



## Programa Planning for Healthy Babies (P4HB) - Atención entre embarazos (IPC) de CareSource

1/1/2026

### INTRODUCCIÓN

Este es el **Formulario o la Lista de medicamentos preferidos (Preferred Drug List, PDL) de Medicaid de CareSource** de 2026. Esta lista puede ayudarles a los proveedores en la selección de productos clínicamente adecuados y de menor precio. Todos los medicamentos de Medicaid de Georgia están cubiertos por CareSource. Esta es solo una lista de medicamentos preferidos.

Estos medicamentos han sido revisados por el Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) de CareSource. La lista se encuentra actualizada al momento de la revisión.

No prometemos la exactitud de los datos. Tampoco pretende ser una lista completa. No sustituye el conocimiento, la habilidad y el criterio del proveedor. Todos los datos de la lista constituyen una guía. Los proveedores son totalmente responsables de todas las opciones de medicamentos.

La lista está sujeta a las leyes y normas específicas en cada estado. Estas pueden ser, entre otras:

- las de la opción genérica;
- las listas de sustancias controladas;
- la preferencia por la marca;
- los medicamentos genéricos obligatorios (cuando corresponda).

No asumimos ninguna responsabilidad por las acciones o brechas de ningún proveedor. Deben revisar los datos de los productos del fabricante de medicamentos o las referencias estándar.

### PREFACIO

La lista está ordenada por secciones. Cada sección se divide por clase de medicamento terapéutico, según el método de acción. Los productos se mencionan por nombre genérico. El nombre de marca también figura en la lista. Esto es solo a fines informativos. A menos que el medicamento sea una inyección o un caso especial, se menciona la dosis, las formas y las concentraciones.

### COMITÉ DE P&T

Se usa un Comité nacional de P&T para aprobar terapias farmacológicas seguras y útiles. Está compuesto por:

- los directores médicos del plan;
- el personal de farmacia;
- personas de la comunidad médica.

### DETALLES SOBRE LA COBERTURA DE MEDICAMENTOS

Solo se puede cubrir una concentración, dosificación u otra formulación si se incluye en la lista. No se cubren otras concentraciones, dosificaciones ni formulaciones. Por ejemplo: formas inyectables del producto. Los productos de liberación prolongada y retardada tienen su propio listado.

### **metformina Glucophage**

La lista de productos de liberación inmediata no tendría el producto de liberación extendida.

### **metformina ext-rel Glucophage XR**

Una segunda lista muestra el producto de liberación prolongada.

Las formas de dosificación se incluirán en la sección en que se

mencionan. **neomicina/polimixina B/hidro cortisona Cortisporin**

Cortisporin solo figura en la lista de ÓTICOS. Se limita a la solución y la suspensión. No se puede asumir que la crema figura en la lista. Debería formar parte de la sección DERMATOLOGÍA.

### **Autorización previa (PA)**

CareSource puede necesitar que los proveedores nos informen por qué es necesario un medicamento o una cantidad. Esto se denomina PA (Prior Authorization). CareSource debe autorizar esta solicitud antes de que un afiliado reciba el medicamento. "PA" significa que se necesita una autorización previa. Estas son algunas de las razones para una PA:

- Existe un medicamento genérico o alternativo disponible.
- Podría haber abuso o uso indebido del medicamento.
- El medicamento necesita un manejo especial, supervisión o tiene un envío limitado.
- Existen otros medicamentos que se deben probar primero.

### **Solicitudes de PA**

Los asociados de salud pueden solicitar una autorización previa en línea o por fax. Obtenga más información en la página de Proveedores en **CareSource.com**. Es posible que no aprobemos una solicitud de PA para un medicamento. Si no lo hacemos, le diremos al afiliado cómo apelar.

### **Límites de cantidad**

Algunos medicamentos pueden tener límites sobre cuánto se puede administrar de una vez. La abreviatura "QL" (Quantity Limits) se usa para indicar que hay un límite de cantidad. Los QL se basan en la dosis sugerida por los fabricantes de medicamentos. También se tiene en cuenta la seguridad del paciente. La terapia con analgésicos opioides puede tener límites de cantidad. Estos se basan en la dosis recomendada por los fabricantes de medicamentos y/o en los

reglamentos estatales. Los límites de cantidad se encuentran en la lista a continuación.

### **Terapia escalonada**

Es posible que los afiliados deban probar un medicamento antes de tomar otro. Esto se denomina terapia escalonada. Se debe probar un medicamento antes de que se apruebe el uso de otro. CareSource cubrirá ciertos medicamentos solo si se sigue el protocolo de terapia escalonada. Cuando es necesario, se usa "ST" (Step Therapy) en la lista.

### **Sustitución por medicamento genérico e intercambio terapéutico**

La sustitución por un medicamento genérico es una acción de la farmacia. Se ofrece una versión genérica en lugar de un producto de marca. La letra cursiva significa que existe un genérico. No todas las concentraciones o formas de dosificación del genérico pueden estar disponibles como genéricos. Un medicamento de marca que contenga un producto genérico no pertenecerá al formulario. Se cubrirá el producto genérico en lugar del producto de marca. La lista está sujeta a los reglamentos estatales y las normas específicos sobre la sustitución por medicamentos genéricos.

Los medicamentos genéricos con frecuencia tienen un precio más bajo que los medicamentos de marca. Se deben prescribir en primer lugar si se siguen los estándares. Los medicamentos genéricos de venta con receta están:

- Aprobados por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) de EE. UU. Esto es por motivo de seguridad y eficacia. Están fabricados bajo los mismos estándares estrictos que los productos de marca.
- Probados en humanos. El genérico se debe absorber a la misma velocidad que el producto de marca. Puede diferir de la marca en el tamaño, el color y los ingredientes inactivos. Esto no altera su uso.
- Fabricados con la misma concentración y la misma forma de dosificación que los medicamentos de marca.

Un medicamento genérico tendrá el mismo efecto y será tan seguro como el de marca.

### **DISEÑO DEL PLAN**

La lista muestra un diseño cerrado de plan del formulario. Los medicamentos incluidos en la lista están cubiertos por el plan según se muestra. Ciertos medicamentos están cubiertos si se cumplen con los estándares de gestión de uso. Puede ser ST, PA y/o QL. Se revisarán las solicitudes de medicamentos que no cumplan con los estándares de la lista. Si un medicamento no está en la lista, puede solicitar una excepción al formulario para la cobertura. Se revisará la necesidad médica o la excepción al formulario. Esto se basa en medidas de PA o los criterios de prescripción estándar que no pertenecen al formulario. Un afiliado o un proveedor pueden solicitar una excepción al formulario. Complete el formulario que se encuentra en la página de la Lista de medicamentos preferidos (PDL) en **CareSource.com**.

### **AVISO**

Los datos de esta lista son privados. La información no se puede copiar en su totalidad o en parte sin una autorización por escrito. © 2024. Todos los derechos reservados.

Esta lista contiene medicamentos con receta de marca que son marcas comerciales o marcas registradas.

CareSource no opera las organizaciones que se mencionan en esta lista. CareSource no es responsable de la confiabilidad del contenido. Estas listas no son una recomendación de CareSource.

**Nota: Esta lista se actualiza periódicamente. Es posible que los cambios aparezcan antes de su fecha de entrada en vigencia.**

## 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

### Table of Contents

|                                                         |    |
|---------------------------------------------------------|----|
| ANALGESICS .....                                        | 3  |
| ANESTHETICS .....                                       | 3  |
| ANTIARTHRITICS .....                                    | 3  |
| ANTIASTHMATICS .....                                    | 3  |
| ANTIBIOTICS .....                                       | 4  |
| ANTICOAGULANTS .....                                    | 5  |
| ANTIFUNGALS .....                                       | 5  |
| ANTIHYPERGLYCEMICS .....                                | 5  |
| ANTIINFECTIVES/MISCELLANEOUS .....                      | 6  |
| ANTINEOPLASTICS .....                                   | 7  |
| ANTIPLATELET DRUGS .....                                | 7  |
| ANTIVIRALS .....                                        | 7  |
| AUTONOMIC DRUGS .....                                   | 8  |
| BIOLOGICALS .....                                       | 8  |
| BLOOD .....                                             | 8  |
| CARDIAC DRUGS .....                                     | 8  |
| CARDIOVASCULAR .....                                    | 9  |
| CNS DRUGS .....                                         | 10 |
| CONTRACEPTIVES .....                                    | 11 |
| DIURETICS .....                                         | 14 |
| ELECT/CALORIC/H2O .....                                 | 14 |
| GASTROINTESTINAL .....                                  | 15 |
| HORMONES .....                                          | 15 |
| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG ..... | 15 |
| PRE-NATAL VITAMINS .....                                | 17 |
| PSYCHOTHERAPEUTIC DRUGS .....                           | 17 |
| SEDATIVE/HYPNOTICS .....                                | 19 |
| THYROID PREPS .....                                     | 19 |
| UNCLASSIFIED DRUG PRODUCTS .....                        | 19 |
| VITAMINS .....                                          | 19 |

