



Preferred Drug List

Introduction

Meridian Medicaid Plan (Meridian) 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, 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 medications 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 s 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

Prio authorization fax number: 855-580-1695

Email: pharmacy_IL@centene.com

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (<i>Use amphetamine-dextroamphetamine</i>)	NP	QL(3 ea daily)
ADDERALL XR CP24 (<i>Use amphetamine-dextroamphetamine</i>)	NP	QL(1 ea daily)
ADZENYS ER SUER (<i>Use amphetamine</i>)	NF	QL(15 ml daily)
ADZENYS XR-ODT TBED	NP	QL(3 ea daily)
<i>amphetamine sulfate tabs</i>	NP	QL(3 ea daily)
<i>amphetamine-dextroamphetamine cp24</i>	P	QL(1 ea daily)
<i>amphetamine-dextroamphetamine tabs</i>	P	QL(3 ea daily)
DESOXYN (<i>Use methamphetamine hcl</i>)	NP	QL(3 ea daily)
DEXEDRINE CP24 (<i>Use dextroamphetamine sulfate</i>)	NP	QL(3 ea daily)
<i>dextroamphetamine sulfate soln</i>	NP	QL(15 ml daily);MP
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	NP	QL(3 ea daily)
<i>dextroamphetamine sulfate cp24</i>	NP	QL(3 ea daily)
DYANAVAL XR CHER	NP	
DYANAVAL XR SUER	NP	QL(15 ml daily)

Drug Name	Drug Tier	Requirements/Limits
EVEKEO TABS (<i>Use amphetamine sulfate</i>)	NP	QL(3 ea daily)
EVEKEO ODT TBDP	NP	QL(3 ea daily)
<i>methamphetamine hcl</i>	NP	QL(3 ea daily)
MYDAYIS CP24	NP	
VYVANSE CAPS	P	QL(1 ea daily)
VYVANSE CHEW	P	QL(1 ea daily)
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (<i>Use caffeine citrate</i>)	NF	
CAFFEINE ANHYDROUS POWD	P	RX/OTC
<i>caffeine citrate soln or</i>	P	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	NP	QL(1 ea daily);MP
<i>clonidine hcl (adhd) tb12</i>	P	QL(4 ea daily);MP
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily);MP
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily);MP
QELBREE	NP	
STRATTERA (<i>Use atomoxetine hcl</i>)	NP	QL(1 ea daily);MP
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)		
SUNOSI 75 MG	NP	QL(2 ea daily)
SUNOSI 150 MG	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NP	SP
Stimulants - Misc.		

IL MHP Medicaid

October 1, 2022

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
ADHANSIA XR CP24 25 MG, 35 MG	NP	QL(3 ea daily)
ADHANSIA XR CP24 45 MG, 55 MG	NP	QL(2 ea daily)
ADHANSIA XR CP24 70 MG, 85 MG	NP	QL(1 ea daily)
APTENSIO XR CP24 (Use methylphenidate hcl)	NP	QL(3 ea daily)
armodafinil	NP	
AZSTARYS	NP	
CONCERTA TBCR (Use methylphenidate hcl)	P	QL(1 ea daily)
COTEMPLA XR-ODT TBED 25.9 MG	NP	QL(2 ea daily)
COTEMPLA XR-ODT TBED 8.6 MG, 17.3 MG	NP	QL(3 ea daily)
DAYTRANA PTCH (Use methylphenidate)	NP	QL(1 ea daily)
dexmethylphenidate hcl tabs	P	QL(3 ea daily)
dexmethylphenidate hcl cp24	NP	QL(1 ea daily)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(3 ea daily)
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	P	QL(1 ea daily)
JORNAY PM CP24 20 MG, 40 MG	NP	QL(2 ea daily)
JORNAY PM CP24 60 MG, 80 MG, 100 MG	NP	
METHYLIN SOLN (Use methylphenidate hcl)	NP	QL(15 ml daily);MP
methylphenidate ptch	NP	QL(1 ea daily)
methylphenidate hcl cp24	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cpcr 50 MG, 60 MG	NP	
methylphenidate hcl tbcR	P	QL(1 ea daily)
methylphenidate hcl cp24 40 MG, 60 MG	NP	
methylphenidate hcl cpcr 10 MG, 20 MG, 30 MG	NP	QL(2 ea daily)
methylphenidate hcl cp24 10 MG, 20 MG, 30 MG	NP	QL(2 ea daily)
methylphenidate hcl tb24 27 MG, 36 MG, 54 MG	NP	QL(1 ea daily)
methylphenidate hcl cpcr 40 MG	NP	QL(1 ea daily)
methylphenidate hcl tabs 5 MG, 10 MG	P	QL(3 ea daily)
methylphenidate hcl soln	NP	QL(15 ml daily);MP
methylphenidate hcl tabs 20 MG	P	QL(2 ea daily)
methylphenidate hcl tbcR 18 MG, 27 MG, 36 MG, 54 MG	NP	QL(1 ea daily)
methylphenidate hcl chew	NP	QL(3 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
modafinil	NP	QL(2 ea daily)
NUVIGIL (Use armodafinil)	NP	
PROVIGIL (Use modafinil)	NP	QL(2 ea daily)
QUILLICHEW ER CHER	NP	QL(2 ea daily)
QUILLIVANT XR SRER	NP	QL(15 ml daily)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
RELEXXII TBCR	NP	
RITALIN TABS 5 MG, 10 MG (Use methylphenidate hcl)	NP	QL(3 ea daily)
RITALIN TABS 20 MG (Use methylphenidate hcl)	NP	QL(2 ea daily)
RITALIN LA CP24 40 MG (Use methylphenidate hcl)	NP	
RITALIN LA CP24 10 MG, 20 MG, 30 MG (Use methylphenidate hcl)	NP	QL(2 ea daily)
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP
BETHKIS NEBU (Use tobramycin)	NP	SP
BETHKIS NEBU (Use tobramycin)	NF	SP
KITABIS PAK NEBU (Use tobramycin)	P	SP
neomycin sulfate tabs	P	
paromomycin sulfate	P	SP
TOBI NEBU (Use tobramycin)	NP	SP
TOBI PODHALER CAPS	NP	SP
tobramycin nebu	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirement s/Limits
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ	NP	SP
XELJANZ TABS	P	SP;PA
XELJANZ SOLN	P	SP;MP;PA
XELJANZ XR TB24	P	SP;PA
Antirheumatic Antimetabolites		
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
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
REDITREX SOSY	NP	SP;MP
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PSKT	P	SP;PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP;PA
HUMIRA PEN PNKT	P	SP;PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP;PA

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP;PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP;PA
SIMPONI SOSY	NP	SP;MP
SIMPONI SOAJ	NP	SP;MP
SIMPONI ARIA SOLN	NP	SP;MP
Gold Compounds		
RIDAURA	NP	
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP;MP
Interleukin-1beta Blockers		
ILARIS SOLN	NP	SP;MP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	NP	SP;MP
ACTEMRA SOSY	NP	SP;MP
ACTEMRA ACTPEN SOAJ	NP	SP;MP
KEVZARA SOAJ	NP	SP;MP
KEVZARA SOSY	NP	SP;MP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NP	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NP	
CELEBREX (Use celecoxib)	NP	MP
celecoxib	P	MP

Drug Name	Drug Tier	Requirement s/Limits
celecoxib	P	MP
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	NF	QL(160 ml daily);MP;RX/OT C
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	NF	QL(160 ml daily);MP;RX/OT C
DAYPRO (Use oxaprozin)	NP	
diclofenac potassium caps	NP	
diclofenac potassium tabs	P	
diclofenac potassium tabs 50 MG	P	
diclofenac sodium tb24	P	
diclofenac sodium tbec	P	
diclofenac w/ misoprostol tbec	NP	
DUEXIS (Use ibuprofen-famotidine)	NP	MP
etodolac tb24	P	MP
etodolac caps	P	MP
etodolac tabs	P	MP
FELDENE CAPS (Use piroxicam)	NP	
fenoprofen calcium tabs	NP	
fenoprofen calcium caps 400 MG	NP	
flurbiprofen tabs 100 MG	P	
IBUPAK KIT	NP	
ibuprofen susp 50 MG/1.25ML	P	QL(80 ml daily)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>ibuprofen susp 100 MG/5ML</i>	NP	QL(160 ml daily);MP;RX/OT C
<i>ibuprofen susp 100 MG/5ML</i>	P	QL(160 ml daily);MP;RX/OT C
<i>ibuprofen tabs 800 MG</i>	P	QL(4 ea daily);MP
<i>ibuprofen tabs 400 MG</i>	P	QL(8 ea daily);MP
<i>ibuprofen tabs 600 MG</i>	P	QL(5 ea daily);MP
<i>ibuprofen-famotidine</i>	NP	MP
INDOCIN SUSP	NP	
INDOCIN SUPP	NP	
<i>indomethacin cpcr</i>	P	
<i>indomethacin caps 25 MG, 50 MG</i>	P	
INFANTS ADVIL SUSP (Use <i>ibuprofen</i>)	NF	QL(80 ml daily)
<i>ketoprofen cp24</i>	NP	
<i>ketoprofen caps 50 MG, 75 MG</i>	P	
<i>ketorolac tromethamine tabs</i>	P	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
<i>meclofenamate sodium caps</i>	NP	
<i>mefenamic acid caps</i>	NP	
<i>meloxicam caps</i>	NP	MP
<i>meloxicam tabs</i>	P	MP
MOBIC TABS (Use <i>meloxicam</i>)	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
MOTRIN INFANTS DROPS SUSP (Use <i>ibuprofen</i>)	NF	QL(80 ml daily)
<i>nabumetone</i>	P	
NALFON TABS (Use <i>fenoprofen calcium</i>)	NP	
NALFON CAPS (Use <i>fenoprofen calcium</i>)	NP	
NAPRELAN TB24 500 MG (Use <i>naproxen sodium</i>)	NF	MP
NAPRELAN TB24 (Use <i>naproxen sodium</i>)	NP	MP
<i>naproxen tbec</i>	P	MP
<i>naproxen susp</i>	P	MP
<i>naproxen tabs</i>	P	MP
<i>naproxen sodium tb24</i>	NP	MP
<i>naproxen sodium tabs 275 MG, 550 MG</i>	P	MP
<i>naproxen-esomeprazole magnesium</i>	NP	MP
<i>oxaprozin</i>	NP	
<i>piroxicam caps</i>	NP	
RELAFEN DS	NP	
SPRIX SOLN NA	NP	
<i>sulindac tabs</i>	P	
VIMOVO (Use <i>naproxen-esomeprazole magnesium</i>)	NP	MP
VIVLODEX CAPS (Use <i>meloxicam</i>)	NP	MP
ZIPSOR CAPS (Use <i>diclofenac potassium</i>)	NP	
ZORVOLEX CAPS 35 MG	NP	

IL MHP Medicaid

October 1, 2022

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
ZORVOLEX CAPS 18 MG	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TBPk	NP	SP
OTEZLA TABS	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>Use leflunomide</i>)	NP	QL(1 ea daily)
<i>leflunomide</i>	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOSY	NP	SP;MP
ORENCIA SOLR	NP	SP
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
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
ALLZITAL TABS	NP	
<i>aspirin-acetaminophen-caffeine tabs</i>	P	
<i>butalbital-acetaminophen tabs 300 MG-50 MG</i>	P	
<i>butalbital-acetaminophen caps 300 MG-50 MG</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen tabs 325 MG-50 MG</i>	P	QL(13 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG</i>	P	QL(13 ea daily)
<i>butalbital-acetaminophen-caffeine soln</i>	NP	
<i>butalbital-acetaminophen-caffeine caps 300 MG-40 MG-50 MG, 325 MG-40 MG-50 MG</i>	P	
<i>butalbital-aspirin-caffeine caps</i>	P	QL(13 ea daily)
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	QL(13 ea daily)
EXCEDRIN EXTRA STRENGTH TABS (<i>Use aspirin-acetaminophen-caffeine</i>)	NF	
EXCEDRIN MIGRAINE TABS (<i>Use aspirin-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	
FIORINAL CAPS (<i>Use butalbital-aspirin-caffeine</i>)	NF	QL(13 ea daily)
Analgesics Other		
<i>acetaminophen chew 80 MG</i>	P	QL(50 ea daily)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>acetaminophen supp 120 MG</i>	P	QL(33 ea daily)
<i>acetaminophen susp 160 MG/5ML</i>	P	QL(125 ml daily)
<i>acetaminophen tabs 500 MG</i>	P	QL(8 ea daily)
<i>acetaminophen tabs 325 MG</i>	P	QL(13 ea daily)
<i>acetaminophen liqd 160 MG/5ML</i>	P	QL(125 ml daily)
<i>acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	QL(125 ml daily)
FEVERALL JUNIOR STRENGTH SUPP	P	QL(13 ea daily)
OFIRMEV SOLN IV (Use acetaminophen)	NF	
TYLENOL TABS (Use acetaminophen)	NF	QL(13 ea daily)
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NF	QL(125 ml daily)
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NF	QL(125 ml daily)
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NF	QL(8 ea daily)
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NF	QL(125 ml daily)
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NF	QL(125 ml daily)
Salicylates		
<i>aspirin tabs 325 MG</i>	P	
<i>aspirin tbec 81 MG</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>aspirin chew</i>	P	
ASPIRIN SUPP 300 MG, 600 MG	P	
<i>aspirin buffered (cal carb-mag carb-mag oxide) 325 MG</i>	P	
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	NF	
<i>diflunisal tabs</i>	P	
ECOTRIN TBEC (Use aspirin)	NF	
ECOTRIN MAXIMUM STRENGTH TBEC (Use aspirin)	NF	
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	NF	
<i>salsalate</i>	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (Use fentanyl citrate)	NP	
<i>codeine sulfate tabs 30 MG</i>	P	QL(6 ea daily);AL(At least 18 yrs old)
CODEINE SULFATE TABS	P	QL(6 ea daily);AL(At least 18 yrs old)
CONZIP CP24 (Use tramadol hcl)	NP	QL(1 ea daily);AL(At least 18 yrs old)
DILAUDID LIQD (Use hydromorphone hcl)	NP	
DILAUDID TABS 8 MG (Use hydromorphone hcl)	NP	

IL MHP Medicaid

October 1, 2022

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
DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	NP	QL(4 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (Use fentanyl)	NF	QL(0.34 ea daily)
fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	NP	QL(0.34 ea daily)
fentanyl pt72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
fentanyl citrate lpop	NP	
fentanyl citrate tabs	NP	
FENTORA TABS (Use fentanyl citrate)	NP	
hydrocodone bitartrate t24a	NP	
hydrocodone bitartrate cp12	NP	
hydromorphone hcl tb24	NP	
hydromorphone hcl tabs 2 MG, 4 MG	P	QL(4 ea daily)
hydromorphone hcl liqd	P	
hydromorphone hcl tabs 8 MG	P	
HYDROMORPHONE HCL SUPP	P	
HYSINGLA ER T24A	NP	
KADIAN CP24 200 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
KADIAN CP24 40 MG (Use morphine sulfate)	NF	
KADIAN CP24 10 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use morphine sulfate)	NP	
KADIAN CP24 20 MG, 30 MG (Use morphine sulfate)	NF	
levorphanol tartrate tabs	NP	
meperidine hcl tabs 50 MG	NP	QL(6 ea daily)
meperidine hcl soln or 50 MG/5ML	NP	
methadone hcl conc	NP	QL(8 ml daily)
methadone hcl soln or	NP	QL(8 ml daily)
methadone hcl tbso	NP	QL(4 ea daily)
methadone hcl tabs	NP	QL(4 ea daily)
METHADOSE CONC (Use methadone hcl)	NP	QL(8 ml daily)
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	NP	QL(8 ml daily)
morphine sulfate soln or 10 MG/5ML, 20 MG/ML, 100 MG/5ML	P	QL(8 ml daily)
morphine sulfate tbcr	P	QL(2 ea daily);PA
morphine sulfate cp24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	
morphine sulfate tabs	P	QL(4 ea daily)
morphine sulfate supp	P	
morphine sulfate beads	NP	
MS CONTIN TBCR (Use morphine sulfate)	NP	QL(2 ea daily)

IL MHP Medicaid

October 1, 2022

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
NUCYNTA TABS	NP	
NUCYNTA ER TB12	NP	
OXAYDO TABS 7.5 MG	NP	
OXAYDO TABS 5 MG	NP	QL(4 ea daily)
<i>oxycodone hcl caps</i>	P	QL(4 ea daily)
<i>oxycodone hcl tabs 5 MG</i>	P	QL(4 ea daily)
<i>oxycodone hcl tabs 10 MG, 15 MG, 20 MG, 30 MG</i>	P	
<i>oxycodone hcl conc 100 MG/5ML</i>	P	
<i>oxycodone hcl soln</i>	P	
<i>oxycodone hcl t12a</i>	NP	
OXYCONTIN T12A 10 MG, 20 MG, 40 MG, 80 MG	NP	
<i>oxymorphone hcl tabs</i>	NP	
<i>oxymorphone hcl tb12</i>	NP	
ROXICODONE TABS 5 MG (Use <i>oxycodone hcl</i>)	NP	QL(4 ea daily)
ROXICODONE TABS 15 MG, 30 MG (Use <i>oxycodone hcl</i>)	NP	
<i>tramadol hcl tb24</i>	NP	QL(1 ea daily);AL(At least 18 yrs old)
<i>tramadol hcl tabs 100 MG</i>	NP	QL(4 ea daily)
<i>tramadol hcl tabs 50 MG</i>	P	QL(8 ea daily)
<i>tramadol hcl cp24 100 MG, 200 MG, 300 MG</i>	NP	QL(1 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TRAMADOL HYDROCHLORIDE SOLN	NP	
ULTRAM TABS (Use <i>tramadol hcl</i>)	NP	QL(8 ea daily)
XTAMPZA ER	NP	
ZOHYDRO ER CP12 (Use <i>hydrocodone bitartrate</i>)	NP	
Opioid Combinations		
<i>acetaminophen w/ codeine soln</i>	P	QL(167 ml daily);AL(At least 18 yrs old)
<i>acetaminophen w/ codeine tabs 300 MG-15 MG, 300 MG-30 MG, 300 MG-60 MG</i>	P	QL(14 ea daily);AL(At least 18 yrs old)
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	NP	
APADAZ	NP	
BENZHYDROCODONE/ACETAMINOPHEN	NP	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	NP	QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(6 ea daily);AL(At least 18 yrs old)
FIORICET/CODEINE 300 MG-30 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	QL(6 ea daily);AL(At least 18 yrs old)
FIORINAL/CODEINE #3 (Use <i>butalbital-aspirin-caffeine w/cod</i>)	NF	QL(6 ea daily);AL(At least 18 yrs old)

IL MHP Medicaid

October 1, 2022

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>hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	P	QL(12 ea daily)
<i>hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i>	P	QL(240 ml per 30 days retail)
<i>hydrocodone-acetaminophen tabs 10 MG-300 MG, 5 MG-300 MG, 7.5 MG-300 MG</i>	P	
<i>hydrocodone-ibuprofen 200 MG-10 MG, 200 MG-5 MG, 200 MG-7.5 MG</i>	P	
LORTAB ELIX	NP	
NORCO TABS (<i>Use hydrocodone-acetaminophen</i>)	NF	QL(12 ea daily)
<i>oxycodone w/acetaminophen soln</i>	P	
<i>oxycodone w/acetaminophen tabs 2.5 MG-325 MG, 7.5 MG-325 MG</i>	P	QL(12 ea daily)
<i>oxycodone w/acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG</i>	P	QL(13 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG (<i>Use oxycodone w/acetaminophen</i>)	NP	QL(13 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 2.5 MG-325 MG, 7.5 MG-325 MG (<i>Use oxycodone w/acetaminophen</i>)	NP	QL(12 ea daily)
SEGLENTIS	NP	
<i>tramadol-acetaminophen</i>	NP	1 rtl MAX fill,30 rtl day(s) supply;QL(40 ea per fill retail);AL(At least 18 yrs old)
ULTRACET (<i>Use tramadol-acetaminophen</i>)	NF	1 rtl MAX fill,30 rtl day(s) supply;QL(40 ea per fill retail);AL(At least 18 yrs old)
ULTRACET (<i>Use tramadol-acetaminophen</i>)	NP	1 rtl MAX fill,30 rtl day(s) supply;QL(40 ea per fill retail);AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
<i>buprenorphine ptwk</i>	NP	
<i>buprenorphine hcl subl</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate film sl</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	P	
<i>butorphanol tartrate na 10 MG/ML</i>	NP	
BUTRANS PTWK (<i>Use buprenorphine</i>)	NP	

IL MHP Medicaid

October 1, 2022

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>pentazocine w/ naloxone hcl</i>	NP	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate)	P	
ZUBSOLV SUBL	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50	P	PA
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	P	PA
ANDROGEL GEL TD (Use testosterone)	NF	PA
ANDROGEL PUMP GEL TD 1.62 % (Use testosterone)	NF	PA
AVEED SOLN	P	SP;MP;PA
<i>danazol caps</i>	P	
DEPO-TESTOSTERONE SOLN IM (Use testosterone cypionate)	NF	MP
FORTESTA GEL TD (Use testosterone)	NF	PA
METHITEST TABS	P	PA
<i>methyltestosterone caps</i>	P	PA
TESTIM GEL TD (Use testosterone)	NF	PA
<i>testosterone soln</i>	P	MP;PA
<i>testosterone gel td</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate soln im</i>	P	MP
<i>testosterone enanthate soln im</i>	P	
VOGELXO GEL TD (Use testosterone)	NF	PA
VOGELXO PUMP GEL TD (Use testosterone)	NF	PA
XYOSTED SOAJ	P	MP;PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (Use hydrocortisone (intrarectal))	NP	
CORTIFOAM EX 10 %	NP	
<i>hydrocortisone (intrarectal)</i>	P	
UCERIS	NP	
Rectal Combinations		
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	
<i>lidocaine-hydrocortisone acetate (rectal) kit 2 %-2 %</i>	NP	
<i>lidocaine-hydrocortisone acetate (rectal) crea ex</i>	NP	
<i>phenylephrine in hard fat</i>	P	
PROCTOFOAM HC FOAM EX	NP	
Rectal Local Anesthetics		

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>dibucaine (rectal) ex</i>	P	
NUPERCAINAL EX (<i>Use dibucaine (rectal)</i>)	NF	
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) ex 2.5 %</i>	P	
<i>hydrocortisone acetate (rectal)</i>	NP	
PROCTOCORT (<i>Use hydrocortisone acetate (rectal)</i>)	NF	
PROCTOCORT EX (<i>Use hydrocortisone (rectal)</i>)	NF	
Vasodilating Agents		
RECTIV	NP	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone susp 200 MG/5ML-200 MG/5ML-20 MG/5ML</i>	P	
<i>alum & mag hydrox-simethicone liqd</i>	P	
<i>aluminum hydroxide-mag carb susp 95 MG/15ML-358 MG/15ML</i>	P	
GAVISCON SUSP (<i>Use aluminum hydroxide-mag carb</i>)	NF	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (<i>Use alum & mag hydrox-simethicone</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs 325 MG, 650 MG</i>	P	
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) chew</i>	P	
<i>calcium carbonate (antacid) susp</i>	P	
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS CHEWY BITES CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS E-X 750 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS EXTRA STRENGTH 750 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS SMOOTHIES CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS ULTRA 1000 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 MG</i>	P	

IL MHP Medicaid

October 1, 2022

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
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	NP	
ALBENZA (<i>Use albendazole</i>)	NP	
BENZNIDAZOLE	NP	SP
BILTRICIDE (<i>Use praziquantel</i>)	NP	
EMVERM CHEW	NP	
<i>ivermectin</i>	NP	
<i>praziquantel</i>	P	
STROMECTOL (<i>Use ivermectin</i>)	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
RANEXA TB12 (<i>Use ranolazine</i>)	NP	MP
<i>ranolazine tb12</i>	NP	MP
<i>ranolazine tb12</i>	NP	MP
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS (<i>Use isosorbide dinitrate</i>)	NP	MP
<i>isosorbide dinitrate tabs</i>	P	MP
<i>isosorbide mononitrate tabs</i>	P	MP
<i>isosorbide mononitrate tb24</i>	P	MP
NITRO-BID OINT	P	

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	MP
NITRO-DUR PT24	NP	
<i>nitroglycerin subl</i>	P	MP
<i>nitroglycerin soln tl .4 MG/SPRAY</i>	NP	MP
<i>nitroglycerin pt24</i>	P	MP
NITROLINGUAL PUMPSPRAY SOLN TL (<i>Use nitroglycerin</i>)	NP	MP
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	MP
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 30 MG</i>	P	MP
<i>buspirone hcl</i>	P	MP
<i>hydroxyzine hcl tabs</i>	P	
<i>hydroxyzine hcl syrp</i>	P	
<i>hydroxyzine pamoate caps 25 MG, 50 MG</i>	P	
<i>meprobamate</i>	NP	
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam tbdp</i>	NP	
<i>alprazolam tabs .25 MG, .5 MG, 1 MG</i>	P	
<i>alprazolam tb24</i>	NP	
<i>alprazolam tabs 2 MG</i>	P	QL(3 ea daily)
ALPRAZOLAM INTENSOL CONC	P	
ATIVAN TABS (<i>Use lorazepam</i>)	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>chlordiazepoxide hcl caps</i>	P	
<i>clorazepate dipotassium tabs</i>	P	
<i>diazepam soln or 5 MG/5ML</i>	P	
<i>diazepam tabs</i>	P	
<i>diazepam conc</i>	P	
<i>lorazepam conc</i>	P	
<i>lorazepam tabs</i>	P	
LOREEV XR CS24	NP	
<i>oxazepam caps</i>	P	
TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i>)	NP	
XANAX TABS .25 MG, .5 MG, 1 MG (Use <i>alprazolam</i>)	NP	
XANAX TABS 2 MG (Use <i>alprazolam</i>)	NP	QL(3 ea daily)
XANAX XR TB24 (Use <i>alprazolam</i>)	NP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	P	MP
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NP	MP
NORPACE CR CP12	P	MP
<i>quinidine gluconate tbc</i>	P	MP
<i>quinidine sulfate tabs</i>	P	MP
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	MP

Drug Name	Drug Tier	Requirement s/Limits
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	MP
<i>propafenone hcl tabs</i>	P	MP
<i>propafenone hcl cp12</i>	NP	MP
RHYTHMOL SR CP12 (Use <i>propafenone hcl</i>)	NP	MP
Antiarrhythmics Type III		
<i>amiodarone hcl tabs</i>	P	MP
<i>dofetilide</i>	P	MP
MULTAQ	NP	
TIKOSYN (Use <i>dofetilide</i>)	NP	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP;MP
FASENRA SOSY	P	SP;MP;PA
FASENRA PEN SOAJ	P	SP;MP;PA
NUCALA SOAJ	P	SP;MP;PA
NUCALA SOLR	P	SP;PA
NUCALA SOSY 40 MG/0.4ML	P	SP;PA
NUCALA SOSY 100 MG/ML	P	SP;MP;PA
TEZSPIRE	NP	SP;MP
XOLAIR SOSY	P	SP;MP;PA
XOLAIR SOLR	P	SP;PA
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	P	MP
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(0.516 gm daily);MP
INCRUSE ELLIPTA	P	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>ipratropium bromide soln .02 %</i>	P	MP
LONHALA MAGNAIR REFILL KIT SOLN	NP	MP
LONHALA MAGNAIR STARTER KIT SOLN	NP	MP
SPIRIVA HANDIHALER CAPS	P	MP
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	P	MP
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	P	QL(0.134 gm daily);MP
TUDORZA PRESSAIR	NP	MP
YUPELRI	NP	MP
Leukotriene Modulators		
ACCOLATE (<i>Use zafirlukast</i>)	NP	QL(2 ea daily);MP
<i>montelukast sodium tabs</i>	P	QL(1 ea daily);MP
<i>montelukast sodium pack</i>	P	QL(1 ea daily);MP
<i>montelukast sodium chew</i>	P	QL(1 ea daily);MP
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily);MP
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily);MP
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily);MP
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily);MP
<i>zafirlukast</i>	P	QL(2 ea daily);MP
<i>zileuton tb12</i>	NP	MP
ZYFLO TABS	NP	MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP	NP	

Drug Name	Drug Tier	Requirement s/Limits
Steroid Inhalants		
ALVESCO	NP	MP
ARMONAIR DIGIHALER AEPB	NP	QL(0.034 ea daily);MP
ARNUITY ELLIPTA	NP	QL(1 ea daily);MP
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	NP	MP
ASMANEX HFA AERO 50 MCG/ACT	NP	QL(0.44 gm daily);MP
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	MP
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	MP
ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	MP
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	MP
<i>budesonide (inhalation) susp</i>	P	QL(4 ml daily);AL(Up to 7 yrs old);MP
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	P	150 rti MAX fill;QL(2 ea daily);MP
FLOVENT DISKUS AEPB 50 MCG/BLIST	P	QL(2 ea daily);MP
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(0.4 gm daily);MP
FLOVENT HFA 44 MCG/ACT	P	QL(0.36 gm daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	NP	QL(0.4 gm daily);MP
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	NP	QL(0.36 gm daily);MP
PULMICORT SUSP (Use budesonide (inhalation))	NP	QL(4 ml daily);AL(Up to 7 yrs old);MP
PULMICORT FLEXHALER AEPB	NP	QL(0.034 ea daily);MP
QVAR REDHALER	NP	QL(0.36 gm daily);MP
Sympathomimetics		
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	P	QL(2 ea daily);MP
ADVAIR HFA AERO	P	QL(0.4 gm daily);MP
AIRDUO DIGIHALER 113/14 AEPB	P	QL(0.034 ea daily);MP
AIRDUO DIGIHALER 232/14 AEPB	P	QL(0.034 ea daily);MP
AIRDUO DIGIHALER 55/14 AEPB	P	QL(0.034 ea daily);MP
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	P	QL(0.034 ea daily);MP
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	P	QL(0.034 ea daily);MP
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	P	QL(0.034 ea daily);MP
<i>albuterol sulfate nebu .083 %</i>	P	QL(13 ml daily);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>albuterol sulfate aers</i>	P	MP
<i>albuterol sulfate aers</i>	P	1 rtl MAX fill,15 rtl day(s) supply;QL(1.2 gm daily);MP
<i>albuterol sulfate nebu .63 MG/3ML</i>	P	MP
<i>albuterol sulfate syrp</i>	P	MP
<i>albuterol sulfate tabs</i>	NP	
<i>albuterol sulfate nebu .5 %, .63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	P	MP
<i>albuterol sulfate aers</i>	P	1 rtl MAX fill,15 rtl day(s) supply;QL(0.57 gm daily);MP
ANORO ELLIPTA	P	MP
<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
BREZTRI AEROSPHERE	NP	MP
BROVANA (Use arformoterol tartrate)	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(0.34 gm daily);MP
COMBIVENT RESPIMAT AERS	NP	MP
DUAKLIR PRESSAIR	NP	MP
DULERA	P	QL(0.44 gm daily);MP
FLUTICASONE FUROATE/VILANTERO L ELLIPTA	NP	150 rtl MAX fill;QL(2 ea daily);MP

IL MHP Medicaid

October 1, 2022

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>fluticasone-salmeterol aepb 14</i> MCG/ACT-113 MCG/ACT, 14 MCG/ACT-232 MCG/ACT, 14 MCG/ACT-55 MCG/ACT	NP	QL(0.034 ea daily);MP
<i>fluticasone-salmeterol aepb 50</i> MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT	NP	QL(2 ea daily);MP
<i>formoterol fumarate nebu</i>	NP	
<i>ipratropium-albuterol soln</i>	P	MP
<i>levalbuterol hcl</i>	P	MP
<i>levalbuterol tartrate</i>	P	MP
PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	NP	
PROAIR DIGIHALER AEPB	NP	MP
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	P	1 rtl MAX fill,15 rtl day(s) supply;QL(0.57 gm daily);MP
PROAIR RESPICLICK AEPB	NP	MP
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	P	1 rtl MAX fill,15 rtl day(s) supply;QL(0.45 gm daily);MP
SEREVENT DISKUS	P	QL(2 ea daily);MP
STIOLTO RESPIMAT	NP	MP

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT	NP	MP
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	P	QL(0.34 gm daily);MP
<i>terbutaline sulfate tabs</i>	P	MP
TRELEGY ELLIPTA	NP	150 rtl MAX fill;QL(2 ea daily);MP
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	P	1 rtl MAX fill,15 rtl day(s) supply;QL(0.54 gm daily);MP
XOPENEX (Use <i>levalbuterol hcl</i>)	NP	MP
XOPENEX CONCENTRATE (Use <i>levalbuterol hcl</i>)	NP	MP
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	P	MP
Xanthines		
THEO-24 CP24	P	MP
<i>theophylline tb12 300 MG, 450 MG</i>	P	MP
<i>theophylline tb24</i>	P	MP
<i>theophylline soln</i>	P	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium tabs</i>	P	MP
Direct Factor Xa Inhibitors		
ELIQUIS TABS	P	PA
ELIQUIS STARTER PACK TBPK	P	PA
SAVAYSA	NP	
XARELTO TABS	P	PA

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
XARELTO SUSR	NP	
XARELTO STARTER PACK TBPK	P	PA
Heparins And Heparinoid-Like Agents		
ARIXTRA 7.5 MG/0.6ML (Use <i>fondaparinux sodium</i>)	NP	QL(25.2 ml per 365 days retail);SP
ARIXTRA 5 MG/0.4ML (Use <i>fondaparinux sodium</i>)	NP	QL(16.8 ml per 365 days retail);SP
ARIXTRA 2.5 MG/0.5ML (Use <i>fondaparinux sodium</i>)	NP	QL(21 ml per 365 days retail);SP
ARIXTRA 10 MG/0.8ML (Use <i>fondaparinux sodium</i>)	NP	QL(33.6 ml per 365 days retail);SP
<i>enoxaparin sodium sosal</i> 80 MG/0.8ML, 120 MG/0.8ML	P	QL(67.2 ml per 365 days retail);SP
<i>enoxaparin sodium soln ij</i> 300 MG/3ML	P	QL(252 ml per 365 days retail);SP
<i>enoxaparin sodium sosal</i> 60 MG/0.6ML	P	QL(50.4 ml per 365 days retail);SP
<i>enoxaparin sodium sosal</i> 40 MG/0.4ML	P	QL(33.6 ml per 365 days retail);SP
<i>enoxaparin sodium sosal</i> 30 MG/0.3ML	P	QL(25.2 ml per 365 days retail);SP
<i>enoxaparin sodium sosal</i> 100 MG/ML, 150 MG/ML	P	QL(84 ml per 365 days retail);SP
<i>fondaparinux sodium</i> 5 MG/0.4ML	P	QL(16.8 ml per 365 days retail);SP
<i>fondaparinux sodium</i> 2.5 MG/0.5ML	P	QL(21 ml per 365 days retail);SP

Drug Name	Drug Tier	Requirement s/Limits
<i>fondaparinux sodium</i> 7.5 MG/0.6ML	P	QL(25.2 ml per 365 days retail);SP
<i>fondaparinux sodium</i> 10 MG/0.8ML	P	QL(33.6 ml per 365 days retail);SP
FRAGMIN SOLN 95000 UNIT/3.8ML	P	SP
FRAGMIN SOSY	P	SP
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P	
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
<i>heparin sodium (porcine) soln ij</i> 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
LOVENOX SOSY 40 MG/0.4ML (Use <i>enoxaparin sodium</i>)	NP	QL(33.6 ml per 365 days retail);SP
LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i>)	NP	QL(252 ml per 365 days retail);SP
LOVENOX SOSY 30 MG/0.3ML (Use <i>enoxaparin sodium</i>)	NP	QL(25.2 ml per 365 days retail);SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use <i>enoxaparin sodium</i>)	NP	QL(84 ml per 365 days retail);SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use <i>enoxaparin sodium</i>)	NP	QL(67.2 ml per 365 days retail);SP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NP	QL(50.4 ml per 365 days retail);SP
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate</i>	NP	
PRADAXA 75 MG, 150 MG	NP	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	NP	
FYCOMPA SUSP	NP	MP
Anticonvulsants - Benzodiazepines		
<i>clobazam tabs</i>	NP	QL(2 ea daily)
<i>clobazam susp</i>	NP	QL(8 ml daily);MP
<i>clonazepam tbdp</i>	NP	
<i>clonazepam tabs</i>	P	
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	P	4 rtl MAX fill,365 rtl day(s) supply;QL(0.067 ea daily)
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	P	4 rtl MAX fill,365 rtl day(s) supply;QL(0.067 ea daily)
<i>diazepam (anticonvulsant) gel</i>	P	4 rtl MAX fill,365 rtl day(s) supply;QL(0.067 ea daily)
KLONOPIN TABS .5 MG, 1 MG (<i>Use clonazepam</i>)	NF	
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
NAYZILAM	NP	4 rtl MAX fill,365 rtl day(s) supply;QL(0.067 ea daily)
ONFI TABS (<i>Use clobazam</i>)	NP	QL(2 ea daily)
ONFI SUSP (<i>Use clobazam</i>)	NP	QL(8 ml daily);MP
SYMPAZAN FILM	NP	QL(2 ea daily)
VALTOCO LQPK	NP	
VALTOCO LIQD	NP	
Anticonvulsants - Misc.		
APTIOM	NP	QL(2 ea daily)
BANZEL TABS 200 MG (<i>Use rufinamide</i>)	NP	QL(4 ea daily);SP;MP
BANZEL TABS 400 MG (<i>Use rufinamide</i>)	NP	QL(8 ea daily);SP;MP
BANZEL SUSP (<i>Use rufinamide</i>)	NP	QL(80 ml daily);SP;MP
BRIVIACT TABS	NP	QL(2 ea daily)
BRIVIACT SOLN OR 10 MG/ML	NP	QL(20 ml daily);MP
<i>carbamazepine tabs</i>	P	QL(8 ea daily);MP
<i>carbamazepine chew</i>	P	MP
<i>carbamazepine cp12</i>	NP	MP
<i>carbamazepine susp</i>	P	MP
<i>carbamazepine tb12</i>	P	MP
CARBATROL CP12 (<i>Use carbamazepine</i>)	NP	MP
DIACOMIT CAPS	NP	SP
DIACOMIT PACK	NP	SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	NP	QL(20 ml daily);SP;MP
EPRONTIA SOLN	NP	MP

IL MHP Medicaid

October 1, 2022

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
FINTEPLA	NP	SP;MP
<i>gabapentin soln</i>	P	QL(75 ml daily);MP
<i>gabapentin caps 100 MG, 400 MG</i>	P	QL(9 ea daily);MP
<i>gabapentin caps 300 MG</i>	P	QL(12 ea daily);MP
<i>gabapentin tabs 800 MG</i>	P	QL(4 ea daily);MP
<i>gabapentin tabs 600 MG</i>	P	QL(6 ea daily);MP
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	MP
KEPPRA TABS (<i>Use levetiracetam</i>)	NP	MP
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	MP
<i>lacosamide tabs</i>	NP	QL(2 ea daily)
<i>lacosamide soln or 10 MG/ML</i>	NP	MP
LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL ODT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(1.87 ea daily)
LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(1.17 ea daily)
LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL ODT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.94 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>Use lamotrigine</i>)	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(1.64 ea daily)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>Use lamotrigine</i>)	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(3.27 ea daily)
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>Use lamotrigine</i>)	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(1.17 ea daily)
LAMICTAL XR KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.94 ea daily)
LAMICTAL XR KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(1.17 ea daily)
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	QL(2 ea daily);MP
<i>lamotrigine tabs</i>	P	MP
<i>lamotrigine tb24</i>	NP	QL(2 ea daily);MP
<i>lamotrigine kit</i>	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(1.64 ea daily)
<i>lamotrigine kit</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(3.27 ea daily)
<i>lamotrigine tbdp</i>	NP	MP
<i>lamotrigine chew</i>	P	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>levetiracetam soln or 100 MG/ML, 500 MG/5ML</i>	P	MP
<i>levetiracetam soln or 100 MG/ML, 500 MG/5ML</i>	P	MP
<i>levetiracetam tb24</i>	P	MP
<i>levetiracetam tabs</i>	P	MP
<i>levetiracetam tabs</i>	P	MP
<i>LYRICA CAPS (Use pregabalin)</i>	NP	QL(2 ea daily);MP
<i>LYRICA SOLN (Use pregabalin)</i>	NP	QL(30 ml daily);MP
<i>MYSOLINE (Use primidone)</i>	NP	MP
<i>NEURONTIN TABS 800 MG (Use gabapentin)</i>	NP	QL(4 ea daily);MP
<i>NEURONTIN TABS 600 MG (Use gabapentin)</i>	NP	QL(6 ea daily);MP
<i>NEURONTIN SOLN (Use gabapentin)</i>	NF	QL(75 ml daily);MP
<i>NEURONTIN CAPS 100 MG, 400 MG (Use gabapentin)</i>	NP	QL(9 ea daily);MP
<i>NEURONTIN SOLN (Use gabapentin)</i>	NP	QL(75 ml daily);MP
<i>NEURONTIN CAPS 300 MG (Use gabapentin)</i>	NP	QL(12 ea daily);MP
<i>oxcarbazepine susp 300 MG/5ML</i>	P	QL(33.4 ml daily);MP
<i>oxcarbazepine tabs 150 MG, 300 MG</i>	P	QL(9 ea daily);MP
<i>oxcarbazepine tabs 600 MG</i>	P	QL(4 ea daily);MP
<i>OXTELLAR XR TB24</i>	NP	MP
<i>pregabalin caps</i>	P	QL(2 ea daily);MP
<i>pregabalin soln</i>	P	QL(30 ml daily);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>primidone</i>	P	MP
<i>QUDEXY XR CS24 (Use topiramate)</i>	NP	QL(1 ea daily);MP
<i>rufinamide tabs 200 MG</i>	NP	QL(4 ea daily);SP;MP
<i>rufinamide tabs 400 MG</i>	NP	QL(8 ea daily);SP;MP
<i>rufinamide susp</i>	NP	QL(80 ml daily);SP;MP
<i>SPRITAM TB3D</i>	NP	MP
<i>TEGRETOL TABS (Use carbamazepine)</i>	NP	QL(8 ea daily);MP
<i>TEGRETOL SUSP (Use carbamazepine)</i>	NP	MP
<i>TEGRETOL-XR TB12 (Use carbamazepine)</i>	NP	MP
<i>TOPAMAX TABS (Use topiramate)</i>	NP	MP
<i>TOPAMAX SPRINKLE CPSP (Use topiramate)</i>	NP	MP
<i>topiramate cs24</i>	NP	QL(1 ea daily);MP
<i>topiramate tabs</i>	P	MP
<i>topiramate cpsp</i>	P	MP
<i>TRILEPTAL TABS 600 MG (Use oxcarbazepine)</i>	NP	QL(4 ea daily);MP
<i>TRILEPTAL TABS 150 MG, 300 MG (Use oxcarbazepine)</i>	NP	QL(9 ea daily);MP
<i>TRILEPTAL SUSP (Use oxcarbazepine)</i>	NP	QL(33.4 ml daily);MP
<i>TROKENDI XR CP24</i>	NP	QL(1 ea daily);MP
<i>VIMPAT SOLN OR 10 MG/ML (Use lacosamide)</i>	NP	MP
<i>VIMPAT TABS (Use lacosamide)</i>	NP	QL(2 ea daily)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ZONISADE SUSP	NP	
<i>zonisamide caps</i>	P	MP
Carbamates		
<i>felbamate tabs</i>	NP	MP
<i>felbamate susp</i>	NP	MP
<i>felbamate susp</i>	NP	MP
<i>felbamate tabs</i>	NP	MP
FELBATOL SUSP (<i>Use felbamate</i>)	NP	MP
FELBATOL TABS (<i>Use felbamate</i>)	NP	MP
XCOPRI TBPK	P	
XCOPRI TABS	P	
GABA Modulators		
GABITRIL (<i>Use tiagabine hcl</i>)	NP	QL(4 ea daily);MP
SABRIL PACK (<i>Use vigabatrin</i>)	NP	QL(6.1 ea daily);SP;MP
SABRIL TABS (<i>Use vigabatrin</i>)	NP	QL(6 ea daily);SP;MP
<i>tiagabine hcl</i>	NP	QL(4 ea daily);MP
<i>vigabatrin tabs</i>	NP	QL(6 ea daily);SP;MP
<i>vigabatrin pack</i>	NP	QL(6.1 ea daily);SP;MP
Hydantoins		
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP
DILANTIN 30 MG	NP	MP
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP	MP
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NP	MP
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NF	MP

Drug Name	Drug Tier	Requirement s/Limits
PHENYTEK (<i>Use phenytoin sodium extended</i>)	NP	MP
<i>phenytoin chew</i>	P	MP
<i>phenytoin chew</i>	P	MP
<i>phenytoin susp</i>	P	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	MP
Succinimides		
CELONTIN	NP	
<i>ethosuximide soln</i>	P	MP
<i>ethosuximide caps</i>	P	MP
<i>ethosuximide soln</i>	P	MP
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	MP
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	MP
Valproic Acid		
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NP	MP
DEPAKOTE TBEC 125 MG, 500 MG (<i>Use divalproex sodium</i>)	NP	MP
DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NF	MP
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NP	MP
DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	MP
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>divalproex sodium tbec</i>	P	MP
<i>divalproex sodium csdr</i>	P	MP
<i>divalproex sodium tb24</i>	P	MP
<i>valproate sodium soln or 250 MG/5ML</i>	P	MP
<i>valproic acid caps</i>	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tbdp</i>	P	QL(1 ea daily);MP
<i>mirtazapine tabs</i>	P	QL(1 ea daily);MP
REMERON TABS 15 MG, 30 MG (<i>Use mirtazapine</i>)	NP	QL(1 ea daily);MP
REMERON SOLTAB TBDP (<i>Use mirtazapine</i>)	NP	QL(1 ea daily);MP
Antidepressants - Misc.		
APLENZIN	NP	
<i>bupropion hcl tb24 150 MG, 300 MG</i>	P	QL(1 ea daily);MP
<i>bupropion hcl tb12</i>	P	QL(2 ea daily);MP
<i>bupropion hcl tabs</i>	P	MP
<i>bupropion hcl tb24 450 MG</i>	P	MP
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP	MP
WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	NP	QL(2 ea daily);MP
WELLBUTRIN XL TB24 (<i>Use bupropion hcl</i>)	NP	QL(1 ea daily);MP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	

Drug Name	Drug Tier	Requirement s/Limits
MARPLAN	NP	
NARDIL (<i>Use phenelzine sulfate</i>)	NP	MP
<i>phenelzine sulfate</i>	P	MP
<i>tranylcypromine sulfate</i>	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	NP	SP;MP
SPRAVATO 84MG DOSE	NP	SP;MP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>Use citalopram hydrobromide</i>)	NP	MP
<i>citalopram hydrobromide soln</i>	P	MP
<i>citalopram hydrobromide tabs</i>	P	MP
CITALOPRAM HYDROBROMIDE CAPS	NP	
<i>escitalopram oxalate tabs 20 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>escitalopram oxalate soln</i>	P	MP
<i>fluoxetine hcl caps 20 MG, 40 MG</i>	P	QL(2 ea daily);MP
<i>fluoxetine hcl tabs 60 MG</i>	P	MP
<i>fluoxetine hcl tabs 20 MG</i>	P	QL(2 ea daily);MP
<i>fluoxetine hcl cpdr</i>	NP	MP
<i>fluoxetine hcl tabs 10 MG</i>	P	QL(1 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>fluoxetine hcl caps 10 MG</i>	P	QL(1 ea daily);MP
<i>fluoxetine hcl soln</i>	P	MP
FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>)	P	MP
<i>fluvoxamine maleate cp24</i>	NP	MP
<i>fluvoxamine maleate tabs</i>	P	MP
LEXAPRO TABS 5 MG, 10 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1.5 ea daily);MP
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1 ea daily);MP
<i>paroxetine hcl tabs</i>	P	MP
<i>paroxetine hcl tb24</i>	NP	MP
<i>paroxetine hcl susp</i>	P	MP
PAXIL SUSP (Use <i>paroxetine hcl</i>)	NP	MP
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NF	MP
PAXIL TABS (Use <i>paroxetine hcl</i>)	NP	MP
PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NP	MP
PEXEVA	NP	
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i>)	NP	QL(1 ea daily);MP
PROZAC CAPS 20 MG, 40 MG (Use <i>fluoxetine hcl</i>)	NP	QL(2 ea daily);MP
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i>)	NF	QL(2 ea daily);MP
<i>sertraline hcl tabs</i>	P	MP

Drug Name	Drug Tier	Requirement s/Limits
<i>sertraline hcl conc</i>	P	MP
SERTRALINE HYDROCHLORIDE CAPS	NP	MP
ZOLOFT TABS (Use <i>sertraline hcl</i>)	NP	MP
ZOLOFT CONC (Use <i>sertraline hcl</i>)	NP	MP
Serotonin Modulators		
<i>nefazodone hcl</i>	NP	MP
<i>trazodone hcl tabs</i>	P	MP
TRINTELLIX	NP	
VIIBRYD TABS (Use <i>vilazodone hcl</i>)	NP	
VIIBRYD STARTER PACK KIT	NP	
<i>vilazodone hcl tabs</i>	NP	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (Use <i>duloxetine hcl</i>)	NP	QL(2 ea daily);MP
CYMBALTA CPEP 60 MG (Use <i>duloxetine hcl</i>)	NF	QL(2 ea daily);MP
DESVENLAFAXINE ER	NP	MP
<i>desvenlafaxine succinate 25 MG</i>	NP	MP
<i>desvenlafaxine succinate</i>	NP	MP
DRIZALMA SPRINKLE CSDR	NP	MP
<i>duloxetine hcl cpep</i>	P	QL(2 ea daily);MP
EFFEXOR XR CP24 37.5 MG, 150 MG (Use <i>venlafaxine hcl</i>)	NF	MP
EFFEXOR XR CP24 (Use <i>venlafaxine hcl</i>)	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FETZIMA CP24	NP	
FETZIMA TITRATION PACK C4PK	NP	
PRISTIQ (Use desvenlafaxine succinate)	NP	MP
PRISTIQ 50 MG (Use desvenlafaxine succinate)	NF	MP
VENLAFAXINE BESYLATE ER	P	
venlafaxine hcl tabs	P	QL(3 ea daily);MP
venlafaxine hcl cp24	P	MP
venlafaxine hcl cp24	P	MP
venlafaxine hcl tb24	NP	QL(1 ea daily);MP
Tricyclic Agents		
amitriptyline hcl tabs 25 MG, 50 MG	P	MP
amitriptyline hcl tabs	P	MP
amoxapine	NP	MP
ANAFRANIL (Use clomipramine hcl)	NP	MP
clomipramine hcl	P	MP
desipramine hcl tabs	P	MP
doxepin hcl caps	P	MP
doxepin hcl conc	P	MP
doxepin hcl caps	P	MP
imipramine hcl tabs	P	MP
imipramine hcl tabs	P	MP
imipramine pamoate	NP	MP
NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl)	NP	MP
nortriptyline hcl caps	P	MP

Drug Name	Drug Tier	Requirement s/Limits
nortriptyline hcl soln	P	MP
PAMELOR CAPS (Use nortriptyline hcl)	NP	MP
protriptyline hcl	P	MP
trimipramine maleate caps	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	QL(3 ea daily);MP
GLYSET (Use miglitol)	NF	MP
miglitol	P	MP
PRECOSE (Use acarbose)	NF	QL(3 ea daily);MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	NP	MP
SYMLINPEN 60 SOPN	NP	MP
Antidiabetic Combinations		
ACTOPLUS MET TABS 15 MG-500 MG (Use pioglitazone hcl-metformin hcl)	NF	MP
ACTOPLUS MET TABS 15 MG-850 MG (Use pioglitazone hcl-metformin hcl)	NP	MP
alogliptin-metformin hcl	NP	QL(2 ea daily);MP
alogliptin-pioglitazone 12.5 MG-30 MG, 25 MG-15 MG, 25 MG-30 MG, 25 MG-45 MG	NP	QL(1 ea daily);MP
DUETACT (Use pioglitazone hcl-glimepiride)	NP	MP
glipizide-metformin hcl	P	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>glyburide-metformin</i>	P	MP
GLYXAMBI	NP	
INVOKAMET TABS	NP	
INVOKAMET XR TB24	NP	
JANUMET TABS	NP	QL(2 ea daily)
JANUMET XR TB24	NP	QL(2 ea daily)
JENTADUETO TABS	NP	
JENTADUETO XR TB24	NP	
KAZANO (<i>Use alogliptin-metformin hcl</i>)	NP	QL(2 ea daily);MP
KOMBIGLYZE XR	NP	
OSENI 12.5 MG-30 MG, 25 MG-15 MG, 25 MG-30 MG, 25 MG-45 MG (<i>Use alogliptin-pioglitazone</i>)	NP	QL(1 ea daily);MP
<i>pioglitazone hcl-glimepiride</i>	NP	MP
<i>pioglitazone hcl-metformin hcl tabs</i>	NP	MP
QTERN	NP	
SEGLUROMET	NP	QL(2 ea daily)
SOLIQUA 100/33	NP	MP
STEGLUJAN	NP	
SYNJARDY TABS	NP	
SYNJARDY XR TB24	NP	
TRIJARDY XR	NP	
XIGDUO XR	NP	
XULTOPHY 100/3.6	NP	MP
Biguanides		
FORTAMET TB24 (<i>Use metformin hcl</i>)	NF	MP

Drug Name	Drug Tier	Requirement s/Limits
GLUMETZA TB24 (<i>Use metformin hcl</i>)	NP	MP
<i>metformin hcl tabs</i>	P	MP
<i>metformin hcl tabs</i>	P	MP
<i>metformin hcl tb24 500 MG, 1000 MG</i>	NP	MP
<i>metformin hcl tb24 500 MG, 1000 MG</i>	NP	MP
<i>metformin hcl soln</i>	NP	QL(3 ml daily);MP
<i>metformin hcl tb24 500 MG, 750 MG</i>	P	MP
RIOMET SOLN (<i>Use metformin hcl</i>)	NP	QL(3 ml daily);MP
RIOMET ER SRER	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
CVS GLUCOSE CHEW	P	
CVS SOFT GLUCOSE CHEW	P	
DEX4	P	
DEX4 FAST ACTING GLUCOSE	P	
DEX4 NATURALS	P	
DEX4 POUCH PACK	P	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	
<i>dextrose (diabetic use) gel 40 %</i>	P	
<i>diazoxide</i>	P	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
GLUCAGEN HYPOKIT	NP	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ea daily,1 ea per fill retail)
<i>glucagon (rdna)</i>	NP	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ea daily,1 ea per fill retail)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ea daily,1 ea per fill retail)
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)
GLUCOSE CHEW	P	
GLUCOSE INSTANT ENERGY	P	
GNP GLUCOSE CHEW	P	
GNP QUICK DISSOLVE GLUCOSE CHEW	P	
GOODSENSE GLUCOSE	P	
GVOKE HYPOPEN 1-PACK SOAJ	P	QL(3 ml daily)
GVOKE HYPOPEN 2-PACK SOAJ	P	QL(3 ml daily)
GVOKE KIT SOLN	P	
GVOKE PFS SOSY .5 MG/0.1ML	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.1 ml per fill retail)
GVOKE PFS SOSY 1 MG/0.2ML	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.2 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
HY-VEE GLUCOSE	P	
KORLYM	NP	SP
KROGER GLUCOSE	P	
LEADER GLUCOSE 4 GM-6 MG	P	
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	
LONGS GLUCOSE	P	
MEIJER GLUCOSE	P	
PREFERRED PLUS GLUCOSE	P	
PROGLYCEM (<i>Use diazoxide</i>)	P	MP
PX GLUCOSE	P	
RA GLUCOSE	P	
RELION GLUCOSE	P	
SM GLUCOSE	P	
SMART SENSE GLUCOSE	P	
SMART SENSE GLUCOSE TABLETS	P	
TGT GLUCOSE	P	
TRUEPLUS GLUCOSE CHEW	P	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	
UP & UP GLUCOSE	P	
VALUE PLUS GLUCOSE	P	
WALGREENS GLUCOSE	P	
ZEGALOGUE SOAJ	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.6 ml per fill retail)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ZEGALOGUE SOSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.6 ml per fill retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	QL(1 ea daily);MP
JANUVIA	P	QL(1 ea daily);MP
NESINA (<i>Use alogliptin benzoate</i>)	NP	QL(1 ea daily);MP
ONGLYZA	NP	
TRADJENTA	P	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents (GLP-1 Receptor Agonists)		
ADLYXIN SOPN	NP	MP
ADLYXIN STARTER PACK PNKT	NP	
BYDUREON BCISE AUIJ	NP	MP
BYDUREON PEN PEN	NP	
BYETTA SOPN	NP	MP
MOUNJARO	NP	
OZEMPIC SOPN	NP	MP
OZEMPIC SOPN	NP	
RYBELSUS TABS	P	PA
TRULICITY	P	MP
VICTOZA	P	MP
Insulin		
ADMELOG SOLN IJ	NP	QL(2 ml daily);MP
ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily);MP
AFREZZA POWD	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
APIDRA SOLN	NP	MP
APIDRA SOLOSTAR SOPN	NP	MP
BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily);MP
FIASP SOLN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP
FIASP PENFILL SOCT	NP	MP
HUMALOG SOLN IJ	P	QL(2 ml daily);MP
HUMALOG SOCT	P	MP
HUMALOG JUNIOR KWIKPEN SOPN	P	MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ml daily);MP
HUMALOG MIX 50/50 SUSP	P	QL(1 ml daily);MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
HUMALOG MIX 75/25 SUSP	P	QL(1 ml daily);MP
HUMALOG MIX 75/25 KWIKPEN SUPN	P	MP
HUMULIN 70/30 SUSP	P	QL(1 ml daily);MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP
HUMULIN N SUSP	P	QL(1 ml daily);MP
HUMULIN N KWIKPEN SUPN	P	MP
HUMULIN R SOLN IJ	P	QL(1 ml daily);MP

IL MHP Medicaid

October 1, 2022

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
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
INSULIN ASPART SOLN IJ	NP	MP
INSULIN ASPART FLEXPEN SOPN	NP	MP
INSULIN ASPART PENFILL SOCT	NP	MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	NP	MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	NP	MP
INSULIN GLARGINE SOLN	NP	MP
INSULIN GLARGINE SOLN	NP	MP
INSULIN GLARGINE SOPN	NP	MP
INSULIN GLARGINE SOLOSTAR SOPN	NP	QL(2 ml daily);MP
INSULIN LISPRO SOLN IJ	P	QL(2 ml daily);MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily);MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	MP
LANTUS SOLN	P	MP
LANTUS SOLOSTAR SOPN	P	QL(2 ml daily);MP

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR SOLN	P	MP
LEVEMIR FLEXTOUCH SOPN	P	MP
LYUMJEV SOLN	NP	MP
LYUMJEV KWIKPEN SOPN	NP	MP
NOVOLIN 70/30 SUSP	NP	QL(1 ml daily);MP
NOVOLIN 70/30 FLEXPEN SUPN	NP	MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	MP
NOVOLIN 70/30 RELION SUSP	NP	QL(1 ml daily);MP
NOVOLIN N SUSP	NP	QL(1 ml daily);MP
NOVOLIN N FLEXPEN SUPN	NP	MP
NOVOLIN N FLEXPEN RELION SUPN	NP	MP
NOVOLIN N RELION SUSP	NP	QL(1 ml daily);MP
NOVOLIN R SOLN IJ	NP	QL(1 ml daily);MP
NOVOLIN R FLEXPEN SOPN IJ	NP	MP
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	MP
NOVOLIN R RELION SOLN IJ	NP	QL(1 ml daily);MP
NOVOLOG SOLN IJ	NP	MP
NOVOLOG FLEXPEN SOPN	NP	MP
NOVOLOG FLEXPEN RELION SOPN	NP	MP
NOVOLOG MIX 70/30 SUSP	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	MP
NOVOLOG MIX 70/30 RELION SUSP	NP	MP
NOVOLOG PENFILL SOCT	NP	MP
NOVOLOG RELION SOLN IJ	NP	MP
SEMGLEE SOPN	NP	QL(2 ml daily);MP
SEMGLEE SOPN	NP	MP
SEMGLEE SOLN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	NP	MP
TOUJEO SOLOSTAR SOPN	NP	MP
TRESIBA SOLN	NP	MP
TRESIBA FLEXTOUCH SOPN	NP	MP
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily);MP
pioglitazone hcl	P	QL(1 ea daily);MP
Meglitinide Analogues		
nateglinide	P	MP
repaglinide	NP	MP
STARLIX (Use nateglinide)	NF	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	P	
INVOKANA	P	MP

Drug Name	Drug Tier	Requirement s/Limits
JARDIANCE	P	MP
STEGLATRO	NP	QL(1 ea daily)
Sulfonylureas		
AMARYL (Use glimepiride)	NP	MP
glimepiride	P	MP
glipizide tabs 5 MG	P	MP
glipizide tabs	P	MP
glipizide tb24	P	MP
GLUCOTROL TABS (Use glipizide)	NF	MP
GLUCOTROL XL TB24 (Use glipizide)	NP	MP
glyburide tabs	P	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
GLYNASE 3 MG (Use glyburide micronized)	NF	MP
GLYNASE (Use glyburide micronized)	NP	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate chew 262 MG	P	
bismuth subsalicylate susp 525 MG/30ML	P	
bismuth subsalicylate tabs	P	
PEPTO BISMOL TABS (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NF	

IL MHP Medicaid

October 1, 2022

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
PEPTO-BISMOL SUSP (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NF	
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	P	
diphenoxylate w/ atropine liqd	P	QL(3.94 ml daily)
IMODIUM A-D CAPS (Use loperamide hcl)	NF	RX/OTC
IMODIUM A-D TABS (Use loperamide hcl)	NF	
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
loperamide hcl caps	P	RX/OTC
loperamide hcl tabs	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox tabs	NP	SP
deferasirox pack	NP	SP
deferasirox tbso	NP	SP
deferiprone tabs	NP	SP
EXJADE TBSO (Use deferasirox)	NP	SP
FERRIPROX TABS (Use deferiprone)	NF	SP
FERRIPROX SOLN	NP	SP
FERRIPROX TABS (Use deferiprone)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
FERRIPROX TWICE-A-DAY TABS	NP	SP
JADENU TABS (Use deferasirox)	NP	SP
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP
Opioid Antagonists		
KLOXXADO LIQD	P	
NALMEFENE HYDROCHLORIDE	P	
naloxone hcl soct	P	
naloxone hcl liqd	P	
naloxone hcl sosy	P	
naloxone hcl soln .4 MG/ML, 4 MG/10ML	P	
naltrexone hcl	P	
NARCAN LIQD (Use naloxone hcl)	P	
VIVITROL	P	SP
ZIMHI SOSY	P	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
granisetron hcl tabs	NP	
ondansetron tbdp	P	QL(1 ea daily)
ondansetron hcl soln or 4 MG/5ML	P	
ondansetron hcl tabs 4 MG, 8 MG	P	QL(1 ea daily)
SANCUSO PTCH	NP	
ZOFRAN TABS (Use ondansetron hcl)	NF	QL(1 ea daily)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NP	RX/OTC
ANTIVERT TABS	NP	
<i>dimenhydrinate tabs</i>	P	
DRAMAMINE TABS (<i>Use dimenhydrinate</i>)	NF	
<i>meclizine hcl tabs 12.5 MG, 25 MG</i>	P	RX/OTC
<i>scopolamine</i>	P	
TIGAN CAPS (<i>Use trimethobenzamide hcl</i>)	NF	QL(4 ea daily)
TRANSDERM-SCOP (<i>Use scopolamine</i>)	P	
<i>trimethobenzamide hcl caps</i>	NP	QL(4 ea daily)
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NP	
<i>doxylamine-pyridoxine tbec</i>	NP	
<i>dronabinol caps</i>	NP	
EMETROL SOLN (<i>Use fructose-dextrose-phosphoric acid</i>)	NF	
<i>fructose-dextrose-phosphoric acid liqd</i>	P	
<i>fructose-dextrose-phosphoric acid soln</i>	P	
MARINOL CAPS (<i>Use dronabinol</i>)	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		

Drug Name	Drug Tier	Requirement s/Limits
<i>aprepitant caps</i>	P	
<i>aprepitant misc</i>	P	
EMEND CAPS 80 MG (<i>Use aprepitant</i>)	NP	
EMEND CAPS 40 MG (<i>Use aprepitant</i>)	NF	
EMEND SUSR	NP	
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
Antifungals		
ANCOBON (<i>Use flucytosine</i>)	NP	
<i>flucytosine</i>	NP	
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin tabs</i>	P	
<i>terbinafine hcl tabs</i>	P	
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN TABS (<i>Use fluconazole</i>)	NP	QL(1 ea daily)
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	
<i>fluconazole tabs</i>	P	QL(1 ea daily)
<i>fluconazole susr</i>	P	
<i>itraconazole soln</i>	NP	
<i>itraconazole caps</i>	P	

IL MHP Medicaid

October 1, 2022

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>ketoconazole</i>	P	
NOXAFIL SUSP	NP	
NOXAFIL TBEC (<i>Use posaconazole</i>)	NP	
<i>posaconazole tbec</i>	NP	
SPORANOX CAPS (<i>Use itraconazole</i>)	NP	
SPORANOX SOLN (<i>Use itraconazole</i>)	NP	
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NP	
TOLSURA CAPS	NP	
VFEND TABS (<i>Use voriconazole</i>)	NP	
VFEND SUSR (<i>Use voriconazole</i>)	NP	
<i>voriconazole susr</i>	NP	
<i>voriconazole tabs</i>	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate tabs</i>	P	
CHLOR-TRIMETON TABS (<i>Use chlorpheniramine maleate</i>)	NF	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NF	AL(Up to 65 yrs old)
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NF	AL(Up to 65 yrs old)
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NF	AL(Up to 65 yrs old)
<i>clemastine fumarate tabs 1.34 MG</i>	P	
<i>diphenhydramine hcl liqd 12.5 MG/5ML</i>	P	
<i>diphenhydramine hcl caps</i>	P	AL(Up to 65 yrs old)
<i>diphenhydramine hcl soln 50 MG/ML</i>	P	
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	P	
<i>diphenhydramine hcl tabs 25 MG</i>	P	AL(Up to 65 yrs old)
VANAMINE PD LIQD (<i>Use diphenhydramine hcl</i>)	NF	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NF	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NF	QL(2 ea daily)
<i>cetirizine hcl tabs</i>	P	
<i>cetirizine hcl soln or</i>	P	RX/OTC
<i>cetirizine hcl chew 5 MG</i>	P	
<i>cetirizine hcl syrp or 5 MG/5ML</i>	P	RX/OTC
CLARITIN CHEW (<i>Use loratadine</i>)	NF	
CLARITIN TABS (<i>Use loratadine</i>)	NF	
CLARITIN SYRP (<i>Use loratadine</i>)	NF	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
CLARITIN ALLERGY CHILDRENS SYRP (Use loratadine)	NF	
CLARITIN CHILDRENS CHEW (Use loratadine)	NF	
CLARITIN REDITABS TBDP (Use loratadine)	NF	
<i>fexofenadine hcl tabs 60 MG</i>	P	QL(2 ea daily)
<i>fexofenadine hcl tabs 180 MG</i>	P	QL(1 ea daily)
<i>loratadine chew</i>	P	
<i>loratadine tabs</i>	P	
<i>loratadine syrp</i>	P	
<i>loratadine soln</i>	P	
<i>loratadine tbdp</i>	P	
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NF	
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	NF	RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl syrp</i>	P	
<i>promethazine hcl tabs</i>	P	
<i>promethazine hcl soln 6.25 MG/5ML</i>	P	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	P	
<i>cyproheptadine hcl tabs</i>	P	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		

Drug Name	Drug Tier	Requirement s/Limits
NEXLETOL	NP	QL(3 ea daily)
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	NP	MP
NEXLIZET	NP	
VYTORIN (Use ezetimibe-simvastatin)	NP	MP
VYTORIN 40 MG-10 MG (Use ezetimibe-simvastatin)	NF	MP
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	NP	MP
LOVAZA (Use omega-3-acid ethyl esters)	NF	MP
LOVAZA (Use omega-3-acid ethyl esters)	NP	MP
<i>omega-3-acid ethyl esters</i>	NP	MP
<i>omega-3-acid ethyl esters</i>	NP	MP
VASCEPA 1 GM (Use icosapent ethyl)	NP	MP
VASCEPA .5 GM (Use icosapent ethyl)	NP	
Bile Acid Sequestrants		
<i>cholestyramine powd</i>	P	MP
<i>cholestyramine pack</i>	P	MP
<i>cholestyramine powd</i>	P	MP
<i>cholestyramine light pack</i>	P	MP
<i>cholestyramine light pack</i>	P	MP
<i>cholestyramine light powd</i>	P	MP
<i>colesevelam hcl tabs</i>	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>colesevelam hcl pack</i>	NP	MP
COLESTID GRAN (Use <i>colestipol hcl</i>)	NP	MP
COLESTID TABS (Use <i>colestipol hcl</i>)	NP	MP
COLESTID PACK (Use <i>colestipol hcl</i>)	NP	MP
COLESTID FLAVORED PACK (Use <i>colestipol hcl</i>)	NP	MP
COLESTID FLAVORED GRAN (Use <i>colestipol hcl</i>)	NP	MP
<i>colestipol hcl pack</i>	NP	MP
<i>colestipol hcl tabs</i>	NP	MP
<i>colestipol hcl gran</i>	NP	MP
QUESTRAN POWD (Use <i>cholestyramine</i>)	NP	MP
QUESTRAN PACK (Use <i>cholestyramine</i>)	NP	MP
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NP	MP
WELCHOL TABS (Use <i>colesevelam hcl</i>)	NP	MP
WELCHOL PACK (Use <i>colesevelam hcl</i>)	NP	MP
Fibric Acid Derivatives		
ANTARA 30 MG, 90 MG (Use <i>fenofibrate micronized</i>)	NP	MP
<i>choline fenofibrate</i>	P	MP
<i>fenofibrate tabs 48 MG, 145 MG, 160 MG</i>	P	MP
<i>fenofibrate tabs</i>	P	MP
<i>fenofibrate caps</i>	P	MP
<i>fenofibrate micronized</i>	P	MP

Drug Name	Drug Tier	Requirement s/Limits
<i>fenofibric acid</i>	NP	MP
FENOGLIDE TABS (Use <i>fenofibrate</i>)	NP	MP
<i>gemfibrozil tabs</i>	P	MP
LIPOFEN CAPS (Use <i>fenofibrate</i>)	NP	MP
LIPOFEN CAPS 150 MG (Use <i>fenofibrate</i>)	NF	MP
LOPID TABS (Use <i>gemfibrozil</i>)	NP	MP
TRICOR TABS (Use <i>fenofibrate</i>)	NP	MP
TRILIPIX (Use <i>choline fenofibrate</i>)	NP	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
<i>atorvastatin calcium</i>	P	QL(1 ea daily);MP
CRESTOR TABS (Use <i>rosuvastatin calcium</i>)	NP	QL(1 ea daily);MP
CRESTOR TABS 5 MG, 10 MG (Use <i>rosuvastatin calcium</i>)	NF	QL(1 ea daily);MP
EZALLOR SPRINKLE CPSP	NP	
<i>fluvastatin sodium tb24</i>	NP	MP
<i>fluvastatin sodium caps</i>	NP	MP
<i>fluvastatin sodium tb24</i>	NP	MP
LESCOL XL TB24 (Use <i>fluvastatin sodium</i>)	NP	MP
LIPITOR (Use <i>atorvastatin calcium</i>)	NP	QL(1 ea daily);MP
LIVALO	NP	
<i>lovastatin tabs</i>	P	QL(1 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PRAVACHOL 20 MG, 40 MG (Use pravastatin sodium)	NF	QL(1 ea daily);MP
pravastatin sodium	P	QL(1 ea daily);MP
rosuvastatin calcium tabs	P	QL(1 ea daily);MP
simvastatin tabs	P	QL(1 ea daily);MP
ZOCOR TABS 10 MG, 20 MG (Use simvastatin)	NF	QL(1 ea daily);MP
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use simvastatin)	NP	QL(1 ea daily);MP
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	MP
ZETIA (Use ezetimibe)	NP	MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbc	NP	MP
NIASPAN TBCR 500 MG, 750 MG (Use niacin (antihyperlipidemic))	NF	MP
NIASPAN TBCR 1000 MG (Use niacin (antihyperlipidemic))	NP	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP;MP
PRALUENT SOAJ	NP	SP;MP

Drug Name	Drug Tier	Requirement s/Limits
REPATHA SOSY	NP	SP;MP
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP;MP
REPATHA SURECLICK SOAJ	NP	SP;MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use quinapril hcl)	NP	MP
ACCUPRIL 10 MG, 20 MG (Use quinapril hcl)	NF	MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NP	MP
benazepril hcl	P	MP
captopril	P	MP
enalapril maleate soln	NP	MP
enalapril maleate tabs	P	MP
enalapril maleate tabs	P	MP
EPANED SOLN (Use enalapril maleate)	NP	MP
fosinopril sodium	P	MP
lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)	NP	MP
moexipril hcl	P	MP
perindopril erbumine	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PRINIVIL TABS 10 MG, 20 MG (Use lisinopril)	NF	MP
QBRELIS SOLN	NP	QL(5 ml daily);MP
<i>quinapril hcl</i>	P	MP
<i>ramipril caps</i>	P	MP
<i>trandolapril</i>	P	MP
VASOTEC TABS (Use enalapril maleate)	NP	MP
ZESTRIL TABS (Use lisinopril)	NP	MP
Agents for Pheochromocytoma		
DEMSER (Use metyrosine)	P	SP
<i>metyrosine</i>	P	SP
<i>phenoxybenzamine hcl</i>	NP	
Angiotensin II Receptor Antagonists		
ATACAND (Use candesartan cilexetil)	NP	MP
AVAPRO (Use irbesartan)	NP	MP
BENICAR (Use olmesartan medoxomil)	NP	MP
<i>candesartan cilexetil</i>	NP	MP
COZAAR (Use losartan potassium)	NP	MP
COZAAR 50 MG (Use losartan potassium)	NF	MP
DIOVAN TABS (Use valsartan)	NP	MP
EDARBI	NP	MP
<i>irbesartan</i>	P	MP
<i>losartan potassium</i>	P	MP
<i>losartan potassium</i>	P	MP

Drug Name	Drug Tier	Requirement s/Limits
MICARDIS (Use telmisartan)	NP	MP
<i>olmesartan medoxomil</i>	NP	MP
<i>telmisartan</i>	NP	MP
<i>valsartan tabs</i>	P	MP
Antiadrenergic Antihypertensives		
CARDURA 1 MG, 4 MG (Use doxazosin mesylate)	NF	MP
CARDURA (Use doxazosin mesylate)	NP	MP
CATAPRES TABS (Use clonidine hcl)	NF	MP
CATAPRES-TTS-1 (Use clonidine)	NP	MP
CATAPRES-TTS-2 (Use clonidine)	NP	MP
CATAPRES-TTS-3 (Use clonidine)	NP	MP
<i>clonidine</i>	P	MP
<i>clonidine hcl tabs</i>	P	MP
<i>clonidine hcl tabs</i>	P	MP
<i>doxazosin mesylate</i>	P	MP
<i>guanfacine hcl</i>	P	MP
<i>guanfacine hcl</i>	P	MP
MINIPRESS CAPS (Use prazosin hcl)	NP	MP
<i>prazosin hcl caps</i>	P	MP
<i>terazosin hcl</i>	P	MP
Antihypertensive Combinations		
ACCURETIC (Use quinapril-hydrochlorothiazide)	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ACCURETIC 10 MG-12.5 MG, 20 MG-12.5 MG (Use quinapril-hydrochlorothiazide)	NF	MP
amlodipine besylate-benazepril hcl	P	MP
amlodipine besylate-olmesartan medoxomil	NP	MP
amlodipine besylate-valsartan	NP	MP
amlodipine-valsartan-hydrochlorothiazide	NP	MP
amlodipine-valsartan-hydrochlorothiazide	NP	MP
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NP	MP
atenolol & chlorthalidone	P	MP
AVALIDE (Use irbesartan-hydrochlorothiazide)	NP	MP
AZOR (Use amlodipine besylate-olmesartan medoxomil)	NP	MP
benazepril & hydrochlorothiazide	P	MP
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NP	MP
bisoprolol & hydrochlorothiazide	P	MP
candesartan cilexetil-hydrochlorothiazide	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NP	QL(1 ea daily);MP
EDARBYCLOR	NP	
enalapril maleate & hydrochlorothiazide	P	MP
EXFORGE (Use amlodipine besylate-valsartan)	NP	MP
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	MP
fosinopril sodium & hydrochlorothiazide	P	MP
HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	MP
HYZAAR 100 MG-12.5 MG (Use losartan potassium & hydrochlorothiazide)	NF	MP
irbesartan-hydrochlorothiazide	P	MP
lisinopril & hydrochlorothiazide	P	MP
LOPRESSOR HCT TABS 50 MG-25 MG (Use metoprolol & hydrochlorothiazide)	NF	MP
losartan potassium & hydrochlorothiazide	P	MP
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (Use benazepril & hydrochlorothiazide)	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use amlodipine besylate-benazepril hcl)	NP	MP
metoprolol & hydrochlorothiazide tabs	P	MP
MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NP	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	MP
olmesartan medoxomil-hydrochlorothiazide	NP	MP
quinapril-hydrochlorothiazide	P	MP
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use trandolapril-verapamil hcl)	NF	MP
TEKTURNA HCT	NP	
telmisartan-amlodipine	NP	MP
telmisartan-hydrochlorothiazide	NP	MP
TENORETIC 100 (Use atenolol & chlorthalidone)	NP	MP
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	MP
trandolapril-verapamil hcl	P	MP

Drug Name	Drug Tier	Requirement s/Limits
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	MP
TWYNSTA (Use telmisartan-amlodipine)	NF	MP
valsartan-hydrochlorothiazide	P	QL(1 ea daily);MP
valsartan-hydrochlorothiazide	P	QL(1 ea daily)
VASERETIC 10 MG-25 MG (Use enalapril maleate & hydrochlorothiazide)	NP	MP
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NP	MP
ZIAC (Use bisoprolol & hydrochlorothiazide)	NP	MP
Antihypertensives - Misc.		
VECAMYL	NP	SP
Direct Renin Inhibitors		
aliskiren fumarate	NP	MP
TEKTURNA (Use aliskiren fumarate)	NP	MP
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	NP	MP
INSPIRA (Use eplerenone)	NP	MP
Vasodilators		
hydralazine hcl tabs	P	MP
minoxidil 2.5 MG, 10 MG	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to		

IL MHP Medicaid

October 1, 2022

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
Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS (Use metronidazole)	NP	
FLAGYL TABS 500 MG (Use metronidazole)	NF	
metronidazole tabs	P	
metronidazole caps	NP	
NEBUPENT IN (Use pentamidine isethionate)	P	
pentamidine isethionate in	P	
tinidazole	NP	
trimethoprim tabs	P	
TRIMETHOPRIM TABS	P	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NP	
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NP	
methenamine-hyoscamine-methylene blue-sodium phosphate tabs	NP	
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	NP	

Drug Name	Drug Tier	Requirements/Limits
methenamine-hyosc-methylene blue-sod phos-phenyl sal caps 40.8 MG-10 MG-120 MG-36 MG-0.12 MG	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8 MG-10.8 MG-81.6 MG-36.2 MG-0.12 MG	NP	
sulfamethoxazole-trimethoprim tabs	P	
sulfamethoxazole-trimethoprim susp	P	
URIMAR-T TABS	NP	
UROGESIC-BLUE TABS (Use methenamine-hyoscamine-methylene blue-sodium phosphate)	NP	
Antiprotozoal Agents		
atovaquone	P	
LAMPIT	NP	
MEPRON (Use atovaquone)	NP	
nitazoxanide tabs	NP	
Glycopeptides		
FIRVANQ SOLR OR	NP	
VANCOCIN CAPS (Use vancomycin hcl)	NP	
vancomycin hcl caps	P	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	P	
Leprostatics		
dapsone	P	

IL MHP Medicaid

October 1, 2022

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
Lincosamides		
CLEOCIN (Use clindamycin hcl)	NP	
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	NP	1 rtl MAX fill,30 rtl day(s) supply;QL(30 ml daily)
clindamycin hcl	P	
clindamycin palmitate hydrochloride	P	1 rtl MAX fill,30 rtl day(s) supply;QL(30 ml daily)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
linezolid susr	NP	
linezolid tabs	NP	
SIVEXTRO TABS	NP	
ZYVOX SUSR (Use linezolid)	NP	
ZYVOX TABS (Use linezolid)	NP	
Pleuromutilins		
XENLETA TABS	NP	1 rtl MAX fill,30 rtl day(s) supply;QL(20 ea per fill retail);SP
Urinary Anti-infectives		
fosfomycin tromethamine	P	
HIPREX (Use methenamine hippurate)	NF	
HIPREX (Use methenamine hippurate)	NP	

Drug Name	Drug Tier	Requirements/Limits
MACROBID (Use nitrofurantoin monohyd macro)	NP	
MACRODANTIN (Use nitrofurantoin macrocrystal)	NP	
methenamine hippurate	P	
methenamine mandelate	P	
MONUROL (Use fosfomycin tromethamine)	P	
nitrofurantoin	P	
nitrofurantoin macrocrystal	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	P	
COARTEM	NP	
MALARONE (Use atovaquone-proguanil hcl)	NP	
Antimalarials		
chloroquine phosphate tabs 250 MG	P	
DARAPRIM (Use pyrimethamine)	NP	SP
hydroxychloroquine sulfate	P	
HYDROXYCHLOROQUINE SULFATE	P	
KRINTAFEL	NP	

IL MHP Medicaid

October 1, 2022

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>mefloquine hcl</i>	P	
<i>primaquine phosphate tabs</i>	P	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	P	
<i>pyrimethamine</i>	NP	SP
QUALAQUIN CAPS (Use quinine sulfate)	NP	
<i>quinine sulfate caps 324 MG</i>	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	NP	SP
MESTINON SOLN OR (Use pyridostigmine bromide)	NP	MP
MESTINON TABS (Use pyridostigmine bromide)	NP	
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	NP	
<i>pyridostigmine bromide soln or</i>	P	MP
<i>pyridostigmine bromide tabs 30 MG</i>	P	
<i>pyridostigmine bromide tbc</i>	P	
RUZURGI	NP	SP
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	P	
<i>ethambutol hcl tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid syrp</i>	P	
<i>isoniazid tabs 300 MG</i>	P	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	NP	
MYCOBUTIN (Use rifabutin)	NP	
PASER PACK	NP	
PRETOMANID	NP	QL(1 ea daily)
PRIFTIN	P	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
RIFADIN CAPS (Use rifampin)	NF	
<i>rifampin caps</i>	P	
SIRTURO	NP	
TRECTOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (Use melphalan)	NF	
<i>cyclophosphamide caps</i>	P	
CYCLOPHOSPHAMIDE TABS	P	
LEUKERAN	P	
<i>melphalan</i>	P	
MYLERAN TABS	P	
TEMODAR CAPS 250 MG (Use temozolomide)	NP	SP

IL MHP Medicaid

October 1, 2022

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
TEMODAR CAPS 5 MG, 20 MG, 100 MG, 140 MG, 180 MG (<i>Use temozolomide</i>)	NF	SP
<i>temozolomide caps</i>	P	SP
Antimetabolites		
<i>capecitabine</i>	NP	SP
<i>mercaptopurine tabs</i>	P	
<i>methotrexate sodium soln 1 GM/40ML, 50 MG/2ML, 250 MG/10ML</i>	P	
<i>methotrexate sodium tabs 2.5 MG</i>	P	
ONUREG TABS	NP	SP
PURIXAN SUSP	NP	MP
TABLOID	P	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
XATMEP SOLN	NP	MP
XELODA (<i>Use capecitabine</i>)	NP	SP
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	NP	SP
LENVIMA 10 MG DAILY DOSE	NP	SP
LENVIMA 12MG DAILY DOSE	NP	SP
LENVIMA 14 MG DAILY DOSE	NP	SP
LENVIMA 18 MG DAILY DOSE	NP	SP
LENVIMA 20 MG DAILY DOSE	NP	SP
LENVIMA 24 MG DAILY DOSE	NP	SP

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE	NP	SP
LENVIMA 8 MG DAILY DOSE	NP	SP
Antineoplastic - Anti-HER2 Agents		
TUKYSA	NP	QL(3 ea daily);SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA TABS	NP	SP
VENCLEXTA STARTING PACK TBPK	NP	SP
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	P	SP
EXKIVITY	NP	SP
GILOTRIF	NP	SP
IRESSA	P	SP
TAGRISO	NP	SP
TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	NP	SP
ERIVEDGE	P	SP
ODOMZO	NP	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP
<i>anastrozole</i>	P	QL(1 ea daily);AL(At least 40 yrs old)
ARIMIDEX (<i>Use anastrozole</i>)	NP	QL(1 ea daily);AL(At least 40 yrs old)
AROMASIN (<i>Use exemestane</i>)	NP	AL(At least 40 yrs old)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>bicalutamide</i>	P	
CASODEX (<i>Use bicalutamide</i>)	NP	
EMCYT	P	SP
ERLEADA	NP	SP
<i>exemestane</i>	P	
<i>exemestane</i>	P	AL(At least 40 yrs old)
FARESTON (<i>Use toremifene citrate</i>)	NP	
FEMARA (<i>Use letrozole</i>)	NP	QL(1 ea daily);AL(At least 40 yrs old)
<i>flutamide</i>	P	
<i>letrozole</i>	P	QL(1 ea daily);AL(At least 40 yrs old)
LYSODREN	P	SP
<i>megestrol acetate tabs</i>	P	
<i>megestrol acetate susp 40 MG/ML, 400 MG/10ML</i>	P	MP
<i>megestrol acetate susp 800 MG/20ML</i>	P	MP
<i>nilutamide</i>	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP
SOLTAMOX SOLN	P	MP
<i>tamoxifen citrate tabs</i>	P	QL(2 ea daily)
<i>toremifene citrate</i>	P	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA	NP	SP

Drug Name	Drug Tier	Requirement s/Limits
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP
Antineoplastic - Immunomodulators		
POMALYST	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO	NP	SP
XPOVIO 100 MG ONCE WEEKLY	NP	SP
XPOVIO 40 MG ONCE WEEKLY	NP	SP
XPOVIO 40 MG TWICE WEEKLY	NP	SP
XPOVIO 60 MG ONCE WEEKLY	NP	SP
XPOVIO 60 MG TWICE WEEKLY	NP	SP
XPOVIO 80 MG ONCE WEEKLY	NP	SP
XPOVIO 80 MG TWICE WEEKLY	NP	SP
Antineoplastic Combinations		
INQOVI	NP	SP
KISQALI FEMARA 200 DOSE	NP	SP
KISQALI FEMARA 400 DOSE	NP	SP
KISQALI FEMARA 600 DOSE	NP	SP
LONSURF	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP

IL MHP Medicaid

October 1, 2022

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
ALECENSA	NP	SP
ALUNBRIG TBPK	NP	SP
ALUNBRIG TABS	NP	SP
BALVERSA	NP	SP
BOSULIF	NP	SP
BRAFTOVI 75 MG	NP	SP
BRUKINSA	NP	SP
CABOMETYX TABS	NP	SP
CALQUENCE	NP	SP
CAPRELSA	P	SP
COMETRIQ KIT	NP	SP
COPIKTRA	NP	SP
COTELLIC	NP	SP
<i>everolimus tbso</i>	NP	SP
<i>everolimus tabs</i>	NP	SP
FARYDAK	NP	SP
FOTIVDA	NP	SP
GAVRETO	NP	SP
GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP
IBRANCE TABS	NP	SP
IBRANCE CAPS	NP	SP
ICLUSIG	NP	SP
IDHIFA	NP	SP
<i>imatinib mesylate</i>	NP	SP
IMBRUVICA TABS	NP	SP
IMBRUVICA CAPS	NP	SP
INREBIC	NP	SP
JAKAFI	P	SP
KISQALI	NP	SP

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO	NP	QL(3 ea daily);SP
<i>lapatinib ditosylate</i>	NP	SP
LORBRENA	NP	SP
LUMAKRAS	NP	SP
LYNPARZA TABS	NP	SP
MEKINIST	NP	SP
MEKTOVI	NP	SP
NERLYNX	NP	SP
NEXAVAR (<i>Use sorafenib tosylate</i>)	P	SP
NINLARO	NP	SP
PEMAZYRE	NP	QL(3 ea daily);SP
PIQRAY 200MG DAILY DOSE	NP	SP
PIQRAY 250MG DAILY DOSE	NP	SP
PIQRAY 300MG DAILY DOSE	NP	SP
QINLOCK	NP	SP
RETEVMO	NP	SP
ROZLYTREK	NP	SP
RUBRACA	NP	SP
RYDAPT	NP	SP
SCEMBLIX	NP	SP
<i>sorafenib tosylate</i>	P	SP
SPRYCEL	NP	SP
STIVARGA	NP	SP
<i>sunitinib malate</i>	P	SP
SUTENT (<i>Use sunitinib malate</i>)	P	SP
TABRECTA	NP	QL(3 ea daily);SP
TAFINLAR	NP	SP

IL MHP Medicaid

October 1, 2022

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
TALZENNA	NP	SP
TASIGNA	NP	SP
TAZVERIK	NP	SP
TEPMETKO	NP	SP
TIBSOVO	NP	SP
TRUSELTIQ	NP	SP
TURALIO	NP	SP
TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP
VERZENIO	NP	SP
VITRAKVI SOLN	NP	SP;MP
VITRAKVI CAPS	NP	SP
VONJO	NP	SP
VOTRIENT	P	SP
XALKORI	NP	SP
XOSPATA	NP	SP
ZEJULA	NP	SP
ZELBORAF	NP	SP
ZOLINZA	NP	SP
ZYDELIG	NP	SP
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
<i>bexarotene</i>	P	SP
HYDREA (<i>Use hydroxyurea</i>)	NP	
<i>hydroxyurea</i>	P	
MATULANE	P	SP
TARGRETIN (<i>Use bexarotene</i>)	NP	SP
<i>tretinoin (chemotherapy)</i>	P	SP
Chemotherapy Rescue/Antidote/Protective		

Drug Name	Drug Tier	Requirements/Limits
Agents		
<i>leucovorin calcium tabs</i>	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
<i>etoposide caps</i>	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	P	MP
LODOSYN (<i>Use carbidopa</i>)	NP	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs 2 MG</i>	P	MP
<i>benztropine mesylate tabs</i>	P	MP
<i>trihexyphenidyl hcl soln</i>	P	MP
<i>trihexyphenidyl hcl tabs</i>	P	MP
Antiparkinson COMT Inhibitors		
COMTAN (<i>Use entacapone</i>)	NP	MP
COMTAN (<i>Use entacapone</i>)	NF	MP
<i>entacapone</i>	P	MP
<i>entacapone</i>	P	MP
ONGENTYS	NP	
TASMAR (<i>Use tolcapone</i>)	NP	MP
<i>tolcapone</i>	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
Antiparkinson Dopaminergics		
<i>amantadine hcl tabs</i>	P	MP
<i>amantadine hcl caps</i>	P	MP
<i>amantadine hcl soln</i>	P	MP
APOKYN SOCT	NP	SP;MP
<i>apomorphine hydrochloride soct</i>	NP	SP;MP
<i>bromocriptine mesylate tabs 2.5 MG</i>	P	MP
<i>bromocriptine mesylate caps</i>	P	MP
<i>carbidopa-levodopa tabs 10 MG-100 MG, 25 MG-100 MG</i>	P	MP
<i>carbidopa-levodopa tabs</i>	P	MP
<i>carbidopa-levodopa tbc</i>	P	MP
<i>carbidopa-levodopa tbdp</i>	NP	MP
<i>carbidopa-levodopa-entacapone</i>	NP	MP
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP;MP
INBRIJA CAPS	NP	
KYNMOBI FILM	NP	
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG (Use <i>pramipexole dihydrochloride</i>)	NF	MP
MIRAPEX ER TB24 .375 MG, .75 MG, 1.5 MG (Use <i>pramipexole dihydrochloride</i>)	NF	MP
MIRAPEX ER TB24 (Use <i>pramipexole dihydrochloride</i>)	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
NEUPRO	NP	
OSMOLEX ER T4PK	NP	QL(3 ea daily)
OSMOLEX ER TB24 129 MG, 193 MG	NP	MP
OSMOLEX ER TB24 129 MG	NP	MP
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NP	MP
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NP	MP
<i>pramipexole dihydrochloride tabs</i>	P	MP
<i>pramipexole dihydrochloride tb24</i>	NP	MP
REQUIP XL TB24 6 MG, 12 MG (Use <i>ropinirole hydrochloride</i>)	NF	MP
<i>ropinirole hydrochloride tabs .25 MG, .5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	P	QL(3 ea daily);MP
<i>ropinirole hydrochloride tb24</i>	NP	MP
<i>ropinirole hydrochloride tabs 5 MG</i>	P	QL(5 ea daily);MP
<i>ropinirole hydrochloride tb24</i>	NP	MP
RYTARY CPCR	NP	MP
SINEMET TABS 10 MG-100 MG, 25 MG-100 MG (Use <i>carbidopa-levodopa</i>)	NP	MP
SINEMET TABS (Use <i>carbidopa-levodopa</i>)	NF	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
STALEVO 100 (Use carbidopa-levodopa-entacapone)	NF	MP
STALEVO 100 (Use carbidopa-levodopa-entacapone)	NP	MP
STALEVO 125 (Use carbidopa-levodopa-entacapone)	NF	MP
STALEVO 125 (Use carbidopa-levodopa-entacapone)	NP	MP
STALEVO 150 (Use carbidopa-levodopa-entacapone)	NF	MP
STALEVO 150 (Use carbidopa-levodopa-entacapone)	NP	MP
STALEVO 200 (Use carbidopa-levodopa-entacapone)	NF	MP
STALEVO 200 (Use carbidopa-levodopa-entacapone)	NP	MP
STALEVO 50 (Use carbidopa-levodopa-entacapone)	NP	MP
STALEVO 50 (Use carbidopa-levodopa-entacapone)	NF	MP
STALEVO 75 (Use carbidopa-levodopa-entacapone)	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (Use rasagiline mesylate)	NP	MP
rasagiline mesylate	NP	MP
selegiline hcl caps	P	MP

Drug Name	Drug Tier	Requirement s/Limits
selegiline hcl tabs	P	MP
XADAGO	NP	
ZELAPAR TBDP	NP	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate tabs	P	MP
lithium carbonate caps	P	MP
lithium carbonate tbc	P	MP
LITHOBID TBCR (Use lithium carbonate)	NP	MP
Antipsychotics - Misc.		
CAPLYTA 42 MG	NP	QL(3 ea daily)
CAPLYTA 10.5 MG, 21 MG	NP	
EQUETRO	NP	
GEODON (Use ziprasidone mesylate)	NP	
GEODON (Use ziprasidone hcl)	NP	QL(2 ea daily);MP
LATUDA	NP	AL(At least 8 yrs old)
NUPLAZID TABS 10 MG	NP	AL(At least 8 yrs old)
NUPLAZID CAPS	NP	AL(At least 8 yrs old)
VRAYLAR CAPS	NP	AL(At least 8 yrs old)
VRAYLAR CPPK	NP	AL(At least 8 yrs old)
ziprasidone hcl	P	QL(2 ea daily);MP
ziprasidone mesylate	NP	
Benzisoxazoles		

