



## CareSource Planning for Healthy Babies (P4HB) Inter-Pregnancy Care (IPC)

7/1/2024

### INTRODUCTION

This is the 2024 **CareSource Medicaid Formulary or Preferred Drug List (PDL)**. This list can help providers in picking clinically appropriate and lower priced products. All Georgia Medicaid drugs are covered by CareSource. This is just a list of preferred drugs.

These drugs have been reviewed by the CareSource Pharmacy and Therapeutics (P&T) Committee. The list is up to date at the time of review.

We do not promise the accuracy of the data. It is also not meant to be a full list. It does not substitute for the provider's knowledge, skill and judgment. All the data in the list is a guide. Providers are fully responsible for all drug choices.

The list is subject to state-specific laws and rules. This can be, but is not limited to:

- those about generic option
- controlled substance schedules
- brand preference
- mandatory generics (when it applies)

We take no responsibility for the actions or gaps of any provider. They should review the drug maker's product data or standard references.

### PREFACE

The list is set up in sections. Each section is split up by therapeutic drug class by method of action. Products are listed by generic name. The brand name is also listed. This is for information only. Unless the drug is an injection or special case, the dosage, forms and strengths are listed.

### P&T COMMITTEE

A national P&T Committee are used to approve safe and useful drug therapies. It is made up of:

- the plan's medical directors
- pharmacy staff
- those in the medical community

### DRUG COVERAGE DETAILS

Only a strength, dosage or other formulation may be covered if listed. Other strengths/dosages/formulations are not covered. For example: injectable forms of the product. Extended- and delayed-release products have their own listing.

### **metformin Glucophage**

The immediate-release product listing would not have the extended-release product.

### **metformin ext-rel Glucophage XR**

A second listing shows the extended-release product.

Dosage forms will be part of the section where listed.

### **Neomycin/polymyxin B/hydrocortisone Cortisporin**

Cortisporin is only in the OTIC list. It is limited to the solution and suspension. The cream cannot be assumed to be on the list. It would need to be part of the DERMATOLOGY section.

### **Prior Authorizations (PA)**

CareSource may need providers to send us why a drug or amount is needed. This is called a PA. CareSource must approve this before a member can get the drug. "PA" means that a PA is needed. Here are some reasons for a PA:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug needs special handling, monitoring or has limited shipping.
- There are other drugs that must be tried first.

### **PA Requests**

Health partners may ask for a PA online or by fax. Find out more on the Providers page at **CareSource.com**. We may not approve a PA ask for a drug. If we don't, we will tell the member how to appeal.

### **Quantity Limits**

Some drugs have limits on how much can be given at a time. "QL" is used to show there is a quantity limit. QLs are based on the drug makers' suggested dosing. Patient safety is also kept in mind. Therapy with opioid analgesics may have quantity limits. These are based on drug makers' recommended dosing and/or state regulations.

The quantity limits are in the list below.

### **Step Therapy**

Members may need to try one drug before taking another. This is called Step Therapy. One drug must be tried before another will be approved for use. CareSource will cover some drugs only if the Step Therapy protocol is followed. "ST" is used in the list when it is needed.

## **Generic Substitution and Therapeutic Interchange**

Generic substitution is a pharmacy action. A generic version is given instead of a brand-name product. Italic type means there is a generic. Not all strengths or dosage forms of the generic may be generically on hand. A brand-name drug that has a generic product will become non-formulary. The generic product will be covered in place of the brand-name product. The list is subject to state-specific regulations and rules about generic substitution.

Generic drugs are often priced lower than the brand-name. They should be prescribed first if the standards are followed. Prescription generic drugs are:

- Approved by the U.S. FDA. This is for safety and effectiveness. They are made under the same strict standards as brand-name products.
- Tested in humans. The generic must be absorbed at the same rate as the brand-name product. They may differ from the brand in size, color, and inactive ingredients. This does not alter their use.
- Made in the same strength and dosage form as the brand-name products.

A generic drug will have the same effect and safety as the brand name.

## **PLAN DESIGN**

The list shows a closed formulary plan design. The drugs listed are covered by the plan as listed. Certain drugs are covered if utilization management standards are met. This can be ST, PA, and/or QL. Asks for drugs outside of the listed standards will be reviewed. If a drug is not listed, a formulary exception may be asked for coverage. Medical need or formulary exception asks will be reviewed. This is based on PA measures or standard non-formulary prescription criteria. A member or a provider can ask for a formulary exception. Fill out the form found on the PDL page at **CareSource.com**.

## **NOTICE**

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This list has brand-name prescription drugs that are trademarks or registered trademarks.

CareSource does not operate the organizations listed here. CareSource is not responsible for the reliability of the content. These listings are not a recommendation by **CareSource**.

**Note: this list is updated regularly. Changes may show before their effective date.**

**List of Abbreviations**

**1:** Preferred generic product

**2:** Preferred brand product

**ACA:** Affordable Care Act

**AR:** Age Restriction. For certain drugs, the drug may be covered for members in a certain age range without a prior authorization.

**OTC:** Over-the-Counter. An OTC drug is a non-prescription drug.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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## CURRENT AS OF 7/1/2024

Drug Name	Tier	Restrictions / Limits
<b>ANALGESICS</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diflunisal</i>	1	
<i>ketorolac oral</i>	1	QL (20 EA per 30 days)
<b>ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
<b>ANTIARTHRITICS</b>		
<i>celecoxib</i>	1	ST
<i>colchicine oral tablet</i>	1	QL (1 EA per 1 day)
<i>diclofenac sodium oral</i>	1	
<i>diclofenac-misoprostol</i>	1	
EC-NAPROXEN	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet</i>	1	
<i>probenecid</i>	1	
<i>sulindac</i>	1	
<b>ANTIASTHMATICS</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (4 GM per 90 days)

Drug Name	Tier	Restrictions / Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	1	
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
ATROVENT HFA	2	QL (65 GM per 30 days)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
COMBIVENT RESPIMAT	2	QL (4 GM per 30 days)
<i>cromolyn inhalation</i>	1	QL (8 ML per 1 day)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	
ELIXOPHYLLIN	2	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL (22 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	2	QL (1 EA per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (2 EA per 1 day)
<i>ipratropium bromide inhalation</i>	1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
<i>levalbuterol tartrate</i>	2	QL (1 GM per 1 day)
<i>montelukast</i>	1	
SEREVENT DISKUS	2	QL (2 EA per 1 day)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	1	
THEO-24	2	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRELEGY ELLIPTA	2	PA; QL (1 EA per 28 days)
<b>ANTIBIOTICS</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin</i>	1	
AVIDOXY	1	
<i>azithromycin oral</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>dapsone oral</i>	1	
<i>dicloxacillin</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
E.E.S. 400	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	
ERYTHROCIN (AS STEARATE)	1	

Drug Name	Tier	Restrictions / Limits
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>levofloxacin oral</i>	1	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL (70 GM per 30 days)
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
MONDOXYNE NL	1	
MORGIDOX	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
<i>neomycin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>ofloxacin oral</i>	1	QL (2 EA per 1 day)
<i>penicillin v potassium</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM	1	
<i>tetracycline oral capsule</i>	1	
<i>trimethoprim</i>	1	
URETRON D-S	1	
URO-458	1	
URYL	1	
<i>vancomycin oral capsule</i>	1	PA
VANDAZOLE	1	QL (70 GM per 30 days)

Drug Name	Tier	Restrictions / Limits
<b>ANTICOAGULANTS</b>		
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	1	
JANTOVEN	1	
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
XARELTO ORAL TABLET 2.5 MG	2	ST
<b>ANTIFUNGALS</b>		
<i>clotrimazole mucous membrane</i>	1	
<i>fluconazole</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>ketoconazole oral</i>	1	
NATACYN	2	QL (15 ML per 30 days)
<i>nystatin oral suspension</i>	1	
<i>terbinafine hcl oral</i>	1	QL (1 EA per 1 day)
<i>terconazole</i>	1	
<i>voriconazole oral</i>	1	PA
<b>ANTIHYPER-GLYCEMICS</b>		
<i>acarbose</i>	1	
<i>alogliptin</i>	2	ST
<i>alogliptin-metformin</i>	2	ST
<i>alogliptin-pioglitazone</i>	2	ST
<i>glimepiride</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (4 EA per 1 day)



