

# MDwise Formulary Introduction – Healthy Indiana Plan Basic (HIP Basic)

HIP members must use MDwise network pharmacies to access their prescription drug benefit.

## *How do I use the formulary?*

There are two ways to find your drug within the formulary:

### **Medical Condition**

Drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Disease”. Then look under the category name for your drug.

### **Alphabetical Listing**

The Index provides an alphabetical list of all of the drugs included in this formulary. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list. The formulary provides coverage information about drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index.

All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the Index, either by generic or proprietary name or by therapeutic drug category. In situations where an FDA-approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand name, unless specifically noted. All drugs are listed in each category in alphabetical order by generic name. Where an FDA-approved generic is available for the listed generic name, the generic name is bolded.



A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA), which assures that the following conditions are met.

- The generic drug must contain the same active ingredients, be the same strength, and the same dosage form as the brand name drug.
- The FDA has given an “A” rating compared to the brand name drug and thus the generic drug is determined to be therapeutically bioequivalent.
- When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product.

### **Additional Requirements**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** MDwise requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the pharmacy benefits manager (MedImpact) before you fill your prescription. If you don't get approval, the drug may not be covered. Drugs that are subject to a prior authorization will have a “PA” symbol next to the drug. Physicians and Pharmacies call (844) 336-2677 or FAX: (858) 790-7100.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that is covered. Drugs that are subject to a quantity limit will have a “QL” symbol next to the drug.
- **Refill Limitations:** Prescriptions may be refilled when 75% or more of the days' supply has been used.
- **Step Therapy:** In some cases, the plan requires you to first try certain drugs to treat your medical condition before it 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. Drugs that are subject to Step Therapy will have a “ST” symbol next to the drug.
- **Age Limit:** In some cases, drugs are only available to a member in a select age category. Drugs that are subject to an Age Limit will have an “AGE” symbol next to the drug.
- **Gender Limit:** Some drugs are only available to members of a certain gender. Drugs that are available to only a certain gender will have a “G” symbol next to the drug.

You can find out if your drug has any additional requirements or limits by looking in the formulary starting on the next page.

If you have any additional questions, please visit our website at [mdwise.org](http://mdwise.org) or contact the customer service center at (844) 336-2677.

## Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	5
Asthma And Copd.....	6
Autonomic Nervous System Disorders.....	11
Behavioral Health - Antidepressants.....	11
Behavioral Health - Other.....	14
Cardiovascular Disease - Arrhythmia.....	22
Cardiovascular Disease - Cardiac Stimulant.....	23
Cardiovascular Disease - Hypertension.....	23
Cardiovascular Disease - Lipid Irregularity.....	28
Cardiovascular Disease - Miscellaneous Agents.....	34
Cardiovascular Disease - Vasodilation.....	35
Contraception/Oxytocics.....	35
Cough And Cold.....	41
Dermatology - Acne.....	48
Dermatology - Antiinfective.....	50
Dermatology - Antiinflammatory.....	55
Dermatology - Antipruritic Drugs.....	57
Dermatology - Miscellaneous.....	57
Dermatology - Pigmentation Disorders.....	69
Dermatology - Psoriasis/Eczema.....	69
Diabetes.....	72
Ear - General Disorders.....	78
Electrolyte Regulation.....	79
Endocrine Disorder - Fertility.....	81
Endocrine Disorder - Other.....	81
Endocrine Disorder - Thyroid.....	84
Eye - General Disorders.....	84
Eye - Glaucoma.....	87
Eye - Miscellaneous.....	88
Fluid Replacement.....	90
Gout And Related Diseases.....	90
Hematological Disorders.....	90
Hormonal Deficiency.....	94
Immunization.....	96
Immunosuppression/Modulation.....	99
Infectious Disease - Bacterial.....	100
Infectious Disease - Fungal.....	104
Infectious Disease - Miscellaneous.....	105
Infectious Disease - Parasitic.....	107
Infectious Disease - Viral.....	107
Inflammatory Disease.....	111
Local Anesthesia.....	119
Lower Gastrointestinal Disorders - Bowel Inflammat.....	120
Lower Gastrointestinal Disorders - Other.....	121
Medical Supplies.....	126
Miscellaneous Agents.....	135
Neoplastic Disease.....	135
Neurological Disease - Miscellaneous.....	140
Oral/Pharyngeal Disorders.....	142
Other Drugs.....	142
Other Respiratory Disorders.....	208
Pain Management - Analgesics.....	208
Parkinsons Disease.....	215
Seizure Disorder.....	216
Skeletal Muscle Disorder.....	218
Smoking Cessation.....	219

Upper Gastrointestinal Disorders - Digestive .....	219
Upper Gastrointestinal Disorders - Spastic Disease .....	221
Upper Gastrointestinal Disorders - Ulcer Disease .....	221
Urinary Tract - Functional Disorders .....	223
Vaginal Disorders .....	225
Vitamin And/Or Mineral Deficiency .....	226

Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
All Day Allergy-D	Tier 1	
Allergy and Congestion Relief	Tier 1	
Allergy Complete-D	Tier 1	
Allergy Relief D12	Tier 1	
Allergy Relief D-24hr	Tier 1	
Allergy Relief,Nasal Decongest	Tier 1	
Allergy Relief-D (cetirizine)	Tier 1	
Allergy-Congest Relief-D(fexo)	Tier 1	
cetirizine-pseudoephedrine	Tier 1	
Clarinex-D 12 HOUR	Tier 2	ST; QL (2 EA per 1 day)
fexofenadine-pseudoephedrine	Tier 1	
lorata-dine D	Tier 1	
Loratadine-D	Tier 1	
<b>Allergenic Extracts, Therapeutics</b>		
Oralair	Tier 2	PA
Palforzia (Level 1)	Tier 2	PA
Palforzia (Level 2)	Tier 2	PA
Palforzia (Level 3)	Tier 2	PA
Palforzia (Level 4)	Tier 2	PA
Palforzia (Level 5)	Tier 2	PA
Palforzia (Level 6)	Tier 2	PA
Palforzia (Level 7)	Tier 2	PA
Palforzia (Level 8)	Tier 2	PA
Palforzia (Level 9)	Tier 2	PA
Palforzia (Level 10)	Tier 2	PA
Palforzia (Level 11 Up-Dose)	Tier 2	PA; QL (15 EA per 1 day)
Palforzia Initial Dose	Tier 2	PA; QL (13 EA per 90 days)
Palforzia Level 11 Maintenance	Tier 2	PA; QL (15 EA per 1 day)
<b>Antihistamines - 1St Generation</b>		
Ahist (chlorcyclizine)	Tier 2	
Ala-Hist IR	Tier 1	
Aller-Chlor	Tier 1	
Aller-G-Time	Tier 1	
Allergy (chlorpheniramine)	Tier 1	
Allergy (diphenhydramine) oral capsule	Tier 1	
Allergy (diphenhydramine) oral tablet	Tier 1	
Allergy oral liquid	Tier 1	
Allergy Relief(chlorpheniramn)	Tier 1	
Allergy Relief(diphenhydramin) oral capsule	Tier 1	
Allergy Relief(diphenhydramin) oral liquid	Tier 1	

Drug	Status	Notes
Allergy Relief(diphenhydramin) oral tablet	Tier 1	
Allergy-Time	Tier 1	
Banophen	Tier 1	
carbinoxamine maleate oral liquid	Tier 1	
carbinoxamine maleate oral tablet 4 mg	Tier 1	
Children's Allergy (diphenhyd)	Tier 1	
Children's Diphenhydramine	Tier 1	
chlorpheniramine maleate oral tablet extended release	Tier 1	
clemastine oral tablet 2.68 mg	Tier 1	
Complete Allergy Medicine oral capsule	Tier 1	
Complete Allergy oral capsule	Tier 1	
cyproheptadine	Tier 1	
Diphedryl	Tier 1	
Diphenhist	Tier 1	
diphenhydramine HCl oral capsule	Tier 1	
diphenhydramine HCl oral liquid	Tier 1	
diphenhydramine HCl oral tablet	Tier 1	
ED Chlorped Jr	Tier 1	
Histex (triprolidine)	Tier 2	
Histex PD	Tier 2	
Histex PDX	Tier 2	
hydroxyzine HCl oral solution	Tier 1	QL (100 ML per 1 day)
hydroxyzine HCl oral tablet 10 mg, 25 mg	Tier 1	QL (4 EA per 1 day)
hydroxyzine HCl oral tablet 50 mg	Tier 1	QL (8 EA per 1 day)
hydroxyzine pamoate	Tier 1	QL (4 EA per 1 day)
Karbinal ER	Tier 2	ST; QL (960 ML per 30 days)
PediaClear-8	Tier 2	
Pediavent	Tier 2	
promethazine injection	Tier 1	
promethazine oral	Tier 1	
Siladryl SA	Tier 1	
triprolidine HCl oral drops 0.625 mg/mL, 0.938 mg/mL	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
24HR Allergy Relief	Tier 1	
All Day Allergy (cetirizine)	Tier 1	
Aller-ease	Tier 1	
Allergy Relief (cetirizine) oral capsule	Tier 1	
Allergy Relief (cetirizine) oral tablet	Tier 1	
Allergy Relief (fexofenadine)	Tier 1	
Allergy Relief (levocetirizin)	Tier 1	
Allergy Relief (loratadine)	Tier 1	
cetirizine	Tier 1	
Child Allergy Relf(cetirizine)	Tier 1	

Drug	Status	Notes
Children's Allergy Relief(lor)	Tier 1	
Children's Cetirizine	Tier 1	
Children's Loratadine	Tier 1	
Child's All Day Allergy(cetir)	Tier 1	
desloratadine oral tablet	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating	Tier 1	ST; QL (1 EA per 1 day)
fexofenadine oral tablet	Tier 1	
levocetirizine oral solution	Tier 1	ST; QL (10 ML per 1 day)
levocetirizine oral tablet	Tier 1	
loratadine	Tier 1	
<b>Nasal Antihistamine</b>		
azelastine nasal	Tier 1	QL (60 ML per 30 days)
olopatadine nasal	Tier 1	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>		
24 Hour Nasal Allergy	Tier 1	
Allergy Relief (fluticasone)	Tier 1	QL (16 ML per 30 days)
Beconase AQ	Tier 2	ST; QL (25 GM per 30 days)
budesonide nasal	Tier 1	
flunisolide	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal	Tier 1	QL (16 GM per 30 days)
mometasone nasal	Tier 1	QL (17 GM per 30 days)
Nasal Allergy	Tier 1	
Omnaris	Tier 2	ST; QL (5 GM per 12 days)
QNASL nasal HFA aerosol inhaler 40 mcg/actuation	Tier 2	ST; QL (4.9 GM per 30 days)
QNASL nasal HFA aerosol inhaler 80 mcg/actuation	Tier 2	ST; QL (10.6 GM per 30 days)
Sinuva	Tier 2	
triamcinolone acetonide nasal	Tier 1	
Xhance	Tier 2	ST
Zetonna	Tier 2	ST; QL (6.1 GM per 30 days)
<b>Nasal Mast Cell Stabilizers Agents</b>		
cromolyn nasal	Tier 1	
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannibinoid-Type</b>		
dronabinol	Tier 1	ST; QL (2 EA per 1 day)
<b>Antiemetic/Antivertigo Agents</b>		
Akynzeo (netupitant)	Tier 2	QL (1 EA per 28 days)
Anti-Nausea	Tier 1	
Antivert oral tablet 50 mg	Tier 2	
Anzemet oral tablet 50 mg	Tier 2	ST; QL (8 EA per 1 FILL)
aprepitant oral capsule 125 mg	Tier 1	QL (3 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack	Tier 1	QL (3 EA per 21 days)
Bonjesta	Tier 2	ST; QL (2 EA per 1 day)
cola (syrup)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compro	Tier 1	
doxylamine-pyridoxine (vit B6)	Tier 1	ST; QL (4 EA per 1 day)
Driminate	Tier 1	
Emend oral suspension for reconstitution	Tier 2	QL (3 EA per 21 days)
granisetron HCl oral	Tier 1	ST; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
meclizine oral tablet,chewable	Tier 1	
Motion Sickness	Tier 1	
Motion Sickness (meclizine)	Tier 1	
Motion Sickness Relief	Tier 1	
Motion Sickness Relief(mecliz) oral tablet	Tier 1	
Motion-Time	Tier 1	
Nausea Relief	Tier 1	
ondansetron	Tier 1	
ondansetron HCl oral solution	Tier 1	QL (50 ML per 15 days)
ondansetron HCl oral tablet 4 mg, 8 mg	Tier 1	
prochlorperazine	Tier 1	
prochlorperazine Edisylate	Tier 1	
prochlorperazine maleate	Tier 1	
promethazine rectal	Tier 1	QL (30 EA per 30 days)
Promethegan	Tier 1	QL (30 EA per 30 days)
Sancuso	Tier 2	ST; QL (1 EA per 7 days)
scopolamine base	Tier 1	
trimethobenzamide oral	Tier 1	
<b>Asthma And Copd</b>		
<b>5-Lipoxygenase Inhibitors</b>		
zileuton	Tier 1	ST; QL (2 EA per 1 day)
Zyflo	Tier 2	ST; QL (4 EA per 1 day)
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
Atrovent HFA	Tier 2	QL (25.8 GM per 28 days)
ipratropium bromide inhalation	Tier 1	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
Incruse Ellipta	Tier 2	QL (30 EA per 30 days)
Lonhala Magnair Refill	Tier 2	ST; QL (60 ML per 30 days)
Lonhala Magnair Starter	Tier 2	ST; QL (60 ML per 30 days)
Spiriva Respimat	Tier 2	QL (4 GM per 30 days)
Spiriva with HandiHaler	Tier 2	QL (1 EA per 1 day)
Tudorza Pressair	Tier 2	ST; QL (1 EA per 30 days)



Drug	Status	Notes
Yupelri	Tier 2	QL (90 ML per 30 days)
<b>Beta-Adrenergic Agents</b>		
albuterol sulfate oral	Tier 1	
metaproterenol oral syrup	Tier 1	
terbutaline oral	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
albuterol sulfate inhalation	Tier 1	
levalbuterol HCl	Tier 1	
levalbuterol tartrate	Tier 1	ST
Proair Digihaler	Tier 2	
ProAir RespiClick	Tier 2	
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
Striverdi Respimat	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
arformoterol	Tier 1	QL (60 ML per 15 days)
formoterol fumarate	Tier 1	QL (120 ML per 30 days)
Serevent Diskus	Tier 2	ST; QL (60 EA per 30 days)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
Anoro Ellipta	Tier 2	QL (60 EA per 30 days)
Bevespi Aerosphere	Tier 2	ST; QL (10.7 GM per 30 days)
Combivent Respimat	Tier 2	QL (8 GM per 30 days)
Duaklir Pressair	Tier 2	ST
ipratropium-albuterol	Tier 1	
Stiolto Respimat	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
Advair HFA	Tier 2	QL (12 GM per 30 days)
AirDuo Digihaler	Tier 2	ST; QL (1 EA per 30 days)
budesonide-formoterol	Tier 1	ST; QL (30.6 GM per 30 days)
Dulera inhalation HFA aerosol inhaler 100-5 mcg/actuation, 50-5 mcg/actuation	Tier 2	QL (39 GM per 30 days)
Dulera inhalation HFA aerosol inhaler 200-5 mcg/actuation	Tier 2	QL (13 GM per 30 days)
fluticasone furoate-vilanterol	Tier 1	QL (60 EA per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated	Tier 1	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device	Tier 1	QL (60 EA per 30 days)
Wixela Inhub	Tier 1	QL (60 EA per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
Breztri Aerosphere	Tier 2	ST; QL (10.7 GM per 30 days)