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FANAPT	NP	QL(2 ea daily);AL(At least 8 yrs old)
FANAPT TITRATION PACK	NP	QL(0.27 ea daily);AL(At least 8 yrs old)
INVEGA (Use paliperidone)	NP	AL(At least 8 yrs old);MP
INVEGA 6 MG, 9 MG (Use paliperidone)	NF	AL(At least 8 yrs old);MP
INVEGA HAFYERA	NP	AL(At least 8 yrs old);SP;MP
INVEGA SUSTENNA	P	AL(At least 8 yrs old);SP;MP;PA
INVEGA TRINZA	P	AL(At least 8 yrs old);SP;MP;PA
paliperidone	NP	AL(At least 8 yrs old);MP
PERSERIS PRSY	NP	AL(At least 8 yrs old);SP;MP
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	MP
RISPERDAL SOLN (Use risperidone)	NP	MP
RISPERDAL CONSTA	NP	SP
risperidone tbdp .5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NP	MP
risperidone soln	P	MP
risperidone tabs	P	MP
Butyrophenones		
HALDOL DECANOATE 100 (Use haloperidol decanoate)	NF	
HALDOL DECANOATE 50 (Use haloperidol decanoate)	NF	

Drug Name	Drug Tier	Requirement s/Limits
haloperidol tabs	P	MP
haloperidol decanoate	P	
haloperidol lactate conc	P	MP
Dibenzapines		
asenapine maleate 5 MG	NP	MP
asenapine maleate 2.5 MG, 10 MG	NP	AL(At least 8 yrs old);MP
asenapine maleate 2.5 MG	NP	MP
clozapine tabs	P	MP
clozapine tbdp 12.5 MG, 150 MG, 200 MG	NP	AL(At least 8 yrs old);MP
CLOZARIL TABS (Use clozapine)	NP	MP
loxapine succinate	P	MP
olanzapine solr	NP	AL(At least 8 yrs old)
olanzapine tbdp 5 MG, 15 MG, 20 MG	P	MP
olanzapine tbdp	P	MP
olanzapine tbdp 10 MG	P	AL(At least 8 yrs old);MP
olanzapine tabs	P	MP
quetiapine fumarate tabs 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	P	MP
quetiapine fumarate tabs 150 MG	P	
quetiapine fumarate tb24	P	MP
SAPHRIS 5 MG (Use asenapine maleate)	NP	MP
SAPHRIS 5 MG (Use asenapine maleate)	NF	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
SAPHRIS 10 MG (<i>Use asenapine maleate</i>)	NF	AL(At least 8 yrs old);MP
SAPHRIS 2.5 MG, 10 MG (<i>Use asenapine maleate</i>)	NP	AL(At least 8 yrs old);MP
SECUADO	NP	QL(1 ea daily)
SEROQUEL TABS (<i>Use quetiapine fumarate</i>)	NP	MP
SEROQUEL XR TB24 (<i>Use quetiapine fumarate</i>)	NP	MP
SEROQUEL XR TB24 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	MP
VERSACLOZ SUSP	NP	AL(At least 8 yrs old);MP
ZYPREXA SOLR (<i>Use olanzapine</i>)	NP	AL(At least 8 yrs old)
ZYPREXA TABS (<i>Use olanzapine</i>)	NP	MP
ZYPREXA RELPREVV	NP	AL(At least 8 yrs old);SP
ZYPREXA ZYDIS TBDP 5 MG, 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	MP
ZYPREXA ZYDIS TBDP 10 MG (<i>Use olanzapine</i>)	NP	AL(At least 8 yrs old);MP
Dihydroindolones		
<i>molindone hcl</i>	NP	MP
Phenothiazines		
<i>chlorpromazine hcl tabs 100 MG</i>	P	QL(5 ea daily);MP
<i>chlorpromazine hcl tabs 10 MG, 25 MG, 50 MG, 200 MG</i>	P	QL(4 ea daily);MP
CHLORPROMAZINE HYDROCHLORIDE CONC	P	MP

Drug Name	Drug Tier	Requirement s/Limits
<i>fluphenazine hcl tabs</i>	P	MP
<i>fluphenazine hcl tabs</i>	P	MP
<i>fluphenazine hcl conc</i>	P	
<i>fluphenazine hcl elix</i>	P	MP
<i>fluphenazine hcl soln</i>	P	
<i>perphenazine tabs</i>	P	MP
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate tabs</i>	P	
<i>thioridazine hcl</i>	P	MP
<i>trifluoperazine hcl tabs</i>	P	MP
Quinolinone Derivatives		
<i>ABILIFY TABS (Use aripiprazole)</i>	NP	QL(1 ea daily);AL(At least 6 yrs old);MP
ABILIFY MAINTENA PRSY	P	AL(At least 8 yrs old);SP;MP;PA
ABILIFY MAINTENA SRER	P	AL(At least 8 yrs old);SP;MP;PA
ABILIFY MYCITE MAINTENANCE KIT TABS	NP	AL(At least 8 yrs old);MP
ABILIFY MYCITE STARTER KIT TABS	NP	AL(At least 8 yrs old)
<i>aripiprazole tabs</i>	P	QL(1 ea daily);MP
<i>aripiprazole soln or</i>	NP	QL(20 ml daily);AL(At least 6 yrs old);MP
<i>aripiprazole tbdp</i>	NP	MP
<i>aripiprazole tabs</i>	P	QL(1 ea daily);AL(At least 6 yrs old);MP
ARISTADA	P	AL(At least 8 yrs old);SP;MP;PA
ARISTADA INITIO	P	AL(At least 8 yrs old);SP;PA

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
REXULTI	NP	QL(1 ea daily);AL(At least 8 yrs old)
Thioxanthenes		
<i>thiothixene</i>	P	MP
ANTISEPTICS & DISINFECTANTS		
Iodine Antiseptics		
BETADINE SOLN (<i>Use povidone-iodine</i>)	NF	
FIRST AID ANTISEPTIC OINTMENT OINT	P	
<i>povidone-iodine soln 10 %</i>	P	
<i>povidone-iodine oint</i>	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs</i>	P	QL(2 ea daily);MP
<i>abacavir sulfate soln</i>	P	MP
<i>abacavir sulfate-lamivudine</i>	P	MP
<i>abacavir sulfate-lamivudine-zidovudine</i>	P	MP
APRETUDE	P	
APTIVUS CAPS	P	MP
<i>atazanavir sulfate caps</i>	P	MP
ATRIPLA (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	P	MP
BIKTARVY	P	MP
CABENUVA	P	MP;PA
CIMDUO	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NP	MP
COMPLERA	P	MP
DELSTRIGO	P	MP
DESCOVY 15 MG-120 MG	P	
DESCOVY 25 MG-200 MG	P	MP
<i>didanosine cpdr 250 MG, 400 MG</i>	P	MP
DOVATO	P	MP
EDURANT	P	MP
<i>efavirenz caps</i>	P	MP
<i>efavirenz tabs</i>	P	MP
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	MP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP	MP
<i>emtricitabine caps</i>	P	MP
<i>emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG</i>	P	MP
EMTRIVA SOLN	P	MP
EMTRIVA CAPS (<i>Use emtricitabine</i>)	P	MP
EPIVIR TABS (<i>Use lamivudine</i>)	NP	MP
EPIVIR SOLN (<i>Use lamivudine</i>)	NP	MP
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	MP

IL MHP Medicaid

October 1, 2022

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>etravirine</i>	P	MP
EVOTAZ	NP	MP
<i>fosamprenavir calcium tabs</i>	P	MP
FUZEON SOLR	NP	SP;MP
GENVOYA	P	MP
INTELENCE 25 MG	P	MP
INTELENCE (Use <i>etravirine</i>)	P	MP
INVIRASE TABS	P	MP
ISENTRESS CHEW	P	MP
ISENTRESS TABS	P	MP
ISENTRESS PACK	P	MP
ISENTRESS HD TABS	P	MP
JULUCA	NP	MP
KALETRA TABS (Use <i>lopinavir-ritonavir</i>)	P	MP
KALETRA SOLN (Use <i>lopinavir-ritonavir</i>)	NP	MP
<i>lamivudine tabs</i>	P	MP
<i>lamivudine soln</i>	P	MP
<i>lamivudine-zidovudine</i>	P	MP
LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	P	MP
LEXIVA SUSP	P	MP
<i>lopinavir-ritonavir soln</i>	P	MP
<i>lopinavir-ritonavir tabs</i>	P	MP
<i>maraviroc tabs</i>	NP	MP
<i>nevirapine tabs</i>	P	MP
<i>nevirapine tb24 400 MG</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine susp</i>	P	MP
NORVIR TABS (Use <i>ritonavir</i>)	P	MP
NORVIR PACK	P	MP
NORVIR SOLN	P	MP
ODEFSEY	P	MP
PIFELTRO	NP	MP
PREZCOBIX	NP	MP
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	MP
PREZISTA SUSP	P	MP
RETROVIR CAPS (Use <i>zidovudine</i>)	NP	MP
RETROVIR SYRP (Use <i>zidovudine</i>)	NP	MP
REYATAZ PACK	P	MP
REYATAZ CAPS (Use <i>atazanavir sulfate</i>)	P	MP
<i>ritonavir tabs</i>	P	MP
RUKOBIA	NP	MP
SELZENTRY TABS (Use <i>maraviroc</i>)	NP	MP
SELZENTRY SOLN	NP	MP
SELZENTRY TABS 25 MG, 75 MG	NP	MP
<i>stavudine caps 15 MG, 20 MG, 40 MG</i>	P	MP
STRIBILD	NP	MP
SUSTIVA TABS (Use <i>efavirenz</i>)	P	MP
SUSTIVA CAPS (Use <i>efavirenz</i>)	P	MP
SYMFI (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP
SYMTUZA	P	MP
TEMIXYS	NP	MP
<i>tenofovir disoproxil fumarate tabs</i>	P	MP
TIVICAY TABS	P	MP
TIVICAY PD TBSO	P	MP
TRIUMEQ TABS	P	MP
TRIUMEQ PD TBSO	NP	
TRIZIVIR	NP	MP
TROGARZO	P	SP;MP;PA
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	MP
TYBOST	NP	MP
VIRACEPT TABS	P	MP
VIRAMUNE SUSP (<i>Use nevirapine</i>)	NF	MP
VIRAMUNE TABS (<i>Use nevirapine</i>)	NF	MP
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NP	MP
VIREAD POWD	P	MP
VIREAD TABS 150 MG, 200 MG, 250 MG	P	MP
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	P	MP
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NP	QL(2 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	P	MP
<i>zidovudine tabs</i>	P	MP
<i>zidovudine syrp</i>	P	MP
<i>zidovudine caps</i>	P	MP
CMV Agents		
LIVTENCITY	P	SP;PA
PREVYMIS TABS	NP	SP
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	
VALCYTE SOLR (<i>Use valganciclovir hcl</i>)	NP	
<i>valganciclovir hcl solr</i>	NP	
<i>valganciclovir hcl tabs</i>	P	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	NP	
BARACLUDE TABS (<i>Use entecavir</i>)	NP	
BARACLUDE SOLN	NP	MP
<i>entecavir tabs</i>	P	
EPCLUSA TABS 400 MG-100 MG	NP	SP
EPCLUSA TABS 200 MG-50 MG	NP	SP
EPCLUSA PACK	NP	SP
EPIVIR HBV TABS (<i>Use lamivudine (hbv)</i>)	NP	
EPIVIR HBV SOLN	NP	MP
HARVONI TABS 400 MG-90 MG	NP	SP
HARVONI TABS 200 MG-45 MG	NP	SP
HARVONI PACK	NP	SP
HEPSERA (<i>Use adefovir dipivoxil</i>)	NP	

IL MHP Medicaid

October 1, 2022

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>lamivudine (hbv) tabs</i>	NP	
LEDIPASVIR/SOFOSBUVIR TABS	NP	SP
MAVYRET PACK	P	SP;PA
MAVYRET TABS	P	SP;PA
PEGASYS SOSY	NP	SP
PEGASYS SOLN	NP	SP
<i>ribavirin (hepatitis c) caps</i>	P	SP
<i>ribavirin (hepatitis c) tabs 200 MG</i>	P	SP
SOFOSBUVIR/VELPATASVIR TABS	P	SP;PA
SOVALDI TABS	NP	SP
SOVALDI PACK	NP	SP
VEMLIDY	NP	SP
VIEKIRA PAK TBP	NP	SP
VOSEVI	NP	SP
ZEPATIER	NP	SP
Herpes Agents		
<i>acyclovir caps</i>	P	
<i>acyclovir tabs or</i>	P	
<i>acyclovir susp</i>	P	MP
<i>famciclovir</i>	NP	
SITAVIG TABS BU	NP	
<i>valacyclovir hcl</i>	P	
VALTrex (Use <i>valacyclovir hcl</i>)	NP	
VALTrex 500 MG (Use <i>valacyclovir hcl</i>)	NF	
ZOVIRAX SUSP (Use <i>acyclovir</i>)	NP	MP
Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps</i>	P	1 rtl MAX fill,180 rtl day(s) supply,10 rtl MAX day(s) supply,30 rtl lmt day(s);QL(10 ea per fill retail)
<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)
RELENZA DISKHALER	P	10 rtl MAX day(s) supply,30 rtl lmt day(s)
<i>rimantadine hydrochloride tabs</i>	NP	
TAMIFLU SUSR (Use <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)
TAMIFLU CAPS (Use <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(10 ea per fill retail)
XOFLUZA 40 MG, 80 MG	NP	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	P	
VIRAZOLE (Use <i>ribavirin</i>)	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		

IL MHP Medicaid

October 1, 2022

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
Alpha-Beta Blockers		
<i>carvedilol</i>	P	MP
<i>carvedilol phosphate</i>	NP	MP
COREG (<i>Use carvedilol</i>)	NP	MP
COREG CR (<i>Use carvedilol phosphate</i>)	NP	MP
<i>labetalol hcl tabs</i>	P	MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	P	MP
<i>atenolol tabs</i>	P	MP
<i>betaxolol hcl</i>	P	MP
<i>bisoprolol fumarate</i>	P	MP
BYSTOLIC (<i>Use nebivolol hcl</i>)	NP	MP
KAPSPARGO SPRINKLE CS24	NP	MP
LOPRESSOR TABS (<i>Use metoprolol tartrate</i>)	NP	MP
<i>metoprolol succinate tb24</i>	P	QL(1 ea daily);MP
<i>metoprolol tartrate tabs</i>	P	MP
<i>nebivolol hcl</i>	NP	MP
<i>nebivolol hcl</i>	NP	MP
TENORMIN TABS (<i>Use atenolol</i>)	NP	MP
TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NP	QL(1 ea daily);MP
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	MP
BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>Use nadolol</i>)	NP	MP
HEMANGEOL SOLN OR	P	AL(Up to 1 yrs old);SP;PA
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	MP
INDERAL XL	NP	MP
INNOPRAN XL	NP	MP
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	P	MP
<i>pindolol tabs</i>	P	MP
<i>propranolol hcl cp24</i>	P	MP
<i>propranolol hcl tabs</i>	P	MP
<i>propranolol hcl soln or 20 MG/5ML</i>	P	MP
<i>sotalol hcl tabs 80 MG</i>	P	MP
<i>sotalol hcl tabs</i>	P	MP
<i>sotalol hcl (afib/afl)</i>	NP	MP
SOTYLIZE SOLN OR	NP	MP
<i>timolol maleate tabs</i>	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	P	QL(1 ea daily);MP
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NF	QL(1 ea daily);MP
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily);MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NP	MP
CARDIZEM CD CP24 (<i>Use diltiazem hcl coated beads</i>)	NP	QL(1 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
CARDIZEM LA TB24 120 MG	NP	MP
CARDIZEM LA TB24 (Use diltiazem hcl coated beads)	NP	MP
diltiazem hcl cp24 120 MG	P	MP
diltiazem hcl tabs	P	MP
diltiazem hcl cp24 180 MG, 240 MG	P	QL(1 ea daily);MP
diltiazem hcl cp12	P	QL(2 ea daily);MP
diltiazem hcl coated beads cp24	P	QL(1 ea daily);MP
diltiazem hcl coated beads tb24	P	MP
diltiazem hcl extended release beads	P	QL(1 ea daily);MP
felodipine	P	QL(1 ea daily);MP
isradipine caps	NP	MP
KATERZIA	NP	MP
levamlodipine maleate	NP	
nicardipine hcl caps	NP	MP
nifedipine caps 20 MG	P	QL(1 ea daily);MP
nifedipine caps 10 MG	P	MP
nifedipine tb24	P	QL(1 ea daily);MP
nimodipine caps	P	
nisoldipine 8.5 MG, 17 MG, 34 MG	NP	MP
NORLIQVA SOLN	NP	
NORVASC TABS (Use amlodipine besylate)	NP	QL(1 ea daily);MP
NYMALIZE SOLN 6 MG/ML	NP	QL(8 ml daily)
PROCARDIA CAPS (Use nifedipine)	NF	MP

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TB24 (Use nifedipine)	NP	QL(1 ea daily);MP
SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	NP	MP
TIAZAC (Use diltiazem hcl extended release beads)	NP	QL(1 ea daily);MP
verapamil hcl tabs	P	MP
verapamil hcl tbc	P	QL(1 ea daily);MP
verapamil hcl cp24 120 MG, 180 MG, 240 MG	P	QL(1 ea daily);MP
verapamil hcl cp24 300 MG	P	MP
VERELAN CP24 360 MG (Use verapamil hcl)	NP	MP
VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	NP	QL(1 ea daily);MP
VERELAN PM CP24 300 MG (Use verapamil hcl)	NP	MP
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	NP	QL(1 ea daily);MP

CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

Cardiac Glycosides

digoxin tabs .0625 MG, 62.5 MCG	NP	
digoxin soln or .05 MG/ML	P	MP
digoxin tabs .125 MG, .25 MG, 125 MCG, 250 MCG	P	MP

CARDIOVASCULAR AGENTS - MISC. - Drugs to

IL MHP Medicaid

October 1, 2022

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
Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	NP	SP;MP
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-5 MG, 80 MG-5 MG</i>	NP	MP
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP
<i>BIDIL (Use isosorbide dinitrate-hydralazine hcl)</i>	P	
<i>CADUET 10 MG-10 MG (Use amlodipine besylate-atorvastatin calcium)</i>	NP	MP
<i>CADUET 10 MG-10 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG, 80 MG-10 MG, 80 MG-5 MG (Use amlodipine besylate-atorvastatin calcium)</i>	NP	MP
ENTRESTO	P	
<i>isosorbide dinitrate-hydralazine hcl</i>	P	
Impotence Agents		
<i>CIALIS 5 MG (Use tadalafil)</i>	NF	
<i>CIALIS 5 MG (Use tadalafil)</i>	NP	
<i>tadalafil 5 MG</i>	NP	
Peripheral Vasodilators		

Drug Name	Drug Tier	Requirements/Limits
<i>isoxsuprine hcl</i>	P	QL(4 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP;PA
<i>FLOLAN (Use epoprostenol sodium)</i>	P	SP;PA
ORENITRAM	NP	SP
REMODULIN SOLN IJ	NP	SP
<i>treprostinil soln ij</i>	NP	SP
TYVASO SOLN IN	NP	SP;MP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL SOLN IN	NP	SP;MP
TYVASO STARTER SOLN IN	NP	SP;MP
<i>VELETRI (Use epoprostenol sodium)</i>	NP	SP
VENTAVIS	NP	SP;MP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	NP	SP
<i>bosentan tabs</i>	NP	SP
<i>LETAIRIS (Use ambrisentan)</i>	P	SP;PA
OPSUMIT	NP	SP
TRACLEER TBSO	P	SP;PA
<i>TRACLEER TABS (Use bosentan)</i>	P	SP;PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

IL MHP Medicaid

October 1, 2022

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
ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	P	SP;PA
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	NP	SP
REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension))	P	SP;PA
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension))	NP	SP
sildenafil citrate (pulmonary hypertension) soln	NP	SP
sildenafil citrate (pulmonary hypertension) susr	NP	SP
sildenafil citrate (pulmonary hypertension) tabs	P	SP;PA
tadalafil (pulmonary hypertension) tabs	P	SP;PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS	NP	SP
UPTRAVI TBPK	NP	SP
UPTRAVI SOLR	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR TABS	NP	
CORLANOR SOLN	NP	MP

Drug Name	Drug Tier	Requirements/Limits
Transthyretin Stabilizers		
VYNDAMAX	NP	SP
VYNDAQEL	NP	SP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	P	
cefadroxil tabs	P	
cefadroxil susr	P	
cephalexin susr	P	
cephalexin caps 250 MG, 500 MG	P	
cephalexin tabs	P	
KEFLEX CAPS (Use cephalexin)	NF	
Cephalosporins - 2nd Generation		
cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
cefaclor caps	P	
CEFACLOR ER TB12	NP	
cefprozil susr	P	
cefprozil tabs	NP	
cefuroxime axetil tabs	P	
Cephalosporins - 3rd Generation		
cefdinir caps	P	
cefdinir susr	P	
cefixime caps	P	QL(1 ea daily)
cefixime susr	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>cefpodoxime proxetil susr</i>	NP	
<i>cefpodoxime proxetil tabs</i>	NP	
SUPRAX SUSR (<i>Use cefixime</i>)	NP	
SUPRAX CHEW 200 MG	NP	QL(1 ea daily)
SUPRAX CAPS (<i>Use cefixime</i>)	NF	QL(1 ea daily)
SUPRAX CHEW 100 MG	NP	
CHEMICALS		
Bulk Chemicals - F's		
FLUPHENAZINE DECANOATE POWD	P	
Bulk Chemicals - L's		
LITHIUM CITRATE TETRAHYDRATE	P	
Bulk Chemicals - P's		
PENTOSAN POLYSULFATE SODIUM	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
BEYAZ (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>desogestrel & ethinyl estradiol</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>drospirenone-ethinyl estradiol-levomefolate calcium 0.451 MG-0.03 MG-3 MG</i>	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
ESTROSTEP FE (<i>Use norethindrone acetate-ethinyl estradiol-fe</i>)	NF	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>ethynodiol diacet & eth estrad 1 MG-35 MCG</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
FALESSA	P	AL(At least 10 yrs old- Up to 55 yrs old)
GENERESS FE (<i>Use norethindrone & ethinyl estradiol-fe</i>)	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>levonorgestrel & eth estradiol tabs 0.15 MG-0.03 MG</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>levonorgestrel-ethinyl estradiol (continuous)</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
LOSEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
MINASTRIN 24 FE CHEW (<i>Use norethin acet & estrad-fe</i>)	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
MIRCETTE (<i>Use desogestrel-ethinyl estradiol (biphasic)</i>)	P	QL(1 ea daily);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
NEXTSTELLIS	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>norethin acet & estrad-fe tabs 75 MG-1.5 MG-30 MCG</i>	P	QL(1 ea daily);MP
<i>norethin acet & estrad-fe caps</i>	P	QL(1 ea daily);MP
<i>norethin acet & estrad-fe chew</i>	P	MP
<i>norethindrone & eth estradiol 1 MG-35 MCG</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>norethindrone & ethinyl estradiol-fe 75 MG-25 MCG-0.8 MG</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>norethindrone acet & eth estra 20 MCG-1 MG</i>	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
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 ea daily);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
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
QUARTETTE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
SEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TYBLUME CHEW	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
YASMIN 28 (Use drospirenone-ethinyl estradiol)	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
YAZ (Use drospirenone-ethinyl estradiol)	P	QL(1 ea daily);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
TWIRLA	P	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 ea per 365 days retail);AL(At least 10 yrs old- Up to 55 yrs old);MP
etonogestrel-ethinyl estradiol	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
NUVARING (Use etonogestrel-ethinyl estradiol)	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
Emergency Contraceptives		
ELLA	P	QL(3 ea per fill retail);AL(At least 10 yrs old- Up to 55 yrs old)
levonorgestrel (emergency oc) 1.5 MG	P	QL(3 ea per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NF	QL(3 ea per fill retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	P	QL(0.012 ml daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	P	QL(0.012 ml 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
medroxyprogesterone acetate (contraceptive) susy im	P	QL(0.012 ml daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
medroxyprogesterone acetate (contraceptive) susp im	P	QL(0.012 ml daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
Progestin Contraceptives - IUD		
KYLEENA	P	1 rtl MAX fill,365 rtl day(s) supply;SP
LILETTA 20.1 MCG/DAY	P	1 rtl MAX fill,365 rtl day(s) supply;SP;MP
MIRENA	P	1 rtl MAX fill,365 rtl day(s) supply;SP
SKYLA	P	1 rtl MAX fill,365 rtl day(s) supply;SP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	QL(1 ea daily);MP
ORTHO MICRONOR (Use <i>norethindrone (contraceptive)</i>)	NF	QL(1 ea daily);AL(At least 10 yrs old- Up to 55 yrs old);MP
SLYND	P	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	
<i>budesonide tb24</i>	NP	
<i>budesonide cpep</i>	NP	
CORTEF TABS (Use <i>hydrocortisone</i>)	NP	
<i>dexamethasone soln</i>	P	
<i>dexamethasone tbpk</i>	P	
<i>dexamethasone tabs 1.5 MG, 2 MG, 4 MG, 6 MG</i>	P	
<i>dexamethasone elix</i>	P	
<i>dexamethasone tbpk</i>	NP	
DEXAMETHASONE INTENSOL CONC	P	
EMFLAZA SUSP	NP	SP;MP
EMFLAZA TABS	NP	SP
ENTOCORT EC CPEP (Use <i>budesonide</i>)	NF	
HEMADY TABS	NP	
<i>hydrocortisone tabs</i>	P	
MEDROL TABS (Use <i>methylprednisolone</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
MEDROL TABS	NP	
MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i>)	NP	
<i>methylprednisolone tabs</i>	P	
<i>methylprednisolone tbpk</i>	P	
MILLIPRED TABS	P	
ORTIKOS CP24	NP	
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF	
<i>prednisolone soln</i>	P	
<i>prednisolone sodium phosphate soln</i>	P	
<i>prednisolone sodium phosphate tbdp</i>	NP	
<i>prednisone tabs</i>	P	
<i>prednisone soln</i>	P	
<i>prednisone tbpk</i>	P	
PREDNISONE INTENSOL CONC	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
UCERIS TB24 (Use <i>budesonide</i>)	NP	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>dextromethorphan hbr liqd 30 MG/10ML</i>	P	

IL MHP Medicaid

October 1, 2022

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>dextromethorphan hbr syrp 15 MG/5ML</i>	P	
Cough/Cold/Allergy Combinations		
<i>CHERACOL PLUS LIQD (Use dextromethorphan-guaifenesin)</i>	NF	
<i>CHERACOL-D COUGH LIQD (Use dextromethorphan-guaifenesin)</i>	NF	
<i>dextromethorphan-guaifenesin syrp 10 MG/5ML-100 MG/5ML</i>	P	
<i>dextromethorphan-guaifenesin liqd 20 MG/10ML-200 MG/10ML</i>	P	
<i>guaifenesin-codeine liqd 100 MG/5ML-10 MG/5ML</i>	P	
<i>guaifenesin-codeine syrp</i>	P	
<i>guaifenesin-codeine soln 100 MG/5ML-10 MG/5ML</i>	P	
<i>promethazine-dm syrp</i>	P	
<i>promethazine-phenylephrine-codeine</i>	P	
Expectorants		
<i>guaifenesin tabs 200 MG</i>	P	
<i>guaifenesin liqd 100 MG/5ML</i>	P	
<i>guaifenesin soln</i>	P	
<i>guaifenesin syrp 100 MG/5ML</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin		

Drug Name	Drug Tier	Requirements/Limits
Conditions		
Acne Products		
<i>ABSORICA (Use isotretinoin)</i>	NP	AL(At least 12 yrs old)
<i>ABSORICA LD</i>	NP	AL(At least 10 yrs old)
<i>ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide)</i>	NP	AL(At least 10 yrs old)
<i>ACZONE (Use dapsone (topical))</i>	NP	AL(At least 10 yrs old)
<i>adapalene gel .1 %</i>	NP	RX/OTC
<i>adapalene crea</i>	NP	
<i>adapalene gel .3 %</i>	NP	AL(At least 10 yrs old)
<i>adapalene-benzoyl peroxide gel 0.3 %-2.5 %</i>	NP	
<i>AKLIEF</i>	NP	AL(At least 10 yrs old- Up to 20 yrs old)
<i>ALTRENO LOTN</i>	NP	AL(At least 10 yrs old)
<i>AMZEEQ</i>	NP	AL(At least 10 yrs old- Up to 20 yrs old)
<i>ARAZLO LOTN</i>	NP	AL(At least 10 yrs old- Up to 20 yrs old)
<i>ATRALIN GEL (Use tretinoin)</i>	NP	AL(At least 10 yrs old)
<i>AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)</i>	NF	
<i>AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur)</i>	NF	

IL MHP Medicaid

October 1, 2022

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
AZELEX	NP	
BENZAFLIN GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	AL(At least 10 yrs old)
BENZAFLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	AL(At least 10 yrs old)
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NP	AL(At least 10 yrs old)
benzoyl peroxide gel 5 %, 10 %	P	
benzoyl peroxide liqd 10 %	P	
benzoyl peroxide-erythromycin gel	P	AL(At least 10 yrs old)
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP	AL(At least 10 yrs old)
CLINDACIN ETZ	NP	AL(At least 10 yrs old)
CLINDACIN PAC	NP	AL(At least 10 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	AL(At least 10 yrs old)
clindamycin phosphate (topical) lotn	P	
clindamycin phosphate (topical) gel	P	
clindamycin phosphate (topical) swab	P	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical) soln	P	AL(At least 10 yrs old)
clindamycin phosphate (topical) foam	NP	AL(At least 10 yrs old)
clindamycin phosphate (topical) gel	P	AL(At least 10 yrs old)
clindamycin phosphate-benzoyl peroxide gel	NP	AL(At least 10 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	AL(At least 10 yrs old)
clindamycin phosphate-tretinoin	NP	
dapsone (topical) 7.5 %	NP	
dapsone (topical)	NP	AL(At least 10 yrs old)
DIFFERIN CREA (Use adapalene)	NP	AL(At least 10 yrs old)
DIFFERIN LOTN	NP	AL(At least 10 yrs old)
DIFFERIN GEL .1 % (Use adapalene)	NF	RX/OTC
DIFFERIN GEL .3 % (Use adapalene)	NP	AL(At least 10 yrs old)
EPIDUO GEL (Use adapalene-benzoyl peroxide)	NF	AL(At least 10 yrs old)
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NF	AL(At least 10 yrs old)
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NP	AL(At least 10 yrs old)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EPSOLAY CREA	NP	AL(At least 10 yrs old- Up to 20 yrs old)
ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NP	AL(At least 10 yrs old)
<i>erythromycin (acne aid) soln</i>	P	AL(At least 10 yrs old)
<i>erythromycin (acne aid) gel</i>	P	AL(At least 10 yrs old)
<i>erythromycin (acne aid) pads</i>	NP	AL(At least 10 yrs old)
EVOCLIN FOAM (<i>Use clindamycin phosphate (topical)</i>)	NP	AL(At least 10 yrs old)
FABIOR FOAM	NP	AL(At least 10 yrs old- Up to 20 yrs old)
<i>isotretinoin</i>	NP	AL(At least 12 yrs old)
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NP	AL(At least 10 yrs old)
NEUAC KIT	NP	AL(At least 10 yrs old)
ONEXTON GEL	NP	AL(At least 10 yrs old)
RETIN-A CREA (<i>Use tretinoin</i>)	NP	AL(At least 10 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NP	AL(At least 10 yrs old)
RETIN-A MICRO .06 %	NP	AL(At least 10 yrs old)
RETIN-A MICRO (<i>Use tretinoin microsphere</i>)	NP	AL(At least 10 yrs old)
RETIN-A MICRO PUMP .08 %	NP	AL(At least 10 yrs old)
RETIN-A MICRO PUMP (<i>Use tretinoin microsphere</i>)	NP	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	AL(At least 10 yrs old)
<i>sulfacetamide sodium (acne)</i>	NP	AL(At least 10 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 2 %-10 %, 5 %-10 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur liqd</i>	NP	
<i>sulfacetamide sodium w/ sulfur pads 4 %-10 %</i>	NP	AL(At least 10 yrs old)
<i>sulfacetamide sodium w/ sulfur foam</i>	NP	AL(At least 10 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 1 %-10 %</i>	NP	AL(At least 10 yrs old)
<i>sulfacetamide sodium w/ sulfur susp 4 %-8 %</i>	NP	
<i>sulfacetamide sodium-sulfur in urea vehicle emul 4 %-10 %-10 %</i>	NP	AL(At least 10 yrs old)
SUMADAN KIT	NP	
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	
SUMADAN XLT KIT	NP	AL(At least 10 yrs old)
SUMAXIN PADS (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	AL(At least 10 yrs old)
SUMAXIN CP KIT	NP	AL(At least 10 yrs old)
SUMAXIN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TAZAROTENE FOAM	NP	AL(At least 10 yrs old- Up to 20 yrs old)
<i>tretinoin crea .05 %, .1 %</i>	P	
<i>tretinoin gel .01 %, .025 %, .05 %</i>	P	AL(At least 10 yrs old)
<i>tretinoin crea .025 %, .05 %, .1 %</i>	P	AL(At least 10 yrs old)
<i>tretinoin microsphere</i>	NP	AL(At least 10 yrs old)
TWYNEO	NP	
WINLEVI	NP	
ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	NP	AL(At least 10 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN	NP	
Antibiotics - Topical		
BACIGUENT OINT (<i>Use bacitracin (topical)</i>)	NF	
<i>bacitracin (topical) oint</i>	P	
<i>bacitracin zinc oint</i>	P	
<i>bacitracin-polymyxin b oint</i>	P	
CENTANY OINT	NP	AL(Up to 20 yrs old)
CENTANY AT KIT	NP	
<i>gentamicin sulfate (topical) crea</i>	P	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	P	
<i>mupirocin oint</i>	P	AL(Up to 20 yrs old)
<i>mupirocin calcium (topical)</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>neomycin-bacitracin-polymyxin oint</i>	P	
NEOSPORIN ORIGINAL OINT (<i>Use neomycin-bacitracin-polymyxin</i>)	NF	
NEO-SYNALAR	NP	
NEO-SYNALAR KIT	NP	
POLYSPORIN OINT 500 UNIT/GM-10000 UNIT/GM (<i>Use bacitracin-polymyxin b</i>)	NF	
XEPI	NP	QL(8 gm daily)
Antifungals - Topical		
<i>ciclopirox soln</i>	NP	
<i>ciclopirox gel</i>	NP	
<i>ciclopirox sham</i>	NP	
<i>ciclopirox kit</i>	NP	
<i>ciclopirox olamine crea</i>	NP	
<i>ciclopirox olamine susp</i>	NP	
<i>clotrimazole (topical) soln</i>	NP	RX/OTC
<i>clotrimazole (topical) crea</i>	P	RX/OTC
<i>clotrimazole w/ betamethasone lotn</i>	NP	
<i>clotrimazole w/ betamethasone crea</i>	NP	
ECONASIL	NP	
<i>econazole nitrate crea</i>	P	
ERTACZO	NP	
EXELDERM SOLN (<i>Use sulconazole nitrate</i>)	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EXELDERM CREA (Use sulconazole nitrate)	NP	
EXTINA FOAM (Use ketoconazole (topical))	NP	
JUBLIA	NP	
KERYDIN (Use tavaborole)	NP	
KERYDIN (Use tavaborole)	NF	
ketoconazole (topical) sham 2 %	P	QL(4 ml daily)
ketoconazole (topical) crea	P	
ketoconazole (topical) foam	NP	
KETODAN KIT	NP	
LAMISIL AT CREA (Use terbinafine hcl (topical))	NF	
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	NF	
LOPROX SUSP (Use ciclopirox olamine)	NP	
LOPROX	NP	
LOPROX CREA (Use ciclopirox olamine)	NP	
LOPROX KIT	NP	
LOPROX SHAMPOO SHAM (Use ciclopirox)	NP	
luliconazole	NP	
LUZU (Use luliconazole)	NP	
MENTAX	NP	RX/OTC
MICATIN CREA (Use miconazole nitrate (topical))	NF	

Drug Name	Drug Tier	Requirement s/Limits
miconazole nitrate (topical) crea	P	
miconazole-zinc oxide-white petrolatum	NP	
naftifine hcl crea 2 %	NP	
naftifine hcl gel	NP	
NAFTIN GEL	NP	
NAFTIN CREA 2 % (Use naftifine hcl)	NF	
nystatin (topical) oint	P	
nystatin (topical) powd ex	P	
nystatin (topical) crea	P	
nystatin-triamcinolone oint	NP	
nystatin-triamcinolone crea	NP	
oxiconazole nitrate crea	NP	
OXISTAT CREA (Use oxiconazole nitrate)	NF	
OXISTAT LOTN	NP	
sulconazole nitrate crea	NP	
sulconazole nitrate soln	NP	
tavaborole	NP	
terbinafine hcl (topical) crea	P	
TINACTIN CREA (Use tolnaftate)	NF	
TINACTIN AERO (Use tolnaftate)	NF	
TINACTIN AERP (Use tolnaftate)	NF	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TINACTIN DEODORANT AERP (Use tolnaftate)	NF	
TINACTIN JOCK ITCH AERP (Use tolnaftate)	NF	
tolnaftate aero	P	
tolnaftate crea	P	
tolnaftate aerp	P	
VUSION (Use miconazole-zinc oxide-white petrolatum)	NP	
ZOLPAK	NP	
Anti-inflammatory Agents - Topical		
DERMACINRX LEXITRAL PHARMAPAK II (Use diclofenac sodium-capsaicin (topical))	NP	
diclofenac epolamine ptch ex	NP	
diclofenac sodium (topical) soln ex 1.5 %	NP	MP
diclofenac sodium (topical) soln ex 2 %	NP	
diclofenac sodium (topical) gel ex	NP	RX/OTC
diclofenac sodium (topical) kit	NP	RX/OTC
DICLOTREX	NP	
DICLOTREX II	NP	
FLECTOR PTCH EX (Use diclofenac epolamine)	NP	
LICART PT24	NP	
PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	NP	

Drug Name	Drug Tier	Requirement s/Limits
VOLTAREN GEL EX (Use diclofenac sodium (topical))	NF	RX/OTC
XRYLIX II (Use diclofenac sodium & adhesive sheets)	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	NP	
bexarotene (topical)	NP	SP
CARAC CREA (Use fluorouracil (topical))	NP	
diclofenac sodium (actinic keratoses) ex	NP	
EFUDEX CREA (Use fluorouracil (topical))	NP	
fluorouracil (topical) soln	NP	
fluorouracil (topical) crea	NP	
LEVULAN KERASTICK SOLR	P	SP
PANRETIN	P	
TARGRETIN (Use bexarotene (topical))	P	SP
VALCHLOR	NP	SP
Antipruritics - Topical		
doxepin hcl (antipruritic)	NP	
PRUDOXIN (Use doxepin hcl (antipruritic))	NP	
ZONALON (Use doxepin hcl (antipruritic))	NP	
Antipsoriatics		
acitretin	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>calcipotriene soln</i>	P	
<i>calcipotriene crea</i>	P	
<i>calcipotriene oint</i>	P	
<i>calcipotriene foam</i>	NP	
<i>calcitriol (topical)</i>	NP	
COSENTYX SOSY	NP	SP;MP
COSENTYX SENSOREADY PEN SOAJ	NP	SP;MP
DOVONEX CREA (<i>Use calcipotriene</i>)	NP	
ILUMYA	NP	SP;MP
<i>methoxsalen rapid</i>	NP	
OXSORALEN ULTRA (<i>Use methoxsalen rapid</i>)	NF	
SILIQ	NP	SP;MP
SKYRIZI PSKT	NP	SP
SKYRIZI SOSY	NP	SP;MP
SKYRIZI PEN SOAJ	NP	SP;MP
SORIATANE 10 MG, 25 MG (<i>Use acitretin</i>)	NF	
SORILUX FOAM	NP	
STELARA SOLN 45 MG/0.5ML	NP	SP;MP
STELARA SOSY	NP	SP;MP
TALTZ SOSY	NP	SP;MP
TALTZ SOAJ	NP	SP;MP
<i>tazarotene crea</i>	NP	
TAZORAC GEL .05 %	NP	
TAZORAC CREA (<i>Use tazarotene</i>)	NP	
TREMFYA SOPN	NP	SP;MP

Drug Name	Drug Tier	Requirement s/Limits
TREMFYA SOSY	NP	SP;MP
VECTICAL (<i>Use calcitriol (topical)</i>)	NP	
VTAMA	NP	
Antiseborrheic Products		
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	
OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	NF	
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	
<i>selenium sulfide sham 2.25 %, 2.3 %</i>	NP	
<i>selenium sulfide lotn 2.5 %</i>	P	
<i>sulfacetamide sodium liqd</i>	NP	
<i>sulfacetamide sodium gel</i>	NP	
Antivirals - Topical		
<i>acyclovir topical oint</i>	NP	
<i>acyclovir topical crea</i>	NP	
DENAVIR	NP	
XERESE	NP	
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	
Burn Products		
<i>mafenide acetate pack</i>	P	
SILVADENE (<i>Use silver sulfadiazine</i>)	NP	
<i>silver sulfadiazine</i>	P	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
SULFAMYLON CREA	P	
Cauterizing Agents		
SILVER NITRATE SOLN .5 %	NP	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	P	
<i>alclometasone dipropionate oint</i>	P	
<i>amcinonide crea</i>	NP	
BESER	NP	
<i>betamethasone dipropionate (topical) lotn</i>	NP	
<i>betamethasone dipropionate (topical) oint</i>	NP	
<i>betamethasone dipropionate (topical) crea</i>	NP	
<i>betamethasone dipropionate augmented crea</i>	NP	
<i>betamethasone dipropionate augmented gel .05 %</i>	NP	
<i>betamethasone dipropionate augmented lotn</i>	NP	
<i>betamethasone dipropionate augmented oint</i>	NP	
<i>betamethasone valerate oint</i>	P	
<i>betamethasone valerate lotn</i>	P	
<i>betamethasone valerate crea</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>betamethasone valerate foam</i>	NP	
BRYHALI LOTN	NP	
<i>calcipotriene-betamethasone dipropionate susp</i>	NP	
<i>calcipotriene-betamethasone dipropionate oint</i>	NP	
CAPEX SHAM	NP	
<i>clobetasol propionate liqd</i>	NP	
<i>clobetasol propionate oint .05 %</i>	P	
<i>clobetasol propionate foam</i>	NP	
<i>clobetasol propionate soln .05 %</i>	P	
<i>clobetasol propionate crea .05 %</i>	P	
<i>clobetasol propionate gel .05 %</i>	P	
<i>clobetasol propionate lotn</i>	NP	
<i>clobetasol propionate sham</i>	NP	
<i>clobetasol propionate emollient base .05 %</i>	P	
<i>clobetasol propionate emulsion</i>	NP	
CLOBEX LIQD (Use <i>clobetasol propionate</i>)	NP	
CLOBEX SHAM (Use <i>clobetasol propionate</i>)	NP	
CLOBEX LOTN .05 % (Use <i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate</i>	NP	

IL MHP Medicaid

October 1, 2022

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
CLODAN KIT	NP	
CLODERM (Use clocortolone pivalate)	NP	
CUTIVATE LOTN (Use fluticasone propionate)	NF	
DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	NP	
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	NP	
desonide lotn	NP	
desonide crea	P	
desonide oint	P	
DESOWEN CREA (Use desonide)	NF	
desoximetasone oint	NP	
desoximetasone liqd	NP	
desoximetasone gel	NP	
desoximetasone crea	NP	
diflorasone diacetate oint	P	
diflorasone diacetate crea	P	
DIPROLENE OINT (Use betamethasone dipropionate augmented)	NP	
DIPROLENE AF CREA (Use betamethasone dipropionate augmented)	NF	
DUOBRII	NP	
ENSTILAR FOAM	NP	

Drug Name	Drug Tier	Requirements/Limits
EPIFOAM FOAM	NP	
fluocinolone acetonide oint	P	
fluocinolone acetonide crea	P	
fluocinolone acetonide oil	P	
fluocinolone acetonide soln	P	
fluocinonide crea	P	
fluocinonide soln	P	
fluocinonide gel	P	
fluocinonide oint	P	
fluocinonide emulsified base	P	
FLUOPAR	NP	
flurandrenolide crea	NP	
flurandrenolide oint	NP	
flurandrenolide lotn	NP	
fluticasone propionate oint	P	
fluticasone propionate lotn	NP	
fluticasone propionate crea .05 %	P	
halcinonide crea	NP	
halobetasol propionate oint	P	
halobetasol propionate crea	P	
HALOBETASOL PROPIONATE FOAM	NP	
HALOG SOLN	NP	QL(3 ml daily)
HALOG CREA (Use halcinonide)	NP	
HALOG OINT	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>hydrocortisone (topical) crea 1 %, 2.5 %</i>	P	
<i>hydrocortisone (topical) lotn 2.5 %</i>	P	
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	P	RX/OTC
<i>hydrocortisone (topical) crea 1 %, 2.5 %</i>	P	RX/OTC
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	P	
<i>hydrocortisone butyrate crea</i>	NP	
<i>hydrocortisone butyrate lotn</i>	NP	
<i>hydrocortisone butyrate soln</i>	NP	
<i>hydrocortisone butyrate oint</i>	NP	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	
<i>hydrocortisone valerate crea</i>	P	QL(1.5 gm daily)
<i>hydrocortisone valerate oint</i>	P	QL(1.5 gm daily)
IMPEKLO LOTN	NP	
KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	NP	
LEXETTE FOAM	NP	
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
LOCOID LIPOCREAM (<i>Use hydrocortisone butyrate hydrophilic lipo base</i>)	NP	
LUXIQ FOAM (<i>Use betamethasone valerate</i>)	NP	
<i>mometasone furoate soln</i>	P	
<i>mometasone furoate crea</i>	P	
<i>mometasone furoate oint</i>	P	
OLUX FOAM (<i>Use clobetasol propionate</i>)	NP	
OLUX-E (<i>Use clobetasol propionate emulsion</i>)	NP	
PANDEL	NP	
<i>prednicarbate oint</i>	NP	
<i>prednicarbate crea</i>	NP	
RADIAURA CREA	NP	
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP	
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP	
SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NP	
SYNALAR CREAM KIT	NP	
SYNALAR OINTMENT KIT	NP	
SYNALAR TS	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
TASOPROL KIT	NP	
TEMOVATE OINT (<i>Use clobetasol propionate</i>)	NF	
TEMOVATE CREA (<i>Use clobetasol propionate</i>)	NF	
TEXACORT SOLN 2.5 %	NP	
TOPICORT GEL (<i>Use desoximetasone</i>)	NP	
TOPICORT LIQD (<i>Use desoximetasone</i>)	NP	
TOPICORT OINT (<i>Use desoximetasone</i>)	NP	
TOPICORT CREA (<i>Use desoximetasone</i>)	NP	
TOPICORT OINT .05 % (<i>Use desoximetasone</i>)	NF	
TOVET KIT	NP	
<i>triamcinolone acetonide (topical) lotn</i>	P	
<i>triamcinolone acetonide (topical) crea</i>	P	
<i>triamcinolone acetonide (topical) aers</i>	NP	
<i>triamcinolone acetonide (topical) oint .05 %</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>triamcinolone acetonide (topical) oint .025 %, .1 %, .5 %</i>	P	
TRILOCICLO	NP	
ULTRAVATE LOTN	NP	
VANOS CREA (<i>Use fluocinonide</i>)	NP	
Eczema Agents		
ADBRY	NP	SP;MP
CIBINQO	NP	SP
DUPIXENT SOPN 200 MG/1.14ML	NP	MP
DUPIXENT SOSY	P	SP;MP;PA
DUPIXENT SOPN 300 MG/2ML	P	SP;MP;PA
DUPIXENT SOPN 200 MG/1.14ML	P	MP;PA
DUPIXENT SOSY 100 MG/0.67ML	NP	SP;MP
OPZELURA	NP	
Emollient/Keratolytic Agents		
KERALAC CREA 47 % (<i>Use urea</i>)	NF	
<i>urea crea 41 %</i>	P	
<i>urea lotn 40 %</i>	P	
<i>urea crea 39 %, 40 %, 41 %</i>	P	RX/OTC
<i>urea in lactic acid vehicle</i>	NP	
Emollients		
LAC-HYDRIN TWELVE LOTN (<i>Use lactic acid (ammonium lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>lactic acid (ammonium lactate) crea</i>	NP	RX/OTC
Immunomodulating Agents - Topical		
ALDARA (<i>Use imiquimod</i>)	NF	AL(At least 10 yrs old)
<i>imiquimod 3.75 %</i>	NP	AL(At least 10 yrs old)
<i>imiquimod 5 %</i>	P	AL(At least 10 yrs old)
ZYCLARA (<i>Use imiquimod</i>)	NP	AL(At least 10 yrs old)
ZYCLARA PUMP	NP	AL(At least 10 yrs old)
ZYCLARA PUMP (<i>Use imiquimod</i>)	NP	AL(At least 10 yrs old)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	P	PA
<i>pimecrolimus</i>	P	PA
PROTOPIC OINT (<i>Use tacrolimus (topical)</i>)	P	PA
<i>tacrolimus (topical) oint</i>	P	PA
Keratolytic/Antimitotic Agents		
BENSAL HP OINT	NP	RX/OTC
CONDYLOX GEL	P	
PODOCON-25 SOLN	NP	
<i>podofilox soln</i>	P	
SALEX CREAM (<i>Use salicylic acid w/ cleanser</i>)	NF	
SALEX LOTION	NP	
<i>salicylic acid gel 6 %</i>	P	
<i>salicylic acid foam</i>	NP	
<i>salicylic acid liqd 27.5 %</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
SALICYLIC ACID OINT	P	RX/OTC
Local Anesthetics - Topical		
APRIZIO PAK II	NP	
<i>capsaicin crea .075 %</i>	P	
<i>capsaicin crea .025 %</i>	P	QL(2 gm daily)
DERMACINRX LIDOGEL GEL	NP	RX/OTC
EMPRICAINE II	NP	
<i>lidocaine oint</i>	P	
<i>lidocaine ptch 5 %</i>	P	
<i>lidocaine hcl soln</i>	P	QL(1.67 ml daily)
<i>lidocaine hcl crea 3 %</i>	P	RX/OTC
<i>lidocaine hcl gel 2 %</i>	P	QL(1 ml daily)
<i>lidocaine hcl prsy</i>	P	QL(0.67 ml daily)
<i>lidocaine-prilocaine crea</i>	NP	
<i>lidocaine-prilocaine kit</i>	NP	
LIDODERM PTCH (<i>Use lidocaine</i>)	NP	
LIDOREX GEL	NP	RX/OTC
LYDEXA CREA	NP	
NUVAKAAN II	NP	
PLIAGLIS CREA	NP	
PREDATOR CREA (<i>Use lidocaine hcl</i>)	NF	
PRILO PATCH II KIT	NP	
PRIZOPAK II	NP	
PRIZOTRAL II KIT	NP	
QUTENZA	NP	
RA ARTHRITIS PAIN RELIEF CREA	P	
SYNERA PTCH	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
HYLATOPIC PLUS CREA	NP	RX/OTC
HYLATOPIC PLUS LOTN	NP	RX/OTC
NUVAIL SOLN	NP	RX/OTC
TETRIX CREA	NP	RX/OTC
Misc. Topical		
ALCOHOL WIPES MISC	P	
ALOE VESTA DAILY MOISTURIZER LOTN <i>(Use dimethicone topical)</i>	NF	
AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN <i>(Use dimethicone topical)</i>	NF	
BASIS FACIAL MOISTURIZER CREA	P	
BASIS OVERNIGHT CREA	P	
CARRINGTON MOISTURE BARRIER CREA	P	
CARRINGTON MOISTURE BARRIER/ZINC CREA	P	
CAVILON NO STING BARRIERFILM MISC	P	
CVS ISOPROPYL ALCOHOL WIPES MISC	P	
EUCERIN CREA <i>(Use skin protectants, misc.)</i>	NF	
HYCLODEX	NP	

Drug Name	Drug Tier	Requirement s/Limits
HYDROCERIN CREA	P	
HYPOCYN SOLN	NP	RX/OTC
ISOPROPYL ALCOHOL WIPES MISC	P	
MEDPURA ALCOHOL PADS MISC	P	
NO-STING SKIN-PREP MISC	P	
QBREXZA	NP	
RA ISOPROPYL ALCOHOL WIPES MISC	P	
REMEDY PHYTOPLEX HYDRAGUARD CREA	P	
SENSI-CARE MOISTURIZING CREA	P	
<i>skin protectants, misc. crea</i>	P	
SORBIDON HYDRATE CREA	P	
THERASEAL HAND PROTECTION LOTN	P	
UNIVERSAL REMOVER WIPES MISC	P	
<i>witch hazel (hamamelis virginiana) pads 50 %</i>	P	
XERAC AC	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	P	PA
Rosacea Agents		
<i>azelaic acid gel</i>	NP	
<i>doxycycline (rosacea)</i>	NP	
FINACEA FOAM	NP	
FINACEA GEL <i>(Use azelaic acid)</i>	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>ivermectin (rosacea)</i>	NP	
METROCREAM CREA (Use metronidazole (topical))	NP	QL(1.5 gm daily)
METROGEL GEL 1 % (Use metronidazole (topical))	NP	
METROLOTION LOTN (Use metronidazole (topical))	NF	
<i>metronidazole (topical) gel</i>	P	
<i>metronidazole (topical) crea</i>	P	QL(1.5 gm daily)
<i>metronidazole (topical) lotn</i>	P	
MIRVASO	NP	
NORITATE CREA	NP	
ORACEA (Use <i>doxycycline (rosacea)</i>)	NP	
RHOFADE	NP	
ROSDAN KIT	NP	
SOOLANTRA (Use <i>ivermectin (rosacea)</i>)	NP	
ZILXI	NP	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	NP	
ELIMITE CREA (Use <i>permethrin</i>)	NF	QL(2 gm daily)
<i>ivermectin (pediculicide)</i>	NP	RX/OTC
<i>lindane sham</i>	NP	
<i>malathion</i>	NP	
NATROBA (Use <i>spinosad</i>)	P	QL(4 ml daily)
OVIDE (Use <i>malathion</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>permethrin lotn</i>	P	
<i>permethrin crea</i>	P	QL(2 gm daily)
<i>permethrin liqd ex</i>	P	
<i>pyrethrins-piperonyl butoxide sham 0.33 %-4 %</i>	P	
SKLICE (Use <i>ivermectin (pediculicide)</i>)	NF	RX/OTC
<i>spinosad</i>	NP	QL(4 ml daily)
Tar Products		
<i>coal tar extract sham .5 %</i>	P	
DENOREX THERAPEUTIC 2-IN-1 SHAM (Use coal tar extract)	NF	
DHS TAR SHAM (Use coal tar extract)	NF	
DHS TAR GEL SHAM (Use coal tar extract)	NF	
NEUTROGENA T/GEL SHAM .5 % (Use coal tar extract)	NF	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use coal tar extract)	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	NP	QL(4 ea daily);MP;RX/OT C
ACCU-CHEK GUIDE STRP	NP	QL(4 ea daily);MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
ACCUTREND GLUCOSE STRP	NP	QL(4 ea daily);MP;RX/OTC
ADVANCE INTUITION TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
ADVOCATE REDI-CODE STRP	NP	QL(4 ea daily);MP;RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
ADVOCATE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
AGAMATRIX JAZZ TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
AGAMATRIX PRESTO TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
ASSURE 3 TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
ASSURE 4 TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ASSURE II STRP	NP	QL(4 ea daily);MP;RX/OTC
ASSURE II CHECK STRIP STRP	NP	QL(4 ea daily);MP;RX/OTC
ASSURE II TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
ASSURE PLATINUM 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
ASSURE PRO TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
BLOOD GLUCOSE 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
BLULINK GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	QL(4 ea daily);MP;RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	QL(4 ea daily);MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CHEMSTRIP 10 MD	P	
CHEMSTRIP -10 WITH SG	P	
CHEMSTRIP 2 GP STRIPS	P	
CHEMSTRIP 5 OB	P	
CHEMSTRIP 7	P	
CHEMSTRIP 9 STRIPS	P	
CHEMSTRIP-K STRP	P	
CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CLEVER CHEK TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P	

Drug Name	Drug Tier	Requirements/Limits
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
COVID-19 AT-HOME TEST KIT KIT	P	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P	
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
D-CARE BLOOD GLUCOSE STRP	NP	QL(4 ea daily);MP;RX/OT C
DIASTIX	P	
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
DIATHRIVE+ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
DUO-CARE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
EASY STEP TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASYGLUCO STRP	NP	QL(4 ea daily);MP;RX/OT C
EASYGLUCO PLUS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASYMAX 15 TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASYMAX TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EASYPRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
EASYPRO PLUS STRP	NP	QL(4 ea daily);MP;RX/OT C
ELEMENT COMPACT TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
ELEMENT TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
ELLUME COVID-19 HOME TEST KIT	P	
EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EMBRACE EVO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EVENCARE + BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily);MP;RX/OT C
EVENCARE BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily);MP;RX/OT C
EVENCARE G2 TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EVENCARE G3 TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EVENCARE MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EVOLUTION AUTOCODE STRP	NP	QL(4 ea daily);MP;RX/OT C
EXACTECH R-S-G TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
EXACTECH TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	QL(4 ea daily);MP;RX/OT C
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	
FORA 6 CONNECT STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
FORA GD20 TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORACARE GD40 STRP	NP	QL(4 ea daily);MP;RX/OT C
FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORACARE TEST N GO TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FORTISCARE BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily);MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily);MP;RX/OT C
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FREESTYLE LITE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
FREESTYLE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GENULTIMATE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GHT TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCO PERFECT 3 TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
GLUCOCARD SHINE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCOCARD VITAL TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCOCARD X-SENSOR STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCOCOM TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	QL(4 ea daily);MP;RX/OT C
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GNP TRUETRACK SMART SYSTEM STRP	NP	QL(4 ea daily);MP;RX/OT C
GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	NP	QL(4 ea daily);MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
HARMONY BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	P	
IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
INFINITY VOICE STRP	NP	QL(4 ea daily);MP;RX/OT C
INTELISWAB COVID-19 RAPID TEST KIT	P	
KETONE STRP	P	
KETONE TEST STRIPS STRP	P	
KETOSTIX STRP	P	
KROGER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
KROGER HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

Drug Name	Drug Tier	Requirements/Limits
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
KROGER TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
LIBERTY TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
LUCIRA CHECK IT COVID-19 TEST KIT KIT	P	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	P	RX/OTC
MEIJER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
MEIJER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
MEIJER TRUE TEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
MEIJER TRUE TRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
MICRODOT TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
MICRODOT XTRA TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
NEUTEK 2TEK TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
ON CALL PLUS BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
ON CALL VIVID BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
ON CALL VIVID BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
ONETOUCH ULTRA STRP	P	QL(4 ea daily);MP;RX/OT C
ONETOUCH VERIO TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
ONETOUCH VERIO TEST STRIPS STRP	P	QL(4 ea daily);MP;RX/OT C
OPTIUM TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
OPTIUMEZ TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
OPTUMRX BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PRECISION PCX STRP	NP	QL(4 ea daily);MP;RX/OT C
PRECISION PCX PLUS TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PRECISION POINT OF CARE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PRECISION QID TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PRECISION SOF-TACT TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
PTS PANELS EGLU STRP	NP	QL(4 ea daily);MP;RX/OT C
PTS PANELS GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
QUICKTEK TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
QUICKVUE AT-HOME COVID-19 TEST KIT	P	
QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
REFUAH PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RELION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RELION KETONE TEST STRIPS STRP	P	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RELION TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
REVEAL BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
SMART SENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
SMART SENSE VALUE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
SOLUS V2 AUDIBLE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
SUPREME TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
SURE EDGE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
SURECHEK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
TELCARE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily);MP;RX/OT C
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
TRUETEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
TRUETRACK BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
TRUETRACK TEST STRP	NP	QL(4 ea daily);MP;RX/OT C
ULTRATRAK PRO TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
ULTRATRAK ULTIMATE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
UNISTRIP1 GENERIC STRP	NP	QL(4 ea daily);MP;RX/OT C
VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C
VOCAL POINT BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily);MP;RX/OT C

DIGESTIVE AIDS - Drugs to Treat Low

Digestive Enzymes

Digestive Enzymes

CREON CPEP	P	
LACTAID TABS (<i>Use lactase</i>)	NF	
<i>lactase tabs 3000 UNIT</i>	P	
PANCREAZE CPEP 10500 UNIT-61500 UNIT-35500 UNIT, 16800 UNIT-98400 UNIT-56800 UNIT, 21000 UNIT-83900 UNIT-54700 UNIT, 2600 UNIT-15200 UNIT-8800 UNIT, 37000 UNIT-149900 UNIT-97300 UNIT, 4200 UNIT-24600 UNIT-14200 UNIT	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ZENPEP CPEP 10000 UNIT-42000 UNIT-32000 UNIT, 15000 UNIT-63000 UNIT-47000 UNIT, 20000 UNIT-84000 UNIT-63000 UNIT, 25000 UNIT-105000 UNIT-79000 UNIT, 3000 UNIT-14000 UNIT-10000 UNIT, 40000 UNIT-168000 UNIT-126000 UNIT, 5000 UNIT-24000 UNIT-17000 UNIT	P	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors

<i>acetazolamide tabs 125 MG</i>	P	MP
<i>acetazolamide tabs 250 MG</i>	P	QL(2 ea daily);MP
<i>acetazolamide cp12</i>	P	QL(4 ea daily);MP
KEVEYIS	NP	SP
<i>methazolamide tabs</i>	P	MP

Diuretic Combinations

ALDACTAZIDE	NP	MP
ALDACTAZIDE (<i>Use spironolactone & hydrochlorothiazide</i>)	NP	MP
<i>amiloride & hydrochlorothiazide</i>	P	MP
DYAZIDE CAPS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	MP
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NP	MP
<i>spironolactone & hydrochlorothiazide</i>	P	MP
<i>triamterene & hydrochlorothiazide caps 37.5 MG-25 MG</i>	P	MP
<i>triamterene & hydrochlorothiazide tabs</i>	P	MP

Loop Diuretics

<i>bumetanide tabs</i>	P	MP
BUMEX TABS (<i>Use bumetanide</i>)	NP	MP
EDECIN (<i>Use ethacrynic acid</i>)	NP	MP
<i>ethacrynic acid</i>	P	MP
<i>furosemide tabs</i>	P	MP
<i>furosemide soln or 8 MG/ML</i>	P	MP
LASIX TABS (<i>Use furosemide</i>)	NP	MP
<i>torseamide tabs</i>	P	MP

Potassium Sparing Diuretics

ALDACTONE TABS (<i>Use spironolactone</i>)	NP	MP
<i>amiloride hcl tabs</i>	P	MP
CAROSPIR SUSP	NP	MP
<i>spironolactone tabs</i>	P	MP
<i>triamterene caps</i>	P	MP

Thiazides and Thiazide-Like Diuretics

<i>chlorthalidone 25 MG, 50 MG</i>	P	MP
DIURIL SUSP	P	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>hydrochlorothiazide caps</i>	P	MP
<i>hydrochlorothiazide tabs</i>	P	MP
<i>indapamide tabs 1.25 MG, 2.5 MG</i>	P	MP
<i>metolazone</i>	P	MP
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	NP	QL(3 ea daily);SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NP	MP
<i>alendronate sodium soln</i>	P	MP
<i>alendronate sodium tabs 10 MG</i>	P	QL(1 ea daily);MP
<i>alendronate sodium tabs 35 MG, 70 MG</i>	P	QL(0.143 ea daily);MP
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	MP
BONIVA TABS (<i>Use ibandronate sodium</i>)	NP	MP
<i>calcitonin (salmon) na</i>	P	MP
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	QL(0.143 ea daily);MP
FOSAMAX PLUS D	NP	
<i>ibandronate sodium tabs</i>	NP	MP
<i>risedronate sodium tbec</i>	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
<i>risedronate sodium tabs</i>	NP	MP
GnRH/LHRH Antagonists		
ORLISSA	P	SP;PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NP	SP
Growth Hormones		
GENOTROPIN CART SC	P	SP;PA
GENOTROPIN MINIQUICK PRSY	P	SP;PA
HUMATROPE CART IJ	NP	SP
NORDITROPIN FLEXPLO SOPN	NP	SP;MP
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP;MP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP;MP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP;MP
OMNITROPE SOLR SC	NP	
OMNITROPE SOCT	NP	SP;MP
SAIZEN IJ	NP	SP
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP;MP
ZOMACTON SOLR SC	NP	SP
ZORBTIVE SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NP	MP
OSPHENA	NP	

IL MHP Medicaid

October 1, 2022

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>raloxifene hcl</i>	NP	MP
<i>raloxifene hcl</i>	NP	MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	NP	SP
Metabolic Modifiers		
<i>betaine</i>	NP	SP
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP
<i>calcitriol soln or</i>	P	MP
<i>calcitriol caps</i>	P	
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP
<i>carglumic acid</i>	P	SP;PA
CARNITOR SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	MP
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	
CARNITOR SF SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	MP
<i>cinacalcet hcl</i>	NP	SP
CYSTADANE (<i>Use betaine</i>)	NP	SP
<i>doxercalciferol caps</i>	P	
GALAFOLD	NP	SP

Drug Name	Drug Tier	Requirements/Limits
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP
<i>levocarnitine (metabolic modifiers) tabs</i>	NP	
<i>levocarnitine (metabolic modifiers) soln or 1 GM/10ML</i>	NP	MP
<i>nitisinone caps</i>	P	SP
NITYR TABS	NP	SP
ORFADIN CAPS (<i>Use nitisinone</i>)	P	SP
ORFADIN CAPS 20 MG	P	SP
ORFADIN SUSP	NP	SP;MP
<i>paricalcitol caps</i>	NP	
PHEBURANE PLLT	NP	
RAVICTI	NP	SP;MP
RAYALDEE	NP	
ROCALTROL SOLN OR (<i>Use calcitriol</i>)	NP	MP
ROCALTROL CAPS (<i>Use calcitriol</i>)	NP	
<i>sapropterin dihydrochloride tabs</i>	NP	SP
<i>sapropterin dihydrochloride pack 100 MG</i>	NP	SP;MP
SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP
<i>sodium phenylbutyrate tabs</i>	NP	SP
<i>sodium phenylbutyrate powd</i>	NP	SP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>Use paricalcitol</i>)	NP	
Mineralocorticoid Receptor Antagonists		
KERENDIA	P	PA
Posterior Pituitary Hormones		
DDAVP .01 % (<i>Use desmopressin acetate spray</i>)	NP	MP
DDAVP TABS (<i>Use desmopressin acetate</i>)	NP	QL(6 ea daily);MP
<i>desmopressin acetate tabs</i>	P	QL(6 ea daily);MP
<i>desmopressin acetate spray</i>	P	MP
<i>desmopressin acetate spray refrigerated</i>	P	MP
NOCDURNA SUBL	NP	
Progesterone Receptor Antagonists		
MIFEPREX (<i>Use mifepristone</i>)	NF	
MIFEPREX (<i>Use mifepristone</i>)	NP	
<i>mifepristone</i>	NP	
Prolactin Inhibitors		
<i>cabergoline</i>	P	
Somatostatic Agents		
BYNFEZIA PEN SOPN	NP	SP;MP
LANREOTIDE ACETATE	NP	SP;MP
MYCAPSSA CPDR	NP	SP
<i>octreotide acetate soln</i>	NP	SP;MP
<i>octreotide acetate sosy</i>	NP	SP;MP

Drug Name	Drug Tier	Requirement s/Limits
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP;MP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SIGNIFOR	NP	SP;MP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP;MP
Vasopressin Receptor Antagonists		
JYNARQUE TABS	NP	SP
JYNARQUE TBPK	NP	SP
SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP
<i>tolvaptan tabs</i>	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 0.5 MG-1 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	
ANGELIQ	NP	
BIJUVA	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	
DUAVEE	NP	
<i>estradiol & norethindrone acetate tabs</i>	P	
FEMHRT (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NF	QL(1 ea daily)

IL MHP Medicaid

October 1, 2022

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
MYFEMBREE	P	PA
<i>norethindrone acetate-ethinyl estradiol</i>	NP	QL(1 ea daily)
ORIAHNN	P	PA
PREFEST	NP	
PREMPHASE	P	QL(1 ea daily)
PREMPRO 0.3 MG-1.5 MG, 0.45 MG-1.5 MG	P	
PREMPRO 0.625 MG-2.5 MG, 0.625 MG-5 MG	P	QL(1 ea daily)
Estrogens		
CLIMARA PTWK (<i>Use estradiol</i>)	NP	
DELESTROGEN	NP	
DELESTROGEN 20 MG/ML, 40 MG/ML (<i>Use estradiol valerate</i>)	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL	NP	
ELESTRIN GEL	NP	
ESTRACE TABS (<i>Use estradiol</i>)	NP	
<i>estradiol tabs</i>	P	
<i>estradiol pttw</i>	P	
<i>estradiol pttw</i>	P	
<i>estradiol valerate 20 MG/ML, 40 MG/ML</i>	NP	
EVAMIST SOLN	NP	MP
MENEST .3 MG, .625 MG, 1.25 MG	P	
MENOSTAR PTWK	NP	

Drug Name	Drug Tier	Requirements/Limits
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	
PREMARIN TABS	P	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	1 rtl MAX fill,30 rtl day(s) supply;QL(28 ea per fill retail);AL(At least 16 yrs old)
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl tabs 250 MG, 500 MG, 750 MG</i>	P	
<i>levofloxacin soln or</i>	P	
<i>levofloxacin tabs</i>	P	
<i>moxifloxacin hcl tabs</i>	P	
<i>ofloxacin 400 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	
Antiflatulents		

IL MHP Medicaid

October 1, 2022

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
GAS-X EXTRA STRENGTH CHEW (Use simethicone)	NF	
MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone)	NF	
PHAZYME CAPS (Use simethicone)	NF	
PHAZYME ULTRA STRENGTH CAPS (Use simethicone)	NF	
simethicone chew 80 MG	P	
simethicone susp 20 MG/0.3ML	P	
simethicone caps 125 MG	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use ursodiol)	NF	
CHENODAL	NP	SP
RELTONE CAPS	NP	
URSO 250 TABS (Use ursodiol)	NP	
URSO FORTE TABS (Use ursodiol)	NP	
ursodiol caps	P	
ursodiol tabs	NP	
Gastrointestinal Antiallergy Agents		

Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium (mastocytosis)	P	
GASTROCROM (Use cromolyn sodium (mastocytosis))	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA (Use lubiprostone)	NP	
lubiprostone	NP	
Gastrointestinal Stimulants		
metoclopramide hcl tabs	P	
metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl tbdp	NP	
METOCLOPRAMIDE ODT TBDP	NP	
REGLAN TABS (Use metoclopramide hcl)	NP	
Inflammatory Bowel Agents		
APRISO CP24 (Use mesalamine)	NP	
ASACOL HD TBEC (Use mesalamine)	NP	
AVSOLA	NP	SP
AZULFIDINE TABS (Use sulfasalazine)	NP	
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NP	
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NF	
balsalazide disodium caps	P	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
CANASA SUPP (<i>Use mesalamine</i>)	NP	QL(1 ea daily)
CIMZIA PSKT	P	SP;PA
CIMZIA KIT	NP	SP
CIMZIA STARTER KIT PSKT	P	SP;PA
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	
DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
DIPENTUM	NP	
ENTYVIO	NP	SP
INFLECTRA	NP	SP
INFLIXIMAB	NP	SP
LIALDA TBEC (<i>Use mesalamine</i>)	NP	
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine cpdr</i>	NP	
<i>mesalamine cpcr</i>	P	QL(8 ea daily)
<i>mesalamine cp24</i>	NP	
<i>mesalamine enem</i>	P	
<i>mesalamine tbec</i>	NP	
<i>mesalamine supp</i>	P	QL(1 ea daily)
<i>mesalamine w/ cleanser</i>	NP	
PENTASA CPCR (<i>Use mesalamine</i>)	P	QL(8 ea daily)
PENTASA CPCR 250 MG	P	QL(8 ea daily)
REMICADE	NP	SP
RENFLEXIS	NP	SP
ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
SFROWASA ENEM	P	
SKYRIZI SOLN	NP	SP
SKYRIZI SOCT	NP	SP
STELARA 130 MG/26ML	NP	SP
<i>sulfasalazine tabs</i>	P	
<i>sulfasalazine tbec</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	MP
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	
IBSRELA	NP	
LINZESS	NP	
LOTRONEX (<i>Use alosetron hcl</i>)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	NP	
ENTEREG (<i>Use alvimopan</i>)	NP	
MOVANTIK	NP	
RELISTOR TABS	NP	
RELISTOR SOLN	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA	NP	
<i>calcium acetate (phosphate binder) caps</i>	P	
<i>calcium acetate (phosphate binder) tabs</i>	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	NP	
FOSRENOL PACK	P	
<i>lanthanum carbonate chew</i>	P	
PHOSLYRA SOLN	NP	MP
RENAGEL (<i>Use sevelamer hcl</i>)	NP	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NP	QL(8 ea daily)
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate pack</i>	NP	
<i>sevelamer carbonate tabs</i>	P	QL(8 ea daily)
<i>sevelamer hcl 800 MG</i>	P	
VELPHORO	NP	
Short Bowel Syndrome (SBS) Agents		
GATTEX	NP	SP
Tryptophan Hydroxylase Inhibitors		
XERMELO	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	NP	
Alkalinizers		
ORACIT	P	
<i>pot & sod citrates w/citric ac soln</i>	NP	
<i>potassium citrate (alkalinizer) tbc 15 MEQ, 540 MG, 1080 MG, 1620 MG</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>potassium citrate-citric acid soln</i>	NP	RX/OTC
<i>potassium citrate-citric acid pack</i>	NP	
<i>sodium citrate & citric acid</i>	P	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 15 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI PACK	NP	SP
PROCYSBI CPDR	NP	SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) .9 %</i>	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	MP
AVODART (<i>Use dutasteride</i>)	NP	MP
CARDURA XL 8 MG	NP	MP
CARDURA XL	NP	MP
<i>dutasteride</i>	NP	MP
<i>dutasteride-tamsulosin hcl</i>	NP	MP
<i>finasteride</i>	P	MP
FLOMAX (<i>Use tamsulosin hcl</i>)	NP	MP

IL MHP Medicaid

October 1, 2022

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
FLOMAX (Use tamsulosin hcl)	NF	MP
JALYN (Use dutasteride-tamsulosin hcl)	NP	MP
PROSCAR (Use finasteride)	NP	MP
RAPAFLO (Use silodosin)	NP	MP
silodosin	NP	MP
tamsulosin hcl	P	MP
tamsulosin hcl	P	MP
Urinary Analgesics		
phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG	P	
PYRIDIDIUM TABS (Use phenazopyridine hcl)	NP	
Urinary Stone Agents		
LITHOSTAT	NP	
THIOLA TABS (Use tiopronin)	NP	SP
THIOLA EC TBEC	NP	SP
tiopronin tabs	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	MP
Gout Agents		
allopurinol	P	MP
colchicine tabs	NP	MP
colchicine caps	NP	MP
COLCRYS TABS (Use colchicine)	NP	MP
febuxostat	NP	MP

Drug Name	Drug Tier	Requirements/Limits
GLOPERBA SOLN OR	NP	MP
MITIGARE CAPS (Use colchicine)	NP	MP
ULORIC (Use febuxostat)	NP	MP
ZYLOPRIM (Use allopurinol)	NF	MP
Uricosurics		
probenecid	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP;PA
ADYNOVATE	P	SP;PA
AFSTYLA	P	SP;PA
ALPHANATE SOLR	P	SP;PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP;PA
ALPROLIX	P	SP;PA
BENEFIX KIT	P	SP;PA
COAGADEX	P	SP;PA
CORIFACT	P	SP;PA
ELOCTATE	P	SP;PA
ESPEROCT	P	SP;PA
FEIBA	P	SP;PA
HEMLIBRA	P	SP;MP;PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP;PA
HUMATE-P SOLR	P	SP;PA
IDELVION	P	SP;PA
IXINITY SOLR	P	SP;PA

IL MHP Medicaid

October 1, 2022

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
JIVI	P	SP;PA
KOATE SOLR	P	SP;PA
KOATE-DVI SOLR 1000 UNIT	P	SP;PA
KOGENATE FS KIT	P	SP;PA
KOVALTRY	P	SP;PA
NOVOEIGHT	P	SP;PA
NOVOSEVEN RT	P	SP;PA
NUWIQ SOLR	P	SP;PA
NUWIQ KIT	P	SP;PA
OBIZUR	P	SP;PA
PROFILNINE	P	SP;PA
REBINYN	P	SP;PA
RECOMBINATE SOLR	P	SP;PA
RIXUBIS SOLR	P	SP;PA
SEVENFACT	P	SP;PA
TRETTEN	P	SP;PA
VONVENDI	P	SP;PA
WILATE KIT	P	SP;PA
XYNTHA	P	SP;PA
XYNTHA SOLOFUSE	P	SP;PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR (Use icaltibat acetate)	NP	SP
icaltibat acetate	NP	SP
Complement Inhibitors		
EMPAVELI	NP	SP;MP
HAEGARDA SOLR SC	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
Hematorheologic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline</i>	P	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
KALBITOR	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOLN	NP	SP;MP
TAKHZYRO SOSY	NP	SP
Platelet Aggregation Inhibitors		
AGGRENOX (Use aspirin-dipyridamole)	NF	
AGRYLIN .5 MG (Use anagrelide hcl)	NP	
<i>anagrelide hcl</i>	P	
ASPIRIN/OMEPRAZOL E 40 MG-81 MG	NP	
<i>aspirin-dipyridamole</i>	P	
BRILINTA	P	
<i>cilostazol</i>	NP	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use prasugrel hcl)	NF	QL(1 ea daily)
EFFIENT (Use prasugrel hcl)	NP	QL(1 ea daily)
PLAVIX 75 MG (Use clopidogrel bisulfate)	NP	
PLAVIX 75 MG (Use clopidogrel bisulfate)	NF	
<i>prasugrel hcl</i>	NP	QL(1 ea daily)
ZONTIVITY	NP	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
<i>cyanocobalamin soln ij</i>	P	
Folic Acid/Folates		

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>folic acid tabs 1 MG</i>	P	RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP;MP
ARANESP ALBUMIN FREE SOSY	NP	SP;MP
DOPTELET	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP;MP;PA
FULPHILA	NP	SP
GRANIX SOLN	NP	SP
GRANIX SOSY	NP	SP
LEUKINE SOLR IJ	P	QL(0.47 ea daily);SP
MIRCERA	NP	SP;MP
MULPLETA	NP	SP
NEULASTA SOSY	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP
NEUPOGEN SOSY 480 MCG/0.8ML	P	QL(0.38 ml daily);SP
NEUPOGEN SOSY 300 MCG/0.5ML	P	QL(0.24 ml daily);SP
NEUPOGEN SOLN 300 MCG/ML	P	QL(0.47 ml daily);SP
NEUPOGEN SOLN 480 MCG/1.6ML	P	QL(0.75 ml daily);SP
NIVESTYM SOSY	NP	SP

Drug Name	Drug Tier	Requirement s/Limits
NIVESTYM SOLN	NP	SP
NPLATE	NP	SP
NYVEPRIA	NP	SP
PROCRIT 40000 UNIT/ML	P	SP;MP;PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP;MP;PA
PROMACTA PACK	NP	SP
PROMACTA TABS	NP	SP
REBLOZYL	NP	SP
RELEUKO SOSY	NP	SP
RELEUKO SOLN	NP	SP
RETACRIT	NP	SP;MP
RETACRIT 40000 UNIT/ML	NP	SP;MP
UDENYCA	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	NP	SP
Iron		
FEOSOL TABS (<i>Use ferrous sulfate dried</i>)	NF	
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NF	
FERROUS GLUCONATE TABS 324 MG	P	
<i>ferrous sulfate tbec</i>	P	
<i>ferrous sulfate tabs 325 MG</i>	P	
<i>ferrous sulfate elix</i>	P	
<i>ferrous sulfate soln</i>	P	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>ferrous sulfate syrp</i>	P	
FERROUS SULFATE TBEC	P	
<i>ferrous sulfate dried tabs 200 MG</i>	P	
<i>polysaccharide iron complex caps 150 MG</i>	P	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) tabs 25 MG</i>	P	
<i>diphenhydramine hcl (sleep) caps 25 MG</i>	P	
NYTOL MAXIMUM STRENGTH TABS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	
ZZZQUIL CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	
Barbiturate Hypnotics		
<i>phenobarbital tabs</i>	P	
<i>phenobarbital elix</i>	P	MP
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	
SILENOR (Use <i>doxepin hcl (sleep)</i>)	NP	
Non-Barbiturate Hypnotics		
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(1 ea daily)
AMBIEN CR TBCR (Use <i>zolpidem tartrate</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
EDLUAR SUBL	NP	
<i>estazolam</i>	P	
<i>eszopiclone</i>	NP	
<i>flurazepam hcl</i>	NP	
HALCION .25 MG (Use <i>triazolam</i>)	NP	
INTERMEZZO SUBL 1.75 MG (Use <i>zolpidem tartrate</i>)	NF	
LUNESTA (Use <i>eszopiclone</i>)	NP	
LUNESTA 2 MG, 3 MG (Use <i>eszopiclone</i>)	NF	
<i>midazolam hcl syrp</i>	NP	
RESTORIL (Use <i>temazepam</i>)	NP	
<i>temazepam</i>	P	
<i>triazolam</i>	P	
<i>zaleplon</i>	NP	QL(1 ea daily)
<i>zolpidem tartrate tbc</i>	NP	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	P	QL(1 ea daily)
<i>zolpidem tartrate subl</i>	NP	
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	QL(3 ea daily)
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	NP	SP
HETLIOZ LQ SUSP	NP	SP;MP
<i>ramelteon</i>	NP	
ROZEREM (Use <i>ramelteon</i>)	NP	
LAXATIVES - Bowel Treatment Drugs		

IL MHP Medicaid

October 1, 2022

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
Bulk Laxatives		
BENEFIBER POWD (Use wheat dextrin)	NF	
BENEFIBER FOR CHILDREN POWD (Use wheat dextrin)	NF	
BENEFIBER HEALTHY SHAPE POWD (Use wheat dextrin)	NF	
calcium polycarbophil tabs	P	
CITRUCEL TABS (Use methylcellulose (laxative))	NF	
CITRUCEL FIBER LAXATIVE POWD (Use methylcellulose (laxative))	NF	
FIBERCON TABS (Use calcium polycarbophil)	NF	
HYDROCIL INSTANT POWD (Use psyllium)	NF	
KONSYL DAILY FIBER POWD (Use psyllium)	NF	
KONSYL DAILY FIBER PACK 100 %	P	
KONSYL ORIGINAL DAILY FIBER PACK	P	
METAMUCIL CAPS (Use psyllium)	NF	
METAMUCIL POWD (Use psyllium)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium)	NF	
methylcellulose (laxative) tabs	P	
methylcellulose (laxative) powd	P	

Drug Name	Drug Tier	Requirements/Limits
psyllium powd 28.3 %, 48.57 %, 58.6 %, 95 %	P	
psyllium caps .52 GM	P	
wheat dextrin powd	P	
Laxative Combinations		
NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NF	
NULYTELY/FLAVOR PACKS (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NF	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	
sennosides-docusate sodium tabs	P	
SENOKOT S TABS (Use sennosides-docusate sodium)	NF	
Laxatives - Miscellaneous		
glycerin (laxative) supp 1 GM, 1.2 GM, 2 GM, 80.7 %	P	
GLYCERIN ADULT SUPP (Use glycerin (laxative))	NF	
MIRALAX PACK (Use polyethylene glycol 3350)	NF	
MIRALAX POWD (Use polyethylene glycol 3350)	NF	

IL MHP Medicaid

October 1, 2022

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
MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	NF	
PEDIA-LAX SUPP (Use glycerin (laxative))	NF	
polyethylene glycol 3350 pack	P	
polyethylene glycol 3350 powd	P	
Saline Laxatives		
FLEET ENEMA ENEM (Use sodium phosphates)	NF	
FLEET ENEMA SIX PACK ENEM (Use sodium phosphates)	NF	
magnesium citrate 1.745 GM/30ML	P	
magnesium hydroxide susp 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	
sodium phosphates enem 7 GM/118ML-19 GM/118ML	P	
Stimulant Laxatives		
bisacodyl supp	P	
bisacodyl tbec	P	
DULCOLAX TBEC (Use bisacodyl)	NF	
DULCOLAX SUPP (Use bisacodyl)	NF	
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NF	
SENNA SYRP	P	

Drug Name	Drug Tier	Requirements/Limits
sennosides tabs	P	
SENOKOT TABS (Use sennosides)	NF	
Surfactant Laxatives		
COLACE CAPS 100 MG (Use docusate sodium)	NF	
COLACE CLEAR CAPS (Use docusate sodium)	NF	
docusate calcium	P	
docusate sodium caps	P	
docusate sodium liqd	P	
docusate sodium tabs	P	
docusate sodium syrp	P	
DOCUSATE SODIUM SYRP	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin tabs 500 MG	P	QL(3 ea per fill retail,60 ea per 180 days retail)
azithromycin tabs 600 MG	P	
azithromycin susr	P	
azithromycin pack	P	
azithromycin tabs 250 MG	P	QL(60 ea per 180 days retail)
ZITHROMAX TABS 250 MG (Use azithromycin)	NP	QL(60 ea per 180 days retail)
ZITHROMAX PACK (Use azithromycin)	P	
ZITHROMAX TABS 500 MG (Use azithromycin)	NP	QL(3 ea per fill retail,60 ea per 180 days retail)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ZITHROMAX SUSR (Use azithromycin)	NP	
ZITHROMAX TRI-PAK TABS (Use azithromycin)	NP	QL(3 ea per fill retail,60 ea per 180 days retail)
ZITHROMAX Z-PAK TABS (Use azithromycin)	NP	QL(60 ea per 180 days retail)
Clarithromycin		
clarithromycin susr	P	
clarithromycin tb24	P	
clarithromycin tabs	P	
Erythromycins		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	P	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	P	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	P	
erythromycin base tabs	P	
erythromycin base tbec	P	
erythromycin base cpep	P	
erythromycin ethylsuccinate susr	P	
erythromycin ethylsuccinate tabs	P	
erythromycin stearate tabs 250 MG	P	
Fidaxomicin		
DIFICID TABS	NP	
DIFICID SUSR	NP	

Drug Name	Drug Tier	Requirement s/Limits
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
BORDERED GAUZE PADS	P	RX/OTC
CARRASMART PADS	P	RX/OTC
CARRASMART FOAM PADS	P	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	P	RX/OTC
CRUAD GAUZE PADS 4" X 4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	P	RX/OTC
CURITY COVER SPONGES 4"X4" PADS	P	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/4"X4" PADS	P	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 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
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
DRYMAX EXTRA PADS	P	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
GAUZE DRESSING 4"X4" PADS	P	RX/OTC
GAUZE PADS 4"X4" PADS	P	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
HM STERILE PADS PADS	P	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC
KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC
OPTIFOAM PADS	P	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS 4"X4" PADS	P	RX/OTC
QC STERILE PADS PADS	P	RX/OTC
RA STERILE PADS 4"X4" PADS	P	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC
SM GAUZE PADS 4"X4" PADS	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
SM STERILE PADS PADS	P	RX/OTC
SOF-WICK 4"X4" PADS	P	RX/OTC
STERILE PADS 4"X4" PADS	P	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC
Blood Pressure Devices		
3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
ADVANCED ONE STEP BLOOD PRESSURE MONITOR/SMALL CUFF MISC	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/EXTRA LARGE DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/LARGE DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/SMALL/MEDIUM DEVI	P	QL(0.034 ea daily)
ADVOCATE AUTOMATIC MEMORY BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
ADVOCATE WRIST BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AUTOMATIC BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
BD ASSIRE BPM/PORTABLE WRISTWATCH STYLE MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/AUTO INFLATE WRIST CUFF 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)
BLOOD PRESSURE KIT/MANUAL INFLATE DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR 3SERIES DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)

IL MHP Medicaid

October 1, 2022

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
BLOOD PRESSURE MONITOR AUTOMATIC/ARM MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/ARM/X-LARGE CUFF DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR LARGE CUFF MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR MEDIUM CUFF MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR MEDIUM/LARGE CUFF MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR PREMIUM ARM/VOICE ASSIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR SMALL CUFF MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR TALKING AUTO-INFLATION MED CUFF MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR UPPER ARM DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BLOOD PRESSURE MONITOR/AUTO ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC QUICK READ MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC ULTRA-DELUXE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/BASIC ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE ARM MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DIGITAL MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/EXTRA LARGE CUFF MISC	P	QL(0.034 ea daily)

IL MHP Medicaid

October 1, 2022

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
BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PREMIUM ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMORY/LCD/MODEL #1060 MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMORY/MODEL #1085M MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/UPPER ARM MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORANEROID/ATTACHED STETHOSCOPE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORANEROID/STETHOSCOPE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORAUTO INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORAUTO INFLATE/FUZZY LOGIC/JUMBO DISP MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORCAMERA/AUTO INFLATE/DIGITAL MISC	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BLOOD PRESSURE MONITORCAMERA/DIGITAL/MANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/AUTO-INFLATION MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/AUTOMATIC MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/MANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/MANUAL INFLATE/REG MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORFINGER MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORMANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORMEMORY/PRINTER MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORMODEL#1083 MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORREG/AUTO INFLATE/DIGITAL MISC	P	QL(0.034 ea daily)

IL MHP Medicaid

October 1, 2022

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
BLOOD PRESSURE MONITORWRIST UNIT MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORWRIST UNIT/JUMBO DISP/FUZZY LOGIC MISC	P	QL(0.034 ea daily)
CARETOUCH BLOOD PRESSUREMONITOR/A UTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
CARETOUCH BLOOD PRESSUREMONITOR/A UTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
CARETOUCH SLIM BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CARETOUCH VERSA BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE BLOOD PRESSURE MONITOR/TALKING WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE BLOOD PRESSURE MONITOR/UPPER ARM DEVI	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
CLEVER CHOICE ELECTRONICBLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
CVS ADVANCED BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR PREMIUM/WRIST MISC	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR PROFESSIONAL/ARM MISC	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/MANUAL MISC	P	QL(0.034 ea daily)
CVS SERIES 100 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)

IL MHP Medicaid

October 1, 2022

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
CVS SERIES 600W BLOOD PRESSURE MONITOR/WRIST 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)
FORA P20 BLOOD PRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)
FORA TEST N' GO BP BLOODPRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)
GNP BLOOD PRESSURE MONITOR ADVANCED AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER-ARM DEVI	P	QL(0.034 ea daily)
HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/PREMIUM TALKING DEVI	P	QL(0.034 ea daily)
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STANDARD DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WO MENS DEVI	P	QL(0.034 ea daily)
HEART CHECK 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)
H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
H-E-B INCONTROL PREMIUM AUTOMATIC BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC DEVI	P	QL(0.034 ea daily)
HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/SERIES 200/ARM DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITORFULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
HM DELUXE BLOOD PRESSUREMONITOR/WRIST DEVI	P	QL(0.034 ea daily)

IL MHP Medicaid

October 1, 2022

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
KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DELUXE DEVI	P	QL(0.034 ea daily)
MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE DELUXE BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
OMRON 7 SERIES BLOOD PRESSURE MONITOR/WRIST/BLUETOOTH DEVI	P	QL(0.034 ea daily)
PRO HEALTH MINI TALKING BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
PROCARE UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
PROCARE WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)

IL MHP Medicaid

October 1, 2022

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
QC BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR AUTOMATIC MISC	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC MISC	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)
RELION BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
RELION BP200W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
RELION BP300W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/SERIES 200 DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/SERIES 600 DEVI	P	QL(0.034 ea daily)
SM WRIST CUFF BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
SPHYGMOMANOMETER ANEROID MISC	P	QL(0.034 ea daily)
SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI	P	QL(0.034 ea daily)
SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC DEVI	P	QL(0.034 ea daily)
SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)

IL MHP Medicaid

October 1, 2022

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
TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI	P	QL(0.034 ea daily)
TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)
TGT BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
WRIST BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
WRIST CUFF BLOOD PRESSURE UNIT MISC	P	QL(0.034 ea daily)
Contraceptives		
AIMSCO LUBRICATED MISC	P	
DUREX EXTRA SENSITIVE DEVI	P	
FANTASY LUBRICATED MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P	
KAMELEON LUBRICATED MISC	P	
KIMONO COLORS DEVI	P	
KIMONO LUBRICATED MISC	P	
KIMONO MICRO THIN MISC	P	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	

Drug Name	Drug Tier	Requirements/Limits
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	
KIMONO PS LUBRICATED MISC	P	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	
KIMONO SENSATION LUBRICATED MISC	P	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	
KIMONO SPECIAL DEVI	P	
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
K-Y ME & YOU INTENSE DEVI	P	
MAXX LUBRICATED MISC	P	
MAXX PLUS SPERMICIDE LUBRICATED MISC	P	
PREMIUM CONDOMS LUBRICATED MISC	P	
REALITY LATEX CONDOMS/LUBRICATED MISC	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P	
REALITY LATEX/ULTRA THIN DEVI	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P	
TRUSTEX LUBRICATED MISC	P	
TRUSTEX LUBRICATED EXTRALARGE MISC	P	

