
<i>pyridostigmine bromide tabs</i>	P		<i>temozolomide caps</i>	P	SP			
<i>pyridostigmine bromide soln or</i>	P	MP	Antimetabolites					
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)								
Antimycobacterial Agents								
cycloserine	P		<i>capecitabine</i>	NP	SP			
<i>ethambutol hcl tabs</i>	P		<i>mercaptopurine tabs</i>	P				
<i>isoniazid tabs</i>	P		<i>methotrexate sodium tabs 2.5 mg</i>	P				
<i>isoniazid syrup</i>	P		<i>methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml</i>	P				
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NP		ONUREG TABS	NP	SP			
MYCOBUTIN (<i>rifabutin</i>)	NP		PURIXAN SUSP	NP	MP			
PRETOMANID	NP	QL(1 ea daily)	TABLOID	P	SP			
PRIFTIN	P		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P				
<i>pyrazinamide</i>	P		XATMEP SOLN	NP	MP			
<i>rifabutin</i>	P		XELODA (<i>capecitabine</i>)	NP	SP			
<i>rifampin caps</i>	P		XELODA (<i>capecitabine</i>)	NF				
SIRTURO	NP		Antineoplastic - Angiogenesis Inhibitors					
IL MHP Medicaid								
July 1, 2023								
P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary								

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA 14 MG DAILY DOSE	NP	SP	<i>anastrozole</i>	P	QL(1 ea daily)
LENVIMA 18 MG DAILY DOSE	NP	SP	ARIMIDEX (<i>anastrozole</i>)	NP	QL(1 ea daily); AL(At least 40 yrs old)
LENVIMA 20 MG DAILY DOSE	NP	SP	AROMASIN (<i>exemestane</i>)	NP	AL(At least 40 yrs old)
LENVIMA 24 MG DAILY DOSE	NP	SP	<i>bicalutamide</i>	P	
LENVIMA 4 MG DAILY DOSE	NP	SP	CASODEX (<i>bicalutamide</i>)	NP	
LENVIMA 8 MG DAILY DOSE	NP	SP	EMCYT	P	SP
Antineoplastic - Anti-HER2 Agents			ERLEADA	NP	SP
TUKYSA	NP	QL(3 ea daily); SP	<i>exemestane</i>	P	
Antineoplastic - BCL-2 Inhibitors			<i>exemestane</i>	P	AL(At least 40 yrs old)
VENCLEXTA TABS	NP	SP	FARESTON (<i>toremifene citrate</i>)	NP	
VENCLEXTA STARTING PACK TBPK	NP	SP	FEMARA (<i>letrozole</i>)	NP	QL(1 ea daily); AL(At least 40 yrs old)
Antineoplastic - EGFR Inhibitors			<i>flutamide</i>	P	
<i>erlotinib hcl</i>	P	SP	<i>letrozole</i>	P	QL(1 ea daily)
EXKIVITY	NP	SP	<i>letrozole</i>	P	QL(1 ea daily); AL(At least 40 yrs old)
<i>gefitinib</i>	P	SP	LYSODREN	P	SP
GILOTRIF	NP	SP	<i>megestrol acetate susp 800 mg/20ml</i>	P	MP
IRESSA (<i>gefitinib</i>)	P	SP	<i>megestrol acetate tabs</i>	P	
TAGRISSO	NP	SP	<i>megestrol acetate susp 40 mg/ml, 400 mg/10ml</i>	P	MP
TARCEVA (<i>erlotinib hcl</i>)	NP	SP	<i>nilutamide</i>	P	
VIZIMPRO	NP	SP	NUBEQA	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors			ORGOVYX	NP	SP
DAURISMO	NP	SP	ORSERDU	NP	SP
ERIVEDGE	P	SP	SOLTAMOX SOLN	P	MP
ODOMZO	NP	SP	<i>tamoxifen citrate tabs</i>	P	QL(2 ea daily)
Antineoplastic - Hormonal and Related Agents			<i>toremifene citrate</i>	P	
<i>abiraterone acetate</i>	P	SP	XTANDI CAPS	NP	SP
<i>abiraterone acetate</i>	P	SP	XTANDI TABS	NP	SP
<i>anastrozole</i>	P	QL(1 ea daily); AL(At least 40 yrs old)	YONSA	NP	SP
			ZYTIGA (<i>abiraterone acetate</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Immunomodulators					
POMALYST	NP	SP	BOSULIF	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors					
AYVAKIT	NP	SP	BRAFTOVI 75 MG	NP	SP
Antineoplastic - XPO1 Inhibitors					
XPOVIO	NP	SP	BRUKINSA	NP	SP
XPOVIO 100 MG ONCE WEEKLY	NP	SP	CABOMETYX TABS	NP	SP
XPOVIO 40 MG ONCE WEEKLY	NP	SP	CALQUENCE	NP	SP
XPOVIO 40 MG TWICE WEEKLY	NP	SP	CALQUENCE	NP	SP
XPOVIO 60 MG ONCE WEEKLY	NP	SP	CAPRELSA	P	SP
XPOVIO 60 MG TWICE WEEKLY	NP	SP	COMETRIQ KIT	NP	SP
XPOVIO 80 MG ONCE WEEKLY	NP	SP	COPIKTRA	NP	SP
XPOVIO 80 MG TWICE WEEKLY	NP	SP	COTELLIC	NP	SP
Antineoplastic Combinations					
INQOVI	NP	SP	everolimus <i>tbso</i>	NP	SP
KISQALI FEMARA 200 DOSE	NP	SP	everolimus <i>tabs</i>	NP	SP
KISQALI FEMARA 400 DOSE	NP	SP	FOTIVDA	NP	SP
KISQALI FEMARA 600 DOSE	NP	SP	GAVRETO	NP	SP
LONSURF	NP	SP	GLEEVEC (<i>imatinib mesylate</i>)	NP	SP
Antineoplastic Enzyme Inhibitors			IBRANCE CAPS	NP	SP
AFINITOR TABS (<i>everolimus</i>)	NP	SP	IBRANCE TABS	NP	SP
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	SP	ICLUSIG	NP	SP
ALECensa	NP	SP	IDHIFA	NP	SP
ALUNBRIG TBPK	NP	SP	<i>imatinib mesylate</i>	NP	SP
ALUNBRIG TABS	NP	SP	IMBRUvICA SUSP	NP	SP
BALVERSA	NP	SP	IMBRUvICA TABS	NP	SP
			IMBRUvICA CAPS	NP	SP
			INREBIC	NP	SP
			JAKAFI	P	SP
			JAYPIRCA	NP	SP
			KISQALI	NP	SP
			KOSELUGO	NP	QL(3 ea daily); SP
			KRAZATI	NP	SP
			<i>lapatinib ditosylate</i>	NP	SP
			LORBRENA	NP	SP
			LUMAKRAS	NP	SP
			LYNPARZA TABS	NP	SP
			LYTGOBI	NP	SP
			MEKINIST TABS	NP	SP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	NP	SP	VITRAKVI SOLN	NP	SP; MP
NERLYNX	NP	SP	VITRAKVI CAPS	NP	SP
NEXAVAR (<i>sorafenib tosylate</i>)	P	SP	VONJO	NP	SP
NINLARO	NP	SP	VOTRIENT	P	SP
PEMAZYRE	NP	QL(3 ea daily); SP	XALKORI	NP	SP
PIQRAY 200MG DAILY DOSE	NP	SP	XOSPATA	NP	SP
PIQRAY 250MG DAILY DOSE	NP	SP	ZEJULA	NP	SP
PIQRAY 300MG DAILY DOSE	NP	SP	ZELBORAF	NP	SP
QINLOCK	NP	SP	ZOLINZA	NP	SP
RETEVMO	NP	SP	ZYDELIG	NP	SP
REZLIDHIA	NP	SP	ZYKADIA TABS	NP	SP
ROZLYTREK	NP	SP	Antineoplastics Misc.		
RUBRACA	NP	SP	<i>bexarotene</i>	P	SP
RYDAPT	NP	SP	HYDREA (<i>hydroxyurea</i>)	NP	
SCEMBLIX	NP	SP	<i>hydroxyurea</i>	P	
<i>sorafenib tosylate</i>	P	SP	MATULANE	P	SP
SPRYCEL	NP	SP	TARGRETIN (<i>bexarotene</i>)	NP	SP
STIVARGA	NP	SP	<i>tretinoin (chemotherapy)</i>	P	SP
<i>sunitinib malate</i>	P	SP	Chemotherapy Rescue/Antidote/Protective Agents		
SUTENT (<i>sunitinib malate</i>)	P	SP	<i>leucovorin calcium tabs</i>	P	
TABRECTA	NP	QL(3 ea daily); SP	MESNEX TABS	P	SP
TAFINLAR CAPS	NP	SP	Mitotic Inhibitors		
TALZENNA	NP	SP	<i>etoposide caps</i>	P	SP
TASIGNA	NP	SP	Topoisomerase I Inhibitors		
TAZVERIK	NP	SP	HYCAMTIN CAPS	P	SP
TEPMETKO	NP	SP	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
TIBSOVO	NP	SP	Antiparkinson Adjunctive Therapy		
TRUSELTIQ	NP	SP	<i>carbidopa</i>	P	MP
TURALIO	NP	SP	<i>LODOSYN (carbidopa)</i>	NP	MP
TYKERB (<i>lapatinib ditosylate</i>)	NP	SP	<i>NOURIANZ</i>	NP	
VERZENIO	NP	SP	Antiparkinson Anticholinergics		
			<i>benztropine mesylate tabs</i>	P	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate tabs	P	MP	NEUPRO	NP	
trihexyphenidyl hcl tabs	P	MP	OSMOLEX ER TB24 129 MG, 193 MG	NP	MP
trihexyphenidyl hcl soln	P	MP	OSMOLEX ER TB24 129 MG	NP	MP
Antiparkinson COMT Inhibitors					
COMTAN (entacapone)	NP	MP	PARLODEL TABS (bromocriptine mesylate)	NP	MP
entacapone	P	MP	PARLODEL CAPS (bromocriptine mesylate)	NP	MP
ONGENTYS	NP		pramipexole dihydrochloride tabs	P	MP
TASMAR (tolcapone)	NP	MP	pramipexole dihydrochloride tb24	NP	MP
tolcapone	NP	MP	ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL(3 ea daily); MP
Antiparkinson Dopaminergics					
amantadine hcl caps	P	MP	ropinirole hydrochloride tabs 5 mg	P	QL(5 ea daily); MP
amantadine hcl soln	P	MP	ropinirole hydrochloride tb24	NP	MP
amantadine hcl caps	P	MP	ropinirole hydrochloride tb24	NP	MP
amantadine hcl soln	P	MP	RYTARY CPCR	NP	MP
amantadine hcl tabs	P	MP	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	NP	MP
APOKYN SOCT	NP	SP; MP	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	NF	MP
apomorphine hydrochloride soct	NP	SP; MP	STALEVO 100 (carbidopa-levodopa-entacapone)	NP	MP
bromocriptine mesylate caps	P	MP	STALEVO 125 (carbidopa-levodopa-entacapone)	NP	MP
bromocriptine mesylate tabs 2.5 mg	P	MP	STALEVO 150 (carbidopa-levodopa-entacapone)	NP	MP
carbidopa-levodopa tabs	P	MP	STALEVO 200 (carbidopa-levodopa-entacapone)	NP	MP
carbidopa-levodopa tbcr	P	MP	STALEVO 50 (carbidopa-levodopa-entacapone)	NP	MP
carbidopa-levodopa tbdp	NP	MP			
carbidopa-levodopa-entacapone	NP	MP			
DHIVY TABS	NP	MP			
GOCOVRI CP24	NP	SP; MP			
INBRIJA CAPS	NP				
KYNMOBI FILM	NP				
MIRAPEX TABS 0.125 MG, 0.5 MG, 0.75 MG, 1 MG (pramipexole dihydrochloride)	NF	MP			
MIRAPEX ER TB24 (pramipexole dihydrochloride)	NP	MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NP	MP	NUPLAZID CAPS	NP	AL(At least 8 yrs old)
Antiparkinson Monoamine Oxidase Inhibitors			VRAYLAR CAPS	NP	AL(At least 8 yrs old)
AZILECT (<i>rasagiline mesylate</i>)	NP	MP	VRAYLAR CPPK	NP	AL(At least 8 yrs old)
<i>rasagiline mesylate</i>	NP	MP	<i>ziprasidone hcl</i>	P	QL(2 ea daily); MP
<i>selegiline hcl caps</i>	P	MP	<i>ziprasidone mesylate</i>	NP	
<i>selegiline hcl tabs</i>	P	MP	Benzisoxazoles		
XADAGO	NP		FANAPT	NP	QL(2 ea daily); AL(At least 8 yrs old)
ZELAPAR TBDP	NP	MP	FANAPT TITRATION PACK	NP	QL(0.27 ea daily); AL(At least 8 yrs old)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			INVEGA (<i>paliperidone</i>)	NP	AL(At least 8 yrs old); MP
Antimanic Agents			INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; MP; PA
<i>lithium carbonate caps</i>	P	MP	INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; MP; PA
<i>lithium carbonate tabs</i>	P	MP	INVEGA TRINZA	P	AL(At least 18 yrs old); SP; MP; PA
<i>lithium carbonate tbcr</i>	P	MP	<i>paliperidone</i>	NP	MP
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	MP	<i>paliperidone</i>	NP	AL(At least 8 yrs old); MP
Antipsychotics - Misc.			PERSERIS PRSY	NP	AL(At least 8 yrs old); SP; MP
CAPLYTA 10.5 MG, 21 MG	NP		RISPERDAL SOLN (<i>risperidone</i>)	NP	MP
CAPLYTA 42 MG	NP	QL(3 ea daily)	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	MP
EQUETRO	NP		RISPERDAL CONSTA	NP	SP
GEODON (<i>ziprasidone mesylate</i>)	NP		<i>risperidone tabs</i>	P	MP
GEODON (<i>ziprasidone hcl</i>)	NP	QL(2 ea daily); MP	<i>risperidone soln</i>	P	MP
GEODON 20 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	QL(2 ea daily); MP	<i>risperidone tbdp</i>	NP	MP
GEODON (<i>ziprasidone mesylate</i>)	NF		Butyrophenones		
LATUDA 80 MG (<i>lurasidone hcl</i>)	NF	AL(At least 8 yrs old)			
LATUDA (<i>lurasidone hcl</i>)	NP	AL(At least 8 yrs old)			
<i>lurasidone hcl</i>	NP				
NUPLAZID TABS 10 MG	NP	AL(At least 8 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HALDOL DECANOATE 100 (<i>haloperidol decanoate</i>)	NF		SAPHRIS 10 MG (<i>asenapine maleate</i>)	NF	AL(At least 8 yrs old); MP
HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>)	NF		SAPHRIS 5 MG (<i>asenapine maleate</i>)	NF	MP
<i>haloperidol tabs</i>	P	MP	SECUADO	NP	QL(1 ea daily)
<i>haloperidol tabs 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg</i>	P	MP	SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	MP
<i>haloperidol decanoate</i>	P		SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	MP
<i>haloperidol lactate conc</i>	P	MP	VERSACLOZ SUSP	NP	AL(At least 8 yrs old); MP
Dibenzapines			ZYPREXA SOLR (<i>olanzapine</i>)	NP	AL(At least 8 yrs old)
<i>asenapine maleate 2.5 mg</i>	NP	MP	ZYPREXA TABS (<i>olanzapine</i>)	NP	MP
<i>asenapine maleate 5 mg</i>	NP	MP	ZYPREXA RELPREVV	NP	AL(At least 8 yrs old); SP
<i>asenapine maleate 2.5 mg, 10 mg</i>	NP	AL(At least 8 yrs old); MP	ZYPREXA ZYDIS TBDP 5 MG, 15 MG, 20 MG (<i>olanzapine</i>)	NP	MP
<i>clozapine tbdp</i>	NP	AL(At least 8 yrs old); MP	ZYPREXA ZYDIS TBDP 10 MG (<i>olanzapine</i>)	NP	AL(At least 8 yrs old); MP
<i>clozapine tabs</i>	P	MP	Dihydroindolones		
CLOZARIL TABS (<i>clozapine</i>)	NP	MP	<i>molindone hcl</i>	NP	MP
<i>loxapine succinate</i>	P	MP	Phenothiazines		
<i>olanzapine tabs</i>	P	MP	<i>chlorpromazine hcl tabs 10 mg, 25 mg, 50 mg, 200 mg</i>	P	QL(4 ea daily); MP
<i>olanzapine solr</i>	NP	AL(At least 8 yrs old)	<i>chlorpromazine hcl tabs 100 mg</i>	P	QL(5 ea daily); MP
<i>olanzapine tbdp</i>	P	MP	<i>chlorpromazine hcl conc</i>	P	MP
<i>olanzapine tbdp 10 mg</i>	P	AL(At least 8 yrs old); MP	<i>fluphenazine hcl elix</i>	P	MP
<i>olanzapine tbdp 5 mg, 15 mg, 20 mg</i>	P	MP	<i>fluphenazine hcl conc</i>	P	
<i>quetiapine fumarate tb24</i>	P	MP	<i>fluphenazine hcl tabs</i>	P	MP
<i>quetiapine fumarate tb24</i>	P	MP	<i>fluphenazine hcl soln</i>	P	
<i>quetiapine fumarate tabs 150 mg</i>	P		<i>fluphenazine hcl tabs</i>	P	MP
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	P	MP	<i>perphenazine tabs</i>	P	MP
SAPHRIS 2.5 MG, 10 MG (<i>asenapine maleate</i>)	NP	AL(At least 8 yrs old); MP	<i>perphenazine tabs</i>	P	MP
SAPHRIS 5 MG (<i>asenapine maleate</i>)	NP	MP	<i>prochlorperazine</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>prochlorperazine maleate tabs</i>	P		BETADINE SOLN (<i>povidone-iodine</i>)	NF				
<i>thioridazine hcl</i>	P	MP	FIRST AID ANTISEPTIC OINTMENT OINT	P				
<i>trifluoperazine hcl tabs</i>	P	MP	<i>povidone-iodine soln 10 %</i>	P				
Quinolinone Derivatives								
ABILIFY TABS (<i>aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old); MP	ANTIVIRALS - Drugs to Treat Viral Infections					
ABILIFY ASIMTUFII PRSY	NP		Antiretrovirals					
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; MP; PA	<i>abacavir sulfate soln</i>	P	MP			
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; MP; PA	<i>abacavir sulfate tabs</i>	P	QL(2 ea daily); MP			
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 8 yrs old); SP	<i>abacavir sulfate-lamivudine</i>	P	MP			
ABILIFY MYCITE STARTER KIT	NP	AL(At least 8 yrs old); SP	<i>abacavir sulfate-lamivudine-zidovudine</i>	P	MP			
<i>aripiprazole tabs</i>	P	QL(1 ea daily); MP	APRETUDE	P				
<i>aripiprazole tabs</i>	P	QL(1 ea daily); AL(At least 6 yrs old); MP	APRETUDE	NP				
<i>aripiprazole soln or</i>	NP	QL(20 ml daily); AL(At least 6 yrs old); MP	APTIVUS CAPS	P	MP			
<i>aripiprazole tbdp</i>	NP	MP	<i>atazanavir sulfate caps</i>	P	MP			
ARISTADA	P	AL(At least 8 yrs old); SP; MP; PA	BIKTARVY	P	MP			
ARISTADA INITIO	P	AL(At least 8 yrs old); SP; PA	CABENUVA	P	MP; PA			
REXULTI	NP	QL(1 ea daily); AL(At least 8 yrs old)	CIMDUO	NP	MP			
Thioxanthenes								
<i>thiothixene</i>	P	MP	COMBIVIR (<i>lamivudine-zidovudine</i>)	NP	MP			
ANTISEPTICS & DISINFECTANTS								
Iodine Antiseptics								

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg</i>	P	MP	<i>nevirapine susp</i>	P	MP
EMTRIVA CAPS (<i>emtricitabine</i>)	P	MP	<i>nevirapine tabs</i>	P	MP
EMTRIVA SOLN	P	MP	<i>nevirapine tb24</i>	P	MP
EPIVIR SOLN (<i>lamivudine</i>)	NP	MP	NORVIR PACK	P	MP
EPIVIR TABS (<i>lamivudine</i>)	NP	MP	NORVIR TABS (<i>ritonavir</i>)	NF	MP
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NP	MP	NORVIR TABS (<i>ritonavir</i>)	P	MP
<i>etravirine</i>	P	MP	ODEFSEY	P	MP
EVOTAZ	NP	MP	PIFELTRO	NP	MP
<i>fosamprenavir calcium tabs</i>	P	MP	PREZCOBIX	NP	MP
FUZEON SOLR	NP	SP; MP	PREZISTA SUSP	P	MP
GENVOYA	P	MP	PREZISTA TABS (<i>darunavir</i>)	P	MP
INTELENCE (<i>etravirine</i>)	P	MP	PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	MP
INTELENCE	P	MP	RETROVIR SYRP (<i>zidovudine</i>)	NP	MP
INVIRASE TABS	P	MP	RETROVIR CAPS (<i>zidovudine</i>)	NP	MP
ISENTRESS CHEW	P	MP	REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	P	MP
ISENTRESS PACK	P	MP	REYATAZ PACK	P	MP
ISENTRESS TABS	P	MP	REYATAZ CAPS 150 MG (<i>atazanavir sulfate</i>)	NF	MP
ISENTRESS HD TABS	P	MP	<i>ritonavir tabs</i>	P	MP
JULUCA	NP	MP	RUKOBIA	NP	MP
KALETRA TABS (<i>lopinavir-ritonavir</i>)	P	MP	SELZENTRY TABS	NP	MP
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	NP	MP	SELZENTRY TABS (<i>maraviroc</i>)	NP	MP
<i>lamivudine soln</i>	P	MP	SELZENTRY SOLN	NP	MP
<i>lamivudine tabs</i>	P	MP	STRIBILD	NP	MP
<i>lamivudine-zidovudine</i>	P	MP	SUSTIVA CAPS (<i>efavirenz</i>)	P	MP
LEXIVA TABS (<i>fosamprenavir calcium</i>)	P	MP	SUSTIVA TABS (<i>efavirenz</i>)	NF	MP
LEXIVA SUSP	P	MP	SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP
<i>lopinavir-ritonavir tabs</i>	P	MP			
<i>lopinavir-ritonavir soln</i>	P	MP			
<i>maraviroc tabs</i>	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
SYMFY LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP	VALCYTE TABS (<i>valganciclovir hcl</i>)	NP		
SYMTUZA	P	MP	<i>valganciclovir hcl solr</i>	NP		
TEMIXYS	NP	MP	<i>valganciclovir hcl tabs</i>	P		
<i>tenofovir disoproxil fumarate tabs</i>	P	MP	Hepatitis Agents			
TIVICAY TABS	P	MP	<i>adefovir dipivoxil</i>	NP		
TIVICAY PD TBSO	P	MP	BARACLUDE TABS (<i>entecavir</i>)	NP		
TRIUMEQ TABS	P	MP	BARACLUDE SOLN	NP	MP	
TRIUMEQ PD TBSO	P		<i>entecavir tabs</i>	P		
TRIZIVIR	NP	MP	EPCLUSA TABS	NP	SP	
TROGARZO	P	SP; MP; PA	EPCLUSA PACK	NP	SP	
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	MP	EPCLUSA TABS	NP	SP	
TYBOST	NP	MP	EPIVIR HBV SOLN	NP	MP	
VIRACEPT TABS	P	MP	EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	NP		
VIRAMUNE SUSP (<i>nevirapine</i>)	NF	MP	HARVONI PACK	NP	SP	
VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	NP	MP	HARVONI TABS	NP	SP	
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	P	MP	HARVONI TABS	NP	SP	
VIREAD POWD	P	MP	HEPSERA (<i>adefovir dipivoxil</i>)	NP		
VIREAD TABS	P	MP	<i>lamivudine (hbv) tabs</i>	NP		
ZIAGEN SOLN (<i>abacavir sulfate</i>)	P	MP	LEDIPASVIR/SOFOSBUVIR TABS	NP	SP	
ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	QL(2 ea daily); MP	MAVYRET PACK	P	SP	
<i>zidovudine syrp</i>	P	MP	MAVYRET TABS	P	SP	
<i>zidovudine tabs</i>	P	MP	PEGASYS SOLN	NP	SP	
<i>zidovudine caps</i>	P	MP	PEGASYS SOSY	NP	SP	
CMV Agents			<i>ribavirin (hepatitis c) tabs 200 mg</i>	P	SP	
LIVTENCITY	P	SP; PA	<i>ribavirin (hepatitis c) caps</i>	P	SP	
PREVYMIS TABS	NP	SP	SOFOSBUVIR/VELPATA SVIR TABS	P	SP	
VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP		SOVALDI TABS	NP	SP	
			SOVALDI PACK	NP	SP	
			VEMLIDY	NP	SP	
			VIEKIRA PAK TBPK	NP	SP	
			VOSEVI	NP	SP	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
ZEPATIER	NP	SP	TAMIFLU CAPS 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(20 ea per fill retail)		
Herpes Agents							
<i>acyclovir susp</i>	P	MP	TAMIFLU CAPS 30 MG (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(40 ea per fill retail)		
<i>acyclovir caps</i>	P		TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(120 ml per fill retail)		
<i>acyclovir tabs or</i>	P		XOFLUZA 40 MG, 80 MG	NP			
<i>famciclovir</i>	NP		Respiratory Syncytial Virus (RSV) Agents				
SITAVIG TABS BU	NP		<i>ribavirin</i>	P			
<i>valacyclovir hcl</i>	P		VIRAZOLE (<i>ribavirin</i>)	NP			
VALTREX 500 MG (<i>valacyclovir hcl</i>)	NF		BETA BLOCKERS - Drugs to Treat High Blood Pressure				
VALTREX (<i>valacyclovir hcl</i>)	NP		Alpha-Beta Blockers				
ZOVIRAX SUSP (<i>acyclovir</i>)	NF	MP	<i>carvedilol</i>	P	MP		
Influenza Agents			<i>carvedilol phosphate</i>	NP	MP		
<i>oseltamivir phosphate caps 30 mg</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(40 ea per fill retail)	COREG (<i>carvedilol</i>)	NP	MP		
<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(20 ea per fill retail)	COREG CR (<i>carvedilol phosphate</i>)	NP	MP		
<i>oseltamivir phosphate susr</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(120 ml per fill retail)	<i>labetalol hcl tabs</i>	P	MP		
RELENZA DISKHALER	P	10 rtl MAX day(s) supply; 30 rtl lmt day(s)	Beta Blockers Cardio-Selective				
<i>rimantadine hydrochloride tabs</i>	NP		<i>acebutolol hcl caps</i>	P	MP		
			<i>atenolol tabs</i>	P	MP		
			<i>atenolol tabs</i>	P	MP		
			<i>betaxolol hcl</i>	P	MP		

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
bisoprolol fumarate	P	MP	sotalol hcl tabs 80 mg	P	MP	
BYSTOLIC (nebivolol hcl)	NP	MP	sotalol hcl (afib/afl)	NP	MP	
BYSTOLIC 2.5 MG (nebivolol hcl)	NF	MP	SOTYLIZE SOLN OR	NP	MP	
KAPSPARGO SPRINKLE CS24	NP	MP	timolol maleate tabs	P	MP	
LOPRESSOR TABS (metoprolol tartrate)	NP	MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			
Calcium Channel Blockers						
metoprolol succinate tb24	P	QL(1 ea daily); MP	amlodipine besylate tabs	P	QL(1 ea daily); MP	
metoprolol tartrate tabs	P	MP	CALAN SR TBCR (verapamil hcl)	NP	QL(1 ea daily); MP	
nebivolol hcl	NP	MP	CALAN SR TBCR 120 MG (verapamil hcl)	NF	QL(1 ea daily); MP	
nebivolol hcl	NP	MP	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	NP	MP	
TENORMIN TABS (atenolol)	NP	MP	CARDIZEM CD CP24 (diltiazem hcl coated beads)	NP	QL(1 ea daily); MP	
TOPROL XL TB24 (metoprolol succinate)	NP	QL(1 ea daily); MP	CARDIZEM LA TB24 (diltiazem hcl)	NP	MP	
Beta Blockers Non-Selective			diltiazem hcl tb24	P		
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	NP	MP	diltiazem hcl tabs	P	MP	
BETAPACE AF (sotalol hcl (afib/afl))	NP	MP	diltiazem hcl cp12	P	QL(2 ea daily); MP	
CORGARD TABS 20 MG, 40 MG (nadolol)	NP	MP	diltiazem hcl cp24 120 mg	P	MP	
CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)	NF	MP	diltiazem hcl tabs	P	MP	
HEMANGEOL SOLN OR	P	AL(Up to 1 yrs old); SP; PA	diltiazem hcl cp24 180 mg, 240 mg	P	QL(1 ea daily); MP	
INDERAL LA CP24 (propranolol hcl)	NP	MP	diltiazem hcl coated beads cp24	P	QL(1 ea daily); MP	
INDERAL XL	NP	MP	diltiazem hcl extended release beads	P	QL(1 ea daily); MP	
INNOPRAN XL	NP	MP	felodipine	P	QL(1 ea daily); MP	
nadolol tabs 20 mg, 40 mg, 80 mg	P	MP	isradipine caps	NP	MP	
pindolol tabs	P	MP	KATERZIA	NP	MP	
propranolol hcl tabs	P	MP	levamldipine maleate	NP		
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	P	MP	nicardipine hcl caps	NP	MP	
propranolol hcl cp24	P	MP	nicardipine hcl caps	NP	MP	
sotalol hcl tabs	P	MP				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
nifedipine tb24	P	QL(1 ea daily); MP	digoxin tabs 0.125 mg, 125 mcg, 250 mcg	P	MP
nifedipine caps 20 mg	P	QL(1 ea daily); MP	digoxin tabs 0.0625 mg, 62.5 mcg	NP	
nifedipine caps 10 mg	P	MP	digoxin soln or 0.05 mg/ml	P	MP
nimodipine caps	P		CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
nisoldipine	NP	MP	Cardiac Myosin Inhibitors		
NORLIQVA SOLN	NP		CAMZYOS	NP	SP; MP
NORVASC TABS (amlodipine besylate)	NP	QL(1 ea daily); MP	Cardiovascular Agents Misc. - Combinations		
NYMALIZE SOLN 6 MG/ML	NP	QL(8 ml daily)	amlodipine besylate-atorvastatin calcium 10 mg-20 mg, 2.5 mg-10 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg	NP	MP
PROCARDIA XL TB24 (nifedipine)	NP	QL(1 ea daily); MP	amlodipine besylate-atorvastatin calcium	NP	MP
SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	NP	MP	BIDIL (isosorbide dinitrate-hydralazine hcl)	P	
TIAZAC (diltiazem hcl extended release beads)	NP	QL(1 ea daily); MP	CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)	NP	MP
verapamil hcl cp24 100 mg, 120 mg, 180 mg, 200 mg, 240 mg	P	QL(1 ea daily); MP	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)	NP	MP
verapamil hcl tabs	P	MP	CADUET 10 MG-10 MG (amlodipine besylate-atorvastatin calcium)	NF	MP
verapamil hcl cp24 300 mg, 360 mg	P	MP	ENTRESTO	P	
verapamil hcl tbcr	P	QL(1 ea daily); MP	isosorbide dinitrate-hydralazine hcl	P	
VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl)	P	QL(1 ea daily); MP	Impotence Agents		
VERELAN CP24 360 MG (verapamil hcl)	NP	MP	CIALIS 5 MG (tadalafil)	NP	
VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)	NP	QL(1 ea daily); MP	tadalafil 5 mg	NP	
VERELAN PM CP24 100 MG, 200 MG (verapamil hcl)	NP	QL(1 ea daily); MP			
VERELAN PM CP24 300 MG (verapamil hcl)	NP	MP			
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides					

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
Peripheral Vasodilators								
<i>isoxsuprine hcl</i>	P	QL(4 ea daily)	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	P	SP; PA			
Prostaglandin Vasodilators								
<i>epoprostenol sodium</i>	P	SP; PA	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	P	SP; PA			
<i>FLOLAN (epoprostenol sodium)</i>	P	SP; PA	REVATIO SOLN (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP			
ORENITRAM TBCR	NP	SP; MP	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP			
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP	<i>sildenafil citrate (pulmonary hypertension) soln</i>	NP	SP			
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP	<i>sildenafil citrate (pulmonary hypertension) tabs</i>	P	SP; PA			
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP	<i>sildenafil citrate (pulmonary hypertension) susr</i>	NP	SP			
REMODULIN SOLN IJ	NP	SP	<i>tadalafil (pulmonary hypertension) tabs</i>	P	SP; PA			
<i>treprostinil soln ij</i>	NP	SP	TADLIQ SUSP	NP	SP			
TYVASO SOLN IN	NP	SP; MP	Pulmonary Hypertension - Prostacyclin Receptor Agonist					
TYVASO DPI MAINTENANCE KIT POWD	NP	SP	UPTRAVI SOLR	NP	SP			
TYVASO DPI TITRATION KIT POWD	NP	SP	UPTRAVI TABS	NP	SP			
TYVASO REFILL SOLN IN	NP	SP; MP	UPTRAVI TITRATION PACK TBPK	NP	SP			
TYVASO STARTER SOLN IN	NP	SP; MP	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator					
VELETRI (<i>epoprostenol sodium</i>)	NP	SP	ADEMPAS	NP	SP			
VENTAVIS	NP	SP; MP	Sinus Node Inhibitors					
Pulmonary Hypertension - Endothelin Receptor Antagonists								
<i>ambrisentan</i>	NP	SP	CORLANOR SOLN	NP	MP			
<i>bosentan tabs</i>	NP	SP	CORLANOR TABS	NP				
LETAIRIS (<i>ambrisentan</i>)	P	SP; PA	Transthyretin Stabilizers					
OPSUMIT	NP	SP	VYNDAMAX	NP	SP			
TRACLEER TBSO	P	SP; PA	VYNDAQEL	NP	SP			
TRACLEER TABS (<i>bosentan</i>)	P	SP; PA						
Pulmonary Hypertension - Phosphodiesterase								

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)			FLUPHENAZINE DECANOATE POWD	P	
VERQUVO	NP		Bulk Chemicals - L's		
VERQUVO	P	PA	LITHIUM CITRATE TETRAHYDRATE	P	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			Bulk Chemicals - P's		
Cephalosporins - 1st Generation			PENTOSAN POLYSULFATE SODIUM	P	PA
<i>cefadroxil susr</i>	P		CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cefadroxil caps</i>	P		Combination Contraceptives - Oral		
<i>cefadroxil tabs</i>	P		BALCOLTRA	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>cephalexin susr</i>	P		BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>cephalexin caps</i>	P		<i>desogestrel & ethinyl estradiol</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>cephalexin tabs</i>	P		<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
Cephalosporins - 2nd Generation			<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>cefaclor caps</i>	P		<i>drospirenone-ethinyl estradiol 0.03 mg-3 mg</i>	P	QL(1 ea daily); MP
<i>cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	P		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
CEFACLOR ER TB12	NP		ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	NF	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>cefprozil tabs</i>	NP		<i>ethynodiol diacet & eth estrad</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>cefprozil susr</i>	P		FALESSA	P	AL(At least 10 yrs old - Up to 55 yrs old)
<i>cefuroxime axetil tabs</i>	P				
Cephalosporins - 3rd Generation					
<i>cefdinir caps</i>	P				
<i>cefdinir susr</i>	P				
<i>cefixime caps</i>	P	QL(1 ea daily)			
<i>cefixime susr</i>	NP				
<i>cefpodoxime proxetil tabs</i>	NP				
<i>cefpodoxime proxetil susr</i>	NP				
SUPRAX CHEW 100 MG	NP				
SUPRAX SUSR (<i>cefixime</i>)	NP				
SUPRAX CHEW 200 MG	NP	QL(1 ea daily)			
SUPRAX CAPS (<i>cefixime</i>)	NF	QL(1 ea daily)			
CHEMICALS					
Bulk Chemicals - F's					

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENERESS FE <i>(norethindrone & ethinyl estradiol-fe)</i>	NF	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>norethindrone & eth estradiol</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel & eth estradiol tabs	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>norethindrone & ethinyl estradiol-fe</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-eth estradiol (triphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>norethindrone acet & eth estra</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>norethindrone acetate- ethinyl estradiol-fe</i>	P	QL(1 ea daily); MP
levonorgestrel-ethinyl estradiol (continuous)	P	QL(1 ea daily); MP	<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
LO LOESTRIN FE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>norgestimate-ethinyl estradiol</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
LOSEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
MINASTRIN 24 FE CHEW <i>(norethin acet & estrad-fe)</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>norgestrel & ethinyl estradiol 30 mcg-0.3 mg</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
MIRCETTE <i>(desogestrel- ethinyl estradiol (biphasic))</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
NATAZIA	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>SAFYRAL (drospirenone- ethinyl estradiol- levomefolate calcium)</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
NEXTSTELLIS	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg</i>	P	QL(1 ea daily); MP	<i>TAYTULLA CAPS (norethin acet & estrad-fe)</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>norethin acet & estrad-fe chew</i>	P	MP	<i>TYBLUME CHEW</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>norethin acet & estrad-fe caps</i>	P	QL(1 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
YASMIN 28 (drospirenone-ethinyl estradiol)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	DEPO-PROVERA CONTRACEPTIVE SUSY IM (medroxyprogesterone acetate (contraceptive))	P	QL(0.012 ml daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
YAZ (drospirenone-ethinyl estradiol)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	DEPO-SUBQ PROVERA 104 SUSY SC	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
Combination Contraceptives - Transdermal					
norelgestromin-ethinyl estradiol	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	medroxyprogesterone acetate (contraceptive) susp im	P	QL(0.012 ml daily); MP
TWIRLA	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	medroxyprogesterone acetate (contraceptive) susy im	P	QL(0.012 ml daily); MP
Progestin Contraceptives - IUD					
ANNOVERA	P	QL(1 ea per 365 days retail); AL(At least 10 yrs old - Up to 55 yrs old); MP	KYLEENA	P	1 rtl MAX fill; 365 rtl day(s) supply; SP
etonogestrel-ethinyl estradiol	P	MP	LILETTA 20.1 MCG/DAY	P	1 rtl MAX fill; 365 rtl day(s) supply; SP; MP
NUVARING (etonogestrel-ethinyl estradiol)	NF	AL(At least 10 yrs old - Up to 55 yrs old); MP	MIRENA	P	1 rtl MAX fill; 365 rtl day(s) supply; SP
NUVARING (etonogestrel-ethinyl estradiol)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	SKYLA	P	1 rtl MAX fill; 365 rtl day(s) supply; SP
Emergency Contraceptives					
ELLA	P	QL(3 ea per fill retail); AL(At least 10 yrs old - Up to 55 yrs old)	norethindrone (contraceptive)	P	QL(1 ea daily); MP
levonorgestrel (emergency oc) 1.5 mg	P	QL(3 ea per fill retail)	SLYND	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
Progestin Contraceptives - Injectable					
DEPO-PROVERA CONTRACEPTIVE SUSP IM (medroxyprogesterone acetate (contraceptive))	P	QL(0.012 ml daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids					
ALKINDI SPRINKLE CPSP	NP		ALKINDI SPRINKLE CPSP	NP	
budesonide tb24	NP		budesonide tb24	NP	
budesonide cpep	NP		budesonide cpep	NP	
CORTEF TABS (hydrocortisone)	NP		CORTEF TABS (hydrocortisone)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CORTISONE ACETATE TABS	NP		PREDNISONE INTENSOL CONC	P	
<i>dexamethasone elix</i>	P		RAYOS TBEC	NP	
<i>dexamethasone soln</i>	P		TARPEYO CPDR	NP	SP
<i>dexamethasone tbpk</i>	NP		UCERIS TB24 (<i>budesonide</i>)	NP	
<i>dexamethasone tbpk</i>	P		Mineralocorticoids		
<i>dexamethasone tabs</i>	P		<i>fludrocortisone acetate tabs</i>	P	
DEXAMETHASONE INTENSOL CONC	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
EMFLAZA TABS	NP	SP	Antitussives		
EMFLAZA SUSP	NP	SP; MP	<i>dextromethorphan hbr liqd 15 mg/5ml, 30 mg/10ml</i>	P	
ENTOCORT EC CPEP (<i>budesonide</i>)	NF		<i>dextromethorphan hbr syrup 15 mg/5ml</i>	P	
HEMADY TABS	NP		Cough/Cold/Allergy Combinations		
<i>hydrocortisone tabs</i>	P		<i>dextromethorphan-guaifenesin syrup 100 mg/5ml-10 mg/5ml, 100 mg/5ml-100 mg/5ml-10 mg/5ml-10 mg/5ml</i>	P	
MEDROL TABS 32 MG (<i>methylprednisolone</i>)	NF		<i>dextromethorphan-guaifenesin liqd 100 mg/5ml-10 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 200 mg/10ml-20 mg/10ml, 200 mg/5ml-10 mg/5ml</i>	P	
MEDROL TABS (<i>methylprednisolone</i>)	NP		<i>guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml</i>	P	
MEDROL TABS	NP		<i>guaifenesin-codeine syrup</i>	P	
MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	NP		<i>guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml</i>	P	
<i>methylprednisolone tbpk</i>	P		<i>promethazine-dm syrup</i>	P	
<i>methylprednisolone tabs</i>	P		<i>promethazine-phenylephrine-codeine</i>	P	
MILLIPRED TABS	P		Expectorants		
ORTIKOS CP24	NP		GERI-TUSSIN SYRP	P	
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	NF		<i>guaifenesin tabs 200 mg</i>	P	
<i>prednisolone soln</i>	P				
<i>prednisolone tabs</i>	P				
<i>prednisolone sodium phosphate soln</i>	P				
<i>prednisolone sodium phosphate tbdp</i>	NP				
<i>prednisone tbpk</i>	P				
<i>prednisone tabs</i>	P				
<i>prednisone soln</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
guaifenesin liqd	P		BENZAMYCIN GEL <i>(benzoyl peroxide-erythromycin)</i>	NP	AL(At least 10 yrs old)
guaifenesin syrup	P		benzoyl peroxide gel 5 %, 10 %	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions					
Acne Products					
ABSORICA (isotretinoin)	NP	AL(At least 12 yrs old)	benzoyl peroxide liqd 10 %	P	
ABSORICA LD	NP	AL(At least 10 yrs old)	benzoyl peroxide-erythromycin gel	P	AL(At least 10 yrs old)
ACANYA GEL <i>(clindamycin phosphate-benzoyl peroxide)</i>	NP	AL(At least 10 yrs old)	CLEOCIN-T LOTN <i>(clindamycin phosphate (topical))</i>	NP	AL(At least 10 yrs old)
ACZONE 7.5 % (dapsone (topical))	NP	AL(At least 10 yrs old)	CLINDACIN ETZ	NP	AL(At least 10 yrs old)
adapalene crea	NP		CLINDACIN PAC	NP	AL(At least 10 yrs old)
adapalene gel	NP		CLINDAGEL GEL <i>(clindamycin phosphate (topical))</i>	NP	AL(At least 10 yrs old)
ADAPALENE/BENZOYL PEROXIDE PADS	NP		clindamycin phosphate (topical) lotn	P	
adapalene-benzoyl peroxide gel 2.5 %-0.3 %	NP		clindamycin phosphate (topical) foam	NP	
ALTRENO LOTN	NP	AL(At least 10 yrs old)	clindamycin phosphate (topical) soln	P	AL(At least 10 yrs old)
AMZEEQ	NP		clindamycin phosphate (topical) gel	P	
ARAZLO LOTN	NP	AL(At least 10 yrs old - Up to 20 yrs old)	clindamycin phosphate (topical) swab	P	AL(At least 10 yrs old)
ATRALIN GEL (tretinoin)	NP	AL(At least 10 yrs old)	clindamycin phosphate-benzoyl peroxide gel	NP	AL(At least 10 yrs old)
AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	NF		clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	AL(At least 10 yrs old)
AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	NF		clindamycin phosphate-tretinoin	NP	
BENZACLIN GEL <i>(clindamycin phosphate-benzoyl peroxide)</i>	NF	AL(At least 10 yrs old)	dapsone (topical)	NP	AL(At least 10 yrs old)
BENZACLIN WITH PUMP GEL (clindamycin phosphate-benzoyl peroxide)	NF	AL(At least 10 yrs old)	dapsone (topical) 7.5 %	NP	
			ERYGEL GEL <i>(erythromycin (acne aid))</i>	NP	AL(At least 10 yrs old)
			erythromycin (acne aid) gel	P	AL(At least 10 yrs old)

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
erythromycin (acne aid) soln	P	AL(At least 10 yrs old)	sulfacetamide sodium w/ sulfur foam	NP	AL(At least 10 yrs old)
erythromycin (acne aid) pads	NP	AL(At least 10 yrs old)	sulfacetamide sodium w/ sulfur pads 10 %-4 %	NP	AL(At least 10 yrs old)
EVOCLIN FOAM (clindamycin phosphate (topical))	NP	AL(At least 10 yrs old)	sulfacetamide sodium w/ sulfur susp 8 %-4 %	NP	
FABIOR FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)	sulfacetamide sodium-sulfur in urea vehicle emul 10 %-10 %-4 %	NP	AL(At least 10 yrs old)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg	NP		SUMADAN KIT	NP	
isotretinoin	NP	AL(At least 12 yrs old)	SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur)	NP	
KLARON (sulfacetamide sodium (acne))	NP	AL(At least 10 yrs old)	SUMADAN XLT KIT	NP	AL(At least 10 yrs old)
NEUAC KIT	NP	AL(At least 10 yrs old)	SUMAXIN PADS (sulfacetamide sodium w/ sulfur)	NP	AL(At least 10 yrs old)
ONEXTON GEL	NP	AL(At least 10 yrs old)	SUMAXIN CP KIT	NP	AL(At least 10 yrs old)
RETIN-A CREA (tretinoin)	NP	AL(At least 10 yrs old)	SUMAXIN WASH LIQD (sulfacetamide sodium w/ sulfur)	NP	
RETIN-A GEL (tretinoin)	NP	AL(At least 10 yrs old)	TAZAROTENE FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)
RETIN-A MICRO	NP	AL(At least 10 yrs old)	tretinoin crea 0.025 %, 0.05 %, 0.1 %	P	
RETIN-A MICRO (tretinoin microsphere)	NP	AL(At least 10 yrs old)	tretinoin gel 0.01 %, 0.025 %, 0.05 %	P	AL(At least 10 yrs old)
RETIN-A MICRO PUMP	NP	AL(At least 10 yrs old)	tretinoin microsphere	NP	AL(At least 10 yrs old)
RETIN-A MICRO PUMP (tretinoin microsphere)	NP	AL(At least 10 yrs old)	WINLEVI	NP	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	AL(At least 10 yrs old)	ZIANA (clindamycin phosphate-tretinoin)	NP	AL(At least 10 yrs old)
sulfacetamide sodium (acne)	NP	AL(At least 10 yrs old)	ZMA CLEAR SUSP	NP	
sulfacetamide sodium w/ sulfur crea 10 %-2 %, 10 %-5 %	NP		Agents for External Genital and Perianal Warts		
sulfacetamide sodium w/ sulfur liqd	NP		VEREGEN	NP	
sulfacetamide sodium w/ sulfur emul 10 %-1 %	NP	AL(At least 10 yrs old)	Antibiotics - Topical		
			bacitracin (topical) oint	P	
			bacitracin zinc oint	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
bacitracin-polymyxin b oint	P		econazole nitrate crea	P	
CENTANY OINT	NP	AL(Up to 20 yrs old)	ERTACZO	NP	
CENTANY AT KIT	NP		EXELDERM CREA (sulconazole nitrate)	NP	
gentamicin sulfate (topical) crea	P	QL(1 gm daily)	EXELDERM SOLN (sulconazole nitrate)	NP	
gentamicin sulfate (topical) oint	P		EXTINA FOAM (ketoconazole (topical))	NP	
mupirocin oint	P	AL(Up to 20 yrs old)	JUBLIA	NP	
mupirocin oint	P		KERYDIN (tavaborole)	NF	
mupirocin calcium (topical)	NP		KERYDIN (tavaborole)	NP	
neomycin-bacitracin-polymyxin oint	P		ketoconazole (topical) crea	P	
NEOSPORIN ORIGINAL OINT (neomycin-bacitracin-polymyxin)	NF		ketoconazole (topical) foam	NP	
NEO-SYNALAR	NP		ketoconazole (topical) sham 2 %	P	QL(4 ml daily)
NEO-SYNALAR KIT	NP		KETODAN KIT	NP	
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (bacitracin-polymyxin b)	NF		LAMISIL AT CREA (terbinafine hcl (topical))	NF	
XEPI	NP	QL(8 gm daily)	LAMISIL AT JOCK ITCH CREA (terbinafine hcl (topical))	NF	
Antifungals - Topical			LOPROX CREA (ciclopirox olamine)	NP	
ciclopirox soln	NP		LOPROX SUSP (ciclopirox olamine)	NP	
ciclopirox sham	NP		LOPROX	NP	
ciclopirox kit	NP		LOPROX KIT	NP	
ciclopirox gel	NP		LOPROX SHAMPOO SHAM (ciclopirox)	NP	
ciclopirox olamine susp	NP		luliconazole	NP	
ciclopirox olamine crea	NP		LUZU (luliconazole)	NP	
clotrimazole (topical) crea	P	RX/OTC	MENTAX	NP	RX/OTC
clotrimazole (topical) soln	NP	RX/OTC	MICATIN CREA (miconazole nitrate (topical))	NF	
clotrimazole w/ betamethasone lotn	NP		miconazole nitrate (topical) crea	P	
clotrimazole w/ betamethasone crea	NP		miconazole-zinc oxide-white petrolatum	NP	
ECONASIL	NP				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl crea</i>	NP		DERMACINRX LEXITRAL PHARMAPAK II <i>(diclofenac sodium-capsaicin (topical))</i>	NP	
<i>naftifine hcl gel</i>	NP		<i>diclofenac epolamine ptch ex</i>	NP	
NAFTIN GEL	NP		<i>diclofenac sodium (topical) soln ex</i>	NP	
NAFTIN GEL (<i>naftifine hcl</i>)	NP		<i>diclofenac sodium (topical) gel ex</i>	NP	RX/OTC
<i>nystatin (topical) crea</i>	P		<i>diclofenac sodium (topical) soln ex 1.5 %</i>	NP	MP
<i>nystatin (topical) powd ex</i>	P		DICLOTREX	NP	
<i>nystatin (topical) oint</i>	P		DICLOTREX II	NP	
<i>nystatin-triamcinolone oint</i>	NP		FLECTOR PTCH EX <i>(diclofenac epolamine)</i>	NP	
<i>nystatin-triamcinolone crea</i>	NP		LICART PT24	NP	
<i>oxiconazole nitrate crea</i>	NP		PENNSAID SOLN EX 2 % <i>(diclofenac sodium (topical))</i>	NP	
OXISTAT CREA <i>(oxiconazole nitrate)</i>	NF		VENNGEL ONE KIT	NP	RX/OTC
OXISTAT LOTN	NP		XRYLIX II <i>(diclofenac sodium & adhesive sheets)</i>	NP	
QC ATHLETES FOOT RELIEF AERO	P		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>sulconazole nitrate soln</i>	NP		AMELUZ GEL	NP	
<i>sulconazole nitrate crea</i>	NP		<i>bexarotene (topical)</i>	NP	SP
<i>tavaborole</i>	NP		CARAC CREA <i>(fluorouracil (topical))</i>	NP	
<i>terbinafine hcl (topical) crea</i>	P		<i>diclofenac sodium (actinic keratoses) ex</i>	NP	
TINACTIN CREA <i>(tolnaftate)</i>	NF		EFUDEX CREA <i>(fluorouracil (topical))</i>	NP	
TINACTIN AERP <i>(tolnaftate)</i>	NF		<i>fluorouracil (topical) crea</i>	NP	
TINACTIN AERO	P		<i>fluorouracil (topical) soln</i>	NP	
TINACTIN DEODORANT AERP (<i>tolnaftate</i>)	NF		LEVULAN KERASTICK SOLR	P	SP
TINACTIN JOCK ITCH AERP (<i>tolnaftate</i>)	NF		TARGRETIN <i>(bexarotene (topical))</i>	P	SP
<i>tolnaftate aero</i>	P		VALCHLOR	NP	SP
<i>tolnaftate crea</i>	P				
<i>tolnaftate aerp</i>	P				
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP				
ZOLPAK	NP				
Anti-inflammatory Agents - Topical					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antipruritics - Topical					
<i>doxepin hcl (antipruritic)</i>	NP		ZORYVE	NP	
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NP		Antiseborrheic Products		
ZONALON (<i>doxepin hcl (antipruritic)</i>)	NP		OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NF	
Antipsoriatics					
<i>acitretin</i>	NP		OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NF	
<i>calcipotriene crea</i>	P		OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NF	
<i>calcipotriene oint</i>	P		<i>selenium sulfide sham 2.25 %, 2.3 %</i>	NP	
<i>calcipotriene soln</i>	P		<i>selenium sulfide lotn 2.5 %</i>	P	
<i>calcipotriene foam</i>	NP		<i>sulfacetamide sodium liqd</i>	NP	
<i>calcitriol (topical)</i>	NP		<i>sulfacetamide sodium gel</i>	NP	
COSENTYX SOSY	P	SP; MP; PA	Antivirals - Topical		
COSENTYX SENSOREADY PEN SOAJ	P	SP; MP; PA	<i>acyclovir topical oint</i>	NP	
DOVONEX CREA (<i>calcipotriene</i>)	NF		<i>acyclovir topical crea</i>	NP	
DOVONEX CREA (<i>calcipotriene</i>)	NP		DENAVIR (<i>penciclovir</i>)	NP	
ILUMYA	NP	SP; MP	<i>penciclovir</i>	NP	
<i>methoxsalen rapid</i>	NP		XERESE	NP	
SILIQ	NP	SP; MP	ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	
SKYRIZI SOSY	NP	SP; MP	ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	
SKYRIZI PEN SOAJ	NP	SP; MP	Burn Products		
SORILUX FOAM	NP		<i>mafenide acetate pack</i>	P	
SOTYKTU	NP	SP	SILVADENE (<i>silver sulfadiazine</i>)	NP	
STELARA SOLN 45 MG/0.5ML	NP	SP; MP	<i>silver sulfadiazine</i>	P	
STELARA SOSY	NP	SP; MP	SULFAMYLYON CREA	P	
TALTZ SOSY	NP	SP; MP	Cauterizing Agents		
TALTZ SOAJ	NP	SP; MP	SILVER NITRATE SOLN 0.5 %	NP	
<i>tazarotene crea</i>	NP		Corticosteroids - Topical		
<i>tazarotene gel</i>	NP		<i>alclometasone dipropionate crea</i>	P	
TREMFYA SOSY	NP	SP; MP			
TREMFYA SOPN	NP	SP; MP			
VTAMA	NP				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
alclometasone dipropionate oint	P		clobetasol propionate oint 0.05 %	P	
amcinonide crea	NP		clobetasol propionate sham	NP	
APEXICON E CREA	NP		clobetasol propionate soln 0.05 %	P	
BESER	NP		clobetasol propionate liqd	NP	
betamethasone dipropionate (topical) oint	NP		clobetasol propionate crea 0.05 %	P	
betamethasone dipropionate (topical) lotn	NP		clobetasol propionate emollient base 0.05 %	P	
betamethasone dipropionate (topical) crea	NP		clobetasol propionate emulsion	NP	
betamethasone dipropionate augmented lotn	NP		clocortolone pivalate	NP	
betamethasone dipropionate augmented gel 0.05 %	NP		CLODAN KIT	NP	
betamethasone dipropionate augmented crea	NP		CLODERM (clocortolone pivalate)	NP	
betamethasone dipropionate augmented oint	NP		CUTIVATE LOTN (fluticasone propionate)	NF	
betamethasone valerate foam	NP		DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	NP	
betamethasone valerate lotn	P		DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	NP	
betamethasone valerate crea	P		desonide oint	P	
betamethasone valerate oint	P		desonide lotn	NP	
BRYHALI LOTN	NP		desonide crea	P	
calcipotriene- betamethasone dipropionate susp	NP		desoximetasone gel	NP	
calcipotriene- betamethasone dipropionate oint	NP		desoximetasone crea	NP	
clobetasol propionate foam	NP		desoximetasone oint	NP	
clobetasol propionate gel 0.05 %	P		desoximetasone liqd	NP	
clobetasol propionate lotn	NP		diflorasone diacetate oint	P	
			diflorasone diacetate crea	P	
			DIPROLENE OINT (betamethasone dipropionate augmented)	NP	
			DIPROLENE OINT (betamethasone dipropionate augmented)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIPROLENE AF CREA <i>(betamethasone dipropionate augmented)</i>	NF		<i>hydrocortisone (topical) lotion 2.5 %</i>	P	
DUOBRII	NP		<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	P	RX/OTC
ENSTILAR FOAM	NP		<i>hydrocortisone butyrate crea</i>	NP	
EPIFOAM FOAM	NP		<i>hydrocortisone butyrate oint</i>	NP	
<i>fluocinolone acetonide oil</i>	P		<i>hydrocortisone butyrate soln</i>	NP	
<i>fluocinolone acetonide oint</i>	P		<i>hydrocortisone butyrate lotion</i>	NP	
<i>fluocinolone acetonide soln</i>	P		<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	
<i>fluocinolone acetonide crea</i>	P		<i>hydrocortisone valerate crea</i>	P	QL(1.5 gm daily)
<i>fluocinonide crea</i>	P		<i>hydrocortisone valerate oint</i>	P	QL(1.5 gm daily)
<i>fluocinonide gel</i>	P		IMPEKLO LOTN	NP	
<i>fluocinonide oint</i>	P		KENALOG AERS <i>(triamcinolone acetonide (topical))</i>	NP	
<i>fluocinonide soln</i>	P		LEXETTE FOAM	NP	
<i>fluocinonide emulsified base</i>	P		LOCOID LOTN <i>(hydrocortisone butyrate)</i>	NP	
FLUOPAR	NP		LOCOID LIPOCREAM <i>(hydrocortisone butyrate hydrophilic lipo base)</i>	NP	
<i>flurandrenolide lotion</i>	NP		LUXIQ FOAM <i>(betamethasone valerate)</i>	NP	
<i>flurandrenolide crea</i>	NP		<i>mometasone furoate oint</i>	P	
<i>fluticasone propionate lotion</i>	NP		<i>mometasone furoate soln</i>	P	
<i>fluticasone propionate oint</i>	P		<i>mometasone furoate crea</i>	P	
<i>fluticasone propionate crea 0.05 %</i>	P		OLUX FOAM <i>(clobetasol propionate)</i>	NP	
<i>halcinonide crea</i>	NP		OLUX-E <i>(clobetasol propionate emulsion)</i>	NP	
<i>halobetasol propionate oint</i>	P		PANDEL	NP	
<i>halobetasol propionate crea</i>	P		<i>prednicarbate oint</i>	NP	
HALOBETASOL PROPIONATE FOAM	NP		RADIAURA CREA	NP	
HALOG SOLN	NP	QL(3 ml daily)			
HALOG CREA <i>(halcinonide)</i>	NP				
HALOG OINT	NP				
<i>hydrocortisone (topical) crea 1 %, 2.5 %</i>	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYNALAR SOLN (fluocinolone acetonide)	NP		<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	P	
SYNALAR CREA (fluocinolone acetonide)	NP		<i>triamcinolone acetonide (topical) aers</i>	NP	
SYNALAR OINT (fluocinolone acetonide)	NP		<i>triamcinolone acetonide (topical) crea</i>	P	
SYNALAR CREAM KIT	NP		<i>triamcinolone acetonide (topical) oint 0.05 %</i>	NP	
SYNALAR OINTMENT KIT	NP		TRIASIL	NP	
SYNALAR TS	NP		TRILOCICLO	NP	
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	NP		ULTRAVATE LOTN	NP	
TACLONEX OINT (calcipotriene- betamethasone dipropionate)	NF		VANOS CREA (fluocinonide)	NP	
TACLONEX OINT (calcipotriene- betamethasone dipropionate)	NP		Eczema Agents		
TASOPROL KIT	NP		ADBRY	NP	SP; MP
TEMOVATE CREA (clobetasol propionate)	NF		CIBINQO	NP	SP
TEMOVATE OINT (clobetasol propionate)	NF		DUPIXENT SOPN	P	SP; MP; PA
TEXACORT SOLN 2.5 %	NP		DUPIXENT SOSY	P	SP; MP; PA
TOPICORT CREA (desoximetasone)	NP		DUPIXENT SOPN	NP	SP; MP
TOPICORT OINT 0.05 % (desoximetasone)	NF		DUPIXENT SOSY 100 MG/0.67ML	NP	SP; MP
TOPICORT GEL (desoximetasone)	NP		OPZELURA	NP	
TOPICORT LIQD (desoximetasone)	NP		Emollient/Keratolytic Agents		
TOPICORT OINT (desoximetasone)	NP		KERALAC CREA 47 % (urea)	NF	
TOVET KIT	NP		urea lotn 40 %	P	
<i>triamcinolone acetonide (topical) lotn</i>	P		<i>urea crea 39 %, 40 %, 41 %</i>	P	RX/OTC
			UREA CREA	NP	
			<i>urea in lactic acid vehicle</i>	NP	
			Emollients		
			<i>lactic acid (ammonium lactate) crea</i>	NP	RX/OTC
			<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	RX/OTC
			Immunomodulating Agents - Topical		
			ALDARA (imiquimod)	NF	AL(At least 10 yrs old)

