



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

7/1/2025

INTRODUCTION

This is the 2025 **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.

Georgia P4HB Inter-Pregnancy Care

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CURRENT AS OF 10/1/2025

Drug Name	Tier	Restrictions / Limits
ANALGESICS		
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diflunisal</i>	1	
<i>ketorolac oral</i>	1	QL (20 EA per 30 days)
ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
ANTIARTHRITICS		
<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	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
<i>IBU</i>	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 (drlec)</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	
ANTIASTHMATICS		
<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)

Drug Name	Tier	Restrictions / Limits
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	2	QL (1 EA per 30 days)
<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)
ANTIBIOTICS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin</i>	1	
AVIDOXY	1	
<i>azithromycin oral</i>	1	
<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, microcapsul e 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	

Drug Name	Tier	Restrictions / Limits
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	
<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 capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</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	

Drug Name	Tier	Restrictions / Limits
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM	1	
<i>tetracycline oral capsule</i>	1	
<i>trimethoprim</i>	1	
URETRON D-S	1	
URYL	1	
<i>vancomycin oral capsule</i>	1	PA
VANDAZOLE	1	QL (70 GM per 30 days)
ANTICOAGULANTS		
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
ANTIFUNGALS		
<i>clotrimazole mucous membrane</i>	1	
<i>fluconazole</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</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

Drug Name	Tier	Restrictions / Limits
ANTIHYPERGLYCEMICS		
<i>acarbose</i>	1	
<i>alogliptin</i>	2	ST
<i>alogliptin-metformin</i>	2	ST
<i>alogliptin-pioglitazone</i>	2	ST
<i>dapaglifloz propaned-metformin</i>	1	ST
<i>dapagliflozin propanediol</i>	1	ST
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</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)
<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)
<i>HUMULIN R U-500 (CONC) INSULIN</i>	2	
<i>HUMULIN R U-500 (CONC) KWIKPEN</i>	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)

Drug Name	Tier	Restrictions / Limits
<i>insulin lispro subcutaneous solution</i>	2	QL (45 ML per 30 days)
INVOKAMET	1	ST
INVOKAMET XR	1	
<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)
ANTIINFECTIVES/MISCELLANEOUS		
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)

Drug Name	Tier	Restrictions / Limits
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)
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)

Drug Name	Tier	Restrictions / Limits
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)
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)
ANTINEOPLASTICS		
VOTRIENT	2	
ANTIPLATELET DRUGS		
BRILINTA	2	PA; ST
<i>cilostazol</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	
<i>prasugrel hcl</i>	1	
ANTIVIRALS		
<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	
AUTONOMIC DRUGS		
<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)
<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	

Drug Name	Tier	Restrictions / Limits
BIOLOGICALS		
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	
TENIVAC (PF)	2	
BLOOD		
<i>pentoxifylline</i>	1	
CARDIAC DRUGS		
<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	

Drug Name	Tier	Restrictions / Limits
<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 patch 24 hour</i>	1	
<i>propafenone</i>	1	
<i>ranolazine</i>	1	
<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	
CARDIOVASCULAR		
<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	

Drug Name	Tier	Restrictions / Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</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	
CHOLESTYRAMINE LIGHT	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	
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 tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>losartan-hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>methyldopa</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</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-amlodipine-hydrochlorothiazide</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	
<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-hydrochlorothiazide</i>	1	
<i>terazosin</i>	1	
<i>trandolapril</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	

Drug Name	Tier	Restrictions / Limits
CNS DRUGS		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN	2	
<i>clobazam oral suspension</i>	1	ST
<i>clobazam oral tablet</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	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</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 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet</i>	1	
<i>zonisamide</i>	1	
CONTRACEPTIVES		
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	

Drug Name	Tier	Restrictions / Limits
ARANELLE (28)	1	
ASHLYNA	1	QL (1 EA per 1 day)
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	
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)
CAZIENT (28)	1	
CHATEAL EQ (28)	1	
CRYSELLE (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	

Drug Name	Tier	Restrictions / Limits
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	PA
<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	