IL MHP Medicaid

October 1, 2022

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
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	
TRUSTEX NON-LUBRICATED MISC	P	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	P	
TRUSTEX/RIA LUBRICATED MISC	P	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX/RIA NON-LUBRICATED MISC	P	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNILET COMFORTOUCH LANCETS 30G	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)
ACCU-CHEK AVIVA PLUS KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
ACCU-CHEK COMPACT PLUS CLEAR CONTROL SOLUTION (2 LEVELS) SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
ACCU-CHEK FASTCLIX LANCETS	P	QL(4.45 ea daily);MP
ACCU-CHEK GUIDE KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
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)
ACCU-CHEK GUIDE ME KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	QL(4.45 ea daily);MP
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)
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
ACCU-CHEK SOFTCLIX LANCETS	P	QL(4.45 ea daily);MP
ACCUTREND GLUCOSE CONTROL SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
ACTI-LANCE LANCETS 28G	P	QL(4.45 ea daily);MP
ACTI-LANCE LITE SAFETY LANCETS 28G	P	QL(4.45 ea daily);MP
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	QL(4.45 ea daily);MP
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	QL(4.45 ea daily);MP
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	QL(4.45 ea daily);MP
ADJUSTABLE 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
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
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)
ADVANCE MICRO-DRAW METER 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)
ADVANCED MOBILE LANCET 30G	P	QL(4.45 ea daily);MP
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ADVOCATE CONTROL SOLUTIONHIGH LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
ADVOCATE CONTROL SOLUTIONLOW LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
ADVOCATE LANCETS	P	QL(4.45 ea daily);MP
ADVOCATE LANCETS 30G	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ADVOCATE LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
ADVOCATE REDI-CODE DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ADVOCATE REDI-CODE/TALKING KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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 REDI-CODE+ CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
ADVOCATE REDI-CODE+/ TALKING KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ADVOCATE SAFETY LANCETS	P	QL(4.45 ea daily);MP
ADVOCATE SAFETY LANCETS 26G	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
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
AGAMATRIX CONTROL HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(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)
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)
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)
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
AGAMATRIX PRESTO KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
AGAMATRIX PRESTO PRO METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(4.45 ea daily);MP
AIMSCO TWIST LANCETS 32G	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
AIMSCO TWIST LANCETS 33G	P	QL(4.45 ea daily);MP
ALTERNATE SITE LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
AMBI-TRAY MISC	P	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	P	1 rtl MAX fill,365 rtl day(s) supply;MP
AQUALANCE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily);MP
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)
ASSURE 3 METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply
ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
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)
ASSURE COMFORT LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily);MP
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)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	QL(4.45 ea daily);MP
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
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
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 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)
ASSURE LANCE LANCETS	P	QL(4.45 ea daily);MP
ASSURE LANCE LANCETS 21G	P	QL(4.45 ea daily);MP
ASSURE LANCE PLUS SAFETYLANCETS 25G	P	QL(4.45 ea daily);MP
ASSURE LANCE PLUS SAFETYLANCETS 30G	P	QL(4.45 ea daily);MP
ASSURE LANCE SAFETY LANCET 28G	P	QL(4.45 ea daily);MP
ASSURE LANCETS	P	QL(4.45 ea daily);MP
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);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)

IL MHP Medicaid

October 1, 2022

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
ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ASSURE PRO CONTROL LEVEL1/2 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
AURORA LANCET THIN 23G	P	QL(4.45 ea daily);MP
AUTO-LANCET MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
AUTO-LANCET MINI MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
AUTOLET II CLINISAFE KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
AUTOLET LITE CLINISAFE KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
AUTOLET LITE STARTER PACK KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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
BD LANCET ULTRAFINE 33G	P	QL(4.45 ea daily);MP
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
BD MICROTAINER LANCETS	P	QL(4.45 ea daily);MP
BIOTEL CARE BLOOD GLUCOSEMONITORIN G SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
BLOOD GLUCOSE SYSTEM PAK KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
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)
BULLSEYE MINI SAFETY LANCETS	P	QL(4.45 ea daily);MP
BULLSEYE SAFETY LANCETS	P	QL(4.45 ea daily);MP
CARDIOCOM LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
CAREONE ADVANCED LANCINGDEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CAREONE LANCET SUPER THIN/30G	P	QL(4.45 ea daily);MP
CAREONE LANCET THIN	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)

Drug Name	Drug Tier	Requirement s/Limits
CARESENS LANCETS	P	QL(4.45 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
CARESENS N 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/OT C
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)
CARETOUCH LANCING DEVICewith EJECTOR MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
CARETOUCH SAFETY LANCETS/26G	P	QL(4.45 ea daily);MP
CARETOUCH SAFETY LANCETS/28G	P	QL(4.45 ea daily);MP
CARETOUCH SAFETY LANCETS/30G	P	QL(4.45 ea daily);MP
CARETOUCH TWIST LANCETS 28G	P	QL(4.45 ea daily);MP
CARETOUCH TWIST LANCETS 30G	P	QL(4.45 ea daily);MP
CARETOUCH TWIST LANCETS 33G	P	QL(4.45 ea daily);MP
CLEANLET LANCETS 28G	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

IL MHP Medicaid

October 1, 2022

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
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
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
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CLEVER CHEK LANCETS ULTRATHIN	P	QL(4.45 ea daily);MP
CLEVER CHEK LANCETS ULTRATHIN 30G	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
CLEVER CHOICE COMFORT EZLANCETS 21G	P	QL(4.45 ea daily);MP
CLEVER CHOICE COMFORT EZLANCETS 23G	P	QL(4.45 ea daily);MP
CLEVER CHOICE COMFORT EZLANCETS 28G	P	QL(4.45 ea daily);MP
CLEVER CHOICE GLUCOSE CONTROL HIGH 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)

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
COAGUCHEK LANCETS	P	QL(4.45 ea daily);MP
COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(4.45 ea daily);MP
COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(4.45 ea daily);MP
COMFORT LANCETS	P	QL(4.45 ea daily);MP
COMFORT TOUCH LANCETS ULTRA THIN 31G	P	QL(4.45 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
CONTOUR HIGH CONTROL LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)

IL MHP Medicaid

October 1, 2022

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
CONTOUR LOW CONTROL LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CONTOUR NEXT CONTROL LEVEL 1 SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);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)
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)
CVS ADVANCED GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
CVS LANCETS 21G	P	QL(4.45 ea daily);MP
CVS LANCETS MICRO THIN 33G	P	QL(4.45 ea daily);MP
CVS LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily);MP
CVS LANCETS ORIGINAL	P	QL(4.45 ea daily);MP
CVS LANCETS THIN 26G	P	QL(4.45 ea daily);MP
CVS LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily);MP
CVS LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily);MP
CVS LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
CVS ULTRA THIN LANCETS	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	MP
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	MP
DEXCOM G4 PLATINUM RECEIVER KIT	NP	MP
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	MP
DEXCOM G4 PLATINUM TRANSMITTER KIT	NP	MP
DEXCOM G5 MOBILE RECEIVERKIT	NP	MP
DEXCOM G5 MOBILE TRANSMITTER KIT	NP	MP
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	NP	MP
DEXCOM G5 RECEIVER KIT	NP	MP
DEXCOM G6 RECEIVER	P	MP;PA
DEXCOM G6 SENSOR	P	MP;PA
DEXCOM G6 TRANSMITTER	P	MP;PA
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
DIATHRIVE LANCETS	P	QL(4.45 ea daily);MP
DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily);MP
DIATHRIVE LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
DIATHRIVE+ BLOOD GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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)
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
DROPLET GENTEEL 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
DROPLET LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
DROPLET PERSONAL LANCETS30G	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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 MART ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
DRUG MART LANCETS THIN	P	QL(4.45 ea daily);MP
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	QL(4.45 ea daily);MP
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
DRUG MART UNILET MICRO THIN LANCETS 33G	P	QL(4.45 ea daily);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)
EASY COMFORT LANCETS	P	QL(4.45 ea daily);MP
EASY COMFORT LANCETS 30G/PULL TOP	P	QL(4.45 ea daily);MP
EASY COMFORT LANCETS 30G/THIN TOP	P	QL(4.45 ea daily);MP
EASY COMFORT LANCETS TWIST TOP	P	QL(4.45 ea daily);MP
EASY MINI EJECT LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
EASY MINI LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP

Drug Name	Drug Tier	Requirements/Limits
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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)
EASY PLUS II CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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)
EASY STEP CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
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 TALK CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EASY TALK CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EASY TALK PLUS II CONTROLHIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)

IL MHP Medicaid

October 1, 2022

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
EASY TALK PLUS II CONTROLLOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
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 GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	P	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 28G/TWIST	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 30G/TWIST	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 32G/PULL-TOP	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 32G/TWIST	P	QL(4.45 ea daily);MP
EASY TOUCH LANCETS 33G/TWIST	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 SAFETY LANCETS21G/PRESSURE 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
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	QL(4.45 ea daily);MP
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P	QL(4.45 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

IL MHP Medicaid

October 1, 2022

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
EASY TRAK GLUCOSE CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EASY TRAK GLUCOSE CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EASY TWIST & CAP LANCETS	P	QL(4.45 ea daily);MP
EASYGLUCO KIT	NP	1 rtl MAX fill,365 rtl day(s) supply
EASYGLUCO CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EASYGLUCO CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EASYGLUCO STARTER KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply
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)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
EASYPRO PLUS KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ELEMENT AUTOCODE SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
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)
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)
ELEMENT COMPACT V BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
ELEMENT HIGH CONTROL LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
ELEMENT LOW CONTROL LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EMBRACE CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1 LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EMBRACE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	QL(4.45 ea daily);MP
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	QL(4.45 ea daily);MP
EMBRACE PRO 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 TALK BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
ENLITE GLUCOSE SENSOR	NP	MP
EQL COLOR LANCETS 21G	P	QL(4.45 ea daily);MP
EQL COLOR LANCETS MICRO THIN 33G	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EQL SUPER THIN LANCETS 30G	P	QL(4.45 ea daily);MP
EQL THIN LANCETS 26G	P	QL(4.45 ea daily);MP
EVENCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply
EVENCARE CONTROL SOLUTION LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
EVENCARE G2 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EVENCARE G2 GLUCOSE CONTROL SOLUTION/LOW-HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
EVENCARE G3 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EVENCARE G3 GLUCOSE CONTROL SOLUTION/LOW-HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
EVERSENSE SENSOR/HOLDER	NP	MP
EVERSENSE SMART TRANSMITTER	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
EVOLUTION AUTOCODE 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
E-Z JECT LANCETS 21G	P	QL(4.45 ea daily);MP
E-Z JECT LANCETS COLOR	P	QL(4.45 ea daily);MP
E-Z JECT LANCETS SUPER THIN 30G	P	QL(4.45 ea daily);MP
E-Z JECT LANCETS THIN 26G	P	QL(4.45 ea daily);MP
E-ZJECT LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily);MP
EZ-LETS LANCETS 21G	P	QL(4.45 ea daily);MP
EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(4.45 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/OT C
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

October 1, 2022

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	Requirement s/Limits
FORA CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
FORA CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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
FORA LANCETS	P	QL(4.45 ea daily);MP
FORA LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
FORA LANCING DEVICE/CLEARCAP MISC	P	1 rtl MAX fill,365 rtl day(s) supply;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

Drug Name	Drug Tier	Requirement s/Limits
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
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING 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
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
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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)
FORACARE GDH CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM 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)
FORTISCARE CONTROL SOLUTIONS LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE 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
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily);MP
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
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)
FREESTYLE FREEDOM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FREESTYLE FREEDOM LITE KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FREESTYLE LANCETS	P	QL(4.45 ea daily);MP
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	MP;PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	MP;PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	MP;PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	MP;PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	MP;PA

IL MHP Medicaid

October 1, 2022

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
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	NP	MP
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM	NP	MP
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FREESTYLE SIDEKICK II VALUEPACK KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
FREESTYLE UNISTICK II 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/OT C
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
GENTEEL BUTTERFLY TOUCH LANCETS	P	QL(4.45 ea daily);MP
GENTEEL CONTACT TIPS/BLUE MISC	P	MP
GENTEEL CONTACT TIPS/CLEAR MISC	P	MP
GENTEEL CONTACT TIPS/GREEN MISC	P	MP

Drug Name	Drug Tier	Requirements/Limits
GENTEEL CONTACT TIPS/ORANGE MISC	P	MP
GENTEEL CONTACT TIPS/RAINBOW MISC	P	MP
GENTEEL CONTACT TIPS/VIOLET MISC	P	MP
GENTEEL CONTACT TIPS/YELLOW MISC	P	MP
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
GENTEEL LANCING DEVICE/STATELY SILVER MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
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
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
GENTLE-LET GP LANCETS	P	QL(4.45 ea daily);MP
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(4.45 ea daily);MP
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	QL(4.45 ea daily);MP
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	QL(4.45 ea daily);MP
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	QL(4.45 ea daily);MP
GENTLE-LET PLATFORMS 2.4MM MISC	P	MP
GENTLE-LET PLATFORMS 3.0MM MISC	P	MP
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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
GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
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
GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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)
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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)
GLUCOCARD SHINE KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOCARD SHINE DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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)
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOCARD SHINE XL DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOCARD X-METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

Drug Name	Drug Tier	Requirements/Limits
GLUCOCOM BLOOD GLUCOSE MONITOR 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/OT C
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOCOM HIGH CONTROL LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
GLUCOCOM LANCETS 28G	P	QL(4.45 ea daily);MP
GLUCOCOM LANCETS 30G	P	QL(4.45 ea daily);MP
GLUCOCOM LANCETS 33G	P	QL(4.45 ea daily);MP
GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
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)
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)

IL MHP Medicaid

October 1, 2022

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
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
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
GNP LANCETS THIN	P	QL(4.45 ea daily);MP
GNP LANCETS THIN 26G	P	QL(4.45 ea daily);MP
GNP LANCING SYSTEM DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
GNP STERILE LANCETS 28G	P	QL(4.45 ea daily);MP
GNP STERILE LANCETS 30G	P	QL(4.45 ea daily);MP
GNP STERILE LANCETS 33G	P	QL(4.45 ea daily);MP
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
GOJJI STERILE LANCETS 30G	P	QL(4.45 ea daily);MP
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily);MP
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily);MP
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	QL(4.45 ea daily);MP
GOODSENSE LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily);MP
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(4.45 ea daily);MP
GOODSENSE LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
GUARDIAN CONNECT TRANSMITTER	NP	MP
GUARDIAN CONNECT TRANSMITTER KIT	NP	MP
GUARDIAN LINK 3	NP	MP
GUARDIAN LINK 3 TRANSMITTER KIT	NP	MP
GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	MP
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
GUARDIAN SENSOR (3)	NP	MP
GUARDIAN SENSOR 3	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
HAEMOLANCE	P	QL(4.45 ea daily);MP
HAEMOLANCE LOW FLOW LANCETS	P	QL(4.45 ea daily);MP
HAEMOLANCE PLUS	P	QL(4.45 ea daily);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
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily);MP
H-E-B INCONTROL ADVANCEDLANCING 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
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(4.45 ea daily);MP
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily);MP
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
HYPOLANCE AST LANCING KIT KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
HY-VEE LANCETS	P	QL(4.45 ea daily);MP
HY-VEE THIN LANCETS	P	QL(4.45 ea daily);MP
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
IN TOUCH DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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)
IN TOUCH LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
IN TOUCH STERILE LANCETS30G	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/OT C

IL MHP Medicaid

October 1, 2022

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
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
INFINITY CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
INFINITY CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
INFINITY VOICE KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
INSUL-CAP MISC	P	
INSUL-EZE MISC	P	
KINNEY LANCETS	P	QL(4.45 ea daily);MP
KINNEY THIN LANCETS	P	QL(4.45 ea daily);MP
KROGER AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
KROGER HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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)
KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
KROGER LANCETS	P	QL(4.45 ea daily);MP
KROGER LANCETS 21G	P	QL(4.45 ea daily);MP
KROGER LANCETS MICRO THIN33G	P	QL(4.45 ea daily);MP
KROGER LANCETS SUPER THIN	P	QL(4.45 ea daily);MP
KROGER LANCETS THIN	P	QL(4.45 ea daily);MP
KROGER LANCETS THIN 26G	P	QL(4.45 ea daily);MP
KROGER LANCETS ULTRATHIN30G	P	QL(4.45 ea daily);MP
KROGER LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
LANCET DEVICE ADJUSTABLE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
LANCET DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
LANCET TRANSPORTER CASE MISC	P	MP
LANCETS	P	QL(4.45 ea daily);MP
LANCETS 26G TWIST TOP	P	QL(4.45 ea daily);MP
LANCETS 28G	P	QL(4.45 ea daily);MP
LANCETS 30G	P	QL(4.45 ea daily);MP
LANCETS 30G TWIST TOP	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LANCETS 30G/TWIST TOP	P	QL(4.45 ea daily);MP
LANCETS 31G 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
LANCETS SAFETY SEAL 21G	P	QL(4.45 ea daily);MP
LANCETS SAFETY SEAL 26G	P	QL(4.45 ea daily);MP
LANCETS SAFETY SEAL 28G	P	QL(4.45 ea daily);MP
LANCETS SAFETY SEAL 30G	P	QL(4.45 ea daily);MP
LANCETS SUPER THIN 28G	P	QL(4.45 ea daily);MP
LANCETS THIN	P	QL(4.45 ea daily);MP
LANCETS TWIST TOP	P	QL(4.45 ea daily);MP
LANCETS ULTRA FINE	P	QL(4.45 ea daily);MP
LANCETS ULTRA THIN	P	QL(4.45 ea daily);MP
LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily);MP
LANCETS BULLSEYE SAFETY	P	QL(4.45 ea daily);MP
LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
LANCING DEVICE ADJUSTABLE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP

Drug Name	Drug Tier	Requirement s/Limits
LANZO MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
LEADER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
LIBERTY BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
LIBERTY CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
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)
LIBERTY MEDICAL LANCETS 30G	P	QL(4.45 ea daily);MP
LIBERTY MINI LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
LIFESCAN UNISTIK 2 DEEP PENETRATION	P	QL(4.45 ea daily);MP
LIFESCAN UNISTIK II LANCETS	P	QL(4.45 ea daily);MP
LITE TOUCH LANCETS	P	QL(4.45 ea daily);MP
LITE TOUCH LANCING PEN MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
LITETOUCH LANCETS MICRO THIN 33G	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
LIVE BETTER LANCET SUPERTHIN 30G	P	QL(4.45 ea daily);MP
LIVE BETTER LANCET ULTRATHIN 28G	P	QL(4.45 ea daily);MP
LONGS LANCETS STANDARD	P	QL(4.45 ea daily);MP
LONGS LANCETS THIN	P	QL(4.45 ea daily);MP
LONGS LANCETS ULTRA THIN	P	QL(4.45 ea daily);MP
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	QL(4.45 ea daily);MP
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	QL(4.45 ea daily);MP
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	QL(4.45 ea daily);MP
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	QL(4.45 ea daily);MP
MEDICHOICE SAFETY LANCETEXTRA	P	QL(4.45 ea daily);MP
MEDICHOICE SAFETY LANCETNORMAL	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)
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)

Drug Name	Drug Tier	Requirement s/Limits
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)
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)
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)
MEDISENSE THIN LANCETS	P	QL(4.45 ea daily);MP
MEDLANCE PLUS EXTRA LANCETS 21G	P	QL(4.45 ea daily);MP
MEDLANCE PLUS LANCETS	P	QL(4.45 ea daily);MP
MEDLANCE PLUS LANCETS LITE 25G	P	QL(4.45 ea daily);MP
MEDLANCE PLUS LITE LANCETS 25G	P	QL(4.45 ea daily);MP
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	QL(4.45 ea daily);MP
MEDLANCE PLUS SUPERLITE 30G	P	QL(4.45 ea daily);MP
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	QL(4.45 ea daily);MP
MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	QL(4.45 ea daily);MP
MEDLANCE PLUS/LITE 25G	P	QL(4.45 ea daily);MP
MEDLANCE/EXTRA	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
MEDLANCE/LITE	P	QL(4.45 ea daily);MP
MEDLANCE/UNIVERSAL	P	QL(4.45 ea daily);MP
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily);MP
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
MEIJER LANCETS	P	QL(4.45 ea daily);MP
MEIJER LANCETS THIN	P	QL(4.45 ea daily);MP
MEIJER LANCETS UNIVERSAL21G	P	QL(4.45 ea daily);MP
MEIJER LANCETS UNIVERSAL30G	P	QL(4.45 ea daily);MP
MEIJER LANCETS UNIVERSAL33G	P	QL(4.45 ea daily);MP
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
MEIJER SUPER THIN 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
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
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)
MICROLET LANCETS	P	QL(4.45 ea daily);MP
MICROLET NEXT MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
MINI LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
MINILINK REAL-TIME TRANSMITTER	NP	MP
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NP	MP
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
MM LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
MM TWIST LANCETS	P	QL(4.45 ea daily);MP
MONOLET LANCETS	P	QL(4.45 ea daily);MP
MONOLET OPD LANCETS	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
MONOLETTOR SAFETY LANCETS	P	QL(4.45 ea daily);MP
MPD SAFETY LANCET 21G/1.8MM	P	QL(4.45 ea daily);MP
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
MULTI-LANCET DEVICE 2 KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
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)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	QL(4.45 ea daily);MP
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)
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
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)
NOVA SAFETY LANCETS 23G	P	QL(4.45 ea daily);MP
NOVA SAFETY LANCETS 28G	P	QL(4.45 ea daily);MP
NOVA SUREFLEX LANCETS	P	QL(4.45 ea daily);MP
NOVA SUREFLEX LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	P	MP;PA;RX/OTC
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	P	QL(1 ea per 365 days retail);PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	P	MP;PA;RX/OTC
OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	PA
OMNIPOD DASH PODS (GEN 4) MISC	P	MP;PA;RX/OTC
OMNIPOD POD PALS MISC	P	MP;PA;RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ON CALL EXPRESS GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
ON CALL LANCETS	P	QL(4.45 ea daily);MP
ON CALL LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
ON CALL PLUS BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ON CALL PLUS BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ON CALL PLUS GLUCOSE 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)
ON CALL PLUS LANCETS	P	QL(4.45 ea daily);MP
ON CALL PLUS LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
ON CALL VIVID BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
ON CALL VIVID BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ON CALL VIVID GLUCOSE 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)
ON CALL VIVID PAL BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ON CALL VIVID PAL BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ONETOUCH CLUB LANCETS FINE POINT	P	QL(4.45 ea daily);MP
ONETOUCH DELICA LANCETS EXTRA FINE 33G	P	QL(4.45 ea daily);MP
ONETOUCH DELICA LANCETS FINE 30G	P	QL(4.45 ea daily);MP
ONETOUCH DELICA LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
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

October 1, 2022

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	Requirement s/Limits
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
ONETOUCH FINEPOINT LANCETS	P	QL(4.45 ea daily);MP
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	MP
ONETOUCH SURESOFT LANCING DEVICE/18G MISC	P	MP
ONETOUCH SURESOFT LANCING DEVICE/21G MISC	P	MP
ONETOUCH SURESOFT LANCING DEVICE/28G MISC	P	MP
ONETOUCH ULTRA 2 KIT	P	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ONETOUCH ULTRA CONTROL SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
ONETOUCH ULTRA MINI KIT	P	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ONETOUCH ULTRA MINI KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ONETOUCH ULTRASOFT LANCETS	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
ONETOUCH VERIO KIT	P	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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)
ONETOUCH VERIO REFLECT KIT	P	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
OPTUMRX BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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
OPTUMRX GLUCOSE 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)
OVAL TAPE MISC	NP	RX/OTC
PARADIGM REAL-TIME TRANSMITTER	NP	MP
PC LANCETS SUPER THIN 30G	P	QL(4.45 ea daily);MP
PENLET II AUTOMATIC BLOODSAMPLER KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
PENLET II REPLACEMENT CAPS MISC	P	MP
PENLET II REPLACEMENT CAPS-DEEP MISC	P	MP
PENLET II REPLACEMENT CAPS-REGULAR MISC	P	MP
PERFECT LANCETS 30G	P	QL(4.45 ea daily);MP
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	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
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
PHARMACIST CHOICE ULTRA THIN LANCETS	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
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
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	QL(4.45 ea daily);MP
PHARMACY COUNTER LANCETS	P	QL(4.45 ea daily);MP
PIP LANCETS/28G	P	QL(4.45 ea daily);MP
PIP LANCETS/30G	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
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)
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM 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)
PRECISION GLUCOSE CONTROL SOLUTION (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)

IL MHP Medicaid

October 1, 2022

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
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)
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)
PRECISION LINK KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
PRECISION QID MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
PRECISION SOF-TACT MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
PRECISION THINS GP LANCET	P	QL(4.45 ea daily);MP
PRECISION XTRA DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
PRECISION XTRA KIT	NP	1 rtl MAX fill,365 rtl day(s) supply
PRECISION XTRA KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
PRECISION XTRA MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
PREFERRED PLUS LANCETS COLORED 21G	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(4.45 ea daily);MP
PREFERRED PLUS LANCETS THIN 26G	P	QL(4.45 ea daily);MP
PRESSURE ACTIVATED SAFETYLANCET 21G	P	QL(4.45 ea daily);MP
PRO COMFORT LANCETS 30G	P	QL(4.45 ea daily);MP
PRO COMFORT LANCETS 31G	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
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 AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
PRODIGY CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
PRODIGY CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
PRODIGY COUNT-A-DOSE MISC	P	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PRODIGY LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
PRODIGY NO CODING BLOOD GLUCOSE KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	QL(4.45 ea daily);MP
PRODIGY SAFETY LANCETS	P	QL(4.45 ea daily);MP
PRODIGY TWIST TOP LANCETS	P	QL(4.45 ea daily);MP
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
PSS SELECT GP LANCETS	P	QL(4.45 ea daily);MP
PSS SELECT PLATFORMS MISC	P	MP
PSS SELECT SAFETY LANCETS	P	QL(4.45 ea daily);MP
PURE COMFORT LANCETS 30G	P	QL(4.45 ea daily);MP
PUSH BUTTON SAFETY LANCETS 21G	P	QL(4.45 ea daily);MP
PUSH BUTTON SAFETY LANCETS 28G	P	QL(4.45 ea daily);MP
PX ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
PX LANCET AUTO INJECTOR MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP

Drug Name	Drug Tier	Requirement s/Limits
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
QC UNILET LANCETS 28G/ULTRA THIN	P	QL(4.45 ea daily);MP
QC UNILET LANCETS 33G/MICRO THIN	P	QL(4.45 ea daily);MP
QUICKTEK KIT	NP	1 rtl MAX fill,365 rtl day(s) supply
QUICKTEK KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
QUICKTEK CONTROL SOLUTION LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);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)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
RA E-ZJECT LANCETS 28G	P	QL(4.45 ea daily);MP
RA E-ZJECT LANCETS THIN 26G	P	QL(4.45 ea daily);MP
RA E-ZJECT LANCETS THIN 28G	P	QL(4.45 ea daily);MP
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily);MP
READYLANCE SAFETY LANCETS/21G/2.2MM	P	QL(4.45 ea daily);MP
READYLANCE SAFETY LANCETS/23G/1.8MM	P	QL(4.45 ea daily);MP
READYLANCE SAFETY LANCETS/26G/1.8MM	P	QL(4.45 ea daily);MP
READYLANCE SAFETY LANCETS/28G/1.8MM	P	QL(4.45 ea daily);MP
READYLANCE SAFETY LANCETS/30G/1.6MM	P	QL(4.45 ea daily);MP
REALITY LANCETS	P	QL(4.45 ea daily);MP
REALITY TRIGGER LANCETS	P	QL(4.45 ea daily);MP
REFUAH PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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)
RELION 2-IN-1 LANCET DEVICES 30G MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
RELION 2-IN-1 LANCING DEVICE 25G MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
RELION 2-IN-1 LANCING DEVICE 30G MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP

Drug Name	Drug Tier	Requirement s/Limits
RELION ALL-IN-ONE COMPACT BLOOD GLUCOSE TESTING SYSTEM	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
RELION LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily);MP
RELION LANCETS THIN 26G	P	QL(4.45 ea daily);MP
RELION LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily);MP
RELION LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
RELION LANCING DEVICE KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

IL MHP Medicaid

October 1, 2022

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
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
RELION ULTRA THIN LANCETS/30G	P	QL(4.45 ea daily);MP
RELION ULTRA THIN LANCETS30G	P	QL(4.45 ea daily);MP
RELION ULTRA THIN PLUS LANCETS 32G	P	QL(4.45 ea daily);MP
RELION ULTRA THIN PLUS LANCETS 33G	P	QL(4.45 ea daily);MP
REVEAL BLOOD GLUCOSE MONITOR KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
REXALL LANCETS ULTRA THIN	P	QL(4.45 ea daily);MP
RIGHTEST GC300 HIGH CONTROL LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GD500 LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	P	MP
RIGHTEST GL300 LANCETS	P	QL(4.45 ea daily);MP
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
SAFE-T-LANCE LOW FLOW 25G	P	QL(4.45 ea daily);MP
SAFE-T-LANCE NORMAL FLOW21G	P	QL(4.45 ea daily);MP
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	QL(4.45 ea daily);MP
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
SAFETY LANCET 21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
SAFETY LANCET 23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
SAFETY LANCET 28G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily);MP
SAFETY LANCETS	P	QL(4.45 ea daily);MP
SAFETY LANCETS 21G	P	QL(4.45 ea daily);MP
SAFETY LANCETS 28G	P	QL(4.45 ea daily);MP
SAFETY LET LANCETS	P	QL(4.45 ea daily);MP
SAFETY SEAL LANCETS 28G	P	QL(4.45 ea daily);MP
SAFETY SEAL LANCETS 30G	P	QL(4.45 ea daily);MP
SAPS HEALTH CARE TWIST TOP LANCETS	P	QL(4.45 ea daily);MP
SAPS HEALTH TWIST TOP LANCETS 30G	P	QL(4.45 ea daily);MP
SAPSCARE TWIST TOP LANCETS 30G	P	QL(4.45 ea daily);MP
SB LANCETS THIN	P	QL(4.45 ea daily);MP
SB LANCETS ULTRA THIN	P	QL(4.45 ea daily);MP
SELECT-LITE DEVICE/LANCETS KIT	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily)
SELECT-LITE LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP

Drug Name	Drug Tier	Requirement s/Limits
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
SIDE BUTTON SAFETY LANCET21G	P	QL(4.45 ea daily);MP
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
SINGLE-LET	P	QL(4.45 ea daily);MP
SM MICRO THIN LANCETS 33G	P	QL(4.45 ea daily);MP
SM TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
SMART DIABETES VANTAGE LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
SMART SENSE COLOR LANCETS UNIVERSAL 33G	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/OT C
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(4.45 ea daily);MP
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
SMART SENSE THIN LANCETSUNIVERSAL 26G	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/OT C
SMARTEST CONTROL SOLUTIONMEDIUM SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
SMARTEST EJECT STARTER KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
SMARTEST LANCETS 28G	P	QL(4.45 ea daily);MP
SMARTEST PERSONA STARTERKIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
SMARTEST PRONTO STARTERKIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
SMARTEST PROTEGE STARTERKIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

Drug Name	Drug Tier	Requirements/Limits
SOLARTEK GLUCOSE CONTROLSOLUTIONS LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
SOLUS V2 CONTROL HIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
SOLUS V2 CONTROL LOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
SOLUS V2 LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily);MP
SOLUS V2 TWIST LANCETS 30G	P	QL(4.45 ea daily);MP
STERILANCE PA MISC	P	MP
STERILANCE TL	P	QL(4.45 ea daily);MP
SUPER THIN LANCETS	P	QL(4.45 ea daily);MP
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)
SURE COMFORT LANCETS 18G	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
SURE COMFORT LANCETS 21G	P	QL(4.45 ea daily);MP
SURE COMFORT LANCETS 23G	P	QL(4.45 ea daily);MP
SURE COMFORT LANCETS 28G	P	QL(4.45 ea daily);MP
SURE COMFORT LANCETS 30G	P	QL(4.45 ea daily);MP
SURE COMFORT LANCING PEN MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
SURE EDGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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

Drug Name	Drug Tier	Requirements/Limits
SURESTEP GLUCOSE CONTROL SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
SURESTEP GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
SURESTEP PRO HIGH GLUCOSE CONTROL LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
SURESTEP PRO LOW GLUCOSE CONTROL LIQD	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
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
SURE-TOUCH LANCETS UNIVERSAL	P	QL(4.45 ea daily);MP
TECHLITE AST LANCETS	P	QL(4.45 ea daily);MP
TECHLITE LANCETS	P	QL(4.45 ea daily);MP
TECHLITE LANCETS 30G	P	QL(4.45 ea daily);MP
TELCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TELCARE GLUCOSE CONTROL SOLUTION LEVEL 1/2 SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TGT BLOOD GLUCOSE METER MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TGT LANCET MICRO THIN 33G	P	QL(4.45 ea daily);MP
TGT LANCET THIN 26G	P	QL(4.45 ea daily);MP
TGT LANCET ULTRA THIN 30G	P	QL(4.45 ea daily);MP
TGT LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
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
TOPCARE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily);MP
TRAVEL LANCETS 30G	P	QL(4.45 ea daily);MP
TRAVEL LANCETS ADVANCED 28G	P	QL(4.45 ea daily);MP
TRUE COMFORT TWIST TOP LANCETS 30G	P	QL(4.45 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
TRUE METRIX DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
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)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
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)
TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
TRUEPLUS LANCETS 26G	P	QL(4.45 ea daily);MP
TRUEPLUS LANCETS 28G	P	QL(4.45 ea daily);MP
TRUEPLUS LANCETS 28G SUPER THIN	P	QL(4.45 ea daily);MP
TRUEPLUS LANCETS 30G	P	QL(4.45 ea daily);MP
TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(4.45 ea daily);MP
TRUEPLUS LANCETS 33G	P	QL(4.45 ea daily);MP
TRUEPLUS LANCETS 33G MICRO THIN	P	QL(4.45 ea daily);MP
TRUEPLUS SAFETY LANCETS 28G	P	QL(4.45 ea daily);MP
TRUERESULT BLOOD GLUCOSEMONITORIN G SYSTEM/NO CODING KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
TRUETRACK SMART SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
ULTILET CLASSIC LANCETS	P	QL(4.45 ea daily);MP
ULTILET LANCETS	P	QL(4.45 ea daily);MP
ULTILET LANCETS 33G	P	QL(4.45 ea daily);MP
ULTILET SAFETY LANCETS 21G X 2.2MM	P	QL(4.45 ea daily);MP
ULTILET SAFETY LANCETS 23G	P	QL(4.45 ea daily);MP
ULTIMA KIT	NP	1 rtl MAX fill,365 rtl day(s) supply
ULTRA THIN LANCETS 31G	P	QL(4.45 ea daily);MP
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C
ULTRA-CARE LANCETS 30G	P	QL(4.45 ea daily);MP
ULTRALANCE MISC	P	MP
ULTRA-THIN II AUTO LANCET	P	QL(4.45 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
ULTRATRAK ACTIVE DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
ULTRATRAK PRO DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ULTRATRAK PRO CONTROL SOLUTION 2 LEVELS SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
ULTRATRAK ULTIMATE CONTROL SOLUTION 2 LEVELS SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily,1 ea per fill retail)
ULTRATRAK ULTIMATE MONITOR DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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
UNILET GP 28 ULTRA THIN	P	QL(4.45 ea daily);MP
UNILET LANCET	P	QL(4.45 ea daily);MP
UNILET LANCETS MICRO-THIN33G	P	QL(4.45 ea daily);MP
UNILET LANCETS SUPER-THIN30G	P	QL(4.45 ea daily);MP
UNILET LANCETS ULTRA-THIN 28G	P	QL(4.45 ea daily);MP
UNILET SUPERLITE LANCET	P	QL(4.45 ea daily);MP
UNISTIK 1 MISC	P	MP
UNISTIK 2 MISC	P	MP

Drug Name	Drug Tier	Requirement s/Limits
UNISTIK 2 COMFORT MISC	P	MP
UNISTIK 2 EXTRA MISC	P	MP
UNISTIK 2 NEONATAL MISC	P	MP
UNISTIK 2 NORMAL MISC	P	MP
UNISTIK 2 SUPER MISC	P	MP
UNISTIK 3 MISC	P	MP
UNISTIK 3 COMFORT MISC	P	MP
UNISTIK 3 EXTRA MISC	P	MP
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	P	MP
UNISTIK 3 GENTLE	P	QL(4.45 ea daily);MP
UNISTIK 3 NEONATAL MISC	P	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
UNISTIK PRO SAFETY LANCET 25G	P	QL(4.45 ea daily);MP
UNISTIK PRO SAFETY LANCET 28G	P	QL(4.45 ea daily);MP
UNISTIK SAFETY LANCETS 28G	P	QL(4.45 ea daily);MP
UNISTIK SAFETY LANCETS 30G	P	QL(4.45 ea daily);MP

IL MHP Medicaid

October 1, 2022

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
UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(4.45 ea daily);MP
UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(4.45 ea daily);MP
UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(4.45 ea daily);MP
UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(4.45 ea daily);MP
UNISTRIP CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
UNISTRIP CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail)
UNIVERSAL 1 LANCETS THIN26G	P	QL(4.45 ea daily);MP
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily);MP
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	QL(4.45 ea daily);MP
VALUE PLUS LANCETS STANDARD 21G	P	QL(4.45 ea daily);MP
VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(4.45 ea daily);MP
VALUE PLUS LANCETS THIN 26G	P	QL(4.45 ea daily);MP
VALUE PLUS LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
VALUMARK LANCET SUPER THIN 30G	P	QL(4.45 ea daily);MP
VALUMARK LANCET ULTRA THIN 28G	P	QL(4.45 ea daily);MP
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OT C

Drug Name	Drug Tier	Requirements/Limits
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 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)
V-GO 20 KIT	NP	QL(1 ea per 365 days retail)
V-GO 30 KIT	NP	QL(1 ea per 365 days retail)
V-GO 40 KIT	NP	QL(1 ea per 365 days retail)
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily);MP
VIDA MIA UNILET LANCETS ULTRA THIN 28G	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
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)
VIVAGUARD INO SMART BLOOD GLUCOSE METER 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

IL MHP Medicaid

October 1, 2022

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
VIVAGUARD LANCING DEVICE MISC	P	1 rtl MAX fill,365 rtl day(s) supply;MP
VIVAGUARD SAFETY LANCETS/28G	P	QL(4.45 ea daily);MP
VIVI CAP MISC	P	
VIVI CAP1 MISC	P	
VOCAL POINT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill,365 rtl day(s) supply;QL(0.034 ea daily);MP
WALGREENS ADVANCED TRAVELLANCETS 28G	P	QL(4.45 ea daily);MP
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	QL(4.45 ea daily);MP
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	QL(4.45 ea daily);MP
WALGREENS LANCETS	P	QL(4.45 ea daily);MP
WALGREENS THIN LANCETS	P	QL(4.45 ea daily);MP
WALGREENS ULTRA THIN LANCETS	P	QL(4.45 ea daily);MP
WAVESENSE AMP KIT	NP	1 rtl MAX fill,365 rtl day(s) supply;MP;RX/OTC
ZEVRX TWIST TOP LANCETS 30G	P	QL(4.45 ea daily);MP
Misc. Devices		
14-COUNT WARMER MISC	P	RX/OTC
2-WAY FOLEY STABILIZATION DEVICE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
3-IN-1 BEDSIDE TOILET MISC	P	RX/OTC
3-IN-1 COMMODORE MISC	P	RX/OTC
ACU-LIFE PILL CRUSHER/CONTAINER MISC	P	RX/OTC
ADAPTER CAP BLUE A 18MM MISC	P	RX/OTC
ADAPTER CAP BLUE B 20MM MISC	P	RX/OTC
ADAPTER CAP BLUE C 22MM MISC	P	RX/OTC
ADAPTER CAP BLUE D 24MM MISC	P	RX/OTC
ADAPTER CAP BLUE E 28MM/SHORT NECK MISC	P	RX/OTC
ADAPTER CAP BLUE F 28MM/LONG NECK MISC	P	RX/OTC
ADAPTER CAP BLUE K 28MM/MEDIUM NECK MISC	P	RX/OTC
ADAPTER CAP BLUE M 24MM MISC	P	RX/OTC
ADAPTER CAP GREEN A 18MM MISC	P	RX/OTC
ADAPTER CAP GREEN B 20MM MISC	P	RX/OTC
ADAPTER CAP GREEN C 22MM MISC	P	RX/OTC
ADAPTER CAP GREEN D 24MM MISC	P	RX/OTC
ADAPTER CAP GREEN E 28MM/SHORT NECK MISC	P	RX/OTC
ADAPTER CAP GREEN F 28MM/LONG NECK MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
ADAPTER CAP GREEN K 28MM/MEDIUM NECK MISC	P	RX/OTC
ADAPTER CAP GREEN M 24MM MISC	P	RX/OTC
ADAPTER CAP RED A 18MM MISC	P	RX/OTC
ADAPTER CAP RED B 20MM MISC	P	RX/OTC
ADAPTER CAP RED C 22MM MISC	P	RX/OTC
ADAPTER CAP RED D 24MM MISC	P	RX/OTC
ADAPTER CAP RED E 28MM/SHORT NECK MISC	P	RX/OTC
ADAPTER CAP RED F 28MM/LONG NECK MISC	P	RX/OTC
ADAPTER CAP RED K 28MM/MEDIUM NECK MISC	P	RX/OTC
ADAPTER CAP RED M 24MM MISC	P	RX/OTC
ADAPTER CAP WHITE B 20MM MISC	P	RX/OTC
ADAPTER CAP WHITE C 22MM MISC	P	RX/OTC
ADD-VANTAGE ADDAPTOR CONNECTOR MISC	P	RX/OTC
ADJUST ALUMINUM CANE/ROUND HANDLE/5/8" MISC	P	RX/OTC
ADJUST ALUMINUM CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADJUST ALUMINUM OFFSET CANE/CUSH HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
ADJUST FOLD CANE/BLACK FIN/WALNUT PISTOL GRIP DERBY HANDLE MISC	P	RX/OTC
ADJUSTABLE BATH/SHOWER SEAT MISC	P	RX/OTC
ADJUSTABLE BATH/SHOWER SEAT/BACK MISC	P	RX/OTC
ADJUSTABLE COMMODE 3-IN-1 MISC	P	RX/OTC
ADJUSTABLE FOLDING CANE/YORK HANDLE MISC	P	RX/OTC
ADULT PUSH BUTTON ALUMINUM CRUTCH MISC	P	RX/OTC
ADULT-LOCK SAFETY TABLETCUTTER MISC	P	RX/OTC
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
ALCOHOL PADS	P	RX/OTC
ALCOHOL PREP PAD	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC
ALCOHOL PREPS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABSTICK	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
ALEVE DIRECT THERAPY TENSDEVICE REFILL GEL PADS MISC	P	RX/OTC
ALHPAMOP FOAM REPLACEMENTPADS MISC	P	RX/OTC
ALL-BODY MASSAGE MISC	P	RX/OTC
ALUMINUM BLANKET SUPPORT2 HEIGHTS MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLUE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/LIGHT GREEN MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/NATURAL MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WILLOW GREEN MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW MISC	P	RX/OTC
AMBER GLASS BOTTLE MISC	P	RX/OTC
AMBER GLASS VIALS 2ML MISC	P	RX/OTC
AMBER GLASS VIALS 2ML/13MM MISC	P	RX/OTC
AMBER GLASS VIALS 30ML/20MM MISC	P	RX/OTC
AMEDA ADAPTER CAP MISC	P	RX/OTC
AMEDA BREAST FLANGE INSERT/22.5MM/SMALL MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDARD MISC	P	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE/28.5MM/MEDIUM MISC	P	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE MISC	P	RX/OTC
AMEDA DIAPHRAGMS MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM/PUMP ADAPTER MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT SYSTEM/CUSTOMFIT FLANGES/PUMP ADAPTER MISC	P	RX/OTC
AMEDA ELITE BREAST PUMP MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/MINNIE TOTE MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG MISC	P	RX/OTC
AMEDA FLEXISHIELD MISC	P	RX/OTC
AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP/LARGE TOTE MISC	P	RX/OTC
AMEDA ONE-HAND BREAST PUMP/TOTE MISC	P	RX/OTC
AMEDA ONE-HAND MANUAL BREAST PUMP MISC	P	RX/OTC
AMEDA PLATINUM MULTI-USER ELECTRIC BREAST PUMP MISC	P	RX/OTC
AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT MISC	P	RX/OTC
AMEDA PURELY YOURS DOUBLE ELECTRIC BREAST PUMP/CARRY ALL MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT MISC	P	RX/OTC
AMEDA SILICONE TUBING MISC	P	RX/OTC
AMEDA TUBING ADAPTER MISC	P	RX/OTC
AMEDA VALVES MISC	P	RX/OTC
AMIELLE RESTORE VAGINAL EXERCISERS MISC	P	RX/OTC
AMIELLE VAGINAL TRAINER MISC	P	RX/OTC
ANGEL WING BLOOD COLLECTION SET/HOLDER/23GX3/4" MISC	P	RX/OTC
ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4" MISC	P	RX/OTC
ANGEL WING LUER ADAPTER/TUBE HOLDER SET/FEMALE MISC	P	RX/OTC
ANGEL WING TRANSFER DEVICE/FEMALE ADAPTER MISC	P	RX/OTC
ANGEL WING TUBE HOLDER/FEMALE LUER MISC	P	RX/OTC
APLICARE ALCOHOL SWABSTICK	P	RX/OTC
APNEASTRIP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
APPLICATOR ACCESSORIES/TAP-N-CLICK SILICONE PAD MULTI-PURPOS MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/20FR/20" MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/24FR/20" MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/28FR/20" MISC	P	RX/OTC
ARGYLE TRACHEOSTOMY TUBEHOLDER MISC	P	RX/OTC
AUTOCLAVE ACCESSORIES PRINTER PAPER MISC	P	RX/OTC
AUTOCLAVE AIR FILTER MISC	P	RX/OTC
AUTOCLAVE PAPER 36" X 36" MISC	P	RX/OTC
AVOSTARTGRIP MISC	P	RX/OTC
BABY FRIDGE MISC	P	RX/OTC
BAMBOO CANE MISC	P	RX/OTC
BANDAGE SCISSORS MISC	P	RX/OTC
BARIATRIC ALUMINUM CANE/OFFSET MISC	P	RX/OTC
BARIATRIC CANE/OFFSET HANDLE/29"-38"/500LB CAPACITY MISC	P	RX/OTC
BARIATRIC QUAD CANE/29"-38"/500LB CAPACITY MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
BARIATRIC ROLLATOR/EXTRA WIDE/400LB CAPACITY/HEAVY DUTY MISC	P	RX/OTC
BATH BENCH WITH BACK MISC	P	RX/OTC
BATH/SHOWER SEAT WITH BACK/ADJUSTABLE MISC	P	RX/OTC
BATH/SHOWER SEAT/ADJUSTABLE MISC	P	RX/OTC
BATHTUB SAFETY RAIL MISC	P	RX/OTC
BD SAFE CLIP NEEDLE CLIPPER MISC	P	RX/OTC
BD SAFE-CLIP BY MAIL MISC	P	RX/OTC
BD SWABS SINGLE USE	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC
BED WEDGE/10" MISC	P	RX/OTC
BED WEDGE/12" MISC	P	RX/OTC
BED WEDGE/7" MISC	P	RX/OTC
BEDSIDE COMMODORE MISC	P	RX/OTC
BELT CLIP MISC	P	RX/OTC
BEUTLICH PH TEST ROLL 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
BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE MISC	P	RX/OTC
BLOW MOLDED BATHTUB TRANSFER BENCH MISC	P	RX/OTC
BLOW MOLDED BATHTUB TRANSFER BENCH/COMMODORE SEAT/PAIL MISC	P	RX/OTC
BMI DIGITAL SMART SCALE MISC	P	RX/OTC
BOTTLE 2OZ/BLUE GLASS/DROPPER MISC	P	RX/OTC
BOTTLE ADAPTERS/24MM/PRESS-IN MISC	P	RX/OTC
BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP MISC	P	RX/OTC
BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP MISC	P	RX/OTC
BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP MISC	P	RX/OTC
BOTTLE/6OZ/WHITE/HDPE/WITH TWIST TOP SIFTER CAP MISC	P	RX/OTC
BOTTLE/AMBER GLASS/500ML/BOSTON RND/BLK PHENOLIC POLYSEAL CA MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
BOTTLE/AMBER GLASS/BOSTONROUN D/8OZ/BLACK PHENOLIC CAP MISC	P	RX/OTC
BOTTLE/SPRAY/120M L/CLEARPE PLASTIC MISC	P	RX/OTC
BOTTLETOP DISPENSER 0.25-2.0ML MISC	P	RX/OTC
BOTTLETOP DISPENSER ADAPTER/38MM MISC	P	RX/OTC
BOULES QUIES EAR PLUGS MISC	P	RX/OTC
BREAST PUMP MISC	P	RX/OTC
BREAST SELF EXAM PROGRAM MISC	P	RX/OTC
BREATHE COMFORT NASAL ASPIRATOR (ELECTRONIC) MISC	P	RX/OTC
BREATHE COMFORT NASAL IRRIGATOR MISC	P	RX/OTC
BREATHE EASE PULSE OXIMETER MISC	P	RX/OTC
BUBBLE POINT TESTER KIT/WIZARD MISC	P	RX/OTC
CANE HOLDER MISC	P	RX/OTC
CANE TIPS 3/4" MISC	P	RX/OTC
CANE TIPS 7/8" MISC	P	RX/OTC
CANE TIPS FOR ALUM/3/4" MISC	P	RX/OTC
CANE TIPS FOR WOOD 1" MISC	P	RX/OTC
CANE TIPS FOR WOOD 5/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
CANE TIPS FOR WOOD/3/4" MISC	P	RX/OTC
CANE TIPS FOR WOOD/7/8" MISC	P	RX/OTC
CANE TIPS/1" MISC	P	RX/OTC
CANE TIPS/3/4" MISC	P	RX/OTC
CANE TIPS/3/4" QUAD NON-SUCTION MISC	P	RX/OTC
CANE TIPS/5/8" QUAD SUCTION TYPE MISC	P	RX/OTC
CANE TIPS/7/8"-1" MISC	P	RX/OTC
CANE TIPS/BLACK/3/4" MISC	P	RX/OTC
CANE TIPS/BLACK/7/8"-1" MISC	P	RX/OTC
CANE TIPS/GREY/3/4" MISC	P	RX/OTC
CANE TIPS/GREY/7/8"-1" MISC	P	RX/OTC
CANE TIPS/ICE GRIP TIP MISC	P	RX/OTC
CANE WITH STRAP/BLACK MISC	P	RX/OTC
CANE WRIST STRAP MISC	P	RX/OTC
CANE/ADJUSTABLE/AL UMINUM/ROUND HANDLE MISC	P	RX/OTC
CANE/ADJUSTABLE/P AISLEY MISC	P	RX/OTC
CANE/ALUMINUM/AD JUSTABLE/BRONZE TONE/STANDARD HANDLE MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
CANE/ALUMINUM/ADJUSTABLE/DEVON HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/LADIES HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/MENS HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/AUTUMN BRONZE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/BLACK MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/BLUE ICE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/VIOLET MISC	P	RX/OTC
CANE/ALUMINUM/BLACK/DEVONHANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE/FOLDING/ORTHO HANDLE/3/4" 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

Drug Name	Drug Tier	Requirements/Limits
CANE/ALUMINUM/BRONZE/YORKHANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE-TONE MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/36"BLACK MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BLACK MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BRONZE/ORTHO HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BRONZE-TONE MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/BLIND MISC	P	RX/OTC
CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET CUSHIONED HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET HANDLE/NO SAFETY LOCKNUT/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
CANE/ALUMINUM/ORTHOBRONZE MISC	P	RX/OTC
CANE/ALUMINUM/ROUND HANDLE/5/8" MISC	P	RX/OTC
CANE/ALUMINUM/ROUND HANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/TELESCOPIC/BRONZE/MEDIUM HANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/TELESCOPIC/LARGE HANDLE/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/TELESCOPIC/MEDIUM HANDLE/7/8" MISC	P	RX/OTC
CANE/DESIGNER OFFSET HANDLE MISC	P	RX/OTC
CANE/LADY/BRONZE MISC	P	RX/OTC
CANE/MENS MISC	P	RX/OTC
CANE/OFFSET HANDLE/ALUMINUM/29"-38" MISC	P	RX/OTC
CANE/OFFSET HANDLE/ALUMINUM/29"-38"/CAMOUFLAGE MISC	P	RX/OTC
CANE/OFFSET HANDLE/ALUMINUM/29-38" MISC	P	RX/OTC
CANE/OFFSET HANDLE/ALUMINUM/ADJUSTABLE MISC	P	RX/OTC
CANE/OFFSET HANDLE/GREENPAISLEY MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CANE/ROSEWOOD/1" MISC	P	RX/OTC
CANE/STANDARD/BLACK HANDLE MISC	P	RX/OTC
CANE/STANDARD/BRONZE HANDLE MISC	P	RX/OTC
CANE/T-HANDLE/ALUMINUM/29"-38" MISC	P	RX/OTC
CANE/T-HANDLE/ALUMINUM/29"-38"/FLORAL PATTERN MISC	P	RX/OTC
CANE/T-HANDLE/BLACK & BLUE MISC	P	RX/OTC
CANE/WOOD/BLACK/ROUND HANDLE/1" MISC	P	RX/OTC
CANE/WOOD/BLACK/ROUND HANDLE/7/8" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/EBONY FINISH/13/16" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/ROSEWOOD FINISH/13/16" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/STAINED WALNUT FINISH MISC	P	RX/OTC
CANE/WOOD/LADIES/T-HANDLEBLACK WOOD MISC	P	RX/OTC
CANE/WOOD/LADIES/T-HANDLEWALNUT/3/4" MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
CANE/WOOD/MENS ROUND HANDLE/ROSEWOOD FINISH MISC	P	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" MISC	P	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/ROSEWOOD FINISH/1" MISC	P	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/STAINED WALNUT WOOD MISC	P	RX/OTC
CANE/WOOD/MENS T-HANDLE/BLACK WOOD MISC	P	RX/OTC
CANE/WOOD/NATURAL ASH/ROUND HANDLE/1" MISC	P	RX/OTC
CANE/WOOD/NATURAL ASH/ROUND HANDLE/7/8" MISC	P	RX/OTC
CANE/WOOD/ROSEWOOD/1" MISC	P	RX/OTC
CANE/WOOD/STANDARD/BLACKFINISH/1" MISC	P	RX/OTC
CANE/WOOD/STANDARD/BLACKFINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/STANDARD/NATURAL FINISH/1" MISC	P	RX/OTC
CANE/WOOD/STANDARD/NATURAL FINISH/7/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CANE/WOOD/STANDARD/WALNUT42"LONG MISC	P	RX/OTC
CANE/WOOD/STANDARD/WALNUTFINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/T-HANDLE/WALNUT3/4" MISC	P	RX/OTC
CANE/WOOD/T-HANDLE/WALNUTFINISH/1" MISC	P	RX/OTC
CANE/WOOD/T-HANDLE/WALNUTFINISH/13/16" MISC	P	RX/OTC
CANE/WOOD/WALNUT/7/8" MISC	P	RX/OTC
CANE/WOOD/WALNUT/PISTOL GRIP DERBY HANDLE/7/8" MISC	P	RX/OTC
CANE/WOOD/WALNUT/ROUND HANDLE/7/8" MISC	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC
CARETOUCH PULSE OXIMETER MISC	P	RX/OTC
CAREX COCCYX CUSHION MISC	P	RX/OTC
CAREX ULTRA GRABBER 32" MISC	P	RX/OTC
CAREX WHEELCHAIR MISC	P	RX/OTC
CERVICAL PILLOW MISC	P	RX/OTC
CERVICAL PILLOW/BREATHE EASY MISC	P	RX/OTC
CERVICAL PILLOW/COVER MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
CERVICAL PILLOW/ORTHOPEDIC MISC	P	RX/OTC
CERVICAL ROLL PILLOW/CONTOUR MISC	P	RX/OTC
CHEMO TRANSFER PIN MISC	P	RX/OTC
CINIS PREEMIE HALO LARGE MISC	P	RX/OTC
CINIS PREEMIE HALO MEDIUM MISC	P	RX/OTC
CINIS PREEMIE HALO SMALL MISC	P	RX/OTC
CLASSICS ROLLING WALKER MISC	P	RX/OTC
CLEANROOM TACKY MAT 18" X36"/60 LAYER MISC	P	RX/OTC
CLEAR GLASS VIALS 10ML MISC	P	RX/OTC
CLEAR GLASS VIALS 2ML MISC	P	RX/OTC
CLEVER CHOICE DIGITAL BMI SCALE MISC	P	RX/OTC
CLEVER CHOICE ELECTRIC BREAST PUMP MISC	P	RX/OTC
CLEVER CHOICE HYDROTHERAPY SYSTEM FOOT BATH MISC	P	RX/OTC
CLEVER CHOICE PULSE OXIMETER MISC	P	RX/OTC
CLINERE EARWAX CLEANER MISC	P	RX/OTC
CLINERE EARWAX REMOVER MISC	P	RX/OTC
CLIP & STOR MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
COMAR PRESS-IN BOTTLE ADAPTERS 24MM MISC	P	RX/OTC
COMFORT CURVE MASSAGE CUSHION MISC	P	RX/OTC
COMFORT FIT FLANGES LARGE MISC	P	RX/OTC
COMFORT MASSAGER/CORDLESS MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING CART MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING MICROWAVE MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING SHAMPOO CAP MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING WARMER/14-COUNT MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING WARMER/28-COUNT MISC	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC
COMMODOE 3-IN-1 MISC	P	RX/OTC
COMMODOE BEDSIDE MISC	P	RX/OTC
COMMODOE BEDSIDE/BACK MISC	P	RX/OTC
COMMODOE PAIL WITH HANDLE/LID/12QT MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
COMMODE SPLASH GUARD MISC	P	RX/OTC
COMPOSITE TRANSFER BENCH MISC	P	RX/OTC
CONTOUR BACK CUSHION MISC	P	RX/OTC
CONTOUR FITTED SHEETS MISC	P	RX/OTC
CONTOUR MATTRESS COVER MISC	P	RX/OTC
COTTON SWABS SWAB	P	
COVERALL BOOTS/DISPOSABLE/UNIVERSAL MISC	P	RX/OTC
COVERALL W/HOOD/SMALL/DISPOSABLE MISC	P	RX/OTC
COVERALL W/HOOD/3XL/DISPOSABLE MISC	P	RX/OTC
COVERALL W/HOOD/XL/DISPOSABLE MISC	P	RX/OTC
COVERALL W/HOOD/XXL/DISPOSABLE MISC	P	RX/OTC
COVERALLS MEDIUM/ELASTICBACK/WRIST/ANKLES MISC	P	RX/OTC
CRUTCH ACCESSORY KIT MISC	P	RX/OTC
CRUTCH ACCESSORY KIT/ARMPADS/HAND GRIPS/TIPS MISC	P	RX/OTC
CRUTCH ARMPADS MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
CRUTCH HANDGRIPS MISC	P	RX/OTC
CRUTCH HANDGRIPS PREMIUM MISC	P	RX/OTC
CRUTCH HANDGRIPS/SOLID MISC	P	RX/OTC
CRUTCH HANDGRIPS/SPLIT MISC	P	RX/OTC
CRUTCH PILLOWS/ARM AND HAND MISC	P	RX/OTC
CRUTCH SET/ALUMINUM/LARGE MISC	P	RX/OTC
CRUTCH SET/WOOD/ADULT MISC	P	RX/OTC
CRUTCH SET/WOOD/MEDIUM MISC	P	RX/OTC
CRUTCH SET/WOOD/YOUTH MISC	P	RX/OTC
CRUTCH TIPS/EXTRA-LARGE/7/8" MISC	P	RX/OTC
CRUTCH TIPS/JUMBO/GREY MISC	P	RX/OTC
CRUTCH TIPS/REGULAR MISC	P	RX/OTC
CRUTCH TIPS/SUPER MISC	P	RX/OTC
CRUTCH TIPS/SUPER GRIP/BROWN MISC	P	RX/OTC
CRUTCH UNDERARM PADS MISC	P	RX/OTC
CRUTCH UNDERARM PADS PREMIUM MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
CRUTCH/ALUMINUM/ADULT MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/5'2"-5'10" MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/PUSH BUTTON MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/PUSH-BUTTON ADJ MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/TALL MISC	P	RX/OTC
CRUTCH/ALUMINUM/MEDIUM MISC	P	RX/OTC
CRUTCH/ALUMINUM/TALL ADULT/PUSH BUTTON MISC	P	RX/OTC
CRUTCH/ALUMINUM/TALL/PUSHBUTTON MISC	P	RX/OTC
CRUTCH/ALUMINUM/TALL/PUSHBUTTON ADJ MISC	P	RX/OTC
CRUTCH/ALUMINUM/YOUTH MISC	P	RX/OTC
CRUTCH/ALUMINUM/YOUTH/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
CRUTCH/ALUMINUM/YOUTH/PUSH BUTTON MISC	P	RX/OTC
CRUTCH/ALUMINUM/YOUTH/PUSH-BUTTON ADJ MISC	P	RX/OTC
CRUTCH/FOREARM/ADULT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CRUTCH/FOREARM/YOUTH MISC	P	RX/OTC
CRUTCH/STANDARD FOREARM/ADULT MISC	P	RX/OTC
CRUTCH/WOOD/ADULT/48"-60" MISC	P	RX/OTC
CRUTCH/WOOD/ADULT/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
CRUTCH/WOOD/YOUTH/34"-42" MISC	P	RX/OTC
CRUTCH/WOOD/YOUTH/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
CRUTCH-MATE/ADULT ARM MISC	P	RX/OTC
CRUTCH-MATE/ADULT FOREARM MISC	P	RX/OTC
CRUTCH-MATE/ADULT HAND GRIPS MISC	P	RX/OTC
CRUTCH-MATE/ADULT HAND GRIPS LARGE MISC	P	RX/OTC
CUFF ACCESSORIES DISPOSABLE BULB & VALVE MISC	P	RX/OTC
CUFF ACCESSORIES DISPOSABLE SINGLE HEAD STETHOSCOPE MISC	P	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC
CURITY COTTON TIPPED APPLICATOR MISC	P	
CURITY COTTON TIPPED APPLICATOR 6" MISC	P	
CUSTOM-FLEX MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
CVS ALCOHOL PREP PADS	P	RX/OTC
CVS ALKALINE BATTERIES/SIZE AA MISC	P	RX/OTC
CVS BABY SAFETY SWABS SWAB	P	
CVS CANE MISC	P	RX/OTC
CVS COTTON SWABS SWAB	P	
CVS CRUTCHES UNIVERSAL MISC	P	RX/OTC
CVS EAR PLUGS MISC	P	RX/OTC
CVS FOLDING CANE GEL GRIP MISC	P	RX/OTC
CVS PILL SPLITTER MISC	P	RX/OTC
CVS PLASTIC SWABS SWAB	P	
CVS PORTABLE DIABETIC ORGANIZER MISC	P	RX/OTC
CVS PREP PADS	P	RX/OTC
CVS PULSE OXIMETER MISC	P	RX/OTC
CVS PULSE OXIMETER/PORTABLE MISC	P	RX/OTC
CVS QUAD CANE MISC	P	RX/OTC
CVS READY SET GO DELUXE ALUMINUM BATH BENCH MISC	P	RX/OTC
CVS REUSABLE SHEET PROTECTOR MISC	P	RX/OTC
CVS RUBBER CUSHION/INFLATABLE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
DDS 100 CERVICAL TRACTIONCOLLAR MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/26"-28" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/29"-32" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/33"-35" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/36"-38" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/39"-41" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/42"-44" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/45"-48" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/49"-51" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/52"-55" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/56"-59" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/26"-28" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/29"-32" MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
DDS 500 LUMBAR TRACTION BELT/PANELS/33"-35" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/36"-38" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/39"-41" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/42"-44" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/45"-48" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/52"-55" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/56"-59" MISC	P	RX/OTC
DEEP-TISSUE MISC	P	RX/OTC
DELUXE SAFETY TABLET CUTTER MISC	P	RX/OTC
DELUXE TABLET CUTTER MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT MISC	P	RX/OTC
DENTAL GUARD MISC	P	RX/OTC
DEODORANT PLASTIC TUBES2.65OZ/CAPS MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 15ML/TIPS MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 30ML/TIPS MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 60ML/TIPS MISC	P	RX/OTC
DIFFUSER ULTRA SONIC/LAVENDER OIL MISC	P	RX/OTC
DIGITAL GLASS SCALE MISC	P	RX/OTC
DINAMAP MONITOR PROBE COVERS MISC	P	RX/OTC
DISPENSER BOTTLES 50ML/FOAMER PUMPS MISC	P	RX/OTC
DISPENSER MD JAR 50ML/AIRLESS/VIEW WINDOW MISC	P	RX/OTC
DISPENSER MD PEN 6.5ML/AIRLESS/CLICK MISC	P	RX/OTC
DISPENSER MD PEN 6.5ML/AIRLESS/VIEW WINDOW MISC	P	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A MISC	P	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A/BLEU MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
DISPENSER MD PUMP 0.5ML/ACTUATOR A/GREEN MISC	P	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A/PINK MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/BLUE MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLUE MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE150ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
DISPENSER MD PUMP BOTTLE15ML/VIEW WINDOW/AIRLESS 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
DISPENSER MD PUMP BOTTLE50ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE80ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD SYRINGE 10ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD SYRINGE 5ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/OVAL/30ML/0.3ML/T-FILL/CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/100ML/1.5ML /B-FILL WITH CAP MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/1.5ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/1ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/15ML/0.3ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/MEZZOROUND/30ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/MEZZOROUND/50ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/MEZZOROUND/50ML/0.5ML/T-FILL/CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/MEZZOROUND/75ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER TIP CAP/PRECISED DOSE/SELF-RIGHTING MISC	P	RX/OTC
DISPENSER/MD FOAMER WITHACTUATOR 0.5ML/50ML MISC	P	RX/OTC
DISPENSER/MD FOAMER WITHACTUATOR 0.7ML/110ML MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DIVERTER VALVE/BATH ACCESSORY MISC	P	RX/OTC
DOVER COMMODE SPECIMEN COLLECTOR MISC	P	RX/OTC
DOVER MIDSTREAM SPECIMENCATCH KIT MISC	P	RX/OTC
DROPPER & SCREW CAP 4OZ MISC	P	RX/OTC
DROPPING BOTTLE 30ML MISC	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC
DROPTAINER TIP CAPS MISC	P	RX/OTC
DROPTAINERS 10ML MISC	P	RX/OTC
DROPTAINERS 15ML/OPHTHALMIC MISC	P	RX/OTC
DROPTAINERS 3ML/OPHTHALMIC MISC	P	RX/OTC
DROPTAINERS 7ML/OPHTHALMIC MISC	P	RX/OTC
DUAL HEAD STETHOSCOPE BLACK MISC	P	RX/OTC
DUAL HEAD STETHOSCOPE NAVY MISC	P	RX/OTC
DUAL PADDLE FOLDING WALKER/ADULT MISC	P	RX/OTC
DUNLAP FOAM RING CUSHION/LARGE MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
DUNLAP FOAM RING CUSHION/MEDIUM MISC	P	RX/OTC
DUNLAP INFLATABLE VINYL RING CUSHION 16" MISC	P	RX/OTC
EAR SYRINGE MISC	P	RX/OTC
EAR SYRINGE/INFANT MISC	P	RX/OTC
EAR WAX REMOVAL KIT/TRI-STREAM TIP MISC	P	RX/OTC
EARPLUGS MISC	P	RX/OTC
EARPOPPER MIDDLE EAR INFLATION DEVICE DEVI	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC
EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP MISC	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC
ECO-SMARTFUNNEL 186ML/DISPOSABLE MISC	P	RX/OTC
EGG CRATE BED PAD/2" CALKING SIZE MISC	P	RX/OTC
EGG CRATE BED PAD/2" DUALKING SIZE MISC	P	RX/OTC
EGG CRATE BED PAD/2" FULLSIZE MISC	P	RX/OTC
EGG CRATE BED PAD/2" QUEEN SIZE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
EGG CRATE BED PAD/2" TWINSIZE MISC	P	RX/OTC
ELECTRODES 2"X2"/REUSABLE MISC	P	RX/OTC
ELECTROTHERAPY PAIN RELIEF/LONG LIFE PADS/2.5" X 4" MISC	P	RX/OTC
ELON PROFESSIONAL NAIL CARE SYSTEM MISC	P	RX/OTC
ELONGATED TOILET SEAT ELEVATOR MISC	P	RX/OTC
ELOSHIELD FACE SHIELD MISC	P	RX/OTC
EMPTY VIAL 3ML MISC	P	RX/OTC
ENDOSCOPIC DELIVERY SYSTEM MISC	P	RX/OTC
ENDURANCE FOUR LEG SEAT CANE MISC	P	RX/OTC
ENDURANCE HD HEAVY DUTY COMMUNE MISC	P	RX/OTC
ENTERALITE INFINITY ENTERAL PUMP UNIVERSAL POLE CLAMP MISC	P	RX/OTC
EQ BATH & SHOWER SEAT/BACK MISC	P	RX/OTC
EQ FOLDING WALKER MISC	P	RX/OTC
EQ WHEELCHAIR FOLDING BLACK MISC	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC
EQL COTTON SWABS SWAB	P	

IL MHP Medicaid

October 1, 2022

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
EQL EAR PLUGS/SILICONE MISC	P	RX/OTC
EQL MUSTACHE/BEARD SCISSORS/COMB MISC	P	RX/OTC
EQL SKIN CARE TOOL MISC	P	RX/OTC
EVERYDAY PICK MISC	P	RX/OTC
EXTENDABLE BEDSIDE RAIL MISC	P	RX/OTC
EXTRA-WIDE COMMUNE MISC	P	RX/OTC
EYE/EAR DROPPER MISC	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT MISC	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT/ARMS MISC	P	RX/OTC
EZY DOSE CUT N CRUSH ULTRA FINE MISC	P	RX/OTC
EZY DOSE MEDICINE CUPS MISC	P	RX/OTC
EZY DOSE MEMORY PAC SYSTEM COLD SEAL CARD/31-DAY MISC	P	RX/OTC
EZY DOSE ORIGINAL TABLETCUTTER/DAILY DOSE MISC	P	RX/OTC
EZY DOSE TABLET CUTTER ORIGINAL MISC	P	RX/OTC
FACE SHIELD MISC	P	RX/OTC
FACE SHIELD FULL LENGTH MISC	P	RX/OTC
FACE SHIELD FULL LENGTH/CLEAR MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FASHION CANE/T-HANDLE/BLACK/250LB CAPACITY MISC	P	RX/OTC
FASHION CANE/T-HANDLE/FLORAL PRINT/250LB CAPACITY MISC	P	RX/OTC
FASHION CANE/T-HANDLE/LEOPARD PRINT/250LB CAPACITY MISC	P	RX/OTC
FASHION CANE/T-HANDLE/MAPLE PRINT/250LB CAPACITY MISC	P	RX/OTC
FETAL DOPPLER MISC	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	RX/OTC
FILTER 0.2 MICRON/25MM MISC	P	RX/OTC
FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK MISC	P	RX/OTC
FILTER 0.2 MICRON/32MM MISC	P	RX/OTC
FILTER 0.2 MICRON/47MM MISC	P	RX/OTC
FILTER 0.22 MICRON/73MM/1000 ML MISC	P	RX/OTC
FILTER ATTACHMENT MISC	P	RX/OTC
FILTER FLUORODYNE/0.22 MICRON MISC	P	RX/OTC
FILTER, POSIDYNE ELD/0.2UM/LUER LOCK CONNECTORS/NYLON MEMBRA MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FILTER/MILLEX-GP/50MM/CLEAR MISC	P	RX/OTC
FINGERTIP PULSE OXIMETER MISC	P	RX/OTC
FLA ADJUSTABLE AIR ANKLEWALKER/LOW/SMALL MISC	P	RX/OTC
FLAORTHO WALKER/LOW/BLACK/SMALL MISC	P	RX/OTC
FLENTS EAR STOPPLES MISC	P	RX/OTC
FLEX & GO FOLDING CANE MISC	P	RX/OTC
FLEX SHIELD WITH EAR LOOPS MISC	P	RX/OTC
FLEX SHIELD WITH TIE STRINGS MISC	P	RX/OTC
FLEX THERAPY MISC	P	RX/OTC
FLIGHT EAR PLUGS MISC	P	RX/OTC
FOAM CHAIR CUSHION MISC	P	RX/OTC
FOAM CRUTCH PAD MISC	P	RX/OTC
FOAM CUSHION MISC	P	RX/OTC
FOAM CUSHION THERAPEUTICRING MISC	P	RX/OTC
FOAM EAR PLUGS MISC	P	RX/OTC
FOAM INVALID CUSHION MISC	P	RX/OTC
FOAM RING 2" MISC	P	RX/OTC
FOIL WRAPPER 3" X 3" MISC	P	RX/OTC
FOLDING CANE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
FOLDING COMMODE MISC	P	RX/OTC
FOLDING PADDLE WALKER/5"WHEELS MISC	P	RX/OTC
FOLDING REACHER MISC	P	RX/OTC
FOLDING SEAT CANE/3/4" TIP MISC	P	RX/OTC
FOLDING WALKER/5" WHEELS/ADULT MISC	P	RX/OTC
FOLDING WALKER/5" WHEELS/PINK MISC	P	RX/OTC
FOLDING WALKING CANE MISC	P	RX/OTC
FOOT MASSAGER/HEAT/AERATION MISC	P	RX/OTC
FORA GATEWAY MISC	P	RX/OTC
FORA GW9014 TELEHEALTH GATEWAY MISC	P	RX/OTC
FORA TN'G SCALE 550 MISC	P	RX/OTC
FREE SPIRIT KNEE AND LEGWALKER MISC	P	RX/OTC
FREESTYLE DOUBLE ELECTRICBREASTPUMP MISC	P	RX/OTC
GEL-FOAM CUSHION MISC	P	RX/OTC
GETGO ROLLING WALKER MISC	P	RX/OTC
GLASS BOTTLE 15ML MISC	P	RX/OTC
GLASS BOTTLE 30ML MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
GLASS BOTTLE 30ML/BLACK PHENOLIC BRUSH CAP MISC	P	RX/OTC
GLASS BOTTLE 30ML/BLACK PHENOLIC POLYSEAL CAP MISC	P	RX/OTC
GLASS BOTTLE 60ML MISC	P	RX/OTC
GLASS BOTTLE/30ML/BLUNT END APPLICATOR MISC	P	RX/OTC
GLASS SERUM BOTTLES/20ML/TYPE 1 MISC	P	RX/OTC
GLASS SERUM BOTTLES/2ML/TYPE 1 MISC	P	RX/OTC
GLASS SERUM BOTTLES/30ML/TYPE 1 MISC	P	RX/OTC
GLASS SERUM BOTTLES/5ML/TYPE 1 MISC	P	RX/OTC
GLASS VIAL 2ML MISC	P	RX/OTC
GLASS VIAL AMBER 3ML/13MM/TYPE 1 MISC	P	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC
GNP COTTON SWABS SWAB	P	
GNP DELUXE PULSE OXIMETER MISC	P	RX/OTC
GNP DIGITAL WEIGHT SCALE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
GNP NAIL CLIPPERS MISC	P	RX/OTC
GNP POCKET TISSUE MISC	P	RX/OTC
GNP PULSE OXIMETER MISC	P	RX/OTC
GNP REACHER 32" MISC	P	RX/OTC
GOJJI WEIGHT SCALE MISC	P	RX/OTC
GRADUATED BOTTLE 2OZ W/CAP MISC	P	RX/OTC
GRADUATED BOTTLE 4OZ W/CAP MISC	P	RX/OTC
GROOVE ROLLING WALKER MISC	P	RX/OTC
HAND HELD SHOWER SPRAY MISC	P	RX/OTC
HARMONY BREASTPUMP MISC	P	RX/OTC
HEAD COVERS 24"/BOUFFON CAP/IRRADIATED MISC	P	RX/OTC
HEAD HALTER OVER DOOR TRACTION SET MISC	P	RX/OTC
HEAD HALTER REPLACEMENT FOR TRACTION KIT MISC	P	RX/OTC
HEAD LICE COMB MISC	P	RX/OTC
HEAT THERAPY MISC	P	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC
HEELBOOT LARGE MISC	P	RX/OTC
HEELBOOT LAUNDRY BAG MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
HEELBOOT LINER LARGE MISC	P	RX/OTC
HEELBOOT LINER REGULAR MISC	P	RX/OTC
HEELBOOT REGULAR MISC	P	RX/OTC
HEELBOOT WALK PAD MISC	P	RX/OTC
HIBICLENS DISPENSER NOZZLE MISC	P	RX/OTC
HIBICLENS FOOT PEDAL MISC	P	RX/OTC
HIBICLENS HAND PUMP/16OZ MISC	P	RX/OTC
HIBICLENS HAND PUMP/32OZ MISC	P	RX/OTC
HIBICLENS HAND PUMP/GALLON MISC	P	RX/OTC
HIBICLENS HAND PUMP/NON FOAMING/16OZ MISC	P	RX/OTC
HIBICLENS PUMP ASSEMBLY MISC	P	RX/OTC
HIBICLENS WALL DISPENSER/FOOT MISC	P	RX/OTC
HIBICLENS WALL DISPENSER/HAND MISC	P	RX/OTC
HIP/FRACTURE RAISED TOILET SEAT/LEFT MISC	P	RX/OTC
HIP/FRACTURE RAISED TOILET SEAT/RIGHT MISC	P	RX/OTC
HM COMFORT FOAM EAR PLUGS MISC	P	RX/OTC
HM COTTON SWABS SWAB	P	