Drug	Status	Notes
Trelegy Ellipta	Tier 2	QL (60 EA per 30 days)
<b>General Bronchodilator Agents</b>		
Asthmanefrin Refill	Tier 2	
S2 Racepinephrine	Tier 2	
<b>Glucocorticoids, Orally Inhaled</b>		
Alvesco	Tier 2	QL (12.2 GM per 25 days)
ArmonAir Digihaler	Tier 2	ST; QL (1 EA per 30 days)
Arnuity Ellipta	Tier 2	ST; QL (30 EA per 30 days)
Asmanex HFA	Tier 2	ST; QL (13 GM per 30 days)
Asmanex Twisthaler inhalation aerosol powdr breath activated 110 mcg/ actuation (30), 220 mcg/ actuation (120), 220 mcg/ actuation (30), 220 mcg/ actuation (60)	Tier 2	ST; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL	Tier 1	QL (60 ML per 15 days)
budesonide inhalation suspension for nebulization 1 mg/2 mL	Tier 1	QL (30 ML per 15 days)
Flovent Diskus inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 2	ST; QL (60 EA per 30 days)
Flovent Diskus inhalation blister with device 250 mcg/actuation	Tier 2	ST; QL (120 EA per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 110 mcg/actuation	Tier 1	ST; QL (12 GM per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 220 mcg/actuation	Tier 1	ST; QL (24 GM per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 44 mcg/actuation	Tier 1	ST; QL (21.2 GM per 30 days)
Pulmicort Flexhaler	Tier 2	ST; QL (1 EA per 30 days)
Qvar RediHaler inhalation HFA aerosol breath activated 40 mcg/actuation	Tier 2	ST
Qvar RediHaler inhalation HFA aerosol breath activated 80 mcg/actuation	Tier 2	ST; QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
Dupixent Pen	Tier 2	PA
Dupixent Syringe	Tier 2	PA
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
Fasenra	Tier 2	PA
Fasenra Pen	Tier 2	PA
<b>Leukotriene Receptor Antagonists</b>		
montelukast	Tier 1	
zafirlukast	Tier 1	
<b>Mast Cell Stabilizers</b>		
cromolyn oral	Tier 1	QL (20 ML per 1 day)
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
cromolyn inhalation	Tier 1	

Drug	Status	Notes
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
Xolair	Tier 2	PA; QL (1 EA per 5 days)
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
Cinqair	Tier 2	PA
Nucala	Tier 2	PA; QL (1 ML per 28 days)
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
Daliresp	Tier 2	ST; QL (1 EA per 1 day)
<b>Respiratory Aids,Devices,Equipment</b>		
Ace Aerosol Cloud Enhancer	Tier 2	
Aerochamber Mini	Tier 2	
Aerochamber MV	Tier 2	
Aerochamber Plus Flow-Vu	Tier 2	
Aerochamber Plus Flow-Vu,L Msk	Tier 2	
Aerochamber Plus Flow-Vu,M Msk	Tier 2	
Aerochamber Plus Flow-Vu,S Msk	Tier 2	
Aerochamber Plus Z Stat	Tier 2	
AeroChamber Plus Z Stat Lg Msk	Tier 2	
AeroChamber Plus Z Stat Md Msk	Tier 2	
AeroChamber Plus Z Stat Sm Msk	Tier 2	
AeroChamber Z-Stat Plus-Flw Sg	Tier 2	
AeroTrach Plus	Tier 2	
Aerovent Plus	Tier 2	
BreatheRite MDI Spacer	Tier 2	
BreatheRite Spacer-Mask, Neo.	Tier 2	
BreatheRite Spacer-Mask,Adult	Tier 2	
BreatheRite Spacer-Mask,Child	Tier 2	
BreatheRite Spacer-Mask,Infant	Tier 2	
BreatheRite Spacer-Mask,S.Chld	Tier 2	
BreatheRite Valved MDI Chamber	Tier 2	
BreatheRite Valved MDI Spacer	Tier 2	
Clever Choice Chamber-Lrg Mask	Tier 2	
Clever Choice Chamber-Med Mask	Tier 2	
Clever Choice Chamber-Sm Mask	Tier 2	
Compact Space Chamber	Tier 2	
Compact Space Chamber-Lrg Mask	Tier 2	
Compact Space Chamber-Med Mask	Tier 2	
Compact Space Chamber-Sm Mask	Tier 2	
EasiVent Holding Chamber	Tier 2	
EasiVent Mask Large	Tier 2	
EasiVent Mask Medium	Tier 2	
EasiVent Mask Small	Tier 2	
Flexichamber	Tier 2	
Flexichamber-Lg Child Mask	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Flexichamber-Sm Adult Mask	Tier 2	
Flexichamber-Sm Child Mask	Tier 2	
In-Check Dial Training Device	Tier 2	
InspiraChamber	Tier 2	
InspiraChamber with Mask-Large	Tier 2	
InspiraChamber with Mask-Med	Tier 2	
InspiraChamber with Mask-Small	Tier 2	
Lite Touch-Medium Mask	Tier 2	
LiteAire MDI Chamber	Tier 2	
LiteTouch-Large Mask	Tier 2	
LiteTouch-Small Mask	Tier 2	
Microchamber	Tier 2	
Microspacer	Tier 2	
MistAssist	Tier 2	
MistAssist Kit	Tier 2	
Mouthpiece	Tier 2	
One Way Valved Mouthpiece	Tier 2	
Optichamber Adult Mask-Large	Tier 2	
OptiChamber Diamond Lg Mask	Tier 2	
OptiChamber Diamond VHC	Tier 2	
OptiChamber Diamond-Med Msk	Tier 2	
OptiChamber Diamond-Sml Mask	Tier 2	
Panda Mask	Tier 2	
Pediatric Medium Mask	Tier 2	
Pediatric Panda Mask	Tier 2	
Pediatric Small Mask	Tier 2	
PFLEX Inspiratory Trainer	Tier 2	
POCKET CHAMBER	Tier 2	
PrimeAire	Tier 2	
Pro Comfort Spacer-Adult Mask	Tier 2	
Pro Comfort Spacer-Child Mask	Tier 2	
Procure Spacer With Adult Mask	Tier 2	
Procure Spacer With Child Mask	Tier 2	
ProChamber	Tier 2	
RiteFlo Aerochamber	Tier 2	
Sidestream Pediatric Face Mask	Tier 2	
Silicone Mask - Infant	Tier 2	
Silicone Mask - Pediatric	Tier 2	
Space Chamber	Tier 2	
Space Chamber with Large Mask	Tier 2	
Space Chamber with Medium Mask	Tier 2	
Space Chamber with Small Mask	Tier 2	
Threshold IMT Trainer	Tier 2	

Drug	Status	Notes
Threshold PEP Device	Tier 2	
Vortex Adult Mask	Tier 2	
Vortex Holding Chamber	Tier 2	
Vortex VHC Frog Mask-Child	Tier 2	
Vortex VHC Ladybug Mask-Toddlr	Tier 2	
WINDMILL TRAINER	Tier 2	
<b>Xanthines</b>		
Alertness Aid	Tier 1	
caffeine	Tier 1	
caffeine citrate oral	Tier 1	
Stay Awake	Tier 1	
Theo-24	Tier 2	
Theochron	Tier 1	
theophylline oral elixir	Tier 1	
theophylline oral solution	Tier 1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr	Tier 1	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
memantine oral capsule,sprinkle,ER 24hr	Tier 1	ST; QL (30 EA per 30 days)
memantine oral solution	Tier 1	QL (10 ML per 1 day)
memantine oral tablet	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack	Tier 1	QL (2 EA per 1 day)
Namenda XR oral cap,sprinkle,ER 24hr dose pack	Tier 2	QL (28 EA per 28 days)
<b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholinics Inhib</b>		
Namzaric oral cap,sprinkle,ER 24hr dose pack	Tier 2	QL (28 EA per 28 days)
Namzaric oral capsule,sprinkle,ER 24hr	Tier 2	QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		
Adlarity	Tier 2	
donepezil	Tier 1	QL (1 EA per 1 day)
galantamine oral capsule,ext rel. pellets 24 hr	Tier 1	QL (30 EA per 30 days)
galantamine oral solution	Tier 1	QL (6 ML per 1 day)
galantamine oral tablet	Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup	Tier 1	
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release	Tier 1	
rivastigmine	Tier 1	QL (30 EA per 30 days)
rivastigmine tartrate	Tier 1	QL (2 EA per 1 day)
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
mirtazapine	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Antidepressant - Nmda Receptor Antagonist</b>		
Spravato	Tier 2	REQUIRES CONCURRENT USE OF AN ORAL ANTIDEPRESSANT
<b>Maois - Non-Selective &amp; Irreversible</b>		
Marplan	Tier 2	QL (3 EA per 1 day)
phenelzine	Tier 1	QL (6 EA per 1 day)
tranylcypromine	Tier 1	QL (6 EA per 1 day)
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
Aplenzin	Tier 2	QL (1 EA per 1 day)
bupropion HCl oral tablet	Tier 1	QL (4 EA per 1 day)
bupropion HCl oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
bupropion HCl oral tablet sustained-release 12 hr	Tier 1	QL (2 EA per 1 day)
<b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>		
citalopram oral capsule	Tier 1	QL (1 EA per 1 day)
citalopram oral solution	Tier 1	QL (20 ML per 1 day)
citalopram oral tablet 10 mg, 20 mg	Tier 1	QL (1.5 EA per 1 day)
citalopram oral tablet 40 mg	Tier 1	QL (1 EA per 1 day)
escitalopram oxalate oral solution	Tier 1	QL (20 ML per 1 day)
escitalopram oxalate oral tablet 10 mg, 20 mg	Tier 1	QL (1.5 EA per 1 day)
escitalopram oxalate oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
fluoxetine oral capsule 10 mg	Tier 1	QL (1 EA per 1 day)
fluoxetine oral capsule 20 mg	Tier 1	QL (4 EA per 1 day)
fluoxetine oral capsule 40 mg	Tier 1	QL (2 EA per 1 day)
fluoxetine oral capsule, delayed release (DR/EC)	Tier 1	QL (4 EA per 28 days)
fluoxetine oral solution	Tier 1	QL (20 ML per 1 day)
fluoxetine oral tablet 10 mg	Tier 1	QL (1.5 EA per 1 day)
fluoxetine oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
fluoxetine oral tablet 60 mg	Tier 1	QL (1 EA per 1 day)
fluvoxamine oral capsule, extended release 24hr	Tier 1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
fluvoxamine oral tablet 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
paroxetine HCl oral suspension	Tier 1	QL (40 ML per 1 day)
paroxetine HCl oral tablet 10 mg	Tier 1	QL (1.5 EA per 1 day)
paroxetine HCl oral tablet 20 mg	Tier 1	QL (1 EA per 1 day)
paroxetine HCl oral tablet 30 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
paroxetine HCl oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
Pexeva	Tier 2	QL (1 EA per 1 day)
sertraline oral capsule 150 mg	Tier 1	QL (2 EA per 1 day)
sertraline oral capsule 200 mg	Tier 1	QL (1 EA per 1 day)
sertraline oral concentrate	Tier 1	QL (10 ML per 1 day)
sertraline oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
sertraline oral tablet 25 mg, 50 mg	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
St. John's wort oral capsule 300 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
St. John's wort oral capsule 350 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
nefazodone	Tier 1	QL (2 EA per 1 day)
trazodone oral tablet 100 mg, 150 mg	Tier 1	QL (3 EA per 1 day)
trazodone oral tablet 300 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
desvenlafaxine oral tablet extended release 24 hr 100 mg	Tier 1	QL (2 EA per 1 day)
desvenlafaxine oral tablet extended release 24 hr 50 mg	Tier 1	QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	Tier 1	QL (2 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
Drizalma Sprinkle	Tier 2	QL (2 EA per 1 day)
duloxetine	Tier 1	QL (2 EA per 1 day)
Fetzima	Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg	Tier 1	QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 37.5 mg	Tier 1	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 75 mg	Tier 1	QL (3 EA per 1 day)
venlafaxine oral tablet	Tier 1	QL (3 EA per 1 day)
venlafaxine oral tablet extended release 24hr 150 mg	Tier 1	QL (2 EA per 1 day)
venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg	Tier 1	QL (1 EA per 1 day)
venlafaxine oral tablet extended release 24hr 75 mg	Tier 1	QL (3 EA per 1 day)
<b>Ssri &amp; 5HT1a Partial Agonist Antidepressant</b>		
Viibryd oral tablets,dose pack 10 mg (7)- 20 mg (23)	Tier 2	
vilazodone	Tier 1	QL (1 EA per 1 day)
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
Trintellix	Tier 2	QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
amitriptyline-chlordiazepoxide	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
perphenazine-amitriptyline	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
amitriptyline oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
amitriptyline oral tablet 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (3 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
amoxapine oral tablet 100 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
amoxapine oral tablet 150 mg, 25 mg	Tier 1	QL (2 EA per 1 day)
clomipramine oral capsule 25 mg	Tier 1	QL (2 EA per 1 day)
clomipramine oral capsule 50 mg	Tier 1	QL (5 EA per 1 day)
clomipramine oral capsule 75 mg	Tier 1	QL (3 EA per 1 day)
desipramine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
desipramine oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
desipramine oral tablet 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
doxepin oral capsule 10 mg	Tier 1	QL (4 EA per 1 day)
doxepin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
doxepin oral concentrate	Tier 1	QL (30 ML per 1 day)
imipramine HCl oral tablet 10 mg	Tier 1	QL (2 EA per 1 day)
imipramine HCl oral tablet 25 mg	Tier 1	QL (1 EA per 1 day)
imipramine HCl oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
imipramine pamoate oral capsule 100 mg	Tier 1	QL (3 EA per 1 day)
imipramine pamoate oral capsule 125 mg, 150 mg	Tier 1	QL (2 EA per 1 day)
imipramine pamoate oral capsule 75 mg	Tier 1	QL (1 EA per 1 day)
maprotiline	Tier 1	QL (3 EA per 1 day)
nortriptyline oral capsule 10 mg, 25 mg	Tier 1	QL (4 EA per 1 day)
nortriptyline oral capsule 50 mg	Tier 1	QL (3 EA per 1 day)
nortriptyline oral capsule 75 mg	Tier 1	QL (2 EA per 1 day)
nortriptyline oral solution	Tier 1	QL (20 ML per 1 day)
protriptyline	Tier 1	QL (4 EA per 1 day)
trimipramine oral capsule 100 mg	Tier 1	QL (3 EA per 1 day)
trimipramine oral capsule 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
Adzenys XR-ODT	Tier 2	QL (1 EA per 1 day)
amphetamine	Tier 1	QL (15 ML per 1 day)
amphetamine sulfate oral tablet 10 mg	Tier 1	QL (6 EA per 1 day)
amphetamine sulfate oral tablet 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral solution	Tier 1	QL (40 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
dextroamphetamine-amphetamine oral tablet	Tier 1	QL (3 EA per 1 day)
Dyanavel XR	Tier 2	QL (8 ML per 1 day)
Evekeo ODT	Tier 2	QL (2 EA per 1 day)
methamphetamine	Tier 1	
Mydayis	Tier 2	QL (1 EA per 1 day)
Vyvanse	Tier 2	QL (1 EA per 1 day)
Zenzedi oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
Zenzedi oral tablet 15 mg, 2.5 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
Zenzedi oral tablet 20 mg, 30 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
<b>Anti-Alcoholic Preparations</b>		
acamprosate	Tier 1	
disulfiram	Tier 1	
Vivitrol	Tier 2	QL (1 EA per 28 days)
<b>Anti-Anxiety - Benzodiazepines</b>		
Alprazolam Intensol	Tier 2	QL (4 ML per 1 day)
alprazolam oral tablet	Tier 1	QL (4 EA per 1 day)
alprazolam oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
alprazolam oral tablet, disintegrating	Tier 1	QL (4 EA per 1 day)
chlordiazepoxide HCl	Tier 1	QL (4 EA per 1 day)
clorazepate dipotassium	Tier 1	QL (4 EA per 1 day)
diazepam injection syringe	Tier 1	
Diazepam Intensol	Tier 1	QL (8 ML per 1 day)
diazepam oral concentrate	Tier 1	QL (8 ML per 1 day)
diazepam oral solution	Tier 1	
diazepam oral tablet	Tier 1	QL (4 EA per 1 day)
Lorazepam Intensol	Tier 1	
lorazepam oral concentrate	Tier 1	
lorazepam oral tablet	Tier 1	QL (4 EA per 1 day)
Loreev XR oral capsule, extended release 24hr 1 mg, 1.5 mg	Tier 2	ST; QL (1 EA per 1 day)
Loreev XR oral capsule, extended release 24hr 2 mg	Tier 2	ST; QL (2 EA per 1 day)
Loreev XR oral capsule, extended release 24hr 3 mg	Tier 2	ST; QL (3 EA per 1 day)
oxazepam	Tier 1	QL (4 EA per 1 day)
<b>Anti-Anxiety Drugs</b>		
bupirone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
bupirone oral tablet 15 mg, 5 mg, 7.5 mg	Tier 1	QL (3 EA per 1 day)
bupirone oral tablet 30 mg	Tier 1	QL (2 EA per 1 day)
meprobamate	Tier 1	QL (4 EA per 1 day)
<b>Anti-Mania Drugs</b>		
Equetro oral capsule, ER multiphase 12 hr 100 mg	Tier 2	QL (4 EA per 1 day)
Equetro oral capsule, ER multiphase 12 hr 200 mg	Tier 2	QL (8 EA per 1 day)
Equetro oral capsule, ER multiphase 12 hr 300 mg	Tier 2	QL (5 EA per 1 day)
lithium carbonate	Tier 1	