Drug Name	Tier	Restrictions / Limits
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (2 EA per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (16 EA per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (260 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (5 EA per 1 day)
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
<i>insulin glargine-yfgn</i>	2	
<i>insulin lispro subcutaneous insulin pen</i>	2	QL (45 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	2	QL (1 ML per 1 day)
<i>insulin lispro subcutaneous solution</i>	2	QL (45 ML per 30 days)
INVOKAMET	1	ST
INVOKAMET XR	1	
INVOKANA	1	ST
<i>metformin oral solution</i>	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	ST
<i>nateglinide</i>	1	
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	1	ST
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	2	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
SEGLUROMET	2	ST; QL (2 EA per 1 day)
STEGLATRO	2	ST; QL (1 EA per 1 day)
<b>ANTIINFECTIVES/ MISCELLANEOUS</b>		
CUTTER BACKWOODS	OTC	QL (1 prescription claim per 30 days)
CUTTER BACKWOODS DRY	OTC	QL (1 prescription claim per 30 days)
CUTTER LEMON EUCALYPTUS	OTC	QL (1 prescription claim per 30 days)
CUTTER NATURAL INSECT REPELLNT	OTC	QL (1 prescription claim per 30 days)
CUTTER NATURAL REPELLENT2	OTC	QL (1 prescription claim per 30 days)
CUTTER SKINSATIONS TOPICAL SPRAY, NON-AEROSOL	OTC	QL (1 prescription claim per 30 days)
INSECT REPELLENT (DEET)	OTC	QL (1 prescription claim per 30 days)
INSECT REPELLENT (PICARIDIN)	OTC	QL (1 prescription claim per 30 days)
NATRAPEL TOPICAL AEROSOL, SPRAY	OTC	QL (1 prescription claim per 30 days)
OFF ACTIVE	OTC	QL (1 prescription claim per 30 days)

Drug Name	Tier	Restrictions / Limits
OFF DEEP WOODS DRY	OTC	QL (1 prescription claim per 30 days)
OFF DEEP WOODS SPORTSMEN	OTC	QL (1 prescription claim per 30 days)
OFF DEEP WOODS TOPICAL AEROSOL,SPRAY	OTC	QL (1 prescription claim per 30 days)
OFF DEEP WOODS TOPICAL SPRAY, NON-AEROSOL	OTC	QL (1 prescription claim per 30 days)
OFF FAMILYCARE (WITH DEET)	OTC	QL (1 prescription claim per 30 days)
OFF FAMILYCARE(WITH PICARIDIN)	OTC	QL (1 prescription claim per 30 days)
RANGER READY REPELLENT	OTC	QL (1 prescription claim per 30 days)
REPEL 100	OTC	QL (1 prescription claim per 30 days)
REPEL FAMILY	OTC	QL (1 prescription claim per 30 days)
REPEL HUNTER'S	OTC	QL (1 prescription claim per 30 days)
REPEL LEMON EUCALYPTUS	OTC	QL (1 prescription claim per 30 days)
REPEL SPORTSMEN	OTC	QL (1 prescription claim per 30 days)

Drug Name	Tier	Restrictions / Limits
REPEL SPORTSMEN DRY	OTC	QL (1 prescription claim per 30 days)
REPEL SPORTSMEN MAX	OTC	QL (1 prescription claim per 30 days)
REPEL TICK DEFENSE	OTC	QL (1 prescription claim per 30 days)
TOTAL HOME INSECT REPELLENT	OTC	QL (1 prescription claim per 30 days)
ULTRATHON	OTC	QL (1 prescription claim per 30 days)
<b>ANTINEOPLASTICS</b>		
VOTRIENT	2	
<b>ANTIPLATELET DRUGS</b>		
BRILINTA	2	PA; ST
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	
<i>prasugrel</i>	1	
<b>ANTIVIRALS</b>		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
LAGEVRIO (EUA)	2	
<i>valacyclovir</i>	1	
<b>AUTONOMIC DRUGS</b>		
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	1	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (3 EA per 1 day)
<i>midodrine</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<b>BIOLOGICALS</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	
BOOSTRIX TDAP	2	
ENGERIX-B (PF)	2	
ENGERIX-B PEDIATRIC (PF)	2	
HEPLISAV-B (PF)	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	
RHOGAM ULTRA-FILTERED PLUS	2	
TDVAX	2	
TENIVAC (PF)	2	

Drug Name	Tier	Restrictions / Limits
<b>BLOOD</b>		
<i>pentoxifylline</i>	1	
<b>CARDIAC DRUGS</b>		
<i>amiodarone oral tablet 200 mg</i>	1	
<i>amlodipine</i>	1	
CARTIA XT	1	
DIGITEK	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
DILT-XR	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>felodipine</i>	1	
<i>flecainide</i>	1	
<i>isosorbide mononitrate</i>	1	
MATZIM LA	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>propafenone</i>	1	
<i>ranolazine</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	1	
<b>CARDIOVASCULAR</b>		
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<b>CHOLESTYRAMINE LIGHT</b>	1	
<i>cholestyramine-aspartame</i>	1	
<i>clonidine</i>	1	
<i>colestipol oral tablet</i>	1	
<i>doxazosin</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	

Drug Name	Tier	Restrictions / Limits
ENTRESTO	2	PA
<i>ezetimibe</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>gemfibrozil</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>methyldopa</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	1	
<i>minoxidil oral</i>	1	
<i>nadolol</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>pravastatin</i>	1	
PREVALITE	1	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>ramipril</i>	1	
<i>rosuvastatin</i>	1	
<i>salmon oil-omega-3 fatty acids</i>	OTC	
<i>simvastatin</i>	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin</i>	1	
<i>trandolapril</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>CNS DRUGS</b>		
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clobazam</i>	1	ST
<i>clonazepam oral tablet</i>	1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	2	
<i>divalproex</i>	1	
EPITOL	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FYCOMPA	2	ST
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	1	QL (9 EA per 1 day)
<i>gabapentin oral solution</i>	1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 EA per 1 day)
<i>lamotrigine oral tablet</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral</i>	1	
<i>oxcarbazepine</i>	1	
OXTELLAR XR	2	PA
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	1	PA; QL (30 ML per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
ROWEEPRA	1	
ROWEEPRA XR	1	
SUBVENITE	1	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
<i>zonisamide</i>	1	
<b>CONTRACEPTIVES</b>		
AFIRMELLE	1	
ALTAVERA (28)	1	
ALYACEN 1/35 (28)	1	
ALYACEN 7/7/7 (28)	1	
AMETHIA	1	QL (1 EA per 1 day)
AMETHYST (28)	1	QL (1 EA per 1 day)
APRI	1	
ARANELLE (28)	1	
ASHLYNA	1	QL (1 EA per 1 day)
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	

Drug Name	Tier	Restrictions / Limits
AUROVELA 1/20 (21)	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30 (28)	1	
AUROVELA FE 1-20 (28)	1	
AVIANE	1	
AYUNA	1	
AZURETTE (28)	1	
BALZIVA (28)	1	
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30 (28)	1	
BLISOVI FE 1/20 (28)	1	
BRIELLYN	1	
CAMILA	1	
CAMRESE	1	QL (1 EA per 1 day)
CAMRESE LO	1	QL (1 EA per 1 day)
CAYA CONTOURED	2	QL (2 EA per 365 Days)
CAZIAN (28)	1	
CHATEAL (28)	1	
CHATEAL EQ (28)	1	
CRYSSELLE (28)	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
DASETTA 7/7/7 (28)	1	
DAYSEE	1	QL (1 EA per 1 day)
DEBLITANE	1	
DEPO-SUBQ PROVERA 104	2	
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>drospirenone-ethinyl estradiol</i>	1	
ELINEST	1	
ELURYNG	1	
ENPRESSE	1	
ENSKYCE	1	
ERRIN	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
FALMINA (28)	1	
FEMCAP	2	QL (2 EA per 365 Days)
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
HEATHER	1	
INCASSIA	1	
ISIBLOOM	1	
JASMIEL (28)	1	
JENCYCLA	1	
JOLESSA	1	QL (1 EA per 1 day)
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	
JUNEL FE 1.5/30 (28)	1	
JUNEL FE 1/20 (28)	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KARIVA (28)	1	
KELNOR 1/35 (28)	1	
KELNOR 1-50 (28)	1	
KURVELO (28)	1	

Drug Name	Tier	Restrictions / Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (1 EA per 1 day)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	1	
LARIN 1.5/30 (21)	1	
LARIN 1/20 (21)	1	
LARIN 24 FE	1	
LARIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1	
LAYOLIS FE	1	
LEENA 28	1	
LESSINA	1	
LEVONEST (28)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	1	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	1	
LEVORA-28	1	
LORYNA (28)	1	
LOW-OGESTREL (28)	1	
LO-ZUMANDIMINE (28)	1	
LUTERA (28)	1	
LYZA	1	
MARLISSA (28)	1	
<i>medroxyprogesterone intramuscular</i>	1	
MICROGESTIN 1.5/30 (21)	1	