Drug Name	Drug Tier	Requirement s/Limits
HM STERILE ALCOHOL PREP PADS	P	RX/OTC
HOME STYLE BED RAILS MISC	P	RX/OTC
HOT-COLD THERAPY MISC	P	RX/OTC
HURRICAINA DISPENSING CAP MISC	P	RX/OTC
HURRICAINA LIQUID DISPENSER MISC	P	RX/OTC
HURRICAINA SPRAY EXTENSION TUBES MISC	P	RX/OTC
HURRIPAK PERIODONTAL ANESTHETIC REFILL KIT MISC	P	RX/OTC
HURRIPAK PERIODONTAL IRRIGATION TIPS MISC	P	RX/OTC
HURRYCANE FREEDOM EDITIONCANE/BLACK MISC	P	RX/OTC
ICY DIAMOND TOTE CANVAS MISC	P	RX/OTC
ICY DIAMOND TOTE NON GENUINE LEATHER MISC	P	RX/OTC
ICY HOT SMART RELIEF TENS THERAPY REFILL PADS MISC	P	RX/OTC
ILLUSIONS AA WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ILLUSIONS C WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
INDICATOR/BIOLOGIC AL TEST KIT/SPORVIEW STEAM KIT	P	RX/OTC
INFLATABLE CUSHION/VINYL MISC	P	RX/OTC
INFLATABLE NECK REST MISC	P	RX/OTC
INHALATION VIAL CAP/BLUE MISC	P	RX/OTC
INHALATION VIAL CAP/GREEN MISC	P	RX/OTC
INHALATION VIAL CAP/ORANGE MISC	P	RX/OTC
INHALATION VIAL CAP/RED MISC	P	RX/OTC
INHALATION VIAL CAP/WHITE MISC	P	RX/OTC
INHALATION VIAL CAP/YELLOW MISC	P	RX/OTC
INHALATION VIAL W/CAP/BLUE/3.5ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/CAP/GREEN/3.5ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/CAP/ORANGE/3.5 ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/CAP/RED/3.5ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
INHALATION VIAL W/CAP/YELLOW/3.5M L STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL MISC	P	RX/OTC
IR ADAPTER MISC	P	RX/OTC
J & J TOURNIQUET 36"X3/4" MISC	P	RX/OTC
JAR/8OZ/WHITE LID MISC	P	RX/OTC
JOHNSON & JOHNSON ANTISEPTIC WIPES MISC	P	RX/OTC
JOHNSON & JOHNSON INSTANTCOLD PACK MISC	P	RX/OTC
JOHNSONS SAFETY SWABS SWAB	P	
JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE MISC	P	RX/OTC
JOURNEY SERIES ROLLING WALKER/4205RD/RED MISC	P	RX/OTC
JUG AMBER GLASS 4L/POLYSEAL CAP/LONG MISC	P	RX/OTC
KANESON BREAST PUMP/NURSER MISC	P	RX/OTC
KANGAROO RIGID CONTAINERPUMP SET 1200ML MISC	P	RX/OTC
KEGEL BALL TRAINER MISC	P	RX/OTC
L.O.S. YANKAUER HOLDER MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LAB COAT/DISPOSABLE MISC	P	RX/OTC
LAB COAT/DISPOSABLE/LARGE MISC	P	RX/OTC
LAB COAT/DISPOSABLE/MEDIUM MISC	P	RX/OTC
LAB COAT/DISPOSABLE/SMALL MISC	P	RX/OTC
LAB COAT/DISPOSABLE/X-LARGE MISC	P	RX/OTC
LAB COAT/DISPOSABLE/XX-LARGE MISC	P	RX/OTC
LADYCARE MENOPAUSE MISC	P	RX/OTC
LANSINOH BREASTFEEDING PILLOW MISC	P	RX/OTC
LANSINOH BREASTMILK COLLECTOR MISC	P	RX/OTC
LANSINOH EXTRA PUMPING SET MISC	P	RX/OTC
LANSINOH MANUAL BREAST PUMP MISC	P	RX/OTC
LANSINOH POSTPARTUM WASHBOTTLE MISC	P	RX/OTC
LANSINOH PUMP ADAPTERS MISC	P	RX/OTC
LANSINOH SMART PUMP TOTE BAGS MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
LANSINOH SMARTPUMP 2.0 MISC	P	RX/OTC
LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	P	RX/OTC
LANSINOH SMARTPUMP DOUBLEELECTRIC BREAST PUMP MISC	P	RX/OTC
LATCH ASSIST NIPPLE EVERTER MISC	P	RX/OTC
LMA MAD NASAL MISC	P	RX/OTC
LULLABY DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
LUMBAR CUSHION MISC	P	RX/OTC
LUMBAR SUPPORT CUSHION MISC	P	RX/OTC
MAD NASAL MISC	P	RX/OTC
MAD NASAL INTRANASAL MUCOSAL ATOMIZATION DEVICE MISC	P	RX/OTC
MAGNIFIER HANDS-FREE MISC	P	RX/OTC
MASSAGER MULTI-PURPOSE/RECHARGEABLE MISC	P	RX/OTC
MASSAGER/2 SPEED MISC	P	RX/OTC
MASSAGER/FIVE IN ONE/HEAT MISC	P	RX/OTC
MASSAGER/SWEDISH/1 SPEED MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
MATTRESS COVER/DELUXE MISC	P	RX/OTC
MATTRESS COVER/ECONOMY MISC	P	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 2" MISC	P	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 3" MISC	P	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 4" MISC	P	RX/OTC
MAZERUSTAR KK-250S/KK-300SS MIXER/DISPOSABLE MIXING CONTAINER MISC	P	RX/OTC
MAZERUSTAR KK-250S/KK-300SS MIXER/STANDARD MIXING CONTAINER MISC	P	RX/OTC
MEDELA ADVANCED PERSONAL DOUBLE BREAST PUMP MISC	P	RX/OTC
MEDELA LACTINA DOUBLE PUMPING KIT MISC	P	RX/OTC
MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC	P	RX/OTC
MEDICINE DROPPER MISC	P	RX/OTC
MEDICINE DROPPER/CALIBRATE D MISC	P	RX/OTC
MEDICINE SPOON MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEDI-COOLER MISC	P	RX/OTC
MEDI-FRIDGE IIX MISC	P	RX/OTC
MEDI-RDT BLISTER PACKS/LABELS & SLEEVE MISC	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC
METAL REACHER/27" MISC	P	RX/OTC
METAL REACHER/32" MISC	P	RX/OTC
METERED NASAL SPRAY PUMP 15ML/SAFETY CLIP MISC	P	RX/OTC
MICROCLENS WALL MOUNT BRACKET MISC	P	RX/OTC
MINI DIFFUSER/COOL MIST/ESSENTIAL OIL MISC	P	RX/OTC
MINI MALLET 3/4" PLASTIC/NON-MARRING MISC	P	RX/OTC
MINI TRANSFER PIN MISC	P	RX/OTC
<i>misc. devices misc</i>	P	RX/OTC
MIXER/MAZERUSTAR KK-250S/KK-300SS/STANDARD MIXING CONTAINER MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-250S/KK-300SS/YELLOW STD MIX CONTAINER MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-300SS/STANDARD/MIXING CONTAINER FOR EMP MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
MIXER/MAZERUSTAR KK-400W/STANDARD/MIXING CONTAINER MISC	P	RX/OTC
MIXER/MAZERUSTAR/EMP/JARMIXING ADAPTER/100ML MISC	P	RX/OTC
MIXER/MAZERUSTAR/EMP/JARMIXING/ADAPTER SET/15ML-50ML/100 ML MISC	P	RX/OTC
MIXER/MAZERUSTAR/UNODOSEMIXING ADAPTER MISC	P	RX/OTC
MIXER/MAZRUSTAR/MD PUMP MIXING ADAPTER MISC	P	RX/OTC
MIXING/MAZERUSTAR/EMP/JAR MIXING ADAPTER/15ML-50ML MISC	P	RX/OTC
MN8 MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/LARGE/14" X 27" MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/MEDIUM/14" X 14" MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/PETITE/4" X 17" MISC	P	RX/OTC
MOISTUREPLUS COVER/LARGE/14" X 27" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MOISTUREPLUS COVER/MEDIUM/14" X 14" MISC	P	RX/OTC
MOISTUREPLUS COVER/PETITE/4" X 17" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/5ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/3ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/10ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/2ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/3ML MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/4ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/5ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/7ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/10ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/2ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/3ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/4ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/7ML MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/21GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/19GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/21GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/23GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4" MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
MONOJECT BLOOD TUBE HOLDER MISC	P	RX/OTC
MONOJECT LUER ADAPTER MISC	P	RX/OTC
MONOJECT MULTI-SAMPLE COLLECTION SET/HOLDER/SAFETY CAP/MALE MISC	P	RX/OTC
MONOJECT MULTI-SAMPLE COLLECTION SET/TUBE HOLDER/MALE MISC	P	RX/OTC
MUCOSAL ATOMIZATION NASALDEVICE MISC	P	RX/OTC
MY MDI FINGER PULSE OXIMETER MISC	P	RX/OTC
NAIL POLISH BOTTLE/BRUSH15ML MISC	P	RX/OTC
NASADOCK MISC	P	RX/OTC
NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE MISC	P	RX/OTC
NATURAL WOOD CANE MISC	P	RX/OTC
NATURAL WOOD WALKING STICK MISC	P	RX/OTC
NATURESPIRIT PULSE OXIMETER MISC	P	RX/OTC
NEXCARE COMFORT FOAM EAR PLUGS MISC	P	RX/OTC
NEXCARE REUSABLE EAR PLUGS MISC	P	RX/OTC
NG SECURE NASOGASTRIC TUBE HOLDER MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NIX ELECTRONIC LICE COMB MISC	P	RX/OTC
NIX PREMIUM METAL TWO-SIDED COMB MISC	P	RX/OTC
NOVA BATH SEAT/BACK & ARMS MISC	P	RX/OTC
NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3 MISC	P	RX/OTC
NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE MISC	P	RX/OTC
NUASKIN FACIAL SCRUBBER MISC	P	RX/OTC
NUASKIN SKIN TAG REMOVER MISC	P	RX/OTC
NUASKIN VACUUM PRO MISC	P	RX/OTC
NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
NVZZLER SINGLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
OFFSET CANE/BLACK/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/BLUE ICE/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/BRONZE/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
OFFSET CANE/CHROME/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/GREEN ICE/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/HOUNDSTOOTH /300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/METALLIC BLACK/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/MOBILITY/250LB 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
OINTMENT TUBE/METAL/1OZ MISC	P	RX/OTC
OINTMENT TUBE/METAL/2OZ MISC	P	RX/OTC
OINTMENT TUBE/METAL/4OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/1OZ MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OINTMENT TUBE/PLASTIC/2OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/4OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/6OZ MISC	P	RX/OTC
ONE OUNCE MEDICINE CUPS MISC	P	RX/OTC
ONE STEP AT A TIME FILTERS MISC	P	RX/OTC
ONE-DAY-AT-A-TIME PLANNER/BLISTER CARD/MEDIUM MISC	P	RX/OTC
ORAL DOSE SYRINGE MISC	P	RX/OTC
ORAL ENDOTRACHEAL TUBE ATTACHMENT DEVICE MISC	P	RX/OTC
ORAL MEDICINE DROPPER MISC	P	RX/OTC
ORAL SYRINGE/BRUSH MISC	P	RX/OTC
ORIGINAL MCKENZIE CERVICAL ROLL MISC	P	RX/OTC
O-RING CUSHION 16" DIAMETER MISC	P	RX/OTC
PADDLE WALKER/FOLDING/5" WHEELS/ADJUSTABLE MISC	P	RX/OTC
PEDAL EXERCISER MISC	P	RX/OTC
PELVIC MUSCLE TRAINER MISC	P	RX/OTC
PERSONAL BLOOD PRESSURE SMART CARD MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
PERSONALFIT FLEX CONNECTORS FOR PUMP IN STYLE MAXFLOW MISC	P	RX/OTC
PH ACCESSORIES STORAGE SOLUTION 230ML MISC	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
PILL BOX 7 DAY MISC	P	RX/OTC
PILL CRUSHER MISC	P	RX/OTC
PILL CRUSHER/BUILT IN STORAGE MISC	P	RX/OTC
PILL POUCH MISC	P	RX/OTC
PILL SPLITTER MISC	P	RX/OTC
PILLGUARD DISPENSER MISC	P	RX/OTC
PILLGUARD REFILL CARTRIDGE MISC	P	RX/OTC
PLASTIC BED PAN MISC	P	RX/OTC
PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS MISC	P	RX/OTC
PLASTIC BOTTLES/90ML/TWIST TOP SIFTER CAPS MISC	P	RX/OTC
PLASTIC ENEMA BOTTLE/2OZ/20/410 OPENING MISC	P	RX/OTC
PLASTIC JAR 6OZ MISC	P	RX/OTC
PLASTIC SCOOP 1ML/4" HANDLE MISC	P	RX/OTC
PLATFORM WALKER ATTACHMENT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PLATINUM REACHER 31" MISC	P	RX/OTC
POCKET MAGNIFIER MISC	P	RX/OTC
POCKET PRO+ REPLACEMENT SENSOR/TESTER MISC	P	RX/OTC
POLYPROPYLENE CAP/LINER MISC	P	RX/OTC
POSTURE SEAT MISC	P	RX/OTC
POWER ADAPTOR PUMP IN STYLE/MAXFLOW MISC	P	RX/OTC
PRECISION CATHETER URINESPECIMEN SYSTEM KIT KIT	P	RX/OTC
PRECISION MIDSTREAM PRESERVATIVE KIT KIT	P	RX/OTC
PRECISION SCALE COMPACT MISC	P	RX/OTC
PRECISION SPECIMEN CONTAINER/5OZ MISC	P	RX/OTC
PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR MISC	P	RX/OTC
PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR/118ML MISC	P	RX/OTC
PRECISION SPUTUM COLLECTOR KIT WITH TUBE MISC	P	RX/OTC
PRECISION SPUTUM COLLECTOR KIT/TUBE MISC	P	RX/OTC
PRECISION STOOL COLLECTOR MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PRECISION TISSUE GRINDER MISC	P	RX/OTC
PRECISION TISSUE GRINDER/15ML MISC	P	RX/OTC
PRECISION TISSUE GRINDER/50ML MISC	P	RX/OTC
PRECISION URINE SPECIMENS SYSTEM WITH PRESERVATIVE KIT	P	RX/OTC
PRECISION URINE SPECIMENS SYSTEM WITH PRESERVATIVE MISC	P	RX/OTC
PREMIUM PILL CRUSHER MISC	P	RX/OTC
PRESCRIPTION BOTTLE MAGNIFIER MISC	P	RX/OTC
PRO COMFORT ALCOHOL PADS	P	RX/OTC
PRO COMFORT FOOT BATH MISC	P	RX/OTC
PRO COMFORT PULSE OXIMETER/FINGER MISC	P	RX/OTC
PROFIT PRECISION SCALE MISC	P	RX/OTC
PROTECTIVE SAFETY EYEWEAR MISC	P	RX/OTC
PULSE OXIMETER MISC	P	RX/OTC
PULSE OXIMETER DELUXE MISC	P	RX/OTC
PULSE OXIMETER FOR FINGER MISC	P	RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPACK MISC	P	RX/OTC
PUMP IN STYLE DOUBLE BREAST PUMP W/MAXFLOW MISC	P	RX/OTC
PUMP IN STYLE/MAXFLOW TUBING MISC	P	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
PURE COMFORT LEG COMPRESSION MASSAGER MISC	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC
Q-TIPS/SINGLE-TIP 6" SWAB	P	
Q-TIPS/SINGLE-TIP APPLICATOR/6"/STERILE SWAB	P	
QUAD CANE TIPS 1/2" MISC	P	RX/OTC
QUAD CANE TIPS 5/8" MISC	P	RX/OTC
QUAD CANE TIPS/BLACK/5/8" MISC	P	RX/OTC
QUAD CANE TIPS/GREY/5/8" MISC	P	RX/OTC
QUAD CANE/BRONZE HANDLE/SMALL BASE MISC	P	RX/OTC
QUAD CANE/LARGE BASE/BRONZE ALUMINUM MISC	P	RX/OTC
QUAD CANE/LARGE BASE/CUSHIONED HANDLE/5/8" MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
QUAD CANE/LARGE BASE/ORTHO HANDLE/5/8" MISC	P	RX/OTC
QUAD CANE/LARGE BASE/SELECTAGRIP HANDLE/5/8" MISC	P	RX/OTC
QUAD CANE/LARGE BASE/SHOVEL HANDLE MISC	P	RX/OTC
QUAD CANE/LARGE LOW BASE MISC	P	RX/OTC
QUAD CANE/LARGE LOW BASE/DEVON HANDLE MISC	P	RX/OTC
QUAD CANE/ORTHO GRIP MISC	P	RX/OTC
QUAD CANE/SMALL BASE MISC	P	RX/OTC
QUAD CANE/SMALL BASE. MISC	P	RX/OTC
QUAD CANE/SMALL BASE/BRONZE ALUMINUM MISC	P	RX/OTC
QUAD CANE/SMALL BASE/BRONZE/CUSHIONED HANDLE/1/2" MISC	P	RX/OTC
QUAD CANE/SMALL BASE/CUSHIONED HANDLE/1/2" MISC	P	RX/OTC
QUAD CANE/SMALL BASE/OFFSET HANDLE MISC	P	RX/OTC
QUAD CANE/SMALL BASE/ORTHO HANDLE/1/2" MISC	P	RX/OTC
QUAD CANE/SMALL BASE/SHOVEL HANDLE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
QUAD CANE/SMALL LOW BASE/DEVON HANDLE MISC	P	RX/OTC
QUAD CANE/SMALL LOW BASE/ORTHO GRIP MISC	P	RX/OTC
QUICK-FIT CRUTCHES MISC	P	RX/OTC
QUIET PLEASE FOAM EAR PLUGS MISC	P	RX/OTC
RA ALCOHOL SWABS	P	RX/OTC
RA DELUXE PULSE OXIMETER MISC	P	RX/OTC
RA EXTRA COMFORT NIGHT PROTECTOR ORAL CARE MISC	P	RX/OTC
RAISED TOILET SEAT MISC	P	RX/OTC
RAISED TOILET SEAT/LOCK MISC	P	RX/OTC
RAISED TOILET SEAT/LOCK & ARMS MISC	P	RX/OTC
REALITY SWABS	P	RX/OTC
RECONSTITUTE MISC	P	RX/OTC
REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROsthESIS FORM MISC	P	RX/OTC
REFLECTIONS C LIGHTWEIGHT OFF SHELF BREAST PROsthESIS FORM MISC	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC
RELION PULSE OXIMETER MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
REMOVABLE BACK ALUMINUM COMMODE/PADDED ARMRESTS MISC	P	RX/OTC
REPLACEMENT NECKBAND STRAPS FOR TUBE ATTACHMENT DEVICE MISC	P	RX/OTC
RIDVANTAGE LICE COMB MISC	P	RX/OTC
RING CUSHION 14" MISC	P	RX/OTC
RING CUSHION 16" MISC	P	RX/OTC
RING CUSHION 18" MISC	P	RX/OTC
RINOFLOW MICRONIZER CHAMBER TUBING MISC	P	RX/OTC
RINOFLOW NASAL SYSTEM MISC	P	RX/OTC
ROLLATOR ULTRA-LIGHT MISC	P	RX/OTC
ROLLER WALKER MISC	P	RX/OTC
ROLLING WALKER/BURGUNDY MISC	P	RX/OTC
ROUND SHOWER STOOL MISC	P	RX/OTC
RUBBER BATH MAT MISC	P	RX/OTC
RUBBER INFLATABLE CUSHION MISC	P	RX/OTC
RX LOCKING CAP MISC	P	RX/OTC
RX TIMER CAP 13/16 DRAM TOPS PHARMACY MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
RX TIMER CAP 30/40/60 DRAM TOPS PHARMACY MISC	P	RX/OTC
SAFE-SENSE BEARD NET MISC	P	RX/OTC
SAFE-SENSE COVERALL BOOTSUNIVERSAL SIZE/WHITE MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/L MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/M MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/S MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/XL MISC	P	RX/OTC
SAFE-SENSE HEAD COVER/BOUFFANT CAP 21" MISC	P	RX/OTC
SAFE-SENSE HEAD COVER/BOUFFANT CAP/CIRCULAR/ 21" MISC	P	RX/OTC
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/LARGE MISC	P	RX/OTC
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/MEDIUM MISC	P	RX/OTC
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/SMALL MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/X-LARGE MISC	P	RX/OTC
SAFE-SENSE SHOE COVER/NON-SKID MISC	P	RX/OTC
SAFETY-SHIELD TABLET CUTTER MISC	P	RX/OTC
SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC
SB ALCOHOL PREP PADS	P	RX/OTC
SEAL-RITE SILICONE EAR PLUGS MISC	P	RX/OTC
SEALS/ALUMINUM/FLI P OFF/13MM/BLANK TOP MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT FOOT/ANKLE MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT HAND MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG ARM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG LEG MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT ARM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT LEG MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT ARM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT LEG MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE LEG MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM ARM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL LEG MISC	P	RX/OTC
SEAL-TIGHT MID-ARM PROTECTOR MISC	P	RX/OTC
SEATING CANE/8-1/2" SEATDIAMETER MISC	P	RX/OTC
SERUM BOTTLE STOPPER 20MM MISC	P	RX/OTC
SERUM BOTTLE/250ML MISC	P	RX/OTC
SERUM BOTTLES/AMBER GLASS/20ML/20MM MISC	P	RX/OTC
SERUM BOTTLES/AMBER GLASS/30ML/20MM MISC	P	RX/OTC
SERUM BOTTLES/CLEAR GLASS/50ML/20MM MISC	P	RX/OTC
SETTLING PLATE SDA/29ML/100X15MM MISC	P	RX/OTC
SETTLING PLATE TSA/25ML/100X15MM MISC	P	RX/OTC
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN MISC	P	RX/OTC
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/CAUCASIAN MISC	P	RX/OTC
SHOPKO ALCOHOL SWABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SHOWER-PAK MISC	P	RX/OTC
SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
SILICONE EAR PLUGS MISC	P	RX/OTC
SILICONE EAR PLUGS FOR KIDS MISC	P	RX/OTC
SILICONE EARPLUGS CHILDRENS MISC	P	RX/OTC
SIMPLE WISHES PUMPING BRALARGE-PLUS HANDS-FREE/ADJUSTABLE MISC	P	RX/OTC
SIMPLE WISHES PUMPING BRAXS-L HANDS-FREE/ADJUSTABLE MISC	P	RX/OTC
SIMPLYGO BREAST PUMP/DUAL MISC	P	RX/OTC
SIMPLYGO BREAST PUMP/SINGLE MISC	P	RX/OTC
SINGLE HEAD STETHOSCOPE MISC	P	RX/OTC
SITZ BATH MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD DURA-COMFORT MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD SLIM-COMFORT MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
SLEEPRIGHT INTRA-NASAL BREATHE AID MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL VAPOR INHALER MISC	P	RX/OTC
SLEEPRIGHT SPORT INTRA-NASAL BREATHE AID MISC	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC
SM COTTON SWABS SWAB	P	
SM FOAM EAR PLUGS MISC	P	RX/OTC
SM WALKER/YOUTH/FOLDING/DUAL WHEELS MISC	P	RX/OTC
SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/EXTRA LARGE MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/LARGE MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/SMALL-MEDIUM MISC	P	RX/OTC
SOOTHIES COOLING GEL PADS MISC	P	RX/OTC
SOOTHIES GEL PADS/REUSABLE MISC	P	RX/OTC
SPENCO SILICORE BED PAD MISC	P	RX/OTC
SPENCO SILICORE CHAIR PAD MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SPENCO SILICORE FOOT PILLOWS/ONE SIZE MISC	P	RX/OTC
SPENCO SILICORE FOOT POSITIONER MISC	P	RX/OTC
SPENCO SILICORE WHEELCHAIR PAD MISC	P	RX/OTC
SPLASH SHIELD/FULL FACE MISC	P	RX/OTC
SPLASH SHIELD/SHORT FACE MISC	P	RX/OTC
SPLIT HANDGRIPS MISC	P	RX/OTC
SPRAGUE RAPPAPORT STETHOSCOPE/BLACK MISC	P	RX/OTC
SPRAGUE RAPPAPORT STETHOSCOPE/NAVY MISC	P	RX/OTC
SPRAGUE RAPPAPORT STETHOSCOPE/PURPLE MISC	P	RX/OTC
SPRAY APPLICATOR KIT MISC	P	RX/OTC
SPRAY BOTTLE 120ML/PLASTIC MISC	P	RX/OTC
STANDARD CRUTCH TIP MISC	P	RX/OTC
STEEL COMMODOE/BEDSIDE/FOLDING/SPLASH GUARD MISC	P	RX/OTC
STEEL ROLLING WALKER MISC	P	RX/OTC
STEP COUNTER MISC	P	RX/OTC
STEP N' REST MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
STEP N' REST II WALKER MISC	P	RX/OTC
STEP N' REST WALKER MISC	P	RX/OTC
STEP N' REST WALKER/5" SWIVEL WHEELS/GLIDE WHEELS MISC	P	RX/OTC
STETHOSCOPE MISC	P	RX/OTC
STETHOSCOPE DUAL HEAD MISC	P	RX/OTC
STETHOSCOPE SINGLE HEAD MISC	P	RX/OTC
STETHOSCOPE/NURSE S BLUE MISC	P	RX/OTC
STETHOSCOPE/SPRAGUE RAPPAPORT STYLE MISC	P	RX/OTC
STIRRING ROD/GLASS 12X1/4" MISC	P	RX/OTC
STOCKING APPLICATOR/PETITE MISC	P	RX/OTC
STOCKING APPLICATOR/REGULAR MISC	P	RX/OTC
STOP LICE EGG & NIT REMOVAL SYSTEM MISC	P	RX/OTC
STRAINER/STAINLESS STEELWITH PLASTIC HANDLE/2-1/2" MISC	P	RX/OTC
SUCTION GRAB BAR MISC	P	RX/OTC
SUCTION TIPS FOR TRANSFERBENCHES MISC	P	RX/OTC
SUNBEAM KING COVER MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SUNBEAM STANDARD COVER MISC	P	RX/OTC
SUPPOSITORY MOLD 2GM MISC	P	RX/OTC
SUPPOSITORY MOLD/ALUMINUM2GM/100 CAVITY MISC	P	RX/OTC
SUPPOSITORY MOLDS 1.3ML/PEEL-AWAY MISC	P	RX/OTC
SUPPOSITORY MOLDS 2.25ML/PEEL-AWAY MISC	P	RX/OTC
SUPPOSITORY MOLDS 2CC/V-NOTCH MISC	P	RX/OTC
SUPPOSITORY MOLDS 2GM MISC	P	RX/OTC
SUPPOSITORY MOLDS 2ML/PEEL-AWAY MISC	P	RX/OTC
SUPPOSITORY MOLDS 3ML/PEEL-AWAY MISC	P	RX/OTC
SUPPOSITORY SHELL 2.0ML MISC	P	RX/OTC
SUPPOSITORY SHELL RACK MISC	P	RX/OTC
SUPPOSITORY SHELLS 2.4ML MISC	P	RX/OTC
SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
SURELIFE CLEARWAVE II PULSE OXIMETER MISC	P	RX/OTC
SURELIFE CLEARWAVE PULSEOXIMETER MISC	P	RX/OTC
SURE-PREP ALCOHOL PREP PADS	P	RX/OTC
SWIM EARPLUGS MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
SYMPHONY DOUBLE PUMPING SYSTEM MISC	P	RX/OTC
SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	P	RX/OTC
SYRINGE DIAL-A-DOSE MISC	P	RX/OTC
TABLET CUTTER/CRUSHER MISC	P	RX/OTC
TABLET CUTTER/DELUXE SAFETY MISC	P	RX/OTC
TABLET CUTTER/SAFETY SHIELD MISC	P	RX/OTC
TABLET CUTTER/SAFETY-SHIELD MISC	P	RX/OTC
TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	P	RX/OTC
TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/12" MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/16" MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/18" MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/24" MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/32" MISC	P	RX/OTC
TGT ALCOHOL SWABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THE DOCTORS NIGHTGUARD ADVANCED COMFORT MISC	P	RX/OTC
THE SIDE RESTER CUSHION IMPERMEABLE COVER MISC	P	RX/OTC
THE SIDE RESTER CUSHION REGULAR COVER MISC	P	RX/OTC
THERA-BAND EXERCISE BANDS MISC	P	RX/OTC
TIP RECTAL/VAGINAL W/PERFORATIONS MISC	P	RX/OTC
TOILET SAFETY FRAME MISC	P	RX/OTC
TOILET SEAT ELEVATOR MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADAPTER/STANDARD CLOSER TO NATURE MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO MISC	P	RX/OTC
TOMMEE TIPPEE DOUBLE ELECTRIC BREAST PUMP MADE FOR ME MISC	P	RX/OTC
TOMMEE TIPPEE MANUAL BREAST PUMP MADE FOR ME MISC	P	RX/OTC
TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TOMMEE TIPPEE SINGLE ELECTRIC BREAST PUMP MADE FOR ME MISC	P	RX/OTC
TONGUE CLEANER/COMFORT CURVE MISC	P	RX/OTC
TONGUE DEPRESSORS MISC	P	RX/OTC
TOOTHETTE BITE BLOCK MISC	P	RX/OTC
TOPI-CLICK 140/BLACK MISC	P	RX/OTC
TOPI-CLICK 140/BLUE MISC	P	RX/OTC
TOPI-CLICK 140/GOLD MISC	P	RX/OTC
TOPI-CLICK 140/GREEN MISC	P	RX/OTC
TOPI-CLICK 140/PINK MISC	P	RX/OTC
TOPI-CLICK 140/PURPLE MISC	P	RX/OTC
TOPI-CLICK 140/RED MISC	P	RX/OTC
TOPI-CLICK 140/SILVER MISC	P	RX/OTC
TOPI-CLICK 140/WHITE MISC	P	RX/OTC
TOPI-CLICK 35 DOSE CHECK MISC	P	RX/OTC
TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/CAP/BASE MISC	P	RX/OTC
TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/WHITE CAP/BASE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
TOPI-CLICK 35 VAGINAL APPLICATOR DOSE LOADER MISC	P	RX/OTC
TOPI-CLICK 35 VAGINAL DOSE APPLICATOR MISC	P	RX/OTC
TOPI-CLICK 35 VAGINAL DOSING SYSTEM/APPLICATOR MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/140ML MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/35ML MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/P IN POINT/9ML/0.05ML/BLUE MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/ROUNDED/9ML/0.05 ML/BLUE MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/SOFT ANGLED/9ML/0.05ML/BLUE MISC	P	RX/OTC
TOPI-CLICK MICRO/PIN POINT APPLICATOR/BLUE MISC	P	RX/OTC
TOPI-CLICK MICRO/ROUNDEDAPPLICATOR/BLUE MISC	P	RX/OTC
TOPI-CLICK MICRO/SOFT ANGLED APPLICATOR/BLUE MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TOPI-CLICK NOZZLE MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL APPLICATOR DOSE LOADER/35ML MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSE APPLICATOR/4ML MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSING SYSTEM/VAGINAL APPLICATOR 35 MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLACK MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLUE MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/GOLD MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/GREEN MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/ORANGE MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/PINK MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/PURPLE MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/RED MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/SILVER MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/WHITE MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/BLACK MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/BLUE MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/GOLD MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
TOPI-CLICK/35ML/3 PORT/GREEN MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/PINK MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/PURPLE MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/RED MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/SILVER MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/WHITE MISC	P	RX/OTC
TOTAL COMFORT WHEELCHAIRBACK CUSHION MISC	P	RX/OTC
TOTAL COMFORT WHEELCHAIRSEAT CUSHION MISC	P	RX/OTC
TRACTION FLOOR STAND/ECONOMY MODEL MISC	P	RX/OTC
TRACTION HEAD HALTER ROPE10' MISC	P	RX/OTC
TRACTION PELVIC BELT MISC	P	RX/OTC
TRACTION WEIGHT BAG/20LB MISC	P	RX/OTC
TRANSFER BENCH MISC	P	RX/OTC
TRANSFER BENCH W/BACK MISC	P	RX/OTC
TRANSFER BOARD/28"X8-1/4" MISC	P	RX/OTC
TRANSFER PIN MISC	P	RX/OTC
TRANSPORT CHAIR ULTRA LIGHT MISC	P	RX/OTC
TRAVEL BOTTLES MISC	P	RX/OTC
TRAVEL POUCH MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
TRAVELER 3 WHEEL ROLLINGWALKER MISC	P	RX/OTC
TRIGGER RELEASE JUNIOR WALKER/WHEELS MISC	P	RX/OTC
TRI-GRIP BATHTUB RAIL MISC	P	RX/OTC
TRIO ROLLING WALKER MISC	P	RX/OTC
TROCHE MOLD 30 CAVITY MISC	P	RX/OTC
TRU FIT MAGNETIX ANKLE/2SMALL DISKS MISC	P	RX/OTC
TRU FIT MAGNETIX BACK MISC	P	RX/OTC
TRU FIT MAGNETIX ELBOW/2SMALL DISKS MISC	P	RX/OTC
TRU FIT MAGNETIX OPEN KNEE/2 LARGE DISKS MISC	P	RX/OTC
TRU FIT MAGNETIX SELF-ADHESIVE MAGNETS MISC	P	RX/OTC
TRU FIT MAGNETIX WRIST/2SMALL DISKS MISC	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
TUB TRANSFER BOARD MISC	P	RX/OTC
TWIN MEDICINE SPOON MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TYVEK PROTECTIVE SLEEVES/DISPOSABLE MISC	P	RX/OTC
ULTICARE ALCOHOL SWABS	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 PILL CRUSHER MISC	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
UNGUATOR 100/200/57MM/DISP OSABLE BLADES MISC	P	RX/OTC
UNGUATOR 15/20/30/36MM/DISP OSABLE BLADES MISC	P	RX/OTC
UNGUATOR 50/43MM/DISPOSABLE BLADES MISC	P	RX/OTC
UNGUATOR ACCESSORIES EXACTDOSE 0.5ML MISC	P	RX/OTC
UNGUATOR APPLICATOR 1"/SHORT/CAP MISC	P	RX/OTC
UNGUATOR APPLICATOR 2.5"/LONG MISC	P	RX/OTC
UNGUATOR JAR 100/140 BLUELID MISC	P	RX/OTC
UNGUATOR JAR 100/140 REDLID MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
UNGUATOR JAR 15/20 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 15/20 GREENLID MISC	P	RX/OTC
UNGUATOR JAR 15/20 RED LID MISC	P	RX/OTC
UNGUATOR JAR 15/28 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 20/33 BLUE MISC	P	RX/OTC
UNGUATOR JAR 20/33 RED LID MISC	P	RX/OTC
UNGUATOR JAR 20/33 WHITE/BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 200/280 BLUELID MISC	P	RX/OTC
UNGUATOR JAR 200/280 GREEN LID MISC	P	RX/OTC
UNGUATOR JAR 200/280 REDLID MISC	P	RX/OTC
UNGUATOR JAR 200/280 WHITE MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE/BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 GREENLID MISC	P	RX/OTC
UNGUATOR JAR 30/42 RED LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 TURQUOISE/TURQUOISE LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 WHITELID MISC	P	RX/OTC
UNGUATOR JAR 30/42 YELLOW MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
UNGUATOR JAR 50/70 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 BLUE/BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 GREENLID MISC	P	RX/OTC
UNGUATOR JAR 50/70 PINK/PINK LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 RED LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 TURQUOISE MISC	P	RX/OTC
UNGUATOR JAR 50/70 WHITELID MISC	P	RX/OTC
UNGUATOR JAR 50/70 YELLOW MISC	P	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 1000/1250 MISC	P	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC	P	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 500/600 WHITE MISC	P	RX/OTC
UNGUATOR JAR W/SPINDLE 300/390 MISC	P	RX/OTC
UNGUATOR JAR W/SPINDLE 500/600 MISC	P	RX/OTC
UNGUATOR LID 1000ML MISC	P	RX/OTC
UNGUATOR LID 500ML MISC	P	RX/OTC
UNGUATOR VARIONOZZLE 1MM MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
UNGUATOR VARIONOZZLE 4MM MISC	P	RX/OTC
UNIVERSAL QUICK ADJUST CRUTCH MISC	P	RX/OTC
UNIVERSAL TIPS/1" MISC	P	RX/OTC
UNIVERSAL WALKER ORGANIZER MISC	P	RX/OTC
VAGINAL SUPPOSITORY APPLICATOR MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12" MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12" MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION TUBE HOLDER MISC	P	RX/OTC
VARITHENA ADMINISTRATIONPAC K MISC	P	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	P	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	P	RX/OTC
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	P	RX/OTC
VIAL ACCESSORIES/INHALA TION WORK STATION/50 HOLES MISC	P	RX/OTC
VIBE 6 MISC	P	RX/OTC
VIBRATING FOOT BATH/HEAT MISC	P	RX/OTC
VIDA CELLULAR SCALE MISC	P	RX/OTC
VINYL INFLATABLE CUSHION MISC	P	RX/OTC
VINYL PADDED BATHTUB TRANSFER BENCH/COMMODE SEAT/PAIL MISC	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS EXTRA WEIGHTED THICKNESS MISC	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS MISC	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS/MAGNET MISC	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS/MAGNETS MISC	P	RX/OTC
VIVI EPI MISC	P	RX/OTC
WALKER AUTO GLIDES/5 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
WALKER AUTO GLIDES/8 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
WALKER BASKET MISC	P	RX/OTC
WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
WALKER GLIDE WHEELS/8 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
WALKER SKI GLIDES/1" MISC	P	RX/OTC
WALKER SKI GLIDES/1-1/8" MISC	P	RX/OTC
WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/3" MISC	P	RX/OTC
WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/5" MISC	P	RX/OTC
WALKER TALL EXTENSION LEGS MISC	P	RX/OTC
WALKER TIPS/1-1/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WALKER TIPS/BLACK/1-1/8" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/3" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/5" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5" MISC	P	RX/OTC
WALKER/ADULT/FOLDING MISC	P	RX/OTC
WALKER/EXTENDED FRAME MISC	P	RX/OTC
WALKER/FOLDING HEMI MISC	P	RX/OTC
WALKER/TWO-BUTTON FOLDING/32"-39"/NO WHEELS MISC	P	RX/OTC
WALKER/TWO-BUTTON FOLDING/TITANIUM MISC	P	RX/OTC
WALKER/YOUTH/FOLDING MISC	P	RX/OTC
WASH GLOVES PRE-MOISTENED MISC	P	RX/OTC
WATERPROOF SHEETING/36" X54" MISC	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
WATERPROOF SHEETING/36" X66" MISC	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC
WEIGH BOAT/PLASTIC/ANTI-STATIC MISC	P	RX/OTC
WET-STOP 3 MISC	P	RX/OTC
WHEEL CHAIR K1 BASIC DESKARM MISC	P	RX/OTC
WHEELCHAIR MISC	P	RX/OTC
WHEELCHAIR CUSHION MISC	P	RX/OTC
WHEELCHAIR INVALID RING MISC	P	RX/OTC
WHITE WALL GRAB BAR/12" MISC	P	RX/OTC
WHITE WALL GRAB BAR/16" MISC	P	RX/OTC
WHITE WALL GRAB BAR/18" MISC	P	RX/OTC
WHITE WALL GRAB BAR/24" MISC	P	RX/OTC
WOODEN CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC
WOODEN CANE/WALNUT FINISH/PISTOL GRIP/DERBY HANDLE/7/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
WOODEN CANE/WALNUT FINISH/ROUND HANDLE/7/8" MISC	P	RX/OTC
WORK BELT MISC	P	RX/OTC
WRIST BRACE MISC	P	RX/OTC
WRIST SLEEP SUPPORT MISC	P	RX/OTC
YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC	P	RX/OTC
ZEVX STERILE ALCOHOL PREP PADS	P	RX/OTC
ZEWA ELECTRODES MISC	P	RX/OTC
ZIPPERED MATTRESS COVER MISC	P	RX/OTC
ZOOM 20 ROLLING WALKER MISC	P	RX/OTC
Oral Hygiene Products		
ORAL SWAB PETITE SWAB	P	
TOOTHETTE ORAL SWABS/DENTIFRICE SWAB	P	
TOOTHETTE ORAL SWABS/UNTREATED SWAB	P	
TOOTHETTE PLUS ORAL SWABS/UNTREATED SWAB	P	
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5 MM	NP	MP;RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
1ST TIER UNIFINE PENTIPS31GX6MM	NP	MP;RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	NP	MP;RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	NP	MP;RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	NP	MP
1ST TIER UNIFINE PENTIPS33GX4MM	NP	MP
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	NP	MP;RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	NP	MP;RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	NP	MP
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	NP	MP;RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM	NP	MP;RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	NP	MP;RX/OTC
3ML SYRINGE/20G X 1"/LUER LOCK TIP	P	QL(3.34 ea daily);RX/OTC
3ML SYRINGE/20G X 1"/LUER SLIP TIP	P	QL(3.34 ea daily);RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	NP	MP;RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16"	NP	MP
ABOUTTIME PEN NEEDLES 31G X 3/16"	NP	MP;RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN PEN NEEDLES	NP	MP
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	NP	MP
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	NP	MP;RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	NP	MP;RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	NP	MP;RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	NP	MP
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP;RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	MP;RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	MP
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP;RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	NP	MP;RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	NP	MP
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	NP	MP
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP;RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	NP	MP;RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	NP	MP
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	NP	MP
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	NP	MP;RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	MP;RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM	NP	MP;RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	MP
AUM MINI INSULIN PEN NEEDLE/32GX8MM	NP	MP
AUM MINI INSULIN PEN NEEDLE/33GX4MM	NP	MP
AUM MINI INSULIN PEN NEEDLE/33GX5MM	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
AUM MINI INSULIN PEN NEEDLE/33GX6MM	NP	MP
AUM READYGARD DUO SAFETY PEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	MP;RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM	NP	MP
AUM SAFETY PEN NEEDLE/31G X 5MM	NP	MP;RX/OTC
AURORA PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
AURORA PEN NEEDLES 31G X6MM	NP	MP;RX/OTC
AURORA PEN NEEDLES 31G X8MM	NP	MP;RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32"	NP	MP;RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	NP	MP;RX/OTC
AUTOPEN DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	NP	MP;RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1"	P	QL(3.34 ea daily);RX/OTC
BD AUTOSHIELD 29G X 3/16"	NP	MP
BD AUTOSHIELD 29G X 5/16"	NP	MP
BD AUTOSHIELD DUO 30G X 5MM	NP	MP
BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	P	QL(3.34 ea daily);RX/OTC

IL MHP Medicaid

October 1, 2022

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
BD ECLIPSE NEEDLE/25G X5/8"	P	QL(3.34 ea daily);RX/OTC
BD HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily);RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	NP	MP;RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	NP	MP;RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	NP	MP
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	NP	MP;RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1 ML/27G X 5/8"	NP	MP
BD INSULIN SYRINGE MICROFINE/U-100/1 ML/28G X 1/2"	NP	MP;RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29 G X 1/2"	NP	MP;RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	NP	MP;RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	NP	MP
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	NP	MP
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	NP	MP

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30 G X 1/2"	NP	MP
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30 G X 1/2"	NP	MP
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	NP	MP
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31 G X 5/16"	NP	MP
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	NP	MP
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30 G X 1/2"	NP	MP
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30 G X 1/2"	NP	MP
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	NP	MP
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31 G X 5/16"	NP	MP
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	NP	MP
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	NP	MP
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	NP	MP

IL MHP Medicaid

October 1, 2022

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
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	NP	MP
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	NP	MP
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3 ML/29G X 1/2"	NP	MP;RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5 ML/29G X 1/2"	NP	MP;RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	NP	MP;RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	NP	MP
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	NP	MP;RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	NP	MP;RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	NP	MP;RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	MP;RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	NP	MP
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	NP	MP

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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	NP	MP
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	NP	MP;RX/OTC
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
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP;RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30 G X 5/16"	NP	MP;RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	P	QL(3.34 ea daily);RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	NP	MP;RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	NP	MP;RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	NP	MP
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	NP	MP;RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	NP	MP
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31 G X 15/64"	NP	MP;RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	NP	MP
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.5ML/31 G X 15/64"	NP	MP

IL MHP Medicaid

October 1, 2022

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
CAREFINE PEN NEEDLE 32GX4MM	NP	MP;RX/OTC
CAREFINE PEN NEEDLES 29GX1/2"	NP	MP;RX/OTC
CAREFINE PEN NEEDLES 30GX5/16"	NP	MP
CAREFINE PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
CAREFINE PEN NEEDLES 32GX5MM	NP	MP;RX/OTC
CAREFINE PEN NEEDLES 32GX6MM	NP	MP
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	NP	MP
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	MP
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	NP	MP
CAREONE UNIFINE PENTIPS 29GX12MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	NP	MP
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	P	QL(3.34 ea daily);RX/OTC
CARETOUCH HYPODERMIC NEEDLE/23GX1"	P	QL(3.34 ea daily);RX/OTC
CARETOUCH HYPODERMIC NEEDLE/25GX5/8"	P	QL(3.34 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX 5/16"	NP	MP
CARETOUCH INSULIN SYRINGE/0.5ML/31GX 5/16"	NP	MP
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	NP	MP
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	NP	MP
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	NP	MP
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	NP	MP;RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	NP	MP;RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM	NP	MP;RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM	NP	MP;RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM	NP	MP;RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM	NP	MP;RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM	NP	MP;RX/OTC
CEQR SIMPLICITY 2U DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/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/U-100/1ML/ 31GX5/16"	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	NP	MP;RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	NP	MP
CLICKFINE PEN NEEDLE 32GX5/32"	NP	MP;RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	NP	MP;RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16 "	NP	MP;RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	NP	MP;RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	NP	MP;RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	NP	MP;RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	NP	MP;RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	NP	MP;RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4"	NP	MP;RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	MP;RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
COMFORT EZ INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	NP	MP

IL MHP Medicaid

October 1, 2022

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
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
COMFORT EZ MICRO/32G X 4MM	NP	MP;RX/OTC
COMFORT EZ SHORT/31G X 8MM	NP	MP;RX/OTC
COMFORT EZ/31G X 5MM	NP	MP;RX/OTC
COMFORT EZ/31G X 6MM	NP	MP;RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 4MM	NP	MP
COMFORT TOUCH PEN NEEDLES/31G X 5MM	NP	MP;RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6MM	NP	MP;RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 8MM	NP	MP;RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	NP	MP;RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM	NP	MP;RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	NP	MP
COMFORT TOUCH PEN NEEDLES/32G X 8MM	NP	MP
COMFORT TOUCH PEN NEEDLES/33G X 5/32"	NP	MP

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NEEDLES/33GX 3/16"	NP	MP
COMFORT TOUCH PEN NEEDLES/33GX1/4"	NP	MP
DIATHRIVE PEN NEEDLE/31 G X 6MM	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
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	NP	MP;RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	NP	MP;RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	NP	MP;RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	MP

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

IL MHP Medicaid

October 1, 2022

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
DROPLET PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
DROPLET PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	NP	MP
DROPLET PEN NEEDLES 32G X 3/16"	NP	MP;RX/OTC
DROPLET PEN NEEDLES 32G X 5/16"	NP	MP
DROPLET PEN NEEDLES 32G X 5/32"	NP	MP;RX/OTC
DROPLET PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
DROPLET PEN NEEDLES 32GX5MM	NP	MP;RX/OTC
DROPLET PEN NEEDLES 32GX6MM	NP	MP
DROPLET PEN NEEDLES 32GX8MM	NP	MP
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	MP;RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	NP	MP;RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	NP	MP;RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	NP	MP;RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM	NP	MP;RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM	NP	MP;RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM	NP	MP;RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	NP	MP;RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NP	MP
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP
EASY COMFORT INSULIN SYRINGES/0.5ML/32G X5/16"	NP	MP
EASY COMFORT PEN NEEDLES31GX1/4"	NP	MP;RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	NP	MP;RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EASY COMFORT PEN NEEDLES32GX5/32"	NP	MP;RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	NP	MP
EASY COMFORT PEN NEEDLES33G X 5MM	NP	MP
EASY COMFORT PEN NEEDLES33G X 6MM	NP	MP
EASY GLIDE PEN NEEDLES 33G X 5/32"	NP	MP
EASY TOUCH 32GX5MM	NP	MP;RX/OTC
EASY TOUCH 32GX6MM	NP	MP
EASY TOUCH FLIPLOCK NEEDLES 23GX1"	P	QL(3.34 ea daily);RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	P	QL(3.34 ea daily);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
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP;RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	P	QL(3.34 ea daily);RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
EASY TOUCH HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-10 0/0.5ML/29G X 1/2"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-10 0/0.5ML/30G X 5/16"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-10 0/1ML/29G X 1/2"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-10 0/1ML/30G X 1/2"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/0.3M L/30G X 1/2"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/0.5M L/27G X 1/2"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/ 27G X 1/2"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/ 27G X 5/8"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	NP	MP;RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/ 30G X 1/2"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	NP	MP
EASY TOUCH PEN NEEDLE 30G X 5/16"	NP	MP
EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	MP
EASY TOUCH PEN NEEDLES 29GX1/2"	NP	MP;RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	NP	MP;RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	NP	MP;RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
EASY TOUCH PEN NEEDLES 32GX3/16"	NP	MP;RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	NP	MP;RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16"	NP	MP;RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP	MP
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	NP	MP
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	NP	MP
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	NP	MP
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP;RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP;RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	NP	MP
EASYPOINT NEEDLE 23G X 1"	P	QL(3.34 ea daily);RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EASYPPOINT NEEDLE 25G X 5/8"	P	QL(3.34 ea daily);RX/OTC
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16"	NP	MP
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	NP	MP;RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5M L/28G X 5/16"	NP	MP
ELITE-THIN INSULIN SYRINGE/U-100/0.5M L/29G X 5/16"	NP	MP
ELITE-THIN INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	NP	MP
ELITE-THIN INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"	NP	MP;RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/ 28G X 5/16"	NP	MP
ELITE-THIN INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ELITE-THIN INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	NP	MP
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
EQL INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	NP	MP
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	NP	MP;RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	NP	MP;RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP;RX/OTC
EXEL COMFORT POINT 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
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	NP	MP;RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	NP	MP;RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
FIFTY50 PEN NEEDLES/31GX8MM	NP	MP;RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	NP	MP;RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM	NP	MP
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	NP	MP;RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	NP	MP;RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	NP	MP;RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	NP	MP
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML /30G X 5/16"	NP	MP;RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	NP	MP;RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP;RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/30G X 1/2"	NP	MP
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	NP	MP;RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	NP	MP
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	NP	MP;RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	NP	MP;RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	NP	MP
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	NP	MP;RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	NP	MP
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"	NP	MP;RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	NP	MP;RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP

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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
GNP INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
GNP INSULIN SYRINGES/0.3ML/30G X5/16"	NP	MP;RX/OTC
GNP INSULIN SYRINGES/1/2ML/29G X1/2"	NP	MP;RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	NP	MP;RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	NP	MP;RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	NP	MP;RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	NP	MP
GNP ULTICARE PEN NEEDLES/31GX5/16"	NP	MP;RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	NP	MP;RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	NP	MP
GNP ULTICARE PEN NEEDLES31G X 5MM	NP	MP;RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	NP	MP;RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	NP	MP
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	NP	MP;RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	NP	MP;RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP;RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	NP	MP;RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	NP	MP;RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	NP	MP
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	NP	MP;RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	NP	MP;RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	NP	MP;RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	NP	MP;RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	NP	MP;RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	NP	MP;RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX 4MM	NP	MP;RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	NP	MP;RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	NP	MP;RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	NP	MP;RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	NP	MP;RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	NP	MP;RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	NP	MP
H-E-B INCONTROL PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	NP	MP;RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
HYPODERMIC NEEDLE 23GX1"	P	QL(3.34 ea daily);RX/OTC
HYPODERMIC NEEDLE 25GX5/8"	P	QL(3.34 ea daily);RX/OTC
HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily);RX/OTC
HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	MP;RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	MP;RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	MP;RX/OTC
INPEN 100/BLUE/LILLY/HUM ALOG DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC
INPEN 100/BLUE/NOVOLOG/ FIASP DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC
INPEN 100/GREY/LILLY/HUM ALOG DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC
INPEN 100/GREY/NOVOLOG/ FIASP DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC
INPEN 100/PINK/LILLY/HUM ALOG DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC
INPEN 100/PINK/NOVOLOG/ FIASP DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC
INSULIN SYRINGE 1ML/31G X1/4"	NP	MP
INSULIN SYRINGE/0.3ML/29G X 1"	NP	MP
INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
INSULIN SYRINGE/0.5ML/27G X 1/2"	NP	MP
INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP;RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP
INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	NP	MP;RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	NP	MP
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	NP	MP;RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	NP	MP
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	NP	MP;RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	NP	MP;RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	NP	MP
INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	NP	MP;RX/OTC
INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	NP	MP;RX/OTC
INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	NP	MP;RX/OTC
INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"	NP	MP;RX/OTC
INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"	NP	MP
INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"	NP	MP
INSULIN SYRINGES 0.3ML/31G X 1/4"	NP	MP
INSULIN SYRINGES 0.5ML/31G X 1/4"	NP	MP
INSULIN SYRINGES/0.5ML/27G X1/2"	NP	MP

IL MHP Medicaid

October 1, 2022

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
INSULIN SYRINGES/0.5ML/28G X1/2"	NP	MP;RX/OTC
INSULIN SYRINGES/0.5ML/29G X1/2"	NP	MP;RX/OTC
INSULIN SYRINGES/0.5ML/30G X5/16"	NP	MP;RX/OTC
INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP
INSULIN SYRINGES/0.5ML/31G X5/16"	NP	MP
INSULIN SYRINGES/1ML/27GX/1/2"	NP	MP;RX/OTC
INSULIN SYRINGES/1ML/27GX1/2"	NP	MP;RX/OTC
INSULIN SYRINGES/1ML/28GX1/2"	NP	MP;RX/OTC
INSULIN SYRINGES/1ML/29GX1/2"	NP	MP;RX/OTC
INSULIN SYRINGES/1ML/30GX1/2"	NP	MP
INSULIN SYRINGES/1ML/31GX5/16"	NP	MP
INSUPEN 29G X 12MM	NP	MP;RX/OTC
INSUPEN 31G X 5MM	NP	MP;RX/OTC
INSUPEN 31G X 8MM	NP	MP;RX/OTC
INSUPEN 32G X 4MM	NP	MP;RX/OTC
INSUPEN 33GX4MM	NP	MP

Drug Name	Drug Tier	Requirements/Limits
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
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	NP	MP
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	NP	MP
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	NP	MP;RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
KROGER PEN NEEDLES 29G X12MM	NP	MP;RX/OTC
KROGER PEN NEEDLES 31G X8MM	NP	MP;RX/OTC
KROGER PEN NEEDLES 31GX1/4"	NP	MP;RX/OTC
KROGER PEN NEEDLES/31G X1/4"	NP	MP;RX/OTC
KROGER PEN NEEDLES/31G X3/16"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
KROGER PEN NEEDLES/31G X5/16"	NP	MP;RX/OTC
KROGER PEN NEEDLES/32G X5/32"	NP	MP;RX/OTC
KROGER PEN NEEDLES/33G X5/32"	NP	MP
LEADER 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
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP;RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	NP	MP;RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	NP	MP;RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	NP	MP;RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	NP	MP;RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	NP	MP;RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	NP	MP;RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP;RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP;RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP;RX/OTC
LITETOUCH INSULIN 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
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
LITETOUCH PEN NEEDLES 29GX12.7MM	NP	MP
LITETOUCH PEN NEEDLES 31G X 6MM	NP	MP;RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	NP	MP;RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	NP	MP;RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	NP	MP;RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	NP	MP;RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3M L/29G X 1/2"	NP	MP;RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3M L/30G X 5/16"	NP	MP;RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5M L/29G X 1/2"	NP	MP;RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5M L/30G X 5/16"	NP	MP;RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/ 29G X 1/2"	NP	MP;RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/ 30G X 5/16"	NP	MP;RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM	NP	MP;RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM	NP	MP;RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM	NP	MP;RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	NP	MP;RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5M L/28GX1/2"	NP	MP;RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/ 28GX1/2"	NP	MP;RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	NP	MP;RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	NP	MP
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP	MP
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	NP	MP
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	NP	MP;RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	NP	MP;RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	NP	MP;RX/OTC
MEIJER PEN NEEDLES 29G X12MM	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
MEIJER PEN NEEDLES 31G X6MM	NP	MP;RX/OTC
MEIJER PEN NEEDLES 31G X8MM	NP	MP;RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	NP	MP;RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	NP	MP;RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM	NP	MP
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
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	NP	MP;RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	NP	MP
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
MM PEN NEEDLES 31G X 1/4"	NP	MP;RX/OTC
MM PEN NEEDLES 31G X 3/16"	NP	MP;RX/OTC
MM PEN NEEDLES 31G X 5/16"	NP	MP;RX/OTC
MM PEN NEEDLES 32G X 5/32"	NP	MP;RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1"	P	QL(3.34 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	P	QL(3.34 ea daily);RX/OTC
MONOJECT HYPO/POLYPROPYLEN E HUB/LL/INTM BEVEL/25G X 5/8"	P	QL(3.34 ea daily);RX/OTC
MONOJECT HYPO/POLYPROPYLEN E HUB/LL/REG BEVEL/23G X 1"	P	QL(3.34 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/1ML	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	NP	MP
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML /28G X 1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PER M NEEDLE/0.3ML/29G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29GX 1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	NP	MP;RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 23GX1"	P	QL(3.34 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SAFETYNEEDLE 25GX5/8"	P	QL(3.34 ea daily);RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	P	QL(3.34 ea daily);RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/23GX1"	P	QL(3.34 ea daily);RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX5/8"	P	QL(3.34 ea daily);RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily);RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1"	P	QL(3.34 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
MS INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	NP	MP
NOVOFINE PEN NEEDLE 32G X 6MM	NP	MP
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	NP	MP;RX/OTC
NOVOPEN ECHO DEVI	P	QL(1 ea per 365 days retail);MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
NOVOTWIST PEN NEEDLE 32GX 5MM	NP	MP;RX/OTC
PC UNIFINE PENTIPS 29G X1/2"	NP	MP;RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI	NP	MP;RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	NP	MP;RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT	NP	MP;RX/OTC
PEN NEEDLES 29G X 12MM	NP	MP;RX/OTC
PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
PEN NEEDLES 30GX5/16"	NP	MP
PEN NEEDLES 30GX5MM	NP	MP
PEN NEEDLES 30GX8MM	NP	MP
PEN NEEDLES 31G X 3/16"	NP	MP;RX/OTC
PEN NEEDLES 31G X 5MM	NP	MP;RX/OTC
PEN NEEDLES 31G X 6MM	NP	MP;RX/OTC
PEN NEEDLES 31G X 8MM	NP	MP;RX/OTC
PEN NEEDLES 31GX5/16"	NP	MP;RX/OTC
PEN NEEDLES 31GX6MM (1/4")	NP	MP;RX/OTC
PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
PEN NEEDLES 31GX8MM (5/16")	NP	MP;RX/OTC
PEN NEEDLES 32G X 4MM	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PEN NEEDLES 32G X 5MM	NP	MP;RX/OTC
PEN NEEDLES 32G X 6MM	NP	MP
PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
PEN NEEDLES 33G X 5/32"	NP	MP
PEN NEEDLES/29G X 1/2"	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
PENTIPS 29G X 12MM	NP	MP;RX/OTC
PENTIPS 29GX12MM	NP	MP;RX/OTC
PENTIPS 31G X 5MM	NP	MP;RX/OTC
PENTIPS 31G X 8MM	NP	MP;RX/OTC
PENTIPS 31GX5MM	NP	MP;RX/OTC
PENTIPS 31GX6MM	NP	MP;RX/OTC
PENTIPS 31GX8MM	NP	MP;RX/OTC
PENTIPS 32G X 4MM	NP	MP;RX/OTC
PENTIPS 32GX4MM	NP	MP;RX/OTC
PENTIPS 32GX6MM	NP	MP
POLY HUB NEEDLE/23G X 1"	P	QL(3.34 ea daily);RX/OTC
POLY HUB NEEDLE/25G X 5/8"	P	QL(3.34 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	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
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP;RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP;RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP;RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP;RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	NP	MP;RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	MP;RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	NP	MP;RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	NP	MP;RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5 MM	NP	MP;RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	MP;RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4"	NP	MP;RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16"	NP	MP;RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	NP	MP;RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	NP	MP;RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	NP	MP
PRO COMFORT PEN NEEDLES/31G X 8MM	NP	MP;RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	NP	MP;RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	NP	MP;RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	NP	MP
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	NP	MP
PURE COMFORT PEN NEEDLE 32G X8MM	NP	MP
PURE COMFORT PEN NEEDLE/32G X 5MM	NP	MP;RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	NP	MP;RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
PX INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	NP	MP
PX MINI PEN NEEDLES 31GX5MM	NP	MP;RX/OTC
PX PEN NEEDLE 29GX12MM	NP	MP;RX/OTC
PX PEN NEEDLE 31GX8MM	NP	MP;RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	NP	MP;RX/OTC
QC PEN NEEDLES 29G X 12MM	NP	MP;RX/OTC
QC PEN NEEDLES 31G X 6MM	NP	MP;RX/OTC
QC PEN NEEDLES 31G X 8MM	NP	MP;RX/OTC
QC UNIFINE PENTIPS 32GX4MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
RA INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	NP	MP;RX/OTC
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
REALITY INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	NP	MP;RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	NP	MP;RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"	NP	MP;RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"	NP	MP;RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	NP	MP
RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	MP
RELION INSULIN SYRINGE/U-100/0.3M L/31G X 15/64"	NP	MP;RX/OTC
RELION INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP;RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	MP
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
RELION MINI PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
RELION PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
RELION PEN NEEDLES 31G X6MM	NP	MP;RX/OTC
RELION PEN NEEDLES 31G X8MM	NP	MP;RX/OTC
RELION PEN NEEDLES 31GX5/16"	NP	MP;RX/OTC
RELION PEN NEEDLES 31GX6MM	NP	MP;RX/OTC
RELION PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
RELION PEN NEEDLES 32G X4MM	NP	MP;RX/OTC
RELION PEN NEEDLES 32G X5/32"	NP	MP;RX/OTC
RELION PEN NEEDLES 32GX4MM	NP	MP;RX/OTC
RELION PEN NEEDLES/31G X1/4"	NP	MP;RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	NP	MP;RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /20G X 1"	P	QL(3.34 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	NP	MP;RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	NP	MP;RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	NP	MP;RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	NP	MP
SAFETY PEN NEEDLES/30G X3/16"	NP	MP
SAFETY PEN NEEDLES/30G X5/16"	P	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
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP;RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
SECURESAFE SAFETY HYPODERMIC NEEDLE/23G X 1"	P	QL(3.34 ea daily);RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 5/8"	P	QL(3.34 ea daily);RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5 ML/29GX1/2"	NP	MP;RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML /29GX1/2"	NP	MP;RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	NP	MP
SECURESAFE SYRINGE/NEEDLE/3ML /20G X 1"	P	QL(3.34 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32G X4MM	NP	MP;RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5 MM	NP	MP;RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/2 9GX12MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31G X8MM	NP	MP;RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	NP	MP;RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	NP	MP;RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/2 9GX12MM	NP	MP;RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM	NP	MP;RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	NP	MP;RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	MP;RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	NP	MP;RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3M L/30G X 1/2"	NP	MP
SURE COMFORT INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	NP	MP
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	NP	MP
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP;RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP;RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	NP	MP
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP;RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP;RX/OTC

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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	NP	MP;RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily);RX/OTC
SYRINGES/LUER LOCK/1ML/20GX1"	P	QL(3.34 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	NP	MP;RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	NP	MP
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	NP	MP;RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	NP	MP
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	NP	MP;RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	NP	MP
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	NP	MP
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	MP
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	NP	MP;RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	NP	MP;RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	NP	MP
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	NP	MP
TECHLITE PEN NEEDLES 29GX 10MM	NP	MP
TECHLITE PEN NEEDLES 29GX 12 MM	NP	MP;RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM	NP	MP;RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM	NP	MP;RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM	NP	MP;RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	NP	MP;RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM	NP	MP;RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM	NP	MP
TECHLITE PEN NEEDLES/32GX 8MM	NP	MP
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	NP	MP;RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	NP	MP;RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	NP	MP;RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	NP	MP;RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP;RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP;RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP
TRUE COMFORT PEN NEEDLES31G X 5MM	NP	MP;RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM	NP	MP;RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM	NP	MP;RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/0.5 ML/30G X 5/16"	NP	MP;RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5 ML/31G X 5/16"	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/0.5 ML/32G X 5/16"	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/1ML /30G X 5/16"	NP	MP;RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML /31G X 5/16"	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/U-10 0/0.5ML/30G X 1/2"	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/U-10 0/1ML/30G X 1/2"	NP	MP

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	NP	MP;RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	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
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	NP	MP
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	NP	MP
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	NP	MP
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	NP	MP
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	MP
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	MP;RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	P	MP;RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	MP
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	MP
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	MP;RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	MP
TRUEPLUS PEN NEEDLES 29GX12MM	P	MP;RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM	P	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
TRUEPLUS PEN NEEDLES 31GX6MM	P	MP;RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM	P	MP;RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM	P	MP;RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	NP	MP
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	MP
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	MP
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	MP;RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	MP
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	NP	MP
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	NP	MP
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	NP	MP
ULTICARE MICRO PEN NEEDLES 31G X 8MM	NP	MP;RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM	NP	MP;RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	NP	MP;RX/OTC
ULTICARE MICRO PEN NEEDLES/31G 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
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	NP	MP;RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	MP;RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4"	NP	MP
ULTICARE MINI PEN NEEDLES31GX6MM	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	MP
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	NP	MP
ULTICARE PEN NEEDLES 31GX 5MM/MINI	NP	MP;RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	NP	MP
ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP;RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	NP	MP;RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	NP	MP;RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	NP	MP
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	MP
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	MP
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	NP	MP
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	NP	MP
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	NP	MP

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	NP	MP
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	NP	MP
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	NP	MP
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	NP	MP
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	NP	MP
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	NP	MP
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	MP;RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	NP	MP
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	NP	MP;RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	NP	MP;RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	NP	MP;RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	MP;RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	NP	MP;RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	NP	MP
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	NP	MP;RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	MP;RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	NP	MP
ULTILET INSULIN SYRINGE 31X6MM	NP	MP

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 31X6MM	NP	MP;RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	NP	MP;RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	NP	MP
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	NP	MP;RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	NP	MP;RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	NP	MP
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	NP	MP
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	MP;RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	MP
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	MP;RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	MP
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	MP;RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ULTILET INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	NP	MP
ULTILET INSULIN SYRINGE/U-100/0.5M L/31GX6MM	NP	MP
ULTILET INSULIN SYRINGE/U-100/1ML/ 30G X 1/2"	NP	MP
ULTILET PEN NEEDLE 29GX12.7MM	NP	MP
ULTILET PEN NEEDLE 31GX5MM	NP	MP;RX/OTC
ULTILET PEN NEEDLE 31GX8MM	NP	MP;RX/OTC
ULTILET PEN NEEDLE 32GX4MM	NP	MP;RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT	NP	MP;RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16"	NP	MP;RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16"	NP	MP;RX/OTC
ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM	NP	MP
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	NP	MP;RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	NP	MP;RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	NP	MP;RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
ULTRA FLO INSULIN PEN NEEDLES	NP	MP;RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	NP	MP;RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	MP;RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	NP	MP
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	NP	MP;RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	NP	MP
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	NP	MP;RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	NP	MP
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	NP	MP;RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	NP	MP
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2 "	NP	MP
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/1 6"	NP	MP;RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/1 6"	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	NP	MP;RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	NP	MP
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	NP	MP;RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	NP	MP
ULTRA THIN PEN NEEDLES 32G X 4MM	NP	MP;RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP;RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP;RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP;RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP
ULTRACARE PEN NEEDLES/31G X 1/4"	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ULTRACARE PEN NEEDLES/31G X 3/16"	NP	MP;RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16"	NP	MP;RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	NP	MP
ULTRACARE PEN NEEDLES/32G X 3/16"	NP	MP;RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	NP	MP;RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32"	NP	MP
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	NP	MP;RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	NP	MP
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	NP	MP;RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	NP	MP
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	NP	MP;RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	NP	MP
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP;RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	NP	MP;RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2"	NP	MP
ULTRA-THIN II PEN NEEDLES/SHORT/31G X5/16"	NP	MP;RX/OTC
UNIFINE PEN NEEDLE/32G X4MM	NP	MP;RX/OTC
UNIFINE PENTIPS 29GX12MM	NP	MP;RX/OTC
UNIFINE PENTIPS 31G X 3/16"	NP	MP;RX/OTC
UNIFINE PENTIPS 31GX5MM	NP	MP;RX/OTC
UNIFINE PENTIPS 31GX6MM	NP	MP;RX/OTC
UNIFINE PENTIPS 31GX8MM	NP	MP;RX/OTC
UNIFINE PENTIPS 32GX4MM	NP	MP;RX/OTC
UNIFINE PENTIPS 32GX6MM	NP	MP
UNIFINE PENTIPS 33GX4MM	NP	MP
UNIFINE PENTIPS PLUS 29GX12MM	NP	MP;RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM	NP	MP;RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	NP	MP;RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	NP	MP;RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
UNIFINE PENTIPS PLUS 33GX 5/32"	NP	MP
UNIFINE PENTIPS PLUS 33GX4MM	NP	MP
UNIFINE PENTIPS PLUS/30GX 3/16"	NP	MP
UNIFINE PENTIPS/30G X 3/16"	NP	MP
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	MP;RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	NP	MP
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	NP	MP
UNIFINE ULTRA PEN NEEDLE/31GX5MM	NP	MP;RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX6MM	NP	MP;RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	NP	MP;RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	NP	MP;RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	NP	MP;RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP;RX/OTC
VALUMARK PEN NEEDLES 29GX12MM	NP	MP;RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM	NP	MP;RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	NP	MP;RX/OTC

IL MHP Medicaid

October 1, 2022

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
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	NP	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP;RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	NP	MP
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	NP	MP
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	QL(3.34 ea daily);RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily);RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM	NP	MP;RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	NP	MP;RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	NP	MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM	NP	MP;RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP;RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	NP	MP;RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	NP	MP;RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	NP	MP;RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	NP	MP;RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP;RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP;RX/OTC
ZEV RX PEN NEEDLES 31G X 5MM	NP	MP;RX/OTC
ZEV RX PEN NEEDLES 31G X 6MM	NP	MP;RX/OTC
ZEV RX PEN NEEDLES 31G X 8MM	NP	MP;RX/OTC
ZEV RX PEN NEEDLES 32G X 4MM	NP	MP;RX/OTC
Respiratory Therapy Supplies		

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
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
ADULT AEROSOL MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
ADULT MASK DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
ADULT MASK LARGE MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
AEROBIKA DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
AEROCHAMBER MV MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
AEROCHAMBER PLUS FLOW VU MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);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
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
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
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
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
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
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
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
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
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
AEROCHAMBER/FLOW SIGNAL MISC	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
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	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
AIRZONE PEAK FLOW METER	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ALL FLOW 1000 PFT FILTER DEVI	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
ALL FLOW 2000 PFT FILTER DEVI	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
ALL FLOW 4000 PFT FILTER DEVI	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
ALL FLOW 6000 PFT FILTER 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

October 1, 2022

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	Requirement s/Limits
ARIAL CHAMBER DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
ASSESS FULL RANGE PEAK FLOW METER	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
ASSESS LOW RANGE PEAK FLOW METER	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
ASSESS PEAK FLOW METER FULL RANGE	P	1 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
ASTHMA CHECK METER-ZONE SYSTEM	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
ASTHMAMENTOR	P	1 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

Drug Name	Drug Tier	Requirement s/Limits
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
BREATHE EASE NEBULIZER MASK/CHILD 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
BREATHE EASE PEAK FLOW METER	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea 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
BREATHE EASE/MEDIUM MASK DEVI	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
BREATHERITE MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	P	2 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
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
BREATHERITE W/LARGE MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
BREATHERITE W/MEDIUM MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
BREATHERITE W/SMALL MASK MISC	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
CARETOUCH 2 CPAP HOSE HANGER 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
CARETOUCH CPAP MASK WIPES MISC	P	2 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

IL MHP Medicaid

October 1, 2022

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
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	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
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
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
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
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
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
CLEVER CHOICE PEAK FLOW METER	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CO MONITOR DEVI	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
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	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
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
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
EASIVENT MISC	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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EASIVENT/MASK-MEDIUM MISC	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
EASY FLOW 300 MM HOSE MISC	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
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
EASY FLOW BLACK/ORANGE DEVI	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

Drug Name	Drug Tier	Requirement s/Limits
EASY FLOW BLACK/WHITE 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
EASY FLOW HEPA FILTER MISC	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
EASY FLOW WHITE/GREEN 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
EASY FLOW WHITE/WHITE DEVI	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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
EBASE CONTROLLER KIT MISC	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
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
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
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
FILTER AIR PP MISC	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
FLYP HYPERSONIQ CARTRIDGE MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
FULL KIT NEBULIZER SET 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
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	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
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	2 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
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
INSPIRACHAMBER/SO OTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
INSPIRACHAMBER/SO OTHERMASK/INSPIRAMASK/SMALL DEVI	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
LITEAIRE DEVI	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
LITETOUCH MASK MEDIUM MISC	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
LUNG PERFORMANCE PEAK FLOW METER	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MICROCHAMBER 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
MICROELITE FILTER REPLACEMENTS MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	1 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
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
MINI WRIGHT PEAK FLOW METER	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
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
MINIELITE FILTER REPLACEMENTS MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
MISTASSIST 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
NEBULIZER CUP/TUBING DEVI	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
NEBULIZER MASK CHILD MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
NOSE CLIP 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
ONE FLOW FVC MONITORING SPIROMETER DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	P	2 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
OPTICHAMBER DIAMOND DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

IL MHP Medicaid

October 1, 2022

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
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	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
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
OPTIHALER MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM 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
PARI ALTERA NEBULIZER HANDSET 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 BABY CONVERSION KITSIZE 2 MISC	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
PARI ERAPID NEBULIZER HANDSET MISC	P	2 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
PARI MANUAL INTERRUPTER DEVI	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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PARI SMARTMASK BABY/ELBOW MISC	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 SOFT PLASTIC PEDIATRIC MASK 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 VORTEX ADULT MASK 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
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	1 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

Drug Name	Drug Tier	Requirement s/Limits
PERSONAL BEST FULL RANGE	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
PERSONAL BEST LOW RANGE	P	1 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
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
PIKO 1 ELECTRONIC	P	1 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
PILLOW MASK/CHILD MISC	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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
POCKET CHAMBER DEVI	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
POCKET SPACER 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
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
PRIMEAIRE DUAL-VALVED HOLDING CHAMBER DEVI	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
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

Drug Name	Drug Tier	Requirement s/Limits
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
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
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
PRONEB ULTRA FILTER SET MISC	P	2 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
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
PURE COMFORT PEAK FLOW METER ADULT	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

October 1, 2022

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
QUAKE DEVI	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
REPLACEMENT FILTERS MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
RITFLO DEVI	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
SIDESTREAM ADULT FACE MASK 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
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

Drug Name	Drug Tier	Requirements/Limits
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
SIDESTREAM PLUS ADULT FACE MASK MISC	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
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
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
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
SOOTHENEB NBL 100 CHILD MASK MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

IL MHP Medicaid

October 1, 2022

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
SOOTHENEB NBL 100 MESH CAP MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
SOOTHENEB NBL100 ADULT MASK 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
THRESHOLD IMT MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
THRESHOLD PEP DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
TRUZONE PEAK FLOW METER	P	1 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
TUBING/WING TIP MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
VALVED HOLDING CHAMBER 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
VORTEX HOLDING CHAMBER/MASK/CHILD/FROG DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
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
VORTEX VALVED HOLDING CHAMBER DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
WATCHHALER DEVI	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC
WINDMILL TRAINER MISC	P	2 rtl MAX fill,365 rtl day(s) supply;QL(1 ea per fill retail);RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches

Calcitonin Gene-Related Peptide (CGRP) Receptor Antag

AIMOVIG	P	SP;MP;PA
AJOVY SOSY	P	SP;MP;PA
AJOVY SOAJ	P	SP;MP;PA
EMGALITY SOAJ	NP	SP;MP
EMGALITY SOSY 100 MG/ML	NP	SP
EMGALITY SOSY 120 MG/ML	NP	SP;MP
NURTEC	P	QL(0.27 ea daily);PA

IL MHP Medicaid

October 1, 2022

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
QULIPTA	P	PA
UBRELVY	P	QL(0.34 ea daily);PA
VYEPTI	NP	SP;MP
Migraine Combinations		
<i>ergotamine w/ caffeine supp</i>	P	QL(0.72 ea daily)
SUMANSETRON	NP	
<i>sumatriptan-naproxen sodium</i>	NP	
TREXIMET (Use <i>sumatriptan-naproxen sodium</i>)	NP	
Migraine Products		
D.H.E. 45 SOLN IJ (Use <i>dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln na 4 MG/ML</i>	NP	
MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NP	
TRUDHESA	NP	
Migraine Products - NSAIDs		
CAMBIA	NP	
ELYXYB	NP	
Serotonin Agonists		
<i>almotriptan malate</i>	NP	
AMERGE (Use <i>naratriptan hcl</i>)	NP	1 rtl MAX fill,23 rtl day(s) supply;QL(0.3 ea daily)
<i>eletriptan hydrobromide</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
FROVA (Use <i>frovatriptan succinate</i>)	NP	
<i>frovatriptan succinate</i>	NP	
IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NP	
IMITREX SOLN 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NF	QL(0.067 ml daily)
IMITREX TABS (Use <i>sumatriptan succinate</i>)	NP	1 rtl MAX fill,23 rtl day(s) supply;QL(0.3 ea daily)
IMITREX STATDOSE REFILL SOCT (Use <i>sumatriptan succinate</i>)	NP	
IMITREX STATDOSE SYSTEM SOAJ (Use <i>sumatriptan succinate</i>)	NP	
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NP	
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	
<i>naratriptan hcl</i>	NP	1 rtl MAX fill,23 rtl day(s) supply;QL(0.3 ea daily)
ONZETRA XSAIL EXHP	NP	QL(3 ea daily)
RELPAK (Use <i>eletriptan hydrobromide</i>)	NP	
REYVOW	NP	QL(0.134 ea daily)

IL MHP Medicaid

October 1, 2022

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>rizatriptan benzoate tbdp</i>	P	
<i>rizatriptan benzoate tabs</i>	P	
<i>sumatriptan</i>	P	
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	P	QL(0.067 ml daily)
<i>sumatriptan succinate tabs</i>	P	1 rtl MAX fill,23 rtl day(s) supply;QL(0.3 ea daily)
<i>sumatriptan succinate soct</i>	P	
<i>sumatriptan succinate soaj</i>	P	
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
<i>zolmitriptan soln</i>	NP	
<i>zolmitriptan tbdp</i>	NP	
<i>zolmitriptan tabs</i>	NP	
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NP	
ZOMIG SOLN (Use <i>zolmitriptan</i>)	NP	
ZOMIG ZMT TBDP (Use <i>zolmitriptan</i>)	NP	
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate soln</i>	P	
SODIUM ACETATE SOLN (Use <i>sodium acetate</i>)	NF	
Calcium		

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate tabs 600 MG, 1500 MG</i>	P	
<i>calcium carbonate-cholecalciferol tabs 500 MG-200 UNIT, 500 MG-400 UNIT, 500 MG-5 MCG</i>	P	
<i>calcium carbonate-vitamin d tabs 500 MG-200 UNIT</i>	P	
<i>calcium carbonate-vitamin d w/ minerals tabs 1.8 MG-400 UNIT-600 MG-7.5 MG-1 MG-250 MCG-50 MG</i>	P	
<i>calcium citrate tabs</i>	P	
<i>calcium citrate-vitamin d tabs 200 MG-250 UNIT</i>	P	
CALCIUM GLUCONATE SOLN	P	PA
CITRACAL + D3 MAXIMUM TABS (Use <i>calcium citrate-vitamin d</i>)	NF	
CITRACAL PETITES/VITAMIND TABS (Use <i>calcium citrate-vitamin d</i>)	NF	
<i>oyster shell</i>	P	
OYSTER SHELL CALCIUM/D TABS	P	
Electrolyte Mixtures		
BIOLYTE SOLN	P	
CERASPORT SOLN	P	
CERASPORT EX1 SOLN	P	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	P	
DEXTROSE 2.5%/NACL 0.45% (Use dextrose w/ sodium chloride)	NF	
DEXTROSE 5%/NACL 0.3% (Use dextrose w/ sodium chloride)	NF	
dextrose in lactated ringers	P	
dextrose w/ sodium chloride 0.2 %-5 %, 0.225 %-5 %, 0.3 %-5 %, 0.33 %-5 %, 0.45 %-5 %, 0.9 %-5 %, 2.5 %-0.45 %, 5 %-0.9 %	P	
DEXTROSE/SODIUM CHLORIDE (Use dextrose w/ sodium chloride)	NF	
ENFAMIL ENFALYTE SOLN	P	
EQUALYTE SOLN (Use oral electrolytes)	NF	
HYDRALYTE SOLN	P	
HYDRALYTE FREEZER POPS SOLN	P	
KINDERLYTE SOLN	P	
KINDERLYTE PREMAX SOLN	P	
oral electrolytes soln	P	
PEDIALYTE SOLN (Use oral electrolytes)	NF	
PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	NF	

Drug Name	Drug Tier	Requirement s/Limits
PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	NF	
PEDIALYTE SINGLES SOLN (Use oral electrolytes)	NF	
Fluoride		
sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG	P	
Magnesium		
magnesium tabs 250 MG	P	
magnesium oxide (mg supplement) tabs 400 MG, 500 MG	P	
magnesium sulfate ij 50 %	P	
MAGNESIUM SULFATE IJ 50 %	P	
MAGOX 400 TABS (Use magnesium oxide (mg supplement))	NF	
Phosphate		
PHOS-NAK POWDER CONCENTRATE PACK (Use potassium & sodium phosphates)	NF	
potassium & sodium phosphates pack	P	
potassium phosphates 224 MG/ML-236 MG/ML	P	
POTASSIUM PHOSPHATES 224 MG/ML-236 MG/ML	P	

IL MHP Medicaid

October 1, 2022

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>sodium phosphates (sodium phosphate dibasic & monobasic) 276 MG/ML-142 MG/ML</i>	P	PA
Potassium		
K-TAB TBCR 8 MEQ, 10 MEQ (Use <i>potassium chloride</i>)	NF	
<i>potassium acetate soln 2 MEQ/ML</i>	P	
POTASSIUM ACETATE SOLN 2 MEQ/ML	P	
<i>potassium chloride tbcr 8 MEQ, 10 MEQ</i>	P	
<i>potassium chloride soln iv 2 MEQ/ML</i>	P	PA
<i>potassium chloride soln or 10 %</i>	P	
<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	P	
Sodium		
<i>sodium chloride soln iv .45 %, .9 %, 3 %, 5 %</i>	P	
<i>sodium chloride flush</i>	P	
Trace Minerals		
<i>trace minerals (cr-cu-mn-se-zn) soln 0.5 MG/ML-10 MCG/ML-1 MG/ML-5 MG/ML-60 MCG/ML</i>	P	
Zinc		
<i>zinc sulfate soln 1 MG/ML</i>	P	PA
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		

Drug Name	Drug Tier	Requirements/Limits
CUPRIMINE CAPS (Use <i>penicillamine</i>)	NP	QL(4 ea daily)
DEPEN TITRATABS TABS (Use <i>penicillamine</i>)	P	QL(4 ea daily)
<i>penicillamine caps</i>	P	QL(4 ea daily)
<i>penicillamine tabs</i>	P	QL(4 ea daily)
SYPRINE (Use <i>trientine hcl</i>)	NP	SP
<i>trientine hcl</i>	P	SP
Immunomodulators		
<i>lenalidomide 5 MG, 10 MG, 15 MG, 25 MG</i>	NP	
REVLIMID	NP	SP
REZUROCK	NP	SP
THALOMID	NP	SP
VYVGART	NP	SP;MP
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
<i>azathioprine tabs 50 MG</i>	P	MP
<i>azathioprine tabs 75 MG, 100 MG</i>	NP	
CELLCEPT SUSR (Use <i>mycophenolate mofetil</i>)	NP	MP
CELLCEPT TABS (Use <i>mycophenolate mofetil</i>)	NP	MP
CELLCEPT CAPS (Use <i>mycophenolate mofetil</i>)	NP	MP
<i>cyclosporine caps</i>	P	
<i>cyclosporine modified (for microemulsion) caps</i>	P	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>cyclosporine modified (for microemulsion) soln</i>	P	MP
ENVARUS XR TB24	NP	
<i>everolimus (immunosuppressant)</i>	NP	
IMURAN TABS (Use azathioprine)	NP	MP
LUPKYNIS	NP	SP
<i>mycophenolate mofetil susr</i>	P	MP
<i>mycophenolate mofetil tabs</i>	P	MP
<i>mycophenolate mofetil caps</i>	P	MP
<i>mycophenolate mofetil tabs</i>	P	MP
<i>mycophenolate mofetil susr</i>	P	MP
<i>mycophenolate sodium</i>	P	MP
<i>mycophenolate sodium</i>	P	MP
MYFORTIC (Use mycophenolate sodium)	NP	MP
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NP	MP
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NP	MP
PROGRAF CAPS (Use tacrolimus)	NP	MP
PROGRAF PACK	NP	
RAPAMUNE TABS (Use sirolimus)	NP	MP
RAPAMUNE SOLN (Use sirolimus)	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
SANDIMMUNE CAPS (Use cyclosporine)	NP	
SANDIMMUNE SOLN OR	P	MP
<i>sirolimus soln</i>	P	MP
<i>sirolimus tabs</i>	P	MP
<i>sirolimus tabs 1 MG</i>	P	MP
<i>tacrolimus caps</i>	P	MP
ZORTRESS (Use everolimus (immunosuppressant))	NP	
Potassium Removing Agents		
LOKELMA	NP	
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	NP	
<i>sodium polystyrene sulfonate powd</i>	P	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
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)
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(1.67 ml daily)
Anti-infectives - Throat		
<i>clotrimazole</i>	P	
<i>nystatin (mouth-throat)</i>	P	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	

IL MHP Medicaid

October 1, 2022

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
Dental Products		
LISTERINE HEALTHY WHITE VIBRANT SOLN (Use sodium fluoride (dental))	NF	
LISTERINE NATURALS WITH FLUORIDE SOLN (Use sodium fluoride (dental))	NF	
LISTERINE SMART RINSE SOLN (Use sodium fluoride (dental))	NF	
LISTERINE SMART RINSE ANTICAVITY SOLN (Use sodium fluoride (dental))	NF	
LISTERINE TOTAL CARE SOLN (Use sodium fluoride (dental))	NF	
LISTERINE TOTAL CARE PLUSWHITENING SOLN (Use sodium fluoride (dental))	NF	
LISTERINE WHITENING/RESTORING SOLN (Use sodium fluoride (dental))	NF	
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	NF	MP
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	NF	MP
sodium fluoride (dental) gel	NP	MP
sodium fluoride (dental) soln .2 %	NP	MP

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride (dental) gel	NP	MP
sodium fluoride (dental) pste dt	NP	MP
sodium fluoride (dental) crea	NP	
sodium fluoride-potassium nitrate gel	NP	MP
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	QL(0.17 gm daily)
Throat Products - Misc.		
AQUORAL SOLN	NP	RX/OTC
cevimeline hcl	NP	
EVOXAC (Use cevimeline hcl)	NP	
GELX GEL	NP	
pilocarpine hcl (oral)	P	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins tabs	P	
B-Complex w/ C		
b complex w/ c tabs	P	
b-complex w/ c & calcium	P	
b-complex w/ c & e + zn	P	
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid tabs 1.5 MG-60 MG-10 MG-300 MCG-800 MCG-6 MCG-1.7 MG-20 MG-10 MG	P	
FULL SPECTRUM B/VITAMIN C TABS	P	

IL MHP Medicaid

October 1, 2022

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
NEPHRO-VITE TABS <i>(Use b-complex w/ c & folic acid)</i>	NF	
NEPHRO-VITE RX TABS <i>(Use b-complex w/ c & folic acid)</i>	NF	RX/OTC
VITALINE BIOTIN FORTE TABS	P	
WEST-VITE W/FOLIC ACID TABS	P	
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs</i>	P	
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'S 50+ 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 ENERGY 50+ TABS	P	RX/OTC
ALIVE MENS ENERGY TABS	P	RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
BASIC PM TABS	P	RX/OTC
CAL-DAY 1000 TABS	P	RX/OTC
CENTRAVITES 50 PLUS TABS	P	RX/OTC
CENTRAVITES ADULTS TABS	P	RX/OTC
CENTRUM ADULTS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM CARDIO TABS	P	RX/OTC
CENTRUM MEN TABS	P	RX/OTC
CENTRUM MEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	P	RX/OTC
CENTRUM SILVER TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
CENTRUM SILVER 50+MEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER 50+WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER ADULT 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER ADULTS 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	RX/OTC
CENTRUM SPECIALIST HEART TABS	P	RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	P	RX/OTC
CENTRUM SPECIALIST VISION TABS	P	RX/OTC
CENTRUM ULTRA WOMENS TABS	P	RX/OTC
CENTRUM WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
CERTAVITE SENIOR TABS	P	RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	P	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	RX/OTC
CLINICAL NUTRIENTS 45-PLUS WOMEN TABS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
CLINICAL NUTRIENTS 50-PLUS MEN TABS	P	RX/OTC
CLINICAL NUTRIENTS FOR FEMALE TEENS TABS	P	RX/OTC
CLINICAL NUTRIENTS FOR MALE TEENS TABS	P	RX/OTC
CLINICAL NUTRIENTS FOR MEN TABS	P	RX/OTC
CLINICAL NUTRIENTS FOR WOMEN TABS	P	RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS	P	RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	P	RX/OTC
CVS SPECTRAVITE ADULTS TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS	P	RX/OTC
DAYAVITE TABS	P	RX/OTC
DERMACINRX MULTITAM TABS	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
DERMACINRX RIBOTIN-E TABS	P	RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	RX/OTC
DERMAVITE TABS	P	RX/OTC
DIALYVITE SUPREME D TABS	P	RX/OTC
EQ COMPLETE MULTIVITAMINADULT S UNDER 50 TABS	P	RX/OTC
EQ ONE DAILY MENS 50+ TABS	P	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	P	RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	P	RX/OTC
EQL CENTURY MENS TABS	P	RX/OTC
EQL CENTURY WOMENS TABS	P	RX/OTC
EQL ONE DAILY MENS TABS	P	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	RX/OTC
EYE HEALTH/LUTEIN TABS	P	RX/OTC
EYE MULTIVITAMIN/LUTEIN TABS	P	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	P	RX/OTC
FOLAMAX TABS	P	RX/OTC
FOLIFLEX TABS	P	RX/OTC
FOLIKA-CI TABS	P	RX/OTC
FOLIKA-MG TABS	P	RX/OTC
FOLITIN-Z TABS	P	RX/OTC
FOSFREE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
FREEDAVITE TABS	P	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	P	RX/OTC
HM COMPLETE MEN TABS	P	RX/OTC
HM HAIR/SKIN/NAILS TABS	P	RX/OTC
HYLAZINC TABS	P	RX/OTC
ICAPS AREDS FORMULA TABS	P	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	RX/OTC
LIVER DETOX TABS	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LUTEIN PLUS/ZEAXANTHIN TABS	P	RX/OTC
MACULAR VITAMIN BENEFIT TABS	P	RX/OTC
MEGA MULTI FOR MEN TABS	P	RX/OTC
MEGA MULTI FOR WOMEN TABS	P	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	P	RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC
MENS MULTIVITAMIN TABS	P	RX/OTC
MULTI-BETIC DIABETES TABS	P	RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS	P	RX/OTC
<i>multiple vitamins w/ minerals tabs</i>	P	RX/OTC
MULTIVITAMIN TABS	P	RX/OTC
MULTIVITAMIN MEN TABS	P	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	P	RX/OTC
MULTIVITAMIN WOMEN TABS	P	RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	P	RX/OTC
NATRUL-VITES TABS	P	RX/OTC
NEOVITE TABS	P	RX/OTC
NICADAN TABS	P	RX/OTC
NICADAN ZX TABS	P	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
ONCOVITE TABS	P	RX/OTC
ONE DAILY MENS 50+ MULTIVITAMIN TABS	P	RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	P	RX/OTC
ONE DAILY WOMENS TABS	P	RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS	P	RX/OTC
ONE-A-DAY ENERGY TABS	P	RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	RX/OTC
ONE-A-DAY MENS TABS	P	RX/OTC
ONE-A-DAY MENS 50+ TABS	P	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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
ONE-A-DAY MENS HEALTH FORMULA TABS	P	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	P	RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCED TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ONE-A-DAY WOMENS TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONEVITE TABS	P	RX/OTC
OPTIVITE P.M.T. TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
OPURITY TABS	P	RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	P	RX/OTC
PARVLEX TABS	P	RX/OTC
PHYTOMULTI TABS	P	RX/OTC
PRESERVISION AREDS TABS	P	RX/OTC
PRO-CAL TABS	P	RX/OTC
PROCERV HP TABS	P	RX/OTC
PROFOLA TABS	P	RX/OTC
PRORENAL+D TABS	P	RX/OTC
PROVIT TABS	P	RX/OTC
QC MULTI-VITE TABS	P	RX/OTC
QUIN B STRONG TABS	P	RX/OTC
QUINTABS-M TABS	P	RX/OTC
RA CENTRAL-VITE TABS	P	RX/OTC
RAYAVIT TABS	P	RX/OTC
RENAPLEX-D TABS	P	RX/OTC
REQ 49+ TABS	P	RX/OTC
SENTRY TABS	P	RX/OTC
SENTRY SENIOR TABS	P	RX/OTC
SENTRY SENIOR/LUTEIN TABS	P	RX/OTC
SIDEROL TABS	P	RX/OTC
SM ONE DAILY MENS TABS	P	RX/OTC
SM ONE DAILY WOMENS TABS	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
SOLO TABS	P	RX/OTC
SPECTRAVITE TABS	P	RX/OTC
STROVITE FORTE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
STROVITE ONE TABS	P	RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	RX/OTC
THERA M PLUS TABS	P	RX/OTC
THERABETIC MULTI-VITAMIN TABS	P	RX/OTC
THERAGRAN-M TABS	P	RX/OTC
THERAGRAN-M ADVANCED TABS	P	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	RX/OTC
THERAGRAN-M PREMIER TABS	P	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	RX/OTC
THERA-TABS M TABS	P	RX/OTC
THEREMS-M TABS	P	RX/OTC
THRIVITE 19 TABS	P	RX/OTC
T-VITES TABS	P	RX/OTC
UDAMIN SP TABS 320 MG-12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT	P	RX/OTC
UNICOMPLEX-M TABS	P	RX/OTC
VENEXA TABS	P	RX/OTC
VENEXA FE TABS	P	RX/OTC
VENTRIXYL TABS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
VENTRIXYL FE TABS	P	RX/OTC
VITALINE TOTAL FORMULA 2 TABS	P	RX/OTC
VITALINE TOTAL FORMULA 3 TABS	P	RX/OTC
VITAMIN D3 COMPLETE TABS	P	RX/OTC
VITAROCA PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
VITASANA TABS	P	RX/OTC
VITATRUM TABS	P	RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	P	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	P	RX/OTC
VITRAMYN TABS	P	RX/OTC
VITRANOL TABS	P	RX/OTC
VITRANOL FE TABS	P	RX/OTC
VITREXATE TABS	P	RX/OTC
VITREXATE FE TABS	P	RX/OTC
VITREXYL TABS	P	RX/OTC
VITREXYL/IRON TABS	P	RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	P	RX/OTC
VITRUM 50+ SENIOR MULTI TABS	P	RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	P	RX/OTC
WOMENS BIOMULTIPLE TABS	P	RX/OTC

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC
YELETS TEENAGE FORMULA TABS	P	RX/OTC
Multivitamins		
AMLADEX TABS	P	RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	RX/OTC
ESTROFACTORS TABS	P	RX/OTC
GENICIN VITA-Q TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
MULTI VITAMIN TABS	P	RX/OTC
MULTI VITAMIN/D-3 TABS	P	RX/OTC
<i>multiple vitamin tabs</i>	P	RX/OTC
MULTIVITAMIN ADULT TABS	P	RX/OTC
NEOMULTIVITE TABS	P	RX/OTC
OMNICAP TABS	P	RX/OTC
ONE DAILY ESSENTIAL TABS	P	RX/OTC
ONE-A-DAY ESSENTIAL TABS <i>(Use multiple vitamin)</i>	NF	RX/OTC
ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NF	RX/OTC
QUINTABS TABS	P	RX/OTC
THERA TABS	P	RX/OTC
THEREMS MULTIVITAMIN TABS	P	RX/OTC
Ped MV w/ Fluoride		
MULTIVITAMIN + FLUORIDE CHEW	P	AL(Up to 10 yrs old);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MULTIVITAMIN/FLUORIDE CHEW	P	AL(Up to 10 yrs old);RX/OTC
MULTI-VIT-FLOR CHEW	P	AL(Up to 10 yrs old);RX/OTC
<i>pediatric multivitamins w/fl chew</i>	P	AL(Up to 10 yrs old);RX/OTC
POLY-VI-FLOR CHEW	P	
QUFLORA PEDIATRIC CHEW	P	AL(Up to 10 yrs old);RX/OTC
Ped MV w/ Iron		
ANIMAL SHAPES/IRON CHEW	P	
MULTIVITAMIN PLUS IRON CHILDRENS CHEW	P	
<i>pediatric multiple vitamins w/ iron chew</i>	P	
Pediatric Multiple Vitamins		
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA <i>(Use pediatric multiple vitamin w/ c & fa)</i>	NF	
<i>pediatric multiple vitamin w/ c & fa</i>	P	
Prenatal Vitamins		
CITRANATAL 90 DHA 300 MG-120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-90 MG-150 MCG-159 MG-30 UNIT-0.75 MG	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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
CITRANATAL B-CALM 120 MG-120 MG-25 MG-1 MG-400 UNIT-20 MG	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)
CITRANATAL BLOOM DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
CITRANATAL DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
CITRANATAL ESSENCE	NP	
CITRANATAL HARMONY 260 MG-25 MG-1 MG-400 UNIT-50 MG-27 MG-104 MG-30 UNIT	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
CITRANATAL RX	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
C-NATE DHA CAPS	NP	MP
COMPLETE NATAL DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
COMPLETENATE CHEW	P	QL(1 ea daily);MP
DERMACINRX PRETRATE TABS	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
ENBRACE HR	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
FOLIVANE-OB	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
M-NATAL PLUS TABS	P	QL(1 ea daily);MP;RX/OT C

Drug Name	Drug Tier	Requirement s/Limits
MULTI-MAC	NP	
NESTABS	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
NESTABS ONE	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
NIVA-PLUS TABS	P	QL(1 ea daily);MP;RX/OT C
OB COMPLETE	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
OB COMPLETE ONE	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
OB COMPLETE PREMIER	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
OB COMPLETE/DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
PNV TABS 29-1	P	MP
PNV-DHA+DOCUSATE	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
PNV-OMEGA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
PREMESISRX	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PRENAISSANCE	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
PRENATAL TABS 10 MG-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	P	QL(1 ea daily);MP;RX/OT C
PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	QL(1 ea daily);MP;RX/OT C
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>prenatal vit w/ iron carbonyl-folic acid 50 MG-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</i>	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
PRENATE	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
PRENATE AM	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
PRENATE DHA 18 MG-90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
PRENATE ELITE 20 MG-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	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
PRENATE ESSENTIAL 18 MG-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	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
PRENATE MINI 25 MG-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	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
PRENATE PIXIE	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

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
PRENATRIX TABS	NP	QL(1 ea daily);MP;RX/OT C
PRENATRYL TABS	NP	QL(1 ea daily);MP;RX/OT C
PREPLUS TABS	P	QL(1 ea daily);MP;RX/OT C
PRETAB TABS	P	MP;RX/OTC
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 TABS	P	MP;RX/OTC
SE-NATAL 19 CHEW	P	QL(1 ea daily);MP
TARON-C DHA	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
THRIVITE RX	P	MP
TRICARE TABS	P	QL(1 ea daily);MP;RX/OT C
TRINATAL RX 1 TABS	P	QL(1 ea daily);MP
TRISTART DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
TRISTART FREE	NP	
TRISTART ONE	NP	

Drug Name	Drug Tier	Requirement s/Limits
TRI-TABS DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
VINATE DHA RF	NP	MP
VIRT-C DHA	NP	MP
VIRT-NATE DHA CAPS	NP	MP
VIRT-PN DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
VIRT-PN PLUS	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
VITAFOL FE+	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
VITAFOL GUMMIES	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
VITAFOL STRIPS	NP	
VITAFOL ULTRA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
VITAFOL-NANO	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
VITAFOL-OB TABS	P	AL(At least 10 yrs old- Up to 55 yrs old);MP
VITAFOL-OB+DHA MISC	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
VITAFOL-ONE CAPS	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
WESCAP-C DHA	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
WESCAP-PN DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
WESNATE DHA CAPS	NP	MP
WESTAB PLUS TABS	P	QL(1 ea daily);MP;RX/OT C
WESTGEL DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
ZATEAN-PN DHA	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP
ZATEAN-PN PLUS	NP	AL(At least 10 yrs old- Up to 55 yrs old);MP

MUSCULOSKELETAL THERAPY AGENTS -

Drugs to Treat Spasms

Central Muscle Relaxants

AMRIX CP24 (Use cyclobenzaprine hcl)	NP	
baclofen tabs	P	
baclofen soln or 5 MG/5ML	NP	
carisoprodol tabs	NP	
chlorzoxazone tabs	P	
cyclobenzaprine hcl cp24	NP	
cyclobenzaprine hcl tabs 7.5 MG	P	
FLEQSUVY SUSP	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
methocarbamol tabs	P	
orphenadrine citrate tb12	P	

Drug Name	Drug Tier	Requirement s/Limits
ROBAXIN-750 TABS (Use methocarbamol)	NF	
SKELAXIN (Use metaxalone)	NP	
SOMA TABS (Use carisoprodol)	NP	
tizanidine hcl caps	NP	
tizanidine hcl tabs	P	
ZANAFLEX CAPS (Use tizanidine hcl)	NP	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	

Direct Muscle Relaxants

DANTRIUM CAPS 50 MG (Use dantrolene sodium)	NF	
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	NP	
dantrolene sodium caps	P	

Muscle Relaxant Combinations

carisoprodol w/ aspirin & codeine	NP	AL(At least 18 yrs old)
NORGESIC FORTE (Use orphenadrine w/ aspirin & caff)	NP	

NASAL AGENTS - SYSTEMIC AND TOPICAL -

Drugs to treat the Nose or Sinus

Nasal Agent Combinations

azelastine hcl-fluticasone propionate susp	NP	
DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	NP	
RYALTRIS	NP	

IL MHP Medicaid

October 1, 2022

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
Nasal Agents - Misc.		
AYR NASAL DROPS SOLN	P	
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	
OCEAN NASAL SPRAY SOLN (Use saline)	NF	
saline soln .65 %	P	
Nasal Antiallergy		
azelastine hcl .1 %, .15 %, 137 MCG/SPRAY	P	MP;RX/OTC
azelastine hcl .1 %, .15 %, 137 MCG/SPRAY	P	MP
cromolyn sodium (nasal) 5.2 MG/ACT	P	
NASALCROM (Use cromolyn sodium (nasal))	NF	
olopatadine hcl (nasal)	P	
PATANASE (Use olopatadine hcl (nasal))	NP	
PATANASE (Use olopatadine hcl (nasal))	NF	
Nasal Anticholinergics		
ipratropium bromide (nasal) .03 %	NP	QL(1 ml daily);MP
ipratropium bromide (nasal) .06 %	NP	QL(0.5 ml daily)
Nasal Steroids		
BECONASE AQ	NP	MP
flunisolide (nasal) .025 %	P	QL(0.84 ml daily);MP

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate (nasal) susp	P	QL(0.54 gm daily);MP;RX/OTC
mometasone furoate (nasal) susp	NP	MP
NASONEX SUSP (Use mometasone furoate (nasal))	NF	MP
OMNARIS SUSP	NP	MP
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
QNASL	NP	MP
QNASL CHILDRENS	NP	MP
SINUVA IMPL	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	MP
Sympathomimetic Decongestants		
pseudoephedrine hcl tabs 60 MG	P	QL(4 ea daily)
pseudoephedrine hcl tabs 30 MG	P	QL(8 ea daily)
pseudoephedrine hcl liqd 15 MG/5ML	P	
SUDAFED CHILDRENS LIQD	P	
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NF	QL(8 ea daily)
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NF	QL(8 ea daily)

NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles

IL MHP Medicaid

October 1, 2022

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
ALS Agents		
EXSERVAN FILM	NP	SP
RADICAVA ORS SUSP	NP	SP
RADICAVA ORS STARTER KIT SUSP	NP	SP
RILUTEK TABS (Use riluzole)	NP	
<i>riluzole tabs</i>	P	
TIGLUTIK SUSP	NP	SP;MP
NUTRIENTS		
Carbohydrates		
<i>dextrose soln 10 %</i>	P	
DEXTROSE SOLN 20 %	P	
Lipids		
INTRALIPID 20 GM/100ML	P	PA
NUTRILIPID	P	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution</i>	P	
<i>dextran 70-hypromellose 0.1 %-0.3 %</i>	P	
LACRISERT	P	
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>polyvinyl alcohol-povidone (ophth) 0.6 %-0.5 %</i>	P	
<i>white petrolatum-mineral oil</i>	P	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	P	MP
BETIMOL	NP	MP

Drug Name	Drug Tier	Requirements/Limits
BETOPTIC-S SUSP	NP	MP
<i>brimonidine tartrate-timolol maleate</i>	NP	MP
<i>carteolol hcl (ophth)</i>	P	MP
COMBIGAN (Use brimonidine tartrate-timolol maleate)	NP	MP
COSOPT (Use dorzolamide hcl-timolol maleate)	NP	MP
COSOPT PF (Use dorzolamide hcl-timolol maleate)	NP	MP
<i>dorzolamide hcl-timolol maleate</i>	P	MP
<i>dorzolamide hcl-timolol maleate</i>	NP	MP
ISTALOL SOLN (Use timolol maleate (ophth))	NP	MP
<i>levobunolol hcl .5 %</i>	P	MP
<i>timolol maleate (ophth) soln .5 %</i>	NP	MP
<i>timolol maleate (ophth) solg</i>	P	MP
<i>timolol maleate (ophth) soln</i>	P	MP
TIMOPTIC SOLN (Use timolol maleate (ophth))	NP	MP
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NP	MP
TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	NP	MP
Cycloplegic Mydriatics		

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	P	MP
<i>atropine sulfate (ophthalmic) soln</i>	P	MP
<i>atropine sulfate (ophthalmic) oint</i>	P	
CYCLOGYL (Use cyclopentolate hcl)	NP	
CYCLOMYDRIL	P	
<i>cyclopentolate hcl</i>	P	
ISOPTO ATROPINE SOLN	NP	MP
MYDRIACYL SOLN (Use tropicamide)	NP	
<i>phenylephrine hcl (mydriatic) soln</i>	NP	
<i>tropicamide soln</i>	P	
Miotics		
ISOPTO CARPINE SOLN 1 %, 2 % (Use pilocarpine hcl)	NP	MP
ISOPTO CARPINE SOLN 4 % (Use pilocarpine hcl)	NF	MP
PHOSPHOLINE IODIDE	NP	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	P	MP
VUITY SOLN	NP	MP
Ophthalmic Adrenergic Agents		
ALPHAGAN P (Use brimonidine tartrate)	P	MP
ALPHAGAN P .1 %	P	MP
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate .2 %</i>	P	MP

Drug Name	Drug Tier	Requirement s/Limits
<i>brimonidine tartrate</i>	P	MP
IOPIDINE	NP	
SIMBRINZA	NP	MP
Ophthalmic Anti-infectives		
AZASITE	NP	
<i>bacitracin (ophthalmic)</i>	P	
<i>bacitracin-polymyxin b (ophth)</i>	P	
BESIVANCE	NP	
BETADINE OPHTHALMIC PREP	NP	
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NF	
CILOXAN OINT	P	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NP	
<i>ciprofloxacin hcl (ophth) soln</i>	P	
<i>erythromycin (ophth)</i>	P	
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) soln</i>	P	
<i>gentamicin sulfate (ophth) oint</i>	P	
<i>levofloxacin (ophth)</i>	P	
MOXEZA SOLN OP (Use moxifloxacin hcl (ophth))	NF	
<i>moxifloxacin hcl (ophth) soln op</i>	NP	
NATACYN	NP	
<i>neomycin-bacitracin zn-polymyxin</i>	P	

IL MHP Medicaid

October 1, 2022

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>neomycin-polymyxin-gramicidin</i>	P	
OCUFLOX (Use ofloxacin (ophth))	NP	
<i>ofloxacin (ophth)</i>	P	
<i>polymyxin b-trimethoprim</i>	P	
POLYTRIM (Use polymyxin b-trimethoprim)	NP	
<i>sulfacetamide sodium (ophth) oint</i>	P	
<i>sulfacetamide sodium (ophth) soln</i>	P	
<i>tobramycin (ophth) soln</i>	P	
TOBREX OINT	P	
TOBREX SOLN (Use tobramycin (ophth))	NP	
<i>trifluridine</i>	P	
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NF	
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	
ZIRGAN GEL	P	
ZYMAXID (Use gatifloxacin (ophth))	NP	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	MP
<i>cyclosporine (ophth) emul</i>	NP	MP
RESTASIS EMUL (Use cyclosporine (ophth))	NP	MP
RESTASIS MULTIDOSE EMUL	NP	MP
Ophthalmic Integrin Antagonists		

Drug Name	Drug Tier	Requirements/Limits
XIIDRA	NP	MP
Ophthalmic Kinase Inhibitors		
RHOPRESSA	NP	MP
ROCKLATAN	NP	MP
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE (Use proparacaine hcl)	NP	
<i>proparacaine hcl</i>	NP	
<i>tetracaine hcl (ophth)</i>	NP	
Ophthalmic Nerve Growth Factors		
OXERVATE	NP	SP
Ophthalmic Steroids		
ALREX SUSP	P	
<i>bacitracin-polymyxin-neomycin-hc</i>	P	
BLEPHAMIDE S.O.P. OINT	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	P	
DEXTENZA INST	NP	SP
<i>difluprednate</i>	NP	
DUREZOL (Use difluprednate)	NP	
EYSUVIS SUSP	NP	
FLAREX	P	
<i>fluorometholone (ophth) susp</i>	P	
FML OINT	P	QL(0.12 gm daily)
FML FORTE SUSP	P	
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
INVELTYS SUSP	NP	
LOTEMAX SUSP (Use loteprednol etabonate)	NP	
LOTEMAX GEL (Use loteprednol etabonate)	NP	
LOTEMAX OINT	NP	
LOTEMAX SM GEL	NP	
loteprednol etabonate susp	P	
loteprednol etabonate gel	NP	
MAXIDEX SUSP OP	P	QL(0.17 ml daily)
MAXITROL SUSP (Use neomycin-polymy-dexameth)	NP	
MAXITROL OINT (Use neomycin-polymy-dexameth)	NP	
neomycin-polymy-dexameth oint	P	
neomycin-polymy-dexameth susp	P	
neomycin-polymyxin-hc (ophth)	P	
PRED FORTE (Use prednisolone acetate (ophth))	NP	
PRED MILD	P	
PRED-G SUSP	NP	
PRED-G S.O.P. OINT	NP	
prednisolone acetate (ophth)	P	
PREDNISOLONE SODIUM PHOSPHATE	P	

Drug Name	Drug Tier	Requirement s/Limits
sulfacetamide sod-prednisolone soln	NP	
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NP	
TOBRADEX OINT	NP	
TOBRADEX ST SUSP	NP	
tobramycin-dexamethasone susp	P	
ZYLET	NP	
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	NP	
ACULAR LS (Use ketorolac tromethamine (ophth))	NP	
ACUVAIL	NP	
ALOCRIAL	NP	
ALOMIDE	NP	
azelastine hcl (ophth)	P	QL(0.2 ml daily)
AZOPT (Use brinzolamide)	NP	MP
bepotastine besilate	NP	
BEPREVE (Use bepotastine besilate)	NP	
brinzolamide	NP	MP
bromfenac sodium (ophth)	NP	
BROMSITE	NP	
cromolyn sodium (ophth)	P	
CYSTADROPS	NP	SP;MP
CYSTARAN	NP	SP;MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>diclofenac sodium (ophth)</i>	P	
<i>dorzolamide hcl</i>	P	MP
<i>epinastine hcl (ophth)</i>	NP	
<i>fluorescein sodium topical strp 1 MG</i>	NP	
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NP	
<i>flurbiprofen sodium</i>	P	
ILEVRO	NP	
<i>ketorolac tromethamine (ophth)</i>	P	
LASTACAFT	NP	RX/OTC
MURO 128 SOLN (<i>Use sodium chloride hypertonic</i>)	NF	
MURO 128 OINT (<i>Use sodium chloride hypertonic</i>)	NF	
MURO 128 SOLN	P	
NEVANAC	NP	
<i>olopatadine hcl</i>	NP	RX/OTC
PAREMYD	NP	
PATADAY (<i>Use olopatadine hcl</i>)	NF	RX/OTC
PROLENSA	NP	
<i>sodium chloride hypertonic oint</i>	P	
<i>sodium chloride hypertonic soln</i>	P	
TRUSOPT (<i>Use dorzolamide hcl</i>)	NP	MP
ZERVIAE	NP	QL(3 ea daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
<i>latanoprost soln</i>	P	MP
LUMIGAN SOLN .01 %	NP	MP
TRAVATAN Z (<i>Use travoprost</i>)	NP	MP
<i>travoprost</i>	NP	MP
VYZULTA	NP	MP
XALATAN SOLN (<i>Use latanoprost</i>)	NP	MP
XELPROS EMUL	NP	MP
ZIOPTAN	NP	MP