Drug	Status	Notes
<b>Anti-Narcolepsy &amp; Anti-Cataplexy,Sedative-Type Agt</b>		
Xyrem	Tier 2	PA; QL (18 ML per 1 day)
Xywav	Tier 2	PA
<b>Antipsych,Dopamine Antag.,Diphenylbutylpiperidines</b>		
pimozide oral tablet 1 mg	Tier 1	QL (10 EA per 1 day)
pimozide oral tablet 2 mg	Tier 1	QL (5 EA per 1 day)
<b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>		
Vraylar oral capsule 1.5 mg	Tier 2	PA; QL (2 EA per 1 day)
Vraylar oral capsule 3 mg, 4.5 mg, 6 mg	Tier 2	PA; QL (1 EA per 1 day)
Vraylar oral capsule,dose pack	Tier 2	
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
Abilify Maintena	Tier 2	QL (1 EA per 28 days)
Abilify MyCite Maintenance Kit	Tier 2	QL (30 EA per 30 days)
Abilify MyCite Starter Kit	Tier 2	QL (30 EA per 90 days)
aripiprazole oral solution	Tier 1	PA; QL (30 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 30 mg	Tier 1	PA; QL (1 EA per 1 day)
aripiprazole oral tablet 20 mg	Tier 1	PA; QL (2 EA per 1 day)
aripiprazole oral tablet 5 mg	Tier 1	PA; QL (1.5 EA per 1 day)
aripiprazole oral tablet,disintegrating	Tier 1	PA; QL (2 EA per 1 day)
Aristada Initio	Tier 2	QL (2.4 ML per 180 days)
Aristada intramuscular suspension,extended rel syring 1,064 mg/3.9 mL	Tier 2	QL (3.9 ML per 56 days)
Aristada intramuscular suspension,extended rel syring 441 mg/1.6 mL	Tier 2	QL (1.6 ML per 28 days)
Aristada intramuscular suspension,extended rel syring 662 mg/2.4 mL	Tier 2	QL (2.4 ML per 28 days)
Aristada intramuscular suspension,extended rel syring 882 mg/3.2 mL	Tier 2	QL (3.2 ML per 28 days)
Rexulti	Tier 2	PA; QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
loxapine succinate	Tier 1	QL (4 EA per 1 day)
<b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>		
asenapine maleate	Tier 1	PA; QL (2 EA per 1 day)
Caplyta	Tier 2	QL (1 EA per 1 day)
clozapine oral tablet 100 mg	Tier 1	QL (6 EA per 1 day)
clozapine oral tablet 200 mg, 25 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
clozapine oral tablet,disintegrating 100 mg	Tier 1	QL (6 EA per 1 day)
clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
Fanapt oral tablet	Tier 2	PA; QL (2 EA per 1 day)
Fanapt oral tablets,dose pack	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Invega Hafyera intramuscular syringe 1,092 mg/3.5 mL	Tier 2	QL (3.5 ML per 168 days)
Invega Hafyera intramuscular syringe 1,560 mg/5 mL	Tier 2	QL (5 ML per 168 days)
Invega Sustenna intramuscular syringe 117 mg/0.75 mL	Tier 2	QL (0.75 ML per 28 days)
Invega Sustenna intramuscular syringe 156 mg/mL	Tier 2	QL (1 ML per 28 days)
Invega Sustenna intramuscular syringe 234 mg/1.5 mL	Tier 2	QL (1.5 ML per 28 days)
Invega Sustenna intramuscular syringe 39 mg/0.25 mL	Tier 2	QL (0.25 ML per 28 days)
Invega Sustenna intramuscular syringe 78 mg/0.5 mL	Tier 2	QL (0.5 ML per 28 days)
Invega Trinza intramuscular syringe 273 mg/0.88 mL	Tier 2	QL (0.88 ML per 84 days)
Invega Trinza intramuscular syringe 410 mg/1.32 mL	Tier 2	QL (1.32 ML per 84 days)
Invega Trinza intramuscular syringe 546 mg/1.75 mL	Tier 2	QL (1.75 ML per 84 days)
Invega Trinza intramuscular syringe 819 mg/2.63 mL	Tier 2	QL (2.63 ML per 84 days)
Latuda oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 2	PA; QL (1 EA per 1 day)
Latuda oral tablet 80 mg	Tier 2	PA; QL (2 EA per 1 day)
Lybalvi	Tier 2	PA; QL (30 EA per 30 days)
olanzapine oral tablet 10 mg, 15 mg	Tier 1	PA; QL (2 EA per 1 day)
olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; QL (1 EA per 1 day)
olanzapine oral tablet 20 mg	Tier 1	PA; QL (3 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg	Tier 1	PA; QL (2 EA per 1 day)
olanzapine oral tablet,disintegrating 20 mg	Tier 1	PA; QL (3 EA per 1 day)
olanzapine oral tablet,disintegrating 5 mg	Tier 1	PA; QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	PA; QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 1	PA; QL (2 EA per 1 day)
Perseris	Tier 2	QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	PA; QL (3 EA per 1 day)
quetiapine oral tablet 300 mg, 400 mg	Tier 1	PA; QL (4 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	Tier 1	PA; QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 300 mg	Tier 1	PA; QL (3 EA per 1 day)
quetiapine oral tablet extended release 24 hr 400 mg	Tier 1	PA; QL (4 EA per 1 day)
quetiapine oral tablet extended release 24 hr 50 mg	Tier 1	PA; QL (2 EA per 1 day)
Risperdal Consta	Tier 2	QL (2 EA per 28 days)
risperidone oral solution	Tier 1	PA; QL (8 ML per 1 day)
risperidone oral tablet	Tier 1	PA; QL (2 EA per 1 day)
risperidone oral tablet,disintegrating	Tier 1	PA; QL (2 EA per 1 day)
Secuado	Tier 2	QL (1 EA per 1 day)
Seroquel XR oral tablet, Ext Rel 24hr dose pack	Tier 2	
Versacloz	Tier 2	QL (12 ML per 1 day)
ziprasidone HCl oral capsule 20 mg, 40 mg	Tier 1	PA; QL (2 EA per 1 day)
ziprasidone HCl oral capsule 60 mg, 80 mg	Tier 1	PA; QL (3 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Zyprexa Relprevv intramuscular suspension for reconstitution 210 mg	Tier 2	QL (2 EA per 28 days)
Zyprexa Relprevv intramuscular suspension for reconstitution 300 mg	Tier 2	QL (2 EA per 21 days)
Zyprexa Relprevv intramuscular suspension for reconstitution 405 mg	Tier 2	QL (1 EA per 28 days)
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
thiothixene	Tier 1	QL (3 EA per 1 day)
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
haloperidol	Tier 1	QL (3 EA per 1 day)
haloperidol decanoate	Tier 1	
haloperidol lactate	Tier 1	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
molindone oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
<b>Anti-Psychotics,Phenothiazines</b>		
chlorpromazine injection	Tier 1	
chlorpromazine oral concentrate 100 mg/mL	Tier 1	QL (8 ML per 1 day)
chlorpromazine oral concentrate 30 mg/mL	Tier 1	QL (26.7 ML per 1 day)
chlorpromazine oral tablet	Tier 1	QL (4 EA per 1 day)
fluphenazine decanoate	Tier 1	
fluphenazine HCl oral concentrate	Tier 1	
fluphenazine HCl oral elixir	Tier 1	
fluphenazine HCl oral tablet	Tier 1	QL (4 EA per 1 day)
perphenazine	Tier 1	QL (4 EA per 1 day)
thioridazine	Tier 1	QL (4 EA per 1 day)
trifluoperazine oral tablet 1 mg, 2 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
trifluoperazine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
<b>Barbiturates</b>		
Amytal	Tier 1	
Luminal	Tier 2	
pentobarbital sodium injection solution	Tier 1	
phenobarbital	Tier 1	
phenobarbital sodium injection solution 65 mg/mL	Tier 1	
<b>Central Nervous System Stimulants</b>		
ammonia aromatic inhalation solution	Tier 1	
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
Hetlioz	Tier 2	PA; QL (1 EA per 1 day)
Hetlioz LQ	Tier 2	PA; QL (158 ML per 30 days)
ramelteon	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Menopausal Symptoms Suppressant - Ssris</b>		
paroxetine mesylate(menop.sym)	Tier 1	ST; QL (1 EA per 1 day)
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
Emsam	Tier 2	QL (1 EA per 1 day)
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	PA; QL (2 EA per 1 day)
modafinil oral tablet 100 mg	Tier 1	PA; QL (1 EA per 1 day)
modafinil oral tablet 200 mg	Tier 1	PA; QL (2 EA per 1 day)
Sunosi	Tier 2	PA; QL (1 EA per 1 day)
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
Wakix	Tier 2	PA; QL (2 EA per 1 day)
<b>Narcotic Antagonists</b>		
Kloxxado	Tier 2	
naloxone injection solution	Tier 1	
naloxone injection syringe	Tier 1	
naloxone nasal	Tier 1	
naltrexone	Tier 1	
Zimhi	Tier 2	
<b>Pineal Hormone Agents</b>		
Children's Sleep (melatonin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Medi-Doze	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Meladox	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Melatonin (with B6)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral capsule 10 mg, 5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral capsule 3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral drops 1 mg/4 mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral drops 3 mg/4 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral liquid 1 mg/mL, 2.5 mg/10 mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral liquid 5 mg/15 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral lozenge	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet 1 mg, 10 mg, 12 mg, 3 mg, 300 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
melatonin oral tablet 5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet extended release 1 mg, 3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet extended release 10 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet, IR and ER, biphasic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet, chewable 2.5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet, chewable 5 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet, disintegrating 10 mg, 12 mg, 3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet, disintegrating 5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin oral tablet, ext release multiphase	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin sublingual tablet 1 mg, 10 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin sublingual tablet 5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin sublingual tablet, disintegrating	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Melatonin-B6 (pyridoxal phos)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-herbal complex #184	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-lemon balm leaf extr oral tablet 10-1 mg, 5-500 mg-mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-pyridoxal phos (B6)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-pyridoxine (vit B6)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-pyridoxine HCl (B6) oral tablet 1-10 mg, 3-1 mg, 3-10 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-pyridoxine HCl (B6) oral tablet 5-10 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-pyridoxine HCl (B6) oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-pyridoxine HCl (B6) oral tablet, IR and ER, biphasic 10-10 mg, 3-10 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-pyridoxine HCl (B6) oral tablet, IR and ER, biphasic 5-10 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
melatonin-theanine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MidNite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Sinralyne-PM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Somnicin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VitaJoy Melatonin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Wrestone	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Sedative-Hypnotics - Benzodiazepines</b>		
estazolam	Tier 1	QL (1 EA per 1 day)
flurazepam	Tier 1	QL (1 EA per 1 day)
lorazepam injection solution	Tier 1	
midazolam oral	Tier 1	
temazepam	Tier 1	QL (1 EA per 1 day)
triazolam	Tier 1	QL (1 EA per 1 day)
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
Belsomra	Tier 2	QL (1 EA per 1 day)
Dayvigo	Tier 2	QL (1 EA per 1 day)
doxepin oral tablet	Tier 1	QL (1 EA per 1 day)
Edluar	Tier 2	QL (1 EA per 1 day)
eszopiclone	Tier 1	QL (1 EA per 1 day)
Lydia Pinkham Herbal oral elixir	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NightTime Sleep Aid (diphen) oral capsule 50 mg	Tier 1	
NightTime Sleep Aid (diphen) oral tablet	Tier 1	
Sleep Aid (diphenhydramine)	Tier 1	
Sleep Aid (doxylamine)	Tier 1	
Sleep Time	Tier 1	
Sleep-Tabs	Tier 1	
tryptophan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zaleplon	Tier 1	QL (2 EA per 1 day)
zolpidem	Tier 1	QL (1 EA per 1 day)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
Nuplazid	Tier 2	PA; QL (1 EA per 1 day)
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
olanzapine-fluoxetine	Tier 1	PA; QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
clonidine HCl oral tablet extended release 12 hr	Tier 1	QL (4 EA per 1 day)
guanfacine oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
Adhansia XR	Tier 2	QL (1 EA per 1 day)



Drug	Status	Notes
Azstarys	Tier 2	QL (1 EA per 1 day)
Cotempla XR-ODT oral tablet,disinteg ER biphasic 24h 17.3 mg, 25.9 mg	Tier 2	QL (2 EA per 1 day)
Cotempla XR-ODT oral tablet,disinteg ER biphasic 24h 8.6 mg	Tier 2	QL (1 EA per 1 day)
Daytrana	Tier 2	QL (1 EA per 1 day)
dexmethylphenidate oral capsule,ER biphasic 50-50	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
dexmethylphenidate oral tablet 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
Jornay PM	Tier 2	QL (1 EA per 1 day)
methylphenidate HCl oral cap,ER sprinkle,biphasic 40-60	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral capsule, ER biphasic 30-70	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral capsule,ER biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral capsule,ER biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate HCl oral solution 10 mg/5 mL	Tier 1	QL (30 ML per 1 day)
methylphenidate HCl oral solution 5 mg/5 mL	Tier 1	QL (60 ML per 1 day)
methylphenidate HCl oral tablet	Tier 1	QL (90 EA per 30 days)
methylphenidate HCl oral tablet extended release	Tier 1	QL (3 EA per 1 day)
methylphenidate HCl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg, 72 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate HCl oral tablet,chewable	Tier 1	QL (90 EA per 30 days)
QuilliChew ER oral tablet,chew,IR-ER.biphasic24hr 20 mg, 40 mg	Tier 2	QL (1 EA per 1 day)
QuilliChew ER oral tablet,chew,IR-ER.biphasic24hr 30 mg	Tier 2	QL (2 EA per 1 day)
Quillivant XR	Tier 2	QL (12 ML per 1 day)
Relexxii	Tier 2	QL (1 EA per 1 day)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
Qelbree oral capsule,extended release 24hr 100 mg	Tier 2	QL (1 EA per 1 day)
Qelbree oral capsule,extended release 24hr 150 mg, 200 mg	Tier 2	QL (2 EA per 1 day)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
amiodarone oral	Tier 1	
disopyramide phosphate oral capsule	Tier 1	
dofetilide	Tier 1	
flecainide	Tier 1	
mexiletine	Tier 1	



Drug	Status	Notes
Multaq	Tier 2	
Norpace CR	Tier 2	
Pacerone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
propafenone	Tier 1	
quinidine gluconate oral	Tier 1	
quinidine sulfate oral tablet	Tier 1	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
epinephrine injection syringe 0.1 mg/mL	Tier 1	
<b>Digitalis Glycosides</b>		
Digitek	Tier 1	
Digox	Tier 1	
digoxin oral solution	Tier 2	
digoxin oral tablet	Tier 1	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
amlodipine-benazepril	Tier 1	
trandolapril-verapamil	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
benazepril-hydrochlorothiazide	Tier 1	
captopril-hydrochlorothiazide	Tier 1	
enalapril-hydrochlorothiazide	Tier 1	
fosinopril-hydrochlorothiazide	Tier 1	
lisinopril-hydrochlorothiazide	Tier 1	
quinapril-hydrochlorothiazide	Tier 1	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
carvedilol	Tier 1	
carvedilol phosphate	Tier 1	
labetalol oral	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
Cardura XL	Tier 2	
doxazosin	Tier 1	
phenoxybenzamine	Tier 1	PA
prazosin	Tier 1	
terazosin	Tier 1	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
amlodipine-valsartan-hcthiazid	Tier 1	
olmesartan-amlodipin-hcthiazid	Tier 1	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
candesartan-hydrochlorothiazid	Tier 1	