CURRENT AS OF 1/1/2026

| 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    |                        |
| <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 (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    |                         |
| <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    |                           |

| Drug Name                                                             | Tier | Restrictions / Limits |
|-----------------------------------------------------------------------|------|-----------------------|
| <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    |                       |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG           | 1    |                       |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG                   | 2    |                       |

| Drug Name                                                  | Tier | Restrictions / Limits  |
|------------------------------------------------------------|------|------------------------|
| 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    |                        |
| <i>sulfamethoxazole-trimethoprim oral</i>                  | 1    |                        |
| SULFATRIM                                                  | 1    |                        |
| <i>tetracycline oral capsule</i>                           | 1    |                        |
| <i>trimethoprim</i>                                        | 1    |                        |
| URETRON D-S                                                | 1    |                        |

| Drug Name                                                     | Tier | Restrictions / Limits  |
|---------------------------------------------------------------|------|------------------------|
| URYL                                                          | 1    |                        |
| <i>vancomycin oral capsule</i>                                | 1    | PA                     |
| VANDAZOLE                                                     | 1    | QL (70 GM per 30 days) |
| <b>ANTICOAGULANTS</b>                                         |      |                        |
| ELIQUIS DVT-PE TREAT 30D START                                | 2    |                        |
| ELIQUIS ORAL TABLET                                           | 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 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                     |
| <b>ANTIHYPERGLYCEMICS</b>                                     |      |                        |
| <i>acarbose</i>                                               | 1    |                        |
| <i>alogliptin</i>                                             | 2    | ST                     |
| <i>alogliptin-metformin</i>                                   | 2    | ST                     |
| <i>alogliptin-pioglitazone</i>                                | 2    | ST                     |



| Drug Name                                            | Tier | Restrictions / Limits   |
|------------------------------------------------------|------|-------------------------|
| dapaglifloz propaned-metformin                       | 1    | ST                      |
| dapagliflozin propanediol                            | 1    | ST                      |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg             | 1    |                         |
| glipizide oral tablet 10 mg, 5 mg                    | 1    |                         |
| glipizide-metformin                                  | 1    |                         |
| glyburide micronized oral tablet 1.5 mg              | 1    | QL (8 EA per 1 day)     |
| glyburide micronized oral tablet 3 mg                | 1    | QL (4 EA per 1 day)     |
| glyburide micronized oral tablet 6 mg                | 1    | QL (2 EA per 1 day)     |
| glyburide oral tablet 1.25 mg                        | 1    | QL (16 EA per 1 day)    |
| glyburide oral tablet 2.5 mg                         | 1    | QL (8 EA per 1 day)     |
| glyburide oral tablet 5 mg                           | 1    | QL (4 EA per 1 day)     |
| glyburide-metformin oral tablet 1.25-250 mg          | 1    | QL (260 EA per 30 days) |
| glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg | 1    | QL (5 EA per 1 day)     |
| HUMULIN R U-500 (CONC) KWIKPEN                       | 2    |                         |
| insulin glargine-yfgn                                | 2    |                         |
| insulin lispro subcutaneous insulin pen              | 2    | QL (45 ML per 30 days)  |
| insulin lispro subcutaneous insulin pen, half-unit   | 2    | QL (1 ML per 1 day)     |
| insulin lispro subcutaneous solution                 | 2    | QL (45 ML per 30 days)  |
| INVOKAMET                                            | 1    | ST                      |
| INVOKAMET XR                                         | 1    |                         |
| metformin oral solution                              | 1    |                         |
| metformin oral tablet 1,000 mg, 500 mg, 850 mg       | 1    |                         |

| Drug Name                                     | Tier | Restrictions / Limits                 |
|-----------------------------------------------|------|---------------------------------------|
| metformin oral tablet extended release 24 hr  | 1    |                                       |
| miglitol                                      | 1    | ST                                    |
| nateglinide                                   | 1    |                                       |
| pioglitazone                                  | 1    |                                       |
| pioglitazone-glimepiride                      | 1    | ST                                    |
| pioglitazone-metformin                        | 1    |                                       |
| repaglinide                                   | 1    |                                       |
| RYBELSUS                                      | 2    | 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) |

| Drug Name                                | Tier | Restrictions / Limits                 |
|------------------------------------------|------|---------------------------------------|
| 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) |
| REPEL 100                                | OTC  | QL (1 prescription claim per 30 days) |
| REPEL FAMILY                             | OTC  | QL (1 prescription claim per 30 days) |

| Drug Name                     | Tier | Restrictions / Limits                 |
|-------------------------------|------|---------------------------------------|
| 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) |
| <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 hcl</i>          | 1    |                                       |
| <b>ANTIVIRALS</b>             |      |                                       |
| <i>acyclovir oral capsule</i> | 1    |                                       |

| Drug Name                                                                                    | Tier | Restrictions / Limits |
|----------------------------------------------------------------------------------------------|------|-----------------------|
| <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)   |
| <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 180 mg</i>                            | 1    |                       |
| <b>BIOLOGICALS</b>                                                                           |      |                       |
| ADACEL(TDAP ADOLESN/ADULT)(PF)                                                               | 2    |                       |
| BOOSTRIX TDAP                                                                                | 2    |                       |
| ENERGIX-B (PF)                                                                               | 2    |                       |

| Drug Name                                                                                      | Tier | Restrictions / Limits |
|------------------------------------------------------------------------------------------------|------|-----------------------|
| ENERGIX-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    |                       |
| <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    |                       |

| Drug Name                                     | Tier | Restrictions / Limits |
|-----------------------------------------------|------|-----------------------|
| DILT-XR                                       | 1    |                       |
| disopyramide phosphate                        | 1    |                       |
| dofetilide                                    | 1    |                       |
| felodipine                                    | 1    |                       |
| flecainide                                    | 1    |                       |
| isosorbide mononitrate                        | 1    |                       |
| MATZIM LA                                     | 1    |                       |
| nifedipine oral tablet extended release       | 1    |                       |
| nitroglycerin transdermal patch 24 hour       | 1    |                       |
| propafenone                                   | 1    |                       |
| ranolazine                                    | 1    |                       |
| verapamil oral capsule,ext rel. pellets 24 hr | 1    |                       |
| verapamil oral tablet 120 mg, 80 mg           | 1    |                       |
| verapamil oral tablet 40 mg                   | 1    | QL (12 EA per 1 day)  |
| verapamil oral tablet extended release        | 1    |                       |
| <b>CARDIOVASCULAR</b>                         |      |                       |
| amlodipine-benazepril                         | 1    |                       |
| amlodipine-olmesartan                         | 1    |                       |
| amlodipine-valsartan                          | 1    |                       |
| amlodipine-valsartan-hcthiiazid               | 1    |                       |
| atenolol                                      | 1    |                       |
| atenolol-chlorthalidone                       | 1    |                       |
| atorvastatin                                  | 1    |                       |
| benazepril                                    | 1    |                       |
| benazepril-hydrochlorothiazide                | 1    |                       |
| bisoprolol fumarate oral tablet 10 mg, 5 mg   | 1    |                       |
| bisoprolol-hydrochlorothiazide                | 1    |                       |
| candesartan                                   | 1    |                       |

| Drug Name                                    | Tier | Restrictions / Limits |
|----------------------------------------------|------|-----------------------|
| candesartan-hydrochlorothiazid               | 1    |                       |
| captopril                                    | 1    |                       |
| captopril-hydrochlorothiazide                | 1    |                       |
| carvedilol                                   | 1    |                       |
| CHOLESTYRAMINE LIGHT                         | 1    |                       |
| clonidine                                    | 1    |                       |
| colestipol oral tablet                       | 1    |                       |
| doxazosin                                    | 1    |                       |
| enalapril maleate oral tablet                | 1    |                       |
| enalapril-hydrochlorothiazide                | 1    |                       |
| ENTRESTO                                     | 2    | PA                    |
| ezetimibe                                    | 1    |                       |
| fenofibrate micronized                       | 1    |                       |
| fosinopril                                   | 1    |                       |
| fosinopril-hydrochlorothiazide               | 1    |                       |
| gemfibrozil                                  | 1    |                       |
| guanfacine oral tablet                       | 1    |                       |
| hydralazine oral                             | 1    |                       |
| irbesartan                                   | 1    |                       |
| irbesartan-hydrochlorothiazide               | 1    |                       |
| labetalol oral tablet 100 mg, 200 mg, 300 mg | 1    |                       |
| lisinopril                                   | 1    |                       |
| lisinopril-hydrochlorothiazide               | 1    |                       |
| losartan                                     | 1    |                       |
| losartan-hydrochlorothiazide                 | 1    |                       |
| lovastatin                                   | 1    |                       |
| methyldopa                                   | 1    |                       |
| metoprolol succinate                         | 1    |                       |
| metoprolol ta-hydrochlorothiaz               | 1    |                       |
| metoprolol tartrate oral                     | 1    |                       |

| Drug Name                                              | Tier | Restrictions / Limits |
|--------------------------------------------------------|------|-----------------------|
| <i>metirosine</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    |                       |
| <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 oral capsule, er multiphase 12 hr</i> | 1    |                       |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>       | 1    |                       |
| <i>carbamazepine oral tablet</i>                       | 1    |                       |

| Drug Name                                               | Tier | Restrictions / Limits |
|---------------------------------------------------------|------|-----------------------|
| <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    |                       |
| <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    |                       |
| <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    |                       |

| Drug Name                                                                  | Tier | Restrictions / Limits    |
|----------------------------------------------------------------------------|------|--------------------------|
| <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    |                          |
| SUBVENITE ORAL TABLET                                                      | 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    |                          |
| <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    |                          |
| AUROVELA 1/20 (21)                                                         | 1    |                          |
| AUROVELA 24 FE                                                             | 1    |                          |
| AUROVELA FE 1.5/30 (28)                                                    | 1    |                          |

| Drug Name                                                                  | Tier | Restrictions / Limits  |
|----------------------------------------------------------------------------|------|------------------------|
| 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    |                        |
| <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    |                        |

| Drug Name                                | Tier | Restrictions / Limits  |
|------------------------------------------|------|------------------------|
| 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    |                        |
| KURVELO (28)                             | 1    |                        |
| <i>l norgest/e.estradiol-e.estradiol</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    |                        |
| LESSINA                                  | 1    |                        |
| LEVONEST (28)                            | 1    |                        |

| Drug Name                                                                    | Tier | Restrictions / Limits |
|------------------------------------------------------------------------------|------|-----------------------|
| <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    |                       |
| 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    |                       |



| Drug Name                                         | Tier | Restrictions / Limits |
|---------------------------------------------------|------|-----------------------|
| <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    |                       |
| 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    |                       |
| TRI-VYLIBRA                                       | 1    |                       |
| TRI-VYLIBRA LO                                    | 1    |                       |

| Drug Name                      | Tier | Restrictions / Limits                     |
|--------------------------------|------|-------------------------------------------|
| 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) |
| 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    |                                           |