OTIC AGENTS - Drugs to Treat the Ear

Otic Agents - Miscellaneous

<i>acetic acid (otic)</i>	P	
<i>carbamide peroxide (otic) 6.5 %</i>	P	
DEBROX 6.5 % (<i>Use carbamide peroxide (otic)</i>)	NF	

Otic Anti-infectives

<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	

Otic Combinations

CIPRO HC	NP	
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	P	
<i>ciprofloxacin-dexamethasone</i>	P	
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) soln</i>	P	
<i>neomycin-polymyxin-hc (otic) susp</i>	P	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
OTOVEL (<i>Use ciprofloxacin-fluocinolone acetonide</i>)	NF	
Otic Steroids		
DERMOTIC (<i>Use fluocinolone acetonide (otic)</i>)	NP	
<i>fluocinolone acetonide (otic)</i>	NP	
<i>hydrocortisone w/acetic acid</i>	NP	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	P	QL(2 ea per 270 days retail);SP
HYPERRHO S/D MINI-DOSE SOSY IM	P	QL(2 ea per 270 days retail);SP
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	QL(2 ea per 270 days retail);SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	QL(2 ea per 270 days retail);SP
RHOPHYLAC SOSY IJ	P	QL(4 ml per 270 days retail);SP
WINRHO SDF SOLN 5000 UNIT/4.4ML	P	QL(8.8 ml per 270 days retail);SP
WINRHO SDF SOLN 2500 UNIT/2.2ML	P	QL(4.4 ml per 270 days retail);SP
WINRHO SDF SOLN 15000 UNIT/13ML	P	QL(26 ml per 270 days retail);SP
WINRHO SDF SOLN 1500 UNIT/1.3ML	P	QL(2.6 ml per 270 days retail);SP

Drug Name	Drug Tier	Requirement s/Limits
Monoclonal Antibodies		
CASIRIVIMAB	P	
IMDEVIMAB	P	
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	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	P	
<i>amoxicillin tabs</i>	P	
<i>amoxicillin chew 125 MG, 250 MG</i>	P	
<i>amoxicillin susr</i>	P	
<i>ampicillin caps 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium tabs</i>	P	
<i>penicillin v potassium solr</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate tb12</i>	NP	
<i>amoxicillin & pot clavulanate chew</i>	P	
<i>amoxicillin & pot clavulanate susr</i>	P	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>amoxicillin & pot clavulanate tabs</i>	P	
AUGMENTIN TABS 500 MG-125 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
<i>water for injection, sterile ij</i>	P	
Pharmaceutical Excipients		
METHYLCELLULOSE POWD	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>norethindrone acetate</i>)	NP	QL(1 ea daily)
<i>hydroxyprogesterone caproate oil</i>	NP	SP
MAKENA SOAJ	P	SP;PA
MAKENA OIL (Use <i>hydroxyprogesterone caproate</i>)	NF	SP
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>megestrol acetate (appetite)</i>	NP	MP
<i>norethindrone acetate tabs</i>	NP	QL(1 ea daily)
<i>progesterone caps</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>progesterone oil</i>	P	QL(0.67 ml daily)
PROMETRIUM CAPS (Use <i>progesterone</i>)	NP	QL(2 ea daily)
PROVERA (Use <i>medroxyprogesterone acetate</i>)	NP	
PROVERA 10 MG (Use <i>medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	P	
ANTABUSE (Use <i>disulfiram</i>)	NF	
<i>disulfiram</i>	P	
LUCEMYRA	P	
Anti-Cataleptic Agents		
XYREM	NP	SP;MP
XYWAV	NP	SP;MP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NP	SP;MP
ARICEPT TABS 5 MG, 10 MG (Use <i>donepezil hydrochloride</i>)	NP	QL(2 ea daily);MP
ARICEPT TABS 23 MG (Use <i>donepezil hydrochloride</i>)	NP	MP
<i>donepezil hydrochloride tabs 23 MG</i>	P	MP
<i>donepezil hydrochloride tabs 5 MG, 10 MG</i>	P	QL(2 ea daily);MP

IL MHP Medicaid

October 1, 2022

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>donepezil hydrochloride tbdp</i>	P	MP
EXELON (Use <i>rivastigmine</i>)	NP	
<i>galantamine hydrobromide soln</i>	NP	QL(2 ml daily);MP
<i>galantamine hydrobromide cp24</i>	NP	QL(2 ea daily);MP
<i>galantamine hydrobromide tabs</i>	NP	QL(2 ea daily);MP
<i>memantine hcl cp24</i>	NP	MP
<i>memantine hcl tabs</i>	P	QL(2 ea daily);MP
<i>memantine hcl soln 2 MG/ML</i>	NP	MP
<i>memantine hcl tabs</i>	NP	
NAMENDA TABS (Use <i>memantine hcl</i>)	NP	QL(2 ea daily);MP
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP	
NAMENDA XR CP24 (Use <i>memantine hcl</i>)	NP	MP
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
RAZADYNE TABS 4 MG (Use <i>galantamine hydrobromide</i>)	NF	QL(2 ea daily);MP
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NP	QL(2 ea daily);MP
<i>rivastigmine</i>	NP	
<i>rivastigmine tartrate caps</i>	NP	QL(2 ea daily);MP
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	P	
LYBALVI	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl</i>	NP	
<i>perphenazine-amitriptyline</i>	P	
SYMBYAX 12 MG-50 MG, 6 MG-50 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NF	
SYMBYAX 3 MG-25 MG, 6 MG-25 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NP	
Fibromyalgia Agents		
SAVELLA TABS	NP	
SAVELLA TITRATION PACK MISC	NP	
Movement Disorder Drug Therapy		
AUSTEDO	NP	SP
INGREZZA CPPK	NP	SP
INGREZZA CAPS	NP	SP
<i>tetrabenazine</i>	NP	SP
XENAZINE (Use <i>tetrabenazine</i>)	NP	SP
Multiple Sclerosis Agents		
AMPYRA (Use <i>dalfampridine</i>)	NP	SP
AUBAGIO	NP	SP
AVONEX PSKT	NP	QL(0.034 ea daily);SP
AVONEX PEN AJKT	NP	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
COPAXONE SOSY (Use <i>glatiramer acetate</i>)	P	SP;MP
<i>dalfampridine</i>	NP	SP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>dimethyl fumarate cpdr</i>	NP	SP
<i>dimethyl fumarate misc</i>	NP	SP
EXTAVIA KIT	NP	SP
GILENYA (Use <i> fingolimod hcl</i>)	P	SP;PA
<i>glatiramer acetate sosy</i>	NP	SP;MP
KESIMPTA	NP	SP;MP
LEMTRADA	NP	SP;MP
MAVENCLAD	NP	SP
MAYZENT TABS	NP	SP
MAYZENT STARTER PACK TBPK	NP	SP
OCREVUS	NP	SP;MP
PLEGRIDY SOSY IM	NP	SP;MP
PLEGRIDY SOPN	NP	SP;MP
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PONVORY TABS	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP
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	
TECFIDERA CPDR (Use <i> dimethyl fumarate</i>)	P	SP

Drug Name	Drug Tier	Requirement s/Limits
TECFIDERA STARTER PACK MISC (Use <i> dimethyl fumarate</i>)	P	SP
TYSABRI	NP	SP;MP
VUMERITY	NP	SP
ZEPOSIA CAPS	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GABAPAL	NP	
GRALISE TABS	NP	
LIDOTIN	NP	
LIPRITIN	NP	
LIPRITIN II	NP	
LYRICA CR (Use <i> pregabalin (once-daily)</i>)	NP	MP
PENTICAN	NP	
<i>pregabalin (once-daily)</i>	NP	MP
PRILOPENTIN	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) tabs 20 MG</i>	NP	QL(2 ea daily)
<i>fluoxetine hcl (pmdd) tabs 10 MG</i>	NP	QL(1 ea daily);MP
SARAFEM TABS 10 MG (Use <i> fluoxetine hcl (pmdd)</i>)	NF	QL(1 ea daily);MP
SARAFEM TABS 20 MG (Use <i> fluoxetine hcl (pmdd)</i>)	NF	QL(2 ea daily)

IL MHP Medicaid

October 1, 2022

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
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	NP	
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates tabs</i>	P	
<i>pimozide</i>	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily)
CHANTIX TABS (<i>Use varenicline tartrate</i>)	P	
CHANTIX CONTINUING MONTHPAK TABS (<i>Use varenicline tartrate</i>)	P	
CHANTIX STARTING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	P	
<i>nicotine pt24 7 MG/24HR, 21 MG/24HR</i>	P	QL(1 ea daily)
<i>nicotine polacrilex gum</i>	P	QL(11.2 ea daily)
<i>nicotine polacrilex lozg</i>	P	QL(12 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	
NICOTROL NS SOLN	P	
<i>varenicline tartrate misc</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate tabs</i>	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	NP	SP
TEGSEDI	NP	SP;MP
Vasomotor Symptom Agents		
BRISDELLE (<i>Use paroxetine mesylate (vasomotor)</i>)	NP	
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	NP	SP
BRONCHITOL TOLERANCE TEST	NP	SP
KALYDECO TABS	NP	SP
KALYDECO PACK	NP	SP
ORKAMBI TABS	NP	SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	NP	SP
PULMOZYME	P	QL(2.5 ml daily);SP;MP
SYMDEKO	NP	SP
TRIKAFTA	NP	SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS	NP	SP
ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP;MP
OFEV	NP	SP
<i>pirfenidone tabs 267 MG, 801 MG</i>	NP	SP;MP
SULFONAMIDES - Drugs to Treat Bacterial		

IL MHP Medicaid

October 1, 2022

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
Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	QL(6 ea per 30 days retail)
Tetracyclines		
<i>demeclocycline hcl tabs 150 MG</i>	P	QL(4 ea daily)
<i>demeclocycline hcl tabs 300 MG</i>	P	QL(2 ea daily)
DORYX TBEC 80 MG (Use doxycycline hyclate)	NP	
DORYX MPC TBEC	NP	
<i>doxycycline (monohydrate) tabs</i>	P	
<i>doxycycline (monohydrate) susr</i>	P	
<i>doxycycline (monohydrate) caps</i>	P	
<i>doxycycline hyclate tbec 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	NP	
<i>doxycycline hyclate caps</i>	P	
<i>doxycycline hyclate tabs</i>	P	
<i>minocycline hcl cp24</i>	NP	
<i>minocycline hcl tabs</i>	P	
<i>minocycline hcl tb24</i>	NP	
<i>minocycline hcl caps</i>	P	
MINOLIRA TB24	NP	

Drug Name	Drug Tier	Requirements/Limits
MORGIDOX 1X100MG	NP	
MORGIDOX 2X100MG	NP	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use minocycline hcl)	NP	
<i>tetracycline hcl caps</i>	P	
VIBRAMYCIN CAPS (Use doxycycline hyclate)	NP	
VIBRAMYCIN	P	
VIBRAMYCIN SUSR (Use doxycycline monohydrate)	NF	
XIMINO CP24 (Use minocycline hcl)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	P	MP
<i>propylthiouracil</i>	P	MP
TAPAZOLE TABS 10 MG (Use methimazole)	NF	MP
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use thyroid)	P	MP
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	P	MP
CYTOMEL TABS (Use liothyronine sodium)	NP	MP
<i>levothyroxine sodium caps</i>	NP	MP

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>levothyroxine sodium tabs</i>	P	MP
<i>liothyronine sodium tabs</i>	P	MP
SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	NP	MP
THYQUIDITY SOLN OR <i>thyroid tabs 120 MG</i>	NP	MP
TIROSINT CAPS (Use <i>levothyroxine sodium</i>)	NP	MP
TIROSINT-SOL SOLN OR	NP	MP

TOXOIDS

Toxoid Combinations

ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
KINRIX SUSP	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSY	P	
QUADRACEL SUSP	P	
TDVAX SUSP	P	
TENIVAC INJ	P	
VAXELIS SUSY	P	
VAXELIS SUSP	P	

ULCER DRUGS - Drugs to Treat Bowel,

Drug Name	Drug Tier	Requirement s/Limits
Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use <i>hyoscyamine sulfate</i>)	NP	
BELLADONNA/OPIUM	P	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	
CUVPOSA SOLN OR (Use <i>glycopyrrolate</i>)	NP	MP
DARTISLA ODT TBDP	NP	
<i>dicyclomine hcl soln or dicyclomine hcl tabs</i>	P	MP
<i>dicyclomine hcl caps</i>	P	
GLYCATE TABS	NP	
<i>glycopyrrolate tabs 1 MG, 2 MG</i>	P	
<i>glycopyrrolate soln or 1 MG/5ML</i>	P	MP
<i>hyoscyamine sulfate subl .125 MG</i>	P	
<i>hyoscyamine sulfate elix</i>	P	MP
<i>hyoscyamine sulfate soln or .125 MG/ML</i>	P	MP
<i>hyoscyamine sulfate tabs .125 MG</i>	P	
<i>hyoscyamine sulfate tb12 .375 MG</i>	P	
<i>hyoscyamine sulfate tbdp .125 MG</i>	P	
LEVBID TB12 (Use <i>hyoscyamine sulfate</i>)	NF	
LEVSIN TABS (Use <i>hyoscyamine sulfate</i>)	NP	
LEVSIN/SL SUBL (Use <i>hyoscyamine sulfate</i>)	NP	

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
LIBRAX (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NP	
<i>methscopolamine bromide</i>	NP	
ROBINUL TABS (<i>Use glycopyrrolate</i>)	NP	
ROBINUL FORTE TABS (<i>Use glycopyrrolate</i>)	NP	
H-2 Antagonists		
<i>cimetidine tabs</i>	P	RX/OTC
<i>cimetidine tabs</i>	P	
<i>cimetidine hcl or 300 MG/5ML</i>	P	MP
<i>famotidine susr</i>	P	
<i>famotidine tabs 20 MG, 40 MG</i>	P	
<i>famotidine tabs 20 MG, 40 MG</i>	P	RX/OTC
<i>nizatidine soln</i>	P	MP
<i>nizatidine caps</i>	P	
PEPCID TABS (<i>Use famotidine</i>)	NP	
PEPCID TABS (<i>Use famotidine</i>)	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>Use sucralfate</i>)	P	MP
CARAFATE TABS (<i>Use sucralfate</i>)	NP	
<i>sucralfate tabs</i>	P	
<i>sucralfate susp</i>	P	MP
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
DEXILANT 30 MG (<i>Use dexlansoprazole</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily)
DEXILANT 60 MG (<i>Use dexlansoprazole</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)
<i>dexlansoprazole 30 MG</i>	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily)
<i>dexlansoprazole 60 MG</i>	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)
<i>esomeprazole magnesium pack</i>	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)
<i>esomeprazole magnesium cpdr</i>	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily);RX/OTC
<i>esomeprazole magnesium cpdr</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
<i>lansoprazole cpdr</i>	NP	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)

IL MHP Medicaid

October 1, 2022

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>lansoprazole tbdd</i>	P	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily)
NEXIUM CPDR (<i>Use esomeprazole magnesium</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily);RX/OTC
NEXIUM CPDR 40 MG (<i>Use esomeprazole magnesium</i>)	NF	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)
NEXIUM PACK	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily)
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)
NEXIUM CPDR (<i>Use esomeprazole magnesium</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NF	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily);RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use esomeprazole magnesium</i>)	NF	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily);RX/OTC
<i>omeprazole cpdr</i>	P	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily);RX/OTC
<i>omeprazole cpdr</i>	P	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tbec</i>	P	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily)
<i>pantoprazole sodium pack</i>	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(4 ea daily)
PREVACID CPDR 15 MG (<i>Use lansoprazole</i>)	NF	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily);RX/OTC
PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily);RX/OTC
PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily)
PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily);RX/OTC
PRILOSEC PACK	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(4 ea daily)
PROTONIX TBEC (<i>Use pantoprazole sodium</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(2 ea daily)
PROTONIX PACK (<i>Use pantoprazole sodium</i>)	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(4 ea daily)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
<i>rabeprazole sodium tbec</i>	NP	6 rtl MAX fill,365 rtl day(s) supply;QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>Use misoprostol</i>)	NP	
<i>misoprostol</i>	P	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	NP	
OMECLAMOX-PAK	NP	
<i>omeprazole-sodium bicarbonate pack</i>	NP	
<i>omeprazole-sodium bicarbonate caps</i>	NP	RX/OTC
PYLERA	NP	
TALICIA	NP	QL(3 ea daily)
ZEGERID CAPS (<i>Use omeprazole-sodium bicarbonate</i>)	NP	
ZEGERID PACK 40 MG-1680 MG (<i>Use omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID CAPS (<i>Use omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
ZEGERID PACK (<i>Use omeprazole-sodium bicarbonate</i>)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	MP

Drug Name	Drug Tier	Requirement s/Limits
DETROL TABS (<i>Use tolterodine tartrate</i>)	NP	MP
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NP	MP
DITROPAN XL TB24 5 MG, 10 MG (<i>Use oxybutynin chloride</i>)	NP	MP
ENABLEX 7.5 MG (<i>Use darifenacin hydrobromide</i>)	NF	MP
<i>fesoterodine fumarate</i>	NP	
GELNIQUE GEL 10 %	NP	MP
<i>oxybutynin chloride tabs</i>	P	MP
<i>oxybutynin chloride tb24</i>	P	MP
<i>oxybutynin chloride tabs</i>	P	MP
<i>oxybutynin chloride syrup</i>	P	MP
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate tabs</i>	P	MP
<i>tolterodine tartrate tabs 2 MG</i>	NP	MP
<i>tolterodine tartrate cp24</i>	NP	MP
<i>tolterodine tartrate tabs</i>	NP	MP
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP	
<i>trospium chloride cp24</i>	NP	MP
<i>trospium chloride tabs</i>	NP	MP
VESICARE TABS (<i>Use solifenacin succinate</i>)	NP	MP

IL MHP Medicaid

October 1, 2022

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
VESICARE TABS 5 MG (Use solifenacin succinate)	NF	MP
VESICARE LS SUSP	NP	MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24	NP	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO	P	
PEDVAX HIB SUSP	P	
PNEUMOVAX 23	P	
PNEUMOVAX 23/1 DOSE	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA	P	
VAXNEUVANCE	P	
Viral Vaccines		

Drug Name	Drug Tier	Requirements/Limits
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 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 2022-2023 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)
ENGERIX-B INJ	P	
ENGERIX-B SUSP	P	
FLUAD 2020-2021	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUAD QUADRIVALENT 2021-2022	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUAD QUADRIVALENT 2022-2023	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2020-2021	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2021-2022	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2022-2023	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	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)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUMIST QUADRIVALENT	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ea per fill retail)
FLUZONE HIGH-DOSE PF 2020-2021	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUZONE HIGH-DOSE PF 2021-2022	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUZONE HIGH-DOSE PF 2022-2023	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
FLUZONE QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2020-2021 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)
FLUZONE QUADRIVALENT 2021-2022 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)
FLUZONE QUADRIVALENT 2022-2023 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)
GARDASIL 9 SUSP	P	QL(1.5 ml per 9999 days retail);AL(At least 9 yrs old)
HAVRIX	P	
HEPLISAV-B SOSY	P	
IPOL INACTIVATED IPV	P	
M-M-R II SOLR	P	
PREHEVBRIO	P	
PROQUAD SUSR	P	

Drug Name	Drug Tier	Requirement s/Limits
RECOMBIVAX HB SUSP	P	
ROTARIX	P	
ROTATEQ SOLN	P	
SHINGRIX	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX INJ	P	
ZOSTAVAX SUSR	P	

VAGINAL AND RELATED PRODUCTS

Miscellaneous Vaginal Products

INTRAROSA	NP	
TRIMO-SAN	NP	

Vaginal Anti-infectives

CLEOCIN SUPP	P	
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	
<i>clindamycin phosphate vaginal crea</i>	P	
CLINDESSE	NP	
GYNAZOLE-1	NP	
<i>metronidazole vaginal</i>	P	
<i>miconazole nitrate vaginal supp 200 MG</i>	P	
NUVESSA	NP	
<i>terconazole vaginal supp</i>	P	
<i>terconazole vaginal crea</i>	P	
VANDAZOLE	NP	

Vaginal Contraceptive - pH Modulators

PHEXXI	P	
--------	---	--

IL MHP Medicaid

October 1, 2022

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	Requirement s/Limits
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NP	MP
estradiol vaginal crea	P	MP
estradiol vaginal tabs	NP	MP
ESTRING RING	NP	MP
FEMRING	NP	MP
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	
PREMARIN	P	MP
VAGIFEM TABS (Use estradiol vaginal)	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	QL(1.125 gm daily)
ENDOMETRIN INST	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj .15 MG/0.15ML	P	1 rtl MAX fill,180 rtl day(s) supply;QL(2 ea per fill retail)
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NP	
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NP	1 rtl MAX fill,180 rtl day(s) supply;QL(2 ea per fill retail)
SYMJEPI SOSY	NP	
Neurogenic Orthostatic Hypotension (NOH) - Agents		

Drug Name	Drug Tier	Requirement s/Limits
droxidopa	NP	SP
NORTHERA (Use droxidopa)	NP	SP
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol tabs 25 MCG, 400 UNIT, 1000 UNIT	P	
cholecalciferol liqd or 10 MCG/ML, 400 UNIT/ML	P	
DRISDOL CAPS (Use ergocalciferol)	NF	QL(0.143 ea daily)
D-VI-SOL LIQD OR (Use cholecalciferol)	NF	
ergocalciferol caps	P	QL(0.143 ea daily)
vitamin a caps 10000 UNIT	P	
Water Soluble Vitamins		
ascorbic acid chew 7.5 MG-500 MG	P	
ascorbic acid tabs	P	
niacin tabs 100 MG, 500 MG	P	
niacin cpcr 250 MG	P	
niacin cpcr 500 MG	P	MP
niacin tbcr 500 MG	P	
pyridoxine hcl tabs 25 MG, 100 MG	P	
SLO-NIACIN TBCR 500 MG (Use niacin)	NF	
thiamine hcl tabs 50 MG, 100 MG	P	

IL MHP Medicaid

October 1, 2022

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.....	151	MONITOR/WRIST.....	103	ACCU-CHEK AVIVA.....	111
1ST TIER UNIFINE		3-IN-1 BEDSIDE TOILET.....	151	ACCU-CHEK AVIVA PLUS..	76,111
PENTIPS/MINI/31GX5MM....	195	3-IN-1 COMMODOE.....	151	ACCU-CHEK COMPACT PLUS	
1ST TIER UNIFINE		3ML SYRINGE/20G X 1"/LUER		CLEAR CONTROL SOLUTION (2	
PENTIPS29GX12MM.....	195	LOCK TIP.....	196	LEVELS).....	111
1ST TIER UNIFINE		3ML SYRINGE/20G X 1"/LUER		ACCU-CHEK FASTCLIX	
PENTIPS31GX6MM.....	196	SLIP TIP.....	196	LANCETDEVICE KIT.....	111
1ST TIER UNIFINE		<i>abacavir sulfate</i>	51	ACCU-CHEK FASTCLIX LANCETS	
PENTIPS31GX8MM.....	196	<i>abacavir sulfate-lamivudine</i> ...	51	.....	111
1ST TIER UNIFINE		<i>abacavir sulfate-lamivudine-</i>		ACCU-CHEK GUIDE.....	76,111
PENTIPS32GX4MM.....	196	<i>zidovudine</i>	51	ACCU-CHEK GUIDE CONTROL	
1ST TIER UNIFINE		ABC COMPLETE SENIOR 50+.	261	LEVEL1/LEVEL2.....	111
PENTIPS32GX6MM.....	196	ABC COMPLETE SENIOR		ACCU-CHEK GUIDE ME.....	111
1ST TIER UNIFINE		MEN'S50+.....	261	ACCU-CHEK MULTICLIX LANCET	
PENTIPS33GX4MM.....	196	ABC COMPLETE SENIOR		DEVICE KIT.....	111
1ST TIER UNIFINE PENTIPSPLUS		WOMENS 50+.....	261	ACCU-CHEK SAFE-T-PRO	
31GX8MM.....	196	ABILIFY.....	50	LANCETS.....	111
1ST TIER UNIFINE PENTIPSPLUS		ABILIFY MAINTENA.....	50	ACCU-CHEK SAFE-T-PRO	
32GX4MM.....	196	ABILIFY MYCITE MAINTENANCE		PLUSLANCETS.....	112
1ST TIER UNIFINE PENTIPSPLUS		KIT.....	50	ACCU-CHEK SMARTVIEW	
33GX4MM.....	196	ABILIFY MYCITE STARTER KIT..	50	CONTROL.....	112
1ST TIER UNIFINE		<i>abiraterone acetate</i>	43	ACCU-CHEK SMARTVIEW STRIPS	
PENTIPSPLUS/MINI/31GX5MM		ABOUTTIME PEN NEEDLE 32GX		.....	77
.....	196	5/32".....	196	ACCU-CHEK SOFTCLIX	
1ST TIER UNIFINE		ABOUTTIME PEN NEEDLES 30GX		LANCETDEVICE KIT.....	112
PENTIPSPLUS/ORIGINAL/29GX1		5/16".....	196	ACCU-CHEK SOFTCLIX LANCETS	
2MM.....	196	ABOUTTIME PEN NEEDLES 31G		.....	112
1ST TIER UNIFINE		X 3/16".....	196	ACCUPRIL.....	36
PENTIPSPLUS/ULTRA		ABOUTTIME PEN NEEDLES 31G		ACCURETIC.....	37,38
SHORT/31GX6MM.....	196	X 5/16".....	196	ACCUTREND GLUCOSE.....	77
1ST TIER UNILET		ABSORICA.....	63	ACCUTREND GLUCOSE	
COMFORTOUCH LANCETS 28G		ABSORICA LD.....	63	CONTROL.....	112
.....	111	<i>acamprosate calcium</i>	279	ACE AEROSOL CLOUD	
1ST TIER UNILET		ACANYA.....	63	ENHANCER.....	241
COMFORTOUCH LANCETS 30G		<i>acarbose</i>	25	<i>acebutolol hcl</i>	55
.....	111	ACCOLATE.....	15	<i>acetaminophen</i>	6,7
2-WAY FOLEY				<i>acetaminophen w/ codeine</i>	9
STABILIZATIONDEVICE.....	151				
3 SERIES BLOOD PRESSURE					

<i>acetaminophen-caff-dihydrocod</i>.....9	<i>adapalene-benzoyl peroxide..</i> 63	28MM/SHORT NECK..... 152
<i>acetazolamide</i> 86	ADAPTER CAP BLUE A 18MM 151	ADAPTER CAP RED F 28MM/LONG NECK..... 152
<i>acetic acid (otic)</i> 277	ADAPTER CAP BLUE B 20MM 151	ADAPTER CAP RED K 28MM/MEDIUM NECK..... 152
ACIPHEX..... 285	ADAPTER CAP BLUE C 22MM 151	ADAPTER CAP RED M 24MM 152
<i>acitretin</i> 68	ADAPTER CAP BLUE D 24MM 151	ADAPTER CAP WHITE B 20MM 152
ACTEMRA..... 4	ADAPTER CAP BLUE E 28MM/SHORT NECK..... 151	ADAPTER CAP WHITE C 22MM 152
ACTEMRA ACTPEN..... 4	ADAPTER CAP BLUE F 28MM/LONG NECK..... 151	ADBRY..... 73
ACTHIB..... 288	ADAPTER CAP BLUE K 28MM/MEDIUM NECK..... 151	ADCIRCA..... 58
ACTIGALL..... 91	ADAPTER CAP BLUE M 24MM 151	ADDERALL..... 1
ACTI-LANCE LANCETS 28G... 112	ADAPTER CAP GREEN A 18MM 151	ADDERALL XR..... 1
ACTI-LANCE LITE SAFETY LANCETS 28G..... 112	ADAPTER CAP GREEN B 20MM 151	ADD-VANTAGE ADDAPTOR CONNECTOR..... 152
ACTI-LANCE SPECIAL SAFETY LANCETS 17G..... 112	ADAPTER CAP GREEN C 22MM 151	<i>adefovir dipivoxil</i> 53
ACTI-LANCE SPECIAL SAFETYLANCETS 17G..... 112	ADAPTER CAP GREEN D 24MM 151	ADEMPAS..... 58
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G..... 112	ADAPTER CAP GREEN E 28MM/SHORT NECK..... 151	ADHANSIA XR..... 2
ACTIQ..... 7	ADAPTER CAP GREEN F 28MM/LONG NECK..... 151	ADJUST ALUMINUM CANE/ROUND HANDLE/5/8" 152
ACTIVELLA..... 89	ADAPTER CAP GREEN K 28MM/MEDIUM NECK..... 152	ADJUST ALUMINUM CANE/ROUND HANDLE/7/8" 152
ACTIVITY POUCH..... 241	ADAPTER CAP GREEN M 24MM 152	ADJUST ALUMINUM OFFSET CANE/CUSH HANDLE/WRIST STRAP/3/4"..... 152
ACTONEL..... 87	ADAPTER CAP RED A 18MM. 152	ADJUST FOLD CANE/BLACK FIN/WALNUT PISTOL GRIP DERBY HANDLE..... 152
ACTOPLUS MET..... 25	ADAPTER CAP RED B 20MM. 152	ADJUSTABLE BATH/SHOWER SEAT..... 152
ACTOS..... 30	ADAPTER CAP RED C 22MM. 152	ADJUSTABLE BATH/SHOWER SEAT/BACK..... 152
ACULAR..... 276	ADAPTER CAP RED D 24MM. 152	ADJUSTABLE COMMODE 3-IN-1 152
ACULAR LS..... 276	ADAPTER CAP RED E	ADJUSTABLE FOLDING CANE/YORK HANDLE..... 152
ACU-LIFE PILL CRUSHER/CONTAINER..... 151		
ACUVAIL..... 276		
<i>acyclovir</i> 54		
<i>acyclovir topical</i> 69		
ACZONE..... 63		
ADACEL..... 284		
<i>adapalene</i> 63		

ADJUSTABLE LANCING DEVICE	112	PRESSURE MONITOR/SMALL CUFF.....	103	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/ 16".....	196
ADLARITY.....	279	ADVATE.....	94	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/ 2".....	196
ADLYXIN.....	28	ADVOCATE ALCOHOL PREP PADS.....	152	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/ 16".....	196
ADLYXIN STARTER PACK.....	28	ADVOCATE ARM BLOOD PRESSURE MONITOR/EXTRA LARGE.....	103	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	196
ADMELOG.....	28	ADVOCATE ARM BLOOD PRESSURE MONITOR/LARGE	103	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16 ".....	196
ADMELOG SOLOSTAR.....	28	ADVOCATE ARM BLOOD PRESSURE MONITOR/SMALL/MEDIUM.	103	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16 ".....	196
ADUHELM.....	279	ADVOCATE AUTOMATIC MEMORYBLOOD PRESSURE MONITOR.....	103	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	196
ADULT AEROSOL MASK.....	241	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM.....	112	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	196
ADULT MASK.....	241	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING	112	ADVOCATE LANCETS.....	112
ADULT MASK LARGE.....	241	ADVOCATE CONTROL SOLUTIONHIGH.....	112	ADVOCATE LANCETS 30G....	112
ADULT PUSH BUTTON		ADVOCATE CONTROL SOLUTIONLOW.....	112	ADVOCATE LANCING DEVICE	113
ALUMINUM CRUTCH.....	152	ADVOCATE INSULIN PEN NEEDLES.....	196	ADVOCATE RAPID-SAFE LANCING DEVICE.....	113
ADULT-LOCK SAFETY TABLETCUTTER.....	152	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM.....	196	ADVOCATE REDI-CODE... 77,113	
ADVAIR DISKUS.....	16	ADVOCATE INSULIN PEN NEEDLES 31GX5MM.....	196	ADVOCATE REDI- CODE/TALKING.....	113
ADVAIR HFA.....	16	ADVOCATE INSULIN PEN NEEDLES 31GX8MM.....	196	ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING	113
ADVANCE INTUITION BLOOD GLUCOSE METER.....	112	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/ 2".....	196	ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM.....	113
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM.....	112	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/ 16".....	196	ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH... 113	
ADVANCE INTUITION TEST STRIPS.....	77			ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW.... 113	
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2.....	112				
ADVANCE MICRO-DRAW METER	112				
ADVANCE MICRO-DRAW NORMAL CONTROL.....	112				
ADVANCE MICRO-DRAW TEST STRIPS.....	77				
ADVANCED DIABETIC MULTIVITAMIN FORMULA... 261					
ADVANCED MOBILE LANCET 30G.....	112				
ADVANCED ONE STEP BLOOD					

ADVOCATE REDI-CODE+ TESTSTRIPS.....	77	PLUS/MEDIUM MASK.....	242	METER.....	113
ADVOCATE REDI-CODE+/ TALKING.....	113	AEROCHAMBER Z-STAT PLUS/SMALL MASK.....	242	AGAMATRIX PRESTO TEST STRIPS.....	77
ADVOCATE SAFETY LANCETS	113	AEROCHAMBER/FLOWSIGNAL	242	AGAMATRIX ULTRA-THIN LANCETS 33G.....	113
ADVOCATE SAFETY LANCETS 26G.....	113	AEROTRACH PLUS.....	242	AGGRENEX.....	95
ADVOCATE TEST STRIPS.....	77	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE.....	242	AGRYLIN.....	95
ADVOCATE WRIST BLOOD PRESSURE MONITOR.....	103	AFINITOR.....	44	AIMOVIG.....	254
ADYNOVATE.....	94	AFINITOR DISPERZ.....	44	AIMSCO LUBRICATED.....	110
ADZENYS ER.....	1	AFLURIA QUADRIVALENT 2020-2021.....	288	AIMSCO TWIST LANCETS 32G	113
ADZENYS XR-ODT.....	1	AFLURIA QUADRIVALENT 2021-2022.....	288	AIMSCO TWIST LANCETS 33G	114
AEMCOLO.....	40	AFLURIA QUADRIVALENT 2022-2023.....	288	AIRDUO DIGIHALER 113/14....	16
AEROBIKA.....	241	AFREZZA.....	28	AIRDUO DIGIHALER 232/14....	16
AEROCHAMBER MINI AEROSOLCHAMBER.....	241	AFSTYLA.....	94	AIRDUO DIGIHALER 55/14.....	16
AEROCHAMBER MV.....	241	AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST.....	113	AIRDUO RESPICLICK 113/14...	16
AEROCHAMBER PLUS FLOW VU	241	AGAMATRIX AMP NO CODE TEST STRIPS.....	77	AIRDUO RESPICLICK 232/14...	16
AEROCHAMBER PLUS FLOW-VU	241	AGAMATRIX CONTROL HIGH	113	AIRDUO RESPICLICK 55/14....	16
AEROCHAMBER PLUS FLOW- VU/LARGE MASK.....	241	AGAMATRIX CONTROL NORMAL& HIGH.....	113	AIRS PEDIATRIC AEROSOL MASK	242
AEROCHAMBER PLUS FLOW- VU/MASK.....	241	AGAMATRIX CONTROL SOLUTION LEVEL 2.....	113	AIRZONE PEAK FLOW METER	242
AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK.....	241	AGAMATRIX CONTROL SOLUTION LEVEL 4.....	113	AJOVY.....	254
AEROCHAMBER PLUS FLOW- VU/SMALL MASK.....	241	AGAMATRIX JAZZ TEST STRIPS	77	AKLIEF.....	63
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU.....	241	AGAMATRIX JAZZ WIRELESS 2	113	AKTEN.....	275
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL.....	241	AGAMATRIX KEYNOTE TEST STRIPS.....	77	AKYNZEO.....	32
AEROCHAMBER Z-STAT PLUS/LARGE MASK.....	242	AGAMATRIX PRESTO.....	113	ALADERM PLUS.....	75
AEROCHAMBER Z-STAT		AGAMATRIX PRESTO PRO		<i>albendazole</i>	13

ALCOHOL PREP PAD.....	152	ALL FLOW 5000 PFT FILTER..	242	BLANK TOP/13MM/ROYAL BLUE	.....153
ALCOHOL PREP PADS.....	152	ALL FLOW 6000 PFT FILTER..	242	ALUMINUM FLIP OFF SEALS	
ALCOHOL PREPS.....	152	ALL FLOW 7000 PFT FILTER..	242	BLANK TOP/13MM/YELLOW	153
ALCOHOL SWABS.....	152	ALL-BODY MASSAGE.....	153	ALUMINUM FLIP OFF SEALS	
ALCOHOL SWABSTICK.....	152	ALLEGRA ALLERGY.....	33	BLANK TOP/20MM/BLACK...	153
ALCOHOL WIPES.....	75	<i>allopurinol</i>	94	ALUMINUM FLIP OFF SEALS	
ALDACTAZIDE.....	86	ALLZITAL.....	6	BLANK TOP/20MM/BLUE.....	153
ALDACTONE.....	86	<i>almotriptan malate</i>	255	ALUMINUM FLIP OFF SEALS	
ALDARA.....	74	ALOCRI.....	276	BLANK TOP/20MM/GREEN..	153
ALECENSA.....	45	ALOE VESTA DAILY		ALUMINUM FLIP OFF SEALS	
<i>alendronate sodium</i>	87	MOISTURIZER.....	75	BLANK TOP/20MM/LIGHT	
ALEVE DIRECT THERAPY		<i>alogliptin benzoate</i>	28	GREEN.....	153
TENSDEVICE REFILL GEL PADS		<i>alogliptin-metformin hcl</i>	25	ALUMINUM FLIP OFF SEALS	
.....	153	<i>alogliptin-pioglitazone</i>	25	BLANK TOP/20MM/MIST GRAY	.....153
<i>alfuzosin hcl</i>	93	ALOMIDE.....	276	ALUMINUM FLIP OFF SEALS	
ALGAE BASED CALCIUM.....	261	<i>alosetron hcl</i>	92	BLANK TOP/20MM/NATURAL	.....153
ALHPAMOP FOAM		ALPHAGAN P.....	274	ALUMINUM FLIP OFF SEALS	
REPLACEMENTPADS.....	153	ALPHANATE.....	94	BLANK TOP/20MM/ROYAL BLUE	.....153
<i>aliskiren fumarate</i>	39	ALPHANINE SD.....	94	ALUMINUM FLIP OFF SEALS	
ALIVE ENERGY 50+.....	261	<i>alprazolam</i>	13	BLANK TOP/20MM/WHITE...153	
ALIVE MENS ENERGY.....	261	ALPRAZOLAM INTENSOL.....	13	ALUMINUM FLIP OFF SEALS	
ALIVE ONCE DAILY WOMENS		ALPROLIX.....	94	BLANK TOP/20MM/WILLOW	
ULTRA POTENCY.....	261	ALREX.....	275	GREEN.....	153
ALIVE ULTRA POTENCY		ALTACE.....	36	ALUMINUM FLIP OFF SEALS	
WOMENS 50+.....	261	ALTERNATE SITE LANCING		BLANK TOP/20MM/YELLOW	153
ALIVE WOMENS 50+.....	261	DEVICE.....	114	ALUMINUM HYDROXIDE.....	12
ALIVE WOMENS ENERGY.....	261	ALTOPREV.....	35	<i>aluminum hydroxide-mag carb</i>	.....12
ALKERAN.....	42	ALTRENO.....	63	.....	12
ALKINDI SPRINKLE.....	62	<i>alum & mag hydrox-</i>		ALUNBRIG.....	45
ALL FLOW 1000 PFT FILTER..	242	<i>simethicone</i>	12	ALVESCO.....	15
ALL FLOW 1000 PULMONARY		ALUMINUM BLANKET		<i>alvimopan</i>	92
FUNCTION FILTER.....	242	SUPPORT2 HEIGHTS.....	153	<i>amantadine hcl</i>	47
ALL FLOW 2000 PFT FILTER..	242	ALUMINUM FLIP OFF SEALS		AMARYL.....	30
ALL FLOW 3000 PFT FILTER..	242	BLANK TOP/13MM/RED.....	153	AMBER GLASS BOTTLE.....	153
ALL FLOW 4000 PFT FILTER..	242	ALUMINUM FLIP OFF SEALS			

AMBER GLASS VIALS 2ML.....	153	AMEDA FINESSE DOUBLE		AMITIZA.....	91
AMBER GLASS VIALS		ELECTRIC BREAST		<i>amitriptyline hcl</i>	25
2ML/13MM.....	153	PUMP/MINNIE TOTE.....	154	AMLADEX.....	267
AMBER GLASS VIALS		AMEDA FINESSE DOUBLE		<i>amlodipine besylate</i>	55
30ML/20MM.....	153	ELECTRIC BREAST		<i>amlodipine besylate-</i>	
AMBIEN.....	97	PUMP/SHOULDER BAG.....	154	<i>atorvastatin calcium</i>	57
AMBIEN CR.....	97	AMEDA FLEXISHIELD.....	154	<i>amlodipine besylate-benazepril</i>	
AMBI-TRAY.....	114	AMEDA MYA JOY DOUBLE		<i>hcl</i>	38
<i>ambrisentan</i>	57	ELECTRIC BREAST PUMP.....	154	<i>amlodipine besylate-olmesartan</i>	
<i>amcinonide</i>	70	AMEDA MYA JOY DOUBLE		<i>medoxomil</i>	38
AMD FOAM DRESSING 4"X4"		ELECTRIC BREAST PUMP/LARGE		<i>amlodipine besylate-valsartan</i>	
.....	100	TOTE.....	154	.....	38
AMD FOAM		AMEDA ONE-HAND BREAST		<i>amlodipine-valsartan-</i>	
DRESSING/TOPSHEET 4"X4".	100	PUMP/TOTE.....	154	<i>hydrochlorothiazide</i>	38
AMEDA ADAPTER CAP.....	153	AMEDA ONE-HAND MANUAL		<i>amoxapine</i>	25
AMEDA BREAST FLANGE		BREAST PUMP.....	154	<i>amoxicillin</i>	278
INSERT/22.5MM/SMALL.....	153	AMEDA PLATINUM MULTI-USER		<i>amoxicillin & pot clavulanate</i>	
AMEDA CUSTOMFIT BREAST		ELECTRIC BREAST PUMP.....	154	.....	278,279
FLANGE/25MM/STANDARD.	154	AMEDA PURELY YOURS		<i>amoxicillin-clarithromycin w/</i>	
AMEDA CUSTOMFIT BREAST		BREASTPUMP/HYGIENIKIT...	154	<i>lansoprazole</i>	287
FLANGE/28.5MM/MEDIUM.	154	AMEDA PURELY YOURS DOUBLE		<i>amphetamine sulfate</i>	1
AMEDA CUSTOMFIT BREAST		ELECTRIC BREAST PUMP/CARRY		<i>amphetamine-</i>	
FLANGE/30.5MM/LARGE.....	154	ALL.....	154	<i>dextroamphetamine</i>	1
AMEDA DIAPHRAGMS.....	154	AMEDA PURELY YOURS		<i>ampicillin</i>	278
AMEDA DUAL HYGIENIKIT MILK		ELECTRIC BREAST		AMPYRA.....	280
COLLECTION SYSTEM.....	154	PUMP/HYGIENIKIT.....	155	AMRIX.....	271
AMEDA DUAL HYGIENIKIT MILK		AMEDA SILICONE TUBING....	155	AMVUTTRA.....	282
COLLECTION SYSTEM/PUMP		AMEDA TUBING ADAPTER....	155	AMZEEQ.....	63
ADAPTER.....	154	AMEDA VALVES.....	155	ANADROL-50.....	11
AMEDA DUAL HYGIENIKIT		AMELUZ.....	68	ANAFRANIL.....	25
SYSTEM/CUSTOMFIT		AMERGE.....	255	<i>anagrelide hcl</i>	95
FLANGES/PUMP ADAPTER...	154	AMIELLE RESTORE VAGINAL		ANASPAZ.....	284
AMEDA ELITE BREAST PUMP	154	EXERCISERS.....	155	<i>anastrozole</i>	43
AMEDA FINESSE DOUBLE		AMIELLE VAGINAL TRAINER.	155	ANCOBON.....	32
ELECTRIC BREAST PUMP.....	154	<i>amiloride & hydrochlorothiazide</i>		ANDRODERM.....	11
AMEDA FINESSE DOUBLE		.....	86	ANDROGEL.....	11
ELECTRIC BREAST		<i>amiloride hcl</i>	86		
PUMP/DOTTIE TOTE.....	154	<i>amiodarone hcl</i>	14		

ANDROGEL PUMP.....	11	<i>aprepitant</i>	32	ARMOUR THYROID.....	283
ANGEL WING BLOOD COLLECTION SET/HOLDER/23GX3/4".....	155	APRETUDE.....	51	ARNUITY ELLIPTA.....	15
ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4".....	155	APRISO.....	91	AROMASIN.....	43
ANGEL WING LUER ADAPTER/TUBE HOLDER SET/FEMALE.....	155	APRIZIO PAK II.....	74	ARTHROTEC 50.....	4
ANGEL WING TRANSFER DEVICE/FEMALE ADAPTER...	155	APTENSIO XR.....	2	ARTHROTEC 75.....	4
ANGEL WING TUBE HOLDER/FEMALE LUER.....	155	APTIOM.....	19	<i>artificial tear solution</i>	273
ANGELIQ.....	89	APTIVUS.....	51	ASACOL HD.....	91
ANIMAL SHAPES/IRON.....	267	AQUA LANCE ADJUSTABLE LANCING DEVICE.....	114	<i>ascorbic acid</i>	291
ANNOVERA.....	61	AQUALANCE LANCETS ULTRA THIN 30G.....	114	<i>asenapine maleate</i>	49
ANORO ELLIPTA.....	16	AQUORAL.....	260	ASMANEX HFA.....	15
ANTABUSE.....	279	ARANESP ALBUMIN FREE.....	96	ASMANEX TWISTHALER 120 METERED DOSES.....	15
ANTARA.....	35	ARAVA.....	6	ASMANEX TWISTHALER 14 METERED DOSES.....	15
ANTIOXIDANT FORMULA.....	261	ARAZLO.....	63	ASMANEX TWISTHALER 30 METERED DOSES.....	15
ANTIVERT.....	32	ARCALYST.....	4	ASMANEX TWISTHALER 60 METERED DOSES.....	15
ANUSOL-HC.....	12	<i>arformoterol tartrate</i>	16	<i>aspirin</i>	7
ANZEMET.....	31	ARGYLE SARATOGA SUMP DRAIN/20FR/20".....	155	ASPIRIN.....	7
APADAZ.....	9	ARGYLE SARATOGA SUMP DRAIN/24FR/20".....	155	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	7
APIDRA.....	28	ARGYLE SARATOGA SUMP DRAIN/28FR/20".....	155	ASPIRIN/OMEPRAZOLE.....	95
APIDRA SOLOSTAR.....	28	ARGYLE TRACHEOSTOMY TUBEHOLDER.....	155	<i>aspirin-acetaminophen-caffeine</i>	6
APLENZIN.....	23	ARIAL CHAMBER.....	243	<i>aspirin-dipyridamole</i>	95
APLICARE ALCOHOL SWABSTICK	155	ARICEPT.....	279	ASPRUZYO SPRINKLE.....	13
APNEASTRIP.....	155	ARIKAYCE.....	3	ASSESS FULL RANGE PEAK FLOW METER.....	243
APOKYN.....	47	ARIMIDEX.....	43	ASSESS LOW RANGE PEAK FLOW METER.....	243
<i>apomorphine hydrochloride</i> ...	47	<i>aripiprazole</i>	50	ASSESS PEAK FLOW METER FULL RANGE.....	243
APPLICATOR ACCESSORIES/TAP- N-CLICK SILICONE PAD MULTI- PURPOS.....	155	ARISTADA.....	50	ASSESS PEAK FLOW METER LOW RANGE.....	243
<i>apraclonidine hcl</i>	274	ARISTADA INITIO.....	50	ASSURE 3 CONTROL LEVEL 1/2	114
		ARIXTRA.....	18		
		<i>armodafinil</i>	2		
		ARMONAIR DIGIHALER.....	15		

ASSURE 3 METER.....	114	ASSURE II.....	77	ATACAND HCT.....	38
ASSURE 3 TEST STRIPS.....	77	ASSURE II CHECK STRIP.....	77	<i>atazanavir sulfate</i>	51
ASSURE 4 BLOOD GLUCOSE METER.....	114	ASSURE II CONTROL LEVEL 1	114	ATELVIA.....	87
ASSURE 4 CONTROL LEVEL 1/2	114	ASSURE II CONTROL LEVEL 1/2	114	<i>atenolol</i>	55
ASSURE 4 TEST STRIPS.....	77	ASSURE II TEST STRIPS.....	77	<i>atenolol & chlorthalidone</i>	38
ASSURE COMFORT LANCETS ULTRA THIN 28G.....	114	ASSURE LANCE LANCETS.....	114	ATIVAN.....	13
ASSURE DOSE NORMAL/HIGH CONTROL.....	114	ASSURE LANCE LANCETS 21G	114	<i>atomoxetine hcl</i>	1
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G.....	114	ASSURE LANCE PLUS SAFETYLANCETS 25G.....	114	<i>atorvastatin calcium</i>	35
ASSURE HAEMOLANCE PLUS LOW FLOW 25G.....	114	ASSURE LANCE PLUS SAFETYLANCETS 30G.....	114	<i>atovaquone</i>	40
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G.....	114	ASSURE LANCE SAFETY LANCET 28G.....	114	<i>atovaquone-proguanil hcl</i>	41
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G.....	114	ASSURE LANCETS.....	114	ATRALIN.....	63
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE.....	114	ASSURE PLATINUM BLOOD GLUCOSE METER.....	114	ATRIPLA.....	51
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64".	197	ASSURE PLATINUM TEST STRIPS	77	ATROPINE SULFATE.....	274
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64".....	197	ASSURE PRISM CONTROL LEVEL 1/2.....	114	<i>atropine sulfate (ophthalmic)</i>	274
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/2 9G X 1/2".....	197	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM.....	115	ATROVENT HFA.....	14
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29 G X 1/2".....	197	ASSURE PRISM MULTI TEST STRIPS.....	77	AUBAGIO.....	280
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16".....	197	ASSURE PRO BLOOD GLUCOSE METER.....	115	AUGMENTIN.....	279
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	197	ASSURE PRO CONTROL LEVEL1/2.....	115	AUGMENTIN ES-600.....	279
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	197	ASSURE PRO TEST STRIPS.....	77	AUM MINI INSULIN PEN NEEDLE/32GX4MM.....	197
		ASTAGRAF XL.....	258	AUM MINI INSULIN PEN NEEDLE/32GX5MM.....	197
		ASTHMA CHECK METER-ZONE SYSTEM.....	243	AUM MINI INSULIN PEN NEEDLE/32GX6MM.....	197
		ASTHMAMENTOR.....	243	AUM MINI INSULIN PEN NEEDLE/32GX8MM.....	197
		ATACAND.....	37	AUM MINI INSULIN PEN NEEDLE/33GX4MM.....	197
				AUM MINI INSULIN PEN NEEDLE/33GX5MM.....	197
				AUM MINI INSULIN PEN NEEDLE/33GX6MM.....	197
				AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC.....	197

AUM SAFETY PEN NEEDLE/31G X 4MM.....	197	PRESSUREMONITOR.....	103	AZULFIDINE EN-TABS.....	91
AUM SAFETY PEN NEEDLE/31G X 5MM.....	197	AUTOPEN.....	197	<i>b complex w/ c</i>	260
AURORA LANCET SUPER THIN30G.....	115	AVALIDE.....	38	BABY FRIDGE.....	155
AURORA LANCET THIN 23G..	115	AVAPRO.....	37	BACIGUENT.....	66
AURORA PEN NEEDLES 29GX12MM.....	197	AVAR LS CLEANSER.....	63	<i>bacitracin (ophthalmic)</i>	274
AURORA PEN NEEDLES 31G X6MM.....	197	AVAR-E LS.....	63	<i>bacitracin (topical)</i>	66
AURORA PEN NEEDLES 31G X8MM.....	197	AVEED.....	11	<i>bacitracin zinc</i>	66
AURORA UNIFINE PENTIPS/32GX5/32"	197	AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT....	75	<i>bacitracin-polymyxin b</i>	66
AURORA UNIFINE PENTIPS/MINI/31GX3/16" ...	197	AVODART.....	93	<i>bacitracin-polymyxin b (ophth)</i>	274
AURYXIA.....	92	AVONEX.....	280	<i>bacitracin-poly-neomycin-hc</i>	275
AUSTEDO.....	280	AVONEX PEN.....	280	<i>baclofen</i>	271
AUTOCLAVE ACCESSORIES PRINTER PAPER.....	155	AVOSTARTGRIP.....	155	BACMIN.....	261
AUTOCLAVE AIR FILTER.....	155	AVSOLA.....	91	BACTRIM.....	40
AUTOCLAVE PAPER 36" X 36"	155	AYGESTIN.....	279	BACTRIM DS.....	40
AUTO-LANCET.....	115	AYR NASAL DROPS.....	272	BAFIERTAM.....	280
AUTO-LANCET MINI.....	115	AYVAKIT.....	44	BALCOLTRA.....	59
AUTOLET II CLINISAFE.....	115	AZASITE.....	274	<i>balsalazide disodium</i>	91
AUTOLET IMPRESSION LANCING DEVICE.....	115	<i>azathioprine</i>	258	BALVERSA.....	45
AUTOLET LANCING DEVICE..	115	<i>azelaic acid</i>	75	BAMBOO CANE.....	155
AUTOLET LITE CLINISAFE.....	115	<i>azelastine hcl</i>	272	BANDAGE SCISSORS.....	155
AUTOLET LITE STARTER PACK	115	<i>azelastine hcl (ophth)</i>	276	BAND-AID GAUZE PADS LARGE4" X 4"	100
AUTOLET MINI.....	115	<i>azelastine hcl-fluticasone propionate</i>	271	BAND-AID TRU-ABSORB GAUZE SPONGES LARGE.....	100
AUTOLET PLATFORMS.....	115	AZELEX.....	64	BANZEL.....	19
AUTOLET PLUS.....	115	AZILECT.....	48	BAQSIMI ONE PACK.....	26
AUTOMATIC BLOOD		<i>azithromycin</i>	99	BAQSIMI TWO PACK.....	26
		AZO HORMONAL HEALTH CYCLE CARE & COMFORT.....	261	BARACLUDGE.....	53
		AZO HORMONAL HEALTH HAPPY CYCLE.....	261	BARIATRIC ALUMINUM CANE/OFFSET.....	155
		AZOPT.....	276	BARIATRIC CANE/OFFSET HANDLE/29"-38"/500LB CAPACITY.....	155
		AZOR.....	38	BARIATRIC QUAD CANE/29"-38"/500LB CAPACITY	
		AZSTARYS.....	2		
		AZULFIDINE.....	91		

.....	155	BD AUTOSHIELD 29G X 5/16"	5/16".....	198
BARIATRIC		.....	BD INSULIN SYRINGE	
ROLLATOR/EXTRA WIDE/400LB		BD AUTOSHIELD DUO 30G X	ULTRAFINE/0.3ML/30G X 1/2"	
CAPACITY/HEAVY DUTY.....	156	5MM.....	.....	198
BASAGLAR KWIKPEN.....	28	BD DISPOSABLE NEEDLE 23GX1"	B-D INSULIN SYRINGE	
BASIC AM.....	261	PRECISION GLIDE.....	ULTRAFINE/0.3ML/30G X 1/2"	
BASIC PM.....	261	BD ECLIPSE NEEDLE/25G X5/8"	.....	198
BASIS FACIAL MOISTURIZER... 75		.....	BD INSULIN SYRINGE ULTRA-	
BASIS OVERNIGHT.....	75	BD HYPODERMIC NEEDLES	FINE/0.3ML/30G X 12.7MM.	198
BATH BENCH WITH BACK.....	156	23GX1".....	BD INSULIN SYRINGE	
BATH/SHOWER SEAT WITH		BD INSULIN SYRINGE LUER-	ULTRAFINE/0.3ML/31G X 5/16"	
BACK/ADJUSTABLE.....	156	LOK/U-100/1ML.....	.....	198
BATH/SHOWER		BD INSULIN SYRINGE	BD INSULIN SYRINGE ULTRA-	
SEAT/ADJUSTABLE.....	156	MICROFINE	FINE/0.3ML/31G X 8MM.....	198
BATHTUB SAFETY RAIL.....	156	IV/U-100/0.5ML/28G X 1/2"	BD INSULIN SYRINGE	
BAXDELA.....	90	BD INSULIN SYRINGE	ULTRAFINE/0.5ML/30G X 1/2"	
<i>b-complex vitamins</i>	260	MICROFINE IV/U-100/1ML/27G	.....	198
<i>b-complex w/ c & calcium</i>	260	X 5/8".....	B-D INSULIN SYRINGE	
<i>b-complex w/ c & e + zn</i>	260	BD INSULIN SYRINGE	ULTRAFINE/0.5ML/30G X 1/2"	
<i>b-complex w/ c & folic acid</i> ..	260	MICROFINE IV/U-100/1ML/28G	.....	198
BD LO-DOSE INSULIN SYRINGE		X 1/2".....	BD INSULIN SYRINGE ULTRA-	
MICROFINE IV/0.5ML/28G X		BD INSULIN SYRINGE	FINE/0.5ML/30G X 12.7MM.	198
1/2".....	197	MICROFINE/U-100/1ML/27G X	BD INSULIN SYRINGE	
BD 3ML LUER-LOK		5/8".....	ULTRAFINE/0.5ML/31G X 5/16"	
SYRINGE/20G X 1".....	197	BD INSULIN SYRINGE	.....	198
BD ASSIRE BPM/PORTABLE		MICROFINE/U-100/1ML/28G X	BD INSULIN SYRINGE ULTRA-	
WRISTWATCH STYLE.....	103	1/2".....	FINE/0.5ML/31G X 8MM.....	198
BD ASSURE BPM/AUTO INFLATE		BD INSULIN SYRINGE	BD INSULIN SYRINGE ULTRA-	
ARM CUFF.....	103	SAFETYGLIDE/1ML/29G X 1/2"	FINE/1/2 UNIT/0.3ML/31G X	
BD ASSURE BPM/AUTO INFLATE		.....	8MM.....	198
WRIST CUFF.....	103	BD INSULIN SYRINGE SLIP	BD INSULIN SYRINGE	
BD ASSURE BPM/DELUXE AUTO		TIP/U-100/1ML.....	ULTRAFINE/1ML/30G X 1/2"	198
INFLATE ARM CUFF.....	103	BD INSULIN SYRINGE	BD INSULIN SYRINGE ULTRA-	
BD ASSURE BPM/MANUAL		ULTRAFINE HALF-	FINE/1ML/30G X 12.7MM....	199
INFLATE ARM CUFF.....	103	UNIT/0.3ML/31G X 5/16".....	BD INSULIN SYRINGE ULTRA-	
BD AUTOSHIELD 29G X 3/16"		B-D INSULIN SYRINGE	FINE/1ML/31G X 8MM.....	199
.....	197	ULTRAFINE II/0.3ML/31G X	BD INSULIN SYRINGE	
		5/16".....	ULTRAFINE/U-100/0.3ML/29G X	
		B-D INSULIN SYRINGE	1/2".....	199
		ULTRAFINE II/0.5ML/31G X		

BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	199	BD LANCET ULTRAFINE 33G. 115		BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2". 200
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	199	BD LATITUDE DIABETES MANAGEMENT SYSTEM.....	115	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2". 200
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	199	BD LOGIC BLOOD GLUCOSE MONITOR.....	115	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	199	BD LUER LOCK SYRINGE/1ML/20G X 1".....	199	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" 200
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	199	BD MICROTAINER LANCETS..	115	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"
BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	199	BD NEEDLE/25G X 5/8".....	199	BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1".....
BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	199	BD PEN.....	199	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"200
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	199	BD PEN MINI.....	199	BD SWABS SINGLE USE.....
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	199	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	199	BD SWABS SINGLE USE BUTTERFLY.....
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	199	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	199	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	199	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	199	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8".....	199	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	199	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM
BD INTEGRA RETRACTABLE NEEDLE 23G X 1".....	199	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	200	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64".....
BD LANCET ULTRAFINE 30G. 115		BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	200	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....
		BD SAFE CLIP NEEDLE CLIPPER	156	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X
		BD SAFE-CLIP BY MAIL.....	156	
		BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	200	
		BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2". 200		
		BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	200	
		BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	200	

15/64".....	200	<i>benztropine mesylate</i>	46	<i>bimatoprost</i>	277
BECONASE AQ.....	272	<i>bepotastine besilate</i>	276	BINAXNOW COVID-19 AG CARD HOME TEST.....	77
BED WEDGE/10".....	156	BEPREVE.....	276	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY.....	100
BED WEDGE/12".....	156	BESER.....	70	BIOLYTE.....	256
BED WEDGE/7".....	156	BESIVANCE.....	274	BIOSCANNER GLUCOSE TEST STRIPS.....	77
BEDSIDE COMMODE.....	156	BETADINE.....	51	BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM	115
BELBUCA.....	10	BETADINE OPHTHALMIC PREP	274	BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM.....	115
BELLADONNA/OPIUM.....	284	<i>betaine</i>	88	<i>bisacodyl</i>	99
BELSOMRA.....	97	<i>betamethasone dipropionate (topical)</i>	70	<i>bismuth subsalicylate</i>	30
BELT CLIP.....	156	<i>betamethasone dipropionate augmented</i>	70	<i>bisoprolol & hydrochlorothiazide</i>	38
BENADRYL ALLERGY.....	33	<i>betamethasone valerate</i>	70	<i>bisoprolol fumarate</i>	55
BENADRYL ALLERGY CHILDRENS	33	BETAPACE.....	55	BLEPH-10.....	274
BENADRYL ALLERGY ULTRATABS	33	BETAPACE AF.....	55	BLEPHAMIDE S.O.P.....	275
<i>benazepril & hydrochlorothiazide</i>	38	BETASERON.....	280	BLOOD COLLECTION TUBE HOLDER/WITH NEEDLE.....	156
<i>benazepril hcl</i>	36	<i>betaxolol hcl</i>	55	BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE.	156
BENEFIBER.....	98	<i>betaxolol hcl (ophth)</i>	273	BLOOD GLUCOSE MONITORING SYSTEM.....	115
BENEFIBER FOR CHILDREN.....	98	<i>bethanechol chloride</i>	288	BLOOD GLUCOSE MONITORING SYSTEM PREMIUM.....	115
BENEFIBER HEALTHY SHAPE...	98	BETHKIS.....	3	BLOOD GLUCOSE SYSTEM PAK	116
BENEFIX.....	94	BETIMOL.....	273	BLOOD GLUCOSE TEST STRIPS	77
BENICAR.....	37	BETOPTIC-S.....	273	BLOOD GLUCOSE TEST STRIPS PREMIUM.....	77
BENICAR HCT.....	38	BEUTLICH PH TEST ROLL.....	156	BLOOD PRESSURE KIT/MANUAL INFLATE.....	103
BENLYSTA.....	259	BEVESPI AEROSPHERE.....	16	BLOOD PRESSURE MONITOR	103
BENSAL HP.....	74	<i>bexarotene</i>	46		
BENZAACLIN.....	64	<i>bexarotene (topical)</i>	68		
BENZAACLIN WITH PUMP.....	64	BEXSERO.....	288		
BENZAMYCIN.....	64	BEYAZ.....	59		
BENZHYDROCODONE/ACETAMI NOPHEN.....	9	<i>bicalutamide</i>	44		
BENZNIDAZOLE.....	13	BIDIL.....	57		
<i>benzoyl peroxide</i>	64	BI-FOCAL MAGNIFIER.....	156		
<i>benzoyl peroxide-erythromycin</i>	64	BIJUVA.....	89		
		BIKTARVY.....	51		
		BILTRICIDE.....	13		

BLOOD PRESSURE MONITOR 3SERIES.....	103	BLOOD PRESSURE MONITOR/AUTOMATIC WRIST	104	BLOOD PRESSURE MONITOR/AUTO INFLATE/FUZZY LOGIC/JUMBO DISP.....	105
BLOOD PRESSURE MONITOR AUTOMATIC WRIST.....	103	BLOOD PRESSURE MONITOR/AUTOMATIC/WRIST	104	BLOOD PRESSURE MONITOR/CAMERA/AUTO INFLATE/DIGITAL.....	105
BLOOD PRESSURE MONITOR AUTOMATIC/ARM.....	103,104	BLOOD PRESSURE MONITOR/BASIC ARM.....	104	BLOOD PRESSURE MONITOR/DIGITAL.....	105
BLOOD PRESSURE MONITOR AUTOMATIC/ARM/X-LARGE CUFF.....	104	BLOOD PRESSURE MONITOR/DELUXE ARM.....	104	BLOOD PRESSURE MONITOR/DIGITAL/MANUAL INFLATE.....	105
BLOOD PRESSURE MONITOR AUTOMATIC/WRIST.....	104	BLOOD PRESSURE MONITOR/DELUXE WRIST....	104	BLOOD PRESSURE MONITOR/DIGITAL.....	105
BLOOD PRESSURE MONITOR LARGE CUFF.....	104	BLOOD PRESSURE MONITOR/DIGITAL.....	104	BLOOD PRESSURE MONITOR/DIGITAL/AUTO- INFLATION.....	105
BLOOD PRESSURE MONITOR MEDIUM CUFF.....	104	BLOOD PRESSURE MONITOR/EXTRA LARGE CUFF	104	BLOOD PRESSURE MONITOR/DIGITAL/AUTOMATIC	105
BLOOD PRESSURE MONITOR MEDIUM/LARGE CUFF.....	104	BLOOD PRESSURE MONITOR/FULLY AUTOMATIC	105	BLOOD PRESSURE MONITOR/DIGITAL/MANUAL INFLATE.....	105
BLOOD PRESSURE MONITOR PREMIUM ARM/VOICE ASSIST	104	BLOOD PRESSURE MONITOR/PREMIUM ARM...105	105	BLOOD PRESSURE MONITOR/DIGITAL/MANUAL INFLATE/REG.....	105
BLOOD PRESSURE MONITOR SMALL CUFF.....	104	BLOOD PRESSURE MONITOR/PULSE/DIGITAL/ME MORY/LCD/MODEL #1060... 105	105	BLOOD PRESSURE MONITOR/DIGITAL/WRIST....	105
BLOOD PRESSURE MONITOR TALKING AUTO-INFLATION MED CUFF.....	104	BLOOD PRESSURE MONITOR/PULSE/DIGITAL/ME MORY/MODEL #1085M.....	105	BLOOD PRESSURE MONITOR/FINGER.....	105
BLOOD PRESSURE MONITOR UPPER ARM.....	104	BLOOD PRESSURE MONITOR/UPPER ARM.....	105	BLOOD PRESSURE MONITOR/MANUAL INFLATE	105
BLOOD PRESSURE MONITOR/AUTO ARM.....	104	BLOOD PRESSURE MONITOR/WRIST.....	105	BLOOD PRESSURE MONITOR/MEMORY/PRINTER	105
BLOOD PRESSURE MONITOR/AUTOMATIC.....	104	BLOOD PRESSURE MONITOR/ANEROID/ATTACHED STETHOSCOPE.....	105	BLOOD PRESSURE MONITOR/MODEL#1083.....	105
BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE	104	BLOOD PRESSURE MONITOR/ANEROID/STETHOSCO PE.....	105	BLOOD PRESSURE MONITOR/REG/AUTO INFLATE/DIGITAL.....	105
BLOOD PRESSURE MONITOR/AUTOMATIC QUICK READ.....	104	BLOOD PRESSURE MONITOR/AUTO INFLATE.....	105	BLOOD PRESSURE MONITOR/WRIST UNIT.....	106

BLOOD PRESSURE MONITORWRIST UNIT/JUMBO DISP/FUZZY LOGIC.....	106	CA.....	156	BREATHERITE.....	243
BLOW MOLDED BATHTUB TRANSFER BENCH.....	156	BOTTLE/AMBER GLASS/BOSTONROUND/8OZ/BL ACK PHENOLIC CAP.....	157	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK.....	244
BLOW MOLDED BATHTUB TRANSFER BENCH/COMMODE SEAT/PAIL.....	156	BOTTLE/SPRAY/120ML/CLEARP E PLASTIC.....	157	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK.....	244
BLULINK BLOOD GLUCOSE MONITORING SYSTEM.....	116	BOTTLETOP DISPENSER 0.25-2.0ML.....	157	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK.....	244
BLULINK CONTROL SOLUTION/HIGH & LOW.....	116	BOTTLETOP DISPENSER ADAPTER/38MM.....	157	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK.....	244
BLULINK GLUCOSE TEST STRIPS	77	BOULES QUIES EAR PLUGS... BRAFTOVI.....	45	BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK.....	244
BMI DIGITAL SMART SCALE..	156	BREAST PUMP.....	157	BREATHERITE RIGID SPACERW/MASK.....	244
BONIVA.....	87	BREAST SELF EXAM PROGRAM	157	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE.....	244
BONJESTA.....	32	BREATHE COMFORT ANTI- STATIC VALVED HOLDING CHAMBER/ADULT.....	243	BREATHERITE VALVED MDI CHAMBER/RIGID.....	244
BOOSTRIX.....	284	BREATHE COMFORT ANTI- STATIC VALVED HOLDING CHAMBER/CHILD.....	243	BREATHERITE W/LARGE MASK	244
BORDERED GAUZE.....	100	BREATHE COMFORT NASAL ASPIRATOR (ELECTRONIC)....	157	BREATHERITE W/MEDIUM MASK.....	244
<i>bosentan</i>	57	BREATHE COMFORT NASAL IRRIGATOR.....	157	BREATHERITE W/SMALL MASK	244
BOSULIF.....	45	BREATHE EASE NEBULIZER MASK/CHILD.....	243	BREO ELLIPTA.....	16
BOTTLE 2OZ/BLUE GLASS/DROPPER.....	156	BREATHE EASE NEBULIZER MASK/INFANT.....	243	BREXAFEMME.....	32
BOTTLE ADAPTERS/24MM/PRESS-IN	156	BREATHE EASE PEAK FLOW METER.....	243	BREZTRI AEROSPHERE.....	16
BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP.....	156	BREATHE EASE PULSE OXIMETER.....	157	BRILINTA.....	95
BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP.....	156	BREATHE EASE/LARGE MASK	243	<i>brimonidine tartrate</i>	274
BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP.....	156	BREATHE EASE/MEDIUM MASK	243	<i>brimonidine tartrate-timolol maleate</i>	273
BOTTLE/6OZ/WHITE/HDPE/WIT H TWIST TOP SIFTER CAP.....	156	BREATHE EASE/SMALL MASK	243	<i>brinzolamide</i>	276
BOTTLE/AMBER GLASS/500ML/BOSTON RND/BLK PHENOLIC POLYSEAL			243	BRISDELLE.....	282
				BRIVIACT.....	19

<i>bromfenac sodium (ophth)</i> ...276	<i>caffeine w/ codeine</i> 9	<i>calcium citrate-vitamin d</i>.....256
<i>bromocriptine mesylate</i> 47	<i>butalbital-aspirin-caffeine</i> 6	CALCIUM GLUCONATE..... 256
BROMSITE.....276	<i>butalbital-aspirin-caffeine w/cod</i> 9	<i>calcium polycarbophil</i>.....98
BRONCHITOL..... 282	<i>butorphanol tartrate</i> 10	CAL-DAY 1000.....261
BRONCHITOL TOLERANCE TEST.....282	BUTRANS..... 10	CALQUENCE.....45
BROVANA..... 16	BYDUREON BCISE..... 28	CAMBIA..... 255
BRUKINSA..... 45	BYDUREON PEN.....28	CAMZYOS.....57
BRYHALI..... 70	BYETTA..... 28	CANASA..... 92
BUBBLE POINT TESTER KIT/WIZARD..... 157	BYNFEZIA PEN.....89	<i>candesartan cilexetil</i>.....37
BUBBLES THE FISH II PEDIATRIC MASK/PVC..... 244	BYSTOLIC..... 55	<i>candesartan cilexetil-hydrochlorothiazide</i>.....38
<i>budesonide</i> 62	CABENUVA..... 51	CANE HOLDER..... 157
<i>budesonide (inhalation)</i>.....15	<i>cabergoline</i>.....89	CANE TIPS 3/4" 157
<i>budesonide-formoterol fumarate dihydrate</i> 16	CABOMETYX..... 45	CANE TIPS 7/8" 157
BUFFERIN.....7	CADUET..... 57	CANE TIPS FOR ALUM/3/4" .. 157
BULLSEYE MINI SAFETY LANCETS..... 116	CAFCIT..... 1	CANE TIPS FOR WOOD 1"..... 157
BULLSEYE SAFETY LANCETS.. 116	CAFFEINE ANHYDROUS..... 1	CANE TIPS FOR WOOD 5/8" . 157
<i>bumetanide</i> 86	<i>caffeine citrate</i> 1	CANE TIPS FOR WOOD/3/4" .157
BUMEX..... 86	CALAN SR.....55	CANE TIPS FOR WOOD/7/8" .157
BUPHENYL..... 88	<i>calcipotriene</i> 69	CANE TIPS/1" 157
<i>buprenorphine</i> 10	<i>calcipotriene-betamethasone dipropionate</i> 70	CANE TIPS/3/4" 157
<i>buprenorphine hcl</i> 10	<i>calcitonin (salmon)</i> 87	CANE TIPS/3/4" QUAD NON-SUCTION..... 157
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 10	<i>calcitriol</i> 88	CANE TIPS/5/8" QUAD SUCTION TYPE..... 157
<i>bupropion hcl</i>.....23	<i>calcitriol (topical)</i>.....69	CANE TIPS/7/8"-1" 157
<i>bupropion hcl (smoking deterrent)</i> 282	<i>calcium acetate (phosphate binder)</i> 92	CANE TIPS/BLACK/3/4" 157
<i>buspiron hcl</i> 13	<i>calcium carbonate</i> 256	CANE TIPS/BLACK/7/8"-1" ....157
<i>butalbital-acetaminophen</i>.....6	<i>calcium carbonate (antacid)</i> ...12	CANE TIPS/GREY/3/4" 157
<i>butalbital-acetaminophen-caffeine</i>.....6	<i>calcium carbonate-cholecalciferol</i> 256	CANE TIPS/GREY/7/8"-1" 157
<i>butalbital-acetaminophen</i>	<i>calcium carbonate-vitamin d256</i>	CANE TIPS/ICE GRIP TIP..... 157
	<i>calcium carbonate-vitamin d w/ minerals</i>.....256	CANE WITH STRAP/BLACK.... 157
	<i>calcium citrate</i> 256	CANE WRIST STRAP..... 157
		CANE/ADJUSTABLE/ALUMINUM /ROUND HANDLE..... 157

CANE/ADJUSTABLE/PAISLEY.157	CANE/ALUMINUM/FOLDING/A DJUSTABLE/BRONZE/ORTHO HANDLE..... 158	CANE/MENS..... 159
CANE/ALUMINUM/ADJUSTABLE /BRONZE TONE/STANDARD HANDLE..... 157	CANE/ALUMINUM/FOLDING/A DJUSTABLE/BRONZE-TONE.. 158	CANE/OFFSET HANDLE/ALUMINUM/29"-38" .....159
CANE/ALUMINUM/ADJUSTABLE /DEVON HANDLE..... 158	CANE/ALUMINUM/FOLDING/BL IND.....158	CANE/OFFSET HANDLE/ALUMINUM/29"-38"/C AMOUFLAGE..... 159
CANE/ALUMINUM/ADJUSTABLE /LADIES HANDLE..... 158	CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4".....158	CANE/OFFSET HANDLE/ALUMINUM/29-38" .....159
CANE/ALUMINUM/ADJUSTABLE /MENS HANDLE..... 158	CANE/ALUMINUM/OFFSET CUSHIONED HANDLE/WRIST STRAP/3/4".....158	CANE/OFFSET HANDLE/ALUMINUM/ADJUSTA BLE..... 159
CANE/ALUMINUM/ADJUSTABLE /OFFSET HANDLE/7/8"..... 158	CANE/ALUMINUM/OFFSET HANDLE/NO SAFETY LOCKNUT/3/4"..... 158	CANE/OFFSET HANDLE/GREENPAISLEY..... 159
CANE/ALUMINUM/ADJUSTABLE /OFFSET HANDLE/AUTUMN BRONZE..... 158	CANE/ALUMINUM/OFFSET ORTHO.....158	CANE/ROSEWOOD/1"..... 159
CANE/ALUMINUM/ADJUSTABLE /OFFSET HANDLE/BLACK..... 158	CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK..... 158	CANE/STANDARD/BLACK HANDLE..... 159
CANE/ALUMINUM/ADJUSTABLE /OFFSET HANDLE/BLUE ICE.. 158	CANE/ALUMINUM/OFFSET ORTHO HANDLE/WRIST STRAP/3/4".....158	CANE/STANDARD/BRONZE HANDLE..... 159
CANE/ALUMINUM/ADJUSTABLE /OFFSET HANDLE/VIOLET..... 158	CANE/ALUMINUM/ORTHO/BRO NZE..... 159	CANE/T- HANDLE/ALUMINUM/29"-38" .....159
CANE/ALUMINUM/BLACK/DEV ONHANDLE/7/8"..... 158	CANE/ALUMINUM/ROUND HANDLE/5/8".....159	CANE/T- HANDLE/ALUMINUM/29"-38"/F LORAL PATTERN..... 159
CANE/ALUMINUM/BRONZE/FO LDING/ORTHO HANDLE/3/4" .....158	CANE/ALUMINUM/ROUND HANDLE/7/8".....159	CANE/T-HANDLE/BLACK & BLUE.....159
CANE/ALUMINUM/BRONZE/OF FSET HANDLE/CUSH GRIP/WRIST STRAP/3/4.....158	CANE/ALUMINUM/TELESCOPIC/ BRONZE/MEDIUM HANDLE/7/8".....159	CANE/WOOD/BLACK/ROUND HANDLE/1"..... 159
CANE/ALUMINUM/BRONZE/OR THO HANDLE/3/4".....158	CANE/ALUMINUM/TELESCOPIC/ LARGE HANDLE/3/4"..... 159	CANE/WOOD/BLACK/ROUND HANDLE/7/8".....159
CANE/ALUMINUM/BRONZE/YO RKHANDLE/7/8"..... 158	CANE/ALUMINUM/TELESCOPIC/ MEDIUM HANDLE/7/8"..... 159	CANE/WOOD/LADIES STANDARDHANDLE/EBONY FINISH/13/16"..... 159
CANE/ALUMINUM/BRONZE- TONE..... 158	CANE/DESIGNER OFFSET HANDLE..... 159	CANE/WOOD/LADIES STANDARDHANDLE/ROSEWOO D FINISH/13/16"..... 159
CANE/ALUMINUM/FOLDING/36 "BLACK.....158	CANE/LADY/BRONZE..... 159	CANE/WOOD/LADIES STANDARDHANDLE/STAINED
CANE/ALUMINUM/FOLDING/A DJUSTABLE/BLACK..... 158		

WALNUT FINISH.....	159	HANDLE/WALNUTFINISH/1" 160	29GX1/2".....	201
CANE/WOOD/LADIES/T- HANDLEBLACK WOOD.....	159	CANE/WOOD/T- HANDLE/WALNUTFINISH/13/16 ".....	CAREFINE PEN NEEDLES 30GX5/16".....	201
CANE/WOOD/LADIES/T- HANDLEWALNUT/3/4".....	159	CANE/WOOD/WALNUT/7/8"	CAREFINE PEN NEEDLES 31GX6MM.....	201
CANE/WOOD/MENS ROUND HANDLE/ROSEWOOD FINISH	160	CANE/WOOD/WALNUT/PISTOL GRIP DERBY HANDLE/7/8"...	CAREFINE PEN NEEDLES 31GX8MM.....	201
CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1"..	160	CANE/WOOD/WALNUT/ROUND HANDLE/7/8".....	CAREFINE PEN NEEDLES 32GX5MM.....	201
CANE/WOOD/MENS STANDARD HANDLE/ROSEWOOD FINISH/1"	160	<i>capecitabine</i>	CAREFINE PEN NEEDLES 32GX6MM.....	201
CANE/WOOD/MENS STANDARD HANDLE/STAINED WALNUT WOOD.....	160	CAPEX.....	CAREONE ADVANCED LANCINGDEVICE.....	116
CANE/WOOD/MENS T- HANDLE/BLACK WOOD.....	160	CAPLYTA.....	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM.....	116
CANE/WOOD/NATURAL ASH/ROUND HANDLE/1".....	160	CAPRELSA.....	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE	116
CANE/WOOD/NATURAL ASH/ROUND HANDLE/7/8"..	160	<i>capsaicin</i>	CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM.....	77
CANE/WOOD/ROSEWOOD/1"	160	<i>captopril</i>	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE.....	77
CANE/WOOD/STANDARD/BLAC KFINISH/1".....	160	CARAC.....	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	201
CANE/WOOD/STANDARD/BLAC KFINISH/7/8".....	160	CARAFATE.....	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	201
CANE/WOOD/STANDARD/NATU RAL FINISH/1".....	160	CARBAGLU.....	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	201
CANE/WOOD/STANDARD/NATU RAL FINISH/7/8".....	160	<i>carbamazepine</i>	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	201
CANE/WOOD/STANDARD/WAL NUT42"LONG.....	160	<i>carbamide peroxide (otic)</i>	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"..	201
CANE/WOOD/STANDARD/WAL NUTFINISH/7/8".....	160	CARBATROL.....	CAREONE INSULIN SYRINGES/1ML/31GX5/16"..	201
CANE/WOOD/T- HANDLE/WALNUT3/4".....	160	<i>carbidopa</i>		
CANE/WOOD/T- HANDLE/WALNUTFINISH/1" 160		<i>carbidopa-levodopa</i>		
		<i>carbidopa-levodopa- entacapone</i>		
		CARDIOCOM LANCING DEVICE		
		CARDIZEM.....		
		CARDIZEM CD.....		
		CARDIZEM LA.....		
		CARDURA.....		
		CARDURA XL.....		
		CAREFINE PEN NEEDLE 32GX4MM.....		
		CAREFINE PEN NEEDLES		

CAREONE LANCET SUPER THIN/30G.....	116	MONITORING SYSTEM.....	116	SYRINGE/1ML/31GX5/16"	202
CAREONE LANCET THIN.....	116	CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	116	CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16".....	202
CAREONE UNIFINE PENTIPS 29GX12MM.....	201	CARETOUCH 2 CPAP HOSE HANGER.....	244	CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16".....	202
CAREONE UNIFINE PENTIPS 31GX5MM.....	201	CARETOUCH ALCOHOL PREP PADS.....	160	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"..	202
CAREONE UNIFINE PENTIPS 31GX6MM.....	201	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM.....	116	CARETOUCH LANCING DEVICEWITH EJECTOR.....	116
CAREONE UNIFINE PENTIPS 31GX8MM.....	201	CARETOUCH BLOOD GLUCOSE TEST STRIPS.....	78	CARETOUCH PEN NEEDLE 29GX1/2".....	202
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	201	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ARM.....	106	CARETOUCH PEN NEEDLES 31G X 6 MM.....	202
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	201	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/WRIST.....	106	CARETOUCH PEN NEEDLES 31GX 5MM.....	202
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	201	CARETOUCH CONTROL SOLUTION LEVEL 2.....	116	CARETOUCH PEN NEEDLES 31GX 8MM.....	202
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	201	CARETOUCH CPAP & BIPAP HOSE/6FT.....	244	CARETOUCH PEN NEEDLES 32GX 4MM.....	202
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	201	CARETOUCH CPAP MASK WIPES.....	244	CARETOUCH PEN NEEDLES 32GX 5MM.....	202
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	201	CARETOUCH CPAP NEUTRALIZING PRE-WASH... ..	244	CARETOUCH PULSE OXIMETER.....	160
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32".....	201	CARETOUCH CPAP TUBE CLEANING BRUSH.....	245	CARETOUCH SAFETY LANCETS/26G.....	116
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1".....	201	CARETOUCH HYPODERMIC NEEDLE/23GX1".....	201	CARETOUCH SAFETY LANCETS/28G.....	116
CARESENS CONTROL A SOLUTION.....	116	CARETOUCH HYPODERMIC NEEDLE/25GX5/8".....	201	CARETOUCH SAFETY LANCETS/30G.....	116
CARESENS LANCETS.....	116	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16".	201	CARETOUCH SLIM BLOOD PRESSURE MONITOR/WRIST	106
CARESENS N BLOOD GLUCOSE TEST STRIPS.....	78	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16".	201	CARETOUCH TWIST LANCETS 28G.....	116
CARESENS N GLUCOSE		CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"....	201	CARETOUCH TWIST LANCETS 30G.....	116
		CARETOUCH INSULIN		CARETOUCH TWIST LANCETS 33G.....	116

CARETOUCH UNIVERSAL CPAPFILTERS.....	245	<i>cefdinir</i>	58	CENTRUM WOMEN.....	262
CARETOUCH VERSA BLOOD PRESSURE MONITOR/ARM...	106	<i>cefixime</i>	58	<i>cephalexin</i>	58
CAREX COCCYX CUSHION.....	160	<i>cefpodoxime proxetil</i>	59	CEQUA.....	275
CAREX ULTRA GRABBER 32".	160	<i>cefprozil</i>	58	CEQR SIMPLICITY 2U.....	202
CAREX WHEELCHAIR.....	160	<i>cefuroxime axetil</i>	58	CERASPORT.....	256
<i>carglumic acid</i>	88	CELEBREX.....	4	CERASPORT EX1.....	256
<i>carisoprodol</i>	271	<i>celecoxib</i>	4	CERTAVITE SENIOR.....	262
<i>carisoprodol w/ aspirin &</i> <i>codeine</i>	271	CELEXA.....	23	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS.....	262
CARNITOR.....	88	CELLCEPT.....	258	CERTAVITE/ANTIOXIDANTS..	262
CARNITOR SF.....	88	CELONTIN.....	22	CERVICAL PILLOW.....	160
CAROSPIR.....	86	CENTANY.....	66	CERVICAL PILLOW/BREATHE EASY.....	160
CARRASMART.....	100	CENTANY AT.....	66	CERVICAL PILLOW/COVER....	160
CARRASMART FOAM.....	100	CENTRAVITES 50 PLUS.....	261	CERVICAL PILLOW/ORTHOPEDIC	161
CARRINGTON MOISTURE BARRIER.....	75	CENTRAVITES ADULTS.....	261	CERVICAL ROLL PILLOW/CONTOUR.....	161
CARRINGTON MOISTURE BARRIER/ZINC.....	75	CENTRUM ADULTS.....	261	<i>cetirizine hcl</i>	33
<i>carteolol hcl (ophth)</i>	273	CENTRUM CARDIO.....	261	<i>cevimeline hcl</i>	260
<i>carvedilol</i>	55	CENTRUM MEN.....	261	CHANTIX.....	282
<i>carvedilol phosphate</i>	55	CENTRUM MINIS WOMEN 50+	261	CHANTIX CONTINUING MONTHPAK.....	282
CASIRIVIMAB.....	278	CENTRUM SILVER.....	261	CHANTIX STARTING MONTH PAK.....	282
CASODEX.....	44	CENTRUM SILVER 50+MEN..	262	CHEMET.....	31
CATAPRES.....	37	CENTRUM SILVER 50+WOMEN	262	CHEMO TRANSFER PIN.....	161
CATAPRES-TTS-1.....	37	CENTRUM SILVER ADULT 50+	262	CHEMSTRIP 10 MD.....	78
CATAPRES-TTS-2.....	37	CENTRUM SILVER ADULTS 50+	262	CHEMSTRIP -10 WITH SG.....	78
CATAPRES-TTS-3.....	37	CENTRUM SILVER ULTRA WOMENS.....	262	CHEMSTRIP 2 GP STRIPS.....	78
CAVILON NO STING BARRIERFILM.....	75	CENTRUM SPECIALIST HEART	262	CHEMSTRIP 5 OB.....	78
CAYSTON.....	41	CENTRUM SPECIALIST IMMUNE SUPPORT.....	262	CHEMSTRIP 7.....	78
<i>cefaclor</i>	58	CENTRUM SPECIALIST VISION	262	CHEMSTRIP 9 STRIPS.....	78
CEFACLOR ER.....	58	CENTRUM ULTRA WOMENS.	262	CHEMSTRIP-K.....	78
<i>cefadroxil</i>	58			CHENODAL.....	91

CHERACOL PLUS.....	63	<i>cinacalcet hcl</i>	88	CLARITIN ALLERGY CHILDRENS	.....34
CHERACOL-D COUGH.....	63	CINIS PREEMIE HALO LARGE	161	CLARITIN CHILDRENS.....	34
CHILDRENS ADVIL.....	4	CINIS PREEMIE HALO MEDIUM	.....161	CLARITIN REDITABS.....	34
CHILDRENS MOTRIN.....	4	CINIS PREEMIE HALO SMALL	161	CLASSICS ROLLING WALKER.	161
<i>chlordiazepoxide hcl</i>	14	CINQAIR.....	14	CLEANLET LANCETS 28G.....	116
<i>chlordiazepoxide hcl-clidinium</i>		CIPRO.....	90	CLEANROOM TACKY MAT 18"	
<i>bromide</i>	284	CIPRO HC.....	277	X36"/60 LAYER.....	161
<i>chlordiazepoxide-amitriptyline</i>		CIPRODEX.....	277	CLEAR GLASS VIALS 10ML.....	161
.....	280	<i>ciprofloxacin hcl</i>	90	CLEAR GLASS VIALS 2ML.....	161
<i>chlorhexidine gluconate</i>		<i>ciprofloxacin hcl (ophth)</i>	274	<i>clemaprine fumarate</i>	33
<i>(mouth-throat)</i>	259	<i>ciprofloxacin hcl (otic)</i>	277	CLEOCIN.....	41,290
<i>chloroquine phosphate</i>	41	<i>ciprofloxacin-dexamethasone</i>	.....277	CLEOCIN PEDIATRIC GRANULES	.....41
<i>chlorpheniramine maleate</i>	33	.....	277	.....	41
<i>chlorpromazine hcl</i>	50	<i>ciprofloxacin-fluocinolone</i>		CLEOCIN-T.....	64
CHLORPROMAZINE		<i>acetonide</i>	277	CLEVER CHEK AUTO CODE	
HYDROCHLORIDE.....	50	<i>citalopram hydrobromide</i>	23	VOICE BLOOD GLUCOSE	
<i>chlorthalidone</i>	86	CITALOPRAM HYDROBROMIDE	.....23	MONITORING SYSTEM.....	116
CHLOR-TRIMETON.....	33	CITRACAL + D3 MAXIMUM...	256	CLEVER CHEK AUTO-CODE	
<i>chlorzoxazone</i>	271	CITRACAL PETITES/VITAMIND	.....256	BLOOD GLUCOSE MONITORING	
CHOLBAM.....	91	CITRANATAL 90 DHA.....	267	SYSTEM.....	117
<i>cholecalciferol</i>	291	CITRANATAL ASSURE.....	267	CLEVER CHEK AUTO-CODE TEST	
<i>cholestyramine</i>	34	CITRANATAL B-CALM.....	268	STRIPS.....	78
<i>cholestyramine light</i>	34	CITRANATAL BLOOM.....	268	CLEVER CHEK AUTO-CODE	
<i>choline fenofibrate</i>	35	CITRANATAL BLOOM DHA....	268	VOICE BLOOD GLUCOSE	
CIALIS.....	57	CITRANATAL DHA.....	268	MONITORING SYSTEM.....	117
CIBINQO.....	73	CITRANATAL ESSENCE.....	268	CLEVER CHEK LANCETS	
<i>ciclopirox</i>	66	CITRANATAL HARMONY.....	268	ULTRATHIN.....	117
<i>ciclopirox olamine</i>	66	CITRANATAL RX.....	268	CLEVER CHEK LANCETS	
<i>cilostazol</i>	95	CITRUCEL.....	98	ULTRATHIN 30G.....	117
CILOXAN.....	274	CITRUCEL FIBER LAXATIVE.....	98	CLEVER CHEK TEST STRIPS.....	78
CIMDUO.....	51	<i>clarithromycin</i>	100	CLEVER CHOICE ANTI-	
<i>cimetidine</i>	285	CLARITIN.....	33	STATICVALVED HOLDING	
<i>cimetidine hcl</i>	285			CHAMBER/ADULT LARGE.....	245
CIMZIA.....	92				
CIMZIA STARTER KIT.....	92				

CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM.....	245	EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	202	CLEVER CHOICE COMFORT EZLANCETS 28G.....	117
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA..	245	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	203
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL.....	245	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM..	203
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT....	245	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM..	203
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM.....	117	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM..	203
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS.....	78	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM..	203
CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM...	106	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM..	203
CLEVER CHOICE BLOOD PRESSURE MONITOR/TALKING WRIST/PREMIUM.....	106	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM..	203
CLEVER CHOICE BLOOD PRESSURE MONITOR/UPPER ARM.....	106	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM..	203
CLEVER CHOICE BLOOD PRESSURE MONITOR/WRIST	106	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	202	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM..	203
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	203	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM..	203
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM.....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	203	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM..	203
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	203	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM..	203
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	203	CLEVER CHOICE DIGITAL BMI SCALE.....	161
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	203	CLEVER CHOICE ELECTRIC BREAST PUMP.....	161
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	203	CLEVER CHOICE ELECTRONICBLOOD PRESSURE MONITOR/WRIST.....	106
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	203	CLEVER CHOICE GLUCOSE CONTROL HIGH.....	117
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	203	CLEVER CHOICE GLUCOSE CONTROL LOW.....	117
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	202	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16 ".....	203	CLEVER CHOICE HYDROTHERAPY SYSTEM FOOT	