Drug Name	Tier	Restrictions / Limits
KELNOR 1/50 (28)	1	
KURVELO (28)	1	
<i>l norgest/e.estradiol-e.estrad</i>	1	QL (1 EA per 1 day)
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	
MICROGESTIN 1/20 (21)	1	
MICROGESTIN FE 1.5/30 (28)	1	
MICROGESTIN FE 1/20 (28)	1	

Drug Name	Tier	Restrictions / Limits
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	
TARINA 24 FE	1	
TARINA FE 1/20 (28)	1	
TARINA FE 1-20 EQ (28)	1	
TILIA FE	1	

Drug Name	Tier	Restrictions / Limits
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)
WIDE-SEAL DIAPHRAGM 80	2	QL (2 prescription claim(s) per 365 days)

Drug Name	Tier	Restrictions / Limits
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	
DIURETICS		
<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>torsemide</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	

Drug Name	Tier	Restrictions / Limits
<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	
ELECT/CALORIC/H2O		
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	
<i>dextrose oral gel</i>	OTC	

Drug Name	Tier	Restrictions / Limits
<i>fluoride (sodium) oral</i>	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	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium citrate-citric acid</i>	OTC	
TRICON	OTC	
TRIGELS-F FORTE	OTC	
GASTROINTESTINAL		
<i>amoxicil-clarithromy-lansopraz</i>	1	
<i>omega-3 acid ethyl esters</i>	1	
SUPER OMEGA-3	OTC	
HORMONES		
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	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>prednisone</i>	1	
PREDNISONE INTENSOL	1	
<i>progesterone micronized</i>	1	
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG		
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)
BREATHERITE MDI SPACER	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, NEO.	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,ADULT	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,CHILD	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
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)
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)

Drug Name	Tier	Restrictions / Limits
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"</i>	2	QL (400 EA per 30 days)
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)
PRE-NATAL VITAMINS		
COMPLETENATE	OTC	
KOSHER PRENATAL PLUS IRON	2	

Drug Name	Tier	Restrictions / Limits
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	
PSYCHOTHERAPEUTIC DRUGS		
<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)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<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	
<i>lithium carbonate</i>	1	

Drug Name	Tier	Restrictions / Limits
<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)
SEDATIVE/HYPNOTICS		
<i>phenobarbital</i>	1	
THYROID PREPS		
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
UNCLASSIFIED DRUG PRODUCTS		
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	
VITAMINS		
50 PLUS ADULT EYE HEALTH	OTC	
A THRU Z	OTC	
A THRU Z ADVANCED FORMULA	OTC	

Drug Name	Tier	Restrictions / Limits
A THRU Z HIGH POTENCY	OTC	
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	
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 50 PLS ULT POTENCY	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	

Drug Name	Tier	Restrictions / Limits
CENTRUM CHEWABLES	OTC	
CENTRUM SILVER	OTC	
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	

Drug Name	Tier	Restrictions / Limits
DAILY VITAMIN FORMULA	OTC	
DAILY VITAMIN FORMULA-IRON	OTC	
DAILY VITAMIN FORMULA-MINERALS	OTC	
DAILY VITAMIN WITH IRON	OTC	
DAILY VITES/IRON	OTC	
DAILY-VITE	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	
FOLINIC-PLUS	OTC	
FOLTANX	OTC	
FOLTANX RF	OTC	

Drug Name	Tier	Restrictions / Limits
FOLTX	OTC	
HAIR,SKIN AND NAILS	OTC	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 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-VITE	OTC	
K-PAX IMMUNE SUPPORT	OTC	
<i>levomefol-b6-meb12-algal oil</i>	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	
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	

Drug Name	Tier	Restrictions / Limits
MILLTRIUM SENIOR	OTC	
MULTI COMPLETE WITH IRON	OTC	
MULTI FOR HER	OTC	
MULTI FOR HER 50 PLUS	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-folic acid-lutein</i>	OTC	
<i>multivit-min-iron fum-folic ac</i>	OTC	
MVW COMPLETE FORMUL MULTIVIT	OTC	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	OTC	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	OTC	
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	

Drug Name	Tier	Restrictions / Limits
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	
ONE DAILY MULTIVITAMIN-IRON	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	

Drug Name	Tier	Restrictions / Limits
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	
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	