Drug	Status	Notes
Edarbyclor	Tier 2	ST
irbesartan-hydrochlorothiazide	Tier 1	
losartan-hydrochlorothiazide	Tier 1	
olmesartan-hydrochlorothiazide	Tier 1	
telmisartan-hydrochlorothiazid	Tier 1	
valsartan-hydrochlorothiazide	Tier 1	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
amlodipine-olmesartan	Tier 1	
amlodipine-valsartan	Tier 1	
telmisartan-amlodipine	Tier 1	
<b>Antihypertensives, Ace Inhibitors</b>		
benazepril	Tier 1	
captopril	Tier 1	
enalapril maleate oral solution	Tier 1	ST; QL (1200 ML per 30 days)
enalapril maleate oral tablet	Tier 1	
fosinopril	Tier 1	
lisinopril	Tier 1	
moexipril	Tier 1	
perindopril erbumine	Tier 1	
Qbrelis	Tier 2	ST; QL (1200 ML per 30 days)
quinapril	Tier 1	
ramipril	Tier 1	
trandolapril	Tier 1	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
candesartan	Tier 1	
Edarbi	Tier 2	ST
eprosartan	Tier 1	
irbesartan	Tier 1	
losartan	Tier 1	
olmesartan	Tier 1	
telmisartan	Tier 1	
valsartan oral tablet	Tier 1	
<b>Antihypertensives, Ganglionic Blockers</b>		
Vecamyl	Tier 2	PA
<b>Antihypertensives, Miscellaneous</b>		
Demser	Tier 2	
metyrosine	Tier 1	
<b>Antihypertensives, Sympatholytic</b>		
clonidine HCl oral tablet 0.1 mg, 0.2 mg	Tier 1	QL (10 EA per 1 day)
clonidine HCl oral tablet 0.3 mg	Tier 1	QL (8 EA per 1 day)

Drug	Status	Notes
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	Tier 1	QL (1 EA per 7 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	Tier 1	QL (2 EA per 7 days)
guanfacine oral tablet	Tier 1	
methyldopa	Tier 1	
methyldopa-hydrochlorothiazide	Tier 1	
<b>Antihypertensives, Vasodilators</b>		
hydralazine oral	Tier 1	
minoxidil oral	Tier 1	
<b>Beta-Adrenergic Blocking Agents</b>		
acebutolol	Tier 1	
atenolol	Tier 1	
betaxolol oral	Tier 1	
bisoprolol fumarate	Tier 1	
Hemangeol	Tier 2	ST; QL (360 ML per 30 days)
Inderal XL	Tier 2	ST
InnoPran XL	Tier 2	ST
Kapsargo Sprinkle	Tier 2	ST
Levatol	Tier 2	
metoprolol succinate	Tier 1	
metoprolol tartrate oral	Tier 1	
nadolol	Tier 1	
nebivolol	Tier 1	
pindolol	Tier 1	
propranolol oral	Tier 1	
Sorine	Tier 1	
Sotalol AF	Tier 1	
sotalol oral	Tier 1	
Sotylize	Tier 2	ST; QL: 8 BOTTLES IN 30 DAYS
timolol maleate oral	Tier 1	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
atenolol-chlorthalidone	Tier 1	
bisoprolol-hydrochlorothiazide	Tier 1	
metoprolol ta-hydrochlorothiaz	Tier 1	
nadolol-bendroflumethiazide	Tier 1	
propranolol-hydrochlorothiazid	Tier 1	
<b>Calcium Channel Blocking Agents</b>		
amlodipine	Tier 1	
Cardizem LA oral tablet extended release 24 hr 120 mg	Tier 2	
Cartia XT	Tier 1	
diltiazem HCl oral	Tier 1	

Drug	Status	Notes
DILT-XR	Tier 1	
felodipine	Tier 1	
isradipine	Tier 1	
Katerzia	Tier 2	ST
levamlodipine	Tier 1	
Matzim LA	Tier 1	
nicardipine oral	Tier 1	
nifedipine	Tier 1	
nimodipine	Tier 1	
nisoldipine	Tier 1	
Norliqva	Tier 2	
Nymalize oral solution 60 mg/10 mL	Tier 2	PA
Nymalize oral syringe	Tier 2	PA
Taztia XT	Tier 1	
Tiadyt ER	Tier 1	
verapamil oral	Tier 1	
<b>Loop Diuretics</b>		
bumetanide oral	Tier 1	
ethacrynic acid	Tier 1	
furosemide oral solution 10 mg/mL, 40 mg/5 mL (8 mg/mL)	Tier 1	
furosemide oral tablet	Tier 1	
toremide oral	Tier 1	
<b>Osmotic Diuretics</b>		
Ure-Na	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Potassium Sparing Diuretics</b>		
amiloride	Tier 1	
CaroSpir	Tier 2	ST; QL (20 ML per 1 day)
eplerenone	Tier 1	
Kerendia	Tier 2	PA
spironolactone	Tier 1	
triamterene	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
Aldactazide oral tablet 50-50 mg	Tier 2	
amiloride-hydrochlorothiazide	Tier 1	
spironolacton-hydrochlorothiaz	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet	Tier 1	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>		
Adempas	Tier 2	PA

Drug	Status	Notes
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
Alyq	Tier 1	PA; ST; QL (2 EA per 1 day)
sildenafil (pulm.hypertension) oral suspension for reconstitution	Tier 1	ST; QL (224 ML per 30 days)
sildenafil (pulm.hypertension) oral tablet	Tier 1	PA; QL (3 EA per 1 day)
tadalafil (pulm. hypertension)	Tier 1	PA; ST; QL (2 EA per 1 day)
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
ambrisentan	Tier 1	PA; QL (1 EA per 1 day)
bosentan	Tier 1	PA; QL (2 EA per 1 day)
Opsumit	Tier 2	PA; QL (1 EA per 1 day)
Tracleer oral tablet for suspension	Tier 2	PA; QL (4 EA per 1 day)
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
epoprostenol	Tier 1	PA
epoprostenol (glycine)	Tier 1	PA
Orenitram	Tier 2	PA
treprostinil sodium	Tier 1	PA
Tyvaso	Tier 2	PA
Tyvaso DPI	Tier 2	PA
Tyvaso Institutional Start Kit	Tier 2	PA
Tyvaso Refill Kit	Tier 2	PA
Tyvaso Starter Kit	Tier 2	PA
Uptravi oral tablet 1,000 mcg, 1,200 mcg, 1,400 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 2	PA; QL (2 EA per 1 day)
Uptravi oral tablet 200 mcg	Tier 2	PA; QL (8 EA per 1 day)
Uptravi oral tablets,dose pack	Tier 2	PA; QL (200 EA per 365 days)
Veletri	Tier 2	PA
Ventavis	Tier 2	PA
<b>Renin Inhibitor, Direct</b>		
aliskiren	Tier 1	
<b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>		
Tekturna HCT	Tier 2	
<b>Thiazide And Related Diuretics</b>		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
Diuril	Tier 2	
hydrochlorothiazide	Tier 1	
indapamide	Tier 1	
metolazone	Tier 1	
Thalitone	Tier 2	ST
<b>Vasodilators, Combination</b>		
BiDil	Tier 2	
isosorbide-hydralazine	Tier 1	

Drug	Status	Notes
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
ezetimibe-simvastatin	Tier 1	ST; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
Nexletol	Tier 2	PA
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
Altoprev	Tier 2	ST; QL (1 EA per 1 day)
atorvastatin oral tablet 10 mg, 20 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
Ezallor Sprinkle	Tier 2	ST; QL (1 EA per 1 day)
fluvastatin oral capsule	Tier 1	ST; \$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr	Tier 1	ST; \$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
Livalo	Tier 2	ST; \$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
lovastatin oral tablet 40 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (2 EA per 1 day)
pravastatin oral tablet 10 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE
pravastatin oral tablet 20 mg, 40 mg, 80 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)

Drug	Status	Notes
rosuvastatin oral tablet 10 mg, 5 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	ST; QL (1 EA per 1 day)
Zypitamag oral tablet 2 mg, 4 mg	Tier 2	ST; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
Juxtapid oral capsule 10 mg, 5 mg	Tier 2	PA; QL (1 EA per 1 day)
Juxtapid oral capsule 20 mg	Tier 2	PA; QL (3 EA per 1 day)
Juxtapid oral capsule 30 mg, 40 mg, 60 mg	Tier 2	PA
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
Praluent Pen	Tier 2	PA
Repatha Pushtronex	Tier 2	PA
Repatha SureClick	Tier 2	PA
Repatha Syringe	Tier 2	PA
<b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>		
Nexlizet	Tier 2	PA
<b>Bile Salt Sequestrants</b>		
cholestyramine (with sugar)	Tier 1	
Cholestyramine Light	Tier 1	
cholestyramine-aspartame	Tier 1	
colesevelam oral powder in packet	Tier 1	QL (1 EA per 1 day)
colesevelam oral tablet	Tier 1	QL (6 EA per 1 day)
Colestid Flavored oral packet	Tier 2	
colestipol	Tier 1	
Prevalite	Tier 1	
<b>Lipotropics</b>		
Algal Omega-3 DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Algal-900 DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Antara oral capsule 30 mg	Tier 2	
Antarctic Krill Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Atabex DHA 200	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cardio Omega Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CardioSterol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cholest Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
choline bitartrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cod liver oil oral capsule 240-1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complete Omega	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Coromega oral emulsion in packet 284-850 mg/2.5 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DHA Algal-900	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
docosahexaenoic acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EPA-DHA 720	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Extreme Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ezetimibe	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized	Tier 1	
fenofibrate nanocrystallized	Tier 1	
fenofibrate oral capsule	Tier 1	
fenofibrate oral tablet 120 mg	Tier 1	ST
fenofibrate oral tablet 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid	Tier 1	
fenofibric acid (choline)	Tier 1	
Fish Oil Extra Strength	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish Oil oral capsule 1,000 mg (120 mg-180 mg), 1,200 (144-216) mg, 100-160-1,000 mg, 120-180 mg, 120-180-500 mg, 300-1,000 mg, 300-500 mg, 340-1,000 mg, 360-1,200 mg, 60-90-500 mg, 900 mg-360 mg- 455 mg-1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish Oil oral capsule 350-600 mg, 900 mg (320 mg-580mg)-1,360 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish Oil oral capsule, delayed release(DR/EC) 120 mg-180 mg- 60 mg-1,200 mg, 150-217-840 mg, 300-1,000 mg, 300-108-162-600 mg, 360 mg-144 mg- 216 mg-1,200 mg, 360-1,200 mg, 900-1,400 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish Oil oral capsule, delayed release(DR/EC) 60-90-500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish Oil oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish Oil Pearls	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish Oil-Vit D3 oral capsule 300-1,000-1,000 mg-mg-unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Fish Oil-Vit D3 oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish, Flax andBorage Oil(Prim)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
fish,bora,flax oils-om3,6,9no1	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fish-Flax-Borage Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
gemfibrozil	Tier 1	
Gram-O-Leci	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
icosapent ethyl	Tier 1	QL (4 EA per 1 day)
inositol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Krill Oil (Omega 3 and 6)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
krill oil oral capsule 1,000-170-50-80 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
krill oil oral capsule 300-90-24-50 mg, 500-150-45-75 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
krill oil oral capsule 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
krill oil-omega-3-dha-epa	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
krill-om-3-dha-epa-phospho-ast oral capsule 1,000-170-50-80 mg, 500-110-28-60 mg, 500-86-25-40 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
krill-om-3-dha-epa-phospho-ast oral capsule 1,000-230-60 mg, 300-90-24-50 mg, 500-115-30-64 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
krill-omega-3-dha-epa-lipids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lecithin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lecithin, soy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipochol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipochol Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Luvira	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MaxEPA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Maximum Red Krill Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Megared Adv Total Body Refresh	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MegaRed Advanced 4-in-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Megared Advanced Total Body	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MegaRed Omega-3 Krill Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
niacin oral tablet extended release 24 hr	Tier 1	
Nuretin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocean Blue Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocean Blue Omega-3 Plus D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
om-3-dha-epa-fish oil-vit D3 oral capsule 120 mg-180 mg -1,000 unit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega 3-6-9	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega 3-6-9 (with lipase)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega 3-6-9 Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg), 250-500-1,000 mg, 300-1,000 mg, 360 mg-108 mg- 180 mg-1,200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega 3-dha-epa-fish oil oral capsule 1,200 (144-216) mg, 300 mg (120 mg- 180mg)-1,000 mg, 60-90-500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega 3-dha-epa-fish oil oral capsule, delayed release(DR/EC) 300 mg (120 mg- 180mg)-1,000 mg, 300-1,000 mg, 600 mg-216 mg- 324 mg-1,200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega 3-dha-epa-fish oil oral tablet, chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega 3-dha-epa-fish oil-krill	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega Essentials	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega Essentials Basic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega MonoPure DHA EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega MonoPure EPA EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega Power	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-3 (with dpa)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-3 2100	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
omega-3 acid ethyl esters	Tier 1	QL (4 EA per 1 day)
omega-3 fatty acids oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega-3 fatty acids-fish oil oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega-3 fatty acids-fish oil oral capsule,delayed release(DR/EC)	Tier 1	
Omega-3 Fish Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-3 Krill Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-3 Plus Vitamin D3 oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-3 Plus Vitamin D3 oral capsule,delayed release(DR/EC)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-3 Plus Vitamin D3 oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega-3-dha-epa-ala-vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega-3s-dha-epa-fish oil oral capsule 300-250-1,000 mg, 720-1,200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega-3s-dha-epa-fish oil oral capsule 600-1,200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega-3s-dha-epa-fish oil oral capsule,delayed release(DR/EC)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega-3s-dha-epa-fish oil-D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OmegaPure 600 EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OmegaPure 780 EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OmegaPure 900 EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-Per-Day Omega-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ovega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Policosanol-Garlic-Niacin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Premium Omega-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Restora	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
salmon oil-omega-3 fatty acids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super DHA Gems	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Super Omega-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Twin EPA-DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TherOmega	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TherOmega Sport	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Triple Omega 3-6-9	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra Omega-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vascazen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vascepa oral capsule 0.5 gram	Tier 2	QL (8 EA per 1 day)
Zyncol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Niacin Preparations</b>		
Endur-Acin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Endur-amide oral tablet extended release 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Endur-amide oral tablet extended release 750 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Endur-Thine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
niacin (inositol niacinate) oral capsule 455 mg niacin (500 mg), 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
niacin (inositol niacinate) oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Niacin (niacinamide)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Niacin Flush Free oral capsule 400 mg niacin (500 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Niacin Flush Free oral capsule 750 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
niacin oral capsule, extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
niacin oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
niacin oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
niacinamide	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
droxidopa	Tier 1	PA

Drug	Status	Notes
midodrine	Tier 1	
<b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>		
Entresto	Tier 2	
<b>Antianginal &amp; Anti-Ischemic Agents,Non-Hemodynamic</b>		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
Corlanor oral solution	Tier 2	PA; QL (20 ML per 1 day)
Corlanor oral tablet	Tier 2	PA; QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
amlodipine-atorvastatin	Tier 1	QL (1 EA per 1 day)
<b>Protein Stabilizers</b>		
Vyndamax	Tier 2	PA
Vyndaqel	Tier 2	PA
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
Verquvo	Tier 2	PA
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Cardiovascular Diagnostics-Radiopaque</b>		
Omnipaque	Tier 2	
<b>Vasodilators,Coronary</b>		
GoNitro	Tier 2	ST
isosorbide dinitrate oral tablet	Tier 1	
isosorbide mononitrate	Tier 1	
Nitro-Bid	Tier 2	
Nitro-Dur transdermal patch 24 hour 0.3 mg/hr, 0.8 mg/hr	Tier 2	
nitroglycerin sublingual	Tier 1	
nitroglycerin transdermal patch 24 hour	Tier 1	
nitroglycerin translingual	Tier 1	
Nitro-Time	Tier 1	
<b>Vasodilators,Peripheral</b>		
ergoloid	Tier 1	QL (3 EA per 1 day)
isoxsuprine	Tier 1	
papaverine injection solution	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
Annovera	Tier 3	ST; QL (1 EA per 365 days)
EluRyng	Tier 3	QL (1 EA per 28 days)
etonogestrel-ethinyl estradiol	Tier 3	QL (1 EA per 28 days)