BATH.....	161	CLICKFINE PEN NEEDLES/31GX1/4".....	203	CLINITEST RAPID	
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM.....	117	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	203	COVID-19ANTIGEN SELF-TEST	78
CLEVER CHOICE MICRO TESTSTRIPS.....	78	CLIMARA.....	90	CLIP & STOR.....	161
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM.....	117	CLIMARA PRO.....	89	<i>clobazam</i>	19
CLEVER CHOICE NO CODING TEST STRIPS.....	78	CLINDACIN ETZ.....	64	<i>clobetasol propionate</i>	70
CLEVER CHOICE PEAK FLOW METER.....	245	CLINDACIN PAC.....	64	<i>clobetasol propionate emollient base</i>	70
CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM.....	106	CLINDAGEL.....	64	<i>clobetasol propionate emulsion</i>	70
CLEVER CHOICE PULSE OXIMETER.....	161	<i>clindamycin hcl</i>	41	CLOBEX.....	70
CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM.....	117	<i>clindamycin palmitate hydrochloride</i>	41	<i>clocortolone pivalate</i>	70
CLEVER CHOICE TALK NO CODING TEST STRIPS.....	78	<i>clindamycin phosphate (topical)</i>	64	CLODAN KIT.....	71
CLICKFINE PEN NEEDLE 32GX5/32".....	203	<i>clindamycin phosphate vaginal</i>	290	CLODERM.....	71
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	203	<i>clindamycin phosphate-benzoyl peroxide</i>	64	<i>clomipramine hcl</i>	25
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	203	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	64	<i>clonazepam</i>	19
CLICKFINE PEN NEEDLES 31G X 1/4".....	203	<i>clindamycin phosphate-tretinoin</i>	64	<i>clonidine</i>	37
CLICKFINE PEN NEEDLES 31G X 3/16".....	203	CLINDESSE.....	290	<i>clonidine hcl</i>	37
CLICKFINE PEN NEEDLES 31G X 5/16".....	203	CLINERE EARWAX CLEANER.	161	<i>clonidine hcl (adhd)</i>	1
CLICKFINE PEN NEEDLES 31G X 8MM.....	203	CLINERE EARWAX REMOVER	161	<i>clopidogrel bisulfate</i>	95
CLICKFINE PEN NEEDLES 32G X 5/32".....	203	CLINICAL NUTRIENTS 45-PLUS WOMEN.....	262	<i>clorazepate dipotassium</i>	14
		CLINICAL NUTRIENTS 50-PLUS MEN.....	262	<i>clotrimazole</i>	259
		CLINICAL NUTRIENTS FOR FEMALE TEENS.....	262	<i>clotrimazole (topical)</i>	66
		CLINICAL NUTRIENTS FOR MALE TEENS.....	262	<i>clotrimazole w/ betamethasone</i>	66
		CLINICAL NUTRIENTS FOR MEN	262	<i>clozapine</i>	49
		CLINICAL NUTRIENTS FOR WOMEN.....	262	CLOZARIL.....	49
				C-NATE DHA.....	268
				CO MONITOR.....	245
				CO MONITOR REPLACEMENT TPIECES.....	245
				COAGADEX.....	94
				COAGUCHEK LANCETS.....	117
				<i>coal tar extract</i>	76
				COARTEM.....	41
				<i>codeine sulfate</i>	7

CODEINE SULFATE..... 7	COMFORT EZ/31G X 5MM....204	COMFORT TOUCH PEN NEEDLES/33G X 5/32" 204
COLACE.....99	COMFORT EZ/31G X 6MM....204	COMFORT TOUCH PEN NEEDLES/33GX 3/16" 204
COLACE CLEAR.....99	COMFORT FIT FLANGES LARGE.....161	COMFORT TOUCH PEN NEEDLES/33GX1/4" 204
COLAZAL..... 92	COMFORT LANCETS.....117	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G..... 117
<i>colchicine</i>.....94	COMFORT MASSAGER/CORDLESS..... 161	COMMODE 3-IN-1..... 161
<i>colchicine w/ probenecid</i>.....94	COMFORT PERSONAL CLEANSING CART.....161	COMMODE BEDSIDE..... 161
COLCRYS..... 94	COMFORT PERSONAL CLEANSING MICROWAVE..... 161	COMMODE BEDSIDE/BACK.. 161
<i>colesevelam hcl</i> 34,35	COMFORT PERSONAL CLEANSING SHAMPOO CAP..161	COMMODE PAIL WITH HANDLE/LID/12QT..... 161
COLESTID..... 35	COMFORT PERSONAL CLEANSING WARMER/14- COUNT..... 161	COMMODE SPLASH GUARD. 162
COLESTID FLAVORED..... 35	COMFORT PERSONAL CLEANSING WARMER/28- COUNT..... 161	COMPACT SPACE CHAMBER/ANTI-STATIC..... 245
<i>colestipol hcl</i>.....35	COMFORT TOUCH ALCOHOL PREP PADS..... 161	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK..... 245
COMAR PRESS-IN BOTTLE ADAPTERS 24MM..... 161	COMFORT TOUCH LANCETS ULTRA THIN 31G.....117	COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK..... 245
COMBIGAN..... 273	COMFORT TOUCH PEN NEEDLES/31G X 4MM.....204	COMPACT SPACE CHAMBER/ANTI- STATIC/SMALL MASK..... 245
COMBIPATCH..... 89	COMFORT TOUCH PEN NEEDLES/31G X 5MM.....204	COMPLERA..... 51
COMBIVENT RESPIMAT..... 16	COMFORT TOUCH PEN NEEDLES/31G X 6 MM.....204	COMPLETE NATAL DHA..... 268
COMBIVIR.....51	COMFORT TOUCH PEN NEEDLES/31G X 8 MM.....204	COMPLETENATE..... 268
COMETRIQ.....45	COMFORT TOUCH PEN NEEDLES/32G X 4MM.....204	COMPOSITE TRANSFER BENCH.....162
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" .....203	COMFORT TOUCH PEN NEEDLES/32G X 5MM.....204	COMTAN.....46
COMFORT ASSURED LANCETS MICRO THIN 33G..... 117	COMFORT TOUCH PEN NEEDLES/32G X 6MM.....204	CONCERTA..... 2
COMFORT ASSURED LANCETS SUPER THIN 28G..... 117	COMFORT TOUCH PEN NEEDLES/32G X 8MM.....204	CONDYLOX.....74
COMFORT CURVE MASSAGE CUSHION..... 161	COMFORT TOUCH PEN NEEDLES/32G X 8MM.....204	CONTOUR BACK CUSHION... 162
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" 203		CONTOUR BLOOD GLUCOSE MONITORING SYSTEM..... 117
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" 204		
COMFORT EZ MICRO/32G X 4MM.....204		
COMFORT EZ SHORT/31G X 8MM.....204		

CONTOUR BLOOD GLUCOSE TEST STRIPS.....	78	COOL CONTROL SOLUTION A	118	W/HOOD/XXL/DISPOSABLE..	162
CONTOUR FITTED SHEETS....	162	COOL CONTROL SOLUTION B	118	COVERALLS	
CONTOUR HIGH CONTROL...	117	COPA ISLAND BORDERED FOAM DRESSING 4"X4"	100	MEDIUM/ELASTICBACK/WRIST/ANKLES.....	162
CONTOUR LOW CONTROL....	118	COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4"	100	COVID-19 AT-HOME TEST KIT.	78
CONTOUR MATTRESS COVER	162	COPAXONE.....	280	COVID-19 OTC ANTIGEN TESTKIT 1-PACK.....	78
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM.....	118	COPIKTRA.....	45	COVID-19 OTC ANTIGEN TESTKIT 2-PACK.....	78
CONTOUR NEXT BLOOD GLUCOSE TEST.....	78	COREG.....	55	COVRSITE COVER DRESSING.	100
CONTOUR NEXT CONTROL LEVEL 1.....	118	COREG CR.....	55	COVRSITE PLUS COMPOSITE DRESSING.....	100
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM.....	118	CORGARD.....	55	COZAAR.....	37
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM.....	118	CORIFACT.....	94	CREON.....	85
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST.....	118	CORLANOR.....	58	CRESEMBA.....	32
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM.....	118	CORTEF.....	62	CRESTOR.....	35
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY.....	118	CORTENEMA.....	11	CRINONE.....	291
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM.....	118	CORTIFOAM.....	11	<i>cromolyn sodium</i>	14
CONZIP.....	7	CORTISPORIN-TC.....	277	<i>cromolyn sodium (mastocytosis)</i>	91
COOL BLOOD GLUCOSE MONITORING KIT.....	118	COSENTYX.....	69	<i>cromolyn sodium (nasal)</i>	272
COOL BLOOD GLUCOSE MONITORING SYSTEM.....	118	COSENTYX SENSOREADY PEN.	69	<i>cromolyn sodium (ophth)</i>	276
COOL BLOOD GLUCOSE TEST STRIPS.....	78	COSOPT.....	273	<i>crotamiton</i>	76
		COSOPT PF.....	273	CRUAD GAUZE PADS 4" X 4" .	100
		COTELLIC.....	45	CRUTCH ACCESSORY KIT.....	162
		COTEMPLA XR-ODT.....	2	CRUTCH ACCESSORY KIT/ARMPADS/HAND GRIPS/TIPS.....	162
		COTTON SWABS.....	162	CRUTCH ARMPADS.....	162
		COVERALL		CRUTCH HANDGRIPS.....	162
		BOOTS/DISPOSABLE/UNIVERSA L.....	162	CRUTCH HANDGRIPS PREMIUM	162
		COVERALL W/ HOOD/SMALL/DISPOSABLE..	162	CRUTCH HANDGRIPS/SOLID.	162
		COVERALL W/HOOD/3XL/DISPOSABLE..	162	CRUTCH HANDGRIPS/SPLIT..	162
		COVERALL W/HOOD/XL/DISPOSABLE....	162	CRUTCH PILLOWS/ARM AND HAND.....	162
		COVERALL			

CRUTCH SET/ALUMINUM/LARGE.....	162	CRUTCH/ALUMINUM/YOUTH/ARMPADS/TIPS/GRIPS.....	163	CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY.....	101
CRUTCH SET/WOOD/ADULT.	162	CRUTCH/ALUMINUM/YOUTH/PUSH BUTTON.....	163	CURITY COTTON TIPPED APPLICATOR.....	163
CRUTCH SET/WOOD/MEDIUM.....	162	CRUTCH/ALUMINUM/YOUTH/PUSH-BUTTON ADJ.....	163	CURITY COTTON TIPPED APPLICATOR 6".....	163
CRUTCH SET/WOOD/YOUTH	162	CRUTCH/FOREARM/ADULT..	163	CURITY COVER SPONGE 4"X4".....	101
CRUTCH TIPS/EXTRA-LARGE/7/8".....	162	CRUTCH/FOREARM/YOUTH.	163	CURITY COVER SPONGES 4"X4".....	101
CRUTCH TIPS/JUMBO/GREY.	162	CRUTCH/STANDARD FOREARM/ADULT.....	163	CURITY DRESSING SPONGES 4"X4" 6 PLY.....	101
CRUTCH TIPS/REGULAR.....	162	CRUTCH/WOOD/ADULT/48"-60".....	163	CURITY GAUZE PADS 4"X4" 12 PLY.....	101
CRUTCH TIPS/SUPER.....	162	CRUTCH/WOOD/ADULT/ARMPADS/TIPS/GRIPS.....	163	CURITY GAUZE SPONGE 4"X4" 12 PLY.....	101
CRUTCH TIPS/SUPER GRIP/BROWN.....	162	CRUTCH/WOOD/YOUTH/34"-42".....	163	CURITY GAUZE SPONGE 4"X4" 16 PLY.....	101
CRUTCH UNDERARM PADS..	162	CRUTCH/WOOD/YOUTH/ARMPADS/TIPS/GRIPS.....	163	CURITY GAUZE SPONGE 4"X4" 8 PLY.....	101
CRUTCH UNDERARM PADS PREMIUM.....	162	CRUTCH-MATE/ADULT ARM	163	CURITY GAUZE SPONGE 4"X4" 16 PLY.....	101
CRUTCH/ALUMINUM/ADULT.....	163	CRUTCH-MATE/ADULT FOREARM.....	163	CURITY GAUZE SPONGES 4"X4" 12 PLY.....	101
CRUTCH/ALUMINUM/ADULT/5'2"-5'10".....	163	CRUTCH-MATE/ADULT HAND GRIPS.....	163	CURITY GAUZE SPONGES 4"X4" 8 PLY.....	101
CRUTCH/ALUMINUM/ADULT/ARMPADS/TIPS/GRIPS.....	163	CRUTCH-MATE/ADULT HAND GRIPS LARGE.....	163	CURITY CUFF ACCESSORIES DISPOSABLE BULB & VALVE.....	163
CRUTCH/ALUMINUM/ADULT/PUSH BUTTON.....	163	CUFF ACCESSORIES DISPOSABLE SINGE HEAD STETHOSCOPE.	163	CURITY CUPRIMINE.....	258
CRUTCH/ALUMINUM/ADULT/PUSH-BUTTON ADJ.....	163	CURITY ALCOHOL PREPS/MEDIUM 2 PLY.....	163	CURITY ALL PURPOSE SPONGES 4"X4".....	100
CRUTCH/ALUMINUM/ADULT/TALL.....	163	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY.....	100	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH.....	101
CRUTCH/ALUMINUM/MEDIUM.....	163				
CRUTCH/ALUMINUM/TALL ADULT/PUSH BUTTON.....	163				
CRUTCH/ALUMINUM/TALL/PUSHBUTTON.....	163				
CRUTCH/ALUMINUM/TALL/PUSHBUTTON ADJ.....	163				
CRUTCH/ALUMINUM/YOUTH.....	163				

CVS ALCOHOL PREP PADS....	164	CVS LANCETS ULTRA THIN 30G	.....118	CVS SPECTRAVITE ADULT 50+	.....262
CVS ALKALINE BATTERIES/SIZE		CVS LANCETS ULTRA-THIN 30G	.....118	CVS SPECTRAVITE ADULTS...	262
AA.....	164	CVS LANCING DEVICE.....	118	CVS SPECTRAVITE ULTRA	
CVS BABY SAFETY SWABS.....	164	CVS ONE DAILY MENS 50+		MEN50+.....	262
CVS BLOOD PRESSURE		ADVANCED.....	262	CVS SPECTRAVITE ULTRA MENS	
MONITOR PREMIUM/WRIST	106	CVS ONE DAILY WOMENS		HEALTH.....	262
CVS BLOOD PRESSURE		50+ADVANCED.....	262	CVS SPECTRAVITE ULTRA MENS	
MONITOR PROFESSIONAL/ARM		CVS PILL SPLITTER.....	164	HEALTH SENIOR.....	262
.....	106	CVS PLASTIC SWABS.....	164	CVS SPECTRAVITE ULTRA	
CVS BLOOD PRESSURE		CVS PORTABLE DIABETIC		WOMEN.....	262
MONITOR/AUTOMATIC.....	106	ORGANIZER.....	164	CVS SPECTRAVITE ULTRA	
CVS BLOOD PRESSURE		CVS PREP PADS.....	164	WOMENS HEALTH.....	262
MONITOR/MANUAL.....	106	CVS PULSE OXIMETER.....	164	CVS SPECTRAVITE ULTRA	
CVS CANE.....	164	CVS PULSE		WOMENS HEALTH SENIOR... 262	
CVS COTTON SWABS.....	164	OXIMETER/PORTABLE.....	164	CVS ULTRA THIN LANCETS....	118
CVS CRUTCHES UNIVERSAL..	164	CVS QUAD CANE.....	164	<i>cyanocobalamin</i>	95
CVS EAR PLUGS.....	164	CVS READY SET GO DELUXE		<i>cyclobenzaprine hcl</i>	271
CVS FOLDING CANE GEL GRIP		ALIMINUM BATH BENCH.....	164	CYCLOGYL.....	274
.....	164	CVS REUSABLE SHEET		CYCLOMYDRIL.....	274
CVS GAUZE PADS 4"X4" 12-PLY		PROTECTOR.....	164	<i>cyclopentolate hcl</i>	274
.....	101	CVS RUBBER		<i>cyclophosphamide</i>	42
CVS GAUZE PADS STERILE 4"X4"		CUSHION/INFLATABLE.....	164	CYCLOPHOSPHAMIDE.....	42
.....	101	CVS SERIES 100 BLOOD		<i>cycloserine</i>	42
CVS GAUZE PADS STERILE 4"X4"		PRESSURE MONITOR.....	106	CYCLOSET.....	28
12-PLY.....	101	CVS SERIES 400 BLOOD		<i>cyclosporine</i>	258
CVS GLUCOSE.....	26	PRESSURE MONITOR/UPPER		<i>cyclosporine (ophth)</i>	275
CVS GLUCOSE METER TEST		ARM.....	106	<i>cyclosporine modified (for</i>	
STRIPS.....	78	CVS SERIES 400W BLOOD		<i>microemulsion)</i>	258,259
CVS ISOPROPYL ALCOHOL		PRESSURE MONITOR/WRIST	106	CYMBALTA.....	24
WIPES.....	75	CVS SERIES 600 BLOOD		<i>cyproheptadine hcl</i>	34
CVS LANCETS 21G.....	118	PRESSURE MONITOR.....	106	CYSTADANE.....	88
CVS LANCETS MICRO THIN 33G		CVS SERIES 600W BLOOD		CYSTADROPS.....	276
.....	118	PRESSURE MONITOR/WRIST	107	CYSTAGON.....	93
CVS LANCETS MICRO-THIN 33G		CVS SERIES 800 BLOOD		CYSTARAN.....	276
.....	118	PRESSURE MONITOR.....	107	CYTOMEL.....	283
CVS LANCETS ORIGINAL.....	118	CVS SOFT GLUCOSE.....	26		
CVS LANCETS THIN 26G.....	118				

CYTOTEC.....	287	DDS 300 LUMBAR TRACTION BELT/42"-44".....	164	DELUXE TABLET CUTTER.....	165
D.H.E. 45.....	255	DDS 300 LUMBAR TRACTION BELT/45"-48".....	164	DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT.....	165
<i>dabigatran etexilate mesylate</i> 19		DDS 300 LUMBAR TRACTION BELT/49"-51".....	164	DELZICOL.....	92
DAILY MULTIPLE VITAMINS..	267	DDS 300 LUMBAR TRACTION BELT/52"-55".....	164	<i>demeclocycline hcl</i>	283
<i>dalfampridine</i>	280	DDS 300 LUMBAR TRACTION BELT/56"-59".....	164	DEMSEER.....	37
DALIRESP.....	15	DDS 500 LUMBAR TRACTION BELT/PANELS/26"-28".....	164	DENAVIR.....	69
<i>danazol</i>	11	DDS 500 LUMBAR TRACTION BELT/PANELS/29"-32".....	164	DENOREX THERAPEUTIC 2-IN-1	76
DANTRIUM.....	271	DDS 500 LUMBAR TRACTION BELT/PANELS/33"-35".....	165	DENTAL GUARD.....	165
<i>dantrolene sodium</i>	271	DDS 500 LUMBAR TRACTION BELT/PANELS/36"-38".....	165	DEODORANT PLASTIC TUBES2.65OZ/CAPS.....	165
<i>dapsone</i>	40	DDS 500 LUMBAR TRACTION BELT/PANELS/39"-41".....	165	DEPAKOTE.....	22
<i>dapsone (topical)</i>	64	DDS 500 LUMBAR TRACTION BELT/PANELS/42"-44".....	165	DEPAKOTE ER.....	22
DAPTACEL.....	284	DDS 500 LUMBAR TRACTION BELT/PANELS/45"-48".....	165	DEPAKOTE SPRINKLES.....	22
DARAPRIM.....	41	DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51".....	165	DEPEN TITRATABS.....	258
<i>darifenacin hydrobromide</i>	287	DDS 500 LUMBAR TRACTION BELT/PANELS/52"-55".....	165	DEPO-ESTRADIOL.....	90
DARTISLA ODT.....	284	DDS 500 LUMBAR TRACTION BELT/PANELS/56"-59".....	165	DEPO-PROVERA CONTRACEPTIVE.....	61
DAURISMO.....	43	DEBROX.....	277	DEPO-SUBQ PROVERA 104.....	61
DAYAVITE.....	262	DEEP-TISSUE.....	165	DEPO-TESTOSTERONE.....	11
DAYPRO.....	4	<i>deferasirox</i>	31	DERMACEA DRAIN SPONGES 4"X4".....	101
DAYTRANA.....	2	<i>deferiprone</i>	31	DERMACEA GAUZE SPONGE 4"X4" 12 PLY.....	101
DAYVIGO.....	97	DELESTROGEN.....	90	DERMACEA GAUZE SPONGE 4"X4" 16 PLY.....	101
D-CARE BLOOD GLUCOSE.....	78	DELSTRIGO.....	51	DERMACEA GAUZE SPONGE 4"X4" 8 PLY.....	101
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS....	119	DELUXE SAFETY TABLET CUTTER	165	DERMACEA I.V. DRAIN SPONGES 4"X4".....	101
DDAVP.....	89			DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY.....	101
DDS 100 CERVICAL TRACTIONCOLLAR.....	164			DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY.....	101
DDS 300 LUMBAR TRACTION BELT/26"-28".....	164				
DDS 300 LUMBAR TRACTION BELT/29"-32".....	164				
DDS 300 LUMBAR TRACTION BELT/33"-35".....	164				
DDS 300 LUMBAR TRACTION BELT/36"-38".....	164				
DDS 300 LUMBAR TRACTION BELT/39"-41".....	164				

DERMACEA TYPE VII GAUZE 4"X4" 12 PLY.....	101	DESOXYN.....	1	DEXILANT.....	285
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY.....	101	DESVENLAFAXINE ER.....	24	<i>dexlansoprazole</i>	285
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY.....	101	<i>desvenlafaxine succinate</i>	24	<i>dexmethylphenidate hcl</i>	2
DERMACEA X-RAY SPONGES 4"X4" 16 PLY.....	101	DETROL.....	287	DEXTENZA.....	275
DERMACINRX LEXITRAL PHARMAPAK II.....	68	DETROL LA.....	287	<i>dextran 70-hypromellose</i>	273
DERMACINRX LIDOGEL.....	74	DEX4.....	26	<i>dextroamphetamine sulfate</i>	1
DERMACINRX MULTITAM....	262	DEX4 FAST ACTING GLUCOSE.	26	<i>dextromethorphan hbr</i>	62,63
DERMACINRX PRETRATE.....	268	DEX4 NATURALS.....	26	<i>dextromethorphan-guaifenesin</i>	63
DERMACINRX RIBOTIN-E.....	263	DEX4 POUCH PACK.....	26	<i>dextrose</i>	273
DERMACINRX ZINTREXYL-C..	263	DEX4 QUICK DISSOLVE GLUCOSE.....	26	DEXTROSE.....	273
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4".....	101	<i>dexamethasone</i>	62	DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX.....	257
DERMA-SMOOTH/FS BODY..	71	DEXAMETHASONE INTENSOL.	62	<i>dextrose (diabetic use)</i>	26
DERMA-SMOOTH/FS SCALP.	71	<i>dexamethasone sodium phosphate (ophth)</i>	275	DEXTROSE 2.5%/NACL 0.45%	257
DERMAVITE.....	263	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT.....	119	DEXTROSE 5%/NACL 0.3%....	257
DERMOTIC.....	278	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	119	<i>dextrose in lactated ringers</i> ..	257
DESCOVY.....	51	DEXCOM G4 PLATINUM RECEIVER KIT.....	119	<i>dextrose w/ sodium chloride</i>	257
<i>desipramine hcl</i>	25	DEXCOM G4 PLATINUM RECEIVER KIT.....	119	DEXTROSE/SODIUM CHLORIDE	257
<i>desmopressin acetate</i>	89	DEXCOM G4 PLATINUM TRANSMITTER KIT.....	119	DHIVY.....	47
<i>desmopressin acetate spray</i> ... <i>desmopressin acetate spray refrigerated</i>	89	DEXCOM G5 MOBILE RECEIVERKIT.....	119	DHS TAR.....	76
<i>desogestrel & ethinyl estradiol</i>	59	DEXCOM G5 MOBILE TRANSMITTER KIT.....	119	DHS TAR GEL.....	76
<i>desogestrel-ethinyl estradiol (biphasic)</i>	59	DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT.....	119	DIACOMIT.....	19
<i>desogestrel-ethinyl estradiol (triphasic)</i>	59	DEXCOM G5 RECEIVER KIT... DEXCOM G6 RECEIVER.....	119	DIAL-A-DOSE SYRINGE 15ML/TIPS.....	165
<i>desonide</i>	71	DEXCOM G6 SENSOR.....	119	DIAL-A-DOSE SYRINGE 30ML/TIPS.....	165
DESOWEN.....	71	DEXCOM G6 TRANSMITTER..	119	DIAL-A-DOSE SYRINGE 60ML/TIPS.....	165
<i>desoximetasone</i>	71	DEXEDRINE.....	1	DIALYVITE SUPREME D.....	263
				DIASTAT ACUDIAL.....	19
				DIASTAT PEDIATRIC.....	19
				DIASTIX.....	78

DIATHRIVE BLOOD GLUCOSE METER.....	119	<i>diclofenac sodium</i>	4	DIOVAN.....	37
DIATHRIVE BLOOD GLUCOSE TEST STRIPS.....	78	<i>diclofenac sodium (actinic keratoses)</i>	68	DIOVAN HCT.....	38
DIATHRIVE GLUCOSE CONTROL SOLUTION.....	119	<i>diclofenac sodium (ophth)</i>	277	DIPENTUM.....	92
DIATHRIVE LANCETS.....	119	<i>diclofenac sodium (topical)</i>	68	<i>diphenhydramine hcl</i>	33
DIATHRIVE LANCETS ULTRA THIN 30G.....	119	<i>diclofenac w/ misoprostol</i>	4	<i>diphenhydramine hcl (sleep)</i> ..	97
DIATHRIVE LANCING DEVICE	119	DICLOTREX.....	68	<i>diphenoxylate w/ atropine</i>	31
DIATHRIVE PEN NEEDLE/31 G X 6MM.....	204	DICLOTREX II.....	68	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	284
DIATHRIVE PEN NEEDLE/31 GX 8MM.....	204	<i>dicloxacillin sodium</i>	279	DIPROLENE.....	71
DIATHRIVE PEN NEEDLE/31GX 5MM.....	204	<i>dicyclomine hcl</i>	284	DIPROLENE AF.....	71
DIATHRIVE PEN NEEDLE/32GX 4MM.....	204	<i>didanosine</i>	51	<i>dipyridamole</i>	95
DIATHRIVE+ BLOOD GLUCOSE MONITORING SYSTEM/BLUETOOTH.....	119	DIFFERIN.....	64	<i>disopyramide phosphate</i>	14
DIATHRIVE+ BLOOD GLUCOSE TEST STRIPS.....	78	DIFFUSER ULTRA SONIC/LAVENDER OIL.....	165	DISPENSER BOTTLES 50ML/FOAMER PUMPS.....	165
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 1.....	119	DIFICID.....	100	DISPENSER MD JAR 50ML/AIRLESS/VIEW WINDOW	165
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3.....	119	<i>diflorasone diacetate</i>	71	DISPENSER MD PEN 6.5ML/AIRLESS/CLICK.....	165
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM.....	119	DIFLUCAN.....	32	DISPENSER MD PEN 6.5ML/AIRLESS/VIEW WINDOW	165
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS.....	78	<i>diflunisal</i>	7	DISPENSER MD PUMP 0.5ML/ACTUATOR A.....	165
<i>diazepam</i>	14	<i>difluprednate</i>	275	DISPENSER MD PUMP 0.5ML/ACTUATOR A/B/LBLUE... 165	
<i>diazepam (anticonvulsant)</i>	19	DIGITAL GLASS SCALE.....	165	DISPENSER MD PUMP 0.5ML/ACTUATOR A/GREEN 166	
<i>diazoxide</i>	26	<i>digoxin</i>	56	DISPENSER MD PUMP 0.5ML/ACTUATOR A/PINK.... 166	
<i>dibucaine (rectal)</i>	12	<i>dihydroergotamine mesylate</i>	255	DISPENSER MD PUMP 1.0ML/ACTUATOR B.....	166
DICLEGIS.....	32	DILANTIN.....	22	DISPENSER MD PUMP 1.0ML/ACTUATOR B/BLUE... 166	
<i>diclofenac epolamine</i>	68	DILANTIN INFATABS.....	22	DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN 166	
<i>diclofenac potassium</i>	4	DILANTIN-125.....	22	DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK.... 166	
		DILAUDID.....	7,8		
		<i>diltiazem hcl</i>	56		
		<i>diltiazem hcl coated beads</i>	56		
		<i>diltiazem hcl extended release beads</i>	56		
		<i>dimenhydrinate</i>	32		
		<i>dimethyl fumarate</i>	281		
		DINAMAP MONITOR PROBE COVERS.....	165		

DISPENSER MD PUMP 1.5ML/ACTUATOR C.....	166	ML/0.3ML/T-FILL/CAP.....	166	<i>divalproex sodium</i>	23
DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLUE...	166	DISPENSER MEGAPUMP/AIRLESS/ROUND/1 00ML/1.5ML/B-FILL WITH CAP	166	DIVERTER VALVE/BATH ACCESSORY.....	167
DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN	166	DISPENSER MEGAPUMP/AIRLESS/ROUND/1 50ML/1.5ML/B-FILL WITH CAP	167	DIVIGEL.....	90
DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK....	166	DISPENSER MEGAPUMP/AIRLESS/ROUND/1 50ML/1ML/B-FILL WITH CAP	167	<i>docusate calcium</i>	99
DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS.....	166	DISPENSER MEGAPUMP/AIRLESS/ROUND/1 5ML/0.3ML/T-FILL WITH CAP	167	<i>docusate sodium</i>	99
DISPENSER MD PUMP BOTTLE150ML/VIEW WINDOW/AIRLESS.....	166	DISPENSER MEGAPUMP/MEZZOROUND/30 ML/0.5ML/T-FILL WITH CAP.	167	DOCUSATE SODIUM.....	99
DISPENSER MD PUMP BOTTLE200ML/VIEW WINDOW/AIRLESS.....	166	DISPENSER MEGAPUMP/MEZZOROUND/50 ML/0.5ML/T-FILL WITH CAP.	167	<i>dofetilide</i>	14
DISPENSER MD PUMP BOTTLE240ML/VIEW WINDOW/AIRLESS.....	166	DISPENSER MEGAPUMP/MEZZOROUND/50 ML/0.5ML/T-FILL/CAP.....	167	<i>donepezil hydrochloride</i>	279,280
DISPENSER MD PUMP BOTTLE30ML/VIEW WINDOW/AIRLESS.....	166	DISPENSER MEGAPUMP/MEZZOROUND/75 ML/0.5ML/T-FILL WITH CAP.	167	DOPTelet.....	96
DISPENSER MD PUMP BOTTLE50ML/VIEW WINDOW/AIRLESS.....	166	DISPENSER TIP CAP/PRECISED DOSE/SELF- RIGHTING.....	167	DORYX.....	283
DISPENSER MD PUMP BOTTLE80ML/VIEW WINDOW/AIRLESS.....	166	DISPENSER/MD FOAMER WITHACTUATOR 0.5ML/50ML	167	DORYX MPC.....	283
DISPENSER MD SYRINGE 10ML/VIEW WINDOW/AIRLESS	166	DISPENSER/MD FOAMER WITHACTUATOR 0.7ML/110ML	167	<i>doxolamide hcl</i>	277
DISPENSER MD SYRINGE 5ML/VIEW WINDOW/AIRLESS	166	<i>disulfiram</i>	279	<i>doxolamide hcl-timolol maleate</i>	273
DISPENSER MEGAPUMP/AIRLESS/OVAL/30		DITROPAN XL.....	287	DOVATO.....	51
		DIURIL.....	86	DOVER COMMODOE SPECIMEN COLLECTOR.....	167
				DOVER MIDSTREAM SPECIMENCATCH KIT.....	167
				DOVONEX.....	69
				<i>doxazosin mesylate</i>	37
				<i>doxepin hcl</i>	25
				<i>doxepin hcl (antipruritic)</i>	68
				<i>doxepin hcl (sleep)</i>	97
				<i>doxercalciferol</i>	88
				<i>doxycycline (monohydrate)</i> ..	283
				<i>doxycycline (rosacea)</i>	75
				<i>doxycycline hyclate</i>	283
				<i>doxylamine-pyridoxine</i>	32
				DRAMAMINE.....	32
				DRISDOL.....	291
				DRIZALMA SPRINKLE.....	24
				<i>dronabinol</i>	32

DROPLET GENTEEL LANCING DEVICE.....	119	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	205	DROPLET PEN NEEDLES 31GX6MM.....	206
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	204	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	205	DROPLET PEN NEEDLES 31GX8MM.....	206
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	204	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64".....	205	DROPLET PEN NEEDLES 32G X 1/4".....	206
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	204	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	205	DROPLET PEN NEEDLES 32G X 3/16".....	206
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	204	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	205	DROPLET PEN NEEDLES 32G X 5/16".....	206
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	204	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	205	DROPLET PEN NEEDLES 32G X 5/32".....	206
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64".	204	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	205	DROPLET PEN NEEDLES 32GX4MM.....	206
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"...	204	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	205	DROPLET PEN NEEDLES 32GX5MM.....	206
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64".	205	DROPLET LANCETS ULTRA THIN 30G.....	119	DROPLET PEN NEEDLES 32GX6MM.....	206
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	205	DROPLET LANCING DEVICE...119		DROPLET PEN NEEDLES 32GX8MM.....	206
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64".	205	DROPLET MICRON 34G X 9/64"	205	DROPLET PERSONAL LANCETS30G.....	119
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"...	205	DROPLET PEN NEEDLES 29G X1/2"	205	DROPPER & SCREW CAP 4OZ	167
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	205	DROPLET PEN NEEDLES 29GX10MM.....	205	DROPPING BOTTLE 30ML.....	167
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"....	205	DROPLET PEN NEEDLES 29GX12MM.....	205	DROPSAFE ALCOHOL PREP PADS	167
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	205	DROPLET PEN NEEDLES 30G X 5/16".....	205	DROPSAFE SAFETY PEN NEEDLE/31GX5MM.....	206
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"....	205	DROPLET PEN NEEDLES 31G X3/16".....	205	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	206
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	205	DROPLET PEN NEEDLES 31G X5/16".....	205	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4".....	206
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64".....	205	DROPLET PEN NEEDLES 31GX5MM.....	205	DROPTAINER TIP CAPS.....	167
				DROPTAINERS 10ML.....	167
				DROPTAINERS 15ML/OPHTHALMIC.....	167

DROPTAINERS	DUAL PADDLE FOLDING	EARPOPPER MIDDLE EAR
3ML/OPHTHALMIC..... 167	WALKER/ADULT.....167	INFLATION DEVICE.....168
DROPTAINERS	DUAVEE..... 89	EASIVENT..... 245
7ML/OPHTHALMIC..... 167	DUETACT..... 25	EASIVENT/MASK-LARGE..... 245
<i>drospirenone-ethinyl estradiol</i>	DUEXIS..... 4	EASIVENT/MASK-MEDIUM... 246
.....59	DULCOLAX..... 99	EASIVENT/MASK-SMALL..... 246
<i>drospirenone-ethinyl estradiol-</i>	DULCOLAX PINK LAXATIVE..... 99	EASY COMFORT ALCOHOL PADS
<i>levomefolate calcium</i> 59	DULERA.....16	.....168
<i>droxidopa</i> 291	<i>duloxetine hcl</i> 24	EASY COMFORT INSULIN
DRUG MART ADJUSTABLE	DUNLAP FOAM RING	SYRINGE/0.5ML/30G X 5/16"
LANCING DEVICE..... 120	CUSHION/LARGE..... 167	.....206
DRUG MART LANCETS THIN. 120	DUNLAP FOAM RING	EASY COMFORT INSULIN
DRUG MART ON-THE-GO	CUSHION/MEDIUM..... 168	SYRINGE/0.5ML/31G X 5/16"
LANCETS GENTLE 30G..... 120	DUNLAP INFLATABLE VINYL	.....206
DRUG MART UNIFINE PENTIPS	RING CUSHION 16"..... 168	EASY COMFORT INSULIN
31GX5MM..... 206	DUOBRII.....71	SYRINGE/1ML/30G X 5/16".. 206
DRUG MART UNIFINE	DUO-CARE CONTROL SOLUTION	EASY COMFORT INSULIN
PENTIPS29G X 12MM..... 206	.....120	SYRINGE/1ML/31G X 5/16".. 206
DRUG MART UNIFINE	DUO-CARE TEST STRIPS..... 78	EASY COMFORT INSULIN
PENTIPS31GX6MM..... 206	DUPIXENT..... 73	SYRINGE/1ML/32GX5/16" 206
DRUG MART UNIFINE	DURAGESIC..... 8	EASY COMFORT INSULIN
PENTIPS31GX8MM..... 206	DUREX EXTRA SENSITIVE..... 110	SYRINGE/U-100/0.5ML/30G X
DRUG MART UNIFINE	DUREZOL..... 275	1/2"..... 206
PENTIPS32GX4MM..... 206	<i>dutasteride</i> 93	EASY COMFORT INSULIN
DRUG MART UNIFINE	<i>dutasteride-tamsulosin hcl</i> 93	SYRINGE/U-100/1ML/30G X
PENTIPSPLUS 32GX4MM..... 206	D-VI-SOL..... 291	1/2"..... 206
DRUG MART UNILET	DYANAVEL XR..... 1	EASY COMFORT INSULIN
LANCETSSUPER THIN 30G.... 120	DYAZIDE.....86	SYRINGES/0.5ML/32GX5/16"
DRUG MART UNILET	DYMISTA.....271	.....206
LANCETSULTRA THIN 28G.... 120	E.E.S. GRANULES..... 100	EASY COMFORT LANCETS..... 120
DRUG MART UNILET MICRO	EAR SYRINGE..... 168	EASY COMFORT LANCETS
THIN LANCETS 33G..... 120	EAR SYRINGE/INFANT.....168	30G/PULL TOP..... 120
DRYMAX EXTRA..... 102	EAR WAX REMOVAL KIT/TRI-	EASY COMFORT LANCETS
DUAKLIR PRESSAIR..... 16	STREAM TIP..... 168	30G/THIN TOP..... 120
DUAL HEAD STETHOSCOPE	EARPLUGS.....168	EASY COMFORT LANCETS TWIST
BLACK..... 167		TOP..... 120
DUAL HEAD STETHOSCOPE		EASY COMFORT PEN
NAVY.....167		NEEDLES31GX1/4".....206

EASY COMFORT PEN NEEDLES31GX3/16".....	206	EASY PLUS II CONTROL SOLUTION HIGH.....	120	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	207
EASY COMFORT PEN NEEDLES31GX5/16".....	206	EASY PLUS II CONTROL SOLUTION LOW.....	120	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	207
EASY COMFORT PEN NEEDLES32GX5/32".....	207	EASY STEP BLOOD GLUCOSE MONITOR.....	120	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	207
EASY COMFORT PEN NEEDLES33G X 4MM.....	207	EASY STEP CONTROL SOLUTION HIGH.....	120	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1".....	207
EASY COMFORT PEN NEEDLES33G X 5MM.....	207	EASY STEP CONTROL SOLUTION LOW.....	120	EASY TOUCH GLUCOSE MONITORING SYSTEM.....	121
EASY COMFORT PEN NEEDLES33G X 6MM.....	207	EASY STEP TEST STRIPS.....	79	EASY TOUCH GLUCOSE TEST STRIPS.....	79
EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP.....	168	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING	120	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS.....	79
EASY FLOW 300 MM HOSE...	246	EASY TALK BLOOD GLUCOSE TEST STRIPS.....	79	EASY TOUCH HYPODERMIC NEEDLES 23GX1".....	207
EASY FLOW 400 MM HOSE...	246	EASY TALK CONTROL SOLUTION HIGH.....	120	EASY TOUCH HYPODERMIC NEEDLES 25GX5/8".....	207
EASY FLOW AIR NOZZLE.....	246	EASY TALK CONTROL SOLUTION LOW.....	120	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML....	121
EASY FLOW BLACK/BLUE.....	246	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS.....	79	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	207
EASY FLOW BLACK/ORANGE	246	EASY TALK PLUS II CONTROLHIGH.....	120	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	207
EASY FLOW BLACK/RED.....	246	EASY TALK PLUS II CONTROLLOW.....	121	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" .	207
EASY FLOW BLACK/WHITE...	246	EASY TOUCH 32GX5MM.....	207	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	207
EASY FLOW BLACK/YELLOW.	246	EASY TOUCH 32GX6MM.....	207	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"..	207
EASY FLOW HEPA FILTER.....	246	EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	168	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/ 29G X 1/2".....	207
EASY FLOW WHITE/BLUE.....	246	EASY TOUCH CONTROL SOLUTION/HIGH & LOW.....	121	EASY TOUCH INSULIN SYRINGE/1ML/30GX1/2".....	207
EASY FLOW WHITE/GREEN...	246	EASY TOUCH FLIPLOCK NEEDLES 23GX1".....	207	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"..	207
EASY FLOW WHITE/PINK.....	246	EASY TOUCH FLIPLOCK NEEDLES 25GX5/8".....	207	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/ 29G X 1/2".....	207
EASY FLOW WHITE/WHITE...	246	EASY TOUCH PLUS II BLOOD GLUCOSE TEST STRIPS.....	79		
EASY FLOW WHITE/YELLOW	246				
EASY GLIDE PEN NEEDLES 33G X 5/32".....	207				
EASY MINI EJECT LANCING DEVICE.....	120				
EASY MINI LANCING DEVICE.	120				
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM.....	120				
EASY PLUS II BLOOD GLUCOSE TEST.....	79				

EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/ 30G X 5/16".....	207	1/2".....	208	X 3/16".....	208
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/2 9G X 1/2".....	207	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	208	EASY TOUCH PEN NEEDLES 29GX1/2".....	208
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/3 0G X 1/2".....	207	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED..	121	EASY TOUCH PEN NEEDLES 31GX1/4".....	208
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/3 0G X 1/2".....	207	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED..	121	EASY TOUCH PEN NEEDLES 31GX5/16".....	208
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	207	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED..	121	EASY TOUCH PEN NEEDLES 32GX1/4".....	208
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	207	EASY TOUCH LANCETS 26G/PULL-TOP.....	121	EASY TOUCH PEN NEEDLES 32GX3/16".....	208
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	207	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED..	121	EASY TOUCH PEN NEEDLES 32GX5/32".....	208
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	207	EASY TOUCH LANCETS 28G/PULL-TOP.....	121	EASY TOUCH PEN NEEDLES/31G X 3/16".....	208
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	208	EASY TOUCH LANCETS 28G/TWIST.....	121	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	121
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	208	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED....	121	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	121
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	208	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED..	121	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	121
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	208	EASY TOUCH LANCETS 30G/PULL-TOP.....	121	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	121
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	208	EASY TOUCH LANCETS 30G/TWIST.....	121	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	121
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	208	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED..	121	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	121
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8".....	208	EASY TOUCH LANCETS 32G/PULL-TOP.....	121	EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM.....	208
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	208	EASY TOUCH LANCETS 32G/TWIST.....	121	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM.....	208
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	208	EASY TOUCH LANCETS 33G/TWIST.....	121	EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4".....	208
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X		EASY TOUCH LANCING DEVICE/EJECTOR.....	121		
		EASY TOUCH PEN NEEDLE 30G X 5/16".....	208		
		EASY TOUCH PEN NEEDLE/30G			

EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16".....	208	EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION.....	122	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	51
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1".....	208	EASYMAX 15 TEST STRIPS.....	79	EFFEXOR XR.....	24
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	208	EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH....	122	EFFIENT.....	95
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	208	EASYMAX NG SELF- MONITORING BLOOD GLUCOSE SYSTEM.....	122	EFUDEX.....	68
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	208	EASYMAX TEST STRIPS.....	79	EGG CRATE BED PAD/2" CALMING SIZE.....	168
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	208	EASYMAX V BLOOD GLUCOSE SYSTEM.....	122	EGG CRATE BED PAD/2" DUALKING SIZE.....	168
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM.....	121	EASYPPOINT NEEDLE 23G X 1"	208	EGG CRATE BED PAD/2" FULLSIZE.....	168
EASY TRAK BLOOD GLUCOSE TEST STRIPS.....	79	EASYPPOINT NEEDLE 25G X 5/8"	209	EGG CRATE BED PAD/2" QUEEN SIZE.....	168
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH....	122	EASYPRO BLOOD GLUCOSE MONITORING SYSTEM.....	122	EGG CRATE BED PAD/2" TWINSIZE.....	168
EASY TRAK GLUCOSE CONTROLSOLUTION LOW....	122	EASYPRO BLOOD GLUCOSE TEST STRIPS.....	79	EGRIFTA SV.....	87
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM.....	122	EASYPRO PLUS.....	79,122	ELECTRODES 2"X2"/REUSABLE	168
EASY TRAK II BLOOD GLUCOSE TEST STRIPS.....	79	EBASE CONTROLLER KIT.....	247	ELECTROTHERAPY PAIN RELIEF/LONG LIFE PADS/2.5" X 4".....	168
EASY TWIST & CAP LANCETS	122	ECONASIL.....	66	ELEMENT AUTOCODE SYSTEM	122
EASYGLUCO.....	79,122	<i>econazole nitrate</i>	66	ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM.....	122
EASYGLUCO CONTROL SOLUTION HIGH.....	122	ECO-SMARTFUNNEL 186ML/DISPOSABLE.....	168	ELEMENT COMPACT CONTROL SOLUTION LEVEL 2.....	122
EASYGLUCO CONTROL SOLUTION LOW.....	122	ECOTRIN.....	7	ELEMENT COMPACT CONTROL SOLUTION LEVEL 3.....	122
EASYGLUCO PLUS.....	79	ECOTRIN MAXIMUM STRENGTH	7	ELEMENT COMPACT TEST STRIPS.....	79
EASYGLUCO STARTER KIT.....	122	ECOTRIN REGULAR STRENGTH.	7	ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM.....	122
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3.....	122	EDARBI.....	37	ELEMENT HIGH CONTROL....	123
		EDARBYCLOR.....	38	ELEMENT LOW CONTROL.....	123
		EDECIN.....	86		
		EDLUAR.....	97		
		EDURANT.....	51		
		<i>efavirenz</i>	51		
		<i>efavirenz-emtricitabine- tenofovir disoproxil fumarate</i> .	51		

ELEMENT PLUS BLOOD GLUCOSE METER.....	123	5/16".....	209	EMBRACE LANCING DEVICE WITH EJECTOR.....	123
ELEMENT TEST STRIPS.....	79	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	209	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G.....	123
ELEPSIA XR.....	19	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	209	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G.....	123
ELESTRIN.....	90	ELLA.....	61	EMBRACE PRO BLOOD GLUCOSE METER.....	123
<i>eletriptan hydrobromide</i>	255	ELLUME COVID-19 HOME TEST	79	EMBRACE PRO BLOOD GLUCOSE TEST STRIPS.....	79
ELIDEL.....	74	ELMIRON.....	93	EMBRACE PRO GLUCOSE CONTROL SOLUTION.....	123
ELIMITE.....	76	ELOCTATE.....	94	EMBRACE TALK BLOOD GLUCOSE MONITOR.....	123
ELIQUIS.....	17	ELON PROFESSIONAL NAIL CARE SYSTEM.....	168	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM.....	123
ELIQUIS STARTER PACK.....	17	ELONGATED TOILET SEAT ELEVATOR.....	168	EMBRACE TALK BLOOD GLUCOSE TEST STRIPS.....	79
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16"	209	ELOSHIELD FACE SHIELD.....	168	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH... 123	
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" ..	209	ELYXYB.....	255	EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW.... 123	
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16"	209	EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING	123	EMCYT.....	44
ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16" ..	209	EMBRACE BLOOD GLUCOSE TEST STRIPS.....	79	EMEND.....	32
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" ..	209	EMBRACE CONTROL SOLUTIONLOW.....	123	EMEND TRIPACK.....	32
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	209	EMBRACE EVO BLOOD GLUCOSE MONITORING KIT. 123		EMETROL.....	32
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 5/16".....	209	EMBRACE EVO BLOOD GLUCOSE TEST STRIPS.....	79	EMFLAZA.....	62
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16".....	209	EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR.. 123		EMGALITY.....	254
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	209	EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1	123	EMPAVELI.....	95
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	209	EMBRACE GLUCOSE CONTROL SOLUTION HIGH.....	123	EMPRICAINE II.....	74
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X		EMBRACE LANCETS ULTRA THIN 30G.....	123	EMPTY VIAL 3ML.....	168
				EMSAM.....	23
				<i>emtricitabine</i>	51
				<i>emtricitabine-tenofovir disoproxil fumarate</i>	51

EMTRIVA.....	51	EPIDUO.....	64	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK.....	247
EMVERM.....	13	EPIDUO FORTE.....	64	EQ WHEELCHAIR FOLDING BLACK.....	168
ENABLEX.....	287	EPIFOAM.....	71	EQL ALCOHOL SWABS.....	168
<i>enalapril maleate</i>	36	<i>epinastine hcl (ophth)</i>	277	EQL CENTURY MATURE ADULTS50+.....	263
<i>enalapril maleate & hydrochlorothiazide</i>	38	<i>epinephrine (anaphylaxis)</i>	291	EQL CENTURY MENS.....	263
ENBRACE HR.....	268	EPIPEN 2-PAK.....	291	EQL CENTURY WOMENS.....	263
ENBREL.....	6	EPIPEN-JR 2-PAK.....	291	EQL COLOR LANCETS 21G.....	123
ENBREL MINI.....	6	EPIVIR.....	51	EQL COLOR LANCETS MICRO THIN 33G.....	123
ENBREL SURECLICK.....	6	EPIVIR HBV.....	53	EQL COTTON SWABS.....	168
ENDOMETRIN.....	291	<i>eplerenone</i>	39	EQL EAR PLUGS/SILICONE....	169
ENDOSCOPIC DELIVERY SYSTEM	168	EPOGEN.....	96	EQL GAUZE PADS 4"X4"/LARGE	102
ENDURANCE FOUR LEG SEAT CANE.....	168	<i>epoprostenol sodium</i>	57	EQL INSULIN SYRINGE/0.3ML/29G X 1/2" .	209
ENDURANCE HD HEAVY DUTY COMMODOE.....	168	EPRONTIA.....	19	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	209
ENFAMIL ENFALYTE.....	257	EPSOLAY.....	65	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	209
ENGERIX-B.....	288	EPZICOM.....	51	EQL INSULIN SYRINGE/0.5ML/29G X 1/2" .	209
ENLITE GLUCOSE SENSOR.....	123	EQ BATH & SHOWER SEAT/BACK.....	168	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	209
<i>enoxaparin sodium</i>	18	EQ BLOOD GLUCOSE TEST STRIPS.....	79	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	209
ENSTILAR.....	71	EQ BLOOD PRESSURE MONITOR/WRIST.....	107	EQ COMPLETE MULTIVITAMINADULTS UNDER 50.....	263
<i>entacapone</i>	46	EQ FOLDING WALKER.....	168	EQ ONE DAILY MENS 50+.....	263
<i>entecavir</i>	53	EQ ONE DAILY MENS HEALTH	263	EQ ONE DAILY WOMENS 50+	263
ENTERALITE INFINITY ENTERAL PUMP UNIVERSAL POLE CLAMP	168	EQ SPACE CHAMBER ANTI- STATIC.....	247	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK.....	247
ENTEREG.....	92	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK.....	247	EQL INSULIN SYRINGE/1ML/29G X 1/2".....	209
ENTOCORT EC.....	62			EQL INSULIN SYRINGE/1ML/30G X 5/16".....	209
ENTRESTO.....	57			EQL INSULIN SYRINGE/1ML/31G X 5/16".....	209
ENTYVIO.....	92				
ENVARUS XR.....	259				
EPANED.....	36				
EPCLUSA.....	53				
EPIDIOLEX.....	19				

EQL MUSTACHE/BEARD SCISSORS/COMB.....	169	<i>estradiol valerate</i>	90	EVENCARE G3 BLOOD GLUCOSEMONITORING SYSTEM	124
EQL ONE DAILY MENS.....	263	ESTRING.....	291	EVENCARE G3 GLUCOSE CONTROL SOLUTION/LOW- HIGH.....	124
EQL SKIN CARE TOOL.....	169	ESTROFACTORS.....	267	EVENCARE G3 TEST STRIPS.....	79
EQL SUPER THIN LANCETS 30G	124	ESTROSTEP FE.....	59	EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM.....	124
EQL THIN LANCETS 26G.....	124	ESTROVEN MENOPAUSE SUPPLEMENT.....	263	EVENCARE MINI BLOOD GLUCOSE TEST STRIPS.....	79
EQUALYTE.....	257	<i>eszopiclone</i>	97	EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS.....	80
EQUETRO.....	48	<i>ethacrynic acid</i>	86	<i>everolimus</i>	45
<i>ergocalciferol</i>	291	<i>ethambutol hcl</i>	42	<i>everolimus</i> (immunosuppressant).....	259
<i>ergoloid mesylates</i>	282	<i>ethosuximide</i>	22	EVERSENSE SENSOR/HOLDER	124
<i>ergotamine w/ caffeine</i>	255	<i>ethynodiol diacet & eth estrad</i>	59	EVERSENSE SMART TRANSMITTER.....	124
ERIVEDGE.....	43	<i>etodolac</i>	4	EVERYDAY PICK.....	169
ERLEADA.....	44	<i>etonogestrel-ethinyl estradiol</i> 61		EVISTA.....	87
<i>erlotinib hcl</i>	43	<i>etoposide</i>	46	EVOCLIN.....	65
ERTACZO.....	66	<i>etravirine</i>	52	EVOLUTION AUTOCODE..	80,124
ERYGEL.....	65	EUCERIN.....	75	EVOTAZ.....	52
ERYPED 200.....	100	EUCRISA.....	75	EVOXAC.....	260
ERYPED 400.....	100	EVAMIST.....	90	EXACTECH R-S-G TEST STRIPS.	80
<i>erythromycin (acne aid)</i>	65	EVEKEO.....	1	EXACTECH TEST STRIPS.....	80
<i>erythromycin (ophth)</i>	274	EVEKEO ODT.....	1	EXCEDRIN EXTRA STRENGTH....	6
<i>erythromycin base</i>	100	EVENCARE + BLOOD GLUCOSETEST STRIP.....	79	EXCEDRIN MIGRAINE.....	6
<i>erythromycin ethylsuccinate</i> 100		EVENCARE BLOOD GLUCOSE MONITORING SYSTEM.....	124	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM.....	209
<i>erythromycin stearate</i>	100	EVENCARE BLOOD GLUCOSE TEST STRIP.....	79	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY.....	102
ESBRIET.....	282	EVENCARE CONTROL SOLUTION	124		
<i>escitalopram oxalate</i>	23	EVENCARE G2 BLOOD GLUCOSEMONITORING SYSTEM	124		
ESGIC.....	6	EVENCARE G2 GLUCOSE CONTROL SOLUTION/LOW- HIGH.....	124		
<i>esomeprazole magnesium</i>	285	EVENCARE G2 TEST STRIPS.....	79		
ESPEROCT.....	94				
<i>estazolam</i>	97				
ESTRACE.....	90,291				
<i>estradiol</i>	90				
<i>estradiol & norethindrone</i> <i>acetate</i>	89				
<i>estradiol vaginal</i>	291				

EXCILON AMD	EXSERVAN.....	273	SYSTEM COLD SEAL CARD/31-DAY.....	169
ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY.....	EXTAVIA.....	281	EZY DOSE ORIGINAL TABLETCUTTER/DAILY DOSE	169
EXCILON DRAIN SPONGE 4"X4"	EXTENDABLE BEDSIDE RAIL..	169	EZY DOSE TABLET CUTTER ORIGINAL.....	169
.....102	EXTINA.....	67	FABIOR.....	65
EXCILON DRAIN SPONGES 4"X4" 6 PLY.....	EXTRA-WIDE COMMODOE.....	169	FACE SHIELD.....	169
..... 102	EYE HEALTH/LUTEIN.....	263	FACE SHIELD FULL LENGTH...169	
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM..	EYE MULTIVITAMIN/LUTEIN.	263	FACE SHIELD FULL LENGTH/CLEAR.....	169
209	EYE MULTIVITAMIN/SODIUM	263	FALESSA.....	59
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM....	EYE/EAR DROPPER.....	169	<i>famciclovir</i>	54
209	EYSUVIS.....	275	<i>famotidine</i>	285
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM....	E-Z JECT LANCETS.....	124	FANAPT.....	49
210	E-Z JECT LANCETS 21G.....	124	FANAPT TITRATION PACK.....	49
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2".	E-Z JECT LANCETS COLOR.....	124	FANTASY LUBRICATED.....	110
210	E-Z JECT LANCETS SUPER THIN 30G.....	124	FANTASY LUBRICATED/SPERMICIDE....	110
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	E-Z JECT LANCETS THIN 26G.	124	FARESTON.....	44
.....210	E-Z LOCK RAISED TOILET SEAT	169	FARXIGA.....	30
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2".	E-Z LOCK RAISED TOILET SEAT/ARMS.....	169	FARYDAK.....	45
210	EZALLOR SPRINKLE.....	35	FASENRA.....	14
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2".	<i>ezetimibe</i>	36	FASENRA PEN.....	14
210	<i>ezetimibe-simvastatin</i>	34	FASHION CANE/T-HANDLE/BLACK/250LB CAPACITY.....	169
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	E-ZJECT LANCETS MICRO-THIN 33G.....	124	FASHION CANE/T-HANDLE/FLORAL PRINT/250LB CAPACITY.....	169
.....210	EZ-LETS LANCETS 21G.....	124	FASHION CANE/T-HANDLE/LEOPARD PRINT/250LB CAPACITY.....	169
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	EZ-LETS LANCETS 26G SUPER-SOFT.....	124	FASHION CANE/T-HANDLE/MAPLE PRINT/250LB CAPACITY.....	169
210	EZ-LETS LANCETS 28G ULTRA-SOFT.....	124	<i>febuxostat</i>	94
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	EZ-LETS LANCETS 30G.....	124		
210	EZY DOSE CUT N CRUSH ULTRA FINE.....	169		
EXELDERM.....	EZY DOSE MEDICINE CUPS... 169			
66,67	EZY DOSE MEMORY PAC			
EXELON.....				
280				
<i>exemestane</i>				
44				
EXFORGE.....				
38				
EXFORGE HCT.....				
38				
EXJADE.....				
31				
EXKIVITY.....				
43				

FEIBA.....	94	FIFTY50 ALCOHOL PREP PADS	169	FILTER 0.2 MICRON/32MM..	169
<i>felbamate</i>	22	FIFTY50 GLUCOSE METER 2.0	124	FILTER 0.2 MICRON/47MM..	169
FELBATOL.....	22	FIFTY50 GLUCOSE TEST STRIP 2.0.....	80	FILTER 0.22 MICRON/73MM/1000ML.....	169
FELDENE.....	4	FIFTY50 PEN NEEDLES 31G X3/16" (5MM).....	210	FILTER AIR PP.....	247
<i>felodipine</i>	56	FIFTY50 PEN NEEDLES 31G X5/16" (8MM).....	210	FILTER ATTACHMENT.....	169
FEMARA.....	44	FIFTY50 PEN NEEDLES 31GX5MM.....	210	FILTER FLUORODYNE/0.22 MICRON.....	169
FEMHRT.....	89	FIFTY50 PEN NEEDLES/31GX8MM.....	210	FILTER, POSIDYNE ELD/0.2UM/LUER LOCK CONNECTORS/NYLON MEMBRA	169
FEMRING.....	291	FIFTY50 PEN NEEDLES/32GX4MM.....	210	FILTER/MILLEX- GP/50MM/CLEAR.....	170
<i>fenofibrate</i>	35	FIFTY50 SAFETY SEAL LANCETS 30G.....	124	FINACEA.....	75
<i>fenofibrate micronized</i>	35	FIFTY50 SAFETY SEAL LANCETS 32G.....	124	<i>finasteride</i>	93
<i>fenofibric acid</i>	35	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	210	FINE 30.....	124
FENOGLIDE.....	35	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	210	FINGERSTIX LANCETS.....	124
<i>fenopropfen calcium</i>	4	FIFTY50 UNILET LANCETS 33G	124	FINGERTIP PULSE OXIMETER	170
<i>fentanyl</i>	8	FILTER 0.2 MICRON/25MM..	169	FINTEPLA.....	20
<i>fentanyl citrate</i>	8	FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK.....	169	FIORICET.....	6
FENTORA.....	8			FIORICET/CODEINE.....	9
FEOSOL.....	96			FIORINAL.....	6
FER-IN-SOL.....	96			FIORINAL/CODEINE #3.....	9
FERRIPROX.....	31			FIRAZYR.....	95
FERRIPROX TWICE-A-DAY.....	31			FIRDAPSE.....	42
FERROUS GLUCONATE.....	96			FIRST AID ANTISEPTIC OINTMENT.....	51
<i>ferrous sulfate</i>	96,97			FIRVANQ.....	40
FERROUS SULFATE.....	97			FITNESS TABS FOR MEN AM/PM/LYCOPENE.....	263
<i>ferrous sulfate dried</i>	97			FITNESS TABS FOR WOMEN AM/PM/LYCOPENE.....	263
<i>fesoterodine fumarate</i>	287			FLA ADJUSTABLE AIR ANKLEWALKER/LOW/SMALL	170
FETAL DOPPLER.....	169			FLAGYL.....	40
FETZIMA.....	25				
FETZIMA TITRATION PACK.....	25				
FEVERALL JUNIOR STRENGTH...7					
<i>fexofenadine hcl</i>	34				
FIASP.....	28				
FIASP FLEXTOUCH.....	28				
FIASP PENFILL.....	28				
FIBERCON.....	98				

FLAORTHO WALKER/LOW/BLACK/SMALL	170	FLUARIX QUADRIVALENT 2022-2023.....	289	<i>fluoxetine hcl (pmd)</i>	281
FLAREX.....	275	FLUBLOK QUADRIVALENT 2020-2021.....	289	FLUOXETINE HYDROCHLORIDE	24
<i>flavoxate hcl</i>	288	FLUBLOK QUADRIVALENT 2021-2022.....	289	FLUPHENAZINE DECANOATE..	59
<i>flecainide acetate</i>	14	FLUBLOK QUADRIVALENT 2022-2023.....	289	<i>fluphenazine hcl</i>	50
FLECTOR.....	68	FLUCELVAX QUADRIVALENT 2020-2021.....	289	<i>flurandrenolide</i>	71
FLEET ENEMA.....	99	FLUCELVAX QUADRIVALENT 2021-2022.....	289	<i>flurazepam hcl</i>	97
FLEET ENEMA SIX PACK.....	99	FLUCELVAX QUADRIVALENT 2022-2023.....	289	<i>flurbiprofen</i>	4
FLENTS EAR STOPPLES.....	170	<i>fluconazole</i>	32	<i>flurbiprofen sodium</i>	277
FLEQSUVY.....	271	<i>flucytosine</i>	32	<i>flutamide</i>	44
FLEX & GO FOLDING CANE... 170		<i>fludrocortisone acetate</i>	62	FLUTICASONE FUROATE/VILANTEROL ELLIPTA	16
FLEX SHIELD WITH EAR LOOPS	170	FLULAVAL QUADRIVALENT 2020-2021.....	289	<i>fluticasone propionate</i>	71
FLEX SHIELD WITH TIE STRINGS	170	FLULAVAL QUADRIVALENT 2021-2022.....	289	<i>fluticasone propionate (nasal)</i>	272
FLEX THERAPY.....	170	FLULAVAL QUADRIVALENT 2022-2023.....	289	FLUTICASONE PROPIONATE HFA	16
FLEXICHAMBER.....	247	<i>fluocinolone acetate</i>	71	<i>fluticasone-salmeterol</i>	17
FLIGHT EAR PLUGS.....	170	<i>fluocinolone acetonide (otic)</i>	278	<i>fluvastatin sodium</i>	35
FLOLAN.....	57	<i>fluocinonide</i>	71	<i>fluvoxamine maleate</i>	24
FLOMAX.....	93,94	<i>fluocinonide emulsified base</i> ..	71	FLUZONE HIGH-DOSE PF 2020-2021.....	289
FLOVENT DISKUS.....	15	FLUOPAR.....	71	FLUZONE HIGH-DOSE PF 2021-2022.....	289
FLOVENT HFA.....	15	<i>fluorescein sodium topical</i>	277	FLUZONE HIGH-DOSE PF 2022-2023.....	289
FLOWFLEX COVID-19 ANTIGEN HOME TEST.....	80	FLUORESC EIN SODIUM/BENOXINATE HYDROCHLORIDE.....	277	FLUZONE QUADRIVALENT 2020-2021.....	290
FLUAD 2020-2021.....	288	<i>fluorometholone (ophth)</i>	275	FLUZONE QUADRIVALENT 2021-2022.....	290
FLUAD QUADRIVALENT 2021-2022.....	288	<i>fluorouracil (topical)</i>	68	FLUZONE QUADRIVALENT 2022-2023.....	290
FLUAD QUADRIVALENT 2022-2023.....	288	<i>fluoxetine hcl</i>	23,24	FLYP HYPERSONIQ CARTRIDGE	247
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS.....	289			FML.....	275
FLUARIX QUADRIVALENT 2020-2021.....	289			FML FORTE.....	275
FLUARIX QUADRIVALENT 2021-2022.....	289				

FML LIQUIFILM.....	275	FORA BLOOD GLUCOSE TEST STRIPS.....	80	DEVICE/CLEARCAP.....	125
FOAM CHAIR CUSHION.....	170	FORA CONTROL SOLUTION HIGH.....	125	FORA P20 BLOOD PRESSURE MONITORING SYSTEM.....	107
FOAM CRUTCH PAD.....	170	FORA CONTROL SOLUTION LOW	125	FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM.....	125
FOAM CUSHION.....	170	FORA D15G BLOOD GLUCOSE TEST STRIPS.....	80	FORA TEST N' GO BP BLOODPRESSURE MONITORING SYSTEM.....	107
FOAM CUSHION THERAPEUTICRING.....	170	FORA D20 BLOOD GLUCOSE TEST STRIPS.....	80	FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	125
FOAM EAR PLUGS.....	170	FORA D40/G31 BLOOD GLUCOSE TEST STRIPS.....	80	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS	80
FOAM INVALID CUSHION.....	170	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM.....	125	FORA TN'G SCALE 550.....	170
FOAM RING 2".....	170	FORA G20 BLOOD GLUCOSE TEST STRIPS.....	80	FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	125
FOCALIN.....	2	FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS	80	FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS.....	80
FOCALIN XR.....	2	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM.....	125	FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	125
FOIL WRAPPER 3" X 3".....	170	FORA G20 BLOOD GLUCOSE TEST STRIPS.....	80	FORA V10 BLOOD GLUCOSE TEST STRIPS.....	80
FOLAMAX.....	263	FORA G30A BLOOD GLUCOSE MONITORING SYSTEM.....	125	FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G.....	125
FOLDING CANE.....	170	FORA GATEWAY.....	170	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING.....	125
FOLDING COMMODE.....	170	FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM.....	125	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	125
FOLDING PADDLE WALKER/5"WHEELS.....	170	FORA GD20 TEST STRIPS.....	80	FORA V12 BLOOD GLUCOSE TEST STRIPS.....	80
FOLDING REACHER.....	170	FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM.....	125	FORA V20 BLOOD GLUCOSE MONITORING SYSTEM.....	125
FOLDING SEAT CANE/3/4" TIP	170	FORA GD50 BLOOD GLUCOSE TEST STRIPS.....	80	FORA V20 BLOOD GLUCOSE TEST STRIPS.....	80
FOLDING WALKER/5" WHEELS/ADULT.....	170	FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL.....	125		
FOLDING WALKER/5" WHEELS/PINK.....	170	FORA GTEL BLOOD GLUCOSE TEST STRIPS.....	80		
FOLDING WALKING CANE.....	170	FORA GW9014 TELEHEALTH GATEWAY.....	170		
<i>folic acid</i>	96	FORA LANCETS.....	125		
FOLIFLEX.....	263	FORA LANCING DEVICE.....	125		
FOLIKA-CI.....	263	FORA LANCING			
FOLIKA-MG.....	263				
FOLITIN-Z.....	263				
FOLIVANE-OB.....	268				
<i>fondaparinux sodium</i>	18				
FOOT MASSAGER/HEAT/AERATION	170				
FORA 6 CONNECT.....	80				

FORA V30A BLOOD GLUCOSE MONITORING SYSTEM.....	125	FOSAMAX PLUS D.....	87	FREESTYLE INSULINX BLOODGLUCOSE TEST.....	81
FORA V30A BLOOD GLUCOSE TEST STRIPS.....	80	<i>fosamprenavir calcium</i>	52	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS.....	81
FORACARE GD40.....	80	<i>fosfomycin tromethamine</i>	41	FREESTYLE LANCETS.....	126
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM.....	126	FOSFREE.....	263	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM.....	126
FORACARE GDH CONTROL SOLUTION HIGH.....	126	<i>fosinopril sodium</i>	36	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM.....	126
FORACARE GDH CONTROL SOLUTION LOW.....	126	<i>fosinopril sodium & hydrochlorothiazide</i>	38	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM.....	126
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM.....	126	FOSRENOL.....	93	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM.....	126
FORACARE PREMIUM V10 TESTSTRIPS.....	80	FOTIVDA.....	45	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM.....	126
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM.....	126	FRAGMIN.....	18	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM.....	127
FORACARE TEST N GO TEST STRIPS.....	80	FREDS PHARMACY AUTOLET LANCING DEVICE.....	126	FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM.....	127
FORFIVO XL.....	23	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	210	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM.....	127
<i>formoterol fumarate</i>	17	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM.....	210	FREESTYLE LITE TEST STRIPS...81	
FORTAMET.....	26	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM.....	210	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	210
FORTESTA.....	11	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G....	126	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	210
FORTISCARE BLOOD GLUCOSETEST STRIP.....	80	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G...	126	FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	210
FORTISCARE CONTROL SOLUTIONS HIGH.....	126	FREE SPIRIT KNEE AND LEGWALKER.....	170		
FORTISCARE CONTROL SOLUTIONS LOW.....	126	FREEDAVITE.....	263		
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP.....	81	FREESTYLE CONTROL SOLUTION	126		
FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM.....	126	FREESTYLE CONTROL SOLUTION HIGH/LOW.....	126		
FOSAMAX.....	87	FREESTYLE DOUBLE ELECTRICBREASTPUMP.....	170		
		FREESTYLE FREEDOM.....	126		
		FREESTYLE FREEDOM LITE....	126		
		FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM.....	126		

FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16".....	211	GAUZE SPONGES 4"X4" 12 PLY	102	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM	127
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM.....	127	GAVISCON.....	12	GENTEEL LANCING DEVICE/STATELY SILVER.....	127
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS81		GAVRETO.....	45	GENTEEL LANCING KIT/BUTTERFLY BLUE.....	127
FREESTYLE SIDEKICK II VALUEPACK.....	127	GE100 BLOOD GLUCOSE MONITORING SYSTEM.....	127	GENTEEL NOZZLES.....	127
FREESTYLE TEST STRIPS.....	81	GE100 BLOOD GLUCOSE TESTSTRIPS.....	81	GENTEEL PLUS LANCING DEVICE/BUFF BLACK.....	127
FREESTYLE UNISTICK II LANCETS	127	GEL-FOAM CUSHION.....	170	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE.....	127
FROVA.....	255	GELNIQUE.....	287	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE.....	127
<i>frovatriptan succinate</i>	255	GELX.....	260	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK.....	127
<i>fructose-dextrose-phosphoric acid</i>	32	<i>gemfibrozil</i>	35	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE.....	128
FULL KIT NEBULIZER SET.....	247	GEMTESA.....	288	GENTLE-LET GP LANCETS.....	128
FULL SPECTRUM B/VITAMIN C	260	GENERESS FE.....	59	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	128
FULPHILA.....	96	GENICIN VITA-Q.....	267	POINT.....	128
<i>furosemide</i>	86	GENOTROPIN.....	87	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	128
FUZEON.....	52	GENOTROPIN MINIQUICK.....	87	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	128
FYCOMPA.....	19	<i>gentamicin sulfate (ophth)</i> ...	274	GENTLE-LET PLATFORMS 2.4MM.....	128
GABAPAL.....	281	<i>gentamicin sulfate (topical)</i>	66	GENTLE-LET PLATFORMS 3.0MM.....	128
<i>gabapentin</i>	20	GENTEEL BUTTERFLY TOUCH LANCETS.....	127	GENULTIMATE TEST STRIPS....	81
GABITRIL.....	22	GENTEEL CONTACT TIPS/BLUE	127	GENVOYA.....	52
GALAFOLD.....	88	GENTEEL CONTACT TIPS/CLEAR	127	GEODON.....	48
<i>galantamine hydrobromide</i> ..	280	GENTEEL CONTACT TIPS/GREEN	127	GERI-FREEDA SENIOR FORMULA	263
GARDASIL 9.....	290	GENTEEL CONTACT TIPS/ORANGE.....	127	GETGO ROLLING WALKER....	170
GASTROCROM.....	91	GENTEEL CONTACT TIPS/RAINBOW.....	127		
GAS-X EXTRA STRENGTH.....	91	GENTEEL CONTACT TIPS/VIOLET	127		
<i>gatifloxacin (ophth)</i>	274	GENTEEL CONTACT TIPS/YELLOW.....	127		
GATTEX.....	93	GENTEEL CONTACT DEVICE/GLORIOUS GOLD.....	127		
GAUZE DRESSING 4"X4"	102				
GAUZE PADS 4"X4"	102				

GHT BLOOD GLUCOSE MONITORING SYSTEM.....	128	NEEDLES 32GX4MM.....	211	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	211
GHT TEST STRIPS.....	81	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	211	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	211
GILENYA.....	281	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64".....	211	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	211
GILOTRIF.....	43	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64".....	211	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	212
GLASS BOTTLE 15ML.....	170	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	211	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	212
GLASS BOTTLE 30ML.....	170	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16".....	211	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	212
GLASS BOTTLE 30ML/BLACK PHENOLIC BRUSH CAP.....	171	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	211	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	211
GLASS BOTTLE 30ML/BLACK PHENOLIC POLYSEAL CAP.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	211	GLOBAL INJECT EASE LANCETS 28G.....	128
GLASS BOTTLE 60ML.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	211	GLOBAL INJECT EASE LANCETS 30G.....	128
GLASS BOTTLE/30ML/BLUNT END APPLICATOR.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	211	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	212
GLASS SERUM BOTTLES/20ML/TYPE 1.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	211	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16".....	212
GLASS SERUM BOTTLES/2ML/TYPE 1.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	211	GLOBAL LANCING DEVICE.....	128
GLASS SERUM BOTTLES/30ML/TYPE 1.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	211	GLOPERBA.....	94
GLASS SERUM BOTTLES/5ML/TYPE 1.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	211	GLUCAGEN HYPOKIT.....	27
GLASS VIAL 2ML.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	211	<i>glucagon (rdna)</i>	27
GLASS VIAL AMBER 3ML/13MM/TYPE 1.....	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	211	GLUCAGON EMERGENCY KIT..	27
<i>glatiramer acetate</i>	281	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	211	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR.....	27
GLEEVEC.....	45			GLUCO PERFECT 3 BLOOD GLUCOSE METER.....	128
<i>glimepiride</i>	30			GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING	
<i>glipizide</i>	30				
<i>glipizide-metformin hcl</i>	25				
GLOBAL ALCOHOL PREP EASEPADS.....	171				
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	211				
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	211				
GLOBAL EASE INJECT PEN					

SYSTEM/VOICE.....	128	SYSTEM.....	129	5/16".....	212
GLUCO PERFECT 3 TEST STRIPS		GLUCOCARD VITAL BLOOD		GLUCOPRO INSULIN	
.....	81	GLUCOSE MONITORING		SYRINGE/U-100/0.5ML/30G X	
GLUCOCARD 01 BLOOD		SYSTEM BLACK.....	129	1/2".....	212
GLUCOSE METER.....	128	GLUCOCARD VITAL BLOOD		GLUCOPRO INSULIN	
GLUCOCARD 01 BLOOD		GLUCOSE MONITORING		SYRINGE/U-100/0.5ML/30G X	
GLUCOSE MONITORING		SYSTEM BLUE.....	129	5/16".....	212
SYSTEM.....	128	GLUCOCARD VITAL BLOOD		GLUCOPRO INSULIN	
GLUCOCARD 01 CONTROL		GLUCOSE MONITORING		SYRINGE/U-100/0.5ML/31G X	
SOLUTION NORMAL/HIGH...	128	SYSTEM PINK.....	129	5/16".....	212
GLUCOCARD 01 SENSOR PLUS		GLUCOCARD VITAL TEST STRIPS		GLUCOPRO INSULIN	
.....	81	.....	81	SYRINGE/U-100/1ML/30G X	
GLUCOCARD 01 SENSOR		GLUCOCARD X-METER.....	129	1/2".....	212
PLUSTEST STRIPS.....	81	GLUCOCARD X-SENSOR.....	81	GLUCOPRO INSULIN	
GLUCOCARD 01-MINI BLOOD		GLUCOCOM BLOOD GLUCOSE		SYRINGE/U-100/1ML/30G X	
GLUCOSE MONITORING		MONITOR.....	129	5/16".....	212
SYSTEM.....	128	GLUCOCOM BLOOD GLUCOSE		GLUCOPRO INSULIN	
GLUCOCARD EXPRESSION		MONITORING SYSTEM.....	129	SYRINGE/U-100/1ML/31G X	
AUDIO-ENABLED BLOOD		GLUCOCOM BLOOD GLUCOSE		5/16".....	212
GLUCOSE MONITORING.....	128	MONITORING SYSTEM VALUE		GLUCOSE.....	27
GLUCOCARD EXPRESSION		KIT.....	129	GLUCOSE CONTROL SOLUTION	
BLOOD GLUCOSE TEST STRIPS	81	GLUCOCOM HIGH CONTROL	129	.....	129
GLUCOCARD EXPRESSION		GLUCOCOM LANCETS 28G...	129	GLUCOSE INSTANT ENERGY...	27
CONTROL SOLUTION LEVEL 1		GLUCOCOM LANCETS 30G...	129	GLUCOSE METER TEST STRIPS	
.....	128	GLUCOCOM LANCETS 33G...	129	ADVANCED.....	81
GLUCOCARD SHINE.....	128	GLUCOCOM TEST STRIPS.....	81	GLUCOTROL.....	30
GLUCOCARD SHINE CONNEX		GLUCONAVII BLOOD		GLUCOTROL XL.....	30
BLOOD GLUCOSE MONITORING		GLUCOSEMONITORING SYSTEM		GLUMETZA.....	26
SYSTEM.....	129	.....	129	<i>glyburide</i>	30
GLUCOCARD SHINE CONTROL		GLUCONAVII BLOOD		<i>glyburide micronized</i>	30
SOLUTION LEVEL 1.....	129	GLUCOSETEST STRIPS.....	81	<i>glyburide-metformin</i>	26
GLUCOCARD SHINE EXPRESS		GLUCOPRO INSULIN		GLYCATE.....	284
BLOOD GLUCOSE MONITORING		SYRINGE/U-100/0.3ML/30G X		<i>glycerin (laxative)</i>	98
SYSTEM.....	129	1/2".....	212	GLYCERIN ADULT.....	98
GLUCOCARD SHINE TEST STRIPS		GLUCOPRO INSULIN		<i>glycopyrrolate</i>	284
.....	81	SYRINGE/U-100/0.3ML/30G X		GLYNASE.....	30
GLUCOCARD SHINE XL.....	129	5/16".....	212	GLYSET.....	25
GLUCOCARD VITAL BLOOD		GLUCOPRO INSULIN			
GLUCOSE MONITORING		SYRINGE/U-100/0.3ML/31G X			

GLYXAMBI.....	26	GNP INSULIN	212	GNP STERILE LANCETS 33G..	130
GNP ALCOHOL SWABS.....	171	GNP INSULIN		GNP TRUE METRIX AIR	
GNP BLOOD PRESSURE		SYRINGE/0.5ML/31G X 5/16"		SELFMONITORING BLOOD	
MONITOR ADVANCED		.....	212	GLUCOSE METER.....	130
AUTOMATIC/ARM.....	107	GNP INSULIN		GNP TRUE METRIX SELF	
GNP CLICKFINE UNIVERSAL PEN		SYRINGE/1ML/28G X 1/2"....	212	MONITORING BLOOD GLUCOSE	
NEEDLES 31GX1/4".....	212	GNP INSULIN		METER.....	130
GNP CLICKFINE UNIVERSAL PEN		SYRINGE/1ML/29G X 1/2"....	212	GNP TRUE METRIX SELF	
NEEDLES 31GX5/16".....	212	GNP INSULIN		MONITORING BLOOD GLUCOSE	
GNP COTTON SWABS.....	171	SYRINGE/1ML/30G X 5/16"..	213	TEST STRIPS.....	81
GNP DELUXE PULSE OXIMETER		GNP INSULIN		GNP TRUETRACK BLOOD	
.....	171	SYRINGE/1ML/31G X 5/16"..	213	GLUCOSE TEST STRIPS.....	81
GNP DIGITAL WEIGHT SCALE	171	GNP INSULIN		GNP TRUETRACK SMART	
GNP EASY TOUCH CONTROL		SYRINGES/0.3ML/30GX5/16"		SYSTEM.....	81
SOLUTION HIGH & LOW.....	129	.....	213	GNP ULTICARE PEN	
GNP EASY TOUCH CONTROL		GNP INSULIN		NEEDLES/31GX5/16".....	213
SOLUTION HIGH/LOW.....	129	SYRINGES/1/2ML/29GX1/2"	213	GNP ULTICARE PEN	
GNP EASY TOUCH GLUCOSE		GNP INSULIN		NEEDLES/32GX 5/32".....	213
MONITORING SYSTEM.....	130	SYRINGES/1ML/28GX1/2"....	213	GNP ULTICARE PEN	
GNP EASY TOUCH GLUCOSE		GNP INSULIN		NEEDLES/32GX1/4".....	213
MONITORING SYSTEM/NO		SYRINGES/1ML/29GX1/2"....	213	GNP ULTICARE PEN	
CODING.....	130	GNP INSULIN		NEEDLES31G X 5MM.....	213
GNP EASY TOUCH GLUCOSE		SYRINGES/1ML/30GX5/16"..	213	GNP ULTIGUARD	
TEST STRIPS.....	81	GNP INSULIN		SAFEPACK/MICRO PEN	
GNP GLUCOSE.....	27	SYRINGES/3ML/31GX5/16"..	213	NEEDLE/32GX4MM.....	213
GNP INSULIN		GNP LANCETS 21G.....	130	GNP ULTIGUARD	
SYRINGE/0.3ML/29G X 1/2".	212	GNP LANCETS THIN.....	130	SAFEPACK/MINI PEN	
GNP INSULIN		GNP LANCETS THIN 26G.....	130	NEEDLE/31GX5MM.....	213
SYRINGE/0.3ML/30G X 5/16"		GNP LANCING SYSTEM DEVICE		GNP ULTIGUARD	
.....	212	.....	130	SAFEPACK/MINI PEN	
GNP INSULIN		GNP NAIL CLIPPERS.....	171	NEEDLE/32GX6MM.....	213
SYRINGE/0.3ML/31G X 5/16"		GNP POCKET TISSUE.....	171	GNP ULTIGUARD	
.....	212	GNP PULSE OXIMETER.....	171	SAFEPACK/SHORT PEN	
GNP INSULIN		GNP QUICK DISSOLVE GLUCOSE		NEEDLE/31GX8MM.....	213
SYRINGE/0.5ML/28G X 1/2".	212	.....	27	GNP ULTRA COMFORT INSULIN	
GNP INSULIN		GNP REACHER 32".....	171	SYRINGE/0.3ML/29G X 1/2".	213
SYRINGE/0.5ML/29G X 1/2".	212	GNP STERILE LANCETS 28G..	130	GNP ULTRA COMFORT INSULIN	
GNP INSULIN		GNP STERILE LANCETS 30G..	130	SYRINGE/0.3ML/30G X 5/16"	
SYRINGE/0.5ML/30G X 5/16"				SHORT.....	213

GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2". 213	NEEDLE/PENFINE CLASSIC/31G X 3/16"..... 213	CHARGER REPLACEMENT..... 130
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2". 213	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"..... 213	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC.....130
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".... 213	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"..... 214	GUARDIAN REAL-TIME TEST PLUG REPLACEMENT..... 130
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".... 213	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"..... 214	GUARDIAN SENSOR (3).....130
GOCOVRI..... 47	GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS..... 82	GUARDIAN SENSOR 3..... 130
GOJJI BLOOD GLUCOSE TESTSTRIPS..... 81	GOODSENSE PREMIUM BLOOD GLUCOSE MONITORING SYSTEM.....130	GVOKE HYPOPEN 1-PACK..... 27
GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G.....81	GRADUATED BOTTLE 2OZ W/CAP..... 171	GVOKE HYPOPEN 2-PACK..... 27
GOJJI LANCING DEVICE/CLEAR CAP..... 130	GRADUATED BOTTLE 4OZ W/CAP..... 171	GVOKE KIT..... 27
GOJJI STERILE LANCETS 30G. 130	GRALISE..... 281	GVOKE PFS.....27
GOJJI WEIGHT SCALE..... 171	<i>granisetron hcl</i> 31	GYNAZOLE-1..... 290
GONITRO..... 13	GRANIX..... 96	HAEGARDA..... 95
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....213	<i>griseofulvin microsize</i> 32	HAEMOLANCE..... 131
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....130	<i>griseofulvin ultramicrosize</i> 32	HAEMOLANCE LOW FLOW LANCETS..... 131
GOODSENSE GLUCOSE..... 27	GROOVE ROLLING WALKER.. 171	HAEMOLANCE PLUS..... 131
GOODSENSE LANCETS MICRO-THIN 33G..... 130	<i>guaifenesin</i> 63	HAEMOLANCE PLUS HIGH FLOW..... 131
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL..... 130	<i>guaifenesin-codeine</i> 63	HAEMOLANCE PLUS LOW FLOW.....131
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL..... 130	<i>guanfacine hcl</i> 37	HAEMOLANCE PLUS MAX FLOW..... 131
GOODSENSE LANCETS ULTRA-THIN 30G..... 130	<i>guanfacine hcl (adhd)</i> 1	HAEMOLANCE PLUS PEDIATRIC FLOW..... 131
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL..... 130	GUARDIAN CONNECT TRANSMITTER..... 130	HAIR SKIN & NAILS ADVANCED FORMULA..... 263
GOODSENSE LANCING DEVICE.....130	GUARDIAN CONNECT TRANSMITTER KIT.....130	<i>halcinonide</i> 71
GOODSENSE PEN	GUARDIAN LINK 3.....130	HALCION.....97
	GUARDIAN LINK 3 TRANSMITTER KIT.....130	HALDOL DECANOATE 100..... 49
	GUARDIAN REAL-TIME	HALDOL DECANOATE 50..... 49
		<i>halobetasol propionate</i> 71
		HALOBETASOL PROPIONATE.. 71
		HALOG..... 71
		<i>haloperidol</i> 49

<i>haloperidol decanoate</i>.....49	5/16"..... 214	PENTIPS PEN NEEDLES 31GX8MM..... 214
<i>haloperidol lactate</i> 49	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"..... 214	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM..... 214
HAND HELD SHOWER SPRAY 171	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"..... 214	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G....131
HARMONY BLOOD GLUCOSE TEST STRIPS..... 82	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"..... 214	HEART CHECK BLOOD PRESSURE MONITOR/WRIST..... 107
HARMONY BREASTPUMP..... 171	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 214	HEAT THERAPY..... 171
HARVONI..... 53	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"..... 214	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"..... 214
HAVRIX..... 290	HEALTHWISE MINI PEN NEEDLES 31GX6MM..... 214	H-E-B IN CONTROL PEN NEEDLES 31GX5MM..... 214
HEAD COVERS 24"/BOUFFON CAP/IRRADIATED..... 171	HEALTHWISE PEN NEEDLES 29GX12MM..... 214	H-E-B IN CONTROL PEN NEEDLES 31GX6MM..... 214
HEAD HALTER OVER DOOR TRACTION SET..... 171	HEALTHWISE SHORT PEN NEEDLES 31GX8MM..... 214	H-E-B IN CONTROL PEN NEEDLES 31GX8MM..... 214
HEAD HALTER REPLACEMENT FOR TRACTION KIT.....171	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"..... 214	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM. 214
HEAD LICE COMB.....171	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"..... 214	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"..... 214
HEALTH CARE LANCING DEVICE.....131	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....214	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"..... 215
HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER- ARM.....107	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....131	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"..... 215
HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF..... 107	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM..... 214	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM..... 215
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/PREMIUM TALKING.....107	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM..... 214	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM..... 215
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STANDARD.....107	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM..... 214	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"..... 215
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOMENS 107	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM..... 214	H-E-B IN CONTROL UNIFINEPENTIPS PLUS
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"..... 214		
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X		

33GX5/32".....	215	HETLIOZ LQ.....	97	HM BLOOD PRESSURE MONITOR/SERIES 200/ARM.	107
H-E-B INCONTROL ADVANCED LANCING DEVICE	131	HIBERIX.....	288	HM BLOOD PRESSURE MONITOR FULLY AUTOMATIC	107
H-E-B INCONTROL ALCOHOL PADS.....	171	HIBICLENS DISPENSER NOZZLE	172	HM COMFORT FOAM EAR PLUGS.....	172
H-E-B INCONTROL DELUXE AUTO WRIST BLOOD PRESSURE MONITOR.....	107	HIBICLENS FOOT PEDAL.....	172	HM COMPLETE MEN.....	263
H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR.....	107	HIBICLENS HAND PUMP/16OZ	172	HM COTTON SWABS.....	172
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	131	HIBICLENS HAND PUMP/32OZ	172	HM DELUXE BLOOD PRESSURE MONITOR/WRIST.	107
H-E-B INCONTROL LANCETS SUPER THIN 30G.....	131	HIBICLENS HAND PUMP/GALLON.....	172	HM HAIR/SKIN/NAILS.....	263
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	131	HIBICLENS HAND PUMP/NON FOAMING/16OZ.....	172	HM STERILE ALCOHOL PREP PADS.....	172
H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	215	HIBICLENS PUMP ASSEMBLY	172	HM STERILE PADS.....	102
H-E-B INCONTROL PREMIUM AUTOMATIC BLOOD PRESSURE MONITOR.....	107	HIBICLENS WALL DISPENSER/FOOT.....	172	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"....	215
HEELBOOT LARGE.....	171	HIBICLENS WALL DISPENSER/HAND.....	172	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	215
HEELBOOT LAUNDRY BAG....	171	HIGH POTENCY MULTIVITAMIN	267	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	215
HEELBOOT LINER LARGE.....	172	HIGH POTENCY MULTIVITAMIN/BETA- CAROTENE.....	263	HM ULTICARE SHORT PEN NEEDLES 31GX8MM.....	215
HEELBOOT LINER REGULAR..	172	HIGH POTENCY MULTIVITAMIN/FOLIC ACID.	263	HOME STYLE BED RAILS.....	172
HEELBOOT REGULAR.....	172	HIP/FRACTURE RAISED TOILET SEAT/LEFT.....	172	HORIZANT.....	282
HEELBOOT WALK PAD.....	172	HIP/FRACTURE RAISED TOILET SEAT/RIGHT.....	172	HOT-COLD THERAPY.....	172
HEMADY.....	62	HIPREX.....	41	HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT.....	247
HEMANGEOL.....	55	HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC.....	107	HUMALOG.....	28
HEMLIBRA.....	94	HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE	107	HUMALOG JUNIOR KWIKPEN.	28
HEMOPIL M.....	94	HM BLOOD PRESSURE MONITOR/MANUAL INFLATION	107	HUMALOG KWIKPEN.....	28
HEPARIN SODIUM.....	18			HUMALOG MIX 50/50.....	28
<i>heparin sodium (porcine)</i>	18			HUMALOG MIX 50/50 KWIKPEN	28
HEPLISAV-B.....	290			HUMALOG MIX 75/25.....	28
HEPSERA.....	53				
HETLIOZ.....	97				

HUMALOG MIX 75/25 KWIKPEN.....28	HW EMBRACE TALK BLOOD GLUCOSE MONITOR..... 131	HYDROMORPHONE HCL..... 8
HUMATE-P.....94	HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM.....131	<i>hydroxychloroquine sulfate</i> 41
HUMATROPE..... 87	HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS..... 82	HYDROXYCHLOROQUINE SULFATE.....41
HUMIRA.....3	HYCAMTIN..... 46	<i>hydroxyprogesterone caproate</i>.....279
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....3	HYCLODEX..... 75	<i>hydroxyurea</i> 46
HUMIRA PEN..... 3	<i>hydralazine hcl</i> 39	<i>hydroxyzine hcl</i> 13
HUMIRA PEN-CD/UC/HS STARTER..... 3	HYDRALYTE.....257	<i>hydroxyzine pamoate</i> 13
HUMIRA PEN-PEDIATRIC UC STARTER PACK..... 4	HYDRALYTE FREEZER POPS...257	HYLATOPIC PLUS.....75
HUMIRA PEN-PS/UV STARTER..4	HYDREA..... 46	HYLAZINC.....263
HUMULIN 70/30..... 28	HYDROCELL ADHESIVE DRESSING 4"X4"..... 102	<i>hyoscyamine sulfate</i>.....284
HUMULIN 70/30 KWIKPEN.... 28	HYDROCELL DRESSING 4"X4" .....102	HYPERRHO S/D..... 278
HUMULIN N..... 28	HYDROCERIN..... 75	HYPERRHO S/D MINI-DOSE.. 278
HUMULIN N KWIKPEN..... 28	<i>hydrochlorothiazide</i>.....87	HYPOCYN..... 75
HUMULIN R..... 28	HYDROCIL INSTANT..... 98	HYPODERMIC NEEDLE 23GX1" .....215
HUMULIN R U-500 (CONCENTRATED).....29	<i>hydrocodone bitartrate</i> 8	HYPODERMIC NEEDLE 25GX5/8" .....215
HUMULIN R U-500 KWIKPEN..29	<i>hydrocodone-acetaminophen</i> 10	HYPODERMIC NEEDLES 23GX1" .....215
HURRICAIN DISPENSING CAP.....172	<i>hydrocodone-ibuprofen</i> 10	HYPODERMIC NEEDLES 25GX5/8"..... 215
HURRICAIN LIQUID DISPENSER.....172	<i>hydrocortisone</i>.....62	HYPOLANCE AST LANCING KIT.....131
HURRICAIN SPRAY EXTENSION TUBES..... 172	<i>hydrocortisone (intrarectal)</i> ... 11	HYSINGLA ER..... 8
HURRIPAK PERIODONTAL ANESTHETIC REFILL KIT.....172	<i>hydrocortisone (rectal)</i> 12	HYVEE ADVANCED ANTACID MAXIMUM STRENGTH..... 12
HURRIPAK PERIODONTAL IRRIGATION TIPS.....172	<i>hydrocortisone (topical)</i> 72	HY-VEE GLUCOSE.....27
HURRYCANE FREEDOM EDITIONCANE/BLACK..... 172	<i>hydrocortisone acetate (rectal)</i> .....12	HY-VEE LANCETS.....131
HW EMBRACE PRO BLOOD GLUCOSE METER..... 131	<i>hydrocortisone butyrate</i> 72	HY-VEE THIN LANCETS..... 131
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS..... 82	<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i> 72	HYZAAR.....38
	<i>hydrocortisone valerate</i> 72	<i>ibandronate sodium</i> 87
	<i>hydrocortisone w/acetic acid</i>.....278	IBRANCE..... 45
	<i>hydromorphone hcl</i> 8	IBSRELA.....92
		IBUPAK..... 4