Drug Name	Tier	Restrictions / Limits
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	
SUPER MULTIPLE - LOW IRON	OTC	
SUPER THERA VITE M	OTC	
TAB-A-VITE	OTC	
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	

Drug Name	Tier	Restrictions / Limits
THERATRUM COMPLETE 50 PLUS-LYC	OTC	
THERATRUM COMPLETE WITH LUTEIN	OTC	
THEREMS MULTIVITAMIN	OTC	
TRIPHROCAPS	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	
WOMEN'S DAILY FORMULA	OTC	
WOMENS DAILY GUMMIES	OTC	
WOMEN'S MULTIVITAMIN	OTC	
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	OTC	
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<i>clonidine</i>	DASETTA 7/7/7 (28)	11	EASIVENT MASK MEDIUM	16
<i>clonidine hcl</i>	DAYSEE	11	EASIVENT MASK SMALL	16
<i>clopidogrel</i>	DEBLITANE	11	ECLIPSE SYRINGE	16
<i>clotrimazole</i>	DECUBI VITE	21	EEMT	15
<i>clozapine</i>	DEKAS BARIATRIC	21	EEMT HS	15
<i>colchicine</i>	DEKAS PLUS (FOLIC ACID)	21	ELINEST	12
<i>colestipol</i>	DELTA D3	21	ELIQUIS	5
COMBIPATCH	DEPO-SUBQ PROVERA 104	11		