| Drug Name                                               | Tier | Restrictions / Limits |
|---------------------------------------------------------|------|-----------------------|
| ZARAH                                                   | 1    |                       |
| ZOVIA 1-35 (28)                                         | 1    |                       |
| ZUMANDIMINE (28)                                        | 1    |                       |
| <b>DIURETICS</b>                                        |      |                       |
| acetazolamide                                           | 1    |                       |
| amiloride                                               | 1    |                       |
| amiloride-hydrochlorothiazide                           | 1    |                       |
| bumetanide oral                                         | 1    |                       |
| chlorthalidone                                          | 1    |                       |
| eplerenone                                              | 1    |                       |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml) | 1    |                       |
| furosemide oral tablet                                  | 1    |                       |
| hydrochlorothiazide                                     | 1    |                       |
| indapamide                                              | 1    |                       |
| methazolamide                                           | 1    |                       |
| metolazone                                              | 1    |                       |
| spironolactone oral tablet                              | 1    |                       |
| spironolactone-hydrochlorothiazide                      | 1    |                       |
| toremide                                                | 1    |                       |
| triamterene-hydrochlorothiazide oral capsule            | 1    |                       |
| triamterene-hydrochlorothiazide oral tablet 37.5-25 mg  | 1    | QL (1 EA per 1 day)   |
| triamterene-hydrochlorothiazide oral tablet 75-50 mg    | 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  |                       |

| Drug Name                                                                                                                                                                                                                                                   | Tier | Restrictions / Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| calcium acetate(phosphat bind)                                                                                                                                                                                                                              | 1    |                       |
| calcium carbonate-vitamin d3 oral capsule 600 mg-25 mcg (1,000 unit)                                                                                                                                                                                        | OTC  |                       |
| 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) | 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  |                       |
| dextrose oral gel                                                                                                                                                                                                                                           | OTC  |                       |
| fluoride (sodium) oral                                                                                                                                                                                                                                      | OTC  |                       |
| GLUCOSE GEL                                                                                                                                                                                                                                                 | OTC  |                       |
| glucose oral tablet,chewable 4 gram                                                                                                                                                                                                                         | OTC  |                       |
| GLUTOSE-15                                                                                                                                                                                                                                                  | OTC  |                       |
| GLUTOSE-45                                                                                                                                                                                                                                                  | OTC  |                       |
| GLUTOSE-5                                                                                                                                                                                                                                                   | OTC  |                       |
| HEMATINIC PLUS VIT/MINERALS                                                                                                                                                                                                                                 | OTC  |                       |
| HEMATINIC/FOLIC ACID                                                                                                                                                                                                                                        | OTC  |                       |
| HEMATOGEN FORTE                                                                                                                                                                                                                                             | OTC  |                       |
| HEMOCYTE-PLUS                                                                                                                                                                                                                                               | OTC  |                       |
| KLOR-CON 10                                                                                                                                                                                                                                                 | 1    |                       |

| Drug Name                                                                    | Tier | Restrictions / Limits |
|------------------------------------------------------------------------------|------|-----------------------|
| KLOR-CON 8                                                                   | 1    |                       |
| KLOR-CON M10                                                                 | 1    |                       |
| KLOR-CON M15                                                                 | 1    |                       |
| KLOR-CON M20                                                                 | 1    |                       |
| LIQUID CALCIUM WITH VITAMIN D                                                | OTC  |                       |
| ONEVITE CALCIUM-D3 ORAL TABLET 500 MG-5 MCG (200 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    |                       |
| <i>potassium citrate oral tablet extended release</i>                        | 1    |                       |
| <i>potassium citrate-citric acid</i>                                         | OTC  |                       |
| TRICON                                                                       | OTC  |                       |
| TRIGELS-F FORTE                                                              | OTC  |                       |
| <b>GASTROINTESTINAL</b>                                                      |      |                       |
| <i>amoxicil-clarithromy-lansopraz</i>                                        | 1    |                       |
| <i>omega-3 acid ethyl esters</i>                                             | 1    |                       |
| SUPER OMEGA-3                                                                | OTC  |                       |
| <b>HORMONES</b>                                                              |      |                       |
| COMBIPATCH                                                                   | 2    |                       |
| COVARYX                                                                      | 1    |                       |
| COVARYX H.S.                                                                 | 1    |                       |
| <i>danazol</i>                                                               | 1    |                       |

| Drug Name                                                                    | Tier | Restrictions / Limits  |
|------------------------------------------------------------------------------|------|------------------------|
| <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    |                        |
| <i>prednisone</i>                                                            | 1    |                        |
| PREDNISONE INTENSOL                                                          | 1    |                        |
| <i>progesterone micronized oral</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) |

| Drug Name                      | Tier | Restrictions / Limits  |
|--------------------------------|------|------------------------|
| 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) |
| 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) |

| Drug Name                                                                                                       | Tier | Restrictions / Limits        |
|-----------------------------------------------------------------------------------------------------------------|------|------------------------------|
| 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) |
| <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)       |

| Drug Name                                                            | Tier | Restrictions / Limits   |
|----------------------------------------------------------------------|------|-------------------------|
| 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)  |
| <b>PRE-NATAL VITAMINS</b>                                            |      |                         |
| COMPLETENATE                                                         | OTC  |                         |
| 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  |                         |

| Drug Name                                                              | Tier | Restrictions / Limits |
|------------------------------------------------------------------------|------|-----------------------|
| <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>PSYCHOTHERAPEUTIC 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) |
| <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    |                       |

| Drug Name                                                              | Tier | Restrictions / Limits |
|------------------------------------------------------------------------|------|-----------------------|
| <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 oral solution</i>                              | 1    |                       |
| <i>escitalopram oxalate oral tablet</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    |                       |
| <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)   |

| Drug Name                                                           | Tier | Restrictions / Limits |
|---------------------------------------------------------------------|------|-----------------------|
| <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)   |
| <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    |                       |

| Drug Name                                             | Tier | Restrictions / Limits       |
|-------------------------------------------------------|------|-----------------------------|
| <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    |                             |
| <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  |                             |

| Drug Name                                               | Tier | Restrictions / Limits |
|---------------------------------------------------------|------|-----------------------|
| HAIR-SKIN-NAIL(VIT A,C-BIOTIN)                          | OTC  |                       |
| <i>ibandronate oral</i>                                 | 1    |                       |
| IMMUNE SUPPORT ORAL TABLET,CHEWABLE                     | OTC  |                       |
| MEGAVITE                                                | OTC  |                       |
| OFEV                                                    | 2    | PA                    |
| OMEGA-3 FISH OIL ORAL CAPSULE 300-1,000 MG              | OTC  |                       |
| ONE DAILY WOMEN'S METABOLISM                            | OTC  |                       |
| PHYTOMULTI                                              | 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  |                       |
| 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  |                       |



| Drug Name                                                             | Tier | Restrictions / Limits |
|-----------------------------------------------------------------------|------|-----------------------|
| ALIVE WOMEN'S GUMMY VITAMIN                                           | OTC  |                       |
| ANTIOXIDANT FORMULA (SELENIUM)                                        | OTC  |                       |
| BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON- 800 MCG-120 MCG      | OTC  |                       |
| BIO-35, GLUTEN FREE                                                   | OTC  |                       |
| BODY, HAIR, SKIN AND NAILS                                            | OTC  |                       |
| <i>calcitriol oral</i>                                                | 1    |                       |
| CENTRAVITES                                                           | OTC  |                       |
| CENTRAVITES 50 PLUS                                                   | OTC  |                       |
| CENTRAVITES ADULTS                                                    | OTC  |                       |
| 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  |                       |

| Drug Name                                                                                                                                                                     | Tier | Restrictions / Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <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  |                       |
| 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  |                       |

| Drug Name                                                   | Tier | Restrictions / Limits |
|-------------------------------------------------------------|------|-----------------------|
| ENDUR-VM WITH IRON                                          | OTC  |                       |
| ESSENTIA                                                    | OTC  |                       |
| ESSENTIAL MAN                                               | OTC  |                       |
| ESSENTIAL MAN 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  |                       |
| 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  |                       |
| 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  |                       |

| Drug Name                                               | Tier | Restrictions / Limits |
|---------------------------------------------------------|------|-----------------------|
| 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  |                       |
| MILLTRIUM SENIOR                                        | OTC  |                       |
| MULTI COMPLETE WITH IRON                                | OTC  |                       |
| MULTI FOR HER                                           | OTC  |                       |
| MULTI FOR HER 50 PLUS ORAL CAPSULE                      | 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  |                       |



| Drug Name                                   | Tier | Restrictions / Limits |
|---------------------------------------------|------|-----------------------|
| 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  |                       |
| OCUVITE WITH LUTEIN                         | OTC  |                       |
| ONCOVITE                                    | OTC  |                       |
| ONE DAILY                                   | OTC  |                       |
| ONE DAILY CALCIUM/IRON                      | OTC  |                       |
| ONE DAILY COMPLETE                          | OTC  |                       |
| ONE DAILY ESSENTIAL ORAL TABLET , 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 ORAL TABLET 18-0.4 MG     | 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  |                       |

| Drug Name                      | Tier | Restrictions / Limits |
|--------------------------------|------|-----------------------|
| ONE DAILY MULTIVITAMIN         | OTC  |                       |
| ONE DAILY MULTIVITAMIN-IRON    | OTC  |                       |
| ONE DAILY PLUS IRON            | OTC  |                       |
| ONE DAILY WOMEN 50 PLUS        | OTC  |                       |
| ONE DAILY WOMEN 50 PLUS(VIT K) | OTC  |                       |
| ONE DAILY WOMENS 50 PLUS       | 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  |                       |

| Drug Name                                                       | Tier | Restrictions / Limits |
|-----------------------------------------------------------------|------|-----------------------|
| PROCERV HP                                                      | OTC  |                       |
| PRORENAL                                                        | OTC  |                       |
| PRORENAL QD                                                     | OTC  |                       |
| PROSIGHT                                                        | OTC  |                       |
| PROTECT CARDIO AF                                               | OTC  |                       |
| PROTECT PLUS SO                                                 | 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 B WITH ZINC                                              | OTC  |                       |
| STRESS FORMULA                                                  | 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  |                       |

| Drug Name                                                  | Tier | Restrictions / Limits |
|------------------------------------------------------------|------|-----------------------|
| 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  |                       |
| 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  |                       |
| 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  |                       |
| WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA | OTC  |                       |

