

Buckeye Health Plan - MyCare Ohio (MMP)

# 2025 FORMULARY

(LIST OF COVERED DRUGS)



**NOTE TO EXISTING MEMBERS:**

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.**

For more recent information or other questions, please contact Buckeye Health Plan Member Services at **1-866-549-8289, TTY: 711**. Member Service hours are from **8 a.m. to 8 p.m., Monday through Friday**.

After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or visit:

<http://mmp.BuckeyeHealthPlan.com>.

## Buckeye Health Plan – MyCare Ohio | 2025

### List of Covered Drugs (Formulary)

This list contains the Non-Part D drugs or over-the-counter (OTC) items covered by Medicaid only as a part of the Buckeye Health Plan MyCare Ohio (Medicare-Medicaid Plan). This list is subject to change. Always refer to MyCare Comprehensive Formulary and online references for the most up-to-date information.

- Buckeye Health Plan – MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year.
- You can always check Buckeye’s up-to-date List of Covered Drugs online at <http://mmp.buckeyehealthplan.com>.
- Limitations and restrictions may apply. For more information, call Buckeye Member Services or read the Buckeye Member Handbook.
- You can get this information for free in other languages. Call 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- Puede obtener esta información en otros idiomas gratis. Llame al 1-866-549-8289. El horario de atención es de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. Los usuarios de TTY deben llamar al 711. La llamada es gratuita.
- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-866-549-8289 from 8 a.m. to 8 p.m., Monday through Friday. TTY users call 711. The call is free.
- If you would like this information in a format other than English or in an alternate format, please call 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. You can also [email OH MMP EmailRequests@centene.com](mailto:email OH MMP EmailRequests@centene.com)

## Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

### 1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the "Drug List" for short.)

The drugs on the List of Covered Drugs that starts on page 8 are the drugs covered by Buckeye. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies".

Buckeye will cover all medically necessary drugs on the Drug List if:

- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- you fill the prescription at a Buckeye network pharmacy.

Buckeye may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at <http://mmp.buckeyehealthplan.com> or call Member Services at 1-866-549-8289 (TTY: 711).

### 2. Does the Drug List ever change?

Yes. Buckeye may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Buckeye before you can get a drug.)
- Add or change the amount of a drug you can get (called "quantity limits").
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page 2.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

You can always check Buckeye's up to date Drug List online at <http://mmp.buckeyehealthplan.com>. You can also call Member Services to check the current Drug List at 1-866-549-8289 (TTY: 711).

---

**If you have questions**, please call Buckeye at 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

### **3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?**

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made.

We will mail you a notice if you are taking a drug, and we change our rules for covering it. You will receive the notice by mail at least 60 days before we remove the drug from our List of Covered Drugs. Or, we have to tell you when you request a refill of the drug. If we tell you when you refill your drug, you will receive a 60-day supply of the drug. For more information on these drug rules, see below. If you have questions about the notice you receive from Buckeye, call Member Services at 1-866-549-8289. TTY Users should call 711. Hours are from 8 a.m. to 8 p.m., Monday through Friday.

### **4. What happens when we find out a drug is not safe?**

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. If you have any questions after being notified of the change, you should contact the doctor who prescribed the drug for you.

### **5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

**Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Buckeye before you fill your prescription. If you don't get approval, Buckeye may not cover the drug.

**Quantity limits:** Sometimes Buckeye limits the amount of a drug you can get.

**Step therapy:** Sometimes Buckeye requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking at the drug list starting on page 8. You can also get more information by visiting our web site at <http://mmp.buckeyehealthplan.com>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. You can ask for an "exception" from these limits. Please see question 11 for more information on exceptions.

---

**If you have questions**, please call Buckeye at 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Buckeye member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see question 11 for more information about exceptions.

## **6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?**

The List of Covered Drugs on page 8 has a column labeled “Drug Tier” and “Requirements/Limits”.

## **7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.**

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

## **8. How can you find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by type of drug.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by reviewing the index of drugs.

To search **by type of drug**, the header of each section is labelled with the types of drugs contained in that section. These headers are organized alphabetically. For example, to find drugs used to treat ulcers, review the section labelled Ulcer Drugs.

## **9. What if the drug you want to take is not on the Drug List?**

If you don't see your drug on the Drug List, call Member Services at 1-866-549-8289 (TTY: 711) and ask about it. If you learn that Buckeye will not cover the drug, you can do one of these things:

Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**

You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

---

**If you have questions**, please call Buckeye at 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

## 10. What if you are a new Buckeye member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Buckeye. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Buckeye, **or**
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 91 to 98 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Throughout the plan year, you may have a change in your treatment setting (the place where you get and take your medicine) because of the level of care you require. Such transitions may include, but are not limited to:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and are served by a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Buckeye will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a network pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and get approval for continued coverage of your drug. We will review these requests for continuation of therapy on a case-by-case basis when you are on a stabilized drug regimen that, if changed, is known to have risks. To ask for a temporary supply of a drug, call Member Services.

## 11. Can you ask for an exception to cover your drug?

Yes. You can ask Buckeye to make an exception to cover a drug that is not on the Drug List. You can also ask us to change the rules on your drug.

- For example, Buckeye may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

---

**If you have questions**, please call Buckeye at 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

## **12. How long does it take to get an exception?**

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

## **13. How can you ask for an exception?**

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception.

---

**If you have questions**, please call Buckeye at 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
Analeptics		
CAFFEINE ANHYDROUS POWD	1	RX/OTC
<b>ALTERNATIVE MEDICINES</b>		
Alternative Medicine - A's		
<i>alpha-lipoic acid (thioctic acid) CAPS PO</i>	1	
ALPHA-LIPOIC ACID CAPS PO	1	
Alternative Medicine - C's		
<i>coenzyme q10 (ubidecarenone) CAPS PO 10 MG, 30 MG, 50 MG, 60 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	
COQ-10 CPCR	1	
NEOQ10 CAPS PO	1	
Alternative Medicine - M's		
MELATONIN ER TBCR	1	
MELATONIN MAXIMUM STRENGTH LIQD	1	
MELATONIN TR TBCR	1	
<i>melatonin CAPS PO 5 MG, 10 MG</i>	1	
MELATONIN CAPS PO 3 MG	1	
<i>melatonin CHEW PO 2.5 MG, 5 MG</i>	1	
<i>melatonin CHEW PO 2.5 MG, 5 MG</i>	1	
<i>melatonin LIQD 1 MG/ML</i>	1	RX/OTC
MELATONIN LIQD 1 MG/4ML, 2.5 MG/10ML	1	
MELATONIN LOZG SL 5 MG	1	

Drug Name	Drug Tier	Requirements/Limits
MELATONINMAX GUMMIES CHEW PO	1	
<i>melatonin SUBL</i>	1	
MELATONIN SUBL	1	
<i>melatonin TABS PO 1 MG, 3 MG, 5 MG, 10 MG</i>	1	
<i>melatonin TABS PO 1 MG, 3 MG, 5 MG, 10 MG</i>	1	
MELATONIN TABS PO 10 MG-3 MG, 300 MCG	1	
<i>melatonin TBCR</i>	1	
<i>melatonin TBDP PO 3 MG, 5 MG, 10 MG</i>	1	
RA MELATONIN SUBL	1	
Alternative Medicine - U		
CYTO-Q MAX LIQD	1	
CYTO-Q T/F LIQD	1	
CYTO-Q LIQD	1	
ULTRA COQ10 CAPS	1	
Alternative Medicine Combinations		
LIQ-10 SYRP PO 50 MG/5ML-10 MG/5ML	1	
<i>lutein-zeaxanthin CAPS PO</i>	1	
MELATONEX TBCR PO (Use melatonin-pyridoxine)	9	
<i>melatonin-pyridoxine TABS PO 10 MG-5 MG</i>	1	
<i>melatonin-pyridoxine TBCR PO 10 MG-10 MG, 10 MG-3 MG</i>	1	
QGEL MEGA100 COENZYME Q10 CAPS PO	1	
RA MELATONIN TABS PO	1	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/Limits
ADVIL MIGRAINE CAPS PO (Use ibuprofen)	9	
ADVIL MIGRAINE CAPS PO (Use ibuprofen)	1	
ADVIL CAPS PO (Use ibuprofen)	9	
ADVIL CAPS PO (Use ibuprofen)	1	
ADVIL TABS PO (Use ibuprofen)	1	
ADVIL TABS PO (Use ibuprofen)	9	
ALEVE CAPS PO (Use naproxen sodium)	9	
ALEVE TABS PO (Use naproxen sodium)	9	
ALEVE TABS PO (Use naproxen sodium)	1	
CHILDRENS ADVIL SUSP PO 100 MG/5ML (Use ibuprofen)	1	RX/OTC
CHILDRENS ADVIL SUSP PO 100 MG/5ML (Use ibuprofen)	9	RX/OTC
CHILDRENS MOTRIN SUSP PO 100 MG/5ML (Use ibuprofen)	1	RX/OTC
CHILDRENS MOTRIN SUSP PO 100 MG/5ML (Use ibuprofen)	9	RX/OTC
<i>ibuprofen CAPS PO</i>	1	
<i>ibuprofen CHEW PO</i>	1	
<i>ibuprofen SUSP PO</i>	1	
<i>ibuprofen TABS PO 200 MG</i>	1	
<i>ibuprofen TABS PO 200 MG</i>	1	
INFANTS ADVIL SUSP PO (Use ibuprofen)	1	
INFANTS ADVIL SUSP PO (Use ibuprofen)	9	

Drug Name	Drug Tier	Requirements/Limits
MOTRIN CHILDRENS CHEW PO (Use ibuprofen)	9	
MOTRIN INFANTS DROPS SUSP PO (Use ibuprofen)	9	
<i>naproxen sodium CAPS PO</i>	1	
<i>naproxen sodium TABS PO 220 MG</i>	1	
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Analgesic Combinations		
<i>aspirin-acetaminophen-caffeine TABS PO</i>	1	
EXCEDRIN EXTRA STRENGTH TABS PO (Use aspirin-acetaminophen-caffeine)	9	
EXCEDRIN EXTRA STRENGTH TABS PO (Use aspirin-acetaminophen-caffeine)	1	
EXCEDRIN MIGRAINE RELIEF TABS PO (Use aspirin-acetaminophen-caffeine)	9	
EXCEDRIN MIGRAINE RELIEF TABS PO (Use aspirin-acetaminophen-caffeine)	1	
EXCEDRIN MIGRAINE TABS PO (Use aspirin-acetaminophen-caffeine)	1	
EXCEDRIN MIGRAINE TABS PO (Use aspirin-acetaminophen-caffeine)	9	
Analgesics Other		
<i>acetaminophen CAPS PO 500 MG</i>	1	
<i>acetaminophen CHEW PO</i>	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen ELIX PO 160 MG/5ML</i>	1		TYLENOL CHILDRENS PAIN + FEVER SUSP PO (Use acetaminophen)	9	
<i>acetaminophen LIQD PO 160 MG/5ML, 500 MG/15ML</i>	1		TYLENOL CHILDRENS PAIN + FEVER SUSP PO (Use acetaminophen)	9	
<i>acetaminophen LIQD PO 160 MG/5ML, 500 MG/15ML</i>	1		TYLENOL CHILDRENS SUSP PO (Use acetaminophen)	1	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	1		TYLENOL CHILDRENS SUSP PO (Use acetaminophen)	9	
<i>acetaminophen SUPP PR 120 MG, 650 MG</i>	1		TYLENOL EXTRA STRENGTH TABS PO (Use acetaminophen)	9	
ACETAMINOPHEN SUPP PR	1		TYLENOL EXTRA STRENGTH TABS PO (Use acetaminophen)	1	
<i>acetaminophen SUSP PO 160 MG/5ML, 650 MG/20.3ML</i>	1		TYLENOL FOR CHILDREN + ADULTS SUSP PO (Use acetaminophen)	9	
<i>acetaminophen TABS PO 325 MG, 500 MG</i>	1		TYLENOL INFANTS PAIN+FEVER SUSP PO (Use acetaminophen)	9	
<i>acetaminophen TABS PO 325 MG, 500 MG</i>	1		TYLENOL TABS PO (Use acetaminophen)	1	
<i>acetaminophen TBCR PO</i>	1		TYLENOL TABS PO (Use acetaminophen)	1	
FEVERALL INFANTS SUPP PR	1		TYLENOL TABS PO (Use acetaminophen)	9	
FEVERALL JUNIOR STRENGTH SUPP PR	1		<b>Salicylates</b>		
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR PO (Use acetaminophen)	1		<i>aspirin buffered (cal carb-mag carb-mag oxide) PO</i>	1	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR PO (Use acetaminophen)	9		<i>aspirin CHEW PO</i>	1	
TYLENOL 8 HOUR TBCR PO (Use acetaminophen)	1		ASPIRIN SUPP PR 300 MG	1	
TYLENOL 8 HOUR TBCR PO (Use acetaminophen)	9		<i>aspirin TABS PO 325 MG</i>	1	
TYLENOL CHILDRENS CHEWABLES CHEW PO (Use acetaminophen)	9		<i>aspirin TBEC PO 81 MG, 325 MG</i>	1	
TYLENOL CHILDRENS PAIN + FEVER SUSP PO (Use acetaminophen)	1		<i>aspirin TBEC PO 81 MG, 325 MG</i>	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BUFFERIN PO ( <i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i> )	9		LMX 5 CREA ( <i>Use lidocaine (anorectal)</i> )	1	
ECOTRIN ARTHRTIS PAIN TBEC PO ( <i>Use aspirin</i> )	1		NUPERCAINAL EX ( <i>Use dibucaine (rectal)</i> )	9	
ECOTRIN TBEC PO ( <i>Use aspirin</i> )	9		<i>pramoxine hcl (rectal) FOAM EX</i>	1	
ECOTRIN TBEC PO ( <i>Use aspirin</i> )	1		PROCTOFOAM FOAM EX ( <i>Use pramoxine hcl (rectal)</i> )	9	
<b>ANORECTAL AND RELATED PRODUCTS -</b>			RECTICARE CREA ( <i>Use lidocaine (anorectal)</i> )	1	
<b>Rectal Drugs to Treat Pain, Swelling and Itching</b>			<b>Rectal Products - Misc.</b>		
<b>Rectal Combinations</b>			PREPARATION H	1	
<i>phenylephrine in hard fat PR</i>	1		<b>Rectal Steroids</b>		
<i>phenylephrine-cocoa butter PR 0.25 %-88.44 %</i>	1		<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
<i>phenylephrine-mineral oil-petrolatum PR 0.25 %-74.9 %-14 %</i>	1		<b>ANTACIDS</b>		
<i>phenylephrine-shark liver oil-cocoa butter PR</i>	1		<b>Antacid Combinations</b>		
<i>pramoxine-phenylephrine-glycerin-petrolatum EX</i>	1		<i>alum &amp; mag hydrox-simethicone CHEW PO 200 MG-25 MG-200 MG</i>	1	
PREPARATION H EX 14.4 %-0.25 %-1 %-15 % ( <i>Use pramoxine-phenylephrine-glycerin-petrolatum</i> )	9		<i>alum &amp; mag hydrox-simethicone LIQD PO</i>	1	
PREPARATION H PR ( <i>Use phenylephrine-mineral oil-petrolatum</i> )	9		<i>alum &amp; mag hydrox-simethicone SUSP PO</i>	1	
PREPARATION H PR ( <i>Use phenylephrine-mineral oil-petrolatum</i> )	1		<i>aluminum hydroxide-mag carb CHEW PO</i>	1	
<b>Rectal Local Anesthetics</b>			<i>aluminum hydroxide-mag carb SUSP PO 237.5 MG/5ML-254 MG/5ML, 358 MG/15ML-95 MG/15ML</i>	1	
<i>dibucaine (rectal) EX</i>	1		<i>calcium carbonate-mag hydrox SUSP PO</i>	1	
<i>lidocaine (anorectal) CREA</i>	1		<i>calcium carbonate-simethicone CHEW PO 1000 MG-60 MG</i>	1	
LMX 5 CREA ( <i>Use lidocaine (anorectal)</i> )	9		GAVISCON EXTRA RELIEF FORMULA SUSP PO ( <i>Use aluminum hydroxide-mag carb</i> )	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GAVISCON EXTRA STRENGTH CHEW PO (Use aluminum hydroxide-mag carb)	1		ANTACID CHEW PO	1	
GAVISCON EXTRA STRENGTH SUSP PO (Use aluminum hydroxide-mag carb)	1		<i>calcium carbonate (antacid) CHEW PO 500 MG, 750 MG, 1000 MG</i>	1	
GAVISCON SUSP PO (Use aluminum hydroxide-mag carb)	1		<i>calcium carbonate (antacid) CHEW PO 500 MG, 750 MG, 1000 MG</i>	1	
GAVISCON SUSP PO (Use aluminum hydroxide-mag carb)	9		<i>calcium carbonate (antacid) SUSP</i>	1	
GELUSIL CHEW PO (Use alum & mag hydrox-simethicone)	9		CALCIUM CARBONATE ANTACID SUSP	1	
HYVEE ADVANCED ANTACID SUSP PO (Use alum & mag hydrox-simethicone)	9		CALCIUM CARBONATE ANTACID TABS PO	1	
MAALOX ADVANCED MAX ST CHEW PO (Use calcium carbonate-simethicone)	9		CVS ANTACID SOFT CHEWS ULTR ST CHEW PO	1	
MAALOX MAX CHEW PO (Use calcium carbonate-simethicone)	9		TUMS CHEWY BITES ULTRA STR CHEW PO 1000 MG (Use calcium carbonate (antacid))	9	
MAG-AL LIQD PO	1		TUMS CHEWY BITES CHEW PO (Use calcium carbonate (antacid))	1	
PHAZYME GAS & ACID MAX ST CHEW PO	1		TUMS CHEWY DELIGHTS CHEW PO	1	
Antacids - Aluminum Salts			TUMS E-X 750 CHEW PO (Use calcium carbonate (antacid))	9	
ALUMINUM HYDROXIDE GEL SUSP PO	1		TUMS E-X 750 CHEW PO (Use calcium carbonate (antacid))	1	
Antacids - Bicarbonate			TUMS EXTRA STRENGTH 750 CHEW PO (Use calcium carbonate (antacid))	9	
<i>sodium bicarbonate (antacid) TABS PO 325 MG, 650 MG</i>	1		TUMS EXTRA STRENGTH 750 CHEW PO (Use calcium carbonate (antacid))	1	
SODIUM BICARBONATE POWD PO	1	RX/OTC	TUMS EXTRA STRENGTH CHEW PO 750 MG (Use calcium carbonate (antacid))	1	
Antacids - Calcium Salts					
ANTACID SOFT CHEWS CHEW PO	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
TUMS EXTRA STRENGTH CHEW PO 750 MG (Use calcium carbonate (antacid))	9	
TUMS LASTING EFFECTS CHEW PO (Use calcium carbonate (antacid))	9	
TUMS SMOOTHIES CHEW PO (Use calcium carbonate (antacid))	9	
TUMS SMOOTHIES CHEW PO (Use calcium carbonate (antacid))	1	
TUMS ULTRA 1000 CHEW PO (Use calcium carbonate (antacid))	9	
TUMS ULTRA 1000 CHEW PO (Use calcium carbonate (antacid))	1	
TUMS ULTRA STRENGTH CHEW PO 1000 MG (Use calcium carbonate (antacid))	9	
TUMS CHEW PO (Use calcium carbonate (antacid))	1	
TUMS CHEW PO (Use calcium carbonate (antacid))	9	
<b>Antacids - Magnesium Salts</b>		
DEWEES CARMINATIVE SUSP	1	
magnesium oxide TABS PO	1	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
pyrantel pamoate SUSP PO	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Sympathomimetics</b>		
S2 (RACEPINEPHRINE) (Use racepinephrine hcl)	1	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Diabetic Other</b>		
CVS GLUCOSE CHEW PO	1	
CVS SOFT GLUCOSE CHEW PO	1	
DEX4 PO	1	
DEX4 GLUCOSE PO	1	
DEX4 NATURALS PO	1	
DEX4 POUCH PACK PO	1	
DEX4 QUICK DISSOLVE GLUCOSE CHEW PO	1	
dextrose (diabetic use) CHEW PO 2 GM	1	
dextrose (diabetic use) GEL PO	1	
GLUCOSE INSTANT ENERGY PO	1	
GLUCOSE CHEW PO	1	
GNP GLUCOSE CHEW PO	1	
GNP QUICK DISSOLVE GLUCOSE CHEW PO	1	
GOODSENSE GLUCOSE PO	1	
KROGER GLUCOSE PO	1	
LEADER GLUCOSE PO 6 MG-4 GM	1	
LEADER QUICK DISSOLVE GLUCOSE CHEW PO	1	
LONGS GLUCOSE PO	1	
MEIJER GLUCOSE PO	1	
PREFERRED PLUS GLUCOSE PO	1	
PX GLUCOSE PO	1	
RA GLUCOSE PO	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RA TRUEPLUS GLUCOSE GEL PO	1		ALIGN CAPS PO	1	RX/OTC
RELION GLUCOSE PO	1		AZO COMPLETE FEMININE BALANCE CAPS PO	1	RX/OTC
SM GLUCOSE PO	1		BACID CAPS PO	1	RX/OTC
SMART SENSE GLUCOSE PO	1		BIO-K PLUS STRONG CPDR	1	
TGT GLUCOSE PO	1		BIOMEPRO CAPS PO	1	RX/OTC
TRUEPLUS GLUCOSE ON THE GO CHEW PO	1		BIOMEPRO CPDR	1	
TRUEPLUS GLUCOSE CHEW PO	1		BIOMEPRO LIQD	1	
TRUEPLUS GLUCOSE GEL PO	1		<i>bismuth subsalicylate</i> CHEW PO 262 MG	1	
UP & UP GLUCOSE PO	1		<i>bismuth subsalicylate</i> SUSP PO 262 MG/15ML, 525 MG/15ML, 525 MG/30ML	1	
WALGREENS GLUCOSE PO	1		<i>bismuth subsalicylate</i> TABS PO	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>			CULTURELLE ADVANCED REGULARITY CAPS PO	1	RX/OTC
Antidiarrheal/Probiotic Agents - Misc.			CULTURELLE KID PROBIOTIC+FIBER PACK	1	
ABATINEX CAPS PO	1	RX/OTC	CULTURELLE KIDS PURELY PACK	1	
ACIDOPHILUS EXTRA STRENGTH CAPS PO	1	RX/OTC	CULTURELLE KIDS PACK	1	
ACIDOPHILUS HIGH-POTENCY CAPS PO	1	RX/OTC	CULTURELLE PROBIOTICS KIDS PACK	1	
ACIDOPHILUS LACTOBACILLUS CAPS PO	1	RX/OTC	CULTURELLE PRO-WELL CAPS PO	1	RX/OTC
ACIDOPHILUS PEARLS CAPS PO	1	RX/OTC	CVS DIGESTIVE PROBIOTIC CAPS PO	1	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS PO	1	RX/OTC	CVS EVERYDAY CARE PROBIOTIC CAPS PO	1	RX/OTC
ACIDOPHILUS PROBIOTIC CAPS PO	1	RX/OTC	CVS PROBIOTIC MAXIMUM STRENGTH CAPS PO	1	RX/OTC
ACIDOPHILUS CAPS PO 100 MG	1	RX/OTC	CVS PROBIOTIC CAPS PO	1	RX/OTC
ACIDOPHILUS WAFR PO	1		DAILY DIGESTIVE PROBIOTIC CAPS PO	1	RX/OTC
ADVANCED PROBIOTIC-14 CAPS PO	1	RX/OTC			
ADVANCED PROBIOTIC CAPS PO	1	RX/OTC			

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS PO	1	RX/OTC	<i>lactobacillus CHEW PO</i>	1	
DIGESTIVE ADV LACTOSE SUPPORT CAPS PO	1	RX/OTC	<i>lactobacillus PACK PO</i>	1	
DIGESTIVE ADV+BOWEL SUPPORT CAPS PO	1	RX/OTC	<i>lactobacillus TABS PO</i>	1	
DIGESTIVE ADV+LACTOSE SUPPORT CAPS PO	1	RX/OTC	META BIOTIC/BIO-ACTIVE 12 CAPS PO	1	RX/OTC
DIGESTIVE ADVANTAGE CAPS PO	1	RX/OTC	MORE-DOPHILUS ACIDOPHILUS POWD	1	
ENVIVE CAPS PO	1	RX/OTC	NEWFLORA PROBIOTIC CAPS PO	1	RX/OTC
EQL DAILY PROBIOTIC CAPS PO	1	RX/OTC	PEARLS IC CAPS PO	1	RX/OTC
EQL DIGESTIVE PROBIOTIC CAPS PO	1	RX/OTC	PEPTO-BISMOL MAX STRENGTH SUSP PO (Use bismuth subsalicylate)	9	
FLORA VANCE CAPS PO	1	RX/OTC	PEPTO-BISMOL TO-GO CHEW PO (Use bismuth subsalicylate)	1	
FLORAJEN DIGESTION CAPS PO	1	RX/OTC	PEPTO-BISMOL CHEW PO (Use bismuth subsalicylate)	1	
FLORAJEN3 CAPS PO	1	RX/OTC	PEPTO-BISMOL SUSP PO 262 MG/15ML (Use bismuth subsalicylate)	9	
FLORAJEN4KIDS CAPS PO	1	RX/OTC	PEPTO-BISMOL TABS PO (Use bismuth subsalicylate)	9	
FLORASTOR BABY PACK PO	1		PHILLIPS COLON HEALTH CAPS PO	1	RX/OTC
FLORASTOR KIDS PACK PO	1		PROBIOTIC & ACIDOPHILUS EX ST CAPS PO	1	RX/OTC
FLORASTOR CAPS PO (Use <i>saccharomyces boulardii</i> )	1		PROBIOTIC (LACTOBACILLUS) CAPS PO	1	RX/OTC
GENORAVANCE CAPS PO	1	RX/OTC	PROBIOTIC ACIDOPHILUS CAPS PO	1	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS PO	1	RX/OTC	PROBIOTIC BLEND CAPS PO	1	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS PO	1	RX/OTC	PROBIOTIC GOLD EXTRA STRENGTH CAPS PO	1	RX/OTC
INTESTINEX CAPS PO	1	RX/OTC	PROBIOTIC MATURE ADULT CAPS PO	1	RX/OTC
LACTINEX PACK PO (Use <i>lactobacillus</i> )	1				
<i>lactobacillus CAPS PO</i>	1	RX/OTC			

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
PROBIOTIC PEARLS CAPS PO	1	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS PO	1	RX/OTC
PROVELLA TABS PO	1	RX/OTC
QUAD-PROBIOTIC CAPS PO	1	RX/OTC
RA DIGESTIVE HEALTH CAPS PO	1	RX/OTC
RA PROBIOTIC COLON CARE CAPS PO	1	RX/OTC
RA PROBIOTIC COMPLEX CAPS PO	1	RX/OTC
REJUVAFLOR CAPS PO	1	RX/OTC
RESTORA CAPS PO	1	RX/OTC
REVITAFLOR CAPS PO	1	RX/OTC
RISA-BID PROBIOTIC TABS PO	1	RX/OTC
RISAQUAD-2 CAPS PO	1	RX/OTC
RISAQUAD CAPS PO	1	RX/OTC
<i>saccharomyces boulardii</i> CAPS PO	1	
SUPER PROBIOTIC DIGESTIVE CAPS PO	1	RX/OTC
SUPER PROBIOTIC CAPS PO	1	RX/OTC
TRUBIOTICS DIGEST + IMM HEALTH CAPS PO	1	RX/OTC
TRUBIOTICS CAPS PO	1	RX/OTC
Antidiarrheal/Probiotic Combinations		
ACIDOPHILUS/CITRUS PECTIN TABS PO	1	
IMODIUM MULTI-SYMPTOM RELIEF TABS PO (Use loperamide-simethicone)	9	
KALA TABS PO	1	
<i>lactobacillus acidophilus-pectin</i> CAPS PO	1	
<i>loperamide-simethicone</i> TABS PO	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide-simethicone</i> TABS PO	1	
Antiperistaltic Agents		
IMODIUM A-D CAPS PO (Use loperamide hcl)	1	RX/OTC
IMODIUM A-D CAPS PO (Use loperamide hcl)	9	RX/OTC
IMODIUM A-D SOLN PO (Use loperamide hcl)	9	
IMODIUM A-D SOLN PO (Use loperamide hcl)	1	
IMODIUM A-D TABS PO (Use loperamide hcl)	9	
<i>loperamide hcl</i> CAPS PO	1	RX/OTC
<i>loperamide hcl</i> SOLN PO 1 MG/7.5ML	1	
<i>loperamide hcl</i> SUSP PO	1	
<i>loperamide hcl</i> SUSP PO	1	
LOPERAMIDE HCL SUSP PO	1	
<i>loperamide hcl</i> TABS PO	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes and Specific Antagonists		
POTASSIUM IODIDE (ANTIDOTE) SOLN PO	1	
Opioid Antagonists		
<i>naloxone hcl</i> LIQD	1	RX/OTC
NARCAN LIQD (Use <i>naloxone hcl</i> )	9	RX/OTC
NARCAN LIQD (Use <i>naloxone hcl</i> )	1	RX/OTC
RIVIVE LIQD	1	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
Antiemetics - Anticholinergic		
ANTIVERT CHEW PO (Use <i>meclizine hcl</i> )	9	RX/OTC
<i>dimenhydrinate</i> TABS PO	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/Limits
DRAMAMINE TABS PO (Use dimenhydrinate)	9	
DRAMAMINE TABS PO (Use dimenhydrinate)	1	
meclizine hcl CHEW PO	1	RX/OTC
meclizine hcl TABS PO 12.5 MG, 25 MG	1	RX/OTC
Antiemetics - Miscellaneous		
EMETROL SOLN PO (Use fructose-dextrose-phosphoric acid)	1	
fructose-dextrose-phosphoric acid SOLN PO	1	
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Alkylamines		
ALA-HIST IR TABS	1	
chlorpheniramine maleate SYRP PO	1	
chlorpheniramine maleate TABS PO	1	
chlorpheniramine maleate TABS PO	1	
CHLOR-TRIMETON SYRP PO (Use chlorpheniramine maleate)	9	
CHLOR-TRIMETON TABS PO (Use chlorpheniramine maleate)	9	
HISTEX PD LIQD PO	1	
HISTEX PD LIQD PO (Use triprolidine hcl)	1	
HISTEX SYRP PO	1	
MICLARA LQ LIQD PO	1	
PEDIACLEAR PD CHILDRENS LIQD PO (Use triprolidine hcl)	1	
PEDIAVENT SYRP	1	

Drug Name	Drug Tier	Requirements/Limits
triprolidine hcl LIQD PO 0.625 MG/ML, 0.938 MG/ML	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS CHEW PO (Use diphenhydramine hcl)	9	
BENADRYL ALLERGY CHILDRENS LIQD PO (Use diphenhydramine hcl)	9	
BENADRYL ALLERGY ULTRATABS TABS PO (Use diphenhydramine hcl)	9	
BENADRYL ALLERGY CAPS PO (Use diphenhydramine hcl)	9	
BENADRYL ALLERGY TABS PO (Use diphenhydramine hcl)	9	
diphenhydramine hcl CAPS PO	1	
diphenhydramine hcl CHEW PO	1	
diphenhydramine hcl LIQD PO 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1	
diphenhydramine hcl TABS PO 25 MG	1	
diphenhydramine hcl TBDP PO	1	
Antihistamines - Ethylenediamines		
PEDIACLEAR 8 CHILDRENS LIQD	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP PO (Use fexofenadine hcl)	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALLEGRA ALLERGY TABS PO 180 MG (Use fexofenadine hcl)	1		fexofenadine hcl SUSP PO	1	
ALLEGRA ALLERGY TABS PO (Use fexofenadine hcl)	9		fexofenadine hcl TABS PO 60 MG, 180 MG	1	
cetirizine hcl CAPS PO	1		fexofenadine hcl TABS PO 60 MG, 180 MG	1	
cetirizine hcl CHEW PO	1		levocetirizine dihydrochloride TABS PO	1	RX/OTC
cetirizine hcl SOLN PO	1	RX/OTC	loratadine CHEW PO	1	
cetirizine hcl TABS PO	1		loratadine SOLN PO	1	
CLARITIN ALLERGY CHILDRENS SOLN PO (Use loratadine)	9		loratadine TABS PO	1	
CLARITIN ALLERGY CHILDRENS SOLN PO (Use loratadine)	1		loratadine TBDP PO 10 MG	1	
CLARITIN CHILDRENS CHEW PO (Use loratadine)	1		XYZAL ALLERGY 24HR TABS PO (Use levocetirizine dihydrochloride)	9	RX/OTC
CLARITIN CHILDRENS CHEW PO (Use loratadine)	9		ZYRTEC ALLERGY CAPS PO (Use cetirizine hcl)	9	
CLARITIN CHILDRENS CHEW PO (Use loratadine)	9		ZYRTEC ALLERGY TABS PO (Use cetirizine hcl)	1	
CLARITIN REDITABS JUNIORS TBDP PO (Use loratadine)	9		ZYRTEC ALLERGY TABS PO (Use cetirizine hcl)	9	
CLARITIN REDITABS TBDP PO 10 MG (Use loratadine)	9		ZYRTEC CHILDRENS ALLERGY CHEW PO 10 MG (Use cetirizine hcl)	9	
CLARITIN CHEW PO (Use loratadine)	1		ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)	9	RX/OTC
CLARITIN CHEW PO (Use loratadine)	9		ZYRTEC CHEW PO 10 MG (Use cetirizine hcl)	9	
CLARITIN SOLN PO (Use loratadine)	9		<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
CLARITIN SOLN PO (Use loratadine)	1		Nicotinic Acid Derivatives		
CLARITIN TABS PO (Use loratadine)	9		niacin (antihyperlipidemic) TABS PO	1	
CLARITIN TABS PO (Use loratadine)	1		<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
CLARITIN TABS PO (Use loratadine)	9		Antiseptics & Disinfectants		
CLARITIN TABS PO (Use loratadine)	1		hydrogen peroxide SOLN EX 3 %	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
<b>Chlorine Antiseptics</b>		
<i>chlorhexidine gluconate SOLN EX</i>	1	
<i>chlorhexidine gluconate SOLN EX</i>	1	
DAKINS (1/2 STRENGTH) SOLN EX ( <i>Use sodium hypochlorite</i> )	9	
DAKINS (FULL STRENGTH) SOLN EX ( <i>Use sodium hypochlorite</i> )	9	
<i>sodium hypochlorite SOLN EX 0.25 %, 0.5 %</i>	1	
<b>Iodine Antiseptics</b>		
BETADINE ANTISEPTIC CREA	1	
BETADINE SURGICAL SCRUB SOLN	1	
BETADINE SWABSTICKS SWAB ( <i>Use povidone-iodine</i> )	1	
BETADINE SOLN	1	
BETADINE SOLN ( <i>Use povidone-iodine</i> )	9	
BETADINE SOLN ( <i>Use povidone-iodine</i> )	1	
FIRST AID ANTISEPTIC OINT	1	
GNP IODINE TINC	1	RX/OTC
HM IODINE TINC	1	RX/OTC
IODINE TINC 2 %-2.4 %	1	RX/OTC
<i>povidone-iodine SOLN 10 %</i>	1	
SM IODINE TINCTURE TINC	1	RX/OTC
<b>CHEMICALS</b>		
<b>Bulk Chemicals - A's</b>		
ACETAMINOPHEN GRAN	1	
ACETAMINOPHEN POWD	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<b>Bulk Chemicals - B's</b>		
BIOTIN	1	RX/OTC
BIOTIN-D	1	RX/OTC
<b>Bulk Chemicals - C's</b>		
AVICEL PH 101 MICRO CELLULOSE POWD	1	RX/OTC
AVICEL PH 105 MICRO CELLULOSE POWD	1	RX/OTC
CELLULOSE CRYSTALS	1	RX/OTC
CELLULOSE POWD	1	RX/OTC
CHOLESTEROL POWD	1	RX/OTC
CITRULLINE	1	RX/OTC
CYANOCOBALAMIN CRYSTALS	1	RX/OTC
CYANOCOBALAMIN POWD	1	
L-CITRULLINE	1	RX/OTC
MICROCRYSTAL CELLULOSE NF 101 POWD	1	RX/OTC
MICROCRYSTAL CELLULOSE NF 102 POWD	1	RX/OTC
MICROCRYSTAL CELLULOSE NF 105 POWD	1	RX/OTC
<b>Bulk Chemicals - H's</b>		
HYDROXOCOBALAMIN	1	RX/OTC
HYDROXYPROPYL METHYLCELLULOSE	1	RX/OTC
HYPROMELLOSE	1	RX/OTC
HYPROMELLOSE METHOCEL K100M	1	RX/OTC
METHOCEL E4M PREMIUM	1	RX/OTC
METHOCEL E4M PREMIUM CR	1	RX/OTC
METHOCEL K100M PREMIUM	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
Bulk Chemicals - L's		
CARNITINE (L)	1	RX/OTC
L-CARNITINE	1	RX/OTC
LEVOCARNITINE	1	RX/OTC
L-LYSINE HCL POWD	1	RX/OTC
Bulk Chemicals - P's		
PROPYLENE GLYCOL	1	RX/OTC
Bulk Chemicals - S's		
SALICYLIC ACID POWD	1	RX/OTC
Liquids		
BENZYL BENZOATE	1	RX/OTC
CAMPHOR SPIRIT	1	
CASTOR OIL	1	RX/OTC
GLYCERIN LIQD	1	RX/OTC
GLYCERIN SOLN	1	
QC CASTOR OIL	1	RX/OTC
SESAME OIL	1	RX/OTC
SM CAMPHOR SPIRIT	1	
Solids		
BORIC ACID TOPICAL POWD	1	RX/OTC
BORIC ACID POWD	1	RX/OTC
COENZYME Q10	1	RX/OTC
GNP BORIC ACID POWD	1	RX/OTC
POTASSIUM BROMIDE CRYST	1	RX/OTC
POTASSIUM BROMIDE POWD	1	
QC BORIC ACID POWD	1	RX/OTC
SM BORIC ACID POWD	1	RX/OTC
SODIUM BROMIDE	1	RX/OTC
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Emergency Contraceptives		
<i>levonorgestrel (emergency oc) PO 1.5 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PLAN B ONE-STEP PO <i>(Use levonorgestrel (emergency oc))</i>	1	
PLAN B ONE-STEP PO <i>(Use levonorgestrel (emergency oc))</i>	9	
Progestin Contraceptives - Oral		
OPIII PO	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
<i>benzonatate PO</i>	1	
DELSYM COUGH CHILDRENS SUER PO <i>(Use dextromethorphan polistirex)</i>	1	
DELSYM SUER PO <i>(Use dextromethorphan polistirex)</i>	1	
DELSYM TABS PO	1	
<i>dextromethorphan hbr CAPS PO</i>	1	
<i>dextromethorphan hbr LIQD PO 15 MG/5ML, 30 MG/10ML</i>	1	
<i>dextromethorphan hbr SYRP PO 15 MG/5ML</i>	1	
<i>dextromethorphan polistirex SUER PO</i>	1	
HYCODAN SOLN PO <i>(Use hydrocodone bitartrate-homatropine methylbromide)</i>	9	
HYCODAN TABS PO 1.5 MG-5 MG <i>(Use hydrocodone bitartrate-homatropine methylbromide)</i>	9	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN PO</i>	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate-homatropine methylbromide TABS PO</i>	1	
ROBITUSSIN LONG-ACT COUGHGELS CAPS PO (Use <i>dextromethorphan hbr</i> )	9	
Cough/Cold/Allergy Combinations		
ACTICON SOLN	1	
ACTICON TABS	1	
ACTIDOGESIC-DF TABS	1	
ACTIDOGESIC TABS	1	
ACTINEL DM LIQD PO	1	
ACTINEL PEDIATRIC LIQD PO	1	
ACTINEL LIQD PO	1	
ADVIL COLD/SINUS TABS PO (Use <i>pseudoephedrine-ibuprofen</i> )	1	
ALAHIST CF TABS	1	
ALAHIST D	1	
ALAHIST DM LIQD PO 7.5 MG/5ML-15 MG/5ML-2 MG/5ML (Use <i>phenylephrine-dexbrompheniramine-dextromethorphan</i> )	1	
ALAHIST PE TABS PO	1	
ALEVE-D SINUS & COLD PO (Use <i>pseudoephedrine-naproxen sodium</i> )	1	
ALEVE-D SINUS & COLD PO (Use <i>pseudoephedrine-naproxen sodium</i> )	9	
ALEVE-D SINUS & HEADACHE PO (Use <i>pseudoephedrine-naproxen sodium</i> )	9	