Drug Name	Tier	Restrictions / Limits
MICROGESTIN 1/20 (21)	1	
MICROGESTIN FE 1.5/30 (28)	1	
MICROGESTIN FE 1/20 (28)	1	
MILI	1	
MONO-LINYAH	1	
NECON 0.5/35 (28)	1	
NIKKI (28)	1	
NORA-BE	1	
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7 (28)	1	
OCELLA	1	
PHILITH	1	
PIMTREA (28)	1	
PORTIA 28	1	
RECLIPSEN (28)	1	
SETLAKIN	1	QL (1 EA per 1 day)
SHAROBEL	1	
SIMLIYA (28)	1	
SIMPESSE	1	QL (1 EA per 1 day)
SPRINTEC (28)	1	
SRONYX	1	
SYEDA	1	



Drug Name	Tier	Restrictions / Limits
TARINA 24 FE	1	
TARINA FE 1/20 (28)	1	
TARINA FE 1-20 EQ (28)	1	
TILIA FE	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-SPRINTEC (28)	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TULANA	1	
VELIVET TRIPHASIC REGIMEN (28)	1	
VESTURA (28)	1	
VIENVA	1	
VIORELE (28)	1	
VYFEMLA (28)	1	
VYLIBRA	1	
WERA (28)	1	
WIDE-SEAL DIAPHRAGM 60	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 65	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 70	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 75	2	QL (2 prescription claim(s) per 365 days)

Drug Name	Tier	Restrictions / Limits
WIDE-SEAL DIAPHRAGM 80	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 85	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 90	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 95	2	QL (2 prescription claim(s) per 365 days)
WYMZYA FE	1	
XULANE	1	
ZAFEMY	1	
ZARAH	1	
ZOVIA 1-35 (28)	1	
ZUMANDIMINE (28)	1	
<b>DIURETICS</b>		
<i>acetazolamide</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>chlorthalidone</i>	1	
<i>eplerenone</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>torseamide</i>	1	



Drug Name	Tier	Restrictions / Limits
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	1	
<b>ELECT/CALORIC/H2O</b>		
CALCIUM 500 + D ORAL TABLET 500 MG-5 MCG (200 UNIT)	OTC	
CALCIUM 500 WITH D	OTC	
CALCIUM 600 WITH VITAMIN D3 ORAL CAPSULE	OTC	
<i>calcium acetate(phosphat bind)</i>	1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-25 mcg (1,000 unit)</i>	OTC	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	OTC	
CALCIUM WITH VITAMIN D	OTC	
CENTRATEX	OTC	
CHROMAGEN(SUMALATE-QUATREFOLI)	OTC	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	OTC	
DEX4 GLUCOSE POUCH PACK	OTC	
DEX4 GLUCOSE QUICK DISSOLVE	OTC	

Drug Name	Tier	Restrictions / Limits
<i>dextrose oral gel</i>	OTC	
FEROCON	OTC	
FERROCITE PLUS	OTC	
<i>fluoride (sodium) oral</i>	OTC	
GLUCO BURST	OTC	
GLUCOSE GEL	OTC	
<i>glucose oral tablet,chewable 4 gram</i>	OTC	
GLUTOSE-15	OTC	
GLUTOSE-45	OTC	
GLUTOSE-5	OTC	
HEMATINIC PLUS VIT/MINERALS	OTC	
HEMATINIC/FOLIC ACID	OTC	
HEMATOGEN FORTE	OTC	
HEMOCYTE-F	OTC	
HEMOCYTE-PLUS	OTC	
HI-CAL PLUS VIT D	OTC	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
LIQUID CALCIUM WITH VITAMIN D	OTC	
OS-CAL 500 + D3 ORAL TABLET 500 MG-15 MCG (600 UNIT)	OTC	
OYSCO 500/D	OTC	
OYSTER SHELL + D3	OTC	
OYSTER SHELL CALCIUM-VIT D3	OTC	
OYSTERCAL-D	OTC	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium citrate-citric acid</i>	OTC	
TRICON	OTC	
TRIGELS-F FORTE	OTC	
<b>GASTRO- INTESTINAL</b>		
<i>amoxicil-clarithromy-lansopraz</i>	1	
<i>omega-3 acid ethyl esters</i>	1	
SUPER OMEGA-3	OTC	
<b>HORMONES</b>		
AMABELZ	1	
COMBIPATCH	2	
COVARYX	1	
COVARYX H.S.	1	
<i>danazol</i>	1	
<i>desmopressin oral</i>	1	
EEMT	1	
EEMT HS	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
FYAVOLV	1	
<i>hydrocortisone oral</i>	1	
JINTELI	1	
<i>medroxyprogesterone oral</i>	1	
<i>methylergonovine oral</i>	1	
<i>methylprednisolone</i>	1	
MIMVEY	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral</i>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	1	
<i>progesterone micronized</i>	1	
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON- DRUG</b>		
AEROCHAMBER MINI	2	QL (2 EA per 365 days)
AEROCHAMBER MV	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,L MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK	2	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG	2	QL (2 EA per 365 days)
AEROVENT PLUS	2	QL (2 EA per 365 days)
BD INSULIN SYRINGE U-500	2	QL (400 EA per 30 days)
BREATHERITE MDI SPACER	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, NEO.	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
BREATHERITE SPACER-MASK,ADULT	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,CHILD	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,INFANT	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,S.CHLD	2	QL (2 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER	2	QL (2 EA per 365 days)
BREATHERITE VALVED MDI SPACER	2	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK	2	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-MED MASK	2	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-SM MASK	2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER	2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK	2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK	2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK	2	QL (2 EA per 365 days)
EASIVENT HOLDING CHAMBER	2	QL (2 EA per 365 days)
EASIVENT MASK LARGE	2	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM	2	QL (2 EA per 365 days)
EASIVENT MASK SMALL	2	QL (2 EA per 365 days)
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	2	QL (400 EA per 30 days)
FLEXICHAMBER	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 EA per 1 lifetime)
FREESTYLE LIBRE 2 READER	2	PA; QL (1 EA per 1 lifetime)
INTEGRA SYRINGE	2	QL (400 EA per 30 days)
LITEAIRE MDI CHAMBER	2	QL (2 EA per 365 days)
MICROCHAMBER	2	QL (2 EA per 365 days)
MICROSPACER	2	QL (2 EA per 365 days)
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
OPTICHAMBER DIAMOND LG MASK	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND VHC	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK	2	QL (2 EA per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
POCKET CHAMBER	2	QL (2 EA per 365 days)
PROCHAMBER	2	QL (2 EA per 365 days)
RITEFLO AEROCHAMBER	2	QL (2 EA per 365 days)
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VORTEX HOLDING CHAMBER	2	QL (2 EA per 365 days)
VORTEX VHC FROG MASK-CHILD	2	QL (2 EA per 365 days)
<b>PRE-NATAL VITAMINS</b>		
COMPLETENATE	OTC	

Drug Name	Tier	Restrictions / Limits
KOSHER PRENATAL PLUS IRON	2	
M-NATAL PLUS	1	
PRENATABS FA	1	
PRENATABS RX	1	
PRENATAL 19 ORAL TABLET,CHEWABLE	OTC	
PRENATAL MULTI	OTC	
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL TABLET	OTC	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	OTC	
PRENATAL VITAMIN PLUS LOW IRON	OTC	
PRENATAL VITAMIN WITH MINERALS	OTC	
<i>prenatal vit-iron fum-folic ac</i>	OTC	
SE-NATAL 19 CHEWABLE	1	
THERANATAL ORAL TABLET	OTC	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	1	
<b>PSYCHO-THERAPEUTIC DRUGS</b>		
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg, 20 mg</i>	1	QL (2 EA per 1 day)
<i>aripiprazole oral tablet 5 mg</i>	1	QL (1.5 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>chlorpromazine oral tablet</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	QL (4 EA per 1 day)
<i>clozapine oral tablet</i>	1	
<i>desipramine</i>	1	
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	1	QL (2 EA per 1 day)
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine oral capsule</i>	1	
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet</i>	1	
<i>fluphenazine hcl oral</i>	1	
<i>fluvoxamine</i>	1	
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL (1 EA per 1 day)
<i>haloperidol</i>	1	
<i>haloperidol lactate oral</i>	1	
<i>imipramine hcl</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>lithium carbonate</i>	1	
<i>loxapine succinate</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL (3 EA per 1 day)
<i>mirtazapine</i>	1	
<i>nefazodone</i>	1	QL (2 EA per 1 day)
<i>nortriptyline</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)
<i>olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine oral tablet 20 mg</i>	1	QL (3 EA per 1 day)
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>pimozide</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 400 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
<i>venlafaxine oral capsule,extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (3 EA per 1 day)
<b>SEDATIVE/ HYPNOTICS</b>		
<i>phenobarbital</i>	1	
<b>THYROID PREPS</b>		
EUTHYROX	1	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL	1	
<i>liothyronine oral</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
UNITHROID	1	