## Index

|                          |      |                                       |    |                                       |    |
|--------------------------|------|---------------------------------------|----|---------------------------------------|----|
| 50 PLUS ADULT EYE HEALTH | 19   | <i>alogliptin</i>                     | 5  | BLISOVI 24 FE                         | 11 |
| A THRU Z                 | 19   | <i>alogliptin-metformin</i>           | 5  | BLISOVI FE 1.5/30 (28)                | 11 |
| A THRU Z ADVANCED        |      | <i>alogliptin-pioglitazone</i>        | 5  | BLISOVI FE 1/20 (28)                  | 11 |
| FORMULA                  | 19   | ALTAVERA (28)                         | 11 | BODY, HAIR, SKIN AND                  |    |
| A THRU Z HIGH POTENCY    | 19   | ALYACEN 1/35 (28)                     | 11 | NAILS                                 | 20 |
| A THRU Z MEN'S ULTIMATE  | 19   | ALYACEN 7/7/7 (28)                    | 11 | BOOSTRIX TDAP                         | 8  |
| A THRU Z SELECT          | 19   | AMETHIA                               | 11 | BREATHERITE MDI SPACER                | 16 |
| A THRU Z SELECT 50PLUS   |      | AMETHYST (28)                         | 11 | BREATHERITE SPACER-                   |    |
| FORMULA                  | 19   | <i>amiloride</i>                      | 14 | MASK, NEO                             | 16 |
| A THRU Z SELECT WOMEN'S  | 19   | <i>amiloride-hydrochlorothiazide</i>  | 14 | BREATHERITE SPACER-                   |    |
| <i>acarbose</i>          | 5    | <i>amiodarone</i>                     | 8  | MASK, ADULT                           | 16 |
| <i>acetazolamide</i>     | 14   | <i>amitriptyline</i>                  | 17 | BREATHERITE SPACER-                   |    |
| <i>acyclovir</i>         | 7, 8 | <i>amitriptyline-chlordiazepoxide</i> | 17 | MASK, CHILD                           | 16 |
| ADACEL(TDAP              |      | <i>amlodipine</i>                     | 8  | BREATHERITE SPACER-                   |    |
| ADOLESN/ADULT)(PF)       | 8    | <i>amlodipine-benazepril</i>          | 9  | MASK, INFANT                          | 16 |
| ADULT MULTIVITAMIN       |      | <i>amlodipine-olmesartan</i>          | 9  | BREATHERITE SPACER-                   |    |
| GUMMIES                  | 19   | <i>amlodipine-valsartan</i>           | 9  | MASK, S.CHLD                          | 16 |
| ADULT ONE DAILY GUMMIES  | 19   | <i>amlodipine-valsartan-hcthiacid</i> | 9  | BREATHERITE VALVED MDI                |    |
| ADULTS 50 PLUS           | 19   | <i>amoxapine</i>                      | 17 | CHAMBER                               | 16 |
| ADULTS' DAILY FORMULA    | 19   | <i>amoxicil-clarithromy-lansopraz</i> | 15 | BREATHERITE VALVED MDI                |    |
| ADULTS MULTIVITAMIN      | 19   | <i>amoxicillin</i>                    | 4  | SPACER                                | 16 |
| ADVANCED MULTI EA        | 19   | <i>amoxicillin-pot clavulanate</i>    | 4  | BRIELLYN                              | 11 |
| AEROCHAMBER MINI         | 15   | <i>ampicillin</i>                     | 4  | BRILINTA                              | 7  |
| AEROCHAMBER MV           | 15   | ANTIOXIDANT FORMULA                   |    | <i>budesonide</i>                     | 3  |
| AEROCHAMBER PLUS         |      | (SELENIUM)                            | 20 | <i>bumetanide</i>                     | 14 |
| FLOW-VU                  | 15   | APRI                                  | 11 | <i>buprenorphine-naloxone</i>         | 19 |
| AEROCHAMBER PLUS         |      | ARANELLE (28)                         | 11 | <i>bupropion hcl</i>                  | 17 |
| FLOW-VU,L MSK            | 15   | <i>aripiprazole</i>                   | 17 | <i>calcitriol</i>                     | 20 |
| AEROCHAMBER PLUS         |      | ARNUIITY ELLIPTA                      | 3  | CALCIUM 500 + D                       | 14 |
| FLOW-VU,M MSK            | 16   | ASHLYNA                               | 11 | CALCIUM 500 WITH D                    | 14 |
| AEROCHAMBER PLUS         |      | <i>atenolol</i>                       | 9  | CALCIUM 600 WITH VITAMIN              |    |
| FLOW-VU,S MSK            | 16   | <i>atenolol-chlorthalidone</i>        | 9  | D3                                    | 14 |
| AEROCHAMBER PLUS Z       |      | <i>atomoxetine</i>                    | 17 | <i>calcium acetate(phosphat bind)</i> | 14 |
| STAT                     | 16   | <i>atorvastatin</i>                   | 9  | <i>calcium carbonate-vitamin d3</i>   | 14 |
| AEROCHAMBER PLUS Z       |      | ATROVENT HFA                          | 3  | CALCIUM WITH VITAMIN D                | 14 |
| STAT LG MSK              | 16   | AUBRA                                 | 11 | CAMILA                                | 11 |
| AEROCHAMBER PLUS Z       |      | AUBRA EQ                              | 11 | CAMRESE                               | 11 |
| STAT MD MSK              | 16   | AUROVELA 1.5/30 (21)                  | 11 | CAMRESE LO                            | 11 |
| AEROCHAMBER PLUS Z       |      | AUROVELA 1/20 (21)                    | 11 | <i>candesartan</i>                    | 9  |
| STAT SM MSK              | 16   | AUROVELA 24 FE                        | 11 | <i>candesartan-hydrochlorothiazid</i> | 9  |
| AEROCHAMBER Z-STAT       |      | AUROVELA FE 1.5/30 (28)               | 11 | <i>captopril</i>                      | 9  |
| PLUS-FLW SG              | 16   | AUROVELA FE 1-20 (28)                 | 11 | <i>captopril-hydrochlorothiazide</i>  | 9  |
| AEROVENT PLUS            | 16   | AVIANE                                | 11 | <i>carbamazepine</i>                  | 10 |
| AFIRMELLE                | 11   | AVIDOXY                               | 4  | CARTIA XT                             | 8  |
| AIRBORNE (ASCORBATE      |      | AYUNA                                 | 11 | <i>carvedilol</i>                     | 9  |
| SODIUM)                  | 19   | <i>azithromycin</i>                   | 4  | CAYA CONTOURED                        | 11 |
| AIRBORNE (WITH LYSINE    |      | AZURETTE (28)                         | 11 | CAZANT (28)                           | 11 |
| ACETATE)                 | 19   | BALZIVA (28)                          | 11 | <i>cefadroxil</i>                     | 4  |
| <i>albuterol sulfate</i> | 3    | BARIATRIC MULTIVITAMINS               | 20 | <i>cefdinir</i>                       | 4  |
| <i>alendronate</i>       | 19   | <i>benazepril</i>                     | 9  | <i>cefprozil</i>                      | 4  |
| ALIVE WOMEN 50 PLS ULT   |      | <i>benazepril-hydrochlorothiazide</i> | 9  | <i>cefuroxime axetil</i>              | 4  |
| POTENCY                  | 19   | BIO-35, GLUTEN FREE                   | 20 | <i>celecoxib</i>                      | 3  |
| ALIVE WOMEN'S GUMMY      |      | <i>bisoprolol fumarate</i>            | 9  | CELONTIN                              | 10 |
| VITAMIN                  | 20   | <i>bisoprolol-hydrochlorothiazide</i> | 9  | CENTRATEx                             | 14 |