<i>ibuprofen</i>	4,5	IMITREX STATDOSE REFILL...	255	KIT/SPORVIEW STEAM.....	173
<i>ibuprofen-famotidine</i>	5	IMITREX STATDOSE SYSTEM.	255	INDOCIN.....	5
ICAPS AREDS FORMULA.....	263	IMODIUM A-D.....	31	<i>indomethacin</i>	5
<i>icatibant acetate</i>	95	IMPEKLO.....	72	INFANRIX.....	284
ICLUSIG.....	45	IMURAN.....	259	INFANTS ADVIL.....	5
<i>icosapent ethyl</i>	34	IMVEXXY MAINTENANCE PACK	.....291	INFINITY BLOOD GLUCOSE	
ICY DIAMOND TOTE CANVAS		IMVEXXY STARTER PACK.....	291	MONITORING SYSTEM.....	131
.....	172	IN TOUCH.....	131	INFINITY BLOOD GLUCOSE	
ICY DIAMOND TOTE NON		IN TOUCH BLOOD GLUCOSE		MONITORING SYSTEM/STARTER	
GENUINE LEATHER.....	172	TEST STRIPS.....	82	KIT.....	132
ICY HOT SMART RELIEF TENS		IN TOUCH GLUCOSE		INFINITY BLOOD GLUCOSE TEST	
THERAPY REFILL PADS.....	172	CONTROLSOLUTION.....	131	STRIPS.....	82
IDELVION.....	94	IN TOUCH LANCING DEVICE.	131	INFINITY CONTROL SOLUTION	
IDHIFA.....	45	IN TOUCH STERILE LANCETS30G	.....131	HIGH.....	132
IGLUCOSE BLOOD GLUCOSE		INBRIJA.....	47	INFINITY CONTROL SOLUTION	
MOITORING SYSTEM.....	131	IN-CHECK DIAL		LOW.....	132
IGLUCOSE BLOOD GLUCOSE		INSPIRATORYFLOW TRAINER	.....247	INFINITY VOICE.....	82,132
TEST STRIPS.....	82	.....		INFLATABLE CUSHION/VINYL	
IHEALTH COVID-19		IN-CHECK INSPIRATORY		.....	173
ANTIGENRAPID TEST.....	82	FLOWMETER/NASAL WITH		INFLATABLE NECK REST.....	173
ILARIS.....	4	MASK.....	247	INFLECTRA.....	92
ILEVRO.....	277	IN-CHECK INSPIRATORY		INFLIXIMAB.....	92
ILLUSIONS AA WEIGHTED		FLOWMETER/ORAL.....	247	INGREZZA.....	280
OFFTHE SHELF BREAST		INCONTROL ULTICARE MINI PEN		INHALATION VIAL CAP/BLUE	173
PROSTHESIS FORM.....	172	NEEDLES/31G X 6MM.....	215	INHALATION VIAL CAP/GREEN	
ILLUSIONS C WEIGHTED OFFTHE		INCONTROL ULTICARE MINI PEN		.....	173
SHELF BREAST PROSTHESIS		NEEDLES/31GX8MM.....	215	INHALATION VIAL CAP/ORANGE	
FORM.....	173	INCONTROL ULTICARE MINI PEN		.....	173
ILUMYA.....	69	NEEDLES/32G X 4MM.....	215	INHALATION VIAL CAP/RED..	173
<i>imatinib mesylate</i>	45	INCRELEX.....	88	INHALATION VIAL CAP/WHITE	
IMBRUVICA.....	45	INCRUSE ELLIPTA.....	14	.....	173
IMDEVIMAB.....	278	<i>indapamide</i>	87	INHALATION VIAL CAP/YELLOW	
<i>imipramine hcl</i>	25	INDERAL LA.....	55	.....	173
<i>imipramine pamoate</i>	25	INDERAL XL.....	55	INHALATION VIAL	
<i>imiquimod</i>	74	INDICATOR/BIOLOGICAL TEST		W/CAP/BLUE/3.5ML	
IMITREX.....	255			STOCKWELL.....	173

INHALATION VIAL W/CAP/GREEN/3.5ML STOCKWELL.....	173	INSPIRACHAMBER/SOOTHERM ASK/INSPIRAMASK/MEDIUM	248	INSULIN SYRINGE/0.5ML/27G X 1/2".....	216
INHALATION VIAL W/CAP/ORANGE/3.5ML STOCKWELL.....	173	INSPIRACHAMBER/SOOTHERM ASK/INSPIRAMASK/SMALL...	248	INSULIN SYRINGE/0.5ML/28G X 1/2".....	216
INHALATION VIAL W/CAP/RED/3.5ML STOCKWELL	173	INSPIREASE DRUG DELIVERYSYSTEM.....	248	INSULIN SYRINGE/0.5ML/30G X 1/2".....	216
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL.....	173	INSPIRA.....	39	INSULIN SYRINGE/0.5ML/30G X 5/16".....	216
INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL.....	173	INSUL-CAP.....	132	INSULIN SYRINGE/0.5ML/31G X 5/16".....	216
INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL	173	INSUL-EZE.....	132	INSULIN SYRINGE/1ML/28G X 1/2".....	216
INLYTA.....	43	INSULIN ASPART.....	29	INSULIN SYRINGE/1ML/29G X 1/2".....	216
INNOPRAN XL.....	55	INSULIN ASPART FLEXPEN.....	29	INSULIN SYRINGE/1ML/30G X 5/16".....	216
INNOSPIRE REPLACEMENT FILTER.....	247	INSULIN ASPART PENFILL.....	29	INSULIN SYRINGE/1ML/30G X 5/16".....	216
INPEN 100/BBLUE/LILLY/HUMALOG.	215	INSULIN ASPART PROTAMINE/INSULIN ASPART29		INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	216
INPEN 100/BBLUE/NOVOLOG/FIASP.	215	INSULIN ASPART FLEXPEN.....	29	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	216
INPEN 100/GREY/LILLY/HUMALOG.	215	INSULIN GLARGINE.....	29	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	216
INPEN 100/GREY/NOVOLOG/FIASP.	215	INSULIN GLARGINE SOLOSTAR	29	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	216
INPEN 100/PINK/LILLY/HUMALOG..	215	INSULIN LISPRO.....	29	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	216
INPEN 100/PINK/NOVOLOG/FIASP.	215	INSULIN LISPRO JUNIOR KWIKPEN.....	29	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	216
INQOVI.....	44	INSULIN LISPRO KWIKPEN.....	29	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	216
INREBIC.....	45	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN.....	29	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	216
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE.....	247	INSULIN SYRINGE 1ML/31G X1/4".....	215	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	216
INSPIRACHAMBER/LARGE....	247	INSULIN SYRINGE/0.3ML/29G X 1".....	215	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	216
		INSULIN SYRINGE/0.3ML/29G X 1/2".....	215	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	216
		INSULIN SYRINGE/0.3ML/30G X 5/16".....	216	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	216
		INSULIN SYRINGE/0.3ML/31G X 5/16".....	216	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	216
				INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	216
				INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	216

INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	216	INSUPEN 29G X 12MM.....	217	<i>ipratropium bromide (nasal)</i>	272
INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	216	INSUPEN 31G X 5MM.....	217	<i>ipratropium-albuterol</i>	17
INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	216	INSUPEN 31G X 8MM.....	217	IR ADAPTER.....	173
INSULIN SYRINGES 0.3ML/31G X 1/4".....	216	INSUPEN 32G X 4MM.....	217	<i>irbesartan</i>	37
INSULIN SYRINGES 0.5ML/31G X 1/4".....	216	INSUPEN 33GX4MM.....	217	<i>irbesartan-hydrochlorothiazide</i>	38
INSULIN SYRINGES/0.5ML/27GX1/2" .	216	INSUPEN PEN NEEDLES 32G X4MM.....	217	IRESSA.....	43
INSULIN SYRINGES/0.5ML/28GX1/2" .	217	INSUPEN SENSITIVE 32GX6MM	217	ISENTRESS.....	52
INSULIN SYRINGES/0.5ML/29GX1/2" .	217	INSUPEN SENSITIVE 32GX8MM	217	ISENTRESS HD.....	52
INSULIN SYRINGES/0.5ML/30GX5/16"	217	INSUPEN ULTRAFIN 30GX8MM	217	<i>isoniazid</i>	42
INSULIN SYRINGES/0.5ML/31GX 5/16".....	217	INSUPEN ULTRAFIN 31GX6MM	217	ISOPROPYL ALCOHOL WIPES..	75
INSULIN SYRINGES/0.5ML/31GX5/16"	217	INSUPEN ULTRAFIN 31GX8MM	217	ISOPTO ATROPINE.....	274
INSULIN SYRINGES/1ML/27GX1/2" ..	217	INSUPEN ULTRAFIN 31GX8MM	217	ISOPTO CARPINE.....	274
INSULIN SYRINGES/1ML/27GX1/2"	217	INTELENCE.....	52	ISORDIL TITRADOSE.....	13
INSULIN SYRINGES/1ML/28GX1/2"	217	INTELISWAB COVID-19 RAPID TEST.....	82	<i>isosorbide dinitrate</i>	13
INSULIN SYRINGES/1ML/29GX1/2"	217	INTERMEZZO.....	97	<i>isosorbide dinitrate-hydralazine hcl</i>	57
INSULIN SYRINGES/1ML/30GX1/2"	217	INTRALIPID.....	273	<i>isosorbide mononitrate</i>	13
INSULIN SYRINGES/1ML/31GX5/16" ..	217	INTRAROSA.....	290	<i>isotretinoin</i>	65
		INTUNIV.....	1	<i>isoxsuprine hcl</i>	57
		INVEGA.....	49	<i>isradipine</i>	56
		INVEGA HAFYERA.....	49	ISTALOL.....	273
		INVEGA SUSTENNA.....	49	ISTURISA.....	87
		INVEGA TRINZA.....	49	<i>itraconazole</i>	32
		INVELTYS.....	276	<i>ivermectin</i>	13
		INVIRASE.....	52	<i>ivermectin (pediculicide)</i>	76
		INVOKAMET.....	26	<i>ivermectin (rosacea)</i>	76
		INVOKAMET XR.....	26	IXINITY.....	94
		INVOKANA.....	30	J & J GAUZE 4"X4" 12 PLY.....	102
		IOPIDINE.....	274	J & J GAUZE 4"X4" 8 PLY.....	102
		IPOL INACTIVATED IPV.....	290	J & J GAUZE SPONGES 12-PLY 4" X 4"	102
		<i>ipratropium bromide</i>	15	J & J GAUZE SPONGES 16-PLY 4" X 4"	102

J & J GAUZE SPONGES 8-PLY4" X 4".....	102	KAMELEON LUBRICATED.....	110	KEVZARA.....	4
J & J TOURNIQUET 36"X3/4" 173		KANESON BREAST PUMP/NURSER.....	173	KIMONO COLORS.....	110
JADENU.....	31	KANGAROO RIGID CONTAINERPUMP SET 1200ML	173	KIMONO LUBRICATED.....	110
JADENU SPRINKLE.....	31	KAPSPARGO SPRINKLE.....	55	KIMONO MICRO THIN.....	110
JAKAFI.....	45	KATERZIA.....	56	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	110
JALYN.....	94	KAZANO.....	26	KIMONO PLUS SPERMICIDE LUBRICATED.....	110
JANUMET.....	26	KEFLEX.....	58	KIMONO PLUS SPERMICIDE/LUBRICATED....	110
JANUMET XR.....	26	KEGEL BALL TRAINER.....	173	KIMONO PS LUBRICATED.....	110
JANUVIA.....	28	KENALOG.....	72	KIMONO PS PLUS SPERMICIDE/LUBRICATED....	110
JAR/8OZ/WHITE LID.....	173	KENDALL HYDROPHILIC FOAMDRESSING 4"X4"	102	KIMONO SENSATION LUBRICATED.....	110
JARDIANCE.....	30	KEPPRA.....	20	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	110
JENTADUETO.....	26	KEPPRA XR.....	20	KIMONO SPECIAL.....	110
JENTADUETO XR.....	26	KERALAC.....	73	KINDERLYTE.....	257
JIVI.....	95	KERENDIA.....	89	KINDERLYTE PREMAX.....	257
JOHNSON & JOHNSON ANTISEPTIC WIPES.....	173	KERLIX SPONGES 4" X 4" 12 PLY	102	KINERET.....	4
JOHNSON & JOHNSON INSTANTCOLD PACK.....	173	KERLIX SPONGES 4" X 4" 16 PLY	102	KINNEY LANCETS.....	132
JOHNSONS SAFETY SWABS... 173		KERYDIN.....	67	KINNEY THIN LANCETS.....	132
JORNAY PM.....	2	KESIMPTA.....	281	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	217
JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE.....	173	<i>ketoconazole</i>	33	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	217
JOURNEY SERIES ROLLING WALKER/4205RD/RED.....	173	<i>ketoconazole (topical)</i>	67	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	217
JUBLIA.....	67	KETODAN KIT.....	67	KINRAY INSULIN SYRINGE SYRINGE/0.5ML/29G X 1/2" .	217
JUG AMBER GLASS 4L/POLYSEAL CAP/LONG.....	173	KETONE.....	82	KINRIX.....	284
JULUCA.....	52	KETONE TEST STRIPS.....	82	KISQALI.....	45
JUXTAPID.....	36	<i>ketoprofen</i>	5	KISQALI FEMARA 200 DOSE....	44
JYNARQUE.....	89	<i>ketorolac tromethamine</i>	5		
KADIAN.....	8	KETOROLAC TROMETHAMINE..	5		
KALBITOR.....	95	<i>ketorolac tromethamine (ophth)</i>	277		
KALETRA.....	52	KETOSTIX.....	82		
KALYDECO.....	282	KEVEYIS.....	86		

KISQALI FEMARA 400 DOSE....44	KROGER BLOOD PRESSURE MONITOR/AUTOMATIC.....108	KROGER LANCETS..... 132
KISQALI FEMARA 600 DOSE....44	KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST.... 108	KROGER LANCETS 21G.....132
KITABIS PAK..... 3	KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC..... 108	KROGER LANCETS MICRO THIN33G..... 132
KLARON..... 65	KROGER GLUCOSE..... 27	KROGER LANCETS SUPER THIN .....132
KLONOPIN..... 19	KROGER HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM..... 132	KROGER LANCETS THIN..... 132
KLOXXADO.....31	KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW..... 132	KROGER LANCETS THIN 26G.132
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G..... 217	KROGER HEALTHPRO GLUCOSETEST STRIPS..... 82	KROGER LANCETS ULTRATHIN30G..... 132
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G..... 217	KROGER HEALTHPRO TWIST LANCETS/26G..... 132	KROGER LANCING DEVICE.... 132
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G..... 217	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2". 218	KROGER PEN NEEDLES 29G X12MM..... 218
KMART VALU PLUS INSULIN SYRINGE/1ML/29G..... 217	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" .....218	KROGER PEN NEEDLES 31G X8MM..... 218
KMART VALU PLUS INSULIN SYRINGE/1ML/30G..... 218	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" .....218	KROGER PEN NEEDLES 31GX1/4"..... 218
KOATE.....95	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2". 218	KROGER PEN NEEDLES/31G X1/4"..... 218
KOATE-DVI.....95	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" .....218	KROGER PEN NEEDLES/31G X3/16"..... 218
KOGENATE FS..... 95	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" .....218	KROGER PEN NEEDLES/31G X5/16"..... 218
KOMBIGLYZE XR..... 26	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2". 218	KROGER PEN NEEDLES/32G X5/32"..... 218
KONSYL DAILY FIBER.....98	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" .....218	KROGER PEN NEEDLES/33G X5/32"..... 218
KONSYL ORIGINAL DAILY FIBER .....98	KROGER INSULIN SYRINGE/1ML/29G X 1/2".... 218	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT. 132
KORLYM.....27	KROGER INSULIN SYRINGE/1ML/30G X 5/16".. 218	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS..... 82
KOSELUGO.....45	KROGER INSULIN SYRINGE/1ML/31G X 5/16" .....218	KROGER TEST STRIPS..... 82
KOVALTRY.....95	KROGER INSULIN SYRINGE/1ML/29G X 1/2".... 218	K-TAB..... 258
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH..... 263	KROGER INSULIN SYRINGE/1ML/30G X 5/16".. 218	KUVAN..... 88
K-PHOS NO 2..... 93	KROGER INSULIN SYRINGE/1ML/31G X 5/16".. 218	K-Y ME & YOU EXTRA LUBRICATED..... 110
KRINTAFEL..... 41		K-Y ME & YOU INTENSE..... 110
KROGER AUTOLET LANCING DEVICE..... 132		
KROGER BLOOD GLUCOSE MONITORING KIT..... 132		
KROGER BLOOD GLUCOSE TESTSTRIPS..... 82		

KYLEENA.....	61	LAMISIL AT.....	67	LANCING DEVICE ADJUSTABLE	.....133
KYNMOBI.....	47	LAMISIL AT JOCK ITCH.....	67	LANREOTIDE ACETATE.....	89
L.O.S. YANKAUER HOLDER....	173	<i>lamivudine</i>	52	LANSINOH BREASTFEEDING	
LAB COAT/DISPOSABLE.....	174	<i>lamivudine (hbv)</i>	54	PILLOW.....	174
LAB COAT/DISPOSABLE/LARGE		<i>lamivudine-zidovudine</i>	52	LANSINOH BREASTMILK	
.....	174	<i>lamotrigine</i>	20	COLLECTOR.....	174
LAB		LAMPIT.....	40	LANSINOH EXTRA PUMPING SET	.....174
COAT/DISPOSABLE/MEDIUM		LANCET DEVICE ADJUSTABLE	.....132	LANSINOH MANUAL BREAST	
.....	174	LANCET DEVICE WITH EJECTOR	.....132	PUMP.....	174
LAB COAT/DISPOSABLE/SMALL		LANCET TRANSPORTER CASE	132	LANSINOH POSTPARTUM	
.....	174	LANCETS.....	132	WASHBOTTLE.....	174
LAB COAT/DISPOSABLE/X-		LANCETS 26G TWIST TOP....	132	LANSINOH PUMP ADAPTERS	174
LARGE.....	174	LANCETS 28G.....	132	LANSINOH SMART PUMP	
LAB COAT/DISPOSABLE/XX-		LANCETS 30G.....	132	TOTEBAGS.....	174
LARGE.....	174	LANCETS 30G TWIST TOP....	132	LANSINOH SMARTPUMP 2.0	174
<i>labetalol hcl</i>	55	LANCETS 30G/TWIST TOP....	133	LANSINOH SMARTPUMP	
LAC-HYDRIN TWELVE.....	73	LANCETS 31G TWIST TOP....	133	DOUBLEELECTRIC.....	174
<i>lacosamide</i>	20	LANCETS 33G EXTRA FINE....	133	LANSINOH SMARTPUMP	
LACRISERT.....	273	LANCETS 33G UNIVERSAL		DOUBLEELECTRIC BREAST	
LACTAID.....	85	DESIGN.....	133	PUMP.....	174
<i>lactase</i>	85	LANCETS MICRO THIN 33G...	133	<i>lansoprazole</i>	285,286
<i>lactic acid (ammonium lactate)</i>		LANCETS SAFETY SEAL 21G...	133	<i>lanthanum carbonate</i>	93
.....	73,74	LANCETS SAFETY SEAL 26G...	133	LANTUS.....	29
<i>lactulose (encephalopathy)</i>	92	LANCETS SAFETY SEAL 28G...	133	LANTUS SOLOSTAR.....	29
LADYCARE MENOPAUSE.....	174	LANCETS SAFETY SEAL 30G...	133	LANZO.....	133
LAMICTAL.....	20	LANCETS SUPER THIN 28G....	133	<i>lapatinib ditosylate</i>	45
LAMICTAL CHEWABLE		LANCETS THIN.....	133	LASIX.....	86
DISPERSIBLE.....	20	LANCETS TWIST TOP.....	133	LASTACAFIT.....	277
LAMICTAL ODT.....	20	LANCETS ULTRA FINE.....	133	<i>latanoprost</i>	277
LAMICTAL STARTER/NOT		LANCETS ULTRA THIN.....	133	LATCH ASSIST NIPPLE EVERTER	.....174
TAKING CARBAMAZEPINE.....	20	LANCETS ULTRA THIN 30G...	133	LATUDA.....	48
LAMICTAL STARTER/TAKING		LANCETS BULLSEYE SAFETY...	133	LEADER ADVANCED LANCING	
CARBAMAZEPINE/NOT TAKING		LANCING DEVICE.....	133	DEVICE.....	133
VALPROATE.....	20			LEADER GLUCOSE.....	27
LAMICTAL STARTER/TAKING					
VALPROATE.....	20				
LAMICTAL XR.....	20				

LEADER INSULIN SYRINGE/0.3ML/29G X 1/2". 218	<i>leflunomide</i>.....6	<i>levonorgestrel-ethinyl estradiol (91-day)</i> 60
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" .....218	LEMTRADA..... 281	<i>levonorgestrel-ethinyl estradiol (continuous)</i>.....60
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" .....218	<i>lenalidomide</i>.....258	<i>levorphanol tartrate</i> 8
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2". 218	LENVIMA 10 MG DAILY DOSE.43	<i>levothyroxine sodium</i> 283,284
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2". 218	LENVIMA 12MG DAILY DOSE..43	LEVSIN..... 284
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" .....218	LENVIMA 14 MG DAILY DOSE.43	LEVSIN/SL..... 284
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" .....218	LENVIMA 18 MG DAILY DOSE.43	LEVULAN KERASTICK..... 68
LEADER INSULIN SYRINGE/1ML/28G X 1/2" 218	LENVIMA 20 MG DAILY DOSE.43	LEXAPRO.....24
LEADER INSULIN SYRINGE/1ML/29G X 1/2" 218	LENVIMA 24 MG DAILY DOSE.43	LEXETTE..... 72
LEADER INSULIN SYRINGE/1ML/30G X 5/16".. 218	LENVIMA 4 MG DAILY DOSE...43	LEXIVA..... 52
LEADER INSULIN SYRINGE/1ML/31G X 5/16".. 218	LENVIMA 8 MG DAILY DOSE...43	LIALDA..... 92
LEADER QUICK DISSOLVE GLUCOSE..... 27	LEQVIO..... 36	LIBERTY BLOOD GLUCOSE METER..... 133
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" .....219	LESCOL XL..... 35	LIBERTY CONTROL SOLUTION HIGH..... 133
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" .....219	LETAIRIS.....57	LIBERTY GLUCOSE CONTROL MID.....133
LEADER UNIFINE PENTIPS/MINI/31GX3/16"... 219	<i>letrozole</i>.....44	LIBERTY MEDICAL LANCETS 30G.....133
LEADER UNIFINE PENTIPS/NANO/32GX5/32". 219	<i>leucovorin calcium</i>.....46	LIBERTY MINI LANCING DEVICE.....133
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"... 219	LEUKERAN..... 42	LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR.133
LEDIPASVIR/SOFOSBUVIR.....54	LEUKINE.....96	LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS82
	<i>levalbuterol hcl</i> 17	LIBERTY TEST STRIPS.....82
	<i>levalbuterol tartrate</i>.....17	LIBRAX..... 285
	<i>levamlodipine maleate</i> 56	LICART..... 68
	LEVBID..... 284	<i>lidocaine</i> 74
	LEVEMIR..... 29	<i>lidocaine hcl</i>.....74
	LEVEMIR FLEXTOUCH..... 29	<i>lidocaine hcl (mouth-throat)</i> 259
	<i>levetiracetam</i> 21	LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE..... 11
	<i>levobunolol hcl</i> 273	
	<i>levocarnitine (metabolic modifiers)</i> 88	
	<i>levofloxacin</i> 90	
	<i>levofloxacin (ophth)</i>.....274	
	<i>levonorgestrel & eth estradiol</i> 59	
	<i>levonorgestrel (emergency oc)</i> .....61	
	<i>levonorgestrel-eth estradiol (triphasic)</i> 59	

<i>lidocaine-hydrocortisone acetate (rectal)</i>	11	LITEAIRE.....	248	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	219
<i>lidocaine-prilocaine</i>	74	LITETOUCH INSULIN NEEDLES/32G X 4MM/MINI.	219	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	219
LIDODERM.....	74	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" .	219	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	219
LIDOREX.....	74	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	219	LITETOUCH LANCETS MICRO THIN 33G.....	133
LIDOTIN.....	281	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	219	LITETOUCH MASK LARGE.....	248
LIFESCAN UNISTIK 2 DEEP PENETRATION.....	133	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	219	LITETOUCH MASK MEDIUM.	248
LIFESCAN UNISTIK II LANCETS.....	133	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	219	LITETOUCH MASK SMALL.....	248
LILETTA.....	61	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" ..	219	LITETOUCH PEN NEEDLES 29GX12.7MM.....	219
<i>lindane</i>	76	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	219	LITETOUCH PEN NEEDLES 31G X 6MM.....	219
<i>linezolid</i>	41	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	219	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	219
LINZESS.....	92	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	219	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	219
<i>liothyronine sodium</i>	284	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	219	LITETOUCH PEN NEEDLES/31G X 3/16".....	219
LIPITOR.....	35	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	219	LITETOUCH PEN NEEDLES/31G X 5MM/MINI.....	220
LIPOFEN.....	35	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	219	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	220
LIPRITIN.....	281	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	219	<i>lithium carbonate</i>	48
LIPRITIN II.....	281	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	219	LITHIUM CITRATE TETRAHYDRATE.....	59
<i>lisinopril</i>	36	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	219	LITHOBID.....	48
<i>lisinopril & hydrochlorothiazide</i>	38	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	219	LITHOSTAT.....	94
LISTERINE HEALTHY WHITE VIBRANT.....	260	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	219	LITTLE REMEDIES SALINE SPRAY/DROPS.....	272
LISTERINE NATURALS WITH FLUORIDE.....	260	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	219	LIVALO.....	35
LISTERINE SMART RINSE.....	260	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	219	LIVE BETTER ADVANCED LANCING DEVICE.....	134
LISTERINE SMART RINSE ANTICAVITY.....	260	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	219		
LISTERINE TOTAL CARE.....	260	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	219		
LISTERINE TOTAL CARE PLUSWHITENING.....	260				
LISTERINE WHITENING/RESTORING.....	260				
LITE TOUCH LANCETS.....	133				
LITE TOUCH LANCING PEN...	133				

LIVE BETTER LANCET SUPERTHIN 30G.....	134	LORBRENA.....	45	LUPKYNIS.....	259
LIVE BETTER LANCET ULTRATHIN 28G.....	134	LOREEV XR.....	14	LUTEIN PLUS/ZEAXANTHIN..	264
LIVER DETOX.....	263	LORTAB.....	10	LUXIQ.....	72
LIVTENCITY.....	53	<i>losartan potassium</i>	37	LUZU.....	67
LMA MAD NASAL.....	174	<i>losartan potassium & hydrochlorothiazide</i>	38	LYBALVI.....	280
LO LOESTRIN FE.....	60	LOSEASONIQUE.....	60	LYDEXA.....	74
LOCOID.....	72	LOTEMAX.....	276	LYNPARZA.....	45
LOCOID LIPOCREAM.....	72	LOTEMAX SM.....	276	LYRICA.....	21
LODOSYN.....	46	LOTENSIN.....	36	LYRICA CR.....	281
LOKELMA.....	259	LOTENSIN HCT.....	38	LYSODREN.....	44
LOMOTIL.....	31	<i>loteprednol etabonate</i>	276	LYUMJEV.....	29
LONGS GLUCOSE.....	27	LOTREL.....	39	LYUMJEV KWIKPEN.....	29
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	220	LOTRONEX.....	92	LYVISPAH.....	271
LONGS LANCETS STANDARD	134	<i>lovastatin</i>	35	MACROBID.....	41
LONGS LANCETS THIN.....	134	LOVAZA.....	34	MACRODANTIN.....	41
LONGS LANCETS ULTRA THIN	134	LOVENOX.....	18,19	MACULAR VITAMIN BENEFIT	264
LONHALA MAGNAIR REFILL KIT	15	<i>loxapine succinate</i>	49	MAD NASAL.....	174
LONHALA MAGNAIR STARTER KIT.....	15	<i>lubiprostone</i>	91	MAD NASAL INTRANASAL MUCOSAL ATOMIZATION DEVICE.....	174
LONSURF.....	44	LUCEMYRA.....	279	<i>mafenide acetate</i>	69
<i>loperamide hcl</i>	31	LUCIRA CHECK IT COVID-19TEST KIT.....	82	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	220
LOPID.....	35	LUCIRA COVID-19 ALL-IN-ONE TEST KIT.....	82	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	220
<i>lopinavir-ritonavir</i>	52	<i>luliconazole</i>	67	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	220
LOPRESSOR.....	55	LULLABY DOUBLE ELECTRIC BREAST PUMP.....	174	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	220
LOPRESSOR HCT.....	38	LUMAKRAS.....	45	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	220
LOPROX.....	67	LUMBAR CUSHION.....	174		
LOPROX KIT.....	67	LUMBAR SUPPORT CUSHION	174		
LOPROX SHAMPOO.....	67	LUMIGAN.....	277		
<i>loratadine</i>	34	LUNESTA.....	97		
<i>lorazepam</i>	14	LUNG PERFORMANCE PEAK FLOW METER.....	248		

MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	220	MATTRESS PAD/35"X74"/EGGCRATE 2".175	175	MAZERUSTAR KK-250S/KK-300SS	
<i>magnesium</i>	257	MATTRESS PAD/35"X74"/EGGCRATE 3".175	175	MIXER/STANDARD MIXING CONTAINER.....	175
<i>magnesium citrate</i>	99	MATTRESS PAD/35"X74"/EGGCRATE 4".175	175	<i>meclizine hcl</i>	32
<i>magnesium hydroxide</i>	99	MATULANE.....	46	<i>meclofenamate sodium</i>	5
<i>magnesium oxide</i>	12	MAVENCLAD.....	281	MEDELA ADVANCED PERSONALDOUBLE BREAST PUMP.....	175
<i>magnesium oxide (mg supplement)</i>	257	MAVYRET.....	54	MEDELA LACTINA DOUBLE PUMPING KIT.....	175
<i>magnesium sulfate</i>	257	MAXALT.....	255	MEDELA PUMP IN STYLE ADVANCED STARTER SET.....	175
MAGNESIUM SULFATE.....	257	MAXALT-MLT.....	255	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	220
MAGNIFIER HANDS-FREE.....	174	MAXICOMFORT II PEN NEEDLES/31G X 1/4".....	220	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	220
MAGOX 400.....	257	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2".....	220	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	134
MAKENA.....	279	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2".....	220	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	134
MALARONE.....	41	MAXI-COMFORT INSULIN SYRINGES 27G X 1/2".....	220	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	134
<i>malathion</i>	76	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16".....	220	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW... 134	134
MARATHON MEDICAL PENTIPS29GX12MM.....	220	MAXIDEX.....	276	MEDICHOICE SAFETY LANCETEXTRA.....	134
MARATHON MEDICAL PENTIPS31GX5MM.....	220	MAXITROL.....	276	MEDICHOICE SAFETY LANCETNORMAL.....	134
MARATHON MEDICAL PENTIPS31GX8MM.....	220	MAXX LUBRICATED.....	110	MEDICINE DROPPER.....	175
MARATHON MEDICAL PENTIPS32GX4MM.....	220	MAXX PLUS SPERMICIDE LUBRICATED.....	110	MEDICINE DROPPER/CALIBRATED.....	175
<i>maraviroc</i>	52	MAXZIDE.....	86	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM.....	220
MARINOL.....	32	MAXZIDE-25.....	86	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM.....	220
MARPLAN.....	23	MAYZENT.....	281		
MASSAGER MULTI-PURPOSE/RECHARGEABLE... 174	174	MAYZENT STARTER PACK.....	281		
MASSAGER/2 SPEED.....	174	MAZERUSTAR KK-250S/KK-300SS			
MASSAGER/FIVE IN ONE/HEAT.....	174	MIXER/DISPOSABLE MIXING CONTAINER.....	175		
MASSAGER/SWEDISH/1 SPEED.....	174				
MATTRESS COVER/DELUXE.. 175	175				
MATTRESS COVER/ECONOMY.....	175				

MEDICINE SHOPPE PEN NEEDLES 31G X 8MM.....	220	MEDLANCE/UNIVERSAL.....	135	UNIVERSAL30G.....	135
MEDICINE SPOON.....	175	MEDPURA ALCOHOL PADS.....	75	MEIJER LANCETS UNIVERSAL33G.....	135
MEDI-COOLER.....	175	MEDROL.....	62	MEIJER PEN NEEDLES 29G X12MM.....	220
MEDI-FRIDGE IIX.....	175	MEDROL DOSEPAK.....	62	MEIJER PEN NEEDLES 31G X6MM.....	221
MEDI-RDT BLISTER PACKS/LABELS & SLEEVE.....	175	<i>medroxyprogesterone acetate</i>	279	MEIJER PEN NEEDLES 31G X8MM.....	221
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- LOW,1-MED,1 HIGH.....	134	<i>medroxyprogesterone acetate</i> (<i>contraceptive</i>).....	61	MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT. 135	
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- NORMAL.....	134	<i>mefenamic acid</i>	5	MEIJER PREMIUM BLOOD GLUCOSE TEST STRIPS.....	82
MEDISENSE HIGH/LOW CONTROL SOLUTION.....	134	<i>mefloquine hcl</i>	42	MEIJER SUPER THIN LANCETS	135
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION.....	134	MEGA MULTI FOR MEN.....	264	MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM.....	135
MEDISENSE MID CONTROL SOLUTION.....	134	MEGA MULTI FOR WOMEN..	264	MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM.....	135
MEDISENSE THIN LANCETS...	134	MEGAVITE FRUITS & VEGGIES	264	MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS.....	82
MEDLANCE PLUS EXTRA LANCETS 21G.....	134	MEGAVITE GOLDEN YEARS 55+	264	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT. 135	
MEDLANCE PLUS LANCETS... 134		<i>megestrol acetate</i>	44	MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS.....	82
MEDLANCE PLUS LANCETS LITE 25G.....	134	<i>megestrol acetate (appetite)</i>	279	MEKINIST.....	45
MEDLANCE PLUS LITE LANCETS 25G.....	134	MEIJER ALCOHOL SWABS EXTRA-THICK.....	175	MEKTOVI.....	45
MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	134	MEIJER BLOOD GLUCOSE MONITORING KIT.....	135	<i>meloxicam</i>	5
MEDLANCE PLUS SUPERLITE 30G.....	134	MEIJER BLOOD GLUCOSE TESTSTRIPS.....	82	<i>melphalan</i>	42
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	134	MEIJER COLOR LANCETS UNIVERSAL 33G.....	135	<i>memantine hcl</i>	280
MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	134	MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM.....	135	MENACTRA.....	288
MEDLANCE PLUS/LITE 25G... 134		MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS.....	82	MENEST.....	90
MEDLANCE/EXTRA.....	134	MEIJER GLUCOSE.....	27	MENOSTAR.....	90
MEDLANCE/LITE.....	135	MEIJER LANCETS.....	135	MENQUADFI.....	288
		MEIJER LANCETS THIN.....	135	MENS 50+ MULTI VITAMIN &MINERAL FORMULA.....	264
		MEIJER LANCETS UNIVERSAL21G.....	135		
		MEIJER LANCETS			

MENS MULTI VITAMIN & MINERAL FORMULA.....	264	<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal.....</i>	40	<i>miconazole nitrate (topical)...</i>	67
MENS MULTIVITAMIN.....	264	<i>methimazole.....</i>	283	<i>miconazole nitrate vaginal...</i>	290
MENTAX.....	67	METHITEST.....	11	<i>miconazole-zinc oxide-white petrolatum.....</i>	67
MENVEO.....	288	<i>methocarbamol.....</i>	271	MICRHOGAM ULTRA-FILTEREDPLUS.....	278
<i>meperidine hcl.....</i>	8	<i>methotrexate sodium.....</i>	43	MICROCHAMBER.....	248
<i>meprobamate.....</i>	13	<i>methoxsalen rapid.....</i>	69	MICROCLENS WALL MOUNT BRACKET.....	175
MEPRON.....	40	<i>methscopolamine bromide...</i>	285	MICRODOT BLOOD GLUCOSE MONITORING SYSTEM.....	135
<i>mercaptapurine.....</i>	43	METHYLCELLULOSE.....	279	MICRODOT CONTROL SOLUTIONHIGH/LOW.....	135
<i>mesalamine.....</i>	92	<i>methylcellulose (laxative).....</i>	98	MICRODOT PEN NEEDLE/31G X 6 MM.....	221
<i>mesalamine w/ cleanser.....</i>	92	METHYLIN.....	2	MICRODOT PEN NEEDLE/32G X 4 MM.....	221
MESNEX.....	46	<i>methylphenidate.....</i>	2	MICRODOT PEN NEEDLE/33G X 4 MM.....	221
MESTINON.....	42	<i>methylphenidate hcl.....</i>	2	MICRODOT TEST STRIPS.....	82
MESTINON TIMESPAN.....	42	METHYLPHENIDATE HYDROCHLORIDE ER.....	2	MICRODOT XTRA TEST STRIPS	82
METAL REACHER/27"	175	<i>methylprednisolone.....</i>	62	MICROELITE FILTER REPLACEMENTS.....	248
METAL REACHER/32"	175	<i>methyltestosterone.....</i>	11	MICROELITE RECHARGEABLE BATTERY.....	248
METAMUCIL.....	98	<i>metoclopramide hcl.....</i>	91	MICROLET LANCETS.....	135
METAMUCIL ORIGINAL TEXTURE.....	98	METOCLOPRAMIDE ODT.....	91	MICROLET NEXT.....	135
<i>metaxalone.....</i>	271	<i>metolazone.....</i>	87	MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC.....	108
METERED NASAL SPRAY PUMP15ML/SAFETY CLIP.....	175	<i>metoprolol & hydrochlorothiazide.....</i>	39	MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST.....	108
<i>metformin hcl.....</i>	26	<i>metoprolol succinate.....</i>	55	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
<i>methadone hcl.....</i>	8	<i>metoprolol tartrate.....</i>	55	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
METHADOSE.....	8	METROCREAM.....	76	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
METHADOSE SUGAR-FREE.....	8	METROGEL.....	76	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
<i>methamphetamine hcl.....</i>	1	METROLOTION.....	76	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
<i>methazolamide.....</i>	86	<i>metronidazole.....</i>	40	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
<i>methenamine hippurate.....</i>	41	<i>metronidazole (topical).....</i>	76	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
<i>methenamine mandelate.....</i>	41	<i>metronidazole vaginal.....</i>	290	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
<i>methenamine-hyoscamine-methylene blue-sodium phosphate.....</i>	40	<i>metirosine.....</i>	37	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC.....	108
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal...40</i>		<i>mexiletine hcl.....</i>	14	MICARDIS.....	37
		MICARDIS.....	37	MICARDIS HCT.....	39
		MICARDIS HCT.....	39	MICATIN.....	67
		MICATIN.....	67		

IC DELUXE.....	108	MINIPRESS.....	37	EMIXING ADAPTER.....	176
MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR	108	MINIVELLE.....	90	MIXER/MAZRUSTAR/MD PUMP MIXING ADAPTER.....	176
MICROLIFE DELUXE BLOOD PRESSURE MONITOR.....	108	<i>minocycline hcl</i>	283	MIXING/MAZERUSTAR/EMP/JA R MIXING ADAPTER/15ML-50ML.....	176
MICROLIFE DIGITAL PEAK FLOW METER.....	248	MINOLIRA.....	283	MM EASY TOUCH BLOOD GLUCOSE METER.....	135
MICROSPACER.....	248	<i>minoxidil</i>	39	MM EASY TOUCH GLUCOSE TEST STRIPS.....	82
<i>midazolam hcl</i>	97	MIRALAX.....	98	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	221
<i>midodrine hcl</i>	291	MIRALAX MIX-IN PAX.....	99	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	221
MIFEPREX.....	89	MIRAPEX.....	47	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16".....	221
<i>mifepristone</i>	89	MIRAPEX ER.....	47	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16".....	221
<i>miglitol</i>	25	MIRASORB SPONGES 4" X 4"	102	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	221
MIGRANAL.....	255	MIRCERA.....	96	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	221
MILLIPRED.....	62	MIRCETTE.....	60	MM LANCING DEVICE.....	135
MINASTRIN 24 FE.....	60	MIRENA.....	61	MM PEN NEEDLES 31G X 1/4"	221
MINI DIFFUSER/COOL		<i>mirtazapine</i>	23	MM PEN NEEDLES 31G X 3/16"	221
MIST/ESSENTIAL OIL.....	175	MIRVASO.....	76	MM PEN NEEDLES 31G X 5/16"	221
MINI LANCING DEVICE.....	135	<i>misc. devices</i>	175	MM PEN NEEDLES 32G X 5/32"	221
MINI Mallet 3/4" PLASTIC/NON-MARRING.....	175	<i>misoprostol</i>	287	MM TWIST LANCETS.....	135
MINI TRANSFER PIN.....	175	MISTASSIST.....	249	M-M-R II.....	290
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE....	248	MITIGARE.....	94		
MINI WRIGHT PEAK FLOW METER.....	248	MIXER/MAZERUSTAR KK-250S/KK-300SS/STANDARD MIXING CONTAINER.....	175		
MINI WRIGHT PEAK FLOW METER STANDARD RANGE...	249	MIXER/MAZERUSTAR KK-250S/KK-300SS/YELLOW STD MIX CONTAINER.....	175		
MINIELITE FILTER REPLACEMENTS.....	249	MIXER/MAZERUSTAR KK-300SS/STANDARD/MIXING CONTAINER FOR EMP.....	175		
MINIELITE RECHARGEABLE BATTERY.....	249	MIXER/MAZERUSTAR KK-400W/STANDARD/MIXING CONTAINER.....	176		
MINILINK REAL-TIME TRANSMITTER.....	135	MIXER/MAZERUSTAR/EMP/JAR MIXING ADAPTER/100ML....	176		
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT.....	135	MIXER/MAZERUSTAR/EMP/JAR MIXING/ADAPTER SET/15ML-50ML/100ML.....	176		
		MIXER/MAZERUSTAR/UNODOS			

MN8.....	176	.....	176	COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4"	177
M-NATAL PLUS.....	268	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/4ML	177	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/19GX3/4"	177
MOBIC.....	5	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/5ML	177	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/21GX3/4"	177
<i>modafinil</i>	2	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/10ML..	177	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/23GX3/4"	177
<i>moexipril hcl</i>	36	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML..	177	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4"	177
MOIST-SURE REPLACEMENT COVER/LARGE/14" X 27".....	176	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/2ML....	177	MONOJECT BLOOD TUBE HOLDER.....	178
MOIST-SURE REPLACEMENT COVER/MEDIUM/14" X 14".....	176	MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML.....	177	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1".....	221
MOIST-SURE REPLACEMENT COVER/PETITE/4" X 17".....	176	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4"	177	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8".....	221
MOISTUREPLUS COVER/LARGE/14" X 27".....	176	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/21GX3/4"	177	MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8".....	221
MOISTUREPLUS COVER/MEDIUM/14" X 14".....	176	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4"	177	MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	221
MOISTUREPLUS COVER/PETITE/4" X 17".....	176	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4"	177	MONOJECT INSULIN SYRINGE/1ML.....	221
<i>molindone hcl</i>	50	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4"	177	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	221
<i>mometasone furoate</i>	72	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/21GX3/4"	177	MONOJECT INSULIN SYRINGE/DETACH	
<i>mometasone furoate (nasal)</i>	272	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4"	177		
MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML	176	MONOJECT BLOOD			
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML	176				
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/5ML..	176				
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML	176				
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/3ML	176				
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/10ML.....	176				
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/2ML	176				
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/3ML	176				

NEEDLE/1ML/25G X 5/8".....	221	MONOJECT INSULIN	MONOJECT ULTRA COMFORT
MONOJECT INSULIN		SYRINGE/REGULAR LUER	INSULIN SYRINGE/0.5ML/28G X
SYRINGE/DETACH		TIP/SOFTPACK/1ML.....	1/2".....
NEEDLE/1ML/27G X 1/2".....	221	MONOJECT LUER ADAPTER..	222
MONOJECT INSULIN		MONOJECT MAGELLAN	MONOJECT ULTRA COMFORT
SYRINGE/PERM		SAFETYNEEDLE 23GX1".....	INSULIN SYRINGE/0.5ML/29G X
NEEDLE/1ML/28G X 1/2".....	221	MONOJECT MAGELLAN	1/2".....
MONOJECT INSULIN		SAFETYNEEDLE 25GX5/8".....	223
SYRINGE/PERM		MONOJECT MAGELLAN	MONOJECT ULTRA COMFORT
NEEDLE/U-100/0.5ML/28G X		SYRINGE/SAFETY	INSULIN SYRINGE/0.5ML/30G X
1/2".....	221	NEEDLE/3ML/20G X 1".....	5/16".....
MONOJECT INSULIN		MONOJECT MULTI-SAMPLE	223
SYRINGE/SAFETY/PERM		COLLECTION	MONOJECT ULTRA COMFORT
NEEDLE/0.3ML/29G X 1/2" ..	221	SET/HOLDER/SAFETY CAP/MALE	INSULIN SYRINGE/1ML/28G X
MONOJECT INSULIN		.....	1/2".....
SYRINGE/SAFETY/PERM		MONOJECT MULTI-SAMPLE	223
NEEDLE/0.3ML/29GX1/2"	222	COLLECTION SET/TUBE	MONOJECT ULTRA COMFORT
MONOJECT INSULIN		HOLDER/MALE.....	INSULIN SYRINGE/1ML/29G X
SYRINGE/SAFETY/PERM		.....	1/2".....
NEEDLE/0.5ML/29G X 1/2" ..	222	MONOJECT STANDARD	223
MONOJECT INSULIN		HYPODERMIC	MONOLET LANCETS.....
SYRINGE/SAFETY/PERM		NEEDLE/POLYPROPYLENE/23GX	135
NEEDLE/1ML/29G X 1/2".....	222	1".....	MONOLET OPD LANCETS.....
MONOJECT INSULIN		MONOJECT STANDARD	135
SYRINGE/SOFTPACK/1ML/27G X		HYPODERMIC	MONOLETTOR SAFETY LANCETS
1/2".....	222	NEEDLE/POLYPROPYLENE/25GX	.....
MONOJECT INSULIN		5/8".....	136
SYRINGE/SAFETY/PERM		MONOJECT SYRINGE/LUER	<i>montelukast sodium</i>
NEEDLE/1ML/29G X 1/2".....	222	LOCK/3ML/20G X 1".....	15
MONOJECT INSULIN		MONOJECT	MONUROL.....
SYRINGE/SOFTPACK/U-100/0.5		SYRINGE/STANDARDHYPODER	41
ML/28G X 1/2".....	222	MIC NEEDLE/3ML/20GX1"...	MORGIDOX 1X100MG.....
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	283
SYRINGE/U-100/0.3ML/30G X		INSULIN SYRINGE/0.3ML/29G X	MORGIDOX 2X100MG.....
5/16".....	222	1/2".....	283
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	<i>morphine sulfate</i>
SYRINGE/U-100/0.5ML/30G X		INSULIN SYRINGE/0.3ML/30G X	8
5/16".....	222	5/16".....	<i>morphine sulfate beads</i>
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	8
SYRINGE/U-100/1ML/28G X		INSULIN SYRINGE/0.3ML/30G X	MOTTEGRITY.....
1/2".....	222	5/16".....	90
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	MOTRIN INFANTS DROPS.....
SYRINGE/U-100/1ML/30G X		INSULIN SYRINGE/0.3ML/31G X	5
5/16".....	222	5/16".....	MOUNJARO.....
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	28
SYRINGE/U-100/1ML/30G X		INSULIN SYRINGE/0.3ML/31G X	MOVANTIK.....
5/16".....	222	5/16".....	92
		MONOJECT ULTRA COMFORT	MOXEZA.....
		INSULIN SYRINGE/0.3ML/31G X	274
		5/16".....	<i>moxifloxacin hcl</i>
		MONOJECT ULTRA COMFORT	90
		INSULIN SYRINGE/0.3ML/31G X	<i>moxifloxacin hcl (ophth)</i>
		5/16".....	274
		MONOJECT ULTRA COMFORT	MPD SAFETY LANCET
		INSULIN SYRINGE/0.3ML/31G X	21G/1.8MM.....
		5/16".....	136

MPD SAFETY LANCET 28G/1.8MM.....	136	MULTIVITAMIN PLUS IRON CHILDRENS.....	267	MYSOLINE.....	21
MPD SAFETY LANCET 30G/1.8MM.....	136	MULTIVITAMIN WOMEN.....	264	<i>nabumetone</i>	5
MPD SAFETY LANCETS 23G/1.8MM.....	136	MULTIVITAMIN/FLUORIDE...	267	<i>nadolol</i>	55
MS CONTIN.....	8	MULTIVITAMIN/ZINC STRESSFORMULA.....	264	<i>naftifine hcl</i>	67
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	223	MULTI-VIT-FLOR.....	267	NAFTIN.....	67
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	223	<i>mupirocin</i>	66	NAIL POLISH BOTTLE/BRUSH15ML.....	178
MS INSULIN SYRINGE/1ML/31G X 5/16".....	223	<i>mupirocin calcium (topical)</i>	66	NALFON.....	5
MUCOSAL ATOMIZATION NASALDEVICE.....	178	MURO 128.....	277	NALMEFENE HYDROCHLORIDE	31
MULPLETA.....	96	MY MDI FINGER PULSE OXIMETER.....	178	<i>naloxone hcl</i>	31
MULTAQ.....	14	MYAMBUTOL.....	42	<i>naltrexone hcl</i>	31
MULTI VITAMIN.....	267	MYCAPSSA.....	89	NAMENDA.....	280
MULTI VITAMIN/D-3.....	267	MYCOBUTIN.....	42	NAMENDA TITRATION PAK..	280
MULTI-BETIC DIABETES.....	264	<i>mycophenolate mofetil</i>	259	NAMENDA XR.....	280
MULTI-BETIC DIABETES SUPPORT.....	264	<i>mycophenolate sodium</i>	259	NAMZARIC.....	280
MULTI-LANCET DEVICE.....	136	MYDAYIS.....	1	NAPRELAN.....	5
MULTI-LANCET DEVICE 2.....	136	MYDRIACYL.....	274	<i>naproxen</i>	5
MULTI-MAC.....	268	MYFEMBREE.....	90	<i>naproxen sodium</i>	5
<i>multiple vitamin</i>	267	MYFORTIC.....	259	<i>naproxen-esomeprazole magnesium</i>	5
<i>multiple vitamins w/ iron</i>	261	MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM.....	136	<i>naratriptan hcl</i>	255
<i>multiple vitamins w/ minerals</i>	264	MYGLUCOHEALTH BLOOD GLUCOSE TEST.....	83	NARCAN.....	31
MULTIVITAMIN.....	264	MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH.....	136	NARDIL.....	23
MULTIVITAMIN + FLUORIDE.	267	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G....	136	NASADOCK.....	178
MULTIVITAMIN ADULT.....	267	MYLERAN.....	42	NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE.....	178
MULTIVITAMIN MEN.....	264	MYLICON INFANTS GAS RELIEF	91	NASALCROM.....	272
MULTI-VITAMIN MONOCAPS	264	MYLICON INFANTS GAS RELIEF DYE FREE.....	91	NASONEX.....	272
		MYRBETRIQ.....	288	NATACYN.....	274
				NATAZIA.....	60
				<i>nateglinide</i>	30
				NATROBA.....	76

NAT-RUL THERAVITE- M/HIGHPOTENCY.....	264	NERLYNX.....	45	NICADAN.....	264
NATRUL-VITES.....	264	NESINA.....	28	NICADAN ZX.....	264
NATURAL WOOD CANE.....	178	NESTABS.....	268	<i>nicardipine hcl</i>	56
NATURAL WOOD WALKING STICK.....	178	NESTABS DHA.....	268	NICAZEL.....	264
NATURESPIRIT PULSE OXIMETER.....	178	NESTABS ONE.....	268	NICAZEL FORTE.....	264
NAYZILAM.....	19	NEUAC KIT.....	65	<i>nicotine</i>	282
<i>nebivolol hcl</i>	55	NEULASTA.....	96	<i>nicotine polacrilex</i>	282
NEBULIZER AIR TUBE/PLUGS	249	NEULASTA ONPRO KIT.....	96	NICOTINE TRANSDERMAL SYSTEM.....	282
NEBULIZER CUP/TUBING.....	249	NEUPOGEN.....	96	NICOTROL INHALER.....	282
NEBULIZER MASK ADULT.....	249	NEUPRO.....	47	NICOTROL NS.....	282
NEBULIZER MASK CHILD.....	249	NEURONTIN.....	21	<i>nifedipine</i>	56
NEBUPENT.....	40	NEUTEK 2TEK CONTROL SOLUTIONS.....	136	<i>nilutamide</i>	44
<i>nefazodone hcl</i>	24	NEUTEK 2TEK TEST STRIPS.....	83	<i>nimodipine</i>	56
NEOMULTIVITE.....	267	NEUTROGENA T/GEL.....	76	NINLARO.....	45
<i>neomycin sulfate</i>	3	NEUTROGENA T/GEL STUBBORN ITCH CONTROL.....	76	<i>nisoldipine</i>	56
<i>neomycin-bacitracin zn- polymyxin</i>	274	NEVANAC.....	277	<i>nitazoxanide</i>	40
<i>neomycin-bacitracin-polymyxin</i>	66	<i>nevirapine</i>	52	<i>nitisinone</i>	88
<i>neomycin-polymy-dexameth</i>	276	NEXAVAR.....	45	NITRO-BID.....	13
<i>neomycin-polymyxin-gramicidin</i>	275	NEXCARE COMFORT FOAM EAR PLUGS.....	178	NITRO-DUR.....	13
<i>neomycin-polymyxin-hc (ophth)</i>	276	NEXCARE REUSABLE EAR PLUGS	178	<i>nitrofurantoin</i>	41
<i>neomycin-polymyxin-hc (otic)</i>	277	NEXIUM.....	286	<i>nitrofurantoin macrocrystal</i>	41
NEORAL.....	259	NEXIUM 24HR.....	286	<i>nitrofurantoin monohyd macro</i>	41
NEOSPORIN ORIGINAL.....	66	NEXIUM 24HR CLEAR MINIS.	286	<i>nitroglycerin</i>	13
NEO-SYNALAR.....	66	NEXLETOL.....	34	NITROLINGUAL PUMPSPRAY..	13
NEO-SYNALAR KIT.....	66	NEXLIZET.....	34	NITROSTAT.....	13
NEOVITE.....	264	NEXSTELLIS.....	60	NITYR.....	88
NEPHRO-VITE.....	261	NG SECURE NASOGASTRIC TUBE HOLDER.....	178	NIVA-PLUS.....	268
NEPHRO-VITE RX.....	261	<i>niacin</i>	291	NIVESTYM.....	96
		<i>niacin (antihyperlipidemic)</i>	36	NIX ELECTRONIC LICE COMB	178
		NIASPAN.....	36	NIX PREMIUM METAL TWO- SIDED COMB.....	178
				<i>nizatidine</i>	285

NO IRON MULTIPLE VITAMIN/MINERALS.....	264	NORVIR.....	52	NOVOLIN R.....	29
NOCDURNA.....	89	NOSE CLIP.....	249	NOVOLIN R FLEXPEN.....	29
NORCO.....	10	NO-STING SKIN-PREP.....	75	NOVOLIN R FLEXPEN RELION.	29
NORDITROPIN FLEXPRO.....	87	NOURIANZ.....	46	NOVOLIN R RELION.....	29
<i>norelgestromin-ethinyl estradiol</i>	61	NOVA BATH SEAT/BACK & ARMS.....	178	NOVOLOG.....	29
<i>norethin acet & estrad-fe</i>	60	NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3.....	178	NOVOLOG FLEXPEN.....	29
<i>norethindrone & eth estradiol</i> 60		NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM.....	136	NOVOLOG FLEXPEN RELION... 29	
<i>norethindrone & ethinyl</i> <i>estradiol-fe</i>	60	NOVA MAX GLUCOSE TEST STRIPS.....	83	NOVOLOG MIX 70/30.....	29
<i>norethindrone (contraceptive)</i>	62	NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID....	136	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	30
<i>norethindrone acet & eth estra</i>	60	NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE.....	178	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION... 30	
<i>norethindrone acetate</i>	279	NOVA SAFETY LANCETS 23G.136		NOVOLOG MIX 70/30 RELION 30	
<i>norethindrone acetate-ethinyl</i> <i>estradiol</i>	90	NOVA SAFETY LANCETS 28G.136		NOVOLOG PENFILL.....	30
<i>norethindrone acetate-ethinyl</i> <i>estradiol-fe</i>	60	NOVA SUREFLEX LANCETS....	136	NOVOLOG RELION.....	30
<i>norethindrone-eth estradiol</i> <i>(triphasic)</i>	60	NOVA SUREFLEX LANCING DEVICE.....	136	NOVOPEN ECHO.....	223
NORGESIC FORTE.....	271	NOVOEIGHT.....	95	NOVOSEVEN RT.....	95
<i>norgestimate-ethinyl estradiol</i>	60	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM.....	223	NOVOTWIST PEN NEEDLE 32GX 5MM.....	223
<i>norgestimate-ethinyl estradiol</i> <i>(triphasic)</i>	60	NOVOFINE PEN NEEDLE 32G X 6MM.....	223	NOXAFIL.....	33
<i>norgestrel & ethinyl estradiol</i> .60		NOVOFINE PLUS PEN NEEDLE32G X 4MM.....	223	NPLATE.....	96
NORITATE.....	76	NOVOLIN 70/30.....	29	NU GAUZE 4PLY 4"X4"	102
NORLIQVA.....	56	NOVOLIN 70/30 FLEXPEN.....	29	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY.....	102
NORPACE.....	14	NOVOLIN 70/30 FLEXPEN RELION.....	29	NUASKIN FACIAL SCRUBBER.178	
NORPACE CR.....	14	NOVOLIN 70/30 RELION.....	29	NUASKIN SKIN TAG REMOVER	178
NORPRAMIN.....	25	NOVOLIN N.....	29	NUASKIN VACUUM PRO.....	178
NORTHERA.....	291	NOVOLIN N FLEXPEN.....	29	NUBEQA.....	44
<i>nortriptyline hcl</i>	25	NOVOLIN N FLEXPEN RELION. 29		NUCALA.....	14
NORVASC.....	56	NOVOLIN N RELION.....	29	NUCYNTA.....	9

NUPERCAINAL.....	12	OCREVUS.....	281	.....	179
NUPLAZID.....	48	<i>octreotide acetate</i>	89	OINTMENT TUBE/METAL/1OZ	.....179
NURTEC.....	254	OCUFLOX.....	275	.....	179
NUTRICAP.....	264	OCULAR VITAMINS.....	264	OINTMENT TUBE/METAL/2OZ	.....179
NUTRILIPID.....	273	ODEFSEY.....	52	.....	179
NUTROPIN AQ NUSPIN 10.....	87	ODOMZO.....	43	OINTMENT TUBE/METAL/4OZ	.....179
NUTROPIN AQ NUSPIN 20.....	87	OFEV.....	282	.....	179
NUTROPIN AQ NUSPIN 5.....	87	OFFSET		OINTMENT TUBE/PLASTIC	
NUVAIL.....	75	CANE/BLACK/300LBCAPACITY		W/SCREW CAP/8OZ.....	179
NUVAKAAN II.....	74	.....	178	OINTMENT TUBE/PLASTIC/1OZ	.....179
NUVARING.....	61	OFFSET CANE/BLUE ICE/300LB		.....	179
NUVESSA.....	290	CAPACITY.....	178	OINTMENT TUBE/PLASTIC/2OZ	.....179
NUVIGIL.....	2	OFFSET		.....	179
NUWIQ.....	95	CANE/BRONZE/300LBCAPACITY		OINTMENT TUBE/PLASTIC/4OZ	.....179
NUZYRA.....	283	.....	178	.....	179
NVZZLER PRO DOUBLE ELECTRIC		OFFSET CANE/BROQUE		OINTMENT TUBE/PLASTIC/6OZ	.....179
BREAST PUMP.....	178	TEAL/300LB CAPACITY.....	178	.....	179
NVZZLER SINGLE ELECTRIC		OFFSET		<i>olanzapine</i>	49
BREAST PUMP.....	178	CANE/CHROME/300LBCAPACIT		<i>olanzapine-fluoxetine hcl</i>	280
NYMALIZE.....	56	Y.....	179	<i>olmesartan medoxomil</i>	37
<i>nystatin</i>	32	OFFSET CANE/GREEN ICE/300LB		<i>olmesartan medoxomil-</i>	
<i>nystatin (mouth-throat)</i>	259	CAPACITY.....	179	<i>amlodipine-hydrochlorothiazide</i>	.....39
<i>nystatin (topical)</i>	67	OFFSET		<i>olmesartan medoxomil-</i>	
<i>nystatin-triamcinolone</i>	67	CANE/HOUNDSTOOTH/300LB		<i>hydrochlorothiazide</i>	39
NYTOL MAXIMUM STRENGTH97		CAPACITY.....	179	<i>olopatadine hcl</i>	277
NYVEPRIA.....	96	OFFSET CANE/METALLIC		<i>olopatadine hcl (nasal)</i>	272
OB COMPLETE.....	268	BLACK/300LB CAPACITY.....	179	OLUMIANT.....	3
OB COMPLETE ONE.....	268	OFFSET CANE/MOBILITY/250LB		OLUX.....	72
OB COMPLETE PETITE.....	268	CAPACITY.....	179	OLUX-E.....	72
OB COMPLETE PREMIER.....	268	OFFSET CANE/ROSE		OMBRA TABLE TOP	
OB COMPLETE/DHA.....	268	PRINT/300LB CAPACITY.....	179	COMPRESSOR.....	249
OBIZUR.....	95	OFFSET CANE/STRAP.....	179	OMECLAMOX-PAK.....	287
OALIVA.....	91	OFIRMEV.....	7	<i>omega-3-acid ethyl esters</i>	34
OCEAN NASAL SPRAY.....	272	<i>ofloxacin</i>	90	<i>omeprazole</i>	286
		<i>ofloxacin (ophth)</i>	275	<i>omeprazole-sodium bicarbonate</i>	.....287
		<i>ofloxacin (otic)</i>	277	.....	287
		OINTMENT TUBE			
		OPHTHALMICTIP 1/8OZ/METAL			

OMNARIS.....	272	.....	108	ONCOVITE.....	264
OMNICAP.....	267	ON CALL EXPRESS BLOOD GLUCOSE METER.....	136	<i>ondansetron</i>	31
OMNIPOD 5 G6 INTRO KIT (GEN 5).....	136	ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM.....	137	<i>ondansetron hcl</i>	31
OMNIPOD 5 G6 PODS (GEN 5)	136	ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS.....	83	ONE DAILY ESSENTIAL.....	267
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3).....	136	ON CALL EXPRESS GLUCOSE CONTROL SOLUTION.....	137	ONE DAILY MENS 50+ MULTIVITAMIN.....	264
OMNIPOD CLASSIC PODS (GEN 3).....	136	ON CALL EXPRESS LANCETS.....	137	ONE DAILY MENS FORMULA W/O IRON.....	264
OMNIPOD DASH INTRO KIT (GEN 4).....	136	ON CALL LANCING DEVICE....	137	ONE DAILY WOMENS.....	264
OMNIPOD DASH PODS (GEN 4)	136	ON CALL PLUS BLOOD GLUCOSE METER.....	137	ONE DIALY MULTIVITAMIN WOMENS.....	264
OMNIPOD POD PALS.....	136	ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM.....	137	ONE DROP BLOOD GLUCOSE MONITORING SYSTEM.....	137
OMNITROPE.....	87	ON CALL PLUS BLOOD GLUCOSE TEST.....	83	ONE DROP BLOOD GLUCOSE TEST STRIPS.....	83
OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART.....	108	ON CALL PLUS BLOOD GLUCOSE TEST.....	83	ONE FLOW FVC MONITORING SPIROMETER.....	249
OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH.....	108	ON CALL PLUS GLUCOSE CONTROL LEVEL 1/2.....	137	ONE OUNCE MEDICINE CUPS	179
OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM.....	108	ON CALL PLUS LANCETS.....	137	ONE STEP AT A TIME FILTERS	179
OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST	108	ON CALL PLUS LANCING DEVICE	137	ONE-A-DAY ENERGY.....	264
OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH.....	108	ON CALL VIVID BLOOD GLUCOSE METER.....	137	ONE-A-DAY ESSENTIAL.....	267
OMRON 7 SERIES BLOOD PRESSURE MONITOR.....	108	ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM.....	137	ONE-A-DAY MENOPAUSE FORMULA.....	264
OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH.....	108	ON CALL VIVID BLOOD GLUCOSE TEST.....	83	ONE-A-DAY MENS.....	264,267
OMRON 7 SERIES BLOOD PRESSURE MONITOR.....	108	ON CALL VIVID BLOOD GLUCOSE TEST STRIPS.....	83	ONE-A-DAY MENS 50+.....	264
OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH.....	108	ON CALL VIVID GLUCOSE CONTROL LEVEL 1/2.....	137	ONE-A-DAY MENS 50+ ADVANTAGE.....	264
OMRON 7 SERIES BLOOD PRESSURE MONITOR/WRIST/BLUETOOTH		ON CALL VIVID PAL BLOOD GLUCOSE METER.....	137	ONE-A-DAY MENS HEALTH FORMULA.....	265
		ON/GO COVID-19 ANTIGEN SELF-TEST.....	83	ONE-A-DAY MENS PRO EDGE	265
				ONE-A-DAY PROACTIVE 65+.	265
				ONE-A-DAY TEEN ADVANTAGEFOR HIM.....	265

ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA... 267	ONETOUCH SURESOFT LANCING DEVICE/18G..... 138	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK..... 249
ONE-A-DAY WEIGHT SMART ADVANCED..... 265	ONETOUCH SURESOFT LANCING DEVICE/21G..... 138	OPTICHAMBER ADVANTAGE/SMALL FACE MASK..... 249
ONE-A-DAY WOMENS..... 265	ONETOUCH SURESOFT LANCING DEVICE/28G..... 138	OPTICHAMBER DIAMOND.... 249
ONE-A-DAY WOMENS 50+... 265	ONETOUCH ULTRA..... 83	OPTICHAMBER DIAMOND/LARGEFACE MASK.....250
ONE-A-DAY WOMENS 50+ ADVANTAGE..... 265	ONETOUCH ULTRA 2..... 138	OPTICHAMBER DIAMOND/MEDIUM FACE MASK..... 250
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE..... 265	ONETOUCH ULTRA CONTROL.....138	OPTICHAMBER DIAMOND/SMALLFACE MASK.....250
ONE-A-DAY WOMENS ACTIVE MIND & BODY.....265	ONETOUCH ULTRA MINI..... 138	OPTICHAMBER FACE MASK/LARGE..... 250
ONE-A-DAY WOMENS PETITES.....265	ONETOUCH ULTRASOFT LANCETS..... 138	OPTICHAMBER FACE MASK/MEDIUM..... 250
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT..... 265	ONETOUCH VERIO..... 138	OPTICHAMBER FACE MASK/SMALL.....250
ONE-DAY-AT-A-TIME PLANNER/BLISTER CARD/MEDIUM..... 179	ONETOUCH VERIO CONTROL SOLUTION HIGH..... 138	OPTICHAMBER FACE MASK/LARGE..... 250
ONETOUCH CLUB LANCETS FINE POINT..... 137	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM..... 138	OPTICHAMBER FACE MASK/MEDIUM..... 250
ONETOUCH DELICA LANCETS EXTRA FINE 33G.....137	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM..... 138	OPTICHAMBER FACE MASK/SMALL.....250
ONETOUCH DELICA LANCETS FINE 30G..... 137	ONETOUCH VERIO MID CONTROL SOLUTION..... 138	OPTIFOAM..... 102
ONETOUCH DELICA LANCING DEVICE..... 137	ONETOUCH VERIO REFLECT. 138	OPTIHALER..... 250
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G.... 137	ONETOUCH VERIO TEST STRIPS.....83	OPTIHALER MDI DRUG DELIVERY SYSTEM.....250
ONETOUCH DELICA PLUS LANCETS FINE 30G.....137	ONEVITE..... 265	OPTIUM BLOOD GLUCOSE MONITORING SYSTEM..... 138
ONETOUCH DELICA PLUS LANCING DEVICE..... 138	ONEXTON..... 65	OPTIUM TEST STRIPS..... 83
ONETOUCH DELICA SAFETY LANCING DEVICE..... 138	ONFI.....19	OPTIUMEZ TEST STRIPS..... 83
ONETOUCH FINEPOINT LANCETS..... 138	ONGENTYS.....46	OPTIVITE P.M.T.....265
ONETOUCH SOLUTIONS RX STARTER KIT..... 138	ONGLYZA..... 28	OPTUMRX BLOOD GLUCOSE METER..... 138
	ONUREG..... 43	OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM..... 138
	ONZETRA XSAIL..... 255	OPTUMRX BLOOD GLUCOSE TEST..... 83
	OPSUMIT..... 57	OPTUMRX GLUCOSE CONTROL LEVEL 1/2..... 139
	OPTICHAMBER ADVANTAGE/LARGE MASK...249	

OPURITY.....	265	OTREXUP.....	3	PAREMYD.....	277
OPZELURA.....	73	OVACE PLUS WASH.....	69	PARI ALTERA NEBULIZER HANDSET.....	250
ORACEA.....	76	OVACE WASH.....	69	PARI BABY CONVERSION KITSIZE 1.....	250
ORACIT.....	93	OVAL TAPE.....	139	PARI BABY CONVERSION KITSIZE 2.....	250
ORAL DOSE SYRINGE.....	179	OVIDE.....	76	PARI BABY CONVERSION KITSIZE 3.....	250
<i>oral electrolytes</i>	257	<i>oxaprozin</i>	5	PARI ERAPID NEBULIZER HANDSET.....	250
ORAL ENDOTRACHEAL TUBE ATTACHMENT DEVICE.....	179	OXAYDO.....	9	PARI EXPIRATORY FILTER VALVE SET.....	250
ORAL MEDICINE DROPPER...	179	<i>oxazepam</i>	14	PARI MANUAL INTERRUPTER	250
ORAL SWAB PETITE.....	195	<i>oxcarbazepine</i>	21	PARI MASK SET.....	250
ORAL SYRINGE/BRUSH.....	179	OXERVATE.....	275	PARI SMARTMASK BABY/ELBOW.....	251
ORENCIA.....	6	<i>oxiconazole nitrate</i>	67	PARI SOFT PLASTIC ADULT MASK.....	251
ORENCIA CLICKJECT.....	6	OXISTAT.....	67	PARI SOFT PLASTIC PEDIATRIC MASK.....	251
ORENITRAM.....	57	OXSORALEN ULTRA.....	69	PARI TREK S COMBO PACK...	251
ORFADIN.....	88	OXTELLAR XR.....	21	PARI VORTEX ADULT MASK..	251
ORGOVYX.....	44	<i>oxybutynin chloride</i>	287	<i>paricalcitol</i>	88
ORIAHNN.....	90	<i>oxycodone hcl</i>	9	PARLODEL.....	47
ORIGINAL MCKENZIE CERVICAL ROLL.....	179	<i>oxycodone w/ acetaminophen</i>	10	<i>paromomycin sulfate</i>	3
ORLISSA.....	87	OXYCONTIN.....	9	<i>paroxetine hcl</i>	24
O-RING CUSHION 16" DIAMETER.....	179	<i>oxymorphone hcl</i>	9	<i>paroxetine mesylate</i> (<i>vasomotor</i>).....	282
ORKAMBI.....	282	OXYTROL.....	287	PARVLEX.....	265
ORLADEYO.....	95	<i>oyster shell</i>	256	PASER.....	42
<i>orphenadrine citrate</i>	271	OYSTER SHELL CALCIUM/D...	256	PATADAY.....	277
ORTHO MICRONOR.....	62	OZEMPIC.....	28	PATANASE.....	272
ORTIKOS.....	62	PADDLE WALKER/FOLDING/5"WHEELS/A DJUSTABLE.....	179	PAXIL.....	24
<i>oseltamivir phosphate</i>	54	<i>paliperidone</i>	49	PAXIL CR.....	24
OSENI.....	26	PAMELOR.....	25		
OSMOLEX ER.....	47	PANCREAZE.....	85		
OSPHENA.....	87	PANDEL.....	72		
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM.....	265	PANRETIN.....	68		
OTEZLA.....	6	<i>pantoprazole sodium</i>	286		
OTOVEL.....	278	PARADIGM REAL-TIME TRANSMITTER.....	139		

PC LANCETS SUPER THIN 30G.....139	PEN NEEDLES 30GX5/16" 223	PENTACEL..... 284
PC UNIFINE PENTIPS 29G X1/2" .....223	PEN NEEDLES 30GX5MM.....223	<i>pentamidine isethionate</i> 40
PC UNIFINE PENTIPS 31G X5MM MINI.....223	PEN NEEDLES 30GX8MM.....223	PENTASA.....92
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT..... 223	PEN NEEDLES 31G X 3/16"... 223	<i>pentazocine w/ naloxone hcl.</i> 11
PC UNIFINE PENTIPS 31G X8MM SHORT.....223	PEN NEEDLES 31G X 5MM....223	PENTICAN..... 281
PEAK A-I-R FLOW METER.....251	PEN NEEDLES 31G X 6MM....223	PENTIPS 29G X 12MM..... 224
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC..... 251	PEN NEEDLES 31G X 8MM....223	PENTIPS 29GX12MM..... 224
PEDAL EXERCISER..... 179	PEN NEEDLES 31GX5/16" 223	PENTIPS 31G X 5MM..... 224
PEDIA-LAX.....99	PEN NEEDLES 31GX6MM (1/4") .....223	PENTIPS 31G X 8MM..... 224
PEDIALYTE..... 257	PEN NEEDLES 31GX8MM.....223	PENTIPS 31GX5MM..... 224
PEDIALYTE ADVANCED CARE257	PEN NEEDLES 31GX8MM (5/16")..... 223	PENTIPS 31GX6MM..... 224
PEDIALYTE FREEZER POPS.... 257	PEN NEEDLES 32G X 4MM....223	PENTIPS 31GX8MM..... 224
PEDIALYTE SINGLES..... 257	PEN NEEDLES 32G X 5MM....224	PENTIPS 32G X 4MM..... 224
PEDIAPRED..... 62	PEN NEEDLES 32G X 6MM....224	PENTIPS 32GX4MM..... 224
PEDIARIX.....284	PEN NEEDLES 32GX4MM.....224	PENTIPS 32GX6MM..... 224
PEDIATRIC MOUTHPIECE/DISPOSABLE.. 251	PEN NEEDLES 33G X 5/32" ... 224	PENTOSAN POLYSULFATE SODIUM.....59
<i>pediatric multiple vitamin w/ c & fa</i>.....267	PEN NEEDLES/29G X 1/2" .....224	<i>pentoxifylline</i>.....95
<i>pediatric multiple vitamins w/ iron</i> 267	PEN NEEDLES/31G X 1/4" .....224	PEPCID..... 285
<i>pediatric multivitamins w/fl.</i> 267	PEN NEEDLES/31G X 3/16" ...224	PEPTO BISMOL..... 30
PEDVAX HIB..... 288	PEN NEEDLES/31G X 5/16" ...224	PEPTO-BISMOL..... 30,31
<i>peg 3350-potassium chloride- sod bicarbonate-sod chloride.</i> 98	PEN NEEDLES/31G X 6MM... 224	PEPTO-BISMOL MAX STRENGTH.....31
PEGASYS..... 54	PEN NEEDLES/32G X 5/32" ...224	PEPTO-BISMOL TO-GO..... 31
PELVIC MUSCLE TRAINER..... 179	<i>penicillamine</i> 258	PERCOCET.....10
PEMAZYRE.....45	<i>penicillin v potassium</i> 278	PERFECT LANCETS 30G..... 139
PEN NEEDLES 29G X 12MM..223	PENLET II AUTOMATIC BLOODSAMPLER..... 139	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G..... 139
PEN NEEDLES 29GX12MM....223	PENLET II REPLACEMENT CAPS.....139	PERFOROMIST..... 17
	PENLET II REPLACEMENT CAPS- DEEP..... 139	<i>perindopril erbumine</i>.....36
	PENLET II REPLACEMENT CAPS- REGULAR..... 139	<i>permethrin</i>.....76
	PENNSAID..... 68	<i>perphenazine</i>.....50
		<i>perphenazine-amitriptyline.</i> 280
		PERSERIS.....49

PERSONAL BEST FULL RANGE	251	PHARMACIST CHOICE ULTRA THIN LANCETS 31G.....	139	PILLOW MASK/ADULT.....	251
PERSONAL BEST LOW RANGE	251	PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	139	PILLOW MASK/CHILD.....	251
PERSONAL BLOOD PRESSURE SMART CARD.....	179	PHARMACY COUNTER LANCETS	139	PILLOW MASK/PEDIATRIC....	251
PERSONALFIT FLEX CONNECTORS FOR PUMP IN STYLE MAXFLOW.....	180	PHAZYME.....	91	<i>pilocarpine hcl</i>	274
PERTZYE.....	85	PHAZYME ULTRA STRENGTH..	91	<i>pilocarpine hcl (oral)</i>	260
PEXEVA.....	24	PHEBURANE.....	88	<i>pimecrolimus</i>	74
PFLEX.....	251	<i>phenazopyridine hcl</i>	94	<i>pimozide</i>	282
PH ACCESSORIES STORAGE SOLUTION 230ML.....	180	<i>phenelzine sulfate</i>	23	<i>pindolol</i>	55
PHARMACIST CHOICE ALCOHOL PRED PADS.....	180	<i>phenobarbital</i>	97	<i>pioglitazone hcl</i>	30
PHARMACIST CHOICE ALCOHOLPREP PADS.....	180	<i>phenoxybenzamine hcl</i>	37	<i>pioglitazone hcl-glimepiride</i> ... 26	
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM.....	139	<i>phenylephrine hcl (mydriatic)</i>	274	<i>pioglitazone hcl-metformin hcl</i>	26
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS.....	83	<i>phenylephrine in hard fat</i>	11	PIP LANCETS/28G.....	139
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM.....	139	PHENYTEK.....	22	PIP LANCETS/30G.....	139
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES.....	251	<i>phenytoin</i>	22	PIQRAY 200MG DAILY DOSE... 45	
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS.....	83	<i>phenytoin sodium extended</i> ... 22		PIQRAY 250MG DAILY DOSE... 45	
PHARMACIST CHOICE ULTRA THIN LANCETS.....	139	PHEXXI.....	290	PIQRAY 300MG DAILY DOSE... 45	
PHARMACIST CHOICE ULTRA THIN LANCETS 28G.....	139	PHOSLYRA.....	93	<i>pirfenidone</i>	282
PHARMACIST CHOICE ULTRA THIN LANCETS 30G.....	139	PHOS-NAK POWDER CONCENTRATE.....	257	<i>piroxicam</i>	5
		PHOSPHOLINE IODIDE.....	274	PLAN B ONE-STEP.....	61
		PHYTOMULTI.....	265	PLASTIC BED PAN.....	180
		PIFELTRO.....	52	PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS.....	180
		PIKO 1 ELECTRONIC.....	251	PLASTIC BOTTLES/90ML/TWIST TOP SIFTER CAPS.....	180
		PILL BOX 7 DAY.....	180	PLASTIC ENEMA BOTTLE/2OZ/20/410 OPENING	180
		PILL CRUSHER.....	180	PLASTIC JAR 6OZ.....	180
		PILL CRUSHER/BUILT IN STORAGE.....	180	PLASTIC SCOOP 1ML/4" HANDLE.....	180
		PILL POUCH.....	180	PLATFORM WALKER ATTACHMENT.....	180
		PILL SPLITTER.....	180	PLATINUM REACHER 31".....	180
		PILLGUARD DISPENSER.....	180	PLAVIX.....	95
		PILLGUARD REFILL CARTRIDGE	180	PLEGRIDY.....	281

PLEGRIDY STARTER PACK.....	281	POLYPROPYLENE CAP/LINER	180	<i>pravastatin sodium</i>	36
PLIAGLIS.....	74	<i>polysaccharide iron complex</i> ..	97	<i>praziquantel</i>	13
PNEUMOVAX 23.....	288	POLYSPORIN.....	66	<i>prazosin hcl</i>	37
PNEUMOVAX 23/1 DOSE.....	288	POLYTRIM.....	275	PRECISION CATHETER URINESPECIMEN SYSTEM KIT	180
PNV TABS 29-1.....	268	POLY-VI-FLOR.....	267	PRECISION GLUCOSE CONTROL	139
PNV-DHA+DOCUSATE.....	268	<i>polyvinyl alcohol</i>	273	PRECISION GLUCOSE CONTROLSOLUTION (TRI- LEVEL/HI/LO/NORMAL).....	139
PNV-OMEGA.....	268	<i>polyvinyl alcohol-povidone (ophth)</i>	273	PRECISION GLUCOSE KETONECONTROL SOLUTION 1- LOW, 1-HIGH.....	140
POCKET CHAMBER.....	252	POMALYST.....	44	PRECISION GLUCOSE/KETONECONTROL SOLUTIONS 1-HI 1-LO.....	140
POCKET MAGNIFIER.....	180	PONVORY.....	281	PRECISION LINK.....	140
POCKET PEAK FLOW METER.	252	PONVORY 14-DAY STARTER PACK.....	281	PRECISION MIDSTREAM PRESERVATIVE KIT.....	180
POCKET PRO+ REPLACEMENT SENSOR/TESTER.....	180	<i>posaconazole</i>	33	PRECISION PCX.....	83
POCKET SPACER.....	252	POSTURE SEAT.....	180	PRECISION PCX PLUS TEST STRIPS.....	83
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM.....	139	<i>pot & sod citrates w/citric ac.</i>	93	PRECISION POINT OF CARE TEST STRIPS.....	83
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS.....	83	<i>potassium & sodium phosphates</i>	257	PRECISION QID MONITOR....	140
POCKETCHEM EZ CONTROL LEVEL 1.....	139	<i>potassium acetate</i>	258	PRECISION QID TEST STRIPS...	83
POCKETPEAK PEAK FLOW METER LOW RANGE.....	252	POTASSIUM ACETATE.....	258	PRECISION SCALE COMPACT	180
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM.....	252	<i>potassium chloride</i>	258	PRECISION SOF-TACT MONITOR	140
PODOCON-25.....	74	<i>potassium chloride microencapsulated crystals er</i>	258	PRECISION SOF-TACT TEST STRIPS.....	83
<i>podofilox</i>	74	<i>potassium citrate (alkalinizer)</i>	93	PRECISION SPECIMEN CONTAINER/5OZ.....	180
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM.....	139	<i>potassium citrate-citric acid</i> ...	93	PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR.....	180
POLY HUB NEEDLE/23G X 1"	224	<i>potassium phosphates</i>	257		
POLY HUB NEEDLE/25G X 5/8"	224	<i>povidone-iodine</i>	51		
<i>polyethylene glycol 3350</i>	99	POWER ADAPTOR PUMP IN STYLE/MAXFLOW.....	180		
POLYMEM NON-ADHESIVE PAD	102	PRADAXA.....	19		
<i>polymyxin b-trimethoprim</i>	275	PRALUENT.....	36		
		<i>pramipexole dihydrochloride</i> ..	47		
		<i>prasugrel hcl</i>	95		
		PRAVACHOL.....	36		

PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR/118ML.....	180	PRECISION XTRA MONITOR..	140	1/2".....	225
PRECISION SPUTUM COLLECTOR KIT WITH TUBE..	180	PRECISE.....	25	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	225
PRECISION SPUTUM COLLECTOR KIT/TUBE.....	180	PRED FORTE.....	276	PREFERRED PLUS LANCETS COLORED 21G.....	140
PRECISION STOOL COLLECTOR	180	PRED MILD.....	276	PREFERRED PLUS LANCETS SUPER THIN 30G.....	140
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	224	PREDATOR.....	74	PREFERRED PLUS LANCETS THIN 26G.....	140
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".	224	PRED-G.....	276	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM.....	225
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".	224	PRED-G S.O.P.....	276	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	225
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".	224	<i>prednicarbate</i>	72	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	225
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"....	224	<i>prednisolone</i>	62	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	225
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".	224	<i>prednisolone acetate (ophth)</i>	276	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM....	225
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"....	224	<i>prednisolone sodium phosphate</i>	62	PREFEST.....	90
PRECISION THINS GP LANCET	140	PREDNISOLONE SODIUM PHOSPHATE.....	276	<i>pregabalin</i>	21
PRECISION TISSUE GRINDER. 181		<i>prednisone</i>	62	<i>pregabalin (once-daily)</i>	281
PRECISION TISSUE GRINDER/15ML.....	181	PREDNISON INTENSOL.....	62	PREHEVBRIO.....	290
PRECISION TISSUE GRINDER/50ML.....	181	PREFERRED PLUS GLUCOSE....	27	PREMARIN.....	90,291
PRECISION URINE SPECIMENSYSTEM WITH PRESERVATIVE.....	181	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	224	PREMESISR.....	268
PRECISION XTRA.....	140	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	224	PREMIUM BLOOD GLUCOSE TEST STRIPS.....	83
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS.....	83	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	224	PREMIUM CONDOMS LUBRICATED.....	110
		PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	225	PREMIUM PILL CRUSHER.....	181
		PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	225	PREMPHASE.....	90
		PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	225	PREMPRO.....	90
		PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X		PRENAISSANCE.....	269
				PRENAISSANCE PLUS.....	269
				PRENATAL.....	269

PRENATAL PLUS VITAMIN AND MINERAL.....	269	PREVENT SAFETY PEN NEEDLES 31GX1/4".....	225	SYRINGES/0.5ML/30G X 1/2".....	225
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid.....</i>	269	PREVENT SAFETY PEN NEEDLES 31GX5/16".....	225	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	225
<i>prenatal vit w/ iron carbonyl-folic acid.....</i>	269	PREVIDENT 5000 DRY MOUTH.....	260	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16".....	225
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha.....</i>	269	PREVIDENT FLUORIDE.....	260	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	225
PRENATE.....	269	PREVNAR 13.....	288	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	225
PRENATE AM.....	269	PREVNAR 20.....	288	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	225
PRENATE DHA.....	269	PREVYMIS.....	53	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	225
PRENATE ELITE.....	269	PREZCOBIX.....	52	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	225
PRENATE ENHANCE.....	269	PREZISTA.....	52	PRO COMFORT LANCETS 30G.....	140
PRENATE ESSENTIAL.....	269	PRIFTIN.....	42	PRO COMFORT LANCETS 31G.....	140
PRENATE MINI.....	269	PRILO PATCH II.....	74	PRO COMFORT PEN NEEDLES/31G X 8MM.....	225
PRENATE PIXIE.....	269	PRILOPENTIN.....	281	PRO COMFORT PEN NEEDLES/32G X 4MM.....	225
PRENATE RESTORE.....	269	PRILOSEC.....	286	PRO COMFORT PEN NEEDLES/32G X 5MM.....	225
PRENATRIX.....	270	PRIMACARE.....	270	PRO COMFORT PEN NEEDLES/32G X 6MM.....	225
PRENATRYL.....	270	<i>primaquine phosphate.....</i>	42	PRO COMFORT PULSE OXIMETER/FINGER.....	181
PREPLUS.....	270	PRIMAQUINE PHOSPHATE.....	42	PRO HEALTH MINI TALKING BLOOD PRESSURE MONITOR.....	108
PRESCRIPTION BOTTLE MAGNIFIER.....	181	PRIMEAIRE DUAL-VALVED HOLDING CHAMBER.....	252	PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM.....	140
PRESERVISION AREDS.....	265	<i>primidone.....</i>	21	PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS.....	83
PRESSURE ACTIVATED SAFETY LANCET 21G.....	140	PRINIVIL.....	37	PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM.....	140
PRETAB.....	270	PRISTIQ.....	25	PROAIR DIGIHALER.....	17
PRETOMANID.....	42	PRIZOPAK II.....	74	PROAIR HFA.....	17
PREVACID.....	286	PRIZOTRAL II.....	74	PROAIR RESPICLICK.....	17
PREVACID 24HR.....	286	PRO COMFORT ALCOHOL PADS.....	181		
PREVACID SOLUTAB.....	286	PRO COMFORT FOOT BATH.....	181		
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4".....	225	PRO COMFORT INHALER SPACER CHAMBER ADULT.....	252		
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16".....	225	PRO COMFORT INHALER SPACER CHAMBER CHILD.....	252		
		PRO COMFORT INHALER SPACER CHAMBER INFANT.....	252		
		PRO COMFORT INSULIN			

<i>probenecid</i>	94	PRODIGY LANCING DEVICE... 141	PROSCAR.....	94
PRO-CAL.....	265	PRODIGY NO CODING BLOOD GLUCOSE.....	PROTECTIVE SAFETY EYEWARE	181
PROCARDIA.....	56	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS.....	PROTONIX.....	286
PROCARDIA XL.....	56	PRODIGY POCKET BLOOD GLUCOSE METER KIT.....	PROTOPIC.....	74
PROCARE SPACER CHAMBER W/ADULT MASK.....	252	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	<i>protriptyline hcl</i>	25
PROCARE SPACER CHAMBER W/CHILD MASK.....	252	PRODIGY SAFETY LANCETS... 141	PROVENTIL HFA.....	17
PROCARE UPPER ARM BLOOD PRESSURE MONITOR.....	108	PRODIGY TWIST TOP LANCETS	PROVERA.....	279
PROCARE WRIST BLOOD PRESSURE MONITOR.....	108	PRODIGY VOICE BLOOD GLUCOSE METER KIT.....	PROVIGIL.....	2
PROCERV HP.....	265	PROFILNINE.....	PROVIT.....	265
<i>prochlorperazine</i>	50	PROFIT PRECISION SCALE.....	PROZAC.....	24
<i>prochlorperazine maleate</i>	50	PROFOLA.....	PRUDOXIN.....	68
PROCRT.....	96	<i>progesterone</i>	<i>pseudoephedrine hcl</i>	272
PROCTOCORT.....	12	PROGLYCEM.....	PSS SELECT GP LANCETS.....	141
PROCTOFOAM HC.....	11	PROGRAF.....	PSS SELECT PLATFORMS.....	141
PROCYSBI.....	93	PROLENSA.....	PSS SELECT SAFETY LANCETS	141
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM.....	140	<i>promethazine hcl</i>	<i>psyllium</i>	98
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING.....	140	<i>promethazine-dm</i>	PTS PANELS EGLU.....	84
PRODIGY CONTROL SOLUTIONHIGH.....	140	<i>promethazine-phenylephrine- codeine</i>	PTS PANELS GLUCOSE TEST....	84
PRODIGY CONTROL SOLUTIONLOW.....	140	PROMETRIUM.....	PULMICORT.....	16
PRODIGY COUNT-A-DOSE.....	140	PROMECTA.....	PULMICORT FLEXHALER.....	16
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	226	<i>propafenone hcl</i>	PULMOZYME.....	282
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	226	<i>propranolol hcl</i>	PULSE OXIMETER.....	181
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"....	226	PROPEL MINI/STRAIGHT DELIVERY SYSTEM.....	PULSE OXIMETER DELUXE....	181
		<i>propylthiouracil</i>	PULSE OXIMETER FOR FINGER	181
		PROQUAD.....	PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP.....	181
		PRORENAL+D.....	PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPACK.....	181
			PUMP IN STYLE DOUBLE BREAST PUMP W/MAXFLOW	181
			PUMP IN STYLE/MAXFLOW TUBING.....	181

PURE COMFORT 3-BALL BREATH EXERCISER.....	252	PX LANCETS ULTRA THIN.....	141	.....	226
PURE COMFORT ALCOHOL PREPPADS.....	181	PX LANCETS ULTRA THIN 28G	141	QC UNILET LANCETS 28G/ULTRA THIN.....	141
PURE COMFORT INHALER SPACER CHAMBER ADULT....	252	PX MINI PEN NEEDLES 31GX5MM.....	226	QC UNILET LANCETS 33G/MICRO THIN.....	141
PURE COMFORT LANCETS 30G	141	PX PEN NEEDLE 29GX12MM	226	QELBREE.....	1
PURE COMFORT LEG COMPRESSION MASSAGER..	181	PX PEN NEEDLE 31GX8MM..	226	QINLOCK.....	45
PURE COMFORT PEAK FLOW METER ADULT.....	252	PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	226	QNASL.....	272
PURE COMFORT PEAK FLOW METER CHILD.....	252	PYLERA.....	287	QNASL CHILDRENS.....	272
PURE COMFORT PEN NEEDLE 32G X6MM.....	226	<i>pyrazinamide</i>	42	QTERN.....	26
PURE COMFORT PEN NEEDLE 32G X8MM.....	226	<i>pyrethrins-piperonyl butoxide</i>	76	Q-TIPS/SINGLE-TIP 6".....	181
PURE COMFORT PEN NEEDLE/32G X 5MM.....	226	PYRIDIDIUM.....	94	Q-TIPS/SINGLE-TIP APPLICATOR/6"/STERILE.....	181
PURE COMFORT PEN NEEDLE/32G X4MM.....	226	<i>pyridostigmine bromide</i>	42	QUAD CANE TIPS 1/2".....	181
PURIXAN.....	43	<i>pyridoxine hcl</i>	291	QUAD CANE TIPS 5/8".....	181
PUSH BUTTON SAFETY LANCETS 21G.....	141	<i>pyrimethamine</i>	42	QUAD CANE TIPS/BLACK/5/8".....	181
PUSH BUTTON SAFETY LANCETS 28G.....	141	QBRELIS.....	37	.....	181
PX ADVANCED LANCING DEVICE	141	QBREXZA.....	75	QUAD CANE TIPS/GREY/5/8".....	181
PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	226	QC ADVANCED LANCING DEVICE.....	141	QUAD CANE/BRONZE HANDLE/SMALL BASE.....	181
PX GLUCOSE.....	27	QC ALCOHOL SWABS.....	181	QUAD CANE/LARGE BASE/BRONZE ALUMINUM..	181
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	226	QC ALL PURPOSE DRESSINGS4"X4".....	102	QUAD CANE/LARGE BASE/CUSHIONED HANDLE/5/8".....	181
PX LANCET AUTO INJECTOR.	141	QC BLOOD PRESSURE MONITOR/AUTOMATIC.....	109	QUAD CANE/LARGE BASE/ORTH HANDLE/5/8".	182
PX LANCETS MICROTHIN 33G	141	QC LANCETS SUPER THIN.....	141	QUAD CANE/LARGE BASE/SELECTAGRIP HANDLE/5/8".....	182
		QC LANCETS ULTRA THIN.....	141	QUAD CANE/LARGE BASE/SHOVEL HANDLE.....	182
		QC MULTI-VITE.....	265	QUAD CANE/LARGE LOW BASE	182
		QC PEN NEEDLES 29G X 12MM	226	QUAD CANE/LARGE LOW BASE/DEVON HANDLE.....	182
		QC PEN NEEDLES 31G X 6MM	226	QUAD CANE/ORTHO GRIP....	182
		QC PEN NEEDLES 31G X 8MM	226		
		QC STERILE PADS.....	102		
		QC UNIFINE PENTIPS 32GX4MM			