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod 5 %</i>	P	AL(At least 10 yrs old)	<i>lidocaine hcl gel 2 %</i>	P	QL(1 ml daily)
<i>imiquimod 3.75 %</i>	NP	AL(At least 10 yrs old)	<i>lidocaine hcl crea 3 %</i>	P	RX/OTC
ZYCLARA (<i>imiquimod</i>)	NP	AL(At least 10 yrs old)	<i>lidocaine hcl soln</i>	P	QL(1.67 ml daily)
ZYCLARA PUMP (<i>imiquimod</i>)	NP	AL(At least 10 yrs old)	LIDOCAINE HYDROCHLORIDE CREA	NP	
ZYCLARA PUMP	NP	AL(At least 10 yrs old)	<i>lidocaine-prilocaine crea</i>	NP	
Immunosuppressive Agents - Topical			<i>lidocaine-prilocaine kit</i>	NP	
ELIDEL (<i>pimecrolimus</i>)	P	PA	LIDODERM PTCH (<i>lidocaine</i>)	NP	
HYFTOR	NP		LIDOREX GEL	NP	RX/OTC
<i>pimecrolimus</i>	P	PA	LIDOTRAL CREA	NP	
PROTOPIC OINT (<i>tacrolimus (topical)</i>)	P	PA	LIDOTRAN CREA	NP	
<i>tacrolimus (topical) oint</i>	P	PA	LYDEXA CREA	NP	
Keratolytic/Antimitotic Agents			NUVAKAAN II	NP	
BENSAL HP OINT	NP	RX/OTC	PLIAGLIS CREA	NP	
CONDYLOX GEL	P		PRILO PATCH II KIT	NP	
PODOCON-25 SOLN	NP		PRIZOPAK II	NP	
<i>podofilox soln</i>	P		PRIZOTRAL II KIT	NP	
<i>salicylic acid foam</i>	NP		QUTENZA	NP	
<i>salicylic acid liqd 27.5 %</i>	P		RA ARTHRITIS PAIN RELIEF CREA	P	
<i>salicylic acid gel 6 %</i>	P		ZTLIDO PTCH	NP	
SALICYLIC ACID OINT	P	RX/OTC	Misc. Dermatological Products		
UREA/SALICYLIC ACID CREA	NP		ALADERM PLUS EMUL	NP	
Local Anesthetics - Topical			HYLATOPIC PLUS CREA	NP	RX/OTC
APRIZIO PAK II	NP		NUVAIL SOLN	NP	RX/OTC
<i>capsaicin crea 0.025 %</i>	P	QL(2 gm daily)	TETRIX CREA	NP	RX/OTC
<i>capsaicin crea 0.075 %</i>	P		Misc. Topical		
DERMACINRX LIDOGEN GEL	NP	RX/OTC	ALOE VESTA DAILY MOISTURIZER LOTN (<i>dimethicone (topical)</i>)	NF	
EMPRICAINE II	NP		AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN (<i>dimethicone (topical)</i>)	NF	
<i>lidocaine oint</i>	P		BASIS FACIAL MOISTURIZER CREA	P	
<i>lidocaine ptch 5 %</i>	P				
<i>lidocaine hcl prsy</i>	P	QL(0.67 ml daily)			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BASIS OVERNIGHT CREA	P		<i>metronidazole (topical) lotion</i>	P	
CAVILON NO STING BARRIERFILM MISC	P		<i>metronidazole (topical) gel</i>	P	
EUCERIN ORIGINAL HEALING CREA (<i>skin protectants, misc.</i>)	NF		<i>metronidazole (topical) crea</i>	P	QL(1.5 gm daily)
HYCLODEX	NP		NORITATE CREA	NP	
HYDROCERIN CREA	P		RHOFADE	NP	
HYPOCYN SOLN	NP	RX/OTC	ROSADAN KIT	NP	
<i>isopropyl alcohol (skin cleanser) misc</i>	P		ZILXI	NP	
NO-STING SKIN-PREP MISC	P		Scabicides & Pediculicides		
QBREXZA	NP		<i>crotamiton lotion</i>	NP	
SENSI-CARE MOISTURIZING CREA	P		<i>ivermectin (pediculicide)</i>	NP	RX/OTC
<i>skin protectants, misc. crea</i>	P		<i>lindane sham</i>	NP	
SORBIDON HYDRATE CREA	P		<i>malathion</i>	NP	
THERASEAL HAND PROTECTION LOTN	P		<i>NATROBA (spinosad)</i>	P	QL(4 ml daily)
UNIVERSAL REMOVER WIPES MISC	P		<i>OVIDE (malathion)</i>	NP	
<i>witch hazel (hamamelis virginiana) pads</i>	P		<i>permethrin lotion</i>	P	
XERAC AC	NP		<i>permethrin liqd ex</i>	P	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>permethrin crea</i>	P	QL(2 gm daily)
EUCRISA	P	PA	<i>pyrethrins-piperonyl butoxide sham 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	
Rosacea Agents			<i>spinosad</i>	NP	QL(4 ml daily)
<i>azelaic acid gel</i>	NP		Tar Products		
<i>brimonidine tartrate (topical)</i>	NP		<i>coal tar extract sham 0.5 %</i>	P	
<i>doxycycline (rosacea)</i>	NP		DHS TAR SHAM (<i>coal tar extract</i>)	NF	
FINACEA FOAM	NP		DHS TAR GEL SHAM (<i>coal tar extract</i>)	NF	
FINACEA GEL (<i>azelaic acid</i>)	NP		NEUTROGENA T/GEL SHAM 0.5 % (<i>coal tar extract</i>)	NF	
<i>ivermectin (rosacea)</i>	NP		DIAGNOSTIC PRODUCTS		
Diagnostic Tests			ACCU-CHEK AVIVA PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK GUIDE STRP	NP	QL(4 ea daily); MP; RX/OTC	BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ACCUTREND GLUCOSE STRP	NP	QL(4 ea daily); MP; RX/OTC	BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVANCE INTUITION TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	BLOOD GLUCOSE TEST STRIPS333 STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE REDI-CODE STRP	NP	QL(4 ea daily); MP; RX/OTC	BLULINK GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CARESENS N BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX JAZZ TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CHEMSTRIP 10 MD	P	
AGAMATRIX PRESTO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CHEMSTRIP -10 WITH SG	P	
ASSURE 3 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CHEMSTRIP 2 GP STRIPS	P	
ASSURE 4 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CHEMSTRIP 5 OB	P	
ASSURE II STRP	NP	QL(4 ea daily); MP; RX/OTC	CHEMSTRIP 7	P	
ASSURE II CHECK STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC	CHEMSTRIP 9 STRIPS	P	
ASSURE II TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CHEMSTRIP-K STRP	P	
ASSURE PLATINUM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE PRISM MULTI TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE PRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	DUO-CARE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASY STEP TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P		EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
COVID-19 AT-HOME TEST KIT KIT	P		EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P		EASYGLUCO STRP	NP	QL(4 ea daily); MP; RX/OTC
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P		EASYMAX 15 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASYMAX TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASYPRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	QL(4 ea daily); MP; RX/OTC	EASYPRO PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIASTIX	P		ELEMENT COMPACT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ELEMENT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIATHRIVE+ BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ELLUME COVID-19 HOME TEST KIT	P	
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMBRACE EVO BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EVOLUTION AUTOCODE STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EXACTECH R-S-G TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EXACTECH TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P		FORACARE GD40 STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA 6 CONNECT STRP	NP	QL(4 ea daily); MP; RX/OTC	FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORACARE TEST N GO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORTISCARE BLOOD GLUCOSETEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FREESTYLE LITE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA GD20 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FREESTYLE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GNP TRUETRACK SMART SYSTEM STRP	NP	QL(4 ea daily); MP; RX/OTC
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GENULTIMATE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	NP	QL(4 ea daily); MP; RX/OTC
GHT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCO PERFECT 3 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC	HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	
GLUCOCARD SHINE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD VITAL TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD X-SENSOR STRP	NP	QL(4 ea daily); MP; RX/OTC	INFINITY VOICE STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCOM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	INTELISWAB COVID-19 RAPID TEST KIT	P	
GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	KETONE STRP	P	
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	QL(4 ea daily); MP; RX/OTC	KETONE TEST STRIPS STRP	P	
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	KETOSTIX STRP	P	
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	KROGER BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER HEALTHPRO GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	NOVA MAX GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
KROGER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
LIBERTY TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ONETOUCH ULTRA STRP	P	QL(4 ea daily); MP; RX/OTC
LUCIRA CHECK IT COVID-19TEST KIT KIT	P	RX/OTC	ONETOUCH VERIO IN VITRO MEDI-CAL STRP	NP	QL(4 ea daily); MP; RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	P	RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	OPTIUM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	OPTIUMEZ TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MICRODOT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
MICRODOT XTRA TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PRECISION PCX STRP	NP	QL(4 ea daily); MP; RX/OTC
MULTISTIX 10 SG	P		PRECISION PCX PLUS TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	PRECISION POINT OF CARE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PRECISION QID TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRECISION SOF-TACT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PTS PANELS EGLU STRP	NP	QL(4 ea daily); MP; RX/OTC	RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PTS PANELS GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
QUICKTEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
QUICKVUE AT-HOME COVID-19 TEST KIT	P		RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
QUINTET AC BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	SOLUS V2 AUDIBLE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	SUPREME TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION KETONE TEST STRIPS STRP	P		SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC			
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			
TRUETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	acetazolamide tabs 250 mg	P	QL(2 ea daily); MP
TRUETRACK BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	acetazolamide tabs 125 mg	P	MP
TRUETRACK TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	acetazolamide cp12	P	QL(4 ea daily); MP
UNISTRIP1 GENERIC STRP	NP	QL(4 ea daily); MP; RX/OTC	dichlorphenamide	NP	SP
VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	KEVEYIS (dichlorphenamide)	NP	SP
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	methazolamide tabs	P	MP
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			Diuretic Combinations		
Digestive Enzymes			ALDACTAZIDE	NP	MP
CREON CPEP	P		ALDACTAZIDE (spironolactone & hydrochlorothiazide)	NP	MP
LACTAID TABS (lactase)	NF		amiloride & hydrochlorothiazide	P	MP
<i>lactase tabs 3000 unit</i>	P		MAXZIDE TABS (triamterene & hydrochlorothiazide)	NP	MP
PERTZYE CPEP	NP		MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	NP	MP
VIOKACE TABS	NP		spironolactone & hydrochlorothiazide	P	MP
			<i>triamterene & hydrochlorothiazide caps 25 mg-37.5 mg</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
triamterene & hydrochlorothiazide tabs	P	MP	hydrochlorothiazide tabs 25 mg, 50 mg	P	MP
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	P	MP	indapamide tabs 1.25 mg, 2.5 mg	P	MP
triamterene & hydrochlorothiazide tabs	P	MP	metolazone	P	MP
Loop Diuretics			metolazone	P	MP
bumetanide tabs	P	MP	THALITONE	NP	
BUMEX TABS 0.5 MG (bumetanide)	NP	MP	ENDOCRINE AND METABOLIC AGENTS - MISC.		
EDECRIN (ethacrynic acid)	NP	MP	- Drugs to Treat Bone Disease and Regulate Hormones		
ethacrynic acid	P	MP	Adrenal Steroid Inhibitors		
furosemide tabs	P	MP	ISTURISA	NP	QL(3 ea daily); SP
furosemide tabs	P	MP	RECORLEV	NP	SP
furosemide soln or 10 mg/ml, 40 mg/5ml	P	MP	Bone Density Regulators		
LASIX TABS (furosemide)	NP	MP	ACTONEL TABS 35 MG, 150 MG (risedronate sodium)	NP	MP
torsemide tabs 20 mg	P	MP	alendronate sodium tabs 35 mg, 70 mg	P	QL(0.143 ea daily); MP
torsemide tabs	P	MP	alendronate sodium tabs 10 mg	P	QL(1 ea daily); MP
Potassium Sparing Diuretics			alendronate sodium soln	P	MP
ALDACTONE TABS (spironolactone)	NP	MP	ATELVIA TBEC (risedronate sodium)	NP	MP
amiloride hcl tabs	P	MP	BONIVA TABS (ibandronate sodium)	NP	MP
CAROSPIR SUSP	NP	MP	calcitonin (salmon) na	P	MP
spironolactone tabs	P	MP	FOSAMAX TABS 70 MG (alendronate sodium)	NF	QL(0.143 ea daily); MP
spironolactone tabs	P	MP	FOSAMAX TABS 70 MG (alendronate sodium)	NP	QL(0.143 ea daily); MP
triamterene caps	P	MP	FOSAMAX PLUS D	NP	
Thiazides and Thiazide-Like Diuretics			ibandronate sodium tabs	NP	MP
chlorthalidone 25 mg, 50 mg	P	MP	risedronate sodium tbec	NP	MP
chlorthalidone 25 mg, 50 mg	P	MP	risedronate sodium tabs	NP	MP
DIURIL SUSP	P	MP	GnRH/LHRH Antagonists		
hydrochlorothiazide tabs	P	MP	ORILISSA	P	SP; PA
hydrochlorothiazide caps	P	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Growth Hormone Releasing Hormones (GHRH)					
EGRIFTA SV	NP	SP	<i>betaine</i>	NP	SP
Growth Hormones					
GENOTROPIN CART SC	P	SP; PA	BUPHENYL TABS <i>(sodium phenylbutyrate)</i>	NP	SP
GENOTROPIN MINIQUICK PRSY	P	SP; PA	BUPHENYL POWD <i>(sodium phenylbutyrate)</i>	NP	SP
HUMATROPE CART IJ	NP	SP	<i>calcitriol soln or</i>	P	MP
NORDITROPIN FLEXPRO SOPN	NP	SP; MP	<i>calcitriol caps</i>	P	
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; MP	CARBAGLU <i>(carglumic acid)</i>	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; MP	<i>carglumic acid</i>	P	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; MP	<i>carglumic acid</i>	NP	SP
OMNITROPE SOCT	NP	SP; MP	CARNITOR SOLN OR <i>(levocarnitine (metabolic modifiers))</i>	NP	MP
OMNITROPE SOLR SC	NP		CARNITOR TABS <i>(levocarnitine (metabolic modifiers))</i>	NP	
SAIZEN IJ	NP	SP	CARNITOR SF SOLN OR <i>(levocarnitine (metabolic modifiers))</i>	NP	MP
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP	<i>cinacalcet hcl</i>	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP	CYSTADANE <i>(betaine)</i>	NP	SP
SKYTROFA	NP	SP; MP	<i>doxercalciferol caps</i>	P	
ZOMACTON SOLR SC	NP	SP	GALAFOLD	NP	SP
ZORBTIVE SC	NP	SP	KUVAN TABS <i>(sapropterin dihydrochloride)</i>	NP	SP
Hormone Receptor Modulators					
EVISTA <i>(raloxifene hcl)</i>	NF	MP	KUVAN PACK <i>(sapropterin dihydrochloride)</i>	NP	SP
EVISTA <i>(raloxifene hcl)</i>	NP	MP	<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	NP	MP
OSPHENA	NP		<i>levocarnitine (metabolic modifiers) tabs</i>	NP	
<i>raloxifene hcl</i>	NP	MP	<i>nitisinone caps 2 mg, 5 mg, 10 mg</i>	P	SP
<i>raloxifene hcl</i>	NP	MP	NITYR TABS	NP	SP
Insulin-Like Growth Factors (Somatomedins)					
INCRELEX	NP	SP	ORFADIN CAPS	P	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants					
SYNAREL	NP	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAPS (<i>nitisinone</i>)	P	SP	Prolactin Inhibitors		
ORFADIN SUSP	NP	SP; MP	<i>cabergoline</i>	P	
<i>paricalcitol caps</i>	NP		Somatostatic Agents		
PHEBURANE PLLT	NP		LANREOTIDE ACETATE	NP	SP; MP
RAVICTI	NP	SP; MP	MYCAPSSA CPDR	NP	SP
RAYALDEE	NP		<i>octreotide acetate sosy</i>	NP	SP; MP
ROCALTROL CAPS (<i>calcitriol</i>)	NP		<i>octreotide acetate soln</i>	NP	SP; MP
ROCALTROL SOLN OR (<i>calcitriol</i>)	NP	MP	<i>octreotide acetate soln 100 mcg/ml, 500 mcg/ml</i>	NP	SP; MP
<i>sapropterin dihydrochloride tabs</i>	NP	SP	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NP	SP; MP
<i>sapropterin dihydrochloride pack</i>	NP	SP	SANDOSTATIN LAR DEPOT KIT	NP	SP
SENSIPAR (cinacalcet hcl)	NP	SP	SIGNIFOR	NP	SP; MP
<i>sodium phenylbutyrate tabs</i>	NP	SP	SIGNIFOR LAR	NP	SP
<i>sodium phenylbutyrate powd</i>	NP	SP	SOMATULINE DEPOT	NP	SP; MP
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NP		Vasopressin Receptor Antagonists		
Mineralocorticoid Receptor Antagonists			JYNARQUE TBPK	NP	SP
KERENDIA	P	PA	JYNARQUE TABS	NP	SP
Posterior Pituitary Hormones			SAMSCA TABS (<i>tolvaptan</i>)	NP	SP
DDAVP TABS (<i>desmopressin acetate</i>)	NP	QL(6 ea daily); MP	<i>tolvaptan tabs</i>	NP	SP
<i>desmopressin acetate tabs</i>	P	QL(6 ea daily); MP	ESTROGENS - Hormone Replacement/Modifying Drugs		
<i>desmopressin acetate spray</i>	P	MP	Estrogen Combinations		
<i>desmopressin acetate spray refrigerated</i>	P	MP	ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NP	
NOCDURNA SUBL	NP		ANGELIQ	NP	
Progesterone Receptor Antagonists			BIJUVA	NP	
MIFEPREX (<i>mifepristone</i>)	NP		CLIMARA PRO	NP	
<i>mifepristone</i>	NP		COMBIPATCH PTTW	P	
			DUAVEE	NP	
			<i>esterified estrogens & methyltestosterone</i>	P	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tabs</i>	P		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	NF	QL(1 ea daily)	Fluoroquinolones		
MYFEMBREE	P	PA	BAXDELA TABS	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(28 ea per fill retail); AL(At least 16 yrs old)
<i>norethindrone acetate-ethinyl estradiol</i>	NP	QL(1 ea daily)	CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	
ORIAHNN	P	PA	CIPRO SUSR	NP	
PREFEST	NP		<i>ciprofloxacin susr 5 gm/100ml, 500 mg/5ml</i>	P	
PREMPHASE	P	QL(1 ea daily)	<i>ciprofloxacin hcl tabs</i>	P	
PREMPRO 1.5 MG-0.3 MG, 1.5 MG-0.45 MG	P		<i>levofloxacin tabs</i>	P	
PREMPRO 2.5 MG-0.625 MG, 5 MG-0.625 MG	P	QL(1 ea daily)	<i>levofloxacin soln or</i>	P	
Estrogens			<i>moxifloxacin hcl tabs</i>	P	
CLIMARA PTWK (<i>estradiol</i>)	NP		<i>ofloxacin 300 mg, 400 mg</i>	NP	
DELESTROGEN (<i>estradiol valerate</i>)	NP		GASTROINTESTINAL AGENTS - MISC. -		
DEPO-ESTRADIOL	NP		Miscellaneous Gastrointestinal Drugs		
DIVIGEL GEL (<i>estradiol</i>)	NP		5-HT4 Receptor Agonists		
ELESTRIN GEL	NP		MOTEGRITY	NP	
ESTRACE TABS (<i>estradiol</i>)	NP		Agents for Chronic Idiopathic Constipation (CIC)		
<i>estradiol ptwk</i>	P		TRULANCE	NP	
<i>estradiol tabs</i>	P		Antiflatulents		
<i>estradiol pttw</i>	P		GAS-X EXTRA STRENGTH CHEW (<i>simethicone</i>)	NF	
<i>estradiol gel</i>	NP		MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	NF	
<i>estradiol valerate</i>	NP		MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>simethicone</i>)	NF	
EVAMIST SOLN	NP	MP	PHAZYME ULTRA STRENGTH CAPS (<i>simethicone</i>)	NF	
MENEST	P				
MENOSTAR PTWK	NP				
MINIVELLE PTTW (<i>estradiol</i>)	NP				
PREMARIN TABS	P				
VIVELLE-DOT PTTW (<i>estradiol</i>)	NF				
VIVELLE-DOT PTTW (<i>estradiol</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>simethicone caps 125 mg, 180 mg</i>	P		APRISO CP24 (mesalamine)	NP	
<i>simethicone susp</i>	P		ASACOL HD TBEC (mesalamine)	NP	
<i>simethicone chew</i>	P		AVSOLA	NP	SP
Bile Acid Synthesis Disorder Agents					
CHOLBAM	NP	SP	AZULFIDINE TABS (sulfasalazine)	NP	
Farnesoid X Receptor (FXR) Agonists					
OCALIVA	NP	SP	AZULFIDINE EN-TABS TBEC (sulfasalazine)	NP	
Gallstone Solubilizing Agents					
CHENODAL	NP	SP	<i>balsalazide disodium caps</i>	P	
RELTONE CAPS	NP		CANASA SUPP (mesalamine)	NP	QL(1 ea daily)
URSO 250 TABS (<i>ursodiol</i>)	NP		CIMZIA KIT	NP	SP
URSO FORTE TABS (<i>ursodiol</i>)	NP		CIMZIA PSKT	P	SP; PA
<i>ursodiol caps</i>	P		CIMZIA STARTER KIT PSKT	P	SP; PA
<i>ursodiol tabs</i>	NP		COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	
Gastrointestinal Antiallergy Agents			DELZICOL CPDR (mesalamine)	NP	
<i>cromolyn sodium (mastocytosis)</i>	P		DIPENTUM	NP	
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	NP		ENTYVIO	NP	SP
Gastrointestinal Chloride Channel Activators			INFLECTRA	NP	SP
AMITIZA (<i>lubiprostone</i>)	NP		INFLIXIMAB	NP	SP
<i>lubiprostone</i>	NP		LIALDA TBEC (mesalamine)	NP	
Gastrointestinal Stimulants			LIALDA TBEC (mesalamine)	NF	
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	P		<i>mesalamine supp</i>	P	QL(1 ea daily)
<i>metoclopramide hcl tbdp</i>	NP		<i>mesalamine enim</i>	P	
<i>metoclopramide hcl tabs</i>	P		<i>mesalamine cpdr</i>	NP	
METOCLOPRAMIDE ODT TBDP	NP		<i>mesalamine tbec</i>	NP	
REGLAN TABS (<i>metoclopramide hcl</i>)	NP		<i>mesalamine cp24</i>	NP	
Inflammatory Bowel Agents			<i>mesalamine cpcr</i>	P	QL(8 ea daily)
			<i>mesalamine w/ cleanser</i>	NP	
			PENTASA CPCR	P	QL(8 ea daily)
			PENTASA CPCR (mesalamine)	P	QL(8 ea daily)
			REMICADE	NP	SP
			RENFLEXIS	NP	SP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROWASA (<i>mesalamine w/ cleanser</i>)	NP		RENAGEL (<i>sevelamer hcl</i>)	NP	
SFROWASA ENEM	P		RENELA PACK (<i>sevelamer carbonate</i>)	NP	
SKYRIZI SOCT	NP	SP	RENELA TABS (<i>sevelamer carbonate</i>)	NP	QL(8 ea daily)
SKYRIZI SOLN	NP	SP	<i>sevelamer carbonate pack</i>	NP	
STELARA 130 MG/26ML	NP	SP	<i>sevelamer carbonate tabs</i>	P	QL(8 ea daily)
<i>sulfasalazine tbec</i>	P		<i>sevelamer hcl</i>	P	
<i>sulfasalazine tabs</i>	P		VELPHORO	NP	
Intestinal Acidifiers			Short Bowel Syndrome (SBS) Agents		
<i>lactulose (encephalopathy)</i>	P	MP	GATTEX	NP	SP
Irritable Bowel Syndrome (IBS) Agents			Tryptophan Hydroxylase Inhibitors		
<i>alosetron hcl</i>	NP		XERMELO	NP	SP
IBSRELA	NP		GENITOURINARY AGENTS - MISCELLANEOUS -		
LINZESS	NP		Miscellaneous Drugs to Treat Reproductive		
LOTRONEX (<i>alosetron hcl</i>)	NP		Organs and Urinary System		
VIBERZI	NP		Acidifiers		
Peripheral Opioid Receptor Antagonists			K-PHOS NO 2	NP	
<i>alvimopan</i>	NP		Alkalinizers		
ENTEREG (<i>alvimopan</i>)	NP		ORACIT	P	
MOVANTIK	NP		<i>pot & sod citrates w/citric ac soln</i>	NP	
RELISTOR TABS	NP		<i>potassium citrate (alkalinizer) tbc 15 meq, 540 mg, 1080 mg, 1620 mg</i>	NP	
RELISTOR SOLN	NP		<i>potassium citrate-citric acid soln</i>	NP	RX/OTC
SYMPROIC	NP		<i>potassium citrate-citric acid pack</i>	NP	
Phosphate Binder Agents			<i>sodium citrate & citric acid</i>	P	RX/OTC
AURYXIA	NP		UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	
<i>calcium acetate (phosphate binder) caps</i>	P		UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	
<i>calcium acetate (phosphate binder) tabs</i>	P	RX/OTC			
FOSRENOL PACK	P				
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP				
<i>lanthanum carbonate chew</i>	P				
PHOSLYRA SOLN	NP	MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	NP		<i>phenazopyridine hcl tabs</i> 100 mg, 100 mg, 200 mg	P	
Cystinosis Agents			PYRIDIUM TABS (<i>phenazopyridine hcl</i>)	NP	
CYSTAGON CAPS	P	SP	Urinary Stone Agents		
PROCYSBI PACK	NP	SP	LITHOSTAT	NP	
PROCYSBI CPDR	NP	SP	THIOLA TABS (<i>tiopronin</i>)	NP	SP
Genitourinary Irrigants			THIOLA EC TBEC	NP	SP
<i>sodium chloride (gu</i> <i>irrigant) 0.9 %</i>	P		<i>tiopronin tabs</i>	NP	SP
Interstitial Cystitis Agents			GOUT AGENTS - Drugs to Treat Gout		
ELMIRON CAPS	NP	QL(3 ea daily)	Gout Agent Combinations		
Prostatic Hypertrophy Agents			<i>colchicine w/ probenecid</i>	P	MP
<i>alfuzosin hcl</i>	P	MP	Gout Agents		
<i>alfuzosin hcl</i>	P	MP	<i>allopurinol</i>	P	MP
AVODART (dutasteride)	NP	MP	<i>allopurinol</i>	P	MP
CARDURA XL 4 MG	NP	MP	ALLOPURINOL	P	
CARDURA XL 8 MG	NP	MP	<i>colchicine tabs</i>	NP	MP
<i>dutasteride</i>	NP	MP	<i>colchicine caps</i>	NP	MP
<i>dutasteride-tamsulosin hcl</i>	NP	MP	<i>colchicine tabs</i>	NP	MP
ENTADFI	NP		COLCRYSTALS TABS (<i>colchicine</i>)	NP	MP
<i>finasteride</i>	P	MP	<i>febuxostat</i>	NP	MP
<i>finasteride</i>	P	MP	MITIGARE CAPS (<i>colchicine</i>)	NP	MP
FLOMAX (tamsulosin hcl)	NF	MP	ULORIC (febuxostat)	NP	MP
FLOMAX (tamsulosin hcl)	NP	MP	ZYLOPRIM (allopurinol)	NF	MP
JALYN (dutasteride- tamsulosin hcl)	NP	MP	Uricosurics		
PROSCAR (finasteride)	NF	MP	<i>probenecid</i>	P	MP
PROSCAR (finasteride)	NP	MP	HEMATOLOGICAL AGENTS - MISC. - Drugs to		
RAPAFLO 8 MG (silodosin)	NF	MP	Treat Blood Disorders		
RAPAFLO (silodosin)	NP	MP	Antihemophilic Products		
<i>silodosin</i>	NP	MP	ADVATE	P	SP; PA
<i>tamsulosin hcl</i>	P	MP	ADYNOVATE	P	SP; PA
<i>tamsulosin hcl</i>	P	MP	AFSTYLA	P	SP; PA
Urinary Analgesics			AFSTYLA	P	SP; PA

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALPHANATE SOLR	P	SP; PA	XYNTHA SOLOFUSE	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA	Bradykinin B2 Receptor Antagonists		
ALPROLIX	P	SP; PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	NP	SP
BENEFIX KIT	P	SP; PA	<i>icatibant acetate sosy</i>	NP	SP
COAGADEX	P	SP; PA	Complement Inhibitors		
CORIFACT	P	SP; PA	BERINERT KIT	P	SP; PA
ELOCTATE	P	SP; PA	CINRYZE SOLR IV	NP	SP
ESPEROCT	P	SP; PA	EMPAVELI	NP	SP
FEIBA	P	SP; PA	ENJAYMO	NP	SP
HEMLIBRA	P	SP; MP; PA	HAEGARDA SOLR SC	NP	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA	RUCONEST	NP	SP
HUMATE-P SOLR	P	SP; PA	SOLIRIS	NP	SP
IDELVION	P	SP; PA	TAVNEOS	NP	SP
IXINITY SOLR	P	SP; PA	ULTOMIRIS	NP	SP
JIVI	P	SP; PA	Hemataologic - Tyrosine Kinase Inhibitors		
KOATE SOLR	P	SP; PA	TAVALISSE	NP	SP
KOATE-DVI SOLR 1000 UNIT	P	SP; PA	Hematorheologic Agents		
KOGENATE FS KIT	P	SP; PA	<i>pentoxifylline</i>	P	QL(3 ea daily)
KOVALTRY	P	SP; PA	Plasma Kallikrein Inhibitors		
NOVOEIGHT	P	SP; PA	KALBITOR	NP	SP
NOVOSEVEN RT	P	SP; PA	ORLADEYO	NP	SP
NUWIQ KIT	P	SP; PA	TAKHZYRO SOSY	NP	SP
NUWIQ SOLR	P	SP; PA	TAKHZYRO SOLN	NP	SP; MP
OBIZUR	P	SP; PA	Platelet Aggregation Inhibitors		
PROFILNINE	P	SP; PA	AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NP	
REBINYN	P	SP; PA	<i>anagrelide hcl</i>	P	
RECOMBINATE SOLR	P	SP; PA	<i>aspirin-dipyridamole</i>	P	
RIXUBIS SOLR	P	SP; PA	BRILINTA	P	
SEVENFACT	P	SP; PA	<i>cilostazol</i>	NP	
TRETEN	P	SP; PA	<i>clopidogrel bisulfate</i>	P	
VONVENDI	P	SP; PA	<i>dipyridamole</i>	P	
WILATE KIT	P	SP; PA	EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 ea daily)
XYNTHA	P	SP; PA	EFFIENT (<i>prasugrel hcl</i>)	NF	QL(1 ea daily)

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PLAVIX 75 MG (clopidogrel bisulfate)	NP		NEULASTA ONPRO KIT PSKT	NP	SP
PLAVIX 75 MG (clopidogrel bisulfate)	NF		NEUPOGEN SOLN 300 MCG/ML	P	QL(0.47 ml daily); SP
prasugrel hcl	NP	QL(1 ea daily)	NEUPOGEN SOSY 480 MCG/0.8ML	P	QL(0.38 ml daily); SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders					
Cobalamins					
cyanocobalamin soln ij	P		NIVESTYM SOLN	NP	SP
Folic Acid/Folates			NIVESTYM SOSY	NP	SP
folic acid tabs 1 mg	P	RX/OTC	NPLATE	NP	SP
Hematopoietic Growth Factors			NYVEPRIA	NP	SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP; MP	PROCERIT	P	SP; MP; PA
ARANESP ALBUMIN FREE SOSY	NP	SP; MP	PROCERIT	P	SP; MP; PA
DOPTELET	NP	SP	PROMACTA TABS	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; MP; PA	PROMACTA PACK	NP	SP
FULPHILA	NP	SP	REBLOZYL	NP	SP
FYLNETRA	NP	SP	RELEUKO SOLN	NP	SP
GRANIX SOLN	NP	SP	RELEUKO SOSY	NP	SP
GRANIX SOSY	NP	SP	RETACRIT	NP	SP; MP
LEUKINE SOLR IJ	P	QL(0.47 ea daily); SP	RETACRIT	NP	SP; MP
MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	NP	SP; MP	ROLVEDON	NP	SP
MIRCERA 120 MCG/0.3ML	NP	SP	STIMUFEND	NP	SP
MULPLETA	NP	SP	UDENYCA SOSY	NP	SP
NEULASTA SOSY	NP	SP	ZARXIO	NP	SP
Iron					
FEOSOL TABS (ferrous sulfate dried)					
FER-IN-SOL SOLN (ferrous sulfate)					
FERROUS GLUCONATE TABS 324 MG					
ferrous sulfate tabs 65 mg, 325 mg					
ferrous sulfate tbec					
ferrous sulfate syrup					

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate elix</i>	P		HALCION 0.25 MG (<i>triazolam</i>)	NP	
<i>ferrous sulfate soln</i>	P		LUNESTA (<i>eszopiclone</i>)	NP	
FERROUS SULFATE TBEC	P		LUNESTA 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>ferrous sulfate dried tabs 200 mg</i>	P		<i>midazolam hcl syrup</i>	NP	
<i>polysaccharide iron complex caps 150 mg</i>	P		<i>quazepam</i>	P	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			RESTORIL (<i>temazepam</i>)	NP	
Antihistamine Hypnotics			<i>temazepam</i>	P	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	P	AL(Up to 65 yrs old)	<i>triazolam</i>	P	
<i>diphenhydramine hcl (sleep) caps</i>	P		<i>zaleplon</i>	NP	QL(1 ea daily)
UNISOM SLEEPGELS CAPS (<i>diphenhydramine hcl (sleep)</i>)	NF		<i>zolpidem tartrate tbcr</i>	NP	QL(1 ea daily)
ZZZQUIL CAPS (<i>diphenhydramine hcl (sleep)</i>)	NF		<i>zolpidem tartrate tabs</i>	P	QL(1 ea daily)
Barbiturate Hypnotics			<i>zolpidem tartrate subl</i>	NP	
<i>phenobarbital elix</i>	P	MP	Orexin Receptor Antagonists		
<i>phenobarbital tabs</i>	P		BELSOMRA	NP	
Hypnotics - Tricyclic Agents			DAYVIGO	NP	QL(3 ea daily)
<i>doxepin hcl (sleep)</i>	NP		QUVIVIQ	NP	
SILENOR (<i>doxepin hcl (sleep)</i>)	NP		Selective Melatonin Receptor Agonists		
Non-Barbiturate Hypnotics			HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SP
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 ea daily)	HETLIOZ LQ SUSP	NP	SP; MP
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	QL(1 ea daily)	<i>ramelteon</i>	NP	
DORAL (<i>quazepam</i>)	NP		ROZEREM (<i>ramelteon</i>)	NP	
EDLUAR SUBL	NP		<i>tasimelteon caps</i>	NP	SP
<i>estazolam</i>	P		LAXATIVES - Bowel Treatment Drugs		
<i>eszopiclone</i>	NP		Bulk Laxatives		
			BENEFIBER POWD (<i>wheat dextrin</i>)	NF	
			BENEFIBER FOR CHILDREN POWD (<i>wheat dextrin</i>)	NF	
			BENEFIBER HEALTHY SHAPE POWD (<i>wheat dextrin</i>)	NF	
			<i>calcium polycarbophil tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CITRUCEL TABS <i>(methylcellulose (laxative))</i>	NF		Laxatives - Miscellaneous		
CITRUCEL FIBER LAXATIVE POWD <i>(methylcellulose (laxative))</i>	NF		<i>glycerin (laxative) supp 1 gm, 1.2 gm, 2 gm, 80.7 %</i>	P	
HYDROCIL INSTANT POWD (<i>psyllium</i>)	NF		GLYCERIN ADULT SUPP <i>(glycerin (laxative))</i>	NF	
KONSYL DAILY FIBER PACK 100 %	P		MIRALAX POWD <i>(polyethylene glycol 3350)</i>	NF	
KONSYL DAILY FIBER POWD (<i>psyllium</i>)	NF		MIRALAX PACK <i>(polyethylene glycol 3350)</i>	NF	
KONSYL ORIGINAL DAILY FIBER PACK	P		MIRALAX MIX-IN PAX PACK <i>(polyethylene glycol 3350)</i>	NF	
METAMUCIL POWD (<i>psyllium</i>)	NF		PEDIA-LAX SUPP <i>(glycerin (laxative))</i>	NF	
METAMUCIL CAPS (<i>psyllium</i>)	NF		<i>polyethylene glycol 3350 powd</i>	P	
METAMUCIL ORIGINAL TEXTURE POWD (<i>psyllium</i>)	NF		<i>polyethylene glycol 3350 pack</i>	P	
<i>methylcellulose (laxative) tabs</i>	P		Saline Laxatives		
<i>methylcellulose (laxative) powd</i>	P		FLEET ENEMA ENEM <i>(sodium phosphates)</i>	NF	
<i>psyllium powd 28.3 %, 48.57 %, 58.6 %, 95 %</i>	P		<i>magnesium citrate</i>	P	
<i>psyllium caps 0.52 gm</i>	P		<i>magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml</i>	P	
<i>wheat dextrin powd</i>	P		<i>sodium phosphates enem</i>	P	
Laxative Combinations			Stimulant Laxatives		
NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NF		<i>bisacodyl supp</i>	P	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P		<i>bisacodyl tbec</i>	P	
<i>sennosides-docusate sodium tabs</i>	P		DULCOLAX TBEC <i>(bisacodyl)</i>	NF	
SENOKOT S TABS <i>(sennosides-docusate sodium)</i>	NF		DULCOLAX SUPP <i>(bisacodyl)</i>	NF	
			DULCOLAX PINK LAXATIVE TBEC <i>(bisacodyl)</i>	NF	
			SENNA SYRP	P	
			<i>sennosides tabs 8.6 mg, 15 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
SENOKOT TABS <i>(sennosides)</i>	NF		<i>clarithromycin tabs</i>	P			
Surfactant Laxatives							
COLACE CAPS 100 MG <i>(docusate sodium)</i>	NF		<i>clarithromycin susr</i>	P			
COLACE CLEAR CAPS <i>(docusate sodium)</i>	NF		<i>clarithromycin tb24</i>	P			
<i>docusate calcium</i>	P		Erythromycins				
<i>docusate sodium tabs</i>	P		E.E.S. GRANULES SUSR <i>(erythromycin ethylsuccinate)</i>	P			
<i>docusate sodium syrup</i>	P		ERYPED 200 SUSR <i>(erythromycin ethylsuccinate)</i>	P			
<i>docusate sodium caps</i>	P		ERYPED 400 SUSR <i>(erythromycin ethylsuccinate)</i>	P			
<i>docusate sodium liqd</i>	P		<i>erythromycin base tbec</i>	P			
DOCUSATE SODIUM SYRP	P		<i>erythromycin base cpep</i>	P			
MACROLIDES - Drugs to Treat Bacterial Infections							
Azithromycin							
<i>azithromycin tabs 250 mg</i>	P	QL(60 ea per 180 days retail)	<i>erythromycin base tabs</i>	P			
<i>azithromycin tabs 600 mg</i>	P		<i>erythromycin ethylsuccinate tabs</i>	P			
<i>azithromycin pack</i>	P		<i>erythromycin ethylsuccinate susr</i>	P			
<i>azithromycin tabs 500 mg</i>	P	QL(3 ea per fill retail; 60 ea per 180 days retail)	<i>erythromycin stearate tabs 250 mg</i>	P			
<i>azithromycin susr</i>	P		Fidaxomicin				
ZITHROMAX TABS 500 MG <i>(azithromycin)</i>	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)	DIFICID SUSR	NP			
ZITHROMAX PACK <i>(azithromycin)</i>	P		DIFICID TABS	NP			
ZITHROMAX SUSR <i>(azithromycin)</i>	NP		MEDICAL DEVICES AND SUPPLIES				
ZITHROMAX TABS 250 MG <i>(azithromycin)</i>	NP	QL(60 ea per 180 days retail)	Bandages-Dressings-Tape				
ZITHROMAX TABS 250 MG <i>(azithromycin)</i>	NF	QL(60 ea per 180 days retail)	AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC		
ZITHROMAX TRI-PAK TABS <i>(azithromycin)</i>	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)	AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC		
ZITHROMAX Z-PAK TABS <i>(azithromycin)</i>	NP	QL(60 ea per 180 days retail)	BAND-AID GAUZE PADS LARGE4" X 4" PADS	P	RX/OTC		
Clarithromycin			BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC		
			BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC		

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC	CURITY GAUZE SPONGE 4"X4"16 PLY PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC	CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC	CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	P	RX/OTC	CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC	CVS GAUZE PADS 4"X4" 12-PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC	CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC	CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC	DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	P	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY COVER SPONGES 4"X4" PADS	P	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC	DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC	DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
			DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC	J & J GAUZE SPONGES 8-PLY4" X 4" MISC	P	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC
DRYMAX EXTRA PADS	P	RX/OTC	KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
EQ GAUZE PADS 4"X4" PADS	P	RX/OTC	KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC	MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC	POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	QC ALL PURPOSE DRESSINGS4"X4" PADS	P	RX/OTC
GAUZE DRESSING 4"X4" PADS	P	RX/OTC	QC STERILE PADS PADS	P	RX/OTC
GAUZE PADS PADS	P	RX/OTC	RA STERILE PADS 4"X4" PADS	P	RX/OTC
GAUZE PADS 4"X4" PADS	P	RX/OTC	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
HM STERILE PADS PADS	P	RX/OTC	RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC	RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC	RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	P	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC	SM GAUZE PADS 4"X4" PADS	P	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SM STERILE PADS PADS	P	RX/OTC	BLOOD PRESSURE KIT/MANUALINFLATE DEVI	P	QL(0.034 ea daily)
SOF-WICK 4"X4" PADS	P	RX/OTC	BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
STERILE PADS 4"X4" PADS	P	RX/OTC	BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC	BLOOD PRESSURE MONITOR 3SERIES DEVI	P	QL(0.034 ea daily)
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC	BLOOD PRESSURE MONITOR AUTOMATIC WRIST MISC	P	QL(0.034 ea daily)
Blood Pressure Devices			BLOOD PRESSURE MONITOR AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR AUTOMATIC/ARM MISC	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/EXTRA LARGE DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/LARGE DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR PREMIUM ARM DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/SMALL/MEDIUM DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR PREMIUM ARM/VOICE ASSIST MISC	P	QL(0.034 ea daily)
AUTOMATIC BLOOD PRESSUREMONITOR DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR UPPER ARM DEVI	P	QL(0.034 ea daily)
BD ASSIRE BPM/PORTABLE WRISTWATCH STYLE MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTO ARM DEVI	P	QL(0.034 ea daily)
BD ASSURE BPM/AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/AUTO INFLATE WRIST CUFF MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/DELUXE AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)			
BD ASSURE BPM/MANUAL INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BLOOD PRESSURE MONITOR/AUTOMATIC QUICK READ MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORDIGITAL/AUTO-INFLATION MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC ULTRA-DELUXE MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORDIGITAL/AUTOMATIC MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC WRIST DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORDIGITAL/MANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORDIGITAL/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/BASIC ARM DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORMANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE ARM DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORMODEL#1083 MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE ARM MISC	P	QL(0.034 ea daily)	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)	CARETOUCH SLIM BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PREMIUM ARM DEVI	P	QL(0.034 ea daily)	CARETOUCH VERSA BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMORY/LCD/MODEL #1060 MISC	P	QL(0.034 ea daily)	CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMORY/MODEL #1085M MISC	P	QL(0.034 ea daily)	CLEVER CHOICE BLOOD PRESSURE MONITOR/TALKING WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/UPPER ARM MISC	P	QL(0.034 ea daily)	CLEVER CHOICE BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/WRIST MISC	P	QL(0.034 ea daily)	CLEVER CHOICE BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ELECTRONIC BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	FORA P20 BLOOD PRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	FORA TEST N' GO BP BLOODPRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)
CVS ADVANCED BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	GNP BLOOD PRESSURE MONITOR ADVANCED AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR PREMIUM/WRIST MISC	P	QL(0.034 ea daily)	HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER-ARM DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR PROFESSIONAL/ARM MISC	P	QL(0.034 ea daily)	HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/PREMIUM TALKING DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/MANUAL MISC	P	QL(0.034 ea daily)	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STAND ARD DEVI	P	QL(0.034 ea daily)
CVS SERIES 100 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOMENS DEVI	P	QL(0.034 ea daily)
CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	HEART CHECK BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	H-E-B INCONTROL DELUXE AUTO WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
CVS SERIES 600W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	H-E-B INCONTROL PREMIUM AUTOMATIC BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS SERIES 800 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)			
EQ BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC DEVI	P	QL(0.034 ea daily)	MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI	P	QL(0.034 ea daily)	MICROLIFE DELUXE BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)	OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/SERIES 200/ARM DEVI	P	QL(0.034 ea daily)	OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
HM DELUXE BLOOD PRESSUREMONITOR/W RIST DEVI	P	QL(0.034 ea daily)	OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)	OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 7 SERIES BLOOD PRESSURE MONITOR/WRIST/BLUETOOTH DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST DEVI	P	QL(0.034 ea daily)	PRO HEALTH MINI TALKING BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	PRO HEALTH TRACK BLUETOOTH BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DELUXE DEVI	P	QL(0.034 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROCARE UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR SERIES 800/ARM DEVI	P	QL(0.034 ea daily)
PROCARE WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)
QC BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR AUTOMATIC MISC	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC MISC	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)
RELION BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITORSERIES 200 DEVI	P	QL(0.034 ea daily)
RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITORSERIES 600 DEVI	P	QL(0.034 ea daily)
RELION BP200W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM WRIST CUFF BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
RELION BP300W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SPHYGMOMANOMETER ANEROID MISC	P	QL(0.034 ea daily)
RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR SERIES 200W/WRIST DEVI	P	QL(0.034 ea daily)	SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR SERIES 600W/WRIST DEVI	P	QL(0.034 ea daily)	SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASS IC DEVI	P	QL(0.034 ea daily)

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)	KIMONO PS LUBRICATED MISC	P	
TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI	P	QL(0.034 ea daily)	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	
TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)	KIMONO SENSATION LUBRICATED MISC	P	
TGT BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	
WRIST CUFF BLOOD PRESSUREUNIT MISC	P	QL(0.034 ea daily)	KIMONO SPECIAL DEVI	P	
Contraceptives			K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
AIMSCO LUBRICATED MISC	P		K-Y ME & YOU INTENSE DEVI	P	
DUREX EXTRA SENSITIVE THIN DEVI	P		MAXX LUBRICATED MISC	P	
FANTASY LUBRICATED MISC	P		MAXX PLUS SPERMICIDE LUBRICATED MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P		PREMIUM CONDOMS LUBRICATED MISC	P	
KAMELEON LUBRICATED MISC	P		REALITY LATEX CONDOMS/LUBRICATED MISC	P	
KIMONO COLORS DEVI	P		REALITY LATEX/ULTRA TEXTURED DEVI	P	
KIMONO LUBRICATED MISC	P		REALITY LATEX/ULTRA THIN DEVI	P	
KIMONO MICRO THIN MISC	P		TRUSTEX COLOR CONDOMS + LUBE MISC	P	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P		TRUSTEX LUBRICATED MISC	P	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P		TRUSTEX LUBRICATED EXTRALARGE MISC	P	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	
			TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	P	
			TRUSTEX LUBRICATED/SPERMICIDE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P		ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P		ACCU-CHEK FASTCLIX LANCETS	P	QL(4.45 ea daily); MP
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P		ACCU-CHEK GUIDE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUSTEX NON-LUBRICATED MISC	P		ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	P		ACCU-CHEK GUIDE ME KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUSTEX/RIA LUBRICATED MISC	P		ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P		ACCU-CHEK SAFE-T-PRO LANCETS	P	QL(4.45 ea daily); MP
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P		ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	QL(4.45 ea daily); MP
Diabetic Supplies			ACCU-CHEK SMARTVIEW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(4.45 ea daily); MP	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(4.45 ea daily); MP	ACCU-CHEK SOFTCLIX LANCETS	P	QL(4.45 ea daily); MP
ACCU-CHEK AVIVA SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ACCUTREND GLUCOSE CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ACCU-CHEK AVIVA PLUS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTI-LANCE LANCETS 28G	P	QL(4.45 ea daily); MP	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP	ADVOCATE CONTROL SOLUTIONHIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	QL(4.45 ea daily); MP	ADVOCATE CONTROL SOLUTIONLOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	QL(4.45 ea daily); MP	ADVOCATE LANCETS	P	QL(4.45 ea daily); MP
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP	ADVOCATE LANCETS 30G	P	QL(4.45 ea daily); MP
ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	ADVOCATE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ADVOCATE REDI-CODE DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ADVOCATE REDI-CODE/TALKING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ADVANCE MICRO-DRAW METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVANCE MICRO-DRAW NORMAL CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVANCED MOBILE LANCET 30G	P	QL(4.45 ea daily); MP	ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE SAFETY LANCETS	P	QL(4.45 ea daily); MP	AIMSCO TWIST LANCETS 33G	P	QL(4.45 ea daily); MP
ADVOCATE SAFETY LANCETS 26G	P	QL(4.45 ea daily); MP	AMBI-TRAY MISC	P	RX/OTC
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	AQUALANCE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
AGAMATRIX CONTROL HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	ASSURE 3 CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
AGAMATRIX CONTROL NORMAL& HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ASSURE 3 METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ASSURE 4 CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ASSURE COMFORT LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
AGAMATRIX PRESTO KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ASSURE DOSE NORMAL/HIGH CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
AGAMATRIX PRESTO PRO METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	QL(4.45 ea daily); MP
AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(4.45 ea daily); MP	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	QL(4.45 ea daily); MP
AIMSCO TWIST LANCETS 32G	P	QL(4.45 ea daily); MP	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	QL(4.45 ea daily); MP
			ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	QL(4.45 ea daily); MP
			ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE II CONTROL LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ASSURE PRO CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE II CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	AURORA LANCET SUPER THIN30G	P	QL(4.45 ea daily); MP
ASSURE LANCE LANCETS	P	QL(4.45 ea daily); MP	AURORA LANCET THIN 23G	P	QL(4.45 ea daily); MP
ASSURE LANCE LANCETS 21G	P	QL(4.45 ea daily); MP	AUTO-LANCET MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ASSURE LANCE PLUS SAFETYLANCETS 25G	P	QL(4.45 ea daily); MP	AUTO-LANCET MINI MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ASSURE LANCE PLUS SAFETYLANCETS 30G	P	QL(4.45 ea daily); MP	AUTOLET II CLINISAFE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
ASSURE LANCE SAFETY LANCET 28G	P	QL(4.45 ea daily); MP	AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ASSURE PRISM CONTROL LEVEL 1/2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	AUTOLET LITE CLINISAFE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	AUTOLET LITE STARTER PACK KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	AUTOLET MINI MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			AUTOLET PLATFORMS MISC	P	MP
			AUTOLET PLUS MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			BD LANCET ULTRAFINE 30G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD LANCET ULTRAFINE 33G	P	QL(4.45 ea daily); MP	BIGFOOT UNITY PROGRAM KIT KIT	NP	RX/OTC
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BD MICROTAINER LANCETS	P	QL(4.45 ea daily); MP	BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	P	RX/OTC	BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
BIGFOOT UNITY PEN CAP FOR APIDRA MISC	P	RX/OTC	BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR ASPART MISC	P	RX/OTC	BLOOD GLUCOSE SYSTEM PAK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	P	RX/OTC	BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
BIGFOOT UNITY PEN CAP FOR FIASP MISC	P	RX/OTC	BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	P	RX/OTC	CARDIOCOM LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
BIGFOOT UNITY PEN CAP FOR LANTUS MISC	P	RX/OTC	CAREONE ADVANCED LANCINGDEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
BIGFOOT UNITY PEN CAP FOR LISPRO MISC	P	RX/OTC	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	P	RX/OTC			
BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	P	RX/OTC			
BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	P	RX/OTC			
BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	P	RX/OTC			
BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CARETOUCH TWIST LANCETS 30G	P	QL(4.45 ea daily); MP
CAREONE LANCET SUPER THIN/30G	P	QL(4.45 ea daily); MP	CARETOUCH TWIST LANCETS 33G	P	QL(4.45 ea daily); MP
CAREONE LANCET THIN	P	QL(4.45 ea daily); MP	CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(4.45 ea daily); MP
CARESENS CONTROL A SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	CLEANLET LANCETS 28G	P	QL(4.45 ea daily); MP
CARESENS LANCETS	P	QL(4.45 ea daily); MP	CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	CLEVER CHEK LANCETS ULTRATHIN	P	QL(4.45 ea daily); MP
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	CLEVER CHEK LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily); MP
CARETOUCH SAFETY LANCETS/26G	P	QL(4.45 ea daily); MP	CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CARETOUCH SAFETY LANCETS/28G	P	QL(4.45 ea daily); MP	CLEVER CHOICE COMFORT EZLANCETS 21G	P	QL(4.45 ea daily); MP
CARETOUCH SAFETY LANCETS/30G	P	QL(4.45 ea daily); MP	CLEVER CHOICE COMFORT EZLANCETS 23G	P	QL(4.45 ea daily); MP
CARETOUCH TWIST LANCETS 28G	P	QL(4.45 ea daily); MP	CLEVER CHOICE COMFORT EZLANCETS 28G	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	CONTOUR HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CLEVER CHOICE GLUCOSE CONTROL LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	CONTOUR LOW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	CONTOUR NEXT CONTROL LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
COAGUCHEK LANCETS	P	QL(4.45 ea daily); MP	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP	CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(4.45 ea daily); MP	CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
COMFORT LANCETS	P	QL(4.45 ea daily); MP	CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	P	QL(4.45 ea daily); MP	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	QL(4.45 ea daily); MP	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	QL(4.45 ea daily); MP			
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	MP
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	MP
COOL CONTROL SOLUTION A SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); 1 ea per fill retail)	DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	MP
COOL CONTROL SOLUTION B SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); 1 ea per fill retail)	DEXCOM G4 PLATINUM TRANSMITTER KIT	NP	MP
CVS ADVANCED GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	DEXCOM G5 MOBILE RECEIVERKIT	NP	MP
CVS LANCETS 21G	P	QL(4.45 ea daily); MP	DEXCOM G5 MOBILE TRANSMITTER KIT	NP	MP
CVS LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP	DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	NP	MP
CVS LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP	DEXCOM G5 RECEIVER KIT	NP	MP
CVS LANCETS ORIGINAL	P	QL(4.45 ea daily); MP	DEXCOM G6 RECEIVER	P	MP; PA
CVS LANCETS THIN 26G	P	QL(4.45 ea daily); MP	DEXCOM G6 SENSOR	P	MP; PA
CVS LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP	DEXCOM G6 TRANSMITTER	P	MP; PA
CVS LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily); MP	DEXCOM G7 RECEIVER	P	MP; PA
CVS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	DEXCOM G7 SENSOR	P	MP; PA
CVS ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP	DIABETES MONITORING DIGITAL SOLUTION KIT	NP	RX/OTC
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE METER DEVI					
1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP					
DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD					
1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)					
DIATHRIVE LANCETS					
QL(4.45 ea daily); MP					