ELIQUIS DVT-PE TREAT 30D		FOLBEE	21	HEPLISAV-B (PF)	8
START	5	FOLBIC	21	HI-CAL PLUS VIT D	15
ELIXOPHYLLIN	3	FOLBIC RF	21	HOMOCYSTEINE FORMULA	21
ELURYNG	12	FOLINIC-PLUS	21	HUMULIN R U-500 (CONC)	
EMERGEN-C	21	FOLTANX	21	INSULIN	6
<i>enalapril maleate</i>	9	FOLTANX RF	21	HUMULIN R U-500 (CONC)	
<i>enalapril-hydrochlorothiazide</i>	9	FOLTXX	21	KWIKPEN	6
ENDUR-VM IRON-FREE	21	<i>fosinopril</i>	9	<i>hydralazine</i>	9
ENDUR-VM WITH IRON	21	<i>fosinopril-hydrochlorothiazide</i>	9	<i>hydrochlorothiazide</i>	14
ENERGIX-B (PF)	8	FREESTYLE LIBRE 14 DAY		<i>hydrocortisone</i>	15
ENERGIX-B PEDIATRIC (PF)	8	READER	16	<i>ibandronate</i>	19
<i>enoxaparin</i>	5	FREESTYLE LIBRE 2		IBU	3
ENPRESSE	12	READER	16	<i>ibuprofen</i>	3
ENSKYCE	12	<i>furosemide</i>	14	<i>imipramine hcl</i>	18
ENTRESTO	9	FYAVOLV	15	IMMUNE SUPPORT	19
EPITOL	10	FYCOMPA	10	INCASSIA	12
<i>eplerenone</i>	14	<i>gabapentin</i>	10	<i>indapamide</i>	14
ERRIN	12	<i>gemfibrozil</i>	9	INSECT REPELLENT (DEET)	7
ERY-TAB	5	<i>glimepiride</i>	6	INSECT REPELLENT	
ERYTHROCIN (AS		<i>glipizide</i>	6	(PICARIDIN)	7
STEARATE)	5	<i>glipizide-metformin</i>	6	<i>insulin glargine-yfgr</i>	6
<i>erythromycin</i>	5	<i>glucose</i>	15	<i>insulin lispro</i>	6
<i>erythromycin ethylsuccinate</i>	5	GLUCOSE GEL	15	<i>insulin syringe-needle u-100</i>	17
<i>escitalopram oxalate</i>	18	GLUTOSE-15	15	INTEGRA SYRINGE	17
ESSENTIA	21	GLUTOSE-45	15	INVOKAMET	6
ESSENTIAL MAN	21	GLUTOSE-5	15	INVOKAMET XR	6
ESSENTIAL MAN 50 PLUS	21	<i>glyburide</i>	6	<i>ipratropium bromide</i>	4
ESTARYLLA	12	<i>glyburide micronized</i>	6	<i>ipratropium-albuterol</i>	4
<i>estradiol-norethindrone acet</i>	15	<i>glyburide-metformin</i>	6	<i>irbesartan</i>	9
<i>estrogens-methyltestosterone</i>	15	<i>griseofulvin ultramicrosize</i>	5	<i>irbesartan-hydrochlorothiazide</i>	9
<i>ethosuximide</i>	10	<i>guanfacine</i>	9, 18	ISIBLOOM	12
<i>ethynodiol diac-eth estradiol</i>	12	HAILEY 24 FE	12	<i>isosorbide mononitrate</i>	9
<i>etodolac</i>	3	HAILEY FE 1.5/30 (28)	12	I-VITE	21
<i>etonogestrel-ethinyl estradiol</i>	12	HAILEY FE 1/20 (28)	12	JANTOVEN	5
EUTHYROX	19	HAIR, SKIN AND NAILS		JASMIEL (28)	12
EYE HEALTH PLUS LUTEIN	21	ADVANCED	19	JENCYCLA	12
EYEPROTECT	21	HAIR,SKIN AND NAILS	21	JINTELI	15
<i>ezetimibe</i>	9	HAIR,SKIN AND NAILS(FA-		JOLESSA	12
FALMINA (28)	12	BIOTIN)	21	JULEBER	12
<i>felbamate</i>	10	HAIR-SKIN-NAIL(VIT A,C-		JUNEL 1.5/30 (21)	12
<i>felodipine</i>	9	BIOTIN)	19	JUNEL 1/20 (21)	12
FEMCAP	12	HAIR-SKIN-NAILS (MV-FA-		JUNEL FE 1.5/30 (28)	12
<i>fenofibrate micronized</i>	9	BIOTIN)	21	JUNEL FE 1/20 (28)	12
<i>flecainide</i>	9	<i>haloperidol</i>	18	JUNEL FE 24	12
FLEXICHAMBER	16	<i>haloperidol lactate</i>	18	KAITLIB FE	12
FLORIVA PLUS	21	HEALTHY EYES	21	KARIVA (28)	12
<i>fluconazole</i>	5	HEALTHY EYES		KELNOR 1/35 (28)	12
<i>fluoride (sodium)</i>	15	SUPERVISION	21	KELNOR 1/50 (28)	12
<i>fluoxetine</i>	18	HEATHER	12	<i>ketoconazole</i>	5
<i>fluphenazine hcl</i>	18	HEMATINIC PLUS		<i>ketoprofen</i>	3
<i>flurbiprofen</i>	3	VIT/MINERALS	15	<i>ketorolac</i>	3
<i>fluticasone propionate</i>	3	HEMATINIC/FOLIC ACID	15	KLOR-CON 10	15
<i>fluticasone propion-salmeterol</i>	4	HEMATOGEN FORTE	15	KLOR-CON 8	15
<i>fluvoxamine</i>	18	HEMOCYTE-F	15	KLOR-CON M10	15
		HEMOCYTE-PLUS	15	KLOR-CON M15	15