Drug Name	Drug Tier	Requirements/Limits
ALKA-SELTZER PLUS COLD PO (Use <i>chlorpheniramine-phenylephrine-asa</i> )	9	
ALKA-SELTZER SEVERE COLD PO (Use <i>chlorpheniramine-phenylephrine-asa</i> )	9	
ALLEGRA-D ALLERGY & CONGESTION TB12 PO (Use <i>fexofenadine-pseudoephedrine</i> )	9	
ALLEGRA-D ALLERGY & CONGESTION TB24 PO (Use <i>fexofenadine-pseudoephedrine</i> )	9	
AQUANAZ TABS PO	1	
<i>brompheniramine &amp; phenyleph</i> ELIX PO	1	
<i>brompheniramine &amp; pseudoeph</i> LIQD PO 15 MG/5ML-1 MG/5ML	1	
CAPMIST DM TABS PO 400 MG-15 MG-60 MG	1	
CAPRON DM LIQD	1	
CAPRON DMT TABS	1	
<i>cetirizine-pseudoephedrine</i> PO	1	
CHLO HIST	1	
CHLO TUSS 30 MG/5ML-12.5 MG/5ML-1 MG/5ML	1	
<i>chlorpheniramine &amp; phenylephrine</i> LIQD PO 10 MG/5ML-4 MG/5ML	1	
<i>chlorpheniramine &amp; phenylephrine</i> TABS PO 10 MG-4 MG	1	
<i>chlorpheniramine &amp; pseudoeph</i> TABS PO	1	
<i>chlorpheniramine-dm</i> TABS PO 4 MG-30 MG	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine-phenylephrine-acetaminophen TABS PO 5 MG-325 MG-2 MG</i>	1		COUGH & CHEST CONGESTION DM SYRP PO	1	
<i>chlorpheniramine-phenylephrine-asa PO</i>	1		CVS COLD & ALLERGY CHILDRENS LIQD PO	1	
CLARITIN-D 12 HOUR TB12 PO ( <i>Use loratadine &amp; pseudoephedrine</i> )	9		DECONEX DMX TABS PO 10 MG-400 MG-17.5 MG	1	
CLARITIN-D 24 HOUR TB24 PO ( <i>Use loratadine &amp; pseudoephedrine</i> )	9		DECONEX IR TABS PO	1	
COLD & ALLERGY CHILDRENS LIQD PO	1		DELSYM CHILD COUGH+SORE THROAT LIQD PO	1	
COMTrex COLD & COUGH MAX ST TABS PO ( <i>Use dextromethorphan-phenylephrine-acetaminophen</i> )	9		DELSYM CHILDRENS DAY NIGHT MISC PO	1	
CONEX COLD/ALLERGY PEDIATRIC SOLN	1		DELSYM COUGH + SORE THROAT LIQD PO	1	
CONEX COLD/ALLERGY SOLN	1		DELSYM DAY NIGHT MISC PO	1	
CONEX COLD/ALLERGY TABS	1		DELSYM NIGHTTIME COUGH MAX STR SOLN	1	
CORICIDIN HBP COUGH/COLD TABS PO ( <i>Use chlorpheniramine-dm</i> )	1		<i>dexbrompheniramine-phenylephrine TABS PO</i>	1	
CORICIDIN HBP COUGH/COLD TABS PO ( <i>Use chlorpheniramine-dm</i> )	9		<i>dextromethorphan-acetaminophen-chlorpheniramine TABS PO 325 MG-2 MG-10 MG</i>	1	
CORICIDIN HBP MAX STRENGTH FLU TABS PO ( <i>Use dextromethorphan-acetaminophen-chlorpheniramine</i> )	9		<i>dextromethorphan-doxylamine-acetaminophen CAPS PO</i>	1	
CORICIDIN HBP TABS PO ( <i>Use dextromethorphan-acetaminophen-chlorpheniramine</i> )	1		<i>dextromethorphan-doxylamine-acetaminophen LIQD PO</i>	1	
			<i>dextromethorphan-guaifenesin CAPS PO</i>	1	
			<i>dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-guaifenesin SYRP PO 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1		<i>doxylamine-dm LIQD PO 15 MG/15ML-6.25 MG/15ML, 30 MG/30ML-12.5 MG/30ML</i>	1	
<i>dextromethorphan-guaifenesin TABS PO 400 MG-20 MG</i>	1		<i>doxylamine-phenylephrine PO</i>	1	
<i>dextromethorphan-guaifenesin TB12 PO 1200 MG-60 MG, 600 MG-30 MG</i>	1		DURAFLU TABS PO 200 MG-325 MG-20 MG-60 MG	1	
<i>dextromethorphan-phenylephrine-acetaminophen CAPS PO</i>	1		ED A-HIST DM TABS PO	1	
<i>dextromethorphan-phenylephrine-acetaminophen LIQD PO</i>	1		ED A-HIST LIQD PO (Use chlorpheniramine & phenylephrine)	1	
<i>dextromethorphan-phenylephrine-acetaminophen PACK PO</i>	1		ED BRON GP LIQD PO	1	
<i>dextromethorphan-phenylephrine-acetaminophen TABS PO 5 MG-325 MG-10 MG</i>	1		<i>fexofenadine-pseudoephedrine TB12 PO</i>	1	
<i>dextromethorphan-pyrilamine LIQD</i>	1		<i>fexofenadine-pseudoephedrine TB24 PO</i>	1	
<i>diphenhydramine-phenylephrine-acetaminophen LIQD PO</i>	1		GLENMAX PEB DM LIQD PO	1	
<i>diphenhydramine-phenylephrine-acetaminophen LIQD PO</i>	1		G-TUSICOF LIQD PO	1	
<i>diphenhydramine-phenylephrine-acetaminophen PACK PO</i>	1		<i>guaifenesin-codeine SOLN PO 10 MG/5ML-100 MG/5ML</i>	1	
<i>diphenhydramine-phenylephrine-acetaminophen TABS PO 5 MG-325 MG-12.5 MG</i>	1		<i>guaifenesin-codeine SYRP PO</i>	1	
DOLOGESIC-DF TABS	1		HISTEX-DM SYRP PO	1	
DOLOGESIC TABS 500 MG-1 MG	1		<i>hydrocodone polistirex-chlorpheniramine polistirex SUER PO</i>	1	
			LOHIST-D LIQD PO	1	
			LOHIST-DM SYRP PO	1	
			<i>loratadine &amp; pseudoephedrine TB12 PO</i>	1	
			<i>loratadine &amp; pseudoephedrine TB24 PO</i>	1	
			LORTUSS LQ PO	1	
			MAR-COF CG EXPECTORANT LIQD PO	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
MAXICHLOR PEH DM TABS PO	1	
MAXIFED TR TABS PO	1	
MAXIFED TABS PO	1	
MAXI-TUSS CD LIQD	1	
MAXI-TUSS JR LIQD PO	1	
MAXI-TUSS PE JR LIQD PO	1	
MAXI-TUSS PE MAX LIQD PO	1	
MAXI-TUSS PE LIQD PO	1	
MAXI-TUSS TR LIQD PO	1	
M-CLEAR WC SOLN PO	1	
M-END DMX	1	
M-END PE LIQD PO	1	
MICLARA DM LIQD	1	
MUCINEX CHILD FEV,STHR,COUGH LIQD PO	1	
MUCINEX CHILD FREEFROM CLD/FLU SOLN	1	
MUCINEX CHILD MS DAY-NIGHT CLD MISC PO	1	
MUCINEX CHILD MULTI-SYMPTOM LIQD PO (Use phenylephrine-dm-gg w/ apap)	9	
MUCINEX CHILDRENS FREEFROM LIQD PO (Use phenylephrine-dm-gg w/ apap)	1	
MUCINEX CHILDRENS PACK PO	1	
MUCINEX COLD CGH THROAT CHILD LIQD PO (Use phenylephrine-dm-gg w/ apap)	9	
MUCINEX COLD CHILDRENS LIQD PO (Use phenylephrine w/ dm-gg)	1	

Drug Name	Drug Tier	Requirements/Limits
MUCINEX COUGH & CONGEST CHILD LIQD PO (Use phenylephrine w/ dm-gg)	1	
MUCINEX COUGH FOR KIDS PACK PO	1	
MUCINEX D MAX STRENGTH TB12 PO (Use pseudoephedrine-guaifenesin)	1	
MUCINEX DM MAXIMUM STRENGTH TB12 PO (Use dextromethorphan-guaifenesin)	1	
MUCINEX DM TB12 PO (Use dextromethorphan-guaifenesin)	1	
MUCINEX D TB12 PO (Use pseudoephedrine-guaifenesin)	1	
MUCINEX FAST-MAX CLD FLU THRT CAPS PO (Use phenylephrine-dm-gg w/ apap)	1	
MUCINEX FAST-MAX CLD/FLU DY/NT CPPK PO (Use phenylephrine-doxylamine-dm-guaifenesin-apap)	1	
MUCINEX FAST-MAX CNG/CGH/CD/FL TBPK	1	
MUCINEX FAST-MAX COLD FLU LIQD PO (Use phenylephrine-dm-gg w/ apap)	1	
MUCINEX FAST-MAX COLD/FLU MS CAPS PO (Use phenylephrine-dm-gg w/ apap)	1	
MUCINEX FAST-MAX COLD/FLU MS LIQD PO (Use phenylephrine-dm-gg w/ apap)	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MUCINEX FAST-MAX COLD/FLU LIQD PO (Use phenylephrine-dm-gg w/ apap)	1		MUCINEX NIGHTSHIFT SINUS SOLN	1	
MUCINEX FAST-MAX CONGEST COUGH LIQD PO (Use phenylephrine w/ dm-gg)	1		MUCINEX SINUS-MAX DAY/NIGHT CPPK PO (Use phenylephrine-doxylamine-dm-guaifenesin-apap)	1	
MUCINEX FAST-MAX CONGEST COUGH TABS PO	1		MUCINEX SINUS-MAX PRESS/PN/CGH CAPS PO (Use phenylephrine-dm-gg w/ apap)	1	
MUCINEX FAST-MAX DAY/NIGHT M/S MISC PO	1		MUCINEX SINUS-MAX/NIGHTSHIFT TBPK	1	
MUCINEX FAST-MAX DAY/NIGHT MS TBPK	1		MUCINEX STUFFY NOSE & CHEST LIQD PO (Use phenylephrine-guaifenesin)	1	
MUCINEX FAST-MAX KICKSTART LIQD PO (Use phenylephrine-dm-gg w/ apap)	1		MULTI-SYMPTOM COLD DAY/NIGHT MISC PO	1	
MUCINEX FREEFROM CLD/FLU DY/NT LQPK	1		NASOPEN PE	1	
MUCINEX FREEFROM COLD/FLU DAY LIQD PO (Use phenylephrine-dm-gg w/ apap)	1		NEOTUSS PLUS LIQD PO	1	
MUCINEX FREEFROM COLD/FLU NGHT SOLN	1		NINJACOF LIQD PO	1	
MUCINEX FREEFROM DAY-NIGHT LQPK	1		NINJACOF-XG LIQD PO	1	
MUCINEX NIGHT COLD/FLU MAX STR TABS	1		NOREL AD TABS PO	1	
MUCINEX NIGHT SEV COLD/FLU MAX SOLN	1		NYQUIL HBP COLD & FLU LIQD PO (Use dextromethorphan-doxylamine-acetaminophen)	9	
MUCINEX NIGHT SEV COLD/FLU MAX TABS	1		phenylephrine w/ acetaminophen TABS PO 5 MG-325 MG	1	
MUCINEX NIGHTSHIFT COLD/FLU SOLN	1		phenylephrine w/ dm-gg LIQD PO 10 MG/10ML-200 MG/10ML-20 MG/10ML, 10 MG/15ML-200 MG/15ML-18 MG/15ML, 10 MG/20ML-400 MG/20ML-20 MG/20ML, 2.5 MG/5ML-100 MG/5ML-5 MG/5ML, 2.5 MG/5ML-75 MG/5ML-5 MG/5ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML	1	
MUCINEX NIGHTSHIFT SINUS CLEAR SOLN	1				
MUCINEX NIGHTSHIFT SINUS MAXST TABS	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine w/ dm-gg SYRP PO 5 MG/5ML-100 MG/5ML-10 MG/5ML</i>	1		<i>phenylephrine-doxylamine-dm-guaifenesin-apap CPPK PO</i>	1	
<i>phenylephrine w/ dm-gg TABS PO 10 MG-385 MG-17.5 MG</i>	1		<i>phenylephrine-guaifenesin LIQD PO 2.5 MG/5ML-100 MG/5ML</i>	1	
<i>phenylephrine-acetaminophen-guaifenesin LIQD PO</i>	1		<i>phenylephrine-guaifenesin TABS PO 10 MG-400 MG</i>	1	
<i>phenylephrine-acetaminophen-guaifenesin TABS PO 5 MG-200 MG-325 MG</i>	1		POLY HIST FORTE PO 10 MG-10.5 MG	1	
<i>phenylephrine-brompheniramine-dm LIQD PO 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML</i>	1		POLY-HIST DM	1	
<i>phenylephrine-chlorphen-dm LIQD PO 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	1		POLY-TUSSIN AC LIQD PO 10 MG/5ML-10 MG/5ML-4 MG/5ML	1	
<i>phenylephrine-chlorpheniramine-dm w/ apap SUSP PO</i>	1		POLYTUSSIN DM LIQD PO (Use <i>phenylephrine-dexbrompheniramine-dextromethorphan</i> )	1	
<i>phenylephrine-dexbrompheniramine-dextromethorphan LIQD PO</i>	1		POLY-VENT DM TABS PO	1	
<i>phenylephrine-diphenhydramine-dm-guaifenesin-apap TBPK PO</i>	1		POLY-VENT IR TABS PO	1	
<i>phenylephrine-dm-gg w/ apap LIQD PO</i>	1		<i>promethazine &amp; phenylephrine SYRP PO</i>	1	
<i>phenylephrine-dm-gg w/ apap TABS PO 5 MG-200 MG-325 MG-10 MG</i>	1		<i>promethazine w/codeine SOLN PO</i>	1	
<i>phenylephrine-dm SOLN PO</i>	1		<i>promethazine w/codeine SYRP PO</i>	1	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen LIQD PO</i>	1		<i>promethazine-dm SYRP PO</i>	1	
			<i>promethazine-phenylephrine-codeine PO</i>	1	
			PSE-DEXCHLORPHEN-CHLOPHEDIANOL PO	1	
			<i>pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
			<i>pseudoephedrine-guaifenesin TB12 PO 1200 MG-120 MG, 600 MG-60 MG</i>	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine-ibuprofen TABS PO</i>	1		THERAFLU SEVERE COLD PACK PO ( <i>Use dextromethorphan-phenylephrine-acetaminophen</i> )	9	
<i>pseudoephedrine-naproxen sodium PO</i>	1		TRIAMINIC COLD/COUGH DAY TIME SYRP PO	1	
QC MEDIFIN PE TABS PO ( <i>Use phenylephrine-guaifenesin</i> )	9		TRIAMINIC NIGHT TIME COLD/CGH SYRP	1	
ROBITUSSIN COUGH+CHEST CONG DM LIQD PO ( <i>Use dextromethorphan-guaifenesin</i> )	9		<i>triprolidine &amp; pseudoephedrine TABS PO</i>	1	
ROBITUSSIN COUGH+CHEST CONG DM LIQD PO ( <i>Use dextromethorphan-guaifenesin</i> )	1		TUSICOF LIQD PO	1	
ROBITUSSIN HONEY CGH/CHEST DM LIQD PO ( <i>Use dextromethorphan-guaifenesin</i> )	1		TUSNEL DM LIQD PO	1	
ROBITUSSIN PEAK COLD MULTI-SYM LIQD PO ( <i>Use phenylephrine w/ dm-gg</i> )	1		TUSNEL PEDIATRIC LIQD PO 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML	1	
ROBITUSSIN SEVERE CGH/SR THRT LIQD PO	1		TUSNEL-DM PEDIATRIC LIQD PO 1.25 MG/ML-25 MG/ML-2.5 MG/ML	1	
RU-HIST D TABS PO	1		TUSNEL LIQD PO	1	
RYMED TABS	1		TUSNEL TABS PO	1	
SM COLD & ALLERGY CHILDRENS LIQD PO	1		TUSSI-PRES PEDIATRIC LIQD PO ( <i>Use phenylephrine w/ dm-gg</i> )	1	
STAHIST AD TABS	1		TYLENOL CHILDRENS COLD/FLU SUSP PO ( <i>Use phenylephrine-chlorpheniramine-dm w/ apap</i> )	9	
STAHIST TP TABS	1		TYLENOL CHILDRENS PLUS MS COLD SUSP PO ( <i>Use phenylephrine-chlorpheniramine-dm w/ apap</i> )	9	
THERAFLU FLU & SORE THROAT PACK PO	1		TYLENOL COLD & HEAD TABS PO ( <i>Use phenylephrine-acetaminophen-guaifenesin</i> )	9	
THERAFLU SEVERE COLD/CGH NIGHT PACK PO ( <i>Use diphenhydramine-phenylephrine-acetaminophen</i> )	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
TYLENOL COLD/FLU SEVERE TABS PO (Use phenylephrine-dm-gg w/ apap)	9	
TYLENOL COLD/FLU/COUGH NIGHT LIQD PO (Use phenylephrine-doxylamine-dextromethorphan-acetaminophen)	9	
TYLENOL SINUS SEVERE TABS PO (Use phenylephrine-acetaminophen-guaifenesin)	9	
TYLENOL WARMING COUGH/CONGEST LIQD PO (Use phenylephrine-dm-gg w/ apap)	9	
VANACOF PO	1	
VANACOF DM LIQD PO (Use phenylephrine w/ dm-gg)	1	
VANACOF DMX LIQD PO	1	
VANACOF XP LIQD PO	1	
VANATAB DM TABS PO	1	
VICKS NYQUIL COLD & FLU NIGHT LIQD PO (Use dextromethorphan-doxylamine-acetaminophen)	1	
VICKS NYQUIL COLD & FLU NIGHT LIQD PO (Use dextromethorphan-doxylamine-acetaminophen)	9	
VICKS NYQUIL COLD & FLU LIQD PO (Use dextromethorphan-doxylamine-acetaminophen)	1	
VICKS NYQUIL COUGH LIQD PO (Use doxylamine-dm)	9	

Drug Name	Drug Tier	Requirements/Limits
VICKS NYQUIL HBP COLD & FLU LIQD PO (Use dextromethorphan-doxylamine-acetaminophen)	9	
WAL-FLU SEVERE COLD NIGHT TIME PACK PO	1	
WESTUSSIN DM	1	
ZYRTEC-D ALLERGY & CONGESTION PO (Use cetirizine-pseudoephedrine)	1	
ZYRTEC-D ALLERGY & SINUS PO (Use cetirizine-pseudoephedrine)	1	
<b>Expectorants</b>		
GERI-TUSSIN SYRP PO	1	
guaifenesin LIQD PO	1	
guaifenesin TABS PO	1	
guaifenesin TB12 PO	1	
MUCINEX FOR KIDS PACK PO 100 MG	1	
MUCINEX MAXIMUM STRENGTH TB12 PO (Use guaifenesin)	1	
MUCINEX TB12 PO (Use guaifenesin)	1	
potassium iodide (expectorant) SOLN PO	1	
SSKI SOLN PO (Use potassium iodide (expectorant))	9	
<b>Misc. Respiratory Inhalants</b>		
camphor (inhalant)	1	
sodium chloride (inhalant) AERS	1	
VICKS VAPO STEAM (Use camphor (inhalant))	9	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACNE MEDICATION 10 LOTN	1		<i>neomycin-polymyxin w/ pramoxine</i>	1	
ACNE MEDICATION 5 LOTN	1		NEOSPORIN ORIGINAL OINT (Use <i>neomycin-bacitracin-polymyxin</i> )	1	
<i>adapalene GEL 0.1 %</i>	1	RX/OTC	NEOSPORIN ORIGINAL OINT (Use <i>neomycin-bacitracin-polymyxin</i> )	9	
BENZAC AC WASH LIQD 5 % (Use <i>benzoyl peroxide</i> )	9	RX/OTC	NEOSPORIN PLUS PAIN RELIEF MS (Use <i>neomycin-polymyxin w/ pramoxine</i> )	9	
<i>benzoyl peroxide CREA 2.5 %, 10 %</i>	1		POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use <i>bacitracin-polymyxin b</i> )	1	
<i>benzoyl peroxide CREA 2.5 %, 10 %</i>	1		POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use <i>bacitracin-polymyxin b</i> )	9	
<i>benzoyl peroxide FOAM 5.3 %, 10 %</i>	1		Antifungals - Topical		
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1		ALEVAZOL OINT	1	
<i>benzoyl peroxide LIQD 2.5 %, 4 %, 5 %, 10 %</i>	1		AZOLEN TINCTURE SOLN	1	
<i>benzoyl peroxide LIQD 2.5 %, 4 %, 5 %, 10 %</i>	1		<i>butenafine hcl</i>	1	RX/OTC
<i>benzoyl peroxide MISC 6 %</i>	1	RX/OTC	<i>clotrimazole (topical) CREA</i>	1	RX/OTC
DIFFERIN CLEANSER LIQD (Use <i>benzoyl peroxide</i> )	9	RX/OTC	<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
DIFFERIN GEL 0.1 % (Use <i>adapalene</i> )	9	RX/OTC	FUNGOID TINCTURE SOLN	1	
NEUTROGENA ON-THE-SPOT CREA (Use <i>benzoyl peroxide</i> )	9		LAMISIL AT JOCK ITCH CREA (Use <i>terbinafine hcl (topical)</i> )	9	
PANOXYL LIQD (Use <i>benzoyl peroxide</i> )	9		LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i> )	1	
Antibiotics - Topical			LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i> )	9	
<i>bacitracin (topical) OINT</i>	1		LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i> )	9	RX/OTC
<i>bacitracin zinc OINT</i>	1				
<i>bacitracin-polymyxin b OINT</i>	1				
<i>neomycin-bacitracin-polymyxin OINT</i>	1				
<i>neomycin-bacitracin-polymyxin-pramoxine</i>	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
LOTRIMIN AF CREA (Use clotrimazole (topical))	9	RX/OTC
LOTRIMIN ULTRA (Use butenafine hcl)	9	RX/OTC
MICATIN CREA (Use miconazole nitrate (topical))	1	
miconazole nitrate (topical) AERP	1	
miconazole nitrate (topical) CREA	1	
miconazole nitrate (topical) CREA	1	
miconazole nitrate (topical) POWD EX	1	
miconazole nitrate (topical) POWD EX	1	
MICONAZOLE NITRATE SOLN	1	
terbinafine hcl (topical) CREA	1	
TINACTIN DEODORANT AERP (Use tolnaftate)	9	
TINACTIN JOCK ITCH AERP (Use tolnaftate)	9	
TINACTIN AERP (Use tolnaftate)	1	
TINACTIN CREA (Use tolnaftate)	9	
tolnaftate AERP	1	
tolnaftate CREA	1	
tolnaftate LIQD	1	RX/OTC
tolnaftate POWD EX	1	
tolnaftate SOLN	1	RX/OTC
Antihistamines-Topical		
BENADRYL EXTRA STRENGTH CREA (Use diphenhydramine-zinc acetate)	9	
diphenhydramine hcl (topical) GEL	1	

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine-zinc acetate CREA 2 %-0.1 %	1	
diphenhydramine-zinc acetate LIQD	1	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) GEL EX	1	RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	1	RX/OTC
Antiseborrheic Products		
HEAD & SHOULDERS 2 IN 1 SHAM (Use pyrithione zinc)	9	
HEAD & SHOULDERS CLASSIC CLEAN SHAM (Use pyrithione zinc)	9	
HEAD & SHOULDERS DRY 2 IN 1 SHAM (Use pyrithione zinc)	9	
pyrithione zinc SHAM 1 %	1	
SEBEX	1	
selenium sulfide LOTN 1 %	1	
selenium sulfide SHAM 1 %	1	
SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	1	
SELSUN BLUE DAILY LOTN (Use selenium sulfide)	9	
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	9	
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	1		AQUA GLYCOLIC FACE CREA	1	
SELSUN BLUE LOTN (Use selenium sulfide)	1		AQUAPHILIC OINT	1	
SELSUN BLUE LOTN (Use selenium sulfide)	9		BETA CARE CREA	1	
Antivirals - Topical			BETA XMA CREA	1	
ABREVA (Use docosanol)	9		CERAVE MOISTURIZING CREA	1	
ABREVA (Use docosanol)	1		CERAVE SA ROUGH & BUMPY SKIN CREA	1	
docosanol	1		CETAPHIL DAILY FACIAL SPF 15 LOTN	1	
Corticosteroids - Topical			CETAPHIL MOISTURIZING CREA (Use emollient)	9	
hydrocortisone (topical) CREA 0.5 %, 1 %	1	RX/OTC	CETAPHIL MOISTURIZING CREA (Use emollient)	1	
hydrocortisone (topical) CREA 0.5 %, 1 %	1	RX/OTC	COCONUT OIL BEAUTY CREA	1	
hydrocortisone (topical) LOTN 1 %	1		CVS DRY SKIN THERAPY CREA	1	
hydrocortisone (topical) OINT 0.5 %, 1 %	1	RX/OTC	CVS MOISTURIZING CREA	1	
hydrocortisone (topical) OINT 0.5 %, 1 %	1		D-CERIN CREA	1	
hydrocortisone acetate (topical) OINT	1		DERMABASE CREA	1	
HYDROCORTISONE ACETATE CREA	1		DML FORTE CREA	1	
VANICREAM HC MAXIMUM STRENGTH CREA	1		emollient CREA	1	
Diaper Rash Products			emollient OINT	1	
diaper rash products OINT	1		EQ THERAPEUTIC MOISTURIZING CREA	1	
Emollient/Keratolytic Agents			EUCERIN ADVANCED REPAIR CREA	1	
urea CREA 10 %, 20 %	1		EUCERIN CALMING DAILY MOIST CREA (Use emollient)	1	
urea LOTN 10 %	1		EUCERIN SKIN CALMING CREA (Use emollient)	1	
Emollients			glycerin (topical)	1	
			HYDRASYN25 CREA	1	
			KERADAN CREA	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC	CVS PSORIASIS MEDICATED SHAM	1	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	RX/OTC	CVS THERAPEUTIC DANDRUFF SHAM	1	
LEADER FINGER CREAM CREA	1		DERMAREST PSORIASIS SHAM	1	
MINERAL OIL-HYDROPHIL PETROLAT	1		DHS SAL SHAM	1	
NEUTROGENA HAND CREA	1		DUOFILM SOLN	1	
PENTRAVAN CREA	1		NEUTROGENA T/SAL SHAM	1	
RA ADVANCED HEALING OINT	1		NIZORAL PSORIASIS SHAMPOO/COND SHAM	1	
SORBOLENE CREA	1		<i>salicylic acid CREA 2 %</i>	1	
STUDIO 35 MOISTURIZING SKIN CREA	1		<i>salicylic acid LIQD 2 %, 17 %</i>	1	
THERAPEUTIC MOISTURIZING CREA	1		<i>salicylic acid PADS 40 %</i>	1	
VANICREAM CREA	1		<i>salicylic acid STRP</i>	1	
<i>vitamins a &amp; d (topical) OINT</i>	1		SELSUN BLUE DEEP CLEANSING SHAM	1	
<b>Hair Growth Agents</b>			SELSUN BLUE NATURALS DRY SCALP SHAM	1	
<i>minoxidil (topical) SOLN 2 %</i>	1		THERAPEUTIC DANDRUFF SHAM	1	
ROGAINE WOMENS SOLN ( <i>Use minoxidil (topical)</i> )	9		THERAPEUTIC T+PLUS MAX ST SHAM	1	
ROGAINE SOLN ( <i>Use minoxidil (topical)</i> )	9		<b>Liniments</b>		
<b>Keratolytic/Antimitotic/Vesicant Agents</b>			ASPERCREME/ALOE CREA ( <i>Use trolamine salicylate</i> )	9	
ATRIX SYSTEM 1 KIT	1		MOBISYL CREA ( <i>Use trolamine salicylate</i> )	9	
BETASAL SHAM	1		MYOFLEX CREA ( <i>Use trolamine salicylate</i> )	9	
CLEAR AWAY PLANTAR SYSTEM PADS ( <i>Use salicylic acid</i> )	9		SPORTSCREME CREA ( <i>Use trolamine salicylate</i> )	9	
COMPOUND W LIQD ( <i>Use salicylic acid</i> )	1		<i>trolamine salicylate CREA</i>	1	
CORN REMOVER ONE STEP PADS ( <i>Use salicylic acid</i> )	9		ZIKS ARTHRITIS PAIN RELIEF CREA	1	
			<b>Local Anesthetics - Topical</b>		

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>capsaicin CREA 0.025 %, 0.075 %, 0.1 %</i>	1		CUTTER ALL FAMILY WIPES SHEE	1	
<i>capsaicin PTCH</i>	1		CUTTER ALL FAMILY AERO	1	
CAPZASIN-HP CREA (Use <i>capsaicin</i> )	1		CUTTER ALL FAMILY LIQD	1	
CIRCATA CREA	1		CUTTER BACKWOODS DRY AERO	1	
DERMACINRX CIRCATRIX CREA	1		CUTTER BACKWOODS AERO	1	
<i>dibucaine</i>	1		CUTTER BACKWOODS LIQD	1	
ICY HOT LIDOCAINE PLUS MENTHOL CREA	1		CUTTER DRY AERO	1	
ICY HOT MAX LIDOCAINE CREA	1		CUTTER LEMON EUCALYPTUS LIQD	1	
<i>lidocaine hcl CREA 4 %</i>	1		CUTTER NATURAL AERO	1	
<i>lidocaine hcl LIQD</i>	1		CUTTER NATURAL LIQD	1	
<i>lidocaine CREA 4 %</i>	1		CUTTER SKINSATIONS AERO	1	
<i>lidocaine PTCH 4 %</i>	1		CUTTER SKINSATIONS LIQD	1	
LIDOCARE ARM/NECK/LEG PTCH (Use <i>lidocaine</i> )	9		CUTTER SPORT AERO	1	
LIDOCARE BACK/SHOULDER PTCH (Use <i>lidocaine</i> )	9		CUTTER AERO	1	
LMX 4 CREA (Use <i>lidocaine</i> )	1		CVS INSECT REPELLENT AERO	1	
<i>pramoxine-zinc acetate</i>	1		CVS TOTAL HOME INSECT REPEL AERO	1	
SALONPAS-HOT PTCH (Use <i>capsaicin</i> )	1		DESITIN MAXIMUM STRENGTH PSTE (Use <i>zinc oxide (topical)</i> )	9	
Misc. Topical			DESITIN PSTE (Use <i>zinc oxide (topical)</i> )	9	
ABSORBASE OINT	1		<i>dimethicone (topical) CREA 5 %</i>	1	
AQUAGARD HYDRATING OINT	1		DR SMITHS DIAPER QUICK RELIEF OINT	1	
AVEENO INTENSE RELIEF CREA	1		DR SMITHS DIAPER OINT	1	
<i>benzoin compound TINC</i>	1	RX/OTC	EUCERIN ORIGINAL HEALING CREA (Use <i>skin protectants, misc.</i> )	9	
BENZOIN TINC	1	RX/OTC			
BORIC ACID GRAN	1	RX/OTC			
CALAMINE LOTN 8 %-8 %	1				
COZIMA CREA	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP CALAMINE PHENOLATED	1		REPEL MOSQUITO WIPES SHEE	1	
GNP CALAMINE LOTN	1		REPEL SPORTSMEN DRY AERO	1	
<i>lanolin (topical) CREA</i>	1		REPEL SPORTSMEN MAX AERO	1	
<i>lanolin-petrolatum</i>	1		REPEL SPORTSMEN MAX LIQD	1	
MAXI DEET LIQD	1		REPEL SPORTSMEN MAX LOTN	1	
NATRAPEL 12-HOUR TICK/INSECT AERO	1		REPEL SPORTSMEN AERO	1	
NATRAPEL LIQD	1		REPEL TICK DEFENSE AERO	1	
OFF ACTIVE AERO	1		SAWYER INSECT REPELLENT LIQD	1	
OFF DEEP WOODS DRY AERO	1		SAWYER INSECT REPELLENT LOTN	1	
OFF DEEP WOODS SPORTSMEN AERO	1		<i>skin protectants, misc. CREA</i>	1	
OFF DEEP WOODS SPORTSMEN LIQD	1		<i>skin protectants, misc. OINT</i>	1	
OFF DEEP WOODS TOWELETTES SHEE	1		SM BENZOIN TINCTURE NFXI TINC	1	RX/OTC
OFF DEEP WOODS AERO	1		SM CALAMINE LOTN	1	
OFF DEEP WOODS LIQD	1		SORBIDON HYDRATE CREA	1	
OFF FAMILYCARE CLEAN FEEL LIQD	1		THERATEARS STERILID CLEANSER SOLN	1	RX/OTC
OFF FAMILYCARE TROPICAL FRESH LIQD	1		ULTRATHON INSECT REPELLENT 8 AERO	1	
OFF FAMILYCARE UNSCENTED LIQD	1		ULTRATHON INSECT REPELLENT LOTN	1	
OFF SMOOTH & DRY AERO	1		<i>witch hazel (hamamelis virginiana) PADS 50 %</i>	1	
RANGER READY REPELLENT LIQD	1		XERAC AC	1	
REPEL 100 LIQD	1		Z-BUM CREA	1	
REPEL FAMILY DRY AERO	1		ZENOPTIQ SOLN	1	RX/OTC
REPEL FAMILY AERO	1		<i>zinc oxide (topical) OINT 20 %, 25 %, 40 %</i>	1	
REPEL HUNTERS FORMULA AERO	1		<i>zinc oxide (topical) OINT 20 %, 25 %, 40 %</i>	1	
REPEL LEMON EUCALYPTUS AERO	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zinc oxide (topical) PSTE 40 %</i>	1		CLINITEST RAPID COVID-19 TEST KIT	1	
ZINC OXIDE CREA	1		COVID-19 AT HOME ANTIGEN TEST KIT	1	
Podiatric Products			COVID-19 AT-HOME TEST KIT	1	
AQUAPHOR ADV THERAPY FEET OINT	1		COVID-19 SPECIMEN COLLECTION	1	
Scabicides & Pediculicides			COVID-19 TESTING BY PHARMACIST	1	
NIX CREME RINSE LIQD EX ( <i>Use permethrin</i> )	1		CUE COVID-19 TEST CART	1	
<i>permethrin LIQD EX</i>	1		CUE HEALTH MONITORING SYSTEM MISC	1	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1		CVS COVID-19 AT HOME TEST KIT KIT	1	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1		CVS KETONE CARE	1	
VANALICE GEL	1		DIASTIX	1	
<b>DIAGNOSTIC PRODUCTS</b>			DIATRUST COVID-19 HOME TEST KIT	1	
Diagnostic Tests			ELLUME COVID-19 HOME TEST KIT	1	
ADVIN COVID-19 ANTIGEN TEST KIT	1		EVERLYWELL COVID-19 HOME TEST	1	
ALBUSTIX STRP	1		FASTEP COVID-19 ANTIGEN TEST KIT	1	
BD VERITOR SYSTEM SARS-COV-2	1		FLOWFLEX COVID-19 AG HOME TEST KIT	1	
BINAXNOW COVID-19 AG CARD	1		FORA GTEL BLOOD KETONE TEST	1	
BINAXNOW COVID-19 AG HOME TEST KIT	1		FORA TEST N'GO ADV-VOICE-6 CON	1	
CARESTART COVID-19 HOME TEST KIT	1		GENABIO COVID-19 RAPID TEST KIT	1	
CHEMSTRIP 10 MD	1		GOJJI BLOOD KETONE TEST	1	
CHEMSTRIP 10/SG	1		GOTOKNOW COVID-19 ANTIGEN RAPI KIT	1	
CHEMSTRIP 2 GP	1		ID NOW COVID-19	1	
CHEMSTRIP 5 OB	1		IHEALTH COVID-19 RAPID TEST KIT	1	
CHEMSTRIP 7	1				
CHEMSTRIP 9	1				
CHEMSTRIP MICRAL STRP	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
INDICAID COVID-19 RAPID TEST KIT	1	
INTELISWAB COVID-19 RAPID TEST KIT	1	
KETO-DIASTIX	1	
KETONE TEST STRP	1	
KETOSTIX STRP	1	
LUCIRA CHECK IT COVID-19 TEST KIT	1	RX/OTC
MULTISTIX 10 SG	1	
NOVA MAX PLUS KETONE TEST	1	
ON/GO COVID-19 ANTIGEN TEST KIT	1	
ON/GO ONE COVID-19 HOME TEST KIT	1	
PILOT COVID-19 AT-HOME TEST KIT	1	
PIXEL COVID-19 PCR HOME TEST	1	
PRECISION XTRA KETONE	1	
QUICKVUE AT-HOME COVID-19 TEST KIT	1	
QUICKVUE SARS ANTIGEN TEST	1	
RELION KETONE TEST STRP	1	
SOFIA2 SARS ANTIGEN FIA	1	
SPEEDY SWAB COVID-19 ANTIGEN KIT	1	
SPEEDY SWAB COVID-19/FLU A&B	1	RX/OTC
SPEEDY SWAB COVID-19/FLU HOME	1	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
Infant Foods		
WATER ORAL LIQD PO	1	

Drug Name	Drug Tier	Requirements/Limits
Nutritional Supplements		
BALANCED NUTRITIONAL DRINK PLS LIQD PO	1	RX/OTC
BALANCED NUTRITIONAL DRINK LIQD PO	1	RX/OTC
ENSURE ACTIVE HEART HEALTH LIQD PO	1	RX/OTC
ENSURE ACTIVE HIGH PROTEIN LIQD PO	1	RX/OTC
ENSURE ACTIVE LIGHT LIQD PO	1	RX/OTC
ENSURE CLEAR LIQD PO	1	RX/OTC
ENSURE COMPACT LIQD PO	1	RX/OTC
ENSURE HIGH PROTEIN LIQD PO	1	RX/OTC
ENSURE MAX PROTEIN LIQD PO	1	RX/OTC
ENSURE NUTRITION SHAKE LIQD PO	1	RX/OTC
ENSURE ORIGINAL LIQD PO	1	RX/OTC
ENSURE LIQD PO	1	RX/OTC
HEALTHY ACCENTS NUTRA FIT PLUS LIQD PO	1	RX/OTC
HEALTHY ACCENTS NUTRA FIT LIQD PO	1	RX/OTC
HIGH-PROTEIN NUTRITIONAL SHAKE LIQD PO	1	RX/OTC
META APPETITE CONTROL POWD PO	1	
NUTRITIONAL DRINK LIQD PO	1	RX/OTC
NUTRITIONAL SHAKE COMPLETE LIQD PO	1	RX/OTC
NUTRITIONAL SHAKE PLUS PROTEIN LIQD PO	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL SHAKE LIQD PO	1	RX/OTC
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
Fertility Regulators		
OVIDREL SOSY	1	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW PO (Use simethicone)	9	
GAS-X EXTRA STRENGTH CHEW PO (Use simethicone)	1	
MYLICON INFANTS GAS RELIEF SUSP PO (Use simethicone)	1	
MYLICON INFANTS GAS RELIEF SUSP PO (Use simethicone)	9	
PHAZYME MAXIMUM STRENGTH CAPS PO (Use simethicone)	1	
PHAZYME MAXIMUM STRENGTH CAPS PO (Use simethicone)	9	
PHAZYME ULTRA STRENGTH CAPS PO (Use simethicone)	9	
PHAZYME ULTRA STRENGTH CAPS PO (Use simethicone)	1	
simethicone CAPS PO 125 MG, 180 MG	1	
simethicone CAPS PO 125 MG, 180 MG	1	
simethicone CHEW PO	1	
simethicone LIQD PO 40 MG/0.6ML	1	