Drug Name	Tier	Restrictions / Limits
<b>UNCLASSIFIED DRUG PRODUCTS</b>		
AIRBORNE (ASCORBATE SODIUM)	OTC	
AIRBORNE (WITH LYSINE ACETATE)	OTC	
<i>alendronate oral tablet</i>	1	
<i>buprenorphine-naloxone sublingual tablet</i>	1	PA; QL (3 EA per 1 day); AR
DIABETIC SUPPORT FORMULA	OTC	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
DRY EYE FORMULA	OTC	
HAIR, SKIN AND NAILS ADVANCED	OTC	
HAIR-SKIN-NAIL(VIT A,C-BIOTIN)	OTC	
<i>ibandronate oral</i>	1	
IMMUNE SUPPORT ORAL TABLET,CHEWABLE	OTC	
MEGAVITE	OTC	
MEGAVITE GOLDEN YEARS 55 PLUS	OTC	
OFEV	2	PA
OMEGA-3 FISH OIL ORAL CAPSULE 300-1,000 MG	OTC	
ONE DAILY WOMEN'S METABOLISM	OTC	
PHYTOMULTI	OTC	
VITAMIN D3 COMPLETE	OTC	
<b>VITAMINS</b>		
50 PLUS ADULT EYE HEALTH	OTC	
A THRU Z	OTC	
A THRU Z ADVANCED FORMULA	OTC	
A THRU Z HIGH POTENCY	OTC	

Drug Name	Tier	Restrictions / Limits
A THRU Z MEN'S ULTIMATE	OTC	
A THRU Z SELECT	OTC	
A THRU Z SELECT 50PLUS FORMULA	OTC	
A THRU Z SELECT WOMEN'S	OTC	
ABC PLUS	OTC	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	OTC	
ADULT ONE DAILY GUMMIES	OTC	
ADULTS 50 PLUS	OTC	
ADULTS' DAILY FORMULA	OTC	
ADULTS MULTIVITAMIN	OTC	
ADVANCED MULTI EA	OTC	
ALIVE WOMEN'S 50 PLUS ULTRA	OTC	
ALIVE WOMEN'S GUMMY VITAMIN	OTC	
ANTIOXIDANT FORMULA (SELENIUM)	OTC	
BARIATRIC MULTIVITAMINS	OTC	
BIO-35, GLUTEN FREE	OTC	
BODY, HAIR, SKIN AND NAILS	OTC	
<i>calcitriol oral</i>	1	
CENTRAL-VITE	OTC	
CENTRAL-VITE WOMEN'S MATURE	OTC	
CENTRAVITES	OTC	
CENTRAVITES 50 PLUS	OTC	
CENTRAVITES ADULTS	OTC	
CENTRUM CHEWABLES	OTC	
CENTRUM SILVER	OTC	



Drug Name	Tier	Restrictions / Limits
CENTRUM SILVER MEN	OTC	
CENTRUM SILVER ULTRA MEN'S	OTC	
CENTRUM SILVER WOMEN	OTC	
CENTRUM SPECIALIST HEART	OTC	
CENTRUM WOMEN	OTC	
CENTURY	OTC	
CENTURY MATURE	OTC	
CEROVITE SENIOR	OTC	
CERTA PLUS	OTC	
CERTAVITE SENIOR	OTC	
CERTAVITE-ANTIOXIDANT	OTC	
<i>cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit)</i>	OTC	
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit), 75 mcg (3,000 unit)</i>	OTC	
COMPLETE MULTIVITAMIN-MINERAL ORAL TABLET	OTC	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
DAILY GUMMIES	OTC	
DAILY MULTIPLE FOR WOMEN	OTC	
DAILY MULTIVITAMIN	OTC	
DAILY MULTI-VITAMIN	OTC	
DAILY MULTIVITAMIN-MINERALS	OTC	
DAILY VITAMIN FORMULA	OTC	
DAILY VITAMIN FORMULA-IRON	OTC	

Drug Name	Tier	Restrictions / Limits
DAILY VITAMIN FORMULA-MINERALS	OTC	
DAILY VITAMIN WITH IRON	OTC	
DAILY VITES/IRON	OTC	
DAILY-VITE	OTC	
DAILY-VITE (WITH FOLIC ACID)	OTC	
DECUBI VITE	OTC	
DEKAS BARIATRIC	OTC	
DEKAS PLUS (FOLIC ACID)	OTC	
DELTA D3	OTC	
DIABETES HEALTH FORMULA	OTC	
DIALYVITE 800-ULTRA D	OTC	
EMERGEN-C ORAL TABLET,CHEWABLE	OTC	
ENDUR-VM IRON-FREE	OTC	
ENDUR-VM WITH IRON	OTC	
ESSENTIA	OTC	
ESSENTIAL MAN	OTC	
ESSENTIAL MAN 50 PLUS	OTC	
ESSENTIAL WOMAN 50 PLUS	OTC	
EYE HEALTH PLUS LUTEIN	OTC	
EYEPROTECT	OTC	
FLORIVA PLUS	OTC	
FOLBEE	OTC	
FOLBIC	OTC	
FOLBIC RF	OTC	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	OTC	
FOLINIC-PLUS	OTC	
FOLTANX	OTC	
FOLTANX RF	OTC	
FOLTANX	OTC	

Drug Name	Tier	Restrictions / Limits
HAIR, SKIN AND NAILS-ARGAN OIL	OTC	
HAIR,SKIN AND NAILS	OTC	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 66.7-1,000 MCG, 66.7-1,666.7 MCG	OTC	
HAIR-SKIN-NAILS (MV-FA-BIOTIN)	OTC	
HEALTHY EYES	OTC	
HEALTHY EYES SUPERVISION	OTC	
HOMOCYSTEINE FORMULA	OTC	
I-CAPS	OTC	
ICAPS AREDS	OTC	
ICAPS AREDS2	OTC	
ICAPS AREDS2 (COPPER CITRATE) ORAL TABLET,CHEWABLE	OTC	
ICAPS MV	OTC	
I-VITE	OTC	
K-PAX IMMUNE SUPPORT	OTC	
<i>levomefol-b6-meb12-algal oil</i>	OTC	
L-METHYL-B6-B12	OTC	
MACULAR HEALTH FORMULA	OTC	
MACUVITE EYE CARE	OTC	
MEGA MULTI FOR WOMEN	OTC	
MEGA MULTIVITAMIN FOR MEN	OTC	
MEN 50 PLUS ADVANCED ONE DAILY	OTC	
MEN 50 PLUS MULTIVITAMIN	OTC	
MEN'S 50 PLUS DAILY FORMULA	OTC	
MEN'S DAILY	OTC	

Drug Name	Tier	Restrictions / Limits
MEN'S DAILY FORMULA	OTC	
MEN'S DAILY GUMMIES	OTC	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	OTC	
MEN'S ONE DAILY	OTC	
METANX (ALGAL OIL)	OTC	
MILLTRIUM SENIOR	OTC	
MULTI COMPLETE WITH IRON	OTC	
MULTI FOR HER	OTC	
MULTI FOR HER 50 PLUS	OTC	
MULTI-DAY PLUS MINERALS	OTC	
MULTI-DAY WITH IRON	OTC	
MULTIPLE VITAMIN-MINERALS	OTC	
MULTIPLE VITAMINS	OTC	
<i>multivit with min-folic acid oral tablet</i>	OTC	
<i>multivitamin</i>	OTC	
MULTIVITAMIN 50 PLUS	OTC	
MULTI-VITAMIN WITH FLUORIDE	OTC	
<i>multivitamin with iron</i>	OTC	
MULTIVITAMIN WOMEN 50 PLUS	OTC	
<i>multivit-min-iron fum-folic ac</i>	OTC	
<i>mv-min-folic acid-lutein</i>	OTC	
MVW COMPLETE FORMUL MULTIVIT	OTC	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	OTC	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	OTC	



Drug Name	Tier	Restrictions / Limits
MYNEPHROCAPS	OTC	
MYNEPHRON	OTC	
MY-VITALIFE	OTC	
NIVA-FOL	OTC	
NIVA-PLUS	OTC	
OCULAR VITAMINS	OTC	
OCUTABS	OTC	
OCUVITE ADULT 50 PLUS	OTC	
OCUVITE EYE PLUS MULTI	OTC	
OCUVITE WITH LUTEIN	OTC	
OMNICAP	OTC	
ONCOVITE	OTC	
ONE DAILY	OTC	
ONE DAILY CALCIUM/IRON	OTC	
ONE DAILY COMPLETE	OTC	
ONE DAILY ENERGY ORAL TABLET	OTC	
ONE DAILY ESSENTIAL ORAL TABLET , 0.4 MG, 400 MCG	OTC	
ONE DAILY FOR MEN	OTC	
ONE DAILY FOR MEN 50 PLUS ADV	OTC	
ONE DAILY FOR WOMEN	OTC	
ONE DAILY HEALTHY WEIGHT	OTC	
ONE DAILY MAXIMUM	OTC	
ONE DAILY MEN'S 50 PLUS MEMORY	OTC	
ONE DAILY MEN'S 50 PLUS W-D3	OTC	
ONE DAILY MULTI-VIT W-MINERAL	OTC	
ONE DAILY MULTIVITAMIN	OTC	