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

OCUVITE ADULT 50 PLUS.....	22	ONE-A-DAY MEN		POCKET CHAMBER.....	17
OCUVITE EYE PLUS MULTI.....	22	VITACRAVES.....	23	PORTIA 28.....	13
OCUVITE WITH LUTEIN.....	22	ONE-A-DAY MENOPAUSE		<i>potassium chloride</i>	15
OFEV.....	19	FORMULA.....	23	<i>potassium citrate</i>	15
OFF ACTIVE.....	7	ONE-A-DAY MEN'S		<i>potassium citrate-citric acid</i>	15
OFF DEEP WOODS.....	7	50PLUS(GINKGO).....	23	<i>prasugrel hcl</i>	8
OFF DEEP WOODS DRY.....	7	ONE-A-DAY MEN'S		<i>pravastatin</i>	10
OFF DEEP WOODS		MULTIVITAMIN.....	23	<i>prednisolone</i>	15
SPORTSMEN.....	7	ONE-A-DAY PROACTIVE 65		<i>prednisolone sodium phosphate</i>	15
OFF FAMILYCARE (WITH		PLUS.....	23	<i>prednisone</i>	16
DEET).....	7	ONE-A-DAY TEEN		PREDNISONE INTENSOL.....	16
OFF FAMILYCARE(WITH		ADVANTAGE.....	23	<i>pregabalin</i>	11
PICARIDIN).....	7	ONE-A-DAY TEEN HER		PRENATABS FA.....	17
<i>ofloxacin</i>	5	VITACRAVES.....	23	PRENATABS RX.....	17
<i>olanzapine</i>	18	ONE-A-DAY TEEN HIM		PRENATAL 19.....	17
<i>olmesartan</i>	10	VITACRAVES.....	23	PRENATAL MULTI.....	17
<i>olmesartan-amlodipin-hcthiazid</i> ..	10	ONE-A-DAY VITACRAVES.....	23	PRENATAL PLUS.....	17
<i>olmesartan-hydrochlorothiazide</i> ..	10	ONE-A-DAY VITACRAVES		PRENATAL PLUS (CALCIUM	
<i>omega-3 acid ethyl esters</i>	15	IMMUNITY.....	23	CARB).....	17
OMEGA-3 FISH OIL.....	19	ONE-A-DAY WOMEN		PRENATAL TABLET.....	17
OMNICAP.....	22	VITACRAVES.....	23	PRENATAL VITAMIN.....	17
ONCOVITE.....	22	OPTICHAMBER DIAMOND LG		PRENATAL VITAMIN PLUS	
ONE DAILY.....	22	MASK.....	17	LOW IRON.....	17
ONE DAILY CALCIUM/IRON.....	22	OPTICHAMBER DIAMOND		PRENATAL VITAMIN WITH	
ONE DAILY COMPLETE.....	22	VHC.....	17	MINERALS.....	17
ONE DAILY ENERGY.....	22	OPTICHAMBER DIAMOND-		<i>prenatal vit-iron fum-folic ac</i>	17
ONE DAILY ESSENTIAL.....	22	MED MSK.....	17	PRESERVISION AREDS.....	23
ONE DAILY FOR MEN.....	22	OPTICHAMBER DIAMOND-		PRESERVISION LUTEIN.....	23
ONE DAILY FOR MEN 50		SML MASK.....	17	PREVALITE.....	10
PLUS ADV.....	22	OPURITY MULTIVITAMIN.....	23	PREVENT.....	23
ONE DAILY FOR WOMEN.....	22	OS-CAL 500 + D3.....	15	<i>primidone</i>	11
ONE DAILY HEALTHY		<i>oxaprozin</i>	3	<i>probenecid</i>	3
WEIGHT.....	22	<i>oxcarbazepine</i>	11	PROCERV HP.....	23
ONE DAILY MAXIMUM.....	22	OXTELLAR XR.....	11	PROCHAMBER.....	17
ONE DAILY MEN'S 50 PLUS		OYSCO 500/D.....	15	<i>progesterone micronized</i>	16
MEMORY.....	22	OYSTER SHELL + D3.....	15	<i>propafenone</i>	9
ONE DAILY MEN'S 50 PLUS		OYSTER SHELL CALCIUM-		<i>propranolol</i>	10
W-D3.....	22	VIT D3.....	15	<i>propylthiouracil</i>	19
ONE DAILY MULTI-VIT W-		<i>paroxetine hcl</i>	18	PRORENAL.....	23
MINERAL.....	22	PEN NEEDLE.....	17	PRORENAL QD.....	23
ONE DAILY MULTIVITAMIN.....	22	<i>penicillin v potassium</i>	5	PROSIGHT.....	23
ONE DAILY MULTIVITAMIN-		<i>pentoxifylline</i>	8	PROTECT CARDIO AF.....	23
IRON.....	22	<i>perphenazine</i>	18	PROTECT PLUS SO.....	23
ONE DAILY PLUS IRON.....	22	<i>perphenazine-amitriptyline</i>	18	<i>pyridostigmine bromide</i>	8
ONE DAILY PLUS MINERALS..	22	<i>phenazopyridine</i>	3	<i>quetiapine</i>	18, 19
ONE DAILY WOMEN 50 PLUS..	22	<i>phenobarbital</i>	19	QUFLORA PEDIATRIC.....	23
ONE DAILY WOMEN 50		<i>phenytoin</i>	11	QUFLORA PEDIATRIC	
PLUS(VIT K).....	22	<i>phenytoin sodium extended</i>	11	DROPS.....	23
ONE DAILY WOMEN'S.....	23	PHILITH.....	13	<i>quinapril</i>	10
ONE DAILY WOMENS 50		PHYTOMULTI.....	19	<i>quinapril-hydrochlorothiazide</i>	10
PLUS.....	22	<i>pimozide</i>	18	<i>ramipril</i>	10
ONE DAILY WOMEN'S		PIMTREA (28).....	13	RANGER READY REPELLENT...7	
METABOLISM.....	19	<i>pioglitazone</i>	6	<i>ranolazine</i>	9
ONE-A-DAY ENERGY.....	23	<i>pioglitazone-glimepiride</i>	6	RECLIPSEN (28).....	13
		<i>pioglitazone-metformin</i>	6	RECOMBIVAX HB (PF).....	8