Drug Name	Drug Tier	Requirements/Limits
simethicone SUSP PO 20 MG/0.3ML	1	
Phosphate Binder Agents		
calcium acetate (phosphate binder) TABS PO	1	RX/OTC
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
ORACIT PO	1	
pot & sod citrates w/citric ac SOLN PO	1	
potassium citrate-citric acid SOLN PO	1	RX/OTC
sodium citrate & citric acid PO	1	RX/OTC
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	1	
Urinary Analgesics		
AZO URINARY PAIN RELIEF TABS PO (Use phenazopyridine hcl)	1	
phenazopyridine hcl TABS PO 95 MG, 99.5 MG	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Cobalamins		
B-12 DOTS TBDP PO	1	
cyanocobalamin SOLN IJ 1000 MCG/ML	1	
cyanocobalamin SUBL 1000 MCG, 2500 MCG	1	
cyanocobalamin SUBL 1000 MCG, 2500 MCG	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>cyanocobalamin TABS PO 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	1	
<i>cyanocobalamin TABS PO 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	1	
<i>cyanocobalamin TBCR PO 1000 MCG</i>	1	
<i>hydroxocobalamin acetate SOLN</i>	1	
NASCOBAL SOLN NA (Use cyanocobalamin)	1	
<b>Folic Acid/Folates</b>		
<i>folic acid CAPS PO</i>	1	
FOLIC ACID CAPS PO	1	
FOLIC ACID POWD	1	RX/OTC
<i>folic acid SOLN</i>	1	
<i>folic acid TABS PO</i>	1	
<b>Hematopoietic Mixtures</b>		
ACTIVE FE PO	1	
BP VIT 3 PO	1	
CENTRATEX CAPS PO	1	
CORVITE 150 (Use iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc)	9	
CORVITE 150 TABS PO	1	
CORVITE FE TABS PO	1	
DERMACINRX DOTREMIN TABS PO	1	
DERMACINRX FOLTAMIN TABS PO	1	
<i>fe fumarate-vitamin c-vitamin b12-folic acid PO</i>	1	RX/OTC
<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu PO</i>	1	
FEOSOL BIFERA PO	1	
FERIVA 21/7	1	
FERIVAFA PO	1	
FERRALET 90 PO	1	

Drug Name	Drug Tier	Requirements/Limits
FERREX 28 MISC PO	1	
<i>ferrous fumarate w/ b12-vit c-fa-ifc PO</i>	1	
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS PO</i>	1	
FOLDITAM TABS PO	1	
<i>folic acid-vitamin b6-vitamin b12 TABS PO 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG</i>	1	RX/OTC
FOLITAB 500 PO	1	
FOLITE	1	
FOLIVANE-F	1	
FOLIXAPURE TABS PO	1	
FOLIXATE TABS PO	1	
FOLTRATE TABS PO	1	RX/OTC
FOLTREXYL TABS PO	1	
FUSION PLUS	1	
HEMATINIC PLUS VIT/MINERALS TABS PO	1	
HEMATINIC/FOLIC ACID PO	1	
HEMATOGEN FA PO	1	
HEMOCYTE PLUS CAPS PO	1	
ICAR-C PLUS TABS PO (Use iron-vitamin c-vitamin b12-folic acid)	9	RX/OTC
INTEGRA PLUS PO	1	
<i>iron combinations CAPS PO</i>	1	RX/OTC
IRON FOLATE-F	1	
<i>iron polysaccharide complex-vit b12-folic acid CAPS PO</i>	1	RX/OTC
<i>iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc</i>	1	
<i>iron-vitamin c-vitamin b12-folic acid TABS PO</i>	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IROSPAN 24/6 PO	1		<i>ferrous sulfate dried TBCR PO</i>	1	
MAXFE	1		FERROUS SULFATE POWD	1	RX/OTC
MTX SUPPORT TABS PO	1	RX/OTC	<i>ferrous sulfate SOLN PO</i>	1	
MULTIGEN PO	1		<i>ferrous sulfate TABS PO 325 MG, 65 MG, 27 MG, 325 MG</i>	1	
MULTIGEN FOLIC PO	1		<i>ferrous sulfate TBCR PO 45 MG, 50 MG</i>	1	
MULTIGEN PLUS PO	1		<i>ferrous sulfate TBEC PO</i>	1	
NEPHRON FA	1		FERROUS SULFATE TBEC PO ( <i>Use ferrous sulfate</i> )	1	
NIFEREX TABS PO	1		HEMATEX IRON COMPLEX TABS PO	1	
NUFERA TABS PO	1		HEMATEX LIQD	1	
TARON FORTE PO	1		ICAR SUSP PO ( <i>Use carbonyl iron</i> )	9	
Iron			INFED	1	
ACCRUFER	1		INJECTAFER 750 MG/15ML	1	
<i>carbonyl iron SUSP PO</i>	1		IRON CHEWS PEDIATRIC CHEW PO	1	
<i>carbonyl iron TABS PO</i>	1		IRON UP LIQD	1	
EZFE 200 CAPS PO	1		IRON LIQD	1	
FEOSOL NATURAL RELEASE TABS PO ( <i>Use carbonyl iron</i> )	9		MONOFERRIC	1	
FEOSOL TABS PO ( <i>Use ferrous sulfate dried</i> )	1		NOVAFERRUM 50 CAPS PO	1	
FERAHEME ( <i>Use ferumoxytol</i> )	1		NOVAFERRUM PEDIATRIC DROPS LIQD	1	
FER-IN-SOL SOLN PO ( <i>Use ferrous sulfate</i> )	9		NOVAFERRUM LIQD	1	
FER-IN-SOL SOLN PO ( <i>Use ferrous sulfate</i> )	1		<i>polysaccharide iron complex CAPS PO</i>	1	
FERRIMIN 150 TABS PO	1		PROFE CAPS PO	1	
FERRLECIT ( <i>Use sodium ferric gluconate complex in sucrose</i> )	9		SLOW FE TBCR PO 45 MG ( <i>Use ferrous sulfate</i> )	1	
<i>ferrous fumarate TABS PO</i>	1		SLOW FE TBCR PO 45 MG ( <i>Use ferrous sulfate</i> )	9	
FERROUS FUMARATE TABS PO 29 MG	1		SLOW RELEASE IRON TBCR PO	1	
<i>ferrous gluconate TABS PO</i>	1				
FERROUS GLUCONATE TABS PO 324 MG	1				
<i>ferrous sulfate dried TABS PO</i>	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium ferric gluconate complex in sucrose</i>	1		ZZZQUIL CAPS PO ( <i>Use diphenhydramine hcl (sleep)</i> )	9	
TRIFERIC PACK	1		ZZZQUIL LIQD PO ( <i>Use diphenhydramine hcl (sleep)</i> )	9	
VENOFER	1		<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>			<b>Bulk Laxatives</b>		
Antihistamine Hypnotics			Bulk Laxatives		
ADVIL PM PO ( <i>Use ibuprofen-diphenhydramine citrate</i> )	9		BENEFIBER FOR CHILDREN POWD PO ( <i>Use wheat dextrin</i> )	9	
<i>diphenhydramine hcl (sleep) CAPS PO</i>	1		BENEFIBER HEALTHY SHAPE POWD PO ( <i>Use wheat dextrin</i> )	9	
<i>diphenhydramine hcl (sleep) CAPS PO</i>	1		BENEFIBER POWD PO ( <i>Use wheat dextrin</i> )	9	
<i>diphenhydramine hcl (sleep) LIQD PO</i>	1		BENEFIBER POWD PO ( <i>Use wheat dextrin</i> )	1	
<i>diphenhydramine hcl (sleep) TABS PO 25 MG</i>	1		<i>calcium polycarbophil TABS PO</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS PO 500 MG-25 MG</i>	1		CITRUCEL POWD PO ( <i>Use methylcellulose (laxative)</i> )	9	
<i>doxylamine succinate (sleep) PO</i>	1		CITRUCEL TABS PO ( <i>Use methylcellulose (laxative)</i> )	1	
<i>doxylamine succinate (sleep) PO</i>	1		KONSYL DAILY FIBER PACK PO 100 %	1	
GNP PAIN RELIEF NIGHTTIME	1		KONSYL ORIGINAL DAILY FIBER PACK PO	1	
<i>ibuprofen-diphenhydramine citrate PO</i>	1		METAMUCIL CAPS PO	1	
TYLENOL PM EXTRA STRENGTH TABS PO ( <i>Use diphenhydramine-acetaminophen (sleep)</i> )	9		METAMUCIL POWD PO ( <i>Use psyllium</i> )	9	
UNISOM SLEEPGELS CAPS PO ( <i>Use diphenhydramine hcl (sleep)</i> )	1		<i>methylcellulose (laxative) POWD PO</i>	1	
UNISOM SLEEPTABS PO ( <i>Use doxylamine succinate (sleep)</i> )	1		<i>methylcellulose (laxative) TABS PO</i>	1	
			<i>psyllium CAPS PO 0.52 GM, 400 MG</i>	1	
			<i>psyllium CAPS PO 0.52 GM, 400 MG</i>	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/Limits
<i>psyllium POWD PO 25 %, 28.3 %, 51.7 %</i>	1	
REGULOID POWD PO	1	
<i>wheat dextrin POWD PO</i>	1	
Laxative Combinations		
SENNAPLUS CAPS PO	1	
<i>sennosides-docusate sodium TABS PO</i>	1	
SENOKOT S TABS PO ( <i>Use sennosides-docusate sodium</i> )	1	
STOOL SOFTENER/LAXATIVE CAPS PO	1	
Laxatives - Miscellaneous		
FLEET LIQUID GLYCERIN SUPP ENEM PR	1	
GLYCERIN (ADULT) SUPP PR ( <i>Use glycerin (laxative)</i> )	1	
<i>glycerin (laxative) SUPP PR 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %</i>	1	
MIRALAX MIX-IN PAX PACK PO ( <i>Use polyethylene glycol 3350</i> )	9	
MIRALAX MIX-IN PAX PACK PO ( <i>Use polyethylene glycol 3350</i> )	1	
MIRALAX PACK PO ( <i>Use polyethylene glycol 3350</i> )	1	
MIRALAX PACK PO ( <i>Use polyethylene glycol 3350</i> )	9	
MIRALAX POWD PO ( <i>Use polyethylene glycol 3350</i> )	1	
MIRALAX POWD PO ( <i>Use polyethylene glycol 3350</i> )	9	
<i>polyethylene glycol 3350 PACK PO</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 POWD PO</i>	1	
SORBITOL PR 70 %	1	
Lubricant Laxatives		
FLEET OIL ENEM PR ( <i>Use mineral oil</i> )	1	
MINERAL OIL HEAVY OIL XX	1	RX/OTC
<i>mineral oil ENEM PR</i>	1	
<i>mineral oil OIL PO</i>	1	RX/OTC
Saline Laxatives		
EQL EPSOM SALT GRAN XX	1	
FLEET ENEMA ENEM PR ( <i>Use sodium phosphates</i> )	9	
FLEET ENEMA ENEM PR ( <i>Use sodium phosphates</i> )	1	
FLEET PEDIATRIC ENEM PR ( <i>Use sodium phosphates</i> )	1	
FLEET SALINE ENEMA ENEM PR ( <i>Use sodium phosphates</i> )	9	
<i>magnesium citrate PO 1.745 GM/30ML</i>	1	
<i>magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	
<i>magnesium sulfate (laxative) GRAN PO</i>	1	
MILK OF MAGNESIA CONCENTRATE SUSP PO	1	
PEDIA-LAX CHEW PO	1	
RA EPSOM SALT GRAN XX	1	
<i>sodium phosphates ENEM PR</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP PR</i>	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl TBEC PO</i>	1		<i>docusate sodium ENEM PR 283 MG/5ML</i>	1	
<i>castor oil OIL PO 100 %</i>	1		<i>docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML</i>	1	
DULCOLAX PINK LAXATIVE TBEC PO (Use <i>bisacodyl</i> )	1		<i>docusate sodium TABS PO</i>	1	
DULCOLAX SUPP PR (Use <i>bisacodyl</i> )	9		DOCUSOL KIDS ENEM PR (Use <i>docusate sodium</i> )	9	
DULCOLAX TBEC PO (Use <i>bisacodyl</i> )	1		ENEMEEZ KIDS ENEM PR (Use <i>docusate sodium</i> )	1	
DULCOLAX TBEC PO (Use <i>bisacodyl</i> )	9		PEDIA-LAX LIQD PO	1	
EX-LAX CHEW PO (Use <i>sennosides</i> )	9		<b>MEDICAL DEVICES AND SUPPLIES</b>		
FLEET BISACODYL ENEM	1		Contraceptives		
SENNA SYRP	1		AIMSCO LUBRICATED MISC	1	
<i>sennosides CAPS PO</i>	1		DUREX EXTRA SENSITIVE THIN DEVI	1	
<i>sennosides CHEW PO</i>	1		DUREX EXTRA SENSITIVE THIN MISC	1	
<i>sennosides LIQD PO</i>	1		DUREX REALFEEL	1	
<i>sennosides SYRP PO 8.8 MG/5ML</i>	1		DUREX TROPICAL MISC	1	
<i>sennosides TABS PO 8.6 MG, 15 MG, 17.2 MG, 25 MG</i>	1		FANTASY LUBRICATED/SPERMICI DE MISC	1	
SEKOKOT TABS PO (Use <i>sennosides</i> )	9		FANTASY LUBRICATED MISC	1	
SEKOKOT TABS PO (Use <i>sennosides</i> )	1		FC2 FEMALE CONDOM	1	
<b>Surfactant Laxatives</b>			KIMONO MAXX-LARGE FLARE MISC	1	
<i>benzocaine-docusate sodium ENEM PR</i>	1		KIMONO MICRO THIN PLUS MISC	1	
COLACE CLEAR CAPS PO (Use <i>docusate sodium</i> )	1		KIMONO MICRO THIN MISC	1	
COLACE CAPS PO 100 MG (Use <i>docusate sodium</i> )	9		KIMONO SENSATION PLUS MISC	1	
<i>docusate calcium PO</i>	1		KIMONO SENSATION MISC	1	
<i>docusate sodium CAPS PO</i>	1		KIMONO MISC	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
MAXX MISC	1	
TROJAN ENZ MISC	1	
TROJAN MAGNUM MISC	1	
TROJAN ULTRA THIN/SPERMICIDAL MISC	1	
TROJAN ULTRA THIN MISC	1	
TROJAN-ENZ LUBRICATED MISC	1	
TROJAN-ENZ/SPERMICIDAL MISC	1	
TRUE COVER DEVI	1	
TRUSTEX LUB/RIBBED/STUDED MISC	1	
TRUSTEX LUB/SPERMICIDE EX ST MISC	1	
TRUSTEX LUB/SPERMICIDE XL MISC	1	
TRUSTEX LUBRICATED EX LARGE MISC	1	
TRUSTEX LUBRICATED EXTRA ST MISC	1	
TRUSTEX LUBRICATED/SPERMICIDE MISC	1	
TRUSTEX LUBRICATED MISC	1	
TRUSTEX NON-LUBRICATED MISC	1	
TRUSTEX RIA LUB/SPERMICIDE MISC	1	
TRUSTEX RIA LUBRICATED MISC	1	
TRUSTEX RIA NON-LUBRICATED MISC	1	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	1	
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/Limits
PRODIGY COUNT-A-DOSE MISC	1	RX/OTC
Enteral Nutrition Supplies		
MONOJECT ENTERAL SYRINGE/12ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/1ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/35ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/3ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/60ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/6ML	1	RX/OTC
GI-GU Ostomy & Irrigation Supplies		
BD CATHETER TIP SYRINGE	1	
DOVER BULB SYRINGE	1	
Misc. Devices		
CHEMO TRANSFER PIN MISC	1	RX/OTC
HURRICAIN DISPENSING CAP MISC	1	RX/OTC
MINI TRANSFER PIN MISC	1	RX/OTC
TRANSFER PIN MISC	1	RX/OTC
Parenteral Therapy Supplies		
BARDIA BULB IRRIGATION SYRINGE	1	RX/OTC
BARDIA PISTON IRRIGATION SYR	1	RX/OTC
BD ALLERGY SYRINGE MISC	1	RX/OTC
BD BLUNT FILL NEEDLE W/FILTER	1	RX/OTC
BD CONTROL SYRING LUER-LOK	1	RX/OTC
BD DISP NEEDLE	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD DISP NEEDLES	1	RX/OTC	CARETOUCH LUER LOCK SYR/NEEDLE	1	RX/OTC
BD ECLIPSE NEEDLE	1	RX/OTC	CARETOUCH LUER SLIP	1	RX/OTC
BD ECLIPSE SYRINGE	1		EASY GLIDE CATH TIP SYRINGE	1	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	1	RX/OTC	EASY GLIDE LUER LOCK SYRINGE	1	RX/OTC
BD HYPODERMIC NEEDLE	1	RX/OTC	EASY GLIDE SLIP LOCK SYRINGE	1	RX/OTC
BD INTEGRA NEEDLE	1	RX/OTC	EASY TOUCH ALLERGY SYRINGE MISC	1	RX/OTC
BD INTEGRA SYRINGE	1	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	1	
BD INTERLINK BLUNT CANNULA MISC	1	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYR	1	
BD LUER-LOK SYRINGE	1	RX/OTC	EASY TOUCH FLURINGE	1	RX/OTC
BD NOKOR ADMIX NEEDLE	1	RX/OTC	EASY TOUCH FLURINGE FLIPLOCK	1	RX/OTC
BD PLASTIPAK SYRINGE	1	RX/OTC	EASY TOUCH FLURINGE SHEATHLOCK	1	RX/OTC
BD PRECISIONGLIDE NEEDLE	1	RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	1	RX/OTC
BD SAFETYGLIDE NEEDLE	1		EASY TOUCH SAFETY SYRINGE	1	RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE	1		EASY TOUCH SHEATHLOCK SYRINGE	1	
BD SYRINGE	1		EASY TOUCH SYRINGE BARREL	1	RX/OTC
BD SYRINGE BLUNT CANNULA 17G	1	RX/OTC	EASY TOUCH SYRINGE BARREL 10ML	1	RX/OTC
BD SYRINGE DISPOSABLE	1		EASY TOUCH SYRINGE BARREL 1ML	1	RX/OTC
BD SYRINGE DUAL CANNULA	1	RX/OTC	EASY TOUCH SYRINGE BARREL 3ML	1	RX/OTC
BD SYRINGE LUER SLIP TIP	1		EASY TOUCH SYRINGE BARREL 5ML	1	RX/OTC
BD SYRINGE LUER-LOK	1	RX/OTC	EASY TOUCH TB FLIPLOCK SYRINGE MISC	1	
BD SYRINGE SLIP TIP	1	RX/OTC	EASY TOUCH TB SHEATHLOCK SYR MISC	1	RX/OTC
BD SYRINGE/NEEDLE	1	RX/OTC	EASYPPOINT NEEDLE	1	RX/OTC
BD TB SYRINGE MISC	1				
CAREPOINT SYRINGE LUER LOCK	1	RX/OTC			
CARETOUCH HYPODERMIC NEEDLE	1	RX/OTC			
CARETOUCH LUER LOCK	1	RX/OTC			

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
EASYPPOINT NEEDLE/SYRINGE	1	RX/OTC
FLOW-EZE VENTED NEEDLE	1	
INJECT-EASE MISC	1	RX/OTC
LUER LOCK SAFETY SYRINGES	1	RX/OTC
MONOJECT BLUNTIP CANNULA	1	RX/OTC
MONOJECT HYPODERMIC NEEDLE	1	RX/OTC
MONOJECT LIFESHIELD CANNULA MISC	1	RX/OTC
MONOJECT LIFESHIELD SYRINGE	1	RX/OTC
MONOJECT MEDICATION TRANSF NDL	1	
MONOJECT PHARMACY TRAY	1	RX/OTC
MONOJECT SAFETY SYR TIP CAPS MISC	1	RX/OTC
MONOJECT SOFTPACK/CATHTIP	1	RX/OTC
MONOJECT SOFTPACK/LLOCK	1	RX/OTC
MONOJECT SOFTPACK/LTIP	1	RX/OTC
MONOJECT SOFTPACK/RG LOCK	1	RX/OTC
MONOJECT SYRINGE	1	RX/OTC
MONOJECT SYRINGE REG LUER	1	RX/OTC
MONOJECT SYRINGE REGULAR TIP	1	RX/OTC
MONOJECT SYRINGE TIP CAPS MISC	1	RX/OTC
MONOJECT TB SYRINGE	1	RX/OTC
MONOJECT TIP CAPS MISC	1	RX/OTC
NOKOR VENTED NEEDLE	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PERFECT POINT SAFETY NEEDLE	1	RX/OTC
POLY HUB NEEDLE	1	RX/OTC
SYRINGE DISPOSABLE	1	RX/OTC
SYRINGE ECCENTRIC TIP	1	RX/OTC
SYRINGE FILTER/MILLEX-GS/25MM MISC	1	RX/OTC
SYRINGE LUER LOCK	1	RX/OTC
SYRINGE LUER SLIP	1	RX/OTC
ULTICARE SYRINGE	1	
ULTICARE TUBERCULIN SAFETY SYR	1	
UNIVERSAL SYRINGE TIP ADAPTOR MISC	1	RX/OTC
VANISHPOINT SAFETY SYRINGE	1	
VANISHPOINT SYRINGE	1	RX/OTC
VANISHPOINT TUBERCULIN SYRINGE MISC	1	RX/OTC
<b>Respiratory Aids</b>		
PEDIATRIC MEDIUM MASK	1	RX/OTC
PEDIATRIC SMALL MASK	1	RX/OTC
<b>Respiratory Therapy Supplies</b>		
ACE AEROSOL CLOUD ENHANCER MISC	1	RX/OTC
ADULT AEROSOL MASK MISC	1	RX/OTC
ADULT DISPOSABLE MISC	1	RX/OTC
ADULT MASK LARGE MISC	1	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	1	RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER MV MISC	1	RX/OTC	BUBBLES THE FISH II PEDI MASK MISC	1	RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	1	RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	1	RX/OTC	CLEVER CHOICE PEAK FLOW METER	1	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	1	RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	1	RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	1	RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	1	RX/OTC	COMPACT SPACE CHAMBER DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	1	RX/OTC	EASIVENT MASK LARGE MISC	1	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	1	RX/OTC	EASIVENT MASK MEDIUM MISC	1	RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	1	RX/OTC	EASIVENT MASK SMALL MISC	1	RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	1	RX/OTC	EASIVENT MISC	1	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	1	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	1	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	1	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	1	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	1	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	1	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	1	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	1	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	1	RX/OTC	EXPIRATORY MOUTHPIECE MISC	1	RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	1	RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	1	RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	1	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	1	RX/OTC
AEROTRACH PLUS MISC	1	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	1	RX/OTC
AEROVENT PLUS DEVI	1	RX/OTC	FLEXICHAMBER DEVI	1	RX/OTC
AIRZONE PEAK FLOW METER	1	RX/OTC			
BREATHERITE VALVED MDI CHAMBER DEVI	1	RX/OTC			

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IN-CHECK INSPIRATORY FLOW MTR DEVI	1	RX/OTC	PEDIATRIC MOUTHPIECE MISC	1	RX/OTC
LITETOUCH MASK LARGE MISC	1	RX/OTC	PEDIATRIC PANDA MASK	1	RX/OTC
LITETOUCH MASK MEDIUM MISC	1	RX/OTC	PERSONAL BEST FULL RANGE	1	RX/OTC
LITETOUCH MASK SMALL MISC	1	RX/OTC	PIKO 1	1	RX/OTC
MICROCHAMBER DEVI	1	RX/OTC	PILLOW MASK/PEDIATRIC MISC	1	RX/OTC
MICROCHAMBER MISC	1	RX/OTC	POCKET CHAMBER DEVI	1	RX/OTC
MICROLIFE DIGITAL PEAK FLOW	1	RX/OTC	POCKET PEAK FLOW METER	1	RX/OTC
MICROSPACER MISC	1	RX/OTC	PRO COMFORT SPACER ADULT MISC	1	RX/OTC
MINI WRIGHT PEAK FLOW METER	1	RX/OTC	PRO COMFORT SPACER CHILD MISC	1	RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	1	RX/OTC	PRO COMFORT SPACER INFANT DEVI	1	RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	1	RX/OTC	PROCARE SPACER/ADULT MASK DEVI	1	RX/OTC
ONE-WAY VALVED EXPIRATORY MISC	1	RX/OTC	PROCARE SPACER/CHILD MASK DEVI	1	RX/OTC
ONE-WAY VALVED INSPIRATORY MISC	1	RX/OTC	PROCHAMBER VHC DEVI	1	RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	1	RX/OTC	PRONEB ULTRA FILTER SET MISC	1	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	1	RX/OTC	PURE COMFORT FLOW METER ADULT	1	RX/OTC
OPTICHAMBER DIAMOND MISC	1	RX/OTC	PURE COMFORT FLOW METER CHILD	1	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	1	RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	1	RX/OTC
PANDA MASK LARGE	1	RX/OTC	REPLACEMENT FILTERS MISC	1	RX/OTC
PANDA MASK MEDIUM	1	RX/OTC	REUSABLE COMFORTSEAL MASK-LRG MISC	1	RX/OTC
PANDA MASK SMALL	1	RX/OTC			
PARI VORTEX ADULT MASK	1	RX/OTC			
PEAK AIR PEAK FLOW METER	1	RX/OTC			

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REUSABLE COMFORTSEAL MASK-MED MISC	1	RX/OTC	CAL-CITRATE PLUS VITAMIN D TABS PO	1	
REUSABLE COMFORTSEAL MASK-SML MISC	1	RX/OTC	<i>calcium &amp; phosphorus w/ vitamin d CHEW PO</i>	1	
RITEFLO DEVI	1	RX/OTC	CALCIUM 1000 + D TABS PO	1	
SAMI THE SEAL FILTERS MISC	1	RX/OTC	CALCIUM 600 +D HIGH POTENCY TABS PO	1	
SIDESTREAM ADULT FACE MASK MISC	1	RX/OTC	CALCIUM ACETATE	1	
SIDESTREAM PEDIATRIC FACE MASK MISC	1	RX/OTC	CALCIUM CARB-CHOLECALCIFEROL CHEW PO	1	
SILICONE MASK/INFANT MISC	1	RX/OTC	CALCIUM CARBONATE CHEW PO	1	
SILICONE MASK/PEDIATRIC MISC	1	RX/OTC	<i>calcium carbonate-cholecalciferol CAPS PO</i>	1	
SOOTHENEB NBL 100 ADULT MASK MISC	1	RX/OTC	<i>calcium carbonate-cholecalciferol CHEW PO 400 UNIT-500 MG, 400 UNIT-600 MG</i>	1	
SOOTHENEB NBL 100 CHILD MASK MISC	1	RX/OTC	<i>calcium carbonate-cholecalciferol TABS PO</i>	1	
SOOTHENEB NBL 100 MED CUP MISC	1	RX/OTC	CALCIUM CARBONATE POWD PO	1	
SOOTHENEB NBL 100 MESH CAP MISC	1	RX/OTC	<i>calcium carbonate TABS PO 1250 MG, 1500 MG, 600 MG, 600 MG</i>	1	
STRIVE DUAL ZONE PEAK FLOW MTR	1	RX/OTC	<i>calcium carbonate-vitamin d w/ minerals CHEW PO</i>	1	
TRUZONE PEAK FLOW METER	1	RX/OTC	<i>calcium carbonate-vitamin d w/ minerals TABS PO</i>	1	
TUBING/WING TIP MISC	1	RX/OTC	<i>calcium carbonate-vitamin d CAPS PO</i>	1	
VORTEX HOLD CHMBR/MASK/CHILD DEVI	1	RX/OTC	<i>calcium carbonate-vitamin d TABS PO 250 MG-125 UNIT, 600 MG-200 UNIT</i>	1	
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	1	RX/OTC	CALCIUM CITRATE + D TABS PO	1	
VORTEX VALVED HOLDING CHAMBER DEVI	1	RX/OTC	CALCIUM CITRATE GRAN	1	
<b>MINERALS &amp; ELECTROLYTES</b>			<i>calcium citrate TABS PO</i>	1	
Calcium			CALCIUM CITRATE TABS PO 250 MG	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CITRATE-VITAMIN D3 LIQD	1		CALTRATE MINIS PLUS MINERALS TABS PO	1	
<i>calcium citrate-vitamin d TABS PO</i>	1		CITRACAL +D3 CHEW PO 500 UNIT-250 MG-107 MG	1	
CALCIUM CITRATE-VITAMIN D TABS PO 125 UNIT-200 MG	1		CITRACAL MAXIMUM TABS PO ( <i>Use calcium citrate-vitamin d</i> )	1	
CALCIUM LACTATE TABS PO 100 MG	1		CITRACAL PETITES/VITAMIN D TABS PO ( <i>Use calcium citrate-vitamin d</i> )	1	
CALCIUM PLUS D3 ABSORBABLE CAPS PO	1		FT CALCIUM/VITAMIN D3 TABS PO	1	
CALCIUM/C/D	1		LIQUID CALCIUM WITH D3 CAPS PO	1	
CALCIUM CHEW PO	1		MAGNEBIND 300 PO	1	
<i>calcium TABS PO 600 MG</i>	1		<i>oyster shell PO</i>	1	
CALCIUM-VITAMIN D3 CAPS PO	1		OYSTER SHELL CALCIUM/D TABS PO 500 MG-200 UNIT	1	
CAL-MINT CHEW PO	1		RISACAL-D TABS PO	1	
CAL-QUICK LIQD	1		UPCAL D PACK PO 500 UNIT-500 MG	1	
CALTRATE 600+D PLUS MINERALS CHEW PO ( <i>Use calcium carbonate-vitamin d w/ minerals</i> )	9		UPCAL D POWD	1	
CALTRATE 600+D PLUS MINERALS TABS PO ( <i>Use calcium carbonate-vitamin d w/ minerals</i> )	9		<b>Electrolyte Mixtures</b>		
CALTRATE 600+D3 SOFT CHEW PO	1		BIOLYTE SOLN PO	1	
CALTRATE 600+D3 TABS PO ( <i>Use calcium carbonate-cholecalciferol</i> )	9		EQUALYTE SOLN PO ( <i>Use oral electrolytes</i> )	9	
CALTRATE BONE HEALTH ADVANCED CHEW PO ( <i>Use calcium carbonate-vitamin d w/ minerals</i> )	9		GNP ELECTROLYTE POWDER PACK PO	1	
CALTRATE BONE HEALTH CHEW PO	1		HYDRALYTE PACK PO	1	
CALTRATE BONE HEALTH TABS PO ( <i>Use calcium carbonate-cholecalciferol</i> )	9		HYDRALYTE SOLN PO	1	
			HYDRATING ELECTROLYTE PACK PO	1	
			KINDERLYTE PREMAX PACK PO	1	
			KINDERLYTE PREMAX SOLN PO	1	
			KINDERLYTE PACK PO	1	
			KINDERLYTE SOLN PO	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oral electrolytes SOLN PO</i>	1		MAGNESIUM CHLORIDE POWD	1	RX/OTC
PEDIALYTE ADVANCED CARE SOLN PO ( <i>Use oral electrolytes</i> )	9		MAGNESIUM CHLORIDE TABS	1	
PEDIALYTE FREEZER POPS SOLN PO ( <i>Use oral electrolytes</i> )	1		<i>magnesium chloride TBEC PO</i>	1	
PEDIALYTE FREEZER POPS SOLN PO ( <i>Use oral electrolytes</i> )	9		MAGNESIUM CITRATE TABS 100 MG	1	
PEDIALYTE SINGLES SOLN PO ( <i>Use oral electrolytes</i> )	1		MAGNESIUM EXTRA STRENGTH CAPS PO	1	
PEDIALYTE SINGLES SOLN PO ( <i>Use oral electrolytes</i> )	9		<i>magnesium gluconate TABS PO 27.5 MG</i>	1	
PEDIALYTE SOLN PO ( <i>Use oral electrolytes</i> )	1		MAGNESIUM GLUCONATE TABS PO 250 MG, 500 MG	1	
PEDIALYTE SOLN PO ( <i>Use oral electrolytes</i> )	9		<i>magnesium lactate</i>	1	
THERMOTABS TABS PO	1		<i>magnesium oxide (mg supplement) CAPS PO</i>	1	
TRUELYTE SOLN PO	1		<i>magnesium oxide (mg supplement) TABS PO</i>	1	
Fluoride			MAGNESIUM OXIDE -MG SUPPLEMENT CAPS PO	1	
<i>sodium fluoride CHEW PO 0.25 MG, 0.5 MG</i>	1		MAGNESIUM OXIDE -MG SUPPLEMENT TABS PO	1	
<i>sodium fluoride SOLN PO 0.5 MG/ML, 0.5 MG/ML</i>	1	RX/OTC	<i>magnesium TABS PO 250 MG, 400 MG</i>	1	
Magnesium			MAGONATE LIQD	1	
BEELITH PO	1		MAGOX 400 TABS PO ( <i>Use magnesium oxide (mg supplement)</i> )	9	
CVS TRIPLE MAGNESIUM COMPLEX CAPS PO	1		MAG-TAB SR ( <i>Use magnesium lactate</i> )	1	
MAG-200 TABS PO ( <i>Use magnesium oxide (mg supplement)</i> )	9		NU-MAG	1	
MAG64 TBEC PO ( <i>Use magnesium chloride</i> )	1		SLOW-MAG	1	
MAG-G TABS PO	1		SLOWMAG MG MUSCLE/HEART	1	
<i>magnesium chloride-calcium carbonate</i>	1		Mineral Combinations		
MAGNESIUM CHLORIDE CRYST	1		CITRACAL MAXIMUM PLUS TABS PO	1	
			CVS CALCIUM CITRATE+D3 TABS PO	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
<b>Phosphate</b>		
K-PHOS-NEUTRAL PO (Use <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	9	
PHOS-NAK PACK PO (Use <i>potassium &amp; sodium phosphates</i> )	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic PO</i>	1	
<i>potassium &amp; sodium phosphates PACK PO</i>	1	
<b>Sodium</b>		
SODIUM CHLORIDE GRAN	1	RX/OTC
SODIUM CHLORIDE POWD	1	
<i>sodium chloride SOLN PO 4 MEQ/ML</i>	1	
SODIUM CHLORIDE SOLN PO 4 MEQ/ML	1	
<i>sodium chloride TABS PO</i>	1	
<b>Zinc</b>		
GALZIN PO	1	
ZINC SULFATE HEPTAHYDRATE	1	RX/OTC
ZINC SULFATE MONOHYDRATE	1	RX/OTC
<i>zinc sulfate CAPS PO</i>	1	
ZINC SULFATE GRAN	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Irrigation Solutions</b>		
<i>water for irrigation, sterile</i>	1	
<b>Misc Natural Products</b>		
ELDERBERRY ZINC/VIT C/IMMUNE LOZG	1	

Drug Name	Drug Tier	Requirements/Limits
GLUCOSAMINE CHONDROITIN ADV TABS PO	1	RX/OTC
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>benzocaine-menthol (mouth-throat) LOZG 15 MG-3.6 MG</i>	1	
CEPACOL SORE THROAT EX ST LOZG (Use <i>benzocaine-menthol (mouth-throat)</i> )	9	
<b>Antiseptics - Mouth/Throat</b>		
<i>phenol (antiseptic) LIQD</i>	1	
<i>phenol (antiseptic) LIQD</i>	1	
<b>Lozenges</b>		
CEPACOL SORE THROAT (Use <i>menthol (mouth-throat)</i> )	9	
<i>menthol (mouth-throat) 5.4 MG, 5.8 MG, 7.5 MG, 7.6 MG</i>	1	
ZINC W/A&C	1	
<b>MULTIVITAMINS</b>		
<b>B-Complex Vitamins</b>		
<i>b-complex vitamins CAPS PO</i>	1	
<i>b-complex vitamins TABS PO</i>	1	
<b>B-Complex w/ C</b>		
<i>b complex w/ c CAPS PO</i>	1	
<i>b complex w/ c TABS PO</i>	1	
<i>b-complex w/ c &amp; calcium PO</i>	1	
<i>b-complex w/ c &amp; e + zn PO</i>	1	
RA B-COMPLEX/VITAMIN C CR TBCR PO	1	
<b>B-Complex w/ Folic Acid</b>		

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
B COMPLEX-C-BIOTIN-E-FA	1	
<i>b-complex w/ c &amp; folic acid CAPS PO</i>	1	RX/OTC
<i>b-complex w/ c &amp; folic acid TABS PO</i>	1	
<i>b-complex w/ folic acid CAPS PO</i>	1	
<i>b-complex w/ folic acid TABS PO</i>	1	
<i>b-complex w/biotin &amp; folic acid TABS PO</i>	1	
B-COMPLEX/FOLIC ACID/VITAMIN C TBCR PO	1	
DIALYVITE 3000	1	
DIALYVITE 5000	1	
DIALYVITE 800 PLUS D WAFR	1	
DIALYVITE 800/IRON	1	
DIALYVITE 800/ZINC PO	1	
DIALYVITE 800 WAFR	1	
DIALYVITE 800-ZINC 15 PO	1	
DIALYVITE/ZINC PO	1	
NEPHPLEX RX PO	1	
NEPHRONEX LIQD	1	
VITAL-D RX	1	
<b>B-Complex w/ Minerals</b>		
APETIGEN-PLUS TABS PO	1	
<i>b-complex w/ minerals LIQD PO</i>	1	
<b>Bioflavonoid Products</b>		
<i>bioflavonoid products TABS PO</i>	1	RX/OTC
<i>bioflavonoid products TBCR PO</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PERIDIN-C TABS PO <i>(Use bioflavonoid products)</i>	9	RX/OTC
VITAMIN C CHEW	1	
<b>Multiple Vitamins w/ Calcium</b>		
<i>multiple vitamins w/ calcium TABS PO</i>	1	
ONE-A-DAY WOMENS FORMULA TABS PO <i>(Use multiple vitamins w/ calcium)</i>	1	
<b>Multiple Vitamins w/ Iron</b>		
<i>multiple vitamins w/ iron TABS PO</i>	1	
PROTECT IRON LIQD	1	
TAB-A-VITE/IRON/BETA CAROTENE TABS PO	1	
<b>Multiple Vitamins w/ Minerals</b>		
ABC COMPLETE ADULT TABS PO	1	RX/OTC
ABC COMPLETE MENS TABS PO	1	RX/OTC
ABC COMPLETE SENIOR 50+ TABS PO	1	RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS PO	1	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS PO	1	RX/OTC
ABC COMPLETE WOMENS TABS PO	1	RX/OTC
ADULT ONE DAILY GUMMIES CHEW PO	1	
AIRBORNE KIDS CHEW PO	1	
AIRBORNE+EVERYDAY STRESS AWAY PACK PO	1	
AIRBORNE CHEW PO	1	
AIRBORNE PACK PO	1	
ALGAE BASED CALCIUM TABS PO	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTIOXIDANT FORMULA TABS PO	1	RX/OTC	CENTRUM SILVER 50+MEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS PO	1	RX/OTC	CENTRUM SILVER 50+WOMEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCL TABS PO	1	RX/OTC	CENTRUM SILVER 50+WOMEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
BACMIN TABS PO	1	RX/OTC	CENTRUM SILVER ADULT 50+ TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
BIO-35 GLUTEN-FREE CAPS PO	1	RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS PO	1	RX/OTC
BIOCAL CAPS PO	1	RX/OTC	CENTRUM SILVER WOMEN 50+ TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
CENTRAVITES 50 PLUS TABS PO	1	RX/OTC	CENTRUM SILVER TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
CENTRAVITES ADULTS TABS PO	1	RX/OTC	CENTRUM SILVER TABS PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC
CENTRUM ADULT LIQD PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC	CENTRUM SPECIALIST HEART TABS PO	1	RX/OTC
CENTRUM ADULTS TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC	CENTRUM ULTRA WOMENS TABS PO	1	RX/OTC
CENTRUM ADULTS TABS PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC	CENTRUM WOMEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
CENTRUM MEN TABS PO	1	RX/OTC	CENTRUM WOMEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC
CENTRUM MEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC	CENTRUM LIQD PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
CENTRUM MINIS ADULTS 50+ TABS PO	1	RX/OTC	CENTRUM LIQD PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC
CENTRUM MINIS MEN 50+ TABS PO	1	RX/OTC			
CENTRUM MINIS WOMEN 50+ TABS PO	1	RX/OTC			
CENTRUM MINIS WOMEN IMMUNE SUP TABS PO	1	RX/OTC			
CENTRUM SILVER 50+MEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC			