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP	DRUG MART UNILET MICRO THIN LANCETS 33G	P	QL(4.45 ea daily); MP
DIATHRIVE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	DUO-CARE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
DIATHRIVE+ BLOOD GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	EASY COMFORT LANCETS	P	QL(4.45 ea daily); MP
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY COMFORT LANCETS 30G/PULL TOP	P	QL(4.45 ea daily); MP
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY COMFORT LANCETS 30G/THIN TOP	P	QL(4.45 ea daily); MP
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	EASY COMFORT LANCETS TWIST TOP	P	QL(4.45 ea daily); MP
DROPLET GENTEEL LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	EASY MINI EJECT LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DROPLET LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP	EASY MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DROPLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
DROPLET PERSONAL LANCETS30G	P	QL(4.45 ea daily); MP	EASY PLUS II CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	EASY PLUS II CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DRUG MART LANCETS THIN	P	QL(4.45 ea daily); MP	EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	QL(4.45 ea daily); MP	EASY STEP CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(4.45 ea daily); MP			
DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(4.45 ea daily); MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY STEP CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(4.45 ea daily); MP
EASY TALK CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TALK CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(4.45 ea daily); MP
EASY TALK PLUS II CONTROLHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 28G/TWIST	P	QL(4.45 ea daily); MP
EASY TALK PLUS II CONTOLLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(4.45 ea daily); MP
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	EASY TOUCH LANCETS 32G/TWIST	P	QL(4.45 ea daily); MP
EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	P	RX/OTC	EASY TOUCH LANCETS 33G/TWIST	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 26G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
			EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
 RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASY TRAK GLUCOSE CONTROLSOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASYPRO PLUS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	ELEMENT AUTOCODE SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASYGLUCO KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASYGLUCO STARTER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	QL(4.45 ea daily); MP
ELEMENT HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	QL(4.45 ea daily); MP
ELEMENT LOW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); 1 ea per fill retail)
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EMBRACE CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	ENLITE GLUCOSE SENSOR	NP	MP
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EQL COLOR LANCETS 21G	P	QL(4.45 ea daily); MP
EMBRACE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP	EQL COLOR LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	EQL SUPER THIN LANCETS 30G	P	QL(4.45 ea daily); MP
			EQL THIN LANCETS 26G	P	QL(4.45 ea daily); MP
			EVERSENSE E3 SENSOR/HOLDER	NP	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EVERSENSE E3 SMART TRANSMITTER	NP	MP	FORA CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EVERSENSE SENSOR/HOLDER	NP	MP	FORA CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EVERSENSE SMART TRANSMITTER	NP	MP	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EVOLUTION AUTOCODE DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
E-Z JECT LANCETS	P	QL(4.45 ea daily); MP	FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
E-Z JECT LANCETS 21G	P	QL(4.45 ea daily); MP	FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
E-Z JECT LANCETS COLOR	P	QL(4.45 ea daily); MP	FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
E-Z JECT LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP	FORA LANCETS	P	QL(4.45 ea daily); MP
E-Z JECT LANCETS THIN 26G	P	QL(4.45 ea daily); MP	FORA LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
E-ZJECT LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP	FORA LANCING DEVICE/CLEARCAP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
EZ-LETS LANCETS 21G	P	QL(4.45 ea daily); MP	FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(4.45 ea daily); MP	FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(4.45 ea daily); MP			
EZ-LETS LANCETS 30G	P	QL(4.45 ea daily); MP			
FIFTY50 GLUCOSE METER 2.0 KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC			
FIFTY50 SAFETY SEAL LANCETS 30G	P	QL(4.45 ea daily); MP			
FIFTY50 SAFETY SEAL LANCETS 32G	P	QL(4.45 ea daily); MP			
FIFTY50 UNILET LANCETS 33G	P	QL(4.45 ea daily); MP			
FINE 30	P	QL(4.45 ea daily); MP			
FINGERSTIX LANCETS	P	QL(4.45 ea daily); MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	FORACARE GDH CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	FORTISCARE CONTROL SOLUTIONS HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	FORTISCARE CONTROL SOLUTIONS LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
FORACARE GDH CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	FREESTYLE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
			FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE FREEDOM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	FREESTYLE SIDEKICK II VALUEPACK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE FREEDOM LITE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	FREESTYLE UNISTICK II LANCETS	P	QL(4.45 ea daily); MP
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FREESTYLE LANCETS	P	QL(4.45 ea daily); MP	GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	MP; PA	GENTEEL BUTTERFLY TOUCH LANCETS	P	QL(4.45 ea daily); MP
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/BLUE MISC	P	MP
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/CLEAR MISC	P	MP
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/GREEN MISC	P	MP
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/ORANGE MISC	P	MP
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	NP	MP	GENTEEL CONTACT TIPS/RAINBOW MISC	P	MP
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	GENTEEL CONTACT TIPS/VIOLET MISC	P	MP
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GENTEEL CONTACT TIPS/YELLOW MISC	P	MP
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
			GENTEEL NOZZLES MISC	P	MP
			GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
 RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GENTLE-LET GP LANCETS	P	QL(4.45 ea daily); MP	GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(4.45 ea daily); MP	GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	QL(4.45 ea daily); MP	GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	QL(4.45 ea daily); MP	GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	QL(4.45 ea daily); MP	GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GENTLE-LET PLATFORMS 2.4MM MISC	P	MP	GLUCOCARD SHINE DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GENTLE-LET PLATFORMS 3.0MM MISC	P	MP	GLUCOCARD SHINE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC			
GLOBAL INJECT EASE LANCETS 28G	P	QL(4.45 ea daily); MP			
GLOBAL INJECT EASE LANCETS 30G	P	QL(4.45 ea daily); MP			
GLOBAL LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	GLUCOCOM HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOCOM LANCETS 28G	P	QL(4.45 ea daily); MP
GLUCOCARD SHINE XL DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	GLUCOCOM LANCETS 30G	P	QL(4.45 ea daily); MP
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOCOM LANCETS 33G	P	QL(4.45 ea daily); MP
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GLUCOCARD X-METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
			GNP LANCETS 21G	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP LANCETS THIN 26G	P	QL(4.45 ea daily); MP	GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GUARDIAN 4 GLUCOSE SENSOR	NP	MP
GNP STERILE LANCETS 28G	P	QL(4.45 ea daily); MP	GUARDIAN 4 TRANSMITTER KIT	NP	MP
GNP STERILE LANCETS 30G	P	QL(4.45 ea daily); MP	GUARDIAN CONNECT TRANSMITTER	NP	MP
GNP STERILE LANCETS 33G	P	QL(4.45 ea daily); MP	GUARDIAN CONNECT TRANSMITTER KIT	NP	MP
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GUARDIAN LINK 3	NP	MP
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GUARDIAN LINK 3 TRANSMITTER KIT	NP	MP
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC
GOJJI STERILE LANCETS 30G	P	QL(4.45 ea daily); MP	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	MP
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily); MP	GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP	GUARDIAN SENSOR (3)	NP	MP
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily); MP	GUARDIAN SENSOR 3	NP	MP
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	QL(4.45 ea daily); MP	HAEMOLANCE	P	QL(4.45 ea daily); MP
GOODSENSE LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily); MP	HAEMOLANCE LOW FLOW LANCETS	P	QL(4.45 ea daily); MP
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(4.45 ea daily); MP	HAEMOLANCE PLUS	P	QL(4.45 ea daily); MP
GOODSENSE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	HAEMOLANCE PLUS HIGH FLOW	P	QL(4.45 ea daily); MP
			HAEMOLANCE PLUS LOW FLOW	P	QL(4.45 ea daily); MP
			HAEMOLANCE PLUS MAX FLOW	P	QL(4.45 ea daily); MP
			HAEMOLANCE PLUS PEDIATRIC FLOW	P	QL(4.45 ea daily); MP
			HEALTH CARE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	IN TOUCH DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP	IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	IN TOUCH LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP	IN TOUCH STERILE LANCETS30G	P	QL(4.45 ea daily); MP
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP	INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP	INFINITY VOICE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	INSUL-CAP MISC	P	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	INSUL-EZE MISC	P	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	KINNEY LANCETS	P	QL(4.45 ea daily); MP
HYPOLANCE AST LANCING KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	KINNEY THIN LANCETS	P	QL(4.45 ea daily); MP
HY-VEE LANCETS	P	QL(4.45 ea daily); MP	KROGER AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
HY-VEE THIN LANCETS	P	QL(4.45 ea daily); MP	KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
			KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(4.45 ea daily); MP	LANCETS SUPER THIN 28G	P	QL(4.45 ea daily); MP
KROGER LANCETS	P	QL(4.45 ea daily); MP	LANCETS THIN	P	QL(4.45 ea daily); MP
KROGER LANCETS 21G	P	QL(4.45 ea daily); MP	LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
KROGER LANCETS MICRO THIN33G	P	QL(4.45 ea daily); MP	LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
KROGER LANCETS SUPER THIN	P	QL(4.45 ea daily); MP	LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER LANCETS THIN	P	QL(4.45 ea daily); MP	LANZO MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER LANCETS THIN 26G	P	QL(4.45 ea daily); MP	LEADER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER LANCETS ULTRATHIN30G	P	QL(4.45 ea daily); MP	LIBERTY BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
KROGER LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LIBERTY CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	LIBERTY GLUCOSE CONTROL MID SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
LANCET DEVICE ADJUSTABLE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LIBERTY MEDICAL LANCETS 30G	P	QL(4.45 ea daily); MP
LANCET DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LIBERTY MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANCET TRANSPORTER CASE MISC	P	MP	LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
LANCETS	P	QL(4.45 ea daily); MP	LITE TOUCH LANCETS	P	QL(4.45 ea daily); MP
LANCETS 30G	P	QL(4.45 ea daily); MP	LITE TOUCH LANCING PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANCETS 30G TWIST TOP	P	QL(4.45 ea daily); MP			
LANCETS 30G/TWIST TOP	P	QL(4.45 ea daily); MP			
LANCETS 33G EXTRA FINE	P	QL(4.45 ea daily); MP			
LANCETS 33G UNIVERSAL DESIGN	P	QL(4.45 ea daily); MP			
LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP	MEDISENSE HIGH/LOW CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
LIVE BETTER LANCET SUPERTHIN 30G	P	QL(4.45 ea daily); MP	MEDISENSE MID CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
LIVE BETTER LANCET ULTRATHIN 28G	P	QL(4.45 ea daily); MP	MEDISENSE THIN LANCETS	P	QL(4.45 ea daily); MP
LONGS LANCETS STANDARD	P	QL(4.45 ea daily); MP	MEDLANCE PLUS EXTRA LANCETS 21G	P	QL(4.45 ea daily); MP
LONGS LANCETS THIN	P	QL(4.45 ea daily); MP	MEDLANCE PLUS LANCETS	P	QL(4.45 ea daily); MP
LONGS LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP	MEDLANCE PLUS LANCETS LITE 25G	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	QL(4.45 ea daily); MP	MEDLANCE PLUS LITE LANCETS 25G	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	QL(4.45 ea daily); MP	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	QL(4.45 ea daily); MP	MEDLANCE PLUS SUPERLITE 30G	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	QL(4.45 ea daily); MP	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	QL(4.45 ea daily); MP
MEDICHOICE SAFETY LANCETEXTRA	P	QL(4.45 ea daily); MP	MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	QL(4.45 ea daily); MP
MEDICHOICE SAFETY LANCETNORMAL	P	QL(4.45 ea daily); MP	MEDLANCE PLUS/LITE 25G	P	QL(4.45 ea daily); MP
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-LOW,1-MED,1 HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	MEDLANCE/EXTRA	P	QL(4.45 ea daily); MP
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	MEDLANCE/LITE	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDLANCE/UNIVERSAL	P	QL(4.45 ea daily); MP	MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MICROLET LANCETS	P	QL(4.45 ea daily); MP
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily); MP	MICROLET NEXT MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MEIJER LANCETS	P	QL(4.45 ea daily); MP	MINILINK REAL-TIME TRANSMITTER	NP	MP
MEIJER LANCETS THIN	P	QL(4.45 ea daily); MP	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NP	MP
MEIJER LANCETS UNIVERSAL21G	P	QL(4.45 ea daily); MP	MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEIJER LANCETS UNIVERSAL30G	P	QL(4.45 ea daily); MP	MM LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MM TWIST LANCETS	P	QL(4.45 ea daily); MP
MEIJER SUPER THIN LANCETS	P	QL(4.45 ea daily); MP	MONOLET LANCETS	P	QL(4.45 ea daily); MP
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MONOLET OPD LANCETS	P	QL(4.45 ea daily); MP
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MONOLETTOR SAFETY LANCETS	P	QL(4.45 ea daily); MP
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MPD SAFETY LANCET 21G/1.8MM	P	QL(4.45 ea daily); MP
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MPD SAFETY LANCET 28G/1.8MM	P	QL(4.45 ea daily); MP
			MPD SAFETY LANCET 30G/1.8MM	P	QL(4.45 ea daily); MP
			MPD SAFETY LANCETS 23G/1.8MM	P	QL(4.45 ea daily); MP
			MULTI-LANCET DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTI-LANCET DEVICE 2 KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	OMNIPOD 5 G6 PODS (GEN 5) MISC	P	MP; PA
MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	P	QL(1 ea per 365 days retail); PA
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	QL(4.45 ea daily); MP	OMNIPOD CLASSIC PODS (GEN 3) MISC	P	MP; PA
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	PA
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	OMNIPOD DASH PDM KIT (GEN 4) KIT	P	QL(1 ea per 365 days retail); PA
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	P	MP; PA
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	OMNIPOD GO 10 UNITS/DAY KIT	NP	
NOVA SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP	OMNIPOD GO 15 UNITS/DAY KIT	NP	
NOVA SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP	OMNIPOD GO 20 UNITS/DAY KIT	NP	
NOVA SUREFLEX LANCETS	P	QL(4.45 ea daily); MP	OMNIPOD GO 25 UNITS/DAY KIT	NP	
NOVA SUREFLEX LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	OMNIPOD GO 30 UNITS/DAY KIT	NP	
			OMNIPOD GO 35 UNITS/DAY KIT	NP	
			OMNIPOD GO 40 UNITS/DAY KIT	NP	
			ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
			ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
			ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(4.45 ea daily); MP
			ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	ONETOUCH VERIO REFLECT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	MP	OPTIUM BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ONETOUCH SURESOFT LANCING DEVICE/18G MISC	P	MP	OVAL TAPE MISC	NP	RX/OTC
ONETOUCH SURESOFT LANCING DEVICE/21G MISC	P	MP	PARADIGM REAL-TIME TRANSMITTER	NP	MP
ONETOUCH SURESOFT LANCING DEVICE/28G MISC	P	MP	PC LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
ONETOUCH ULTRA 2 KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PERFECT LANCETS 30G	P	QL(4.45 ea daily); MP
ONETOUCH ULTRA CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	QL(4.45 ea daily); MP	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH ULTRASOFT LANCETS	P	QL(4.45 ea daily); MP	PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	QL(4.45 ea daily); MP
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
ONETOUCH VERIO MID CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	QL(4.45 ea daily); MP
			PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	QL(4.45 ea daily); MP
			PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	QL(4.45 ea daily); MP	PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PHARMACY COUNTER LANCETS	P	QL(4.45 ea daily); MP	PRECISION GLUCOSE/KETONECONTROL SOLUTIONS 1-HI 1-LO LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	PRECISION LINK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	PRECISION QID MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PIP LANCETS/28G	P	QL(4.45 ea daily); MP	PRECISION SOF-TACT MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PIP LANCETS/30G	P	QL(4.45 ea daily); MP	PRECISION THINS GP LANCET	P	QL(4.45 ea daily); MP
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PRECISION XTRA KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
POCKETCHEM EZ CONTROL LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	PRECISION XTRA DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	PRECISION XTRA MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PRECISION GLUCOSE CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	PREFERRED PLUS LANCETS COLORED 21G	P	QL(4.45 ea daily); MP
PRECISION GLUCOSE CONTROLSOLUTION (TRI-LEVEL/HI/LO/NORMAL) SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS LANCETS THIN 26G	P	QL(4.45 ea daily); MP	PRODIGY NO CODING BLOOD GLUCOSE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRO COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP	PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRO COMFORT LANCETS 31G	P	QL(4.45 ea daily); MP	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	QL(4.45 ea daily); MP
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	PRODIGY SAFETY LANCETS	P	QL(4.45 ea daily); MP
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	PRODIGY TWIST TOP LANCETS	P	QL(4.45 ea daily); MP
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PSS SELECT GP LANCETS	P	QL(4.45 ea daily); MP
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	PSS SELECT PLATFORMS MISC	P	MP
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PSS SELECT SAFETY LANCETS	P	QL(4.45 ea daily); MP
PRODIGY CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	PURE COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP
PRODIGY CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	PX ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PRODIGY COUNT-A-DOSE MISC	P	RX/OTC	PX LANCET AUTO INJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PRODIGY LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	PX LANCETS MICROTHIN 33G	P	QL(4.45 ea daily); MP
			PX LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
			PX LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
			QC ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			QC LANCETS SUPER THIN	P	QL(4.45 ea daily); MP
			QC LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QC UNILET LANCETS 28G/ULTRA THIN	P	QL(4.45 ea daily); MP	READYLANCE SAFETY LANCETS/30G/1.6MM	P	QL(4.45 ea daily); MP
QC UNILET LANCETS 33G/MICRO THIN	P	QL(4.45 ea daily); MP	REALITY LANCETS	P	QL(4.45 ea daily); MP
QUICKTEK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	REALITY TRIGGER LANCETS	P	QL(4.45 ea daily); MP
QUICKTEK CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	RELION 2-IN-1 LANCET DEVICES 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	RELION 2-IN-1 LANCING DEVICE 25G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RA E-ZJECT LANCETS 28G	P	QL(4.45 ea daily); MP	RELION 2-IN-1 LANCING DEVICE 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RA E-ZJECT LANCETS THIN 26G	P	QL(4.45 ea daily); MP	RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
RA E-ZJECT LANCETS THIN 28G	P	QL(4.45 ea daily); MP	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily); MP	RELION LANCETS MICRO-THIN33G	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/21G/2.2MM	P	QL(4.45 ea daily); MP	RELION LANCETS THIN 26G	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/23G/1.8MM	P	QL(4.45 ea daily); MP	RELION LANCETS ULTRA-THIN30G	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/26G/1.8MM	P	QL(4.45 ea daily); MP	RELION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
READYLANCE SAFETY LANCETS/28G/1.8MM	P	QL(4.45 ea daily); MP	RELION LANCING DEVICE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	REXALL LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	RIGHTEST GC300 HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	RIGHTEST GD500 LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	P	MP
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	RIGHTEST GL300 LANCETS	P	QL(4.45 ea daily); MP
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION ULTRA THIN LANCETS/30G	P	QL(4.45 ea daily); MP	RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
RELION ULTRA THIN LANCETS30G	P	QL(4.45 ea daily); MP	SAFE-T-LANCE LOW FLOW 25G	P	QL(4.45 ea daily); MP
RELION ULTRA THIN PLUS LANCETS 32G	P	QL(4.45 ea daily); MP	SAFE-T-LANCE NORMAL FLOW21G	P	QL(4.45 ea daily); MP
RELION ULTRA THIN PLUS LANCETS 33G	P	QL(4.45 ea daily); MP	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	QL(4.45 ea daily); MP
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	QL(4.45 ea daily); MP
			SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAFETY LANCETS	P	QL(4.45 ea daily); MP	SINGLE-LET	P	QL(4.45 ea daily); MP
SAFETY LANCETS 21G	P	QL(4.45 ea daily); MP	SM MICRO THIN LANCETS 33G	P	QL(4.45 ea daily); MP
SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP	SM TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP	SMART DIABETES VANTAGE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAFETY LANCETS/PRESSURE ACTIVATED/28G	P	QL(4.45 ea daily); MP	SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily); MP
SAPS HEALTH CARE TWIST TOP LANCETS	P	QL(4.45 ea daily); MP	SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(4.45 ea daily); MP
SAPSCARE TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(4.45 ea daily); MP
SB LANCETS THIN	P	QL(4.45 ea daily); MP	SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(4.45 ea daily); MP
SB LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP	SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SELECT-LITE DEVICE/LANCETS KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	SMARTEST CONTROL SOLUTIONMEDIUM SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
SELECT-LITE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
SHOPKO AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			
SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	QL(4.45 ea daily); MP			
SHOPKO UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP			
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SMARTEST EJECT STARTER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
SMARTEST LANCETS 28G	P	QL(4.45 ea daily); MP	SOLUS V2 TWIST LANCETS 30G	P	QL(4.45 ea daily); MP
SMARTEST PERSONA STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	STERILANCE PA MISC	P	MP
SMARTEST PRONTO STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	STERILANCE TL	P	QL(4.45 ea daily); MP
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	SUPER THIN LANCETS	P	QL(4.45 ea daily); MP
SMARTEST PROTEGE STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SUPREME II HIGH/LOW CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
SOLARTEK GLUCOSE CONTROLSOLUTIONS LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	SURE COMFORT LANCETS 18G	P	QL(4.45 ea daily); MP
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	SURE COMFORT LANCETS 21G	P	QL(4.45 ea daily); MP
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SURE COMFORT LANCETS 23G	P	QL(4.45 ea daily); MP
SOLUS V2 CONTROL HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	SURE COMFORT LANCETS 28G	P	QL(4.45 ea daily); MP
SOLUS V2 CONTROL LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	SURE COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP
SOLUS V2 LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	SURE COMFORT LANCING PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			SURE-LANCE FLAT LANCETS	P	QL(4.45 ea daily); MP
			SURE-LANCE LANCETS 26G	P	QL(4.45 ea daily); MP
			SURE-LANCE THIN LANCETS 28G	P	QL(4.45 ea daily); MP
			SURE-LANCE ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
			SURELITE LANCETS	P	QL(4.45 ea daily); MP
			SURE-PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	TOPCARE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP
SURE-TOUCH LANCETS UNIVERSAL	P	QL(4.45 ea daily); MP	TRAVEL LANCETS 30G	P	QL(4.45 ea daily); MP
TECHLITE AST LANCETS	P	QL(4.45 ea daily); MP	TRAVEL LANCETS ADVANCED 28G	P	QL(4.45 ea daily); MP
TECHLITE LANCETS	P	QL(4.45 ea daily); MP	TRUE COMFORT SAFETY LANCETS/30G	P	QL(4.45 ea daily); MP
TECHLITE LANCETS 30G	P	QL(4.45 ea daily); MP	TRUE COMFORT TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
TEMPO REFILL KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
TEMPO WELCOME KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	TRUE METRIX DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TGT LANCET MICRO THIN 33G	P	QL(4.45 ea daily); MP	TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TGT LANCET THIN 26G	P	QL(4.45 ea daily); MP	TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TGT LANCET ULTRA THIN 30G	P	QL(4.45 ea daily); MP	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
TGT LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
THINLETS GP LANCETS	P	QL(4.45 ea daily); MP			
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			
TODAYS HEALTH SUPER THINLANCETS 30G	P	QL(4.45 ea daily); MP			
TODAYS HEALTH ULTRA THINLANCETS 28G	P	QL(4.45 ea daily); MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	TRUETRACK SMART SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
TRUEPLUS LANCETS 26G	P	QL(4.45 ea daily); MP	ULTILET CLASSIC LANCETS	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 28G	P	QL(4.45 ea daily); MP	ULTILET LANCETS	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 28G SUPER THIN	P	QL(4.45 ea daily); MP	ULTILET LANCETS 33G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 30G	P	QL(4.45 ea daily); MP	ULTILET SAFETY LANCETS 21G X 2.2MM	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(4.45 ea daily); MP	ULTILET SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 33G	P	QL(4.45 ea daily); MP	ULTIMA KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
TRUEPLUS LANCETS 33G MICRO THIN	P	QL(4.45 ea daily); MP	ULTRA THIN LANCETS 31G	P	QL(4.45 ea daily); MP
TRUEPLUS SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP	ULTRA-CARE LANCETS 30G	P	QL(4.45 ea daily); MP
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ULTRA-THIN II AUTO LANCET	P	QL(4.45 ea daily); MP
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	ULTRA-THIN II LANCETS 28G	P	QL(4.45 ea daily); MP
			ULTRA-THIN II LANCETS 30G	P	QL(4.45 ea daily); MP
			UNILET COMFORTOUCH LANCET	P	QL(4.45 ea daily); MP
			UNILET EXCELITE	P	QL(4.45 ea daily); MP
			UNILET EXCELITE II	P	QL(4.45 ea daily); MP
			UNILET G.P. LANCET	P	QL(4.45 ea daily); MP
			UNILET G.P. SUPERLITE LANCET	P	QL(4.45 ea daily); MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNILET GP 28 ULTRA THIN	P	QL(4.45 ea daily); MP	UNISTIK PRO SAFETY LANCET 25G	P	QL(4.45 ea daily); MP
UNILET LANCET	P	QL(4.45 ea daily); MP	UNISTIK PRO SAFETY LANCET 28G	P	QL(4.45 ea daily); MP
UNILET LANCETS MICRO-THIN33G	P	QL(4.45 ea daily); MP	UNISTIK SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
UNILET LANCETS SUPER-THIN30G	P	QL(4.45 ea daily); MP	UNISTIK SAFETY LANCETS 30G	P	QL(4.45 ea daily); MP
UNILET LANCETS ULTRA-THIN 28G	P	QL(4.45 ea daily); MP	UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(4.45 ea daily); MP
UNILET SUPERLITE LANCET	P	QL(4.45 ea daily); MP	UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
UNISTIK 1 MISC	P	MP	UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
UNISTIK 2 MISC	P	MP	UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(4.45 ea daily); MP
UNISTIK 2 COMFORT MISC	P	MP	UNISTRIP CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
UNISTIK 2 EXTRA MISC	P	MP	UNISTRIP CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
UNISTIK 2 NEONATAL MISC	P	MP	UNIVERSAL 1 LANCETS THIN26G	P	QL(4.45 ea daily); MP
UNISTIK 2 NORMAL MISC	P	MP	UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
UNISTIK 2 SUPER MISC	P	MP	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	QL(4.45 ea daily); MP
UNISTIK 3 MISC	P	MP	VALUE PLUS LANCETS STANDARD 21G	P	QL(4.45 ea daily); MP
UNISTIK 3 COMFORT MISC	P	MP	VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(4.45 ea daily); MP
UNISTIK 3 EXTRA MISC	P	MP	VALUE PLUS LANCETS THIN 26G	P	QL(4.45 ea daily); MP
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	P	MP	VALUE PLUS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
UNISTIK 3 GENTLE	P	QL(4.45 ea daily); MP	VALUMARK LANCET SUPER THIN 30G	P	QL(4.45 ea daily); MP
UNISTIK 3 NEONATAL MISC	P	MP	VALUMARK LANCET ULTRA THIN 28G	P	QL(4.45 ea daily); MP
UNISTIK 3 NORMAL MISC	P	MP			
UNISTIK CZT COMFORT MISC	P	MP			
UNISTIK CZT NORMAL MISC	P	MP			
UNISTIK NORMAL MISC	P	MP			
UNISTIK PRO SAFETY LANCET 21G	P	QL(4.45 ea daily); MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	VIVAGUARD LANCETS	P	QL(4.45 ea daily); MP
VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); 1 ea per fill retail)	VIVAGUARD LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
VERIFINE UNIVERSAL LANCETS 28G	P	QL(4.45 ea daily); MP	VIVAGUARD SAFETY LANCETS/28G	P	QL(4.45 ea daily); MP
VERIFINE UNIVERSAL LANCETS 30G	P	QL(4.45 ea daily); MP	VIVI CAP MISC	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	P	QL(4.45 ea daily); MP	VIVI CAP1 MISC	P	RX/OTC
V-GO 20 KIT	NP	QL(1 ea per 365 days retail)	WALGREENS ADVANCED TRAVELLALCETS 28G	P	QL(4.45 ea daily); MP
V-GO 30 KIT	NP	QL(1 ea per 365 days retail)	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	P	QL(4.45 ea daily); MP
V-GO 40 KIT	NP	QL(1 ea per 365 days retail)	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	P	QL(4.45 ea daily); MP
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	WALGREENS LANCETS	P	QL(4.45 ea daily); MP
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP	WALGREENS THIN LANCETS	P	QL(4.45 ea daily); MP
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP	WALGREENS ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP	WAVESENSE AMP KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); 1 ea per fill retail)	ZEVRX TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
Misc. Devices					
14-COUNT WARMER MISC			14-COUNT WARMER MISC	P	RX/OTC
2-WAY FOLEY STABILIZATIONDEVICE MISC			2-WAY FOLEY STABILIZATIONDEVICE MISC	P	RX/OTC
ADAPTER CAP BLUE A 18MM MISC			ADAPTER CAP BLUE A 18MM MISC	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADAPTER CAP BLUE B 20MM MISC	P	RX/OTC	ADAPTER CAP RED E 28MM/SHORT NECK MISC	P	RX/OTC
ADAPTER CAP BLUE C 22MM MISC	P	RX/OTC	ADAPTER CAP RED F 28MM/LONG NECK MISC	P	RX/OTC
ADAPTER CAP BLUE D 24MM MISC	P	RX/OTC	ADAPTER CAP RED K 28MM/MEDIUM NECK MISC	P	RX/OTC
ADAPTER CAP BLUE E 28MM/SHORT NECK MISC	P	RX/OTC	ADAPTER CAP RED M 24MM MISC	P	RX/OTC
ADAPTER CAP BLUE F 28MM/LONG NECK MISC	P	RX/OTC	ADAPTER CAP WHITE B 20MM MISC	P	RX/OTC
ADAPTER CAP BLUE K 28MM/MEDIUM NECK MISC	P	RX/OTC	ADAPTER CAP WHITE C 22MM MISC	P	RX/OTC
ADAPTER CAP BLUE M 24MM MISC	P	RX/OTC	ADD-VANTAGE ADDAPTOR CONNECTOR MISC	P	RX/OTC
ADAPTER CAP GREEN A 18MM MISC	P	RX/OTC	ADJUST ALUMINUM CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC
ADAPTER CAP GREEN B 20MM MISC	P	RX/OTC	ADJUST ALUMINUM OFFSET CANE/CUSH HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
ADAPTER CAP GREEN C 22MM MISC	P	RX/OTC	ADJUST FOLD CANE/BLACK FIN/WALNUT PISTOL GRIP DERBY HANDLE MISC	P	RX/OTC
ADAPTER CAP GREEN D 24MM MISC	P	RX/OTC	ADJUSTABLE BATH/SHOWER SEAT/BACK MISC	P	RX/OTC
ADAPTER CAP GREEN E 28MM/SHORT NECK MISC	P	RX/OTC	ADJUSTABLE FOLDING CANE/YORK HANDLE MISC	P	RX/OTC
ADAPTER CAP GREEN F 28MM/LONG NECK MISC	P	RX/OTC	ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
ADAPTER CAP GREEN K 28MM/MEDIUM NECK MISC	P	RX/OTC	ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
ADAPTER CAP GREEN M 24MM MISC	P	RX/OTC	ALCOHOL PADS	P	RX/OTC
ADAPTER CAP RED A 18MM MISC	P	RX/OTC	ALCOHOL PREP PAD	P	RX/OTC
ADAPTER CAP RED B 20MM MISC	P	RX/OTC	ALCOHOL PREP PADS	P	RX/OTC
ADAPTER CAP RED C 22MM MISC	P	RX/OTC	ALCOHOL PREPS	P	RX/OTC
ADAPTER CAP RED D 24MM MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
 RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABS	P	RX/OTC	AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE MISC	P	RX/OTC
ALHPAMOP FOAM REPLACEMENTPADS MISC	P	RX/OTC	AMEDA DIAPHRAGMS MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC	P	RX/OTC	AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE MISC	P	RX/OTC	AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW MISC	P	RX/OTC	AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK MISC	P	RX/OTC	AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN MISC	P	RX/OTC	AMEDA FLEXISHIELD MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY MISC	P	RX/OTC	AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP/LARGE TOTE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE MISC	P	RX/OTC	AMEDA PLATINUM MULTI-USER ELECTRIC BREAST PUMP MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE MISC	P	RX/OTC	AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW MISC	P	RX/OTC	AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT MISC	P	RX/OTC
AMBER GLASS VIALS 2ML MISC	P	RX/OTC	AMEDA SILICONE TUBING MISC	P	RX/OTC
AMBER GLASS VIALS 2ML/13MM MISC	P	RX/OTC	AMEDA TUBING ADAPTER MISC	P	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDA RD MISC	P	RX/OTC	AMEDA VALVES MISC	P	RX/OTC
			AMIELLE RESTORE VAGINAL EXERCISERS MISC	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMIELLE VAGINAL TRAINER MISC	P	RX/OTC	BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE MISC	P	RX/OTC
ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4" MISC	P	RX/OTC	BLOW MOLDED BATHTUB TRANSFER BENCH MISC	P	RX/OTC
ANGEL WING LUER ADAPTER/TUBE HOLDER SET/FEMALE MISC	P	RX/OTC	BOTTLE 2OZ/BLUE GLASS/DROPPER MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/24FR/20" MISC	P	RX/OTC	BOTTLE ADAPTERS/24MM/PRES S-IN MISC	P	RX/OTC
ARGYLE TRACHEOSTOMY TUBEHOLDER MISC	P	RX/OTC	BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP MISC	P	RX/OTC
AUTOCLAVE AIR FILTER MISC	P	RX/OTC	BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP MISC	P	RX/OTC
BAMBOO CANE MISC	P	RX/OTC	BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP MISC	P	RX/OTC
BANDAGE SCISSORS MISC	P	RX/OTC	BOTTLE/AMBER GLASS/500ML/BOSTON RND/BLK PHENOLIC POLYSEAL CA MISC	P	RX/OTC
BATH BENCH WITH BACK MISC	P	RX/OTC	BOTTLE/AMBER GLASS/BOSTONROUND/ 8OZ/BLACK PHENOLIC CAP MISC	P	RX/OTC
BATH/SHOWER SEAT/ADJUSTABLE MISC	P	RX/OTC	BOTTLETOP DISPENSER 0.25-2.0ML MISC	P	RX/OTC
BATHTUB SAFETY RAIL MISC	P	RX/OTC	BOTTLETOP DISPENSER ADAPTER/38MM MISC	P	RX/OTC
BD SAFE CLIP NEEDLE CLIPPER MISC	P	RX/OTC	BOULES QUIES EAR PLUGS MISC	P	RX/OTC
BD SWABS SINGLE USE	P	RX/OTC	BREAST PUMP MISC	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC	BREATHE COMFORT NASAL ASPIRATOR (ELECTRONIC) MISC	P	RX/OTC
BED WEDGE/12" MISC	P	RX/OTC	CANE TIPS 7/8" MISC	P	RX/OTC
BED WEDGE/7" MISC	P	RX/OTC			
BEDSIDE COMMODE MISC	P	RX/OTC			
BI-FOCAL MAGNIFIER MISC	P	RX/OTC			
BLOOD COLLECTION TUBE HOLDER/WITH NEEDLE MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CANE TIPS FOR WOOD 1" MISC	P	RX/OTC	CANE/ALUMINUM/FOLDING/36"BLACK MISC	P	RX/OTC
CANE TIPS FOR WOOD/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/FOLDING/ADJUSTABLE/BLACK MISC	P	RX/OTC
CANE TIPS/1" MISC	P	RX/OTC	CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4" MISC	P	RX/OTC
CANE TIPS/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET CUSHIONED HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
CANE TIPS/5/8" QUAD SUCTION TYPE MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET ORTHO MISC	P	RX/OTC
CANE TIPS/BLACK/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK MISC	P	RX/OTC
CANE TIPS/GREY/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET ORTHO HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
CANE WITH STRAP/BLACK MISC	P	RX/OTC	CANE/ALUMINUM/TELES COPIC/BRONZE/MEDIUM HANDLE/7/8" MISC	P	RX/OTC
CANE WRIST STRAP MISC	P	RX/OTC	CANE/DESIGNER OFFSET HANDLE MISC	P	RX/OTC
CANE/ADJUSTABLE/ALU MINUM/ROUND HANDLE MISC	P	RX/OTC	CANE/MENS MISC	P	RX/OTC
CANE/ADJUSTABLE/PAISLEY MISC	P	RX/OTC	CANE/OFFSET HANDLE/GREENPAISLEY MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/LADIES HANDLE MISC	P	RX/OTC	CANE/STANDARD/BLACK HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/MENS HANDLE MISC	P	RX/OTC	CANE/WOOD/LADIES STANDARDHANDLE/EBO NY FINISH/13/16" MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/VIOLET MISC	P	RX/OTC	CANE/WOOD/LADIES STANDARDHANDLE/ROSEWOOD FINISH/13/16" MISC	P	RX/OTC
CANE/ALUMINUM/BLACK /DEVONHANDLE/7/8" MISC	P	RX/OTC	CANE/WOOD/LADIES/T-HANDLEBLACK WOOD MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE/OFFSET HANDLE/CUSH GRIP/WRIST STRAP/3/4 MISC	P	RX/OTC			
CANE/ALUMINUM/BRONZE/ORTHO HANDLE/3/4" MISC	P	RX/OTC			
CANE/ALUMINUM/BRONZE-TONE MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CANE/WOOD/LADIES/T-HANDLE/WALNUT/3/4" MISC	P	RX/OTC	CINIS PREEMIE HALO SMALL MISC	P	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" MISC	P	RX/OTC	CLASSICS ROLLING WALKER MISC	P	RX/OTC
CANE/WOOD/STANDARD/BLACKFINISH/7/8" MISC	P	RX/OTC	CLEANROOM TACKY MAT 18" X36"/60 LAYER MISC	P	RX/OTC
CANE/WOOD/STANDARD/NATURAL FINISH/7/8" MISC	P	RX/OTC	CLEAR GLASS VIALS 2ML MISC	P	RX/OTC
CANE/WOOD/T-HANDLE/WALNUT3/4" MISC	P	RX/OTC	CLEVER CHOICE ELECTRIC BREAST PUMP MISC	P	RX/OTC
CANE/WOOD/T-HANDLE/WALNUTFINISH/13/16" MISC	P	RX/OTC	CLEVER CHOICE HYDROTHERAPY SYSTEM FOOT BATH MISC	P	RX/OTC
CANE/WOOD/WALNUT/7/8" MISC	P	RX/OTC	CLEVER CHOICE PULSE OXIMETER MISC	P	RX/OTC
CANE/WOOD/WALNUT/PISTOL GRIP DERBY HANDLE/7/8" MISC	P	RX/OTC	CLINERE EARWAX REMOVER MISC	P	RX/OTC
CANE/WOOD/WALNUT/ROUND HANDLE/7/8" MISC	P	RX/OTC	COMFORT CURVE MASSAGE CUSHION MISC	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC	COMFORT MASSAGER/CORDLESS MISC	P	RX/OTC
CARETOUCH PULSE OXIMETER MISC	P	RX/OTC	COMFORT PERSONAL CLEANSING MICROWAVE MISC	P	RX/OTC
CAREX ULTRA GRABBER 32" MISC	P	RX/OTC	COMFORT PERSONAL CLEANSING WARMER/28-COUNT MISC	P	RX/OTC
CAREX WHEELCHAIR MISC	P	RX/OTC	COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC
CERVICAL PILLOW/COVER MISC	P	RX/OTC	COMMODE BEDSIDE MISC	P	RX/OTC
CERVICAL ROLL PILLOW/CONTOUR MISC	P	RX/OTC	COMMODE BEDSIDE/BACK MISC	P	RX/OTC
CHEMO TRANSFER PIN MISC	P	RX/OTC	COMMODE SPLASH GUARD MISC	P	RX/OTC
CINIS PREEMIE HALO LARGE MISC	P	RX/OTC	CONTOUR FITTED SHEETS MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTOUR MATTRESS COVER MISC	P	RX/OTC	CRUTCH/ALUMINUM/TAL L/PUSHBUTTON ADJ MISC	P	RX/OTC
COTTON SWABS SWAB	P		CRUTCH/ALUMINUM/YO UTH MISC	P	RX/OTC
COVERALL W/ HOOD/SMALL/DISPOSABLE MISC	P	RX/OTC	CRUTCH/ALUMINUM/YO UTH/PUSH BUTTON MISC	P	RX/OTC
COVERALL W/HOOD/3XL/DISPOSABLE MISC	P	RX/OTC	CRUTCH/FOREARM/ADULT MISC	P	RX/OTC
COVERALLS MEDIUM/ELASTICBACK/WRIST/ANKLES MISC	P	RX/OTC	CRUTCH/FOREARM/YOUTH MISC	P	RX/OTC
CRUTCH ACCESSORY KIT MISC	P	RX/OTC	CRUTCH/STANDARD FOREARM/ADULT MISC	P	RX/OTC
CRUTCH ACCESSORY KIT/ARMPADS/HAND GRIPS/TIPS MISC	P	RX/OTC	CRUTCH/WOOD/ADULT/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
CRUTCH HANDGRIPS MISC	P	RX/OTC	CRUTCH/WOOD/YOUTH/34"-42" MISC	P	RX/OTC
CRUTCH HANDGRIPS PREMIUM MISC	P	RX/OTC	CRUTCH-MATE/ADULT FOREARM MISC	P	RX/OTC
CRUTCH HANDGRIPS/SPLIT MISC	P	RX/OTC	CRUTCH-MATE/ADULT HAND GRIPS MISC	P	RX/OTC
CRUTCH SET/WOOD/ADULT MISC	P	RX/OTC	CUFF ACCESSORIES DISPOSABLE SINGLE HEAD STETHOSCOPE MISC	P	RX/OTC
CRUTCH SET/WOOD/MEDIUM MISC	P	RX/OTC	CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC
CRUTCH TIPS/SUPER MISC	P	RX/OTC	CURITY COTTON TIPPED APPLICATOR MISC	P	
CRUTCH TIPS/SUPER GRIP/BROWN MISC	P	RX/OTC	CURITY COTTON TIPPED APPLICATOR 6" MISC	P	
CRUTCH/ALUMINUM/ADULT/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC	CUSTOM-FLEX MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/TALL MISC	P	RX/OTC	CVS ALCOHOL PREP PADS	P	RX/OTC
CRUTCH/ALUMINUM/ME DIUM MISC	P	RX/OTC	CVS BABY SAFETY SWABS SWAB	P	
CRUTCH/ALUMINUM/TAL L/PUSHBUTTON MISC	P	RX/OTC	CVS COTTON SWABS SWAB	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS CRUTCHES UNIVERSAL MISC	P	RX/OTC	DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51" MISC	P	RX/OTC
CVS EAR PLUGS MISC	P	RX/OTC	DDS 500 LUMBAR TRACTION BELT/PANELS/56"-59" MISC	P	RX/OTC
CVS FOLDING CANE GEL GRIP MISC	P	RX/OTC	DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT MISC	P	RX/OTC
CVS PILL SPLITTER MISC	P	RX/OTC	DEODORANT PLASTIC TUBES 2.65OZ/CAPS MISC	P	RX/OTC
CVS PLASTIC SWABS SWAB	P		DIAL-A-DOSE SYRINGE 15ML/TIPS MISC	P	RX/OTC
CVS PREP PADS	P	RX/OTC	DIAL-A-DOSE SYRINGE 30ML/TIPS MISC	P	RX/OTC
CVS QUAD CANE MISC	P	RX/OTC	DIAL-A-DOSE SYRINGE 60ML/TIPS MISC	P	RX/OTC
CVS READY SET GO DELUXE ALIMINUM BATH BENCH MISC	P	RX/OTC	DIFFUSER ULTRA SONIC/LAVENDER OIL MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/29"-32" MISC	P	RX/OTC	DIGITAL GLASS SCALE MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/36"-38" MISC	P	RX/OTC	DISPENSER BOTTLES 50ML/FOAMER PUMPS MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/42"-44" MISC	P	RX/OTC	DISPENSER MD JAR 50ML/AIRLESS/VIEW WINDOW MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/49"-51" MISC	P	RX/OTC	DISPENSER MD PEN 6.5ML/AIRLESS/CLICK MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/52"-55" MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/29"-32" MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A/BLUE MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/33"-35" MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A/GREEN MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/39"-41" MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DISPENSER MD PUMP 0.5ML/ACTUATOR A/PINK MISC	P	RX/OTC	DISPENSER MD PUMP BOTTLE50ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B MISC	P	RX/OTC	DISPENSER MD PUMP BOTTLE80ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/BLUE MISC	P	RX/OTC	DISPENSER MD SYRINGE 10ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/O VAL/30ML/0.3ML/T- FILL/CAP MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/R OUND/100ML/1.5ML/B- FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/R OUND/150ML/1.5ML/B- FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLUE MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/R OUND/150ML/1ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/R OUND/15ML/0.3ML/T- FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK MISC	P	RX/OTC	DISPENSER MEGAPUMP/MEZZOROU ND/30ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/MEZZOROU ND/50ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE150ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/MEZZOROU ND/50ML/0.5ML/T- FILL/CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE15ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/MEZZOROU ND/75ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE200ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC			
DISPENSER MD PUMP BOTTLE240ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC			
DISPENSER MD PUMP BOTTLE30ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DISPENSER TIP CAP/PRECISEDOSE/SEL F-RIGHTING MISC	P	RX/OTC	EGG CRATE BED PAD/2" CALKING SIZE MISC	P	RX/OTC
DISPENSER/MD FOAMER WITHACTUATOR 0.5ML/50ML MISC	P	RX/OTC	EGG CRATE BED PAD/2" FULLSIZE MISC	P	RX/OTC
DISPENSER/MD FOAMER WITHACTUATOR 0.7ML/110ML MISC	P	RX/OTC	ELON PROFESSIONAL NAIL CARE SYSTEM MISC	P	RX/OTC
DOVER MIDSTREAM SPECIMENCATCH KIT MISC	P	RX/OTC	ELONGATED TOILET SEAT ELEVATOR MISC	P	RX/OTC
DROPPER & SCREW CAP 4OZ MISC	P	RX/OTC	EMPTY VIAL 3ML MISC	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC	ENDOSCOPIC DELIVERY SYSTEM MISC	P	RX/OTC
DROPTAINER TIP CAPS MISC	P	RX/OTC	ENDURANCE FOUR LEG SEAT CANE MISC	P	RX/OTC
DROPTAINERS 10ML MISC	P	RX/OTC	EQ FOLDING WALKER MISC	P	RX/OTC
DROPTAINERS 15ML/OPHTHALMIC MISC	P	RX/OTC	EQ WHEELCHAIR FOLDING BLACK MISC	P	RX/OTC
DROPTAINERS 3ML/OPHTHALMIC MISC	P	RX/OTC	EQL ALCOHOL SWABS	P	RX/OTC
DROPTAINERS 7ML/OPHTHALMIC MISC	P	RX/OTC	EQL COTTON SWABS SWAB	P	
DUAL PADDLE FOLDING WALKER/ADULT MISC	P	RX/OTC	EQL EAR PLUGS/SILICONE MISC	P	RX/OTC
DUNLAP FOAM RING CUSHION/LARGE MISC	P	RX/OTC	EQL SKIN CARE TOOL MISC	P	RX/OTC
EAR SYRINGE/INFANT MISC	P	RX/OTC	EYE/EAR DROPPER MISC	P	RX/OTC
EARPLUGS MISC	P	RX/OTC	E-Z LOCK RAISED TOILET SEAT MISC	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC	E-Z LOCK RAISED TOILET SEAT/ARMS MISC	P	RX/OTC
EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP MISC	P	RX/OTC	EZY DOSE ADULT-LOCK PILLCUTTER MISC	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC	EZY DOSE DELUXE PILL CUTTER MISC	P	RX/OTC
			EZY DOSE MEDICINE CUPS MISC	P	RX/OTC
			EZY DOSE PILL CUTTER ORIGNAL MISC	P	RX/OTC
			FACE SHIELD FULL LENGTH MISC	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FACE SHIELD FULL LENGTH/CLEAR MISC	P	RX/OTC	FOLDING WALKING CANE MISC	P	RX/OTC
FETAL DOPPLER MISC	P	RX/OTC	FOOT MASSAGER/HEAT/AERATION MISC	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	RX/OTC	FORA GATEWAY MISC	P	RX/OTC
FILTER 0.2 MICRON/25MM MISC	P	RX/OTC	FORA GW9014 TELEHEALTH GATEWAY MISC	P	RX/OTC
FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK MISC	P	RX/OTC	FREE SPIRIT KNEE AND LEGWALKER MISC	P	RX/OTC
FILTER 0.2 MICRON/32MM MISC	P	RX/OTC	GLASS BOTTLE 30ML/BLACK PHENOLIC BRUSH CAP MISC	P	RX/OTC
FILTER 0.2 MICRON/47MM MISC	P	RX/OTC	GLASS BOTTLE 30ML/BLACK PHENOLIC POLYSEAL CAP MISC	P	RX/OTC
FILTER ATTACHMENT MISC	P	RX/OTC	GLASS BOTTLE 60ML MISC	P	RX/OTC
FILTER FLUORODYNE/0.22 MICRON MISC	P	RX/OTC	GLASS SERUM BOTTLES/30ML/TYPE 1 MISC	P	RX/OTC
FILTER, POSIDYNE ELD/0.2UM/LUER LOCK CONNECTORS/NYLON MEMBRA MISC	P	RX/OTC	GLASS SERUM BOTTLES/5ML/TYPE 1 MISC	P	RX/OTC
FLA ADJUSTABLE AIR ANKLEWALKER/LOW/SM ALL MISC	P	RX/OTC	GLASS VIAL AMBER 3ML/13MM/TYPE 1 MISC	P	RX/OTC
FLEX & GO FOLDING CANE MISC	P	RX/OTC	GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC
FLEX THERAPY MISC	P	RX/OTC	GNP ALCOHOL SWABS	P	RX/OTC
FOAM CRUTCH PAD MISC	P	RX/OTC	GNP COTTON SWABS SWAB	P	
FOAM CUSHION MISC	P	RX/OTC	GNP DELUXE PULSE OXIMETER MISC	P	RX/OTC
FOAM EAR PLUGS MISC	P	RX/OTC	GNP DIGITAL WEIGHT SCALE MISC	P	RX/OTC
FOIL WRAPPER 3" X 3" MISC	P	RX/OTC	GNP REACHER 32" MISC	P	RX/OTC
FOLDING CANE MISC	P	RX/OTC	GOJJI WEIGHT SCALE MISC	P	RX/OTC
FOLDING PADDLE WALKER/5"WHEELS MISC	P	RX/OTC	GRADUATED BOTTLE 2OZ W/CAP MISC	P	RX/OTC
FOLDING REACHER MISC	P	RX/OTC	GRADUATED BOTTLE 4OZ W/CAP MISC	P	RX/OTC
FOLDING WALKER/5" WHEELS/ADULT MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GROOVE ROLLING WALKER MISC	P	RX/OTC	HURRYCANE FREEDOM EDITIONCANE/BLACK MISC	P	RX/OTC
HAND HELD SHOWER SPRAY MISC	P	RX/OTC	ICY DIAMOND TOTE CANVAS MISC	P	RX/OTC
HARMONY BREASTPUMP MISC	P	RX/OTC	ICY DIAMOND TOTE NON GENUINE LEATHER MISC	P	RX/OTC
HEAD LICE COMB MISC	P	RX/OTC	ILLUSIONS AA WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
HEAT THERAPY MISC	P	RX/OTC	ILLUSIONS C WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC	INFLATABLE CUSHION/VINYL MISC	P	RX/OTC
HEELBOOT LINER REGULAR MISC	P	RX/OTC	INFLATABLE NECK REST MISC	P	RX/OTC
HEELBOOT REGULAR MISC	P	RX/OTC	INHALATION VIAL CAP/BLUE MISC	P	RX/OTC
HEELBOOT WALK PAD MISC	P	RX/OTC	INHALATION VIAL CAP/GREEN MISC	P	RX/OTC
HIBICLENS DISPENSER NOZZLE MISC	P	RX/OTC	INHALATION VIAL CAP/ORANGE MISC	P	RX/OTC
HIBICLENS HAND PUMP/16OZ MISC	P	RX/OTC	INHALATION VIAL CAP/RED MISC	P	RX/OTC
HIBICLENS HAND PUMP/32OZ MISC	P	RX/OTC	INHALATION VIAL CAP/WHITE MISC	P	RX/OTC
HIBICLENS PUMP ASSEMBLY MISC	P	RX/OTC	INHALATION VIAL CAP/YELLOW MISC	P	RX/OTC
HIBICLENS WALL DISPENSER/HAND MISC	P	RX/OTC	INHALATION VIAL W/CAP/BLUE/3.5ML STOCKWELL MISC	P	RX/OTC
HIP/FRACTURE RAISED TOILET SEAT/RIGHT MISC	P	RX/OTC	INHALATION VIAL W/CAP/GREEN/3.5ML STOCKWELL MISC	P	RX/OTC
HM COTTON SWABS SWAB	P		INHALATION VIAL W/CAP/ORANGE/3.5ML STOCKWELL MISC	P	RX/OTC
HM STERILE ALCOHOL PREP PADS	P	RX/OTC			
HURRICANE LIQUID DISPENSER MISC	P	RX/OTC			
HURRIPAK PERIODONTAL ANESTHETIC REFILL KIT MISC	P	RX/OTC			
HURRIPAK PERIODONTAL IRRIGATION TIPS MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INHALATION VIAL W/CAP/RED/3.5ML STOCKWELL MISC	P	RX/OTC	LAB COAT/DISPOSABLE/XX-LARGE MISC	P	RX/OTC
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	P	RX/OTC	LADYCARE MENOPAUSE MISC	P	RX/OTC
INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL MISC	P	RX/OTC	LANSINOH BREASTFEEDING PILLOW MISC	P	RX/OTC
INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL MISC	P	RX/OTC	LANSINOH PUMP ADAPTERS MISC	P	RX/OTC
ITOUCH SURE MISC	P	RX/OTC	LANSINOH SMARTPUMP 2.0 MISC	P	RX/OTC
J & J TOURNIQUET 36"X3/4" MISC	P	RX/OTC	LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	P	RX/OTC
JAR/8OZ/WHITE LID MISC	P	RX/OTC	LATCH ASSIST NIPPLE EVERTER MISC	P	RX/OTC
JOHNSON & JOHNSON INSTANTCOLD PACK MISC	P	RX/OTC	ULLABY DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
JOHNSONS SAFETY SWABS SWAB	P		LUMBAR CUSHION MISC	P	RX/OTC
JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE MISC	P	RX/OTC	LUMBAR SUPPORT CUSHION MISC	P	RX/OTC
KABOOTI MISC	P	RX/OTC	MAD NASAL INTRANASAL MUCOSAL ATOMIZATION DEVICE MISC	P	RX/OTC
KABOOTI ICE MISC	P	RX/OTC	MAGNIFIER HANDS-FREE MISC	P	RX/OTC
KABOOTI LARGE MISC	P	RX/OTC	MASSAGER MULTI-PURPOSE/RECHARGEABLE MISC	P	RX/OTC
KANGAROO RIGID CONTAINERPUMP SET 1200ML MISC	P	RX/OTC	MASSAGER/FIVE IN ONE/HEAT MISC	P	RX/OTC
KEGEL BALL TRAINER MISC	P	RX/OTC	MASSAGER/SWEDISH/1 SPEED MISC	P	RX/OTC
KEGEL FIT MISC	P	RX/OTC	MATTRESS COVER/DELUXE MISC	P	RX/OTC
L.O.S. YANKAUER HOLDER MISC	P	RX/OTC	MATTRESS PAD/35"X74"/EGGCRATE 2" MISC	P	RX/OTC
LAB COAT/DISPOSABLE/LARGE MISC	P	RX/OTC	MATTRESS PAD/35"X74"/EGGCRATE 4" MISC	P	RX/OTC
LAB COAT/DISPOSABLE/SMAL MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAZERUSTAR KK-250S/KK-300SS MIXER/DISPOSABLE MIXING CONTAIN MISC	P	RX/OTC	MIXER/MAZERUSTAR/U NODOSEMIXING ADAPTER MISC	P	RX/OTC
MEDELA LACTINA DOUBLE PUMPING KIT MISC	P	RX/OTC	MIXING/MAZERUSTAR/E MP/JAR MIXING ADAPTER/15ML-50ML MISC	P	RX/OTC
MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC	P	RX/OTC	MOIST-SURE REPLACEMENT COVER/LARGE/14" X 27" MISC	P	RX/OTC
MEDICINE DROPPER MISC	P	RX/OTC	MOIST-SURE REPLACEMENT COVER/PETITE/4" X 17" MISC	P	RX/OTC
MEDICINE DROPPER/CALIBRATED MISC	P	RX/OTC	MOISTUREPLUS COVER/LARGE/14" X 27" MISC	P	RX/OTC
MEDICINE SPOON MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML MISC	P	RX/OTC
MEDI-FRIDGE IIX MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML MISC	P	RX/OTC
MEDI-RDT BLISTER PACKS/LABELS & SLEEVE MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML MISC	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/10ML MISC	P	RX/OTC
METAL REACHER/27" MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/3ML MISC	P	RX/OTC
METERED NASAL SPRAY PUMP15ML/SAFETY CLIP MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/5ML MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-250S/KK-300SS/STANDARD MIXING CONTAINER MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-250S/KK-300SS/YELLOW STD MIX CONTAINER MISC	P	RX/OTC			
MIXER/MAZERUSTAR KK-400W/STANDARD/MIXING CONTAINER MISC	P	RX/OTC			
MIXER/MAZERUSTAR/E MP/JARMIXING/ADAPTER SET/15ML-50ML/100ML MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/4ML MISC	P	RX/OTC	NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	P	RX/OTC	NEXCARE REUSABLE EAR PLUGS MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/7ML MISC	P	RX/OTC	NG SECURE NASOGASTRIC TUBE HOLDER MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	P	RX/OTC	NIX PREMIUM METAL TWO-SIDED COMB MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4" MISC	P	RX/OTC	NOURI AUTO MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4" MISC	P	RX/OTC	NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3 MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4" MISC	P	RX/OTC	NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/21GX3/4" MISC	P	RX/OTC	NUASKIN SKIN TAG REMOVER MISC	P	RX/OTC
MONOJECT BLOOD TUBE HOLDER MISC	P	RX/OTC	NUASKIN VACUUM PRO MISC	P	RX/OTC
MONOJECT LUER ADAPTER MISC	P	RX/OTC	NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
MONOJECT MULTI-SAMPLE COLLECTION SET/HOLDER/SAFETY CAP/MALE MISC	P	RX/OTC	OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	P	RX/OTC
MUCOSAL ATOMIZATION NASALDEVICE MISC	P	RX/OTC	OFFSET CANE/CHROME/300LBC APACITY MISC	P	RX/OTC
NAIL POLISH BOTTLE/BRUSH15ML MISC	P	RX/OTC	OFFSET CANE/GREEN ICE/300LB CAPACITY MISC	P	RX/OTC
			OFFSET CANE/ROSE PRINT/300LB CAPACITY MISC	P	RX/OTC
			OFFSET CANE/STRAP MISC	P	RX/OTC
			OINTMENT TUBE OPHTHALMICTIP 1/8OZ/METAL MISC	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OINTMENT TUBE/METAL/1OZ MISC	P	RX/OTC	PILLGUARD REFILL CARTRIDGE MISC	P	RX/OTC
OINTMENT TUBE/METAL/2OZ MISC	P	RX/OTC	PLASTIC BED PAN MISC	P	RX/OTC
OINTMENT TUBE/METAL/4OZ MISC	P	RX/OTC	PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ MISC	P	RX/OTC	PLATFORM WALKER ATTACHMENT MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/1OZ MISC	P	RX/OTC	POCKET PRO+ REPLACEMENT SENSOR/TESTER MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/2OZ MISC	P	RX/OTC	POLYPROPYLENE CAP/LINER MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/4OZ MISC	P	RX/OTC	POSTURE SEAT MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/6OZ MISC	P	RX/OTC	PRECISION CATHETER URINESPECIMEN SYSTEM KIT KIT	P	RX/OTC
ONE OUNCE MEDICINE CUPS MISC	P	RX/OTC	PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR MISC	P	RX/OTC
ORAL MEDICINE DROPPER MISC	P	RX/OTC	PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR/118ML MISC	P	RX/OTC
ORIGINAL MCKENZIE CERVICAL ROLL MISC	P	RX/OTC	PRECISION SPUTUM COLLECTOR KIT WITH TUBE MISC	P	RX/OTC
PELVIC MUSCLE TRAINER MISC	P	RX/OTC	PRECISION TISSUE GRINDER MISC	P	RX/OTC
PERSONAL BLOOD PRESSURE SMART CARD MISC	P	RX/OTC	PRECISION TISSUE GRINDER/50ML MISC	P	RX/OTC
PH ACCESSORIES STORAGE SOLUTION 230ML MISC	P	RX/OTC	PREMIUM PILL CRUSHER MISC	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC	PRO COMFORT ALCOHOL PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC	PRO COMFORT PULSE OXIMETER/FINGER MISC	P	RX/OTC
PILL CRUSHER MISC	P	RX/OTC	PROTECTIVE SAFETY EYEWARE MISC	P	RX/OTC
PILL SPLITTER MISC	P	RX/OTC	PULSE OXIMETER FOR FINGER MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP MISC	P	RX/OTC	QUAD CANE/SMALL BASE/OFFSET HANDLE MISC	P	RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPAC K MISC	P	RX/OTC	RA ALCOHOL SWABS	P	RX/OTC
PUMP IN STYLE DOUBLE BREAST PUMP W/MAXFLOW MISC	P	RX/OTC	RA EXTRA COMFORT NIGHT PROTECTOR ORAL CARE MISC	P	RX/OTC
PUMP IN STYLE/MAXFLOW TUBING MISC	P	RX/OTC	RAISED TOILET SEAT MISC	P	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC	RAISED TOILET SEAT/LOCK MISC	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC	REALITY SWABS	P	RX/OTC
Q-TIPS/SINGLE-TIP 6" SWAB	P		RECONSTITUBE MISC	P	RX/OTC
Q-TIPS/SINGLE-TIP APPLICATOR/6"/STERILE SWAB	P		REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
QUAD CANE TIPS 5/8" MISC	P	RX/OTC	REFLECTIONS C LIGHTWEIGHTOFF SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
QUAD CANE TIPS/BLACK/5/8" MISC	P	RX/OTC	RELION ALCOHOL SWABS	P	RX/OTC
QUAD CANE TIPS/GREY/5/8" MISC	P	RX/OTC	REMOVABLE BACK ALUMINUM COMMODE/PADDED ARMRESTS MISC	P	RX/OTC
QUAD CANE/LARGE BASE/CUSHIONED HANDLE/5/8" MISC	P	RX/OTC	REPLACEMENT NECKBAND STRAPS FOR TUBE ATTACHMENT DEVICE MISC	P	RX/OTC
QUAD CANE/LARGE BASE/SHOVEL HANDLE MISC	P	RX/OTC	RING CUSHION 14" MISC	P	RX/OTC
QUAD CANE/LARGE LOW BASE/DEVON HANDLE MISC	P	RX/OTC	RING CUSHION 16" MISC	P	RX/OTC
QUAD CANE/SMALL BASE MISC	P	RX/OTC	RING CUSHION 18" MISC	P	RX/OTC
QUAD CANE/SMALL BASE/BRONZE ALUMINUM MISC	P	RX/OTC	ROLLATOR ULTRA-LIGHT MISC	P	RX/OTC
QUAD CANE/SMALL BASE/CUSHIONED HANDLE/1/2" MISC	P	RX/OTC	ROUND SHOWER STOOL MISC	P	RX/OTC
			SAFE-SENSE BEARD NET MISC	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFE-SENSE COVERALL/HOOD/L MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG LEG MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/S MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT LEG MISC	P	RX/OTC
SAFE-SENSE HEAD COVER/BOUFFANT CAP 21" MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM MISC	P	RX/OTC
SAFE-SENSE HEAD COVER/BOUFFANT CAP/CIRCULAR/ 21" MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG MISC	P	RX/OTC
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/LARGE MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM MISC	P	RX/OTC
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/SMALL MISC	P	RX/OTC	SEAL-TIGHT MID-ARM PROTECTOR MISC	P	RX/OTC
SAFE-SENSE SHOE COVER/NON-SKID MISC	P	RX/OTC	SERUM BOTTLE/250ML MISC	P	RX/OTC
SAPS CARE ALCOHOL PREP PADS	P	RX/OTC	SERUM BOTTLES/AMBER GLASS/20ML/20MM MISC	P	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC	SERUM BOTTLES/AMBER GLASS/30ML/20MM MISC	P	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC	SETTLING PLATE SDA/29ML/100X15MM MISC	P	RX/OTC
SB ALCOHOL PREP PADS	P	RX/OTC	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN MISC	P	RX/OTC
SEALS/ALUMINUM/FLIP OFF/13MM/BLANK TOP MISC	P	RX/OTC	SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT HAND MISC	P	RX/OTC	SILICONE EAR PLUGS MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG ARM MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIMPLE WISHES PUMPING BRAKS-L HANDS-FREE/ADJUSTABLE MISC	P	RX/OTC	SPRAY BOTTLE 120ML/PLASTIC MISC	P	RX/OTC
SIMPLYGO BREAST PUMP/SINGLE MISC	P	RX/OTC	STANDARD CRUTCH TIP MISC	P	RX/OTC
SITZ BATH MISC	P	RX/OTC	STEEL ROLLING WALKER MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL BREATHE AID MISC	P	RX/OTC	STEP COUNTER MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL VAPOR INHALER MISC	P	RX/OTC	STEP N' REST MISC	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC	STEP N' REST II WALKER MISC	P	RX/OTC
SM COTTON SWABS SWAB	P		STEP N' REST WALKER MISC	P	RX/OTC
SM FOAM EAR PLUGS MISC	P	RX/OTC	STETHOSCOPE SINGLE HEAD MISC	P	RX/OTC
SM WALKER/YOUTH/FOLDING/DUAL WHEELS MISC	P	RX/OTC	STIRRING ROD/GLASS 12X1/4" MISC	P	RX/OTC
SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY MISC	P	RX/OTC	STOCKING APPLICATOR/REGULAR MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/EXTRA LARGE MISC	P	RX/OTC	SUPPOSITORY MOLDS 1.3ML/PEEL-AWAY MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/SMALL-MEDIUM MISC	P	RX/OTC	SUPPOSITORY MOLDS 2.25ML/PEEL-AWAY MISC	P	RX/OTC
SOOTHIES COOLING GEL PADS MISC	P	RX/OTC	SUPPOSITORY MOLDS 2CCV-NOTCH MISC	P	RX/OTC
SOOTHIES GEL PADS/REUSABLE MISC	P	RX/OTC	SUPPOSITORY MOLDS 2GM MISC	P	RX/OTC
SPLASH SHIELD/FULL FACE MISC	P	RX/OTC	SUPPOSITORY MOLDS 3ML/PEEL-AWAY MISC	P	RX/OTC
SPLASH SHIELD/SHORT FACE MISC	P	RX/OTC	SUPPOSITORY SHELL 2.0ML MISC	P	RX/OTC
SPLIT HANDGRIPS MISC	P	RX/OTC	SUPPOSITORY SHELLS 2.4ML MISC	P	RX/OTC
SPRAY APPLICATOR KIT MISC	P	RX/OTC	SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
			SURELIFE CLEARWAVE II PULSE OXIMETER MISC	P	RX/OTC
			SURE-PREP ALCOHOL PREP PADS	P	RX/OTC
			SWIM EARPLUGS MISC	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	P	RX/OTC	TONGUE CLEANER/COMFORT CURVE MISC	P	RX/OTC
SYRINGE DIAL-A-DOSE MISC	P	RX/OTC	TONGUE DEPRESSORS MISC	P	RX/OTC
TABLET CUTTER/CRUSHER MISC	P	RX/OTC	TOPI-CLICK 140/BLUE MISC	P	RX/OTC
TABLET CUTTER/SAFETY- SHIELD MISC	P	RX/OTC	TOPI-CLICK 140/GREEN MISC	P	RX/OTC
TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	P	RX/OTC	TOPI-CLICK 140/SILVER MISC	P	RX/OTC
TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE MISC	P	RX/OTC	TOPI-CLICK 140/WHITE MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/12" MISC	P	RX/OTC	TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/CAP/BASE MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/18" MISC	P	RX/OTC	TOPI-CLICK 35 VAGINAL DOSE APPLICATOR MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/32" MISC	P	RX/OTC	TOPI-CLICK 35 VAGINAL DOSING SYSTEM/APPLICATOR MISC	P	RX/OTC
THE SIDE RESTER CUSHION IMPERMEABLE COVER MISC	P	RX/OTC	TOPI-CLICK APPLICATOR/35ML MISC	P	RX/OTC
TIP RECTAL/VAGINAL W/PERFORATIONS MISC	P	RX/OTC	TOPI-CLICK APPLICATOR/MICRO/PIN POINT/9ML/0.05ML/BLUE MISC	P	RX/OTC
TOILET SAFETY FRAME MISC	P	RX/OTC	TOPI-CLICK APPLICATOR/MICRO/RO UNDED/9ML/0.05ML/BLU E MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO MISC	P	RX/OTC	TOPI-CLICK APPLICATOR/MICRO/SO FT ANGLED/9ML/0.05ML/BL UE MISC	P	RX/OTC
TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK MICRO/PIN POINT APPLICATOR/BLUE MISC	P	RX/OTC
TOMMEE TIPPEE SINGLE ELECTRIC BREAST PUMP MADE FOR ME MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPI-CLICK MICRO/SOFT ANGLED APPLICATOR/BLUE MISC	P	RX/OTC	TRACTION HEAD HALTER ROPE10' MISC	P	RX/OTC
TOPI-CLICK NOZZLE MISC	P	RX/OTC	TRACTION WEIGHT BAG/20LB MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL APPLICATOR DOSE LOADER/35ML MISC	P	RX/OTC	TRANSFER BENCH MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSE APPLICATOR/4ML MISC	P	RX/OTC	TRANSFER BOARD/28"X8-1/4" MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSING SYSTEM/VAGINAL APPLICATOR 35 MISC	P	RX/OTC	TRANSFER PIN MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLACK MISC	P	RX/OTC	TRAVEL POUCH MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/GOLD MISC	P	RX/OTC	TRAVELER 3 WHEEL ROLLINGWALKER MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/PINK MISC	P	RX/OTC	TROCHE MOLD 30 CAVITY MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/PURPLE MISC	P	RX/OTC	TRU FIT MAGNETIX ANKLE/2SMALL DISKS MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/RED MISC	P	RX/OTC	TRU FIT MAGNETIX BACK MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/BLACK MISC	P	RX/OTC	TRU FIT MAGNETIX ELBOW/2SMALL DISKS MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/GOLD MISC	P	RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/PINK MISC	P	RX/OTC	TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/PURPLE MISC	P	RX/OTC	TUB TRANSFER BOARD MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/RED MISC	P	RX/OTC	TWIN MEDICINE SPOON MISC	P	RX/OTC
TOTAL COMFORT WHEELCHAIRBACK CUSHION MISC	P	RX/OTC	ULTICARE ALCOHOL SWABS	P	RX/OTC
TRACTION FLOOR STAND/ECONOMY MODEL MISC	P	RX/OTC	ULTILET ALCOHOL SWABS	P	RX/OTC
			ULTRA COMFORT BODY MASSAGER MISC	P	RX/OTC
			ULTRA FIT SMART BODY SCALE MISC	P	RX/OTC
			ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
			UNGUATOR 100/200/57MM/DISPOSABLE BLADES MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNGUATOR 15/20/30/36MM/DISPOSABLE BLADES MISC	P	RX/OTC	UNGUATOR JAR 50/70 BLUE/BLUE LID MISC	P	RX/OTC
UNGUATOR APPLICATOR 1"/SHORT/CAP MISC	P	RX/OTC	UNGUATOR JAR 50/70 GREENLID MISC	P	RX/OTC
UNGUATOR JAR 100/140 BLUELID MISC	P	RX/OTC	UNGUATOR JAR 50/70 PINK/PINK LID MISC	P	RX/OTC
UNGUATOR JAR 100/140 REDLID MISC	P	RX/OTC	UNGUATOR JAR 50/70 RED LID MISC	P	RX/OTC
UNGUATOR JAR 15/20 BLUE LID MISC	P	RX/OTC	UNGUATOR JAR 50/70 TURQUOISE MISC	P	RX/OTC
UNGUATOR JAR 15/20 RED LID MISC	P	RX/OTC	UNGUATOR JAR 50/70 WHITELID MISC	P	RX/OTC
UNGUATOR JAR 15/28 BLUE LID MISC	P	RX/OTC	UNGUATOR JAR 50/70 YELLOW MISC	P	RX/OTC
UNGUATOR JAR 20/33 BLUE MISC	P	RX/OTC	UNGUATOR JAR FOR AIRDYNAMIK 1000/1250 MISC	P	RX/OTC
UNGUATOR JAR 200/280 BLUELID MISC	P	RX/OTC	UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC	P	RX/OTC
UNGUATOR JAR 200/280 GREEN LID MISC	P	RX/OTC	UNGUATOR JAR FOR AIRDYNAMIK 500/600 WHITE MISC	P	RX/OTC
UNGUATOR JAR 200/280 REDLID MISC	P	RX/OTC	UNGUATOR JAR W/SPINDLE 300/390 MISC	P	RX/OTC
UNGUATOR JAR 200/280 WHITE MISC	P	RX/OTC	UNGUATOR JAR W/SPINDLE 500/600 MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE LID MISC	P	RX/OTC	UNGUATOR LID 1000ML MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE/BLUE LID MISC	P	RX/OTC	UNGUATOR VARIONOZZLE 1MM MISC	P	RX/OTC
UNGUATOR JAR 30/42 GREENLID MISC	P	RX/OTC	VAGINAL SUPPOSITORY APPLICATOR MISC	P	RX/OTC
UNGUATOR JAR 30/42 REDLID MISC	P	RX/OTC	VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12" MISC	P	RX/OTC
UNGUATOR JAR 30/42 TURQUOISE/TURQUOISE LID MISC	P	RX/OTC	VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12" MISC	P	RX/OTC
UNGUATOR JAR 30/42 WHITELID MISC	P	RX/OTC			
UNGUATOR JAR 30/42 YELLOW MISC	P	RX/OTC			
UNGUATOR JAR 50/70 BLUE LID MISC	P	RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	P	RX/OTC	WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/3" MISC	P	RX/OTC
VARITHENA ADMINISTRATIONPACK MISC	P	RX/OTC	WALKER TALL EXTENSION LEGS MISC	P	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	P	RX/OTC	WALKER TIPS/BLACK/1-1/8" MISC	P	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	P	RX/OTC	WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3" MISC	P	RX/OTC
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	P	RX/OTC	WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5" MISC	P	RX/OTC
VIBRATING FOOT BATH/HEAT MISC	P	RX/OTC	WALKER/YOUTH/FOLDING MISC	P	RX/OTC
VIDA CELLULAR SCALE MISC	P	RX/OTC	WASH GLOVES PRE-MOISTENED MISC	P	RX/OTC
VINYL INFLATABLE CUSHION MISC	P	RX/OTC	WATERPROOF SHEETING/36" X66" MISC	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS MISC	P	RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS MISC	P	RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
VIVI EPI MISC	P	RX/OTC	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC
WALKER AUTO GLIDES/5 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC	WEIGH BOAT/PLASTIC/ANTI-STATIC MISC	P	RX/OTC
WALKER BASKET MISC	P	RX/OTC	WHEELCHAIR MISC	P	RX/OTC
WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC	WHITE WALL GRAB BAR/12" MISC	P	RX/OTC
WALKER SKI GLIDES/1" MISC	P	RX/OTC	WHITE WALL GRAB BAR/18" MISC	P	RX/OTC
			WOODEN CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC
			WORK BELT MISC	P	RX/OTC
			YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC	P	RX/OTC
			ZEVRX STERILE ALCOHOL PREP PADS	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Oral Hygiene Products			3ML SYRINGE/20G X 1"/LUER LOCK TIP	P	QL(3.34 ea daily); RX/OTC
ORAL SWAB PETITE SWAB	P		3ML SYRINGE/20G X 1"/LUER SLIP TIP	P	QL(3.34 ea daily); RX/OTC
TOOTHETTE ORAL SWABS/DENTIFRICE SWAB	P		ABOUTTIME PEN NEEDLE 32GX 5/32"	NP	MP; RX/OTC
TOOTHETTE ORAL SWABS/UNTREATED SWAB	P		ABOUTTIME PEN NEEDLES 30GX 5/16"	NP	MP
TOOTHETTE PLUS ORAL SWABS/UNTREATED SWAB	P		ABOUTTIME PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
Parenteral Therapy Supplies			ABOUTTIME PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES	NP	MP
1ST TIER UNIFINE PENTIPS29GX12MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	NP	MP
1ST TIER UNIFINE PENTIPS31GX6MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	NP	MP	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS33GX4MM	NP	MP	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	NP	MP	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	MP
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX8MM	NP	MP
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX4MM	NP	MP
AQ INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX5MM	NP	MP
AQ INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX6MM	NP	MP
AQINJECT PEN NEEDLE/31G X 3/16"	NP	MP; RX/OTC	AUM PEN NEEDLE/32GX4MM	NP	MP; RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	NP	MP; RX/OTC	AUM PEN NEEDLE/32GX5MM	NP	MP; RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC	AUM PEN NEEDLE/32GX6MM	NP	MP
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC	AUM PEN NEEDLE/33GX4MM	NP	MP
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	AUM PEN NEEDLE/33GX5MM	NP	MP
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	AUM PEN NEEDLE/33GX6MM	NP	MP
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	NP	MP; RX/OTC	AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	MP; RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	NP	MP	AUM SAFETY PEN NEEDLE/31G X 4MM	NP	MP
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC	AUM SAFETY PEN NEEDLE/31G X 5MM	NP	MP; RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	NP	MP	AURORA PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	MP; RX/OTC	AURORA PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	MP; RX/OTC	AURORA PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM	NP	MP; RX/OTC	AURORA UNIFINE PENTIPS/32GX5/32"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUTOPEN DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC	BD INSULIN SYRINGE SLIP TIP/U-100/1ML	NP	MP; RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1"	P	QL(3.34 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD AUTOSHIELD 29G X 3/16"	NP	MP	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	NP	MP; RX/OTC
BD AUTOSHIELD 29G X 5/16"	NP	MP	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	MP; RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	NP	MP; RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	MP; RX/OTC
BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	P	QL(3.34 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	NP	MP; RX/OTC
BD ECLIPSE 23G X 1" NEEDLE	P	QL(3.34 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD ECLIPSE NEEDLE/25G X5/8"	P	QL(3.34 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	NP	MP; RX/OTC
BD HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	NP	MP; RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	NP	MP	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	NP	MP	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	NP	MP; RX/OTC	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	NP	MP
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	NP	MP; RX/OTC	BD INTEGRA RETRACTABLE NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC	BD LUER LOCK SYRINGE/1ML/20G X 1"	P	QL(3.34 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	BD NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	BD PEN MISC	P	QL(1 ea per 365 days retail); MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	BD PEN MINI MISC	P	QL(1 ea per 365 days retail); MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/29G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	NP	MP
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	NP	MP	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	NP	MP
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	NP	MP	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	NP	MP	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
			BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP; RX/OTC	CAREFINE PEN NEEDLE 32GX4MM	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 29GX1/2"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYSSYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 30GX5/16"	NP	MP
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC	CAREFINE PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 32GX5MM	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 32GX6MM	NP	MP
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	NP	MP; RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	NP	MP; RX/OTC
			CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	MP; RX/OTC
			CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP; RX/OTC
			CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP; RX/OTC
			CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGES/1ML/31GX5/1 6"	NP	MP; RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 29GX12MM	NP	MP; RX/OTC	CARETOUCH HYPODERMIC NEEDLE/23GX1"	P	QL(3.34 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC	CARETOUCH HYPODERMIC NEEDLE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/1 6"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/1 6"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/28GX 5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/29GX 5/16"	NP	MP
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/1 6"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	CARETOUCH PEN NEEDLE 29GX1/2"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	NP	MP	CARETOUCH PEN NEEDLE 33GX5/32"	NP	MP
CAREPOINT PRECISION POLYHUB NEEDLE/23GX1"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31G X 6 MM	NP	MP; RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 5MM	NP	MP; RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 8MM	NP	MP; RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 4MM	NP	MP; RX/OTC
			CARETOUCH PEN NEEDLES 32GX 5MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CEQUR SIMPLICITY 2U DEVI	P	QL(0.34 ea daily); MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	NP	MP	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	NP	MP	COMFORT EZ MICRO/32G X 4MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	NP	MP	COMFORT EZ SHORT/31G X 8MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	NP	MP	COMFORT EZ/31G X 5MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	NP	MP	COMFORT EZ/31G X 6MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	NP	MP	COMFORT TOUCH PEN NEEDLES/31G X 4MM	NP	MP
CLICKFINE PEN NEEDLE 32GX5/32"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 5MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 5MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 6MM	NP	MP
CLICKFINE PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 8MM	NP	MP
CLICKFINE PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/33G X 5/32"	NP	MP
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX 3/16"	NP	MP
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX1/4"	NP	MP
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	DIATHRIVE PEN NEEDLE/31 G X 6MM	NP	MP; RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	DIATHRIVE PEN NEEDLE/31 GX 8MM	NP	MP; RX/OTC
			DIATHRIVE PEN NEEDLE/31GX 5MM	NP	MP; RX/OTC
			DIATHRIVE PEN NEEDLE/32GX 4MM	NP	MP; RX/OTC
			DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	NP	MP; RX/OTC	DROPLET MICRON 34G X 9/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 29G X1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 29GX10MM	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NP	MP	DROPLET PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 30G X 5/16"	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 31G X3/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 31G X5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 31GX5MM	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	NP	MP	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 3/16"	NP	MP; RX/OTC	DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 5/16"	NP	MP	DRUG MART UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS29G X 12MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS31GX6MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX5MM	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS31GX8MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX6MM	NP	MP	DRUG MART UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX8MM	NP	MP	DRUG MART UNIFINE PENTIPSPPLUS 32GX4MM	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	NP	MP	EASY TOUCH HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4"	NP	MP; RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	NP	MP	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 5MM	NP	MP	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 6MM	NP	MP	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32"	NP	MP	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EASY TOUCH 32GX5MM	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
EASY TOUCH 32GX6MM	NP	MP	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP; RX/OTC			
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC			
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES 32GX5/32"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	NP	MP	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLE 30G X 5/16"	NP	MP	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	MP; RX/OTC	EASYPPOINT NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	NP	MP; RX/OTC	EASYPPOINT NEEDLE 25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC	EMBRACE PEN NEEDLES/29G X 12MM	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	EMBRACE PEN NEEDLES/30G X 5MM	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	NP	MP	EMBRACE PEN NEEDLES/30G X 8MM	NP	MP
EASY TOUCH PEN NEEDLES 32GX3/16"	NP	MP; RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMBRACE PEN NEEDLES/31G X 5MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	NP	MP; RX/OTC
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	NP	MP	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC	FIFTY50 PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	FIFTY50 PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
			FIFTY50 PEN NEEDLES/32GX4MM	NP	MP; RX/OTC
			FIFTY50 PEN NEEDLES/32GX6MM	NP	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	NP	MP; RX/OTC	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
GLOBAL INSULIN SYRINGS/E/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	GNP INSULIN SYRINGS/0.3ML/30GX5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGS/1/2ML/29GX1/2"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES/1ML/28GX1/2"	NP	MP; RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	NP	MP
GNP INSULIN SYRINGES/1ML/29GX1/2"	NP	MP; RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	NP	MP; RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/31GX5/16"	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	NP	MP	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES31G X 5MM	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	NP	MP; RX/OTC	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	NP	MP; RX/OTC	HEALTHWISE MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	NP	MP	HEALTHWISE PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	NP	MP; RX/OTC	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	NP	MP; RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	NP	MP; RX/OTC	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	NP	MP
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	H-E-B INCONTROL PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	NP	MP; RX/OTC	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	HYPODERMIC NEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	HYPODERMIC NEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	NP	MP; RX/OTC	HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	NP	MP; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	NP	MP; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	NP	MP; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	NP	MP; RX/OTC	INPEN 100/BLUE/LILLY/HUMAL OG DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	NP	MP; RX/OTC	INPEN 100/BLUE/NOVOLOG/FIA SP DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	NP	MP; RX/OTC	INPEN 100/GREY/LILLY/HUMAL OG DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INPEN 100/GREY/NOVOLOG/FIA SP DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	NP	MP; RX/OTC
INPEN 100/PINK/LILLY/HUMALO G DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	NP	MP; RX/OTC
INPEN 100/PINK/NOVOLOG/FIA SP DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE 1ML/31G X1/4"	NP	MP; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	NP	MP; RX/OTC	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	INSULIN SYRINGES 0.3ML/31G X 1/4"	NP	MP; RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGES 0.5ML/31G X 1/4"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGES/0.5ML/28GX1/ 2"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGES/0.5ML/29GX1/ 2"	NP	MP; RX/OTC
			INSULIN SYRINGES/0.5ML/30GX5/ 16"	NP	MP; RX/OTC
			INSULIN SYRINGES/0.5ML/31GX 5/16"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	NP	MP; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	NP	MP; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	NP	MP
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	NP	MP
INSULIN SYRINGES/U-100/1ML/27GX1/2"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	NP	MP
INSULIN SYRINGES/U-100/1ML/28GX1/2"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
INSUPEN 29G X 12MM	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
INSUPEN 31G X 5MM	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
INSUPEN 31G X 8MM	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
INSUPEN 32G X 4MM	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
INSUPEN 33GX4MM	NP	MP	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
INSUPEN PEN NEEDLES 32G X4MM	NP	MP; RX/OTC			
INSUPEN SENSITIVE 32GX6MM	NP	MP			
INSUPEN SENSITIVE 32GX8MM	NP	MP			
INSUPEN ULTRAFIN 30GX8MM	NP	MP			
INSUPEN ULTRAFIN 31GX6MM	NP	MP; RX/OTC			
INSUPEN ULTRAFIN 31GX8MM	NP	MP; RX/OTC			
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	NP	MP; RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
KROGER PEN NEEDLES 29G X12MM	NP	MP; RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
KROGER PEN NEEDLES 31G X8MM	NP	MP; RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
KROGER PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	NP	MP; RX/OTC
KROGER PEN NEEDLES/31G X1/4"	NP	MP; RX/OTC	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	NP	MP; RX/OTC
KROGER PEN NEEDLES/31G X3/16"	NP	MP; RX/OTC	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	NP	MP; RX/OTC
KROGER PEN NEEDLES/31G X5/16"	NP	MP; RX/OTC	LEADER UNIFINE PENTIPS/NANO/32GX5/3 2"	NP	MP; RX/OTC
KROGER PEN NEEDLES/32G X5/32"	NP	MP; RX/OTC	LEADER UNIFINE PENTIPS/PLUS/32GX5/32 "	NP	MP; RX/OTC
KROGER PEN NEEDLES/33G X5/32"	NP	MP	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUCH PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	MARATHON MEDICAL PENTIPS31GX5MM	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	NP	MP	MARATHON MEDICAL PENTIPS31GX8MM	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	MARATHON MEDICAL PENTIPS32GX4MM	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	NP	MP; RX/OTC	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	NP	MP; RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	NP	MP; RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	NP	MP; RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	NP	MP; RX/OTC	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP	MP	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	NP	MP	MM PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	MM PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	MM PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC	MM PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1"	P	QL(3.34 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM	NP	MP; RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM	NP	MP; RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	P	QL(3.34 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM	NP	MP; RX/OTC	MONOJECT INSULIN SYRINGE/1ML	NP	MP; RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	NP	MP; RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	NP	MP; RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	NP	MP
MICRODOT PEN NEEDLE/33G X 4 MM	NP	MP	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	NP	MP; RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC			
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC			
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	NP	MP; RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	NP	MP; RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/23GX1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	NP	MP; RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	NP	MP; RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 30GX5MM	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	PEN NEEDLES 30GX8MM	NP	MP
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	NP	MP	PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
NOVOFINE PEN NEEDLE 32G X 6MM	NP	MP	PEN NEEDLES 31GX6MM (1/4")	NP	MP; RX/OTC
NOVOFINE PLUS PEN NEEDLE32G X 4MM	NP	MP; RX/OTC	PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
NOVOPEN ECHO DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC	PEN NEEDLES 31GX8MM (5/16")	NP	MP; RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM	NP	MP; RX/OTC	PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
PC UNIFINE PENTIPS 29G X1/2"	NP	MP; RX/OTC	PEN NEEDLES 32G X 5MM	NP	MP; RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI	NP	MP; RX/OTC	PEN NEEDLES 32G X 6MM	NP	MP
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	NP	MP; RX/OTC	PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT	NP	MP; RX/OTC	PEN NEEDLES 33G X 5/32"	NP	MP
PEN NEEDLES	NP	MP	PEN NEEDLES/29G X 1/2"	NP	MP; RX/OTC
PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
			PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
			PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
			PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC
			PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PENTIPS 29G X 12MM	NP	MP; RX/OTC	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
PENTIPS 29GX12MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
PENTIPS 31G X 5MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
PENTIPS 31G X 8MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
PENTIPS 31GX5MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
PENTIPS 31GX6MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
PENTIPS 31GX8MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
PENTIPS 32G X 4MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
PENTIPS 32GX4MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
PENTIPS 32GX6MM	NP	MP	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	NP	MP; RX/OTC
PIP PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	MP; RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	NP	MP; RX/OTC
POLY HUB NEEDLE/23G X 1"	P	QL(3.34 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC
POLY HUB NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	NP	MP; RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC			
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC			
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	NP	MP			
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC			
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	PURE COMFORT PEN NEEDLE 32G X8MM	NP	MP
PREVENT SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC	PURE COMFORT PEN NEEDLE/32G X 5MM	NP	MP; RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	PURE COMFORT PEN NEEDLE/32G X4MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP; RX/OTC	PX EXTRA SHORT PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	NP	MP; RX/OTC	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP; RX/OTC	PX MINI PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP; RX/OTC	PX PEN NEEDLE 29GX12MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	NP	MP; RX/OTC	PX PEN NEEDLE 31GX8MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	NP	MP; RX/OTC	PX SHORTLENGTH PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC	QC PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC	QC PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	NP	MP; RX/OTC	QC PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	NP	MP	QC UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	NP	MP; RX/OTC	RA INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	NP	MP	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	NP	MP; RX/OTC
			RA PEN NEEDLES 31G X 5MM3/16"	NP	MP; RX/OTC
			RA PEN NEEDLES 31G X 8MM5/16"	NP	MP; RX/OTC
			RAYA SURE PEN NEEDLE 29GX 12MM	NP	MP; RX/OTC
			RAYA SURE PEN NEEDLE 31GX 4MM	NP	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RAYA SURE PEN NEEDLE 31GX 5MM	NP	MP; RX/OTC	RELION PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	NP	MP; RX/OTC	RELION PEN NEEDLES 31G X6MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	NP	MP; RX/OTC	RELION PEN NEEDLES 31G X8MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 32G X4MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE 0.5ML/31G X 15/64"	NP	MP; RX/OTC	RELION PEN NEEDLES 32G X5/32"	NP	MP; RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	MP; RX/OTC	RELION PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC	RELION PEN NEEDLES/31G X1/4"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	RELION SHORT PEN NEEDLES31GX8MM	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	NP	MP; RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	SAFETY PEN NEEDLES/30G X3/16"	NP	MP; RX/OTC
			SAFETY PEN NEEDLES/30G X5/16"	NP	MP
			SAFETY SYRINGES/NEEDLE 3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
			SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	NP	MP; RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	NP	MP; RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM	NP	MP; RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/23G X 1"	P	QL(3.34 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM	NP	MP; RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	MP; RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	NP	MP	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	NP	MP; RX/OTC	SURE COMFORT PEN NEEDLES32GX6MM	NP	MP
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	NP	MP
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	SURE-FINE PEN NEEDLES 31GX3/16" 5MM	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	SURE-FINE PEN NEEDLES 31GX5/16" 8MM	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	NP	MP	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT	NP	MP	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	NP	MP; RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC	TECHLITE PEN NEEDLES 29GX 10MM	NP	MP
SYRINGS/LUER LOCK/1ML/20GX1"	P	QL(3.34 ea daily); RX/OTC	TECHLITE PEN NEEDLES 29GX 12 MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES 31GX 5MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/31GX 5MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/31GX 6 MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/31GX 8MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/32GX 4MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/32GX 6MM	NP	MP
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/32GX 8MM	NP	MP
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 1/4"	NP	MP; RX/OTC	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	NP	MP; RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PEN NEEDLES31G X 6MM	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PEN NEEDLES32G X 4MM	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	NP	MP
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/32G X 5/16"	NP	MP
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
			TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
			TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	MP	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 29GX12MM	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 31GX5MM	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 31GX6MM	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 31GX8MM	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 32GX4MM	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	MP; RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	MP; RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
			ULTICARE MICRO PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC
			ULTICARE MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	NP	MP; RX/OTC	ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X1/4"	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4"	NP	MP	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES31GX6MM	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	NP	MP; RX/OTC
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	NP	MP; RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	NP	MP	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	NP	MP; RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	NP	MP	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	MP; RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	NP	MP; RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	NP	MP
ULTICARE SHORT PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC	ULTIGUARD SAFEPACK/MICROOPEN NEEDLE/32G X 4 MM	NP	MP; RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	NP	MP	ULTIGUARD SAFEPACK/MICROOPEN NEEDLE/32G X 4MM SHARPS CONTAIN	NP	MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	MP; RX/OTC	ULTIGUARD SAFEPACK/MICROOPEN NEEDLE/32G X 5/32"	NP	MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	NP	MP; RX/OTC			
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	NP	MP; RX/OTC			
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	NP	MP; RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	NP	MP; RX/OTC	ULTILET INSULIN SYRINGE/1ML/31G X 8MM	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	NP	MP; RX/OTC	ULTILET INSULIN SYRINGE/SHORT/0.3ML/ 30G X 12.7MM	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	MP; RX/OTC	ULTILET INSULIN SYRINGE/SHORT/0.3ML/ 30G X 5/16"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	NP	MP; RX/OTC	ULTILET INSULIN SYRINGE/SHORT/0.3ML/ 31G X 5/16"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	NP	MP	ULTILET INSULIN SYRINGE/SHORT/0.5ML/ 30G X 5/16"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	NP	MP; RX/OTC	ULTILET INSULIN SYRINGE/SHORT/1ML/30 G X 5/16"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	MP; RX/OTC	ULTILET INSULIN SYRINGE/SHORT/1ML/31 G X 5/16"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NE EDLE/31G X 5/16"/SHARPS CONTAIN	NP	MP; RX/OTC	ULTILET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE 31X6MM	NP	MP; RX/OTC	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	NP	MP; RX/OTC	ULTILET PEN NEEDLE 29GX12.7MM	NP	MP
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	NP	MP; RX/OTC	ULTILET PEN NEEDLE 31GX5MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	NP	MP; RX/OTC	ULTILET PEN NEEDLE 31GX8MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	NP	MP; RX/OTC	ULTILET PEN NEEDLE 32GX4MM	NP	MP; RX/OTC
			ULTILET PEN NEEDLE 32GX4MM/SHORT	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTILET SHORT PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	NP	MP; RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16"	NP	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	NP	MP; RX/OTC
ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM	NP	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	NP	MP; RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	NP	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	NP	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	NP	MP	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	NP	MP; RX/OTC	ULTRA THIN PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	NP	MP; RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5 /16"	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC	UNIFINE PEN NEEDLE/32G X4MM	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC	UNIFINE PENTIPS 29GX12MM	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	NP	MP	UNIFINE PENTIPS 31G X 3/16"	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/32G X 3/16"	NP	MP; RX/OTC	UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC	UNIFINE PENTIPS 31GX6MM	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32"	NP	MP	UNIFINE PENTIPS 31GX8MM	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC	UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	NP	MP; RX/OTC	UNIFINE PENTIPS 32GX6MM	NP	MP
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC	UNIFINE PENTIPS 33GX4MM	NP	MP
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC	UNIFINE PENTIPS PLUS 29GX12MM	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	NP	MP; RX/OTC	UNIFINE PENTIPS PLUS 31GX5MM	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	NP	MP; RX/OTC	UNIFINE PENTIPS PLUS 31GX6MM	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC	UNIFINE PENTIPS PLUS 31GX8MM	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP; RX/OTC	UNIFINE PENTIPS PLUS 32GX4MM	NP	MP; RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	NP	MP; RX/OTC	UNIFINE PENTIPS PLUS 33GX 5/32"	NP	MP
ULTRA-THIN II PEN NEEDLES 29GX1/2"	NP	MP	UNIFINE PENTIPS PLUS 33GX4MM	NP	MP
			UNIFINE PENTIPS PLUS/30GX 3/16"	NP	MP; RX/OTC
			UNIFINE PENTIPS/30G X 3/16"	NP	MP; RX/OTC
			UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	NP	MP; RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	NP	MP	VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX5MM	NP	MP; RX/OTC	VANISHPOINT SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX6MM	NP	MP; RX/OTC	VERIFINE INSULIN PEN NEEDLE 29G X 12MM	NP	MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	NP	MP; RX/OTC	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	NP	MP; RX/OTC	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	MP; RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	MP; RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP	MP
VALUMARK PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	NP	MP; RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM	NP	MP; RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	NP	MP; RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	NP	MP; RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	NP		VERIFINE INSULIN SYRINGE1ML/31G X 8MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	VIDA MIA UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	NP	MP	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	NP	MP	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	NP	MP; RX/OTC
			VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	NP	MP; RX/OTC	ADULT AEROSOL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	NP	MP; RX/OTC	ADULT MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	NP	MP; RX/OTC	ADULT MASK LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	NP	MP; RX/OTC	AEROBIKA DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	AEROCHAMBER MV MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEVRX PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEVRX PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEVRX PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEVRX PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC			
Respiratory Therapy Supplies					
ACE AEROSOL CLOUD ENHANCER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC			
ACTIVITY POUCH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy,
 RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AIRZONE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER/FLWSI GNAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROTRACH PLUS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSESS PEAK FLOW METER FULL RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH 2 CPAP HOSE HANGER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH CPAP MASK WIPES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ml per fill retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASIVENT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASIVENT/MASK-LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CO MONITOR DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASIVENT/MASK-SMALL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASY FLOW 300 MM HOSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASY FLOW AIR NOZZLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
			EASY FLOW BLACK/BLUE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW BLACK/ORANGE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/RED DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW HEPA FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	FILTER AIR PP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	FLEXICHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLYP HYPERSONIQ CARTRIDGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	INSPIRACHAMBER/SOO THERMASK/INSPIRAMA SK/SMALL DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	LITETOUCH MASK LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	LITETOUCH MASK SMALL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	LUNG PERFORMANCE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INSPIRACHAMBER/ANTI- STATIC VALVED/MOUTHPIECE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MICROCHAMBER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INSPIRACHAMBER/SOO THERMASK/INSPIRAMA SK/MEDIUM DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MICROCHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MICROLIFE DIGITAL PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	NOSE CLIP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MICROSPACER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PANDA MASK LARGE	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PANDA MASK MEDIUM	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PANDA MASK SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI VORTEX ADULT MASK	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PEAK A-I-R FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PEDIATRIC PANDA MASK	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI MASK SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PERSONAL BEST FULL RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PFLEX MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PIKO 1 ELECTRONIC	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET CHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET SPACER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PURE COMFORT PEAK FLOW METER ADULT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PURE COMFORT PEAK FLOW METER CHILD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUAKE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REPLACEMENT FILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
RITEFLO DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SOOTHENEBO NBL 100 CHILD MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SOOTHENEBO NBL 100 MEDICATION CUP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SOOTHENEBO NBL 100 MESH CAP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SOOTHENEBO NBL100 ADULT MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SPIRO PD DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	THRESHOLD IMT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THRESHOLD PEP DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EMGALITY SOSY 120 MG/ML	NP	SP; MP
TRUZONE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	NURTEC	P	QL(0.27 ea daily); PA
TUBING/WING TIP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	QULIPTA	P	PA
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	UBRELVY	P	QL(0.34 ea daily); PA
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	VYEPTI	NP	SP; MP
VORTEX VALVED HOLDING CHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	Migraine Combinations		
WINDMILL TRAINER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	<i>ergotamine w/ caffeine supp</i>	P	QL(0.72 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			SUMANSETRON	NP	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>sumatriptan-naproxen sodium</i>	NP	
AIMOVIG	P	SP; MP; PA	TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NP	
AJOVY SOSY	P	SP; MP; PA	Migraine Products		
AJOVY SOAJ	P	SP; MP; PA	D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	NF	
EMGALITY SOSY 100 MG/ML	NP	SP	<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	NP	
EMGALITY SOAJ	NP	SP; MP	MIGRAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NP	
			TRUDHESA	NP	
			Migraine Products - NSAIDs		
			<i>diclofenac potassium (migraine)</i>	NP	
			ELYXYB	NP	
			Serotonin Agonists		
			<i>almotriptan malate</i>	NP	
			AMERGE (<i>naratriptan hcl</i>)	NF	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
			<i>eletriptan hydrobromide</i>	NP	
			FROVA (<i>frovatriptan succinate</i>)	NP	
			<i>frovatriptan succinate</i>	NP	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMITREX TABS <i>(sumatriptan succinate)</i>	NP	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)	ZEMBRACE SYMTOUCH SOAJ <i>zolmitriptan tbdp</i>	NP	
IMITREX SOLN 6 MG/0.5ML <i>(sumatriptan succinate)</i>	NF	QL(0.067 ml daily)	<i>zolmitriptan tabs</i> <i>zolmitriptan soln</i>	NP	
IMITREX 5 MG/ACT, 20 MG/ACT <i>(sumatriptan)</i>	NP		ZOMIG TABS 2.5 MG, 5 MG <i>(zolmitriptan)</i>	NP	
IMITREX STATDOSE REFILL SOCT <i>(sumatriptan succinate)</i>	NP		ZOMIG SOLN <i>(zolmitriptan)</i>	NP	
IMITREX STATDOSE SYSTEM SOAJ <i>(sumatriptan succinate)</i>	NP		ZOMIG TABS 2.5 MG, 5 MG <i>(zolmitriptan)</i>	NF	
MAXALT TABS 10 MG <i>(rizatriptan benzoate)</i>	NF		ZOMIG SOLN	NP	
MAXALT TABS 10 MG <i>(rizatriptan benzoate)</i>	NP		ZOMIG ZMT TBDP <i>(zolmitriptan)</i>	NP	
MAXALT-MLT TBDP 10 MG <i>(rizatriptan benzoate)</i>	NP		MINERALS & ELECTROLYTES		
<i>naratriptan hcl</i>	NP	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)	Bicarbonates		
ONZETRA XSAIL EXHP	NP	QL(3 ea daily)	<i>sodium acetate soln</i>	P	
RELPAX <i>(eletriptan hydrobromide)</i>	NP		SODIUM ACETATE SOLN <i>(sodium acetate)</i>	NF	
REYVOW	NP	QL(0.134 ea daily)	Calcium		
<i>rizatriptan benzoate tbdp</i>	P		<i>calcium carbonate tabs 600 mg, 1500 mg</i>	P	
<i>rizatriptan benzoate tabs</i>	P		<i>calcium carbonate-cholecalciferol tabs</i>	P	
<i>sumatriptan</i>	P		<i>calcium carbonate-vitamin d w/ minerals tabs</i>	P	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	P	QL(0.067 ml daily)	<i>calcium citrate tabs 200 mg</i>	P	
<i>sumatriptan succinate soct</i>	P		<i>calcium citrate-vitamin d tabs 250 unit-200 mg, 250 unit-315 mg, 6.25 mcg-200 mg, 6.25 mcg-315 mg</i>	P	
<i>sumatriptan succinate soaj</i>	P		<i>calcium gluconate soln</i>	P	PA
<i>sumatriptan succinate tabs</i>	P	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)	CALCIUM GLUCONATE SOLN <i>(calcium gluconate)</i>	NF	PA
TOSYMRA	NP		CITRACAL + D3 MAXIMUM TABS <i>(calcium citrate-vitamin d)</i>	NF	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CITRACAL PETITES/VITAMIND TABS (<i>calcium citrate-vitamin d</i>)	NF		<i>oral electrolytes soln</i>	P	
<i>oyster shell</i>	P		PEDIALYTE SOLN (<i>oral electrolytes</i>)	NF	
OYSTER SHELL CALCIUM/D TABS	P		PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	NF	
Electrolyte Mixtures			PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	NF	
BIOLYTE SOLN	P		PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	NF	
CERALYTE 70 SOLN	P		Fluoride		
CERASPORT SOLN	P		<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	P	
CERASPORT EX1 SOLN	P		Magnesium		
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	P		<i>magnesium tabs 250 mg, 250 mg</i>	P	
DEXTROSE 2.5%/NACL 0.45% (<i>dextrose w/ sodium chloride</i>)	NF		<i>magnesium oxide (mg supplement) tabs 400 mg, 500 mg</i>	P	
DEXTROSE 5%/NACL 0.3% (<i>dextrose w/ sodium chloride</i>)	NF		<i>magnesium sulfate ij 50 %</i>	P	
<i>dextrose in lactated ringers</i>	P		MAGNESIUM SULFATE IJ 50 %	P	
<i>dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %</i>	P		MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	NF	
DEXTROSE/SODIUM CHLORIDE (<i>dextrose w/ sodium chloride</i>)	NF		Phosphate		
ENFAMIL ENFALYTE SOLN	P		PHOS-NAK POWDER CONCENTRATE PACK (<i>potassium & sodium phosphates</i>)	NF	
EQUALYTE SOLN (<i>oral electrolytes</i>)	NF		<i>potassium & sodium phosphates pack</i>	P	
HYDRALYTE SOLN	P		<i>potassium phosphates 236 mg/ml-224 mg/ml</i>	P	
HYDRALYTE FREEZER POPS SOLN	P		POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML	P	
KINDERLYTE SOLN	P		<i>sodium phosphates (sodium phosphate dibasic & monobasic) 142 mg/ml-276 mg/ml</i>	P	PA
KINDERLYTE PREMAX SOLN	P				