RENAL CAPS.....	23	SUBVENITE.....	11	TRELEGY ELLIPTA.....	4
RENAPLEX.....	23	<i>sulfacetamide sodium-sulfur</i>	5	<i>triamterene-hydrochlorothiazid</i> ...	14
RENAPLEX-D.....	23	<i>sulfamethoxazole-trimethoprim</i>	5	TRICARE.....	17
RENO CAPS.....	23	SULFATRIM.....	5	TRICON.....	15
<i>repaglinide</i>	6	<i>sulindac</i>	3	TRI-ESTARYLLA.....	13
REPEL 100.....	7	SUPER MULTIPLE - LOW		<i>trifluoperazine</i>	19
REPEL FAMILY.....	7	IRON.....	23	TRIGELS-F FORTE.....	15
REPEL HUNTER'S.....	7	SUPER OMEGA-3.....	15	TRI-LEGEST FE.....	13
REPEL LEMON EUCALYPTUS...7		SUPER THERA VITE M.....	23	TRI-LINYAH.....	13
REPEL SPORTSMEN.....	7	SYEDA.....	13	TRI-LO-ESTARYLLA.....	13
REPEL SPORTSMEN DRY.....	7	SYNTHROID.....	19	TRI-LO-MARZIA.....	13
REPEL SPORTSMEN MAX.....	7	TAB-A-VITE.....	23	TRI-LO-MILI.....	13
REPEL TICK DEFENSE.....	7	TAB-A-VITE MULTIVITAMIN		TRI-LO-SPRINTEC.....	13
RHOGAM ULTRA-FILTERED		W-IRON.....	23	<i>trimethoprim</i>	5
PLUS.....	8	TARINA 24 FE.....	13	TRI-MILI.....	13
<i>risperidone</i>	19	TARINA FE 1/20 (28).....	13	<i>trimipramine</i>	19
RITEFLO AEROCHAMBER.....	17	TARINA FE 1-20 EQ (28).....	13	TRINATAL RX 1.....	17
<i>rosuvastatin</i>	10	<i>telmisartan</i>	10	TRIPHROCAPS.....	24
ROWEEPRA.....	11	<i>telmisartan-amlodipine</i>	10	TRI-SPRINTEC (28).....	13
ROWEEPRA XR.....	11	<i>telmisartan-hydrochlorothiazid</i> ... 10		TRIVORA (28).....	13
RYBELSUS.....	6	TENIVAC (PF).....	8	TRI-VYLIBRA.....	13
<i>salmon oil-omega-3 fatty acids</i> ...10		<i>terazosin</i>	10	TRI-VYLIBRA LO.....	13
SE-NATAL 19 CHEWABLE.....	17	<i>terbinafine hcl</i>	5	TULANA.....	13
SENIOR TABS.....	23	<i>terbutaline</i>	4	ULTRATHON.....	7
SENTRY.....	23	<i>terconazole</i>	5	UNITHROID.....	19
SENTRY SENIOR.....	23	<i>tetracycline</i>	5	URETRON D-S.....	5
SEREVENT DISKUS.....	4	THEO-24.....	4	URYL.....	5
<i>sertraline</i>	19	<i>theophylline</i>	4	<i>valacyclovir</i>	8
SETLAKIN.....	13	THERA.....	23	<i>valsartan</i>	10
SHAROBEL.....	13	THERAGRAN-M PREMIER 50		<i>valsartan-hydrochlorothiazide</i> 10	
SIMLIYA (28).....	13	PLUS.....	23	<i>vancomycin</i>	5
SIMPESSE.....	13	THERALOGIX COMPANION.....	23	VANDAZOLE.....	5
<i>simvastatin</i>	10	THERA-M.....	23	VELIVET TRIPHASIC	
SOLO.....	23	THERANATAL.....	17	REGIMEN (28).....	13
<i>sotalol</i>	10	THERAPEUTIC-M.....	23	<i>venlafaxine</i>	19
SOTALOL AF.....	10	THERA-TABS.....	23	<i>verapamil</i>	9
SPECTRAVITE ADULT 50		THERATRUM COMPLETE 50		VESTURA (28).....	13
PLUS.....	23	PLUS/LUT.....	23	V-GO 20.....	17
SPECTRAVITE ADULT 50		THERATRUM COMPLETE 50		V-GO 30.....	17
PLUS(LUT).....	23	PLUS-LYC.....	24	V-GO 40.....	17
SPECTRAVITE ADVANCED		THERATRUM COMPLETE		VIENVA.....	13
FORMULA.....	23	WITH LUTEIN.....	24	VIORELE (28).....	13
SPECTRAVITE MEN'S.....	23	THEREMS MULTIVITAMIN.....	24	VISION FORMULA (WITH	
SPIRIVA RESPIMAT.....	4	<i>thioridazine</i>	19	LUTEIN).....	24
<i>spironolactone</i>	14	<i>thiothixene</i>	19	VISION FORMULA(A-C-E-ZN-	
<i>spironolacton-hydrochlorothiaz</i> .. 14		THRIVITE RX.....	17	SE-CU).....	24
SPRINTEC (28).....	13	<i>tiagabine</i>	11	VISION PLUS LUTEIN.....	24
SRONYX.....	13	TILIA FE.....	13	VITABEX PLUS.....	24
STIOLTO RESPIMAT.....	4	<i>topiramate</i>	11	VITALEE.....	24
STRESS FORMULA.....	23	<i>torse mide</i>	14	VITAMIN D3.....	24
STRESS FORMULA WITH		TOTAL HOME INSECT		VITAMIN D3 COMPLETE.....	19
IRON.....	23	REPELLENT.....	7	VITA-RESPA.....	24
STRESS FORMULA WITH		<i>trandolapril</i>	10	VITATRUM.....	24
IRON(SULF).....	23	<i>tranylcypromine</i>	19	VITRUM SENIOR.....	24
STRIVERDI RESPIMAT.....	4	<i>trazodone</i>	19	<i>voriconazole</i>	5