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CERTAVITE SENIOR/ANTIOXIDANT TABS PO	1	RX/OTC	EMERGEN-C PINK PACK PO	1	
CERTAVITE SENIOR TABS PO	1	RX/OTC	EMERGEN-C VITAMIN C PACK PO	1	
CERTAVITE/ANTIOXIDANTS TABS PO	1	RX/OTC	ENDUR-VM WITH IRON TBCR PO	1	
CONCEPTIONXR MOTILITY SUPPORT MISC PO	1		ENDUR-VM TBCR PO	1	
CVS ADULT 50+ EYE HEALTH CAPS PO	1	RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS PO	1	RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS PO	1	RX/OTC	EQ ONE DAILY MENS 50+ TABS PO	1	RX/OTC
CVS IMMUNE SUPPORT VITAMIN C PACK PO	1		EQ ONE DAILY MENS HEALTH TABS PO	1	RX/OTC
CVS ONE DAILY MENS 50+ ADV TABS PO	1	RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS PO	1	RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS PO	1	RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS PO	1	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS PO	1	RX/OTC	EYE HEALTH + LUTEIN TABS PO	1	RX/OTC
CVS SPECTRAVITE ADULTS TABS PO	1	RX/OTC	EYE MULTIVITAMIN/LUTEIN CAPS PO	1	RX/OTC
DECUBI-VITE CAPS PO	1	RX/OTC	EYE MULTIVITAMIN/SODIUM TABS PO	1	RX/OTC
DEKAS BARIATRIC CHEW PO	1		EYE MULTIVITAMIN CAPS PO	1	RX/OTC
DEKAS PLUS OCEAN CAPS PO	1	RX/OTC	FOSFREE TABS PO ( <i>Use multiple vitamins w/ minerals</i> )	9	RX/OTC
DEKAS PLUS CAPS PO	1	RX/OTC	FREEDAVITE TABS PO	1	RX/OTC
DIALYVITE SUPREME D TABS PO	1	RX/OTC	FT CENTURY ADULTS TABS PO	1	RX/OTC
EMERGEN-C BLUE PACK PO	1		GENADEK STEP 1 CAPS PO	1	RX/OTC
EMERGEN-C IMMUNE PLUS PACK PO	1		GENADEK STEP 2 CAPS PO	1	RX/OTC
EMERGEN-C IMMUNE PACK PO	1		GNP CENTURY ADULT TABS PO	1	RX/OTC
EMERGEN-C KIDZ PACK PO	1		GNP THERAPEUTIC-M TABS PO	1	RX/OTC
EMERGEN-C MSM LITE PACK PO	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HAIR SKIN & NAILS ADVANCED TABS PO	1	RX/OTC	MULTIVITAMIN-MINERALS TABS PO	1	RX/OTC
HAIR/SKIN/NAILS CAPS PO	1	RX/OTC	MULTI-VITE LIQD PO	1	RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS PO	1	RX/OTC	MVW COMPLETE FORMULATION D3000 CAPS PO	1	RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS PO	1	RX/OTC	MVW COMPLETE FORMULATION D5000 CAPS PO	1	RX/OTC
HIGH POTENCY MULTIVIT/FA TABS PO	1	RX/OTC	MVW COMPLETE FORMULATION MINIS CAPS PO	1	RX/OTC
KP MENS DAILY PACK MISC PO	1		MVW COMPLETE FORMULATION CAPS PO	1	RX/OTC
KP WOMENS DAILY MISC PO	1		NO IRON MULT VITAMIN-MINERALS TABS PO	1	RX/OTC
LYSIPLEX PLUS LIQD PO	1	RX/OTC	OCULAR VITAMINS TABS PO	1	RX/OTC
MEGA MULTI MEN TABS PO	1	RX/OTC	OCUVITE ADULT 50+ CAPS PO	1	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS PO	1	RX/OTC	OCUVITE-LUTEIN CAPS PO	1	RX/OTC
MENS DAILY PACK PACK PO	1		ONCOVITE TABS PO	1	RX/OTC
MENS MULTIVITAMIN CHEW PO	1		ONE A DAY MEN 50 PLUS TABS PO	1	RX/OTC
MULTIA CAPS PO	1	RX/OTC	ONE A DAY MENS VITACRAVES CHEW PO	1	
<i>multiple vitamins w/ minerals CAPS PO</i>	1	RX/OTC	ONE A DAY WOMEN 50 PLUS TABS PO	1	RX/OTC
<i>multiple vitamins w/ minerals CHEW PO</i>	1		ONE DAILY WOMENS TABS PO	1	RX/OTC
<i>multiple vitamins w/ minerals LIQD PO</i>	1	RX/OTC	ONE-A-DAY ENERGY TABS PO	1	RX/OTC
<i>multiple vitamins w/ minerals TABS PO</i>	1	RX/OTC	ONE-A-DAY MENOPAUSE FORMULA TABS PO	1	RX/OTC
<i>multiple vitamins w/ minerals TBEF PO</i>	1		ONE-A-DAY MENS (MINERALS) TABS PO	1	RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS PO	1	RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS PO	1	RX/OTC
MULTI-VITAMIN MONOCAPS TABS PO	1	RX/OTC	ONE-A-DAY MENS 50+ TABS PO	1	RX/OTC
MULTIVITAMIN/ZINC STRESS TABS PO	1	RX/OTC			

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS HEALTH FORMULA TABS PO	1	RX/OTC	ONE-A-DAY WOMENS MIND & BODY TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS PO	1	RX/OTC	ONE-A-DAY WOMENS PETITES TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC
ONE-A-DAY MENS VITACRAVES CHEW PO	1		ONE-A-DAY WOMENS VITACRAVES CHEW PO	1	
ONE-A-DAY PROACTIVE 65+ TABS PO	1	RX/OTC	ONE-A-DAY WOMENS TABS PO	1	RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS PO	1	RX/OTC	ONE-DAILY MULTI CAPS CAPS PO	1	RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW PO	1		OPTIVITE P.M.T. TABS PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC
ONE-A-DAY VITACRAVES IMMUNITY CHEW PO	1		PARVLEX TABS PO	1	RX/OTC
ONE-A-DAY VITACRAVES SOUR CHEW PO	1		PHLEXY-VITS POWD PO	1	
ONE-A-DAY VITACRAVES CHEW PO	1		PRESERVISION AREDS 2+MULTI VIT CAPS PO	1	RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCE TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC	PRESERVISION AREDS 2 CAPS PO	1	RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC	PRESERVISION AREDS CAPS PO	1	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS PO <i>(Use multiple vitamins w/ minerals)</i>	9	RX/OTC	PRESERVISION AREDS TABS PO	1	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC	PRESERVISION/LUTEIN CAPS PO	1	RX/OTC
ONE-A-DAY WOMENS 50+ TABS PO	1	RX/OTC	PRO-CAL TABS PO	1	RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	1	RX/OTC	PRORENAL + D W/ OMEGA-3 CAPS PO	1	RX/OTC
			PRORENAL + D TABS PO	1	RX/OTC
			PROTECT CARDIO AF CAPS PO	1	RX/OTC
			PROTECT PLUS SO CAPS PO	1	RX/OTC
			PROCEED PLUS PACK PO	1	
			QUIN B STRONG TABS PO	1	RX/OTC
			QUINTABS-M TABS PO	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/Limits
RA CENTRAL-VITE TABS PO	1	RX/OTC
RA ESSENCE-C PACK PO	1	
RENAPLEX-D TABS PO	1	RX/OTC
SENTRY TABS PO	1	RX/OTC
SPECTRAVITE TABS PO	1	RX/OTC
STROVITE ONE TABS PO	1	RX/OTC
SUPER ANTIOXIDANT CAPS PO	1	RX/OTC
SUPPORT-500 CAPS PO	1	RX/OTC
THERA M PLUS TABS PO	1	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS PO	1	RX/OTC
THERAMILL FORTE CAPS PO	1	RX/OTC
THERA-M TABS PO	1	RX/OTC
THERA-TABS M TABS PO	1	RX/OTC
THERA-VITE MAX-M TABS PO	1	RX/OTC
THEREMS-M TABS PO	1	RX/OTC
VITABEX PLUS CAPS PO	1	RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW PO	1	
VITAJOY MULTI GUMMIES ADULT CHEW PO	1	
VITAROCA PLUS TABS PO ( <i>Use multiple vitamins w/ minerals</i> )	9	RX/OTC
VITATRUM TABS PO	1	RX/OTC
YELETS TEENAGE FORMULA TABS PO	1	RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW PO	1	
ZINC LOZG PO	1	

Drug Name	Drug Tier	Requirements/Limits
Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		
QUFLORA FE	1	
Multivitamins		
DEKAS ESSENTIAL LIQD PO	1	
HIGH POTENCY MULTIVITAMIN TABS PO	1	RX/OTC
MULTI VITAMIN TABS PO	1	RX/OTC
<i>multiple vitamin CAPS PO</i>	1	RX/OTC
<i>multiple vitamin TABS PO</i>	1	RX/OTC
<i>multiple vitamin TABS PO</i>	1	RX/OTC
MULTIVITAMIN ADULT TABS PO	1	RX/OTC
MULTIVITAMIN+ LIQD PO	1	
MULTIVITAMIN TABS PO	1	RX/OTC
OMNICAP TABS PO	1	RX/OTC
ONE DAILY ESSENTIALS TABS PO	1	RX/OTC
ONE DAILY ESSENTIAL TABS PO	1	RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS PO	1	RX/OTC
ONE-A-DAY ADULT VITACRAVES+DHA CHEW	1	RX/OTC
ONE-A-DAY ESSENTIAL TABS PO ( <i>Use multiple vitamin</i> )	1	RX/OTC
ONE-A-DAY MENS TABS PO ( <i>Use multiple vitamin</i> )	1	RX/OTC
QUINTABS TABS PO	1	RX/OTC
THERA TABS PO	1	RX/OTC
THEREMS TABS PO	1	RX/OTC
TM-DAILY VITE TABS PO	1	RX/OTC
TRUE MULTIVITAMIN TABS PO	1	RX/OTC
ZE-PLUS CAPS PO ( <i>Use multiple vitamin</i> )	9	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Ped Multi Vitamins w/Fl & FE			MVW COMPLETE FORMULATION SOLN PO	1	
<i>ped multivitamins w/fl &amp; iron SOLN PO</i>	1	RX/OTC	MVW HI-D DROPS W/EXTRA VIT D LIQD PO	1	RX/OTC
Ped Multiple Vitamins w/ Minerals			NANOVM 1-3 YEARS POWD	1	
CHILDRENS GUMMIES CHEW PO	1		NANOVM 4-8 YEARS POWD	1	
CVS GUMMY DINOS CHEW PO	1		NANOVM 9-18 YEARS POWD	1	
CVS GUMMY MULTIVITAMIN KIDS CHEW PO	1		NANOVM T/F POWD	1	
DEKAS PLUS LIQD PO	1	RX/OTC	ONE-A-DAY SCOOPY-DOO GUMMIES CHEW PO ( <i>Use pediatric multiple vitamin w/ minerals</i> )	9	
EQ MULTIVITAMIN GUMMIES CHEW PO	1		VITACHEW MULTIPLE VITAMIN CHEW PO	1	
FLINTSTONES COMPLETE CHEW PO	1		VITALETS CHILDRENS CHEW PO	1	
FLINTSTONES COMPLETE CHEW PO	1		Ped MV w/ Fluoride		
FLINTSTONES GUMMIES BONE BUILD CHEW PO	1		FLORIVA PLUS SOLN PO	1	RX/OTC
FLINTSTONES GUMMIES COMPLETE CHEW PO	1		MULTIVITAMIN/FLUORIDE SOLN PO	1	RX/OTC
FLINTSTONES GUMMIES CHEW PO	1		MULTIVITAMIN/FLUORIDE SOLN PO	1	RX/OTC
FLINTSTONES SOUR GUMMIES CHEW PO	1		<i>pediatric multivitamins w/fl CHEW PO</i>	1	RX/OTC
GENADEK LIQD PO	1	RX/OTC	<i>pediatric multivitamins w/fl SOLN PO</i>	1	RX/OTC
GUMMI BEAR MULTIVITAMIN/MIN CHEW PO	1		<i>pediatric multivitamins w/fl SOLN PO</i>	1	RX/OTC
MULTIVIT-MIN GUMMIES CHILDRENS CHEW PO	1		<i>pediatric vitamins acd w/ fluoride SOLN PO</i>	1	RX/OTC
MVW COMPLETE FORMULATION D3000 CHEW PO	1		VITAMINS ACD-FLUORIDE SOLN PO	1	RX/OTC
MVW COMPLETE FORMULATION D5000 CHEW PO	1		Ped MV w/ Iron		
MVW COMPLETE FORMULATION CHEW PO	1		BPROTECTED PEDIA POLY-VITE/FE SOLN PO	1	
			MULTIVITAMINS PLUS IRON CHILD CHEW PO	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PC PEDIATRIC POLY-VITA/FE DROP SOLN PO	1		CLASSIC PRENATAL TABS PO	1	
<i>pediatric multiple vitamins w/ iron CHEW PO</i>	1		COMPLETENATE CHEW PO	1	
<i>pediatric multiple vitamins w/ iron CHEW PO</i>	1		CVS PRENATAL GUMMY 10 MG-17.5 MCG-180 MCG-9 MG-1 MG-10 MCG-9.5 MG-25 MG-2.5 MG-1.9 MG-110 MCG-5 MG-325 MCG-1.4 MCG-35 MG	1	
POLY-VITA/IRON SOLN PO	1		CVS PRENATAL TABS PO 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	1	
Pediatric Multiple Vitamins			GNP PRENATAL TABS PO	1	
BPROTECTED PEDIA POLY-VITE SOLN PO	1		KP PRENATAL MULTIVITAMINS TABS PO	1	
INFUVITE PEDIATRIC SOLN IV	1		KPN PRENATAL TABS PO	1	
MULTIVITAMIN INFANT & TODDLER SOLN PO	1		MULTI PRENATAL TABS PO	1	
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD PO	1		NIVA-PLUS TABS PO	1	RX/OTC
ONE-A-DAY VITACRAVES+OMEGA-3 CHEW PO ( <i>Use pediatric multiple vitamins</i> )	1		ONE A DAY PRENATAL	1	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	1		ONE-A-DAY WOMENS PRENATAL 1	1	
<i>pediatric multiple vitamins CHEW PO</i>	1		ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG-300 MG-150 MCG-30 UNIT-23 MG-223 MG	1	
POLY-VI-SOL SOLN PO	1		PRENATABS FA TABS PO	1	RX/OTC
POLY-VITA SOLN PO	1		PRENATAL (W/IRON & FA) TABS PO	1	RX/OTC
POLY-VITE PEDIATRIC SOLN PO	1		PRENATAL 19 TABS PO	1	RX/OTC
Pediatric Multiple Vitamins & Minerals w/ Fluoride					
FLORIVA	1				
Pediatric Vitamins					
BPROTECTED PEDIA TRI-VITE PO	1				
HONEY BEARS PO	1				
<i>pediatric vitamins adc PO 400 UNIT/ML-750 UNIT/ML-35 MG/ML</i>	1				
Prenatal Vitamins					
CITRANATAL BLOOM	1				

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
PRENATAL GUMMIES/DHA & FA	1	
PRENATAL MULTI +DHA CAPS PO 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-150 MG-1.5 MG-25 MG-200 MG-11 UNIT-28 MG-4000 UNIT-228 MG	1	
PRENATAL MULTIVITAMIN + DHA MISC PO	1	
PRENATAL ONE DAILY TABS PO	1	
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW PO</i>	1	
<i>prenatal vit w/ ferrous fumarate-folic acid TABS PO 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG</i>	1	
<i>prenatal vit w/ iron carbonyl-folic acid TABS PO 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	1	RX/OTC
PRENATAL VITAMIN AND MINERAL TABS PO	1	
PRENATAL VITAMINS TABS PO 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	1	
PRENATAL/FOLIC ACID+DHA CAPS PO	1	
PRENATAL/IRON TABS PO	1	
PRENATAL TABS PO	1	
PRENATAL-U CAPS PO	1	

Drug Name	Drug Tier	Requirements/Limits
RA PRENATAL TABS PO	1	
STUART ONE CAPS	1	
ZATEAN-PN DHA PO	1	
Specialty Vitamins Products		
CVS HAIR/SKIN/NAILS TABS PO	1	RX/OTC
RA EFFERVESCENT FORMULA TBEF PO	1	
Vitamin Mixtures		
D3 + K2 DOTS TABS	1	
DECARA K CAPS PO	1	
K2 PLUS D3 TABS	1	
<i>niacinamide w/ zinc-copper-methylfolate-se-cr</i>	1	
NICOMIDE 750 MG-2 MG-0.5 MG-27 MG-100 MCG-50 MCG (Use niacinamide w/ zinc-copper-methylfolate-se-cr)	9	
Vitamins w/ Lipotropics		
LIPOTRIAD TABS PO (Use vitamins w/ lipotropics)	9	
<i>vitamins w/ lipotropics TABS PO</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agents - Misc.		
AYR NASAL MIST ALLERGY/SINUS SOLN	1	
AYR SALINE NASAL DROPS SOLN	1	
LITTLE REMEDIES SALINE SOLN	1	
NASADROPS SALINE ON THE GO SOLN	1	
OCEAN NASAL SPRAY SOLN (Use saline)	9	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
OCEAN NASAL SPRAY SOLN (Use saline)	1	
RA STERILE SALINE NASAL MIST SOLN	1	
saline GEL	1	
saline SOLN 0.65 %	1	
SIMPLY SALINE AERS	1	
ZARBEES SOOTHING SALINE MIST AERS	1	
<b>Nasal Antiallergy</b>		
cromolyn sodium (nasal) 5.2 MG/ACT	1	
NASALCROM (Use cromolyn sodium (nasal))	9	
<b>Nasal Steroids</b>		
budesonide (nasal)	1	
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	1	RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	9	RX/OTC
fluticasone propionate (nasal) SUSP	1	RX/OTC
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	9	
triamcinolone acetonide (nasal) AERO	1	
<b>Sympathomimetic Decongestants</b>		
AFRIN 12 HOUR SOLN (Use oxymetazoline hcl)	1	
AFRIN 12 HOUR SOLN (Use oxymetazoline hcl)	9	
AFRIN ALL NIGHT NODRIP SOLN (Use oxymetazoline hcl)	9	

Drug Name	Drug Tier	Requirements/Limits
AFRIN ALLERGY SINUS SOLN (Use oxymetazoline hcl)	1	
AFRIN CHILDRENS EXTRA MOISTURE SOLN (Use oxymetazoline hcl)	1	
AFRIN CHILDRENS EXTRA MOISTURE SOLN	1	
AFRIN NODRIP CHILDRENS SOLN (Use oxymetazoline hcl)	1	
AFRIN NODRIP EXTRA MOISTURE SOLN (Use oxymetazoline hcl)	1	
AFRIN NODRIP NIGHT SOLN (Use oxymetazoline hcl)	1	
AFRIN NODRIP ORIGINAL SOLN (Use oxymetazoline hcl)	9	
AFRIN NODRIP SEVERE CONGEST SOLN (Use oxymetazoline hcl)	1	
AFRIN NODRIP SINUS SOLN (Use oxymetazoline hcl)	1	
AFRIN ORIGINAL SOLN (Use oxymetazoline hcl)	1	
AFRIN ORIGINAL SOLN (Use oxymetazoline hcl)	9	
AFRIN PUMP MIST SOLN (Use oxymetazoline hcl)	1	
AFRIN SEVERE CONGESTION SOLN (Use oxymetazoline hcl)	1	
BENZEDREX	1	
DURATION 12 HOUR NASAL SPRAY SOLN (Use oxymetazoline hcl)	9	
DURATION SPRAY SOLN (Use oxymetazoline hcl)	9	
NEO-SYNEPHRINE COLD/ALLRG MILD SOLN	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
NEO-SYNEPHRINE COLD/ALLRGY EXT SOLN (Use <i>phenylephrine hcl</i> )	1	
NEO-SYNEPHRINE COLD/ALLRGY REG SOLN	1	
<i>oxymetazoline hcl</i> SOLN 0.05 %	1	
<i>phenylephrine hcl</i> (oral) TABS PO	1	
<i>phenylephrine hcl</i> SOLN 1 %	1	
<i>pseudoephedrine hcl</i> TABS PO	1	
<i>pseudoephedrine hcl</i> TB12 PO	1	
SUDAFED CHILDRENS LIQD PO	1	
SUDAFED PE SINUS CONGESTION TABS PO (Use <i>phenylephrine hcl</i> (oral))	9	
SUDAFED SINUS CONGESTION TABS PO (Use <i>pseudoephedrine hcl</i> )	9	
SUDAFED SINUS CONGESTION TABS PO (Use <i>pseudoephedrine hcl</i> )	1	
SUDAFED TABS PO (Use <i>pseudoephedrine hcl</i> )	1	
VICKS SINEX 12 HOUR DECONGEST SOLN (Use <i>oxymetazoline hcl</i> )	1	
VICKS SINEX MOISTURIZING SOLN (Use <i>oxymetazoline hcl</i> )	9	
VICKS SINEX SEVERE DECONGEST SOLN (Use <i>oxymetazoline hcl</i> )	1	

Drug Name	Drug Tier	Requirements/Limits
VICKS SINEX SEVERE SOLN (Use <i>oxymetazoline hcl</i> )	9	
<b>NUTRIENTS</b>		
Carbohydrates		
FRUCTOSE GRAN	1	RX/OTC
FRUCTOSE POWD	1	
<i>glucose</i> LIQD	1	
Lipotropics		
INOSITOL POWD	1	
<i>inositol</i> TABS PO	1	
Misc. Nutritional Substances		
COROMEGA OMEGA 3 KIDS EMUL	1	RX/OTC
COROMEGA OMEGA 3 SQUEEZE EMUL	1	RX/OTC
<i>docosahexaenoic acid</i> CAPS PO 200 MG	1	
FISH OIL PEARLS CAPS PO	1	
FISH OIL TRIPLE STRENGTH CAPS PO	1	
FISH OIL ULTRA CAPS PO	1	
FISH OIL CAPS PO 360 MG	1	
GNP FISH OIL CPDR PO	1	
MEGARED KIDS CHEW PO	1	
OMEGA MONOPURE 1300 EC CPDR PO	1	
<i>omega-3 fatty acids</i> CAPS PO 300 MG, 435 MG, 500 MG, 600 MG, 1000 MG, 1200 MG	1	
<i>omega-3 fatty acids</i> CHEW PO	1	
<i>omega-3 fatty acids</i> CPDR PO	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 fatty acids LIQD PO</i>	1	
OMEGA-3 FISH OIL EX ST CAPS PO	1	
OMEGA-3 CAPS PO	1	
OMEGA-3 CPDR PO	1	
OMEGAPURE 780 EC CPDR PO	1	
OMEGAPURE 820 CAPS PO	1	
OMEGAPURE 900 EC CPDR PO	1	
OMERA CAPS PO	1	
ULTRA OMEGA-3 FISH OIL CAPS PO	1	
<b>Proteins</b>		
ARGININE2000 PACK	1	
<i>arginine CAPS PO</i>	1	
ARGININE PACK	1	
<i>arginine TABS PO 1000 MG</i>	1	
ARGININE TABS PO	1	
<i>glutamine TABS PO</i>	1	
GLUTATHIONE-L REDUCED POWD	1	RX/OTC
GLUTATHIONE-L POWD	1	RX/OTC
GLUTATHIONE POWD	1	RX/OTC
L-ARGININE POWD PO ( <i>Use arginine</i> )	1	
L-ARGININE POWD XX	1	RX/OTC
L-GLUTAMINE POWD XX	1	RX/OTC
L-ISOLEUCINE POWD XX	1	RX/OTC
L-VALINE POWD XX	1	RX/OTC
PURE L-CITRULLINE CAPS PO	1	
VALINE POWD XX	1	RX/OTC
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>artificial tear solution</i>	1	
BION TEARS PF	1	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	1	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	1	
<i>carboxymethylcellulose-glycerin SOLN</i>	1	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	1	
FRESHKOTE PF	1	
GENTEAL SEVERE GEL	1	
GENTEAL TEARS MODERATE PF ( <i>Use dextran 70-hypromellose</i> )	1	
GENTEAL TEARS PF ( <i>Use dextran 70-hypromellose</i> )	1	
GENTEAL TEARS SEVERE DAY/NIGHT GEL	1	
<i>glycerin-hypromellose-polyethylene glycol 400</i>	1	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	1	
<i>polyvinyl alcohol 1.4 %</i>	1	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	1	
<i>propylene glycol (ophth)</i>	1	
REFRESH	1	
REFRESH DIGITAL	1	
REFRESH DIGITAL PF	1	
REFRESH LIQUIGEL GEL ( <i>Use carboxymethylcellulose sodium (ophth)</i> )	1	
REFRESH OPTIVE ADVANCED	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
REFRESH OPTIVE ADVANCED PF	1	
REFRESH OPTIVE MEGA-3	1	
REFRESH OPTIVE PF SOLN	1	
REFRESH OPTIVE GEL	1	
REFRESH OPTIVE SOLN (Use carboxymethylcellulose-glycerin)	1	
REFRESH PLUS SOLN (Use carboxymethylcellulose sodium (ophth))	1	
REFRESH RELIEVA PF SOLN	1	
REFRESH RELIEVA SOLN (Use carboxymethylcellulose-glycerin)	1	
REFRESH TEARS PF SOLN	1	
REFRESH TEARS SOLN (Use carboxymethylcellulose sodium (ophth))	1	
SYSTANE BALANCE (Use propylene glycol (ophth))	1	
SYSTANE COMPLETE (Use propylene glycol (ophth))	1	
SYSTANE HYDRATION PF SOLN (Use polyethylene glycol-propylene glycol (ophth))	1	
SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % (Use polyethylene glycol-propylene glycol (ophth))	1	

Drug Name	Drug Tier	Requirements/Limits
SYSTANE ULTRA PF SOLN (Use polyethylene glycol-propylene glycol (ophth))	1	
SYSTANE ULTRA SOLN (Use polyethylene glycol-propylene glycol (ophth))	9	
SYSTANE ULTRA SOLN (Use polyethylene glycol-propylene glycol (ophth))	1	
SYSTANE GEL	1	
SYSTANE SOLN (Use polyethylene glycol-propylene glycol (ophth))	1	
THERATEARS GEL (Use carboxymethylcellulose sodium (ophth))	9	
white petrolatum-mineral oil	1	
white petrolatum-mineral oil	1	
Contact Lens Solutions		
B&L SENSITIVE EYES SOLN (Use soft lens products)	9	
REFRESH CONTACTS DROPS SOLN	1	
Ophthalmic Adrenergic Agents		
LUMIFY	1	
Ophthalmic Decongestants		
CLEAR EYES REDNESS RELIEF 0.25 %-0.012 % (Use naphazoline-glycerin)	9	
naphazoline w/ pheniramine	1	
naphazoline-glycerin 0.25 %-0.012 %	1	
NAPHCON-A (Use naphazoline w/ pheniramine)	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/Limits
OPCON-A (Use naphazoline w/ pheniramine)	1	
tetrahydrozoline hcl (ophth) 0.05 %	1	
tetrahydrozoline-dextran-polyethylene glycol-povidone	1	
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	9	
<b>Ophthalmics - Misc.</b>		
ketotifen fumarate (ophth) 0.035 %	1	
ketotifen fumarate (ophth) 0.035 %	1	
LASTACAFT	1	
MURO 128 OINT (Use sodium chloride hypertonic)	1	
MURO 128 SOLN (Use sodium chloride hypertonic)	1	
MURO 128 SOLN	1	
olopatadine hcl	1	RX/OTC
PATADAY	1	
PATADAY (Use olopatadine hcl)	1	RX/OTC
sodium chloride hypertonic OINT	1	
sodium chloride hypertonic SOLN	1	
ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	1	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
carbamide peroxide (otic) 6.5 %	1	

Drug Name	Drug Tier	Requirements/Limits
DEBROX 6.5 % (Use carbamide peroxide (otic))	1	
isopropyl alcohol-glycerin	1	
SWIM EAR (Use isopropyl alcohol (otic))	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Antimicrobial Agents</b>		
BENZYL ALCOHOL	1	RX/OTC
<b>Gelatin Capsules (Empty)</b>		
CAPSULE CONI-SNAP #0 BLU/WHITE	1	RX/OTC
CAPSULE CONI-SNAP #0 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #0 DARK BLUE	1	RX/OTC
CAPSULE CONI-SNAP #0 GREEN/CLR	1	RX/OTC
CAPSULE CONI-SNAP #0 PINK	1	RX/OTC
CAPSULE CONI-SNAP #0 PURPLE	1	RX/OTC
CAPSULE CONI-SNAP #0 RED/WHITE	1	RX/OTC
CAPSULE CONI-SNAP #0 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #00 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #00 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #000 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #1 AQUA BLUE	1	RX/OTC
CAPSULE CONI-SNAP #1 BLUE	1	RX/OTC
CAPSULE CONI-SNAP #1 BLUE/PINK	1	RX/OTC
CAPSULE CONI-SNAP #1 BLUE/WHT	1	RX/OTC
CAPSULE CONI-SNAP #1 BROWN	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAPSULE CONI-SNAP #1 BRWN/IVRY	1	RX/OTC	CAPSULE CONI-SNAP #2 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #1 CLEAR	1	RX/OTC	CAPSULE CONI-SNAP #3 BLU/CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #1 DK GRN/OR	1	RX/OTC	CAPSULE CONI-SNAP #3 BRN/BBLUE	1	RX/OTC
CAPSULE CONI-SNAP #1 DRK GREEN	1	RX/OTC	CAPSULE CONI-SNAP #3 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #1 GREY/PINK	1	RX/OTC	CAPSULE CONI-SNAP #3 GRAY/YLW	1	RX/OTC
CAPSULE CONI-SNAP #1 GRN/YLW	1	RX/OTC	CAPSULE CONI-SNAP #3 GREEN/BLU	1	RX/OTC
CAPSULE CONI-SNAP #1 ORANGE	1	RX/OTC	CAPSULE CONI-SNAP #3 GREY/PINK	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK	1	RX/OTC	CAPSULE CONI-SNAP #3 MARON/BLU	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK/BLUE	1	RX/OTC	CAPSULE CONI-SNAP #3 MINT GRN	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK/CLR	1	RX/OTC	CAPSULE CONI-SNAP #3 OLIVE/CLR	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK/WHIT	1	RX/OTC	CAPSULE CONI-SNAP #3 ORANGE	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK/YLLW	1	RX/OTC	CAPSULE CONI-SNAP #3 PINK/PINK	1	RX/OTC
CAPSULE CONI-SNAP #1 PURPLE	1	RX/OTC	CAPSULE CONI-SNAP #3 PNK/CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #1 RED/BLUE	1	RX/OTC	CAPSULE CONI-SNAP #3 RED/CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #1 RED/WHITE	1	RX/OTC	CAPSULE CONI-SNAP #3 RED/RED	1	RX/OTC
CAPSULE CONI-SNAP #1 WHITE	1	RX/OTC	CAPSULE CONI-SNAP #3 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #1 WHITE/GRN	1	RX/OTC	CAPSULE CONI-SNAP #3 WHT/CLR	1	RX/OTC
CAPSULE CONI-SNAP #1 WHT/CLR	1	RX/OTC	CAPSULE CONI-SNAP #3 YELLOW	1	RX/OTC
CAPSULE CONI-SNAP #1 YELLOW	1	RX/OTC	CAPSULE CONI-SNAP #4 BLACK/GRN	1	RX/OTC
CAPSULE CONI-SNAP #1 YELLOW/GR	1	RX/OTC	CAPSULE CONI-SNAP #4 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #2 CLEAR	1	RX/OTC	CAPSULE CONI-SNAP #4 WHITE	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAPSULE SIZE 1 LACTOSE	1	RX/OTC	EMPTY CAPSULE SIZE 0 PURPLE	1	RX/OTC
EMPTY CAPSULE	1	RX/OTC	EMPTY CAPSULE SIZE 0 RED	1	RX/OTC
EMPTY CAPSULE #0 RED/WHITE	1	RX/OTC	EMPTY CAPSULE SIZE 0 RED/WHITE	1	RX/OTC
EMPTY CAPSULE #00 BLACK/RED	1	RX/OTC	EMPTY CAPSULE SIZE 0 WHITE	1	RX/OTC
EMPTY CAPSULE #00 BLUE/WHITE	1	RX/OTC	EMPTY CAPSULE SIZE 0 WHITE/CLR	1	RX/OTC
EMPTY CAPSULE #00 PINK/PINK	1	RX/OTC	EMPTY CAPSULE SIZE 0 WHITE/OPA	1	RX/OTC
EMPTY CAPSULE #00 PURPLE	1	RX/OTC	EMPTY CAPSULE SIZE 0 YELLOW	1	RX/OTC
EMPTY CAPSULE #00 PURPLE/WHITE	1	RX/OTC	EMPTY CAPSULE SIZE 00 BLUE	1	RX/OTC
EMPTY CAPSULE #00 RED/WHITE	1	RX/OTC	EMPTY CAPSULE SIZE 00 BLUE OPQ	1	RX/OTC
EMPTY CAPSULE #00 YELLOW/YELLO	1	RX/OTC	EMPTY CAPSULE SIZE 00 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 0	1	RX/OTC	EMPTY CAPSULE SIZE 00 DRK GRN	1	RX/OTC
EMPTY CAPSULE SIZE 0 BLUE	1	RX/OTC	EMPTY CAPSULE SIZE 00 GREEN	1	RX/OTC
EMPTY CAPSULE SIZE 0 BLUE/WHT	1	RX/OTC	EMPTY CAPSULE SIZE 00 ORANGE	1	RX/OTC
EMPTY CAPSULE SIZE 0 CLEAR	1	RX/OTC	EMPTY CAPSULE SIZE 00 RED	1	RX/OTC
EMPTY CAPSULE SIZE 0 FUN CAPS	1	RX/OTC	EMPTY CAPSULE SIZE 00 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 0 GREEN	1	RX/OTC	EMPTY CAPSULE SIZE 00 WHT/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 0 GREEN/CLR	1	RX/OTC	EMPTY CAPSULE SIZE 000 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 0 GRN/CLEAR	1	RX/OTC	EMPTY CAPSULE SIZE 000 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 0 MAROON	1	RX/OTC	EMPTY CAPSULE SIZE 1 AQUA BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 0 ORANGE	1	RX/OTC	EMPTY CAPSULE SIZE 1 BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 0 PINK	1	RX/OTC	EMPTY CAPSULE SIZE 1 BLUE/PINK	1	RX/OTC
EMPTY CAPSULE SIZE 0 PURP/WHT	1	RX/OTC			

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMPTY CAPSULE SIZE 1 BLUE/RED	1	RX/OTC	EMPTY CAPSULE SIZE 1 PINK/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/WHT	1	RX/OTC	EMPTY CAPSULE SIZE 1 PINK/YLLW	1	RX/OTC
EMPTY CAPSULE SIZE 1 BLUECLEAR	1	RX/OTC	EMPTY CAPSULE SIZE 1 PNK/WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 BRN/IVORY	1	RX/OTC	EMPTY CAPSULE SIZE 1 PURPLE	1	RX/OTC
EMPTY CAPSULE SIZE 1 CLEAR	1	RX/OTC	EMPTY CAPSULE SIZE 1 PWDR BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 DRK GREEN	1	RX/OTC	EMPTY CAPSULE SIZE 1 RED	1	RX/OTC
EMPTY CAPSULE SIZE 1 GREEN	1	RX/OTC	EMPTY CAPSULE SIZE 1 RED/BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 GREY/PINK	1	RX/OTC	EMPTY CAPSULE SIZE 1 RED/WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 GRN/ORNGE	1	RX/OTC	EMPTY CAPSULE SIZE 1 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 GRN/WHITE	1	RX/OTC	EMPTY CAPSULE SIZE 1 WHITE/OPA	1	RX/OTC
EMPTY CAPSULE SIZE 1 GRN/YLLW	1	RX/OTC	EMPTY CAPSULE SIZE 1 WHT/CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 1 IVORY	1	RX/OTC	EMPTY CAPSULE SIZE 1 YELLOW	1	RX/OTC
EMPTY CAPSULE SIZE 1 LGHT BLUE	1	RX/OTC	EMPTY CAPSULE SIZE 10 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 1 MAROON/CL	1	RX/OTC	EMPTY CAPSULE SIZE 11 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 1 MINT GRN	1	RX/OTC	EMPTY CAPSULE SIZE 13 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 1 ORANGE	1	RX/OTC	EMPTY CAPSULE SIZE 2 BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 ORGE/CLR	1	RX/OTC	EMPTY CAPSULE SIZE 2 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 1 ORGE/YLLW	1	RX/OTC	EMPTY CAPSULE SIZE 2 GREEN	1	RX/OTC
EMPTY CAPSULE SIZE 1 ORNGE/WHT	1	RX/OTC	EMPTY CAPSULE SIZE 2 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 PINK	1	RX/OTC	EMPTY CAPSULE SIZE 3 BLACK/GRN	1	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/BLUE	1	RX/OTC	EMPTY CAPSULE SIZE 3 BLUE	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMPTY CAPSULE SIZE 3 BLUE OPQ	1	RX/OTC	EMPTY CAPSULE SIZE 3 PINK/WH	1	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE/CLR	1	RX/OTC	EMPTY CAPSULE SIZE 3 PINK/YLLW	1	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE/WHT	1	RX/OTC	EMPTY CAPSULE SIZE 3 PNK/CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 3 CLEAR	1	RX/OTC	EMPTY CAPSULE SIZE 3 PRPLE/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 3 DARK GRN	1	RX/OTC	EMPTY CAPSULE SIZE 3 PURPLE	1	RX/OTC
EMPTY CAPSULE SIZE 3 GRAY/PINK	1	RX/OTC	EMPTY CAPSULE SIZE 3 PWDR BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 3 GRAY/YLLW	1	RX/OTC	EMPTY CAPSULE SIZE 3 RED	1	RX/OTC
EMPTY CAPSULE SIZE 3 GREEN	1	RX/OTC	EMPTY CAPSULE SIZE 3 RED/CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 3 GREY/PINK	1	RX/OTC	EMPTY CAPSULE SIZE 3 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 3 GREY/YLLW	1	RX/OTC	EMPTY CAPSULE SIZE 3 WHITE/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 3 GRN/BLUE	1	RX/OTC	EMPTY CAPSULE SIZE 3 WHITE/OPA	1	RX/OTC
EMPTY CAPSULE SIZE 3 MARN/BLUE	1	RX/OTC	EMPTY CAPSULE SIZE 3 YELLOW	1	RX/OTC
EMPTY CAPSULE SIZE 3 MARN/CLR	1	RX/OTC	EMPTY CAPSULE SIZE 3 YELLOW/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 3 MAROON	1	RX/OTC	EMPTY CAPSULE SIZE 4 BLACK	1	RX/OTC
EMPTY CAPSULE SIZE 3 MINT GRN	1	RX/OTC	EMPTY CAPSULE SIZE 4 BLUE/WHIT	1	RX/OTC
EMPTY CAPSULE SIZE 3 OLIVE	1	RX/OTC	EMPTY CAPSULE SIZE 4 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 3 OLIVE/CLR	1	RX/OTC	EMPTY CAPSULE SIZE 4 DARK BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 3 ORANGE	1	RX/OTC	EMPTY CAPSULE SIZE 4 PURPLE	1	RX/OTC
EMPTY CAPSULE SIZE 3 ORANGE/WH	1	RX/OTC	EMPTY CAPSULE SIZE 4 RED/WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 3 PINK	1	RX/OTC	EMPTY CAPSULE SIZE 4 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/BLUE	1	RX/OTC	EMPTY CAPSULE SIZE 4 YELLOW	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
EMPTY CAPSULE SIZE 5 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 7 CLEAR	1	RX/OTC
Internal Vehicle Ingredients/Agents		
THIK & CLEAR	1	
Liquid Vehicles		
CVS DISTILLED WATER PO	1	RX/OTC
DISTILLED WATER PO	1	RX/OTC
GERBER GOOD START WATER	1	
MX-SOL BLEND SF SUSP PO	1	RX/OTC
MX-SOL BLEND SUSP PO	1	RX/OTC
MX-SOL SUSPEND SUSP PO	1	RX/OTC
NICE DISTILLED WATER PO	1	RX/OTC
ORA-BLEND SF SUSP PO	1	RX/OTC
ORA-BLEND SUSP PO	1	RX/OTC
ORAL MIX SF SUSP PO	1	RX/OTC
ORAL MIX SUSP PO	1	RX/OTC
ORAL SUSPEND LIQD PO	1	RX/OTC
ORA-PLUS LIQD PO	1	RX/OTC
ORA-SWEET SYRP PO 4 %-5 %-54 %	1	RX/OTC
PURIFIED WATER PO	1	RX/OTC
SIMILAC STERILIZED WATER	1	
SUSPENDRX W/BITTERBLOC SWEET SUSP PO	1	RX/OTC
SYRSPEND SF ALKA SUSR PO	1	RX/OTC
SYRSPEND SF PH4 SUSR PO	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SYRSPEND SF LIQD PO	1	RX/OTC
SYRSPEND SF SUSR PO	1	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP PO	1	RX/OTC
Non Gelatin Capsules (Empty)		
AR CAPS #1 ACID RESISTANT	1	RX/OTC
CAPSULE #3 CLEAR/CLEAR VEG	1	RX/OTC
CAPSULE 0 CLEAR VEGGIE	1	RX/OTC
CAPSULE 1 CLEAR VEGGIE	1	RX/OTC
CAPSULE 3 CLEAR VEGGIE	1	RX/OTC
CAPSULE CONI-SNAP #0 CLEAR VEG	1	RX/OTC
CAPSULE CONI-SNAP #1 VEGGIE	1	RX/OTC
CAPSULE CONI-SNAP #3 CLEAR VEG	1	RX/OTC
EMPTY CAPSULE SIZE 1 VEG CLEAR	1	RX/OTC
Pharmaceutical Excipients		
GALEN IQ 900	1	
LACTOSE	1	RX/OTC
LACTOSE ANHYDROUS	1	RX/OTC
LACTOSE HYDROUS	1	RX/OTC
LACTOSE MONOHYDRATE	1	RX/OTC
LOLLIBASE	1	RX/OTC
METHYLCELLULOSE POWD	1	RX/OTC
SODIUM BENZOATE	1	RX/OTC
Semi Solid Vehicles		
BABY SKIN PROTECTANT	1	RX/OTC
EMOLLIENT BASE	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
HYDROPHILIC PETROLATUM	1	
PEG	1	RX/OTC
PETROLATUM	1	RX/OTC
POLYETHYLENE GLYCOL 1000 LIQD	1	
POLYETHYLENE GLYCOL 3350 POWD	1	RX/OTC
POLYETHYLENE GLYCOL 8000 POWD	1	RX/OTC
SKIN PROTECTANT	1	RX/OTC
WHITE PETROLATUM OINT	1	RX/OTC
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Smoking Deterrents		
NICODERM CQ PT24 TD (Use nicotine)	1	
NICORETTE MINI LOZG (Use nicotine polacrilex)	1	
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	1	
NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex)	9	
NICORETTE GUM (Use nicotine polacrilex)	1	
NICORETTE GUM (Use nicotine polacrilex)	9	
NICORETTE LOZG 2 MG (Use nicotine polacrilex)	9	
NICORETTE LOZG (Use nicotine polacrilex)	1	
nicotine polacrilex GUM	1	
nicotine polacrilex GUM	1	
nicotine polacrilex LOZG	1	
nicotine polacrilex LOZG	1	
NICOTINE KIT	1	