Drug	Status	Notes
<b>Contraceptives,Implantable</b>		
Nexplanon	Tier 3	QL (1 EA per 365 days)
<b>Contraceptives,Injectable</b>		
Depo-SubQ provera 104	Tier 3	QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular	Tier 3	QL (1 ML per 84 days)
<b>Contraceptives,Oral</b>		
Afirmelle	Tier 3	
Altavera (28)	Tier 3	
Alyacen 1/35 (28)	Tier 3	
Alyacen 7/7/7 (28)	Tier 3	
Amethia	Tier 3	QL (91 EA per 84 days)
Amethyst (28)	Tier 3	
Apri	Tier 3	
Aranelle (28)	Tier 3	
Ashlyna	Tier 3	QL (91 EA per 84 days)
Aubra	Tier 3	
Aubra EQ	Tier 3	
Aurovela 1.5/30 (21)	Tier 3	
Aurovela 1/20 (21)	Tier 3	
Aurovela 24 Fe	Tier 3	
Aurovela Fe 1.5/30 (28)	Tier 3	
Aurovela Fe 1-20 (28)	Tier 3	
Aviane	Tier 3	
Ayuna	Tier 3	
Azurette (28)	Tier 3	
Balcoltra	Tier 3	ST
Balziva (28)	Tier 3	
Blisovi 24 Fe	Tier 3	
Blisovi Fe 1.5/30 (28)	Tier 3	
Blisovi Fe 1/20 (28)	Tier 3	
Briellyn	Tier 3	
Camila	Tier 3	
Camrese	Tier 3	QL (91 EA per 84 days)
Camrese Lo	Tier 3	QL (91 EA per 84 days)
Caziant (28)	Tier 3	
Charlotte 24 Fe	Tier 3	
Chateal (28)	Tier 3	
Chateal EQ (28)	Tier 3	
Cryselle (28)	Tier 3	
Cyred	Tier 3	
Cyred EQ	Tier 3	
Dasetta 1/35 (28)	Tier 3	
Dasetta 7/7/7 (28)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Daysee	Tier 3	QL (91 EA per 84 days)
Deblitane	Tier 3	
desog-e.estradiol/e.estradiol	Tier 3	
desogestrel-ethinyl estradiol	Tier 3	
Dolishale	Tier 3	
drospirenone-e.estradiol-lm.FA	Tier 3	
drospirenone-ethinyl estradiol	Tier 3	
EContra EZ	Tier 3	
Econtra One-Step	Tier 3	
Elinest	Tier 3	
Ella	Tier 3	
Enpresse	Tier 3	
Enskyce	Tier 3	
Errin	Tier 3	
Estarylla	Tier 3	
ethynodiol diac-eth estradiol	Tier 3	
Falmina (28)	Tier 3	
Femynor	Tier 3	
Gemmily	Tier 3	ST
Hailey	Tier 3	
Hailey 24 Fe	Tier 3	
Hailey Fe 1.5/30 (28)	Tier 3	
Hailey Fe 1/20 (28)	Tier 3	
Heather	Tier 3	
Iclevia	Tier 3	QL (91 EA per 84 days)
Incassia	Tier 3	
Isibloom	Tier 3	
Jaimiess	Tier 3	QL (91 EA per 84 days)
Jasmiel (28)	Tier 3	
Jencycla	Tier 3	
Jolessa	Tier 3	QL (91 EA per 84 days)
Juleber	Tier 3	
Junel 1.5/30 (21)	Tier 3	
Junel 1/20 (21)	Tier 3	
Junel FE 1.5/30 (28)	Tier 3	
Junel FE 1/20 (28)	Tier 3	
Junel Fe 24	Tier 3	
Kaitlib Fe	Tier 3	
Kalliga	Tier 3	
Kariva (28)	Tier 3	
Kelnor 1/35 (28)	Tier 3	
Kelnor 1-50 (28)	Tier 3	
Kurvelo (28)	Tier 3	

Drug	Status	Notes
L norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 3	QL (91 EA per 84 days)
L norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 3	
Larin 1.5/30 (21)	Tier 3	
Larin 1/20 (21)	Tier 3	
Larin 24 Fe	Tier 3	
Larin Fe 1.5/30 (28)	Tier 3	
Larin Fe 1/20 (28)	Tier 3	
Larissia	Tier 3	
Layolis Fe	Tier 3	
Leena 28	Tier 3	
Lessina	Tier 3	
Levonest (28)	Tier 3	
levonorgestrel	Tier 3	
levonorgestrel-ethinyl estradiol oral tablet	Tier 3	
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month	Tier 3	QL (91 EA per 84 days)
levonorg-eth estradiol triphasic	Tier 3	
Levora-28	Tier 3	
Lillow (28)	Tier 3	
Lo Loestrin Fe	Tier 3	ST
LoJaimiess	Tier 3	QL (91 EA per 84 days)
Loryna (28)	Tier 3	
Low-Ogestrel (28)	Tier 3	
Lo-Zumandimine (28)	Tier 3	
Lutera (28)	Tier 3	
Lyleq	Tier 3	
Lyza	Tier 3	
Marlissa (28)	Tier 3	
Merzee	Tier 3	ST
Mibelas 24 Fe	Tier 3	
Microgestin 1.5/30 (21)	Tier 3	
Microgestin 1/20 (21)	Tier 3	
Microgestin 24 FE	Tier 3	
Microgestin Fe 1.5/30 (28)	Tier 3	
Microgestin FE 1/20 (28)	Tier 3	
Mili	Tier 3	
Mono-Linyah	Tier 3	
My Choice	Tier 3	
My Way	Tier 3	
Natazia	Tier 3	ST
Necon 0.5/35 (28)	Tier 3	



Drug	Status	Notes
New Day	Tier 3	
Nextstellis	Tier 3	ST; QL (1 EA per 1 day)
Nikki (28)	Tier 3	
Nora-BE	Tier 3	
noreth-ethinyl estradiol-iron	Tier 3	
norethindrone (contraceptive)	Tier 3	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 3	
norethindrone-e.estradiol-iron oral capsule	Tier 3	ST
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 3	
norethindrone-e.estradiol-iron oral tablet,chewable	Tier 3	
norgestimate-ethinyl estradiol	Tier 3	
Norlyda	Tier 3	
Nortrel 0.5/35 (28)	Tier 3	
Nortrel 1/35 (21)	Tier 3	
Nortrel 1/35 (28)	Tier 3	
Nortrel 7/7/7 (28)	Tier 3	
Nylia 1/35 (28)	Tier 3	
Nylia 7/7/7 (28)	Tier 3	
Nymyo	Tier 3	
Ocella	Tier 3	
Opcicon One-Step	Tier 3	
Option-2	Tier 3	
Philith	Tier 3	
Pimtrea (28)	Tier 3	
Pirmella	Tier 3	
Portia 28	Tier 3	
Previfem	Tier 3	
Reclipsen (28)	Tier 3	
Rivelsa	Tier 3	
Setlakin	Tier 3	QL (91 EA per 84 days)
Sharobel	Tier 3	
Simliya (28)	Tier 3	
Simpesse	Tier 3	QL (91 EA per 84 days)
Slynd	Tier 3	ST; QL (1 EA per 1 day)
Sprintec (28)	Tier 3	
Sronyx	Tier 3	
Syeda	Tier 3	
Tarina 24 Fe	Tier 3	
Tarina Fe 1/20 (28)	Tier 3	
Tarina Fe 1-20 EQ (28)	Tier 3	
Taysofy	Tier 3	ST

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Tilia Fe	Tier 3	
Tri Femynor	Tier 3	
Tri-Estarylla	Tier 3	
Tri-Legest Fe	Tier 3	
Tri-Linyah	Tier 3	
Tri-Lo-Estarylla	Tier 3	
Tri-Lo-Marzia	Tier 3	
Tri-Lo-Mili	Tier 3	
Tri-Lo-Sprintec	Tier 3	
Tri-Mili	Tier 3	
Tri-Nymyo	Tier 3	
Tri-Sprintec (28)	Tier 3	
Trivora (28)	Tier 3	
Tri-VyLibra	Tier 3	
Tri-VyLibra Lo	Tier 3	
Tulana	Tier 3	
Tyblume	Tier 3	
Tydemy	Tier 3	
Velivet Triphasic Regimen (28)	Tier 3	
Vestura (28)	Tier 3	
Vienva	Tier 3	
Viorele (28)	Tier 3	
Volnea (28)	Tier 3	
Vyfemla (28)	Tier 3	
VyLibra	Tier 3	
Wera (28)	Tier 3	
Wymzya Fe	Tier 3	
Zarah	Tier 3	
Zovia 1-35 (28)	Tier 3	
Zumandimine (28)	Tier 3	
<b>Contraceptives, Transdermal</b>		
Twirla	Tier 2	
Xulane	Tier 3	QL (3 EA per 28 days)
Zafemy	Tier 3	QL (3 EA per 28 days)
<b>Diaphragms/Cervical Cap</b>		
Caya Contoured	Tier 3	
<b>Oxytocics</b>		
Cervidil	Tier 2	
methylergonovine oral	Tier 1	QL (28 EA per 30 days)
Prepidil	Tier 2	

Drug	Status	Notes
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
Alahist D	Tier 2	
Alahist PE	Tier 2	
Aprodine	Tier 1	
Brohist D	Tier 1	
Children's Cold-Allergy (PE)	Tier 1	
Children's Dibromm Cold-Allerg	Tier 1	
Cold and Allergy (bromphen-PE)	Tier 1	
Conex oral tablet	Tier 1	
dexbrompheniramine-phenyleph	Tier 1	
doxylamine-phenylephrine	Tier 1	
Ed A-Hist	Tier 1	
Histex PE	Tier 1	
Lodrane D	Tier 2	
LoHist - D	Tier 1	
Nasopen PE	Tier 2	
NoHist-LQ	Tier 1	
Poly Hist Forte	Tier 2	
Promethazine VC	Tier 1	
promethazine-phenylephrine	Tier 1	
Rescon	Tier 2	
Ru-Hist D	Tier 1	
Rymed (dexchlorpheniramine-PE)	Tier 2	
Rynex PE	Tier 1	
Rynex PSE	Tier 1	
Sinus and Allergy PE	Tier 1	
Stahist AD	Tier 2	
Stahist TP	Tier 2	
SudoGest Cold and Allergy	Tier 1	
<b>1St Gen Antihistamine-Decongestant-Analgesic Comb</b>		
Allergy Multi-Symptom	Tier 1	
Allergy Sinus Headache (PE)	Tier 1	
Contac Cold-Flu Day and Night	Tier 2	
Contac Cold-Flu Max Strength	Tier 2	
Cough and Severe Cold	Tier 1	
Sinus Congestion-Pain(chlorph)	Tier 1	
Sinus Congest-Pain Day-Night	Tier 1	
Sinus-Headache Day-Night	Tier 1	
<b>1St Gen Antihist-Decon-Analgesic, Salicylate</b>		
Cold Relief Plus	Tier 1	

Drug	Status	Notes
<b>Analgesic, Non-Sal.- 1St Generation Antihistamine</b>		
Acetaminophen PM	Tier 1	
Coricidin HBP Cold and Flu	Tier 1	
Headache PM	Tier 1	
Non-ASA Ex St Pain/Sleep Aid	Tier 1	
Non-Aspirin PM	Tier 1	
Pain Relief PM	Tier 1	
Pain Reliever AM/PM	Tier 1	
Pain Reliever PM Ex-Strength	Tier 1	
<b>Analgesic,Nsaid-1St Gen.Antihistamine,Sedative Cmb</b>		
Ibuprofen PM oral tablet	Tier 1	
<b>Analgesics,Salicylate &amp; Non-Salicylate Combination</b>		
Pain Relief PM (w-aspirin)	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
benzonatate	Tier 1	
Children's Cough DM ER	Tier 1	
Cough DM ER	Tier 1	
Cough Gels (DM)	Tier 1	
Delsym Cough	Tier 2	
dextromethorphan HBr	Tier 1	
dextromethorphan polistirex	Tier 1	
Mucinex Instasoothe Cough	Tier 2	
Sore Throat and Cough	Tier 1	
Tussin Cough (DM only) oral liquid	Tier 1	
<b>Cough And/Or Cold Preparations</b>		
Cough Drops (with eucalyptus) mucous membrane lozenge 6.5 mg, 7 mg	Tier 1	
Cough Drops mucous membrane lozenge 5.4 mg, 5.8 mg, 7.5 mg, 7.6 mg, 9.1 mg	Tier 1	
Little Remedies Honey Cough	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mucinex Instasoothe Comfort	Tier 1	
Mucinex Instasoothe Pain(hexy)	Tier 2	
Throat Drops mucous membrane lozenge 2.8 mg	Tier 1	
Vaporizing Steam	Tier 1	
<b>Decongest-Analgesic,Non-Salicylate Comb.</b>		
Contac Cold-Flu Day	Tier 1	
Sinus Congestion and Pain	Tier 1	
Sinus Headache PE	Tier 1	
Sinus Pain-Pressure (PE) oral tablet 5-325 mg	Tier 1	
<b>Decongestant-Analgesic-Expectorant Combination</b>		
Cold Head Congest(gg-pe-acetm)	Tier 1	

Drug	Status	Notes
Head Congestion-Mucus	Tier 1	
Severe Sinus	Tier 1	
Sinus Congestion-Pain(guaif)	Tier 1	
<b>Decongestant-Expectorant Combinations</b>		
Chest Congestion Relief PE	Tier 1	
Chest-Sinus Congestion Relief	Tier 1	
Deconex IR	Tier 2	
Duravent PE	Tier 2	
ED Bron GP	Tier 1	
Liquibid D-R	Tier 1	
Liquibid PD-R	Tier 2	
Mucus D oral tablet extended release 12 hr 60-600 mg	Tier 1	
Mucus Relief D (pseudoephed) oral tablet extended release 12 hr 60-600 mg	Tier 1	
Mucus Relief PE	Tier 1	
Poly-Vent IR	Tier 2	
pseudoephedrine-guaifenesin	Tier 1	
Tusnel Pediatric (Guaifen-PE)	Tier 2	
<b>Decongestant-Nsaid, Cox Non-Spec Comb.</b>		
Ibuprofen Cold	Tier 1	
Ibuprofen Cold-Sinus(with PSE)	Tier 1	
<b>Decongestants, Oral</b>		
Nasal Decongestant (PE)	Tier 1	
Nasal Decongestant (pseudoeph) oral tablet extended release	Tier 1	
phenylephrine HCl oral	Tier 1	
pseudoephedrine HCl oral tablet 60 mg	Tier 1	
pseudoephedrine HCl oral tablet extended release	Tier 1	
Sinus 12 Hour	Tier 1	
Sudogest 12-hour	Tier 1	
Suphedrine PE	Tier 1	
<b>Expectorants</b>		
Adult Tussin Chest Congestion	Tier 1	
Chest Congestion Relief	Tier 1	
Child Mucus Relief Expectorant	Tier 1	
guaifenesin oral liquid	Tier 1	
guaifenesin oral tablet 200 mg	Tier 1	
guaifenesin oral tablet extended release 12hr	Tier 1	
Liquituss GG	Tier 1	
Mucosa	Tier 1	
Mucus Relief ER	Tier 1	
Mucus Relief oral tablet 400 mg	Tier 1	
Mucus-ER MAX	Tier 1	

Drug	Status	Notes
Robafen	Tier 1	
Siltussin SA	Tier 1	
Tusnel-Ex	Tier 2	
Tussin Mucus-Chest Congestion	Tier 1	
Tussin oral tablet	Tier 1	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
CapCof	Tier 2	
Histex-AC	Tier 2	
Mar-Cof BP	Tier 1	
M-END PE	Tier 2	
Poly-Tussin AC	Tier 2	
Promethazine VC-Codeine	Tier 1	
promethazine-phenyleph-codeine	Tier 1	
Rydex	Tier 1	
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
Guaifenesin DAC	Tier 1	
Virtussin DAC	Tier 1	
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
hydrocodone-chlorpheniramine	Tier 1	
promethazine-codeine	Tier 1	
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 mL	Tier 1	
hydrocodone-homatropine oral tablet	Tier 1	
Hydromet	Tier 1	
<b>Narcotic Antitussive-Expectorant Combination</b>		
codeine-guaifenesin	Tier 1	
Guaiatussin AC	Tier 1	
Guaifenesin AC	Tier 1	
Mar-Cof CG	Tier 1	
M-Clear WC	Tier 2	
Ninjacof-XG	Tier 1	
<b>Non-Narc Antitus-1St Gen Antihist-Decon-Analges Cb</b>		
Cold Head Congestion Day/Nite	Tier 1	
Cold Head Congestion Nighttime	Tier 1	
Cold Max Day-Night	Tier 1	
Cold Multi-Symptom Day/Night	Tier 1	
Daytime-Nighttime	Tier 1	
Mucinex Nightshft Sevr Cld-Flu	Tier 2	
Mucinex Nightshift Sinus oral tablet	Tier 2	
Multi-Symptom Cold Night Time	Tier 1	