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Potassium			REVLIMID	NP	SP
K-TAB TBCR (<i>potassium chloride</i>)	NF		REZUROCK	NP	SP
<i>potassium acetate soln 2 meq/ml</i>	P		THALOMID	NP	SP
POTASSIUM ACETATE SOLN 2 MEQ/ML	P		VYVGART	NP	SP; MP
<i>potassium chloride soln iv 2 meq/ml</i>	P	PA	Immunosuppressive Agents		
<i>potassium chloride soln or 10 %</i>	P		ASTAGRAF XL CP24	NP	
<i>potassium chloride tbcr 8 meq, 10 meq</i>	P		<i>azathioprine tabs 75 mg, 100 mg</i>	NP	
<i>potassium chloride microencapsulated crystals er 10 meq, 20 meq</i>	P		<i>azathioprine tabs 50 mg</i>	P	MP
Sodium			CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP	MP
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %</i>	P		CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP	MP
<i>sodium chloride flush</i>	P		CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP	MP
Zinc			<i>cyclosporine caps</i>	P	
<i>zinc sulfate soln 1 mg/ml</i>	P	PA	<i>cyclosporine modified (for microemulsion) caps</i>	P	MP
ZINC SULFATE SOLN 1 MG/ML (<i>zinc sulfate</i>)	NF	PA	<i>cyclosporine modified (for microemulsion) soln</i>	P	MP
MISCELLANEOUS THERAPEUTIC CLASSES					
Chelating Agents					
CUPRIMINE CAPS (<i>penicillamine</i>)	NP	QL(4 ea daily)	<i>everolimus (immunosuppressant)</i>	NP	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	P	QL(4 ea daily)	ENVARSUS XR TB24	NP	
<i>penicillamine caps</i>	P	QL(4 ea daily)	<i>IMURAN TABS (azathioprine)</i>	NP	MP
<i>penicillamine tabs</i>	P	QL(4 ea daily)	LUPKYNIS	NP	SP
SYPRINE (<i>trientine hcl</i>)	NP	SP	<i>mycophenolate mofetil tabs</i>	P	MP
<i>trientine hcl</i>	P	SP	<i>mycophenolate mofetil caps</i>	P	MP
Immunomodulators			<i>mycophenolate mofetil tabs</i>	P	MP
JOENJA	NP		<i>mycophenolate mofetil susr</i>	P	MP
<i>lenalidomide</i>	NP	SP	<i>mycophenolate mofetil susr</i>	P	MP
<i>mycophenolate sodium</i>	P		<i>mycophenolate mofetil caps</i>	P	MP
<i>mycophenolate sodium</i>	P		<i>mycophenolate sodium</i>	P	MP

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MYFORTIC (mycophenolate sodium)	NP	MP	<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(1.67 ml daily)
NEORAL CAPS (cyclosporine modified (for microemulsion))	NP	MP	Anti-infectives - Throat		
NEORAL SOLN (cyclosporine modified (for microemulsion))	NP	MP	<i>clotrimazole</i>	P	
PROGRAF PACK	NP		<i>nystatin (mouth-throat)</i>	P	
PROGRAF CAPS (tacrolimus)	NP	MP	ORAVIG	NP	
RAPAMUNE TABS (sirolimus)	NP	MP	Antiseptics - Mouth/Throat		
RAPAMUNE SOLN (sirolimus)	NP	MP	<i>chlorhexidine gluconate (mouth-throat)</i>	P	
SANDIMMUNE CAPS (cyclosporine)	NP		Dental Products		
SANDIMMUNE SOLN OR	P	MP	LISTERINE HEALTHY WHITE VIBRANT SOLN (sodium fluoride (dental))	NF	
<i>sirolimus tabs</i>	P	MP	LISTERINE TOTAL CARE SOLN (sodium fluoride (dental))	NF	
<i>sirolimus tabs 1 mg, 2 mg</i>	P	MP	LISTERINE TOTAL CARE PLUSWHITENING SOLN (sodium fluoride (dental))	NF	
<i>sirolimus soln</i>	P	MP	LISTERINE WHITENING/RESTORING SOLN (sodium fluoride (dental))	NF	
<i>tacrolimus caps</i>	P	MP	PREVIDENT 5000 DRY MOUTH GEL (sodium fluoride (dental))	NF	MP
ZORTRESS (everolimus (immunosuppressant))	NP		PREVIDENT FLUORIDE GEL (sodium fluoride (dental))	NF	MP
Potassium Removing Agents			<i>sodium fluoride (dental) crea</i>	NP	
LOKELMA	NP		<i>sodium fluoride (dental) gel</i>	NP	MP
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	NP		<i>sodium fluoride (dental) soln 0.2 %</i>	NP	MP
<i>sodium polystyrene sulfonate powd</i>	P		<i>sodium fluoride (dental) gel</i>	NP	MP
VELTASSA	NP		<i>sodium fluoride (dental) pste dt</i>	NP	MP
Systemic Lupus Erythematosus Agents			<i>sodium fluoride-potassium nitrate gel</i>	NP	MP
BENLYSTA SOSY	NP	SP; MP			
BENLYSTA SOAJ	NP	SP; MP			
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral					
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(6.67 ml daily)			

Drug Name	Drug Tier	Requirements/Limits
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(0.17 gm daily)
Throat Products - Misc.		
AQUORAL SOLN	NP	RX/OTC
<i>cevimeline hcl</i>	NP	
EVOXAC (<i>cevimeline hcl</i>)	NP	
GELX GEL	NP	
<i>pilocarpine hcl (oral)</i>	P	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins tabs</i>	P	
B-Complex w/ C		
<i>b complex w/ c tabs</i>	P	
<i>b-complex w/ c & calcium</i>	P	
<i>b-complex w/ c & e + zn</i>	P	
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid tabs 60 mg-10 mg-300 mcg-800 mcg-1.5 mg-6 mcg-10 mg-1.7 mg-20 mg, 60 mg-10 mg-300 mcg-800 mcg-6 mcg-1.7 mg-20 mg-10 mg-1.5 mg, 60 mg-300 mcg-800 mcg-1.5 mg-20 mg-10 mg-10 mg-1.7 mg-6 mcg</i>	P	
FULL SPECTRUM B/VITAMIN C TABS	P	
NEPHRO-VITE TABS (<i>b-complex w/ c & folic acid</i>)	NF	
WEST-VITE W/FOLIC ACID TABS	P	
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	
Multiple Vitamins w/ Minerals		
ABC COMPLETE SENIOR 50+ TABS	P	RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS	P	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	RX/OTC
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	P	RX/OTC
ALGAE BASED CALCIUM TABS	P	RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	RX/OTC
ALIVE ENERGY 50+ TABS	P	RX/OTC
ALIVE MENS 50+ TABS	P	RX/OTC
ALIVE MENS ENERGY TABS	P	RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	P	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	RX/OTC
ALIVE WOMENS 50+ TABS	P	RX/OTC
ALIVE WOMENS ENERGY TABS	P	RX/OTC
ANTIOXIDANT FORMULA TABS	P	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	P	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	P	RX/OTC
BACMIN TABS	P	RX/OTC
BASIC AM TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BASIC PM TABS	P	RX/OTC	CENTRUM ULTRA WOMENS TABS	P	RX/OTC
CAL-DAY 1000 TABS	P	RX/OTC	CENTRUM WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
CENTRAVITES 50 PLUS TABS	P	RX/OTC	CERTAVITE SENIOR TABS	P	RX/OTC
CENTRAVITES ADULTS TABS	P	RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	P	RX/OTC
CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	CERTAVITE/ANTIOXIDANTS TABS	P	RX/OTC
CENTRUM CARDIO TABS	P	RX/OTC	CVS ONE DAILY MENS 50+ ADVANCED TABS	P	RX/OTC
CENTRUM MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	RX/OTC
CENTRUM MEN TABS	P	RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	P	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	P	RX/OTC	CVS SPECTRAVITE ADULTS TABS	P	RX/OTC
CENTRUM SILVER TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	CVS SPECTRAVITE ULTRA MEN50+ TABS	P	RX/OTC
CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	RX/OTC
CENTRUM SILVER 50+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS	P	RX/OTC
CENTRUM SILVER ADULT 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	CVS SPECTRAVITE ULTRA WOMEN TABS	P	RX/OTC
CENTRUM SILVER ADULTS 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS	P	RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	RX/OTC	CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS	P	RX/OTC
CENTRUM SPECIALIST HEART TABS	P	RX/OTC	DAYAVITE TABS	P	RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	P	RX/OTC	DERMACINRX MULTITAM TABS	P	RX/OTC
CENTRUM SPECIALIST VISION TABS	P	RX/OTC	DERMACINRX RIBOTIN-E TABS	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACINRX ZINTREXYL-C TABS	P	RX/OTC	FOLIKA-CI TABS	P	RX/OTC
DERMAVITE TABS	P	RX/OTC	FOLIKA-MG TABS	P	RX/OTC
DIALYVITE SUPREME D TABS	P	RX/OTC	FOLITIN-Z TABS	P	RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	P	RX/OTC	FOSFREE TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
EQ ONE DAILY MENS 50+ TABS	P	RX/OTC	FREEDAVITE TABS	P	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	P	RX/OTC	HAIR SKIN & NAILS ADVANCED FORMULA TABS	P	RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	P	RX/OTC	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	P	RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	P	RX/OTC	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	P	RX/OTC
EQL CENTURY MENS TABS	P	RX/OTC	HM COMPLETE MEN TABS	P	RX/OTC
EQL CENTURY WOMENS TABS	P	RX/OTC	HM HAIR/SKIN/NAILS TABS	P	RX/OTC
EQL ONE DAILY MENS TABS	P	RX/OTC	HYLAZINC TABS	P	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	RX/OTC	ICAPS AREDS FORMULA TABS	P	RX/OTC
EYE HEALTH/LUTEIN TABS	P	RX/OTC	KEYFOLIC TABS	P	RX/OTC
EYE MULTIVITAMIN/LUTEIN TABS	P	RX/OTC	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	RX/OTC	LIVER DETOX TABS	P	RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	P	RX/OTC	LUTEIN PLUS/ZEAXANTHIN TABS	P	RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPE TABS	P	RX/OTC	MEGA MULTI FOR MEN TABS	P	RX/OTC
FOLAMAX TABS	P	RX/OTC	MEGA MULTI FOR WOMEN TABS	P	RX/OTC
FOLIFLEX TABS	P	RX/OTC	MEGAVITE FRUITS & VEGGIES TABS	P	RX/OTC
			MEGAVITE GOLDEN YEARS 55+ TABS	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	P	RX/OTC	ONCOVITE TABS	P	RX/OTC
MENS 50+ MULTIVITAMIN TABS	P	RX/OTC	ONE DAILY MENS 50+ MULTIVITAMIN TABS	P	RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC	ONE DAILY MENS FORMULA W/O IRON TABS	P	RX/OTC
MENS MULTIVITAMIN TABS	P	RX/OTC	ONE DAILY WOMENS TABS	P	RX/OTC
MULTI-BETIC DIABETES TABS	P	RX/OTC	ONE DAILY MULTIVITAMIN WOMENS TABS	P	RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS	P	RX/OTC	ONE-A-DAY ENERGY TABS	P	RX/OTC
<i>multiple vitamins w/ minerals tabs</i>	P	RX/OTC	ONE-A-DAY MENOPAUSE FORMULA TABS	P	RX/OTC
MULTIVITAMIN TABS	P	RX/OTC	ONE-A-DAY MENS TABS	P	RX/OTC
MULTIVITAMIN ADULTS TABS	P	RX/OTC	ONE-A-DAY MENS 50+ TABS	P	RX/OTC
MULTIVITAMIN MEN TABS	P	RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	P	RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS	P	RX/OTC
MULTIVITAMIN WOMEN TABS	P	RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	P	RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	P	RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	P	RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	P	RX/OTC	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	P	RX/OTC
NATRUL-VITES TABS	P	RX/OTC	ONE-A-DAY WEIGHT SMART ADVANCED TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
NEOVITE TABS	P	RX/OTC	ONE-A-DAY WOMENS TABS	P	RX/OTC
NICADAN TABS	P	RX/OTC	ONE-A-DAY WOMENS 50+ TABS	P	RX/OTC
NICADAN ZX TABS	P	RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
NICAZEL TABS	P	RX/OTC			
NICAZEL FORTE TABS	P	RX/OTC			
NO IRON MULTIPLE VITAMIN/MINERALS TABS	P	RX/OTC			
NUTRICAP TABS	P	RX/OTC			
OCULAR VITAMINS TABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	SENTRY TABS	P	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	RX/OTC
ONE-A-DAY WOMENS PETITES TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	SIDEROL TABS	P	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	SM ONE DAILY MENS TABS	P	RX/OTC
ONEVITE TABS	P	RX/OTC	SM ONE DAILY WOMENS TABS	P	RX/OTC
OPTIVITE P.M.T. TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC	SOLO TABS	P	RX/OTC
OPURITY TABS	P	RX/OTC	SPECTRAVITE TABS	P	RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	P	RX/OTC	STROVITE FORTE TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
PARVLEX TABS	P	RX/OTC	STROVITE ONE TABS	P	RX/OTC
PHYTOMULTI TABS	P	RX/OTC	SYSTANE ICAPS AREDS2 TABS	P	RX/OTC
PRESERVISION AREDS TABS	P	RX/OTC	THERA M PLUS TABS	P	RX/OTC
PRO-CAL TABS	P	RX/OTC	THERABETIC MULTI-VITAMIN TABS	P	RX/OTC
PROCERV HP TABS	P	RX/OTC	THERAGRAN-M TABS	P	RX/OTC
PROFOLA TABS	P	RX/OTC	THERAGRAN-M ADVANCED TABS	P	RX/OTC
PRORENAL+D TABS	P	RX/OTC	THERAGRAN-M ADVANCED 50 PLUS TABS	P	RX/OTC
PROVIT TABS	P	RX/OTC	THERAGRAN-M PREMIER TABS	P	RX/OTC
QC MULTI-VITE TABS	P	RX/OTC	THERAGRAN-M PREMIER 50 PLUS TABS	P	RX/OTC
QUIN B STRONG TABS	P	RX/OTC	THERA-M TABS	P	RX/OTC
QUINTABS-M TABS	P	RX/OTC	THERA-TABS M TABS	P	RX/OTC
RA CENTRAL-VITE TABS	P	RX/OTC	THEREMS-M TABS	P	RX/OTC
RAYAVIT TABS	P	RX/OTC	THRIVITE 19 TABS	P	RX/OTC
RENAPLEX-D TABS	P	RX/OTC	T-VITES TABS	P	RX/OTC
REQ 49+ TABS	P	RX/OTC	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	RX/OTC
			VENEXA TABS	P	RX/OTC
			VENEXA FE TABS	P	RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENTRIXYL TABS	P	RX/OTC	ESTROFACTORS TABS	P	RX/OTC
VENTRIXYL FE TABS	P	RX/OTC	GENICIN VITA-Q TABS	P	RX/OTC
VITAMIN D3 COMPLETE TABS	P	RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
VITAROCA PLUS TABS <i>(multiple vitamins w/minerals)</i>	NF	RX/OTC	MULTI VITAMIN TABS	P	RX/OTC
VITASANA TABS	P	RX/OTC	MULTI VITAMIN/D-3 TABS	P	RX/OTC
VITATRUM TABS	P	RX/OTC	<i>multiple vitamin tabs</i>	P	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	RX/OTC	MULTIVITAMIN ADULT TABS	P	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	RX/OTC	NEOMULTIVITE TABS	P	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	P	RX/OTC	OMNICAP TABS	P	RX/OTC
VITRAMYN TABS	P	RX/OTC	ONE DAILY ESSENTIAL TABS	P	RX/OTC
VITRANOL TABS	P	RX/OTC	ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC
VITRANOL FE TABS	P	RX/OTC	ONE-A-DAY ESSENTIAL TABS <i>(multiple vitamin)</i>	NF	RX/OTC
VITREXATE TABS	P	RX/OTC	ONE-A-DAY MENS TABS <i>(multiple vitamin)</i>	NF	RX/OTC
VITREXATE FE TABS	P	RX/OTC	QUINTABS TABS	P	RX/OTC
VITREXYL TABS	P	RX/OTC	TERA TABS	P	RX/OTC
VITREXYL/IRON TABS	P	RX/OTC	THEREMS MULTIVITAMIN TABS	P	RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	P	RX/OTC	Ped MV w/ Fluoride		
VITRUM 50+ SENIOR MULTI TABS	P	RX/OTC	MULTIVITAMIN + FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
WOMENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	P	RX/OTC	MULTIVITAMIN/FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC	MULTI-VIT-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC
YELETS TEENAGE FORMULA TABS	P	RX/OTC	<i>pediatric multivitamins w/fl chew</i>	P	AL(Up to 10 yrs old); RX/OTC
Multivitamins			POLY-VI-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC
AMLADEX TABS	P	RX/OTC	QUFLORA PEDIATRIC CHEW	P	AL(Up to 10 yrs old); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	RX/OTC	Ped MV w/ Iron		

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANIMAL SHAPES/IRON CHEW	P		COMPLETE NATAL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
MULTIVITAMIN PLUS IRON CHILDRENS CHEW	P		COMPLETENATE CHEW	P	QL(1 ea daily); MP
<i>pediatric multiple vitamins w/ iron chew</i>	P		DERMACINRX PRETRATE TABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
Pediatric Multiple Vitamins			ENBRACE HR	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
MULTIVITAMIN CHILDRENS CHEW	P		FOLIVANE-OB	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (<i>pediatric multiple vitamins</i>)	NF		M-NATAL PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
<i>pediatric multiple vitamins chew</i>	P		MULTI-MAC	NP	
Prenatal Vitamins			NATAL PNV TABS	NP	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	NESTABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL ASSURE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	NESTABS DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	NESTABS ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL BLOOM	NP	AL(At least 10 yrs old - Up to 55 yrs old)	NIVA-PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
CITRANATAL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	OB COMPLETE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL ESSENCE	NP		OB COMPLETE ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	OB COMPLETE PETITE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL MEDLEY	NP		OB COMPLETE PREMIER	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
C-NATE DHA CAPS	NP	MP	OB COMPLETE/DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			PNV TABS 29-1 TABS	P	MP; RX/OTC
			PNV-DHA+DOCUSATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PNV-OMEGA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PREMESSISRX	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE ENHANCE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENAISSANCE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENAISSANCE PLUS CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	QL(1 ea daily); MP; RX/OTC	PRENATE PIXIE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE RESTORE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>prenatal vit w/ iron carbonyl-folic acid tabs 120 mg-10 mg-1.25 mg-315 unit-15 mcg-3.4 mg-10 mg-1 mg-2 mg-15 mg-10 mg-20 unit-2100 unit-50 mg</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATRIX TABS	NP	QL(1 ea daily); MP; RX/OTC
<i>prenatal without a w/ fe fumarate-l methylfolate-fadha</i>	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATRYL TABS	NP	QL(1 ea daily); MP; RX/OTC
PRENATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PREPLUS TABS	P	QL(1 ea daily); MP; RX/OTC
PRENATE AM	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRETAB TABS	P	MP; RX/OTC
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRIMACARE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			RELNATE DHA CAPS	NP	MP
			SELECT-OB CHEW	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			SELECT-OB+DHA MISC	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			SE-NATAL 19 CHEW	P	QL(1 ea daily); MP
			SE-NATAL 19 TABS	P	MP; RX/OTC

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TARON-C DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	VP-PNV-DHA CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
TARON-PREX	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	WESCAP-C DHA	NP	MP
THRIVITE RX TABS	P	MP; RX/OTC	WESCAP-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
TRICARE TABS	P	QL(1 ea daily); MP; RX/OTC	WESNATAL DHA COMPLETE	NP	MP
TRINATAL RX 1 TABS	P	QL(1 ea daily); MP	WESNATE DHA CAPS	NP	MP
TRISTART DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	WESTAB PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
TRISTART FREE	NP		WESTGEL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
TRISTART ONE	NP		ZATEAN-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VINATE DHA RF	NP	MP	ZATEAN-PN PLUS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VIRT-C DHA	NP	MP	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms Central Muscle Relaxants		
VIRT-NATE DHA CAPS	NP	MP	AMRIX CP24 <i>(cyclobenzaprine hcl)</i>	NP	
VIRT-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>baclofen soln or 5 mg/5ml</i>	NP	
VIRT-PN PLUS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>baclofen tabs</i>	P	
VITAFOL FE+	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>baclofen susp</i>	P	
VITAFOL GUMMIES	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>carisoprodol tabs</i>	NP	
VITAFOL STRIPS	NP		<i>chlorzoxazone tabs</i>	P	
VITAFOL ULTRA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>cyclobenzaprine hcl tabs</i>	P	
VITAFOL-NANO	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>cyclobenzaprine hcl cp24</i>	NP	
VITAFOL-OB TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>FLEQSUVY SUSP (baclofen)</i>	NP	
VITAFOL-OB+DHA MISC	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>LYVISPAH PACK</i>	NP	
VITAFOL-ONE CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>metaxalone</i>	NP	
			<i>methocarbamol tabs</i>	P	
			<i>orphenadrine citrate tb12</i>	P	
			<i>SKELAXIN (metaxalone)</i>	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOMA TABS (carisoprodol)	NP		<i>saline soln</i>	P	
<i>tizanidine hcl caps</i>	NP		Nasal Antiallergy		
<i>tizanidine hcl tabs</i>	P		<i>azelastine hcl 0.1 %, 0.15 %, 137 mcg/spray</i>	P	MP; RX/OTC
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NP		<i>cromolyn sodium (nasal) 5.2 mg/act</i>	P	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP		NASALCROM (<i>cromolyn sodium (nasal)</i>)	NF	
Direct Muscle Relaxants			<i>olopatadine hcl (nasal)</i>	P	
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP		PATANASE (<i>olopatadine hcl (nasal)</i>)	NF	
DANTRIUM CAPS 50 MG (<i>dantrolene sodium</i>)	NF		PATANASE (<i>olopatadine hcl (nasal)</i>)	NP	
<i>dantrolene sodium caps</i>	P		Nasal Anticholinergics		
Muscle Relaxant Combinations			<i>ipratropium bromide (nasal) 0.06 %</i>	NP	QL(0.5 ml daily)
<i>carisoprodol w/ aspirin & codeine</i>	NP	AL(At least 18 yrs old)	<i>ipratropium bromide (nasal) 0.03 %</i>	NP	QL(1 ml daily); MP
NORGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>)	NP		Nasal Steroids		
<i>orphenadrine w/ aspirin & caff</i>	P		BECONASE AQ	NP	MP
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			<i>flunisolide (nasal) 0.025 %</i>	P	QL(0.84 ml daily); MP
Nasal Agent Combinations			<i>fluticasone propionate (nasal) susp</i>	P	QL(0.54 gm daily); MP; RX/OTC
<i>azelastine hcl-fluticasone propionate susp</i>	NP		<i>mometasone furoate (nasal) susp</i>	NP	MP
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NP		NASONEX SUSP (<i>mometasone furoate (nasal)</i>)	NF	MP
RYALTRIS	NP		OMNARIS SUSP	NP	MP
Nasal Agents - Misc.			PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
AYR NASAL DROPS SOLN	P		QNASL	NP	MP
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P		QNASL CHILDRENS	NP	MP
OCEAN NASAL SPRAY SOLN (<i>saline</i>)	NF		SINUVA IMPL	NP	
			XHANCE EXHU	NP	
			ZETONNA AERS	NP	MP
			Sympathomimetic Decongestants		

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pseudoephedrine hcl tabs 30 mg	P	QL(8 ea daily)	dextran 70-hypromellose 0.3 %-0.1 %	P	
pseudoephedrine hcl tabs 60 mg	P	QL(4 ea daily)	LACRISERT	P	
SUDAFED CHILDRENS LIQD	P		polyvinyl alcohol 1.4 %	P	
SUDAFED CONGESTION TABS (pseudoephedrine hcl)	NF	QL(8 ea daily)	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 mg/ml-6 mg/ml	P	
SUDAFED SINUS CONGESTION TABS (pseudoephedrine hcl)	NF	QL(8 ea daily)	white petrolatum-mineral oil	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles					
ALS Agents					
EXSERVAN FILM	NP	SP	Beta-blockers - Ophthalmic		
RADICAVA ORS SUSP	NP	SP	betaxolol hcl (ophth) soln	P	MP
RADICAVA ORS STARTER KIT SUSP	NP	SP	BETIMOL	NP	MP
RELYVRIO	NP	SP	BETOPTIC-S SUSP	NP	MP
RILUTEK TABS (riluzole)	NP		brimonidine tartrate-timolol maleate	NP	MP
riluzole tabs	P		carteolol hcl (ophth)	P	MP
TIGLUTIK SUSP	NP	SP; MP	COMBIGAN (brimonidine tartrate-timolol maleate)	NP	MP
Rett Syndrome Agents					
DAYBUE	NP	SP	COSOPT (dorzolamide hcl-timolol maleate)	NP	MP
NUTRIENTS			COSOPT PF (dorzolamide hcl-timolol maleate)	NP	MP
Carbohydrates			dorzolamide hcl-timolol maleate 0.5 %-2 %	NP	MP
dextrose soln 10 %	P		dorzolamide hcl-timolol maleate	P	MP
DEXTROSE SOLN 20 %	P		ISTALOL SOLN (timolol maleate (ophth))	NP	MP
Lipids			levobunolol hcl 0.5 %	P	MP
INTRALIPID 20 GM/100ML	P	PA	timolol maleate (ophth) soln	NP	MP
NUTRILIPID	P	PA	timolol maleate (ophth) solg	P	MP
OPHTHALMIC AGENTS - Drugs to Treat the Eye			timolol maleate (ophth) soln	P	MP
Artificial Tears and Lubricants			TIMOPTIC SOLN (timolol maleate (ophth))	NP	MP
artificial tear solution	P		TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE SOLN 0.5 % (<i>timolol maleate (ophth)</i>)	NP	MP	AZASITE	NP	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	NP	MP	<i>bacitracin (ophthalmic)</i>	P	
Cycloplegic Mydriatics					
ATROPINE SULFATE SOLN 1 %	P	MP	<i>bacitracin-polymyxin b (ophth)</i>	P	
<i>atropine sulfate (ophthalmic) oint</i>	P		BESIVANCE	NP	
<i>atropine sulfate (ophthalmic) soln</i>	P	MP	BETADINE OPHTHALMIC PREP	NP	
CYCLOGYL (<i>cyclopentolate hcl</i>)	NP		BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	NF	
CYCLOGYL	NP		CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	NF	
CYCLOMYDRIL	P		CILOXAN OINT	P	
<i>cyclopentolate hcl</i>	P		<i>ciprofloxacin hcl (ophth) soln</i>	P	
MYDRIACYL SOLN (<i>tropicamide</i>)	NP		<i>erythromycin (ophth)</i>	P	
<i>phenylephrine hcl (mydriatic) soln</i>	NP		<i>gatifloxacin (ophth)</i>	NP	
<i>tropicamide soln</i>	P		<i>gentamicin sulfate (ophth) soln</i>	P	
Miotics			<i>gentamicin sulfate (ophth) oint</i>	P	
ISOPTO CARPINE SOLN (<i>pilocarpine hcl</i>)	NF	MP	<i>levofloxacin (ophth) 0.5 %</i>	P	
PHOSPHOLINE IODIDE	NP		MOXEZA SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NF	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	P	MP	<i>moxifloxacin hcl (ophth) soln op</i>	NP	
VUITY SOLN	NP	MP	NATACYN	NP	
Ophthalmic Adrenergic Agents			<i>neomycin-bacitracin zn-polymyxin</i>	P	
ALPHAGAN P (<i>brimonidine tartrate</i>)	P	MP	<i>neomycin-polymyxin-gramicidin</i>	P	
ALPHAGAN P	P	MP	OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	
<i>apraclonidine hcl</i>	NP		<i>ofloxacin (ophth)</i>	P	
<i>brimonidine tartrate 0.2 %</i>	P	MP	<i>polymyxin b-trimethoprim</i>	P	
<i>brimonidine tartrate</i>	P	MP	POLYTRIM (<i>polymyxin b-trimethoprim</i>)	NP	
IOPIDINE	NP		<i>sulfacetamide sodium (ophth) soln</i>	P	
SIMBRINZA	NP	MP	<i>sulfacetamide sodium (ophth) oint</i>	P	
Ophthalmic Anti-infectives					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
tobramycin (ophth) soln	P		bacitracin-poly-neomycin-hc	P	
TOBREX SOLN (tobramycin (ophth))	NF		dexamethasone sodium phosphate (ophth)	P	
TOBREX OINT	P		DEXTENZA INST	NP	SP
trifluridine	P		diluprednate	NP	
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	NP		DUREZOL (diluprednate)	NF	
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	NF		DUREZOL (diluprednate)	NP	
ZIRGAN GEL	P		EYSUVIS SUSP	NP	
ZYMAXID (gatifloxacin (ophth))	NP		FLAREX	P	
Ophthalmic Immunomodulators			fluorometholone (ophth) susp	P	
CEQUA SOLN	NP	MP	FML FORTE SUSP	P	
cyclosporine (ophth) emul	NP	MP	FML LIQUIFILM SUSP (fluorometholone (ophth))	NP	
RESTASIS EMUL (cyclosporine (ophth))	NP	MP	INVELTYS SUSP	NP	
RESTASIS MULTIDOSE EMUL	NP	MP	LOTEMAX SUSP (loteprednol etabonate)	NP	
VERKAZIA EMUL	NP		LOTEMAX GEL (loteprednol etabonate)	NP	
Ophthalmic Integrin Antagonists			LOTEMAX OINT	NP	
XIIDRA	NP	MP	LOTEMAX SM GEL	NP	
Ophthalmic Kinase Inhibitors			loteprednol etabonate susp	P	
RHOPRESSA	NP	MP	loteprednol etabonate gel	NP	
ROCKLATAN	NP	MP	MAXIDEX SUSP OP	P	QL(0.17 ml daily)
Ophthalmic Local Anesthetics			MAXITROL SUSP (neomycin-polymy-dexameth)	NP	
AKTEN	NP		MAXITROL OINT (neomycin-polymy-dexameth)	NP	
ALCAINE (proparacaine hcl)	NP		neomycin-polymy-dexameth susp	P	
proparacaine hcl	NP		neomycin-polymy-dexameth oint	P	
tetracaine hcl (ophth)	NP		neomycin-polymyxin-hc (ophth)	P	
Ophthalmic Nerve Growth Factors					
OXERVATE	NP	SP			
Ophthalmic Steroids					
ALREX SUSP	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRED FORTE (prednisolone acetate (ophth))	NP		<i>epinastine hcl (ophth)</i>	NP	
PRED MILD	P		<i>fluorescein sodium topical strp 1 mg</i>	NP	
<i>prednisolone acetate (ophth)</i>	P		FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NP	
PREDNISOLONE SODIUM PHOSPHATE	P		<i>flurbiprofen sodium</i>	P	
<i>sulfacetamide sod- prednisolone soln</i>	NP		FUL-GLO STRP	NP	
TOBRADEX OINT	NP		GLOSTRIPS STRP 1 MG	NP	
TOBRADEX SUSP (tobramycin- dexamethasone)	NP		ILEVRO	NP	
TOBRADEX ST SUSP	NP		<i>ketorolac tromethamine (ophth)</i>	P	
<i>tobramycin- dexamethasone susp</i>	P		MURO 128 OINT (sodium chloride hypertonic)	NF	
ZYLET	NP		MURO 128 SOLN	P	
Ophthalmics - Misc.			MURO 128 SOLN (sodium chloride hypertonic)	NF	
ACULAR (ketorolac tromethamine (ophth))	NP		NEVANAC	NP	
ACULAR LS (ketorolac tromethamine (ophth))	NP		<i>olopatadine hcl</i>	NP	RX/OTC
ACUVAIL	NP		PAREMYD	NP	
ALOCRIL	NP		PATADAY (olopatadine hcl)	NF	RX/OTC
ALOMIDE	NP		PROLENSA	NP	
<i>azelastine hcl (ophth)</i>	P	QL(0.2 ml daily)	<i>sodium chloride hypertonic soln</i>	P	
AZOPT (brinzolamide)	NP	MP	<i>sodium chloride hypertonic oint</i>	P	
<i>bepotastine besilate</i>	NP		TRUSOPT (dorzolamide hcl)	NF	MP
BEPREVE (bepotastine besilate)	NP		ZERVIATE	NP	QL(3 ea daily)
<i>brinzolamide</i>	NP	MP	Prostaglandins - Ophthalmic		
<i>bromfenac sodium (ophth)</i>	NP		<i>bimatoprost soln</i>	NP	MP
BROMSITE	NP		<i>latanoprost soln</i>	P	MP
<i>cromolyn sodium (ophth)</i>	P		LUMIGAN SOLN 0.01 %	NP	MP
CYSTADROPS	NP	SP; MP	<i>tafluprost</i>	NP	MP
CYSTARAN	NP	SP; MP	TRAVATAN Z (travoprost)	NP	MP
<i>diclofenac sodium (ophth)</i>	P		<i>travoprost</i>	NP	MP
<i>dorzolamide hcl</i>	P	MP			

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VYZULTA	NP	MP	PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
XALATAN SOLN <i>(latanoprost)</i>	NP	MP			
XELPROS EMUL	NP	MP			
ZIOPTAN <i>(tafluprost)</i>	NP	MP			
OTIC AGENTS - Drugs to Treat the Ear			Immune Serums		
Otic Agents - Miscellaneous			HYPERRHO S/D SOSY IM 1500 UNIT	P	QL(2 ea per 270 days retail); SP
<i>acetic acid (otic)</i>	P		HYPERRHO S/D MINI-DOSE SOSY IM	P	QL(2 ea per 270 days retail); SP
<i>carbamide peroxide (otic) 6.5 %</i>	P		MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	QL(2 ea per 270 days retail); SP
DEBROX 6.5 % <i>(carbamide peroxide (otic))</i>	NF		RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	QL(2 ea per 270 days retail); SP
Otic Anti-infectives			RHOPHYLAC SOSY IJ	P	QL(4 ml per 270 days retail); SP
<i>ciprofloxacin hcl (otic)</i>	NP		WINRHO SDF SOLN 2500 UNIT/2.2ML	P	QL(4.4 ml per 270 days retail); SP
<i>ofloxacin (otic)</i>	P		WINRHO SDF SOLN 15000 UNIT/13ML	P	QL(26 ml per 270 days retail); SP
Otic Combinations			WINRHO SDF SOLN 5000 UNIT/4.4ML	P	QL(8.8 ml per 270 days retail); SP
CIPRO HC	NP		WINRHO SDF SOLN 1500 UNIT/1.3ML	P	QL(2.6 ml per 270 days retail); SP
CIPRODEX <i>(ciprofloxacin-dexamethasone)</i>	P		Monoclonal Antibodies		
<i>ciprofloxacin-dexamethasone</i>	P		CASIRIVIMAB	P	
<i>ciprofloxacin-fluocinolone acetonide</i>	NP		IMDEVIMAB	P	
CORTISPORIN-TC	NP		REGEN-COV 1332 MG/11.1ML-1332 MG/11.1ML, 1332 MG/11.1ML-300 MG/2.5ML, 300 MG/2.5ML-1332 MG/11.1ML, 300 MG/2.5ML-300 MG/2.5ML, 600 MG/10ML-600 MG/10ML	P	
<i>neomycin-polymyxin-hc (otic) soln</i>	P		PENICILLINS - Drugs to Treat Bacterial Infections		
<i>neomycin-polymyxin-hc (otic) susp</i>	P				
OTOVEL <i>(ciprofloxacin-fluocinolone acetonide)</i>	NF				
Otic Steroids					
DERMOTIC <i>(fluocinolone acetonide (otic))</i>	NP				
<i>fluocinolone acetonide (otic)</i>	NP				
<i>hydrocortisone w/acetic acid</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
Aminopenicillins								
<i>amoxicillin caps</i>	P		Progestins					
<i>amoxicillin tabs</i>	P		AYGESTIN TABS <i>(norethindrone acetate)</i>	NP	QL(1 ea daily)			
<i>amoxicillin susr</i>	P		<i>medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg</i>	P				
<i>amoxicillin chew 125 mg, 250 mg</i>	P		<i>megestrol acetate (appetite)</i>	NP	MP			
<i>ampicillin caps 500 mg</i>	P		<i>norethindrone acetate tabs</i>	NP	QL(1 ea daily)			
Natural Penicillins			<i>progesterone caps</i>	P	QL(2 ea daily)			
<i>penicillin v potassium solr</i>	P		<i>progesterone oil</i>	P	QL(0.67 ml daily)			
<i>penicillin v potassium tabs</i>	P		PROMETRIUM CAPS <i>(progesterone)</i>	NF	QL(2 ea daily)			
Penicillin Combinations			PROMETRIUM CAPS <i>(progesterone)</i>	NP	QL(2 ea daily)			
<i>amoxicillin & pot clavulanate tabs</i>	P		PROVERA 10 MG <i>(medroxyprogesterone acetate)</i>	NF				
<i>amoxicillin & pot clavulanate tb12</i>	NP		PROVERA <i>(medroxyprogesterone acetate)</i>	NP				
<i>amoxicillin & pot clavulanate susr</i>	P		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions					
<i>amoxicillin & pot clavulanate chew</i>	P		Agents for Chemical Dependency					
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NF		<i>acamprosate calcium</i>	P				
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P		<i>disulfiram</i>	P				
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP		LUCEMYRA	P				
Penicillinase-Resistant Penicillins			Anti-Cataplectic Agents					
<i>dicloxacillin sodium</i>	P		SODIUM OXYBATE SOLN	NP	SP; MP			
PHARMACEUTICAL ADJUVANTS			XYREM SOLN	NP	SP; MP			
Liquid Vehicles			XYWAV	NP	SP; MP			
<i>water for injection, sterile jj</i>	P		Antidementia Agents					
Pharmaceutical Excipients			ADLARITY PTWK	NP				
METHYLCELLULOSE POWD	P	RX/OTC						
PROGESTINS - Hormone Replacement/Modifying								

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADUHELM	NP	SP; MP	RAZADYNE ER CP24 16 MG (<i>galantamine hydrobromide</i>)	NF	QL(2 ea daily); MP
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(2 ea daily); MP	<i>rivastigmine</i>	NP	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	MP	<i>rivastigmine tartrate caps</i>	NP	QL(2 ea daily); MP
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	P	QL(2 ea daily); MP	Combination Psychotherapeutics		
<i>donepezil hydrochloride tabs 23 mg</i>	P	MP	<i>chlordiazepoxide-amitriptyline</i>	P	
<i>donepezil hydrochloride tbdp</i>	P	MP	LYBALVI	NP	
EXELON (<i>rivastigmine</i>)	NP		<i>olanzapine-fluoxetine hcl</i>	NP	
<i>galantamine hydrobromide soln</i>	NP	QL(2 ml daily); MP	<i>perphenazine-amitriptyline</i>	P	
<i>galantamine hydrobromide cp24</i>	NP	QL(2 ea daily); MP	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NP	
<i>galantamine hydrobromide tabs</i>	NP	QL(2 ea daily); MP	Fibromyalgia Agents		
LEQEMBI	NP	SP	SAVELLA TABS	NP	
<i>memantine hcl soln 2 mg/ml</i>	NP	MP	SAVELLA TITRATION PACK MISC	NP	
<i>memantine hcl tabs</i>	NP		Movement Disorder Drug Therapy		
<i>memantine hcl cp24</i>	NP	MP	AUSTEDO TABS	P	SP; PA
<i>memantine hcl soln 2 mg/ml</i>	NP	MP	AUSTEDO XR TB24	NP	SP
<i>memantine hcl tabs</i>	P	QL(2 ea daily); MP	INGREZZA CPPK	P	SP; PA
NAMENDA TABS (<i>memantine hcl</i>)	NP	QL(2 ea daily); MP	INGREZZA CAPS	P	SP; PA
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP		<i>tetrabenazine</i>	NP	SP
NAMENDA XR CP24 (<i>memantine hcl</i>)	NP	MP	XENAZINE (<i>tetrabenazine</i>)	NP	SP
NAMZARIC C4PK	NP		Multiple Sclerosis Agents		
NAMZARIC CP24	NP		AMPYRA (<i>dalfampridine</i>)	NP	SP
RAZADYNE ER CP24 8 MG, 24 MG (<i>galantamine hydrobromide</i>)	NP	QL(2 ea daily); MP	AUBAGIO (<i>teriflunomide</i>)	NF	SP
			AUBAGIO (<i>teriflunomide</i>)	NP	SP
			AVONEX PSKT	NP	QL(0.034 ea daily); SP
			AVONEX PEN AJKT	NP	SP
			BAFIERTAM	NP	SP
			BETASERON KIT	P	SP
			BRIUMVI	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
COPAXONE SOSY (<i>glatiramer acetate</i>)	P	SP; MP	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	P	SP	
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NF	SP; MP	TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	P	SP	
<i>dalfampridine</i>	NP	SP	<i>teriflunomide</i>	NP	SP	
<i>dimethyl fumarate cpdr</i>	NP	SP	TYSABRI	NP	SP; MP	
<i>dimethyl fumarate misc</i>	NP	SP	VUMERTY	NP	SP	
<i>dimethyl fumarate cpdr</i>	NP	SP	ZEPOSIA CAPS	NP	SP	
EXTAVIA KIT	NP	SP	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP	
<i>fingolimod hcl</i>	NP	SP; MP	ZEPOSIA STARTER KIT CPPK	NP	SP	
GILENYA (<i>fingolimod hcl</i>)	P	SP; PA	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents			
GILENYA 0.25 MG	NP	SP	GRALISE TABS 450 MG, 750 MG, 900 MG	NP		
<i>glatiramer acetate sosy</i>	NP	SP; MP	GRALISE TABS 300 MG, 600 MG	NP		
KESIMPTA	NP	SP; MP	LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	MP	
LEMTRADA	NP	SP; MP	<i>pregabalin (once-daily)</i>	NP	MP	
MAVENCLAD	NP	SP	Premenstrual Dysphoric Disorder (PMDD) Agents			
MAYZENT TABS	NP	SP	<i>fluoxetine hcl (pmdd) tabs 20 mg</i>	NP	QL(2 ea daily)	
MAYZENT STARTER PACK TBPK	NP	SP	<i>fluoxetine hcl (pmdd) tabs 10 mg</i>	NP	QL(1 ea daily); MP	
OCREVUS	NP	SP; MP	Pseudobulbar Affect (PBA) Agents			
PLEGRIDY SOSY IM	NP	SP; MP	NUEDEXTA	NP		
PLEGRIDY SOPN	NP	SP; MP	Psychotherapeutic and Neurological Agents - Misc.			
PLEGRIDY SOSY SC	NP	SP; MP	<i>ergoloid mesylates tabs</i>	P		
PLEGRIDY STARTER PACK SOPN	NP	SP	<i>pimozide</i>	P		
PLEGRIDY STARTER PACK SOSY SC	NP	SP	Restless Leg Syndrome (RLS) Agents			
PONVORY TABS	NP	SP	HORIZANT	NP		
PONVORY 14-DAY STARTER PACK TBPK	NP	SP	Smoking Deterrents			
REBIF SOSY	P	SP; MP				
REBIF REBIDOSE SOAJ	P	SP; MP				
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP				
REBIF TITRATION PACK SOSY	P	SP				
TASCENSO ODT	NP	SP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bupropion hcl (smoking deterrent)	P	QL(2 ea daily)	ORKAMBI PACK	NP	SP
CHANTIX TABS (varenicline tartrate)	P		ORKAMBI TABS	NP	SP
CHANTIX CONTINUING MONTHPAK TABS (varenicline tartrate)	P		PULMOZYME	P	QL(2.5 ml daily); SP; MP
CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	P		SYMDEKO	NP	SP
nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	P	QL(1 ea daily)	TRIKAFTA TBPK	NP	SP
nicotine polacrilex lozg	P	QL(12 ea daily)	TRIKAFTA THPK	NP	
nicotine polacrilex gum	P	QL(11.2 ea daily)	Pulmonary Fibrosis Agents		
NICOTINE TRANSDERMAL SYSTEM KIT	P		ESBRIET TABS (pirfenidone)	NP	SP; MP
NICOTROL INHALER INHA	P		ESBRIET CAPS (pirfenidone)	NP	SP
NICOTROL NS SOLN	P		OFEV	NP	SP
varenicline tartrate tbpk	P		pirfenidone tabs	NP	SP; MP
varenicline tartrate tabs	P		pirfenidone caps	NP	SP
Transthyretin Amyloidosis Agents			SULFONAMIDES - Drugs to Treat Bacterial Infections		
AMVUTTRA	NP	SP	Sulfonamides		
TEGSEDI	NP	SP; MP	sulfadiazine tabs	P	
Vasomotor Symptom Agents			TETRACYCLINES - Drugs to Treat Bacterial Infections		
BRISDELLE (paroxetine mesylate (vasomotor))	NF		Aminomethylcyclines		
paroxetine mesylate (vasomotor)	NP		NUZYRA TABS	NP	QL(6 ea per 30 days retail)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			Tetracyclines		
Cystic Fibrosis Agents			demeclercycline hcl tabs 300 mg	P	QL(2 ea daily)
BRONCHITOL	NP	SP	demeclercycline hcl tabs 150 mg	P	QL(4 ea daily)
BRONCHITOL TOLERANCE TEST	NP	SP	DORYX TBEC 50 MG, 80 MG, 200 MG (doxycycline hyclate)	NP	
KALYDECO TABS	NP	SP	DORYX MPC TBEC	NP	
KALYDECO PACK 25 MG, 50 MG, 75 MG	NP	SP	doxycycline (monohydrate) susr	P	
			doxycycline (monohydrate) caps	P	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) tabs</i>	P		<i>levothyroxine sodium caps</i>	NP	MP
<i>doxycycline hyclate caps</i>	P		<i>levothyroxine sodium tabs</i>	P	MP
<i>doxycycline hyclate tbec</i>	NP		<i>levothyroxine sodium tabs</i>	P	MP
<i>doxycycline hyclate tabs</i>	P		<i>liothyronine sodium tabs</i>	P	MP
<i>minocycline hcl cp24</i>	NP		NP THYROID 120 TABS	P	MP
<i>minocycline hcl caps</i>	P		NP THYROID 15 TABS	P	MP
<i>minocycline hcl tb24</i>	NP		NP THYROID 30 TABS	P	MP
<i>minocycline hcl tabs</i>	P		NP THYROID 60 TABS	P	MP
MINOLIRA TB24	NP		NP THYROID 90 TABS	P	MP
MORGIDOX 1X100MG	NP		SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	MP
MORGIDOX 2X100MG	NP		THYQUIDITY SOLN OR	NP	MP
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	NP		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	NP	
<i>tetracycline hcl caps</i>	P		TIROSINT CAPS (<i>levothyroxine sodium</i>)	NP	MP
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	NF		TIROSINT-SOL SOLN OR	NP	MP
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP		TOXOIDS		
XIMINO CP24 (<i>minocycline hcl</i>)	NP		Toxoid Combinations		
XIMINO CP24 (<i>minocycline hcl</i>)	NF		ADACEL SUSP	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			BOOSTRIX SUSY	P	
Antithyroid Agents			BOOSTRIX SUSP	P	
<i>methimazole tabs</i>	P	MP	DAPTACEL	P	
<i>methimazole tabs</i>	P	MP	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
<i>propylthiouracil</i>	P	MP	INFANRIX	P	
Thyroid Hormones			KINRIX SUSP	P	
ADTHYZA TABS	P		KINRIX SUSY	P	
ARMOUR THYROID TABS	P	MP	PEDIARIX SUSY	P	
CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	MP	PENTACEL	P	
ERMEZA SOLN OR	NP		QUADRACEL SUSY	P	
			QUADRACEL SUSP	P	
			TDVAX SUSP	P	
			TENIVAC INJ	P	
			VAXELIS SUSY	P	
			VAXELIS SUSP	P	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
BELLADONNA/OPIUM	P		<i>methscopolamine bromide</i>	NP	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NP		ROBINUL TABS (<i>glycopyrrolate</i>)	NP	
CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	NP	MP	ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	NP	
DARTISLA ODT TBDP	NP		H-2 Antagonists		
<i>dicyclomine hcl soln or</i>	P	MP	<i>cimetidine tabs</i>	P	RX/OTC
<i>dicyclomine hcl caps</i>	P		<i>cimetidine hcl or 300 mg/5ml</i>	P	MP
<i>dicyclomine hcl tabs</i>	P		<i>famotidine susr</i>	P	
GLYCATE TABS	NP		<i>famotidine tabs 20 mg, 40 mg</i>	P	RX/OTC
<i>glycopyrrolate soln or 1 mg/5ml</i>	P	MP	<i>nizatidine caps</i>	P	
<i>glycopyrrolate tabs 1 mg, 2 mg</i>	P		PEPCID TABS (<i>famotidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate subl 0.125 mg</i>	P		Misc. Anti-Ulcer		
<i>hyoscyamine sulfate tbdp 0.125 mg</i>	P		CARAFATE SUSP (<i>sucralfate</i>)	P	MP
<i>hyoscyamine sulfate tb12 0.375 mg</i>	P		CARAFATE TABS (<i>sucralfate</i>)	NP	
<i>hyoscyamine sulfate tabs 0.125 mg</i>	P		<i>sucralfate susp</i>	P	MP
<i>hyoscyamine sulfate elix</i>	P	MP	<i>sucralfate susp</i>	P	MP
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	P	MP	<i>sucralfate tabs</i>	P	
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	NF		Proton Pump Inhibitors		
LEVSIN SOLN IJ 0.5 MG/ML (<i>hyoscyamine sulfate</i>)	NF		ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NP		DEXILANT 30 MG (<i>dexlansoprazole</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	NP		DEXILANT 60 MG (<i>dexlansoprazole</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	NP		<i>dexlansoprazole 60 mg</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
dexlansoprazole 30 mg	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	pantoprazole sodium pack	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)	
esomeprazole magnesium cpdr	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	pantoprazole sodium tbec	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	
esomeprazole magnesium pack	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	PREVACID CPDR 15 MG (<i>lansoprazole</i>)	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	
<i>lansoprazole cpdr</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	
<i>lansoprazole tbdd</i>	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily); RX/OTC	PREVACID 24HR CPDR (<i>lansoprazole</i>)	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	
NEXIUM PACK	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily); RX/OTC	
NEXIUM PACK (<i>esomeprazole magnesium</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	PRILOSEC PACK	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)	
NEXIUM CPDR (<i>esomeprazole magnesium</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	PROTONIX PACK (<i>pantoprazole sodium</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)	
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	PROTONIX TBEC (<i>pantoprazole sodium</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	rabeprazole sodium tbec	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	
omeprazole cpdr	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	Ulcer Drugs - Prostaglandins			
			CYTOTEC (<i>misoprostol</i>)	NP		
			<i>misoprostol</i>	P		
Ulcer Therapy Combinations						

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole tbpk</i>	NP		<i>oxybutynin chloride tb24</i>	P	MP
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP		<i>oxybutynin chloride syrup</i>	P	MP
KONVOMEP SUSR	NP		<i>oxybutynin chloride tabs 5 mg</i>	P	MP
OMECLAMOX-PAK	NP		<i>oxybutynin chloride tabs</i>	P	
<i>omeprazole-sodium bicarbonate caps</i>	NP	RX/OTC	OXYBUTYNIN CHLORIDE SOLN	P	
<i>omeprazole-sodium bicarbonate pack</i>	NP		OXYTROL PTTW	NP	RX/OTC
<i>PYLERA (bismuth subcitrate potassium-metronidazole-tetracycline)</i>	NP		<i>solifenacina succinate tabs</i>	P	MP
TALICIA	NP	QL(3 ea daily)	<i>tolterodine tartrate tabs 2 mg</i>	NP	MP
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC	<i>tolterodine tartrate cp24</i>	NP	MP
ZEGERID PACK 1680 MG-40 MG (<i>omeprazole-sodium bicarbonate</i>)	NF		<i>tolterodine tartrate tabs</i>	NP	MP
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP		TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms					
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)					
<i>darifenacin hydrobromide</i>	NP	MP	GEMTESA	NP	
<i>DETROL TABS (tolterodine tartrate)</i>	NP	MP	MYRBETRIQ TB24	NP	
<i>DETROL LA CP24 (tolterodine tartrate)</i>	NP	MP	MYRBETRIQ SRER	NP	
<i>DITROPAN XL TB24 10 MG (oxybutynin chloride)</i>	NF	MP	Urinary Antispasmodics - Cholinergic Agonists		
<i>DITROPAN XL TB24 5 MG (oxybutynin chloride)</i>	NP	MP	<i>bethanechol chloride</i>	P	MP
<i>fesoterodine fumarate</i>	NP		<i>bethanechol chloride</i>	P	MP
<i>GELNIQUE GEL 10 %</i>	NP	MP	Urinary Antispasmodics - Direct Muscle Relaxants		
<i>oxybutynin chloride tb24</i>	P	MP	<i>flavoxate hcl</i>	NP	MP
VACCINES					
Bacterial Vaccines					
<i>ACTHIB SOLR IM</i>			ACTHIB SOLR IM	P	
<i>BEXZERO</i>			BEXZERO	P	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HIBERIX SOLR IJ	P		FLUAD QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
MENACTRA	P		FLUAD QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
MENQUADFI	P		FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
MENVEO SOLR	P		FLUARIX QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
PEDVAX HIB SUSP	P		FLUARIX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
PNEUMOVAX 23	P		FLUARIX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
PNEUMOVAX 23/1 DOSE	P		FLUBLOK QUADRIVALENT 2020-2021	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
PREVNAR 13	P		FLUBLOK QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
PREVNAR 20	P		FLUBLOK QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
TRUMENBA	P		FLUCELVAX QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
VAXNEUVANCE	P		FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
Viral Vaccines			FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)			
AFLURIA QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)			
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)			
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)			
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)			
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)			
ENGERIX-B SUSP 20 MCG/ML	P				
ENGERIX-B SUSY	P				
FLUAD 2020-2021	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLULALVAL QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLULALVAL QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	GARDASIL 9 SUSY	P	QL(1.5 ml per 9999 days retail); AL(At least 9 yrs old)
FLULALVAL QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	GARDASIL 9 SUSP	P	QL(1.5 ml per 9999 days retail); AL(At least 9 yrs old)
FLUMIST QUADRIVALENT	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea per fill retail)	HAVRIX	P	
FLUZONE HIGH-DOSE PF 2020-2021	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	HEPLISAV-B SOSY	P	
FLUZONE HIGH-DOSE PF 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	IPOL INACTIVATED IPV	P	
FLUZONE HIGH-DOSE PF 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	M-M-R II SOLR	P	
FLUZONE QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	PREHEVBRIOD	P	
FLUZONE QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	PROQUAD SUSR	P	
VAGINAL AND RELATED PRODUCTS					
Miscellaneous Vaginal Products					
INTRAROSA		NP			
TRIMO-SAN		NP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
Vaginal Anti-infectives								
CLEOCIN CREA <i>(clindamycin phosphate vaginal)</i>	NP		AUVI-Q SOAJ 0.1 MG/0.1ML	NP				
CLEOCIN SUPP	P		AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)			
<i>clindamycin phosphate vaginal crea</i>	P		<i>epinephrine (anaphylaxis) soaj</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)			
CLINDESSE	NP		EPIPEN 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)			
GYNAZOLE-1	NP		EPIPEN-JR 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)			
<i>metronidazole vaginal</i>	P		SYMJEPI SOSY	NP				
<i>miconazole nitrate vaginal supp 200 mg</i>	P		Neurogenic Orthostatic Hypotension (NOH) - Agents					
NUVESSA	NP		<i>droxidopa</i>	NP	SP			
<i>terconazole vaginal crea</i>	P		NORTHERA <i>(droxidopa)</i>	NP	SP			
<i>terconazole vaginal supp</i>	P		Vasopressors					
VANDAZOLE	NP		<i>midodrine hcl</i>	P				
XACIATO GEL	NP		VITAMINS					
Vaginal Contraceptive - pH Modulators								
PHEXXI	P		Oil Soluble Vitamins					
Vaginal Estrogens								
ESTRACE CREA <i>(estradiol vaginal)</i>	NP	MP	<i>cholecalciferol tabs 25 mcg, 400 unit, 1000 unit</i>	P				
<i>estradiol vaginal tabs</i>	NP	MP	<i>cholecalciferol liqd or 10 mcg/ml, 400 unit/ml</i>	P				
<i>estradiol vaginal crea</i>	P	MP	DRISDOL CAPS <i>(ergocalciferol)</i>	NF	QL(0.143 ea daily)			
ESTRING RING 2 MG	NP	MP	D-VI-SOL LIQD OR <i>(cholecalciferol)</i>	NF				
FEMRING	NP	MP	<i>ergocalciferol caps</i>	P	QL(0.143 ea daily)			
IMVEXXY MAINTENANCE PACK INST	NP	MP						
IMVEXXY STARTER PACK INST	NP							
PREMARIN	P	MP						
VAGIFEM TABS <i>(estradiol vaginal)</i>	NP	MP						
Vaginal Progestins								
CRINONE GEL	NP	QL(1.125 gm daily)						
ENDOMETRIN INST	P							

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits
<i>vitamin a caps 3000 mcg, 10000 unit</i>	P	
Water Soluble Vitamins		
<i>ascorbic acid chew 500 mg, 500 mg-7.5 mg, 500 mg</i>	P	
<i>ascorbic acid tabs</i>	P	
<i>niacin cpcr 250 mg</i>	P	
<i>niacin cpcr 500 mg</i>	P	MP
<i>niacin tabs 100 mg, 500 mg</i>	P	
<i>niacin tbcr 500 mg</i>	P	
<i>pyridoxine hcl tabs 25 mg, 100 mg</i>	P	
SLO-NIACIN TBCR 500 MG (<i>niacin</i>)	NF	
<i>thiamine hcl tabs 50 mg, 100 mg</i>	P	

IL MHP Medicaid

July 1, 2023

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

INDEX

14-COUNT WARMER MISC	124	3ML SYRINGE/20G X 1"/LUER LOCK TIP	147	ACCU-CHEK AVIVA PLUS STRP ..	63
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	147	3ML SYRINGE/20G X 1"/LUER SLIP TIP	147	ACCU-CHEK AVIVA SOLN	91
1ST TIER UNIFINE PENTIPS29GX12MM	147	abacavir sulfate soln	43	ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	91
1ST TIER UNIFINE PENTIPS31GX6MM	147	abacavir sulfate tabs	43	ACCU-CHEK FASTCLIX LANCETS ..	
1ST TIER UNIFINE PENTIPS31GX8MM	147	abacavir sulfate-lamivudine	43	91	
1ST TIER UNIFINE PENTIPS32GX4MM	147	abacavir sulfate-lamivudine- zidovudine	43	ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	91
1ST TIER UNIFINE PENTIPS32GX6MM	147	ABC COMPLETE SENIOR 50+ TABS	200	ACCU-CHEK GUIDE KIT	91
1ST TIER UNIFINE PENTIPS33GX4MM	147	ABC COMPLETE SENIOR MEN'S50+ TABS	200	ACCU-CHEK GUIDE ME KIT	91
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	147	ABC COMPLETE SENIOR WOMENS 50+ TABS	200	ACCU-CHEK GUIDE STRP	64
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	147	ABILIFY ASIMTUFII PRSY	43	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	91
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	147	ABILIFY MAINTENA PRSY	43	ACCU-CHEK SAFE-T-PRO LANCETS	91
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	147	ABILIFY MAINTENA SRER	43	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	91
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12 MM	147	ABILIFY MYCITE MAINTENANCE KIT	43	ACCU-CHEK SMARTVIEW CONTROL LIQD	91
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	147	ABILIFY MYCITE STARTER KIT ..	43	ACCU-CHEK SMARTVIEW STRIPS STRP	64
1ST TIER UNILET COMFORTOUCH LANCETS 28G	91	abiraterone acetate	37	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	91
1ST TIER UNILET COMFORTOUCH LANCETS 30G	91	ABOUTTIME PEN NEEDLE 32GX 5/32"	147	ACCU-CHEK SOFTCLIX LANCETS ..	
2-WAY FOLEY STABILIZATIONDEVICE MISC ..	124	ABOUTTIME PEN NEEDLES 30GX 5/16"	147	91	
3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	85	ABOUTTIME PEN NEEDLES 31G X 3/16"	147	ACCURETIC	32
		ACSORICA LD	54	ACCUTREND GLUCOSE CONTROL SOLN	91
		acamprostate calcium	215	ACCUTREND GLUCOSE STRP ..	64
		acarbose	22	ACE AEROSOL CLOUD ENHANCER MISC	185
		ACCU-CHEK AVIVA PLUS KIT ...	91	acebutolol hcl caps	46
				acetaminophen chew 80 mg	6
				acetaminophen liqd 160 mg/5ml ..	5

acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	.....6	acyclovir caps	46	ADAPTER CAP GREEN D 24MM MISC	125
acetaminophen supp 120 mg	.....6	acyclovir susp	46	ADAPTER CAP GREEN E 28MM/SHORT NECK MISC	125
acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml	.....5	acyclovir topical crea	58	ADAPTER CAP GREEN F	
acetaminophen tabs 325 mg	.....6	acyclovir topical oint	58	28MM/LONG NECK MISC	125
acetaminophen tabs 500 mg	.....6	ADACEL SUSP	219	ADAPTER CAP GREEN K 28MM/MEDIUM NECK MISC	125
acetaminophen w/ codeine soln	.....8	adapalene crea	54	ADAPTER CAP GREEN M 24MM MISC	125
acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg- 300 mg	.....7	adapalene gel	54	ADAPTER CAP RED A 18MM MISC . 125	
acetaminophen-caff-dihydrocod caps 30 mg-320.5 mg-16 mg	.....8	ADAPALENE/BENZOYL PEROXIDE PADS	54	ADAPTER CAP RED B 20MM MISC . 125	
acetazolamide cp12	.....70	ADAPTER CAP BLUE A 18MM MISC	124	ADAPTER CAP RED C 22MM MISC 125	
acetazolamide tabs 125 mg	.....70	ADAPTER CAP BLUE B 20MM MISC	125	ADAPTER CAP RED D 24MM MISC 125	
acetazolamide tabs 250 mg	.....70	ADAPTER CAP BLUE C 22MM MISC	125	ADAPTER CAP RED E 28MM/SHORT NECK MISC	125
acetic acid (otic)	.....214	MISC	125	ADAPTER CAP RED F 28MM/LONG NECK MISC	125
acitretin	.....58	ADAPTER CAP BLUE D 24MM MISC	125	ADAPTER CAP RED K 28MM/MEDIUM NECK MISC	125
ACTEMRA ACTPEN SOAJ	.....3	ADAPTER CAP BLUE E 28MM/SHORT NECK MISC	125	ADAPTER CAP RED L 24MM MISC 125	
ACTEMRA SOLN	.....3	ADAPTER CAP BLUE F 28MM/LONG NECK MISC	125	ADAPTER CAP RED M 24MM MISC 125	
ACTEMRA SOSY	.....3	ADAPTER CAP BLUE K 28MM/MEDIUM NECK MISC	125	ADAPTER CAP WHITE B 20MM MISC	125
ACTHIB SOLR IM	.....222	MISC	125	ADAPTER CAP WHITE C 22MM MISC	125
ACTI-LANCE LANCETS 28G	....92	ADAPTER CAP GREEN A 18MM MISC	125	ADBRY	61
ACTI-LANCE LITE SAFETY LANCETS 28G	....92	ADAPTER CAP GREEN B 20MM MISC	125	ADD-VANTAGE ADDAPTOR CONNECTOR MISC	125
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	....92	ADAPTER CAP GREEN C 22MM MISC	125	adefovir dipivoxil	45
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	....92	MISC	125	ADEMPAS	49
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	....92				
ACTIVITY POUCH MISC	....185				
ACUVAIL	.....213				

ADHANSIA XR CP24 25 MG, 35 MG 1	GLUCOSE MONITORING SYSTEM KIT .....92	ADVOCATE INSULIN PEN NEEDLES .....147
ADHANSIA XR CP24 45 MG, 55 MG 1	ADVANCE INTUITION TEST STRIPS STRP .....64	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM .....147
ADHANSIA XR CP24 70 MG, 85 MG 1	ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD .....92	ADVOCATE INSULIN PEN NEEDLES 31GX5MM .....147
ADJUST ALUMINUM CANE/ROUND HANDLE/7/8" MISC .....125	ADVANCE MICRO-DRAW METER DEVI .....92	ADVOCATE INSULIN PEN NEEDLES 31GX8MM .....147
ADJUST ALUMINUM OFFSET CANE/CUSH HANDLE/WRIST STRAP/3/4" MISC .....125	ADVANCE MICRO-DRAW NORMAL CONTROL LIQD .....92	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" .....147
ADJUST FOLD CANE/BLACK FIN/WALNUT PISTOL GRIP DERBY HANDLE MISC .....125	ADVANCE MICRO-DRAW TEST STRIPS STRP .....64	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16" .....147
ADJUSTABLE BATH/SHOWER SEAT/BACK MISC .....125	ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS 200	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16" .....147
ADJUSTABLE FOLDING CANE/YORK HANDLE MISC ....125	ADVANCED MOBILE LANCET 30G 92	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" .....147
ADJUSTABLE LANCING DEVICE MISC .....92	ADVATE .....77	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16" .....147
ADLARITY PTWK .....215	ADVOCATE ALCOHOL PREP PADS.....125	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16" .....147
ADLYXIN SOPN .....24	ADVOCATE ARM BLOOD PRESSURE MONITOR/EXTRA LARGE DEVI .....85	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2" .....147
ADLYXIN STARTER PACK PNKT 24	ADVOCATE ARM BLOOD PRESSURE MONITOR/LARGE	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16" .....148
ADMELOG SOLN IJ .....24	DEVI .....85	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16" .....148
ADMELOG SOLOSTAR SOPN ...24	ADVOCATE ARM BLOOD PRESSURE MONITOR/SMALL/MEDIUM DEVI 85	ADVOCATE LANCETS .....92
ADTHYZA TABS .....219	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI ....92	ADVOCATE LANCETS 30G .....92
ADUHELM .....216	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT .....92	MISC .....92
ADULT AEROSOL MASK MISC .185	ADVOCATE CONTROL SOLUTIONHIGH LIQD .....92	ADVOCATE RAPID-SAFE LANCING DEVICE MISC .....92
ADULT MASK DEVI .....185	ADVOCATE CONTROL SOLUTIONLOW LIQD .....92	ADVOCATE REDI-CODE DEVI ...92
ADULT MASK LARGE MISC ....185	ADVOCATE CONTROL SOLUTIONLOW LIQD .....92	ADVOCATE REDI-CODE STRP ..64
ADVAIR HFA AERO .....13	ADVOCATE REDI-CODE/TALKING	ADVOCATE REDI-CODE/TALKING
ADVANCE INTUITION BLOOD GLUCOSE METER DEVI .....92		
ADVANCE INTUITION BLOOD		

KIT	92	VU/MEDIUM MASK MISC	186	MONITORING SYST DEVI	93
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	92	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	186	AGAMATRIX AMP NO CODE TEST STRIPS STRP	64
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	92	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	186	AGAMATRIX CONTROL HIGH SOLN	93
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN .	92	AEROCHAMBER Z-STAT PLUS/FLowsignal MISC	186	AGAMATRIX CONTROL NORMAL& HIGH SOLN	93
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	92	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	186	AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	93
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	64	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	186	AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	93
ADVOCATE SAFETY LANCETS .	93	AEROCHAMBER/Z-STAT PLUS/SMALL MASK MISC	186	AGAMATRIX JAZZ TEST STRIPS STRP	64
ADVOCATE SAFETY LANCETS 26G	93	AEROCHAMBER/FLowsignal MISC	186	AGAMATRIX JAZZ WIRELESS 2 KIT	93
ADVOCATE TEST STRIPS STRP	64	AEROTRACH PLUS MISC	186	AGAMATRIX KEYNOTE TEST STRIPS STRP	64
ADYNOVATE	77	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	186	AGAMATRIX PRESTO KIT	93
ADZENYS XR-ODT TBED	1	AFLURIA QUADRIVALENT 2020-2021 SUSP	223	AGAMATRIX PRESTO PRO METER DEVI	93
AEMCOLO	34	AFLURIA QUADRIVALENT 2020-2021 SUSY	223	AGAMATRIX PRESTO TEST STRIPS STRP	64
AEROBIKA DEVI	185	AFLURIA QUADRIVALENT 2021-2022 SUSP	223	AGAMATRIX ULTRA-THIN LANCETS 33G	93
AEROCHAMBER MINI		AFLURIA QUADRIVALENT 2021-2022 SUSY	223	AIMOVIG	195
AEROSOLCHAMBER DEVI	185	AFLURIA QUADRIVALENT 2021-2022 SUSY	223	AIMSCO LUBRICATED MISC	90
AEROCHAMBER MV MISC	185	AFLURIA QUADRIVALENT 2022-2023 SUSP	223	AIMSCO TWIST LANCETS 32G	93
AEROCHAMBER PLUS FLOW VU MISC	185	AFLURIA QUADRIVALENT 2022-2023 SUSY	223	AIMSCO TWIST LANCETS 33G	93
AEROCHAMBER PLUS FLOW-VU MISC	185	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	24	AIRDUO DIGIHALER 113/14	13
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	185	AFSTYLA	77	AIRDUO DIGIHALER 232/14	13
AEROCHAMBER PLUS FLOW-VU/MASK MISC	185	AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE		AIRDUO DIGIHALER 55/14	13
AEROCHAMBER PLUS FLOW-				AIRS PEDIATRIC AEROSOL MASK MISC	186

AJOVY SOAJ	195	ALHPAMOP FOAM REPLACEMENTPADS MISC	126	ALLZITAL TABS	5
AJOVY SOSY	195	aliskiren fumarate	34	almotriptan malate	195
AKTEN	212	ALIVE DIABETIC MULTIVITAMIN TABS	200	ALOCRIL	213
AKYNZEO	27	ALIVE ENERGY 50+ TABS	200	alogliptin benzoate	24
ALADERM PLUS EMUL	62	ALIVE MENS 50+ TABS	200	alogliptin-metformin hcl	22
albendazole	10	ALIVE MENS ENERGY TABS ...	200	alogliptin-pioglitazone 15 mg-25 mg, 30 mg-12.5 mg, 30 mg-25 mg, 45 mg-25 mg	22
albuterol sulfate aers	13	ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	200	ALOMIDE	213
albuterol sulfate nebu 0.083 %	13	ALIVE ULTRA POTENCY WOMENS 50+ TABS	200	alosetron hcl	76
albuterol sulfate nebu 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml 13		ALIVE WOMENS 50+ TABS	200	ALPHAGAN P	211
albuterol sulfate nebu 0.63 mg/3ml, 1.25 mg/3ml	13	ALIVE WOMENS ENERGY TABS 200		ALPHANATE SOLR	78
albuterol sulfate syrup	13	ALKINDI SPRINKLE CPSP	52	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	78
albuterol sulfate tabs	13	ALL FLOW 1000 PFT FILTER DEVI .		ALPRAZOLAM INTENSOL CONC	11
aclometasone dipropionate crea ..	58	186		alprazolam tabs 0.25 mg, 0.5 mg, 1 mg	11
aclometasone dipropionate oint ..	59	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	186	alprazolam tabs 2 mg	11
ALCOH-GLOVE CONTOURED WIPE	125	ALL FLOW 2000 PFT FILTER DEVI .		alprazolam tb24	11
ALCOHOL PADS	125	186		alprazolam tbdp	11
ALCOHOL PREP PAD	125	ALL FLOW 3000 PFT FILTER DEVI .		ALPROLIX	78
ALCOHOL PREP PADS	125	186		ALREX SUSP	212
ALCOHOL PREPS	125	ALL FLOW 4000 PFT FILTER DEVI .		ALTOPREV TB24 20 MG, 40 MG, 60 MG	30
ALCOHOL SWABS	126	186		ALTRENO LOTN	54
ALDACTAZIDE	70	ALL FLOW 5000 PFT FILTER DEVI .		alum & mag hydrox-simethicone liqd . 9	
ALECENSA	38	186		alum & mag hydrox-simethicone susp	9
alendronate sodium soln	71	ALL FLOW 6000 PFT FILTER DEVI .		ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC ..	126
alendronate sodium tabs 10 mg ..	71	186		ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE	
alendronate sodium tabs 35 mg, 70 mg	71	allopurinol	77		
alfuzosin hcl	77	ALLOPURINOL	77		
ALGAE BASED CALCIUM TABS 200					