|                                           |    |                                            |    |                                            |       |
|-------------------------------------------|----|--------------------------------------------|----|--------------------------------------------|-------|
| CENTRAVITES.....                          | 20 | COMPACT SPACE                              |    | <i>desog-e.estradiol/e.estradiol</i> ..... | 11    |
| CENTRAVITES 50 PLUS.....                  | 20 | CHAMBER-LRG MASK.....                      | 16 | DEX4 GLUCOSE.....                          | 14    |
| CENTRAVITES ADULTS.....                   | 20 | COMPACT SPACE                              |    | DEX4 GLUCOSE POUCH                         |       |
| CENTRUM CHEWABLES.....                    | 20 | CHAMBER-MED MASK.....                      | 16 | PACK.....                                  | 14    |
| CENTRUM SILVER.....                       | 20 | COMPACT SPACE                              |    | DEX4 GLUCOSE QUICK                         |       |
| CENTRUM SILVER MEN.....                   | 20 | CHAMBER-SM MASK.....                       | 16 | DISSOLVE.....                              | 14    |
| CENTRUM SILVER ULTRA                      |    | COMPLETE MULTIVITAMIN-                     |    | <i>dexmethylphenidate</i> .....            | 18    |
| MEN'S.....                                | 20 | MINERAL.....                               | 20 | <i>dextroamphetamine sulfate</i> .....     | 8     |
| CENTRUM SILVER WOMEN....                  | 20 | COMPLETENATE.....                          | 17 | <i>dextroamphetamine-</i>                  |       |
| CENTRUM SPECIALIST                        |    | COVARYX.....                               | 15 | <i>amphetamine</i> .....                   | 8     |
| HEART.....                                | 20 | COVARYX H.S.....                           | 15 | <i>dextrose</i> .....                      | 14    |
| CENTRUM WOMEN.....                        | 20 | <i>cromolyn</i> .....                      | 3  | DIABETES HEALTH                            |       |
| CENTURY.....                              | 20 | CRYSELLE (28).....                         | 11 | FORMULA.....                               | 20    |
| CENTURY MATURE.....                       | 20 | CUTTER BACKWOODS.....                      | 6  | DIABETIC SUPPORT                           |       |
| <i>cephalexin</i> .....                   | 4  | CUTTER BACKWOODS DRY ....                  | 6  | FORMULA.....                               | 19    |
| CEROVITE SENIOR.....                      | 20 | CUTTER LEMON                               |    | DIALYVITE 800-ULTRA D.....                 | 20    |
| CERTA PLUS.....                           | 20 | EUCALYPTUS.....                            | 6  | <i>diazepam</i> .....                      | 10    |
| CERTAVITE SENIOR.....                     | 20 | CUTTER NATURAL INSECT                      |    | <i>diclofenac potassium</i> .....          | 3     |
| CERTAVITE-ANTIOXIDANT.....                | 20 | REPELLNT.....                              | 6  | <i>diclofenac sodium</i> .....             | 3     |
| CHATEAL EQ (28).....                      | 11 | CUTTER NATURAL                             |    | <i>diclofenac-misoprostol</i> .....        | 3     |
| <i>chlorpromazine</i> .....               | 17 | REPELLENT2.....                            | 6  | <i>dicloxacillin</i> .....                 | 4     |
| <i>chlorthalidone</i> .....               | 14 | CUTTER SKINSATIONS.....                    | 6  | <i>diflunisal</i> .....                    | 3     |
| <i>cholecalciferol (vitamin d3)</i> ..... | 20 | <i>cyanocobalamin (vitamin b-12)</i> ..    | 20 | DIGITEK.....                               | 8     |
| CHOLESTYRAMINE LIGHT.....                 | 9  | CYRED.....                                 | 11 | <i>digoxin</i> .....                       | 8     |
| CHROMAGEN(SUMALATE-                       |    | CYRED EQ.....                              | 11 | DILANTIN.....                              | 10    |
| QUATREFOLI).....                          | 14 | DAILY GUMMIES.....                         | 20 | DILANTIN EXTENDED.....                     | 10    |
| <i>cilostazol</i> .....                   | 7  | DAILY MULTIPLE FOR                         |    | <i>diltiazem hcl</i> .....                 | 8     |
| <i>ciprofloxacin</i> .....                | 4  | WOMEN.....                                 | 20 | DILT-XR.....                               | 9     |
| <i>ciprofloxacin hcl</i> .....            | 4  | DAILY MULTIVITAMIN.....                    | 20 | <i>dipyridamole</i> .....                  | 7     |
| <i>citalopram</i> .....                   | 17 | DAILY MULTI-VITAMIN.....                   | 20 | <i>disopyramide phosphate</i> .....        | 9     |
| <i>clarithromycin</i> .....               | 4  | DAILY MULTIVITAMIN-                        |    | <i>divalproex</i> .....                    | 10    |
| CLEOCIN.....                              | 4  | MINERALS.....                              | 20 | <i>dofetilide</i> .....                    | 9     |
| CLEVER CHOICE CHAMBER-                    |    | DAILY VITAMIN FORMULA.....                 | 20 | <i>doxazosin</i> .....                     | 9     |
| LRG MASK.....                             | 16 | DAILY VITAMIN FORMULA-                     |    | <i>doxepin</i> .....                       | 18    |
| CLEVER CHOICE CHAMBER-                    |    | IRON.....                                  | 20 | <i>doxycycline hyclate</i> .....           | 4, 19 |
| MED MASK.....                             | 16 | DAILY VITAMIN FORMULA-                     |    | <i>doxycycline monohydrate</i> .....       | 4     |
| CLEVER CHOICE CHAMBER-                    |    | MINERALS.....                              | 20 | <i>drospirenone-e.estradiol-lm.fa</i> .... | 11    |
| SM MASK.....                              | 16 | DAILY VITAMIN WITH IRON....                | 20 | <i>drospirenone-ethinyl estradiol</i> .... | 11    |
| <i>clindamycin hcl</i> .....              | 4  | DAILY VITES/IRON.....                      | 20 | DRY EYE FORMULA.....                       | 19    |
| CLINDAMYCIN PEDIATRIC.....                | 4  | DAILY-VITE.....                            | 20 | DULERA.....                                | 3     |
| <i>clindamycin phosphate</i> .....        | 4  | <i>danazol</i> .....                       | 15 | <i>duloxetine</i> .....                    | 18    |
| <i>clobazam</i> .....                     | 10 | <i>dapaglifloz propaned-metformin</i> ...6 |    | E.E.S. 400.....                            | 4     |
| <i>clomipramine</i> .....                 | 17 | <i>dapagliflozin propanediol</i> .....     | 6  | EASIVENT HOLDING                           |       |
| <i>clonazepam</i> .....                   | 10 | <i>dapsone</i> .....                       | 4  | CHAMBER.....                               | 16    |
| <i>clonidine</i> .....                    | 9  | DASETTA 1/35 (28).....                     | 11 | EASIVENT MASK LARGE.....                   | 16    |
| <i>clonidine hcl</i> .....                | 17 | DASETTA 7/7/7 (28).....                    | 11 | EASIVENT MASK MEDIUM.....                  | 16    |
| <i>clopidogrel</i> .....                  | 7  | DAYSEE.....                                | 11 | EASIVENT MASK SMALL.....                   | 16    |
| <i>clotrimazole</i> .....                 | 5  | DEBLITANE.....                             | 11 | ECLIPSE SYRINGE.....                       | 16    |
| <i>clozapine</i> .....                    | 17 | DECUBI VITE.....                           | 20 | EEMT.....                                  | 15    |
| <i>colchicine</i> .....                   | 3  | DEKAS BARIATRIC.....                       | 20 | EEMT HS.....                               | 15    |
| <i>colestipol</i> .....                   | 9  | DEKAS PLUS (FOLIC ACID).....               | 20 | ELINEST.....                               | 11    |
| COMBIPATCH.....                           | 15 | DELTA D3.....                              | 20 | ELIQUIS.....                               | 5     |
| COMBIVENT RESPIMAT.....                   | 3  | DEPO-SUBQ PROVERA 104....                  | 11 | ELIQUIS DVT-PE TREAT 30D                   |       |
| COMPACT SPACE CHAMBER. 16                 |    | <i>desipramine</i> .....                   | 17 | START.....                                 | 5     |
|                                           |    | <i>desmopressin</i> .....                  | 15 | ELURYNG.....                               | 11    |