VORTEX HOLDING	
CHAMBER.....	17
VOTRIENT.....	7
VYFEMLA (28).....	13
VYLIBRA.....	13
<i>warfarin</i>	5
WERA (28).....	13
WESTAB MAX.....	24
WESTAB ONE.....	24
WIDE-SEAL DIAPHRAGM 60....	13
WIDE-SEAL DIAPHRAGM 65....	13
WIDE-SEAL DIAPHRAGM 70....	13
WIDE-SEAL DIAPHRAGM 75....	13
WIDE-SEAL DIAPHRAGM 80....	13
WIDE-SEAL DIAPHRAGM 85....	14
WIDE-SEAL DIAPHRAGM 90....	14
WIDE-SEAL DIAPHRAGM 95....	14
WOMEN'S 50 PLUS DAILY	
FORMULA.....	24
WOMEN'S DAILY FORMULA....	24
WOMENS DAILY GUMMIES.....	24
WOMEN'S MULTIVITAMIN.....	24
WOMEN'S MULTIVITAMIN	
GUMMIES.....	24
WOMEN'S ONE DAILY	24
WYMZYA FE.....	14
XARELTO.....	5
XARELTO DVT-PE TREAT	
30D START	5
XULANE.....	14
ZAFEMY.....	14
ZARAH.....	14
<i>ziprasidone hcl</i>	19
<i>zonisamide</i>	11
ZOVIA 1-35 (28).....	14
ZUMANDIMINE (28).....	14