MISC	126	MISC	126	PUMP/HYGIENIKIT MISC	126
ALUMINUM FLIP OFF SEALS		AMBI-TRAY MISC	93	AMEDA SILICONE TUBING MISC	
BLANK TOP/13MM/YELLOW MISC .		ambrisentan	49	126	
126		amcinonide crea	59	AMEDA TUBING ADAPTER MISC	
ALUMINUM FLIP OFF SEALS		AMD FOAM DRESSING 4"X4" PADS		126	
BLANK TOP/20MM/BLACK MISC		.....	82	AMEDA VALVES MISC	126
126		AMD FOAM DRESSING/TOPSHEET		AMELUZ GEL	57
ALUMINUM FLIP OFF SEALS		4"X4" PADS	82	AMIELLE RESTORE VAGINAL	
BLANK TOP/20MM/GREEN MISC		AMEDA CUSTOMFIT BREAST		EXERCISERS MISC	126
126		FLANGE/25MM/STANDARD MISC		AMIELLE VAGINAL TRAINER MISC	
ALUMINUM FLIP OFF SEALS		126		127	
BLANK TOP/20MM/MIST GRAY		AMEDA CUSTOMFIT BREAST		amiloride & hydrochlorothiazide ..	70
MISC	126	FLANGE/30.5MM/LARGE MISC .	126	amiloride hcl tabs	71
ALUMINUM FLIP OFF SEALS		AMEDA DIAPHRAGMS MISC ...	126	amiodarone hcl tabs	12
BLANK TOP/20MM/ROYAL BLUE		AMEDA DUAL HYGIENIKIT MILK		amitriptyline hcl tabs 25 mg, 50 mg	
MISC	126	COLLECTION SYSTEM MISC ...	126	21	
ALUMINUM FLIP OFF SEALS		AMEDA FINESSE DOUBLE		amitriptyline hcl tabs	21
BLANK TOP/20MM/WHITE MISC		ELECTRIC BREAST PUMP MISC		AMJEVITA SOAJ	3
126		126		AMJEVITA SOSY 20 MG/0.4ML, 40	
ALUMINUM FLIP OFF SEALS		AMEDA FINESSE DOUBLE		MG/0.8ML	3
BLANK TOP/20MM/YELLOW MISC .		ELECTRIC BREAST PUMP/DOTTIE		AMLADEX TABS	205
126		TOTE MISC	126	amlodipine besylate tabs	47
ALUMINUM HYDROXIDE SUSP 320		AMEDA FINESSE DOUBLE		amlodipine besylate-atorvastatin	
MG/5ML	10	ELECTRIC BREAST		calcium	48
aluminum hydroxide-mag carb susp		PUMP/SHOULDER BAG MISC ..	126	amlodipine besylate-atorvastatin	
358 mg/15ml-95 mg/15ml	9	126		calcium 10 mg-20 mg, 2.5 mg-10 mg,	
ALUNBRIG TABS	38	AMEDA FLEXISHIELD MISC	126	5 mg-10 mg, 5 mg-20 mg, 5 mg-40	
ALUNBRIG TBPK	38	AMEDA MYA JOY DOUBLE		mg, 5 mg-80 mg	48
ALVESCO	12	ELECTRIC BREAST PUMP/LARGE		amlodipine besylate-benazepril hcl	
alvimopan	76	TOTE MISC	126	32	
amantadine hcl caps	40	AMEDA PLATINUM MULTI-USER		amlodipine besylate-olmesartan	
amantadine hcl soln	40	ELECTRIC BREAST PUMP MISC		medoxomil	32
amantadine hcl tabs	40	126		amlodipine besylate-valsartan ..	32
AMBER GLASS VIALS 2ML MISC		AMEDA PURELY YOURS		amlodipine-valsartan-	
126		BREASTPUMP/HYGIENIKIT MISC			
AMBER GLASS VIALS 2ML/13MM		126			
		AMEDA PURELY YOURS			
		ELECTRIC BREAST			

hydrochlorothiazide	32	ANIMAL SHAPES/IRON CHEW .	206	THIN 30G	93
amoxapine	21	ANNOVERA	52	AQUORAL SOLN	200
amoxicillin & pot clavulanate chew 215		ANORO ELLIPTA	13	ARANESP ALBUMIN FREE SOLN	
amoxicillin & pot clavulanate susr 215		ANTARA 30 MG, 90 MG	30	25 MCG/ML, 40 MCG/ML, 60	
amoxicillin & pot clavulanate tabs 215		ANTIOXIDANT FORMULA TABS		MCG/MIL, 100 MCG/ML, 200	
amoxicillin & pot clavulanate tb12 215		200		MCG/ML	79
amoxicillin & pot clavulanate tb12 215		ANTIVERT TABS	27	ARANESP ALBUMIN FREE SOSY	
amoxicillin caps	215	ANZEMET TABS 50 MG	27	79	
amoxicillin chew 125 mg, 250 mg 215		APEXICON E CREA	59	ARAZLO LOTN	54
amoxicillin susr	215	APIDRA SOLN	24	ARCALYST	3
amoxicillin tabs	215	APIDRA SOLOSTAR SOPN	24	arformoterol tartrate	13
amoxicillin-clarithromycin w/ lansoprazole thpk	222	APLENZIN	20	ARGYLE SARATOGA SUMP	
amphetamine sulfate tabs	1	APOKYN SOCT	40	DRAIN/24FR/20" MISC	127
amphetamine-dextroamphetamine cp24	1	apomorphine hydrochloride soct ..	40	ARGYLE TRACHEOSTOMY	
amphetamine-dextroamphetamine tabs	1	apraclonidine hcl	211	TUBEHOLDER MISC	127
ampicillin caps 500 mg	215	aprepitant caps	28	ARIKAYCE	2
AMVUTTRA	218	aprepitant misc	28	ariPIPRAZOLE soln or	43
AMZEEQ	54	APRETUDE	43	ariPIPRAZOLE tabs	43
anagrelide hcl	78	APRIZIO PAK II	62	ariPIPRAZOLE tbdp	43
anastrozole	37	APTIOM	16	ARISTADA	43
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	9	APTIVUS CAPS	43	ARISTADA INITIO	43
ANGEL WING BLOOD COLLECTION		AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	148	armodafinil	2
SET/HOLDER/25GX3/4" MISC ..	127	AQ INSULIN SYRINGE/1ML/29G X 1/2"	148	ARMONAIR DIGIHALER	12
ANGEL WING LUER ADAPTER/TUBE HOLDER		AQ INSULIN SYRINGE/1ML/31G X 5/16"	148	ARMOUR THYROID TABS	219
SET/FEMALE MISC	127	AQINJECT PEN NEEDLE/31G X 3/16"	148	ARNUITY ELLIPTA	13
ANGELIQ	73	AQINJECT PEN NEEDLE/32G X 5/32"	148	artificial tear solution	210
		AQUALANCE LANCETS ULTRA		ascorbic acid chew 500 mg, 500 mg- 7.5 mg, 500 mg	226
				ascorbic acid tabs	226
				asenapine maleate 2.5 mg, 10 mg	42
				asenapine maleate 2.5 mg	42
				asenapine maleate 5 mg	42

ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	13	ASSURE 4 TEST STRIPS STRP ..64	LIQD	94	
ASMANEX HFA AERO 50 MCG/ACT	13	ASSURE COMFORT LANCETS ULTRA THIN 28G	93	ASSURE II STRP	64
ASMANEX TWISTHALER 120 METERED DOSES AEPB	13	ASSURE DOSE NORMAL/HIGH CONTROL SOLN	93	ASSURE II TEST STRIPS STRP ..	64
ASMANEX TWISTHALER 14 METERED DOSES AEPB	13	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	93	ASSURE LANCE LANCETS	94
ASMANEX TWISTHALER 30 METERED DOSES AEPB	13	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	93	ASSURE LANCE PLUS SAFETYLANCETS 25G	94
ASMANEX TWISTHALER 60 METERED DOSES AEPB	13	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	93	ASSURE LANCE PLUS SAFETYLANCETS 30G	94
aspirin buffered (cal carb-mag carb-mag oxide)	6	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	93	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	94
aspirin chew	6	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	93	ASSURE PLATINUM TEST STRIPS STRP	64
ASPIRIN SUPP 300 MG, 600 MG ..	6	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	148	ASSURE PRISM CONTROL LEVEL 1/2 SOLN	94
aspirin tabs 325 mg	6	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	148	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	94
aspirin tbec 81 mg, 325 mg	6	ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2"	148	ASSURE PRISM MULTI TEST STRIPS STRP	64
ASPRUZY SPRINKLE PACK	10	ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2"	148	ASSURE PRO BLOOD GLUCOSE METER DEVI	94
ASSESS PEAK FLOW METER FULL RANGE	187	ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2"	148	ASSURE PRO CONTROL LEVEL1/2 LIQD	94
ASSESS PEAK FLOW METER LOW RANGE	187	ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	148	ASSURE PRO TEST STRIPS STRP ..	64
ASSURE 3 CONTROL LEVEL 1/2 LIQD	93	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	148	ASTAGRAF XL CP24	198
ASSURE 3 METER KIT	93	ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	148	atazanavir sulfate caps	43
ASSURE 3 TEST STRIPS STRP ..	64	ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	148	atenolol & chlorthalidone	33
ASSURE 4 BLOOD GLUCOSE METER DEVI	93	ASSURE II CHECK STRIP STRP ..64	LIQD	atenolol tabs	46
ASSURE 4 CONTROL LEVEL 1/2 LIQD	93	ASSURE II CONTROL LEVEL 1 LIQD	94	atomoxetine hcl	1
		ASSURE II CONTROL LEVEL 1/2		ATORVALIQ SUSP	30

atorvastatin calcium tabs	30	AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO		AUTOLET MINI MISC	94
atovaquone	34	PROTEC	148	AUTOLET PLATFORMS MISC ...	94
atovaquone-proguanil hcl	35	AUM SAFETY PEN NEEDLE/31G X 4MM	148	AUTOLET PLUS MISC	94
atropine sulfate (ophthalmic) oint	211	AUM SAFETY PEN NEEDLE/31G X 4MM	148	AUTOMATIC BLOOD PRESSUREMONITOR DEVI	85
atropine sulfate (ophthalmic) soln	211	AUM SAFETY PEN NEEDLE/31G X 5MM	148	AUTOPEN DEVI	149
ATROPINE SULFATE SOLN 1 %		AURORA LANCET SUPER THIN30G	94	AUVELITY	20
ATROVENT HFA	12	AURORA LANCET THIN 23G	94	AUVI-Q SOAJ 0.1 MG/0.1ML	225
AUGMENTIN SUSR 31.25 MG/5ML-		AURORA PEN NEEDLES 29GX12MM	148	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3	
125 MG/5ML	215	AURORA PEN NEEDLES 31G X6MM	148	MG/0.3ML	225
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	148	AURORA PEN NEEDLES 31G X8MM	148	AVEED SOLN	9
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	148	AURORA UNIFINE PENTIPS/32GX5/32"	148	AVONEX PEN AJKT	216
AUM MINI INSULIN PEN NEEDLE/32GX4MM	148	AURORA UNIFINE PENTIPS/31GX3/16"	148	AVONEX PSKT	216
AUM MINI INSULIN PEN NEEDLE/32GX5MM	148	AURYXIA	76	AVSOLA	75
AUM MINI INSULIN PEN NEEDLE/32GX6MM	148	AUSTEDO TABS	216	AYR NASAL DROPS SOLN	209
AUM MINI INSULIN PEN NEEDLE/32GX8MM	148	AUSTEDO XR TB24	216	AYVAKIT	38
AUM MINI INSULIN PEN NEEDLE/33GX4MM	148	AUTOCLAVE AIR FILTER MISC .	127	AZASITE	211
AUM MINI INSULIN PEN NEEDLE/33GX5MM	148	AUTO-LANCET MINI MISC	94	azathioprine tabs 50 mg	198
AUM MINI INSULIN PEN NEEDLE/33GX6MM	148	AUTO-LANCET MISC	94	azathioprine tabs 75 mg, 100 mg	198
AUM PEN NEEDLE/32GX4MM ..	148	AUTOLET II CLINISAFE KIT	94	azelaic acid gel	63
AUM PEN NEEDLE/32GX5MM ..	148	AUTOLET IMPRESSION LANCING DEVICE MISC	94	azelastine hcl (ophth)	213
AUM PEN NEEDLE/32GX6MM ..	148	AUTOLET LANCING DEVICE MISC ..	94	azelastine hcl 0.1 %, 0.15 %,	137
AUM PEN NEEDLE/33GX4MM ..	148	AUTOLET LITE CLINISAFE KIT ..	94	mcg/spray	209
AUM PEN NEEDLE/33GX5MM ..	148	AUTOLET LITE STARTER PACK		azelastine hcl-fluticasone propionate	
AUM PEN NEEDLE/33GX6MM ..	148	KIT	94	susp	209
				azithromycin pack	82
				azithromycin susr	82
				azithromycin tabs 250 mg	82
				azithromycin tabs 500 mg	82
				azithromycin tabs 600 mg	82
				AZO HORMONAL HEALTH CYCLE	
				CARE & COMFORT TABS	200

AZO HORMONAL HEALTH HAPPY CYCLE TABS	200	BASIS FACIAL MOISTURIZER CREA	62	BD AUTOSHIELD DUO 30G X 5MM	149
AZSTARYS	2	BASIS OVERNIGHT CREA	63	BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	149
b complex w/ c tabs	200	BATH BENCH WITH BACK MISC 127		BD ECLIPSE 23G X 1" NEEDLE	149
bacitracin (ophthalmic)	211	BATH/SHOWER SEAT/ADJUSTABLE MISC	127	BD ECLIPSE NEEDLE/25G X5/8"	
bacitracin (topical) oint	55	BATHTUB SAFETY RAIL MISC	127	BD HYPODERMIC NEEDLES 23GX1"	149
bacitracin zinc oint	55	BAXDELA TABS	74	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	149
bacitracin-polymyxin b (ophth)	211	b-complex vitamins tabs	200	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	149
bacitracin-polymyxin b oint	56	b-complex w/ c & calcium	200	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	149
bacitracin-poly-neomycin-hc	212	b-complex w/ c & e + zn	200	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	149
baclofen soln or 5 mg/5ml	208	b-complex w/ c & folic acid tabs 60		BD INSULIN SYRINGE MICROFINE MICROFINE/U-100/1ML/27G X 5/8"	
baclofen susp	208	mg-10 mg-300 mcg-800 mcg-1.5 mg-6 mcg-10 mg-1.7 mg-20 mg, 60 mg-		149	
BACMIN TABS	200	10 mg-300 mcg-800 mcg-6 mcg-1.7 mg-20 mg-10 mg-1.5 mg, 60 mg-300 mcg-800 mcg-1.5 mg-20 mg-10 mg-			
BAFIERTAM	216	10 mg-1.7 mg-6 mcg	200		
BALCOLTRA	50	BD LO-DOSE INSULIN SYRINGE			
balsalazide disodium caps	75	MICROFINE IV/0.5ML/28G X 1/2"			
BALVERSA	38	149			
BAMBOO CANE MISC	127	BD 3ML LUER-LOK SYRINGE/20G X 1"	149		
BANDAGE SCISSORS MISC	127	BD ASSIRE BPM/PORTABLE WRISTWATCH STYLE MISC	85	BD INSULIN SYRINGE	
BAND-AID GAUZE PADS LARGE4" X 4" PADS	82	BD ASSURE BPM/AUTO INFLATE ARM CUFF MISC	85	SAFETYGLIDE/1ML/29G X 1/2" .149	
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	82	BD ASSURE BPM/AUTO INFLATE		BD INSULIN SYRINGE SLIP TIP/U-100/1ML	149
BAQSIMI ONE PACK POWD	23	ARM CUFF MISC	85	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" .149	
BAQSIMI TWO PACK POWD	23	BD ASSURE BPM/AUTO INFLATE			
BARACLUDE SOLN	45	WRIST CUFF MISC	85	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	149
BASAGLAR KWIKPEN SOPN	24	BD ASSURE BPM/DELUXE AUTO INFLATE ARM CUFF MISC	85	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	149
BASAGLAR TEMPO PEN SOPN	24	BD ASSURE BPM/MANUAL INFLATE ARM CUFF MISC	85	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..149	
BASIC AM TABS	200	BD AUTOSHIELD 29G X 3/16" ..149			
BASIC PM TABS	201	BD AUTOSHIELD 29G X 5/16" ..149		B-D INSULIN SYRINGE	
				ULTRAFINE/0.3ML/30G X 1/2" ..149	

BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 12.7MM	149	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	150	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	150
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	149	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	150	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	150
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 8MM	149	BD INSULIN SYRINGE/1ML/27G X 12.7MM	150	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	150
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	149	BD INSULIN SYRINGE/1ML/29G X 12.7MM	150	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	150
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	149	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" ..	150	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	150
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	149	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" ..	150	BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM	150
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	149	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" ..	150	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	150
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 8MM	149	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/27G X 1/2" ..	150	BD SAFE CLIP NEEDLE CLIPPER MISC	127
BD INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 8MM	149	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	150	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8" ..	150
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	150	BD INSULIN SYRINGE/U-100/2ML/27.5G X 1/2"	150	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" ..	150
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 12.7MM	150	BD INTEGRA RETRACTABLE NEEDLE 23G X 1"	150	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ..	151
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 8MM	150	BD LANCET ULTRAFINE 30G ..	94	BD LANCET ULTRAFINE 33G ..	95
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	150	BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	95	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ..	151
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	150	BD LOGIC BLOOD GLUCOSE MONITOR KIT	95	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" ..	151
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	150	BD LUER LOCK SYRINGE/1ML/20G X 1"	150	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" ..	151
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	150	BD MICROTAINER LANCETS ..	95	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..	151
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	150	BD NEEDLE/25G X 5/8"	150	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" ..	151
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	150	BD PEN MINI MISC	150	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" ..	151
		BD PEN MISC	150		

BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	151	BENLYSTA SOAJ	199	betamethasone valerate oint	59
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	151	BENLYSTA SOSY	199	BETASERON KIT	216
BD SWABS SINGLE USE	127	BENSAL HP OINT	62	betaxolol hcl (ophth) soln	210
BD SWABS SINGLE USE BUTTERFLY	127	BENZNIDAZOLE	10	betaxolol hcl	46
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	151	benzoyl peroxide gel 5 %, 10 % ..	54	bethanechol chloride	222
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	151	benzoyl peroxide liqd 10 %	54	BETIMOL	210
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	151	benzoyl peroxide-erythromycin gel	54	BETOPTIC-S SUSP	210
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	151	benztropine mesylate tabs	39	BEVESPI AEROSPHERE	13
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	151	benztropine mesylate tabs	40	bexarotene (topical)	57
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	151	bepotastine besilate	213	bexarotene	39
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" ..	151	BERINERT KIT	78	BEXSERO	222
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	151	BESER	59	bicalutamide	37
BECONASE AQ	209	BESIVANCE	211	BI-FOCAL MAGNIFIER MISC ..	127
BED WEDGE/12" MISC	127	BETADINE OPHTHALMIC PREP		BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	95
BED WEDGE/7" MISC	127	211		BIGFOOT UNITY PEN CAP FOR APIDRA MISC	95
BEDSIDE COMMODE MISC	127	betaine	72	BIGFOOT UNITY PEN CAP FOR ASPART MISC	95
BELBUCA FILM	8	betamethasone dipropionate (topical)		BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	95
BELLADONNA/OPIUM	220	crea	59	BIGFOOT UNITY PEN CAP FOR FIASP MISC	95
BELSOMRA	80	betamethasone dipropionate (topical)		BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	95
benazepril & hydrochlorothiazide	33	lotn	59	BIGFOOT UNITY PEN CAP FOR LANTUS MISC	95
benazepril hcl	31	betamethasone dipropionate (topical)		BIGFOOT UNITY PEN CAP FOR LISPRO MISC	95
BENEFIX KIT	78	oint	59	BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	95
		betamethasone dipropionate		BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	95
		augmented crea	59		
		betamethasone dipropionate			
		augmented gel 0.05 %	59		
		betamethasone dipropionate			
		augmented lotn	59		
		betamethasone dipropionate			
		augmented oint	59		
		betamethasone valerate crea ..	59		
		betamethasone valerate foam ..	59		
		betamethasone valerate lotn ..	59		

BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC .....	.95	bisoprolol & hydrochlorothiazide ..33 bisoprolol fumarate .....47	BLOOD PRESSURE MONITOR DEVI .....85
BIGFOOT UNITY PEN CAP FOR TOUJEO MISC .....	.95	BLOOD COLLECTION TUBE HOLDER/WITH NEEDLE MISC ..127	BLOOD PRESSURE MONITOR MISC .....85
BIGFOOT UNITY PEN CAP FOR TRESIBA MISC .....	.95	BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE MISC ..	BLOOD PRESSURE MONITOR PREMIUM ARM DEVI .....85
BIGFOOT UNITY PROGRAM KIT KIT .....	.95	127	BLOOD PRESSURE MONITOR PREMIUM ARM/VOICE ASSIST MISC .....85
BIJUVA	73	BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI 95	BLOOD PRESSURE MONITOR UPPER ARM DEVI .....85
BIKTARVY .....	.43	BLOOD GLUCOSE MONITORINGSYSTEM KIT .....95	BLOOD PRESSURE MONITOR/AUTO ARM DEVI .....85
bimatoprost soln	213	BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT .....95	BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE MISC .....85
BINAXNOW COVID-19 AG CARD HOME TEST KIT .....	.64	BLOOD GLUCOSE SYSTEM PAK KIT .....95	BLOOD PRESSURE MONITOR/AUTOMATIC MISC ..85
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS .....	.82	BLOOD GLUCOSE TEST STRIPS PREMIUM STRP .....64	BLOOD PRESSURE MONITOR/AUTOMATIC QUICK READ MISC .....86
BIOLYTE SOLN .....	.197	BLOOD GLUCOSE TEST STRIPS STRP .....64	BLOOD PRESSURE MONITOR/AUTOMATIC ULTRA- DELUXE MISC .....86
BIOSCANNER GLUCOSE TEST STRIPS STRP .....	.64	BLOOD GLUCOSE TEST STRIPS333 STRP .....64	BLOOD PRESSURE MONITOR/AUTOMATIC WRIST DEVI .....86
BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT .....	.95	BLOOD PRESSURE KIT/MANUALINFLATE DEVI .....85	BLOOD PRESSURE MONITOR/AUTOMATIC/WRIST DEVI .....86
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT .....	.95	BLOOD PRESSURE MONITOR 3SERIES DEVI .....85	BLOOD PRESSURE MONITOR/BASIC ARM DEVI ..86
bisacodyl supp .....	.81	BLOOD PRESSURE MONITOR AUTOMATIC WRIST MISC .....85	BLOOD PRESSURE MONITOR/DELUXE ARM DEVI ...86
bisacodyl tbec .....	.81	BLOOD PRESSURE MONITOR AUTOMATIC/ARM DEVI .....85	BLOOD PRESSURE MONITOR/DELUXE ARM MISC ..86
bismuth subcitrate potassium-metronidazole-tetracycline .....	.222	BLOOD PRESSURE MONITOR AUTOMATIC/WRIST DEV	
bismuth subsalicylate chew 262 mg 26		BLOOD PRESSURE MONITOR AUTOMATIC/WRIST MISC .....85	
bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml, 525 mg/30ml, 527 mg/30ml, 1050 mg/30ml .....	.26	BLOOD PRESSURE MONITOR AUTOMATIC/WRIST DEV	
bismuth subsalicylate tabs .....	.26	BLOOD PRESSURE MONITOR AUTOMATIC/WRIST MISC .....85	BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI .86

BLOOD PRESSURE	STRP	64	CHAMBER/ADULT DEVI	187
MONITOR/FULLY AUTOMATIC			BREATHE COMFORT ANTI-STATIC	
DEVI	BONJESTA TBCR	27	VALVED HOLDING	
86	BOOSTRIX SUSP	219	CHAMBER/CHILD DEVI	187
BLOOD PRESSURE	BOOSTRIX SUSY	219	BREATHE COMFORT NASAL	
MONITOR/PREMIUM ARM DEVI .	bosentan tabs	49	ASPIRATOR (ELECTRONIC) MISC .	
86	BOSULIF	38	127	
BLOOD PRESSURE	BOTTLE 2OZ/BLUE		BREATHE EASE NEBULIZER	
MONITOR/PULSE/DIGITAL/MEMOR	GLASS/DROPPER MISC	127	MASK/CHILD MISC	187
Y/LCD/MODEL #1060 MISC	BOTTLE ADAPTERS/24MM/PRESS-		BREATHE EASE NEBULIZER	
86	IN MISC	127	MASK/INFANT MISC	187
BLOOD PRESSURE	BOTTLE AMBER		BREATHE EASE PEAK FLOW	
MONITOR/UPPER ARM MISC	16OZ/GRADUATED/OVAL PET/28-		METER	187
86	400/CAP MISC	127	BREATHE EASE/LARGE MASK	
BLOOD PRESSURE	BOTTLE AMBER		DEVI	187
MONITORDIGITAL/AUTO-	8OZ/GRADUATED/OVAL PET/24-		BREATHE EASE/MEDIUM MASK	
INFLATION MISC	400/CAP MISC	127	DEVI	187
BLOOD PRESSURE	BOTTLE AMBER GLASS		BREATHE EASE/SMALL MASK	
MONITORDIGITAL/AUTOMATIC	33OZ/BOSTON ROUND/33/430		DEVI	187
MISC	NECK/RIBBED CAP MISC	127	BREATHERITE VALVED MDI	
86	BOTTLE/AMBER		CHAMBER/COLLAPSIBLE DEVI	187
BLOOD PRESSURE	GLASS/500ML/BOSTON RND/BLK		BREATHERITE VALVED MDI	
MONITORDIGITAL/MANUAL	PHENOLIC POLYSEAL CA MISC		CHAMBER/RIGID DEVI	187
INFLATE MISC	127			
BLOOD PRESSURE	BOTTLE/AMBER		BREO ELLIPTA	13
MONITORDIGITAL/WRIST MISC .	GLASS/BOSTONROUND/8OZ/BLAC		BREXAFEMME	28
86	K PHENOLIC CAP MISC	127	BREZTRI AEROSPHERE	14
BLOOD PRESSURE	BOTTLETOP DISPENSER 0.25-		BRILINTA	78
MONITORMANUAL INFLATE MISC .	2.0ML MISC	127	brimonidine tartrate (topical)	63
86	BOTTLETOP DISPENSER		brimonidine tartrate	211
BLOOD PRESSURE	ADAPTER/38MM MISC	127	brimonidine tartrate 0.2 %	211
MONITORMODEL#1083 MISC ...	127		brimonidine tartrate-timolol maleate ..	
86	BOULES QUIES EAR PLUGS MISC .		210	
BLOW MOLDED BATHTUB	127		brinzolamide	213
TRANSFER BENCH MISC	BRAFTOVI 75 MG	38	BRIUMVI	216
127	BREAST PUMP MISC	127		
BLULINK BLOOD GLUCOSE	BREATHE COMFORT ANTI-STATIC			
MONITORING SYSTEM DEVI	VALVED HOLDING			
95				
BLULINK CONTROL				
SOLUTION/HIGH & LOW LIQD ...				
95				
BLULINK GLUCOSE TEST STRIPS				

BRIVIACT SOLN OR 10 MG/ML ..	16	bupropion hcl tb24 450 mg	20	dipropionate oint	59
BRIVIACT TABS	16	buspirone hcl	11	calcipotriene-betamethasone	
bromfenac sodium (ophth)	213	buspirone hcl 7.5 mg, 30 mg	11	dipropionate susp	59
bromocriptine mesylate caps	40	butalbital-acetaminophen caps 50		calcitonin (salmon) na	71
bromocriptine mesylate tabs 2.5 mg	40	mg-300 mg	5	calcitriol (topical)	58
BROMSITE	213	butalbital-acetaminophen tabs 50		calcitriol caps	72
BRONCHITOL	218	mg-300 mg	5	calcitriol soln or	72
BRONCHITOL TOLERANCE TEST ..		butalbital-acetaminophen tabs 50		calcium acetate (phosphate binder)	
218		mg-325 mg	5	caps	76
BRUKINSA	38	butalbital-acetaminophen-caffeine		calcium acetate (phosphate binder)	
BRYHALI LOTN	59	caps 40 mg-50 mg-300 mg, 40 mg-		tabs	76
BUBBLES THE FISH II PEDIATRIC		50 mg-325 mg	5	calcium carbonate (antacid) chew	
MASK/PVC MISC	187	butalbital-acetaminophen-caffeine		500 mg, 750 mg, 1000 mg	10
budesonide (inhalation) susp	13	tabs 40 mg-50 mg-325 mg	5	calcium carbonate (antacid) susp ..	10
budesonide (intrarectal)	9	butalbital-acetaminophen-caffeine w/		calcium carbonate tabs 600 mg, 1500	
budesonide cpep	52	codeine	8	mg	196
budesonide tb24	52	butalbital-aspirin-caffeine caps	5	calcium carbonate-cholecalciferol	
budesonide-formoterol fumarate		butalbital-aspirin-caffeine w/cod ..	8	tabs	196
dihydrate	14	butorphanol tartrate na 10 mg/ml ..	8	calcium carbonate-vitamin d w/	
bumetanide tabs	71	BYDUREON BCISE AUIJ	24	minerals tabs	196
buprenorphine hcl subl	8	BYETTA SOPN	24	calcium citrate tabs 200 mg	196
buprenorphine hcl-naloxone hcl		CABENUVA	43	calcium citrate-vitamin d tabs 250	
dihydrate film sl	8	cabergoline	73	unit-200 mg, 250 unit-315 mg, 6.25	
buprenorphine hcl-naloxone hcl		CABOMETYX TABS	38	mcg-200 mg, 6.25 mcg-315 mg ..	196
dihydrate subl	8	CAFFEINE ANHYDROUS POWD ..	1	calcium gluconate soln	196
buprenorphine ptwk	8	caffeine citrate soln or	1	calcium polycarbophil tabs	80
bupropion hcl (smoking deterrent)		calcipotriene crea	58	CAL-DAY 1000 TABS	201
218		calcipotriene foam	58	CALQUENCE	38
bupropion hcl tabs	20	calcipotriene oint	58	CAMZYOS	48
bupropion hcl tb12	20	calcipotriene soln	58	candesartan cilexetil	32
bupropion hcl tb24 150 mg, 300 mg	20	calcipotriene-betamethasone		candesartan cilexetil-hydrochlorothiazide	33
				CANE TIPS 7/8" MISC	127

CANE TIPS FOR WOOD 1" MISC 128	TABLE/BLACK MISC .....128	CANE/WOOD/STANDARD/BLACKFI NISH/7/8" MISC .....129
CANE TIPS FOR WOOD/3/4" MISC . 128	CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4" MISC .....128	CANE/WOOD/STANDARD/NATURA L FINISH/7/8" MISC .....129
CANE TIPS/1" MISC .....128	CANE/ALUMINUM/OFFSET	CANE/WOOD/T-
CANE TIPS/3/4" MISC .....128	CUSHIONED HANDLE/WRIST STRAP/3/4" MISC .....128	HANDLE/WALNUT3/4" MISC ....129
CANE TIPS/5/8" QUAD SUCTION TYPE MISC .....128	CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK MISC .....128	CANE/WOOD/T- HANDLE/WALNUTFINISH/13/16" MISC .....129
CANE TIPS/BLACK/3/4" MISC ...128	CANE/ALUMINUM/OFFSET ORTHO	CANE/WOOD/WALNUT/7/8" MISC
CANE TIPS/GREY/3/4" MISC ....128	HANDLE/WRIST STRAP/3/4" MISC . 128	129
CANE WITH STRAP/BLACK MISC 128	CANE/ALUMINUM/OFFSET ORTHO MISC .....128	CANE/WOOD/WALNUT/PISTOL GRIP DERBY HANDLE/7/8" MISC
CANE WRIST STRAP MISC .....128	CANE/ALUMINUM/TELESCOPIC/BR ONZE/MEDIUM HANDLE/7/8" MISC 128	CANE/WOOD/WALNUT/ROUND HANDLE/7/8" MISC .....129
CANE/ADJUSTABLE/ALUMINUM/R OUND HANDLE MISC .....128		capecitabine .....36
CANE/ADJUSTABLE/PAISLEY MISC .....128	CANE/DESIGNER OFFSET HANDLE MISC .....128	CAPLYTA 10.5 MG, 21 MG .....41
CANE/ALUMINUM/ADJUSTABLE/LA DIES HANDLE MISC .....128	CANE/MENS MISC .....128	CAPLYTA 42 MG .....41
CANE/ALUMINUM/ADJUSTABLE/M ENS HANDLE MISC .....128	CANE/OFFSET HANDLE/GREENPAISLEY MISC 128	CAPRELSA .....38
CANE/ALUMINUM/ADJUSTABLE/O FFSET HANDLE/VIOLET MISC ..128	CANE/STANDARD/BLACK HANDLE MISC .....128	capsaicin crea 0.025 %62
CANE/ALUMINUM/BLACK/DEVONH ANDLE/7/8" MISC .....128	CANE/WOOD/LADIES STANDARDHANDLE/EBONY FINISH/13/16" MISC .....128	capsaicin crea 0.075 %62
CANE/ALUMINUM/BRONZE/OFFSE T HANDLE/CUSH GRIP/WRIST STRAP/3/4 MISC .....128	CANE/WOOD/LADIES STANDARDHANDLE/ROSEWOOD FINISH/13/16" MISC .....128	captopril & hydrochlorothiazide ...33
CANE/ALUMINUM/BRONZE/ORTH O HANDLE/3/4" MISC .....128	CANE/WOOD/LADIES/T- HANDLEBLACK WOOD MISC ...128	captopril .....31
CANE/ALUMINUM/BRONZE-TONE MISC .....128	CANE/WOOD/LADIES/T- HANDLEWALNUT/3/4" MISC ....129	carbamazepine chew .....16
CANE/ALUMINUM/FOLDING/36"BL ACK MISC .....128	CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" MISC 129	carbamazepine cp12 .....16
CANE/ALUMINUM/FOLDING/ADJUS		carbamazepine susp 100 mg/5ml . 16

carbidopa-levodopa tbcr	40	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" .	151	NEEDLE/23GX1"	152
carbidopa-levodopa tbdp	40	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ..	151	CAREPOINT PRECISION POLYHUB NEEDLE/25GX5/8"	152
carbidopa-levodopa-entacapone ..	40	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" .	151	CAREPOINT SAFETY 1ST NEEDLE 23GX1"	152
CARDIOCOM LANCING DEVICE MISC	95	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" .	151	CAREPOINT SAFETY 1ST NEEDLE 25GX5/8"	152
CARDURA XL 4 MG	77	CAREONE INSULIN SYRINGES/1ML/30G X 1/2" ..	151	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	152
CAREFINE PEN NEEDLE 32GX4MM	151	CAREONE INSULIN SYRINGES/1ML/31GX5/16" ..	152	CARESENS CONTROL A SOLUTION SOLN	96
CAREFINE PEN NEEDLES 29GX1/2"	151	CAREONE LANCET SUPER THIN/30G	96	CARESENS LANCETS	96
CAREFINE PEN NEEDLES 30GX5/16"	151	CAREONE LANCET THIN	96	CARESENS N BLOOD GLUCOSETEST STRIPS STRP ..	64
CAREFINE PEN NEEDLES 31GX6MM	151	CAREONE UNIFINE PENTIPS 29GX12MM	152	CARESENS N GLUCOSE MONITORING SYSTEM DEVI	96
CAREFINE PEN NEEDLES 31GX8MM	151	CAREONE UNIFINE PENTIPS 31GX5MM	152	CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM	
CAREFINE PEN NEEDLES 32GX5MM	151	CAREONE UNIFINE PENTIPS 31GX6MM	152	DEVI	96
CAREFINE PEN NEEDLES 32GX6MM	151	CAREONE UNIFINE PENTIPS 31GX8MM	152	CARETOUCH 2 CPAP HOSE HANGER MISC	187
CAREONE ADVANCED LANCINGDEVICE MISC	95	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	152	CARETOUCH ALCOHOL PREP PADS	129
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	95	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	152	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	96
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	96	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	152	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	64
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP ..	64	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	152	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ ARM DEVI	86
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	64	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	152	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ WRIST DEVI	86
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ..	151	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" ..	152	CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	96
		CAREPOINT PRECISION POLYHUB HOSE/6FT MISC		CARETOUCH CPAP & BIPAP HOSE/6FT MISC	187

CARETOUCH CPAP MASK WIPES		CARETOUCH PEN NEEDLES 32GX	carteolol hcl (ophth)	210
MISC .....187	4MM	152	carvedilol	46
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC		CARETOUCH PEN NEEDLES 32GX	carvedilol phosphate	46
187	5MM	152	CASIRIVIMAB	214
CARETOUCH CPAP TUBE		CARETOUCH PULSE OXIMETER	CAVILON NO STING BARRIERFILM	
CLEANING BRUSH MISC .....187	MISC	129	MISC	63
CARETOUCH HYPODERMIC NEEDLE/23GX1"		CARETOUCH SAFETY	CAYSTON	35
.....152	LANCETS/26G	96	cefaclor caps	50
CARETOUCH HYPODERMIC NEEDLE/25GX5/8"		CARETOUCH SAFETY	CEFACLOR ER TB12	50
.....152	LANCETS/28G	96	cefaclor susr 125 mg/5ml, 250	
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" ....152	CARETOUCH SAFETY	mg/5ml, 375 mg/5ml	50	
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" ....152	LANCETS/30G	96	cefadroxil caps	50
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" ....152	CARETOUCH SLIM BLOOD	cefadroxil susr	50	
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" ....152	PRESSURE MONITOR/WRIST DEVI	cefadroxil tabs	50	
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" ....152	.....86	cefdinir caps	50	
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" ....152	CARETOUCH TWIST LANCETS	cefdinir susr	50	
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" ....152	28G	96	cefixime caps	50
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" ....152	CARETOUCH TWIST LANCETS	cefixime susr	50	
CARETOUCH INSULIN SYRINGE/100/1ML/28G X 5/16" ....152	30G	96	cefpodoxime proxetil susr	50
CARETOUCH INSULIN SYRINGE/100/1ML/29G X 5/16" ....152	CARETOUCH TWIST LANCETS	cefpodoxime proxetil tabs	50	
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" ....152	MULTI COLOR/30G	96	cefprozil susr	50
CARETOUCH LANCING DEVICEWITH EJECTOR MISC ...96	CARETOUCH UNIVERSAL	cefprozil tabs	50	
CARETOUCH PEN NEEDLE 29GX1/2" ....152	CAPAPFILTERS MISC	187	cefuroxime axetil tabs	50
CARETOUCH PEN NEEDLE 33GX5/32" ....152	CARETOUCH VERSA BLOOD	celecoxib	4	
CARETOUCH PEN NEEDLES 31G X 6 MM ....152	PRESSURE MONITOR/ARM DEVI	CENTANY AT KIT	56	
CARETOUCH PEN NEEDLES 31GX 5MM ....152	86	CENTANY OINT	56	
CARETOUCH PEN NEEDLES 31GX 8MM ....152	CAREX ULTRA GRABBER 32" MISC	CENTRAVITES 50 PLUS TABS .201		
	.....129	CAREX WHEELCHAIR MISC ....129	CENTRAVITES ADULTS TABS .201	
	carglumic acid	72	CENTRUM CARDIO TABS ....201	
	carisoprodol tabs	208	CENTRUM MEN TABS ....201	
	carisoprodol w/ aspirin & codeine	209	CENTRUM MINIS WOMEN 50+	
	CAROSPIR SUSP	71		

TABS	201	cevimeline hcl	200	cholestyramine pack	30
CENTRUM SILVER ULTRA WOMENS TABS	201	CHEMET	27	cholestyramine powd	30
CENTRUM SPECIALIST HEART TABS	201	CHEMO TRANSFER PIN MISC ..	129	choline fenofibrate	30
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	201	CHEMSTRIP 10 MD	64	CIBINQO	61
CENTRUM SPECIALIST VISION TABS	201	CHEMSTRIP -10 WITH SG	64	ciclopirox gel	56
CENTRUM ULTRA WOMENS TABS 201		CHEMSTRIP 2 GP STRIPS	64	ciclopirox kit	56
cephalexin caps	50	CHEMSTRIP 5 OB	64	ciclopirox olamine crea	56
cephalexin susr	50	CHEMSTRIP 7	64	ciclopirox olamine susp	56
cephalexin tabs	50	CHEMSTRIP 9 STRIPS	64	ciclopirox sham	56
CEQUA SOLN	212	CHEMSTRIP-K STRP	64	ciclopirox soln	56
CEQUR SIMPLICITY 2U DEVI ..	153	CHENODAL	75	cilostazol	78
CERALYTE 70 SOLN	197	chlordiazepoxide hcl caps	11	CILOXAN OINT	211
CERASPORT EX1 SOLN	197	chlordiazepoxide hcl-clidinium bromide	220	CIMDUO	43
CERASPORT SOLN	197	chlordiazepoxide-amitriptyline ..	216	cimetidine hcl or 300 mg/5ml ..	220
CERTAVITE SENIOR TABS ..	201	chlorhexidine gluconate (mouth-throat)	199	cimetidine tabs	220
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS ..	201	chloroquine phosphate tabs	35	CIMZIA KIT	75
CERTAVITE/ANTIOXIDANTS TABS ..	201	chlorpheniramine maleate tabs ..	28	CIMZIA PSKT	75
CERVICAL PILLOW/COVER MISC 129		chlorpromazine hcl conc	42	CIMZIA STARTER KIT PSKT	75
CERVICAL ROLL PILLOW/CONTOUR MISC ..	129	chlorpromazine hcl tabs 10 mg, 25 mg, 50 mg, 200 mg	42	cinacalcet hcl	72
cetirizine hcl chew 5 mg	29	chlorpromazine hcl tabs 100 mg ..	42	CINIS PREEMIE HALO LARGE MISC	129
cetirizine hcl soln or	29	chlorthalidone 25 mg, 50 mg	71	CINIS PREEMIE HALO SMALL MISC	129
cetirizine hcl syrup or	29	chlorzoxazone tabs	208	CINQAIR	12
cetirizine hcl tabs	29	CHOLBAM	75	CINRYZE SOLR IV	78
		cholecalciferol liqd or 10 mcg/ml, 400 unit/ml	225	CIPRO HC	214
		cholecalciferol tabs 25 mcg, 400 unit, 1000 unit	225	CIPRO SUSR	74
		cholestyramine light pack	30	ciprofloxacin hcl (ophth) soln ..	211
		cholestyramine light powd	30	ciprofloxacin hcl (otic)	214
				ciprofloxacin hcl tabs	74
				ciprofloxacin susr 5 gm/100ml, 500	

mg/5ml	74	CLEAR GLASS VIALS 2ML MISC 129	STATICVALVED HOLDING CHAMBER/SMALL DEVI
ciprofloxacin-dexamethasone ...	214	clemastine fumarate tabs 1.34 mg, 2.68 mg	29
ciprofloxacin-fluocinolone acetonide ..	214	CLEOCIN SUPP	225
CITALOPRAM HYDROBROMIDE CAPS	20	CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	96
citalopram hydrobromide soln	20	CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	96
citalopram hydrobromide tabs 10 mg 20		CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	96
citalopram hydrobromide tabs	20	CLEVER CHEK AUTO-CODE TEST STRIPS STRP	64
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG	206	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	96
CITRANATAL ASSURE	206	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	64
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 206		CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	96
CITRANATAL BLOOM	206	CLEVER CHEK LANCETS	
CITRANATAL DHA	206	ULTRATHIN	96
CITRANATAL ESSENCE	206	CLEVER CHEK LANCETS ULTRATHIN 30G	96
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	206	CLEVER CHEK TEST STRIPS STRP	64
CITRANATAL MEDLEY	206	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	
clarithromycin susr	82	187	
clarithromycin tabs	82	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	188
clarithromycin tb24	82	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	
CLASSICS ROLLING WALKER MISC	129	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	188
CLEANLET LANCETS 28G	96	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	188
CLEANROOM TACKY MAT 18" X36"/60 LAYER MISC	129	CLEVER CHOICE ANTI-	
		CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	96
		CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	65
		CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM DEVI 86	
		CLEVER CHOICE BLOOD PRESSURE MONITOR/TALKING WRIST/PREMIUM DEVI	86
		CLEVER CHOICE BLOOD PRESSURE MONITOR/UPPER ARM DEVI	86
		CLEVER CHOICE BLOOD PRESSURE MONITOR/WRIST DEVI	
		.....	86
		CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	153
		CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	153
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	153
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	153
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	153
		CLEVER CHOICE COMFORT	

EZINSULIN SYRINGE/0.3ML/31G X 5/16"	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM . 153	BLOODGLUCOSE MONITORING SYSTEM KIT .....97
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM ...153	CLEVER CHOICE MICRO TESTSTRIPS STRP .....65
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM ...153	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI .....97
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM ...153	CLEVER CHOICE NO CODING TEST STRIPS STRP .....65
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM ...153	CLEVER CHOICE PEAK FLOW METER .....188
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM ...153	CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI ....87
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 1/2"	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM ...153	CLEVER CHOICE PULSE OXIMETER MISC .....129
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM ...154	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI .....97
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM ...154	CLEVER CHOICE TALK NO CODING TEST STRIPS STRP .....65
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM ...154	CLICKFINE PEN NEEDLE 32GX5/32" .....154
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM ...154	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" .....154
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16"	CLEVER CHOICE ELECTRIC BREAST PUMP MISC .....129	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" .....154
CLEVER CHOICE COMFORT EZLANCE 21G	CLEVER CHOICE ELECTRONICBLOOD PRESSURE MONITOR/WRIST DEVI .....87	CLICKFINE PEN NEEDLES 31G X 1/4" .....154
CLEVER CHOICE COMFORT EZLANCE 23G	CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD .....97	CLICKFINE PEN NEEDLES 31G X 3/16" .....154
CLEVER CHOICE COMFORT EZLANCE 28G	CLEVER CHOICE GLUCOSE CONTROL LOW LIQD .....97	CLICKFINE PEN NEEDLES 31G X 5/16" .....154
	CLEVER CHOICE HYDROTHERAPY SYSTEM FOOT BATH MISC .....129	CLICKFINE PEN NEEDLES 31G X 8MM .....154
	CLEVER CHOICE MICRO	CLICKFINE PEN NEEDLES 32G X 5/32" .....154

CLICKFINE UNIVERSAL PEN	0.05 %	59	CO MONITOR REPLACEMENT	
NEEDLES 31GX5/16"	.....	154	TPIECES MISC	188
CLIMARA PRO	.....	73	COAGADEX	78
CLINDACIN ETZ	.....	54	COAGUCHEK LANCETS	97
CLINDACIN PAC	.....	54	coal tar extract sham 0.5 %	63
clindamycin hcl	.....	35	COARTEM	35
clindamycin palmitate hydrochloride	.....	35	codeine sulfate tabs 30 mg	6
clindamycin phosphate (topical) foam	.....	54	CODEINE SULFATE TABS	6
clindamycin phosphate (topical) gel	.....	54	colchicine caps	77
clindamycin phosphate (topical) lotn	.....	54	colchicine tabs	77
clindamycin phosphate (topical) soln	.....	54	colchicine w/ probenecid	77
clindamycin phosphate (topical) swab	.....	54	colesevelam hcl pack	30
clindamycin phosphate vaginal crea	.....	225	colesevelam hcl tabs	30
clindamycin phosphate-benzoyl	.....		colestipol hcl gran	30
peroxide (refrigerate)	.....	54	colestipol hcl pack	30
clindamycin phosphate-benzoyl	.....		colestipol hcl tabs	30
peroxide gel	.....	54	COMBIPATCH PTTW	73
clindamycin phosphate-tretinoin	.....	54	COMBIVENT RESPIMAT AERS ..	14
CLINDESSE	.....	225	COMETRIQ KIT	38
CLINERE EARWAX REMOVER	.....		COMFORT ASSIST INSULIN	
MISC	.....	129	SYRINGE/0.3ML/31G X 5/16"	154
CLINITEST RAPID COVID-	.....		COMFORT ASSURED LANCETS	
19ANTIGEN SELF-TEST KIT	.....	65	MICRO THIN 33G	97
clobazam susp	.....	16	COMFORT ASSURED LANCETS	
clobazam tabs	.....	16	SUPER THIN 28G	97
clobetasol propionate crea 0.05 %	59		COMFORT CURVE MASSAGE	
clobetasol propionate emollient base	.....		CUSHION MISC	129
CO MONITOR DEVI	.....	188	COMFORT EZ INSULIN	
			SYRINGE/U-100/0.5ML/31G X 5/16"	
			.....	154
			COMFORT EZ INSULIN	
			SYRINGE/U-100/1ML/31G X 5/16"	
			154	

COMFORT EZ MICRO/32G X 4MM . .	NEEDLES/33G X 5/32"	154	129
154	COMFORT TOUCH PEN		CONTOUR HIGH CONTROL LIQD
COMFORT EZ SHORT/31G X 8MM	NEEDLES/33GX 3/16"	154	97
154	COMFORT TOUCH PEN		CONTOUR LOW CONTROL LIQD
COMFORT EZ/31G X 5MM	NEEDLES/33GX1/4"	154	97
COMFORT EZ/31G X 6MM	COMFORT TOUCH PLUS SAFETY	154	CONTOUR MATTRESS COVER
COMFORT LANCETS	LANCETS PRESSURE ACTIVATED	97	MISC
	28G	97	130
COMFORT MASSAGER/CORDLESS MISC .	COMFORT TOUCH PLUS SAFETY	129	CONTOUR NEXT BLOOD
CLEANSING MICROWAVE MISC	LANCETS PRESSURE ACTIVATED		GLUCOSE MONITORING SYSTEM
129	30G	97	KIT
COMFORT PERSONAL CLEANSING MISC	COMMODE BEDSIDE MISC	129	97
129	COMMODE BEDSIDE/BACK MISC	129	CONTOUR NEXT BLOOD
COMFORT PERSONAL CLEANSING WARMER/28-COUNT MISC	COMMODE SPLASH GUARD MISC	129	GLUCOSE TEST STRP
129	129		65
COMFORT TOUCH ALCOHOL PREP PADS	COMPACT SPACE		CONTOUR NEXT CONTROL LEVEL
129	CHAMBER/ANTI-STATIC DEVI ..	188	1 SOLN
COMFORT TOUCH LANCETS ULTRA THIN 31G	COMPACT SPACE	97	97
97	CHAMBER/ANTI-STATIC/LARGE		
COMFORT TOUCH PEN NEEDLES/31G X 4MM	MASK DEVI	188	CONTOUR NEXT LINK 2.4
154			WIRELESS BLOOD GLUCOSE
COMFORT TOUCH PEN NEEDLES/31G X 5MM	COMPACT SPACE		MONITORING SYST KIT
154	CHAMBER/ANTI-STATIC/MEDIUM	188	97
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	MASK DEVI	188	CONTOUR NEXT LINK BLOOD
154			GLUCOSE MONITORING SYSTEM
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	COMPACT SPACE	188	KIT
154	CHAMBER/ANTI-STATIC/SMALL		97
COMFORT TOUCH PEN NEEDLES/32G X 4MM	MASK DEVI	188	CONTOUR NEXT LINK WIRELESS
154			BLOOD GLUCOSE MONITORING
COMFORT TOUCH PEN NEEDLES/32G X 5MM	COMPLERA	43	SY KIT
154			97
COMFORT TOUCH PEN NEEDLES/32G X 6MM	COMPLETE NATAL DHA	206	CONTOUR NEXT ONE BLOOD
154			GLUCOSE MONITORING SYSTEM
COMFORT TOUCH PEN NEEDLES/32G X 8MM	COMPLETENATE CHEW	206	DEVI
154			97
COMFORT TOUCH PEN NEEDLES/32G X 8MM	CONDYLOX GEL	62	CONTOUR NEXT ONE BLOOD
154			GLUCOSE MONITORING SYSTEM
COMFORT TOUCH PEN NEEDLES/32G X 6MM	CONTOUR BLOOD GLUCOSE		KIT
154	MONITORING SYSTEM DEVI	97	97
COMFORT TOUCH PEN NEEDLES/32G X 8MM	CONTOUR BLOOD GLUCOSE		COOL BLOOD GLUCOSE
154	TEST STRIPS STRP	65	MONITORING KIT KIT
COMFORT TOUCH PEN	CONTOUR FITTED SHEETS MISC .		98
			COOL BLOOD GLUCOSE

MONITORING SYSTEM DEVI	98	MEDIUM/ELASTICBACK/WRIST/AN KLES MISC	130	CRUTCH TIPS/SUPER GRIP/BROWN MISC	130
COOL BLOOD GLUCOSE TEST STRIPS STRP	65	COVID-19 AT-HOME TEST KIT KIT . 65		CRUTCH TIPS/SUPER MISC	.130
COOL CONTROL SOLUTION A SOLN	.98	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	.65	CRUTCH/ALUMINUM/ADULT/ARMP ADS/TIPS/GRIPS MISC	.130
COOL CONTROL SOLUTION B SOLN	.98	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	.65	CRUTCH/ALUMINUM/ADULT/TALL MISC	.130
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	.83	COVR SITE COVER DRESSING PADS	.83	CRUTCH/ALUMINUM/MEDIUM MISC	.130
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	.83	COVR SITE PLUS COMPOSITE DRESSING PADS	.83	CRUTCH/ALUMINUM/TALL/PUSHB UTTON ADJ MISC	.130
COPIKTRA	.38	CREON CPEP	.70	CRUTCH/ALUMINUM/TALL/PUSHB UTTON MISC	.130
CORIFACT	.78	CRESEMBIA CAPS	.28	CRUTCH/ALUMINUM/YOUTH MISC	.130
CORLANOR SOLN	.49	CRINONE GEL	.225	CRUTCH/ALUMINUM/YOUTH/PUSH BUTTON MISC	.130
CORLANOR TABS	.49	cromolyn sodium (mastocytosis)	.75	CRUTCH/FOREARM/ADULT MISC	.130
CORTIFOAM EX 10 %	.9	cromolyn sodium (nasal) 5.2 mg/act 209		CRUTCH/FOREARM/YOUTH MISC	.130
CORTISONE ACETATE TABS	.53	cromolyn sodium (ophth)	.213	CRUTCH/STANDARD FOREARM/ADULT MISC	.130
CORTISPORIN-TC	.214	cromolyn sodium nebu	.12	CRUTCH/WOOD/ADULT/ARMPADS /TIPS/GRIPS MISC	.130
COSENTYX SENSOREADY PEN SOAJ	.58	crotamiton lotn	.63	CRUTCH/HANDGRIPS MISC	.130
COSENTYX SOSY	.58	CRUTCH ACCESSORY KIT MISC		CRUTCH/WOOD/YOUTH/34"-42" MISC	.130
COTELLIC	.38	CRUTCH ACCESSORY KIT/ARMPADS/HAND GRIPS/TIPS		CRUTCH-MATE/ADULT FOREARM MISC	.130
COTEMPLA XR-ODT TBED 25.9 MG	.2	MISC	.130	CRUTCH-MATE/ADULT HAND GRIPS MISC	.130
COTEMPLA XR-ODT TBED 8.6 MG, 17.3 MG	.2	CRUTCH HANDGRIPS MISC	.130	CUFF ACCESSORIES DISPOSABLE SINGE HEAD STETHOSCOPE MISC	.130
COTTON SWABS SWAB	.130	CRUTCH HANDGRIPS PREMIUM MISC	.130	CURITY ALCOHOL PREPS/MEDIUM 2 PLY	.130
COVERALL W/ HOOD/SMALL/DISPOSABLE MISC	.130	CRUTCH HANDGRIPS/SPLIT MISC			
COVERALL W/HOOD/3XL/DISPOSABLE MISC	.130	CRUTCH SET/WOOD/ADULT MISC			
COVERALLS		CRUTCH SET/WOOD/MEDIUM MISC	.130		

CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	83	CVS ADVANCED BLOOD PRESSURE MONITOR DEVI	87	CVS LANCETS MICRO-THIN 33G 98	
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS .	83	CVS ADVANCED GLUCOSE METER KIT	98	CVS LANCETS ORIGINAL 98	
CURITY ALL PURPOSE SPONGES 4"X4" PADS	83	CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	65	CVS LANCETS THIN 26G 98	
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	83	CVS ALCOHOL PREP PADS ... 130		CVS LANCETS ULTRA THIN 30G 98	
CURITY COTTON TIPPED APPLICATOR 6" MISC	130	CVS BABY SAFETY SWABS SWAB 130		CVS LANCETS ULTRA-THIN 30G 98	
CURITY COTTON TIPPED APPLICATOR MISC	130	CVS BLOOD PRESSURE MONITOR PREMIUM/WRIST MISC	87	CVS LANCING DEVICE MISC 98	
CURITY COVER SPONGE 4"X4" PADS	83	CVS BLOOD PRESSURE MONITOR/PROFESSIONAL/ARM MISC	87	CVS ONE DAILY MENS 50+ ADVANCED TABS	201
CURITY COVER SPONGES 4"X4" PADS	83	CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC 87		CVS ONE DAILY WOMENS 50+ADVANCED TABS	201
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	83	CVS BLOOD PRESSURE MONITOR/MANUAL MISC	87	CVS PILL SPLITTER MISC	131
CURITY GAUZE PADS 4"X4" 12 PLY PADS	83	CVS COTTON SWABS SWAB ... 130		CVS PLASTIC SWABS SWAB ... 131	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	83	CVS CRUTCHES UNIVERSAL MISC 131		CVS PREP PADS	131
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	83	CVS EAR PLUGS MISC	131	CVS QUAD CANE MISC	131
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	83	CVS FOLDING CANE GEL GRIP MISC	131	CVS READY SET GO DELUXE ALIMINUM BATH BENCH MISC .	131
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	83	CVS GAUZE PADS 4"X4" 12-PLY PADS	83	CVS SERIES 100 BLOOD PRESSURE MONITOR DEVI	87
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	83	CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	83	CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	87
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	83	CVS GAUZE PADS STERILE 4"X4" PADS	83	CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI 87	
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	83	CVS GLUCOSE CHEW	23	CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	87
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	83	CVS GLUCOSE METER TEST STRIPS STRP	65	CVS SERIES 600W BLOOD PRESSURE MONITOR/WRIST DEVI 87	
CURITY SPONGES/CELLULOSEFILLED/4"X 4" PADS	83	CVS LANCETS 21G	98	CVS SERIES 800 BLOOD PRESSURE MONITOR DEVI	87
CUSTOM-FLEX MISC	130	CVS LANCETS MICRO THIN 33G 98		CVS SOFT GLUCOSE CHEW 23	

CVS SPECTRAVITE ADULT 50+ TABS	201	cyproheptadine hcl syrup	29	DDS 300 LUMBAR TRACTION BELT/49"-51" MISC	131
CVS SPECTRAVITE ADULTS TABS 201		cyproheptadine hcl tabs	29	DDS 300 LUMBAR TRACTION BELT/52"-55" MISC	131
CVS SPECTRAVITE ULTRA MEN50+ TABS	201	CYSTADROPS	213	DDS 500 LUMBAR TRACTION BELT/PANELS/29"-32" MISC	131
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS	201	CYSTAGON CAPS	77	DDS 500 LUMBAR TRACTION BELT/PANELS/33"-35" MISC	131
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	201	CYSTARAN	213	DDS 500 LUMBAR TRACTION BELT/PANELS/39"-41" MISC	131
CVS SPECTRAVITE ULTRA WOMEN TABS	201	dabigatran etexilate mesylate caps 15		DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51" MISC	131
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS 201		DAILY MULTIPLE VITAMINS TABS . 205		DDS 500 LUMBAR TRACTION BELT/PANELS/56"-59" MISC	131
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS	201	dalfampridine	217	deferasirox pack	27
CVS ULTRA THIN LANCETS	98	danazol caps	9	deferasirox tabs	27
cyanocobalamin soln jj	79	dantrolene sodium caps	209	deferasirox tbsos	27
cyclobenzaprine hcl cp24	208	dapsone (topical)	54	deferiprone tabs	27
cyclobenzaprine hcl tabs	208	dapsone (topical) 7.5 %	54	DELSTRIGO	43
CYCLOGYL	211	dapsone	35	DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT MISC	131
CYCLOMYDRIL	211	DAPTACEL	219	demeclacycline hcl tabs 150 mg . 218	
cyclopentolate hcl	211	darifenacin hydrobromide	222	demeclacycline hcl tabs 300 mg . 218	
cyclophosphamide caps	36	DARTISLA ODT TBDP	220	DEODORANT PLASTIC TUBES2.65OZ/CAPS MISC	131
CYCLOPHOSPHAMIDE TABS	36	DAURISMO	37	DEPO-ESTRADIOL	74
cycloserine	36	DAYAVITE TABS	201	DEPO-SUBQ PROVERA 104 SUSY SC	52
CYCLOSET	24	DAYBUE	210	DERMACEA DRAIN SPONGES 4"X4" PADS	83
cyclosporine (ophth) emul	212	DAYVIGO	80	DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	83
cyclosporine caps	198	D-CARE BLOOD GLUCOSE STRP 65		DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	83
cyclosporine modified (for microemulsion) caps	198	D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT 98			
cyclosporine modified (for microemulsion) soln	198	DDS 300 LUMBAR TRACTION BELT/29"-32" MISC	131		
		DDS 300 LUMBAR TRACTION BELT/36"-38" MISC	131		
		DDS 300 LUMBAR TRACTION BELT/42"-44" MISC	131		

DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	83	desogestrel-ethinyl estradiol (biphasic)	50	DEXCOM G4 PLATINUM RECEIVER KIT .....	.98
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	83	desogestrel-ethinyl estradiol (triphasic)	50	DEXCOM G4 PLATINUM RECEIVER KIT/SHARE .....	.98
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	83	desonide crea	59	DEXCOM G4 PLATINUM TRANSMITTER KIT .....	.98
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	83	desonide lotn	59	DEXCOM G5 MOBILE RECEIVERKIT .....	.98
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	83	desoximetasone oint	59	DEXCOM G5 MOBILE TRANSMITTER KIT .....	.98
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	83	desoximetasone crea	59	DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT .....	.98
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	84	desoximetasone gel	59	DEXCOM G5 RECEIVER KIT .....	.98
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	84	desoximetasone liqd	59	DEXCOM G6 RECEIVER .....	.98
DERMACINRX LIDOGEN GEL	62	desoximetasone oint	59	DEXCOM G6 SENSOR .....	.98
DERMACINRX MULTITAM TABS 201		DESVENLAFAXINE ER	21	DEXCOM G6 TRANSMITTER .....	.98
DERMACINRX PRETRATE TABS 206		desvenlafaxine succinate	21	DEXCOM G7 RECEIVER .....	.98
DERMACINRX RIBOTIN-E TABS 201		desvenlafaxine succinate 25 mg ..	21	DEXCOM G7 SENSOR .....	.98
DERMACINRX ZINTREXYL-C TABS	202	DEX4	23	dexlansoprazole 30 mg .....	.221
DERMAVITE TABS	202	DEX4 FAST ACTING GLUCOSE ..	23	dexlansoprazole 60 mg .....	.220
DESCOZY 120 MG-15 MG	43	DEX4 NATURALS	23	dexamethylphenidate hcl cp24 .....	.2
DESCOZY 200 MG-25 MG	43	DEX4 POUCH PACK	23	dexamethylphenidate hcl tabs .....	.2
desipramine hcl tabs	21	DEX4 QUICK DISSOLVE GLUCOSE CHEW	23	DEXTENZA INST .....	.212
desmopressin acetate spray	73	dexamethasone elix	53	dextran 70-hypromellose 0.3 %-0.1 % .....	.210
desmopressin acetate spray refrigerated	73	DEXAMETHASONE INTENSOL CONC	53	dextroamphetamine sulfate cp24 ...	.1
desmopressin acetate tabs	73	dexamethasone sodium phosphate (ophth)	212	dextroamphetamine sulfate soln ....	.1
desogestrel & ethinyl estradiol	50	dexamethasone soln	53	dextroamphetamine sulfate tabs ....	.1
		dexamethasone tabs	53	dextromethorphan hbr liqd 15 mg/5ml, 30 mg/10ml .....	.53
		dexamethasone tbpk	53	dextromethorphan hbr syrup 15 mg/5ml .....	.53
		DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	98	dextromethorphan-guaifenesin liqd	

100 mg/5ml-10 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 200 mg/10ml-20 mg/10ml, 200 mg/5ml-10 mg/5ml . 53	TEST STRIPS STRP 65	dichlorphenamide 70
dextromethorphan-guaifenesin syrup 100 mg/5ml-10 mg/5ml, 100 mg/5ml-100 mg/5ml-10 mg/5ml-10 mg/5ml 53	DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD 98	diclofenac epolamine ptch ex 57
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	DIATHRIVE LANCETS 98	diclofenac potassium (migraine) .195
dextrose (diabetic use) gel	DIATHRIVE LANCETS ULTRA THIN 30G 99	diclofenac potassium caps 4
dextrose in lactated ringers	DIATHRIVE LANCING DEVICE	diclofenac potassium tabs 50 mg ... 4
dextrose soln 10 %	MISC 99	diclofenac potassium tabs 4
DEXTROSE SOLN 20 %	DIATHRIVE PEN NEEDLE/31 G X 6MM 154	diclofenac sodium (actinic keratoses) ex 57
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 % ..197	DIATHRIVE PEN NEEDLE/31 GX 8MM 154	diclofenac sodium (ophth) 213
DHIVY TABS	DIATHRIVE PEN NEEDLE/31GX 5MM 154	diclofenac sodium (topical) gel ex . 57
DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	DIATHRIVE PEN NEEDLE/32GX 4MM 154	diclofenac sodium (topical) soln ex 1.5 % 57
DIABETES MONITORING DIGITAL SOLUTION KIT	DIATHRIVE+ BLOOD GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI 99	diclofenac sodium (topical) soln ex 57
DIACOMIT CAPS	DIATHRIVE+ BLOOD GLUCOSETEST STRIPS STRP ..65	diclofenac sodium tb24 4
DIACOMIT PACK	DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 1 SOLN 99	diclofenac sodium tbec 4
DIAL-A-DOSE SYRINGE 15ML/TIPS MISC	DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN 99	diclofenac w/ misoprostol tbec 4
DIAL-A-DOSE SYRINGE 30ML/TIPS MISC	DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI 99	DICLOTREX
DIAL-A-DOSE SYRINGE 60ML/TIPS MISC	DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP 65	DICLOTREX II
DIALYVITE SUPREME D TABS . 202	diazepam (anticonvulsant) gel .....16	dicloxacillin sodium 215
DIASTIX	diazepam conc .....11	dicyclomine hcl caps 220
DIATHRIVE BLOOD GLUCOSE METER DEVI	diazepam soln or 5 mg/5ml .....11	dicyclomine hcl soln or 220
DIATHRIVE BLOOD GLUCOSE	diazepam tabs .....11	dicyclomine hcl tabs 220
	diazoxide .....23	DIFFUSER ULTRA SONIC/LAVENDER OIL MISC ...131
	dibucaine (rectal) ex .....9	DIFICID SUSR
		DIFICID TABS
		diflorasone diacetate crea 59
		diflorasone diacetate oint 59
		diflunisal tabs 6
		difluprednate 212
		DIGITAL GLASS SCALE MISC ..131

digoxin soln or 0.05 mg/ml	48	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	219	DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN MISC .
digoxin tabs 0.0625 mg, 62.5 mcg .	48	dipyridamole	78	132
digoxin tabs 0.125 mg, 125 mcg, 250 mcg	48	disopyramide phosphate caps	11	DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK MISC
dihydroergotamine mesylate soln na 4 mg/ml	195	DISPENSER BOTTLES 50ML/FOAMER PUMPS MISC	131	132
DILANTIN	19	DISPENSER MD JAR 50ML/AIRLESS/VIEW WINDOW MISC	131	DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS MISC
diltiazem hcl coated beads cp24 ..	47	DISPENSER MD PEN 6.5ML/AIRLESS/CLICK MISC	131	132
diltiazem hcl cp12	47	DISPENSER MD PUMP 0.5ML/ACTUATOR A MISC	131	DISPENSER MD PUMP BOTTLE15ML/VIEW WINDOW/AIRLESS MISC
diltiazem hcl cp24 120 mg	47	DISPENSER MD PUMP 0.5ML/ACTUATOR A/BLUE MISC	131	132
diltiazem hcl extended release beads	47	DISPENSER MD PUMP 131	DISPENSER MD PUMP BOTTLE200ML/VIEW WINDOW/AIRLESS MISC	
diltiazem hcl tabs	47	DISPENSER MD PUMP 0.5ML/ACTUATOR A/GREEN MISC	132	132
diltiazem hcl tb24	47	DISPENSER MD PUMP BOTTLE240ML/VIEW WINDOW/AIRLESS MISC	132	DISPENSER MD PUMP
dimenhydrinate tabs	27	131	DISPENSER MD PUMP BOTTLE30ML/VIEW WINDOW/AIRLESS MISC	132
dimethyl fumarate cpdr	217	DISPENSER MD PUMP 0.5ML/ACTUATOR A/PINK MISC	132	DISPENSER MD PUMP BOTTLE50ML/VIEW WINDOW/AIRLESS MISC
dimethyl fumarate misc	217	132	132	DISPENSER MD PUMP BOTTLE80ML/VIEW WINDOW/AIRLESS MISC
DIPENTUM	75	DISPENSER MD PUMP 1.0ML/ACTUATOR B MISC	132	132
diphenhydramine hcl (sleep) caps .	80	DISPENSER MD PUMP 1.0ML/ACTUATOR B/BLUE MISC	132	DISPENSER MD PUMP BOTTLE10ML/VIEW WINDOW/AIRLESS MISC
diphenhydramine hcl (sleep) tabs 25 mg	80	132	132	DISPENSER MD PUMP BOTTLE20ML/VIEW WINDOW/AIRLESS MISC
diphenhydramine hcl caps	29	DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN MISC	132	DISPENSER MD PUMP BOTTLE40ML/VIEW WINDOW/AIRLESS MISC
diphenhydramine hcl elix 12.5 mg/5ml	29	132	132	DISPENSER MD SYRINGE 10ML/VIEW WINDOW/AIRLESS MISC
diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml .	29	DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK MISC	132	132
diphenhydramine hcl soln 50 mg/ml 29	132	DISPENSER MD PUMP 1.5ML/ACTUATOR C MISC	132	DISPENSER MEGAPUMP/AIRLESS/OVAL/30ML/ 0.3ML/T-FILL/CAP MISC
diphenhydramine hcl tabs 25 mg ..	29	DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLUE MISC	132	132
diphenoxylate w/ atropine liqd ..	27	DISPENSER MD PUMP 1.5ML/ACTUATOR C/BROWN MISC	132	DISPENSER MEGAPUMP/AIRLESS/ROUND/100 ML/1.5ML/B-FILL WITH CAP MISC
diphenoxylate w/ atropine tabs ..	26	132		

132	divalproex sodium tbec	19	doxycycline (monohydrate) susr .	218
DISPENSER	docusate calcium	82	doxycycline (monohydrate) tabs .	219
MEGAPUMP/AIRLESS/ROUND/150	docusate sodium caps	82	doxycycline (rosacea)	63
ML/1.5ML/B-FILL WITH CAP MISC	docusate sodium liqd	82	doxycycline hyclate caps	219
132	docusate sodium syrup	82	doxycycline hyclate tabs	219
DISPENSER	DOCUSATE SODIUM SYRP	82	doxycycline hyclate tbec	219
MEGAPUMP/AIRLESS/ROUND/150	docusate sodium tabs	82	doxylamine-pyridoxine tbec	27
ML/1ML/B-FILL WITH CAP MISC	dofetilide	12	DRIZALMA SPRINKLE CSDR	21
132	dofetilide 250 mcg	12	dronabinol caps	28
DISPENSER	donepezil hydrochloride tabs 23 mg		DROPLET GENTEL LANCING	
MEGAPUMP/MEZZOROUND/30ML/	216		DEVICE MISC	99
0.5ML/T-FILL WITH CAP MISC ..	donepezil hydrochloride tabs 5 mg,		DROPLET INSULIN SYRINGE	
132	10 mg	216	0.3ML/29G X 1/2"	154
DISPENSER	donepezil hydrochloride tbdp	216	DROPLET INSULIN SYRINGE	
MEGAPUMP/MEZZOROUND/50ML/	DOPTELET	79	0.5ML/29G X 1/2"	155
0.5ML/T-FILL WITH CAP MISC ..	DORYX MPC TBEC	218	DROPLET INSULIN SYRINGE	
DISPENSER	dorzolamide hcl	213	1ML/29G X 1/2"	155
MEGAPUMP/MEZZOROUND/50ML/	dorzolamide hcl-timolol maleate ..	210	DROPLET INSULIN SYRINGE U-	
0.5ML/T-FILL/CAP MISC	dorzolamide hcl-timolol maleate 0.5		100/0.3/31G X 5/16"	155
DISPENSER	%-2 %	210	DROPLET INSULIN SYRINGE U-	
MEGAPUMP/MEZZOROUND/75ML/	DOVATO	43	100/0.3ML/30G X 1/2"	155
0.5ML/T-FILL WITH CAP MISC ..	DOVER MIDSTREAM		DROPLET INSULIN SYRINGE U-	
132	SPECIMENCATCH KIT MISC ..	133	100/0.3ML/30G X 15/64"	155
DISPENSER/MD FOAMER	doxazosin mesylate	32	DROPLET INSULIN SYRINGE U-	
WITHACTUATOR 0.5ML/50ML MISC	doxazosin mesylate 4 mg	32	100/0.3ML/31G X 5/16"	155
133	doxepin hcl (antipruritic)	58	DROPLET INSULIN SYRINGE U-	
DISPENSER/MD FOAMER	doxepin hcl (sleep)	80	100/0.5ML/30G X 1/2"	155
WITHACTUATOR 0.7ML/110ML	doxepin hcl caps	21	DROPLET INSULIN SYRINGE U-	
MISC	doxepin hcl conc	21	100/0.5ML/30G X 15/64"	155
133	doxercalciferol caps	72	DROPLET INSULIN SYRINGE U-	
disulfiram	doxycycline (monohydrate) caps ..	218	100/0.5ML/30G X 5/16"	155
215	divalproex sodium csdr	19	DROPLET INSULIN SYRINGE U-	
DIURIL SUSP	divalproex sodium tb24	19		