Drug Name	Drug Tier	Requirements/Limits
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	1	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
H-2 Antagonists		
cimetidine TABS PO 200 MG	1	RX/OTC
famotidine TABS PO 10 MG, 20 MG	1	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS PO (Use famotidine)	9	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS PO (Use famotidine)	1	RX/OTC
PEPCID AC TABS PO (Use famotidine)	9	
PEPCID AC TABS PO (Use famotidine)	1	
PEPCID TABS PO 20 MG (Use famotidine)	9	RX/OTC
TAGAMET HB 200 TABS PO (Use cimetidine)	1	RX/OTC
TAGAMET HB TABS PO (Use cimetidine)	1	RX/OTC
Proton Pump Inhibitors		
esomeprazole magnesium CPDR PO 20 MG	1	RX/OTC
esomeprazole magnesium TBEC	1	
lansoprazole CPDR PO 15 MG	1	RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR PO (Use esomeprazole magnesium)	1	RX/OTC
NEXIUM 24HR CPDR PO (Use esomeprazole magnesium)	1	RX/OTC

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/Limits
NEXIUM 24HR TBEC (Use esomeprazole magnesium)	9	
NEXIUM CPDR PO 20 MG (Use esomeprazole magnesium)	9	RX/OTC
omeprazole magnesium CPDR PO	1	
omeprazole magnesium TBEC PO	1	
omeprazole TBDD	1	
omeprazole TBEC PO	1	
PREVACID 24HR CPDR PO (Use lansoprazole)	9	RX/OTC
PRILOSEC OTC TBEC PO (Use omeprazole magnesium)	9	
<b>Ulcer Therapy Combinations</b>		
famotidine-calcium carbonate-magnesium hydroxide PO	1	
omeprazole-sodium bicarbonate CAPS PO 1100 MG-20 MG	1	RX/OTC
PEPCID COMPLETE PO (Use famotidine-calcium carbonate-magnesium hydroxide)	9	
ZEGERID OTC CAPS PO (Use omeprazole-sodium bicarbonate)	9	RX/OTC
ZEGERID CAPS PO 1100 MG-20 MG (Use omeprazole-sodium bicarbonate)	9	RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
OXYTROL FOR WOMEN PTTW	1	RX/OTC
<b>VAGINAL AND RELATED PRODUCTS</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Vaginal Anti-infectives</b>		
clotrimazole vaginal CREA	1	
GYNE-LOTRIMIN 3 CREA (Use clotrimazole vaginal)	9	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	9	
miconazole nitrate vaginal CREA 2 %	1	
miconazole nitrate vaginal KIT	1	
miconazole nitrate vaginal SUPP 100 MG	1	
MONISTAT 1 COMBO PACK KIT (Use miconazole nitrate vaginal)	9	
MONISTAT 1 DAY OR NIGHT KIT (Use miconazole nitrate vaginal)	1	
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	1	
MONISTAT 3 COMBO PACK APP KIT (Use miconazole nitrate vaginal)	9	
MONISTAT 7 COMBO PACK APP KIT	1	
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	1	
tioconazole vaginal 6.5 %	1	
<b>Vaginal Anti-inflammatory Agents</b>		
hydrocortisone vaginal	1	
MONISTAT CARE INSTANT ITCH RLF (Use hydrocortisone vaginal)	1	
<b>VITAMINS</b>		

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Oil Soluble Vitamins			Water Soluble Vitamins		
AQUA-E LIQD PO 75 UNIT/ML	1		<i>phytonadione</i> TABS PO	1	
BABY DDROPS LIQD PO (Use <i>cholecalciferol</i> )	1		REPLESTA NX WAFR PO	1	
<i>beta carotene</i> CAPS PO 25000 UNIT	1		REPLESTA WAFR PO	1	
BIO-D-MULSION FORTE LIQD PO	1		SUPER DAILY D3 LIQD PO	1	
BIO-D-MULSION LIQD PO	1		THERA-D 4000 TABS PO	1	
<i>cholecalciferol</i> CAPS PO	1		VITAMIN A PALMITATE TABS PO	1	
<i>cholecalciferol</i> CHEW PO	1		<i>vitamin a</i> CAPS PO	1	
<i>cholecalciferol</i> LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	1		<i>vitamin a</i> TABS PO 10000 UNIT	1	
<i>cholecalciferol</i> TABS PO	1		VITAMIN D (ERGOCALCIFEROL) CAPS PO	1	
CVS BETA CAROTENE CAPS PO	1		VITAMIN D2 TABS	1	
D3 BABY DROPS LIQD PO	1		VITAMIN D3 IMMUNE HEALTH LIQD PO	1	
D3 LIQUID LIQD PO	1		VITAMIN D3 LIQD PO 25 MCG/SPRAY, 30 MCG/15ML, 125 MCG/0.5ML, 125 MCG/ML	1	
DDROPS LIQD PO	1		VITAMIN D3 TABS PO (Use <i>cholecalciferol</i> )	1	
DECARA CAPS PO	1		VITAMIN D3 TABS PO	1	
DRISDOL CAPS PO (Use <i>ergocalciferol</i> )	9		VITAMIN D3 TBDP	1	
D-VI-SOL LIQD PO (Use <i>cholecalciferol</i> )	9		<i>vitamin e</i> CAPS PO	1	
D-VI-SOL LIQD PO (Use <i>cholecalciferol</i> )	1		<i>vitamin e</i> OIL PO	1	
<i>ergocalciferol</i> CAPS PO	1		<i>vitamin e</i> SOLN PO	1	
<i>ergocalciferol</i> SOLN PO 200 MCG/ML	1		VITAMIN E TABS PO 100 UNIT, 100 UNIT	1	
MEPHYTON TABS PO (Use <i>phytonadione</i> )	9		XCELLENT E CAPS PO	1	
OPTIMAL D3 M CAPS PO	1		Water Soluble Vitamins		
OSTEO-VIT3 LIQD PO	1		<i>ascorbic acid</i> CHEW PO 125 MG, 250 MG, 500 MG	1	
<i>phytonadione</i> SOLN 10 MG/ML	1		ASCORBIC ACID POWD PO	1	
<i>phytonadione</i> TABS PO	1		<i>ascorbic acid</i> TABS PO	1	
			<i>ascorbic acid</i> TBCR PO 1000 MG	1	

OH Buckeye MMP Opt-Out Formulary

Updated February 1, 2025

1 = Formulary, 9 = Non Formulary

Drug Name	Drug Tier	Requirements/ Limits
ASCOR SOLN IV	1	
<i>biotin CAPS PO</i>	1	
BIOTIN CAPS PO 1 MG	1	
<i>biotin TABS PO 5 MG</i>	1	
HARD NAILS CAPS PO (Use <i>biotin</i> )	9	
MEGA BIOTIN CAPS PO (Use <i>biotin</i> )	1	
NIACIN ER TBCR PO	1	
<i>niacin CPCR PO 250 MG</i>	1	
<i>niacin TABS PO</i>	1	
<i>niacin TBCR PO</i>	1	
PYRIDOXINE HCL POWD	1	RX/OTC
<i>pyridoxine hcl SOLN</i>	1	
<i>pyridoxine hcl TABS PO 25 MG, 50 MG, 100 MG</i>	1	
<i>pyridoxine hcl TABS PO 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS PO 50 MG, 100 MG</i>	1	
SLO-NIACIN TBCR PO (Use <i>niacin</i> )	1	
<i>thiamine hcl SOLN</i>	1	
<i>thiamine hcl TABS PO 50 MG, 100 MG</i>	1	
<i>thiamine hcl TABS PO 50 MG, 100 MG</i>	1	
<i>thiamine mononitrate TABS PO 100 MG</i>	1	
VITAMIN C POWD PO	1	
VITAMIN C TABS PO	1	

# INDEX

ABATINEX CAPS PO .....	7	acetaminophen TABS PO 325 MG, 500 MG .....	3	ADULT ONE DAILY GUMMIES CHEW PO .....	45
ABC COMPLETE ADULT TABS PO . 45		acetaminophen TBCR PO .....	3	ADVANCED PROBIOTIC CAPS PO . 7	
ABC COMPLETE MENS TABS PO 45		ACIDOPHILUS CAPS PO 100 MG .7		ADVANCED PROBIOTIC-14 CAPS PO .....	7
ABC COMPLETE SENIOR 50+ TABS PO .....	45	ACIDOPHILUS EXTRA STRENGTH CAPS PO .....	7	ADVIL CAPS PO (Use ibuprofen) ...	2
ABC COMPLETE SENIOR MENS 50+ TABS PO .....	45	ACIDOPHILUS HIGH-POTENCY CAPS PO .....	7	ADVIL COLD/SINUS TABS PO (Use pseudoephedrine-ibuprofen) .....	14
ABC COMPLETE SENIOR WOMENS 50+ TABS PO .....	45	ACIDOPHILUS LACTOBACILLUS CAPS PO .....	7	ADVIL MIGRAINE CAPS PO (Use ibuprofen) .....	2
ABC COMPLETE WOMENS TABS PO .....	45	ACIDOPHILUS PEARLS CAPS PO 7		ADVIL PM PO (Use ibuprofen- diphenhydramine citrate) .....	33
ABREVA (Use docosanol) .....	24	ACIDOPHILUS PROBIOTIC BLEND CAPS PO .....	7	ADVIL TABS PO (Use ibuprofen) ...	2
ABSORBASE OINT .....	26	ACIDOPHILUS PROBIOTIC CAPS PO .....	7	ADVIN COVID-19 ANTIGEN TEST KIT .....	28
ACCRUFER .....	32	ACIDOPHILUS WAFR PO .....	7	AEROCHAMBER HOLDING CHAMBER DEVI .....	38
ACE AEROSOL CLOUD ENHANCER MISC .....	38	ACIDOPHILUS/CITRUS PECTIN TABS PO .....	9	AEROCHAMBER MINI CHAMBER DEVI .....	38
acetaminophen CAPS PO 500 MG .2		ACNE MEDICATION 10 LOTN ...	22	AEROCHAMBER MV MISC .....	39
acetaminophen CHEW PO .....	2	ACNE MEDICATION 5 LOTN .....	22	AEROCHAMBER PLS FLOVU MTHPIECE DEVI .....	39
acetaminophen ELIX PO 160 MG/5ML .....	3	ACTICON SOLN .....	14	AEROCHAMBER PLUS FLO-VU INTERM DEVI .....	39
ACETAMINOPHEN GRAN .....	12	ACTICON TABS .....	14	AEROCHAMBER PLUS FLO-VU LARGE DEVI .....	39
acetaminophen LIQD PO 160 MG/5ML, 500 MG/15ML .....	3	ACTIDOGESIC TABS .....	14	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI .....	39
ACETAMINOPHEN POWD .....	12	ACTIDOGESIC-DF TABS .....	14	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .....	3	ACTINEL DM LIQD PO .....	14	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39
acetaminophen SUPP PR 120 MG, 650 MG .....	3	ACTINEL LIQD PO .....	14	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39
ACETAMINOPHEN SUPP PR .....	3	ACTINEL PEDIATRIC LIQD PO ...	14	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39
acetaminophen SUSP PO 160 MG/5ML, 650 MG/20.3ML .....	3	ACTIVE FE PO .....	31	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39
		adapalene GEL 0.1 % .....	22	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39
		ADULT AEROSOL MASK MISC ...	38	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39
		ADULT DISPOSABLE MISC .....	38	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39
		ADULT MASK LARGE MISC .....	38	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	39

AEROCHAMBER PLUS FLO-VU SMALL DEVI .....	39	SOLN (Use oxymetazoline hcl) ....	54	sodium) .....	2
AEROCHAMBER PLUS FLO-VU SMALL MISC .....	39	AFRIN NODRIP NIGHT SOLN (Use oxymetazoline hcl) .....	54	ALEVE TABS PO (Use naproxen sodium) .....	2
AEROCHAMBER PLUS FLO-VU W/MASK MISC .....	39	AFRIN NODRIP ORIGINAL SOLN (Use oxymetazoline hcl) .....	54	ALEVE-D SINUS & COLD PO (Use pseudoephedrine-naproxen sodium) .	14
AEROCHAMBER PLUS FLOW VU MISC .....	39	AFRIN NODRIP SEVERE CONGEST SOLN (Use oxymetazoline hcl) .....	54	ALEVE-D SINUS & HEADACHE PO (Use pseudoephedrine-naproxen sodium) .....	14
AEROCHAMBER Z-STAT PLUS CHAMBR MISC .....	39	AFRIN NODRIP SINUS SOLN (Use oxymetazoline hcl) .....	54	ALGAE BASED CALCIUM TABS PO	45
AEROCHAMBER Z-STAT PLUS MISC .....	39	AFRIN ORIGINAL SOLN (Use oxymetazoline hcl) .....	54	ALIGN CAPS PO .....	7
AEROCHAMBER Z-STAT PLUS/LARGE MISC .....	39	AFRIN PUMP MIST SOLN (Use oxymetazoline hcl) .....	54	ALKA-SELTZER PLUS COLD PO (Use chlorpheniramine- phenylephrine-asa) .....	14
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC .....	39	AFRIN SEVERE CONGESTION SOLN (Use oxymetazoline hcl) ....	54	ALKA-SELTZER SEVERE COLD PO (Use chlorpheniramine- phenylephrine-asa) .....	14
AEROCHAMBER Z-STAT PLUS/SMALL MISC .....	39	AIMSCO LUBRICATED MISC .....	35	ALLEGRA ALLERGY CHILDRENS SUSP PO (Use fexofenadine hcl) .	10
AEROECLIPSE EZ TWIST TUBING MISC .....	39	AIRBORNE CHEW PO .....	45	ALLEGRA ALLERGY TABS PO (Use fexofenadine hcl) .....	11
AEROTRACH PLUS MISC .....	39	AIRBORNE KIDS CHEW PO .....	45	ALLEGRA ALLERGY TABS PO 180 MG (Use fexofenadine hcl) .....	11
AEROVENT PLUS DEVI .....	39	AIRBORNE PACK PO .....	45	ALLEGRA-D ALLERGY & CONGESTION TB12 PO (Use fexofenadine-pseudoephedrine) ...	14
AFRIN 12 HOUR SOLN (Use oxymetazoline hcl) .....	54	AIRBORNE+EVERYDAY STRESS AWAY PACK PO .....	45	ALLEGRA-D ALLERGY & CONGESTION TB24 PO (Use fexofenadine-pseudoephedrine) ...	14
AFRIN ALL NIGHT NODRIP SOLN (Use oxymetazoline hcl) .....	54	AIRZONE PEAK FLOW METER .....	39	alpha-lipoic acid (thioctic acid) CAPS PO .....	1
AFRIN ALLERGY SINUS SOLN (Use oxymetazoline hcl) .....	54	ALAHIST CF TABS .....	14	ALPHA-LIPOIC ACID CAPS PO .....	1
AFRIN CHILDRENS EXTRA MOISTURE SOLN (Use oxymetazoline hcl) .....	54	ALAHIST D .....	14	alum & mag hydrox-simethicone CHEW PO 200 MG-25 MG-200 MG 4	
AFRIN CHILDRENS EXTRA MOISTURE SOLN .....	54	ALAHIST DM LIQD PO 7.5 MG/5ML- 15 MG/5ML-2 MG/5ML (Use phenylephrine-dexbrompheniramine- dextromethorphan) .....	14	alum & mag hydrox-simethicone LIQD PO .....	4
AFRIN NODRIP CHILDRENS SOLN (Use oxymetazoline hcl) .....	54	ALA-HIST IR TABS .....	10		
AFRIN NODRIP EXTRA MOISTURE		ALAHIST PE TABS PO .....	14		
		ALBUSTIX STRP .....	28		
		ALEVAZOL OINT .....	22		
		ALEVE CAPS PO (Use naproxen			

alum & mag hydrox-simethicone SUSP PO .....	250 MG, 500 MG .....66	b complex w/ c CAPS PO .....	44
ALUMINUM HYDROXIDE GEL SUSP PO .....	4	ASCORBIC ACID POWD PO .....	66
ascorbic acid TABS PO .....	66	B COMPLEX-C-BIOTIN-E-FA .....	45
aluminum hydroxide-mag carb CHEW PO .....	4	ascorbic acid TBCR PO 1000 MG ..66	B&L SENSITIVE EYES SOLN (Use soft lens products) .....
aluminum hydroxide-mag carb SUSP PO 237.5 MG/5ML-254 MG/5ML, 358 MG/15ML-95 MG/15ML .....	4	ASPERCREME/ALOE CREA (Use trolamine salicylate) .....	25
ANTACID CHEW PO .....	5	aspirin buffered (cal carb-mag carb- mag oxide) PO .....	3
ANTACID SOFT CHEWS CHEW PO 5	ASPIRIN SUPP PR 300 MG .....	BABY DDROPS LIQD PO (Use cholecalciferol) .....	66
ANTIOXIDANT FORMULA TABS PO .....	46	aspirin CHEW PO .....	3
ANTIVERT CHEW PO (Use meclizine hcl) .....	9	ASPIRIN TABS PO 325 MG .....	3
APETIGEN-PLUS TABS PO .....	45	aspirin TBEC PO 81 MG, 325 MG ..3	BACID CAPS PO .....
AQUA GLYCOLIC FACE CREA ...	24	aspirin-acetaminophen-caffeine TABS PO .....	2
AQUA-E LIQD PO 75 UNIT/ML ...	66	ATRIX SYSTEM 1 KIT .....	25
AQUAGARD HYDRATING OINT ..	26	AVEENO INTENSE RELIEF CREA 26	BACMIN TABS PO .....
AQUANAZ TABS PO .....	14	AVICEL PH 101 MICRO CELLULOSE POWD .....	12
AQUAPHILIC OINT .....	24	AVICEL PH 105 MICRO CELLULOSE POWD .....	12
AQUAPHOR ADV THERAPY FEET OINT .....	28	AYR NASAL MIST ALLERGY/SINUS SOLN .....	53
AR CAPS #1 ACID RESISTANT ..	63	AYR SALINE NASAL DROPS SOLN 53	BALANCED NUTRITIONAL DRINK LIQD PO .....
arginine CAPS PO .....	56	AZO COMPLETE FEMININE BALANCE CAPS PO .....	7
ARGININE PACK .....	56	AZO HORMONAL HEALTH CYCLE CARE TABS PO .....	46
arginine TABS PO 1000 MG .....	56	AZO HORMONAL HEALTH HAPPY CYCL TABS PO .....	46
ARGININE TABS PO .....	56	AZO URINARY PAIN RELIEF TABS PO (Use phenazopyridine hcl) .....	30
ARGININE2000 PACK .....	56	AZOLEN TINCTURE SOLN .....	22
artificial tear solution .....	56		
ASCOR SOLN IV .....	67		
ascorbic acid CHEW PO 125 MG,			
		b-complex w/ c & calcium PO .....	44
		b-complex w/ c & e + zn PO .....	44
		b-complex w/ c & folic acid CAPS PO .....	45
		b-complex w/ c & folic acid TABS PO 45	
		b-complex w/ folic acid CAPS PO ..	45
		b-complex w/ folic acid TABS PO ..	45
		b-complex w/ minerals LIQD PO ..	45

b-complex w/biotin & folic acid TABS PO .....	45	BD SYRINGE LUER SLIP TIP ....	37	benzocaine-menthol (mouth-throat) LOZG 15 MG-3.6 MG .....	44
B-COMPLEX/FOLIC ACID/VITAMIN C TBCR PO .....	45	BD SYRINGE LUER-LOK .....	37	benzoin compound TINC .....	26
BD ALLERGY SYRINGE MISC ....	36	BD SYRINGE SLIP TIP .....	37	BENZOIN TINC .....	26
BD BLUNT FILL NEEDLE W/FILTER .....	36	BD SYRINGE/NEEDLE .....	37	benzonatate PO .....	13
BD CATHETER TIP SYRINGE ....	36	BD TB SYRINGE MISC .....	37	benzoyl peroxide CREA 2.5 %, 10 % 22	
BD CONTROL SYRING LUER-LOK . 36		BD VERITOR SYSTEM SARS-COV- 2 .....	28	benzoyl peroxide FOAM 5.3 %, 10 % 22	
BD DISP NEEDLE .....	36	BEELITH PO .....	43	benzoyl peroxide GEL 2.5 %, 5 %, 10 % .....	22
BD DISP NEEDLES .....	37	BENADRYL ALLERGY CAPS PO (Use diphenhydramine hcl) .....	10	benzoyl peroxide LIQD 2.5 %, 4 %, 5 %, 10 % .....	22
BD ECLIPSE NEEDLE .....	37	BENADRYL ALLERGY CHILDRENS CHEW PO (Use diphenhydramine hcl) .....	10	benzoyl peroxide MISC 6 % .....	22
BD ECLIPSE SYRINGE .....	37	BENADRYL ALLERGY CHILDRENS LIQD PO (Use diphenhydramine hcl) 10		BENZYL ALCOHOL .....	58
BD ECLIPSE SYRINGE/NEEDLE 37		BENADRYL ALLERGY TABS PO (Use diphenhydramine hcl) .....	10	BENZYL BENZOATE .....	13
BD HYPODERMIC NEEDLE .....	37	BENADRYL ALLERGY ULTRATABS TABS PO (Use diphenhydramine hcl) .....	10	BETA CARE CREA .....	24
BD INTEGRA NEEDLE .....	37	BENADRYL EXTRA STRENGTH CREA (Use diphenhydramine-zinc acetate) .....	23	beta carotene CAPS PO 25000 UNIT .....	66
BD INTEGRA SYRINGE .....	37	BENEFIBER FOR CHILDREN POWD PO (Use wheat dextrin) ....	33	BETA XMA CREA .....	24
BD INTERLINK BLUNT CANNULA MISC .....	37	BENEFIBER HEALTHY SHAPE POWD PO (Use wheat dextrin) ....	33	BETADINE ANTISEPTIC CREA ...	12
BD LUER-LOK SYRINGE .....	37	BENEFIBER POWD PO (Use wheat dextrin) .....	33	BETADINE SOLN (Use povidone- iodine) .....	12
BD NOKOR ADMIX NEEDLE ....	37	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide) .....	22	BETADINE SOLN .....	12
BD PLASTIPAK SYRINGE .....	37	BENZEDREX .....	54	BETADINE SURGICAL SCRUB SOLN .....	12
BD PRECISIONGLIDE NEEDLE .37		benzocaine-docusate sodium ENEM PR .....	35	BETADINE SWABSTICKS SWAB (Use povidone-iodine) .....	12
BD SAFETYGLIDE NEEDLE .....	37			BETASAL SHAM .....	25
BD SAFETYGLIDE SHIELDED NEEDLE .....	37			BINAXNOW COVID-19 AG CARD 28	
BD SYRINGE .....	37			BINAXNOW COVID-19 AG HOME TEST KIT .....	28
BD SYRINGE BLUNT CANNULA 17G .....	37			BIO-35 GLUTEN-FREE CAPS PO	46
BD SYRINGE DISPOSABLE .....	37				
BD SYRINGE DUAL CANNULA ..37					

BIOCAL CAPS PO .....	46	VITE/FE SOLN PO .....	51	CALCIUM CARBONATE ANTACID TABS PO .....	5
BIO-D-MULSION FORTE LIQD PO 66		BPROTECTED PEDIA TRI-VITE PO 52		CALCIUM CARBONATE CHEW PO . 41	
BIO-D-MULSION LIQD PO .....	66	BREATHERITE VALVED MDI CHAMBER DEVI .....	39	CALCIUM CARBONATE POWD PO . 41	
bioflavonoid products TABS PO ...	45	brompheniramine & phenyleph ELIX PO .....	14	calcium carbonate TABS PO 1250 MG, 1500 MG, 600 MG, 600 MG ..	41
bioflavonoid products TBCR PO ...	45	brompheniramine & pseudoeph LIQD PO 15 MG/5ML-1 MG/5ML .....	14	calcium carbonate-cholecalciferol CAPS PO .....	41
BIO-K PLUS STRONG CPDR .....	7	BUBBLES THE FISH II PEDI MASK MISC .....	39	calcium carbonate-cholecalciferol CHEW PO 400 UNIT-500 MG, 400 UNIT-600 MG .....	41
BIOLYTE SOLN PO .....	42	budesonide (nasal) .....	54	calcium carbonate-cholecalciferol TABS PO .....	41
BIOMEPRO CAPS PO .....	7	BUFFERIN PO (Use aspirin buffered (cal carb-mag carb-mag oxide)) .....	4	calcium carbonate-mag hydrox SUSP PO .....	4
BIOMEPRO CPDR .....	7	butenafine hcl .....	22	calcium carbonate-simethicone CHEW PO 1000 MG-60 MG .....	4
BIOMEPRO LIQD .....	7	CAFFEINE ANHYDROUS POWD ..	1	calcium carbonate-vitamin d CAPS PO .....	41
BION TEARS PF .....	56	CALAMINE LOTN 8 %-8 % .....	26	calcium carbonate-vitamin d TABS PO 250 MG-125 UNIT, 600 MG-200 UNIT .....	41
BIOTIN .....	12	CAL-CITRATE PLUS VITAMIN D TABS PO .....	41	calcium carbonate-vitamin d w/ minerals CHEW PO .....	41
BIOTIN CAPS PO 1 MG .....	67	calcium & phosphorus w/ vitamin d CHEW PO .....	41	calcium carbonate-vitamin d w/ minerals TABS PO .....	41
biotin CAPS PO .....	67	CALCIUM 1000 + D TABS PO ....	41	CALCIUM CHEW PO .....	42
biotin TABS PO 5 MG .....	67	CALCIUM 600 +D HIGH POTENCY TABS PO .....	41	CALCIUM CITRATE + D TABS PO 41	
BIOTIN-D .....	12	calcium acetate (phosphate binder) TABS PO .....	30	CALCIUM CITRATE GRAN .....	41
bisacodyl SUPP PR .....	34	CALCIUM ACETATE .....	41	CALCIUM CITRATE TABS PO 250 MG .....	41
bisacodyl TBEC PO .....	35	CALCIUM CARB- CHOLECALCIFEROL CHEW PO .	41	calcium citrate TABS PO .....	41
bismuth subsalicylate CHEW PO 262 MG .....	7	calcium carbonate (antacid) CHEW PO 500 MG, 750 MG, 1000 MG ....	5	CALCIUM CITRATE-VITAMIN D	
bismuth subsalicylate SUSP PO 262 MG/15ML, 525 MG/15ML, 525 MG/30ML .....	7	CALCIUM CARBONATE ANTACID SUSP .....	5		
bismuth subsalicylate TABS PO ....	7				
BORIC ACID GRAN .....	26				
BORIC ACID POWD .....	13				
BORIC ACID TOPICAL POWD ....	13				
BP VIT 3 PO .....	31				
BPROTECTED PEDIA POLY-VITE SOLN PO .....	52				
BPROTECTED PEDIA POLY-					

TABS PO 125 UNIT-200 MG .....42	camphor (inhalant) ..... 21	58
calcium citrate-vitamin d TABS PO 42	CAMPHOR SPIRIT .....13	CAPSULE CONI-SNAP #000 CLEAR .....58
CALCIUM CITRATE-VITAMIN D3 LIQD .....42	CAPMIST DM TABS PO 400 MG-15 MG-60 MG ..... 14	CAPSULE CONI-SNAP #1 AQUA BLUE ..... 58
CALCIUM LACTATE TABS PO 100 MG .....42	CAPRON DM LIQD .....14	CAPSULE CONI-SNAP #1 BLUE .58
CALCIUM PLUS D3 ABSORBABLE CAPS PO .....42	CAPRON DMT TABS .....14	CAPSULE CONI-SNAP #1 BLUE/PINK .....58
calcium polycarbophil TABS PO ...33	capsaicin CREA 0.025 %, 0.075 %, 0.1 % .....26	CAPSULE CONI-SNAP #1 BLUE/WHT .....58
calcium TABS PO 600 MG ..... 42	capsaicin PTCH .....26	CAPSULE CONI-SNAP #1 BROWN 58
CALCIUM/C/D .....42	CAPSULE #3 CLEAR/CLEAR VEG . 63	CAPSULE CONI-SNAP #1 BRWN/IVRY .....59
CALCIUM-VITAMIN D3 CAPS PO 42	CAPSULE 0 CLEAR VEGGIE .... 63	CAPSULE CONI-SNAP #1 CLEAR 59
CAL-MINT CHEW PO .....42	CAPSULE 1 CLEAR VEGGIE .... 63	CAPSULE CONI-SNAP #1 DK GRN/OR .....59
CAL-QUICK LIQD .....42	CAPSULE 3 CLEAR VEGGIE .... 63	CAPSULE CONI-SNAP #1 DRK GREEN .....59
CALTRATE 600+D PLUS MINERALS CHEW PO (Use calcium carbonate-vitamin d w/ minerals) ..42	CAPSULE CONI-SNAP #0 BLU/WHITE ..... 58	CAPSULE CONI-SNAP #1 GREY/PINK ..... 59
CALTRATE 600+D PLUS MINERALS TABS PO (Use calcium carbonate-vitamin d w/ minerals) ..42	CAPSULE CONI-SNAP #0 CLEAR 58	CAPSULE CONI-SNAP #1 GRN/YLW ..... 59
CALTRATE 600+D3 SOFT CHEW PO .....42	CAPSULE CONI-SNAP #0 CLEAR VEG .....63	CAPSULE CONI-SNAP #1 ORANGE .....59
CALTRATE 600+D3 TABS PO (Use calcium carbonate-cholecalciferol) 42	CAPSULE CONI-SNAP #0 DARK BLUE ..... 58	CAPSULE CONI-SNAP #1 PINK .59
CALTRATE BONE HEALTH ADVANCED CHEW PO (Use calcium carbonate-vitamin d w/ minerals) ..42	CAPSULE CONI-SNAP #0 GREEN/CLR ..... 58	CAPSULE CONI-SNAP #1 PINK/BLUE .....59
CALTRATE BONE HEALTH CHEW PO .....42	CAPSULE CONI-SNAP #0 PINK .58	CAPSULE CONI-SNAP #1 PINK/CLR ..... 59
CALTRATE BONE HEALTH TABS PO (Use calcium carbonate-cholecalciferol) .....42	CAPSULE CONI-SNAP #0 PURPLE .....58	CAPSULE CONI-SNAP #1 PINK/WHIT .....59
CALTRATE MINIS PLUS MINERALS TABS PO .....42	CAPSULE CONI-SNAP #0 RED/WHITE .....58	CAPSULE CONI-SNAP #1 PINK/YLLW .....59
	CAPSULE CONI-SNAP #0 WHITE 58	
	CAPSULE CONI-SNAP #00 CLEAR 58	
	CAPSULE CONI-SNAP #00 WHITE .	



CAPSULE CONI-SNAP #1 PURPLE .....59	CAPSULE CONI-SNAP #3 MARON/BLU .....59	(ophth) GEL .....56
CAPSULE CONI-SNAP #1 RED/BLUE .....59	CAPSULE CONI-SNAP #3 MINT GRN .....59	carboxymethylcellulose sodium (ophth) SOLN 0.5 % ..... 56
CAPSULE CONI-SNAP #1 RED/WHITE .....59	CAPSULE CONI-SNAP #3 OLIVE/CLR .....59	carboxymethylcellulose-glycerin SOLN .....56
CAPSULE CONI-SNAP #1 VEGGIE 63	CAPSULE CONI-SNAP #3 ORANGE .....59	CAREPOINT SYRINGE LUER LOCK .....37
CAPSULE CONI-SNAP #1 WHITE 59	CAPSULE CONI-SNAP #3 PINK/PINK .....59	CARESTART COVID-19 HOME TEST KIT ..... 28
CAPSULE CONI-SNAP #1 WHITE/GRN .....59	CAPSULE CONI-SNAP #3 PNK/CLEAR .....59	CARETOUCH HYPODERMIC NEEDLE .....37
CAPSULE CONI-SNAP #1 WHT/CLR .....59	CAPSULE CONI-SNAP #3 RED/CLEAR .....59	CARETOUCH LUER LOCK .....37
CAPSULE CONI-SNAP #1 YELLOW .....59	CAPSULE CONI-SNAP #3 RED/RED .....59	CARETOUCH LUER LOCK SYR/NEEDLE .....37
CAPSULE CONI-SNAP #1 YELLOW/GR .....59	CAPSULE CONI-SNAP #3 WHITE 59	CARETOUCH LUER SLIP .....37
CAPSULE CONI-SNAP #2 CLEAR 59	CAPSULE CONI-SNAP #3 WHT/CLR .....59	CARNITINE (L) .....13
CAPSULE CONI-SNAP #2 WHITE 59	CAPSULE CONI-SNAP #3 YELLOW .....59	CASTOR OIL .....13
CAPSULE CONI-SNAP #3 BLU/CLEAR .....59	CAPSULE CONI-SNAP #4 BLACK/GRN .....59	castor oil OIL PO 100 % .....35
CAPSULE CONI-SNAP #3 BRN/BLUE .....59	CAPSULE CONI-SNAP #4 CLEAR 59	CELLULOSE CRYST .....12
CAPSULE CONI-SNAP #3 CLEAR 59	CAPSULE CONI-SNAP #4 WHITE 59	CELLULOSE POWD .....12
CAPSULE CONI-SNAP #3 CLEAR VEG .....63	CAPSULE SIZE 1 LACTOSE .....60	CENTRATX CAPS PO .....31
CAPSULE CONI-SNAP #3 GRAY/YLW .....59	CAPZASIN-HP CREA (Use capsaicin) ..... 26	CENTRAVITES 50 PLUS TABS PO . 46
CAPSULE CONI-SNAP #3 GREEN/BLU .....59	carbamide peroxide (otic) 6.5 % ..58	CENTRAVITES ADULTS TABS PO 46
CAPSULE CONI-SNAP #3 GREY/PINK .....59	carbonyl iron SUSP PO .....32	CENTRUM ADULT LIQD PO (Use multiple vitamins w/ minerals) ..... 46
	carbonyl iron TABS PO .....32	CENTRUM ADULTS TABS PO (Use multiple vitamins w/ minerals) ..... 46
	carboxymethylcellulose sodium	CENTRUM LIQD PO (Use multiple vitamins w/ minerals) ..... 46
		CENTRUM MEN TABS PO (Use multiple vitamins w/ minerals) ..... 46
		CENTRUM MEN TABS PO .....46

CENTRUM MINIS ADULTS 50+ TABS PO	SKIN CREA	24	chlorhexidine gluconate SOLN EX	12
CENTRUM MINIS MEN 50+ TABS PO	CERTAVITE SENIOR TABS PO	47	chlorpheniramine & phenylephrine LIQD PO 10 MG/5ML-4 MG/5ML	14
CENTRUM MINIS WOMEN 50+ TABS PO	CERTAVITE SENIOR/ANTIOXIDANT TABS PO	47	chlorpheniramine & phenylephrine TABS PO 10 MG-4 MG	14
CENTRUM MINIS WOMEN IMMUNE SUP TABS PO	CERTAVITE/ANTIOXIDANTS TABS PO	47	chlorpheniramine & pseudoeph TABS PO	14
CENTRUM SILVER 50+MEN TABS PO (Use multiple vitamins w/ minerals)	CETAPHIL DAILY FACIAL SPF 15 LOTN	24	chlorpheniramine maleate SYRP PO	10
CENTRUM SILVER 50+WOMEN TABS PO (Use multiple vitamins w/ minerals)	CETAPHIL MOISTURIZING CREA (Use emollient)	24	chlorpheniramine maleate TABS PO	10
CENTRUM SILVER ADULT 50+ TABS PO (Use multiple vitamins w/ minerals)	cetirizine hcl CAPS PO	11	chlorpheniramine-dm TABS PO 4 MG-30 MG	14
CENTRUM SILVER TABS PO (Use multiple vitamins w/ minerals)	cetirizine hcl CHEW PO	11	chlorpheniramine-phenylephrine-acetaminophen TABS PO 5 MG-325 MG-2 MG	15
CENTRUM SILVER ULTRA WOMENS TABS PO	cetirizine hcl SOLN PO	11	chlorpheniramine-phenylephrine-asa PO	15
CENTRUM SILVER WOMEN 50+ TABS PO (Use multiple vitamins w/ minerals)	cetirizine hcl TABS PO	11	CHLOR-TRIMETON SYRP PO (Use chlorpheniramine maleate)	10
CENTRUM SPECIALIST HEART TABS PO	cetirizine-pseudoephedrine PO	14	CHLOR-TRIMETON TABS PO (Use chlorpheniramine maleate)	10
CENTRUM ULTRA WOMENS TABS PO	CHEMO TRANSFER PIN MISC	36	cholecalciferol CAPS PO	66
CENTRUM WOMEN TABS PO (Use multiple vitamins w/ minerals)	CHEMSTRIP 10 MD	28	cholecalciferol CHEW PO	66
CEPACOL SORE THROAT (Use menthol (mouth-throat))	CHEMSTRIP 10/SG	28	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	66
CEPACOL SORE THROAT EX ST LOZG (Use benzocaine-menthol (mouth-throat))	CHEMSTRIP 2 GP	28	cholecalciferol TABS PO	66
CERAVE MOISTURIZING CREA	CHEMSTRIP 5 OB	28	CHOLESTEROL POWD	12
CERAVE SA ROUGH & BUMPY	CHEMSTRIP 7	28	cimetidine TABS PO 200 MG	64
	CHEMSTRIP 9	28	CIRCATA CREA	26
	CHEMSTRIP MICRAL STRP	28	CITRACAL +D3 CHEW PO 500 UNIT-250 MG-107 MG	42
	CHILDRENS ADVIL SUSP PO 100 MG/5ML (Use ibuprofen)	2	CITRACAL MAXIMUM PLUS TABS PO	43
	CHILDRENS GUMMIES CHEW PO	51		
	CHILDRENS MOTRIN SUSP PO 100 MG/5ML (Use ibuprofen)	2		
	CHLO HIST	14		
	CHLO TUSS 30 MG/5ML-12.5 MG/5ML-1 MG/5ML	14		