|                                            |    |                                             |       |                                             |    |
|--------------------------------------------|----|---------------------------------------------|-------|---------------------------------------------|----|
| EMERGEN-C.....                             | 20 | FOLTIX.....                                 | 21    | IBU.....                                    | 3  |
| <i>enalapril maleate</i> .....             | 9  | <i>fosinopril</i> .....                     | 9     | <i>ibuprofen</i> .....                      | 3  |
| <i>enalapril-hydrochlorothiazide</i> ..... | 9  | <i>fosinopril-hydrochlorothiazide</i> ..... | 9     | <i>imipramine hcl</i> .....                 | 18 |
| ENDUR-VM IRON-FREE.....                    | 20 | FREESTYLE LIBRE 14 DAY                      |       | IMMUNE SUPPORT.....                         | 19 |
| ENDUR-VM WITH IRON.....                    | 21 | READER.....                                 | 16    | INCASSIA.....                               | 12 |
| ENGERIX-B (PF).....                        | 8  | FREESTYLE LIBRE 2                           |       | <i>indapamide</i> .....                     | 14 |
| ENGERIX-B PEDIATRIC (PF).....              | 8  | READER.....                                 | 16    | INSECT REPELLENT (DEET).....                | 6  |
| <i>enoxaparin</i> .....                    | 5  | <i>furosemide</i> .....                     | 14    | INSECT REPELLENT                            |    |
| ENPRESSE.....                              | 11 | FYAVOLV.....                                | 15    | (PICARIDIN).....                            | 6  |
| ENSKYCE.....                               | 11 | FYCOMPA.....                                | 10    | <i>insulin glargine-yfgn</i> .....          | 6  |
| ENTRESTO.....                              | 9  | <i>gabapentin</i> .....                     | 10    | <i>insulin lispro</i> .....                 | 6  |
| <i>eplerenone</i> .....                    | 14 | <i>gemfibrozil</i> .....                    | 9     | <i>insulin syringe-needle u-100</i> .....   | 16 |
| ERRIN.....                                 | 12 | <i>glimepiride</i> .....                    | 6     | INTEGRA SYRINGE.....                        | 16 |
| ERY-TAB.....                               | 4  | <i>glipizide</i> .....                      | 6     | INVOKAMET.....                              | 6  |
| ERYTHROCIN (AS                             |    | <i>glipizide-metformin</i> .....            | 6     | INVOKAMET XR.....                           | 6  |
| STEARATE).....                             | 5  | <i>glucose</i> .....                        | 14    | <i>ipratropium bromide</i> .....            | 4  |
| <i>erythromycin</i> .....                  | 5  | GLUCOSE GEL.....                            | 14    | <i>ipratropium-albuterol</i> .....          | 4  |
| <i>erythromycin ethylsuccinate</i> .....   | 5  | GLUTOSE-15.....                             | 14    | <i>irbesartan</i> .....                     | 9  |
| <i>escitalopram oxalate</i> .....          | 18 | GLUTOSE-45.....                             | 14    | <i>irbesartan-hydrochlorothiazide</i> ..... | 9  |
| ESSENTIA.....                              | 21 | GLUTOSE-5.....                              | 14    | ISIBLOOM.....                               | 12 |
| ESSENTIAL MAN.....                         | 21 | <i>glyburide</i> .....                      | 6     | <i>isosorbide mononitrate</i> .....         | 9  |
| ESSENTIAL MAN 50 PLUS.....                 | 21 | <i>glyburide micronized</i> .....           | 6     | I-VITE.....                                 | 21 |
| ESTARYLLA.....                             | 12 | <i>glyburide-metformin</i> .....            | 6     | JANTOVEN.....                               | 5  |
| <i>estradiol-norethindrone acet</i> .....  | 15 | <i>griseofulvin ultramicrosize</i> .....    | 5     | JASMIEL (28).....                           | 12 |
| <i>estrogens-methyltestosterone</i> ....   | 15 | <i>guanfacine</i> .....                     | 9, 18 | JENCYCLA.....                               | 12 |
| <i>ethosuximide</i> .....                  | 10 | HAILEY 24 FE.....                           | 12    | JINTELI.....                                | 15 |
| <i>ethynodiol diac-eth estradiol</i> ..... | 12 | HAILEY FE 1.5/30 (28).....                  | 12    | JOLESSA.....                                | 12 |
| <i>etodolac</i> .....                      | 3  | HAILEY FE 1/20 (28).....                    | 12    | JULEBER.....                                | 12 |
| <i>etonogestrel-ethinyl estradiol</i> .... | 12 | HAIR, SKIN AND NAILS                        |       | JUNEL 1.5/30 (21).....                      | 12 |
| EUTHYROX.....                              | 19 | ADVANCED.....                               | 19    | JUNEL 1/20 (21).....                        | 12 |
| EYE HEALTH PLUS LUTEIN.....                | 21 | HAIR,SKIN AND NAILS.....                    | 21    | JUNEL FE 1.5/30 (28).....                   | 12 |
| EYEPROTECT.....                            | 21 | HAIR,SKIN AND NAILS(FA-                     |       | JUNEL FE 1/20 (28).....                     | 12 |
| <i>ezetimibe</i> .....                     | 9  | BIOTIN).....                                | 21    | JUNEL FE 24.....                            | 12 |
| FALMINA (28).....                          | 12 | HAIR-SKIN-NAIL(VIT A,C-                     |       | KAITLIB FE.....                             | 12 |
| <i>felbamate</i> .....                     | 10 | BIOTIN).....                                | 19    | KARIVA (28).....                            | 12 |
| <i>felodipine</i> .....                    | 9  | HAIR-SKIN-NAILS (MV-FA-                     |       | KELNOR 1/35 (28).....                       | 12 |
| FEMCAP.....                                | 12 | BIOTIN).....                                | 21    | <i>ketoconazole</i> .....                   | 5  |
| <i>fenofibrate micronized</i> .....        | 9  | <i>haloperidol</i> .....                    | 18    | <i>ketoprofen</i> .....                     | 3  |
| <i>flecainide</i> .....                    | 9  | <i>haloperidol lactate</i> .....            | 18    | <i>ketorolac</i> .....                      | 3  |
| FLEXICHAMBER.....                          | 16 | HEALTHY EYES.....                           | 21    | KLOR-CON 10.....                            | 14 |
| FLORIVA PLUS.....                          | 21 | HEALTHY EYES                                |       | KLOR-CON 8.....                             | 15 |
| <i>fluconazole</i> .....                   | 5  | SUPERVISION.....                            | 21    | KLOR-CON M10.....                           | 15 |
| <i>fluoride (sodium)</i> .....             | 14 | HEATHER.....                                | 12    | KLOR-CON M15.....                           | 15 |
| <i>fluoxetine</i> .....                    | 18 | HEMATINIC PLUS                              |       | KLOR-CON M20.....                           | 15 |
| <i>fluphenazine hcl</i> .....              | 18 | VIT/MINERALS.....                           | 14    | KOSHER PRENATAL PLUS                        |    |
| <i>flurbiprofen</i> .....                  | 3  | HEMATINIC/FOLIC ACID.....                   | 14    | IRON.....                                   | 17 |
| <i>fluticasone propionate</i> .....        | 3  | HEMATOGEN FORTE.....                        | 14    | K-PAX IMMUNE SUPPORT.....                   | 21 |
| <i>fluticasone propion-salmeterol</i> 3, 4 |    | HEMOCYTE-PLUS.....                          | 14    | KURVELO (28).....                           | 12 |
| <i>fluvoxamine</i> .....                   | 18 | HEPLISAV-B (PF).....                        | 8     | <i>l norgest/e.estradiol-e.estrad</i> ..... | 12 |
| FOLBEE.....                                | 21 | HUMULIN R U-500 (CONC)                      |       | <i>labetalol</i> .....                      | 9  |
| FOLBIC.....                                | 21 | KWIKPEN.....                                | 6     | LAGEVRIO (EUA).....                         | 8  |
| FOLBIC RF.....                             | 21 | <i>hydralazine</i> .....                    | 9     | <i>lamotrigine</i> .....                    | 10 |
| FOLINIC-PLUS.....                          | 21 | <i>hydrochlorothiazide</i> .....            | 14    | LARIN 1.5/30 (21).....                      | 12 |
| FOLTANX.....                               | 21 | <i>hydrocortisone</i> .....                 | 15    | LARIN 1/20 (21).....                        | 12 |
| FOLTANX RF.....                            | 21 | <i>ibandronate</i> .....                    | 19    | LARIN 24 FE.....                            | 12 |



|                                             |        |                                             |    |                                             |        |
|---------------------------------------------|--------|---------------------------------------------|----|---------------------------------------------|--------|
| LARIN FE 1.5/30 (28).....                   | 12     | <i>methen-sod phos-meth blue-</i>           |    | MVW COMPLETE                                |        |
| LARIN FE 1/20 (28).....                     | 12     | <i>hyos</i> .....                           | 5  | FORMULATION D3000.....                      | 21     |
| LESSINA.....                                | 12     | <i>methimazole</i> .....                    | 19 | MVW COMPLETE                                |        |
| <i>levalbuterol tartrate</i> .....          | 4      | <i>methyldopa</i> .....                     | 9  | FORMULATION D5000.....                      | 22     |
| <i>levetiracetam</i> .....                  | 10     | <i>methylergonovine</i> .....               | 15 | MYNEPHROCAPS.....                           | 22     |
| <i>levofloxacin</i> .....                   | 5      | <i>methyphenidate hcl</i> .....             | 18 | MYNEPHRON.....                              | 22     |
| <i>levomefol-b6-meb12-algal oil</i> .....   | 21     | <i>methylprednisolone</i> .....             | 15 | MY-VITALIFE.....                            | 22     |
| LEVONEST (28).....                          | 12     | <i>metolazone</i> .....                     | 14 | <i>nabumetone</i> .....                     | 3      |
| <i>levonorgestrel-ethinyl estrad</i> .....  | 12     | <i>metoprolol succinate</i> .....           | 9  | <i>nadolol</i> .....                        | 10     |
| <i>levonorg-eth estrad triphasic</i> .....  | 12     | <i>metoprolol ta-hydrochlorothiaz</i> ..... | 9  | <i>naproxen</i> .....                       | 3      |
| LEVORA-28.....                              | 12     | <i>metoprolol tartrate</i> .....            | 9  | <i>naproxen sodium</i> .....                | 3      |
| <i>levothyroxine</i> .....                  | 19     | <i>metronidazole</i> .....                  | 5  | NATACYN.....                                | 5      |
| LEVOXYL.....                                | 19     | <i>metryrosine</i> .....                    | 10 | <i>nateglinide</i> .....                    | 6      |
| <i>liothyronine</i> .....                   | 19     | MICROCHAMBER.....                           | 16 | NATRAPEL.....                               | 7      |
| LIQUID CALCIUM WITH                         |        | MICROGESTIN 1.5/30 (21).....                | 12 | NECON 0.5/35 (28).....                      | 12     |
| VITAMIN D.....                              | 15     | MICROGESTIN 1/20 (21).....                  | 12 | <i>nefazodone</i> .....                     | 18     |
| <i>lisinopril</i> .....                     | 9      | MICROGESTIN FE 1.5/30 (28).....             | 12 | <i>neomycin</i> .....                       | 5      |
| <i>lisinopril-hydrochlorothiazide</i> ..... | 9      | MICROGESTIN FE 1/20 (28).....               | 12 | <i>nifedipine</i> .....                     | 9      |
| LITEAIRE MDI CHAMBER.....                   | 16     | MICROSPACER.....                            | 16 | NIKKI (28).....                             | 12     |
| <i>lithium carbonate</i> .....              | 18     | <i>midodrine</i> .....                      | 8  | <i>nitrofurantoin macrocrystal</i> .....    | 5      |
| LORYNA (28).....                            | 12     | <i>miglitol</i> .....                       | 6  | <i>nitrofurantoin monohyd/m-cryst</i> ..... | 5      |
| <i>losartan</i> .....                       | 9      | MILI.....                                   | 12 | <i>nitroglycerin</i> .....                  | 9      |
| <i>losartan-hydrochlorothiazide</i> .....   | 9      | MILLTRIUM SENIOR.....                       | 21 | NIVA-FOL.....                               | 22     |
| <i>lovastatin</i> .....                     | 9      | MIMVEY.....                                 | 15 | NIVA-PLUS.....                              | 22     |
| LOW-OGESTREL (28).....                      | 12     | <i>minocycline</i> .....                    | 5  | NORA-BE.....                                | 12     |
| <i>loxapine succinate</i> .....             | 18     | <i>minoxidil</i> .....                      | 10 | <i>noreth-ethinyl estradiol-iron</i> .....  | 12     |
| LO-ZUMANDIMINE (28).....                    | 12     | <i>mirtazapine</i> .....                    | 18 | <i>norethindrone (contraceptive)</i> .....  | 12     |
| LUTERA (28).....                            | 12     | M-NATAL PLUS.....                           | 17 | <i>norethindrone ac-eth estradiol</i>       |        |
| LYZA.....                                   | 12     | MONDOXYNE NL.....                           | 5  | .....                                       | 12, 15 |
| MACULAR HEALTH                              |        | MONOJECT INSULIN SAFETY                     |    | <i>norethindrone-e.estradiol-iron</i> ..... | 13     |
| FORMULA.....                                | 21     | SYRING.....                                 | 16 | <i>norgestimate-ethinyl estradiol</i> ..... | 13     |
| MACUVITE EYE CARE.....                      | 21     | MONO-LINYAH.....                            | 12 | NORTREL 0.5/35 (28).....                    | 13     |
| MARLISSA (28).....                          | 12     | <i>montelukast</i> .....                    | 4  | NORTREL 1/35 (21).....                      | 13     |
| MATZIM LA.....                              | 9      | MORGIDOX.....                               | 5  | NORTREL 1/35 (28).....                      | 13     |
| <i>medroxyprogesterone</i> .....            | 12, 15 | <i>moxifloxacin</i> .....                   | 5  | NORTREL 7/7/7 (28).....                     | 13     |
| MEGA MULTI FOR WOMEN.....                   | 21     | MULTI COMPLETE WITH                         |    | <i>nortriptyline</i> .....                  | 18     |
| MEGA MULTIVITAMIN FOR                       |        | IRON.....                                   | 21 | <i>nystatin</i> .....                       | 5      |
| MEN.....                                    | 21     | MULTI FOR HER.....                          | 21 | OCELLA.....                                 | 13     |
| MEGAVITE.....                               | 19     | MULTI FOR HER 50 PLUS.....                  | 21 | OCULAR VITAMINS.....                        | 22     |
| <i>meloxicam</i> .....                      | 3      | MULTIPLE VITAMIN-                           |    | OCUTABS.....                                | 22     |
| MEN 50 PLUS ADVANCED                        |        | MINERALS.....                               | 21 | OCUVITE ADULT 50 PLUS.....                  | 22     |
| ONE DAILY.....                              | 21     | MULTIPLE VITAMINS.....                      | 21 | OCUVITE EYE PLUS MULTI.....                 | 22     |
| MEN 50 PLUS MULTIVITAMIN.....               | 21     | <i>multivit with min-folic acid</i> .....   | 21 | OCUVITE WITH LUTEIN.....                    | 22     |
| MEN'S 50 PLUS DAILY                         |        | <i>multivitamin</i> .....                   | 21 | OFEV.....                                   | 19     |
| FORMULA.....                                | 21     | MULTIVITAMIN 50 PLUS.....                   | 21 | OFF ACTIVE.....                             | 7      |
| MEN'S DAILY.....                            | 21     | MULTI-VITAMIN WITH                          |    | OFF DEEP WOODS.....                         | 7      |
| MEN'S DAILY FORMULA.....                    | 21     | FLUORIDE.....                               | 21 | OFF DEEP WOODS DRY.....                     | 7      |
| MEN'S DAILY GUMMIES.....                    | 21     | <i>multivitamin with iron</i> .....         | 21 | OFF DEEP WOODS                              |        |
| MEN'S MULTIVITAMIN                          |        | MULTIVITAMIN WOMEN 50                       |    | SPORTSMEN.....                              | 7      |
| GUMMIES.....                                | 21     | PLUS.....                                   | 21 | OFF FAMILYCARE (WITH                        |        |
| MEN'S ONE DAILY.....                        | 21     | <i>multivit-min-folic acid-lutein</i> ..... | 21 | DEET).....                                  | 7      |
| METANX (ALGAL OIL).....                     | 21     | <i>multivit-min-iron fum-folic ac</i> ..... | 21 | OFF FAMILYCARE(WITH                         |        |
| <i>metformin</i> .....                      | 6      | MVW COMPLETE FORMUL                         |    | PICARIDIN).....                             | 7      |
| <i>methazolamide</i> .....                  | 14     | MULTIVIT.....                               | 21 | <i>ofloxacin</i> .....                      | 5      |
|                                             |        |                                             |    | <i>olanzapine</i> .....                     | 18     |