100/0.5ML/31G X 5/16"	155	29GX10MM	155	133
DROPLET INSULIN SYRINGE U-		DROPLET PEN NEEDLES		DROPSAFE INSULIN SAFETY
100/1ML/30G X 1/2"	155	29GX12MM	155	SYRINGE/FIXED NEEDLE
DROPLET INSULIN SYRINGE U-		DROPLET PEN NEEDLES 30G X		29GX12.5MM 1ML .....156
100/1ML/30G X 15/64"	155	5/16"	155	DROPSAFE INSULIN SAFETY
DROPLET INSULIN SYRINGE U-		DROPLET PEN NEEDLES 31G		SYRINGE/FIXED NEEDLE
100/1ML/30G X 5/16"	155	X3/16"	155	31GX6MM 0.3ML .....156
DROPLET INSULIN SYRINGE U-		DROPLET PEN NEEDLES 31G		DROPSAFE INSULIN SAFETY
100/1ML/31G X 15/64"	155	X5/16"	155	SYRINGE/FIXED NEEDLE
DROPLET INSULIN SYRINGE U-		DROPLET PEN NEEDLES		31GX6MM 0.5ML .....156
100/1ML/31G X 5/16"	155	31GX5MM	155	DROPSAFE INSULIN SAFETY
DROPLET INSULIN SYRINGE/U-		DROPLET PEN NEEDLES		SYRINGE/FIXED NEEDLE
100/0.3ML/31G X 15/64"	155	31GX6MM	156	31GX6MM 1ML .....156
DROPLET INSULIN SYRINGE/U-		DROPLET PEN NEEDLES		DROPSAFE INSULIN SAFETY
100/0.3ML/31G X 5/16"	155	31GX8MM	156	SYRINGE/FIXED NEEDLE
DROPLET INSULIN SYRINGE/U-		DROPLET PEN NEEDLES 32G X		31GX8MM 0.3ML .....156
100/0.5ML/30G X 1/2"	155	1/4"	156	DROPSAFE INSULIN SAFETY
DROPLET INSULIN SYRINGE/U-		DROPLET PEN NEEDLES 32G X		SYRINGE/FIXED NEEDLE
100/0.5ML/31G X 15/64"	155	3/16"	156	31GX8MM 0.5ML .....156
DROPLET INSULIN SYRINGE/U-		DROPLET PEN NEEDLES 32G X		DROPSAFE INSULIN SAFETY
100/0.5ML/31G X 5/16"	155	5/16"	156	SYRINGE/FIXED NEEDLE
DROPLET INSULIN SYRINGE/U-		DROPLET PEN NEEDLES 32G X		31GX8MM 1ML .....156
100/1ML/30G X 1/2"	155	5/32"	156	DROPSAFE SAFETY PEN
DROPLET INSULIN SYRINGE/U-		DROPLET PEN NEEDLES		NEEDLE/31GX5MM .....156
100/1ML/31G X 15/64"	155	32GX4MM	156	DROPSAFE SAFETY PEN
DROPLET INSULIN SYRINGE/U-		DROPLET PEN NEEDLES		NEEDLES/31G X 5/16" .....156
100/1ML/31G X 5/16"	155	32GX5MM	156	DROPSAFE SAFTEY PEN
DROPLET LANCETS ULTRA THIN		DROPLET PEN NEEDLES		NEEDLES/31G X 1/4" .....156
30G	99	32GX6MM	156	DROPTAINER TIP CAPS MISC . 133
DROPLET LANCING DEVICE MISC .		DROPLET PEN NEEDLES		DROPTAINERS 10ML MISC ....133
99		32GX8MM	156	DROPTAINERS
DROPLET MICRON 34G X 9/64"		DROPLET PERSONAL		15ML/OPHTHALMIC MISC .....133
155		LANCETS30G	99	MISC
DROPLET PEN NEEDLES 29G		DROPPER & SCREW CAP 4OZ		DROPTAINERS 3ML/OPHTHALMIC
X1/2"	155	MISC	133	MISC
DROPLET PEN NEEDLES		DROPSAFE ALCOHOL PREP PADS		drospirenone-ethinyl estradiol 0.03

mg-3 mg	50	DUNLAP FOAM RING CUSHION/LARGE MISC	133	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	156
drospirenone-ethinyl estradiol-levomefolate calcium	50	DUOBRII	60	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	157
droxidopa	225	DUO-CARE CONTROL SOLUTION LIQD	99	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	157
DRUG MART ADJUSTABLE LANCING DEVICE MISC	99	DUO-CARE TEST STRIPS STRP	.65	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	157
DRUG MART LANCETS THIN	99	DUPIXENT SOPN	61	EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" ...	157
DRUG MART ON-THE-GO LANCETS GENTLE 30G	99	DUPIXENT SOSY 100 MG/0.67ML 61		EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" ...	157
DRUG MART UNIFINE PENTIPS 31GX5MM	156	DUPIXENT SOSY	61	EASY COMFORT LANCETS	99
DRUG MART UNIFINE PENTIPS29G X 12MM	156	DUREX EXTRA SENSITIVE THIN DEVI	90	EASY COMFORT LANCETS 30G/PULL TOP	99
DRUG MART UNIFINE PENTIPS31GX6MM	156	dutasteride	77	EASY COMFORT LANCETS 30G/THIN TOP	99
DRUG MART UNIFINE PENTIPS31GX8MM	156	dutasteride-tamsulosin hcl	77	EASY COMFORT LANCETS TWIST TOP	99
DRUG MART UNIFINE PENTIPS32GX4MM	156	DYANAVEL XR CHER	1	EASY COMFORT PEN NEEDLES31GX1/4"	157
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	156	DYANAVEL XR SUER	1	EASY COMFORT PEN NEEDLES31GX3/16"	157
DRUG MART UNILET LANCETSSUPER THIN 30G	99	EAR SYRINGE/INFANT MISC ...	133	EASY COMFORT PEN NEEDLES31GX5/16"	157
DRUG MART UNILET LANCETSULTRA THIN 28G	99	EARPLUGS MISC	133	EASY COMFORT PEN NEEDLES32GX5/32"	157
DRUG MART UNILET MICRO THIN LANCETS 33G	99	EASIVENT MISC	188	EASY COMFORT PEN NEEDLES33G X 4MM	157
DRYMAX EXTRA PADS	84	EASIVENT/MASK-LARGE MISC	.188	EASY COMFORT PEN NEEDLES33G X 5MM	157
DUAKLIR PRESSAIR	14	EASIVENT/MASK-MEDIUM MISC	.188	EASY COMFORT PEN NEEDLES33G X 6MM	157
DUAL PADDLE FOLDING WALKER/ADULT MISC	133	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	156	EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP MISC	133
DUAVEE	73	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" ...	156	EASY FLOW 300 MM HOSE MISC	188
DULERA	14	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" ...	156	EASY FLOW 400 MM HOSE MISC	188
duloxetine hcl cpep	21				

EASY FLOW AIR NOZZLE MISC 188	EASY STEP BLOOD GLUCOSE MONITOR DEVI .....99	INSULIN SYRINGE 1ML/30GX1/2" 157
EASY FLOW BLACK/BLUE DEVI 188	EASY STEP CONTROL SOLUTION HIGH SOLN .....99	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 157
EASY FLOW BLACK/ORANGE DEVI.....189	EASY STEP CONTROL SOLUTION LOW SOLN .....100	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 157
EASY FLOW BLACK/RED DEVI .189	EASY STEP TEST STRIPS STRP 65	
EASY FLOW BLACK/WHITE DEVI 189	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI .....100	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1" .....157
EASY FLOW BLACK/YELLOW DEVI.....189	EASY TALK BLOOD GLUCOSE TEST STRIPS STRP .....65	EASY TOUCH GLUCOSE MONITORING SYSTEM KIT .....100
EASY FLOW HEPA FILTER MISC 189	EASY TALK CONTROL SOLUTION HIGH SOLN .....100	EASY TOUCH GLUCOSE TEST STRIPS STRP .....65
EASY FLOW WHITE/BLUE DEVI 189	EASY TALK CONTROL SOLUTION LOW SOLN .....100	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT .....100
EASY FLOW WHITE/GREEN DEVI 189	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..65	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP ..65
EASY FLOW WHITE/PINK DEVI .189	EASY TALK PLUS II CONTROLHIGH SOLN .....100	EASY TOUCH HYPODERMIC NEEDLES 23GX1" .....157
EASY FLOW WHITE/WHITE DEVI 189	EASY TALK PLUS II CONTOLLOW SOLN .....100	EASY TOUCH HYPODERMIC NEEDLES 25GX5/8" .....157
EASY FLOW WHITE/YELLOW DEVI 189	EASY TOUCH 32GX5MM .....157	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC 100
EASY GLIDE PEN NEEDLES 33G X 5/32" .....157	EASY TOUCH 32GX6MM .....157	
EASY MINI EJECT LANCING DEVICE MISC .....99	EASY TOUCH ALCOHOL PREP PADS/MEDIUM .....133	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...157
EASY MINI LANCING DEVICE MISC.....99	EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN .100	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...157
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI ....99	EASY TOUCH FLIPLOCK NEEDLES 23GX1" .....157	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" ....157
EASY PLUS II BLOOD GLUCOSE TEST STRP .....65	EASY TOUCH FLIPLOCK NEEDLES 25GX5/8" .....157	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...157
EASY PLUS II CONTROL SOLUTION HIGH SOLN .....99	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 157	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" ....157
EASY PLUS II CONTROL SOLUTION LOW SOLN .....99	EASY TOUCH FLIPLOCK SAFETY	EASY TOUCH INSULIN

SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	SYRINGE/U-100/1ML/29G X 1/2"	33G/TWIST	100
157	158		
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	EASY TOUCH LANCING DEVICE/EJECTOR MISC	100
157	158		
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	EASY TOUCH PEN NEEDLE 30G X 5/16"	158
157	158		
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED ..	EASY TOUCH PEN NEEDLES 29GX1/2"	158
157	100		
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED ..	EASY TOUCH PEN NEEDLES 31GX1/4"	158
157	100		
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	EASY TOUCH LANCETS 26G/PULL-TOP	EASY TOUCH PEN NEEDLES 31GX5/16"	158
157	100		
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED ..	EASY TOUCH PEN NEEDLES 32GX1/4"	158
158	100		
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	EASY TOUCH LANCETS 28G/PULL-TOP	EASY TOUCH PEN NEEDLES 32GX5/32"	158
158	100		
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	EASY TOUCH LANCETS 28G/TWIST	EASY TOUCH PEN NEEDLES/31G X 3/16"	158
158	100		
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED ..	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	100
158	100		
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	EASY TOUCH LANCETS 30G/PULL-TOP	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	100
158	100		
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	EASY TOUCH LANCETS 30G/TWIST	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	100
158	100		
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ..	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	101
158	100		
EASY TOUCH INSULIN	EASY TOUCH LANCETS 32G/PULL-TOP	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	101
	100		
EASY TOUCH INSULIN	EASY TOUCH LANCETS 32G/TWIST	EASY TOUCH SAFETY	
	100		

LANCETS28G/PRESSURE ACTIVATED	101	EASYGLUCO KIT	101	econazole nitrate crea	56
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	158	EASYGLUCO STARTER KIT KIT 101		EDARBI	32
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	158	EASYGLUCO STRP	65	EDARBYCLOR	33
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	158	EASymax 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD .		EDLUAR SUBL	80
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	158	101		EDURANT	43
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	158	EASymax 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN ...	101	efavirenz caps	43
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	158	EASymax 15 TEST STRIPS STRP .	65	efavirenz tabs	43
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	158	EASymax GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD		efavirenz-emtricitabine-tenofovir	
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	158	101		disoproxil fumarate	43
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	101	EASymax NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI		efavirenz-lamivudine-tenofovir	
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	65	101		disoproxil fumarate	43
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH SOLN 101		EASymax NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT		Egg Crate Bed Pad/2" Calking Size MISC	133
EASY TRAK GLUCOSE CONTROLSOLUTION LOW SOLN 101		101		Egg Crate Bed Pad/2" Fullsize MISC	133
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	101	EASymax TEST STRIPS STRP ..	65	Egrifta SV	72
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	65	EASymax V BLOOD GLUCOSE SYSTEM DEVI	101	Element Autocode System Kit	101
ECONASIL	56	EASyPOINT NEEDLE 23G X 1" 158		Element Compact Blood Glucose Monitoring System Devi	101
ECONAZOLE NITRATE CREAM	56	EASyPOINT NEEDLE 25G X 5/8"	158	Element Compact Control Solution Level 2 Soln	101
ECONAZOLE NITRATE CREAM 102		EASyPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	101	Element Compact Control Solution Level 3 Soln	101
ECONAZOLE NITRATE CREAM 102		EASyPRO BLOOD GLUCOSE TEST STRIPS STRP	65	Element Compact Test Strips Strp	65
ECONAZOLE NITRATE CREAM 102		EASyPRO PLUS KIT	101	Element Compact V BloodGlucose Monitoring System Devi	102
ECONAZOLE NITRATE CREAM 102		EASyPRO PLUS STRP	65	Element High Control Liqd 102	
ECONAZOLE NITRATE CREAM 102		EBASE CONTROLLER KIT MISC 189		Element Low Control Liqd 102	
ECONAZOLE NITRATE CREAM 102		ECONASIL	56	Element Plus Blood Glucose	

METER DEVI	102	EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	102	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN .
ELEMENT TEST STRIPS STRP ..	65	EMBRACE LANCETS ULTRA THIN 30G	102	102
ELEPSIA XR TB24	16	EMBRACE LANCING DEVICE WITH		EMBRACE TALK GLUCOSE
ELESTRIN GEL	74	EJECTOR MISC	102	CONTROL SOLUTION LOW SOLN
eletriptan hydrobromide	195	EMBRACE PEN NEEDLES/29G X 12MM	158	102
ELIQUIS STARTER PACK TBPK .	15	EMBRACE PEN NEEDLES/30G X 5MM	158	EMCYT
ELIQUIS TABS	14	EMBRACE PEN NEEDLES/30G X 8MM	158	37
ELLA	52	EMBRACE PEN NEEDLES/31G X 5MM	158	EMEND SUSR
ELLUME COVID-19 HOME TEST KIT	65	EMBRACE PEN NEEDLES/31G X 8MM	158	28
ELMIRON CAPS	77	EMBRACE PEN NEEDLES/31G X 5MM	159	EMFLAZA SUSP
ELOCTATE	78	EMBRACE PEN NEEDLES/31G X 6MM	159	53
ELON PROFESSIONAL NAIL CARE SYSTEM MISC	133	EMBRACE PEN NEEDLES/31G X 8MM	159	EMFLAZA TABS
ELONGATED TOILET SEAT ELEVATOR MISC	133	EMBRACE PEN NEEDLES/31G X 4MM	159	195
ELYXYB	195	EMBRACE PEN NEEDLES/32G X 4MM	159	EMGALITY SOAJ
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	102	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	102	EMGALITY SOSY 100 MG/ML ...
EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	65	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	102	195
EMBRACE CONTROL SOLUTIONLOW SOLN	102	EMBRACE PRO BLOOD GLUCOSE METER DEVI	102	EMGALITY SOSY 120 MG/ML ...
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	102	EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP ..	66	195
EMBRACE EVO BLOOD GLUCOSETEST STRIPS STRP ..	66	EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	102	EMPAVELI
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI .	102	EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	102	62
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1 LIQD	102	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	102	EMPTY VIAL 3ML MISC
		EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	66	133
				EMSAM
				emtricitabine caps
				43
				emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg
				44
				EMTRIVA SOLN
				44
				EMVERM CHEW
				10
				enalapril maleate & hydrochlorothiazide
				33
				enalapril maleate soln
				31
				enalapril maleate tabs
				31
				ENBRACE HR
				206
				ENBREL MINI SOCT
				5
				ENBREL SOLN
				5
				ENBREL SOLR
				5
				ENBREL SOSY
				5
				ENBREL SURECLICK SOAJ
				5

ENDOMETRIN INST	225	epinastine hcl (ophth)	213	MISC	133
ENDOSCOPIC DELIVERY SYSTEM		epinephrine (anaphylaxis) soaj	225	EQL ALCOHOL SWABS	133
MISC	133	EPIVIR HBV SOLN	45	EQL CENTURY MATURE	
ENDURANCE FOUR LEG SEAT		eplerenone	34	ADULTS50+ TABS	202
CANE MISC	133	EPOGEN 2000 UNIT/ML, 3000		EQL CENTURY MENS TABS	202
ENFAMIL ENFALYTE SOLN	197	UNIT/ML, 4000 UNIT/ML, 10000		EQL CENTURY WOMENS TABS	
ENGERIX-B SUSP 20 MCG/ML	223	UNIT/ML, 20000 UNIT/ML	79	202	
ENGERIX-B SUSY	223	epoprostenol sodium	49	EQL COLOR LANCETS 21G	102
ENJAYMO	78	EPRONTIA SOLN	16	EQL COLOR LANCETS MICRO	
ENLITE GLUCOSE SENSOR	102	EQ BLOOD GLUCOSE TEST		THIN 33G	102
enoxaparin sodium soln jj 300		STRIPS STRP	66	EQL COTTON SWABS SWAB	133
mg/3ml	15	EQ BLOOD PRESSURE		EQL EAR PLUGS/SILICONE MISC	
enoxaparin sodium sosy 100 mg/ml,		MONITOR/WRIST DEVI	87	133	
150 mg/ml	15	EQ COMPLETE		EQL GAUZE PADS 4"X4"/LARGE	
enoxaparin sodium sosy 30 mg/0.3ml		MULTIVITAMINADULTS UNDER 50		PADS	84
.....	15	TABS	202	EQL INSULIN SYRINGE/0.3ML/29G	
enoxaparin sodium sosy 40 mg/0.4ml		EQ FOLDING WALKER MISC	133	X 1/2"	159
.....	15	EQ GAUZE PADS 4"X4" PADS	84	EQL INSULIN SYRINGE/0.3ML/30G	
enoxaparin sodium sosy 60 mg/0.6ml		EQ ONE DAILY MENS 50+ TABS		X 5/16"	159
.....	15	202		EQL INSULIN SYRINGE/0.3ML/31G	
enoxaparin sodium sosy 80		EQ ONE DAILY MENS HEALTH		X 5/16"	159
mg/0.8ml, 120 mg/0.8ml	15	TABS	202	EQL INSULIN SYRINGE/0.5ML/29G	
ENSTILAR FOAM	60	EQ ONE DAILY WOMENS 50+		X 1/2"	159
entacapone	40	TABS	202	EQL INSULIN SYRINGE/0.5ML/30G	
ENTADFI	77	EQ ONE DAILY WOMENS HEALTH		X 5/16"	159
entecavir tabs	45	TABS	202	EQL INSULIN SYRINGE/0.5ML/31G	
ENTRESTO	48	EQ SPACE CHAMBER ANTI-		X 5/16"	159
ENTYVIO	75	STATIC DEVI	189	EQL INSULIN SYRINGE/1ML/29G X	
ENVARSUS XR TB24	198	EQ SPACE CHAMBER ANTI-		1/2"	159
EPCLUSA PACK	45	STATIC/LARGE MASK DEVI	189	EQL INSULIN SYRINGE/1ML/30G X	
EPCLUSA TABS	45	EQ SPACE CHAMBER ANTI-		5/16"	159
EPIDIOLEX	16	STATIC/MEDIUM MASK DEVI	189	EQL INSULIN SYRINGE/1ML/31G X	
EPIFOAM FOAM	60	EQ SPACE CHAMBER ANTI-		5/16"	159
.....		STATIC/SMALL MASK DEVI	189	EQL ONE DAILY MENS TABS	202
Index 37		EQ WHEELCHAIR FOLDING BLACK		EQL SKIN CARE TOOL MISC	133

EQL SUPER THIN LANCETS 30G	esterified estrogens & methyltestosterone	73	198
102			
EQL THIN LANCETS 26G	estradiol & norethindrone acetate tabs	74	38
102			
EQUETRO	estradiol gel	74	38
41			
ergocalciferol caps	estradiol pttw	74	102
225			
ergoloid mesylates tabs	estradiol ptwk	74	EVERSENSE E3 SMART
217			TRANSMITTER
ergotamine w/ caffeine supp	estradiol tabs	74	103
195			EVERSENSE SENSOR/HOLDER
ERIVEDGE	estradiol vaginal crea	225	103
37			EVERSENSE SMART
ERLEADA	estradiol vaginal tabs	225	TRANSMITTER
37			103
erlotinib hcl	estradiol valerate	74	EVOLUTION AUTOCODE DEVI .103
37			EVOLUTION AUTOCODE STRP .66
ERMEZA SOLN OR	ESTRING RING 2 MG	225	EVOTAZ
219			44
ERTACZO	ESTROFACTORS TABS	205	EXACTECH R-S-G TEST STRIPS
56			STRP
erythromycin (acne aid) gel	ESTROVEN MENOPAUSE SUPPLEMENT TABS	202	66
54			EXACTECH TEST STRIPS STRP .66
erythromycin (acne aid) pads	eszopiclone	80	EXCEL COMFORT POINT INSULIN
55			PEN NEEDLES 31G X 4MM ....159
erythromycin (acne aid) soln	ethacrylic acid	71	EXCILON AMD
55			ANTIMICROBIALDRAIN SPONGES
erythromycin (ophth)	ethambutol hcl tabs	36	4"X4" 6 PLY PADS
211			84
erythromycin base cpep	ethosuximide caps	19	EXCILON AMD
82			ANTIMICROBIALNON-WOVEN
erythromycin base tabs	ethosuximide soln	19	SPONGES 4"X4" 6 PLY PADS ....84
82			EXCILON DRAIN SPONGE 4"X4"
erythromycin base tbec	ethynodiol diacet & eth estrad	50	PADS
82			84
erythromycin ethylsuccinate susr ..	etodolac caps	4	EXCILON DRAIN SPONGES 4"X4" 6
82			PLY PADS
erythromycin ethylsuccinate tabs ..	etodolac tabs	4	84
82			EXEL COMFORT POINT INSULIN
erythromycin stearate tabs 250 mg	etodolac tb24	4	PEN NEEDLES 29G X 12MM ...159
82			EXEL COMFORT POINT INSULIN
escitalopram oxalate soln	etonogestrel-ethinyl estradiol	52	PEN NEEDLES 31G X 6MM ....159
20			EXEL COMFORT POINT INSULIN
escitalopram oxalate tabs 20 mg ..	etoposide caps	39	PEN NEEDLES 31G X 8MM ....159
20			
escitalopram oxalate tabs 5 mg, 10	etravirine	44	
mg	EUCRISA	63	
20			
esomeprazole magnesium cpdr ..	EVAMIST SOLN	74	
221			
esomeprazole magnesium pack ..	EVEKEO ODT TBDP	1	
221			
ESPEROCT	everolimus (immunosuppressant)		
78			
estazolam			
80			

EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	159	MISC	133	FANTASY LUBRICATED MISC ...	90
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	159	E-Z LOCK RAISED TOILET SEAT/ARMS MISC	133	FANTASY LUBRICATED/SPERMICIDE MISC	90
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	159	EZALLOR SPRINKLE CPSP	30	FARXIGA	26
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	159	ezetimibe	31	FASENRA PEN SOAJ	12
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	159	ezetimibe-simvastatin	29	FASENRA SOSY	12
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	159	E-ZJECT LANCETS MICRO-THIN 33G	103	febuxostat	77
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	159	EZ-LETS LANCETS 21G	103	FEIBA	78
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	159	EZ-LETS LANCETS 26G SUPER-SOFT	103	felbamate susp	18
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	159	EZ-LETS LANCETS 28G ULTRA-SOFT	103	felbamate tabs	18
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	159	EZ-LETS LANCETS 30G	103	felodipine	47
exemestane	37	EZY DOSE ADULT-LOCK PILLCUTTER MISC	133	FEMRING	225
EXKIVITY	37	EZY DOSE DELUXE PILL CUTTER MISC	133	fenofibrate caps	30
EXSERVAN FILM	210	EZY DOSE MEDICINE CUPS MISC .	133	fenofibrate micronized	30
EXTAVIA KIT	217	EZY DOSE PILL CUTTER ORIGNAL MISC	133	fenofibrate tabs	30
EYE HEALTH/LUTEIN TABS	202	FABIOR FOAM	55	fenofibric acid	30
EYE MULTIVITAMIN/LUTEIN TABS .	202	FACE SHIELD FULL LENGTH MISC	133	fenoprofen calcium caps 400 mg ..	4
EYE MULTIVITAMIN/SODIUM TABS	202	FACE SHIELD FULL LENGTH/CLEAR MISC	134	fenoprofen calcium tabs	4
EYE/EAR DROPPER MISC	133	FALESSA	50	fentanyl citrate Ipop	6
EYSUVIS SUSP	212	famciclovir	46	fentanyl citrate tabs	6
E-Z JECT LANCETS	103	famotidine susr	220	fentanyl pt72 12 mcg/hr, 25 mcg/hr,	
E-Z JECT LANCETS 21G	103	famotidine tabs 20 mg, 40 mg ..	220	50 mcg/hr, 75 mcg/hr, 100 mcg/hr ..	6
E-Z JECT LANCETS COLOR ..	103	FANAPT	41	fentanyl pt72 37.5 mcg/hr, 62.5	
E-Z JECT LANCETS SUPER THIN 30G	103	FANAPT TITRATION PACK	41	mcg/hr, 87.5 mcg/hr	6
E-Z JECT LANCETS THIN 26G ..	103			FERRIPROX SOLN	27
E-Z LOCK RAISED TOILET SEAT				FERRIPROX TWICE-A-DAY TABS	27
				FERROUS GLUCONATE TABS	324
				MG	79

ferrous sulfate dried tabs 200 mg	.80		159	FINACEA FOAM	.....	63	
ferrous sulfate elix	.....	80	FIFTY50 PEN NEEDLES/32GX4MM		finasteride	.....	77
ferrous sulfate soln	.....	80	.....	159	FINE 30	.....	103
ferrous sulfate syrup	.....	79	FIFTY50 PEN NEEDLES/32GX6MM		FINGERSTIX LANCETS	.....	103
ferrous sulfate tabs 65 mg, 325 mg			.....	159	fingolimod hcl	.....	217
79			FIFTY50 SAFETY SEAL LANCETS		FINTEPLA	.....	16
ferrous sulfate tbec	79	30G	103	FIRDAPSE	36
FERROUS SULFATE TBEC	.....	80	FIFTY50 SAFETY SEAL LANCETS		FIRST AID ANTISEPTIC OINTMENT		
fesoterodine fumarate	.....	222	32G	.....	OINT	.....	43
FETAL DOPPLER MISC	.....	134	FIFTY50 SUPERIOR		FITNESS TABS FOR MEN		
FETZIMA CP24	.....	21	COMFORTINSULIN		AM/PM/LYCOPENE TABS	.....	202
FETZIMA TITRATION PACK C4PK			SYRINGE/0.3ML/31G X 5/16"	...160	FITNESS TABS FOR WOMEN			
21			FIFTY50 SUPERIOR		AM/PM/LYCOPENE TABS	.....	202
FEVERALL JUNIOR STRENGTH			COMFORTINSULIN		FLA ADJUSTABLE AIR			
SUPP	.....	6	SYRINGE/1ML/31G X 5/16"	....160	ANKLEWALKER/LOW/SMALL MISC		
fexofenadine hcl tabs 180 mg	29	FIFTY50 UNILET LANCETS 33G		134	FLAREX	212
fexofenadine hcl tabs 60 mg	.....	29	103		flavoxate hcl	.....	222
FIASP FLEXTOUCH SOPN	.....	24	FILTER 0.2 MICRON/25MM MISC		flecainide acetate	.....	11
FIASP PENFILL SOCT	.....	24	134		FLEX & GO FOLDING CANE MISC		
FIASP SOLN	24	FILTER 0.2		134	FLEX THERAPY MISC	134
FIFTY50 ALCOHOL PREP PADS			MICRON/25MM/DOUBLE LUER		FLEXCHAMBER ADULT			
134			LOCK MISC	.....	MASK/SMALL	.....	189
FIFTY50 GLUCOSE METER 2.0 KIT			FILTER 0.2 MICRON/32MM MISC		FLEXCHAMBER CHILD			
103			134		MASK/LARGE	.....	189
FIFTY50 GLUCOSE TEST STRIP			FILTER 0.2 MICRON/47MM MISC		FLEXCHAMBER CHILD			
2.0 STRP	.....	66	134		MASK/SMALL	.....	189
FIFTY50 PEN NEEDLES 31G X3/16"			FILTER AIR PP MISC	.....	FLEXCHAMBER DEVI	.....	189
(5MM)	.....	159	189		FLOVENT DISKUS AEPB 100		
FIFTY50 PEN NEEDLES 31G X5/16"			FILTER ATTACHMENT MISC	... 134	MCG/BLIST, 250 MCG/BLIST	.....	13
(8MM)	.....	159	134		FLOVENT DISKUS AEPB 50		
FIFTY50 PEN NEEDLES 31GX5MM			FILTER FLUORODYNE/0.22		MCG/BLIST	.....	13
.....			MICRON MISC	.....	FLOVENT HFA 110 MCG/ACT, 220		
FIFTY50 PEN NEEDLES/31GX8MM			FILTER, POSIDYNE					
			ELD/0.2UM/LUER LOCK					
			CONNECTORS/NYLON MEMBRA					
			MISC	.....			

MCG/ACT	13	fluconazole susr	28	fluoxetine hcl (pmdd) tabs 20 mg .217	
FLOVENT HFA 44 MCG/ACT	13	fluconazole tabs	28	fluoxetine hcl caps 10 mg	20
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	66	flucytosine	28	fluoxetine hcl caps 20 mg, 40 mg ..20	
FLUAD 2020-2021	223	fludrocortisone acetate tabs	53	fluoxetine hcl cpdr	20
FLUAD QUADRIVALENT 2021-2022	223	FLULALVAL QUADRIVALENT 2020-2021 SUSY	224	fluoxetine hcl soln	20
FLUAD QUADRIVALENT 2022-2023	223	FLULALVAL QUADRIVALENT 2021-2022 SUSY	224	fluoxetine hcl tabs 10 mg	20
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	223	FLULALVAL QUADRIVALENT 2022-2023 SUSY	224	fluoxetine hcl tabs 20 mg	20
FLUARIX QUADRIVALENT 2020-2021 SUSY	223	FLUMIST QUADRIVALENT	224	fluoxetine hcl tabs 60 mg	20
FLUARIX QUADRIVALENT 2021-2022 SUSY	223	flunisolide (nasal) 0.025 %	209	FLUPHENAZINE DECANOATE POWD	50
FLUARIX QUADRIVALENT 2022-2023 SUSY	223	fluocinolone acetonide (otic)	214	fluphenazine hcl conc	42
FLUBLOK QUADRIVALENT 2020-2021	223	fluocinolone acetonide crea	60	fluphenazine hcl elix	42
FLUBLOK QUADRIVALENT 2021-2022	223	fluocinolone acetonide oil	60	fluphenazine hcl soln	42
FLUBLOK QUADRIVALENT 2022-2023 SUSY	223	fluocinolone acetonide oint	60	fluphenazine hcl tabs	42
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	223	fluocinolone acetonide soln	60	flurandrenolide crea	60
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	223	fluocinonide crea	60	flurandrenolide lotn	60
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	223	fluocinonide emulsified base	60	flurbiprofen sodium	213
FLUCELVAX QUADRIVALENT 2022-2023	223	fluocinonide gel	60	flurbiprofen tabs 100 mg	4
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	223	fluocinonide oint	60	flutamide	37
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	223	fluocinonide soln	60	fluticasone furoate-vilanterol	14
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	223	FLUOPAR	60	fluticasone propionate (nasal) susp 209	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	224	fluorescein sodium topical strp 1 mg .213		fluticasone propionate crea 0.05 % 60	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	224	FLUORESCIN SODIUM/BENOXINATE HYDROCHLORIDE	213	fluticasone propionate hfa 110 mcg/act, 220 mcg/act	13
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	224	fluorometholone (ophth) susp	212	fluticasone propionate hfa 44 mcg/act	13
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	224	fluorouracil (topical) crea	57	fluticasone propionate lotn	60
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	224	fluorouracil (topical) soln	57	fluticasone propionate oint	60
		fluoxetine hcl (pmdd) tabs 10 mg .217		fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 250 mcg/act-50	

mcg/act, 500 mcg/act-50 mcg/act . 14	FOLAMAX TABS	202	STRIPS STRP	66
fluticasone-salmeterol aepb 113	FOLDING CANE MISC	134	FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	66
mcg/act-14 mcg/act, 232 mcg/act-14	FOLDING PADDLE			
mcg/act, 55 mcg/act-14 mcg/act ...14	WALKER/5"WHEELS MISC	134	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	103
fluticasone-salmeterol aero	FOLDING REACHER MISC	134		
fluvastatin sodium caps	FOLDING WALKER/5"			
fluvastatin sodium tb24	WHEELS/ADULT MISC	134	FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	66
fluvoxamine maleate cp24	FOLDING WALKING CANE MISC			
fluvoxamine maleate tabs	134			
folic acid tabs 1 mg		79	FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP ..	66
FLUZONE HIGH-DOSE PF 2020-2021	FOLIFLEX TABS	202	FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	103
FLUZONE HIGH-DOSE PF 2021-2022	FOLIKA-CI TABS	202	FORA GATEWAY MISC	134
FLUZONE HIGH-DOSE PF 2022-2023	FOLIKA-MG TABS	202	FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	103
FLUZONE QUADRIVALENT 2020-2021 SUSP	FOLITIN-Z TABS	202	FORA GD20 TEST STRIPS STRP	
FLUZONE QUADRIVALENT 2020-2021 SUSP	FOLIVANE-OB	206	66	
FLUZONE QUADRIVALENT 2020-2021 SUSP	fondaparinux sodium 10 mg/0.8ml .15		FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	103
FLUZONE QUADRIVALENT 2020-2021 SUSY	fondaparinux sodium 2.5 mg/0.5ml 15		FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	66
FLUZONE QUADRIVALENT 2021-2022 SUSP	fondaparinux sodium 5 mg/0.4ml ..15		FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	103
FLUZONE QUADRIVALENT 2021-2022 SUSY	fondaparinux sodium 7.5 mg/0.6ml 15			
FLUZONE QUADRIVALENT 2022-2023 SUSP	FOOT		FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	66
FLUZONE QUADRIVALENT 2022-2023 SUSP	MASSAGER/HEAT/AERATION			
FLUZONE QUADRIVALENT 2022-2023 SUSY	MISC	134	FORA GW9014 TELEHEALTH GATEWAY MISC	134
FLUZONE QUADRIVALENT 2022-2023 SUSY	FORA 6 CONNECT STRP	66		
FLYP HYPERSONIQ CARTRIDGE MISC	FORA BLOOD GLUCOSE TEST STRIPS STRP	66	FORA LANCETS	103
FORA CONTROL SOLUTION HIGH SOLN	FORA CONTROL SOLUTION LOW SOLN	103	FORA LANCING DEVICE MISC .	103
FORA LANCING DEVICE/CLEARCAP MISC				
FORA P20 BLOOD PRESSURE MONITORING SYSTEM DEVI				
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI				
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	66			
FORA D20 BLOOD GLUCOSE TEST				

FORA TEST N' GO BP	TEST STRIPS STRP	66	fosinopril sodium	31
BLOODPRESSURE MONITORING SYSTEM DEVI	FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	104	FOSRENOL PACK	76
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	FORACARE GD40 STRP	66	FOTIVDA	38
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP ..	FORACARE GDH CONTROL SOLUTION HIGH SOLN	104	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	15
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	FORACARE GDH CONTROL SOLUTION LOW SOLN	104	FRAGMIN SOSY	15
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP ..	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	104	FREDS PHARMACY AUTOLET LANCING DEVICE MISC	104
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	FORACARE PREMIUM V10 TESTSTRIPS STRP	66	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	160
FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	104	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	160
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT	FORACARE TEST N GO TEST STRIPS STRP	66	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G ...	104
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO- CODING DEVI	formoterol fumarate nebu	14	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G ...	104
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	FORTISCARE BLOOD GLUCOSETEST STRIP STRP	66	FREE SPIRIT KNEE AND LEGWALKER MISC	134
FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	FORTISCARE CONTROL SOLUTIONS HIGH SOLN	104	FREEDAVITE TABS	202
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	FORTISCARE CONTROL SOLUTIONS LOW SOLN	104	FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	104
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP ...	66	FREESTYLE CONTROL SOLUTION LIQD	104
FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	FORTISCARE T1 SELF- MONITORING BLOOD GLUCOSE SYSTEM DEVI	104	FREESTYLE FREEDOM KIT ...	105
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	FOSAMAX PLUS D	71	FREESTYLE FREEDOM LITE KIT 105	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	fosamprenavir calcium tabs	44	FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	105
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	fosfomycin tromethamine	35	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	66
	fosinopril sodium & hydrochlorothiazide	33		

FREESTYLE INSULINX	FREESTYLE PRECISION INSULIN	gabapentin tabs 600 mg
BLOODGLUCOSE TEST STRP ...66	SYRINGES/U-100/1ML/30G X 5/16"	16 gabapentin tabs 800 mg
FREESTYLE LANCETS .....105	160	16 GALAFOLD
FREESTYLE LIBRE 14	FREESTYLE PRECISION NEO	72 galantamine hydrobromide cp24 ..
DAY/READER/FLASH	BLOOD GLUCOSE MONITORING	216 galantamine hydrobromide soln ..
MONITORING SYSTEM .....105	SYSTEM KIT .....105	216 galantamine hydrobromide tabs ..
FREESTYLE LIBRE 14	FREESTYLE PRECISION NEO	GARDASIL 9 SUSP
DAY/SENSOR/FLASH	BLOOD GLUCOSE TEST STRIPS	224 GARDASIL 9 SUSY
MONITORING SYSTEM .....105	STRP .....67	224 gatifloxacin (ophth)
FREESTYLE LIBRE	FREESTYLE SIDEKICK II	76 GATTEX
2/READER/FLASH GLUCOSE	VALUEPACK KIT .....105	GAUZE DRESSING 4"X4" PADS ..
MONITORING SYSTEM .....105	FREESTYLE TEST STRIPS STRP	84 GAUZE PADS 4"X4" PADS ..
FREESTYLE LIBRE	67	84 GAUZE PADS PADS
2/SENSOR/FLASH GLUCOSE	FREESTYLE UNISTICK II LANCETS	38 GAVRETO
MONITORING SYSTEM .....105	.....105	GE100 BLOOD GLUCOSE
FREESTYLE LIBRE	frovatriptan succinate	MONITORING SYSTEM DEVI ...105
3/SENSOR/GLUCOSE	195 fructose-dextrose-phosphoric acid	GE100 BLOOD GLUCOSE
MONITORING SYSTEM .....105	soln	TESTSTRIPS STRP
FREESTYLE	28	67 gefitinib
LIRE/READER/FLASH	FUL-GLO STRP	37 GELNIQUE GEL 10 %
MONITORING SYSTEM .....105	213 FULL KIT NEBULIZER SET MISC	222 GELX GEL
FREESTYLE LITE BLOOD	190	200 gemfibrozil tabs
GLUCOSE MONITORING SYSTEM	FULL SPECTRUM B/VITAMIN C	30 GEMTESA
DEVI	TABS	222 GENICIN VITA-Q TABS
105	200	205 GENOTROPIN CART SC
FREESTYLE LITE BLOOD	FULPHILA	72 GENOTROPIN MINIQUICK PRSY 72
GLUCOSE MONITORING SYSTEM	79 furosemide soln or 10 mg/ml, 40	gentamicin sulfate (ophth) oint ...211
KIT .....105	mg/5ml	gentamicin sulfate (ophth) soln ..211
FREESTYLE LITE TEST STRIPS	71 furosemide tabs	gentamicin sulfate (topical) crea ...56
STRP	71 FUZEON SOLR	
66	44 FYCOMPA SUSP	
FREESTYLE PRECISION INSULIN	16 FYCOMPA TABS	
SYRINGE/U-100/0.5ML/30G X 5/16"	79 FYLNETRA	
.....160	16 gabapentin caps 100 mg, 400 mg .16	
FREESTYLE PRECISION INSULIN	16 gabapentin caps 300 mg	
SYRINGE/U-100/0.5ML/31G X 5/16"	16 gabapentin soln	
.....160		

gentamicin sulfate (topical) oint	56	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 106	glimepiride 26
GENTEEL BUTTERFLY TOUCH LANCETS	105	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT 106	glipizide tabs 5 mg 26
GENTEEL CONTACT TIPS/BLUE MISC	105	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT 106	glipizide tabs 26
GENTEEL CONTACT TIPS/CLEAR MISC	105	GENTLE-LET PLATFORMS 2.4MM MISC 106	glipizide-metformin hcl 22
GENTEEL CONTACT TIPS/GREEN MISC	105	GENTLE-LET PLATFORMS 3.0MM MISC 106	GLOBAL ALCOHOL PREP EASEPADS 134
GENTEEL CONTACT TIPS/ORANGE MISC	105	GENTLE-LET PLATFORMS 3.0MM MISC 106	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM 160
GENTEEL CONTACT TIPS/RAINBOW MISC	105	GENULTIMATE TEST STRIPS STRP 67	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM 160
GENTEEL CONTACT TIPS/VIOLET MISC	105	GENVOYA 44	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM 160
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	105	GERI-FREEDA SENIOR FORMULA TABS 202	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ..160
GENTEEL NOZZLES MISC	105	GHT TEST STRIPS STRP 67	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..160
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	105	GILENYA 0.25 MG 217	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" ....160
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC 105		GILOTRIF 37	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" 160
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC 106		GLASS BOTTLE 30ML/BLACK PHENOLIC POLYSEAL CAP MISC ..134	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM .....160
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC .106		GLASS BOTTLE 30ML/BLACK PHENOLIC POLYSEAL CAP MISC ..134	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 160
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC 106		GLASS BOTTLE 60ML MISC ....134	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 160
GENTLE-LET GP LANCETS	106	GLASS SERUM BOTTLES/30ML/TYPE 1 MISC ..134	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....160
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT .106		GLASS VIAL AMBER 3ML/13MM/TYPE 1 MISC .....134	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....160
		glatiramer acetate sosy .....217	GLOBAL INJECT EASE INSULIN

SYRINGE/U-100/0.3ML/31G X 5/16"	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	161	GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	106
.....160	.....161		SOLN	106
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 160	GLOBAL LANCING DEVICE MISC	106	GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	107
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 160	GLOSTRIPS STRP 1 MG	213	GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	107
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 160	GLUCAGEN HYPOKIT	23	GLUCOCARD SHINE DEVI	106
.....160	glucagon (rdna)	23	GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	107
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 160	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	23	GLUCOCARD SHINE KIT	106
.....160	GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	106	GLUCOCARD SHINE TEST STRIPS STRP	67
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" . 160	GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	106	GLUCOCARD SHINE XL DEVI	107
.....160	GLUCO PERFECT 3 TEST STRIPS STRP	67	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	107
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" 161	GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	106	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	107
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" 161	GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	106	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	107
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 161	GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	106	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	107
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 161	GLUCOCARD 01 SENSOR PLUS STRP	67	GLUCOCARD VITAL TEST STRIPS STRP	67
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 161	GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	67	GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	106
GLOBAL INJECT EASE LANCETS 28G	GLUCOCARD EXPRESSION	106	GLUCOCARD X-METER KIT	107
.....106	AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT ...	106	GLUCOCARD X-SENSOR STRP	67
GLOBAL INJECT EASE LANCETS 30G	GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	67	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	107
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	67	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	107
.....161			GLUCOCOM BLOOD GLUCOSE	

MONITORING SYSTEM VALUE KIT	GLUCOSE INSTANT ENERGY	23	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	67
KIT .....107	GLUCOSE METER TEST STRIPS			
GLUCOCOM HIGH CONTROL LIQD	ADVANCED STRP	67	GNP GLUCOSE CHEW	23
.....107	glyburide micronized 1.5 mg, 3 mg, 6 mg	26	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	161
GLUCOCOM LANCETS 28G ....107	glyburide tabs	26	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	161
GLUCOCOM LANCETS 30G ....107	glyburide-metformin	22	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	161
GLUCOCOM TEST STRIPS STRP 67	GLYCATE TABS	220	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	161
GLUCONAVII BLOOD	glycerin (laxative) supp 1 gm, 1.2 gm, 2 gm, 80.7 %	81	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	161
GLUCOSEMONITORING SYSTEM KIT ..107	glycopyrrolate soln or 1 mg/5ml	220	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	161
GLUCONAVII BLOOD	glycopyrrolate tabs 1 mg, 2 mg	220	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	161
GLUCOSETEST STRIPS STRP ..67	GLYXAMBI	22	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	161
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	GNP ALCOHOL SWABS	134	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	161
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	GNP BLOOD PRESSURE MONITOR ADVANCED			
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	AUTOMATIC/ARM DEVI	87	GNP INSULIN SYRINGE/1ML/29G X 1/2"	161
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	161	GNP INSULIN SYRINGE/1ML/30G X 5/16"	161
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	161	GNP INSULIN SYRINGE/1ML/31G X 5/16"	161
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	GNP COTTON SWABS SWAB ..	134	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	161
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	GNP DELUXE PULSE OXIMETER			
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	MISC	134	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	161
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	GNP DIGITAL WEIGHT SCALE			
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	MISC	134	GNP INSULIN SYRINGES/1ML/28GX1/2"	162
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	107	GNP INSULIN SYRINGES/1ML/29GX1/2"	162
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN ..	107	GNP INSULIN SYRINGES/1ML/30GX5/16"	162
GLUCOSE CHEW	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	107	GNP INSULIN SYRINGES/3ML/31GX5/16"	162
GLUCOSE CONTROL SOLUTION SOLN	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	107	GNP LANCETS 21G	107

GNP LANCETS THIN 26G	108	PEN NEEDLE/32GX6MM	162	NEEDLE/PENFINE CLASSIC/31G X 3/16"	162
GNP LANCING SYSTEM DEVICE		GNP ULTIGUARD		GOODSENSE PEN	
MISC	108	SAFEPACK/SHORT PEN		NEEDLE/PENFINE CLASSIC/31G X 5/16"	162
GNP QUICK DISSOLVE GLUCOSE CHEW	23	NEEDLE/31GX8MM	162	GOODSENSE PEN	
GNP REACHER 32" MISC	134	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	162	NEEDLE/PENFINE CLASSIC/32G X 1/4"	162
GNP STERILE LANCETS 28G ..	108	GOCOVRI CP24	40	GOODSENSE PEN	
GNP STERILE LANCETS 30G ..	108	GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	67	NEEDLE/PENFINE CLASSIC/32G X 5/32"	162
GNP STERILE LANCETS 33G ..	108	GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	67	GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP ..	67
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	108	GOJJI LANCING DEVICE/CLEAR CAP MISC	108	GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	108
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	108	GOJJI STERILE LANCETS 30G 108 GOJJI WEIGHT SCALE MISC ...	134	GRADUATED BOTTLE 2OZ W/CAP MISC	134
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	67	GONITRO PACK	10	GRADUATED BOTTLE 4OZ W/CAP MISC	134
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	67	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	162	GRALISE TABS 300 MG, 600 MG 217	
GNP TRUETRACK SMART SYSTEM STRP	67	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL .	108	GRALISE TABS 450 MG, 750 MG, 900 MG	217
GNP ULTICARE PEN NEEDLES/31GX5/16"	162	GOODSENSE GLUCOSE	23	granisetron hcl tabs	27
GNP ULTICARE PEN NEEDLES/32GX 5/32"	162	GOODSENSE LANCETS MICRO-THIN 33G	108	GRANIX SOLN	79
GNP ULTICARE PEN NEEDLES/32GX1/4"	162	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	108	GRANIX SOSY	79
GNP ULTICARE PEN NEEDLES31G X 5MM	162	GOODSENSE LANCETS ULTRA-THIN 30G	108	griseofulvin microsize susp	28
GNP ULTICARE PEN NEEDLE/32GX4MM	162	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	108	griseofulvin microsize tabs	28
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX5MM	162	GOODSENSE LANCING DEVICE MISC	108	griseofulvin ultramicrosize	28
GNP ULTIGUARD SAFEPACK/MINI		GOODSENSE PEN		GROOVE ROLLING WALKER MISC 135	
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	162			guaifenesin liqd	54
GNP ULTIGUARD SAFEPACK/MINI				guaifenesin syrup	54
				guaifenesin tabs 200 mg	53

guaifenesin-codeine liqd 10 mg/5ml- 100 mg/5ml	53	GYNAZOLE-1	225	HARVONI TABS	45
guaifenesin-codeine soln 10 mg/5ml- 100 mg/5ml	53	HAEGARDA SOLR SC	78	HAVRIX	224
guaifenesin-codeine syrup	53	HAEMOLANCE	108	HEAD LICE COMB MISC	135
guanfacine hcl (adhd)	1	HAEMOLANCE LOW FLOW LANCETS	108	HEALTH CARE LANCING DEVICE MISC	108
guanfacine hcl	32	HAEMOLANCE PLUS	108	HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER- ARM DEVI	87
GUARDIAN 4 GLUCOSE SENSOR .	108	HAEMOLANCE PLUS HIGH FLOW .	108	HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	87
GUARDIAN 4 TRANSMITTER KIT	108	HAEMOLANCE PLUS LOW FLOW .	108	HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	109
GUARDIAN CONNECT TRANSMITTER	108	HAEMOLANCE PLUS MAX FLOW	108	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/PREMIUM	
GUARDIAN CONNECT TRANSMITTER KIT	108	HAEMOLANCE PLUS PEDIATRIC FLOW	108	TALKING DEVI	87
GUARDIAN LINK 3	108	HAIR SKIN & NAILS ADVANCED FORMULA TABS	202	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STANDARD DEVI	
GUARDIAN LINK 3 TRANSMITTER KIT	108	halcinonide crea	60	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOMENS DEVI	
GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	108	halobetasol propionate crea	60	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOMENS DEVI	87
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	108	HALOBETASOL PROPIONATE FOAM	60	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOMENS DEVI	
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	108	halobetasol propionate oint	60	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	
GUARDIAN SENSOR (3)	108	HALOG OINT	60	.....162	
GUARDIAN SENSOR 3	108	HALOG SOLN	60	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	
GVOKE HYPOOPEN 1-PACK SOAJ 23		haloperidol decanoate	42	.....162	
GVOKE HYPOOPEN 2-PACK SOAJ 23		haloperidol lactate conc	42	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	
GVOKE KIT SOLN	23	haloperidol tabs 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	42	.....162	
GVOKE PFS SOSY 0.5 MG/0.1ML 23		haloperidol tabs	42	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	
GVOKE PFS SOSY 1 MG/0.2ML ..	23	HAND HELD SHOWER SPRAY MISC	135	.....162	
		HARMONY BREASTPUMP MISC		HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	
		135		.....162	
		HARVONI PACK	45	HEALTHWISE INSULIN	

SYRINGE/U-100/1ML/30G X 5/16"	LANCETS SUPER THIN 30G ... 109	MISC 109
162	HEART CHECK BLOOD	H-E-B INCONTROL ALCOHOL
HEALTHWISE INSULIN	PRESSURE MONITOR/WRIST DEVI	PADS 135
SYRINGE/U-100/1ML/31G X 5/16"	..... 87	H-E-B INCONTROL DELUXE AUTO
162	HEAT THERAPY MISC 135	WRIST BLOOD PRESSURE
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	H-E-B IN CONTROL PEN NEEDLE 31GX3/16" 163	MONITOR DEVI 87
162	H-E-B IN CONTROL PEN NEEDLES 31GX5MM 163	H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE
HEALTHWISE MINI PEN NEEDLES 31GX6MM	H-E-B IN CONTROL PEN NEEDLES 31GX6MM 163	MONITOR MISC 87
162	H-E-B IN CONTROL PEN NEEDLES 31GX8MM 163	H-E-B INCONTROL LANCETS
HEALTHWISE PEN NEEDLES 29GX12MM	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM 163	MICRO THIN 33G 109
162	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" .	H-E-B INCONTROL LANCETS
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	163	SUPER THIN 30G 109
162	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	H-E-B INCONTROL LANCETS
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" .....	..... 163	ULTRA THIN 28G 109
162	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	H-E-B INCONTROL PEN NEEDLES
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" .....	..... 163	29GX12MM 163
162	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" .	H-E-B INCONTROL PREMIUM
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	163	AUTOMATIC BLOOD PRESSURE
162	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX8MM	MONITOR DEVI 87
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	..... 163	HEELBOOT LINER REGULAR MISC
MISC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	..... 135
109	..... 163	HEELBOOT REGULAR MISC ... 135
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	HEELBOOT WALK PAD MISC ...135
163	..... 163	HEMADY TABS 53
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX6MM	HEMANGEOL SOLN OR 47
163	..... 163	HELIBRA 78
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	HEMOFIL M SOLR 250 UNIT, 500
163	..... 163	UNIT, 1000 UNIT, 1700 UNIT 78
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	heparin sodium (porcine) soln ij 1000
163	..... 163	unit/ml, 5000 unit/0.5ml, 5000 unit/ml,
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	10000 unit/ml, 20000 unit/ml .....15
163	..... 163	HEPARIN SODIUM SOLN IJ 5000
HEALTHY ACCENTS UNILET	H-E-B INCONTROL ADVANCEDLANCING DEVICE	UNIT/ML .....15
		HEPARIN SODIUM SOSY IJ 5000
		UNIT/0.5ML .....15

HEPLISAV-B SOSY	224	88	HUMALOG SOCT	24	
HETLIOZ LQ SUSP	80	HM COMPLETE MEN TABS	202	HUMALOG SOLN IJ	24
HIBERIX SOLR IJ	223	HM COTTON SWABS SWAB	135	HUMALOG TEMPO PEN SOPN ..	24
HIBICLENS DISPENSER NOZZLE		HM DELUXE BLOOD		HUMATE-P SOLR	78
MISC	135	PRESSUREMONITOR/WRIST DEVI		HUMATROPE CART IJ	72
HIBICLENS HAND PUMP/16OZ		88			
MISC	135	HM HAIR/SKIN/NAILS TABS	202	HUMIRA PEDIATRIC CROHNS	
HIBICLENS HAND PUMP/32OZ		HM STERILE ALCOHOL PREP		DISEASE STARTER PACK PSKT	80
MISC	135	PADS	135	MG/0.8ML	3
HIBICLENS PUMP ASSEMBLY		HM STERILE PADS PADS	84	HUMIRA PEN PNKT	3
MISC	135	HM ULTICARE INSULIN		HUMIRA PEN-CD/UC/HS STARTER	
HIBICLENS WALL		SYRINGE/1ML/30G X 1/2"	163	PNKT	3
DISPENSER/HAND MISC	135	HM ULTICARE INSULIN		HUMIRA PEN-PEDIATRIC UC	
HIGH POTENCY MULTIVITAMIN		SYRINGE/U-100/0.3ML/31G X 5/16"		STARTER PACK PNKT	3
TABS	205	.....	163	HUMIRA PEN-PS/UV STARTER	
HIGH POTENCY		HM ULTICARE MINI PEN		PNKT	3
MULTIVITAMIN/BETA-CAROTENE		NEEDLES/31G X 5MM (3/16") ..	163	HUMIRA PSKT	3
TABS	202	HM ULTICARE SHORT PEN		HUMULIN 70/30 KWIKPEN SUPN	24
HIGH POTENCY		NEEDLES 31GX8MM	163	HUMULIN 70/30 SUSP	24
MULTIVITAMIN/FOLIC ACID TABS		HORIZANT	217	HUMULIN N KWIKPEN SUPN	24
202		HUDSON RCI SEE-THRU		HUMULIN N SUSP	24
HIP/FRACTURE RAISED TOILET		AEROSOL MASK		HUMULIN R SOLN IJ	25
SEAT/RIGHT MISC	135	ELONGATED/ADULT MISC	190	HUMULIN R U-500	
HM ADVANCED BLOOD		HUMALOG JUNIOR KWIKPEN		(CONCENTRATED) SOLN SC	25
PRESSURE MONITOR AUTOMATIC		SOPN	24	HUMULIN R U-500 KWIKPEN SOPN	
DEVI	88	HUMALOG KWIKPEN SOPN 100		SC	25
HM AUTOMATIC BLOOD		UNIT/ML	24	HURRICANE LIQUID DISPENSER	
PRESSURE MONITOR DELUXE		HUMALOG KWIKPEN SOPN 200		MISC	135
DEVI	88	UNIT/ML	24	HURRIPAK PERIODONTAL	
HM BLOOD PRESSURE		HUMALOG MIX 50/50 KWIKPEN		ANESTHETIC REFILL KIT MISC	135
MONITOR/MANUAL INFLATION		SUPN	24	HURRIPAK PERIODONTAL	
DEVI	88	HUMALOG MIX 50/50 SUSP	24	IRRIGATION TIPS MISC	135
HM BLOOD PRESSURE		HUMALOG MIX 75/25 KWIKPEN		HURRYCANE FREEDOM	
MONITOR/SERIES 200/ARM DEVI		SUPN	24	EDITIONCANE/BLACK MISC	135
88		HUMALOG MIX 75/25 SUSP	24	HW EMBRACE PRO BLOOD	
HM BLOOD PRESSURE		HUMALOG MIX 75/25 SUSP	24		
MONITORFULLY AUTOMATIC DEVI					

GLUCOSE METER DEVI	109	325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg	8	HYFTOR	62
HW EMBRACE PRO BLOOD				HYLATOPIC PLUS CREA	62
GLUCOSE TEST STRIPS STRP ..	67	hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg ..	8	HYLAZINC TABS	202
HW EMBRACE TALK BLOOD				hyoscyamine sulfate elix	220
GLUCOSE MONITOR DEVI	109	hydrocortisone (intrarectal)	9	hyoscyamine sulfate soln or 0.125 mg/ml	220
HW EMBRACE TALK BLOOD				hyoscyamine sulfate subl 0.125 mg	
GLUCOSE MONITORING SYSTEM KIT	109	hydrocortisone (rectal) ex	9	220	
HW EMBRACE TALK BLOOD				hyoscyamine sulfate tabs 0.125 mg	
GLUCOSE TEST STRIPS STRP ..	67	hydrocortisone (topical) crea 1 %, 2.5 %	60	220	
HYCAMTIN CAPS	39	hydrocortisone (topical) lotn 2.5 %	60	hyoscyamine sulfate tb12 0.375 mg	
HYCLODEX	63	hydrocortisone (topical) oint 1 %, 2.5 %	60	220	
hydralazine hcl tabs	34	hydrocortisone butyrate crea	60	hyoscyamine sulfate tbdp 0.125 mg	
HYDRALYTE FREEZER POPS SOLN	197	hydrocortisone butyrate hydrophilic lipo base	60	220	
HYDRALYTE SOLN	197	hydrocortisone butyrate lotn	60	HYPERRHO S/D MINI-DOSE SOSY IM	214
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	84	hydrocortisone butyrate oint	60	HYPERRHO S/D SOSY IM 1500 UNIT	214
HYDROCELL DRESSING 4"X4" PADS	84	hydrocortisone butyrate soln	60	HYPOCYN SOLN	63
HYDROCERIN CREA	63	hydrocortisone tabs	53	HYPODERMIC NEEDLE 23GX1"	
hydrochlorothiazide caps	71	hydrocortisone valerate crea	60	163	
hydrochlorothiazide tabs 25 mg, 50 mg	71	hydrocortisone valerate oint	60	HYPODERMIC NEEDLE 25GX5/8" .	
hydrochlorothiazide tabs	71	hydrocortisone w/acetic acid	214	163	
hydrocodone bitartrate cp12	7	hydromorphone hcl liqd	7	HYPODERMIC NEEDLES 23GX1"	
hydrocodone bitartrate t24a	7	HYDROMORPHONE HCL SUPP ...	7	163	
hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml	8	hydromorphone hcl tabs 2 mg, 4 mg .	7	HYPODERMIC NEEDLES 25GX5/8" ..	
hydrocodone-acetaminophen tabs 300 mg-10 mg, 300 mg-5 mg, 300 mg-7.5 mg	8	7	163		
hydrocodone-acetaminophen tabs		hydromorphone hcl tabs 8 mg	7	HYPOLANCE AST LANCING KIT	
		hydromorphone hcl tb24	7	KIT	109
		hydroxychloroquine sulfate	35	HYSINGLA ER T24A	7
		hydroxyurea	39	HY-VEE GLUCOSE	23
		hydroxyzine hcl syrup	11	HY-VEE LANCETS	109
		hydroxyzine hcl tabs	11	HY-VEE THIN LANCETS	109
		hydroxyzine pamoate caps	11	ibandronate sodium tabs	71

IBRANCE CAPS	38	ILLUSIONS C WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	135	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	190
IBRANCE TABS	38	ILUMYA	58	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	163
IBSRELA	76	imatinib mesylate	38	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	163
IBUPAK KIT	4	IMBRUICA CAPS	38	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	163
ibuprofen susp 100 mg/5ml	4	IMBRUICA SUSP	38	INCRELEX	72
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	4	IMBRUICA TABS	38	INCRUSE ELLIPTA	12
ibuprofen tabs 400 mg	4	IMDEVIMAB	214	indapamide tabs 1.25 mg, 2.5 mg ..	71
ibuprofen tabs 600 mg	4	imipramine hcl tabs	21	INDERAL XL	47
ibuprofen tabs 800 mg	4	imipramine pamoate	21	indomethacin caps 25 mg, 50 mg ..	4
ibuprofen-famotidine	4	imiquimod 3.75 %	62	indomethacin cpcr	4
ICAPS AREDS FORMULA TABS 202		imiquimod 5 %	62	INFANRIX	219
icatibant acetate sosy	78	IMPEKLO LOTN	60	INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	109
ICLUSIG	38	IMVEXXY MAINTENANCE PACK INST	225	INFINITY BLOOD GLUCOSE TEST STRIPS STRP	67
icosapent ethyl	29	IMVEXXY STARTER PACK INST 225		INFINITY VOICE KIT	109
ICY DIAMOND TOTE CANVAS MISC	135	IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	67	INFINITY VOICE STRP	67
ICY DIAMOND TOTE NON GENUINE LEATHER MISC	135	IN TOUCH DEVI	109	INFLATABLE CUSHION/VINYL MISC	135
IDELVION	78	IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	109	INFLATABLE NECK REST MISC 135	
IDHIFA	38	IN TOUCH LANCING DEVICE MISC 109		INFLECTRA	75
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	109	IN TOUCH STERILE LANCETS30G 109		INFliximab	75
IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	67	INBRIJA CAPS	40	INGREZZA CAPS	216
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	67	IN-CHECK DIAL INSPIRATORYFLOW TRAINER		INGREZZA CPPK	216
ILARIS SOLN	3	DEVI	190	INHALATION VIAL CAP/BLUE MISC	135
ILEVRO	213	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK		INHALATION VIAL CAP/GREEN MISC	135
ILLUSIONS AA WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	135	DEVI	190		

INHALATION VIAL CAP/ORANGE MISC	135	INPEN 100/GREY/LILLY/HUMALOG DEVI	163	INSULIN DEGLUDEC SOLN	25
INHALATION VIAL CAP/RED MISC . 135		INPEN 100/GREY/NOVOLOG/FIASP DEVI	164	INSULIN GLARGINE SOLN	25
INHALATION VIAL CAP/WHITE MISC	135	INPEN 100/PINK/LILLY/HUMALOG DEVI	164	INSULIN GLARGINE SOLOSTAR SOPN	25
INHALATION VIAL CAP/YELLOW MISC	135	INPEN 100/PINK/NOVOLOG/FIASP DEVI	164	INSULIN GLARGINE SOPN	25
INHALATION VIAL W/CAP/BLUE/3.5ML STOCKWELL MISC	135	INQOVI	38	INSULIN LISPRO JUNIOR KWIKPEN SOPN	25
INHALATION VIAL W/CAP/GREEN/3.5ML STOCKWELL MISC	135	INREBIC	38	INSULIN LISPRO KWIKPEN SOPN	25
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	135	INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI ...	190	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	25
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	135	INSPIRACHAMBER/LARGE DEVI 190		INSULIN LISPRO SOLN IJ	25
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	135	INSPIRACHAMBER/SOOTHERMAS K/INSPIRAMASK/MEDIUM DEVI 190		INSULIN SYRINGE 1ML/31G X1/4" .	
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	136	INSPIRACHAMBER/SOOTHERMAS K/INSPIRAMASK/SMALL DEVI ..	190	INSULIN SYRINGE/0.3ML/30G X 5/16"	164
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	136	INSPIREASE DRUG DELIVERYSYSTEM MISC	190	INSULIN SYRINGE/0.3ML/31G X 5/16"	164
INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL MISC	136	INSUL-CAP MISC	109	INSULIN SYRINGE/0.5ML/27G X 1/2"	164
INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL MISC	136	INSUL-EZE MISC	109	INSULIN SYRINGE/0.5ML/28G X 1/2"	164
INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL MISC	136	INSULIN ASPART FLEXPEN SOPN . 25		INSULIN SYRINGE/0.5ML/30G X 5/16"	164
INLYTA	36	INSULIN ASPART PROTAMINE/INSULIN ASPART		INSULIN SYRINGE/1ML/28G X 1/2"	
INNOPRAN XL	47	FLEXPEN SUPN	25	INSULIN SYRINGE/1ML/29G X 1/2"	
INNOSPIRE REPLACEMENT FILTER MISC	190	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	25	INSULIN SYRINGE/1ML/31G X 5/16"	
INPEN 100/BLUE/LILLY/HUMALOG DEVI	163	INSULIN ASPART SOLN IJ	25	INSULIN SYRINGE/1ML/30G X 5/16"	164
INPEN 100/BLUE/NOVOLOG/FIASP DEVI	163	INSULIN DEGLUDEC FLEXTOUCH SOPN	25	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	164

INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	164	INSULIN SYRINGES/U- 100/0.5ML/27GX1/2"	165	INSUPEN ULTRAFIN 31GX8MM 165
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	164	INSULIN SYRINGES/U- 100/0.5ML/28GX1/2"	165	INTELENCE .....44
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	164	INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	165	INTELISWAB COVID-19 RAPID TEST KIT .....67
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	164	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16"	165	INTRALIPID 20 GM/100ML .....210
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	164	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16"	165	INTRAROSA .....224
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	164	INSULIN SYRINGES/U- 100/0.5ML/31GX1/2"	165	INVEGA HAFYERA .....41
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	164	INSULIN SYRINGES/U- 100/1ML/27GX1/2"	165	INVEGA SUSTENNA .....41
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	164	INSULIN SYRINGES/U- 100/1ML/28GX1/2"	165	INVELTYS SUSP .....212
INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	164	INSULIN SYRINGES/U- 100/1ML/29GX1/2"	165	INVIRASE TABS .....44
INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	164	INSULIN SYRINGES/U- 100/1ML/30GX1/2"	165	INVOKAMET TABS .....22
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	164	INSULIN SYRINGES/U- 100/1ML/31GX5/16"	165	INVOKAMET XR TB24 .....22
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	164	INSUPEN 29G X 12MM	165	INVOKANA .....26
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	164	INSUPEN 31G X 5MM	165	IOPIDINE .....211
INSULIN SYRINGES 0.3ML/31G X 1/4"	164	INSUPEN 31G X 8MM	165	IPOL INACTIVATED IPV .....224
INSULIN SYRINGES 0.5ML/31G X 1/4"	164	INSUPEN 32G X 4MM	165	ipratropium bromide (nasal) 0.03 % ..209
INSULIN SYRINGES 0.5ML/31G X 1/4"	164	INSUPEN PEN NEEDLES 32G X4MM	165	ipratropium bromide (nasal) 0.06 % ..209
INSULIN SYRINGES/0.5ML/28GX1/2"	164	INSUPEN SENSITIVE 32GX6MM 165		ipratropium bromide soln 0.02 % ..12
INSULIN SYRINGES/0.5ML/29GX1/2"	164	INSUPEN SENSITIVE 32GX8MM 165		ipratropium-albuterol soln .....14
INSULIN SYRINGES/0.5ML/30GX5/16" ...	164	INSUPEN ULTRAFIN 30GX8MM 165		irbesartan .....32
INSULIN SYRINGES/0.5ML/31GX 5/16"	164	INSUPEN ULTRAFIN 31GX6MM 165		irbesartan-hydrochlorothiazide ....33
				ISENTRESS CHEW .....44
				ISENTRESS HD TABS .....44
				ISENTRESS PACK .....44
				ISENTRESS TABS .....44
				isoniazid syrp .....36
				isoniazid tabs .....36

isopropyl alcohol (skin cleanser) misc	63	JANUMET XR TB24	22	KANGAROO RIGID CONTAINERPUMP SET 1200ML MISC	136
isosorbide dinitrate tabs	10	JANUVIA	24	KAPSPARGO SPRINKLE CS24 ..	47
isosorbide dinitrate-hydralazine hcl 48		JAR/8OZ/WHITE LID MISC	136	KATERZIA	47
isosorbide mononitrate tabs	10	JARDIANCE	26	KEGEL BALL TRAINER MISC ...	136
isosorbide mononitrate tb24	10	JAYPIRCA	38	KEGEL FIT MISC	136
isotretinoin	55	JENTADUETO TABS	22	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS ...	84
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg	55	JENTADUETO XR TB24	22	KERENDIA	73
isoxyprine hcl	49	JIVI	78	KERLIX SPONGES 4" X 4" 12 PLY PADS	84
isradipine caps	47	JOENJA	198	KERLIX SPONGES 4" X 4" 16 PLY PADS	84
ISTURISA	71	JOHNSON & JOHNSON INSTANTCOLD PACK MISC	136	KESIMPTA	217
ITOUSH SURE MISC	136	JOHNSONS SAFETY SWABS SWAB	136	ketoconazole (topical) crea	56
itraconazole caps	28	JORNAY PM CP24 20 MG, 40 MG .2		ketoconazole (topical) foam	56
itraconazole soln	28	JORNAY PM CP24 60 MG, 80 MG, 100 MG	2	ketoconazole (topical) sham 2 % ..	56
ivermectin (pediculicide)	63	JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE MISC	136	ketoconazole	28
ivermectin (rosacea)	63	JUBLIA	56	KETODAN KIT	56
ivermectin	10	JULUCA	44	KETONE STRP	67
IXINITY SOLR	78	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	31	KETONE TEST STRIPS STRP ...	67
J & J GAUZE 4"X4" 12 PLY PADS	84	JYNARQUE TABS	73	ketoprofen caps 50 mg, 75 mg	4
J & J GAUZE 4"X4" 8 PLY PADS .	84	JYNARQUE TBPK	73	ketoprofen cp24	4
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	84	KABOOTI ICE MISC	136	ketorolac tromethamine (ophth) .	213
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	84	KABOOTI LARGE MISC	136	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	4
J & J GAUZE SPONGES 8-PLY4" X 4" MISC	84	KABOOTI MISC	136	ketorolac tromethamine tabs	4
J & J TOURNIQUET 36"X3/4" MISC .	136	KALBITOR	78	KETOSTIX STRP	67
JAKAFI	38	KALYDECO PACK 25 MG, 50 MG, 75 MG	218	KEVZARA SOAJ	3
JANUMET TABS	22	KALYDECO TABS	218	KEVZARA SOSY	3
		KAMELEON LUBRICATED MISC .90		KEYFOLIC TABS	202

KIMONO COLORS DEVI	90	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	165	STRENGTH TABS	202
KIMONO LUBRICATED MISC	90	KINRIX SUSP	219	K-PHOS NO 2	76
KIMONO MICRO THIN MISC	90	KINRIX SUSY	219	KRAZATI	38
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	90	KISQALI	38	KRINTAFEL	35
KIMONO PLUS SPERMICIDE LUBRICATED MISC	90	KISQALI FEMARA 200 DOSE	38	KROGER AUTOLET LANCING DEVICE MISC	109
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	90	KISQALI FEMARA 400 DOSE	38	KROGER BLOOD GLUCOSE MONITORING KIT KIT	109
KIMONO PS LUBRICATED MISC	.90	KISQALI FEMARA 600 DOSE	38	KROGER BLOOD GLUCOSE TESTSTRIPS STRP	67
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	90	KLOXXADO LIQD	27	KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	88
KIMONO SENSATION LUBRICATED MISC	90	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	165	KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI .88	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	90	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	165	KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI	88
KIMONO SPECIAL DEVI	90	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	165	KROGER GLUCOSE	23
KINDERLYTE PREMAX SOLN ..	197	KOATE SOLR	78	KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	109
KINDERLYTE SOLN	197	KOATE-DVI SOLR 1000 UNIT	78	KROGER HEALTHPRO GLUCOSETEST STRIPS STRP ..	68
KINERET SOSY	3	KOGENATE FS KIT	78	KROGER HEALTHPRO TWIST LANCETS/26G	110
KINNEY LANCETS	109	KOMBIGLYZE XR	22	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	165
KINNEY THIN LANCETS	109	KONSYL DAILY FIBER PACK 100 %	81	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	165
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	165	KONSYL ORIGINAL DAILY FIBER PACK	81	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	165
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	165	KONVOMEP SUSR	222	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ...	165
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	165	KORLYM	23	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	165
KOSELUGO	38	KOVALTRY	78	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	165
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL				KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	165

KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	165	X5/32"	166	lamivudine (hbv) tabs	45
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	165	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 110		lamivudine soln	44
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	166	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP ..	68	lamivudine tabs	44
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	166	KROGER TEST STRIPS STRP ..	68	lamivudine-zidovudine	44
KROGER LANCETS	110	K-Y ME & YOU EXTRA LUBRICATED DEVI	90	lamotrigine chew	17
KROGER LANCETS 21G	110	K-Y ME & YOU INTENSE DEVI ..	90	lamotrigine kit	17
KROGER LANCETS MICRO THIN33G	110	KYLEENA	52	lamotrigine tabs	17
KROGER LANCETS SUPER THIN 110		KYNMOBI FILM	40	lamotrigine tb24	17
KROGER LANCETS THIN	110	L.O.S. YANKAUER HOLDER MISC 136		lamotrigine tbdp	17
KROGER LANCETS THIN 26G	110	LAB COAT/DISPOSABLE/LARGE MISC	136	LAMPIT	34
KROGER LANCETS ULTRATHIN30G	110	LAB COAT/DISPOSABLE/SMALL MISC	136	LANCET DEVICE ADJUSTABLE MISC	110
KROGER LANCING DEVICE MISC 110		LAB COAT/DISPOSABLE/XX-LARGE MISC	136	LANCET DEVICE WITH EJECTOR MISC	110
KROGER PEN NEEDLES 29G X12MM	166	labetalol hcl tabs	46	LANCET TRANSPORTER CASE MISC	110
KROGER PEN NEEDLES 31G X8MM	166	lacosamide soln or 10 mg/ml	17	LANCETS	110
KROGER PEN NEEDLES 31GX1/4"	166	lacosamide tabs	17	LANCETS 30G	110
KROGER PEN NEEDLES/31G X1/4"	166	LACRISERT	210	LANCETS 30G TWIST TOP	110
KROGER PEN NEEDLES/31G X1/4"	166	lactase tabs 3000 unit	70	LANCETS 30G/TWIST TOP	110
KROGER PEN NEEDLES/31G X1/4"	166	lactic acid (ammonium lactate) crea 61		LANCETS 33G EXTRA FINE	110
KROGER PEN NEEDLES/31G X3/16"	166	lactic acid (ammonium lactate) lotn 12 %	61	LANCETS 33G UNIVERSAL DESIGN	110
KROGER PEN NEEDLES/31G X5/16"	166	lactulose (encephalopathy)	76	LANCETS MICRO THIN 33G	110
KROGER PEN NEEDLES/32G X5/32"	166	LADYCARE MENOPAUSE MISC 136		LANCETS ULTRA THIN	110
KROGER PEN NEEDLES/33G		LAMICTAL ODT KIT	17	LANCING DEVICE MISC	110
		LAMICTAL XR KIT	17	LANREOTIDE ACETATE	73
				LANSINOH BREASTFEEDING PILLOW MISC	136

LANSINOH PUMP ADAPTERS	SYRINGE/1ML/28G X 1/2"	166	LEQVIO	31
MISC	LEADER INSULIN		letrozole	37
LANSINOH SMARTPUMP 2.0 MISC .	SYRINGE/1ML/29G X 1/2"	166	leucovorin calcium tabs	39
136	LEADER INSULIN		LEUKERAN	36
LANSINOH SMARTPUMP	SYRINGE/1ML/30G X 5/16"	166	LEUKINE SOLR IJ	79
DOUBLELECTRIC MISC	LEADER INSULIN		levalbuterol hcl	14
lansoprazole cpdr	SYRINGE/1ML/31G X 5/16"	166	levalbuterol tartrate	14
lansoprazole tbdd	LEADER QUICK DISSOLVE		levamlodipine maleate	47
lanthanum carbonate chew	GLUCOSE CHEW	23	LEVEMIR FLEXPEN SOPN	25
LANTUS SOLN	LEADER UNIFINE PENTIPS		LEVEMIR FLEXTOUCH SOPN ...	25
25	PLUS/MINI/31GX3/16"	166	LEVEMIR SOLN	25
LANTUS SOLOSTAR SOPN	LEADER UNIFINE PENTIPS		levetiracetam soln or 100 mg/ml, 500	
25	PLUS/SHORT/31GX5/16"	166	mg/5ml	17
LANZO MISC	LEADER UNIFINE		levetiracetam tabs	17
110	PENTIPS/MINI/31GX3/16"	166	levetiracetam tb24 750 mg	17
lapatinib ditosylate	LEADER UNIFINE		levetiracetam tb24	17
38	PENTIPS/PLUS/32GX3/16"	166	levobunolol hcl 0.5 %	210
latanoprost soln	LEADER UNIFINE		levocarnitine (metabolic modifiers)	
213	PENTIPS/NANO/32GX5/32"	166	soln or 1 gm/10ml	72
LATCH ASSIST NIPPLE EVERTER	LEADER UNIFINE		levocarnitine (metabolic modifiers)	
MISC	PENTIPS/PLUS/32GX5/32"	166	tabs	72
136	LEDIPASVIR/SOFOSBUVIR TABS		levofloxacin (ophth) 0.5 %	211
LEADER ADVANCED LANCING	45		levofloxacin soln or	74
DEVICE MISC	leflunomide	5	levofloxacin tabs	74
110	LEMTRADA	217	levonorgestrel & eth estradiol tabs	51
LEADER GLUCOSE 6 MG-4 GM .	lenalidomide	198	levonorgestrel (emergency oc) 1.5	
23	LENVIMA 10 MG DAILY DOSE ..	36	mg	52
LEADER INSULIN	LENVIMA 12MG DAILY DOSE ..	36	levonorgestrel-eth estradiol	
SYRINGE/0.3ML/29G X 1/2"	LENVIMA 14 MG DAILY DOSE ..	37	(triphasic)	51
166	LENVIMA 18 MG DAILY DOSE ..	37	levonorgestrel-ethinyl estradiol (91-	
LEADER INSULIN	LENVIMA 20 MG DAILY DOSE ..	37	day) 0.03 mg-0.15 mg	51
SYRINGE/0.5ML/28G X 1/2"	LENVIMA 24 MG DAILY DOSE ..	37	levonorgestrel-ethinyl estradiol	
166	LENVIMA 4 MG DAILY DOSE ..	37		
LEADER INSULIN	LENVIMA 8 MG DAILY DOSE ..	37		
SYRINGE/0.5ML/30G X 5/16"	LEQEMBI	216		
166				
LEADER INSULIN				

(continuous)	51	LIDOCAINE HYDROCHLORIDE CREA	62	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...
levorphanol tartrate tabs	7	lidocaine oint	62	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" ...
levothyroxine sodium caps	219	lidocaine ptch 5 %	62	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"
levothyroxine sodium tabs	219	lidocaine-hydrocortisone acetate (rectal) crea ex	9	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"
LEVULAN KERASTICK SOLR	57	lidocaine-hydrocortisone acetate (rectal) kit	9	167
LEXETTE FOAM	60	lidocaine-prilocaine crea	62	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" ...
LEXIVA SUSP	44	lidocaine-prilocaine kit	62	167
LIBERTY BLOOD GLUCOSE METER DEVI	110	LIDOREX GEL	62	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"
LIBERTY CONTROL SOLUTION HIGH SOLN	110	LIDOTRAL CREA	62	167
LIBERTY GLUCOSE CONTROL MID SOLN	110	LIDOTRAN CREA	62	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"
LIBERTY MEDICAL LANCETS 30G ..	110	LILETTA 20.1 MCG/DAY	52	167
LIBERTY MINI LANCING DEVICE MISC	110	lindane sham	63	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" ...
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI 110		linezolid susr	35	167
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	68	linezolid tabs	35	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"
LIBERTY TEST STRIPS STRP	68	LINZESS	76	167
LICART PT24	57	liothyronine sodium tabs	219	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"
lidocaine hcl (mouth-throat) 2 % ..	199	lisinopril & hydrochlorothiazide ..	33	167
lidocaine hcl (mouth-throat) 4 % ..	199	lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	31	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"
lidocaine hcl crea 3 %	62	LITE TOUCH LANCETS	110	167
lidocaine hcl gel 2 %	62	LITE TOUCH LANCING PEN MISC 110		LITETOUCH LANCETS MICRO THIN 33G
lidocaine hcl prsy	62	LITETOUCH INSULIN PEN		111
lidocaine hcl soln	62	NEEDLES/32G X 4MM/MINI	166	LITETOUCH MASK LARGE MISC 190
LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	9	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" ...	166	LITETOUCH MASK MEDIUM MISC .. 190
		LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...	166	LITETOUCH MASK SMALL MISC 190
		LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...	166	LITETOUCH PEN NEEDLES 29GX12.7MM
				167

LITETOUCH PEN NEEDLES 31G X 6MM	167	LONGS LANCETS STANDARD	111	lovastatin tabs	31
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	167	LONGS LANCETS THIN	111	loxapine succinate	42
LITETOUCH PEN NEEDLES 31GX8MM SHORT	167	LONGS LANCETS ULTRA THIN	111	lubiprostone	75
LITETOUCH PEN NEEDLES/31G X 3/16"	167	LONHALA MAGNAIR REFILL KIT SOLN	12	LUCEMYRA	215
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	167	LONHALA MAGNAIR STARTER KIT SOLN	12	LUCIRA CHECK IT COVID-19TEST KIT KIT	68
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	167	LONSURF	38	LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	68
lithium carbonate caps	41	loperamide hcl caps	27	luliconazole	56
lithium carbonate tabs	41	loperamide hcl tabs	27	ULLABY DOUBLE ELECTRIC BREAST PUMP MISC	136
lithium carbonate tbcr	41	LOPROX	56	LUMAKRAS	38
LITHIUM CITRATE TETRAHYDRATE	50	LOPROX KIT	56	LUMBAR CUSHION MISC	136
LITHOSTAT	77	loratadine chew	29	LUMBAR SUPPORT CUSHION MISC	136
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	209	loratadine soln	29	LUMIGAN SOLN 0.01 %	213
LIVALO	31	loratadine tabs	29	LUNG PERFORMANCE PEAK FLOW METER	190
LIVE BETTER ADVANCED LANCING DEVICE MISC	111	loratadine tbdp 10 mg	29	LUPKYNIS	198
LIVE BETTER LANCET SUPERTHIN 30G	111	lorazepam conc	11	lurasidone hcl	41
LIVE BETTER LANCET ULTRATHIN 28G	111	lorazepam tabs	11	LUTEIN PLUS/ZEAXANTHIN TABS	202
LIVER DETOX TABS	202	LORBRENA	38	LYBALVI	216
LIVTENCITY	45	LOREEV XR CS24	11	LYDEXA CREA	62
LO LOESTRIN FE TABS	51	LORTAB ELIX	8	LYNPARZA TABS	38
LOKELMA	199	losartan potassium & hydrochlorothiazide	33	LYSODREN	37
LONGS GLUCOSE	23	losartan potassium	32	LYTGOBI	38
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	167	LOTEMAX OINT	212	LYUMJEV KWIKPEN SOPN	25
		LOTEMAX SM GEL	212	LYUMJEV SOLN	25
		loteprednol etabonate gel	212	LYUMJEV TEMPO PEN SOPN	25
		loteprednol etabonate susp	212	LYVISPAH PACK	208
				MAD NASAL INTRANASAL	

MUCOSAL ATOMIZATION DEVICE	MARATHON MEDICAL	MAXI-COMFORT INSULIN
MISC .....136	PENTIPS31GX5MM .....167	SYRINGE/U-100/1ML/28GX1/2" 168
mafенide acetate pack .....58	MARATHON MEDICAL	MAXICOMFORT INSULIN
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" . 167	PENTIPS31GX8MM .....167	SYRINGES 27G X 1/2" .....168
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" .....167	MARATHON MEDICAL PENTIPS32GX4MM .....167	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16" .....168
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 167	maraviroc tabs .....44	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" .....168
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" .....167	MARPLAN .....20	MAXIDEX SUSP OP .....212
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" . 167	MASK VORTEX/CHILD/FROG ..190	MAXX LUBRICATED MISC .....90
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" .....167	MASK VORTEX/TODDLER/LADYBUG .190	MAXX PLUS SPERMICIDE LUBRICATED MISC .....90
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 167	MASSAGER MULTI- PURPOSE/RECHARGEABLE MISC . 136	MAYZENT STARTER PACK TBPK 217
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 167	MASSAGER/FIVE IN ONE/HEAT MISC .....136	MAYZENT TABS .....217
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 167	MASSAGER/SWEDISH/1 SPEED MISC .....136	MAZERUSTAR KK-250S/KK-300SS MIXER/DISPOSABLE MIXING CONTAINERS MISC .....137
magnesium citrate .....81	MATTRESS PAD/35"X74"/EGGCRATE 2" MISC 136	MATTRESS COVER/DELUXE MISC 136
magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml .....81	MATTRESS PAD/35"X74"/EGGCRATE 4" MISC 136	meclizine hcl tabs 12.5 mg, 25 mg 27 meclofenamate sodium caps .....4
magnesium oxide (mg supplement) tabs 400 mg, 500 mg .....197	MATTRESS PAD/35"X74"/EGGCRATE 4" MISC 136	MEDELA LACTINA DOUBLE PUMPING KIT MISC .....137
magnesium oxide tabs 400 mg ....10	MATULANE .....39	MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC 137
magnesium sulfate ij 50 %197	MAVENCLAD .....217	MEDIC INSULIN
MAGNESIUM SULFATE IJ 50 % .197	MAVYRET PACK .....45	SYRINGE/0.3ML/30G X 5/16" ...168
magnesium tabs 250 mg, 250 mg 197	MAVYRET TABS .....45	MEDIC INSULIN
MAGNIFIER HANDS-FREE MISC 136	MAXICOMFORT II PEN NEEDLES/31G X 1/4" .....167	SYRINGE/0.5ML/30G X 5/16" ...168
malathion .....63	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 167	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE .....111
MARATHON MEDICAL PENTIPS29GX12MM .....167		MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW .....111
		MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW .....111

MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW ...	111	MEDLANCE PLUS LANCETS LITE 25G	111	400 mg/10ml	37
MEDICHOICE SAFETY LANCETEXTRA	111	MEDLANCE PLUS LITE LANCETS 25G	111	megestrol acetate susp 800 mg/20ml 37	
MEDICHOICE SAFETY LANCETNORMAL	111	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	111	megestrol acetate tabs	37
MEDICINE DROPPER MISC	137	MEDLANCE PLUS SUPERLITE 30G	111	MEIJER ALCOHOL SWABS EXTRA-THICK	137
MEDICINE DROPPER/CALIBRATED MISC	137	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	111	MEIJER BLOOD GLUCOSE MONITORING KIT KIT	112
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	168	MEDLANCE PLUS UNIVERSAL LANCETS 21G	111	MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	68
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	168	MEDLANCE PLUS/LITE 25G	111	MEIJER COLOR LANCETS UNIVERSAL 33G	112
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	168	MEDLANCE/EXTRA	111	MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	112
MEDICINE SPOON MISC	137	MEDLANCE/LITE	111	MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP ..	68
MEDI-FRIDGE IIX MISC	137	MEDROL TABS	53	MEIJER GLUCOSE	23
MEDI-RDT BLISTER PACKS/LABELS & SLEEVE MISC 137		medroxyprogesterone acetate (contraceptive) susp im	52	MEIJER LANCETS	112
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- LOW,1-MED,1 HIGH LIQD	111	medroxyprogesterone acetate (contraceptive) susy im	52	MEIJER LANCETS THIN	112
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- NORMAL LIQD	111	medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg	215	MEIJER LANCETS UNIVERSAL21G	112
MEDISENSE HIGH/LOW CONTROL SOLUTION LIQD	111	mefenamic acid caps	4	MEIJER LANCETS UNIVERSAL30G	112
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	111	mefloquine hcl	35	MEIJER LANCETS UNIVERSAL33G	112
MEDISENSE MID CONTROL SOLUTION LIQD	111	MEGA MULTI FOR MEN TABS ..	202	MEIJER PEN NEEDLES 29G X12MM	168
MEDISENSE THIN LANCETS ...	111	MEGA MULTI FOR WOMEN TABS 202		MEIJER PEN NEEDLES 31G X6MM	168
MEDLANCE PLUS EXTRA LANCETS 21G	111	MEGAVITE FRUITS & VEGGIES TABS	202	MEIJER PEN NEEDLES 31G X8MM	168
MEDLANCE PLUS LANCETS ...	111	MEGAVITE GOLDEN YEARS 55+ TABS	202	MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 112	168
		megestrol acetate (appetite) ..	215		
		megestrol acetate susp 40 mg/ml,			

MEIJER SUPER THIN LANCETS 112	MENTAX .....56	methazolamide tabs .....70
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT .....112	MENVEO SOLR .....223	methenamine hippurate .....35
	meperidine hcl soln or 50 mg/5ml ...7	methenamine mandelate 0.5 gm, 1 gm .....35
	meperidine hcl tabs 50 mg .....7	
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT .....112	meprobamate .....11	methenamine-hyoscamine-methylene blue-sodium phosphate tabs .....34
	mercaptopurine tabs .....36	methenamine-hyosc-methylene blue- benzoic acid-phenyl sal .....34
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP ..68	mesalamine cp24 .....75	methenamine-hyosc-methylene blue- sod phos-phenyl sal caps .....34
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT 112	mesalamine cpcr .....75	methenamine-hyosc-methylene blue- sod phos-phenyl sal tabs 10.8 mg- 81.6 mg-36.2 mg-0.12 mg-40.8 mg 34
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..68	mesalamine cpdr .....75	
	mesalamine enim .....75	
	mesalamine supp .....75	
	mesalamine tbec .....75	
MEKINIST TABS .....38	mesalamine w/ cleanser .....75	methimazole tabs .....219
MEKTOVI .....39	MESNEX TABS .....39	METHITEST TABS .....9
meloxicam caps .....4	METAL REACHER/27" MISC ....137	methocarbamol tabs .....208
meloxicam tabs .....4	metaxalone .....208	methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml .....36
melphalan .....36	METERED NASAL SPRAY	methotrexate sodium tabs 2.5 mg .36
memantine hcl cp24 .....216	PUMP15ML/SAFETY CLIP MISC 137	
memantine hcl soln 2 mg/ml .....216	metformin hcl soln .....22	methoxsalen rapid .....58
memantine hcl tabs .....216	metformin hcl tabs .....22	methscopolamine bromide .....220
MENACTRA .....223	metformin hcl tabs .....23	methylcellulose (laxative) powd ...81
MENEST .....74	metformin hcl tb24 500 mg, 1000 mg 22	methylcellulose (laxative) tabs .....81
MENOSTAR PTWK .....74	metformin hcl tb24 500 mg, 750 mg 22	METHYLCELLULOSE POWD ... 215
MENQUADFI .....223	metformin hcl tb24 500 mg, 750 mg 22	methyldopa tabs .....32
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS ....203	methadone hcl conc .....7	methylphenidate hcl chew .....2
MENS 50+ MULTIVITAMIN TABS 203	methadone hcl soln or .....7	methylphenidate hcl cp24 10 mg, 20 mg, 30 mg .....2
MENS MULTI VITAMIN & MINERAL FORMULA TABS .....203	methadone hcl tabs .....7	methylphenidate hcl cp24 40 mg, 60 mg .....2
MENS MULTIVITAMIN TABS ....203	methadone hcl tbso .....7	methylphenidate hcl cp24 .....2
	methamphetamine hcl .....1	methylphenidate hcl cpcr 10 mg, 20

mg, 30 mg	2	metronidazole caps	34	WRIST DEVI	88
methylphenidate hcl cpcr 40 mg	2	metronidazole tabs	34	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DELUXE DEVI	88
methylphenidate hcl cpcr 50 mg, 60 mg	2	metronidazole vaginal	225	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DEVI	88
methylphenidate hcl soln	2	metyrosine	32	MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI	88
methylphenidate hcl tabs 20 mg	2	mexiletine hcl	11	MICROLIFE DELUXE BLOOD PRESSURE MONITOR DEVI	88
methylphenidate hcl tabs 5 mg, 10 mg	2	miconazole nitrate (topical) crea ..	56	MICROLIFE DIGITAL PEAK FLOW METER	191
methylphenidate hcl tb24	2	miconazole nitrate vaginal supp 200 mg	225	MICROCHAMBER MISC	191
methylphenidate hcl tbcr 10 mg, 20 mg	2	miconazole-zinc oxide-white petrolatum	56	midazolam hcl syrp	80
methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg, 54 mg	2	MICRHOGAM ULTRA- FILTEREDPLUS SOSY IM	214	midodrine hcl	225
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	2	MICROCHAMBER DEVI	190	mifepristone	73
methylphenidate ptch	2	MICROCHAMBER MISC	190	miglitol	22
methylprednisolone tabs	53	MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	112	MILLIPRED TABS	53
methylprednisolone tbpk	53	MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	112	MINI LANCING DEVICE MISC	112
methyltestosterone caps	9	MICRODOT PEN NEEDLE/31G X 6 MM	168	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	191
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	75	MICRODOT PEN NEEDLE/32G X 4 MM	168	MINI WRIGHT PEAK FLOW METER	191
metoclopramide hcl tabs	75	MICRODOT PEN NEEDLE/33G X 4 MM	168	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	191
metoclopramide hcl tbdp	75	MICRODOT TEST STRIPS STRP .68		MINIELITE FILTER REPLACEMENTS MISC	191
METOCLOPRAMIDE ODT TBDP .	75	MICRODOT XTRA TEST STRIPS STRP	68	MINILINK REAL-TIME TRANSMITTER	112
metolazone	71	MICROLET LANCETS	112	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT ..	112
metoprolol & hydrochlorothiazide tabs	33	MICROLET NEXT MISC	112	minocycline hcl caps	219
metoprolol succinate tb24	47	MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI	88	minocycline hcl cp24	219
metoprolol tartrate tabs	47	MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED			
metronidazole (topical) crea	63				
metronidazole (topical) gel	63				
metronidazole (topical) lotn	63				

minocycline hcl tabs	219	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	168	mometasone furoate crea	60
minocycline hcl tb24	219	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	168	mometasone furoate oint	60
MINOLIRA TB24	219	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	168	mometasone furoate soln	60
minoxidil 2.5 mg, 10 mg	34	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	168	MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML MISC	
MIRASORB SPONGES 4" X 4" MISC	84	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	168	.....	137
MIRCERA 120 MCG/0.3ML	79	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	168	MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML MISC	
MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	50 79	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	168	MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML MISC	
MIRENA	52	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	168	.....	137
mirtazapine tabs	19	MM LANCING DEVICE MISC	112	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/10ML MISC	137
mirtazapine tbdp	19	MM PEN NEEDLES 31G X 1/4" ..	168	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/3ML MISC	137
misoprostol	221	MM PEN NEEDLES 31G X 3/16"		MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/5ML MISC	137
MIXER/MAZERUSTAR KK-250S/KK- 300SS/STANDARD MIXING CONTAINER MISC	137	MM PEN NEEDLES 31G X 5/16" 168		MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML MISC	
MIXER/MAZERUSTAR KK-250S/KK- 300SS/YELLOW STD MIX CONTAINER MISC	137	MM PEN NEEDLES 32G X 5/32" 168		.....	137
MIXER/MAZERUSTAR KK- 400W/STANDARD/MIXING CONTAINER MISC	137	MM TWIST LANCETS	112	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/4ML MISC	
MIXER/MAZERUSTAR/EMP/JARMI XING/ADAPTER SET/15ML- 50ML/100ML MISC	137	M-M-R II SOLR	224	138	
MIXER/MAZERUSTAR/UNODOSEM IXING ADAPTER MISC	137	M-NATAL PLUS TABS	206	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	
MIXING/MAZERUSTAR/EMP/JAR MIXING ADAPTER/15ML-50ML MISC	137	modafinil	2	138	
MM EASY TOUCH BLOOD GLUCOSE METER KIT	112	moexipril hcl	31	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/7ML MISC	
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	68	MOIST-SURE REPLACEMENT COVER/LARGE/14" X 27" MISC ..	137	138	
		MOIST-SURE REPLACEMENT COVER/PETITE/4" X 17" MISC ..	137	MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	138
		MOISTUREPLUS COVER/LARGE/14" X 27" MISC ..	137	MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	138
		molindone hcl	42	MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	138
		mometasone furoate (nasal) susp 209		MONOJECT BLOOD COLLECTION/INFUSION	

SET/FEMALE LUER/19GX3/4" MISC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	169	SAFETYNEEDLE 23GX1"	169
.....138			MONOJECT MAGELLAN	
MONOJECT BLOOD COLLECTION/INFUSION	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-		SAFETYNEEDLE 25GX5/8"	169
SET/FEMALE LUER/23GX3/4" MISC	SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	169	MONOJECT MAGELLAN	
.....138			SYRINGE/SAFETY	
MONOJECT BLOOD COLLECTION/INFUSION	MONOJECT INSULIN SYRINGE/SAFETY/PERM		NEEDLE/3ML/20G X 1"	169
SET/FEMALE LUER/25GX3/4" MISC	NEEDLE/0.3ML/29G X 1/2"	169	MONOJECT MULTI-SAMPLE	
.....138			COLLECTION	
MONOJECT BLOOD COLLECTION/INFUSION	MONOJECT INSULIN SYRINGE/SAFETY/PERM		SET/HOLDER/SAFETY CAP/MALE	
SET/MULTI-SAMPLE/21GX3/4"	NEEDLE/0.3ML/29GX1/2"	169	MISC	138
MISC				
MONOJECT BLOOD TUBE HOLDER MISC	MONOJECT INSULIN SYRINGE/SAFETY/PERM		MONOJECT STANDARD	
.....138	NEEDLE/0.5ML/29G X 1/2"	169	HYPODERMIC	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1"	MONOJECT INSULIN SYRINGE/SAFETY/PERM		NEEDLE/POLYPROPYLENE/23GX1	
.....168	NEEDLE/1ML/29G X 1/2"	169	"	169
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	MONOJECT INSULIN SYRINGE/SAFETY/PERM		MONOJECT STANDARD	
.....168	1/2"	169	HYPODERMIC	
MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8"	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X		NEEDLE/POLYPROPYLENE/25GX5	
168	100/0.5ML/28G X 1/2"	169	/8"	169
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	MONOJECT INSULIN SYRINGE/SOFTPACK/U-		MONOJECT SYRINGE/LUER	
.....168	100/0.5ML/28G X 1/2"	169	LOCK/3ML/20G X 1"	169
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	169	MONOJECT	
.....168			SYRINGE/STANDARDHYPODERMI	
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	169	C NEEDLE/3ML/20GX1"	169
.....168				
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	169	MONOJECT ULTRA COMFORT	
.....168			INSULIN SYRINGE/0.3ML/29G X	
MONOJECT INSULIN SYRINGE/1ML	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	169	1/2"	169
.....168			MONOJECT ULTRA COMFORT	
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	169	INSULIN SYRINGE/0.3ML/31G X	
.....168			5/16"	169
MONOJECT INSULIN SYRINGE/1ML/25G X 5/8"	MONOJECT INSULIN SYRINGE/DETACH		MONOJECT ULTRA COMFORT	
.....168	MONOJECT INSULIN SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/28G X	
MONOJECT INSULIN SYRINGE/1ML/27G X 1/2"	MONOJECT INSULIN SYRINGE/DETACH		1/2"	169
.....168	MONOJECT INSULIN SYRINGE/DETACH		MONOJECT ULTRA COMFORT	
MONOJECT INSULIN SYRINGE/1ML/27G X 1/2"	MONOJECT LUER ADAPTER MISC		INSULIN SYRINGE/0.5ML/29G X	
.....168	138		1/2"	169
MONOJECT MAGELLAN			MONOJECT ULTRA COMFORT	

INSULIN SYRINGE/0.5ML/30G X 5/16"	169	moxifloxacin hcl tabs	74	MULTIVITAMIN ADULT TABS ...	205
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	170	MPD SAFETY LANCET 21G/1.8MM 112		MULTIVITAMIN ADULTS TABS .	203
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" 170		MPD SAFETY LANCET 28G/1.8MM 112		MULTIVITAMIN CHILDRENS CHEW	206
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 170		MPD SAFETY LANCET 30G/1.8MM 112		MULTIVITAMIN MEN TABS	203
MONOLET LANCETS	112	MPD SAFETY LANCETS 23G/1.8MM	112	MULTIVITAMIN PLUS IRON CHILDRENS CHEW	206
MONOLET OPD LANCETS	112	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	170	MULTIVITAMIN TABS	203
MONOLETTOR SAFETY LANCETS 112		MS INSULIN SYRINGE/0.5ML/31G X 5/16"	170	MULTIVITAMIN WITH FLUORIDE CHEW	205
montelukast sodium chew	12	MS INSULIN SYRINGE/1ML/31G X 5/16"	170	MULTIVITAMIN WOMEN TABS .	203
montelukast sodium pack	12	MUCOSAL ATOMIZATION		MULTIVITAMIN/FLUORIDE CHEW 205	
montelukast sodium tabs	12	NASALDEVICE MISC	138	MULTIVITAMIN/ZINC STRESSFORMULA TABS	203
MORGIDOX 1X100MG	219	MULPLETA	79	MULTI-VIT-FLOR CHEW	205
MORGIDOX 2X100MG	219	MULTAQ	12	mupirocin calcium (topical)	56
morphine sulfate beads	7	MULTI VITAMIN TABS	205	mupirocin oint	56
morphine sulfate cp24 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	7	MULTI VITAMIN/D-3 TABS	205	MURO 128 SOLN	213
morphine sulfate soln or 10 mg/0.5ml, 10 mg/5ml, 20 mg/5ml, 20 mg/ml, 100 mg/5ml	7	MULTI-BETIC DIABETES SUPPORT TABS	203	MYCAPSSA CPDR	73
morphine sulfate supp	7	MULTI-BETIC DIABETES TABS .	203	mycophenolate mofetil caps	198
morphine sulfate tabs	7	MULTI-LANCET DEVICE 2 KIT ..	113	mycophenolate mofetil susr	198
morphine sulfate tbcr	7	MULTI-LANCET DEVICE MISC ..	112	mycophenolate mofetil tabs	198
MOTEGRITY	74	MULTI-MAC	206	mycophenolate sodium	198
MOUNJARO	24	multiple vitamin tabs	205	MYDAYIS CP24	1
MOVANTIK	76	multiple vitamins w/ iron tabs ..	200	MYFEMBREE	74
moxifloxacin hcl (ophth) soln op ..	211	multiple vitamins w/ minerals tabs 203		MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	113
		MULTISTIX 10 SG	68	MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	68
		MULTIVITAMIN + FLUORIDE CHEW	205		

MYGLUCOHEALTH CONTROL	.....	5	neomycin-polymyxin-hc (otic) soln
LOW/NORMAL/HIGH SOLN	113		214
	naratriptan hcl	196	
MYGLUCOHEALTH MGH			neomycin-polymyxin-hc (otic) susp
SOFTLANCE LANCETS 30G ...	113		214
MYLERAN TABS	36	138	NEO-SYNALAR
MYRBETRIQ SRER	222	211	NEO-SYNALAR KIT
MYRBETRIQ TB24	222	206	NEOVITE TABS
nabumetone	4	51	NERLYNX
nadolol tabs 20 mg, 40 mg, 80 mg	47	26	NESTABS
naftifine hcl crea	57		NESTABS DHA
naftifine hcl gel	57		NESTABS ONE
NAFTIN GEL	57		NEUAC KIT
NAIL POLISH BOTTLE/BRUSH15ML			NEULASTA ONPRO KIT PSKT ...
MISC	138	47	79
NALMEFENE HYDROCHLORIDE			NEULASTA SOSY
27			79
	NEBULIZER AIR TUBE/PLUGS		NEUPOGEN SOLN 300 MCG/ML .79
	MISC	191	
NALOCET TABS	8	191	NEUPOGEN SOLN 480 MCG/1.6ML
naloxone hcl liqd	27		79
naloxone hcl soct	27		NEUPOGEN SOSY 300 MCG/0.5ML
naloxone hcl soln 0.4 mg/ml, 4			79
mg/10ml	27		NEUPOGEN SOSY 480 MCG/0.8ML
naloxone hcl sosy	27	21	79
naltrexone hcl	27		NEUPRO
NAMZARIC C4PK	216		40
NAMZARIC CP24	216		NEUTEK 2TEK CONTROL
naproxen sodium tabs 275 mg, 550			SOLUTIONS SOLN
mg	5		113
naproxen sodium tb24	5		NEUTEK 2TEK TEST STRIPS STRP
naproxen susp	5		.....68
naproxen tabs	5		
naproxen tbec	5		NEVANAC
naproxen-esomeprazole magnesium			213
	neomycin-polymyxin-gramicidin		
	.....211		nevirapine susp
			44
	neomycin-polymyxin-hc (ophth)		nevirapine tabs
	.....212		44
			nevirapine tb24
	NEXCARE REUSABLE EAR PLUGS		44
	MISC		138
	NEXIUM PACK		221

NEXLETOL	29	nisoldipine	48	norethindrone acet & eth estra	51
NEXLIZET	29	nitazoxanide tabs	34	norethindrone acetate tabs	215
NEXTSTELLIS	51	nitisinone caps 2 mg, 5 mg, 10 mg	72	norethindrone acetate-ethinyl estradiol	74
NG SECURE NASOGASTRIC TUBE HOLDER MISC	138	NITRO-BID OINT	11	norethindrone acetate-ethinyl estradiol-fe	51
niacin (antihyperlipidemic) tbcr 500 mg, 1000 mg	31	NITRO-DUR PT24	11	norethindrone-eth estradiol (triphasic)	51
niacin (antihyperlipidemic) tbcr	31	nitrofurantoin	35	norgestimate-ethinyl estradiol (triphasic)	51
niacin cpqr 250 mg	226	nitrofurantoin macrocrystal	35	norgestimate-ethinyl estradiol	51
niacin cpqr 500 mg	226	nitrofurantoin monohyd macro	35	norgestrel & ethinyl estradiol 30 mcg-0.3 mg	51
niacin tabs 100 mg, 500 mg	226	nitroglycerin pt24	11	NORITATE CREA	63
niacin tbcr 500 mg	226	nitroglycerin soln tl 0.4 mg/spray ..	11	NORLIQVA SOLN	48
NICADAN TABS	203	nitroglycerin subl	11	NORPACE CR CP12	11
NICADAN ZX TABS	203	NITYR TABS	72	nortriptyline hcl caps	22
nicardipine hcl caps	47	NIVA-PLUS TABS	206	nortriptyline hcl soln	22
NICAZEL FORTE TABS	203	NIVESTYM SOLN	79	NORVIR PACK	44
NICAZEL TABS	203	NIVESTYM SOSY	79	NOSE CLIP MISC	191
nicotine polacrilex gum	218	NIX PREMIUM METAL TWO-SIDED COMB MISC	138	NO-STING SKIN-PREP MISC	63
nicotine polacrilex lozg	218	nizatidine caps	220	NOURI AUTO MISC	138
nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	218	NO IRON MULTIPLE VITAMIN/MINERALS TABS	203	NOURIANZ	39
NICOTINE TRANSDERMAL SYSTEM KIT	218	NOCDURNA SUBL	73	NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3 MISC	138
NICOTROL INHALER INHA	218	NORDITROPIN FLEXPRO SOPN .72		NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI ..	113
NICOTROL NS SOLN	218	norelgestromin-ethinyl estradiol	52	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	113
nifedipine caps 10 mg	48	norethin acet & estrad-fe caps	51	NOVA MAX GLUCOSE TEST STRIPS STRP	68
nifedipine caps 20 mg	48	norethin acet & estrad-fe chew	51	NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	
nifedipine tb24	48	norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg	51	113	
nilutamide	37	norethindrone & eth estradiol	51		
nimodipine caps	48	norethindrone & ethinyl estradiol-fe	51		
NINLARO	39	norethindrone (contraceptive)	52		

NOVA QUAD TIP/FOUR PRONGS	FLEXPEN RELION SUPN	26	NUCYNTA TABS	7	
3/4" SHAFT CANE MISC	138	NOVOLOG MIX 70/30 PREFILLED	NUEDEXTA	217	
NOVA SAFETY LANCETS 23G .	113	FLEXPEN SUPN	26	NUPLAZID CAPS	41
NOVA SAFETY LANCETS 28G .	113	NOVOLOG MIX 70/30 RELION SUSP	26	NUPLAZID TABS 10 MG	41
NOVA SUREFLEX LANCETS ...	113	NOVOLOG MIX 70/30 SUSP	25	NURTEC	195
NOVA SUREFLEX LANCING DEVICE MISC	113	NOVOLOG PENFILL SOCT	26	NUTRICAP TABS	203
NOVOEIGHT	78	NOVOLOG RELION SOLN IJ	26	NUTRILIPID	210
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	170	NOVOLOG SOLN IJ	25	NUTROPIN AQ NUSPIN 10 SOPN 72	
NOVOFINE PEN NEEDLE 32G X 6MM	170	NOVOPEN ECHO DEVI	170	NUTROPIN AQ NUSPIN 20 SOPN 72	
NOVOFINE PLUS PEN NEEDLE32G X 4MM	170	NOVOSEVEN RT	78	NUTROPIN AQ NUSPIN 5 SOPN .72	
NOVOLIN 70/30 FLEXPEN RELION SUPN	25	NOVOTWIST PEN NEEDLE 32GX 5MM	170	NUVAIL SOLN	62
NOVOLIN 70/30 FLEXPEN SUPN 25		NOXAFL PACK	28	NUVAKAAN II	62
NOVOLIN 70/30 RELION SUSP ..	25	NP THYROID 120 TABS	219	NUVESSA	225
NOVOLIN 70/30 SUSP	25	NP THYROID 15 TABS	219	NUWIQ KIT	78
NOVOLIN N FLEXPEN RELION SUPN	25	NP THYROID 30 TABS	219	NUWIQ SOLR	78
NOVOLIN N FLEXPEN SUPN	25	NP THYROID 60 TABS	219	NUZYRA TABS	218
NOVOLIN N RELION SUSP	25	NP THYROID 90 TABS	219	NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC	138
NOVOLIN N SUSP	25	NPLATE	79	NYMALIZE SOLN 6 MG/ML	48
NOVOLIN R FLEXPEN RELION SOPN IJ	25	NU GAUZE 4PLY 4"X4" PADS ..	84	nystatin (mouth-throat)	199
NOVOLIN R FLEXPEN SOPN IJ ..	25	NU GAUZE GENERAL-USE		nystatin (topical) crea	57
NOVOLIN R RELION SOLN IJ ..	25	SPONGES 4"X4" 4 PLY MISC ..	84	nystatin (topical) oint	57
NOVOLIN R SOLN IJ	25	NUASKIN SKIN TAG REMOVER		nystatin (topical) powd ex	57
NOVOLOG FLEXPEN RELION SOPN	25	MISC	138	nystatin tabs	28
NOVOLOG FLEXPEN SOPN	25	NUASKIN VACUUM PRO MISC .	138	nystatin-triamcinolone crea	57
NOVOLOG MIX 70/30 PREFILLED		NUBEQA	37	nystatin-triamcinolone oint	57
		NUCALA SOAJ	12	NYVEPRIA	79
		NUCALA SOLR	12	OB COMPLETE ONE	206
		NUCALA SOSY 100 MG/ML	12	OB COMPLETE PETITE	206
		NUCALA SOSY 40 MG/0.4ML	12		
		NUCYNTA ER TB12	7		

OB COMPLETE PREMIER	206	MISC	139	omega-3-acid ethyl esters	30
OB COMPLETE TABS	206	OINTMENT TUBE/METAL/2OZ		omeprazole cpdr	221
OB COMPLETE/DHA	206	MISC	139	omeprazole-sodium bicarbonate caps	222
OBIZUR	78	OINTMENT TUBE/METAL/4OZ		omeprazole-sodium bicarbonate pack	222
OCALIVA	75	MISC	139	OMNARIS SUSP	209
OCREVUS	217	OINTMENT TUBE/PLASTIC		OMNICAP TABS	205
octreotide acetate soln 100 mcg/ml, 500 mcg/ml	73	W/SCREW CAP/8OZ MISC	139	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	113
octreotide acetate soln	73	OINTMENT TUBE/PLASTIC/1OZ		OMNIPOD 5 G6 PODS (GEN 5)	
octreotide acetate sosy	73	MISC	139	MISC	113
OCULAR VITAMINS TABS	203	OINTMENT TUBE/PLASTIC/2OZ		OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	113
ODEFSEY	44	MISC	139	OMNIPOD CLASSIC PODS (GEN 3)	
ODOMZO	37	OINTMENT TUBE/PLASTIC/4OZ		MISC	113
OFEV	218	MISC	139	OMNIPOD DASH INTRO KIT (GEN 4) KIT	113
OFFSET CANE/BLACK/300LBCAPACITY		olanzapine solr	42	OMNIPOD DASH PDM KIT (GEN 4) KIT	113
MISC	138	olanzapine tabs	42	OMNIPOD DASH PODS (GEN 4)	
OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	138	olanzapine tbdp 10 mg	42	MISC	113
OFFSET CANE/CHROME/300LBCAPACITY		olanzapine tbdp 5 mg, 15 mg, 20 mg		OMNIPOD GO 10 UNITS/DAY KIT	
MISC	138	42	113		
OFFSET CANE/GREEN ICE/300LB CAPACITY MISC	138	olanzapine tbdp	42	OMNIPOD GO 15 UNITS/DAY KIT	
OFFSET CANE/ROSE PRINT/300LB CAPACITY MISC	138	olanzapine-fluoxetine hcl	216	113	
OFFSET CANE/STRAP MISC	138	olmesartan medoxomil	32	OMNIPOD GO 20 UNITS/DAY KIT	
ofloxacin (ophth)	211	olmesartan medoxomil 5 mg	32	113	
ofloxacin (otic)	214	olmesartan medoxomil-amlodipine-			
ofloxacin 300 mg, 400 mg	74	hydrochlorothiazide	33	hydrochlorothiazide	
OINTMENT TUBE OPHTHALMICTIP 1/8OZ/METAL MISC	138	olmesartan medoxomil-hydrochlorothiazide	33	OMNIPOD GO 25 UNITS/DAY KIT	
OINTMENT TUBE/METAL/1OZ		olopatadine hcl (nasal)	209	113	
		olopatadine hcl	213	OMNIPOD GO 30 UNITS/DAY KIT	
		OLUMIANT	3	113	
		OMBRA TABLE TOP		OMNIPOD GO 35 UNITS/DAY KIT	
		COMPRESSOR DEVI	191	113	
		OMECLAMOX-PAK	222	OMNIPOD GO 40 UNITS/DAY KIT	

113	ondansetron hcl tabs 4 mg, 8 mg ..27	ONE-A-DAY WOMENS 50+ TABS 203
OMNITROPE SOCT .....72	ondansetron tbdp .....27	ONE-A-DAY WOMENS TABS ... 203
OMNITROPE SOLR SC .....72	ONE DAILY ESSENTIAL TABS ..205	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G ....113
OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART DEVI .....88	ONE DAILY MENS 50+ MULTIVITAMIN TABS .....203	ONETOUCH DELICA PLUS LANCETS FINE 30G .....113
OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI .....88	ONE DAILY MENS FORMULA W/O IRON TABS .....203	ONETOUCH DELICA PLUS LANCING DEVICE MISC .....114
OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI .....88	ONE DAILY WOMENS TABS ....203	ONETOUCH DELICA SAFETY LANCING DEVICE MISC .....114
OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI .....88	ONE DAILY WOMENS TABS ..203	ONETOUCH SOLUTIONS RX STARTER KIT KIT .....114
OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI.....88	ONE DROP BLOOD GLUCOSE TEST STRIPS STRP .....68	ONETOUCH SURESOFT LANCING DEVICE/18G MISC .....114
OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI .....88	ONE FLOW FVC MONITORING SPIROMETER DEVI .....191	ONETOUCH SURESOFT LANCING DEVICE/21G MISC .....114
OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI .....88	ONE OUNCE MEDICINE CUPS MISC .....139	ONETOUCH SURESOFT LANCING DEVICE/28G MISC .....114
OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI .....88	ONE VITE DAILY MULTIVITAMIN TABS .....205	ONETOUCH ULTRA 2 KIT .....114
OMRON 7 SERIES BLOOD PRESSURE MONITOR/WRIST/BLUETOOTH DEVI .....88	ONE-A-DAY ENERGY TABS ... 203	ONETOUCH ULTRA CONTROL SOLN .....114
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT .....113	ONE-A-DAY MENOPAUSE FORMULA TABS .....203	ONETOUCH ULTRA STRP .....68
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP ..68	ONE-A-DAY MENS 50+ ADVANTAGE TABS .....203	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....114
ON/GO COVID-19 ANTIGEN SELF- TEST KIT .....68	ONE-A-DAY MENS 50+ TABS ... 203	ONETOUCH ULTRASOFT LANCETS .....114
ONCOVITE TABS .....203	ONE-A-DAY PROACTIVE 65+ TABS.....203	ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN .....114
ondansetron hcl soln or 4 mg/5ml .27	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS ... 203	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....114
		ONETOUCH VERIO IN VITRO MEDI-CAL STRP .....68
		ONETOUCH VERIO MID CONTROL SOLUTION SOLN .....114

ONETOUCH VERIO REFLECT KIT	139	MG	40
114		ORAL SWAB PETITE SWAB	147 OSMOLEX ER TB24 129 MG 40
ONETOUCH VERIO TEST STRIPS STRP	68	ORAVIG	199 OSPHENA
STRP			72
ONEVITE TABS	204	ORENCIA CLICKJECT SOAJ	5 OSTEOPRIME PLUS/CALCIUM &
		ORENCIA SOLR	MAGNESIUM TABS
ONEXTON GEL	55	ORENCIA SOSY	204
		ORENITRAM TBCR	OTEZLA TABS
ONGENTYS	40	49	5
		ORENITRAM TITRATION KIT	OTEZLA TBPK
ONGLYZA	24	MONTH 1 TEPK	5
		ORENITRAM TITRATION KIT	OTREXUP SOAJ 10 MG/0.4ML, 12.5
ONUREG TABS	36	MONTH 2 TEPK	MG/0.4ML, 15 MG/0.4ML, 17.5
		ORENITRAM TITRATION KIT	MG/0.4ML, 20 MG/0.4ML, 22.5
ONZETRA XSAIL EXHP	196	MONTH 3 TEPK	MG/0.4ML, 25 MG/0.4ML
		49	3
OPSUMIT	49	ORFADIN CAPS	OVAL TAPE MISC
		72	114
OPTICHAMBER DIAMOND DEVI		ORFADIN SUSP	oxaprozin
191		73	5
OPTICHAMBER DIAMOND MISC		ORGOVYX	oxazepam caps
191		37	11
OPTICHAMBER		ORIAHNN	oxcarbazepine susp
DIAMOND/LARGEFACE MASK		74	18
DEVI	191	ORIGINAL MCKENZIE CERVICAL	oxcarbazepine tabs 150 mg, 300 mg .
		ROLL MISC	18
OPTICHAMBER DIAMOND/MEDIUM		ORILISSA	oxcarbazepine tabs 600 mg
FACE MASK MISC	191	71	18
OPTICHAMBER		ORKAMBI PACK	OXERVATE
DIAMOND/SMALLFACE MASK		218	212
MISC	191	ORKAMBI TABS	oxiconazole nitrate crea
OPTIMUM BLOOD GLUCOSE		218	57
MONITORING SYSTEM DEVI ...	114	ORLADEYO	OXISTAT LOTN
		78	57
OPTIMUM BLOOD GLUCOSE		orphenadrine citrate tb12	OXTELLAR XR TB24
MONITORING SYSTEM KIT	114	208	18
OPTIMUM TEST STRIPS STRP	68	orphenadrine w/ aspirin & caff	OXYBUTYNIN CHLORIDE SOLN
		209	222
OPTIUMEZ TEST STRIPS STRP	68	ORSERDU	oxybutynin chloride syrup
		37	222
OPURITY TABS	204	ORTIKOS CP24	oxybutynin chloride tabs
		53	222
OPZELURA	61	oseltamivir phosphate caps 30 mg	oxybutynin chloride tb24
		46	222
ORACIT	76	oseltamivir phosphate caps 45 mg,	oxycodone hcl caps
		75 mg	7
oral electrolytes soln	197	46	oxycodone hcl conc 100 mg/5ml
		oseltamivir phosphate susr	7
ORAL MEDICINE DROPPER MISC		46	oxycodone hcl soln
		OSMOLEX ER TB24 129 MG, 193	7
			oxycodone hcl t12a 10 mg, 20 mg, 40

mg, 80 mg	7	PARI ERAPID NEBULIZER HANDSET MISC	192	PEAK A-I-R FLOW METER	192
oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg	7	PARI EXPIRATORY FILTER VALVE SET DEVI	192	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	192
oxycodone hcl tabs 5 mg	7	PARI MANUAL INTERRUPTER DEVI	192	PEDIARIX SUSY	219
oxycodone w/ acetaminophen soln .	8	PARI MASK SET MISC	192	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	
oxycodone w/ acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg	8	PARI SMARTMASK BABY/ELBOW MISC	192	pediatric multiple vitamins chew ..	206
OXYCONTIN T12A	7	PARI SOFT PLASTIC ADULT MASK MISC	192	pediatric multiple vitamins w/ iron chew	206
oxymorphone hcl tabs	7	PARI SOFT PLASTIC PEDIATRIC MASK MISC	192	pediatric multivitamins w/fl chew ..	205
oxymorphone hcl tb12	7	PARI TREK S COMBO PACK DEVI .	192	PEDIATRIC PANDA MASK	192
OXYTROL PTTW	222	PARI VORTEX ADULT MASK ...	192	PEDVAX HIB SUSP	223
oyster shell	197	paricalcitol caps	73	peg 3350-potassium chloride-sod bicarbonate-sod chloride	81
OYSTER SHELL CALCIUM/D TABS .		paramomycin sulfate	3	PEGASYS SOLN	45
197		paroxetine hcl susp	20	PEGASYS SOSY	45
OZEMPIC SOPN	24	paroxetine hcl tabs	20	PELVIC MUSCLE TRAINER MISC	
paliperidone	41	paroxetine hcl tb24	20	139	
PANDA MASK LARGE	191	paroxetine mesylate (vasomotor) 218		PEMAZYRE	39
PANDA MASK MEDIUM	191	PARVLEX TABS	204	PEN NEEDLES	170
PANDA MASK SMALL	192	PC LANCETS SUPER THIN 30G 114		PEN NEEDLES 29GX12MM	170
PANDEL	60	PC UNIFINE PENTIPS 29G X1/2"		PEN NEEDLES 30GX5MM	170
pantoprazole sodium pack	221	170		PEN NEEDLES 30GX8MM	170
pantoprazole sodium tbec	221	PC UNIFINE PENTIPS 31G X5MM MINI	170	PEN NEEDLES 31G X 3/16"	170
PARADIGM REAL-TIME TRANSMITTER	114	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	170	PEN NEEDLES 31G X 5MM	170
PAREMYD	213	PC UNIFINE PENTIPS 31G X8MM SHORT	170	PEN NEEDLES 31G X 6MM	170
PARI ALTERA NEBULIZER HANDSET MISC	192			PEN NEEDLES 31G X 8MM	170
PARI BABY CONVERSION KITSIZE 1 MISC	192			PEN NEEDLES 31GX5/16"	170
PARI BABY CONVERSION KITSIZE 2 MISC	192			PEN NEEDLES 31GX6MM (1/4")	
PARI BABY CONVERSION KITSIZE 3 MISC	192			170	
				PEN NEEDLES 31GX8MM (5/16")	
				170	

PEN NEEDLES 31GX8MM	170	PENTIPS 32GX6MM	171	BLOOD GLUCOSE MONITORING SYSTEM DEVI	114
PEN NEEDLES 32G X 4MM	170	PENTOSAN POLYSULFATE SODIUM	50	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .	193
PEN NEEDLES 32G X 5MM	170	pentoxifylline	78		
PEN NEEDLES 32G X 6MM	170	PERFECT LANCETS 30G	114	PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	68
PEN NEEDLES 32GX4MM	170	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	114		
PEN NEEDLES 33G X 5/32"	170	perindopril erbumine	31	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN 114	
PEN NEEDLES/29G X 1/2"	170	permethrin crea	63		
PEN NEEDLES/31G X 1/4"	170	permethrin liqd ex	63	PHARMACIST CHOICE ULTRA THIN LANCETS	114
PEN NEEDLES/31G X 3/16"	170	permethrin lotn	63	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	114
PEN NEEDLES/31G X 5/16"	170	perphenazine tabs	42	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	114
PEN NEEDLES/31G X 6MM	170	perphenazine-amitriptyline	216		
PEN NEEDLES/32G X 5/32"	170	PERSERIS PRSY	41	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	114
penciclovir	58	PERSONAL BEST FULL RANGE 192		PHARMACIST CHOICE ULTRA THIN LANCETS 33G	115
penicillamine caps	198	PERSONAL BLOOD PRESSURE SMART CARD MISC	139	PHARMACY COUNTER LANCETS . 115	
penicillamine tabs	198	PERTZYE CPEP	70	PHEBURANE PLLT	73
penicillin v potassium solr	215	PEXEVA	21	phenazopyridine hcl tabs 100 mg, 100 mg, 200 mg	77
penicillin v potassium tabs	215	PFLEX MISC	192	phenelzine sulfate	20
PENTACEL	219	PH ACCESSORIES STORAGE SOLUTION 230ML MISC	139	phenobarbital elix	80
pentamidine isethionate in	34	PHARMACIST CHOICE ALCOHOL ALCOHOLPREP PADS	139	phenobarbital tabs	80
PENTASA CPCR	75	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	114	phenoxybenzamine hcl	32
pentazocine w/ naloxone hcl	8	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	68	phenylephrine hcl (mydriatic) soln 211	
PENTIPS 29G X 12MM	171	PHARMACIST CHOICE MINI		phenylephrine in hard fat	9
PENTIPS 29GX12MM	171			phenytoin chew	19
PENTIPS 31G X 5MM	171			phenytoin sodium extended 100 mg,	
PENTIPS 31G X 8MM	171				
PENTIPS 31GX5MM	171				
PENTIPS 31GX6MM	171				
PENTIPS 31GX8MM	171				
PENTIPS 32G X 4MM	171				
PENTIPS 32GX4MM	171				

200 mg, 300 mg	19	PIP LANCETS/28G	115	POCKET PRO+ REPLACEMENT SENSOR/TESTER MISC	139
phenytoin susp	19	PIP LANCETS/30G	115	POCKET SPACER DEVI	193
PHEXXI	225	PIP PEN NEEDLES 31G X 5MM 171		POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	115
PHOSLYRA SOLN	76	PIP PEN NEEDLES 32G X 4MM 171		POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP ..	68
PHOSPHOLINE IODIDE	211	PIQRAY 200MG DAILY DOSE ...	39	POCKETCHEM EZ CONTROL LEVEL 1 SOLN	115
PHYTOMULTI TABS	204	PIQRAY 250MG DAILY DOSE ...	39	POCKETPEAK PEAK FLOW METER LOW RANGE	193
PIFELTRO	44	PIQRAY 300MG DAILY DOSE ...	39	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720	
PIKO 1 ELECTRONIC	193	pirfenidone caps	218	LPM	193
PILL CRUSHER MISC	139	pirfenidone tabs	218	PODOCON-25 SOLN	62
PILL SPLITTER MISC	139	piroxicam caps	5	podofilox soln	62
PILLGUARD REFILL CARTRIDGE MISC	139	PLASTIC BED PAN MISC	139	POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	115
PILLOW MASK/ADULT MISC	193	PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS MISC	139	POLY HUB NEEDLE/23G X 1" ..	171
PILLOW MASK/CHILD MISC	193	PLATFORM WALKER ATTACHMENT MISC	139	POLY HUB NEEDLE/25G X 5/8" 171	
PILLOW MASK/PEDIATRIC MISC 193		PLEGRIDY SOPN	217	polyethylene glycol 3350 pack	81
pilocarpine hcl (oral)	200	PLEGRIDY SOSY IM	217	polyethylene glycol 3350 powd	81
pilocarpine hcl soln 1 %, 2 %, 4 % 211		PLEGRIDY SOSY SC	217	POLYMEM NON-ADHESIVE PAD PADS	84
pimecrolimus	62	PLEGRIDY STARTER PACK SOPN ..	217	polymyxin b-trimethoprim	211
pimozide	217	PLEGRIDY STARTER PACK SOSY SC	217	POLYPROPYLENE CAP/LINER MISC	139
pindolol tabs	47	PLIAGLIS CREA	62	polysaccharide iron complex caps 150 mg	80
pioglitazone hcl	26	PNEUMOVAX 23	223	POLY-VI-FLOR CHEW	205
pioglitazone hcl-glimepiride	22	PNEUMOVAX 23/1 DOSE	223	polyvinyl alcohol 1.4 %	210
pioglitazone hcl-metformin hcl tabs 22		PNV TABS 29-1 TABS	206	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 mg/ml-6 mg/ml ...	210
PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	115	PNV-DHA+DOCUSATE	206		
PIP BLOOD GLUCOSE TEST STRIP STRP	68	PNV-OMEGA	207		
PIP GLUCOSE CONTROL SOLUTION LIQD	115	POCKET CHAMBER DEVI	193		
		POCKET PEAK FLOW METER ..	193		

POMALYST	38	pramipexole dihydrochloride tabs ..	40	CONTAINER/POSITIVE SEAL	
PONVORY 14-DAY STARTER		pramipexole dihydrochloride tb24 ..	40	INDICATOR MISC	139
PACK TBPK	217	prasugrel hcl	79	PRECISION SPECIMEN	
PONVORY TABS	217	pravastatin sodium	31	CONTAINER/POSITIVE SEAL	
posaconazole susp	28	praziquantel	10	INDICATOR/118ML MISC	139
posaconazole tbec	28	prazosin hcl caps	32	PRECISION SPUTUM COLLECTOR	
POSTURE SEAT MISC	139	PRECISION CATHETER		KIT WITH TUBE MISC	139
pot & sod citrates w/citric ac soln ..	76	URINESPECIMEN SYSTEM KIT KIT		PRECISION SURE-DOSE INSULIN	
potassium & sodium phosphates		139	SYRINGE/0.3ML/30G X 5/16" ..	171	
pack	197	PRECISION GLUCOSE CONTROL		PRECISION SURE-DOSE INSULIN	
potassium acetate soln 2 meq/ml	198	LIQD	115	SYRINGE/0.5ML/28G X 1/2"	171
POTASSIUM ACETATE SOLN 2		PRECISION GLUCOSE		PRECISION SURE-DOSE INSULIN	
MEQ/ML	198	CONTROLSOLUTION (TRI-		SYRINGE/0.5ML/29G X 1/2"	171
potassium chloride		LEVEL/HI/LO/NORMAL) SOLN ..	115	PRECISION SURE-DOSE INSULIN	
microencapsulated crystals er 10		PRECISION GLUCOSE		SYRINGE/0.5ML/30G X 3/8"	171
meq, 20 meq	198	KETONECONTROL SOLUTION 1-		PRECISION SURE-DOSE	
potassium chloride soln iv 2 meq/ml		LOW, 1-HIGH LIQD	115	INSULIN SYRINGE/1ML/28G X 1/2"	171
198		PRECISION		PRECISION SURE-DOSE	
potassium chloride soln or 10 % ..	198	GLUCOSE/KETONECONTROL		PLUSINSULIN SYRINGE/0.3ML/29G	
potassium chloride tbcr 8 meq, 10		SOLUTIONS 1-HI 1-LO LIQD ..	115	X 1/2"	171
meq	198	PRECISION LINK KIT	115	PRECISION SURE-DOSE	
potassium citrate (alkalinizer) tbcr 15		PRECISION PCX PLUS TEST		PLUSINSULIN SYRINGE/1ML/29G X	
meq, 540 mg, 1080 mg, 1620 mg ..	76	STRIPS STRP	68	1/2"	171
potassium citrate-citric acid pack ..	76	PRECISION PCX STRP	68	PRECISION THINS GP LANCET	
potassium citrate-citric acid soln ..	76	PRECISION POINT OF CARE TEST		115	
potassium phosphates 236 mg/ml-		STRIPS STRP	68	PRECISION TISSUE GRINDER	
224 mg/ml	197	PRECISION QID MONITOR DEVI		MISC	139
POTASSIUM PHOSPHATES 236		115	PRECISION TISSUE		
MG/ML-224 MG/ML	197	PRECISION QID TEST STRIPS		GRINDER/50ML MISC	139
povidone-iodine soln 10 %	43	STRP	68	PRECISION XTRA BLOOD	
PRADAXA CAPS	15	PRECISION SOF-TACT MONITOR		GLUCOSE TEST STRIPS STRP ..	69
PRADAXA PACK	15	DEVI	115	PRECISION XTRA DEVI	115
PRALUENT SOAJ	31	PRECISION SOF-TACT TEST		PRECISION XTRA KIT	115
		STRIPS STRP	69	PRECISION XTRA MONITOR DEVI	
		PRECISION SPECIMEN		115	
				PRED MILD	213

prednicarbate oint	60	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"		PREMPRO 1.5 MG-0.3 MG, 1.5 MG-0.45 MG	74
prednisolone acetate (ophth)	213	171		PREMPRO 2.5 MG-0.625 MG, 5 MG-0.625 MG	74
PREDNISOLONE SODIUM PHOSPHATE	213	PREFERRED PLUS LANCETS COLORED 21G	115	PRENAISSANCE	207
prednisolone sodium phosphate soln 53		PREFERRED PLUS LANCETS SUPER THIN 30G	115	PRENAISSANCE PLUS CAPS ..	207
prednisolone sodium phosphate tbdp 53		PREFERRED PLUS LANCETS THIN 26G	116	PRENATAL PLUS VITAMIN ANDMINERAL TABS	207
prednisolone soln	53	PREFERRED PLUS UNIFINE		PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	207
prednisolone tabs	53	PENTIPS 29G X 12MM	171		
PREDNISONE INTENSOL CONC 53		PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	171	prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	207
prednisone soln	53	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT ..	171	prenatal vit w/ iron carbonyl-folic acid tabs 120 mg-10 mg-1.25 mg-315 unit-15 mcg-3.4 mg-10 mg-1 mg-2 mg-15 mg-10 mg-20 unit-2100 unit-50 mg	207
prednisone tabs	53	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	171	prenatal without a w/ fe fumarate-l methylfolate-fa-dha	207
prednisone tbpk	53	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	171	PRENATE	207
PREFERRED PLUS GLUCOSE ..23		PREFEST	74	PRENATE AM	207
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 171		pregabalin (once-daily)	217	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	207
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" ..171		pregabalin caps	18	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG .	207
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 171		pregabalin soln	18	PRENATE ENHANCE	207
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 171		PREHEVBRIOD	224	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-	
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" ..171		PREMARIN	225	18 MG	207
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" . 171		PREMARIN TABS	74		
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" . 171		PREMESISRX	207		
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" ..171		PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	69		
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" . 171		PREMIUM CONDOMS LUBRICATED MISC	90		
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" . 171		PREMIUM PILL CRUSHER MISC 139			
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" . 171		PREMPHASE	74		

PRENATE MINI 60 MG-26 MG-280	primidone 50 mg, 250 mg	18	PRO COMFORT PULSE
MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150	PRIZOPAK II	62	OXIMETER/FINGER MISC
MCG-10 UNIT-600 MCG-25 MG .207	PRIZOTRAL II KIT	62	139
PRENATE PIXIE	PRO COMFORT ALCOHOL PADS		PRO COMFORT SAFETY LANCETS
PRENATE RESTORE	139		30G PRESSURE ACTIVATED ..
PRENATRIX TABS	PRO COMFORT INHALER SPACER		116
PRENATRYL TABS	CHAMBER ADULT MISC	193	PRO COMFORT SAFETY LANCETS
PREPLUS TABS	PRO COMFORT INHALER SPACER		30G PRESSURE ACTIVATED ..
PRESERVISION AREDS TABS .204	CHAMBER CHILD MISC	193	PRO COMFORT SAFETY LANCETS
PRETAB TABS	PRO COMFORT INHALER SPACER		30G PRESSURE ACTIVATED ..
PRETOMANID	CHAMBER INFANT DEVI	193	PRO VOICE V8 BLOOD GLUCOSE
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ..	172	MONITORING SYSTEM DEVI ...
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ..	172	116
PREVENT SAFETY PEN NEEDLES 31GX5/16"	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" ..	172	PRO VOICE V8 BLOOD GLUCOSE
PREVENT SAFETY PEN NEEDLES 31GX5/16"	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" ..	172	MONITORING SYSTEM DEVI ...
PREVNAR 13	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" ..	172	116
PREVNAR 20	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ..	172	PROAIR DIGIHALER
PREVYMIS TABS	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ..	172	14
PREZCOBIX	PRO COMFORT LANCETS 30G		PROAIR RESPICLICK AEPB
PREZISTA SUSP	116		14
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	PRO COMFORT LANCETS 31G		probenecid
44	116		77
PRIFTIN	PRO COMFORT PEN NEEDLES/31G X 8MM	172	PRO-CAL TABS
PRILO PATCH II KIT	PRO COMFORT PEN NEEDLES/32G X 4MM	172	204
PRILOSEC PACK	PRO COMFORT PEN NEEDLES/32G X 5MM	172	PROCARE SPACER CHAMBER
PRIMACARE	PRO COMFORT PEN NEEDLES/32G X 6MM	172	W/ADULT MASK DEVI
221	PRO COMFORT PEN NEEDLES/32G X 6MM	172	193
primaquine phosphate tabs	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PROCARE SPACER CHAMBER
35	PRO COMFORT PEN NEEDLES/32G X 6MM	172	W/CHILD MASK DEVI
primidone	PRO COMFORT PEN NEEDLES/32G X 6MM	172	193
18	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PRO CARE UPPER ARM BLOOD
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PRESSURE MONITOR DEVI
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	89
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PRO CARE WRIST BLOOD
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PRESSURE MONITOR DEVI
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	89
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PROCERV HP TABS
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	204
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	prochlorperazine
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	42
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	prochlorperazine maleate tabs
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	43
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PROCRIT
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	79
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PROCTOFOAM HC FOAM EX
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	9
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	PROCYSBP CPDR
	PRO COMFORT PEN NEEDLES/32G X 6MM	172	77

PROCYSBI PACK	77	PROFILNINE	78	MISC	139
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	116	PROFOLA TABS	204	protriptyline hcl	22
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	116	progesterone caps	215	PROVIT TABS	204
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	116	progesterone oil	215	pseudoephedrine hcl tabs 30 mg	210
PRODIGY CONTROL SOLUTIONHIGH SOLN	116	PROGRAF PACK	199	pseudoephedrine hcl tabs 60 mg	210
PRODIGY CONTROL SOLUTIONLOW SOLN	116	PROLATE SOLN	8	PSS SELECT GP LANCETS	116
PRODIGY COUNT-A-DOSE MISC 116		PROLATE TABS	8	PSS SELECT PLATFORMS MISC	
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	172	PROLENSA	213	116	
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	172	PROMACTA PACK	79	PSS SELECT SAFETY LANCETS	
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	172	PROMACTA TABS	79	116	
PRODIGY LANCING DEVICE MISC . 116		promethazine hcl soln 6.25 mg/5ml 29		psyllium caps 0.52 gm	81
PRODIGY NO CODING BLOOD GLUCOSE KIT	116	promethazine hcl syrup	29	psyllium powd 28.3 %, 48.57 %, 58.6 %, 95 %	81
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP . 69		promethazine hcl tabs	29	PTS PANELS EGLU STRP	69
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	116	promethazine-dm syrup	53	PTS PANELS GLUCOSE TEST	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	116	promethazine-phenylephrine-codeine	53	STRP	69
PRODIGY SAFETY LANCETS .. 116		PRONEB ULTRA FILTER SET MISC	193	PULMICORT FLEXHALER AEPB . 13	
PRODIGY TWIST TOP LANCETS 116		propafenone hcl cp12	11	PULMOZYME	218
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	116	propafenone hcl tabs	11	PULSE OXIMETER FOR FINGER MISC	139
Index 81		proparacaine hcl	212	PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP MISC .. 140	
		PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	209	PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPACK MISC	
		propranolol hcl cp24	47	140	
		propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	47	PUMP IN STYLE DOUBLE BREAST PUMP W/MAXFLOW MISC .. 140	
		propranolol hcl tabs	47	PUMP IN STYLE/MAXFLOW TUBING MISC	140
		propylthiouracil	219	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	193
		PROQUAD SUSR	224	PURE COMFORT ALCOHOL PREPPADS	140
		PRORENAL+D TABS	204		
		PROTECTIVE SAFETY EYEWARE			

PURE COMFORT INHALER	PX SHORTLENGTH PEN	THIN	117	
SPACER CHAMBER ADULT DEVI 193	NEEDLES/31GX8MM	172	QC UNILET LANCETS 33G/MICRO	
	pyrazinamide	36	THIN	117
PURE COMFORT LANCETS 30G 116	pyrethrins-piperonyl butoxide sham 4 %-0.3 %-0.33 %, 4 %-0.33 %	63	QELBREE	1
PURE COMFORT PEAK FLOW METER ADULT	pyridostigmine bromide soln or	36	QINLOCK	39
PURE COMFORT PEAK FLOW METER CHILD	pyridostigmine bromide tabs	36	QNDSL	209
PURE COMFORT PEN NEEDLE 32G X6MM	pyridostigmine bromide tbcr	36	QNDSL CHILDRENS	209
	pyridoxine hcl tabs 25 mg, 100 mg 226		QTERN	22
PURE COMFORT PEN NEEDLE 32G X8MM	pyrimethamine	35	Q-TIPS/SINGLE-TIP 6" SWAB	140
	QBRELIS SOLN	31	Q-TIPS/SINGLE-TIP APPLICATOR/6"/STERILE SWAB	
PURE COMFORT PEN NEEDLE/32G X 5MM	QBREXA	63	QUAD CANE TIPS 5/8" MISC	140
PURE COMFORT PEN NEEDLE/32G X4MM	QC ADVANCED LANCING DEVICE MISC	116	QUAD CANE TIPS/BLACK/5/8" MISC	140
PURIXAN SUSP	QC ALCOHOL SWABS	140	QUAD CANE TIPS/GREY/5/8" MISC	
	QC ALL PURPOSE DRESSINGS4"X4" PADS	84	140	
PX ADVANCED LANCING DEVICE MISC	QC ATHLETES FOOT RELIEF AERO	57	QUAD CANE/LARGE BASE/CUSHIONED HANDLE/5/8" MISC	140
PX EXTRA SHORT PEN NEEDLES 31GX6MM	QC BLOOD PRESSURE MONITOR/AUTOMATIC MISC	89	QUAD CANE/LARGE BASE/SHOVEL HANDLE MISC	140
PX GLUCOSE	QC LANCETS SUPER THIN	116	QUAD CANE/LARGE LOW BASE/DEVON HANDLE MISC	140
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	QC LANCETS ULTRA THIN	116	QUAD CANE/SMALL BASE MISC	
PX LANCET AUTO INJECTOR MISC	QC MULTI-VITE TABS	204	140	
PX LANCETS MICROTHIN 33G 116	QC PEN NEEDLES 29G X 12MM 172		QUAD CANE/SMALL BASE/BRONZE ALUMINUM MISC	
PX LANCETS ULTRA THIN	QC PEN NEEDLES 31G X 6MM	172	140	
PX LANCETS ULTRA THIN 28G 116	QC PEN NEEDLES 31G X 8MM	172	QUAD CANE/SMALL BASE/CUSHIONED HANDLE/1/2"	
PX MINI PEN NEEDLES 31GX5MM 172	QC STERILE PADS PADS	84	MISC	140
PX PEN NEEDLE 29GX12MM	QC UNIFINE PENTIPS 32GX4MM 172		QUAD CANE/SMALL BASE/OFFSET HANDLE MISC	140
PX PEN NEEDLE 31GX8MM	QC UNILET LANCETS 28G/ULTRA 172		QUADRACEL SUSP	219

QUADRACEL SUSY	219	STRIPS STRP	69	1/2"	172
QUAKE DEVI	194	QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN		RA INSULIN SYRINGE/1ML/29G X 1/2"	172
quazepam	80	117		RA INSULIN SYRINGE/U-	
quetiapine fumarate tabs 150 mg ..	42	QULIPTA	195	100/0.5ML/30G X 5/16"	172
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg	42	QUTENZA	62	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	172
quetiapine fumarate tb24	42	QUVIVIQ	80	RA PEN NEEDLES 31G X 5MM3/16"	
QUFLORA PEDIATRIC CHEW ..	205	QVAR REDIHALER	13	.....	172
QUICKTEK CONTROL SOLUTION LIQD	117	RA ALCOHOL SWABS	140	RA PEN NEEDLES 31G X 8MM5/16"	
QUICKTEK KIT	117	RA ARTHRITIS PAIN RELIEF CREA 62		RA STERILE PADS 4"X4" PADS ..	84
QUICKTEK TEST STRIPS STRP ..	69	RA BLOOD PRESSURE CUFF MONITOR AUTOMATIC MISC ..	89	rabeprazole sodium tbec	221
QUICKVUE AT-HOME COVID-19 TEST KIT	69	RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC DEVI	89	RADIAURA CREA	60
QUILLICHEW ER CHER	2	RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC MISC	89	RADICAVA ORS STARTER KIT SUSP	210
QUILLIVANT XR SRER	2	RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC		Raised TOILET SEAT MISC ..	140
QUIN B STRONG TABS	204	RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC		Raised TOILET SEAT/LOCK MISC .	140
quinapril hcl	31	RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC		raloxifene hcl	72
quinapril-hydrochlorothiazide ..	33	DEVI	89	ramelteon	80
quinidine gluconate tbcr	11	RA CENTRAL-VITE TABS	204	ramipril caps 2.5 mg, 5 mg, 10 mg	32
quinidine sulfate tabs	11	RA EXTRA COMFORT NIGHT PROTECTOR ORAL CARE MISC		ramipril caps	31
quinine sulfate caps 324 mg	36	140		ranolazine tb12	10
QUINTABS TABS	205	RA E-ZJECT LANCETS 28G ..	117	rasagiline mesylate	41
QUINTABS-M TABS	204	RA E-ZJECT LANCETS THIN 26G		RASUVO SOAJ 7.5 MG/0.15ML, 10	
QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	117	117		MG/0.2ML, 12.5 MG/0.25ML, 15	
QUINTET AC BLOOD GLUCOSETEST STRIPS STRP ..	69	RA E-ZJECT LANCETS THIN 28G	117	MG/0.3ML, 17.5 MG/0.35ML, 20	
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI ..	117	RA E-ZJECT LANCETS ULTRATHIN 30G	117	MG/0.4ML, 22.5 MG/0.45ML, 25	
QUINTET BLOOD GLUCOSE TEST		RA GLUCOSE	23	MG/0.5ML, 30 MG/0.6ML	3
		RA INSULIN SYRINGE/0.5ML/29G X 12MM		RAVICTI	73
				RAYA SURE PEN NEEDLE 29GX 12MM	172

RAYA SURE PEN NEEDLE 31GX 4MM	REALITY LATEX/ULTRA TEXTURED DEVI	90	REGEN-COV 1332 MG/11.1ML-1332 MG/11.1ML, 1332 MG/11.1ML-300
RAYA SURE PEN NEEDLE 31GX 5MM	REALITY LATEX/ULTRA THIN DEVI 90		MG/2.5ML, 300 MG/2.5ML-1332 MG/11.1ML, 300 MG/2.5ML-300 MG/2.5ML, 600 MG/10ML-600
RAYA SURE PEN NEEDLE 31GX 6MM	REALITY SWABS	140	MG/10ML
RAYA SURE PEN NEEDLE 31GX 8MM	REALITY TRIGGER LANCETS .	117	RELAFEN DS
RAYALDEE	REBIF REBIDOSE SOAJ	217	RELENZA DISKHALER
RAYAVIT TABS	REBIF REBIDOSE TITRATIONPACK SOAJ	217	RELEUKO SOLN
RAYOS TBEC	REBIF SOSY	217	RELEUKO SOSY
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16	REBIF TITRATION PACK SOSY 217		RELEXXII TBCR
PLY MISC	REBINYN	78	RELION 2-IN-1 LANCET DEVICES 30G MISC
READYLANCE SAFETY LANCETS/21G/2.2MM	RECOMBIMATE SOLR	78	RELION 2-IN-1 LANCING DEVICE 25G MISC
READYLANCE SAFETY LANCETS/23G/1.8MM	RECOMBIVAX HB SUSP	224	RELION 2-IN-1 LANCING DEVICE 30G MISC
READYLANCE SAFETY LANCETS/26G/1.8MM	RECOMBIVAX HB SUSY	224	RELION ALCOHOL SWABS 140
READYLANCE SAFETY LANCETS/28G/1.8MM	RECONSTITUBE MISC	140	RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM
READYLANCE SAFETY LANCETS/30G/1.6MM	RECORLEV	71	TESTSTRIPS STRP
REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM MISC	RECTIV	9	RELION BLOOD GLUCOSE TESTSTRIPS STRP
REFLECTIONS C LIGHTWEIGHTOFF SHELF BREAST PROSTHESIS FORM MISC	REDITREX SOSY	3	RELION BLOOD PRESSURE MONITOR/AUTOMATIC DEVI 89
REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM MISC	REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	117	RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR DEVI
REFLECTIONS C LIGHTWEIGHTOFF SHELF BREAST PROSTHESIS FORM MISC	REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP ..	69	RELION BP200W WRIST BLOOD PRESSURE MONITOR DEVI 89
REFLECTIONS C LIGHTWEIGHTOFF SHELF BREAST PROSTHESIS FORM MISC	REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN ...	117	RELION BP300W WRIST BLOOD PRESSURE MONITOR DEVI 89
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP ..	69	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN ...	117	RELION CONFIRM/MICRO TEST STRIPS STRP
REALITY LANCETS			69
REALITY LATEX CONDOMS/LUBRICATED MISC ..			