CITRACAL MAXIMUM TABS PO (Use calcium citrate-vitamin d) . . . . .	42	CLEVER CHOICE HOLDING CHAMBER DEVI . . . . .	39	CONCEPTIONXR MOTILITY SUPPORT MISC PO . . . . .	47
CITRACAL PETITES/VITAMIN D TABS PO (Use calcium citrate- vitamin d) . . . . .	42	CLEVER CHOICE PEAK FLOW METER . . . . .	39	CONEX COLD/ALLERGY PEDIATRIC SOLN . . . . .	15
CITRANATAL BLOOM . . . . .	52	CLINITEST RAPID COVID-19 TEST KIT . . . . .	28	CONEX COLD/ALLERGY SOLN . . . . .	15
CITRUCEL POWD PO (Use methylcellulose (laxative)) . . . . .	33	clotrimazole (topical) CREA . . . . .	22	CONEX COLD/ALLERGY TABS . . . . .	15
CITRUCEL TABS PO (Use methylcellulose (laxative)) . . . . .	33	clotrimazole (topical) SOLN . . . . .	22	COQ-10 CPCR . . . . .	1
CITRULLINE . . . . .	12	clotrimazole vaginal CREA . . . . .	65	CORICIDIN HBP COUGH/COLD TABS PO (Use chlorpheniramine- dm) . . . . .	15
CLARITIN ALLERGY CHILDRENS SOLN PO (Use loratadine) . . . . .	11	COCONUT OIL BEAUTY CREA . . . . .	24	CORICIDIN HBP MAX STRENGTH FLU TABS PO (Use dextromethorphan-acetaminophen- chlorpheniramine) . . . . .	15
CLARITIN CHEW PO (Use loratadine) . . . . .	11	coenzyme q10 (ubidecarenone) CAPS PO 10 MG, 30 MG, 50 MG, 60 MG, 100 MG, 200 MG, 300 MG, 400 MG . . . . .	1	CORICIDIN HBP TABS PO (Use dextromethorphan-acetaminophen- chlorpheniramine) . . . . .	15
CLARITIN CHILDRENS CHEW PO (Use loratadine) . . . . .	11	COENZYME Q10 . . . . .	13	CORN REMOVER ONE STEP PADS (Use salicylic acid) . . . . .	25
CLARITIN REDITABS JUNIORS TBDP PO (Use loratadine) . . . . .	11	COLACE CAPS PO 100 MG (Use docusate sodium) . . . . .	35	COROMEGA OMEGA 3 KIDS EMUL . . . . .	55
CLARITIN REDITABS TBDP PO 10 MG (Use loratadine) . . . . .	11	COLACE CLEAR CAPS PO (Use docusate sodium) . . . . .	35	COROMEGA OMEGA 3 SQUEEZE EMUL . . . . .	55
CLARITIN SOLN PO (Use loratadine) . . . . .	11	COLD & ALLERGY CHILDRENS LIQD PO . . . . .	15	CORVITE 150 (Use iron-folic acid- vitamin c-vitamin b6-vitamin b12- zinc) . . . . .	31
CLARITIN TABS PO (Use loratadine) . . . . .	11	COMPACT SPACE CHAMBER DEVI . . . . .	39	CORVITE 150 TABS PO . . . . .	31
CLARITIN-D 12 HOUR TB12 PO (Use loratadine & pseudoephedrine) . 15	15	COMPACT SPACE CHAMBER/LG MASK DEVI . . . . .	39	CORVITE FE TABS PO . . . . .	31
CLARITIN-D 24 HOUR TB24 PO (Use loratadine & pseudoephedrine) . 15	15	COMPACT SPACE CHAMBER/MED MASK DEVI . . . . .	39	COUGH & CHEST CONGESTION DM SYRP PO . . . . .	15
CLASSIC PRENATAL TABS PO . . . . .	52	COMPLETENATE CHEW PO . . . . .	52	COVID-19 AT HOME ANTIGEN TEST KIT . . . . .	28
CLEAR AWAY PLANTAR SYSTEM PADS (Use salicylic acid) . . . . .	25	COMPOUND W LIQD (Use salicylic acid) . . . . .	25	COVID-19 AT-HOME TEST KIT . . . . .	28
CLEAR EYES REDNESS RELIEF 0.25 %-0.012 % (Use naphazoline- glycerin) . . . . .	57	COMTREX COLD & COUGH MAX ST TABS PO (Use dextromethorphan-phenylephrine- acetaminophen) . . . . .	15	COVID-19 SPECIMEN COLLECTION . . . . .	28

PHARMACIST .....	28	CUTTER SKINSATIONS LIQD ...	26	CVS ONE DAILY WOMENS 50+ ADV TABS PO .....	47
COZIMA CREA .....	26	CUTTER SPORT AERO .....	26	CVS PRENATAL GUMMY 10 MG- 17.5 MCG-180 MCG-9 MG-1 MG-10 MCG-9.5 MG-25 MG-2.5 MG-1.9 MG-110 MCG-5 MG-325 MCG-1.4 MCG-35 MG .....	52
cromolyn sodium (nasal) 5.2 MG/ACT .....	54	CVS ADULT 50+ EYE HEALTH CAPS PO .....	47	CVS PRENATAL TABS PO 100 MG- 2.6 MG-800 MCG-400 UNIT-4 MCG- 1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT .	52
CUE COVID-19 TEST CART .....	28	CVS ANTACID SOFT CHEWS ULTR ST CHEW PO .....	5	CVS PROBIOTIC CAPS PO .....	7
CUE HEALTH MONITORING SYSTEM MISC .....	28	CVS BETA CAROTENE CAPS PO 66		CVS PROBIOTIC MAXIMUM STRENGTH CAPS PO .....	7
CULTURELLE ADVANCED REGULARITY CAPS PO .....	7	CVS CALCIUM CITRATE+D3 TABS PO .....	43	CVS PSORIASIS MEDICATED SHAM .....	25
CULTURELLE KID PROBIOTIC+FIBER PACK .....	7	CVS COLD & ALLERGY CHILDRENS LIQD PO .....	15	CVS SOFT GLUCOSE CHEW PO ..	6
CULTURELLE KIDS PACK .....	7	CVS COVID-19 AT HOME TEST KIT KIT .....	28	CVS SPECTRAVITE ADULT 50+ TABS PO .....	47
CULTURELLE KIDS PURELY PACK 7		CVS DIGESTIVE PROBIOTIC CAPS PO .....	7	CVS SPECTRAVITE ADULTS TABS PO .....	47
CULTURELLE PROBIOTICS KIDS PACK .....	7	CVS DISTILLED WATER PO .....	63	CVS THERAPEUTIC DANDRUFF SHAM .....	25
CULTURELLE PRO-WELL CAPS PO .....	7	CVS DRY SKIN THERAPY CREA	24	CVS TOTAL HOME INSECT REPEL AERO .....	26
CUTTER AERO .....	26	CVS EVERYDAY CARE PROBIOTIC CAPS PO .....	7	CVS TRIPLE MAGNESIUM COMPLEX CAPS PO .....	43
CUTTER ALL FAMILY AERO .....	26	CVS EYE HEALTH ADULT 50+ CAPS PO .....	47	CYANOCOBALAMIN CRYSTALS .....	12
CUTTER ALL FAMILY LIQD .....	26	CVS GLUCOSE CHEW PO .....	6	CYANOCOBALAMIN POWD .....	12
CUTTER ALL FAMILY WIPES SHEE .....	26	CVS GUMMY DINOS CHEW PO ..	51	cyanocobalamin SOLN IJ 1000 MCG/ML .....	30
CUTTER BACKWOODS AERO ...	26	CVS GUMMY MULTIVITAMIN KIDS CHEW PO .....	51	cyanocobalamin SUBL 1000 MCG, 2500 MCG .....	30
CUTTER BACKWOODS DRY AERO .....	26	CVS HAIR/SKIN/NAILS TABS PO	53	cyanocobalamin TABS PO 100 MCG, 250 MCG, 500 MCG, 1000 MCG ..	31
CUTTER BACKWOODS LIQD .....	26	CVS IMMUNE SUPPORT VITAMIN C PACK PO .....	47	cyanocobalamin TBCR PO 1000 MCG .....	31
CUTTER DRY AERO .....	26	CVS INSECT REPELLENT AERO	26		
CUTTER LEMON EUCALYPTUS LIQD .....	26	CVS KETONE CARE .....	28		
CUTTER NATURAL AERO .....	26	CVS MOISTURIZING CREA .....	24		
CUTTER NATURAL LIQD .....	26	CVS ONE DAILY MENS 50+ ADV TABS PO .....	47		
CUTTER SKINSATIONS AERO ...	26				

CYTO-Q LIQD .....	1	DELSYM COUGH CHILDRENS SUER PO (Use dextromethorphan polistirex) .....	13	MG/5ML, 30 MG/10ML .....	13
CYTO-Q MAX LIQD .....	1			dextromethorphan hbr SYRP PO 15 MG/5ML .....	13
CYTO-Q T/F LIQD .....	1	DELSYM DAY NIGHT MISC PO ..	15	dextromethorphan polistirex SUER PO .....	13
D3 + K2 DOTS TABS .....	53	DELSYM NIGHTTIME COUGH MAX STR SOLN .....	15	dextromethorphan-acetaminophen- chlorpheniramine TABS PO 325 MG- 2 MG-10 MG .....	15
D3 LIQUID LIQD PO .....	66	DELSYM SUER PO (Use dextromethorphan polistirex) .....	13	dextromethorphan-doxylamine- acetaminophen CAPS PO .....	15
DAILY DIGESTIVE PROBIOTIC CAPS PO .....	7	DELSYM TABS PO .....	13	dextromethorphan-doxylamine- acetaminophen LIQD PO .....	15
DAKINS (1/2 STRENGTH) SOLN EX (Use sodium hypochlorite) .....	12	DERMABASE CREA .....	24	dextromethorphan-guaifenesin CAPS PO .....	15
DAKINS (FULL STRENGTH) SOLN EX (Use sodium hypochlorite) .....	12	DERMACINRX CIRCATRIX CREA 26		dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML- 15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML .....	15
D-CERIN CREA .....	24	DERMACINRX DOTREMINE TABS PO .....	31	dextromethorphan-guaifenesin SYRP PO 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML .....	16
DDROPS LIQD PO .....	66	DERMACINRX FOLTAMINE TABS PO .....	31	dextromethorphan-guaifenesin TABS PO 400 MG-20 MG .....	16
DEBROX 6.5 % (Use carbamide peroxide (otic)) .....	58	DERMAREST PSORIASIS SHAM	25	dextromethorphan-guaifenesin TB12 PO 1200 MG-60 MG, 600 MG-30 MG .....	16
DECARA CAPS PO .....	66	DESITIN MAXIMUM STRENGTH PSTE (Use zinc oxide (topical)) ...	26	dextromethorphan-phenylephrine- acetaminophen CAPS PO .....	16
DECARA K CAPS PO .....	53	DESITIN PSTE (Use zinc oxide (topical)) .....	26	dextromethorphan-phenylephrine- acetaminophen LIQD PO .....	16
DECONEX DMX TABS PO 10 MG- 400 MG-17.5 MG .....	15	DEWEES CARMINATIVE SUSP ...	6	dextromethorphan-phenylephrine- acetaminophen PACK PO .....	16
DECONEX IR TABS PO .....	15	DEX4 GLUCOSE PO .....	6	dextromethorphan-phenylephrine- acetaminophen TABS PO 5 MG-325 MG-10 MG .....	16
DECUBI-VITE CAPS PO .....	47	DEX4 NATURALS PO .....	6		
DEKAS BARIATRIC CHEW PO ...	47	DEX4 PO .....	6		
DEKAS ESSENTIAL LIQD PO ....	50	DEX4 POUCH PACK PO .....	6		
DEKAS PLUS CAPS PO .....	47	DEX4 QUICK DISSOLVE GLUCOSE CHEW PO .....	6		
DEKAS PLUS LIQD PO .....	51	dexbrompheniramine-phenylephrine TABs PO .....	15		
DEKAS PLUS OCEAN CAPS PO .	47	dextran 70-hypromellose 0.3 %-0.1 % .....	56		
DELSYM CHILD COUGH+SORE THROAT LIQD PO .....	15	dextromethorphan hbr CAPS PO ..	13		
DELSYM CHILDRENS DAY NIGHT MISC PO .....	15	dextromethorphan hbr LIQD PO	15		
DELSYM COUGH + SORE THROAT LIQD PO .....	15				

dextromethorphan-pyridamine LIQD 16	SUPPORT CAPS PO ..... 8	23
dextrose (diabetic use) CHEW PO 2 GM .....6	DIGESTIVE ADV+LACTOSE SUPPORT CAPS PO ..... 8	DISTILLED WATER PO ..... 63
dextrose (diabetic use) GEL PO .... 6	DIGESTIVE ADVANTAGE CAPS PO ..... 8	DML FORTE CREA .....24
DHS SAL SHAM .....25	dimenhydrinate TABS PO .....9	docosahexaenoic acid CAPS PO 200 MG ..... 55
DIALYVITE 3000 .....45	dimethicone (topical) CREA 5 % .. 26	docosanol ..... 24
DIALYVITE 5000 .....45	diphenhydramine hcl (sleep) CAPS PO .....33	docusate calcium PO ..... 35
DIALYVITE 800 PLUS D WAFR ...45	diphenhydramine hcl (sleep) LIQD PO .....33	docusate sodium CAPS PO ..... 35
DIALYVITE 800 WAFR .....45	diphenhydramine hcl (sleep) TABS PO 25 MG .....33	docusate sodium ENEM PR 283 MG/5ML .....35
DIALYVITE 800/IRON .....45	diphenhydramine hcl (topical) GEL 23	docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML ..... 35
DIALYVITE 800/ZINC PO .....45	diphenhydramine hcl (topical) GEL 23	docusate sodium TABS PO .....35
DIALYVITE 800-ZINC 15 PO .....45	diphenhydramine hcl CAPS PO ... 10	DOCUSOL KIDS ENEM PR (Use docusate sodium) .....35
DIALYVITE SUPREME D TABS PO . 47	diphenhydramine hcl CHEW PO ...10	DOLOGESIC TABS 500 MG-1 MG 16
DIALYVITE/ZINC PO .....45	diphenhydramine hcl LIQD PO 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....10	DOLOGESIC-DF TABS .....16
diaper rash products OINT ..... 24	diphenhydramine hcl TABS PO 25 MG ..... 10	DOVER BULB SYRINGE ..... 36
DIASTIX .....28	diphenhydramine hcl TBP PO ... 10	doxylamine succinate (sleep) PO ..33
DIATRUST COVID-19 HOME TEST KIT .....28	diphenhydramine-acetaminophen (sleep) TABS PO 500 MG-25 MG .33	doxylamine-dm LIQD PO 15 MG/15ML-6.25 MG/15ML, 30 MG/30ML-12.5 MG/30ML .....16
dibucaine (rectal) EX .....4	diphenhydramine-phenylephrine-acetaminophen LIQD PO ..... 16	doxylamine-phenylephrine PO .....16
dibucaine .....26	diphenhydramine-phenylephrine-acetaminophen PACK PO ..... 16	DR SMITHS DIAPER OINT .....26
diclofenac sodium (topical) GEL EX 23	diphenhydramine-phenylephrine-acetaminophen TABS PO 5 MG-325 MG-12.5 MG ..... 16	DR SMITHS DIAPER QUICK RELIEF OINT ..... 26
DIFFERIN CLEANSER LIQD (Use benzoyl peroxide) .....22	diphenhydramine-zinc acetate CREA 2 %-0.1 % .....23	DRAMAMINE TABS PO (Use dimenhydrinate) .....10
DIFFERIN GEL 0.1 % (Use adapalene) .....22	diphenhydramine-zinc acetate LIQD .	DRISDOL CAPS PO (Use ergocalciferol) .....66
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS PO ... 8		DULCOLAX PINK LAXATIVE TBEC PO (Use bisacodyl) ..... 35
DIGESTIVE ADV LACTOSE SUPPORT CAPS PO ..... 8		DULCOLAX SUPP PR (Use
DIGESTIVE ADV+BOWEL		

bisacodyl) ..... 35	EASY TOUCH FLURINGE ..... 37	ELDERBERRY ZINC/VIT C/IMMUNE LOZG ..... 44
DULCOLAX TBEC PO (Use bisacodyl) ..... 35	EASY TOUCH FLURINGE FLIPLOCK ..... 37	ELLUME COVID-19 HOME TEST KIT ..... 28
DUOFILM SOLN ..... 25	EASY TOUCH FLURINGE SHEATHLOCK ..... 37	EMERGEN-C BLUE PACK PO .... 47
DURAFLU TABS PO 200 MG-325 MG-20 MG-60 MG ..... 16	EASY TOUCH HYPODERMIC NEEDLE ..... 37	EMERGEN-C IMMUNE PACK PO 47
DURATION 12 HOUR NASAL SPRAY SOLN (Use oxymetazoline hcl) ..... 54	EASY TOUCH SAFETY SYRINGE 37	EMERGEN-C IMMUNE PLUS PACK PO ..... 47
DURATION SPRAY SOLN (Use oxymetazoline hcl) ..... 54	EASY TOUCH SHEATHLOCK SYRINGE ..... 37	EMERGEN-C KIDZ PACK PO .... 47
DUREX EXTRA SENSITIVE THIN DEVI ..... 35	EASY TOUCH SYRINGE BARREL 37	EMERGEN-C MSM LITE PACK PO 47
DUREX EXTRA SENSITIVE THIN MISC ..... 35	EASY TOUCH SYRINGE BARREL 10ML ..... 37	EMERGEN-C PINK PACK PO .... 47
DUREX REALFEEL ..... 35	EASY TOUCH SYRINGE BARREL 1ML ..... 37	EMERGEN-C VITAMIN C PACK PO . 47
DUREX TROPICAL MISC ..... 35	EASY TOUCH SYRINGE BARREL 3ML ..... 37	EMETROL SOLN PO (Use fructose- dextrose-phosphoric acid) ..... 10
D-VI-SOL LIQD PO (Use cholecalciferol) ..... 66	EASY TOUCH SYRINGE BARREL 5ML ..... 37	EMOLLIENT BASE ..... 63
EASIVENT MASK LARGE MISC .. 39	EASY TOUCH TB FLIPLOCK SYRINGE MISC ..... 37	emollient CREA ..... 24
EASIVENT MASK MEDIUM MISC 39	EASY TOUCH TB SHEATHLOCK SYR MISC ..... 37	emollient OINT ..... 24
EASIVENT MASK SMALL MISC .. 39	EASYPOINT NEEDLE ..... 37	EMPTY CAPSULE #0 RED/WHITE . 60
EASIVENT MISC ..... 39	EASYPOINT NEEDLE/SYRINGE 38	EMPTY CAPSULE #00 BLACK/RED ..... 60
EASY GLIDE CATH TIP SYRINGE 37	ECOTRIN ARTHRTIS PAIN TBEC PO (Use aspirin) ..... 4	EMPTY CAPSULE #00 BLUE/WHITE ..... 60
EASY GLIDE LUER LOCK SYRINGE ..... 37	ECOTRIN TBEC PO (Use aspirin) . 4	EMPTY CAPSULE #00 PINK/PINK 60
EASY GLIDE SLIP LOCK SYRINGE ..... 37	ED A-HIST DM TABS PO ..... 16	EMPTY CAPSULE #00 PURPLE . 60
EASY TOUCH ALLERGY SYRINGE MISC ..... 37	ED A-HIST LIQD PO (Use chlorpheniramine & phenylephrine) 16	EMPTY CAPSULE #00 PURPLE/WHITE ..... 60
EASY TOUCH FLIPLOCK NEEDLES ..... 37	ED BRON GP LIQD PO ..... 16	EMPTY CAPSULE #00 RED/WHITE ..... 60
EASY TOUCH FLIPLOCK SAFETY SYR ..... 37		EMPTY CAPSULE #00 YELLOW/YELLO ..... 60

EMPTY CAPSULE .....	60	EMPTY CAPSULE SIZE 00 BLUE 60	EMPTY CAPSULE SIZE 1 DRK GREEN .....	61	
EMPTY CAPSULE SIZE 0 .....	60	EMPTY CAPSULE SIZE 00 BLUE OPQ .....	60	EMPTY CAPSULE SIZE 1 GREEN 61	
EMPTY CAPSULE SIZE 0 BLUE .	60	EMPTY CAPSULE SIZE 00 CLEAR . 60	EMPTY CAPSULE SIZE 1 GREY/PINK .....	61	
EMPTY CAPSULE SIZE 0 BLUE/WHT .....	60	EMPTY CAPSULE SIZE 00 DRK GRN .....	60	EMPTY CAPSULE SIZE 1 GRN/ORNGE .....	61
EMPTY CAPSULE SIZE 0 CLEAR 60		EMPTY CAPSULE SIZE 00 GREEN 60	EMPTY CAPSULE SIZE 1 GRN/WHITE .....	61	
EMPTY CAPSULE SIZE 0 FUN CAPS .....	60	EMPTY CAPSULE SIZE 00 ORANGE .....	60	EMPTY CAPSULE SIZE 1 GRN/YLLW .....	61
EMPTY CAPSULE SIZE 0 GREEN 60		EMPTY CAPSULE SIZE 00 RED .	60	EMPTY CAPSULE SIZE 1 IVORY 61	
EMPTY CAPSULE SIZE 0 GREEN/CLR .....	60	EMPTY CAPSULE SIZE 00 WHITE . 60	EMPTY CAPSULE SIZE 1 LGHT BLUE .....	61	
EMPTY CAPSULE SIZE 0 GRN/CLEAR .....	60	EMPTY CAPSULE SIZE 00 WHT/CLR .....	60	EMPTY CAPSULE SIZE 1 MAROON/CL .....	61
EMPTY CAPSULE SIZE 0 MAROON .....	60	EMPTY CAPSULE SIZE 000 CLEAR .....	60	EMPTY CAPSULE SIZE 1 MINT GRN .....	61
EMPTY CAPSULE SIZE 0 ORANGE .....	60	EMPTY CAPSULE SIZE 000 WHITE .....	60	EMPTY CAPSULE SIZE 1 ORANGE .....	61
EMPTY CAPSULE SIZE 0 PINK .	60	EMPTY CAPSULE SIZE 1 AQUA BLUE .....	60	EMPTY CAPSULE SIZE 1 ORGE/CLR .....	61
EMPTY CAPSULE SIZE 0 PURP/WHT .....	60	EMPTY CAPSULE SIZE 1 BLUE .	60	EMPTY CAPSULE SIZE 1 ORGE/YLLW .....	61
EMPTY CAPSULE SIZE 0 PURPLE 60		EMPTY CAPSULE SIZE 1 BLUE/PINK .....	60	EMPTY CAPSULE SIZE 1 ORNGE/WHT .....	61
EMPTY CAPSULE SIZE 0 RED ..	60	EMPTY CAPSULE SIZE 1 BLUE/RED .....	61	EMPTY CAPSULE SIZE 1 PINK .	61
EMPTY CAPSULE SIZE 0 RED/WHITE .....	60	EMPTY CAPSULE SIZE 1 BLUE/WHT .....	61	EMPTY CAPSULE SIZE 1 PINK/BLUE .....	61
EMPTY CAPSULE SIZE 0 WHITE 60		EMPTY CAPSULE SIZE 1 BLUECLEAR .....	61	EMPTY CAPSULE SIZE 1 PINK/CLR .....	61
EMPTY CAPSULE SIZE 0 WHITE/CLR .....	60	EMPTY CAPSULE SIZE 1 BRN/IVORY .....	61	EMPTY CAPSULE SIZE 1 PINK/YLLW .....	61
EMPTY CAPSULE SIZE 0 WHITE/OPA .....	60	EMPTY CAPSULE SIZE 1 CLEAR 61	EMPTY CAPSULE SIZE 1		
EMPTY CAPSULE SIZE 0 YELLOW .....	60				



PNK/WHITE .....61	EMPTY CAPSULE SIZE 3 BLUE .61	EMPTY CAPSULE SIZE 3 ORANGE/WH ..... 62
EMPTY CAPSULE SIZE 1 PURPLE 61	EMPTY CAPSULE SIZE 3 BLUE OPQ ..... 62	EMPTY CAPSULE SIZE 3 PINK ..62
EMPTY CAPSULE SIZE 1 PWDR BLUE ..... 61	EMPTY CAPSULE SIZE 3 BLUE/CLR ..... 62	EMPTY CAPSULE SIZE 3 PINK/BLUE ..... 62
EMPTY CAPSULE SIZE 1 RED .. 61	EMPTY CAPSULE SIZE 3 BLUE/WHT ..... 62	EMPTY CAPSULE SIZE 3 PINK/WH ..... 62
EMPTY CAPSULE SIZE 1 RED/BLUE ..... 61	EMPTY CAPSULE SIZE 3 CLEAR 62	EMPTY CAPSULE SIZE 3 PINK/YLLW ..... 62
EMPTY CAPSULE SIZE 1 RED/WHITE ..... 61	EMPTY CAPSULE SIZE 3 DARK GRN ..... 62	EMPTY CAPSULE SIZE 3 PNK/CLEAR ..... 62
EMPTY CAPSULE SIZE 1 VEG CLEAR ..... 63	EMPTY CAPSULE SIZE 3 GRAY/PINK ..... 62	EMPTY CAPSULE SIZE 3 PRPL/CLR ..... 62
EMPTY CAPSULE SIZE 1 WHITE 61	EMPTY CAPSULE SIZE 3 GRAY/YLLW ..... 62	EMPTY CAPSULE SIZE 3 PURPLE 62
EMPTY CAPSULE SIZE 1 WHITE/OPA ..... 61	EMPTY CAPSULE SIZE 3 GREEN 62	EMPTY CAPSULE SIZE 3 PWDR BLUE ..... 62
EMPTY CAPSULE SIZE 1 WHT/CLEAR ..... 61	EMPTY CAPSULE SIZE 3 GREY/PINK ..... 62	EMPTY CAPSULE SIZE 3 RED .. 62
EMPTY CAPSULE SIZE 1 YELLOW ..... 61	EMPTY CAPSULE SIZE 3 GREY/YLLW ..... 62	EMPTY CAPSULE SIZE 3 RED/CLEAR ..... 62
EMPTY CAPSULE SIZE 10 CLEAR . 61	EMPTY CAPSULE SIZE 3 GRN/BLUE ..... 62	EMPTY CAPSULE SIZE 3 WHITE 62
EMPTY CAPSULE SIZE 11 CLEAR . 61	EMPTY CAPSULE SIZE 3 MARN/BLUE ..... 62	EMPTY CAPSULE SIZE 3 WHITE/CLR ..... 62
EMPTY CAPSULE SIZE 13 CLEAR . 61	EMPTY CAPSULE SIZE 3 MARN/CLR ..... 62	EMPTY CAPSULE SIZE 3 WHITE/OPA ..... 62
EMPTY CAPSULE SIZE 2 BLUE .61	EMPTY CAPSULE SIZE 3 MAROON ..... 62	EMPTY CAPSULE SIZE 3 YELLOW ..... 62
EMPTY CAPSULE SIZE 2 CLEAR 61	EMPTY CAPSULE SIZE 3 MINT GRN ..... 62	EMPTY CAPSULE SIZE 3 YELLW/CLR ..... 62
EMPTY CAPSULE SIZE 2 GREEN 61	EMPTY CAPSULE SIZE 3 OLIVE 62	EMPTY CAPSULE SIZE 4 BLACK 62
EMPTY CAPSULE SIZE 2 WHITE 61	EMPTY CAPSULE SIZE 3 OLIVE/CLR ..... 62	EMPTY CAPSULE SIZE 4 BLUE/WHIT ..... 62
EMPTY CAPSULE SIZE 3 BLACK/GRN ..... 61	EMPTY CAPSULE SIZE 3 ORANGE ..... 62	EMPTY CAPSULE SIZE 4 CLEAR 62

EMPTY CAPSULE SIZE 4 DARK BLUE .....	62	ENVIVE CAPS PO .....	8	EUCERIN ADVANCED REPAIR CREA .....	24
EMPTY CAPSULE SIZE 4 PURPLE 62		EQ COMPLETE MULTIVITAMIN-ADULT TABS PO .....	47	EUCERIN CALMING DAILY MOIST CREA (Use emollient) .....	24
EMPTY CAPSULE SIZE 4 RED/WHITE .....	62	EQ MULTIVITAMIN GUMMIES CHEW PO .....	51	EUCERIN ORIGINAL HEALING CREA (Use skin protectants, misc.) 26	
EMPTY CAPSULE SIZE 4 WHITE 62		EQ ONE DAILY MENS 50+ TABS PO .....	47	EUCERIN SKIN CALMING CREA (Use emollient) .....	24
EMPTY CAPSULE SIZE 4 YELLOW .....	62	EQ ONE DAILY MENS HEALTH TABS PO .....	47	EVERLYWELL COVID-19 HOME TEST .....	28
EMPTY CAPSULE SIZE 5 CLEAR 63		EQ ONE DAILY WOMENS HEALTH TABS PO .....	47	EXCEDRIN EXTRA STRENGTH TABS PO (Use aspirin-acetaminophen-caffeine) .....	2
EMPTY CAPSULE SIZE 7 CLEAR 63		EQ SPACE CHAMBER ANTI-STATIC DEVI .....	39	EXCEDRIN MIGRAINE RELIEF TABS PO (Use aspirin-acetaminophen-caffeine) .....	2
ENDUR-VM TBCR PO .....	47	EQ SPACE CHAMBER ANTI-STATIC L DEVI .....	39	EXCEDRIN MIGRAINE TABS PO (Use aspirin-acetaminophen-caffeine) .....	2
ENDUR-VM WITH IRON TBCR PO 47		EQ SPACE CHAMBER ANTI-STATIC M DEVI .....	39	EX-LAX CHEW PO (Use sennosides) .....	35
ENEMEEZ KIDS ENEM PR (Use docusate sodium) .....	35	EQ SPACE CHAMBER ANTI-STATIC S DEVI .....	39	EXPIRATORY MOUTHPIECE MISC .	39
ENSURE ACTIVE HEART HEALTH LIQD PO .....	29	EQ THERAPEUTIC MOISTURIZING CREA .....	24	EYE HEALTH + LUTEIN TABS PO 47	
ENSURE ACTIVE HIGH PROTEIN LIQD PO .....	29	EQL DAILY PROBIOTIC CAPS PO 8		EYE MULTIVITAMIN CAPS PO ...	47
ENSURE ACTIVE LIGHT LIQD PO 29		EQL DIGESTIVE PROBIOTIC CAPS PO .....	8	EYE MULTIVITAMIN/LUTEIN CAPS PO .....	47
ENSURE CLEAR LIQD PO .....	29	EQL EPSOM SALT GRAN XX ....	34	EYE MULTIVITAMIN/SODIUM TABS PO .....	47
ENSURE COMPACT LIQD PO ...	29	EQUALYTE SOLN PO (Use oral electrolytes) .....	42	EZFE 200 CAPS PO .....	32
ENSURE HIGH PROTEIN LIQD PO .	29	ergocalciferol CAPS PO .....	66	famotidine TABS PO 10 MG, 20 MG .	64
ENSURE LIQD PO .....	29	ergocalciferol SOLN PO 200 MCG/ML .....	66	famotidine-calcium carbonate-magnesium hydroxide PO .....	65
ENSURE MAX PROTEIN LIQD PO 29		esomeprazole magnesium CPDR PO 20 MG .....	64	FANTASY LUBRICATED MISC ...	35
ENSURE NUTRITION SHAKE LIQD PO .....	29	esomeprazole magnesium TBEC .	64		
ENSURE ORIGINAL LIQD PO ....	29	ESTROVEN MENOPAUSE SUPPLEMENT TABS PO .....	47		

FANTASY LUBRICATED/SPERMICIDE MISC 35	ferrous gluconate TABS PO ..... 32	FLEET OIL ENEM PR (Use mineral oil) .....34
FASTEP COVID-19 ANTIGEN TEST KIT .....28	ferrous sulfate dried TABS PO .... 32	FLEET PEDIATRIC ENEM PR (Use sodium phosphates) ..... 34
FC2 FEMALE CONDOM .....35	ferrous sulfate dried TBCR PO .... 32	FLEET SALINE ENEMA ENEM PR (Use sodium phosphates) ..... 34
fe fumarate-vitamin c-vitamin b12- folic acid PO .....31	FERROUS SULFATE POWD .....32	FLEXICHAMBER ADULT MASK/SMALL .....39
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu PO .....31	ferrous sulfate SOLN PO ..... 32	FLEXICHAMBER CHILD MASK/LARGE .....39
FEOSOL BIFERA PO .....31	ferrous sulfate TABS PO 325 MG, 65 MG, 27 MG, 325 MG .....32	FLEXICHAMBER CHILD MASK/SMALL .....39
FEOSOL NATURAL RELEASE TABS PO (Use carbonyl iron) .....32	ferrous sulfate TBCR PO 45 MG, 50 MG ..... 32	FLEXICHAMBER CHILD MASK/SMALL .....39
FEOSOL TABS PO (Use ferrous sulfate dried) .....32	FERROUS SULFATE TBEC PO (Use ferrous sulfate) ..... 32	FLEXICHAMBER DEVI .....39
FERAHEME (Use ferumoxytol) ... 32	ferrous sulfate TBEC PO .....32	FLINTSTONES COMPLETE CHEW PO .....51
FER-IN-SOL SOLN PO (Use ferrous sulfate) .....32	FEVERALL INFANTS SUPP PR ...3	FLINTSTONES GUMMIES BONE BUILD CHEW PO .....51
FERIVA 21/7 ..... 31	FEVERALL JUNIOR STRENGTH SUPP PR .....3	FLINTSTONES GUMMIES CHEW PO .....51
FERIVAFA PO .....31	fexofenadine hcl SUSP PO ..... 11	FLINTSTONES GUMMIES COMPLETE CHEW PO .....51
FERRALET 90 PO .....31	fexofenadine hcl TABS PO 60 MG, 180 MG .....11	FLINTSTONES SOUR GUMMIES CHEW PO .....51
FERREX 28 MISC PO .....31	fexofenadine-pseudoephedrine TB12 PO .....16	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal)) 54
FERRIMIN 150 TABS PO .....32	fexofenadine-pseudoephedrine TB24 PO .....16	FLORA VANCE CAPS PO .....8
FERRLECIT (Use sodium ferric gluconate complex in sucrose) .... 32	FIRST AID ANTISEPTIC OINT .... 12	FLORAJEN DIGESTION CAPS PO 8
FERROUS FUMARATE TABS PO 29 MG .....32	FISH OIL CAPS PO 360 MG ..... 55	FLORAJEN3 CAPS PO .....8
ferrous fumarate TABS PO .....32	FISH OIL PEARLS CAPS PO .... 55	FLORAJEN4KIDS CAPS PO ..... 8
ferrous fumarate w/ b12-vit c-fa-ifc PO .....31	FISH OIL TRIPLE STRENGTH CAPS PO .....55	FLORASTOR BABY PACK PO .... 8
ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS PO .....31	FISH OIL ULTRA CAPS PO .....55	FLORASTOR CAPS PO (Use saccharomyces boulardii) .....8
FERROUS GLUCONATE TABS PO 324 MG .....32	FLEET BISACODYL ENEM ..... 35	FLORASTOR KIDS PACK PO .....8
	FLEET ENEMA ENEM PR (Use sodium phosphates) ..... 34	FLORIVA .....52
	FLEET LIQUID GLYCERIN SUPP ENEM PR ..... 34	

FLORIVA PLUS SOLN PO .....	51	fructose-dextrose-phosphoric acid SOLN PO .....	10	GENTEAL TEARS SEVERE DAY/NIGHT GEL .....	56
FLOW-EZE VENTED NEEDLE ...	38	FT CALCIUM/VITAMIN D3 TABS PO .....	42	GERBER GOOD START WATER	63
FLOWFLEX COVID-19 AG HOME TEST KIT .....	28	FT CENTURY ADULTS TABS PO	47	GERI-TUSSIN SYRP PO .....	21
fluticasone propionate (nasal) SUSP .	54	FUNGOID TINCTURE SOLN .....	22	GLENMAX PEB DM LIQD PO .....	16
FOLDITAM TABS PO .....	31	FUSION PLUS .....	31	GLUCOSAMINE CHONDROITIN ADV TABS PO .....	44
folic acid CAPS PO .....	31	GALEN IQ 900 .....	63	GLUCOSE CHEW PO .....	6
FOLIC ACID CAPS PO .....	31	GALZIN PO .....	44	GLUCOSE INSTANT ENERGY PO	6
FOLIC ACID POWD .....	31	GAS-X EXTRA STRENGTH CHEW PO (Use simethicone) .....	30	glucose LIQD .....	55
folic acid SOLN .....	31	GAVISCON EXTRA RELIEF FORMULA SUSP PO (Use aluminum hydroxide-mag carb) .....	4	glutamine TABS PO .....	56
folic acid TABS PO .....	31	GAVISCON EXTRA STRENGTH CHEW PO (Use aluminum hydroxide-mag carb) .....	5	GLUTATHIONE POWD .....	56
folic acid-vitamin b6-vitamin b12 TABS PO 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG .....	31	GAVISCON EXTRA STRENGTH SUSP PO (Use aluminum hydroxide-mag carb) .....	5	GLUTATHIONE-L POWD .....	56
FOLITAB 500 PO .....	31	GAVISCON SUSP PO (Use aluminum hydroxide-mag carb) .....	5	GLUTATHIONE-L REDUCED POWD .....	56
FOLITE .....	31	GELUSIL CHEW PO (Use alum & mag hydrox-simethicone) .....	5	GLYCERIN (ADULT) SUPP PR (Use glycerin (laxative)) .....	34
FOLIVANE-F .....	31	GENABIO COVID-19 RAPID TEST KIT .....	28	glycerin (laxative) SUPP PR 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 % ...	34
FOLIXAPURE TABS PO .....	31	GENADEK LIQD PO .....	51	glycerin (topical) .....	24
FOLIXATE TABS PO .....	31	GENADEK STEP 1 CAPS PO ....	47	GLYCERIN LIQD .....	13
FOLTRATE TABS PO .....	31	GENADEK STEP 2 CAPS PO ....	47	GLYCERIN SOLN .....	13
FOLTREXYL TABS PO .....	31	GENORAVANCE CAPS PO .....	8	glycerin-hypromellose-polyethylene glycol 400 .....	56
FORA GTEL BLOOD KETONE TEST .....	28	GENTEAL SEVERE GEL .....	56	GNP ACIDOPHILUS HIGH POTENCY CAPS PO .....	8
FORA TEST N'GO ADV-VOICE-6 CON .....	28	GENTEAL TEARS MODERATE PF (Use dextran 70-hypromellose) ...	56	GNP BORIC ACID POWD .....	13
FOSFREE TABS PO (Use multiple vitamins w/ minerals) .....	47	GENTEAL TEARS PF (Use dextran 70-hypromellose) .....	56	GNP CALAMINE LOTN .....	27
FREEDAVITE TABS PO .....	47			GNP CALAMINE PHENOLATED	27
FRESHKOTE PF .....	56			GNP CENTURY ADULT TABS PO	47
FRUCTOSE GRAN .....	55			GNP ELECTROLYTE POWDER PACK PO .....	42
FRUCTOSE POWD .....	55				