|                                          |    |                                            |    |                                             |    |
|------------------------------------------|----|--------------------------------------------|----|---------------------------------------------|----|
| <i>olmesartan</i> .....                  | 10 | ONE-A-DAY WOMEN                            |    | PRENATAL TABLET.....                        | 17 |
| <i>olmesartan-amlodipin-hctiazid</i> ..  | 10 | VITACRAVES.....                            | 22 | PRENATAL VITAMIN.....                       | 17 |
| <i>olmesartan-hydrochlorothiazide</i> .. | 10 | ONEVITE CALCIUM-D3.....                    | 15 | PRENATAL VITAMIN PLUS                       |    |
| <i>omega-3 acid ethyl esters</i> .....   | 15 | OPTICHAMBER DIAMOND LG                     |    | LOW IRON.....                               | 17 |
| OMEGA-3 FISH OIL.....                    | 19 | MASK.....                                  | 16 | PRENATAL VITAMIN WITH                       |    |
| ONCOVITE.....                            | 22 | OPTICHAMBER DIAMOND                        |    | MINERALS.....                               | 17 |
| ONE DAILY.....                           | 22 | VHC.....                                   | 17 | <i>prenatal vit-iron fum-folic ac</i> ..... | 17 |
| ONE DAILY CALCIUM/IRON.....              | 22 | OPTICHAMBER DIAMOND-                       |    | PRESERVISION AREDS.....                     | 22 |
| ONE DAILY COMPLETE.....                  | 22 | MED MSK.....                               | 17 | PRESERVISION LUTEIN.....                    | 22 |
| ONE DAILY ESSENTIAL.....                 | 22 | OPTICHAMBER DIAMOND-                       |    | PREVALITE.....                              | 10 |
| ONE DAILY FOR MEN.....                   | 22 | SML MASK.....                              | 17 | PREVENT.....                                | 22 |
| ONE DAILY FOR MEN 50                     |    | OPURITY MULTIVITAMIN.....                  | 22 | <i>primidone</i> .....                      | 11 |
| PLUS ADV.....                            | 22 | <i>oxaprozin</i> .....                     | 3  | <i>probenecid</i> .....                     | 3  |
| ONE DAILY FOR WOMEN.....                 | 22 | <i>oxcarbazepine</i> .....                 | 10 | PROCERV HP.....                             | 23 |
| ONE DAILY HEALTHY                        |    | OXTELLAR XR.....                           | 10 | PROCHAMBER.....                             | 17 |
| WEIGHT.....                              | 22 | OYSCO 500/D.....                           | 15 | <i>progesterone micronized</i> .....        | 15 |
| ONE DAILY MAXIMUM.....                   | 22 | OYSTER SHELL + D3.....                     | 15 | <i>propafenone</i> .....                    | 9  |
| ONE DAILY MEN'S 50 PLUS                  |    | OYSTER SHELL CALCIUM-                      |    | <i>propranolol</i> .....                    | 10 |
| MEMORY.....                              | 22 | VIT D3.....                                | 15 | <i>propylthiouracil</i> .....               | 19 |
| ONE DAILY MEN'S 50 PLUS                  |    | <i>paroxetine hcl</i> .....                | 18 | PRORENAL.....                               | 23 |
| W-D3.....                                | 22 | PEN NEEDLE.....                            | 17 | PRORENAL QD.....                            | 23 |
| ONE DAILY MULTI-VIT W-                   |    | <i>penicillin v potassium</i> .....        | 5  | PROSIGHT.....                               | 23 |
| MINERAL.....                             | 22 | <i>pentoxifylline</i> .....                | 8  | PROTECT CARDIO AF.....                      | 23 |
| ONE DAILY MULTIVITAMIN.....              | 22 | <i>perphenazine</i> .....                  | 18 | PROTECT PLUS SO.....                        | 23 |
| ONE DAILY MULTIVITAMIN-                  |    | <i>perphenazine-amitriptyline</i> .....    | 18 | <i>pyridostigmine bromide</i> .....         | 8  |
| IRON.....                                | 22 | <i>phenazopyridine</i> .....               | 3  | <i>quetiapine</i> .....                     | 18 |
| ONE DAILY PLUS IRON.....                 | 22 | <i>phenobarbital</i> .....                 | 19 | <i>quinapril</i> .....                      | 10 |
| ONE DAILY WOMEN 50 PLUS..                | 22 | <i>phenytoin</i> .....                     | 10 | <i>quinapril-hydrochlorothiazide</i> .....  | 10 |
| ONE DAILY WOMEN 50                       |    | <i>phenytoin sodium extended</i> .....     | 11 | <i>ramipril</i> .....                       | 10 |
| PLUS(VIT K).....                         | 22 | PHILITH.....                               | 13 | RANGER READY REPELLENT...7                  |    |
| ONE DAILY WOMENS 50                      |    | PHYTOMULTI.....                            | 19 | <i>ranolazine</i> .....                     | 9  |
| PLUS.....                                | 22 | <i>pimozide</i> .....                      | 18 | RECLIPSEN (28).....                         | 13 |
| ONE DAILY WOMEN'S                        |    | PIMTREA (28).....                          | 13 | RECOMBIVAX HB (PF).....                     | 8  |
| METABOLISM.....                          | 19 | <i>pioglitazone</i> .....                  | 6  | RENAL CAPS.....                             | 23 |
| ONE-A-DAY ENERGY.....                    | 22 | <i>pioglitazone-glimepiride</i> .....      | 6  | RENAPLEX.....                               | 23 |
| ONE-A-DAY MEN                            |    | <i>pioglitazone-metformin</i> .....        | 6  | RENAPLEX-D.....                             | 23 |
| VITACRAVES.....                          | 22 | POCKET CHAMBER.....                        | 17 | RENO CAPS.....                              | 23 |
| ONE-A-DAY MENOPAUSE                      |    | PORTIA 28.....                             | 13 | <i>repaglinide</i> .....                    | 6  |
| FORMULA.....                             | 22 | <i>potassium chloride</i> .....            | 15 | REPEL 100.....                              | 7  |
| ONE-A-DAY MEN'S                          |    | <i>potassium citrate</i> .....             | 15 | REPEL FAMILY.....                           | 7  |
| 50PLUS(GINKGO).....                      | 22 | <i>potassium citrate-citric acid</i> ..... | 15 | REPEL HUNTER'S.....                         | 7  |
| ONE-A-DAY MEN'S                          |    | <i>prasugrel hcl</i> .....                 | 7  | REPEL LEMON EUCALYPTUS...7                  |    |
| MULTIVITAMIN.....                        | 22 | <i>pravastatin</i> .....                   | 10 | REPEL SPORTSMEN.....                        | 7  |
| ONE-A-DAY PROACTIVE 65                   |    | <i>prednisolone</i> .....                  | 15 | REPEL SPORTSMEN DRY.....                    | 7  |
| PLUS.....                                | 22 | <i>prednisolone sodium phosphate</i> ..... | 15 | REPEL SPORTSMEN MAX.....                    | 7  |
| ONE-A-DAY TEEN                           |    | <i>prednisone</i> .....                    | 15 | REPEL TICK DEFENSE.....                     | 7  |
| ADVANTAGE.....                           | 22 | PREDNISONE INTENSOL.....                   | 15 | RHOGAM ULTRA-FILTERED                       |    |
| ONE-A-DAY TEEN HER                       |    | <i>pregabalin</i> .....                    | 11 | PLUS.....                                   | 8  |
| VITACRAVES.....                          | 22 | PRENATABS FA.....                          | 17 | <i>risperidone</i> .....                    | 18 |
| ONE-A-DAY TEEN HIM                       |    | PRENATABS RX.....                          | 17 | RITEFLO AEROCHAMBER.....                    | 17 |
| VITACRAVES.....                          | 22 | PRENATAL 19.....                           | 17 | <i>rosuvastatin</i> .....                   | 10 |
| ONE-A-DAY VITACRAVES.....                | 22 | PRENATAL MULTI.....                        | 17 | ROWEEPRA.....                               | 11 |
| ONE-A-DAY VITACRAVES                     |    | PRENATAL PLUS.....                         | 17 | RYBELSUS.....                               | 6  |
| IMMUNITY.....                            | 22 | PRENATAL PLUS (CALCIUM                     |    | <i>salmon oil-omega-3 fatty acids</i> ...10 |    |
|                                          |    | CARB).....                                 | 17 | SE-NATAL 19 CHEWABLE.....                   | 17 |