RELION GLUCOSE	23	RELION PEN NEEDLES 31G X8MM	173	RELION SHORT PEN NEEDLES31GX8MM	173
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	173	RELION PEN NEEDLES 31GX5/16"	173	RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	118
RELION INSULIN SYRINGE 1ML/31GX15/64"	173	RELION PEN NEEDLES 31GX6MM	173	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	69
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	173	RELION PEN NEEDLES 31GX8MM	173	RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	118
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	173	RELION PEN NEEDLES 32G X4MM	173	RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	69
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	173	RELION PEN NEEDLES 32G X5/32"	173	RELION ULTRA THIN LANCETS/30G	118
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	173	RELION PEN NEEDLES 32GX4MM	173	RELION ULTRA THIN LANCETS30G	118
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	173	RELION PEN NEEDLES/31G X1/4"	173	RELION ULTRA THIN PLUS LANCETS 32G	118
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	173	RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	69	RELION ULTRA THIN PLUS LANCETS 33G	118
RELION KETONE TEST STRIPS STRP	69	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	118	RELISTOR SOLN	76
RELION LANCETS MICRO-THIN33G	117	RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	118	RELISTOR TABS	76
RELION LANCETS THIN 26G	117	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	118	RELNATE DHA CAPS	207
RELION LANCETS ULTRA-THIN30G	117	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	118	RELTONE CAPS	75
RELION LANCING DEVICE KIT	117	RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	89	RELYVRIQ	210
RELION LANCING DEVICE MISC	117	RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	118	REMICADE	75
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	118	RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	69	REMODULIN SOLN IJ	49
RELION MINI PEN NEEDLES 31GX6MM	173			REMOVABLE BACK ALUMINUM COMMODE/PADDED ARMRESTS MISC	140
RELION PEN NEEDLES 29GX12MM	173			RENAPLEX-D TABS	204
RELION PEN NEEDLES 31G X6MM	173			RENFLEXIS	75
				repaglinide	26
				REPATHA PUSHTRONEX SYSTEM SOCT	31

REPATHA SOSY	31	RHOFADE	63	RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	118
REPATHA SURECLICK SOAJ	31	RHOGAM ULTRA-FILTERED PLUS SOSY IM	214	RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP ..	69
REPLACEMENT AIR FILTER MISC ..	194	RHOPHYLAC SOSY IJ	214	riluzole tabs	210
REPLACEMENT FILTERS MISC ..	194	RHOPRESSA	212	rimantadine hydrochloride tabs	46
REPLACEMENT NECKBAND STRAPS FOR TUBE ATTACHMENT DEVICE MISC	140	ribavirin (hepatitis c) caps	45	RING CUSHION 14" MISC	140
REQ 49+ TABS	204	ribavirin (hepatitis c) tabs 200 mg ..	45	RING CUSHION 16" MISC	140
RESTASIS MULTIDOSE EMUL	212	ribavirin	46	RING CUSHION 18" MISC	140
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	84	RIDAURA	3	RINVOQ	3
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	84	rifabutin	36	risedronate sodium tabs	71
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	84	rifampin caps	36	risedronate sodium tbec	71
RETACRIT	79	RIGHTEST GC300 HIGH CONTROL LIQD	118	RISPERDAL CONSTA	41
RETEVMO	39	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	118	risperidone soln	41
RETIN-A MICRO	55	RIGHTEST GL300 LANCETS ..	118	risperidone tabs	41
RETIN-A MICRO PUMP	55	RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM	118	risperidone tbdp	41
REVLIMID	198	KIT	118	RITEFLO DEVI	194
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	118	RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	118	ritonavir tabs	44
REXALL BLOOD GLUCOSE TEST STRIPS STRP	69	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	118	rivastigmine	216
REXALL LANCETS ULTRA THIN ..	118	RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP ..	69	rivastigmine tartrate caps	216
REXULTI	43	RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP ..	69	RIXUBIS SOLR	78
REYATAZ PACK	44	RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP ..	69	rizatriptan benzoate tabs	196
REYVOW	196	RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP ..	69	rizatriptan benzoate tbdp	196
REZLIDHIA	39	RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP ..	69	ROCKLATAN	212
REZUROCK	198	RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP ..	69	roflumilast	12
REZVOGLAR KWIKPEN	26	RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	118	ROLLATOR ULTRA-LIGHT MISC ..	140

ropinirole hydrochloride tabs 5 mg .40	COLLAR/CUFFS/LARGE MISC ..141	.....173
ropinirole hydrochloride tb24 .....40	SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/SMALL MISC ..141	SAFETY SYRINGES/NEEDLE 3ML/20GX1" .....173
ROSADAN KIT .....63	SAFE-SENSE SHOE COVER/NON- SKID MISC .....141	SAIZEN IJ .....72
rosuvastatin calcium tabs .....31	SAFE-T-LANCE LOW FLOW 25G	SAIZENPREP RECONSTITUTIONKIT IJ .....72
ROTARIX SUSR .....224	118	salicylic acid foam .....62
ROTATEQ SOLN .....224	SAFE-T-LANCE NORMAL FLOW21G .....118	salicylic acid gel 6 %62
ROUND SHOWER STOOL MISC 140	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ..118	salicylic acid liqd 27.5 %62
ROXYBOND TABA .....7	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ..118	SALICYLIC ACID OINT .....62
ROZLYTREK .....39	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 118	saline soln .....209
RUBRACA .....39	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" .....173	salsalate .....6
RUCONEST .....78	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 118	SAMI THE SEAL REPLACEMENTFILTERS MISC .194
rufinamide susp .....18	SAFETY INSULIN SYRINGES 1ML/29GX1/2" .....173	SANCUSO PTCH .....27
rufinamide tabs 200 mg .....18	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" .....173	SANDIMMUNE SOLN OR .....199
rufinamide tabs 400 mg .....18	SAFETY INSULIN SYRINGES 1ML/29GX1/2" .....173	SANDOSTATIN LAR DEPOT KIT .73
RUKOBIA .....44	SAFETY INSULIN SYRINGES 1ML/30GX5/16" .....173	sapropterin dihydrochloride pack ..73
RYALTRIS .....209	SAFETY INSULIN SYRINGES 1ML/29GX1/2" .....173	sapropterin dihydrochloride tabs ..73
RYBELSUS TABS .....24	SAFETY INSULIN SYRINGES 1ML/29GX1/2" .....173	SAPS CARE ALCOHOL PREP PADS .....141
RYDAPT .....39	SAFETY INSULIN SYRINGES 1ML/30GX1/2" .....173	SAPS HEALTH ALCOHOL PREPPADS .....141
RYTARY CPCR .....40	SAFETY LANCET 30G/PRESSURE ACTIVATED .....119	SAPS HEALTH CARE ALCOHOLPREP PADS .....141
SAFE-SENSE BEARD NET MISC 140	SAFETY LANCETS .....119	SAPS HEALTH CARE TWIST TOP LANCETS .....119
SAFE-SENSE COVERALL/HOOD/L MISC .....141	SAFETY LANCETS 21G .....119	SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....119
SAFE-SENSE COVERALL/HOOD/S MISC .....141	SAFETY LANCETS 23G .....119	SAPS HEALTH TWIST TOP LANCETS 30G .....119
SAFE-SENSE HEAD COVER/BOUFFANT CAP 21" MISC . 141	SAFETY LANCETS 28G .....119	SAFSCARE TWIST TOP LANCETS 30G .....119
SAFE-SENSE HEAD COVER/BOUFFANT CAP/CIRCULAR/ 21" MISC .....141	SAFETY LANCETS/PRESSURE ACTIVATED/28G .....119	SAFETY PEN NEEDLES/30G X3/16" .....173
SAFE-SENSE LAB COAT/KNITTED	SAFETY PEN NEEDLES/30G X5/16"	SAFETY PEN NEEDLES/30G X5/16"

SAVAYSA	15	SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG MISC	141	selenium sulfide lotn 2.5 %	58
SAVELLA TABS	216			selenium sulfide sham 2.25 %, 2.3 %	
SAVELLA TITRATION PACK MISC 216		SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM		58	
SB ALCOHOL PREP PADS	141	MISC	141	SELZENTRY SOLN	44
SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	173	SEAL-TIGHT MID-ARM PROTECTOR MISC	141	SELZENTRY TABS	44
SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	174	SECUADO	42	SEMGLEE SOLN	26
SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	174	SECURESAFE SAFETY HYPODERMIC NEEDLE/23G X 1"		SEMGLEE SOPN	26
SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	174	174		SE-NATAL 19 CHEW	207
SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	174	SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 5/8"		SE-NATAL 19 TABS	207
SB LANCETS THIN	119	.....174		SENNA SYRP	81
SB LANCETS ULTRA THIN	119	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" .		sennosides tabs 8.6 mg, 15 mg ...	81
SCEMBLIX	39	174		sennosides-docusate sodium tabs	81
scopolamine	27	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	174	SENSI-CARE MOISTURIZING CREA	63
SEALS/ALUMINUM/FLIP OFF/13MM/BLANK TOP MISC	141	174		SENTRY SENIOR/LUTEIN TABS	
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT HAND MISC 141		SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1"		204	
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG ARM MISC	141	174		SENTRY TABS	204
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG LEG MISC	141	SEGLENTIS	8	SEREVENT DISKUS	14
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT LEG MISC	141	SEGLUROMET	22	SEROSTIM SC 4 MG, 5 MG, 6 MG	
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM MISC	141	SELECT-LITE DEVICE/LANCETS KIT	119	72	
		SELECT-LITE LANCING DEVICE MISC	119	sertraline hcl conc	21
		SELECT-OB CHEW	207	sertraline hcl tabs	21
		SELECT-OB+DHA MISC	207	SERTRALINE HYDROCHLORIDE CAPS	21
		selegiline hcl caps	41	SERUM BOTTLE/250ML MISC ..	141
		selegiline hcl tabs	41	SERUM BOTTLES/AMBER GLASS/20ML/20MM MISC	141
				SERUM BOTTLES/AMBER GLASS/30ML/20MM MISC	141
				SETTLING PLATE SDA/29ML/100X15MM MISC ..	141
				141	
				sevelamer carbonate pack	76
				sevelamer carbonate tabs	76

sevelamer hcl	76	SHOPKO UNILET LANCETS ULTRA THIN 28G	119	BREATHRITE CHAMBER/ADULT MISC	194
SEVENFACT	78	SIDEROL TABS	204	SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	84
SFROWASA ENEM	76	SIDESTREAM ADULT FACE MASK MISC	194	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	84
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN MISC	141	SIDESTREAM PEDIATRIC FACEMASK MISC	194	SILIQ	58
SHINGRIX	224	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC ..	194	silodosin	77
SHOPKO AUTOLET LANCING DEVICE MISC	119	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	194	SILVER NITRATE SOLN 0.5 % ..	58
SHOPKO ON-THE-GO COMFORTLANCETS 30G	119	SIDESTREAM PLUS ADULT FACE MASK MISC	194	silver sulfadiazine	58
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM ..	174	SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	141	SIMBRINZA	211
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM ..	174	SIGNIFOR	73	simethicone caps 125 mg, 180 mg ..	75
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM ..	174	SIGNIFOR LAR	73	simethicone chew	75
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM ..	174	sildenafil citrate (pulmonary hypertension) soln	49	simethicone susp	75
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5M M ..	174	sildenafil citrate (pulmonary hypertension) susr	49	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	119
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/31GX5M M ..	174	sildenafil citrate (pulmonary hypertension) tabs	49	SIMPLE WISHES PUMPING BRAXS-L HANDS-FREE/ADJUSTABLE MISC	142
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM ..	174	SILICONE EAR PLUGS MISC ..	141	SIMPLYGO BREAST PUMP/SINGLE MISC	142
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVR/31GX8 MM ..	174	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	194	SIMPONI ARIA SOLN	3
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM ..	174	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	194	SIMPONI SOAJ	3
SHOPKO UNILET LANCETS SUPER THIN 30G	119	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC ..	194	SIMPONI SOSY	3
		SILICONE MASK FOR		simvastatin tabs	31
		CHAMBER/PEDIATRIC MISC ..	194	SINGLE-LET	119
				SINUVA IMPL	209
				sirolimus soln	199
				sirolimus tabs 1 mg, 2 mg ..	199
				sirolimus tabs	199
				SIRTURO	36

SITAVIG TABS BU	46	MONITOR/FULLY AUTOMATIC DEVI	89	SYSTEM KIT	119
SITZ BATH MISC	142	SM BLOOD PRESSURE MONITOR/MANUAL INFLATION		SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	69
SIVEXTRO TABS	35	DEVI	89	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	....119
skin protectants, misc. crea	63	SM BLOOD PRESSURE MONITORSERIES 200 DEVI	89	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	....119
SKYLA	52	SM BLOOD PRESSURE MONITORSERIES 600 DEVI	89	SMART SENSE THIN LANCETSUNIVERSAL 26G	....119
SKYRIZI PEN SOAJ	58	SM COTTON SWABS SWAB	142	SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	....69
SKYRIZI SOCT	76	SM FOAM EAR PLUGS MISC ...	142	SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	119
SKYRIZI SOLN	76	SM GAUZE PADS 4"X4" PADS ...	84	SMARTTEST BLOOD GLUCOSE TEST STRIPS STRP	....69
SKYRIZI SOSY	58	SM GLUCOSE	23	SMARTTEST CONTROL SOLUTIONMEDIUM SOLN	....119
SKYTROFA	72	SM MICRO THIN LANCETS 33G 119		SMARTTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	119
SLEEPRIGHT INTRA-NASAL BREATHE AID MISC	142	SM ONE DAILY MENS TABS	204	SMARTTEST EJECT STARTER KIT KIT	120
SLEEPRIGHT INTRA-NASAL VAPOR INHALER MISC	142	SM ONE DAILY WOMENS TABS 204		SMARTTEST LANCETS 28G	....120
SLYND	52	SM STERILE PADS PADS	85	SMARTTEST PERSONA STARTERKIT KIT	120
SM ALCOHOL PREP PADS	142	SM TRUEDRAW LANCING DEVICE MISC	119	SMARTTEST PRONTO STARTERKIT KIT	120
SM BLOOD PRESSURE MONITOR SERIES 200W/WRIST DEVI	89	SM WALKER/YOUTH/FOLDING/DUAL WHEELS MISC	142	SMARTTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	120
SM BLOOD PRESSURE MONITOR SERIES 600W/WRIST DEVI	89	SM WRIST CUFF BLOOD PRESSURE MONITOR MISC	89	SMARTTEST PROTEGE STARTERKIT KIT	120
SM BLOOD PRESSURE MONITOR SERIES 800/ARM DEVI	89	SMART DIABETES VANTAGE LANCING DEVICE MISC	119	SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY MISC ...	142
SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI	89	SMART SENSE COLOR LANCETS UNIVERSAL 33G	119	sodium acetate soln	196
SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC	89	SMART SENSE GLUCOSE	23		
SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI	89	SMART SENSE GLUCOSE TABLETS	23		
SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	89	SMART SENSE PREMIUM BLOODGLUCOSE MONITORING			
SM BLOOD PRESSURE					

sodium bicarbonate (antacid) tabs 325 mg, 650 mg	10	SOFT HANDS COTTON GLOVE/EXTRA LARGE MISC ...	142	SOOTHENE B NBL 100 MESH CAP MISC	194
sodium chloride (gu irrigant) 0.9 %	77	SOFT HANDS COTTON GLOVE/SMALL-MEDIUM MISC .	142	SOOTHENE B NBL100 ADULT MASK MISC	194
sodium chloride flush	198	SOF-WICK 4"X4" PADS	85	SOOTHIES COOLING GEL PADS MISC	142
sodium chloride hypertonic oint ..	213	SOLARTEK GLUCOSE CONTROLSOLUTIONS LIQD ...	120	SOOTHIES GEL PADS/REUSABLE MISC	142
sodium chloride hypertonic soln ..	213	solifenacin succinate tabs	222	sorafenib tosylate	39
sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %	198	SOLIQUA 100/33	22	SORBIDON HYDRATE CREA	63
sodium citrate & citric acid	76	SOLIRIS	78	SORILUX FOAM	58
sodium fluoride (dental) crea	199	SOLO TABS	204	sotalol hcl (afib/afl)	47
sodium fluoride (dental) gel	199	SOLOSEC	2	sotalol hcl tabs 80 mg	47
sodium fluoride (dental) pste dt ..	199	SOLTAMOX SOLN	37	sotalol hcl tabs	47
sodium fluoride (dental) soln 0.2 %		SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	120	SOTYKTU	58
199		SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	120	SOTYLIZE SOLN OR	47
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	197	SOLUS V2 AUDIBLE TEST STRP	69	SOVALDI PACK	45
sodium fluoride-potassium nitrate gel		SOLUS V2 CONTROL HIGH SOLN		SOVALDI TABS	45
199		120		SPECTRAVITE TABS	204
SODIUM OXYBATE SOLN	215	SOLUS V2 LANCING DEVICE MISC		SPHYGMOMANOMETER ANEROID MISC	89
sodium phenylbutyrate powd	73	120		spinosad	63
sodium phenylbutyrate tabs	73	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	120	SPIRIVA HANDIHALER CAPS	12
sodium phosphates (sodium phosphate dibasic & monobasic) 142 mg/ml-276 mg/ml	197	SOLUS V2 TWIST LANCETS 30G		SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	12
sodium phosphates enim	81	120		SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	12
sodium polystyrene sulfonate powd		SOMATULINE DEPOT	73	SPIRO PD DEVI	194
199		SOOTHENE B NBL 100 CHILD MASK MISC	194	spironolactone & hydrochlorothiazide	70
sodium polystyrene sulfonate susp or		SOOTHENE B NBL 100 MEDICATION CUP MISC	194	spironolactone tabs	71
15 gm/60ml	199			SPLASH SHIELD/FULL FACE MISC 142	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	55				
SOFOBUVIR/VELPATASVIR TABS	45				

SPLASH SHIELD/SHORT FACE		STIVARGA	39	sulfacetamide sod-prednisolone soln
MISC	142	STOCKING	213	
SPLIT HANDGRIPS MISC	142	APPLICATOR/REGULAR MISC .	142	sulfadiazine tabs
SPRAVATO 56MG DOSE	20	STRIBILD	44	218
SPRAVATO 84MG DOSE	20	STRIVERDI RESPIMAT	14	sulfamethoxazole-trimethoprim susp .
SPRAY APPLICATOR KIT MISC	142	STROVITE ONE TABS	204	34
SPRAY BOTTLE 120ML/PLASTIC		SUBLOCADE SOSY	8	sulfamethoxazole-trimethoprim tabs
MISC	142	sucralfate susp	220	34
SPRITAM TB3D	18	sucralfate tabs	220	SULFAMYLYON CREA
SPRYCEL	39	SUDAFED CHILDRENS LIQD ...	210	58
STANDARD CRUTCH TIP MISC	142	sulconazole nitrate crea	57	sulfasalazine tabs
STEEL ROLLING WALKER MISC		sulconazole nitrate soln	57	76
142		sulfacetamide sodium (acne)	55	sulfasalazine tbec
STEGLATRO	26	sulfacetamide sodium (ophth) oint		76
STEGLUJAN	22	211		sulindac tabs
STELARA 130 MG/26ML	76	sulfacetamide sodium (ophth) soln		5
STELARA SOLN 45 MG/0.5ML ...	58			SUMADAN KIT
STELARA SOSY	58	sulfacetamide sodium gel	58	55
STEP COUNTER MISC	142	sulfacetamide sodium liqd	58	SUMADAN XLT KIT
STEP N' REST II WALKER MISC		sulfacetamide sodium w/ sulfur crea		195
142		10 %-2 %, 10 %-5 %	55	sumansetron
STEP N' REST MISC	142	sulfacetamide sodium w/ sulfur emul		196
STEP N' REST WALKER MISC ..	142	10 %-1 %	55	sumatriptan succinate soaj
STERILANCE PA MISC	120	sulfacetamide sodium w/ sulfur foam		196
STERILANCE TL	120	55		sumatriptan succinate soct
STERILE PADS 4"X4" PADS	85	sulfacetamide sodium w/ sulfur liqd		196
STETHOSCOPE SINGLE HEAD				sumatriptan succinate soln 6
MISC	142	sulfacetamide sodium w/ sulfur pads		mg/0.5ml
STIMUFEND	79	10 %-4 %	55	196
STIOLTO RESPIMAT	14	sulfacetamide sodium w/ sulfur susp		sumatriptan succinate tabs
STIRRING ROD/GLASS 12X1/4"		8 %-4 %	55	196
MISC	142	sulfacetamide sodium-sulfur in urea		sumatriptan-naproxen sodium ...
		vehicle emul 10 %-10 %-4 %	55	195
				SUMAXIN CP KIT
				55
				sunitinib malate
				39
				SUNOSI 150 MG
				1
				SUNOSI 75 MG
				1
				SUPER THIN LANCETS
				120
				SUPPOSITORY MOLDS
				1.3ML/PEEL-AWAY MISC
				142
				SUPPOSITORY MOLDS
				2.25ML/PEEL-AWAY MISC
				142
				SUPPOSITORY MOLDS 2CC/V-
				NOTCH MISC
				142

SUPPOSITORY MOLDS 2GM MISC 142	SYRINGE/U-100/0.3ML/31GX1/4" 174	SURE COMFORT LANCETS 21G 120
SUPPOSITORY MOLDS 3ML/PEEL-AWAY MISC .....142	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 174	SURE COMFORT LANCETS 23G 120
SUPPOSITORY SHELL 2.0ML MISC .....142	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 175	SURE COMFORT LANCETS 28G 120
SUPPOSITORY SHELLS 2.4ML MISC .....142	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 175	SURE COMFORT LANCETS 30G 120
SUPRAX CHEW 100 MG .....50	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	SURE COMFORT LANCING PEN MISC .....120
SUPRAX CHEW 200 MG .....50	175	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM ....175
SUPREME II HIGH/LOW CONTROL SOLUTION LIQD .....120	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" . 175	SURE COMFORT PEN NEEDLES30GX5/16" SHORT ...175
SUPREME TEST STRIPS STRP ..69	.....175	SURE COMFORT PEN NEEDLES31GX3/16" (5MM) ....175
SURE COMFORT ALCOHOL PREP PADS .....142	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 . 175	SURE COMFORT PEN NEEDLES31GX5/16" (8MM) ....175
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" . 174	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" . 175	SURE COMFORT PEN NEEDLES32GX5/32" (4MM) ....175
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32" .....174	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" . 175	SURE COMFORT PEN NEEDLES32GX5/32" .....175
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 174	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" . 175	SURE COMFORT PEN NEEDLES32GX6MM .....175
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 174	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" . 175	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM .....175
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....174	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" . 175	SURE-FINE PEN NEEDLES 31GX3/16" 5MM .....175
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 . 174	SURE COMFORT INSULIN SYRINGE/0.5ML/31G X 6MM ..175	SURE-FINE PEN NEEDLES 31GX5/16" 8MM .....175
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....174	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM 175	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .....175
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....174	SURE COMFORT LANCETS 18G 120	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....175
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....174		SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....175

SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	175	SURE-PREP ALCOHOL PREP PADS	142	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS ..	200
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	175	SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	69	TABLET CUTTER/CRUSHER MISC .	
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	175	SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	121	TABLET CUTTER/SAFETY-SHIELD MISC	143
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	175	SURE-TOUCH LANCETS UNIVERSAL	121	TABLOID	36
SURE-JECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	175	SWIM EARPLUGS MISC	142	TABRECTA	39
SURE-JECT INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	176	SYMDEKO	218	tacrolimus (topical) oint	62
SURE-JECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	176	SYMJEPI SOSY	225	tacrolimus caps	199
SURE-JECT INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	176	SYMLINPEN 120 SOPN	22	tadalafil (pulmonary hypertension) tabs	49
SURE-LANCE FLAT LANCETS ..	120	SYMLINPEN 60 SOPN	22	tadalafil 5 mg	48
SURE-LANCE LANCETS 26G ..	120	SYMPAZAN FILM	16	TADLIQ SUSP	49
SURE-LANCE THIN LANCETS 28G	120	SYMPROIC	76	TAFINLAR CAPS	39
SURE-LANCE ULTRA THIN LANCETS	120	SYMTUZA	45	tafluprost	213
SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI	89	SYNALAR CREAM KIT	61	TAGRISSO	37
SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI	89	SYNALAR OINTMENT KIT	61	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE	
SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC DEVI	89	SYNALAR TS	61	MISC	143
SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI	90	SYNAREL	72	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	143
SURELIFE CLEARWAVE II PULSE OXIMETER MISC	142	SYNJARDY TABS	22	TAKHYYRO SOLN	78
SURELITE LANCETS	120	SYNJARDY XR TB24	22	TAKHYYRO SOSY	78
SURE-PEN MISC	120	SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	143	TALICIA	222
		SYRINGE DIAL-A-DOSE MISC ..	143	TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI	90
		SYRINGE/LUER LOCK/3ML/20G X 1"	176	TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	90
		SYRINGES/LUER LOCK/1ML/20GX1"	176	TALTZ SOAJ	58
		SYSTANE ICAPS AREDS2 TABS 204		TALTZ SOSY	58
				TALZENNA	39

tamoxifen citrate tabs	37	TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 15/64"	176	TEKTURNA HCT	33
tamsulosin hcl	77	TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	176	telmisartan	32
TARON-C DHA	208	TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	176	telmisartan-amlodipine	33
TARON-PREX	208	TECHLITE INSULIN SYRINGE U-100/1ML/29G X 1/2"	176	telmisartan-hydrochlorothiazide ..	33
TARPEYO CPDR	53	TECHLITE INSULIN SYRINGE U-100/1ML/30G X 1/2"	176	temazepam	80
TASCENO ODT	217	TECHLITE INSULIN SYRINGE U-100/1ML/30G X 1/2"	176	TEMIXYS	45
TASIGNA	39	TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64"	176	temozolomide caps	36
tasimelteon caps	80	TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64"	176	TEMPO REFILL KIT	121
TASOPROL KIT	61	TECHLITE INSULIN SYRINGE U-100/1ML/31G X 5/16"	176	TEMPO WELCOME KIT	121
tavaborole	57	TECHLITE LANCETS	121	TENIVAC INJ	219
TAVALISSE	78	TECHLITE LANCETS 30G	121	tenofovir disoproxil fumarate tabs .	45
TAVNEOS	78	TECHLITE PEN NEEDLES 29GX 10MM	176	TEPMETKO	39
tazarotene crea	58	TECHLITE PEN NEEDLES 29GX 12MM	176	terazosin hcl	32
TAZAROTENE FOAM	55	TECHLITE PEN NEEDLES 31GX 5MM	176	terbinafine hcl (topical) crea	57
tazarotene gel	58	TECHLITE PEN NEEDLES 31GX 8MM	176	terbinafine hcl tabs	28
TAZVERIK	39	TECHLITE PEN NEEDLES/31GX 5MM	176	terbutaline sulfate tabs	14
TDVAX SUSP	219	TECHLITE PEN NEEDLES/31GX 8MM	176	terconazole vaginal crea	225
TECHLITE AST LANCETS	121	TECHLITE PEN NEEDLES/31GX 10MM	176	terconazole vaginal supp	225
TECHLITE INSULIN SYRINGE U-100/0.3ML/29G X 1/2"	176	TECHLITE PEN NEEDLES/31GX 12MM	176	teriflunomide	217
TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	176	TECHLITE PEN NEEDLES/31GX 15MM	176	testosterone cypionate soln im	9
TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	176	TECHLITE PEN NEEDLES/31GX 18MM	176	testosterone enanthate soln im	9
TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X 5/16"	176	TECHLITE PEN NEEDLES/32GX 4MM	176	testosterone gel td	9
TECHLITE INSULIN SYRINGE U-100/0.5ML/29G X 1/2"	176	TECHLITE PEN NEEDLES/32GX 6MM	176	testosterone soln	9
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	176	TECHLITE PEN NEEDLES/32GX 8MM	176	tetrabenazine	216
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	176	TEGADERM FOAM DRESSING 4"X4" PADS	85	tetracaine hcl (ophth)	212
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	176	TEGSEDI	218	tetracycline hcl caps	219

TEXTURE WALL GRAB BAR/18"	THERA TABS	205	timolol maleate (ophth) solg	210
MISC	THERABETIC MULTI-VITAMIN		timolol maleate (ophth) soln	210
TEXTURE WALL GRAB BAR/32"	TABS	204	timolol maleate tabs	47
MISC	THERAGRAN-M ADVANCED 50		TINACTIN AERO	57
TEZSPIRE SOAJ	PLUS TABS	204	tinidazole	34
TEZSPIRE SOSY	THERAGRAN-M ADVANCED TABS .	204	tiopronin tabs	77
TGT BLOOD GLUCOSE				
MONITORING SYSTEM KIT	THERAGRAN-M PREMIER 50 PLUS		TIP RECTAL/VAGINAL	
TGT BLOOD GLUCOSE	TABS	204	W/PERFORATIONS MISC	143
MONITORING SYSTEM PREMIUM	THERAGRAN-M PREMIER TABS		TIROSINT CAPS 37.5 MCG, 44	
KIT	204		MCG, 62.5 MCG	219
TGT BLOOD GLUCOSE TEST	THERAGRAN-M TABS	204	TIROSINT-SOL SOLN OR	219
STRIPS PREMIUM STRP	THERA-M TABS	204	TIVICAY PD TBSO	45
TGT BLOOD GLUCOSE TEST	THERASEAL HAND PROTECTION		TIVICAY TABS	45
STRIPS STRP	LOTN	63	tizanidine hcl caps	209
TGT BLOOD PRESSURE	THERA-TABS M TABS	204	tizanidine hcl tabs	209
MONITOR/AUTOMATIC DEVI	THEREMS MULTIVITAMIN TABS		TOBI PODHALER CAPS	3
TGT GLUCOSE	205		TOBRADEX OINT	213
TGT LANCET MICRO THIN 33G	THEREMS-M TABS	204	TOBRADEX ST SUSP	213
121	thiamine hcl tabs 50 mg, 100 mg	.226	tobramycin (ophth) soln	212
TGT LANCET THIN 26G	THINLETS GP LANCETS	121	tobramycin nebu	3
TGT LANCET ULTRA THIN 30G	THIOLA EC TBEC	77	tobramycin-dexamethasone susp	213
121	thioridazine hcl	43	TOBREX OINT	212
TGT LANCING DEVICE MISC ..	thiothixene	43	TODAYS HEALTH ADVANCED	
121	THRESHOLD IMT MISC	194	LANCING DEVICE MISC	121
THALITONE	THRESHOLD PEP DEVI	195	TODAYS HEALTH MINI PEN	
THALOMID	THRIVITE 19 TABS	204	NEEDLES 31G X 1/4"	176
THE SIDE RESTER CUSHION	THRIVITE RX TABS	208	TODAYS HEALTH ORIGINAL PEN	
IMPERMEABLE COVER MISC ..	THYQUIDITY SOLN OR	219	NEEDLES 29G X 1/2"	176
THEO-24 CP24	tiagabine hcl	19	TODAYS HEALTH SHORT PEN	
theophylline elix	TIBSOVO	39	NEEDLES 31G X 5/16"	176
theophylline soln	TIGLUTIK SUSP	210	TODAYS HEALTH SUPER	
theophylline tb12 300 mg, 450 mg			THINLANCESTS 30G	121
14				
theophylline tb24				
THERA M PLUS TABS				
204				

TODAYS HEALTH ULTRA THINLANCETS 28G	121	TOPCARE LANCETS MICRO-THIN 33G	121	TOPI-CCLICK 35 VAGINAL DOSING SYSTEM/APPLICATOR MISC	143
TOILET SAFETY FRAME MISC	143	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	177	TOPI-CCLICK APPLICATOR/35ML MISC	143
tolcapone	40	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	177	TOPI-CCLICK	
tolnaftate aero	57	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	177	APPLICATOR/MICRO/PIN POINT/9ML/0.05ML/BLUE MISC	143
tolnaftate aerp	57	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	177	TOPI-CCLICK	
tolnaftate crea	57	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	177	APPLICATOR/MICRO/ROUNDED/9ML/0.05ML/BLUE MISC	143
TOLSURA CAPS	28	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	177	TOPI-CCLICK	
tolterodine tartrate cp24	222	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	177	APPLICATOR/MICRO/SOFT ANGLED/9ML/0.05ML/BLUE MISC	143
tolterodine tartrate tabs 2 mg	222	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	177	TOPI-CCLICK	
tolterodine tartrate tabs	222	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	177	APPLICATOR/BLUE MISC	143
tolvaptan tabs	73	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	177	TOPI-CCLICK	
TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO MISC	143	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	177	MICRO/PIN POINT APPLICATOR/BLUE MISC	143
TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME MISC	143	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	177	TOPI-CCLICK	
TOMMEE TIPPEE SINGLE ELECTRIC BREAST PUMP MADE FOR ME MISC	143	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	177	MICRO/SOFT ANGLED APPLICATOR/BLUE MISC	144
TONGUE CLEANER/COMFORT CURVE MISC	143	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	177	TOPI-CCLICK	
TONGUE DEPRESSORS MISC	143	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	177	NOZZLE MISC	144
TOOTHETTE ORAL SWABS/DENTIFRICE SWAB	147	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	177	TOPI-CCLICK	
TOOTHETTE ORAL SWABS/UNTREATED SWAB	147	TOPCCLICK 140/BLUE MISC	143	PERL VAGINAL APPLICATOR DOSE LOADER/35ML MISC	144
TOOTHETTE PLUS ORAL SWABS/UNTREATED SWAB	147	TOPCCLICK 140/GREEN MISC	143	TOPI-CCLICK	
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	176	TOPCCLICK 140/SILVER MISC	143	PERL VAGINAL DOSE APPLICATOR/4ML MISC	144
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	176	TOPCCLICK 140/WHITE MISC	143	TOPI-CCLICK	
		TOPI-CCLICK 35 USP671 UV BLOCKING/ORANGE BODY/CAP/BASE MISC	143	PERL VAGINAL DOSING SYSTEM/VAGINAL APPLICATOR 35 MISC	144
		TOPI-CCLICK 35 VAGINAL DOSE APPLICATOR MISC	143	TOPI-CCLICK	
				35ML/1 PORT/BLACK MISC	144
				35ML/1 PORT/GOLD MISC	144
				35ML/1 PORT/PINK MISC	144
				35ML/1 PORT/PURPLE MISC	144
				35ML/1 PORT/RED MISC	144

TOPI-CLICK/35ML/3 PORT/BLACK	MISC	144	MISC	144	TRESIBA SOLN	26
MISC	144	TRADJENTA	24	tretinoin (chemotherapy)	39	
TOPI-CLICK/35ML/3 PORT/GOLD		tramadol hcl cp24 100 mg, 200 mg,		tretinoin crea 0.025 %, 0.05 %, 0.1 %		
MISC	144	300 mg	7	.....	55
TOPI-CLICK/35ML/3 PORT/PINK		tramadol hcl soln	7	tretinoin gel 0.01 %, 0.025 %, 0.05 %		
MISC	144	tramadol hcl tabs 100 mg	7	.....	55
TOPI-CLICK/35ML/3 PORT/PURPLE		tramadol hcl tabs 50 mg	7	tretinoin microsphere	55	
MISC	144	tramadol hcl tb24	7	TRETEN	78	
TOPI-CLICK/35ML/3 PORT/RED	MISC	144	tramadol-acetaminophen	8	TREXALL TABS 5 MG, 7.5 MG, 10	
MISC	144	trandolapril	32	MG, 15 MG	36	
topiramate cp24	18	trandolapril-verapamil hcl	33	triamcinolone acetonide (mouth) 200		
topiramate cpsp	18	TRANSFER BENCH MISC	144	triamcinolone acetonide (topical) aers		
topiramate cs24	18	TRANSFER BOARD/28"X8-1/4"		.....	61
topiramate tabs	18	MISC	144	triamcinolone acetonide (topical) crea		
TOPPER DRESSING SPONGES		TRANSFER PIN MISC	144	.....	61
4"X4" MISC	85	tranylcypromine sulfate	20	triamcinolone acetonide (topical) lotn		
toremifene citrate	37	TRAVEL LANCETS 30G	121	61		
torsemide tabs 20 mg	71	TRAVEL LANCETS ADVANCED		triamcinolone acetonide (topical) oint		
torsemide tabs	71	28G	121	0.025 %, 0.1 %, 0.5 %	61	
TOSYMRA	196	TRAVEL POUCH MISC	144	triamcinolone acetonide (topical) oint		
TOTAL COMFORT		TRAVELER 3 WHEEL		0.05 %	61	
WHEELCHAIRBACK CUSHION		ROLLINGWALKER MISC	144	triamterene & hydrochlorothiazide		
MISC	144	travoprost	213	caps 25 mg-37.5 mg	70	
TOUJEOL MAX SOLOSTAR SOPN		trazodone hcl tabs 150 mg	21	triamterene & hydrochlorothiazide		
26		trazodone hcl tabs	21	caps 25 mg-37.5 mg	71	
TOUJEOL SOLOSTAR SOPN	26	TRECATOR	36	triamterene & hydrochlorothiazide		
TOVET KIT	61	TRELEGY ELLIPTA	14	tabs	71	
TRACLEER TBSO	49	TREMFYA SOPN	58	triamterene caps	71	
TRACTION FLOOR		TREMFYA SOSY	58	TRIASIL	61	
STAND/ECONOMY MODEL MISC		treprostинil soln ij	49	triazolam	80	
144		TRESIBA FLEXTOUCH SOPN	26	TRICARE TABS	208	
TRACTION HEAD HALTER				trientine hcl	198	
ROPE10' MISC	144			trifluoperazine hcl tabs	43	
TRACTION WEIGHT BAG/20LB				trifluridine	212	

trihexyphenidyl hcl soln	40	TRUE COMFORT ALCOHOL PREP PADS	144	NEEDLES 31G X 5MM	177
trihexyphenidyl hcl tabs	40	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	177	TRUE COMFORT PRO PEN	
TRIJARDY XR	22	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	177	NEEDLES 31G X 6MM	177
TRIKAFTA TBPK	218	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	177	TRUE COMFORT PRO PEN	
TRIKAFTA THPK	218	TRUE COMFORT PEN NEEDLES31G X 5MM	177	NEEDLES 31G X 8MM	177
TRILOCICLO	61	TRUE COMFORT PEN NEEDLES31G X 6MM	177	TRUE COMFORT PRO PEN	
trimethobenzamide hcl caps	27	TRUE COMFORT PEN NEEDLES31G X 6MM	177	NEEDLES 32G X 4MM	177
trimethoprim tabs	34	TRUE COMFORT PEN NEEDLES31G X 6MM	177	TRUE COMFORT PRO PEN	
trimipramine maleate caps	22	TRUE COMFORT PEN NEEDLES32G X 4MM	177	NEEDLES 32G X 5MM	177
TRIMO-SAN	224	TRUE COMFORT PRO ALCOHOLPREP PADS	144	TRUE COMFORT PRO PEN	
TRINATAL RX 1 TABS	208	TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	177	NEEDLES 33G X 4MM	178
TRINTELLIX	21	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	177	TRUE COMFORT PRO PEN	
TRISTART DHA	208	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	177	NEEDLES 33G X 5MM	178
TRISTART FREE	208	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	177	TRUE COMFORT PRO PEN	
TRISTART ONE	208	TRUE COMFORT SAFETY LANCETS/30G	121	NEEDLES 33G X 6MM	178
TRIUMEQ PD TBSO	45	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	178	TRUE COMFORT SAFETY PEN	
TRIUMEQ TABS	45	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	178	NEEDLES 31G X 5MM	178
TRIZIVIR	45	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	178	TRUE COMFORT SAFETY PEN	
TROCHE MOLD 30 CAVITY MISC 144		TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	178	NEEDLES 32G X 4MM	178
TROGARZO	45	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	178	TRUE COMFORT TWIST TOP	
tropicamide soln	211	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	178	LANCETS 30G	121
trospium chloride cp24	222	TRUE FOCUS BLOOD GLUCOSESELF MONITORING		TRUE FOCUS SELF MONITORING	
trospium chloride tabs	222	TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS		BLOOD GLUCOSE TEST STRIPS	
TRU FIT MAGNETIX ANKLE/2SMALL DISKS MISC ...	144	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH		STRP	70
TRU FIT MAGNETIX BACK MISC 144		TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH		DEVI	121
TRU FIT MAGNETIX ELBOW/2SMALL DISKS MISC ..	144	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH		DEVI	121
TRUDHESA	195	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH		TRUE METRIX AIR BLOOD	

GLUCOSE METER/BLUETOOTH SMART KIT	121	CHEW	24	TRUEPLUS PEN NEEDLES 31GX5MM	178
TRUE METRIX AIR W/BLUETOOTH SMART KIT	121	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	178	TRUEPLUS PEN NEEDLES 31GX6MM	178
TRUE METRIX BLOOD GLUCOSEMETER KIT	121	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	178	TRUEPLUS PEN NEEDLES 31GX8MM	178
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	70	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	178	TRUEPLUS PEN NEEDLES 32GX4MM	178
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	121	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	178	TRUEPLUS SAFETY LANCETS 28G	122
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	121	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	178	TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	122
TRUE METRIX DEVI	121	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	178	TRUETEST STRIPS STRP	70
TRUE METRIX GO BLOOD GLUCOSE METER KIT	122	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	178	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI ..	122
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	70	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	178	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT ..	122
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	122	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	178	TRUETRACK BLOOD GLUCOSE TEST STRP	70
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	122	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	178	TRUETRACK SMART SYSTEM KIT ..	122
TRUEDRAW LANCING DEVICE		TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	178	TRUETRACK TEST STRP	70
MISC	122	TRUEPLUS LANCETS 26G	122	TRULANCE	74
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	178	TRUEPLUS LANCETS 28G	122	TRULICITY	24
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	178	TRUEPLUS LANCETS 28G SUPER THIN	122	TRUMENBA	223
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	178	TRUEPLUS LANCETS 30G	122	TRUSELTIQ	39
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	178	TRUEPLUS LANCETS 30G ULTRA THIN	122	TRUSTEX COLOR CONDOMS + LUBE MISC	90
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	178	TRUEPLUS LANCETS 33G	122	TRUSTEX LUBRICATED EXTRALARGE MISC	90
TRUEPLUS GLUCOSE CHEW ..	23	TRUEPLUS LANCETS 33G MICRO THIN	122	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	90
TRUEPLUS GLUCOSE ON THE GO		TRUEPLUS PEN NEEDLES 29GX12MM	178	TRUSTEX LUBRICATED MISC ..	90
				TRUSTEX	

LUBRICATED/RIBBED/STUDDDED	TWINRIX SUSY	224	SYRINGE/0.5ML/30G X 1/2"	179
MISC	90			
TRUSTEX	TWIRLA	52	ULTICARE INSULIN	
LUBRICATED/SPERMICIDE EXTRA	TWIST TOP LANCETS 30G	122	SYRINGE/0.5ML/30G X 5/16" ...	179
LARGE MISC	91			
TRUSTEX	TYBLUME CHEW	51	ULTICARE INSULIN	
LUBRICATED/SPERMICIDE EXTRA	TYBOST	45	SYRINGE/1ML/28G X 1/2"	179
STRENGTH MISC	TYSABRI	217	ULTICARE INSULIN	
TRUSTEX	TYVASO DPI MAINTENANCE KIT		SYRINGE/1ML/30G X 1/2"	179
LUBRICATED/SPERMICIDE MISC	POWD	49	ULTICARE INSULIN	
90	TYVASO DPI TITRATION KIT		SYRINGE/1ML/30G X 5/16"	179
TRUSTEX NATURAL CONDOMS	POWD	49	ULTICARE INSULIN	
+LUBE/LUBRICATED MISC	TYVASO REFILL SOLN IN	49	SYRINGE/SHORT/0.3ML/30G X	
TRUSTEX NON-LUBRICATED MISC	TYVASO SOLN IN	49	5/16"	179
.....	TYVASO STARTER SOLN IN	49	ULTICARE INSULIN	
TRUSTEX WITH NOOXYNOL-	UBRELVY	195	SYRINGE/SHORT/0.3ML/31G X	
9/RIBBED/STUDDDED MISC	UDAMIN SP TABS 12.5 MG-1000		5/16"	179
TRUSTEX/RIA LUBRICATED MISC .	MCG-250 MCG-2.5 MG-17 MG-7.5		ULTICARE INSULIN	
91	MG-100 MCG-75 UNIT-320 MG .	204	SYRINGE/SHORT/0.5ML/30G X	
TRUSTEX/RIA LUBRICATED	UDENYCA SOSY	79	5/16"	179
SPERMICIDE MISC	ULTICARE ALCOHOL SWABS .	144	ULTICARE INSULIN	
TRUSTEX/RIA	ULTICARE INSULIN SAFETY		SYRINGE/SHORT/0.5ML/31G X	
LUBRICATED/SPERMICIDE MISC	SYRINGE/0.5ML/29G X 1/2"	178	5/16"	179
91	ULTICARE INSULIN SAFETY		ULTICARE INSULIN	
TRUSTEX/RIA NON-LUBRICATED	SYRINGE/1ML/29G X 1/2"	178	SYRINGE/SHORT/1ML/30G X 5/16"	
MISC	191		.....	179
TRUZONE PEAK FLOW METER	ULTICARE INSULIN		ULTICARE INSULIN	
195	SYRINGE/0.3ML/29G X 1/2"	178	SYRINGE/SHORT/1ML/31G X 5/16"	
TUB TRANSFER BOARD MISC .	ULTICARE INSULIN		.....	179
144	SYRINGE/0.3ML/30G X 1/2"	179	ULTICARE INSULIN SYRINGE/U-	
TUBING/WING TIP MISC	195		100/0.3ML/30G X 1/2"	179
TUDORZA PRESSAIR	ULTICARE INSULIN		ULTICARE INSULIN SYRINGE/U-	
12	SYRINGE/0.3ML/30G X 5/16" ...	179	100/0.3ML/31G X 5/16"	179
TUKYSA	ULTICARE INSULIN		ULTICARE INSULIN SYRINGE/U-	
37	SYRINGE/0.5ML/30G X 1/2"	179	100/0.5ML/30G X 1/2"	179
TURALIO	ULTICARE INSULIN		ULTICARE INSULIN SYRINGE/U-	
39	SYRINGE/0.5ML/28G X 1/2"	179	100/0.5ML/31G X 5/16"	179
T-VITES TABS	ULTICARE INSULIN		ULTICARE INSULIN SYRINGE/U-	
204	SYRINGE/0.5ML/29G X 1/2"	179	100/0.5ML/31G X 5/16"	179
TWIN MEDICINE SPOON MISC .	ULTICARE INSULIN		ULTICARE INSULIN SYRINGE/U-	
144			100/0.5ML/31G X 5/16"	179

ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	179	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	180	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	180
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	179	ULTICARE PEN NEEDLES 31GX 5MM/MINI	180	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	180
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	179	ULTICARE PEN NEEDLES/29GX 12.7MM	180	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	180
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	179	ULTICARE SHORT PEN NEEDLES 31GX8MM	180	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	180
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	179	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	180	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	180
ULTICARE MICRO PEN NEEDLES 31G X 8MM	179	ULTICARE SHORT PEN NEEDLES/31G X 8MM	180	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	180
ULTICARE MICRO PEN NEEDLES 32G X 4MM	179	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" ..	180	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM SHARPS CONTAIN	180
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	179	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" ..	180	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	180
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	179	ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4" ..	180	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	180
ULTICARE MICRO PEN NEEDLES/32G X 4MM	179	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4" ..	180	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	180
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	179	ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X1/4" ..	180	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	180
ULTICARE MINI PEN NEEDLES 31GX6MM	179	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	180	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	181
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	180	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	180	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	181
ULTICARE MINI PEN NEEDLES/31G X 6MM	180	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS C	180	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM SHARPS CONTAIN	181
ULTICARE MINI PEN NEEDLES/32G X 1/4"	180	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	180	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM SHARPS CONTAIN	181
ULTICARE MINI PEN NEEDLES31GX6MM	180	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	180	ULTIGUARD SAFEPACK/MINI PEN	
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	180				

NEEDLE/32G X 1/4"/SHARPS CONTAIN	181	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	181	NEEDLES31GX3/16"	182
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	181	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	181	ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM	182
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	181	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	181	ULTIMA KIT	122
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	181	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	181	ULTOMIRIS	78
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	122	ULTILET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	181	ULTRA COMFORT BODY MASSAGER MISC	144
ULTILET ALCOHOL SWABS	144	ULTILET INSULIN SYRINGE/U- 100/0.5ML/31GX6MM	181	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	182
ULTILET CLASSIC LANCETS ...	122	ULTILET INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	181	ULTRA FIT SMART BODY SCALE MISC	144
ULTILET INSULIN SYRINGE 31X6MM	181	ULTILET LANCETS	122	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	182
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM ...	181	ULTILET LANCETS 33G	122	ULTRA FLO INSULIN PEN NEEDLES	182
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM ...	181	ULTILET PEN NEEDLE 29GX12.7MM	181	ULTRA FLO INSULIN PEN NEELE 31GX8MM	182
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM ...	181	ULTILET PEN NEEDLE 31GX5MM .	181	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	182
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	181	ULTILET PEN NEEDLE 31GX8MM .	181	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	182
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	181	ULTILET PEN NEEDLE 32GX4MM .	181	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	182
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	181	ULTILET PEN NEEDLE	181	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	182
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	181	32GX4MM/SHORT	181	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	182
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	181	ULTILET SAFETY LANCETS 21G X 2.2MM	122	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	182
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	181	ULTILET SAFETY LANCETS 23G 122	122	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	182
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	181	ULTILET SHORT PEN NEEDLES 31GX5/16"	182	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	182

ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	182	100/1ML/31G X 5/16"	182	SYRINGE/U-100/1ML/29GX1/2" 183	
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	182	ULTRA-CARE LANCETS 30G ..	122	ULTRA-THIN II LANCETS 28G ..122	
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	182	ULTRACARE PEN NEEDLES/31G X 1/4"	183	ULTRA-THIN II LANCETS 30G ..122	
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	182	ULTRACARE PEN NEEDLES/31G X 3/16"	183	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	183
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	182	ULTRACARE PEN NEEDLES/31G X 5/16"	183	ULTRA-THIN II PEN NEEDLES 29GX1/2"	183
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	182	ULTRACARE PEN NEEDLES/32G X 1/14"	183	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" ..183	
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	182	ULTRACARE PEN NEEDLES/32G X 3/16"	183	ULTRAVATE LOTN	61
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	182	ULTRACARE PEN NEEDLES/32G X 5/32"	183	UNGUATOR 100/200/57MM/DISPOSABLE	
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	182	ULTRACARE PEN NEEDLES/33G X 5/32"	183	BLADES MISC	144
ULTRA THIN LANCETS 31G ..	122	ULTRA-THIN II AUTO LANCET ..	122	UNGUATOR 15/20/30/36MM/DISPOSABLE	
ULTRA THIN PEN NEEDLES 32G X 4MM	182	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"		BLADES MISC	145
ULTRA-CARE ALCOHOL PREP PADS	144	183	UNGUATOR APPLICATOR 1"/SHORT/CAP MISC	145	
ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	182	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"		UNGUATOR JAR 100/140 BLUELID	
ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	182	183	MISC	145	
ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	182	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"		UNGUATOR JAR 100/140 REDLID	
ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	182	183	MISC	145	
ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	182	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ..183		UNGUATOR JAR 15/20 BLUE LID	
ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	182	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..183		MISC	145
ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	182	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"		UNGUATOR JAR 15/20 RED LID	
ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	182	183	MISC	145	
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	182	ULTRA-THIN II INSULIN		UNGUATOR JAR 15/28 BLUE LID	
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	SYRINGE/U-100/0.5ML/29GX1/2"		MISC	145
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	183	UNGUATOR JAR 20/33 BLUE MISC		
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..183		145	
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..183		UNGUATOR JAR 200/280 BLUELID	
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"		MISC	145
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	183	UNGUATOR JAR 200/280 GREEN		
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	ULTRA-THIN II INSULIN		LID MISC	145
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	SYRINGE/U-100/0.5ML/29GX1/2"		UNGUATOR JAR 200/280 REDLID	
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	182	183	MISC	145	

UNGUATOR JAR 200/280 WHITE MISC	145	UNGUATOR JAR FOR AIRDYNAMIK 500/600 WHITE MISC 145		UNIFINE PENTIPS PLUS/30GX 3/16"	183
UNGUATOR JAR 30/42 BLUE LID MISC	145	UNGUATOR JAR W/SPINDLE 300/390 MISC	145	UNIFINE PENTIPS/30G X 3/16" .	183
UNGUATOR JAR 30/42 BLUE/BLUE LID MISC	145	UNGUATOR JAR W/SPINDLE 500/600 MISC	145	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	183
UNGUATOR JAR 30/42 GREENLID MISC	145	UNGUATOR LID 1000ML MISC .	145	UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	184
UNGUATOR JAR 30/42 RED LID MISC	145	UNGUATOR VARIONOZZLE 1MM MISC	145	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	184
UNGUATOR JAR 30/42 TURQUOISE/TURQUOISE LID MISC	145	UNIFINE PEN NEEDLE/32G X4MM ..	183	UNIFINE ULTRA PEN NEEDLE/31GX5MM	184
UNGUATOR JAR 30/42 WHITELID MISC	145	UNIFINE PENTIPS 29GX12MM ..	183	UNIFINE ULTRA PEN NEEDLE/31GX6MM	184
UNGUATOR JAR 30/42 YELLOW MISC	145	UNIFINE PENTIPS 31GX5MM ..	183	UNIFINE ULTRA PEN NEEDLE/31GX8MM	184
UNGUATOR JAR 50/70 BLUE LID MISC	145	UNIFINE PENTIPS 31GX6MM ..	183	UNIFINE ULTRA PEN NEEDLE/32GX4MM	184
UNGUATOR JAR 50/70 BLUE/BLUE LID MISC	145	UNIFINE PENTIPS 31GX8MM ..	183	UNILET COMFORTOUCH LANCET	
UNGUATOR JAR 50/70 GREENLID MISC	145	UNIFINE PENTIPS 32GX4MM ..	183	UNILET EXCELITE	122
UNGUATOR JAR 50/70 PINK/PINK LID MISC	145	UNIFINE PENTIPS 32GX6MM ..	183	UNILET EXCELITE II	122
UNGUATOR JAR 50/70 RED LID MISC	145	UNIFINE PENTIPS 33GX4MM ..	183	UNILET G.P. LANCET	122
UNGUATOR JAR 50/70 TURQUOISE MISC	145	UNIFINE PENTIPS PLUS 29GX12MM ..	183	UNILET G.P. SUPERLITE LANCET ..	
UNGUATOR JAR 50/70 WHITELID MISC	145	UNIFINE PENTIPS PLUS 31GX5MM ..	183	122	
UNGUATOR JAR 50/70 YELLOW MISC	145	UNIFINE PENTIPS PLUS 31GX6MM ..	183	UNILET GP 28 ULTRA THIN	123
UNGUATOR JAR FOR AIRDYNAMIK 1000/1250 MISC ..	145	UNIFINE PENTIPS PLUS 31GX8MM ..	183	UNILET LANCET	123
UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC ..	145	UNIFINE PENTIPS PLUS 32GX4MM ..	183	UNILET LANCEETS MICRO-THIN33G	123
UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC ..	145	UNIFINE PENTIPS PLUS 33GX 5/32" ..	183	UNILET LANCESTS SUPER-THIN30G	123
UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC ..	145	UNIFINE PENTIPS PLUS 33GX4MM ..	183	UNILET LANCESTS ULTRA-THIN 28G	123
UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC ..	145	UNIFINE PENTIPS PLUS 33GX4MM ..	183	UNILET SUPERLITE LANCET ..	123
Index 105				UNISTIK 1 MISC	123

UNISTIK 2 COMFORT MISC	123	UNISTIK TOUCH SAFETY LANCETS 30G	123	valproate sodium soln or 250 mg/5ml 19	
UNISTIK 2 EXTRA MISC	123	UNISTRIP CONTROL SOLUTIONHIGH SOLN	123	valproic acid caps	19
UNISTIK 2 MISC	123	UNISTRIP CONTROL SOLUTIONLOW SOLN	123	valsartan tabs	32
UNISTIK 2 NEONATAL MISC	123	UNISTRIP1 GENERIC STRP	70	valsartan-hydrochlorothiazide	34
UNISTIK 2 NORMAL MISC	123	UNIVERSAL 1 LANCETS THIN26G ..	123	VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	16
UNISTIK 2 SUPER MISC	123	UNIVERSAL 1 LANCETS ULTRA THIN 30G	123	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	16
UNISTIK 3 COMFORT MISC	123	UNIVERSAL 1 LANCETS/33G/MICRO-THIN ...	123	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	16
UNISTIK 3 EXTRA MISC	123	MISC	63	VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	16
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC ...	123	UP & UP GLUCOSE	24	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" ..	184
UNISTIK 3 GENTLE	123	UPTRAVI SOLR	49	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	184
UNISTIK 3 MISC	123	UPTRAVI TABS	49	184	
UNISTIK 3 NEONATAL MISC	123	UPTRAVI TITRATION PACK TBPK 49		VALUE PLUS GLUCOSE	24
UNISTIK 3 NORMAL MISC	123	urea crea 39 %, 40 %, 41 %	61	VALUE PLUS LANCETS STANDARD 21G	123
UNISTIK CZT COMFORT MISC .	123	UREA CREA	61	VALUE PLUS LANCETS SUPERTHIN 30G	123
UNISTIK CZT NORMAL MISC ...	123	urea in lactic acid vehicle	61	VALUE PLUS LANCETS THIN 26G ..	123
UNISTIK NORMAL MISC	123	urea lotn 40 %	61	123	
UNISTIK PRO SAFETY LANCET 21G	123	UREA/SALICYLIC ACID CREA ...	62	VALUE PLUS LANCING DEVICE MISC	123
UNISTIK PRO SAFETY LANCET 25G	123	ursodiol caps	75	VALUMARK LANCET SUPER THIN 30G	123
UNISTIK PRO SAFETY LANCET 28G	123	ursodiol tabs	75	VALUMARK LANCET ULTRA THIN 28G	123
UNISTIK SAFETY LANCETS 28G	123	VAGINAL SUPPOSITORY APPLICATOR MISC	145	VALUMARK PEN NEEDLES 29GX12MM	184
UNISTIK SAFETY LANCETS 30G	123	valacyclovir hcl	46	VALUMARK PEN NEEDLES 31GX 6MM	184
UNISTIK TOUCH SAFETY LANCETS 21G	123	VALCHLOR	57		
UNISTIK TOUCH SAFETY LANCETS 23G	123	valganciclovir hcl solr	45		
UNISTIK TOUCH SAFETY LANCETS 28G	123	valganciclovir hcl tabs	45		

VALUMARK PEN NEEDLES 31GX 8MM	184	varenicline tartrate tabs	218	VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	124
vancomycin hcl caps	35	varenicline tartrate tbpk	218	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	124
vancomycin hcl solr or 25 mg/ml, 50 mg/ml	34	VARITHENA ADMINISTRATIONPACK MISC ..	146	VERASENS BLOOD GLUCOSE TEST STRIPS STRP	70
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	35	VARIVAX INJ	224	VERASENS BLOOD GLUCOSE CONTROLLEVEL 1 LIQD	124
VANDAZOLE	225	VAXELIS SUSP	219	VERASENS GLUCOSE VEREGEN	55
VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12" MISC	145	VAXELIS SUSY	219	VERIFINE INSULIN PEN NEEDLE 29G X 12MM	184
VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12" MISC	145	VAXNEUVANCE	223	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	184
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	146	VECAMYL	34	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	184
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	146	VELPHORO	76	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	184
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	146	VELTASSA	199	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	184
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	184	VEMLIDY	45	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	184
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	184	VENCLEXTA STARTING PACK TBPK	37	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	184
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	184	VENCLEXTA TABS	37	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	184
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	184	VENEXA FE TABS	204	VERIFINE INSULIN VENLAFAKINE BESYLATE ER ..	21
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	184	VENEXA TABS	204	VERIFINE INSULIN venlafaxine hcl cp24	21
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	184	VENLAFAXINE BESYLATE ER ..	21	VERIFINE INSULIN venlafaxine hcl tabs	21
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	184	VENLAFAXINE BESYLATE ER ..	21	VERIFINE INSULIN venlafaxine hcl tb24	21
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	184	VENNGEL ONE KIT	57	VERIFINE INSULIN VENNGEL ONE KIT	57
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	184	VENTAVIS	49	VERIFINE INSULIN VENTRIXYL FE TABS	205
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	184	VENTAVIS	49	VERIFINE INSULIN VENTRIXYL TABS	205
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	184	VENTRIXYL FE TABS	205	VERIFINE INSULIN verapamil hcl cp24 100 mg, 120 mg, 180 mg, 200 mg, 240 mg	48
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	184	VENTRIXYL TABS	205	VERIFINE INSULIN verapamil hcl cp24 300 mg, 360 mg 48	48
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	184	VERAPAMIL HCL TABS	48	VERIFINE UNIVERSAL LANCETS 28G	124
VANISHPOINT SYRINGE/3ML/20G X 1"	184	VERAPAMIL HCL TABS	48	VERIFINE UNIVERSAL LANCETS 30G	124
VAQTA	224	VERAPAMIL HCL TBCR	48	VERIFINE UNIVERSAL LANCETS 33G	124

VERKAZIA EMUL	212	VIDA MIA UNIPFINE	vitamin a caps 3000 mcg, 10000 unit
VERQUVO	50	PENTIPSSHORT 31GX8MM	226
VERSACLOZ SUSP	42	VIEKIRA PAK TBPK	45
VERSAJET II EXACT HYDROSURGERY SYSTEM		vigabatrin pack	19
HANDPIECE 14MM MISC	146	vigabatrin tabs	19
VERSAJET II EXACT HYDROSURGERY SYSTEM		VIIBRYD STARTER PACK KIT	21
HANDPIECE 8MM MISC	146	vilazodone hcl tabs	21
VERSAJET II PLUS HYDROSURGERY SYSTEM		VINATE DHA RF	208
HANDPIECE 14MM MISC	146	VINYL INFLATABLE CUSHION MISC	146
VERZENIO	39	VIOKACE TABS	70
VESICARE LS SUSP	222	VIRACEPT TABS	45
V-GO 20 KIT	124	VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT	
V-GO 30 KIT	124	THICKNESS MISC	146
V-GO 40 KIT	124	VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED	
VIBERZI	76	THICKNESS MISC	146
VIBRATING FOOT BATH/HEAT MISC	146	VIREAD POWD	45
VICTOZA	24	VIREAD TABS	45
VIDA CELLULAR SCALE MISC	146	VIRT-C DHA	208
VIDA MIA AUTOLET LANCINGDEVICE MISC	124	VIRT-NATE DHA CAPS	208
VIDA MIA UNIFINE PENTIPS32GX4MM	184	VIRT-PN DHA	208
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	184	VIRT-PN PLUS	208
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM		VITAFOL FE+	208
184		VITAFOL GUMMIES	208
VIDA MIA UNILET LANCETS SUPER THIN 30G	124	VITAFOL STRIPS	208
VIDA MIA UNILET LANCETS ULTRA THIN 28G	124	VITAFOL ULTRA	208
		VITAFOL-NANO	208
		VITAFOL-OB TABS	208
		VITAFOL-OB+DHA MISC	208
		VITAFOL-ONE CAPS	208
		VITAMIN D3 COMPLETE TABS	205
		VITASANA TABS	205
		VITATRUM TABS	205
		VITEYES CLASSIC MULTIVITAMIN TABS	205
		VITEYES CLASSIC MULTIVITAMIN TABS	205
		VITEYES OPTIC NERVE SUPPORT TABS	205
		VITRAKVI CAPS	39
		VITRAKVI SOLN	39
		VITRAMYN TABS	205
		VITRANOL FE TABS	205
		VITRANOL TABS	205
		VITREXATE FE TABS	205
		VITREXATE TABS	205
		VITREXYL TABS	205
		VITREXYL/IRON TABS	205
		VITRUM 50+ ADULT-MULTI IRON FREE TABS	205
		VITRUM 50+ SENIOR MULTI TABS ..	
		205	
		VIVAGUARD INO BLOOD GLUCOSE METER DEVI	124
		VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	70
		VIVAGUARD INO CONTROL SOLUTION LIQD	124
		VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	124
		VIVAGUARD LANCETS	124

VIVAGUARD LANCING DEVICE	VYNDAMAX	49	WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3" MISC .	146
MISC	VYNDAQEL	49		
VIVAGUARD SAFETY LANCETS/28G	VYVANSE CAPS	1	WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5" MISC .	146
VIVI CAP MISC	VYVANSE CHEW	1		
VIVI CAP1 MISC	VYVGART	198	WALKER/YOUTH/FOLDING MISC	
VIVI EPI MISC	VYZULTA	214	warfarin sodium tabs	14
VIVITROL	WAKIX	1	WASH GLOVES PRE-MOISTENED MISC	146
VIVJOA	WALGREENS ADVANCED TRAVELLANCETS 28G	124	water for injection, sterile ij	215
VIZIMPRO	WALGREENS COMFORT ASSURED LANCETS MICRO		WATERPROOF SHEETING/36" X66" MISC	146
VONJO	THIN/33G	124		
VONVENDI	WALGREENS COMFORT ASSURED LANCETS SUPER		WAVESENSE AMP KIT	124
voriconazole susr	THIN/28G	124	WEBCOL ALCOHOL PREP LARGE 1 PLY	146
voriconazole tabs	WALGREENS GLUCOSE	24	WEBCOL ALCOHOL PREP LARGE 2 PLY	146
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	WALGREENS LANCETS	124	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	146
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	WALGREENS THIN LANCETS .	124	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	185
VORTEX VALVED HOLDING CHAMBER DEVI	WALKER AUTO GLIDES/5 ADJUSTMENT HOLES/1-1/8" MISC .	146	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	185
VOSEVI	WALKER BASKET MISC	146	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	185
VOTRIENT	WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8" MISC .	146	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	
VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	146	185		
VP-PNV-DHA CAPS	WALKER SKI GLIDES/1" MISC ..	146	WEIGH BOAT/PLASTIC/ANTI- STATIC MISC	146
VRAYLAR CAPS	WALKER SWIVEL WHEELS/5			
VRAYLAR CPPK	ADJUSTMENT HOLES/3" MISC .	146	WESCAP-C DHA	208
VTAMA	WALKER TALL EXTENSION LEGS MISC	146	WESCAP-PN DHA	208
VUITY SOLN	WALKER TIPS/BLACK/1-1/8" MISC .	146	WESNATAL DHA COMPLETE ..	208
VUMERTY	146		WESNATE DHA CAPS	208
VYEPTI			WESTAB PLUS TABS	208

WESTGEL DHA	208	XACIATO GEL	225	XPOVIO 40 MG ONCE WEEKLY	38
WEST-VITE W/FOLIC ACID TABS 200		XADAGO	41	XPOVIO 40 MG TWICE WEEKLY	38
wheat dextrin powd	81	XALKORI	39	XPOVIO 60 MG ONCE WEEKLY	38
WHEELCHAIR MISC	146	XARELTO STARTER PACK TBPK 15		XPOVIO 60 MG TWICE WEEKLY	38
white petrolatum-mineral oil	210	XARELTO SUSR	15	XPOVIO 80 MG ONCE WEEKLY	38
WHITE WALL GRAB BAR/12" MISC ..	146	XARELTO TABS	15	XPOVIO 80 MG TWICE WEEKLY	38
WHITE WALL GRAB BAR/18" MISC ..	146	XATMEP SOLN	36	XTAMPZA ER	7
WILATE KIT	78	XCOPRI TABS	19	XTANDI CAPS	37
WINDMILL TRAINER MISC ..	195	XCOPRI TBPK	19	XTANDI TABS	37
WINLEVI	55	XELJANZ SOLN	3	XULTOPHY 100/3.6	22
WINRHO SDF SOLN 1500 UNIT/1.3ML	214	XELJANZ TABS	3	XYNTHA	78
WINRHO SDF SOLN 15000 UNIT/13ML	214	XELJANZ XR TB24	3	XYNTHA SOLOFUSE	78
WINRHO SDF SOLN 2500 UNIT/2.2ML	214	XELPROS EMUL	214	XYOSTED SOAJ	9
WINRHO SDF SOLN 5000 UNIT/4.4ML	214	XELSTRYM	1	XYREM SOLN	215
witch hazel (hamamelis virginiana) pads	63	XENLETA TABS	35	XYWAV	215
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	205	XEPI	56	YELETS TEENAGE FORMULA TABS	205
WOMENS 50+ MULTIVITAMIN TABS	205	XERAC AC	63	YONSA	37
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	205	XERESE	58	YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC	146
WOODEN CANE/ROUND HANDLE/7/8" MISC	146	XERMELO	76	YUPELRI	12
WORK BELT MISC	146	XHANCE EXHU	209	zafirlukast	12
WRIST CUFF BLOOD PRESSUREUNIT MISC	90	XIFAXAN	34	zaleplon	80
		XIGDUO XR	22	ZARXIO	79
		XIIDRA	212	ZATEAN-PN DHA	208
		XOFLUZA 40 MG, 80 MG	46	ZATEAN-PN PLUS	208
		XOLAIR SOLR	12	ZEGALOGUE SOAJ	24
		XOLAIR SOSY	12	ZEGALOGUE SOSY	24
		XOSPATA	39	ZEJULA	39
		XPOVIO	38		
		XPOVIO 100 MG ONCE WEEKLY 38			

ZELAPAR TBDP	41	PADS	146	ZTLIDO PTCH	62
ZELBORAF	39	ZEVRX TWIST TOP LANCETS 30G 124		ZUBSOLV SUBL	9
ZEMBRACE SYMTOUCH SOAJ .	196	zidovudine caps	45	ZYCLARA PUMP	62
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	70	zidovudine syrup	45	ZYDELIG	39
ZEPATIER	46	zidovudine tabs	45	ZYFLO TABS	12
ZEPOSIA 7-DAY STARTER PACK CPPK	217	ZIEXTENZO	79	ZYKADIA TABS	39
ZEPOSIA CAPS	217	zileuton tb12	12	ZYLET	213
ZEPOSIA STARTER KIT CPPK .	217	ZILXI	63	ZYPITAMAG 2 MG, 4 MG	31
ZERVIADE	213	ZIMHI SOSY	27	ZYPREXA RELPREVV	42
ZETONNA AERS	209	zinc sulfate soln 1 mg/ml	198		
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2"	185	ziprasidone hcl	41		
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16" ...	185	ziprasidone mesylate	41		
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	185	ZIRGAN GEL	212		
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16"	185	ZMA CLEAR SUSP	55		
ZEVRX PEN NEEDLES 31G X 5MM	185	ZOLINZA	39		
ZEVRX PEN NEEDLES 31G X 6MM	185	zolmitriptan soln	196		
ZEVRX PEN NEEDLES 31G X 8MM	185	zolmitriptan tabs	196		
ZEVRX PEN NEEDLES 32G X 4MM	185	zolmitriptan tbdp	196		
ZEVRX STERILE ALCOHOL PREP		ZOLPAK	57		
		zolpidem tartrate subl	80		
		zolpidem tartrate tabs	80		
		zolpidem tartrate tbcr	80		
		ZOMACTON SOLR SC	72		
		ZOMIG SOLN	196		
		ZONISADE SUSP	18		
		zonisamide caps	18		
		ZORBTIVE SC	72		
		ZORYVE	58		
		ZTALMY	18		