GNP FISH OIL CPDR PO .....	55	(Use pyrithione zinc) .....	23	HONEY BEARS PO .....	52
GNP GLUCOSE CHEW PO .....	6	HEAD & SHOULDERS CLASSIC CLEAN SHAM (Use pyrithione zinc) .	23	HURRICAINA DISPENSING CAP MISC .....	36
GNP IODINE TINC .....	12	HEAD & SHOULDERS DRY 2 IN 1 SHAM (Use pyrithione zinc) .....	23	HYCODAN SOLN PO (Use hydrocodone bitartrate-homatropine methylbromide) .....	13
GNP PAIN RELIEF NIGHTTIME ..	33	HEALTHY ACCENTS NUTRA FIT LIQD PO .....	29	HYCODAN TABS PO 1.5 MG-5 MG (Use hydrocodone bitartrate- homatropine methylbromide) .....	13
GNP PRENATAL TABS PO .....	52	HEALTHY ACCENTS NUTRA FIT PLUS LIQD PO .....	29	HYDRALYTE PACK PO .....	42
GNP PROBIOTIC COLON SUPPORT CAPS PO .....	8	HEALTHY EYES SUPERVISION 2 CAPS PO .....	48	HYDRALYTE SOLN PO .....	42
GNP QUICK DISSOLVE GLUCOSE CHEW PO .....	6	HEMATAX IRON COMPLEX TABS PO .....	32	HYDRASYN25 CREA .....	24
GNP THERAPEUTIC-M TABS PO	47	HEMATAX LIQD .....	32	HYDRATING ELECTROLYTE PACK PO .....	42
GOJJI BLOOD KETONE TEST ...	28	HEMATINIC PLUS VIT/MINERALS TABS PO .....	31	hydrocodone bitartrate-homatropine methylbromide SOLN PO .....	13
GOODSENSE GLUCOSE PO .....	6	HEMATINIC/FOLIC ACID PO .....	31	hydrocodone bitartrate-homatropine methylbromide TABS PO .....	14
GOTOKNOW COVID-19 ANTIGEN RAPI KIT .....	28	HEMATOGEN FA PO .....	31	hydrocodone polistirex- chlorpheniramine polistirex SUER PO .....	16
G-TUSICOF LIQD PO .....	16	HEMOCYTE PLUS CAPS PO .....	31	hydrocortisone (rectal) EX 1 % .....	4
guaifenesin LIQD PO .....	21	HIGH POT MULTIVITAMIN/BETA- CAR TABS PO .....	48	hydrocortisone (topical) CREA 0.5 %, 1 % .....	24
guaifenesin TABS PO .....	21	HIGH POTENCY MULTIVIT/FA TABS PO .....	48	hydrocortisone (topical) LOTN 1 % 24	
guaifenesin TB12 PO .....	21	HIGH POTENCY MULTIVITAMIN TABS PO .....	50	hydrocortisone (topical) OINT 0.5 %, 1 % .....	24
guaifenesin-codeine SOLN PO 10 MG/5ML-100 MG/5ML .....	16	HIGH-PROTEIN NUTRITIONAL SHAKE LIQD PO .....	29	hydrocortisone acetate (topical) OINT .....	24
guaifenesin-codeine SYRP PO ....	16	HISTEX PD LIQD PO (Use triprolidine hcl) .....	10	HYDROCORTISONE ACETATE CREA .....	24
GUMMI BEAR MULTIVITAMIN/MIN CHEW PO .....	51	HISTEX PD LIQD PO .....	10	hydrocortisone vaginal .....	65
GYNE-LOTRIMIN 3 CREA (Use clotrimazole vaginal) .....	65	HISTEX SYRP PO .....	10	hydrogen peroxide SOLN EX 3 % .	11
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal) .....	65	HISTEX-DM SYRP PO .....	16	HYDROPHILIC PETROLATUM ...	64
HAIR SKIN & NAILS ADVANCED TABS PO .....	48	HM IODINE TINC .....	12		
HAIR/SKIN/NAILS CAPS PO .....	48				
HARD NAILS CAPS PO (Use biotin) .	67				
HEAD & SHOULDERS 2 IN 1 SHAM					

HYDROXOCOBALAMIN .....	12	IN-CHECK INSPIRATORY FLOW MTR DEVI .....	40	KERADAN CREA .....	24
hydroxocobalamin acetate SOLN ..	31	INDICAID COVID-19 RAPID TEST KIT .....	29	KETO-DIASTIX .....	29
HYDROXYPROPYL METHYLCELLULOSE .....	12	INFANTS ADVIL SUSP PO (Use ibuprofen) .....	2	KETONE TEST STRP .....	29
HYPROMELLOSE .....	12	INFED .....	32	KETOSTIX STRP .....	29
HYPROMELLOSE METHOCEL K100M .....	12	INFUVITE PEDIATRIC SOLN IV ..	52	ketotifen fumarate (ophth) 0.035 % 58	
HYVEE ADVANCED ANTACID SUSP PO (Use alum & mag hydrox- simethicone) .....	5	INJECTAFER 750 MG/15ML .....	32	KIMONO MAXX-LARGE FLARE MISC .....	35
ibuprofen CAPS PO .....	2	INJECT-EASE MISC .....	38	KIMONO MICRO THIN MISC .....	35
ibuprofen CHEW PO .....	2	INOSITOL POWD .....	55	KIMONO MICRO THIN PLUS MISC . 35	
ibuprofen SUSP PO .....	2	inositol TABS PO .....	55	KIMONO MISC .....	35
ibuprofen TABS PO 200 MG .....	2	INTEGRA PLUS PO .....	31	KIMONO SENSATION MISC .....	35
ibuprofen-diphenhydramine citrate PO .....	33	INTELISWAB COVID-19 RAPID TEST KIT .....	29	KIMONO SENSATION PLUS MISC 35	
ICAR SUSP PO (Use carbonyl iron) 32		INTESTINEX CAPS PO .....	8	KINDERLYTE PACK PO .....	42
ICAR-C PLUS TABS PO (Use iron- vitamin c-vitamin b12-folic acid) ...	31	IODINE TINC 2 %-2.4 % .....	12	KINDERLYTE PREMAX PACK PO 42	
ICY HOT LIDOCAINE PLUS MENTHOL CREA .....	26	IRON CHEWS PEDIATRIC CHEW PO .....	32	KINDERLYTE PREMAX SOLN PO 42	
ICY HOT MAX LIDOCAINE CREA	26	iron combinations CAPS PO .....	31	KINDERLYTE SOLN PO .....	42
ID NOW COVID-19 .....	28	IRON FOLATE-F .....	31	KONSYL DAILY FIBER PACK PO 100 % .....	33
IHEALTH COVID-19 RAPID TEST KIT .....	28	IRON LIQD .....	32	KONSYL ORIGINAL DAILY FIBER PACK PO .....	33
IMODIUM A-D CAPS PO (Use loperamide hcl) .....	9	iron polysaccharide complex-vit b12- folic acid CAPS PO .....	31	KP MENS DAILY PACK MISC PO	48
IMODIUM A-D SOLN PO (Use loperamide hcl) .....	9	IRON UP LIQD .....	32	KP PRENATAL MULTIVITAMINS TABS PO .....	52
IMODIUM A-D TABS PO (Use loperamide hcl) .....	9	iron-folic acid-vitamin c-vitamin b6- vitamin b12-zinc .....	31	KP WOMENS DAILY MISC PO ...	48
IMODIUM MULTI-SYMPTOM RELIEF TABS PO (Use loperamide- simethicone) .....	9	iron-vitamin c-vitamin b12-folic acid TABS PO .....	31	K-PHOS-NEUTRAL PO (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..	44
		IROSPAN 24/6 PO .....	32	KPN PRENATAL TABS PO .....	52
		isopropyl alcohol-glycerin .....	58	KROGER GLUCOSE PO .....	6
		K2 PLUS D3 TABS .....	53		
		KALA TABS PO .....	9		

lactic acid (ammonium lactate) CREA .....25	GLUCOSE CHEW PO ..... 6	LOHIST-D LIQD PO ..... 16
lactic acid (ammonium lactate) LOTN 12 % .....25	LEVOCARNITINE ..... 13	LOHIST-DM SYRP PO ..... 16
LACTINEX PACK PO (Use lactobacillus) .....8	levocetirizine dihydrochloride TABS PO .....11	LOLLIBASE ..... 63
lactobacillus acidophilus-pectin CAPS PO .....9	levonorgestrel (emergency oc) PO 1.5 MG ..... 13	LONGS GLUCOSE PO ..... 6
lactobacillus CAPS PO .....8	L-GLUTAMINE POWD XX .....56	loperamide hcl CAPS PO ..... 9
lactobacillus CHEW PO .....8	lidocaine (anorectal) CREA ..... 4	loperamide hcl SOLN PO 1 MG/7.5ML ..... 9
lactobacillus PACK PO .....8	lidocaine CREA 4 % ..... 26	loperamide hcl SUSP PO ..... 9
lactobacillus TABS PO .....8	lidocaine hcl CREA 4 % ..... 26	LOPERAMIDE HCL SUSP PO .....9
LACTOSE ..... 63	lidocaine hcl LIQD ..... 26	loperamide hcl TABS PO ..... 9
LACTOSE ANHYDROUS ..... 63	lidocaine hcl LIQD ..... 26	loperamide-simethicone TABS PO .9
LACTOSE HYDROUS ..... 63	lidocaine PTCH 4 % ..... 26	loratadine & pseudoephedrine TB12 PO .....16
LACTOSE MONOHYDRATE ..... 63	LIDOCARE ARM/NECK/LEG PTCH (Use lidocaine) .....26	loratadine & pseudoephedrine TB24 PO .....16
LAMISIL AT CREA (Use terbinafine hcl (topical)) .....22	LIDOCARE BACK/SHOULDER PTCH (Use lidocaine) .....26	loratadine CHEW PO ..... 11
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) .....22	LIPOTRIAD TABS PO (Use vitamins w/ lipotropics) ..... 53	loratadine SOLN PO ..... 11
lanolin (topical) CREA ..... 27	LIQ-10 SYRP PO 50 MG/5ML-10 MG/5ML ..... 1	loratadine TABS PO ..... 11
lanolin-petrolatum .....27	LIQUID CALCIUM WITH D3 CAPS PO .....42	loratadine TBDP PO 10 MG ..... 11
lansoprazole CPDR PO 15 MG ....64	L-ISOLEUCINE POWD XX ..... 56	LORTUSS LQ PO .....16
L-ARGININE POWD PO (Use arginine) .....56	LITETOUCH MASK LARGE MISC 40	LOTRIMIN AF CREA (Use clotrimazole (topical)) ..... 23
L-ARGININE POWD XX ..... 56	LITETOUCH MASK MEDIUM MISC . 40	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) ..... 22
LASTACAFT .....58	LITETOUCH MASK SMALL MISC 40	LOTRIMIN ULTRA (Use butenafine hcl) ..... 23
L-CARNITINE ..... 13	LITTLE REMEDIES SALINE SOLN 53	LUCIRA CHECK IT COVID-19 TEST KIT ..... 29
L-CITRULLINE ..... 12	L-LYSINE HCL POWD .....13	LUER LOCK SAFETY SYRINGES 38
LEADER FINGER CREAM CREA .25	LMX 4 CREA (Use lidocaine) .....26	LUMIFY .....57
LEADER GLUCOSE PO 6 MG-4 GM 6	LMX 5 CREA (Use lidocaine (anorectal)) ..... 4	lutein-zeaxanthin CAPS PO .....1
LEADER QUICK DISSOLVE		L-VALINE POWD XX ..... 56

LYSIPLEX PLUS LIQD PO ..... 48	CAPS PO ..... 43	meclizine hcl CHEW PO ..... 10
MAALOX ADVANCED MAX ST CHEW PO (Use calcium carbonate- simethicone) ..... 5	magnesium oxide (mg supplement) TABS PO ..... 43	meclizine hcl TABS PO 12.5 MG, 25 MG ..... 10
MAALOX MAX CHEW PO (Use calcium carbonate-simethicone) ..... 5	MAGNESIUM OXIDE -MG SUPPLEMENT CAPS PO ..... 43	MEGA BIOTIN CAPS PO (Use biotin) ..... 67
MAG-200 TABS PO (Use magnesium oxide (mg supplement)) . 43	MAGNESIUM OXIDE -MG SUPPLEMENT TABS PO ..... 43	MEGA MULTI MEN TABS PO ..... 48
MAG64 TBEC PO (Use magnesium chloride) ..... 43	magnesium oxide TABS PO ..... 6	MEGARED KIDS CHEW PO ..... 55
MAG-AL LIQD PO ..... 5	magnesium sulfate (laxative) GRAN PO ..... 34	MEGAVITE FRUITS & VEGGIES TABS PO ..... 48
MAG-G TABS PO ..... 43	magnesium TABS PO 250 MG, 400 MG ..... 43	MEIJER GLUCOSE PO ..... 6
MAGNEBIND 300 PO ..... 42	MAGONATE LIQD ..... 43	MELATONEX TBCR PO (Use melatonin-pyridoxine) ..... 1
MAGNESIUM CHLORIDE CRYSTALS . 43	MAGOX 400 TABS PO (Use magnesium oxide (mg supplement)) . 43	MELATONIN CAPS PO 3 MG ..... 1
MAGNESIUM CHLORIDE POWD . 43	MAG-TAB SR (Use magnesium lactate) ..... 43	melatonin CAPS PO 5 MG, 10 MG . 1
MAGNESIUM CHLORIDE TABS . 43	MAR-COF CG EXPECTORANT LIQD PO ..... 16	melatonin CHEW PO 2.5 MG, 5 MG . 1
magnesium chloride TBEC PO ..... 43	MAXFE ..... 32	MELATONIN ER TBCR ..... 1
magnesium chloride-calcium carbonate ..... 43	MAXI DEET LIQD ..... 27	MELATONIN LIQD 1 MG/4ML, 2.5 MG/10ML ..... 1
magnesium citrate PO 1.745 GM/30ML ..... 34	MAXICHLOR PEH DM TABS PO . 17	melatonin LIQD 1 MG/ML ..... 1
MAGNESIUM CITRATE TABS 100 MG ..... 43	MAXIFED TABS PO ..... 17	MELATONIN LOZG SL 5 MG ..... 1
MAGNESIUM EXTRA STRENGTH CAPS PO ..... 43	MAXIFED TR TABS PO ..... 17	MELATONIN MAXIMUM STRENGTH LIQD ..... 1
MAGNESIUM GLUCONATE TABS PO 250 MG, 500 MG ..... 43	MAXI-TUSS CD LIQD ..... 17	melatonin SUBL ..... 1
magnesium gluconate TABS PO 27.5 MG ..... 43	MAXI-TUSS JR LIQD PO ..... 17	MELATONIN SUBL ..... 1
magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML ..... 34	MAXI-TUSS PE JR LIQD PO ..... 17	melatonin TABS PO 1 MG, 3 MG, 5 MG, 10 MG ..... 1
magnesium lactate ..... 43	MAXI-TUSS PE LIQD PO ..... 17	MELATONIN TABS PO 10 MG-3 MG, 300 MCG ..... 1
magnesium oxide (mg supplement)	MAXI-TUSS PE MAX LIQD PO ... 17	melatonin TBCR ..... 1
	MAXI-TUSS TR LIQD PO ..... 17	melatonin TBDP PO 3 MG, 5 MG, 10 MG ..... 1
	MAXX MISC ..... 36	MELATONIN TR TBCR ..... 1
	M-CLEAR WC SOLN PO ..... 17	



MELATONINMAX GUMMIES CHEW PO .....	1	miconazole nitrate (topical) CREA .23 (Use polyethylene glycol 3350) .....	34
melatonin-pyridoxine TABS PO 10 MG-5 MG .....	1	miconazole nitrate (topical) POWD EX .....	23
melatonin-pyridoxine TBCR PO 10 MG-10 MG, 10 MG-3 MG .....	1	MICONAZOLE NITRATE SOLN ..	23
M-END DMX .....	17	miconazole nitrate vaginal CREA 2 % .....	65
M-END PE LIQD PO .....	17	miconazole nitrate vaginal KIT .....	65
MENS DAILY PACK PACK PO ....	48	miconazole nitrate vaginal SUPP 100 MG .....	65
MENS MULTIVITAMIN CHEW PO 48		MICROCHAMBER DEVI .....	40
menthol (mouth-throat) 5.4 MG, 5.8 MG, 7.5 MG, 7.6 MG .....	44	MICROCHAMBER MISC .....	40
MEPHYTON TABS PO (Use phytonadione) .....	66	MICROCRYSTAL CELLULOSE NF 101 POWD .....	12
META APPETITE CONTROL POWD PO .....	29	MICROCRYSTAL CELLULOSE NF 102 POWD .....	12
META BIOTIC/BIO-ACTIVE 12 CAPS PO .....	8	MICROCRYSTAL CELLULOSE NF 105 POWD .....	12
METAMUCIL CAPS PO .....	33	MICROLIFE DIGITAL PEAK FLOW 40	
METAMUCIL POWD PO (Use psyllium) .....	33	MICROSPACER MISC .....	40
METHOCEL E4M PREMIUM .....	12	MILK OF MAGNESIA CONCENTRATE SUSP PO .....	34
METHOCEL E4M PREMIUM CR .12		mineral oil ENEM PR .....	34
METHOCEL K100M PREMIUM ...12		MINERAL OIL HEAVY OIL XX ....	34
methylcellulose (laxative) POWD PO 33		mineral oil OIL PO .....	34
methylcellulose (laxative) TABS PO 33		MINERAL OIL-HYDROPHIL PETROLAT .....	25
METHYLCELLULOSE POWD .....	63	MINI TRANSFER PIN MISC .....	36
MICATIN CREA (Use miconazole nitrate (topical)) .....	23	MINI WRIGHT PEAK FLOW METER .....	40
MICLARA DM LIQD .....	17	MINIELITE FILTER REPLACEMENTS MISC .....	40
MICLARA LQ LIQD PO .....	10	minoxidil (topical) SOLN 2 % .....	25
miconazole nitrate (topical) AERP .23		MIRALAX MIX-IN PAX PACK PO	
		MIRALAX PACK PO (Use polyethylene glycol 3350) .....	34
		MIRALAX POWD PO (Use polyethylene glycol 3350) .....	34
		MOBISYL CREA (Use trolamine salicylate) .....	25
		MONISTAT 1 COMBO PACK KIT (Use miconazole nitrate vaginal) ..	65
		MONISTAT 1 DAY OR NIGHT KIT (Use miconazole nitrate vaginal) ..	65
		MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) .	65
		MONISTAT 3 COMBO PACK APP KIT (Use miconazole nitrate vaginal) .	65
		MONISTAT 7 COMBO PACK APP KIT .....	65
		MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) ..	65
		MONISTAT CARE INSTANT ITCH RLF (Use hydrocortisone vaginal) 65	
		MONOFERRIC .....	32
		MONOJECT BLUNTIP CANNULA 38	
		MONOJECT ENTERAL SYRINGE/12ML .....	36
		MONOJECT ENTERAL SYRINGE/1ML .....	36
		MONOJECT ENTERAL SYRINGE/35ML .....	36
		MONOJECT ENTERAL SYRINGE/3ML .....	36
		MONOJECT ENTERAL SYRINGE/60ML .....	36

MONOJECT ENTERAL SYRINGE/6ML .....	36	MUCINEX CHILD FEV,STHR,COUGH LIQD PO .....	17	DY/NT CPPK PO (Use phenylephrine-doxylamine-dm- guaifenesin-apap) .....	17
MONOJECT HYPODERMIC NEEDLE .....	38	MUCINEX CHILD FREEFROM CLD/FLU SOLN .....	17	MUCINEX FAST-MAX CNG/CGH/CD/FL TBPK .....	17
MONOJECT LIFESHIELD CANNULA MISC .....	38	MUCINEX CHILD MS DAY-NIGHT CLD MISC PO .....	17	MUCINEX FAST-MAX COLD FLU LIQD PO (Use phenylephrine-dm-gg w/ apap) .....	17
MONOJECT LIFESHIELD SYRINGE .....	38	MUCINEX CHILD MULTI-SYMPTOM LIQD PO (Use phenylephrine-dm-gg w/ apap) .....	17	MUCINEX FAST-MAX COLD/FLU LIQD PO (Use phenylephrine-dm-gg w/ apap) .....	18
MONOJECT MEDICATION TRANSF NDL .....	38	MUCINEX CHILDRENS FREEFROM LIQD PO (Use phenylephrine-dm-gg w/ apap) .....	17	MUCINEX FAST-MAX COLD/FLU MS CAPS PO (Use phenylephrine- dm-gg w/ apap) .....	17
MONOJECT PHARMACY TRAY .	38	MUCINEX CHILDRENS PACK PO 17		MUCINEX FAST-MAX COLD/FLU MS LIQD PO (Use phenylephrine- dm-gg w/ apap) .....	17
MONOJECT SAFETY SYR TIP CAPS MISC .....	38	MUCINEX COLD CGH THROAT CHILD LIQD PO (Use phenylephrine- dm-gg w/ apap) .....	17	MUCINEX FAST-MAX CONGEST COUGH LIQD PO (Use phenylephrine w/ dm-gg) .....	18
MONOJECT SOFTPACK/CATHTIP .	38	MUCINEX COLD CHILDRENS LIQD PO (Use phenylephrine w/ dm-gg)	17	MUCINEX FAST-MAX CONGEST COUGH TABS PO .....	18
MONOJECT SOFTPACK/LLOCK	38	MUCINEX COUGH & CONGEST CHILD LIQD PO (Use phenylephrine w/ dm-gg) .....	17	MUCINEX FAST-MAX DAY/NIGHT M/S MISC PO .....	18
MONOJECT SOFTPACK/LTIP ...	38	MUCINEX COUGH FOR KIDS PACK PO .....	17	MUCINEX FAST-MAX DAY/NIGHT MS TBPK .....	18
MONOJECT SOFTPACK/RG LOCK	38	MUCINEX D MAX STRENGTH TB12 PO (Use pseudoephedrine- guaifenesin) .....	17	MUCINEX FAST-MAX KICKSTART LIQD PO (Use phenylephrine-dm-gg w/ apap) .....	18
MONOJECT SYRINGE .....	38	MUCINEX D TB12 PO (Use pseudoephedrine-guaifenesin) ....	17	MUCINEX FOR KIDS PACK PO 100 MG .....	21
MONOJECT SYRINGE REG LUER .	38	MUCINEX DM MAXIMUM STRENGTH TB12 PO (Use dextromethorphan-guaifenesin) ...	17	MUCINEX FREEFROM CLD/FLU DY/NT LQPK .....	18
MONOJECT SYRINGE REGULAR TIP .....	38	MUCINEX DM TB12 PO (Use dextromethorphan-guaifenesin) ...	17	MUCINEX FREEFROM COLD/FLU DAY LIQD PO (Use phenylephrine- dm-gg w/ apap) .....	18
MONOJECT SYRINGE TIP CAPS MISC .....	38	MUCINEX FAST-MAX CLD FLU THRT CAPS PO (Use phenylephrine- dm-gg w/ apap) .....	17	MUCINEX FREEFROM COLD/FLU NGHT SOLN .....	18
MONOJECT TB SYRINGE .....	38	MUCINEX FAST-MAX CLD/FLU			
MONOJECT TIP CAPS MISC .....	38				
MORE-DOPHILUS ACIDOPHILUS POWD .....	8				
MOTRIN CHILDRENS CHEW PO (Use ibuprofen) .....	2				
MOTRIN INFANTS DROPS SUSP PO (Use ibuprofen) .....	2				
MTX SUPPORT TABS PO .....	32				

MUCINEX FREEFROM DAY-NIGHT LQPK .....	18	MULTIGEN PO .....	32	MULTIVITAMINS PLUS IRON CHILD CHEW PO .....	51
MUCINEX MAXIMUM STRENGTH TB12 PO (Use guaifenesin) .....	21	multiple vitamin CAPS PO .....	50	MULTI-VITE LIQD PO .....	48
MUCINEX NIGHT COLD/FLU MAX STR TABS .....	18	multiple vitamin TABS PO .....	50	MULTIVIT-MIN GUMMIES CHILDRENS CHEW PO .....	51
MUCINEX NIGHT SEV COLD/FLU MAX SOLN .....	18	multiple vitamins w/ calcium TABS PO .....	45	MURO 128 OINT (Use sodium chloride hypertonic) .....	58
MUCINEX NIGHT SEV COLD/FLU MAX TABS .....	18	multiple vitamins w/ iron TABS PO .....	45	MURO 128 SOLN (Use sodium chloride hypertonic) .....	58
MUCINEX NIGHTSHIFT COLD/FLU SOLN .....	18	multiple vitamins w/ minerals CAPS PO .....	48	MURO 128 SOLN .....	58
MUCINEX NIGHTSHIFT SINUS CLEAR SOLN .....	18	multiple vitamins w/ minerals CHEW PO .....	48	MVW COMPLETE FORMULATION CAPS PO .....	48
MUCINEX NIGHTSHIFT SINUS MAXST TABS .....	18	multiple vitamins w/ minerals LIQD PO .....	48	MVW COMPLETE FORMULATION CHEW PO .....	51
MUCINEX NIGHTSHIFT SINUS SOLN .....	18	multiple vitamins w/ minerals TABS PO .....	48	MVW COMPLETE FORMULATION D3000 CAPS PO .....	48
MUCINEX SINUS-MAX DAY/NIGHT CPPK PO (Use phenylephrine-doxylamine-dm-guaifenesin-apap) .....	18	multiple vitamins w/ minerals TBEF PO .....	48	MVW COMPLETE FORMULATION D3000 CHEW PO .....	51
MUCINEX SINUS-MAX PRESS/PN/CGH CAPS PO (Use phenylephrine-dm-gg w/ apap) .....	18	MULTISTIX 10 SG .....	29	MVW COMPLETE FORMULATION D5000 CAPS PO .....	48
MUCINEX SINUS-MAX/NIGHTSHIFT TBPB .....	18	MULTI-SYMPTOM COLD DAY/NIGHT MISC PO .....	18	MVW COMPLETE FORMULATION D5000 CHEW PO .....	51
MUCINEX STUFFY NOSE & CHEST LIQD PO (Use phenylephrine-guaifenesin) .....	18	MULTIVITAMIN ADULT (MINERALS) TABS PO .....	48	MVW COMPLETE FORMULATION MINIS CAPS PO .....	48
MUCINEX TB12 PO (Use guaifenesin) .....	21	MULTIVITAMIN ADULT TABS PO .....	50	MVW COMPLETE FORMULATION SOLN PO .....	51
MULTI PRENATAL TABS PO .....	52	MULTIVITAMIN INFANT & TODDLER SOLN PO .....	52	MVW HI-D DROPS W/EXTRA VIT D LIQD PO .....	51
MULTI VITAMIN TABS PO .....	50	MULTI-VITAMIN MONOCAPS TABS PO .....	48	MX-SOL BLEND SF SUSP PO .....	63
MULTIA CAPS PO .....	48	MULTIVITAMIN TABS PO .....	50	MX-SOL BLEND SUSP PO .....	63
MULTIGEN FOLIC PO .....	32	MULTIVITAMIN/FLUORIDE SOLN PO .....	51	MX-SOL SUSPEND SUSP PO .....	63
MULTIGEN PLUS PO .....	32	MULTIVITAMIN/ZINC STRESS TABS PO .....	48	MYLICON INFANTS GAS RELIEF SUSP PO (Use simethicone) .....	30
		MULTIVITAMIN+ LIQD PO .....	50	MYOFLEX CREA (Use trolamine salicylate) .....	25
		MULTIVITAMIN-MINERALS TABS PO .....	48		

naloxone hcl LIQD .....	9	22	niacin CPCR PO 250 MG .....	67	
NANOVM 1-3 YEARS POWD .....	51	NEOQ10 CAPS PO .....	1	NIACIN ER TBCR PO .....	67
NANOVM 4-8 YEARS POWD .....	51	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	22	niacin TABS PO .....	67
NANOVM 9-18 YEARS POWD ...	51	NEOSPORIN PLUS PAIN RELIEF MS (Use neomycin-polymyxin w/ pramoxine) .....	22	niacin TBCR PO .....	67
NANOVM T/F POWD .....	51	NEO-SYNEPHRINE COLD/ALLRG MILD SOLN .....	54	niacinamide w/ zinc-copper- methylfolate-se-cr .....	53
naphazoline w/ pheniramine .....	57	NEO-SYNEPHRINE COLD/ALLRGY EXT SOLN (Use phenylephrine hcl)	55	NICE DISTILLED WATER PO .....	63
naphazoline-glycerin 0.25 %-0.012 % .....	57	NEO-SYNEPHRINE COLD/ALLRGY REG SOLN .....	55	NICODERM CQ PT24 TD (Use nicotine) .....	64
NAPHCON-A (Use naphazoline w/ pheniramine) .....	57	NEOTUSS PLUS LIQD PO .....	18	NICOMIDE 750 MG-2 MG-0.5 MG-27 MG-100 MCG-50 MCG (Use niacinamide w/ zinc-copper- methylfolate-se-cr) .....	53
naproxen sodium CAPS PO .....	2	NEPHPLEX RX PO .....	45	NICORETTE GUM (Use nicotine polacrilex) .....	64
naproxen sodium TABS PO 220 MG . 2		NEPHRON FA .....	32	NICORETTE LOZG (Use nicotine polacrilex) .....	64
NARCAN LIQD (Use naloxone hcl) .9		NEPHRONEX LIQD .....	45	NICORETTE LOZG 2 MG (Use nicotine polacrilex) .....	64
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal)) .....	54	NEUTROGENA HAND CREA .....	25	NICORETTE MINI LOZG (Use nicotine polacrilex) .....	64
NASADROPS SALINE ON THE GO SOLN .....	53	NEUTROGENA ON-THE-SPOT CREA (Use benzoyl peroxide) ....	22	NICORETTE STARTER KIT GUM (Use nicotine polacrilex) .....	64
NASALCROM (Use cromolyn sodium (nasal)) .....	54	NEUTROGENA T/SAL SHAM .....	25	NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex) .....	64
NASCOBAL SOLN NA (Use cyanocobalamin) .....	31	NEWFLORA PROBIOTIC CAPS PO . 8		NICOTINE KIT .....	64
NASOPEN PE .....	18	NEXIUM 24HR CLEAR MINIS CPDR PO (Use esomeprazole magnesium) .	64	nicotine polacrilex GUM .....	64
NATRAPEL 12-HOUR TICK/INSECT AERO .....	27	NEXIUM 24HR CPDR PO (Use esomeprazole magnesium) .....	64	nicotine polacrilex LOZG .....	64
NATRAPEL LIQD .....	27	NEXIUM 24HR TBEC (Use esomeprazole magnesium) .....	65	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	64
NEBULIZER AIR TUBE/PLUGS MISC .....	40	NEXIUM CPDR PO 20 MG (Use esomeprazole magnesium) .....	65	NIFEREX TABS PO .....	32
neomycin-bacitracin-polymyxin OINT 22		niacin (antihyperlipidemic) TABS PO . 11		NINJACOF LIQD PO .....	18
neomycin-bacitracin-polymyxin- pramoxine .....	22			NINJACOF-XG LIQD PO .....	18
neomycin-polymyxin w/ pramoxine				NIVA-PLUS TABS PO .....	52

NIX CREME RINSE LIQD EX (Use permethrin) .....	28	OCUVITE ADULT 50+ CAPS PO ..	48	OMEGAPURE 820 CAPS PO .....	56
NIZORAL PSORIASIS SHAMPOO/COND SHAM .....	25	OCUVITE-LUTEIN CAPS PO .....	48	OMEGAPURE 900 EC CPDR PO ..	56
NO IRON MULT VITAMIN-MINERALS TABS PO .....	48	OFF ACTIVE AERO .....	27	omeprazole magnesium CPDR PO	65
NOKOR VENTED NEEDLE .....	38	OFF DEEP WOODS AERO .....	27	omeprazole magnesium TBEC PO	65
NOREL AD TABS PO .....	18	OFF DEEP WOODS DRY AERO ..	27	omeprazole TBDD .....	65
NOVA MAX PLUS KETONE TEST 29		OFF DEEP WOODS LIQD .....	27	omeprazole TBEC PO .....	65
NOVAFERRUM 50 CAPS PO .....	32	OFF DEEP WOODS SPORTSMEN AERO .....	27	omeprazole-sodium bicarbonate CAPS PO 1100 MG-20 MG .....	65
NOVAFERRUM LIQD .....	32	OFF DEEP WOODS SPORTSMEN LIQD .....	27	OMERA CAPS PO .....	56
NOVAFERRUM PEDIATRIC DROPS LIQD .....	32	OFF DEEP WOODS TOWELETTES SHEE .....	27	OMNICAP TABS PO .....	50
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD PO .....	52	OFF FAMILYCARE CLEAN FEEL LIQD .....	27	ON/GO COVID-19 ANTIGEN TEST KIT .....	29
NUFERA TABS PO .....	32	OFF FAMILYCARE TROPICAL FRESH LIQD .....	27	ON/GO ONE COVID-19 HOME TEST KIT .....	29
NU-MAG .....	43	OFF FAMILYCARE UNSCENTED LIQD .....	27	ONCOVITE TABS PO .....	48
NUPERCAINAL EX (Use dibucaine (rectal)) .....	4	OFF SMOOTH & DRY AERO .....	27	ONE A DAY MEN 50 PLUS TABS PO .....	48
NUTRITIONAL DRINK LIQD PO ..	29	olopatadine hcl .....	58	ONE A DAY MENS VITACRAVES CHEW PO .....	48
NUTRITIONAL SHAKE COMPLETE LIQD PO .....	29	OMEGA MONOPURE 1300 EC CPDR PO .....	55	ONE A DAY PRENATAL .....	52
NUTRITIONAL SHAKE LIQD PO ..	30	OMEGA-3 CAPS PO .....	56	ONE A DAY WOMEN 50 PLUS TABS PO .....	48
NUTRITIONAL SHAKE PLUS PROTEIN LIQD PO .....	29	OMEGA-3 CPDR PO .....	56	ONE DAILY ESSENTIAL TABS PO	50
NYQUIL HBP COLD & FLU LIQD PO (Use dextromethorphan-doxylamine-acetaminophen) .....	18	omega-3 fatty acids CAPS PO 300 MG, 435 MG, 500 MG, 600 MG, 1000 MG, 1200 MG .....	55	ONE DAILY ESSENTIALS TABS PO	50
OCEAN NASAL SPRAY SOLN (Use saline) .....	53	omega-3 fatty acids CHEW PO ...	55	ONE DAILY WOMENS TABS PO ..	48
OCEAN NASAL SPRAY SOLN (Use saline) .....	54	omega-3 fatty acids CPDR PO ...	55	ONE VITE DAILY MULTIVITAMIN TABS PO .....	50
OCULAR VITAMINS TABS PO ...	48	omega-3 fatty acids LIQD PO .....	56	ONE-A-DAY ADULT VITACRAVES+DHA CHEW .....	50
		OMEGA-3 FISH OIL EX ST CAPS PO .....	56	ONE-A-DAY ENERGY TABS PO ..	48
		OMEGAPURE 780 EC CPDR PO ..	56		

ONE-A-DAY ESSENTIAL TABS PO (Use multiple vitamin) .....	50	vitamins w/ minerals) .....	49	MISC .....	40
ONE-A-DAY MENOPAUSE FORMULA TABS PO .....	48	ONE-A-DAY WOMENS 50 PLUS TABS PO (Use multiple vitamins w/ minerals) .....	49	OPCON-A (Use naphazoline w/ pheniramine) .....	58
ONE-A-DAY MENS (MINERALS) TABS PO .....	48	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS PO (Use multiple vitamins w/ minerals) .....	49	OPILL PO .....	13
ONE-A-DAY MENS 50+ ADVANTAGE TABS PO .....	48	ONE-A-DAY WOMENS 50+ TABS PO .....	49	OPTICHAMBER DIAMOND MISC	40
ONE-A-DAY MENS 50+ TABS PO	48	ONE-A-DAY WOMENS FORMULA TABS PO (Use multiple vitamins w/ calcium) .....	45	OPTICHAMBER DIAMOND-LG MASK DEVI .....	40
ONE-A-DAY MENS HEALTH FORMULA TABS PO .....	49	ONE-A-DAY WOMENS HEALTHY SKIN TABS PO (Use multiple vitamins w/ minerals) .....	49	OPTICHAMBER DIAMOND-MD MASK MISC .....	40
ONE-A-DAY MENS PRO EDGE TABS PO .....	49	ONE-A-DAY WOMENS MIND & BODY TABS PO (Use multiple vitamins w/ minerals) .....	49	OPTIMAL D3 M CAPS PO .....	66
ONE-A-DAY MENS TABS PO (Use multiple vitamin) .....	50	ONE-A-DAY WOMENS PETITES TABS PO (Use multiple vitamins w/ minerals) .....	49	OPTIVITE P.M.T. TABS PO (Use multiple vitamins w/ minerals) .....	49
ONE-A-DAY MENS VITACRAVES CHEW PO .....	49	ONE-A-DAY WOMENS PRENATAL 1 .....	52	ORA-BLEND SF SUSP PO .....	63
ONE-A-DAY PROACTIVE 65+ TABS PO .....	49	ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	ORA-BLEND SUSP PO .....	63
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW PO (Use pediatric multiple vitamin w/ minerals) .....	51	ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	ORACIT PO .....	30
ONE-A-DAY TEEN ADVANTAGE/HIM TABS PO .....	49	ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	oral electrolytes SOLN PO .....	43
ONE-A-DAY VITACRAVES ADULT CHEW PO .....	49	ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	ORAL MIX SF SUSP PO .....	63
ONE-A-DAY VITACRAVES CHEW PO .....	49	ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	ORAL MIX SUSP PO .....	63
ONE-A-DAY VITACRAVES IMMUNITY CHEW PO .....	49	ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	ORAL SUSPEND LIQD PO .....	63
ONE-A-DAY VITACRAVES SOUR CHEW PO .....	49	ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	ORA-PLUS LIQD PO .....	63
ONE-A-DAY VITACRAVES+OMEGA-3 CHEW PO (Use pediatric multiple vitamins) ..	52	ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	ORA-SWEET SYRP PO 4 %-5 %-54 % .....	63
ONE-A-DAY WEIGHT SMART ADVANCE TABS PO (Use multiple		ONE-A-DAY WOMENS PRENATAL MISC PO 60 MG-2.5 MG-300 MCG- 800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG- 300 MG-150 MCG-30 UNIT-23 MG- 223 MG .....	52	OSTEO-VIT3 LIQD PO .....	66
		ONE-A-DAY WOMENS TABS PO	49	OVIDREL SOSY .....	30
		ONE-A-DAY WOMENS VITACRAVES CHEW PO .....	49	oxymetazoline hcl SOLN 0.05 % ..	55
		ONE-DAILY MULTI CAPS CAPS PO	49	OXYTROL FOR WOMEN PTTW ..	65
		ONE-WAY VALVED EXPIRATORY MISC .....	40	OYSTER SHELL CALCIUM/D TABS PO 500 MG-200 UNIT .....	42
		ONE-WAY VALVED INSPIRATORY		oyster shell PO .....	42
				PANDA MASK LARGE .....	40