|                                           |    |                                          |    |                                           |    |
|-------------------------------------------|----|------------------------------------------|----|-------------------------------------------|----|
| SENIOR TABS.....                          | 23 | <i>terconazole</i> .....                 | 5  | URETRON D-S.....                          | 5  |
| SENTRY.....                               | 23 | <i>tetracycline</i> .....                | 5  | URYL.....                                 | 5  |
| SENTRY SENIOR.....                        | 23 | THEO-24.....                             | 4  | <i>valacyclovir</i> .....                 | 8  |
| SEREVENT DISKUS.....                      | 4  | <i>theophylline</i> .....                | 4  | <i>valsartan</i> .....                    | 10 |
| <i>sertraline</i> .....                   | 18 | THERA.....                               | 23 | <i>valsartan-hydrochlorothiazide</i> .... | 10 |
| SETLAKIN.....                             | 13 | THERAGRAN-M PREMIER 50                   |    | <i>vancomycin</i> .....                   | 5  |
| SHAROBEL.....                             | 13 | PLUS.....                                | 23 | VANDAZOLE.....                            | 5  |
| SIMLIYA (28).....                         | 13 | THERALOGIX COMPANION.....                | 23 | VELIVET TRIPHASIC                         |    |
| SIMPESSE.....                             | 13 | THERA-M.....                             | 23 | REGIMEN (28).....                         | 13 |
| <i>simvastatin</i> .....                  | 10 | THERANATAL.....                          | 17 | <i>venlafaxine</i> .....                  | 19 |
| SOLO.....                                 | 23 | THERAPEUTIC-M.....                       | 23 | <i>verapamil</i> .....                    | 9  |
| <i>sotalol</i> .....                      | 10 | THERA-TABS.....                          | 23 | VESTURA (28).....                         | 13 |
| SOTALOL AF.....                           | 10 | THERATRUM COMPLETE 50                    |    | V-GO 20.....                              | 17 |
| SPECTRAVITE ADULT 50                      |    | PLUS/LUT.....                            | 23 | V-GO 30.....                              | 17 |
| PLUS.....                                 | 23 | THERATRUM COMPLETE 50                    |    | V-GO 40.....                              | 17 |
| SPECTRAVITE ADULT 50                      |    | PLUS-LYC.....                            | 23 | VIENVA.....                               | 13 |
| PLUS(LUT).....                            | 23 | THERATRUM COMPLETE                       |    | VIORELE (28).....                         | 13 |
| SPECTRAVITE ADVANCED                      |    | WITH LUTEIN.....                         | 23 | VISION FORMULA (WITH                      |    |
| FORMULA.....                              | 23 | THEREMS MULTIVITAMIN.....                | 23 | LUTEIN).....                              | 23 |
| SPECTRAVITE MEN'S.....                    | 23 | <i>thioridazine</i> .....                | 18 | VISION FORMULA(A-C-E-ZN-                  |    |
| SPIRIVA RESPIMAT.....                     | 4  | <i>thiothixene</i> .....                 | 18 | SE-CU).....                               | 23 |
| <i>spironolactone</i> .....               | 14 | THRIVITE RX.....                         | 17 | VISION PLUS LUTEIN.....                   | 23 |
| <i>spironolacton-hydrochlorothiaz</i> ..  | 14 | <i>tiagabine</i> .....                   | 11 | VITABEX PLUS.....                         | 23 |
| SPRINTEC (28).....                        | 13 | TILIA FE.....                            | 13 | VITALEE.....                              | 23 |
| SRONYX.....                               | 13 | <i>topiramate</i> .....                  | 11 | VITAMIN D3.....                           | 23 |
| STIOLTO RESPIMAT.....                     | 4  | <i>torseamide</i> .....                  | 14 | VITA-RESPA.....                           | 23 |
| STRESS B WITH ZINC.....                   | 23 | TOTAL HOME INSECT                        |    | <i>voriconazole</i> .....                 | 5  |
| STRESS FORMULA.....                       | 23 | REPELLENT.....                           | 7  | VORTEX HOLDING                            |    |
| STRESS FORMULA WITH                       |    | <i>trandolapril</i> .....                | 10 | CHAMBER.....                              | 17 |
| IRON(SULF).....                           | 23 | <i>tranylcypromine</i> .....             | 18 | VOTRIENT.....                             | 7  |
| STRIVERDI RESPIMAT.....                   | 4  | <i>trazodone</i> .....                   | 19 | VYFEMLA (28).....                         | 13 |
| SUBVENITE.....                            | 11 | TRELEGY ELLIPTA.....                     | 4  | VYLIBRA.....                              | 13 |
| <i>sulfacetamide sodium-sulfur</i> .....  | 5  | <i>triamterene-hydrochlorothiazid</i> .. | 14 | <i>warfarin</i> .....                     | 5  |
| <i>sulfamethoxazole-trimethoprim</i> .... | 5  | TRICARE.....                             | 17 | WERA (28).....                            | 13 |
| SULFATRIM.....                            | 5  | TRICON.....                              | 15 | WESTAB MAX.....                           | 23 |
| <i>sulindac</i> .....                     | 3  | TRI-ESTARYLLA.....                       | 13 | WESTAB ONE.....                           | 23 |
| SUPER MULTIPLE - LOW                      |    | <i>trifluoperazine</i> .....             | 19 | WIDE-SEAL DIAPHRAGM 60....                | 13 |
| IRON.....                                 | 23 | TRIGELS-F FORTE.....                     | 15 | WIDE-SEAL DIAPHRAGM 65....                | 13 |
| SUPER OMEGA-3.....                        | 15 | TRI-LEGEST FE.....                       | 13 | WIDE-SEAL DIAPHRAGM 70....                | 13 |
| SUPER THERA VITE M.....                   | 23 | TRI-LINYAH.....                          | 13 | WIDE-SEAL DIAPHRAGM 75....                | 13 |
| SYEDA.....                                | 13 | TRI-LO-ESTARYLLA.....                    | 13 | WIDE-SEAL DIAPHRAGM 80....                | 13 |
| SYNTHROID.....                            | 19 | TRI-LO-MARZIA.....                       | 13 | WIDE-SEAL DIAPHRAGM 85....                | 13 |
| TAB-A-VITE.....                           | 23 | TRI-LO-MILI.....                         | 13 | WIDE-SEAL DIAPHRAGM 90....                | 13 |
| TAB-A-VITE MULTIVITAMIN                   |    | TRI-LO-SPRINTEC.....                     | 13 | WIDE-SEAL DIAPHRAGM 95....                | 13 |
| W-IRON.....                               | 23 | <i>trimethoprim</i> .....                | 5  | WOMEN'S 50 PLUS DAILY                     |    |
| TARINA 24 FE.....                         | 13 | TRI-MILI.....                            | 13 | FORMULA.....                              | 23 |
| TARINA FE 1/20 (28).....                  | 13 | <i>trimipramine</i> .....                | 19 | WOMEN'S DAILY FORMULA....                 | 23 |
| TARINA FE 1-20 EQ (28).....               | 13 | TRINATAL RX 1.....                       | 17 | WOMENS DAILY GUMMIES.....                 | 23 |
| <i>telmisartan</i> .....                  | 10 | TRIPHROCAPS.....                         | 23 | WOMEN'S MULTIVITAMIN.....                 | 23 |
| <i>telmisartan-amlodipine</i> .....       | 10 | TRI-SPRINTEC (28).....                   | 13 | WOMEN'S MULTIVITAMIN                      |    |
| <i>telmisartan-hydrochlorothiazid</i> ... | 10 | TRI-VYLIBRA.....                         | 13 | GUMMIES.....                              | 23 |
| TENIVAC (PF).....                         | 8  | TRI-VYLIBRA LO.....                      | 13 | WOMEN'S ONE DAILY.....                    | 23 |
| <i>terazosin</i> .....                    | 10 | TULANA.....                              | 13 | WYMZYA FE.....                            | 13 |
| <i>terbinafine hcl</i> .....              | 5  | ULTRATHON.....                           | 7  | XARELTO.....                              | 5  |
| <i>terbutaline</i> .....                  | 4  | UNITHROID.....                           | 19 |                                           |    |

XARELTO DVT-PE TREAT

|                              |    |
|------------------------------|----|
| 30D START .....              | 5  |
| XULANE .....                 | 13 |
| ZAFEMY .....                 | 13 |
| ZARAH .....                  | 14 |
| <i>ziprasidone hcl</i> ..... | 19 |
| <i>zonisamide</i> .....      | 11 |
| ZOVIA 1-35 (28) .....        | 14 |
| ZUMANDIMINE (28) .....       | 14 |