Drug	Status	Notes
Severe Cold and Flu Nighttime	Tier 1	
Tussin Cough-Cold-Flu	Tier 1	
<b>Non-Narc Antituss-1St Antihist-Decong-Analg-Expect</b>		
Mucinex Fast-Max Cold-Ngthshft	Tier 2	
Mucinex Fast-Max Cong-Ngthshft oral tablets, sequential	Tier 2	
Mucinex Fast-Max Day-Nt(doxyl)	Tier 2	
Mucinex Sinus-Max Day-Night	Tier 2	
Mucinex Sinus-Max Dy-Nt (dxy)	Tier 2	
<b>Non-Narc Antituss-1St Gen Antihist-Analgesic Comb.</b>		
All-Nite Cold-Flu	Tier 1	
Contac Cold-Flu Night	Tier 1	
Flu HBP oral tablet 2-10-325 mg	Tier 1	
Mucinex Nightshift Cold-Flu oral tablet	Tier 2	
Night Time	Tier 1	
Night Time Cold and Flu Relief	Tier 1	
Nighttime Cold-Flu	Tier 1	
Nighttime Cold-Flu Relief	Tier 1	
Ninjacof-A	Tier 2	
Nite Time Cold-Flu	Tier 1	
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
Alahist CF	Tier 2	
Alahist DM	Tier 2	
AP-Hist DM	Tier 1	
Bromfed DM	Tier 1	
brompheniramine-pseudoeph-DM	Tier 1	
Brotapp DM	Tier 1	
Children's Cold and Cough (PE)	Tier 1	
Chlo Tuss	Tier 2	
Cold and Cough Elixir	Tier 1	
dexchlorphen-PSE-chlophedianol	Tier 1	
Dimaphen DM	Tier 1	
Ed A-Hist DM	Tier 1	
EndaCof - DM	Tier 1	
Histex DM	Tier 2	
LoHist-DM	Tier 1	
M-End DMX	Tier 2	
Ninjacof-D	Tier 2	
NoHist-DM	Tier 1	
Pediatric Cough and Cold	Tier 1	
Poly-Hist DM (thonzylamine)	Tier 2	

Drug	Status	Notes
Polytussin DM(dexbromphenirmin)	Tier 2	
Rescon-DM	Tier 2	
Rynex DM	Tier 1	
Trebrom	Tier 2	
Vanacof	Tier 2	
WesTussin DM	Tier 1	
<b>Non-Narc Antituss-Decongestant-Analgesic-Expect Cb</b>		
Cold and Flu Severe	Tier 1	
Cold Max Severe Daytime	Tier 1	
Cold Multi-Symptom Daytime	Tier 1	
Duraflu	Tier 2	
Mucinex Fast-Max Cold-Flu oral capsule	Tier 2	
Mucinex Fast-Max Cold-Flu-Thrt oral capsule	Tier 2	
Mucinex Sinus-Max Pressure-Cgh oral capsule	Tier 2	
Mucus Relief Cold-Flu-Sore Thr oral liquid	Tier 1	
Multi-Symptom Cold (PE)	Tier 1	
Severe Cold and Flu (PE)	Tier 1	
Tussin CF Max Severe M-S Cold	Tier 1	
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
Capron DM	Tier 2	
Capron DMT	Tier 2	
Children's Dayclear Allergy	Tier 2	
Chlo Hist	Tier 2	
Cough and Cold (chlorphen-DM)	Tier 1	
Cough-Cold Relief HBP	Tier 1	
DayClear Allergy Relief	Tier 2	
NightTime Cough	Tier 1	
Ninjacof	Tier 2	
promethazine-DM	Tier 1	
<b>Non-Narcotic Antituss-Decongestant-Expectorant Cmb</b>		
Adult Tussin Multi-Symp Cold	Tier 1	
Aquanaz	Tier 2	
Aquanaz PSE	Tier 2	
Capmist DM	Tier 2	
Certuss-D	Tier 2	
Child's Mucus Relief M-S Cold	Tier 1	
Deconex DMX oral tablet 10-17.5-400 mg	Tier 2	
Duravent DM	Tier 2	
Nivanex DMX	Tier 1	
phenylephrine-DM-guaifenesin	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Poly-Vent DM	Tier 2	
Robafen CF (phenylephrine)	Tier 1	
Tusnel DM	Tier 2	
Tusnel DM Pediatric(phenyleph) oral drops	Tier 2	
Tusnel DM Pediatric(phenyleph) oral liquid	Tier 1	
Tusnel New Formula	Tier 2	
Tussin CF (PE-DM-guaif)	Tier 1	
Vanacof DMX	Tier 2	
VanaTab DM	Tier 2	
<b>Non-Narcotic Antitussive And Expectorant Comb.</b>		
Adult Tussin Cough Congest DM	Tier 1	
Adult Tussin DM	Tier 1	
Chest Congestion Relief DM	Tier 1	
Chest Congestion-Cough Relief	Tier 1	
Child Mucus Relief Cough	Tier 1	
Cough Syrup DM	Tier 1	
dextromethorphan-guaifenesin oral liquid	Tier 1	
dextromethorphan-guaifenesin oral tablet extended release 12 hr	Tier 1	
Diabetic Siltussin-DM Max Str	Tier 1	
Mucosa DM	Tier 1	
Mucus DM	Tier 1	
Mucus DM Max ER	Tier 1	
Mucus Relief Cough	Tier 1	
Mucus Relief DM	Tier 1	
Mucus Relief DM Cough	Tier 1	
Mucus Relief DM Max	Tier 1	
Robafen DM Cough	Tier 1	
Robafen DM Cough-Chest Congest	Tier 1	
Siltussin DM DAS	Tier 1	
Siltussin-DM	Tier 1	
Tusnel Diabetic	Tier 1	
Tussin DM	Tier 1	
Tussin DM Clear	Tier 1	
Tussin DM Cough and Chest	Tier 1	
Tussin DM Max oral liquid 5-100 mg/5 mL	Tier 1	
<b>Non-Narcotic Antitussive-Decongestant-Analgesic Cb</b>		
Cold Head Congestion Daytime	Tier 1	
Cold Max Daytime	Tier 1	
Cold Multi-Symptom	Tier 1	
Day Multi-Symp Flu-Severe Cold	Tier 1	
DayTime	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Daytime Cold-Flu	Tier 1	
Daytime Cold-Flu Relief (PE)	Tier 1	
Flu-Severe Cold-Cough Daytime	Tier 1	
Mapap Cold Formula	Tier 1	
Mucinex Fast-Max Cong-HA (DM)	Tier 1	
Mucinex Sinus-Max Cng-Pain(DM)	Tier 1	
<b>Nose Preparations, Vasoconstrictors(Otc)</b>		
Benzedrex	Tier 2	
Fast Acting Nasal	Tier 1	
Nasal Decongestant (oxymetazl)	Tier 1	
Nasal Four	Tier 1	
Nasal Spray (oxymetazoline)	Tier 1	
Nasal Spray 12Hr(oxymetazoline nasal mist	Tier 1	
Nasal Spray Extra Moisturizing	Tier 1	
Nasal Spray Sinus	Tier 1	
Neo-Synephrine (phenylephrine) nasal spray,non-aerosol 0.25 %, 0.5 %	Tier 2	
No Drip	Tier 1	
Nose Drops	Tier 1	
Nose Drops Extra Strength	Tier 1	
Original Nasal Spray	Tier 1	
Sinus Nasal Spray	Tier 1	
Sinus Relief (phenylephrine)	Tier 1	
Vapor Inhaler	Tier 1	
<b>Sympathomimetic Agents</b>		
12 Hour Nasal Decongest (PSE)	Tier 1	
Children's Silfedrine	Tier 1	
Nasal Decongestant (pseudoeph) oral tablet	Tier 1	
pseudoephedrine HCl oral tablet 30 mg	Tier 1	
Sudogest	Tier 1	
Suphedrin	Tier 1	
Suphedrine 12 Hour	Tier 1	
<b>Dermatology - Acne</b>		
<b>Acne Agents,Systemic</b>		
Absorica LD	Tier 2	ST
Absorica oral capsule 10 mg, 20 mg, 40 mg	Tier 2	
Absorica oral capsule 25 mg	Tier 2	ST
Amnesteem	Tier 1	
Claravis	Tier 1	
isotretinoin	Tier 1	
Myorisan	Tier 1	
Zenatane	Tier 1	

Drug	Status	Notes
<b>Acne Agents, Topical</b>		
adapalene-benzoyl peroxide	Tier 1	ST; QL (1 GM per 23 days)
clindamycin-benzoyl peroxide topical gel	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump	Tier 1	QL (50 GM per 30 days)
clindamycin-tretinoin	Tier 1	ST
dapsone topical	Tier 1	
DermacinRx Atrix topical liquid	Tier 2	
Epiduo Forte	Tier 2	ST; QL (1 GM per 23 days)
Neuac	Tier 1	
Onexton	Tier 2	
sulfacetamide sodium (acne)	Tier 1	
Twynéo	Tier 2	ST
<b>Anticorrosive Agents</b>		
butylated hydroxytoluene	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sodium bisulfite (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Astringents</b>		
Bay Rum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gordomatic topical powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
witch hazel topical solution	Tier 1	
<b>Rosacea Agents, Topical</b>		
azelaic acid	Tier 1	
Epsolay	Tier 2	
Finacea topical foam	Tier 2	
ivermectin topical cream	Tier 1	
metronidazole topical	Tier 1	
Mirvaso topical gel with pump	Tier 2	QL (30 GM per 30 days)
Noritrate	Tier 2	ST
Rhofade	Tier 2	ST; QL (30 GM per 30 days)
Rosadan topical cream	Tier 1	
<b>Topical Antiandrogenic Agents</b>		
Winlevi	Tier 2	ST
<b>Topical Preparations, Antibacterials</b>		
ammonium and potassium iodides	Tier 1	
Antimicrobial	Tier 2	
Antiseptic Skin Clnsr(chlorhe)	Tier 1	
Benz-All	Tier 1	
Betasept Surgical Scrub	Tier 1	
DermaFix topical aerosol,spray	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dyna-Hex (isopropyl alcohol)	Tier 1	

Drug	Status	Notes
Dyna-Hex topical liquid 4 %	Tier 1	
ethyl alcohol topical solution	Tier 2	
Foaming Antibacterial Soap	Tier 1	
Germ Bloc topical lotion	Tier 2	
Hand Wash	Tier 1	
hydrocortisone-iodoquinol	Tier 1	
Instant Hand Sanitizing	Tier 2	
Iodides Tincture	Tier 1	
iodine-sodium iodide topical tincture 2 %	Tier 1	
Lugols topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Obstetrical Antiseptic	Tier 2	
silver nitrate topical solution 0.5 %	Tier 1	
Thera Body Cleanser	Tier 1	
<b>Vitamin A Derivatives</b>		
adapalene topical cream	Tier 1	
adapalene topical gel	Tier 1	
adapalene topical gel with pump	Tier 1	
Aklief	Tier 2	ST
Altreno	Tier 2	
Avita	Tier 1	
Differin topical lotion	Tier 2	
Retin-A Micro Pump topical gel with pump 0.06 %, 0.08 %	Tier 2	ST
tretinoin	Tier 1	
tretinoin microspheres	Tier 1	
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
Arazlo	Tier 2	ST
Fabior	Tier 2	ST
tazarotene topical foam	Tier 1	ST
<b>Dermatology - Antiinfective</b>		
<b>Insect Repellants</b>		
Cutter Backwoods	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutter Backwoods Dry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutter Lemon Eucalyptus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutter Natural Insect Repellnt	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutter Natural Repellent2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutter Skinsations	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Insect Repellent (DEET)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mosquito Eliminator	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off Active	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off Deep Woods	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off Deep Woods Dry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off Deep Woods Sportsmen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off FamilyCare (with DEET)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off FamilyCare(with picaridin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ranger Ready Repellent	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel 100	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Family	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Hunter's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Lemon Eucalyptus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Sportsmen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Sportsmen Dry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Sportsmen Max	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Tick Defense	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Total Home Insect Repellent	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultrathon topical aerosol,spray	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Topical Antibiotics</b>		
Amzeeq	Tier 2	
Antibiotic (bacitracin zinc)	Tier 1	
Antibiotic Plus (pramoxine)	Tier 1	
bacitracin topical	Tier 1	
bacitracin zinc	Tier 1	
clindamycin phosphate topical foam	Tier 1	
clindamycin phosphate topical gel	Tier 1	
clindamycin phosphate topical gel, once daily	Tier 1	ST; QL (75 ML per 30 days)
clindamycin phosphate topical lotion	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
clindamycin phosphate topical solution	Tier 1	QL (120 ML per 30 days)
clindamycin phosphate topical swab	Tier 1	
Double Antibiotic (b.tracn Zn) topical ointment	Tier 1	
Ery Pads	Tier 1	
erythromycin with ethanol topical gel	Tier 1	
erythromycin with ethanol topical solution	Tier 1	QL (120 ML per 30 days)
erythromycin-benzoyl peroxide	Tier 1	
First Aid Antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram	Tier 1	
gentamicin topical	Tier 1	QL (90 GM per 30 days)
mupirocin	Tier 1	QL (90 GM per 30 days)
mupirocin calcium	Tier 1	ST; QL (90 GM per 30 days)
Poly Bacitracin (zinc)	Tier 1	
Triple Antibiotic	Tier 1	
Triple Antibiotic Plus	Tier 1	
Triple Antibiotic-Pain Relief	Tier 1	
Xepi	Tier 2	ST
Zilxi	Tier 2	
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
clotrimazole-betamethasone	Tier 1	
<b>Topical Antifungals</b>		
Alevazol	Tier 2	
Anti-Fungal	Tier 1	
Antifungal (clotrimazole)	Tier 1	
Antifungal (tolnaftate) topical cream	Tier 1	
Antifungal (tolnaftate) topical powder	Tier 1	
Athlete's Foot (clotrimazole)	Tier 1	
Athlete's Foot (terbinafine)	Tier 1	
Athlete's Foot (tolnaftate) topical aerosol powder	Tier 1	
Athlete's Foot (tolnaftate) topical aerosol, spray	Tier 1	
Athlete's Foot topical aerosol powder	Tier 1	
butenafine	Tier 1	
Ciclodan Kit topical combo pack	Tier 2	
ciclopirox topical cream	Tier 1	QL (180 GM per 30 days)
ciclopirox topical gel	Tier 1	
ciclopirox topical shampoo	Tier 1	
ciclopirox topical solution	Tier 1	QL (13.2 ML per 30 days)
ciclopirox topical suspension	Tier 1	QL (120 ML per 30 days)
ciclopirox-ure-camph-menth-euc	Tier 1	QL (13.2 ML per 30 days)
clotrimazole topical	Tier 1	
econazole	Tier 1	QL (85 GM per 30 days)
Ertaczo	Tier 2	
Exelderm	Tier 2	