PANDA MASK MEDIUM .....	40	pediatric multiple vitamins w/ iron CHEW PO .....	52	PERFECT POINT SAFETY NEEDLE .....	38
PANDA MASK SMALL .....	40	pediatric multivitamins w/fl CHEW PO .....	51	PERIDIN-C TABS PO (Use bioflavonoid products) .....	45
PANOXYL LIQD (Use benzoyl peroxide) .....	22	pediatric multivitamins w/fl SOLN PO 51 .....	51	permethrin LIQD EX .....	28
PARI VORTEX ADULT MASK .....	40	PEDIATRIC PANDA MASK .....	40	PERSONAL BEST FULL RANGE .....	40
PARVLEX TABS PO .....	49	PEDIATRIC SMALL MASK .....	38	PETROLATUM .....	64
PATADAY (Use olopatadine hcl) ..	58	pediatric vitamins acd w/ fluoride SOLN PO .....	51	PHAZYME GAS & ACID MAX ST CHEW PO .....	5
PATADAY .....	58	pediatric vitamins adc PO 400 UNIT/ML-750 UNIT/ML-35 MG/ML ..	52	PHAZYME MAXIMUM STRENGTH CAPS PO (Use simethicone) .....	30
PC PEDIATRIC POLY-VITA/FE DROP SOLN PO .....	52	PEDIAVENT SYRP .....	10	PHAZYME ULTRA STRENGTH CAPS PO (Use simethicone) .....	30
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO .....	52	PEG .....	64	phenazopyridine hcl TABS PO 95 MG, 99.5 MG .....	30
PEAK AIR PEAK FLOW METER ..	40	PENTRAVAN CREA .....	25	phenol (antiseptic) LIQD .....	44
PEARLS IC CAPS PO .....	8	PEPCID AC MAXIMUM STRENGTH TABS PO (Use famotidine) .....	64	phenylephrine hcl (oral) TABS PO ..	55
ped multivitamins w/fl & iron SOLN PO .....	51	PEPCID AC TABS PO (Use famotidine) .....	64	phenylephrine hcl SOLN 1 % .....	55
PEDIACLEAR 8 CHILDRENS LIQD 10 .....	10	PEPCID COMPLETE PO (Use famotidine-calcium carbonate-magnesium hydroxide) .....	65	phenylephrine in hard fat PR .....	4
PEDIACLEAR PD CHILDRENS LIQD PO (Use triprolidine hcl) .....	10	PEPCID TABS PO 20 MG (Use famotidine) .....	64	phenylephrine w/ acetaminophen TABS PO 5 MG-325 MG .....	18
PEDIA-LAX CHEW PO .....	34	PEPTO-BISMOL CHEW PO (Use bismuth subsalicylate) .....	8	phenylephrine w/ dm-gg LIQD PO 10 MG/10ML-200 MG/10ML-20 MG/10ML, 10 MG/15ML-200 MG/15ML-18 MG/15ML, 10 MG/20ML-400 MG/20ML-20 MG/20ML, 2.5 MG/5ML-100 MG/5ML-5 MG/5ML, 2.5 MG/5ML-75 MG/5ML-5 MG/5ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML .....	18
PEDIA-LAX LIQD PO .....	35	PEPTO-BISMOL MAX STRENGTH SUSP PO (Use bismuth subsalicylate) .....	8	phenylephrine w/ dm-gg SYRP PO 5 MG/5ML-100 MG/5ML-10 MG/5ML ..	19
PEDIALYTE ADVANCED CARE SOLN PO (Use oral electrolytes) ..	43	PEPTO-BISMOL SUSP PO 262 MG/15ML (Use bismuth subsalicylate) .....	8	phenylephrine w/ dm-gg TABS PO 10 MG-385 MG-17.5 MG .....	19
PEDIALYTE FREEZER POPS SOLN PO (Use oral electrolytes) .....	43	PEPTO-BISMOL TABS PO (Use bismuth subsalicylate) .....	8	phenylephrine-acetaminophen-guaifenesin LIQD PO .....	19
PEDIALYTE SINGLES SOLN PO (Use oral electrolytes) .....	43	pediatric multiple vitamins CHEW PO .....	52		
PEDIALYTE SOLN PO (Use oral electrolytes) .....	43				
PEDIATRIC MEDIUM MASK .....	38				
PEDIATRIC MOUTHPIECE MISC ..	40				

phenylephrine-acetaminophen-guaifenesin TABS PO 5 MG-200 MG-325 MG .....	19	PO .....	8	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin-polymyxin b) .....	22
phenylephrine-brompheniramine-dm LIQD PO 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML .....	19	PHLEXY-VITS POWD PO .....	49	POLY-TUSSIN AC LIQD PO 10 MG/5ML-10 MG/5ML-4 MG/5ML ..	19
phenylephrine-chlorphen-dm LIQD PO 10 MG/5ML-4 MG/5ML-15 MG/5ML .....	19	PHOS-NAK PACK PO (Use potassium & sodium phosphates) .	44	POLYTUSSIN DM LIQD PO (Use phenylephrine-dexbrompheniramine-dextromethorphan) .....	19
phenylephrine-chlorpheniramine-dm w/ apap SUSP PO .....	19	phytonadione SOLN 10 MG/ML ...	66	POLY-VENT DM TABS PO .....	19
phenylephrine-cocoa butter PR 0.25 %-88.44 % .....	4	phytonadione TABS PO .....	66	POLY-VENT IR TABS PO .....	19
phenylephrine-dexbrompheniramine-dextromethorphan LIQD PO .....	19	PIKO 1 .....	40	polyvinyl alcohol 1.4 % .....	56
phenylephrine-diphenhydramine-dm-guaifenesin-apap TBPK PO .....	19	PILLOW MASK/PEDIATRIC MISC	40	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML ..	56
phenylephrine-dm SOLN PO .....	19	PILOT COVID-19 AT-HOME TEST KIT .....	29	POLY-VI-SOL SOLN PO .....	52
phenylephrine-dm-gg w/ apap LIQD PO .....	19	PIXEL COVID-19 PCR HOME TEST .....	29	POLY-VITA SOLN PO .....	52
phenylephrine-dm-gg w/ apap TABS PO 5 MG-200 MG-325 MG-10 MG	19	PLAN B ONE-STEP PO (Use levonorgestrel (emergency oc)) ...	13	POLY-VITA/IRON SOLN PO .....	52
phenylephrine-doxyamine-dextromethorphan-acetaminophen LIQD PO .....	19	POCKET CHAMBER DEVI .....	40	POLY-VITE PEDIATRIC SOLN PO	52
phenylephrine-doxyamine-dm-guaifenesin-apap CPPK PO .....	19	POCKET PEAK FLOW METER ...	40	52	
phenylephrine-guaifenesin LIQD PO 2.5 MG/5ML-100 MG/5ML .....	19	POLY HIST FORTE PO 10 MG-10.5 MG .....	19	pot & sod citrates w/citric ac SOLN PO .....	30
phenylephrine-guaifenesin TABS PO 10 MG-400 MG .....	19	POLY HUB NEEDLE .....	38	pot phosphate monobasic w/ sod phosphate dibasic & monobasic PO	44
phenylephrine-mineral oil-petrolatum PR 0.25 %-74.9 %-14 % .....	4	POLYETHYLENE GLYCOL 1000 LIQD .....	64	potassium & sodium phosphates PACK PO .....	44
phenylephrine-shark liver oil-cocoa butter PR .....	4	polyethylene glycol 3350 PACK PO	34	POTASSIUM BROMIDE CRYSTALS ...	13
PHILLIPS COLON HEALTH CAPS		polyethylene glycol 3350 POWD PO .	34	POTASSIUM BROMIDE POWD ...	13
		POLYETHYLENE GLYCOL 3350 POWD .....	64	potassium citrate-citric acid SOLN PO .....	30
		POLYETHYLENE GLYCOL 8000 POWD .....	64	POTASSIUM IODIDE (ANTIDOTE) SOLN PO .....	9
		polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 % .....	56	potassium iodide (expectorant) SOLN PO .....	21
		POLY-HIST DM .....	19	povidone-iodine SOLN 10 % .....	12
		polysaccharide iron complex CAPS PO .....	32	pramoxine hcl (rectal) FOAM EX ...	4



pramoxine-phenylephrine-glycerin-petrolatum EX .....	4	PRENATAL VITAMINS TABS PO 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT .....	53	CAPS PO .....	8
pramoxine-zinc acetate .....	26	PRENATAL/FOLIC ACID+DHA CAPS PO .....	53	PROBIOTIC (LACTOBACILLUS) CAPS PO .....	8
PRECISION XTRA KETONE .....	29	PRENATAL/IRON TABS PO .....	53	PROBIOTIC ACIDOPHILUS CAPS PO .....	8
PREFERRED PLUS GLUCOSE PO 6		PRENATAL-U CAPS PO .....	53	PROBIOTIC BLEND CAPS PO .....	8
PRENATABS FA TABS PO .....	52	PREPARATION H .....	4	PROBIOTIC GOLD EXTRA STRENGTH CAPS PO .....	8
PRENATAL (W/IRON & FA) TABS PO .....	52	PREPARATION H EX 14.4 %-0.25 %-1 %-15 % (Use pramoxine-phenylephrine-glycerin-petrolatum) .	4	PROBIOTIC MATURE ADULT CAPS PO .....	8
PRENATAL 19 TABS PO .....	52	PREPARATION H PR (Use phenylephrine-mineral oil-petrolatum) .....	4	PROBIOTIC PEARLS CAPS PO ...	9
PRENATAL GUMMIES/DHA & FA 53		PRESERVISION AREDS 2 CAPS PO .....	49	PROBIOTIC-10 ULTIMATE CAPS PO .....	9
PRENATAL MULTI +DHA CAPS PO 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-150 MG-1.5 MG-25 MG-200 MG-11 UNIT-28 MG-4000 UNIT-228 MG .	53	PRESERVISION AREDS 2+MULTI VIT CAPS PO .....	49	PRO-CAL TABS PO .....	49
PRENATAL MULTIVITAMIN + DHA MISC PO .....	53	PRESERVISION AREDS CAPS PO .	49	PROCARE SPACER/ADULT MASK DEVI .....	40
PRENATAL ONE DAILY TABS PO 53		PRESERVISION AREDS TABS PO	49	PROCARE SPACER/CHILD MASK DEVI .....	40
PRENATAL TABS PO .....	53	PRESERVISION/LUTEIN CAPS PO .	49	PROCHAMBER VHC DEVI .....	40
prenatal vit w/ ferrous fumarate-folic acid CHEW PO .....	53	PREVACID 24HR CPDR PO (Use lansoprazole) .....	65	PROCTOFOAM FOAM EX (Use pramoxine hcl (rectal)) .....	4
prenatal vit w/ ferrous fumarate-folic acid TABS PO 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG ..	53	PRILOSEC OTC TBEC PO (Use omeprazole magnesium) .....	65	PRODIGY COUNT-A-DOSE MISC 36	
prenatal vit w/ iron carbonyl-folic acid TABS PO 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG .....	53	PRO COMFORT SPACER ADULT MISC .....	40	PROFE CAPS PO .....	32
PRENATAL VITAMIN AND MINERAL TABS PO .....	53	PRO COMFORT SPACER CHILD MISC .....	40	promethazine & phenylephrine SYRP PO .....	19
		PRO COMFORT SPACER INFANT DEVI .....	40	promethazine w/codeine SOLN PO 19	
		PROBIOTIC & ACIDOPHILUS EX ST		promethazine w/codeine SYRP PO 19	
				promethazine-dm SYRP PO .....	19
				promethazine-phenylephrine-codeine PO .....	19
				PRONEB ULTRA FILTER SET MISC .....	40

propylene glycol (ophth) .....	56	PURE L-CITRULLINE CAPS PO ..	56	RA DIGESTIVE HEALTH CAPS PO .	9
PROPYLENE GLYCOL .....	13	PURIFIED WATER PO .....	63	RA EFFERVESCENT FORMULA	
PRORENAL + D TABS PO .....	49	PX GLUCOSE PO .....	6	TBEF PO .....	53
PRORENAL + D W/ OMEGA-3		pyrantel pamoate SUSP PO .....	6	RA EPSOM SALT GRAN XX .....	34
CAPS PO .....	49	pyrethrins-piperonyl butoxide SHAM		RA ESSENCE-C PACK PO .....	50
PROTECT CARDIO AF CAPS PO	49	4 %-0.33 % .....	28	RA GLUCOSE PO .....	6
PROTECT IRON LIQD .....	45	pyrethrins-piperonyl butoxide-		RA MELATONIN SUBL .....	1
PROTECT PLUS SO CAPS PO ...	49	permethrin-nit remover 4 %-0.33 %-		RA MELATONIN TABS PO .....	1
PROVELLA TABS PO .....	9	0.5 % .....	28	RA PRENATAL TABS PO .....	53
PROXEED PLUS PACK PO .....	49	PYRIDOXINE HCL POWD .....	67	RA PRENATAL TABS PO .....	53
PSE-DEXCHLORPHEN-		pyridoxine hcl SOLN .....	67	RA PROBIOTIC COLON CARE	
CHLOPHEDIANOL PO .....	19	pyridoxine hcl TABS PO 25 MG, 50		CAPS PO .....	9
pseudoephed-bromphen-dm SYRP		MG, 100 MG .....	67	RA PROBIOTIC COMPLEX CAPS	
PO 10 MG/5ML-30 MG/5ML-2		pyrithione zinc SHAM 1 % .....	23	PO .....	9
MG/5ML .....	19	QC BORIC ACID POWD .....	13	RA STERILE SALINE NASAL MIST	
pseudoephedrine hcl TABS PO ...	55	QC CASTOR OIL .....	13	SOLN .....	54
pseudoephedrine hcl TB12 PO ....	55	QC MEDIFIN PE TABS PO (Use		RA TRUEPLUS GLUCOSE GEL PO .	7
pseudoephedrine-guaifenesin TB12		phenylephrine-guaifenesin) .....	20	RANGER READY REPELLENT	
PO 1200 MG-120 MG, 600 MG-60		QGEL MEGA100 COENZYME Q10		LIQD .....	27
MG .....	19	CAPS PO .....	1	RECTICARE CREA (Use lidocaine	
pseudoephedrine-ibuprofen TABS		QUAD-PROBIOTIC CAPS PO .....	9	(anorectal)) .....	4
PO .....	20	QUFLORA FE .....	50	REFRESH .....	56
pseudoephedrine-naproxen sodium		QUICKVUE AT-HOME COVID-19		REFRESH CONTACTS DROPS	
PO .....	20	TEST KIT .....	29	SOLN .....	57
psyllium CAPS PO 0.52 GM, 400 MG		QUICKVUE SARS ANTIGEN TEST .		REFRESH DIGITAL .....	56
.....	33	29		REFRESH DIGITAL PF .....	56
psyllium POWD PO 25 %, 28.3 %, 51.7 % .....	34	QUIN B STRONG TABS PO .....	49	REFRESH LIQUIGEL GEL (Use	
PURE COMFORT FLOW METER		QUINTABS TABS PO .....	50	carboxymethylcellulose sodium	
ADULT .....	40	QUINTABS-M TABS PO .....	49	(ophth)) .....	56
PURE COMFORT FLOW METER		RA ADVANCED HEALING OINT ..25		REFRESH OPTIVE ADVANCED .56	
CHILD .....	40	RA B-COMPLEX/VITAMIN C CR		REFRESH OPTIVE ADVANCED PF	
PURE COMFORT SPACER		TBCR PO .....	44	57	
CHAMBER DEVI .....	40	RA CENTRAL-VITE TABS PO ....	50	REFRESH OPTIVE GEL .....	57

REFRESH OPTIVE MEGA-3 .....	57	REPEL SPORTSMEN MAX LOTN	27	THRT LIQD PO .....	20
REFRESH OPTIVE PF SOLN .....	57	REPEL TICK DEFENSE AERO ...	27	ROGAINE SOLN (Use minoxidil (topical)) .....	25
REFRESH OPTIVE SOLN (Use carboxymethylcellulose-glycerin) ..	57	REPLACEMENT FILTERS MISC .	40	ROGAINE WOMENS SOLN (Use minoxidil (topical)) .....	25
REFRESH PLUS SOLN (Use carboxymethylcellulose sodium (ophth)) .....	57	REPLESTA NX WAFR PO .....	66	RU-HIST D TABS PO .....	20
REFRESH RELIEVA PF SOLN ...	57	REPLESTA WAFR PO .....	66	RYMED TABS .....	20
REFRESH RELIEVA SOLN (Use carboxymethylcellulose-glycerin) ..	57	RESTORA CAPS PO .....	9	S2 (RACEPINEPHRINE) (Use racepinephrine hcl) .....	6
REFRESH TEARS PF SOLN .....	57	REUSABLE COMFORTSEAL MASK- LRG MISC .....	40	saccharomyces boulardii CAPS PO	9
REFRESH TEARS SOLN (Use carboxymethylcellulose sodium (ophth)) .....	57	REUSABLE COMFORTSEAL MASK- MED MISC .....	41	salicylic acid CREA 2 % .....	25
REGULOID POWD PO .....	34	REUSABLE COMFORTSEAL MASK- SML MISC .....	41	salicylic acid LIQD 2 %, 17 % .....	25
REJUVAFLOR CAPS PO .....	9	REVITAFLO CAPS PO .....	9	salicylic acid PADS 40 % .....	25
RELION GLUCOSE PO .....	7	riboflavin TABS PO 50 MG, 100 MG .	67	SALICYLIC ACID POWD .....	13
RELION KETONE TEST STRP ...	29	RISA-BID PROBIOTIC TABS PO ...	9	salicylic acid STRP .....	25
RENAPLEX-D TABS PO .....	50	RISACAL-D TABS PO .....	42	saline GEL .....	54
REPEL 100 LIQD .....	27	RISAQUAD CAPS PO .....	9	saline SOLN 0.65 % .....	54
REPEL FAMILY AERO .....	27	RISAQUAD-2 CAPS PO .....	9	SALONPAS-HOT PTCH (Use capsaicin) .....	26
REPEL FAMILY DRY AERO .....	27	RITEFLO DEVI .....	41	SAMI THE SEAL FILTERS MISC .	41
REPEL HUNTERS FORMULA AERO .....	27	RIVIVE LIQD .....	9	SAWYER INSECT REPELLENT LIQD .....	27
REPEL LEMON EUCALYPTUS AERO .....	27	ROBITUSSIN COUGH+CHEST CONG DM LIQD PO (Use dextromethorphan-guaifenesin) ...	20	SAWYER INSECT REPELLENT LOTN .....	27
REPEL MOSQUITO WIPES SHEE 27		ROBITUSSIN HONEY CGH/CHEST DM LIQD PO (Use dextromethorphan-guaifenesin) ...	20	SEBEX .....	23
REPEL SPORTSMEN AERO .....	27	ROBITUSSIN LONG-ACT COUGHGELS CAPS PO (Use dextromethorphan hbr) .....	14	selenium sulfide LOTN 1 % .....	23
REPEL SPORTSMEN DRY AERO 27		ROBITUSSIN PEAK COLD MULTI- SYM LIQD PO (Use phenylephrine w/ dm-gg) .....	20	selenium sulfide SHAM 1 % .....	23
REPEL SPORTSMEN MAX AERO 27		ROBITUSSIN SEVERE CGH/SR		SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	23
REPEL SPORTSMEN MAX LIQD .	27			SELSUN BLUE DAILY LOTN (Use selenium sulfide) .....	23
				SELSUN BLUE DEEP CLEANSING SHAM .....	25

SELSUN BLUE LOTN (Use selenium sulfide) .....	24	simethicone CHEW PO .....	30	.....	5
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) .....	23	simethicone LIQD PO 40 MG/0.6ML .	30	SODIUM BROMIDE .....	13
SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide) .....	24	simethicone SUSP PO 20 MG/0.3ML	30	sodium chloride (gu irrigant) 0.9 %	30
SELSUN BLUE NATURALS DRY SCALP SHAM .....	25	SIMILAC STERILIZED WATER .....	63	sodium chloride (inhalant) AERS ..	21
SENNAPLE PLUS CAPS PO .....	34	SIMPLY SALINE AERS .....	54	SODIUM CHLORIDE GRAN .....	44
SENNAPLE SYRP .....	35	SKIN PROTECTANT .....	64	sodium chloride hypertonic OINT ..	58
sennosides CAPS PO .....	35	skin protectants, misc. CREA .....	27	sodium chloride hypertonic SOLN ..	58
sennosides CHEW PO .....	35	skin protectants, misc. OINT .....	27	SODIUM CHLORIDE POWD .....	44
sennosides LIQD PO .....	35	SLO-NIACIN TBCR PO (Use niacin) .	67	sodium chloride SOLN PO 4	MEQ/ML .....
sennosides SYRP PO 8.8 MG/5ML	35	SLOW FE TBCR PO 45 MG (Use	ferrous sulfate) .....	32	SODIUM CHLORIDE SOLN PO 4
35		SLOW RELEASE IRON TBCR PO	32	MEQ/ML .....	44
sennosides TABS PO 8.6 MG, 15	MG, 17.2 MG, 25 MG .....	SLOW-MAG .....	43	SODIUM CHLORIDE SOLN PO 4	MEQ/ML .....
35		SLOWMAG MG MUSCLE/HEART	43	MEQ/ML .....	44
sennosides-docusate sodium TABS	PO .....	SM BENZOIN TINCTURE NFXI	TINC .....	30	sodium citrate & citric acid PO .....
34		SM BORIC ACID POWD .....	13	30	sodium ferric gluconate complex in
SENOKOT S TABS PO (Use	sennosides-docusate sodium) .....	SM CALAMINE LOTN .....	27	33	sucrose .....
34		SM CAMPHOR SPIRIT .....	13	33	sodium fluoride CHEW PO 0.25 MG,
SENOKOT TABS PO (Use	sennosides) .....	SM COLD & ALLERGY CHILDRENS	LIQD PO .....	43	0.5 MG .....
35		SM GLUCOSE PO .....	7	43	sodium fluoride SOLN PO 0.5
SENTRY TABS PO .....	50	SM IODINE TINCTURE TINC .....	12	43	MG/ML, 0.5 MG/ML .....
SESAME OIL .....	13	SMART SENSE GLUCOSE PO .....	7	43	MG/ML, 0.5 MG/ML .....
SIDESTREAM ADULT FACE MASK	MISC .....	SODIUM BENZOATE .....	63	43	sodium hypochlorite SOLN EX 0.25
41		sodium bicarbonate (antacid) TABS	PO 325 MG, 650 MG .....	12	%, 0.5 % .....
SIDESTREAM PEDIATRIC FACE	MASK MISC .....	SODIUM BICARBONATE POWD PO	.....	34	sodium phosphates ENEM PR .....
41		.....	.....	34	SOFIA2 SARS ANTIGEN FIA .....
SILICONE MASK/INFANT MISC ..	41	.....	.....	29	SOOTHENEB NBL 100 ADULT
SILICONE MASK/PEDIATRIC MISC .	41	.....	.....	41	MASK MISC .....
41		.....	.....	41	SOOTHENEB NBL 100 CHILD
simethicone CAPS PO 125 MG, 180	MG .....	.....	.....	41	MASK MISC .....
30		.....	.....	41	SOOTHENEB NBL 100 MED CUP
		.....	.....	41	MISC .....
		.....	.....	41	SOOTHENEB NBL 100 MESH CAP
		.....	.....	41	MISC .....
		.....	.....	27	SORBIDON HYDRATE CREA .....

SORBITOL PR 70 % .....	34	SUPER PROBIOTIC CAPS PO .....	9	SYSTANE ULTRA SOLN (Use polyethylene glycol-propylene glycol (ophth)) .....	57
SORBOLENE CREA .....	25	SUPER PROBIOTIC DIGESTIVE CAPS PO .....	9	TAB-A-VITE/IRON/BETA CAROTENE TABS PO .....	45
SPECTRAVITE TABS PO .....	50	SUPPORT-500 CAPS PO .....	50	TAGAMET HB 200 TABS PO (Use cimetidine) .....	64
SPEEDY SWAB COVID-19 ANTIGEN KIT .....	29	SUSPENDRX W/BITTERBLOC SWEET SUSP PO .....	63	TAGAMET HB TABS PO (Use cimetidine) .....	64
SPEEDY SWAB COVID-19/FLU A&B .....	29	SWIM EAR (Use isopropyl alcohol (otic)) .....	58	TARON FORTE PO .....	32
SPEEDY SWAB COVID-19/FLU HOME .....	29	SYRINGE DISPOSABLE .....	38	terbinafine hcl (topical) CREA .....	23
SPORTSCREME CREA (Use trolamine salicylate) .....	25	SYRINGE ECCENTRIC TIP .....	38	tetrahydrozoline hcl (ophth) 0.05 % .....	58
SSKI SOLN PO (Use potassium iodide (expectorant)) .....	21	SYRINGE FILTER/MILLEX-GS/25MM MISC .....	38	tetrahydrozoline-dextran-polyethylene glycol-povidone .....	58
STAHIST AD TABS .....	20	SYRINGE LUER LOCK .....	38	TGT GLUCOSE PO .....	7
STAHIST TP TABS .....	20	SYRINGE LUER SLIP .....	38	THERA M PLUS TABS PO .....	50
STOOL SOFTENER/LAXATIVE CAPS PO .....	34	SYRSPEND SF ALKA SUSR PO .....	63	THERA TABS PO .....	50
STRIVE DUAL ZONE PEAK FLOW MTR .....	41	SYRSPEND SF LIQD PO .....	63	THERA-D 4000 TABS PO .....	66
STROVITE ONE TABS PO .....	50	SYRSPEND SF PH4 SUSR PO .....	63	THERAFLU FLU & SORE THROAT PACK PO .....	20
STUART ONE CAPS .....	53	SYRSPEND SF SUSR PO .....	63	THERAFLU SEVERE COLD PACK PO (Use dextromethorphan-phenylephrine-acetaminophen) .....	20
STUDIO 35 MOISTURIZING SKIN CREA .....	25	SYSTANE BALANCE (Use propylene glycol (ophth)) .....	57	THERAFLU SEVERE COLD/CGH NIGHT PACK PO (Use diphenhydramine-phenylephrine-acetaminophen) .....	20
SUDAFED CHILDRENS LIQD PO .....	55	SYSTANE COMPLETE (Use propylene glycol (ophth)) .....	57	THERAGRAM-M PREMIER 50 PLUS TABS PO .....	50
SUDAFED PE SINUS CONGESTION TABS PO (Use phenylephrine hcl (oral)) .....	55	SYSTANE GEL .....	57	THERA-M TABS PO .....	50
SUDAFED SINUS CONGESTION TABS PO (Use pseudoephedrine hcl) .....	55	SYSTANE HYDRATION PF SOLN (Use polyethylene glycol-propylene glycol (ophth)) .....	57	THERAMILL FORTE CAPS PO .....	50
SUDAFED TABS PO (Use pseudoephedrine hcl) .....	55	SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % (Use polyethylene glycol-propylene glycol (ophth)) .....	57	THERAPEUTIC DANDRUFF SHAM .....	25
SUPER ANTIOXIDANT CAPS PO .....	50	SYSTANE SOLN (Use polyethylene glycol-propylene glycol (ophth)) .....	57	THERAPEUTIC MOISTURIZING	
SUPER DAILY D3 LIQD PO .....	66	SYSTANE ULTRA PF SOLN (Use polyethylene glycol-propylene glycol (ophth)) .....	57		

CREA .....	25	triamcinolone acetonide (nasal) AERO .....	54	MISC .....	36
THERAPEUTIC T+PLUS MAX ST SHAM .....	25	TRIAMINIC COLD/COUGH DAY TIME SYRP PO .....	20	TRUSTEX LUB/SPERMICIDE XL MISC .....	36
THERA-TABS M TABS PO .....	50	TRIAMINIC NIGHT TIME COLD/CGH SYRP .....	20	TRUSTEX LUBRICATED EX LARGE MISC .....	36
THERATEARS GEL (Use carboxymethylcellulose sodium (ophth)) .....	57	TRIFERIC PACK .....	33	TRUSTEX LUBRICATED EXTRA ST MISC .....	36
THERATEARS STERILID CLEANSER SOLN .....	27	triprolidine & pseudoephedrine TABS PO .....	20	TRUSTEX LUBRICATED MISC ...	36
THERA-VITE MAX-M TABS PO ...	50	triprolidine hcl LIQD PO 0.625 MG/ML, 0.938 MG/ML .....	10	TRUSTEX LUBRICATED/SPERMICIDE MISC	36
THEREMS TABS PO .....	50	TROJAN ENZ MISC .....	36	TRUSTEX NON-LUBRICATED MISC .....	36
THEREMS-M TABS PO .....	50	TROJAN MAGNUM MISC .....	36	TRUSTEX RIA LUB/SPERMICIDE MISC .....	36
THERMOTABS TABS PO .....	43	TROJAN ULTRA THIN MISC .....	36	TRUSTEX RIA LUBRICATED MISC .	36
thiamine hcl SOLN .....	67	TROJAN ULTRA THIN/SPERMICIDAL MISC .....	36	TRUSTEX RIA NON-LUBRICATED MISC .....	36
thiamine hcl TABS PO 50 MG, 100 MG .....	67	TROJAN-ENZ LUBRICATED MISC	36	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC .....	36
thiamine mononitrate TABS PO 100 MG .....	67	TROJAN-ENZ/SPERMICIDAL MISC .	36	TRUZONE PEAK FLOW METER .	41
THIK & CLEAR .....	63	trolamine salicylate CREA .....	25	TUBING/WING TIP MISC .....	41
TINACTIN AERP (Use tolnaftate) .	23	TRUBIOTICS CAPS PO .....	9	TUMS CHEW PO (Use calcium carbonate (antacid)) .....	6
TINACTIN CREA (Use tolnaftate) .	23	TRUBIOTICS DIGEST + IMM HEALTH CAPS PO .....	9	TUMS CHEWY BITES CHEW PO (Use calcium carbonate (antacid)) ...	5
TINACTIN DEODORANT AERP (Use tolnaftate) .....	23	TRUE COVER DEVI .....	36	TUMS CHEWY BITES ULTRA STR CHEW PO 1000 MG (Use calcium carbonate (antacid)) .....	5
TINACTIN JOCK ITCH AERP (Use tolnaftate) .....	23	TRUE MULTIVITAMIN TABS PO .	50	TUMS CHEWY DELIGHTS CHEW PO .....	5
tioconazole vaginal 6.5 % .....	65	TRUELYTE SOLN PO .....	43	TUMS E-X 750 CHEW PO (Use calcium carbonate (antacid)) .....	5
TM-DAILY VITE TABS PO .....	50	TRUEPLUS GLUCOSE CHEW PO .	7	TUMS EXTRA STRENGTH 750 CHEW PO (Use calcium carbonate	
tolnaftate AERP .....	23	TRUEPLUS GLUCOSE GEL PO ...	7		
tolnaftate CREA .....	23	TRUEPLUS GLUCOSE ON THE GO CHEW PO .....	7		
tolnaftate LIQD .....	23	TRUSTEX LUB/RIBBED/STUDED MISC .....	36		
tolnaftate POWD EX .....	23	TRUSTEX LUB/SPERMICIDE EX ST			
tolnaftate SOLN .....	23				
TRANSFER PIN MISC .....	36				

(antacid) .....	5	TYLENOL CHILDRENS COLD/FLU SUSP PO (Use phenylephrine- chlorpheniramine-dm w/ apap) ....	20	COUGH/CONGEST LIQD PO (Use phenylephrine-dm-gg w/ apap) ....	21
TUMS EXTRA STRENGTH CHEW PO 750 MG (Use calcium carbonate (antacid)) .....	5	TYLENOL CHILDRENS PAIN + FEVER SUSP PO (Use acetaminophen) .....	3	ULTICARE SYRINGE .....	38
TUMS EXTRA STRENGTH CHEW PO 750 MG (Use calcium carbonate (antacid)) .....	6	TYLENOL CHILDRENS PLUS MS COLD SUSP PO (Use phenylephrine-chlorpheniramine-dm w/ apap) .....	20	ULTICARE TUBERCULIN SAFETY SYR .....	38
TUMS LASTING EFFECTS CHEW PO (Use calcium carbonate (antacid)) .....	6	TYLENOL CHILDRENS SUSP PO (Use acetaminophen) .....	3	ULTRA COQ10 CAPS .....	1
TUMS SMOOTHIES CHEW PO (Use calcium carbonate (antacid)) .....	6	TYLENOL COLD & HEAD TABS PO (Use phenylephrine-acetaminophen- guaifenesin) .....	20	ULTRA OMEGA-3 FISH OIL CAPS PO .....	56
TUMS ULTRA 1000 CHEW PO (Use calcium carbonate (antacid)) .....	6	TYLENOL COLD/FLU SEVERE TABS PO (Use phenylephrine-dm-gg w/ apap) .....	21	ULTRATHON INSECT REPELLENT 8 AERO .....	27
TUMS ULTRA STRENGTH CHEW PO 1000 MG (Use calcium carbonate (antacid)) .....	6	TYLENOL COLD/FLU/COUGH NIGHT LIQD PO (Use phenylephrine-doxylamine- dextromethorphan-acetaminophen)	21	ULTRATHON INSECT REPELLENT LOTN .....	27
TUSICOF LIQD PO .....	20	TYLENOL EXTRA STRENGTH TABS PO (Use acetaminophen) ....	3	UNISOM SLEEPGELS CAPS PO (Use diphenhydramine hcl (sleep))	33
TUSNEL DM LIQD PO .....	20	TYLENOL FOR CHILDREN + ADULTS SUSP PO (Use acetaminophen) .....	3	UNISOM SLEEPTABS PO (Use doxylamine succinate (sleep)) ....	33
TUSNEL LIQD PO .....	20	TYLENOL INFANTS PAIN+FEVER SUSP PO (Use acetaminophen) ....	3	UNISPEND ANHYDROUS SWEETENED SUSP PO .....	63
TUSNEL PEDIATRIC LIQD PO 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML .....	20	TYLENOL PM EXTRA STRENGTH TABS PO (Use diphenhydramine- acetaminophen (sleep)) .....	33	UNIVERSAL SYRINGE TIP ADAPTOR MISC .....	38
TUSNEL TABS PO .....	20	TYLENOL SINUS SEVERE TABS PO (Use phenylephrine- acetaminophen-guaifenesin) .....	21	UP & UP GLUCOSE PO .....	7
TUSNEL-DM PEDIATRIC LIQD PO 1.25 MG/ML-25 MG/ML-2.5 MG/ML 20	20	TYLENOL TABS PO (Use acetaminophen) .....	3	UPCAL D PACK PO 500 UNIT-500 MG .....	42
TUSSI-PRES PEDIATRIC LIQD PO (Use phenylephrine w/ dm-gg) ....	20	TYLENOL WARMING		UPCAL D POWD .....	42
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR PO (Use acetaminophen) .....	3			urea CREA 10 %, 20 % .....	24
TYLENOL 8 HOUR TBCR PO (Use acetaminophen) .....	3			urea LOTN 10 % .....	24
TYLENOL CHILDRENS CHEWABLES CHEW PO (Use acetaminophen) .....	3			VALINE POWD XX .....	56
				VANACOF DM LIQD PO (Use phenylephrine w/ dm-gg) .....	21
				VANACOF DMX LIQD PO .....	21
				VANACOF PO .....	21
				VANACOF XP LIQD PO .....	21
				VANALICE GEL .....	28
				VANATAB DM TABS PO .....	21

VANICREAM CREA .....	25	VITACHEW MULTIPLE VITAMIN CHEW PO .....	51	vitamins w/ lipotropics TABS PO ..	53
VANICREAM HC MAXIMUM STRENGTH CREA .....	24	VITAJEY MULTI GUMMIES ADULT CHEW PO .....	50	VITAROCA PLUS TABS PO (Use multiple vitamins w/ minerals) .....	50
VANISHPOINT SAFETY SYRINGE . 38		VITAL-D RX .....	45	VITATRUM TABS PO .....	50
VANISHPOINT SYRINGE .....	38	VITALETS CHILDRENS CHEW PO 51		VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) . 23	
VANISHPOINT TUBERCULIN SYRINGE MISC .....	38	vitamin a CAPS PO .....	66	VORTEX HOLD CHMBR/MASK/CHILD DEVI .....	41
VENOFER .....	33	VITAMIN A PALMITATE TABS PO 66		VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	41
VICKS NYQUIL COLD & FLU LIQD PO (Use dextromethorphan-doxylamine-acetaminophen) .....	21	vitamin a TABS PO 10000 UNIT ..	66	VORTEX VALVED HOLDING CHAMBER DEVI .....	41
VICKS NYQUIL COLD & FLU NIGHT LIQD PO (Use dextromethorphan-doxylamine-acetaminophen) .....	21	VITAMIN C CHEW .....	45	WAL-FLU SEVERE COLD NIGHT TIME PACK PO .....	21
VICKS NYQUIL COUGH LIQD PO (Use doxylamine-dm) .....	21	VITAMIN C POWD PO .....	67	WALGREENS GLUCOSE PO .....	7
VICKS NYQUIL HBP COLD & FLU LIQD PO (Use dextromethorphan-doxylamine-acetaminophen) .....	21	VITAMIN C TABS PO .....	67	water for irrigation, sterile .....	44
VICKS SINEX 12 HOUR DECONGEST SOLN (Use oxymetazoline hcl) .....	55	VITAMIN D (ERGOCALCIFEROL) CAPS PO .....	66	WATER ORAL LIQD PO .....	29
VICKS SINEX MOISTURIZING SOLN (Use oxymetazoline hcl) .....	55	VITAMIN D2 TABS .....	66	WESTUSSIN DM .....	21
VICKS SINEX SEVERE DECONGEST SOLN (Use oxymetazoline hcl) .....	55	VITAMIN D3 IMMUNE HEALTH LIQD PO .....	66	wheat dextrin POWD PO .....	34
VICKS SINEX SEVERE SOLN (Use oxymetazoline hcl) .....	55	VITAMIN D3 LIQD PO 25 MCG/SPRAY, 30 MCG/15ML, 125 MCG/0.5ML, 125 MCG/ML .....	66	WHITE PETROLATUM OINT .....	64
VICKS VAPO STEAM (Use camphor (inhalant)) .....	21	VITAMIN D3 TABS PO (Use cholecalciferol) .....	66	white petrolatum-mineral oil .....	57
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth)) .....	58	VITAMIN D3 TABS PO .....	66	witch hazel (hamamelis virginiana) PADS 50 % .....	27
VITABEX PLUS CAPS PO .....	50	VITAMIN D3 TBDP .....	66	XCELLENT E CAPS PO .....	66
VITACHEW ADULT MULTI VITAMIN CHEW PO .....	50	vitamin e CAPS PO .....	66	XERAC AC .....	27
		vitamin e OIL PO .....	66	XYZAL ALLERGY 24HR TABS PO (Use levocetirizine dihydrochloride) 11	
		vitamin e SOLN PO .....	66	YELETS TEENAGE FORMULA TABS PO .....	50
		VITAMIN E TABS PO 100 UNIT, 100 UNIT .....	66	YOUR LIFE MULTI ADULT GUMMIES CHEW PO .....	50
		vitamins a & d (topical) OINT .....	25	ZADITOR 0.035 % (Use ketotifen	
		VITAMINS ACD-FLUORIDE SOLN PO .....	51		



fumarate (ophth))	58	CHEW PO 10 MG (Use cetirizine hcl)	11
ZARBEES SOOTHING SALINE		ZYRTEC CHILDRENS ALLERGY	
MIST AERS	54	SOLN PO (Use cetirizine hcl)	11
ZATEAN-PN DHA PO	53	ZYRTEC-D ALLERGY &	
Z-BUM CREA	27	CONGESTION PO (Use cetirizine-	
ZEGERID CAPS PO 1100 MG-20		pseudoephedrine)	21
MG (Use omeprazole-sodium		ZYRTEC-D ALLERGY & SINUS PO	
bicarbonate)	65	(Use cetirizine-pseudoephedrine)	21
ZEGERID OTC CAPS PO (Use		ZZZQUIL CAPS PO (Use	
omeprazole-sodium bicarbonate)	65	diphenhydramine hcl (sleep))	33
ZENOPTIQ SOLN	27	ZZZQUIL LIQD PO (Use	
ZE-PLUS CAPS PO (Use multiple		diphenhydramine hcl (sleep))	33
vitamin)	50		
ZIKS ARTHRITIS PAIN RELIEF			
CREA	25		
ZINC LOZG PO	50		
zinc oxide (topical) OINT 20 %, 25 %, 40 %	27		
zinc oxide (topical) PSTE 40 %	28		
ZINC OXIDE CREA	28		
zinc sulfate CAPS PO	44		
ZINC SULFATE GRAN	44		
ZINC SULFATE HEPTAHYDRATE	44		
ZINC SULFATE MONOHYDRATE	44		
ZINC W/A&C	44		
ZYRTEC ALLERGY CAPS PO (Use			
cetirizine hcl)	11		
ZYRTEC ALLERGY TABS PO (Use			
cetirizine hcl)	11		
ZYRTEC CHEW PO 10 MG (Use			
cetirizine hcl)	11		
ZYRTEC CHILDRENS ALLERGY			