Drug Name	Tier	Restrictions / Limits
ONE DAILY MULTIVITAMIN-IRON	OTC	
ONE DAILY MULTIVIT-IRON(FOLIC)	OTC	
ONE DAILY PLUS IRON	OTC	
ONE DAILY PLUS MINERALS	OTC	
ONE DAILY WOMEN 50 PLUS	OTC	
ONE DAILY WOMEN 50 PLUS(VIT K)	OTC	
ONE DAILY WOMENS 50 PLUS	OTC	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	OTC	
ONE-A-DAY ENERGY	OTC	
ONE-A-DAY MEN VITACRAVES	OTC	
ONE-A-DAY MENOPAUSE FORMULA	OTC	
ONE-A-DAY MEN'S 50PLUS(GINKGO)	OTC	
ONE-A-DAY MEN'S MULTIVITAMIN	OTC	
ONE-A-DAY PROACTIVE 65 PLUS	OTC	
ONE-A-DAY TEEN ADVANTAGE	OTC	
ONE-A-DAY TEEN HER VITACRAVES	OTC	
ONE-A-DAY TEEN HIM VITACRAVES	OTC	
ONE-A-DAY VITACRAVES	OTC	
ONE-A-DAY VITACRAVES IMMUNITY	OTC	
ONE-A-DAY WOMEN VITACRAVES	OTC	
OPURITY MULTIVITAMIN	OTC	

Drug Name	Tier	Restrictions / Limits
PRESERVISION AREDS	OTC	
PRESERVISION LUTEIN	OTC	
PREVENT	OTC	
PROCERV HP	OTC	
PRORENAL	OTC	
PRORENAL QD	OTC	
PROSIGHT	OTC	
PROTECT CARDIO AF	OTC	
PROTECT PLUS SO	OTC	
QUFLORA PEDIATRIC	OTC	
QUFLORA PEDIATRIC DROPS	OTC	
RENAL CAPS	OTC	
RENAPLEX	OTC	
RENAPLEX-D	OTC	
RENO CAPS	OTC	
SENIOR TABS	OTC	
SENTRY	OTC	
SENTRY SENIOR	OTC	
SOLO	OTC	
SPECTRAVITE ADULT 50 PLUS	OTC	
SPECTRAVITE ADULT 50 PLUS(LUT)	OTC	
SPECTRAVITE ADVANCED FORMULA	OTC	
SPECTRAVITE MEN'S	OTC	
STRESS FORMULA	OTC	
STRESS FORMULA WITH IRON	OTC	
STRESS FORMULA WITH IRON(SULF)	OTC	
SUNVITE	OTC	
SUPER MULTIPLE - LOW IRON	OTC	
SUPER THERA VITE M	OTC	
TAB-A-VITE	OTC	

Drug Name	Tier	Restrictions / Limits
TAB-A-VITE MULTIVITAMIN W- IRON ORAL TABLET 15 MG IRON- 400 MCG	OTC	
THERA	OTC	
THERAGRAN-M PREMIER 50 PLUS	OTC	
THERALOGIX COMPANION	OTC	
THERA-M ORAL TABLET 27-0.4 MG	OTC	
THERAPEUTIC-M	OTC	
THERA-TABS	OTC	
THERATRUM COMPLETE 50 PLUS/LUT	OTC	
THERATRUM COMPLETE 50 PLUS-LYC	OTC	
THERATRUM COMPLETE WITH LUTEIN	OTC	
THEREMS MULTIVITAMIN	OTC	
TRIPHROCAPS	OTC	
VIRT-CAPS	OTC	
VISION FORMULA (WITH LUTEIN)	OTC	
VISION FORMULA(A-C-E-ZN-SE-CU)	OTC	
VISION PLUS LUTEIN	OTC	
VITABEX PLUS	OTC	
VITALEE	OTC	
VITAMIN D3 ORAL TABLET	OTC	
VITA-RESPA	OTC	
VITATRUM	OTC	
VITRUM SENIOR	OTC	
WESTAB MAX	OTC	
WESTAB ONE	OTC	
WOMEN'S 50 PLUS DAILY FORMULA	OTC	

Drug Name	Tier	Restrictions / Limits
WOMEN'S DAILY FORMULA	OTC	
WOMENS DAILY GUMMIES	OTC	
WOMEN'S MULTIVITAMIN	OTC	
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	OTC	
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	OTC	

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<i>chlorpromazine</i> .....	17	REPELLENT2 .....	6	<i>diclofenac-misoprostol</i> .....	3
<i>chlorthalidone</i> .....	13	CUTTER SKINSATIONS.....	6	<i>dicloxacillin</i> .....	4
<i>cholecalciferol (vitamin d3)</i> .....	20	<i>cyanocobalamin (vitamin b-12)</i> 20		<i>diflunisal</i> .....	3
CHOLESTYRAMINE LIGHT.....	9	CYRED .....	11	DIGITEK.....	8
<i>cholestyramine-aspartame</i> .....	9	CYRED EQ.....	11	<i>digoxin</i> .....	8
CHROMAGEN(SUMALATE-		DAILY GUMMIES.....	20	DILANTIN.....	10
QUATREFOLI).....	14	DAILY MULTIPLE FOR		DILANTIN EXTENDED.....	10
<i>cilostazol</i> .....	7	WOMEN.....	20	<i>diltiazem hcl</i> .....	8
<i>ciprofloxacin</i> .....	4	DAILY MULTIVITAMIN.....	20	DILT-XR .....	8
<i>ciprofloxacin hcl</i> .....	4	DAILY MULTI-VITAMIN.....	20	<i>dipyridamole</i> .....	7
<i>citalopram</i> .....	17	DAILY MULTIVITAMIN-		<i>disopyramide phosphate</i> .....	8
<i>clarithromycin</i> .....	4	MINERALS.....	20	<i>divalproex</i> .....	10
CLEOCIN.....	4	DAILY VITAMIN FORMULA.....	20	<i>dofetilide</i> .....	8
CLEVER CHOICE CHAMBER-		DAILY VITAMIN FORMULA-		<i>doxazosin</i> .....	9
LRG MASK.....	16	IRON.....	20	<i>doxepin</i> .....	17
CLEVER CHOICE CHAMBER-		DAILY VITAMIN FORMULA-		<i>doxycycline hyclate</i> .....	4, 19
MED MASK .....	16	MINERALS.....	20	<i>doxycycline monohydrate</i> .....	4
CLEVER CHOICE CHAMBER-		DAILY VITAMIN WITH IRON.....	20	<i>drospirenone-e.estradiol-lm.fa</i> 11	
SM MASK.....	16	DAILY VITES/IRON.....	20	<i>drospirenone-ethinyl estradiol</i> 11	
<i>clindamycin hcl</i> .....	4	DAILY-VITE .....	20	DRY EYE FORMULA .....	19
CLINDAMYCIN PEDIATRIC.....	4	DAILY-VITE (WITH FOLIC		DULERA .....	3
<i>clindamycin phosphate</i> .....	4	ACID).....	20	<i>duloxetine</i> .....	17
<i>clobazam</i> .....	10	<i>danazol</i> .....	15	E.E.S. 400.....	4
<i>clomipramine</i> .....	17	<i>dapsone</i> .....	4	EASIVENT HOLDING	
<i>clonazepam</i> .....	10	DASETTA 1/35 (28).....	11	CHAMBER .....	16
<i>clonidine</i> .....	9	DASETTA 7/7/7 (28).....	11	EASIVENT MASK LARGE .....	16
<i>clonidine hcl</i> .....	17	DAYSEE .....	11	EASIVENT MASK MEDIUM.....	16