Drug	Status	Notes
Fungoid-D	Tier 1	
gentian violet topical solution 1 %	Tier 1	
Jublia	Tier 2	PA
ketoconazole topical cream	Tier 1	QL (120 GM per 30 days)
ketoconazole topical foam	Tier 1	
ketoconazole topical shampoo	Tier 1	QL (200 ML per 30 days)
Ketodan	Tier 1	
Ketodan Kit	Tier 2	
Loprox Kit topical combo pack	Tier 2	
luliconazole	Tier 1	ST; QL (60 GM per 28 days)
Mentax	Tier 2	
miconazole nitrate topical cream	Tier 1	
miconazole nitrate-zinc ox-pet	Tier 1	
Miconazorb AF	Tier 1	
Micotrin AC	Tier 1	
Micotrin AL	Tier 1	
Micotrin AP	Tier 1	
Mycozyl AC	Tier 1	
Mycozyl AL	Tier 1	
Mycozyl AP	Tier 1	
naftifine topical cream 1 %	Tier 1	
naftifine topical cream 2 %	Tier 1	QL (90 GM per 30 days)
Naftin topical gel 2 %	Tier 2	
Nyamyc	Tier 1	QL (60 GM per 30 days)
nystatin topical cream	Tier 1	
nystatin topical ointment	Tier 1	QL (90 GM per 30 days)
nystatin topical powder	Tier 1	QL (60 GM per 30 days)
nystatin-triamcinolone topical cream	Tier 1	
nystatin-triamcinolone topical ointment	Tier 1	QL (120 GM per 30 days)
Nystop	Tier 1	QL (60 GM per 30 days)
oxiconazole	Tier 1	QL (90 GM per 30 days)
Oxistat topical lotion	Tier 2	
tavaborole	Tier 1	PA
terbinafine HCl topical	Tier 1	
Thera Antifungal	Tier 1	
tolnaftate topical cream	Tier 1	
tolnaftate topical powder	Tier 1	
Triple Dye	Tier 1	
<b>Topical Antiparasitics</b>		
Crotan	Tier 2	
Eurax	Tier 2	
Insect Repellent (picaridin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ivermectin topical lotion	Tier 1	QL (120 GM per 14 days)
Lice Killing	Tier 1	
Lice Killing (permethrin)	Tier 1	
Lice Solution	Tier 1	
Lice Treatment	Tier 1	
Lice Treatment (permethrin)	Tier 1	
lindane topical shampoo	Tier 1	
malathion	Tier 1	
Natrapel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
permethrin	Tier 1	
spinosad	Tier 1	QL (120 ML per 5 days)
Ultrathon topical lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VanaLice	Tier 2	
<b>Topical Antivirals</b>		
acyclovir topical cream	Tier 1	ST; QL (5 GM per 10 days)
acyclovir topical ointment	Tier 1	QL (30 GM per 10 days)
Denavir	Tier 2	ST; QL (5 GM per 14 days)
docosanol	Tier 1	
<b>Topical Antivirals/Anti-inflammatory, Steroid Agent</b>		
Xerese	Tier 2	ST; QL (10 GM per 365 days)
<b>Topical Genital Wart-Hpv Treatment Agents</b>		
Veregen	Tier 2	ST
<b>Topical Sulfonamides</b>		
Avar LS topical foam	Tier 2	
Avar LS topical pads, medicated	Tier 2	
Avar topical pads, medicated	Tier 2	
BP 10-1	Tier 1	
Cleansing Wash topical cleanser	Tier 1	
mafenide acetate	Tier 1	
Rosula	Tier 2	
Rosula cleansing cloths	Tier 1	
silver sulfadiazine	Tier 1	
SSD	Tier 1	
SSS 10-5	Tier 1	
sulfacetamide sodium-sulfur topical cleanser	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	Tier 1	



Drug	Status	Notes
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea	Tier 1	
sulfacetamide-sulfur-cleansr23	Tier 1	
Sulfamylon	Tier 2	
Sumadan XLT	Tier 2	
<b>Dermatology - Antiinflammatory</b>		
<b>Interleukin-13 (IL-13) Inhibitors, Mab</b>		
Adbry	Tier 2	PA
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
Eucrisa	Tier 2	ST
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
Neo-Synalar	Tier 2	ST
Neo-Synalar Kit	Tier 2	ST
<b>Topical Anti-Inflammatory Steroidal</b>		
alclometasone	Tier 1	
amcinonide topical cream	Tier 1	ST
Anti-Itch (HC) topical cream	Tier 1	
Anti-Itch(hydrocortisone)-Aloe	Tier 1	
ApexiCon E	Tier 2	ST
Aqua Glycolic HC	Tier 2	
Aquanil HC	Tier 1	
betamethasone dipropionate	Tier 1	
betamethasone valerate	Tier 1	
betamethasone, augmented	Tier 1	
Bryhali	Tier 2	ST; QL (200 GM per 30 days)
Capex	Tier 2	QL (120 ML per 30 days)
clobetasol	Tier 1	
clobetasol-emollient	Tier 1	
clocortolone pivalate	Tier 1	
Clodan Kit	Tier 2	
desonide topical cream	Tier 1	
desonide topical lotion	Tier 1	
desonide topical ointment	Tier 1	
desoximetasone topical cream	Tier 1	
desoximetasone topical gel	Tier 1	
desoximetasone topical ointment	Tier 1	
desoximetasone topical spray, non-aerosol	Tier 1	ST
diflorasone topical cream	Tier 1	ST
diflorasone topical ointment	Tier 1	
fluocinolone	Tier 1	
fluocinolone and shower cap	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
fluocinonide topical cream 0.05 %	Tier 1	
fluocinonide topical cream 0.1 %	Tier 1	ST
fluocinonide topical gel	Tier 1	
fluocinonide topical ointment	Tier 1	
fluocinonide topical solution	Tier 1	
flurandrenolide topical cream	Tier 1	ST
flurandrenolide topical lotion	Tier 1	
flurandrenolide topical ointment	Tier 1	
fluticasone propionate topical	Tier 1	
halcinonide	Tier 1	ST; QL (60 GM per 30 days)
halobetasol propionate topical cream	Tier 1	
halobetasol propionate topical foam	Tier 1	ST; QL (100 GM per 30 days)
halobetasol propionate topical ointment	Tier 1	
Halog topical ointment	Tier 2	ST
Halog topical solution	Tier 2	
hydrocortisone acetate topical cream	Tier 1	
hydrocortisone acetate topical ointment	Tier 1	
hydrocortisone butyrate topical cream	Tier 1	ST
hydrocortisone butyrate topical lotion	Tier 1	ST
hydrocortisone butyrate topical ointment	Tier 1	ST
hydrocortisone butyrate topical solution	Tier 1	
hydrocortisone butyr-emollient	Tier 1	ST
Hydrocortisone Plus	Tier 1	
hydrocortisone topical cream	Tier 1	
hydrocortisone topical cream in packet	Tier 1	
hydrocortisone topical cream with perineal applicator	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone valerate	Tier 1	
hydrocortisone-aloe vera topical cream 1 %	Tier 1	
Impeklo	Tier 2	ST
Lexette	Tier 2	ST; QL (100 GM per 30 days)
mometasone topical	Tier 1	
Pandel	Tier 2	
prednicarbate	Tier 1	
Procto-Med HC	Tier 1	
Procto-Pak	Tier 1	
Proctosol HC topical	Tier 1	
Proctozone-HC	Tier 1	
Sernivo	Tier 2	ST
Synalar Cream Kit	Tier 2	
Synalar Ointment Kit	Tier 2	
Synalar TS	Tier 2	

Drug	Status	Notes
Texacort	Tier 2	
triamcinolone acetonide topical	Tier 1	
Trianex	Tier 1	
Ultravate topical lotion	Tier 2	ST; QL (60 ML per 20 days)
<b>Topical Anti-Inflammatory, Nsaids</b>		
Arthritis Pain (diclofenac)	Tier 1	ST
diclofenac epolamine	Tier 1	ST; QL (2 EA per 1 day)
diclofenac sodium topical drops	Tier 1	ST; QL (300 ML per 30 days)
diclofenac sodium topical gel 1 %	Tier 1	ST
diclofenac sodium topical solution in metered-dose pump	Tier 1	
Licart	Tier 2	ST
Pennsaid topical solution in packet	Tier 2	
<b>Topical Anti-Inflammatory, Other</b>		
MSM/Glucosamine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
Opzelura	Tier 2	ST; QL (60 GM per 30 days)
<b>Dermatology - Antipruritic Drugs</b>		
<b>Antipruritics, Topical</b>		
Anti-Itch(diphenhyd) with Zinc topical cream 2-0.1 %	Tier 1	
Banophen Anti-Itch	Tier 1	
Caladryl	Tier 1	
Caladryl Clear	Tier 1	
Calamine Clear	Tier 1	
Calamine Plus (pramox-calamin)	Tier 1	
Caldyphen	Tier 1	
Caldyphen Clear	Tier 1	
Dermagesic (pramox-calamine)	Tier 2	
doxepin topical	Tier 1	ST
Itch Relief topical aerosol,spray	Tier 1	
Itch Relief topical cream 2-0.1 %	Tier 1	
ITCH-X	Tier 2	
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
Drysol	Tier 2	
Drysol Dab-O-Matic	Tier 2	
Xerac AC	Tier 2	
<b>Antiseborrheic Agents</b>		
Anti-Dandruff	Tier 1	
Dandruff Shampoo (pyrithione)	Tier 1	
Dandruff Shampoo (selenium)	Tier 1	
DHS Zinc	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Ovace Plus Shampoo	Tier 2	
Ovace Plus topical cream	Tier 2	
Ovace Plus topical foam	Tier 2	
Ovace Plus topical lotion	Tier 2	ST
selenium sulfide topical lotion	Tier 1	
selenium sulfide topical shampoo 2.25 %	Tier 1	
sulfacetamide sodium topical cleanser	Tier 1	
sulfacetamide sodium topical cleanser, gel	Tier 1	
sulfacetamide sodium topical shampoo 10 %	Tier 1	
<b>Antiseptics,General</b>		
Alcohol Pads	Tier 2	
Alcohol Prep Pads	Tier 2	
alcohol swabs	Tier 2	
Alcohol Wipes	Tier 2	
Alcohol-Benzocaine	Tier 1	
BD Alcohol Swabs	Tier 2	
CareTouch Alcohol Prep Pad	Tier 2	
Curity Alcohol Swabs	Tier 2	
DropSafe Alcohol Prep Pads	Tier 2	
Easy Comfort Alcohol Pad	Tier 2	
Easy Touch Alcohol Prep Pads	Tier 2	
Germ Bloc topical foam	Tier 1	
inControl Alcohol Pads	Tier 2	
isopropyl alcohol topical swab	Tier 2	
IV Prep Wipes	Tier 2	
Pro Comfort Alcohol Pads	Tier 2	
Pure Comfort Alcohol Pads	Tier 2	
Sure Comfort Alcohol Prep Pads	Tier 2	
Sure-Prep Alcohol Prep Pads	Tier 2	
tea tree oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
True Comfort Alcohol Pads	Tier 2	
True Comfort Pro Alcohol Pads	Tier 2	
Ultilet Alcohol Swab	Tier 2	
Webcol	Tier 2	
<b>Antiseptics,Miscellaneous</b>		
Castellani Paint Modified	Tier 2	
Cetylcide II Concentrate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
phenol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Deodorants</b>		
Dr Scholl's Foot Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FreshNet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gordon's No. Five	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hex-On Light Odor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nullo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Odor Eliminator Drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra-Fresh topical	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Yodora	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Emollients</b>		
Absorbase	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aloe Grande	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
aloe vera topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aloe Vesta Body Wash/Shampoo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aloe Vesta Cleansing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aloe Vesta Perineal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AlphaBath	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AlphaSoft	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ameristore	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ammonium lactate	Tier 1	
Aqua Glycolic topical lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aqua Lacten	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aquaphilic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Arthricream Rub	Tier 1	
Aveeno Intense Relief	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Avosil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Balneol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Beta Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Cam	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cavilon Moisturizing Body	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ceracade	Tier 2	
CeraVe Daily Moisturizing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraVe PM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraVe SA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraVe SA (with niacinamide) topical cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraVe topical cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cetaphil DailyAdvance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Coats Aloe	Tier 2	
Coats Aloe Moisturizing	Tier 2	
Cocoa butter cream	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Coconut Oil Cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complex 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dermacerin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dermacloud	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermaDaily	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermaPlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermaVantage	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dermend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dexeryl	Tier 2	
DML Facial Moisturizer	Tier 2	
DML Forte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Draw Out Salve	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Elon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Emollia	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Emu-Lac	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Eucerin Advanced Repair	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eucerin Intensive Repair	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eucerin Intensive Repair Cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eucerin Skin Calming	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Foot Emollient	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glycerin topical liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glycerin topical solution	Tier 1	
Glycine Soya Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gold Bond Ultimate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gold Bond Ultimate Healing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gordon's Vite A	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gordons-Vite E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hydrolatum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hyper-Heal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Keradan	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lac-Hydrin Five	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lanolin (HPA)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Lysine-VitA-D-E-Cocoa Butter	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lobana Bath	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lobana Body	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lobana Peri-Garde	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lubriderm Advanced Therapy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lubriderm Daily Moisture	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lubriderm Skin Nourishing	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LubriSilk	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
LubriSoft	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Luxamend	Tier 2	
Mapo Bath	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mederma SPF	Tier 2	
Miaderm	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Minerin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Minerin Creme	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Moisture Recovery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Moisturizing Cream	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Moiturizing Lotion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natural Care Gel	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neutrogena Hand	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nivea	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nivea Soft	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocean with Hyaluronan	Tier 2	
olive oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-Step Skin Care Lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pen-Kera	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PeriScent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
petrolatum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Purelan	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Remedy Phytoplex Moisturizer	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Secura Moisturizing topical cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Secura Moisturizing topical lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sensi-Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Skarjel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Skin Protectant (Lanolin)	Tier 1	
Skin Protectant A and D	Tier 1	
Skin Repair	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Soothe and Cool	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Soothe and Cool Body Lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Soothe and Cool Perineal Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Soothe And Cool Skin Cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Soothe-Cool Moisturize Body	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Studio 35 Beauty Cocoa Butter	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Studio 35 Moisturizing Skin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Summers Eve Cleansing Cloths	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Supersoft	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sween	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sween Cream	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sweet Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
thera BATH	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thera-Derm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Therapeutic Moisturizing	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Therapeutic Moisturizing Cream	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Uniderm Moisturizer	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Unscented Cold Cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vit E-wheat germ-aloe vera	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E (dl, acetate) topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin E and C Beauty Lotion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin E and K Beautiful Skin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Vitamin E Beauty	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin E plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E-safflower oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamn E Beauty with Safflower	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vita-Ray	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vits A and D-white pet-lanolin topical ointment	Tier 1	
Wibi	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Xtracare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Iodine Antiseptics</b>		
Betadine Ophthalmic Prep	Tier 2	
Betadine topical cream	Tier 2	
Betadine topical spray,non-aerosol	Tier 2	
povidone-iodine topical solution 10 %	Tier 1	
povidone-iodine topical swab	Tier 1	
PVP Prep	Tier 1	
Summer's Eve Douche	Tier 2	
<b>Irrigants</b>		
acetic acid irrigation	Tier 1	
lactated Ringers irrigation	Tier 2	
neomycin-polymyxin B GU	Tier 1	
Physiolyte	Tier 2	
Physiosol Irrigation	Tier 2	
Ringer's irrigation	Tier 1	
sodium chloride irrigation	Tier 1	
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol	Tier 1	
Tis-U-Sol Pentalyte	Tier 2	
water for irrigation, sterile	Tier 1	
<b>Irritants/Counter-Irritants</b>		
Anti-Dandruff (coal tar)	Tier 1	
Anti-Itch (menthol-camphor)	Tier 1	
Arthricream	Tier 1	
Arthritis Pain Relief(capsaic) topical cream 0.075 %	Tier 1	
Blue Gel	Tier 1	
Campho-Phenique topical solution	Tier 2	
camphor	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Camphor Blocks	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Camphotrex	Tier 2	
Camphotrol	Tier 2	
Capasil	Tier 2	
capsaicin topical adhesive patch,medicated	Tier 1	
capsaicin topical cream 0.025 %, 0.1 %	Tier 1	
capsaicin topical liquid	Tier 1	
Chest Rub (with pine oil)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Chest Rub topical ointment	Tier 1	
coal tar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Coats Aloe Analgesic	Tier 2	
Cold and Hot (m.salic-menthol) topical ointment	Tier 1	
Cold and Hot (menthol)	Tier 1	
Cold Therapy (menthol)	Tier 1	
DermacinRx Circata	Tier 2	
DermacinRx Circatrix	Tier 2	
eucalyptus oil oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
eucalyptus oil topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gordobalm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gordomatic topical lotion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ice Blue Gel	Tier 1	
Ionil T	Tier 1	
Medicated Chest Rub	Tier 1	
Medicated Relief	Tier 1	
methyl salicylate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
methyl salicylate topical liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mobisyl	Tier 1	
Muscle Rub	Tier 1	
Muscle Rub Ultra-Strength	Tier 1	
Neuracin	Tier 2	
Pain Relief (trolamine salicy)	Tier 1	
Pain Relief Instant Antiseptic	Tier 1	
Pain Relieving (m-salic-men)	Tier 1	
Pain Relieving Cream	Tier 1	
Pain Relieving(cam-m.sal-ment) topical adhesive patch,medicated 3.1-10-6 %	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
pine tar (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Qutenza	Tier 2	PA
Thera-Gel	Tier 1	
Thera-Gesic	Tier 1	
Thera-Gesic Plus	Tier 2	
Therapeutic Blue	Tier 1	
<b>Keratolytics</b>		
Acne Medication topical gel	Tier 1	
Acne Medication topical lotion 10 %	Tier 1	
Acne Medication topical lotion 5 %	Tier 2	
AcneFree Acne Clearing System	Tier 1	
AcneFree Severe Acne Clearing	Tier 2	
Bensal HP	Tier 2	ST
benzoyl peroxide topical cleanser 10 %, 5 %, 6 %	Tier 1	
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	Tier 1	
BPO	Tier 1	
Callus Removers	Tier 1	
Condylox topical gel	Tier 2	ST
Corn Remover	Tier 1	
Corn-Callus Remover topical liquid	Tier 1	
DermacinRx Atrix topical cleanser	Tier 1	
DermacinRx Atrix topical cream	Tier 2	
DHS Sal	Tier 1	
Pacnex HP	Tier 2	
Pacnex LP	Tier 2	
Panoxyl topical cleanser 10 %	Tier 1	
Podocon	Tier 1	
podofilox	Tier 1	
salicylic acid topical cream	Tier 1	
salicylic acid topical film forming liquid w/appl	Tier 1	
salicylic acid topical foam	Tier 1	
salicylic acid topical gel	Tier 1	
salicylic acid topical lotion	Tier 1	
Sal-Plant	Tier 1	
Scalp Relief topical liquid	Tier 1	
Sebex	Tier 1	
silver nitrate applicators	Tier 1	
Therapeutic Dandruff Shampoo	Tier 1	
Uramaxin GT topical kit,cream and gel	Tier 2	
Uramaxin topical foam	Tier 2	
Uramaxin topical lotion	Tier 2	
urea topical cream 39 %, 40 %	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
urea topical foam	Tier 1	
urea topical lotion 40 %	Tier 1	
Wart Remover topical adhesive patch,medicated	Tier 1	
Wart Remover topical liquid	Tier 1	
X-Seb T Pearl	Tier 1	
<b>Oxidizing Agents</b>		
H-Chlor 12	Tier 1	
H-Chlor 6	Tier 2	
hydrogen peroxide	Tier 1	
HySept	Tier 1	
<b>Protectives</b>		
AmeriCerin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AmeriPhor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby Skin Protectant (pet)	Tier 1	
benzoin	Tier 1	
calamine phenolated	Tier 1	
calamine-zinc oxide topical lotion 8-8 %	Tier 1	
calamine-zinc oxide-phenol	Tier 1	
Cocoa Butter Petroleum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cozima	Tier 2	
DermacinRx Skin Repair Complex	Tier 1	
Diaper Rash topical ointment	Tier 1	
DML	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dr. Smith's Adult Barrier	Tier 2	
Dr. Smith's Diaper	Tier 1	
Dr. Smith's Diaper Rash	Tier 2	
Gold Bond Triple Action	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Moisturel Therapeutic	Tier 2	
PeriShield topical ointment	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Risamine	Tier 1	
Shield Skin topical aerosol,spray	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Skin Protectant topical cream 5 %	Tier 2	
Tetrix	Tier 2	
Thera Moisturizing	Tier 2	
TheraSeal	Tier 1	
white petrolatum topical ointment 42 %	Tier 1	
Z-Bum	Tier 2	
zinc oxide topical cream	Tier 1	