QUAD CANE/SMALL BASE....	182	PLUGS.....	182	RA DELUXE PULSE OXIMETER	.....182
QUAD CANE/SMALL BASE....	182	QUILLICHEW ER.....	2	RA EXTRA COMFORT NIGHT	PROTECTOR ORAL CARE.....
QUAD CANE/SMALL		QUILLIVANT XR.....	2	RA E-ZJECT LANCETS 28G.....	142
BASE/BRONZE ALUMINUM..	182	QUIN B STRONG.....	265	RA E-ZJECT LANCETS THIN 26G	.....142
QUAD CANE/SMALL		<i>quinapril hcl</i>	37	RA E-ZJECT LANCETS THIN 28G	.....142
BASE/BRONZE/CUSHIONED		<i>quinapril-hydrochlorothiazide</i>	39	RA E-ZJECT LANCETS	
HANDLE/1/2".....	182	<i>quinidine gluconate</i>	14	ULTRATHIN 30G.....	142
QUAD CANE/SMALL		<i>quinidine sulfate</i>	14	RA GLUCOSE.....	27
BASE/CUSHIONED		<i>quinine sulfate</i>	42	RA INSULIN	
HANDLE/1/2".....	182	QUINTABS.....	267	SYRINGE/0.5ML/29G X 1/2".	226
QUAD CANE/SMALL		QUINTABS-M.....	265	RA INSULIN SYRINGE/1ML/29G	
BASE/OFFSET HANDLE.....	182	QUINTET AC BLOOD		X 1/2".....	226
QUAD CANE/SMALL		GLUCOSEMONITORING SYSTEM		RA INSULIN	
BASE/ORTHO HANDLE/1/2".	182	.....	141	SYRINGE/U-100/0.5ML/30G X	
QUAD CANE/SMALL		QUINTET AC BLOOD		5/16".....	226
BASE/SHOVEL HANDLE.....	182	GLUCOSETEST STRIPS.....	84	RA INSULIN SYRINGE/U-100/1	
QUAD CANE/SMALL LOW		QUINTET BLOOD GLUCOSE		ML/30G X 5/16".....	226
BASE/DEVON HANDLE.....	182	MONITORING SYSTEM.....	141	RA ISOPROPYL ALCOHOL WIPES	
QUAD CANE/SMALL LOW		QUINTET BLOOD GLUCOSE TEST		.....	75
BASE/ORTHO GRIP.....	182	STRIPS.....	84	RA PEN NEEDLES 31G X	
QUADRACEL.....	284	QUINTET GLUCOSE		5MM3/16".....	226
QUAKE.....	253	CONTROL/HIGH/NORMAL....	141	RA PEN NEEDLES 31G X	
QUALAQUIN.....	42	QUINTET GLUCOSE		8MM5/16".....	226
QUARTETTE.....	60	QUILIPTA.....	255	RA STERILE PADS 4"X4".....	102
QUDEXY XR.....	21	QUTENZA.....	74	<i>rabeprazole sodium</i>	287
QUESTRAN.....	35	QUVIVIQ.....	97	RADIAURA.....	72
QUESTRAN LIGHT.....	35	QVAR REDIHALER.....	16	RADICAVA ORS.....	273
<i>quetiapine fumarate</i>	49	RA ALCOHOL SWABS.....	182	RADICAVA ORS STARTER KIT	273
QUFLORA PEDIATRIC.....	267	RA ARTHRITIS PAIN RELIEF....	74	RAISED TOILET SEAT.....	182
QUICK-FIT CRUTCHES.....	182	RA BLOOD PRESSURE CUFF		RAISED TOILET SEAT/LOCK...	182
QUICKTEK.....	141	MONITOR AUTOMATIC.....	109	RAISED TOILET SEAT/LOCK	
QUICKTEK CONTROL SOLUTION		RA BLOOD PRESSURE CUFF		&ARMS.....	182
.....	141	MONITOR DELUXE AUTOMATIC		<i>raloxifene hcl</i>	88
QUICKTEK TEST STRIPS.....	84	.....	109		
QUICKVUE AT-HOME COVID-19		RA BLOOD PRESSURE CUFF			
TEST.....	84	MONITOR PREMIUM			
QUIET PLEASE FOAM EAR		AUTOMATIC.....	109		
		RA CENTRAL-VITE.....	265		

<i>ramelteon</i>	97	SYRINGE/U-100/1ML/29G X 1/2".....	226	REGLAN.....	91
<i>ramipril</i>	37	REALITY LANCETS.....	142	RELAFEN DS.....	5
RANEXA.....	13	REALITY LATEX CONDOMS/LUBRICATED.....	110	RELENZA DISKHALER.....	54
<i>ranolazine</i>	13	REALITY LATEX/ULTRA TEXTURED.....	110	RELEUKO.....	96
RAPAFLO.....	94	REALITY LATEX/ULTRA THIN.....	110	RELEXII.....	3
RAPAMUNE.....	259	REALITY SWABS.....	182	RELION 2-IN-1 LANCET DEVICES 30G.....	142
<i>rasagiline mesylate</i>	48	REALITY TRIGGER LANCETS..	142	RELION 2-IN-1 LANCING DEVICE 25G.....	142
RASUVO.....	3	REBIF.....	281	RELION 2-IN-1 LANCING DEVICE 30G.....	142
RAVICTI.....	88	REBIF REBIDOSE.....	281	RELION ALCOHOL SWABS.....	182
RAYALDEE.....	88	REBIF REBIDOSE TITRATIONPACK.....	281	RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM.....	142
RAYAVIT.....	265	REBIF TITRATION PACK.....	281	RELION BLOOD GLUCOSE TESTSTRIPS.....	84
RAYOS.....	62	REBINYN.....	95	RELION BLOOD PRESSURE MONITOR/AUTOMATIC.....	109
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY.....	102	REBLOZYL.....	96	RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR	109
RAZADYNE.....	280	RECOMBINATE.....	95	RELION BP200W WRIST BLOOD PRESSURE MONITOR.....	109
RAZADYNE ER.....	280	RECOMBIVAX HB.....	290	RELION BP300W WRIST BLOOD PRESSURE MONITOR.....	109
READYLANCE SAFETY LANCETS/21G/2.2MM.....	142	RECONSTITUBE.....	182	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM.....	142
READYLANCE SAFETY LANCETS/23G/1.8MM.....	142	RECORLEV.....	87	RELION CONFIRM/MICRO TEST STRIPS.....	84
READYLANCE SAFETY LANCETS/26G/1.8MM.....	142	RECTIV.....	12	RELION GLUCOSE.....	27
READYLANCE SAFETY LANCETS/28G/1.8MM.....	142	REDITREX.....	3	RELION INSULIN SYRINGE 0.5ML/31G X 15/64".....	226
READYLANCE SAFETY LANCETS/30G/1.6MM.....	142	REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM.....	182	RELION INSULIN SYRINGE 1ML/31GX15/64".....	226
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	226	REFLECTIONS C LIGHTWEIGHTOFF SHELF BREAST PROSTHESIS FORM..	182	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64".....	226
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	226	REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM	142		
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	226	REFUAH PLUS BLOOD GLUCOSETEST STRIPS.....	84		
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	226	REFUAH PLUS GLUCOSE CONTROL SOLUTION.....	142		
		REGEN-COV.....	278		

RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	226	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	227	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	227	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	227	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	227	RELION KETONE TEST STRIPS..	84	RELION LANCETS MICRO- THIN33G.....	142	RELION LANCETS THIN 26G..	142	RELION LANCETS ULTRA- THIN30G.....	142	RELION LANCING DEVICE.....	142	RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM.....	142	RELION MINI PEN NEEDLES 31GX6MM.....	227	RELION PEN NEEDLES 29GX12MM.....	227	RELION PEN NEEDLES 31G X6MM.....	227	RELION PEN NEEDLES 31G X8MM.....	227	RELION PEN NEEDLES 31GX5/16".....	227	RELION PEN NEEDLES 31GX6MM.....	227	RELION PEN NEEDLES 31GX8MM.....	227	RELION PEN NEEDLES 32G X4MM.....	227	RELION PEN NEEDLES 32G X5/32".....	227	RELION PEN NEEDLES 32GX4MM.....	227	RELION PEN NEEDLES/31G X1/4".....	227	RELION PREMIER BLOOD GLUCOSE TEST STRIPS.....	84	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM.....	142	RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM.....	142	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM.....	142	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	143	RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM.....	109	RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM.....	143	RELION PRIME BLOOD GLUCOSE TEST STRIPS.....	84	RELION PULSE OXIMETER.....	182	RELION SHORT PEN NEEDLES31GX8MM.....	227	RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH.....	143	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS..	84	RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM.....	143	RELION ULTIMA BLOOD GLUCOSE TEST STRIPS.....	84	RELION ULTRA THIN LANCETS/30G.....	143	RELION ULTRA THIN LANCETS30G.....	143	RELION ULTRA THIN PLUS LANCETS 32G.....	143	RELION ULTRA THIN PLUS LANCETS 33G.....	143	RELISTOR.....	92	RELNATE DHA.....	270	RELPAK.....	255	RELTONE.....	91	REMEDY PHYTOPLEX HYDRAGUARD.....	75	REMERON.....	23	REMERON SOLTAB.....	23	REMICADE.....	92	REMODULIN.....	57	REMOVABLE BACK ALUMINUM COMMODE/PADDED ARMRESTS	183	RENAGEL.....	93	RENAPLEX-D.....	265	RENFLEXIS.....	92	REVELA.....	93	<i>repaglinide</i>	30	REPATHA.....	36	REPATHA PUSHTRONEX SYSTEM	36	REPATHA SURECLICK.....	36	REPLACEMENT AIR FILTER....	253	REPLACEMENT FILTERS.....	253	REPLACEMENT NECKBAND STRAPS FOR TUBE ATTACHMENT DEVICE.....	183
---	-----	--	-----	---	-----	--	-----	---	-----	-----------------------------	----	---------------------------------------	-----	---------------------------	-----	---------------------------------------	-----	----------------------------	-----	---	-----	---	-----	-------------------------------------	-----	-------------------------------------	-----	-------------------------------------	-----	--------------------------------------	-----	------------------------------------	-----	------------------------------------	-----	-------------------------------------	-----	---------------------------------------	-----	------------------------------------	-----	--------------------------------------	-----	--	----	---	-----	---	-----	---	-----	---	-----	--	-----	--	-----	--	----	----------------------------	-----	---	-----	---	-----	--	----	--	-----	---	----	---------------------------------------	-----	--------------------------------------	-----	--	-----	--	-----	---------------	----	------------------	-----	-------------	-----	--------------	----	-------------------------------------	----	--------------	----	---------------------	----	---------------	----	----------------	----	---	-----	--------------	----	-----------------	-----	----------------	----	-------------	----	--------------------------	----	--------------	----	------------------------------------	----	------------------------	----	----------------------------	-----	--------------------------	-----	---	-----

REQ 49+.....	265	RHOPHYLAC.....	278	<i>rimantadine hydrochloride</i>	54
REQUIP XL.....	47	RHOPRESSA.....	275	RING CUSHION 14".....	183
RESTASIS.....	275	<i>ribavirin</i>	54	RING CUSHION 16".....	183
RESTASIS MULTIDOSE.....	275	<i>ribavirin (hepatitis c)</i>	54	RING CUSHION 18".....	183
RESTORE FOAM DRESSING BORDERED 4"X4".....	102	RIDAURA.....	4	RINOFLOW MICRONIZER CHAMBER TUBING.....	183
RESTORE FOAM DRESSING NON-BORDERED 4"X4".....	102	RIDVANTAGE LICE COMB.....	183	RINOFLOW NASAL SYSTEM..	183
RESTORE ODOR ABSORBING DRESSING 4"X4".....	102	<i>rifabutin</i>	42	RINVOQ.....	3
RESTORIL.....	97	RIFADIN.....	42	RIOMET.....	26
RETACRIT.....	96	<i>rifampin</i>	42	RIOMET ER.....	26
RETEVMO.....	45	RIGHTEST GC300 HIGH CONTROL.....	143	<i>risedronate sodium</i>	87
RETIN-A.....	65	RIGHTEST GD500 LANCING DEVICE.....	143	RISPERDAL.....	49
RETIN-A MICRO.....	65	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER.....	143	RISPERDAL CONSTA.....	49
RETIN-A MICRO PUMP.....	65	RIGHTEST GL300 LANCETS....	143	<i>risperidone</i>	49
RETROVIR.....	52	RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM.....	143	RITALIN.....	3
REVATIO.....	58	RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM.....	143	RITALIN LA.....	3
REVEAL BLOOD GLUCOSE MONITOR.....	143	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM.....	143	RITEFLO.....	253
REVEAL BLOOD GLUCOSE TEST	84	RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS.....	84	<i>ritonavir</i>	52
REVLIMID.....	258	RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS.....	84	<i>rivastigmine</i>	280
REXALL BLOOD GLUCOSE MONITORING SYSTEM.....	143	RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS.....	84	<i>rivastigmine tartrate</i>	280
REXALL BLOOD GLUCOSE TEST STRIPS.....	84	RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS.....	84	RIXUBIS.....	95
REXALL LANCETS ULTRA THIN	143	RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM.....	143	<i>rizatriptan benzoate</i>	256
REXULTI.....	51	RILUTEK.....	273	ROBAXIN-750.....	271
REYATAZ.....	52	<i>riluzole</i>	273	ROBINUL.....	285
REYVOW.....	255			ROBINUL FORTE.....	285
REZUROCK.....	258			ROCALTROL.....	88
RHOFADE.....	76			ROCKLATAN.....	275
RHOGAM ULTRA-FILTERED PLUS	278			ROLLATOR ULTRA-LIGHT.....	183
				ROLLER WALKER.....	183
				ROLLING WALKER/BURGUNDY	183
				<i>ropinirole hydrochloride</i>	47
				ROSADAN KIT.....	76
				<i>rosuvastatin calcium</i>	36

ROTARIX.....	290	COVERALL/HOOD/XL.....	183	SAFE-T-LANCE PLUS	
ROTATEQ.....	290	SAFE-SENSE HEAD		SAFETYLANCET NORMAL FLOW	.....143
ROUND SHOWER STOOL.....	183	COVER/BOUFFANT CAP 21".	183	SAFETY INSULIN SYRINGES	
ROWASA.....	92	SAFE-SENSE HEAD		0.5ML/29GX1/2"	227
ROXICODONE.....	9	COVER/BOUFFANT		SAFETY INSULIN SYRINGES	
ROZEREM.....	97	CAP/CIRCULAR/ 21".....	183	0.5ML/30GX5/16"	227
ROZLYTREK.....	45	SAFE-SENSE LAB COAT/KNITTED		SAFETY INSULIN SYRINGES	
RUBBER BATH MAT.....	183	COLLAR/CUFFS/LARGE.....	183	1ML/29GX1/2"	227
RUBBER INFLATABLE CUSHION		SAFE-SENSE LAB COAT/KNITTED		SAFETY INSULIN SYRINGES	
.....	183	COLLAR/CUFFS/MEDIUM....	183	1ML/30GX1/2"	227
RUBRACA.....	45	SAFE-SENSE LAB COAT/KNITTED		SAFETY LANCET 21G/PRESSURE	
<i>rufinamide</i>	21	COLLAR/CUFFS/SMALL.....	183	ACTIVATED.....	143
RUKOBIA.....	52	SAFE-SENSE LAB COAT/KNITTED		SAFETY LANCET 23G/PRESSURE	
RUZURGI.....	42	COLLAR/CUFFS/X-LARGE.....	184	ACTIVATED.....	144
RX LOCKING CAP.....	183	SAFE-SENSE SHOE COVER/NON-		SAFETY LANCET 28G/PRESSURE	
RX TIMER CAP 13/16 DRAM		SKID.....	184	ACTIVATED.....	144
TOPS PHARMACY.....	183	SAFESNAP INSULIN		SAFETY LANCET 30G/PRESSURE	
RX TIMER CAP 30/40/60 DRAM		SYRINGE/0.3ML/30G X 5/16"		ACTIVATED.....	144
TOPS PHARMACY.....	183	.....	227	SAFETY LANCETS.....	144
RYALTRIS.....	271	SAFESNAP INSULIN		SAFETY LANCETS 21G.....	144
RYBELSUS.....	28	SYRINGE/0.5ML/29G X 1/2".	227	SAFETY LANCETS 28G.....	144
RYDAPT.....	45	SAFESNAP INSULIN		SAFETY LET LANCETS.....	144
RYTARY.....	47	SYRINGE/0.5ML/30G X 5/16"		SAFETY PEN NEEDLES/30G	
RYTHMOL SR.....	14	.....	227	X3/16".....	227
SABRIL.....	22	SAFESNAP INSULIN		SAFETY PEN NEEDLES/30G	
SAFE-SENSE BEARD NET.....	183	SYRINGE/1ML/28G X 1/2"....	227	X5/16".....	227
SAFE-SENSE COVERALL		SAFESNAP		SAFETY SEAL LANCETS 28G...144	
BOOTSUNIVERSAL SIZE/WHITE		SYRINGE/NEEDLE/3ML/20G X 1"		SAFETY SEAL LANCETS 30G...144	
.....	183	.....	227	SAFETY SYRINGES/NEEDLE	
SAFE-SENSE COVERALL/HOOD/L		SAFE-T-LANCE LOW FLOW 25G		3ML/20GX1"	227
.....	183	.....	143	SAFETY-SHIELD TABLET CUTTER	
SAFE-SENSE		SAFE-T-LANCE NORMAL		.....	184
COVERALL/HOOD/M.....	183	FLOW21G.....	143	SAFYRAL.....	60
SAFE-SENSE COVERALL/HOOD/S		SAFE-T-LANCE PLUS		SAIZEN.....	87
.....	183	SAFETYLANCET HIGH FLOW.	143	SAIZENPREP	
SAFE-SENSE		SAFE-T-LANCE PLUS		RECONSTITUTIONKIT.....	87
		SAFETYLANCET LOW FLOW..	143	SALEX CREAM.....	74

SALEX LOTION.....	74	SB INSULIN		SEAL-TIGHT CAST/BANDAGE	
<i>salicylic acid</i>	74	SYRINGE/U-100/1ML/29G X		PROTECTOR/PED LARGE ARM	
SALICYLIC ACID.....	74	1/2".....	228	.....	184
<i>saline</i>	272	SB INSULIN		SEAL-TIGHT CAST/BANDAGE	
<i>salsalate</i>	7	SYRINGE/U-100/1ML/30G X		PROTECTOR/PED LARGE LEG	184
SAMI THE SEAL		5/16".....	228	SEAL-TIGHT CAST/BANDAGE	
REPLACEMENT FILTERS.....	253	SB INSULIN		PROTECTOR/PED MEDIUM ARM	
SAMSCA.....	89	SYRINGE/U-100/1ML/31G X		.....	184
SANCUSO.....	31	5/16".....	228	SEAL-TIGHT CAST/BANDAGE	
SANDIMMUNE.....	259	SB LANCETS THIN.....	144	PROTECTOR/PED MEDIUM LEG	
SANDOSTATIN.....	89	SB LANCETS ULTRA THIN.....	144	.....	184
SANDOSTATIN LAR DEPOT.....	89	SCSEMBLIX.....	45	SEAL-TIGHT CAST/BANDAGE	
SAPHRIS.....	49,50	<i>scopolamine</i>	32	PROTECTOR/PED SMALL ARM	
<i>sapropterin dihydrochloride</i> ...	88	SEAL-RITE SILICONE EAR PLUGS		.....	184
SAPS CARE ALCOHOL PREP		.....	184	SEAL-TIGHT CAST/BANDAGE	
PADS.....	184	SEALS/ALUMINUM/FLIP		PROTECTOR/PED SMALL LEG	
SAPS HEALTH ALCOHOL		OFF/13MM/BLANK TOP.....	184	.....	185
PREPPADS.....	184	SEAL-TIGHT CAST/BANDAGE		SEAL-TIGHT MID-ARM	
SAPS HEALTH CARE		PROTECTOR/ADULT		PROTECTOR.....	185
ALCOHOL PREP PADS.....	184	FOOT/ANKLE.....	184	SEASONIQUE.....	60
SAPS HEALTH CARE TWIST TOP		SEAL-TIGHT CAST/BANDAGE		SEATING CANE/8-1/2"	
LANCETS.....	144	PROTECTOR/ADULT HAND...	184	SEAT DIAMETER.....	185
SAPS HEALTH TWIST TOP		SEAL-TIGHT CAST/BANDAGE		SECUADO.....	50
LANCETS 30G.....	144	PROTECTOR/ADULT LONG ARM		SECURESAFE SAFETY	
SAPSCARE TWIST TOP LANCETS		.....	184	HYPODERMIC NEEDLE/23G X 1"	
30G.....	144	SEAL-TIGHT CAST/BANDAGE		.....	228
SARAFEM.....	281	PROTECTOR/ADULT LONG LEG		SECURESAFE SAFETY	
SAVAYSA.....	17	.....	184	HYPODERMIC NEEDLE/25G X	
SAVELLA.....	280	SEAL-TIGHT CAST/BANDAGE		5/8".....	228
SAVELLA TITRATION PACK....	280	PROTECTOR/ADULT SHORT		SECURESAFE SAFETY INSULIN	
SB ALCOHOL PREP PADS.....	184	ARM.....	184	SYRINGES/U-100/0.5ML/29GX1	
SB INSULIN		SEAL-TIGHT CAST/BANDAGE		/2".....	228
SYRINGE/U-100/0.5ML/29G X		PROTECTOR/ADULT SHORT LEG		SECURESAFE SAFETY INSULIN	
1/2".....	227	.....	184	SYRINGES/U-100/1ML/29GX1/2	
SB INSULIN		SEAL-TIGHT CAST/BANDAGE		".....	228
SYRINGE/U-100/0.5ML/30G X		PROTECTOR/ADULT WIDE		SECURESAFE SAFETY PEN	
5/16".....	227	SHORT ARM.....	184	NEEDLES/30G X 5/16".....	228
		SEAL-TIGHT CAST/BANDAGE		SECURESAFE	
		PROTECTOR/ADULT WIDE		SYRINGE/NEEDLE/3ML/20G X 1"	
		SHORT LEG.....	184	.....	228

SEGLENTIS.....	10	SERUM BOTTLES/AMBER GLASS/30ML/20MM.....	185	NEEDLES/MINI/REMOVER/31GX 5MM.....	228
SEGLUROMET.....	26	SERUM BOTTLES/CLEAR GLASS/50ML/20MM.....	185	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12M M.....	228
SELECT-LITE DEVICE/LANCETS	144	SETTLING PLATE SDA/29ML/100X15MM.....	185	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31G X8MM.....	228
SELECT-LITE LANCING DEVICE	144	SETTLING PLATE TSA/25ML/100X15MM.....	185	SHOPKO UNILET LANCETS SUPER THIN 30G.....	144
SELECT-OB.....	270	<i>sevelamer carbonate</i>	93	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	144
SELECT-OB+DHA.....	270	<i>sevelamer hcl</i>	93	SHOWER-PAK.....	185
<i>selegiline hcl</i>	48	SEVENFACT.....	95	SIDE BUTTON SAFETY LANCET21G.....	144
<i>selenium sulfide</i>	69	SFROWASA.....	92	SIDEROL.....	265
SELZENTRY.....	52	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN.....	185	SIDESTREAM ADULT FACE MASK	253
SEMGLEE.....	30	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/CAUCASIAN	185	SIDESTREAM PEDIATRIC FACEMASK.....	253
SE-NATAL 19.....	270	SHINGRIX.....	290	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL..	253
SENNA.....	99	SHOPKO ALCOHOL SWABS...	185	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE.....	253
<i>sennosides</i>	99	SHOPKO AUTOLET LANCING DEVICE.....	144	SIDESTREAM PLUS ADULT FACE MASK.....	253
<i>sennosides-docusate sodium</i> ..	98	SHOPKO ON-THE-GO COMFORTLANCETS 30G.....	144	SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP.....	185
SENOKOT.....	99	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	228	SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP.....	185
SENOKOT S.....	98	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM...	228	SIGNIFOR.....	89
SENSI-CARE MOISTURIZING...	75	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12M M.....	228	SIGNIFOR LAR.....	89
SENSIPAR.....	88	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32G X4MM.....	228	<i>sildenafil citrate (pulmonary hypertension)</i>	58
SENTRY.....	265	SHOPKO UNIFINE PENTIPS PLUS PEN		SILENOR.....	97
SENTRY SENIOR.....	265				
SENTRY SENIOR/LUTEIN.....	265				
SEREVENT DISKUS.....	17				
SEROQUEL.....	50				
SEROQUEL XR.....	50				
SEROSTIM.....	87				
<i>sertraline hcl</i>	24				
SERTRALINE HYDROCHLORIDE	24				
SERUM BOTTLE STOPPER 20MM.....	185				
SERUM BOTTLE/250ML.....	185				
SERUM BOTTLES/AMBER GLASS/20ML/20MM.....	185				

SILICONE EAR PLUGS.....	185	<i>simvastatin</i>	36	MONITOR/AUTOMATIC	
SILICONE EAR PLUGS FOR KIDS		SINEMET.....	47	INFLATION.....	109
.....	185	SINGLE HEAD STETHOSCOPE	185	SM BLOOD PRESSURE	
SILICONE EARPLUGS CHILDRENS		SINGLE-LET.....	144	MONITOR/DELUXE AUTOMATIC	
.....	185	SINGULAIR.....	15	.....	109
SILICONE MASK FOR		SINUVA.....	272	SM BLOOD PRESSURE	
BREATHERITE CHAMBER/ADULT		<i>sirolimus</i>	259	MONITOR/DELUXE WRIST....	109
.....	253	SIRTURO.....	42	SM BLOOD PRESSURE	
SILICONE MASK FOR		SITAVIG.....	54	MONITOR/FULLY AUTOMATIC	
BREATHERITE		SITZ BATH.....	185	.....	109
CHAMBER/INFANT.....	253	SIVEXTRO.....	41	SM BLOOD PRESSURE	
SILICONE MASK FOR		SKELAXIN.....	271	MONITOR/MANUAL INFLATION	
BREATHERITE		<i>skin protectants, misc</i>	75	.....	109
CHAMBER/PEDIATRIC.....	253	SKLICE.....	76	SM BLOOD PRESSURE	
SILICONE MASK FOR		SKYLA.....	61	MONITORSERIES 200.....	109
BREATHRITE CHAMBER/ADULT		SKYRIZI.....	69,92	SM BLOOD PRESSURE	
.....	253	SKYRIZI PEN.....	69	MONITORSERIES 600.....	109
SILIQ.....	69	SKYTROFA.....	87	SM COTTON SWABS.....	186
<i>silodosin</i>	94	SLEEPRIGHT DENTAL GUARD	185	SM FOAM EAR PLUGS.....	186
SILVADENE.....	69	SLEEPRIGHT DENTAL GUARD		SM GAUZE PADS 4"X4".....	102
SILVER NITRATE.....	70	DURA-COMFORT.....	185	SM GLUCOSE.....	27
<i>silver sulfadiazine</i>	69	SLEEPRIGHT DENTAL GUARD		SM MICRO THIN LANCETS 33G	
SIMBRINZA.....	274	SLIM-COMFORT.....	185	.....	144
<i>simethicone</i>	91	SLEEPRIGHT INTRA-NASAL		SM ONE DAILY MENS.....	265
SIMPLE DIAGNOSTICS LANCING		BREATHE AID.....	186	SM ONE DAILY WOMENS....	265
DEVICE.....	144	SLEEPRIGHT INTRA-NASAL		SM STERILE PADS.....	103
SIMPLE WISHES PUMPING		VAPOR INHALER.....	186	SM TRUEDRAW LANCING	
BRALARGE-PLUS HANDS-		SLEEPRIGHT SPORT INTRA-		DEVICE.....	144
FREE/ADJUSTABLE.....	185	NASAL BREATHE AID.....	186	SM	
SIMPLE WISHES PUMPING		SLO-NIACIN.....	291	WALKER/YOUTH/FOLDING/DUA	
BRAXS-L HANDS-		SLYND.....	62	L WHEELS.....	186
FREE/ADJUSTABLE.....	185	SM ALCOHOL PREP PADS....	186	SM WRIST CUFF BLOOD	
SIMPLYGO BREAST PUMP/DUAL		SM BLOOD PRESSURE		PRESSURE MONITOR.....	109
.....	185	MONITOR/ADVANCED		SMART DIABETES VANTAGE	
SIMPLYGO BREAST		AUTOMATIC.....	109	LANCING DEVICE.....	144
PUMP/SINGLE.....	185	SM BLOOD PRESSURE		SMART SENSE COLOR LANCETS	
SIMPONI.....	4			UNIVERSAL 33G.....	144
SIMPONI ARIA.....	4			SMART SENSE GLUCOSE.....	27

SMART SENSE GLUCOSE TABLETS.....	27	<i>sodium acetate</i>	256	SOLOSEC.....	3
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM.....	144	SODIUM ACETATE.....	256	SOLTAMOX.....	44
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS.....	84	<i>sodium bicarbonate (antacid)</i>	12	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM.....	145
SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	144	<i>sodium chloride</i>	258	SOLUS V2 AUDIBLE TEST.....	84
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	144	<i>sodium chloride (gu irrigant)</i> ..	93	SOLUS V2 CONTROL HIGH....	145
SMART SENSE THIN LANCETSUNIVERSAL 26G.....	145	<i>sodium chloride flush</i>	258	SOLUS V2 CONTROL LOW.....	145
SMART SENSE VALUE BLOOD GLUCOSE STRIPS.....	84	<i>sodium chloride hypertonic</i> ..	277	SOLUS V2 LANCING DEVICE..	145
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM.....	145	<i>sodium citrate & citric acid</i>	93	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G.....	145
SMARTEST BLOOD GLUCOSE TEST STRIPS.....	84	<i>sodium fluoride</i>	257	SOLUS V2 TWIST LANCETS 30G	145
SMARTEST CONTROL SOLUTIONMEDIUM.....	145	<i>sodium fluoride (dental)</i>	260	SOMA.....	271
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM.....	145	<i>sodium fluoride-potassium nitrate</i>	260	SOMATULINE DEPOT.....	89
SMARTEST EJECT STARTER KIT	145	<i>sodium phenylbutyrate</i>	88	SOOLANTRA.....	76
SMARTEST LANCETS 28G.....	145	<i>sodium phosphates</i>	99	SOOTHENEB NBL 100 CHILD MASK.....	253
SMARTEST PERSONA STARTERKIT.....	145	<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	258	SOOTHENEB NBL 100 MEDICATION CUP.....	253
SMARTEST PRONTO STARTERKIT.....	145	<i>sodium polystyrene sulfonate</i>	259	SOOTHENEB NBL 100 MESH CAP.....	254
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM.....	145	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA.....	65	SOOTHENEB NBL100 ADULT MASK.....	254
SMARTEST PROTEGE STARTERKIT.....	145	SOFOSBUVIR/VELPATASVIR....	54	SOOTHIES COOLING GEL PADS	186
SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY.....	186	SOFT HANDS COTTON GLOVE/EXTRA LARGE.....	186	SOOTHIES GEL PADS/REUSABLE	186
		SOFT HANDS COTTON GLOVE/LARGE.....	186	<i>sorafenib tosylate</i>	45
		SOFT HANDS COTTON GLOVE/SMALL-MEDIUM.....	186	SORBIDON HYDRATE.....	75
		SOF-WICK 4"X4"	103	SORIATANE.....	69
		SOLARTEK GLUCOSE CONTROLSOLUTIONS.....	145	SORILUX.....	69
		<i>solifenacin succinate</i>	287	<i>sotalol hcl</i>	55
		SOLIQUA 100/33.....	26	<i>sotalol hcl (afib/afI)</i>	55
		SOLO.....	266	SOTYLIZE.....	55
		SOLODYN.....	283	SOVALDI.....	54

SPECTRAVITE.....	266	SPRIX.....	5	STIOLTO RESPIMAT.....	17
SPENCO SILICORE BED PAD..	186	SPRYCEL.....	45	STIRRING ROD/GLASS 12X1/4"	
SPENCO SILICORE CHAIR PAD		STALEVO 100.....	48	.....	187
.....	186	STALEVO 125.....	48	STIVARGA.....	45
SPENCO SILICORE FOOT		STALEVO 150.....	48	STOCKING APPLICATOR/PETITE	
PILLOWS/ONE SIZE.....	186	STALEVO 200.....	48	.....	187
SPENCO SILICORE FOOT		STALEVO 50.....	48	STOCKING	
POSITIONER.....	186	STALEVO 75.....	48	APPLICATOR/REGULAR.....	187
SPENCO SILICORE WHEELCHAIR		STANDARD CRUTCH TIP.....	186	STOP LICE EGG & NIT REMOVAL	
PAD.....	186	STARLIX.....	30	SYSTEM.....	187
SPHYGMOMANOMETER		<i>stavudine</i>	52	STRAINER/STAINLESS	
ANEROID.....	109	STEEL		STEELWITH PLASTIC	
<i>spinosad</i>	76	COMMODE/BEDSIDE/FOLDING/		HANDLE/2-1/2".....	187
SPIRIVA HANDIHALER.....	15	SPLASH GUARD.....	186	STRATTERA.....	1
SPIRIVA RESPIMAT.....	15	STEEL ROLLING WALKER.....	186	STRIBILD.....	52
SPIRO PD.....	254	STEGLATRO.....	30	STRIVERDI RESPIMAT.....	17
<i>spironolactone</i>	86	STEGLUJAN.....	26	STROMECTOL.....	13
<i>spironolactone &</i>		STELARA.....	69,92	STROVITE FORTE.....	266
<i>hydrochlorothiazide</i>	86	STEP COUNTER.....	186	STROVITE ONE.....	266
SPLASH SHIELD/FULL FACE...	186	STEP N' REST.....	186	SUBLOCADE.....	11
SPLASH SHIELD/SHORT FACE	186	STEP N' REST II WALKER.....	187	SUBOXONE.....	11
SPLIT HANDGRIPS.....	186	STEP N' REST WALKER.....	187	<i>sucralfate</i>	285
SPORANOX.....	33	STEP N' REST WALKER/5"		SUCTION GRAB BAR.....	187
SPORANOX PULSEPAK.....	33	SWIVEL WHEELS/GLIDE WHEELS		SUCTION TIPS FOR	
SPRAGUE RAPPAPORT		.....	187	TRANSFERBENCHES.....	187
STETHOSCOPE/BLACK.....	186	STERILANCE PA.....	145	SUDAFED CHILDRENS.....	272
SPRAGUE RAPPAPORT		STERILANCE TL.....	145	SUDAFED CONGESTION.....	272
STETHOSCOPE/NAVY.....	186	STERILE PADS 4"X4".....	103	SUDAFED SINUS CONGESTION	
SPRAGUE RAPPAPORT		STETHOSCOPE.....	187	.....	272
STETHOSCOPE/PURPLE.....	186	STETHOSCOPE DUAL HEAD..	187	SULAR.....	56
SPRAVATO 56MG DOSE.....	23	STETHOSCOPE SINGLE HEAD	187	<i>sulconazole nitrate</i>	67
SPRAVATO 84MG DOSE.....	23	STETHOSCOPE/NURSES BLUE		<i>sulfacetamide sodium</i>	69
SPRAY APPLICATOR KIT.....	186	.....	187	<i>sulfacetamide sodium (acne)</i> .	65
SPRAY BOTTLE 120ML/PLASTIC		STETHOSCOPE/SPRAGUE		<i>sulfacetamide sodium (ophth)</i>	
.....	186	RAPPAPORT STYLE.....	187	.....	275
SPRITAM.....	21				

<i>sulfacetamide sodium w/ sulfur</i>.....65	2.25ML/PEEL-AWAY..... 187	SYRINGE/U-100/0.3ML/31GX1/ 4"..... 229
<i>sulfacetamide sodium-sulfur in urea vehicle</i> 65	SUPPOSITORY MOLDS 2CC/V- NOTCH..... 187	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"..... 229
<i>sulfacetamide sod-prednisolone</i>.....276	SUPPOSITORY MOLDS 2GM. 187	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"..... 229
<i>sulfadiazine</i> 283	SUPPOSITORY MOLDS 2ML/PEEL-AWAY..... 187	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"..... 229
<i>sulfamethoxazole-trimethoprim</i>.....40	SUPPOSITORY MOLDS 3ML/PEEL-AWAY..... 187	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"..... 229
SULFAMYLON..... 70	SUPPOSITORY SHELL 2.0ML..187	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"..... 229
<i>sulfasalazine</i>.....92	SUPPOSITORY SHELL RACK... 187	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"..... 229
<i>sulindac</i> 5	SUPPOSITORY SHELLS 2.4ML187	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"..... 229
SUMADAN KIT..... 65	SUPRAX.....59	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 229
SUMADAN WASH..... 65	SUPREME II HIGH/LOW CONTROL SOLUTION..... 145	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... 229
SUMADAN XLT.....65	SUPREME TEST STRIPS.....84	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... 229
SUMANSETRON..... 255	SURE COMFORT ALCOHOL PREP PADS..... 187	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 229
<i>sumatriptan</i>.....256	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" .....228	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 229
<i>sumatriptan succinate</i>.....256	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"..... 228	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 229
<i>sumatriptan-naproxen sodium</i>.....255	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"..... 228	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... 229
SUMAXIN.....65	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"..... 228	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... 229
SUMAXIN CP KIT..... 65	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"..... 228	SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM.....229
SUMAXIN WASH..... 65	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6M M..... 229
SUNBEAM KING COVER..... 187	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	SURE COMFORT LANCETS 18G.....145
SUNBEAM STANDARD COVER.....187	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	
<i>sunitinib malate</i>.....45	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	
SUNOSI..... 1	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	
SUPER THIN LANCETS..... 145	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	
SUPPOSITORY MOLD 2GM... 187	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	
SUPPOSITORY MOLD/ALUMINUM2GM/100 CAVITY..... 187	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	
SUPPOSITORY MOLDS 1.3ML/PEEL-AWAY..... 187	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 229	
SUPPOSITORY MOLDS	SURE COMFORT INSULIN	

SURE COMFORT LANCETS 21G.....146	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"..... 230	MONITOR/ARM..... 109
SURE COMFORT LANCETS 23G.....146	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"..... 230	SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM.. 109
SURE COMFORT LANCETS 28G.....146	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 230	SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC... 109
SURE COMFORT LANCETS 30G.....146	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"..... 230	SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM.....109
SURE COMFORT LANCING PEN.....146	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"..... 230	SURELIFE CLEARWAVE II PULSE OXIMETER.....187
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM. 229	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"..... 230	SURELIFE CLEARWAVE PULSEOXIMETER.....187
SURE COMFORT PEN NEEDLES30GX5/16" SHORT..229	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"..... 230	SURELITE LANCETS..... 146
SURE COMFORT PEN NEEDLES31GX3/16" (5MM). 229	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"..... 230	SURE-PEN..... 146
SURE COMFORT PEN NEEDLES31GX5/16" (8MM). 229	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 230	SURE-PREP ALCOHOL PREP PADS..... 187
SURE COMFORT PEN NEEDLES32GX5/32".....229	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"..... 230	SURESTEP GLUCOSE CONTROL.....146
SURE COMFORT PEN NEEDLES32GX6MM..... 229	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 230	SURESTEP GLUCOSE CONTROLSOLUTION..... 146
SURE EDGE BLOOD GLUCOSE MONITORING SYSTEM..... 146	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"..... 230	SURESTEP PRO HIGH GLUCOSECONTROL.....146
SURE EDGE BLOOD GLUCOSE TEST STRIPS..... 84	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 230	SURESTEP PRO LOW GLUCOSECONTROL.....146
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM..... 146	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"..... 230	SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS85
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT.....146	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 230	SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER..... 146
SURECHEK BLOOD GLUCOSE TEST STRIPS..... 85	SURE-LANCE FLAT LANCETS..146	SURE-TOUCH LANCETS UNIVERSAL..... 146
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM..... 229	SURE-LANCE LANCETS 26G...146	SUSTIVA..... 52
SURE-FINE PEN NEEDLES 31GX3/16" 5MM..... 230	SURE-LANCE THIN LANCETS 28G.....146	SUTENT..... 45
SURE-FINE PEN NEEDLES 31GX5/16" 8MM..... 230	SURE-LANCE ULTRA THIN LANCETS..... 146	SWIM EARPLUGS..... 187
	SURELIFE BLOOD PRESSURE	SYMBICORT..... 17
		SYMBYAX..... 280
		SYMDEKO..... 282
		SYMFI.....52

SYMFI LO.....	53	.....	188	TASIGNA.....	46
SYMJEPI.....	291	TABLOID.....	43	TASMAR.....	46
SYMLINPEN 120.....	25	TABRECTA.....	45	TASOPROL.....	73
SYMLINPEN 60.....	25	TACLONEX.....	73	<i>tavaborole</i>	67
SYMPAZAN.....	19	<i>tacrolimus</i>	259	TAVALISSE.....	95
SYMPHONY DOUBLE PUMPING SYSTEM.....	188	<i>tacrolimus (topical)</i>	74	TAYTULLA.....	60
SYMPROIC.....	92	<i>tadalafil</i>	57	<i>tazarotene</i>	69
SYMITUZA.....	53	<i>tadalafil (pulmonary hypertension)</i>	58	TAZAROTENE.....	66
SYNALAR.....	72	TAFINLAR.....	45	TAZORAC.....	69
SYNALAR CREAM KIT.....	72	TAGRISSO.....	43	TAZVERIK.....	46
SYNALAR OINTMENT KIT.....	72	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM.....	188	TDVAX.....	284
SYNALAR TS.....	72	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE.....	188	TECFIDERA.....	281
SYNAREL.....	88	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE.....	188	TECFIDERA STARTER PACK...	281
SYNERA.....	74	TAKHZYRO.....	95	TECHLITE AST LANCETS.....	146
SYNJARDY.....	26	TALICIA.....	287	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2".....	230
SYNJARDY XR.....	26	TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF.....	110	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2".....	230
SYNTHROID.....	284	TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF.....	110	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16".....	230
SYPRINE.....	258	TALTZ.....	69	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64".....	230
SYRINGE ACCESSORIES/LEURTIP CAP TRAY.....	188	TALZENNA.....	46	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16".....	230
SYRINGE DIAL-A-DOSE.....	188	TAMIFLU.....	54	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2".....	230
SYRINGE/LUER LOCK/3ML/20G X 1".....	230	<i>tamoxifen citrate</i>	44	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2".....	230
SYRINGES/LUER LOCK/1ML/20GX1".....	230	<i>tamsulosin hcl</i>	94	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2".....	230
SYSTANE ICAPS AREDS2.....	266	TAPAZOLE.....	283	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	230
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE.....	261	TARCEVA.....	43	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	230
TABLET CUTTER/CRUSHER...	188	TARGETIN.....	46,68	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	230
TABLET CUTTER/DELUXE SAFETY.....	188	TARKA.....	39	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	230
TABLET CUTTER/SAFETY SHIELD	188	TARON-C DHA.....	270	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	230
TABLET CUTTER/SAFETY-SHIELD		TARON-PREX.....	270		
		TARPEYO.....	62		
		TASCENSO ODT.....	281		

TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64".....	230	TECHLITE PEN NEEDLES/32GX 8MM.....	231	TESTIM.....	11
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16".....	230	TEGADERM FOAM DRESSING 4"X4".....	103	<i>testosterone</i>	11
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	230	TEGRETOL.....	21	<i>testosterone cypionate</i>	11
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	230	TEGRETOL-XR.....	21	<i>testosterone enanthate</i>	11
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16".....	231	TEGSEDI.....	282	<i>tetrabenazine</i>	280
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64".....	231	TEKTURNA.....	39	<i>tetracaine hcl (ophth)</i>	275
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	231	TEKTURNA HCT.....	39	<i>tetracycline hcl</i>	283
TECHLITE LANCETS.....	146	TELCARE BLOOD GLUCOSE MONITORING SYSTEM.....	146	TETRIX.....	75
TECHLITE LANCETS 30G.....	146	TELCARE BLOOD GLUCOSE TEST STRIPS.....	85	TEXACORT.....	73
TECHLITE PEN NEEDLES 29GX 10MM.....	231	TELCARE GLUCOSE CONTROL SOLUTION LEVEL 1/2.....	146	TEXTURE WALL GRAB BAR/12"	188
TECHLITE PEN NEEDLES 29GX 12 MM.....	231	<i>telmisartan</i>	37	TEXTURE WALL GRAB BAR/16"	188
TECHLITE PEN NEEDLES 31GX 5MM.....	231	<i>telmisartan-amlodipine</i>	39	TEXTURE WALL GRAB BAR/18"	188
TECHLITE PEN NEEDLES/31GX 5MM.....	231	<i>telmisartan-hydrochlorothiazide</i>	39	TEXTURE WALL GRAB BAR/24"	188
TECHLITE PEN NEEDLES/31GX 6 MM.....	231	<i>temazepam</i>	97	TEXTURE WALL GRAB BAR/32"	188
TECHLITE PEN NEEDLES/31GX 8MM.....	231	TEMIXYS.....	53	TEZSPIRE.....	14
TECHLITE PEN NEEDLES/32GX 4MM.....	231	TEMODAR.....	42,43	TGT ALCOHOL SWABS.....	188
TECHLITE PEN NEEDLES/32GX 6MM.....	231	TEMOVATE.....	73	TGT BLOOD GLUCOSE METER MONITORING SYSTEM.....	147
		<i>temozolomide</i>	43	TGT BLOOD GLUCOSE MONITORING SYSTEM.....	147
		TENIVAC.....	284	TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM.....	147
		<i>tenofovir disoproxil fumarate</i>	53	TGT BLOOD GLUCOSE TEST STRIPS.....	85
		TENORETIC 100.....	39	TGT BLOOD GLUCOSE TEST STRIPS PREMIUM.....	85
		TENORETIC 50.....	39	TGT BLOOD PRESSURE MONITOR/AUTOMATIC.....	110
		TENORMIN.....	55	TGT GLUCOSE.....	27
		TEPMETKO.....	46	TGT LANCET MICRO THIN 33G	147
		<i>terazosin hcl</i>	37		
		<i>terbinafine hcl</i>	32		
		<i>terbinafine hcl (topical)</i>	67		
		<i>terbutaline sulfate</i>	17		
		<i>terconazole vaginal</i>	290		

TGT LANCET THIN 26G.....	147	<i>thioridazine hcl</i>	50	TOBRADEX ST.....	276
TGT LANCET ULTRA THIN 30G	147	<i>thiothixene</i>	51	<i>tobramycin</i>	3
TGT LANCING DEVICE.....	147	THRESHOLD IMT.....	254	<i>tobramycin (ophth)</i>	275
THALITONE.....	87	THRESHOLD PEP.....	254	<i>tobramycin-dexamethasone</i>	276
THALOMID.....	258	THRIVITE 19.....	266	TOBREX.....	275
THE DOCTORS NIGHTGUARD ADVANCED COMFORT.....	188	THRIVITE RX.....	270	TODAYS HEALTH ADVANCED LANCING DEVICE.....	147
THE SIDE RESTER CUSHION IMPERMEABLE COVER.....	188	THYQUIDITY.....	284	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....	231
THE SIDE RESTER CUSHION REGULAR COVER.....	188	<i>thyroid</i>	284	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	231
THEO-24.....	17	<i>tiagabine hcl</i>	22	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	231
<i>theophylline</i>	17	TIAZAC.....	56	TODAYS HEALTH SUPER THINLANCETS 30G.....	147
THERA.....	267	TIBSOVO.....	46	TODAYS HEALTH ULTRA THINLANCETS 28G.....	147
THERA M PLUS.....	266	TIGAN.....	32	TOILET SAFETY FRAME.....	188
THERA-BAND EXERCISE BANDS	188	TIGLUTIK.....	273	TOILET SEAT ELEVATOR.....	188
THERABETIC MULTI-VITAMIN	266	TIKOSYN.....	14	<i>tolcapone</i>	46
THERAGRAN-M.....	266	<i>timolol maleate</i>	55	<i>tolnaftate</i>	68
THERAGRAN-M ADVANCED.	266	<i>timolol maleate (ophth)</i>	273	TOLSURA.....	33
THERAGRAN-M ADVANCED 50 PLUS.....	266	TIMOPTIC.....	273	<i>tolterodine tartrate</i>	287
THERAGRAN-M PREMIER.....	266	TIMOPTIC OCUDOSE.....	273	<i>tolvaptan</i>	89
THERAGRAN-M PREMIER 50 PLUS.....	266	TIMOPTIC-XE.....	273	TOMMEE TIPPEE BREAST PUMP ADAPTER/STANDARD CLOSER TO NATURE.....	188
THERASEAL HAND PROTECTION	75	TINACTIN.....	67	TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO.....	188
THERA-TABS M.....	266	TINACTIN DEODORANT.....	68	TOMMEE TIPPEE DOUBLE ELECTRIC BREAST PUMP MADE FOR ME.....	188
THEREMS MULTIVITAMIN....	267	TINACTIN JOCK ITCH.....	68	TOMMEE TIPPEE MANUAL BREAST PUMP MADE FOR ME	188
THEREMS-M.....	266	<i>tinidazole</i>	40	TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME	
<i>thiamine hcl</i>	291	<i>tiopronin</i>	94		
THINLETS GP LANCETS.....	147	TIP RECTAL/VAGINAL W/PERFORATIONS.....	188		
THIOLA.....	94	TIROSINT.....	284		
THIOLA EC.....	94	TIROSINT-SOL.....	284		
		TIVICAY.....	53		
		TIVICAY PD.....	53		
		<i>tizanidine hcl</i>	271		
		TOBI.....	3		
		TOBI PODHALER.....	3		
		TOBRADEX.....	276		

.....	188	5/16".....	231	.....	189
TOMMEE TIPPEE SINGLE		TOPCARE ULTRA COMFORT		TOPI-CLICK	
ELECTRIC BREAST PUMP MADE		INSULIN		APPLICATOR/MICRO/PIN	
FOR ME.....	189	SYRINGE/U-100/0.3ML/29G X		POINT/9ML/0.05ML/B... 189	
TONGUE CLEANER/COMFORT		1/2".....	231	TOPI-CLICK	
CURVE.....	189	TOPCARE ULTRA COMFORT		APPLICATOR/MICRO/ROUNDED	
TONGUE DEPRESSORS.....	189	INSULIN		/9ML/0.05ML/B... 189	
TOOTHETTE BITE BLOCK.....	189	SYRINGE/U-100/0.5ML/29G X		TOPI-CLICK	
TOOTHETTE ORAL		1/2".....	231	APPLICATOR/MICRO/SOFT	
SWABS/DENTIFRICE.....	195	TOPCARE ULTRA COMFORT		ANGLED/9ML/0.05ML/B... 189	
TOOTHETTE ORAL		INSULIN		TOPI-CLICK MICRO/PIN POINT	
SWABS/UNTREATED.....	195	SYRINGE/U-100/1ML/29G X		APPLICATOR/B... 189	
TOOTHETTE PLUS ORAL		1/2".....	231	TOPI-CLICK	
SWABS/UNTREATED.....	195	TOPI-CLICK 140/BLACK.....	189	MICRO/ROUNDEDAPPLICATOR/	
TOPAMAX.....	21	TOPI-CLICK 140/B... 189		BLUE..... 189	
TOPAMAX SPRINKLE.....	21	TOPI-CLICK 140/G... 189		TOPI-CLICK MICRO/SOFT	
TOPCARE CLICKFINE UNIVERSAL		TOPI-CLICK 140/G... 189		ANGLED APPLICATOR/B... 189	
PEN EEDLES 31GX1/4".....	231	TOPI-CLICK 140/P... 189		TOPI-CLICK NOZZLE..... 190	
TOPCARE CLICKFINE UNIVERSAL		TOPI-CLICK 140/P... 189		TOPI-CLICK PERL VAGINAL	
PEN EEDLES 31GX5/16".....	231	TOPI-CLICK 140/R... 189		APPLICATOR DOSE	
TOPCARE LANCETS MICRO-THIN		TOPI-CLICK 140/S... 189		LOADER/35ML..... 190	
33G.....	147	TOPI-CLICK 140/W... 189		TOPI-CLICK PERL VAGINAL DOSE	
TOPCARE ULTRA COMFORT		TOPI-CLICK 35 DOSE CHECK.. 189		APPLICATOR/4ML..... 190	
INSULIN SYRINGE/0.3ML/30G X		TOPI-CLICK 35 USP671 UV		TOPI-CLICK PERL VAGINAL	
5/16".....	231	BLOCKING/ORANGE		DOSING SYSTEM/VAGINAL	
TOPCARE ULTRA COMFORT		BODY/CAP/B... 189		APPLICATOR 35..... 190	
INSULIN SYRINGE/0.3ML/31G X		TOPI-CLICK 35 USP671 UV		TOPI-CLICK/35ML/1	
5/16".....	231	BLOCKING/ORANGE		PORT/BLACK..... 190	
TOPCARE ULTRA COMFORT		BODY/WHITE CAP/B... 189		TOPI-CLICK/35ML/1 PORT/BLUE	
INSULIN SYRINGE/0.5ML/30G X		TOPI-CLICK 35 VAGINAL		..... 190	
5/16".....	231	APPLICATOR DOSE LOADER.. 189		TOPI-CLICK/35ML/1	
TOPCARE ULTRA COMFORT		TOPI-CLICK 35 VAGINAL DOSE		PORT/G... 190	
INSULIN SYRINGE/0.5ML/31G X		APPLICATOR..... 189		TOPI-CLICK/35ML/1	
5/16".....	231	TOPI-CLICK 35 VAGINAL DOSING		PORT/G... 190	
TOPCARE ULTRA COMFORT		SYSTEM/APPLICATOR..... 189		TOPI-CLICK/35ML/1	
INSULIN SYRINGE/1ML/30G X		TOPI-CLICK APPLICATOR/140ML		PORT/ORANGE..... 190	
5/16".....	231	..... 189		TOPI-CLICK/35ML/1 PORT/PINK	
TOPCARE ULTRA COMFORT		TOPI-CLICK APPLICATOR/35ML		..... 190	
INSULIN SYRINGE/1ML/31G X					

TOPI-CLICK/35ML/1 PORT/PURPLE.....	190	WHEELCHAIRSEAT CUSHION	190	TRAVEL POUCH.....	190
TOPI-CLICK/35ML/1 PORT/RED	190	TOUJEO MAX SOLOSTAR.....	30	TRAVELER 3 WHEEL ROLLINGWALKER.....	191
TOPI-CLICK/35ML/1 PORT/SILVER.....	190	TOUJEO SOLOSTAR.....	30	<i>travoprost</i>	277
TOPI-CLICK/35ML/1 PORT/WHITE.....	190	TOVET KIT.....	73	<i>trazodone hcl</i>	24
TOPI-CLICK/35ML/3 PORT/BLACK.....	190	TOVIAZ.....	287	TRECATOR.....	42
TOPI-CLICK/35ML/3 PORT/BLUE	190	<i>trace minerals (cr-cu-mn-se-zn)</i>	258	TRELEGY ELLIPTA.....	17
TOPI-CLICK/35ML/3 PORT/GOLD.....	190	TRACLEER.....	57	TREMFYA.....	69
TOPI-CLICK/35ML/3 PORT/PINK	190	TRACTION FLOOR STAND/ECONOMY MODEL...	190	<i>treprostinil</i>	57
TOPI-CLICK/35ML/3 PORT/PURPLE.....	190	TRACTION HEAD HALTER ROPE10'.....	190	TRESIBA.....	30
TOPI-CLICK/35ML/3 PORT/RED	190	TRACTION PELVIC BELT.....	190	TRESIBA FLEXTOUCH.....	30
TOPI-CLICK/35ML/3 PORT/SILVER.....	190	TRACTION WEIGHT BAG/20LB	190	<i>tretinoin</i>	66
TOPI-CLICK/35ML/3 PORT/WHITE.....	190	TRADJENTA.....	28	<i>tretinoin (chemotherapy)</i>	46
TOPICORT.....	73	<i>tramadol hcl</i>	9	<i>tretinoin microsphere</i>	66
<i>topiramate</i>	21	TRAMADOL HYDROCHLORIDE..	9	TRETTEN.....	95
TOPPER DRESSING SPONGES 4"X4".....	103	<i>tramadol-acetaminophen</i>	10	TREXALL.....	43
TOPROL XL.....	55	<i>trandolapril</i>	37	TREXIMET.....	255
<i>toremifene citrate</i>	44	<i>trandolapril-verapamil hcl</i>	39	<i>triamcinolone acetonide</i> (mouth).....	260
<i>torseamide</i>	86	TRANSDERM-SCOP.....	32	<i>triamcinolone acetonide</i> (topical).....	73
TOSYMRA.....	256	TRANSFER BENCH.....	190	<i>triamterene</i>	86
TOTAL COMFORT WHEELCHAIRBACK CUSHION	190	TRANSFER BENCH W/BACK..	190	<i>triamterene &</i> <i>hydrochlorothiazide</i>	86
TOTAL COMFORT		TRANSFER BOARD/28"X8-1/4"	190	<i>triazolam</i>	97
		TRANSFER PIN.....	190	TRIBENZOR.....	39
		TRANSPORT CHAIR ULTRA LIGHT.....	190	TRICARE.....	270
		TRANXENE T.....	14	TRICOR.....	35
		<i>tranylcypromine sulfate</i>	23	<i>trientine hcl</i>	258
		TRAVATAN Z.....	277	<i>trifluoperazine hcl</i>	50
		TRAVEL BOTTLES.....	190	<i>trifluridine</i>	275
		TRAVEL LANCETS 30G.....	147	TRIGGER RELEASE JUNIOR WALKER/WHEELS.....	191
		TRAVEL LANCETS ADVANCED 28G.....	147	TRI-GRIP BATHTUB RAIL.....	191
				<i>trihexyphenidyl hcl</i>	46

TRIJARDY XR.....	26	WRIST/2SMALL DISKS.....	191	TRUE COMFORT PRO PEN	
TRIKAFTA.....	282	TRUDHESA.....	255	NEEDLES 31G X 5MM.....	232
TRILEPTAL.....	21	TRUE COMFORT ALCOHOL PREP		TRUE COMFORT PRO PEN	
TRILIPIX.....	35	PADS.....	191	NEEDLES 31G X 6MM.....	232
TRILOCICLO.....	73	TRUE COMFORT INSULIN		TRUE COMFORT PRO PEN	
<i>trimethobenzamide hcl</i>	32	SYRINGE/0.5ML/31G X 5/16"		NEEDLES 31G X 8MM.....	232
<i>trimethoprim</i>	40	.....	232	TRUE COMFORT PRO PEN	
TRIMETHOPRIM.....	40	TRUE COMFORT INSULIN		NEEDLES 32G X 4MM.....	232
<i>trimipramine maleate</i>	25	SYRINGE/1ML/31G X 5/16" ..	232	TRUE COMFORT PRO PEN	
TRIMO-SAN.....	290	TRUE COMFORT PEN		NEEDLES 32G X 5MM.....	232
TRINATAL RX 1.....	270	NEEDLES31G X 5MM.....	232	TRUE COMFORT PRO PEN	
TRINTELLIX.....	24	TRUE COMFORT PEN		NEEDLES 32G X 6MM.....	232
TRIO ROLLING WALKER.....	191	NEEDLES31G X 6MM.....	232	TRUE COMFORT PRO PEN	
TRISTART DHA.....	270	TRUE COMFORT PEN		NEEDLES 33G X 4MM.....	232
TRISTART FREE.....	270	NEEDLES32G X 4MM.....	232	TRUE COMFORT PRO PEN	
TRISTART ONE.....	270	TRUE COMFORT PRO		NEEDLES 33G X 5MM.....	232
TRI-TABS DHA.....	270	ALCOHOLPREP PADS.....	191	TRUE COMFORT PRO PEN	
TRIUMEQ.....	53	TRUE COMFORT PRO INSULIN		NEEDLES 33G X 6MM.....	232
TRIUMEQ PD.....	53	SYRINGE/1ML/32GX5/16"	232	TRUE COMFORT TWIST TOP	
TRIZIVIR.....	53	TRUE COMFORT PRO		LANCETS 30G.....	147
TROCHE MOLD 30 CAVITY....	191	INSULINSYRINGE/0.5ML/30G X		TRUE FOCUS BLOOD	
TROGARZO.....	53	5/16"	232	GLUCOSESELF MONITORING	
TROKENDI XR.....	21	TRUE COMFORT PRO		METER.....	147
<i>tropicamide</i>	274	INSULINSYRINGE/0.5ML/31G X		TRUE FOCUS SELF MONITORING	
<i>trospium chloride</i>	287	5/16"	232	BLOOD GLUCOSE TEST STRIPS85	
TRU FIT MAGNETIX		TRUE COMFORT PRO		TRUE METRIX.....	147
ANKLE/2SMALL DISKS.....	191	INSULINSYRINGE/0.5ML/32G X		TRUE METRIX AIR BLOOD	
TRU FIT MAGNETIX BACK.....	191	5/16"	232	GLUCOSE METER/BLUETOOTH	
TRU FIT MAGNETIX		TRUE COMFORT PRO		SMART.....	147
ELBOW/2SMALL DISKS.....	191	INSULINSYRINGE/1ML/30G X		TRUE METRIX AIR BLOOD	
TRU FIT MAGNETIX OPEN		5/16"	232	GLUCOSE METER/BLUETOOTH	
KNEE/2 LARGE DISKS.....	191	TRUE COMFORT PRO		SMART.....	147
TRU FIT MAGNETIX SELF-		INSULINSYRINGE/1ML/31G X		TRUE METRIX AIR	
ADHESIVE MAGNETS.....	191	5/16"	232	W/BLUETOOTH SMART.....	147
TRU FIT MAGNETIX		TRUE COMFORT PRO		TRUE METRIX BLOOD	
		INSULINSYRINGE/U-100/0.5ML/		GLUCOSEMETER.....	147
		30G X 1/2"	232	TRUE METRIX BLOOD	
		TRUE COMFORT PRO		GLUCOSETEST STRIPS.....	85
		INSULINSYRINGE/U-100/1ML/3			
		OG X 1/2"	232		

TRUE METRIX CONTROL SOLUTION LEVEL 1.....	147	1/2".....	233	31GX8MM.....	233
TRUE METRIX CONTROL SOLUTION LEVEL 3.....	147	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	233	TRUEPLUS PEN NEEDLES 32GX4MM.....	233
TRUE METRIX GO BLOOD GLUCOSE METER.....	147	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	233	TRUEPLUS SAFETY LANCETS 28G.....	148
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	85	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	233	TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING.....	148
TRUECONTROL GLUCOSE CONTROL LEVEL 0.....	147	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	233	TRUETEST STRIPS.....	85
TRUECONTROL GLUCOSE CONTROL LEVEL 1.....	148	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	233	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM.....	148
TRUEDRAW LANCING DEVICE.....	148	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	233	TRUETRACK BLOOD GLUCOSE TEST.....	85
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM.....	232	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	233	TRUETRACK SMART SYSTEM	148
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM.....	232	TRUEPLUS LANCETS 26G.....	148	TRUETRACK TEST.....	85
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM.....	232	TRUEPLUS LANCETS 28G.....	148	TRULANCE.....	90
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM.....	232	TRUEPLUS LANCETS 28G SUPER THIN.....	148	TRULICITY.....	28
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM.....	233	TRUEPLUS LANCETS 30G.....	148	TRUMENBA.....	288
TRUEPLUS GLUCOSE.....	27	TRUEPLUS LANCETS 30G ULTRA THIN.....	148	TRUSELTIQ.....	46
TRUEPLUS GLUCOSE ON THE GO.....	27	TRUEPLUS LANCETS 33G.....	148	TRUSOPT.....	277
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	233	TRUEPLUS LANCETS 33G MICRO THIN.....	148	TRUSTEX COLOR CONDOMS + LUBE.....	110
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	233	TRUEPLUS PEN NEEDLES 29GX12MM.....	233	TRUSTEX LUBRICATED.....	110
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	233	TRUEPLUS PEN NEEDLES 31GX5MM.....	233	TRUSTEX LUBRICATED EXTRALARGE.....	110
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X		TRUEPLUS PEN NEEDLES 31GX6MM.....	233	TRUSTEX LUBRICATED EXTRASTRENGTH.....	111
		TRUEPLUS PEN NEEDLES		TRUSTEX LUBRICATED/SPERMICIDE.....	111
				TRUSTEX LUBRICATED/SPERMICIDE.....	111
				TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	111
				TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	111

TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	111	TYKERB.....	46	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" .	233
TRUSTEX NON-LUBRICATED.	111	TYLENOL.....	7	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" .	233
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDD ED.....	111	TYLENOL CHILDRENS.....	7	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	233
TRUSTEX/RIA LUBRICATED...	111	TYLENOL CHILDRENS PAIN +FEVER.....	7	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	233
TRUSTEX/RIA LUBRICATED SPERMICIDE.....	111	TYLENOL EXTRA STRENGTH.....	7	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	234
TRUSTEX/RIA LUBRICATED/SPERMICIDE....	111	TYLENOL FOR CHILDREN/ADULTS.....	7	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	234
TRUSTEX/RIA NON-LUBRICATED	111	TYLENOL INFANTS PAIN+FEVER	7	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	234
TRUVADA.....	53	TYSABRI.....	281	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	234
TRUZONE PEAK FLOW METER	254	TYVASO.....	57	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	234
TUB TRANSFER BOARD.....	191	TYVASO DPI MAINTENANCE KIT	57	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	234
TUBING/WING TIP.....	254	TYVASO DPI TITRATION KIT....	57	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	234
TUDORZA PRESSAIR.....	15	TYVASO REFILL.....	57	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	234
TUKYSA.....	43	TYVASO STARTER.....	57	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	234
TUMS.....	12	TYVEK PROTECTIVE SLEEVES/DISPOSABLE.....	191	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	234
TUMS CHEWY BITES.....	12	UBRELVY.....	255		
TUMS E-X 750.....	12	UCERIS.....	11,62		
TUMS EXTRA STRENGTH 750..	12	UDAMIN SP.....	266		
TUMS LASTING EFFECTS.....	12	UDENYCA.....	96		
TUMS SMOOTHIES.....	12	ULORIC.....	94		
TUMS ULTRA 1000.....	12	ULTICARE ALCOHOL SWABS.	191		
TURALIO.....	46	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" .	233		
T-VITES.....	266	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	233		
TWIN MEDICINE SPOON.....	191	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" .	233		
TWINRIX.....	290	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" .	233		
TWIRLA.....	61	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	233		
TWYNEO.....	66	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" .	233		
TWYNSTA.....	39				
TYBLUME.....	61				
TYBOST.....	53				

ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	NEEDLES/32G X 1/4".....	SYRINGE 1ML 31G X 5/16"/SHARPS CO.....
234	234	235
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	ULTICARE MINI PEN NEEDLES31GX6MM.....	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C.....
234	234	235
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"....	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS.....
234	235	235
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE.....	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C.....
234	235	235
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"...	ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C.....
234	235	235
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"...	ULTICARE PEN NEEDLES/29GX 12.7MM.....	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI.....
234	235	235
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"...	ULTICARE SHORT PEN NEEDLES 31GX8MM.....	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER.....
234	235	235
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16".....	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.....	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN.....
234	235	235
ULTICARE MICRO PEN NEEDLES 31G X 8MM.....	ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32".....
234	235	235
ULTICARE MICRO PEN NEEDLES 32G X 4MM.....	ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16".....	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32".....
234	235	235
ULTICARE MICRO PEN NEEDLES/31G X 1/4".....	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32".....
234	235	235
ULTICARE MICRO PEN NEEDLES/31G X 5/16".....	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" 235	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA.....
234	235	236
ULTICARE MICRO PEN NEEDLES/32G X 4MM.....	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"..	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN.....
234	235	236
ULTICARE MICRO PEN NEEDLES/32G X 5/32".....	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C.....	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI.....
234	235	236
ULTICARE MINI PEN NEEDLES 31GX6MM.....	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C.....	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN.....
234	235	236
ULTICARE MINI PEN NEEDLES ULTI-FINE IV.....	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON.....	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN.....
234	235	236
ULTICARE MINI PEN NEEDLES/31G X 6MM.....	ULTIGUARD SAFEPACK INSULIN	
234		
ULTICARE MINI PEN		

ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA..... 236	SYRINGE/SHORT/0.5ML/30G X 5/16"..... 236	NEEDLES31GX3/16".....237
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN..... 236	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"..... 236	ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM.237
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31 G X 5/16"/SHARPS CONTAIN 236	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"..... 236	ULTIMA..... 148
ULTI-LANCE AUTOMATIC/ CLEAR TIP.....148	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"..... 236	ULTRA COMFORT BODY MASSAGER..... 191
ULTILET ALCOHOL SWABS.... 191	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"..... 237	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"..... 237
ULTILET CLASSIC LANCETS.... 148	ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6 MM..... 237	ULTRA FIT SMART BODY SCALE.....191
ULTILET INSULIN SYRINGE 31X6MM.....236	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"..... 237	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM..... 237
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....236	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... 237	ULTRA FLO INSULIN PEN NEEDLE 32GX4MM..... 237
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....236	ULTILET LANCETS.....148	ULTRA FLO INSULIN PEN NEEDLE 33GX4MM..... 237
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....236	ULTILET LANCETS 33G..... 148	ULTRA FLO INSULIN PEN NEEDLES..... 237
ULTILET INSULIN SYRINGE/1ML/30G X 8MM.. 236	ULTILET PEN NEEDLE 29GX12.7MM..... 237	ULTRA FLO INSULIN PEN NEELE 31GX8MM..... 237
ULTILET INSULIN SYRINGE/1ML/31G X 8MM.. 236	ULTILET PEN NEEDLE 31GX5MM.....237	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"..... 237
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....236	ULTILET PEN NEEDLE 31GX8MM.....237	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"..... 237
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"..... 236	ULTILET PEN NEEDLE 32GX4MM.....237	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"..... 237
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"..... 236	ULTILET PEN NEEDLE 32GX4MM/SHORT..... 237	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"..... 237
ULTILET INSULIN	ULTILET SAFETY LANCETS 21G X 2.2MM..... 148	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"..... 237
	ULTILET SAFETY LANCETS 23G.....148	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"..... 237
	ULTILET SHORT PEN NEEDLES 31GX5/16"..... 237	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"..... 237
	ULTILET SHORT PEN	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2".. 237

ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" 237	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 238	SHORT/U-100/1ML/30GX5/16" .....238
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" 237	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 238	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" .....238
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" 238	ULTRA-CARE LANCETS 30G...148	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/ 2" 238
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" 238	ULTRACARE PEN NEEDLES/31G X 1/4" 238	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" .....239
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" 238	ULTRACARE PEN NEEDLES/31G X 3/16" 238	ULTRA-THIN II LANCETS 28G 148
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" 238	ULTRACARE PEN NEEDLES/31G X 5/16" 238	ULTRA-THIN II LANCETS 30G 148
ULTRA PILL CRUSHER.....191	ULTRACARE PEN NEEDLES/32G X 1/14" 238	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" 239
ULTRA THIN LANCETS 31G... 148	ULTRACARE PEN NEEDLES/32G X 3/16" 238	ULTRA-THIN II PEN NEEDLES 29GX1/2" 239
ULTRA THIN PEN NEEDLES 32G X 4MM..... 238	ULTRACARE PEN NEEDLES/32G X 5/32" 238	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" .....239
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM..... 148	ULTRACARE PEN NEEDLES/33G X 5/32" 238	ULTRATRAK ACTIVE..... 148
ULTRA-CARE ALCOHOL PREP PADS..... 191	ULTRACET..... 10	ULTRATRAK PRO..... 148
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" 238	ULTRALANCE..... 148	ULTRATRAK PRO CONTROL SOLUTION 2 LEVELS..... 149
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" 238	ULTRAM.....9	ULTRATRAK PRO TEST STRIPS.85
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 238	ULTRA-THIN II AUTO LANCET.....148	ULTRATRAK ULTIMATE CONTROL SOLUTION 2 LEVELS.....149
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" 238	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16 " 238	ULTRATRAK ULTIMATE MONITOR..... 149
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" 238	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16 " 238	ULTRATRAK ULTIMATE TEST STRIPS..... 85
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 238	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16 " 238	ULTRAVATE.....73
	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16 " 238	UNGUATOR 100/200/57MM/DISPOSABLE BLADES..... 191
	ULTRA-THIN II INSULIN SYRINGE	UNGUATOR 15/20/30/36MM/DISPOSABLE BLADES..... 191

UNGUATOR	GREENLID.....	192	UNGUATOR VARIONOZZLE	
50/43MM/DISPOSABLE BLADES	UNGUATOR JAR 30/42 RED LID	.....192	1MM.....	192
.....191	.....	192	UNGUATOR VARIONOZZLE	
UNGUATOR ACCESSORIES	UNGUATOR JAR 30/42		4MM.....	193
EXACTDOSE 0.5ML.....	TURQUOISE/TURQUOISE LID	192	UNICOMPLEX-M.....	266
..... 191	UNGUATOR JAR 30/42		UNIFINE PEN NEEDLE/32G	
UNGUATOR APPLICATOR	WHITELID.....	192	X4MM.....	239
1"/SHORT/CAP.....	UNGUATOR JAR 30/42 YELLOW	.....192	UNIFINE PENTIPS 29GX12MM	.....239
..... 191	.....	192	.....	239
UNGUATOR APPLICATOR	UNGUATOR JAR 50/70 BLUE LID	.....192	UNIFINE PENTIPS 31G X 3/16"	.....239
2.5"/LONG.....	.....	192	.....	239
..... 191	UNGUATOR JAR 50/70		UNIFINE PENTIPS 31GX5MM	239
UNGUATOR JAR 100/140	BLUE/BLUE LID.....	192	UNIFINE PENTIPS 31GX6MM	239
BLUELID.....	UNGUATOR JAR 50/70	GREENLID.....	UNIFINE PENTIPS 31GX8MM	239
..... 191	.....	192	UNIFINE PENTIPS 32GX4MM	239
UNGUATOR JAR 100/140	PINK/PINK LID.....	192	UNIFINE PENTIPS 32GX6MM	239
REDLID.....	UNGUATOR JAR 50/70 RED LID	.....192	UNIFINE PENTIPS 33GX4MM	239
..... 191	.....	192	UNIFINE PENTIPS PLUS	
UNGUATOR JAR 15/20 BLUE LID	UNGUATOR JAR 50/70	TURQUOISE.....	29GX12MM.....	239
.....	GREENLID.....	192	UNIFINE PENTIPS PLUS	
.....192	UNGUATOR JAR 50/70		31GX5MM.....	239
UNGUATOR JAR 15/20	PINK/PINK LID.....	192	UNIFINE PENTIPS PLUS	
GREENLID.....	UNGUATOR JAR 50/70 RED LID	.....192	31GX6MM.....	239
..... 192	.....	192	UNIFINE PENTIPS PLUS	
UNGUATOR JAR 15/20 RED LID	UNGUATOR JAR 50/70	TURQUOISE.....	31GX8MM.....	239
.....	WHITELID.....	192	UNIFINE PENTIPS PLUS	
.....192	UNGUATOR JAR 50/70		32GX4MM.....	239
UNGUATOR JAR 15/28 BLUE LID	AIRDYNAMIK 1000/1250.....	192	UNIFINE PENTIPS PLUS 33GX	
.....	UNGUATOR JAR FOR		5/32".....	239
.....192	TURQUOISE.....	192	UNIFINE PENTIPS PLUS	
UNGUATOR JAR 20/33 BLUE	UNGUATOR JAR 50/70	WHITELID.....	33GX4MM.....	239
192	WHITELID.....	192	UNIFINE PENTIPS PLUS/30GX	
UNGUATOR JAR 20/33 RED LID	UNGUATOR JAR 50/70 YELLOW	.....192	3/16".....	239
.....	.....	192	UNIFINE PENTIPS/30G X 3/16"	.....239
.....192	UNGUATOR JAR FOR		.....	239
UNGUATOR JAR 20/33	AIRDYNAMIK 300/390.....	192	UNIFINE SAFECONTROL PEN	
WHITE/BLUE LID.....	UNGUATOR JAR FOR		NEEDLE 32GX4MM.....	239
..... 192	AIRDYNAMIK 500/600 WHITE	.....	
UNGUATOR JAR 200/280	.....	192		
BLUELID.....	UNGUATOR JAR W/SPINDLE	300/390.....		
..... 192	300/390.....	192		
UNGUATOR JAR 200/280	UNGUATOR JAR W/SPINDLE	500/600.....		
GREEN LID.....	500/600.....	192		
..... 192	UNGUATOR LID 1000ML.....	192		
UNGUATOR JAR 200/280	UNGUATOR LID 500ML.....	192		
REDLID.....				
..... 192				
UNGUATOR JAR 200/280 WHITE				
.....				
.....192				
UNGUATOR JAR 30/42 BLUE LID				
.....				
.....192				
UNGUATOR JAR 30/42				
BLUE/BLUE LID.....				
..... 192				
UNGUATOR JAR 30/42				

UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16".....	239	UNISTIK 3 COMFORT.....	149	UNIVERSAL 1 LANCETS/33G/MICRO-THIN.	150
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16".....	239	UNISTIK 3 EXTRA.....	149	UNIVERSAL QUICK ADJUST CRUTCH.....	193
UNIFINE ULTRA PEN NEEDLE/31GX5MM.....	239	UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G.....	149	UNIVERSAL REMOVER WIPES.	75
UNIFINE ULTRA PEN NEEDLE/31GX6MM.....	239	UNISTIK 3 GENTLE.....	149	UNIVERSAL TIPS/1".....	193
UNIFINE ULTRA PEN NEEDLE/31GX8MM.....	239	UNISTIK 3 NEONATAL.....	149	UNIVERSAL WALKER ORGANIZER.....	193
UNIFINE ULTRA PEN NEEDLE/32GX4MM.....	239	UNISTIK 3 NORMAL.....	149	UP & UP GLUCOSE.....	27
UNILET COMFORTOUCH LANCET.....	149	UNISTIK CZT COMFORT.....	149	UPTRAVI.....	58
UNILET EXCELITE.....	149	UNISTIK CZT NORMAL.....	149	<i>urea</i>	73
UNILET EXCELITE II.....	149	UNISTIK NORMAL.....	149	<i>urea in lactic acid vehicle</i>	73
UNILET G.P. LANCET.....	149	UNISTIK PRO SAFETY LANCET 21G.....	149	URIMAR-T.....	40
UNILET G.P. SUPERLITE LANCET	149	UNISTIK PRO SAFETY LANCET 25G.....	149	UROCIT-K 10.....	93
UNILET GP 28 ULTRA THIN...	149	UNISTIK PRO SAFETY LANCET 28G.....	149	UROCIT-K 15.....	93
UNILET LANCET.....	149	UNISTIK SAFETY LANCETS 28G	149	UROCIT-K 5.....	93
UNILET LANCETS MICRO- THIN33G.....	149	UNISTIK SAFETY LANCETS 30G	149	UROGESIC-BLUE.....	40
UNILET LANCETS SUPER- THIN30G.....	149	UNISTIK TOUCH SAFETY LANCETS 21G.....	150	URSO 250.....	91
UNILET LANCETS ULTRA-THIN 28G.....	149	UNISTIK TOUCH SAFETY LANCETS 23G.....	150	URSO FORTE.....	91
UNILET SUPERLITE LANCET...	149	UNISTIK TOUCH SAFETY LANCETS 28G.....	150	<i>ursodiol</i>	91
UNISOM SLEEPGELS.....	97	UNISTIK TOUCH SAFETY LANCETS 30G.....	150	VAGIFEM.....	291
UNISTIK 1.....	149	UNISTRIP CONTROL SOLUTIONHIGH.....	150	VAGINAL SUPPOSITORY APPLICATOR.....	193
UNISTIK 2.....	149	UNISTRIP CONTROL SOLUTIONLOW.....	150	<i>valacyclovir hcl</i>	54
UNISTIK 2 COMFORT.....	149	UNISTRIP1 GENERIC.....	85	VALCHLOR.....	68
UNISTIK 2 EXTRA.....	149	UNIVERSAL 1 LANCETS THIN26G	150	VALCYTE.....	53
UNISTIK 2 NEONATAL.....	149	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	150	<i>valganciclovir hcl</i>	53
UNISTIK 2 NORMAL.....	149			<i>valproate sodium</i>	23
UNISTIK 2 SUPER.....	149			<i>valproic acid</i>	23
UNISTIK 3.....	149			<i>valsartan</i>	37
				<i>valsartan-hydrochlorothiazide</i>	39
				VALTOCO.....	19
				VALTRES.....	54

VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	239	VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12".....	193	VELETRI.....	57
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	239	VANISHPOINT BLOOD COLLECTION TUBE HOLDER..	193	VELPHORO.....	93
VALUE PLUS GLUCOSE.....	27	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" .	240	VELTASSA.....	259
VALUE PLUS LANCETS STANDARD 21G.....	150	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	240	VEMLIDY.....	54
VALUE PLUS LANCETS SUPERTHIN 30G.....	150	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	240	VENCLEXTA.....	43
VALUE PLUS LANCETS THIN 26G	150	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	240	VENCLEXTA STARTING PACK..	43
VALUE PLUS LANCING DEVICE	150	VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16" ..	240	VENEXA.....	266
VALUMARK LANCET SUPER THIN 30G.....	150	VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16" ..	240	VENEXA FE.....	266
VALUMARK LANCET ULTRA THIN 28G.....	150	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" ..	240	VENLAFAXINE BESYLATE ER....	25
VALUMARK PEN NEEDLES 29GX12MM.....	239	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" ..	240	<i>venlafaxine hcl</i>	25
VALUMARK PEN NEEDLES 31GX 6MM.....	239	VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	240	VENTAVIS.....	57
VALUMARK PEN NEEDLES 31GX 8MM.....	239	VANOS.....	73	VENTOLIN HFA.....	17
VALVED HOLDING CHAMBER	254	VAQTA.....	290	VENTRIXYL.....	266
VANAMINE PD.....	33	<i>varenicline tartrate</i>	282	VENTRIXYL FE.....	266
VANCOCIN.....	40	VARITHENA ADMINISTRATIONPACK.....	193	<i>verapamil hcl</i>	56
<i>vancomycin hcl</i>	40	VARIVAX.....	290	VERASENS BLOOD GLUCOSE MONITORING SYSTEM.....	150
VANCOMYCIN HYDROCHLORIDE	40	VASCEPA.....	34	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT.....	150
VANDAZOLE.....	290	VASERETIC.....	39	VERASENS BLOOD GLUCOSE TEST STRIPS.....	85
VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12".....	193	VASOTEC.....	37	VERASENS GLUCOSE CONTROLLEVEL 1.....	150
VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12".....	193	VAXELIS.....	284	VEREGEN.....	66
		VAXNEUVANCE.....	288	VERELAN.....	56
		VECAMYL.....	39	VERELAN PM.....	56
		VECTICAL.....	69	VERQUOVO.....	58
				VERSACLOZ.....	50
				VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM.....	193
				VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM.....	193

VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM.....	193	VIEKIRA PAK.....	54	VIRT-PN PLUS.....	270
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 8MM.....	193	<i>vigabatrin</i>	22	VISTARIL.....	13
VERZENIO.....	46	VIGAMOX.....	275	VITAFOL FE+.....	270
VESICARE.....	287,288	VIIBRYD.....	24	VITAFOL GUMMIES.....	270
VESICARE LS.....	288	VIIBRYD STARTER PACK.....	24	VITAFOL STRIPS.....	270
VFEND.....	33	<i>vilazodone hcl</i>	24	VITAFOL ULTRA.....	270
V-GO 20.....	150	VIMOVO.....	5	VITAFOL-NANO.....	270
V-GO 30.....	150	VIMPAT.....	21	VITAFOL-OB.....	270
V-GO 40.....	150	VINATE DHA RF.....	270	VITAFOL-OB+DHA.....	270
VIAL ACCESSORIES/INHALATION WORK STATION/50 HOLES..	193	VINYL INFLATABLE CUSHION	193	VITAFOL-ONE.....	270
VIBE 6.....	193	VINYL PADDED BATHTUB TRANSFER BENCH/COMMODOE SEAT/PAIL.....	193	VITALINE BIOTIN FORTE.....	261
VIBERZI.....	92	VIOKACE.....	85	VITALINE TOTAL FORMULA 2	266
VIBRAMYCIN.....	283	VIRACEPT.....	53	VITALINE TOTAL FORMULA 3	266
VIBRATING FOOT BATH/HEAT	193	VIRAGE CUSTOM BREAST PROSTHESIS EXTRA WEIGHTED THICKNESS.....	193	<i>vitamin a</i>	291
VICTOZA.....	28	VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS.....	193	VITAMIN D3 COMPLETE.....	266
VIDA CELLULAR SCALE.....	193	VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS/MAGNET.....	193	VITAROCA PLUS.....	266
VIDA MIA AUTOLET LANCINGDEVICE.....	150	VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS.....	193	VITASANA.....	266
VIDA MIA UNIFINE PENTIPS32GX4MM.....	240	VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS/MAGNETS.....	194	VITATRUM.....	266
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM.....	240	VIRAMUNE.....	53	VITEYES CLASSIC MULTIIVITAMIN.....	266
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	240	VIRAMUNE XR.....	53	VITEYES CLASSIC MULTIVITAMIN.....	266
VIDA MIA UNILET LANCETS SUPER THIN 30G.....	150	VIRAZOLE.....	54	VITEYES OPTIC NERVE SUPPORT	266
VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	150	VIREAD.....	53	VITRANOL.....	266
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM...	240	VIRT-C DHA.....	270	VITRANOL FE.....	266
		VIRT-NATE DHA.....	270	VITREXATE.....	266
		VIRT-PN DHA.....	270	VITREXATE FE.....	266
				VITREXYL.....	266
				VITREXYL/IRON.....	266

VITRUM 50+ ADULT-MULTI IRON FREE.....	266	CHAMBER/MASK/TODDLER/LA DY BUG.....	254	WALKER AUTO GLIDES/5 ADJUSTMENT HOLES/1-1/8"	194
VITRUM 50+ SENIOR MULTI.	266	VORTEX VALVED HOLDING CHAMBER.....	254	WALKER AUTO GLIDES/8 ADJUSTMENT HOLES/1-1/8"	194
VIVAGUARD INO BLOOD GLUCOSE METER.....	150	VOSEVI.....	54	WALKER BASKET.....	194
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS.....	85	VOTRIENT.....	46	WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8"	194
VIVAGUARD INO CONTROL SOLUTION.....	150	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	240	WALKER GLIDE WHEELS/8 ADJUSTMENT HOLES/1-1/8"	194
VIVAGUARD INO SMART BLOOD GLUCOSE METER.....	150	VP-PNV-DHA.....	270	WALKER SKI GLIDES/1".....	194
VIVAGUARD LANCETS.....	150	VRAYLAR.....	48	WALKER SKI GLIDES/1-1/8" ..	194
VIVAGUARD LANCING DEVICE	151	VTAMA.....	69	WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/3".....	194
VIVAGUARD SAFETY LANCETS/28G.....	151	VUITY.....	274	WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/5".....	194
VIVELLE-DOT.....	90	VUMERITY.....	281	WALKER TALL EXTENSION LEGS	194
VIVI CAP.....	151	VUSION.....	68	WALKER TIPS/1-1/8".....	194
VIVI CAP1.....	151	VYEPTI.....	255	WALKER TIPS/BLACK/1-1/8" .	194
VIVI EPI.....	194	VYNDAMAX.....	58	WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/3".....	194
VIVITROL.....	31	VYNDAQEL.....	58	WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/5".....	194
VIVLODEX.....	5	VYTORIN.....	34	WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3".....	194
VIZIMPRO.....	43	VYVANSE.....	1	WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5".....	194
VOCAL POINT BLOOD GLUCOSE MONITORING SYSTEM.....	151	VYVGART.....	258	WALKER/ADULT/FOLDING...	194
VOCAL POINT BLOOD GLUCOSE TEST STRIPS.....	85	VYZULTA.....	277	WALKER/EXTENDED FRAME.	194
VOGELXO.....	11	WAKIX.....	1	WALKER/FOLDING HEMI.....	194
VOGELXO PUMP.....	11	WALGREENS ADVANCED TRAVELLANCETS 28G.....	151	WALKER/TWO-BUTTON FOLDING/32"-39"/NO WHEELS	194
VOLTAREN.....	68	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G.....	151	WALKER/TWO-BUTTON FOLDING/TITANIUM.....	194
VONJO.....	46	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G.....	151	WALKER/YOUTH/FOLDING...	194
VONVENDI.....	95	WALGREENS GLUCOSE.....	27	<i>warfarin sodium</i>	17
<i>voriconazole</i>	33	WALGREENS LANCETS.....	151		
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG	254	WALGREENS THIN LANCETS.	151		
VORTEX HOLDING		WALGREENS ULTRA THIN LANCETS.....	151		

WASH GLOVES PRE-MOISTENED	194	WHEEL CHAIR K1 BASIC DESKARM.....	195	WRIST SLEEP SUPPORT.....	195
WATCHHALER.....	254	WHEELCHAIR.....	195	XADAGO.....	48
<i>water for injection, sterile</i>	279	WHEELCHAIR CUSHION.....	195	XALATAN.....	277
WATERPROOF SHEETING/36" X54".....	194	WHEELCHAIR INVALID RING.....	195	XALKORI.....	46
WATERPROOF SHEETING/36" X66".....	195	<i>white petrolatum-mineral oil</i>	273	XANAX.....	14
WAVESENSE AMP.....	151	WHITE WALL GRAB BAR/12".....	195	XANAX XR.....	14
WEBCOL ALCOHOL PREP LARGE 1 PLY.....	195	WHITE WALL GRAB BAR/16".....	195	XARELTO.....	17,18
WEBCOL ALCOHOL PREP LARGE 2 PLY.....	195	WHITE WALL GRAB BAR/18".....	195	XARELTO STARTER PACK.....	18
WEBCOL ALCOHOL PREP MEDIUM 2 PLY.....	195	WHITE WALL GRAB BAR/24".....	195	XATMEP.....	43
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM.....	240	WILATE.....	95	XCOPRI.....	22
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM.....	240	WINDMILL TRAINER.....	254	XELJANZ.....	3
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM.....	240	WINLEVI.....	66	XELJANZ XR.....	3
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	240	WINRHO SDF.....	278	XELODA.....	43
WEIGH BOAT/PLASTIC/ANTI- STATIC.....	195	<i>witch hazel (hamamelis</i> <i>virginiana)</i>	75	XELPROS.....	277
WELCHOL.....	35	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA	266	XENAZINE.....	280
WELLBUTRIN SR.....	23	WOMENS BIOMULTIPLE.....	266	XENLETA.....	41
WELLBUTRIN XL.....	23	WOODEN CANE/ROUND HANDLE/7/8".....	195	XEPI.....	66
WESCAP-C DHA.....	270	WOODEN CANE/WALNUT FINISH/PISTOL GRIP/DERBY HANDLE/7/8".....	195	XERAC AC.....	75
WESCAP-PN DHA.....	271	WOODEN CANE/WALNUT FINISH/ROUND HANDLE/7/8"	195	XERESE.....	69
WESNATE DHA.....	271	WORK BELT.....	195	XERMELLO.....	93
WESTAB PLUS.....	271	WRIST BLOOD PRESSURE MONITOR.....	110	XHANCE.....	272
WESTGEL DHA.....	271	WRIST BRACE.....	195	XIFAXAN.....	40
WEST-VITE W/FOLIC ACID....	261	WRIST CUFF BLOOD PRESSUREUNIT.....	110	XIGDUO XR.....	26
WET-STOP 3.....	195			XIIDRA.....	275
<i>wheat dextrin</i>	98			XIMINO.....	283
				XOFLUZA.....	54
				XOLAIR.....	14
				XOPENEX.....	17
				XOPENEX CONCENTRATE.....	17
				XOPENEX HFA.....	17
				XOSPATA.....	46
				XPOVIO.....	44
				XPOVIO 100 MG ONCE WEEKLY	44

XPOVIO 40 MG ONCE WEEKLY.....44	ZEGERID.....287.....151	ZEWA ELECTRODES..... 195
XPOVIO 40 MG TWICE WEEKLY.....44	ZEJULA..... 46	ZIAC..... 39
XPOVIO 60 MG ONCE WEEKLY.....44	ZELAPAR..... 48	ZIAGEN..... 53
XPOVIO 60 MG TWICE WEEKLY.....44	ZELBORAF..... 46	ZIANA.....66
XPOVIO 80 MG ONCE WEEKLY.....44	ZEMBRACE SYMTOUCH..... 256	<i>zidovudine</i> 53
XPOVIO 80 MG TWICE WEEKLY.....44	ZEMPLAR..... 89	ZIEXTENZO.....96
XRYLIX II.....68	ZENPEP..... 86	<i>zileuton</i> 15
XTAMPZA ER.....9	ZEPATIER..... 54	ZILXI..... 76
XTANDI..... 44	ZEPOSIA..... 281	ZIMHI.....31
XULTOPHY 100/3.6.....26	ZEPOSIA 7-DAY STARTER PACK.....281	<i>zinc sulfate</i>.....258
XYNTHA..... 95	ZEPOSIA STARTER KIT..... 281	ZIOPTAN..... 277
XYNTHA SOLOFUSE.....95	ZERVIAE..... 277	ZIPPERED MATTRESS COVER 195
XYOSTED..... 11	ZESTORETIC..... 39	<i>ziprasidone hcl</i>.....48
XYREM..... 279	ZESTRIL..... 37	<i>ziprasidone mesylate</i>.....48
XYWAV..... 279	ZETIA.....36	ZIPSOR..... 5
YASMIN 28.....61	ZETONNA.....272	ZIRGAN..... 275
YAZ..... 61	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2" . 240	ZITHROMAX.....99,100
YELETS TEENAGE FORMULA. 267	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16" .....240	ZITHROMAX TRI-PAK..... 100
YONSA..... 44	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2" 240	ZITHROMAX Z-PAK..... 100
YOUTH PUSH BUTTON ALUMINUM CRUTCH..... 195	ZEV RX INSULIN SYRINGE/1ML/30G X 5/16" .. 240	ZOCOR..... 36
YUPELRI..... 15	ZEV RX PEN NEEDLES 31G X 5MM.....240	ZOFRAN..... 31
<i>zafirlukast</i> 15	ZEV RX PEN NEEDLES 31G X 6MM.....240	ZOHYDRO ER..... 9
<i>zaleplon</i> 97	ZEV RX PEN NEEDLES 31G X 8MM.....240	ZOLINZA.....46
ZANAFLEX..... 271	ZEV RX PEN NEEDLES 32G X 4MM.....240	<i>zolmitriptan</i> 256
ZARONTIN.....22	ZEV RX STERILE ALCOHOL PREP PADS..... 195	ZOLOFT..... 24
ZARXIO.....96	ZEV RX TWIST TOP LANCETS 30G	ZOLPAK..... 68
ZATEAN-PN DHA.....271		<i>zolpidem tartrate</i> 97
ZATEAN-PN PLUS.....271		ZOMACTON..... 87
ZEGALOGUE.....27,28		ZOMIG..... 256
		ZOMIG ZMT..... 256
		ZONALON..... 68
		ZONISADE..... 22
		<i>zonisamide</i> 22

ZONTIVITY.....	95
ZOOM 20 ROLLING WALKER.	195
ZORBTIVE.....	87
ZORTRESS.....	259
ZORVOLEX.....	5,6
ZOSTAVAX.....	290
ZOVIRAX.....	54,69
ZTLIDO.....	75
ZUBSOLV.....	11
ZYCLARA.....	74
ZYCLARA PUMP.....	74
ZYDELIG.....	46
ZYFLO.....	15
ZYKADIA.....	46
ZYLET.....	276
ZYLOPRIM.....	94
ZYMAXID.....	275
ZYPITAMAG.....	36
ZYPREXA.....	50
ZYPREXA RELPREVV.....	50
ZYPREXA ZYDIS.....	50
ZYRTEC ALLERGY.....	34
ZYRTEC CHILDRENS ALLERGY..	34
ZYTIGA.....	44
ZYVOX.....	41
ZZZQUIL.....	97