EASIVENT MASK SMALL .....	16	FLORIVA PLUS .....	20	HAIR-SKIN-NAILS (MV-FA-	
ECLIPSE SYRINGE .....	16	<i>fluconazole</i> .....	5	BIOTIN) .....	21
EC-NAPROXEN .....	3	<i>fluoride (sodium)</i> .....	14	<i>haloperidol</i> .....	17
EEMT .....	15	<i>fluoxetine</i> .....	17	<i>haloperidol lactate</i> .....	17
EEMT HS .....	15	<i>fluphenazine hcl</i> .....	17	HEALTHY EYES .....	21
ELINEST .....	11	<i>flurbiprofen</i> .....	3	HEALTHY EYES	
ELIQUIS .....	5	<i>fluticasone propionate</i> .....	3	SUPERVISION .....	21
ELIQUIS DVT-PE TREAT 30D		<i>fluticasone propion-salmeterol</i> . 3, 4		HEATHER .....	11
START .....	5	<i>fluvoxamine</i> .....	17	HEMATINIC PLUS	
ELIXOPHYLLIN .....	3	FOLBEE .....	20	VIT/MINERALS .....	14
ELURYNG .....	11	FOLBIC .....	20	HEMATINIC/FOLIC ACID .....	14
EMERGEN-C .....	20	FOLBIC RF .....	20	HEMATOGEN FORTE .....	14
<i>enalapril maleate</i> .....	9	<i>folic acid</i> .....	20	HEMOCYTE-F .....	14
<i>enalapril-hydrochlorothiazide</i> .....	9	FOLINIC-PLUS .....	20	HEMOCYTE-PLUS .....	14
ENDUR-VM IRON-FREE .....	20	FOLTANX .....	20	HEPLISAV-B (PF) .....	8
ENDUR-VM WITH IRON .....	20	FOLTANX RF .....	20	HI-CAL PLUS VIT D .....	14
ENGERIX-B (PF) .....	8	FOLTIX .....	20	HOMOCYSTEINE FORMULA ...	21
ENGERIX-B PEDIATRIC (PF) .....	8	<i>fosinopril</i> .....	9	HUMULIN R U-500 (CONC)	
<i>enoxaparin</i> .....	5	<i>fosinopril-hydrochlorothiazide</i> .....	9	INSULIN .....	6
ENPRESSE .....	11	FREESTYLE LIBRE 14 DAY		HUMULIN R U-500 (CONC)	
ENSKYCE .....	11	READER .....	16	KWIKPEN .....	6
ENTRESTO .....	9	FREESTYLE LIBRE 2		<i>hydralazine</i> .....	9
EPITOL .....	10	READER .....	16	<i>hydrochlorothiazide</i> .....	13
<i>eplerenone</i> .....	13	<i>furosemide</i> .....	13	<i>hydrocortisone</i> .....	15
ERRIN .....	11	FYAVOLV .....	15	<i>ibandronate</i> .....	19
ERY-TAB .....	4	FYCOMPA .....	10	IBU .....	3
ERYTHROCIN (AS		<i>gabapentin</i> .....	10	<i>ibuprofen</i> .....	3
STEARATE) .....	4	<i>gemfibrozil</i> .....	9	I-CAPS .....	21
<i>erythromycin</i> .....	5	<i>glimepiride</i> .....	5	ICAPS AREDS .....	21
<i>erythromycin ethylsuccinate</i> .....	5	<i>glipizide</i> .....	5	ICAPS AREDS2 .....	21
<i>escitalopram oxalate</i> .....	17	<i>glipizide-metformin</i> .....	5	ICAPS AREDS2 (COPPER	
ESSENTIA .....	20	GLUCO BURST .....	14	CITRATE) .....	21
ESSENTIAL MAN .....	20	<i>glucose</i> .....	14	ICAPS MV .....	21
ESSENTIAL MAN 50 PLUS .....	20	GLUCOSE GEL .....	14	<i>imipramine hcl</i> .....	17
ESSENTIAL WOMAN 50 PLUS .....	20	GLUTOSE-15 .....	14	IMMUNE SUPPORT .....	19
ESTARYLLA .....	11	GLUTOSE-45 .....	14	INCASSIA .....	11
<i>estradiol-norethindrone acet</i> .....	15	GLUTOSE-5 .....	14	<i>indapamide</i> .....	13
<i>estrogens-methyltestosterone</i> .....	15	<i>glyburide</i> .....	6	INSECT REPELLENT (DEET) .....	6
<i>ethosuximide</i> .....	10	<i>glyburide micronized</i> .....	5, 6	INSECT REPELLENT	
<i>ethynodiol diac-eth estradiol</i> .....	11	<i>glyburide-metformin</i> .....	6	(PICARIDIN) .....	6
<i>etodolac</i> .....	3	<i>griseofulvin ultramicronsize</i> .....	5	<i>insulin glargine-yfgn</i> .....	6
<i>etonogestrel-ethinyl estradiol</i> .....	11	<i>guanfacine</i> .....	9, 17	<i>insulin lispro</i> .....	6
EUTHYROX .....	18	HAILEY 24 FE .....	11	INTEGRA SYRINGE .....	16
EYE HEALTH PLUS LUTEIN .....	20	HAILEY FE 1.5/30 (28) .....	11	INVOKAMET .....	6
EYEPROTECT .....	20	HAILEY FE 1/20 (28) .....	11	INVOKAMET XR .....	6
<i>ezetimibe</i> .....	9	HAIR, SKIN AND NAILS		INVOKANA .....	6
FALMINA (28) .....	11	ADVANCED .....	19	<i>ipratropium bromide</i> .....	4
<i>felbamate</i> .....	10	HAIR, SKIN AND NAILS-		<i>ipratropium-albuterol</i> .....	4
<i>felodipine</i> .....	8	ARGAN OIL .....	21	<i>irbesartan</i> .....	9
FEMCAP .....	11	HAIR,SKIN AND NAILS .....	21	<i>irbesartan-hydrochlorothiazide</i> .....	9
<i>fenofibrate micronized</i> .....	9	HAIR,SKIN AND NAILS(FA-		ISIBLOOM .....	11
FEROCON .....	14	BIOTIN) .....	21	<i>isosorbide mononitrate</i> .....	8
FERROCITE PLUS .....	14	HAIR-SKIN-NAIL(VIT A,C-		I-VITE .....	21
<i>flecainide</i> .....	8	BIOTIN) .....	19	JANTOVEN .....	5
FLEXICHAMBER .....	16			JASMIEL (28) .....	11



JENCYCLA.....	11	LORYNA (28).....	12	<i>midodrine</i> .....	8
JINTELI.....	15	<i>losartan</i> .....	9	<i>miglitol</i> .....	6
JOLESSA.....	11	<i>losartan-hydrochlorothiazide</i> .....	9	MILI.....	12
JULEBER.....	11	<i>lovastatin</i> .....	9	MILLTRIUM SENIOR.....	21
JUNEL 1.5/30 (21).....	11	LOW-OGESTREL (28).....	12	MIMVEY.....	15
JUNEL 1/20 (21).....	11	<i>loxapine succinate</i> .....	18	<i>minocycline</i> .....	5
JUNEL FE 1.5/30 (28).....	11	LO-ZUMANDIMINE (28).....	12	<i>minoxidil</i> .....	9
JUNEL FE 1/20 (28).....	11	LUTERA (28).....	12	<i>mirtazapine</i> .....	18
JUNEL FE 24.....	11	LYZA.....	12	M-NATAL PLUS.....	17
KAITLIB FE.....	11	MACULAR HEALTH		MONDOXYNE NL.....	5
KARIVA (28).....	11	FORMULA.....	21	MONOJECT INSULIN SAFETY	
KELNOR 1/35 (28).....	11	MACUVITE EYE CARE.....	21	SYRING.....	16
KELNOR 1-50 (28).....	11	MARLISSA (28).....	12	MONO-LINYAH.....	12
<i>ketoconazole</i> .....	5	MATZIM LA.....	8	<i>montelukast</i> .....	4
<i>ketoprofen</i> .....	3	<i>medroxyprogesterone</i> .....	12, 15	MORGIDOX.....	5
<i>ketorolac</i> .....	3	MEGA MULTI FOR WOMEN.....	21	<i>moxifloxacin</i> .....	5
KLOR-CON 10.....	14	MEGA MULTIVITAMIN FOR		MULTI COMPLETE WITH	
KLOR-CON 8.....	14	MEN.....	21	IRON.....	21
KLOR-CON M10.....	14	MEGAVITE.....	19	MULTI FOR HER.....	21
KLOR-CON M15.....	14	MEGAVITE GOLDEN YEARS		MULTI FOR HER 50 PLUS.....	21
KLOR-CON M20.....	14	55 PLUS.....	19	MULTI-DAY PLUS MINERALS.....	21
KOSHER PRENATAL PLUS		<i>meloxicam</i> .....	3	MULTI-DAY WITH IRON.....	21
IRON.....	17	MEN 50 PLUS ADVANCED		MULTIPLE VITAMIN-	
K-PAX IMMUNE SUPPORT.....	21	ONE DAILY.....	21	MINERALS.....	21
KURVELO (28).....	11	MEN 50 PLUS MULTIVITAMIN.....	21	MULTIPLE VITAMINS.....	21
<i>l norgest/e.estradiol-e.estrad</i> .....	12	MEN'S 50 PLUS DAILY		<i>multivit with min-folic acid</i> .....	21
<i>labetalol</i> .....	9	FORMULA.....	21	<i>multivitamin</i> .....	21
LAGEVRIO (EUA).....	7	MEN'S DAILY.....	21	MULTIVITAMIN 50 PLUS.....	21
<i>lamotrigine</i> .....	10	MEN'S DAILY FORMULA.....	21	MULTI-VITAMIN WITH	
LARIN 1.5/30 (21).....	12	MEN'S DAILY GUMMIES.....	21	FLUORIDE.....	21
LARIN 1/20 (21).....	12	MEN'S MULTIVITAMIN		<i>multivitamin with iron</i> .....	21
LARIN 24 FE.....	12	GUMMIES.....	21	MULTIVITAMIN WOMEN 50	
LARIN FE 1.5/30 (28).....	12	MEN'S ONE DAILY.....	21	PLUS.....	21
LARIN FE 1/20 (28).....	12	METANX (ALGAL OIL).....	21	<i>multivit-min-iron fum-folic ac</i> .....	21
LAYOLIS FE.....	12	<i>metformin</i> .....	6	<i>mv-min-folic acid-lutein</i> .....	21
LEENA 28.....	12	<i>methazolamide</i> .....	13	MVW COMPLETE FORMUL	
LESSINA.....	12	<i>methen-sod phos-meth blue-</i>		MULTIVIT.....	21
<i>levalbuterol tartrate</i> .....	4	<i>hyos</i> .....	5	MVW COMPLETE	
<i>levetiracetam</i> .....	10	<i>methimazole</i> .....	18	FORMULATION D3000.....	21
<i>levofloxacin</i> .....	5	<i>methyldopa</i> .....	9	MVW COMPLETE	
<i>levomefol-b6-meb12-algal oil</i> .....	21	<i>methylergonovine</i> .....	15	FORMULATION D5000.....	21
LEVONEST (28).....	12	<i>methylphenidate hcl</i> .....	18	MYNEPHROCAPS.....	22
<i>levonorgestrel-ethinyl estrad</i> .....	12	<i>methylprednisolone</i> .....	15	MYNEPHRON.....	22
<i>levonorg-eth estrad triphasic</i> .....	12	<i>metolazone</i> .....	13	MY-VITALIFE.....	22
LEVORA-28.....	12	<i>metoprolol succinate</i> .....	9	<i>nabumetone</i> .....	3
<i>levothyroxine</i> .....	18	<i>metoprolol ta-hydrochlorothiaz</i> .....	9	<i>nadolol</i> .....	9
LEVOXYL.....	18	<i>metoprolol tartrate</i> .....	9	<i>naproxen</i> .....	3
<i>liothyronine</i> .....	18	<i>metronidazole</i> .....	5	<i>naproxen sodium</i> .....	3
LIQUID CALCIUM WITH		<i>metyrosine</i> .....	9	NATACYN.....	5
VITAMIN D.....	14	MICROCHAMBER.....	16	<i>nateglinide</i> .....	6
<i>lisinopril</i> .....	9	MICROGESTIN 1.5/30 (21).....	12	NATRAPEL.....	6
<i>lisinopril-hydrochlorothiazide</i> .....	9	MICROGESTIN 1/20 (21).....	12	NECON 0.5/35 (28).....	12
LITEAIRE MDI CHAMBER.....	16	MICROGESTIN FE 1.5/30 (28).....	12	<i>nefazodone</i> .....	18
<i>lithium carbonate</i> .....	18	MICROGESTIN FE 1/20 (28).....	12	<i>neomycin</i> .....	5
L-METHYL-B6-B12.....	21	MICROSPACER.....	16	<i>nifedipine</i> .....	8

NIKKI (28).....	12	ONE DAILY MAXIMUM.....	22	<i>oxcarbazepine</i> .....	10
<i>nitrofurantoin macrocrystal</i> .....	5	ONE DAILY MEN'S 50 PLUS		OXTELLAR XR.....	10
<i>nitrofurantoin monohyd/m-cryst</i>	5	MEMORY.....	22	OYSCO 500/D.....	14
<i>nitroglycerin</i> .....	8	ONE DAILY MEN'S 50 PLUS		OYSTER SHELL + D3.....	14
NIVA-FOL.....	22	W-D3.....	22	OYSTER SHELL CALCIUM-	
NIVA-PLUS.....	22	ONE DAILY MULTI-VIT W-		VIT D3.....	14
NORA-BE.....	12	MINERAL.....	22	OYSTERCAL-D.....	14
<i>noreth-ethinyl estradiol-iron</i> .....	12	ONE DAILY MULTIVITAMIN.....	22	<i>paroxetine hcl</i> .....	18
<i>norethindrone (contraceptive)</i>	12	ONE DAILY MULTIVITAMIN-		PEN NEEDLE.....	16
<i>norethindrone ac-eth estradiol</i>		IRON.....	22	<i>penicillin v potassium</i> .....	5
.....	12, 15	ONE DAILY MULTIVIT-		<i>pentoxifylline</i> .....	8
<i>norethindrone-e.estradiol-iron</i>	12	IRON(FOLIC).....	22	<i>perphenazine</i> .....	18
<i>norgestimate-ethinyl estradiol</i>	12	ONE DAILY PLUS IRON.....	22	<i>perphenazine-amitriptyline</i>	18
NORTREL 0.5/35 (28).....	12	ONE DAILY PLUS MINERALS	22	<i>phenazopyridine</i> .....	3
NORTREL 1/35 (21).....	12	ONE DAILY WOMEN 50 PLUS	22	<i>phenobarbital</i> .....	18
NORTREL 1/35 (28).....	12	ONE DAILY WOMEN 50		<i>phenytoin</i> .....	10
NORTREL 7/7/7 (28).....	12	PLUS(VIT K).....	22	<i>phenytoin sodium extended</i>	10
<i>nortriptyline</i> .....	18	ONE DAILY WOMEN'S.....	22	PHILITH.....	12
<i>nystatin</i> .....	5	ONE DAILY WOMENS 50		PHYTOMULTI.....	19
OCELLA.....	12	PLUS.....	22	<i>pimozide</i> .....	18
OCULAR VITAMINS.....	22	ONE DAILY WOMEN'S		PIMTREA (28).....	12
OCUTABS.....	22	METABOLISM.....	19	<i>pioglitazone</i> .....	6
OCUVITE ADULT 50 PLUS.....	22	ONE-A-DAY ENERGY.....	22	<i>pioglitazone-glimepiride</i>	6
OCUVITE EYE PLUS MULTI.....	22	ONE-A-DAY MEN		<i>pioglitazone-metformin</i> .....	6
OCUVITE WITH LUTEIN.....	22	VITACRAVES.....	22	POCKET CHAMBER.....	16
OFEV.....	19	ONE-A-DAY MENOPAUSE		PORTIA 28.....	12
OFF ACTIVE.....	6	FORMULA.....	22	<i>potassium chloride</i> .....	14, 15
OFF DEEP WOODS.....	7	ONE-A-DAY MEN'S		<i>potassium citrate</i> .....	15
OFF DEEP WOODS DRY.....	7	50PLUS(GINKGO).....	22	<i>potassium citrate-citric acid</i>	15
OFF DEEP WOODS		ONE-A-DAY MEN'S		<i>prasugrel</i> .....	7
SPORTSMEN.....	7	MULTIVITAMIN.....	22	<i>pravastatin</i> .....	9
OFF FAMILYCARE (WITH		ONE-A-DAY PROACTIVE 65		<i>prednisolone</i> .....	15
DEET).....	7	PLUS.....	22	<i>prednisolone sodium phosphate</i>	15
OFF FAMILYCARE(WITH		ONE-A-DAY TEEN		<i>prednisone</i> .....	15
PICARIDIN).....	7	ADVANTAGE.....	22	PREDNISONE INTENSOL.....	15
<i>ofloxacin</i> .....	5	ONE-A-DAY TEEN HER		<i>pregabalin</i> .....	10
<i>olanzapine</i> .....	18	VITACRAVES.....	22	PRENATABS FA.....	17
<i>olmesartan</i> .....	9	ONE-A-DAY TEEN HIM		PRENATABS RX.....	17
<i>olmesartan-amlodipin-hcthiazid</i>	9	VITACRAVES.....	22	PRENATAL 19.....	17
<i>olmesartan-hydrochlorothiazide</i>	9	ONE-A-DAY VITACRAVES.....	22	PRENATAL MULTI.....	17
<i>omega-3 acid ethyl esters</i> .....	15	ONE-A-DAY VITACRAVES		PRENATAL PLUS.....	17
OMEGA-3 FISH OIL.....	19	IMMUNITY.....	22	PRENATAL PLUS (CALCIUM	
OMNICAP.....	22	ONE-A-DAY WOMEN		CARB).....	17
ONCOVITE.....	22	VITACRAVES.....	22	PRENATAL TABLET.....	17
ONE DAILY.....	22	OPTICHAMBER DIAMOND LG		PRENATAL VITAMIN.....	17
ONE DAILY CALCIUM/IRON.....	22	MASK.....	16	PRENATAL VITAMIN PLUS	
ONE DAILY COMPLETE.....	22	OPTICHAMBER DIAMOND		LOW IRON.....	17
ONE DAILY ENERGY.....	22	VHC.....	16	PRENATAL VITAMIN WITH	
ONE DAILY ESSENTIAL.....	22	OPTICHAMBER DIAMOND-		MINERALS.....	17
ONE DAILY FOR MEN.....	22	MED MSK.....	16	<i>prenatal vit-iron fum-folic ac</i>	17
ONE DAILY FOR MEN 50		OPTICHAMBER DIAMOND-		PRESERVISION AREDS.....	23
PLUS ADV.....	22	SML MASK.....	16	PRESERVISION LUTEIN.....	23
ONE DAILY FOR WOMEN.....	22	OPURITY MULTIVITAMIN.....	22	PREVALITE.....	9
ONE DAILY HEALTHY		OS-CAL 500 + D3.....	14	PREVENT.....	23
WEIGHT.....	22	<i>oxaprozin</i> .....	3	<i>primidone</i> .....	10



<i>probenecid</i> .....	3	SIMLIYA (28).....	12	<i>theophylline</i> .....	4
PROCERV HP .....	23	SIMPESSE .....	12	THERA.....	23
PROCHAMBER .....	16	<i>simvastatin</i> .....	10	THERAGRAN-M PREMIER 50	
<i>progesterone micronized</i> .....	15	SOLO .....	23	PLUS.....	23
<i>propafenone</i> .....	8	<i>sotalol</i> .....	10	THERALOGIX COMPANION .....	23
<i>propranolol</i> .....	9	SOTALOL AF.....	10	THERA-M.....	23
<i>propylthiouracil</i> .....	18	SPECTRAVITE ADULT 50		THERANATAL.....	17
PRORENAL .....	23	PLUS .....	23	THERAPEUTIC-M.....	23
PRORENAL QD.....	23	SPECTRAVITE ADULT 50		THERA-TABS.....	23
PROSIGHT .....	23	PLUS(LUT).....	23	THERATRUM COMPLETE 50	
PROTECT CARDIO AF .....	23	SPECTRAVITE ADVANCED		PLUS/LUT .....	23
PROTECT PLUS SO .....	23	FORMULA .....	23	THERATRUM COMPLETE 50	
<i>pyridostigmine bromide</i> .....	8	SPECTRAVITE MEN'S .....	23	PLUS-LYC.....	23
<i>quetiapine</i> .....	18	SPIRIVA RESPIMAT .....	4	THERATRUM COMPLETE	
QUFLORA PEDIATRIC.....	23	<i>spironolactone</i> .....	13	WITH LUTEIN .....	23
QUFLORA PEDIATRIC		<i>spironolacton-hydrochlorothiaz</i>	13	THEREMS MULTIVITAMIN .....	23
DROPS.....	23	SPRINTEC (28).....	12	<i>thioridazine</i> .....	18
<i>quinapril</i> .....	9	SRONYX.....	12	<i>thiothixene</i> .....	18
<i>quinapril-hydrochlorothiazide</i> .....	9	STEGLATRO .....	6	THRIVITE RX.....	17
<i>ramipril</i> .....	10	STIOLTO RESPIMAT.....	4	<i>tiagabine</i> .....	10
RANGER READY REPELLENT	7	STRESS FORMULA .....	23	TILIA FE .....	13
<i>ranolazine</i> .....	8	STRESS FORMULA WITH		<i>topiramate</i> .....	10
RECLIPSEN (28) .....	12	IRON.....	23	<i>torseamide</i> .....	13
RECOMBIVAX HB (PF) .....	8	STRESS FORMULA WITH		TOTAL HOME INSECT	
RENAL CAPS .....	23	IRON(SULF).....	23	REPELLENT .....	7
RENAPLEX.....	23	STRIVERDI RESPIMAT.....	4	<i>trandolapril</i> .....	10
RENAPLEX-D .....	23	SUBVENITE .....	10	<i>tranylcypromine</i> .....	18
RENO CAPS.....	23	<i>sulfacetamide sodium-sulfur</i> .....	5	<i>trazodone</i> .....	18
<i>repaglinide</i> .....	6	<i>sulfamethoxazole-trimethoprim</i>	5	TRELEGY ELLIPTA .....	4
REPEL 100 .....	7	SULFATRIM.....	5	<i>triamterene-hydrochlorothiazid</i>	14
REPEL FAMILY .....	7	<i>sulindac</i> .....	3	TRICARE .....	17
REPEL HUNTER'S .....	7	SUNVITE .....	23	TRICON .....	15
REPEL LEMON EUCALYPTUS ...	7	SUPER MULTIPLE - LOW		TRI-ESTARYLLA.....	13
REPEL SPORTSMEN.....	7	IRON.....	23	<i>trifluoperazine</i> .....	18
REPEL SPORTSMEN DRY.....	7	SUPER OMEGA-3 .....	15	TRIGELS-F FORTE .....	15
REPEL SPORTSMEN MAX .....	7	SUPER THERA VITE M.....	23	TRI-LEGEST FE.....	13
REPEL TICK DEFENSE .....	7	SYEDA.....	12	TRI-LINYAH .....	13
RHOGAM ULTRA-FILTERED		SYNTHROID .....	18	TRI-LO-ESTARYLLA .....	13
PLUS .....	8	TAB-A-VITE .....	23	TRI-LO-MARZIA.....	13
<i>risperidone</i> .....	18	TAB-A-VITE MULTIVITAMIN		TRI-LO-MILI .....	13
RITEFLO AEROCHAMBER .....	16	W-IRON .....	23	TRI-LO-SPRINTEC .....	13
<i>rosuvastatin</i> .....	10	TARINA 24 FE .....	13	<i>trimethoprim</i> .....	5
ROWEEPRA.....	10	TARINA FE 1/20 (28).....	13	TRI-MILI .....	13
ROWEEPRA XR.....	10	TARINA FE 1-20 EQ (28).....	13	<i>trimipramine</i> .....	18
RYBELSUS.....	6	TDVAX.....	8	TRINATAL RX 1.....	17
<i>salmon oil-omega-3 fatty acids</i>	10	<i>telmisartan</i> .....	10	TRIPHROCAPS .....	23
SEGLUROMET .....	6	<i>telmisartan-amlodipine</i> .....	10	TRI-SPRINTEC (28).....	13
SE-NATAL 19 CHEWABLE .....	17	<i>telmisartan-hydrochlorothiazid</i>	10	TRIVORA (28).....	13
SENIOR TABS.....	23	TENIVAC (PF).....	8	TRI-VYLIBRA .....	13
SENTRY .....	23	<i>terazosin</i> .....	10	TRI-VYLIBRA LO .....	13
SENTRY SENIOR.....	23	<i>terbinafine hcl</i> .....	5	TULANA.....	13
SEREVENT DISKUS.....	4	<i>terbutaline</i> .....	4	ULTRATHON .....	7
<i>sertraline</i> .....	18	<i>terconazole</i> .....	5	UNITHROID .....	18
SETLAKIN .....	12	<i>tetracycline</i> .....	5	URETRON D-S .....	5
SHAROBEL .....	12	THEO-24.....	4	URO-458 .....	5

URYL .....	5	WOMEN'S MULTIVITAMIN	
<i>valacyclovir</i> .....	7	GUMMIES.....	24
<i>valsartan</i> .....	10	WOMEN'S ONE DAILY .....	24
<i>valsartan-hydrochlorothiazide</i> .....	10	WYMZYA FE.....	13
<i>vancomycin</i> .....	5	XARELTO .....	5
VANDAZOLE .....	5	XARELTO DVT-PE TREAT	
VELIVET TRIPHASIC		30D START.....	5
REGIMEN (28).....	13	XULANE.....	13
<i>venlafaxine</i> .....	18	ZAFEMY .....	13
<i>verapamil</i> .....	9	ZARAH.....	13
VESTURA (28).....	13	<i>ziprasidone hcl</i> .....	18
V-GO 20 .....	16	<i>zonisamide</i> .....	10
V-GO 30 .....	16	ZOVIA 1-35 (28).....	13
V-GO 40 .....	16	ZUMANDIMINE (28).....	13
VIENVA.....	13		
VIORELE (28).....	13		
VIRT-CAPS.....	23		
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LUTEIN).....	23		
VISION FORMULA(A-C-E-ZN-			
SE-CU) .....	23		
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VITABEX PLUS .....	23		
VITALEE .....	23		
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VITA-RESPA .....	23		
VITATRUM .....	23		
VITRUM SENIOR .....	23		
<i>voriconazole</i> .....	5		
VORTEX HOLDING			
CHAMBER.....	16		
VORTEX VHC FROG MASK-			
CHILD.....	16		
VOTRIENT .....	7		
VYFEMLA (28).....	13		
VYLIBRA.....	13		
<i>warfarin</i> .....	5		
WERA (28).....	13		
WESTAB MAX.....	23		
WESTAB ONE.....	23		
WIDE-SEAL DIAPHRAGM 60....	13		
WIDE-SEAL DIAPHRAGM 65....	13		
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