Drug	Status	Notes
zinc oxide topical ointment 20 %, 25 %	Tier 1	
<b>Shampoos/Lotion</b>		
Aqua Glycolic topical shampoo	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DHS	Tier 2	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
Analpram-HC topical	Tier 2	
Epifoam	Tier 2	
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine HCl-hydrocortison ac topical	Tier 1	
Pramosone topical cream 1-1 %	Tier 2	
Pramosone topical lotion	Tier 2	
Pramosone topical ointment	Tier 2	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
bexarotene topical	Tier 1	PA
diclofenac sodium topical gel 3 %	Tier 1	PA; ST; QL (100 GM per 30 days)
fluorouracil topical	Tier 1	
Targretin topical	Tier 2	PA
Tolak	Tier 2	
Valchlor	Tier 2	PA
<b>Topical Local Anesthetics</b>		
Burn Relief with Aloe topical aerosol,spray	Tier 1	
Burn Relief with Lidocaine	Tier 1	
DermacinRx Lidogel	Tier 2	
DermacinRx Lidorex	Tier 2	
dibucaine topical	Tier 1	
First Aid (lidocaine-benzalk)	Tier 1	
LidaFlex	Tier 2	
lidocaine HCl laryngotracheal	Tier 1	
lidocaine HCl topical cream 3 %, 4 %	Tier 1	
Lidocaine Pain Relief topical adhesive patch,medicated	Tier 1	
lidocaine topical adhesive patch,medicated 4 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical cream 4 %	Tier 1	
lidocaine topical ointment	Tier 1	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream	Tier 1	
Poison Ivy Wash (pramoxine)	Tier 1	
pramoxine topical lotion	Tier 1	
Synera	Tier 2	
SynoFlex	Tier 2	
ZTlido	Tier 2	ST; QL (90 EA per 30 days)

Drug	Status	Notes
<b>Topical Preparations,Miscellaneous</b>		
Antibacterial Soap (benzethon)	Tier 1	
Aquamed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Astringent	Tier 1	
Cetaphil Gentle Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eyescrub	Tier 1	
Gentle Skin Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gordomatic topical crystals	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Maxilube	Tier 1	
Nail Scrub	Tier 2	
Pedi-Boro Soak	Tier 1	
Proshield Foam/Spray Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Skin Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Surgilube	Tier 1	
Vagisil topical powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
bromelains	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HyQvia HY Component	Tier 2	
Pineapple Extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Dermatology - Pigmentation Disorders</b>		
<b>Hypopigmentation Agents</b>		
hydroquinone topical cream	Tier 1	
Tri-Luma	Tier 2	
<b>Sunscreens</b>		
CeraVe AM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cetaphil Daily Facial	Tier 2	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents,Systemic</b>		
acitretin	Tier 1	
Cosentyx	Tier 2	PA
Cosentyx (2 Syringes)	Tier 2	PA
Cosentyx Pen	Tier 2	PA
Cosentyx Pen (2 Pens)	Tier 2	PA
Ilumya	Tier 2	PA
methoxsalen	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Siliq	Tier 2	PA
Skyrizi subcutaneous pen injector	Tier 2	PA
Skyrizi subcutaneous syringe	Tier 2	PA
Skyrizi subcutaneous syringe kit	Tier 2	PA
Taltz Autoinjector	Tier 2	PA
Taltz Autoinjector (2 Pack)	Tier 2	PA
Taltz Autoinjector (3 Pack)	Tier 2	PA
Taltz Syringe	Tier 2	PA
Tremfya	Tier 2	PA
<b>Antipsoriatics Agents</b>		
calcipotriene	Tier 1	ST
calcitriol topical	Tier 1	ST
Duobrii	Tier 2	ST; QL (200 GM per 28 days)
Psoriatar	Tier 1	
Sorbolene	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sorilux	Tier 2	ST
tazarotene topical cream	Tier 1	
<b>Topical Agents,Miscellaneous</b>		
AcuWash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aqua Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aquanil Skin Cleanser	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aveeno Baby topical cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Betamide	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cavilon Skin Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraVe Foaming Facial	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraVe SA (with niacinamide) topical cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraVe topical cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cetaphil topical bar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cetaphil topical cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Conti Castile Soap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutemol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Flexitol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gormel Ten	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
green soap	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Johnson's Foot	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mederma AG	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neutrogena Acne Cleansing Soap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neutrogena Facial Soap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neutrogena Toner	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OcuSoft Hand Soap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Perianal Cleansing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PeriFresh	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenol EZ	Tier 2	
Rehyla	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rehyla Hair-Body	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tecnu	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tena	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Toetal Fresh	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra Mide 25	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Unicare Moisturizing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
urea topical cream 10 %, 20 %	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ureacin-10	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Topical Immunosuppressive Agents</b>		
pimecrolimus	Tier 1	ST
tacrolimus topical	Tier 1	ST
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
calcipotriene-betamethasone	Tier 1	ST
Enstilar	Tier 2	ST

Drug	Status	Notes
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
alogliptin-metformin	Tier 1	ST; QL (2 EA per 1 day)
Janumet	Tier 2	QL (2 EA per 1 day)
Janumet XR oral tablet, ER multiphase 24 hr 100-1,000 mg	Tier 2	QL (1 EA per 1 day)
Janumet XR oral tablet, ER multiphase 24 hr 50-1,000 mg, 50-500 mg	Tier 2	QL (2 EA per 1 day)
Jentadueto	Tier 2	QL (2 EA per 1 day)
Jentadueto XR oral tablet, IR - ER, biphasic 24hr 2.5-1,000 mg	Tier 2	QL (2 EA per 1 day)
Jentadueto XR oral tablet, IR - ER, biphasic 24hr 5-1,000 mg	Tier 2	QL (1 EA per 1 day)
Kombiglyze XR oral tablet, ER multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg	Tier 2	ST; QL (1 EA per 1 day)
Kombiglyze XR oral tablet, ER multiphase 24 hr 5-500 mg	Tier 2	ST; QL (2 EA per 1 day)
<b>Antihypergly,Dpp-4 Enzyme Inhib &amp;Thiazolidinedione</b>		
alogliptin-pioglitazone	Tier 1	ST; QL (1 EA per 1 day)
<b>Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)</b>		
Adlyxin	Tier 2	ST; QL (6 ML per 28 days)
Bydureon BCise	Tier 2	ST; QL (3.4 ML per 28 days)
Byetta subcutaneous pen injector 10 mcg/dose(250 mcg/mL) 2.4 mL	Tier 2	ST; QL (2.4 ML per 30 days)
Byetta subcutaneous pen injector 5 mcg/dose (250 mcg/mL) 1.2 mL	Tier 2	ST; QL (1.2 ML per 30 days)
Ozempic subcutaneous pen injector 0.25 mg or 0.5 mg(2 mg/1.5 mL)	Tier 2	QL (1.5 ML per 28 days)
Ozempic subcutaneous pen injector 1 mg/dose (4 mg/3 mL), 2 mg/dose (8 mg/3 mL)	Tier 2	QL (3 ML per 28 days)
Rybelsus	Tier 2	QL (1 EA per 1 day)
Trulicity	Tier 2	QL (2 ML per 28 days)
Victoza 2-Pak	Tier 2	ST; QL (9 ML per 30 days)
Victoza 3-Pak	Tier 2	ST; QL (9 ML per 30 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib</b>		
Farxiga	Tier 2	QL (1 EA per 1 day)
Invokana	Tier 2	ST; QL (30 EA per 30 days)
Jardiance	Tier 2	ST; QL (1 EA per 1 day)
Steglatro oral tablet 15 mg	Tier 2	QL (1 EA per 1 day)
Steglatro oral tablet 5 mg	Tier 2	QL (2 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
Cycloset	Tier 2	ST

Drug	Status	Notes
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
Mounjaro	Tier 2	
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
acarbose	Tier 1	
miglitol	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SymlinPen 120	Tier 2	
SymlinPen 60	Tier 2	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
alogliptin	Tier 1	ST; QL (1 EA per 1 day)
Januvia	Tier 2	QL (1 EA per 1 day)
Onglyza	Tier 2	ST; QL (1 EA per 1 day)
Tradjenta	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
glimepiride	Tier 1	
glipizide	Tier 1	
glyburide	Tier 1	
glyburide micronized	Tier 1	
nateglinide	Tier 1	
repaglinide	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
pioglitazone	Tier 1	
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
Glyxambi	Tier 2	QL (1 EA per 1 day)
Qtern oral tablet 10-5 mg	Tier 2	ST
Qtern oral tablet 5-5 mg	Tier 2	ST; QL (1 EA per 1 day)
Steglujan	Tier 2	ST; QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>		
metformin oral solution	Tier 1	ST; QL (750 ML per 30 days)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	
metformin oral tablet extended release 24 hr	Tier 1	
metformin oral tablet extended release 24hr	Tier 1	ST
metformin oral tablet, ER gast.retention 24 hr	Tier 1	ST
Riomet ER	Tier 2	ST; QL (20 ML per 1 day)
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
Soliqua 100/33	Tier 2	ST; QL (30 ML per 28 days)
Xultophy 100/3.6	Tier 2	ST; QL (15 ML per 28 days)

Drug	Status	Notes
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
glipizide-metformin	Tier 1	
glyburide-metformin	Tier 1	
repaglinide-metformin	Tier 1	
<b>Antihyperglycemic,Insulin-Response &amp; Release Comb.</b>		
pioglitazone-glimepiride	Tier 1	ST
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
Korlym	Tier 2	PA; QL (4 EA per 1 day)
<b>Antihyperglycemic-Sglt2 Inhibitor &amp; Biguanide Comb</b>		
Invokamet	Tier 2	ST; QL (2 EA per 1 day)
Invokamet XR	Tier 2	ST; QL (2 EA per 1 day)
Segluromet	Tier 2	QL (2 EA per 1 day)
Synjardy	Tier 2	ST; QL (2 EA per 1 day)
Synjardy XR oral tablet, IR - ER, biphasic 24hr 10-1,000 mg, 25-1,000 mg	Tier 2	ST; QL (1 EA per 1 day)
Synjardy XR oral tablet, IR - ER, biphasic 24hr 12.5-1,000 mg, 5-1,000 mg	Tier 2	ST; QL (2 EA per 1 day)
Xigduo XR oral tablet, IR - ER, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	Tier 2	QL (1 EA per 1 day)
Xigduo XR oral tablet, IR - ER, biphasic 24hr 2.5-1,000 mg, 5-1,000 mg	Tier 2	QL (2 EA per 1 day)
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
pioglitazone-metformin	Tier 1	ST
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
Trijardy XR	Tier 2	ST
<b>Blood Sugar Diagnostics</b>		
Accu-Chek Aviva Plus test strp	Tier 2	QL (5 EA per 1 day)
Accu-Chek Guide test strips	Tier 2	QL (5 EA per 1 day)
Accu-Chek SmartView Test Strip	Tier 2	QL (5 EA per 1 day)
Freestyle InsuLinx strip	Tier 2	QL (5 EA per 1 day)
Freestyle InsuLinx Test Strips	Tier 2	QL (5 EA per 1 day)
FreeStyle Lite Strips	Tier 2	QL (5 EA per 1 day)
FreeStyle Test	Tier 2	QL (5 EA per 1 day)
True Metrix Glucose Test Strip	Tier 2	QL (5 EA per 1 day)
<b>Diabetic Supplies</b>		
Accu-Chek FastClix Lancing Dev	Tier 2	QL (1 EA per 365 days)
Accu-Chek Guide L1-L2 Ctrl Sol	Tier 2	
Accu-Chek Multiclix Lancet	Tier 2	
Accu-Chek Soft Dev Lancets	Tier 2	QL (1 EA per 365 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Accutrend Glucose Control	Tier 2	
Dexcom G6 Receiver	Tier 2	PA
Dexcom G6 Sensor	Tier 2	PA
Dexcom G6 Transmitter	Tier 2	PA
Enlite Glucose Sensor	Tier 2	PA
Eversense E3 Smart Transmitter	Tier 2	PA
Eversense Smart Transmitter	Tier 2	PA
FreeStyle Control	Tier 2	
FreeStyle Libre 14 Day Reader	Tier 2	PA
FreeStyle Libre 14 Day Sensor	Tier 2	PA
FreeStyle Libre 2 Reader	Tier 2	PA
FreeStyle Libre 2 Sensor	Tier 2	PA
FreeStyle Libre 3 Sensor	Tier 2	PA
Glucose Ketone Control Soln	Tier 2	
Guardian Connect Transmitter	Tier 2	PA
Guardian Link 3 Transmitter	Tier 2	PA
Guardian Sensor 3	Tier 2	PA
Medisense	Tier 2	
Medisense Controls 1-Hi 1-Lo	Tier 2	
Medisense Glucose Ketone	Tier 2	
Medisense Mid Control	Tier 2	
MiniMed 770G Insulin Pump	Tier 2	PA
Omnipod 5 G6 Intro Kit (Gen 5)	Tier 2	PA
Omnipod 5 G6 Pods (Gen 5)	Tier 2	
Omnipod Classic PDM Kit(Gen 3)	Tier 2	PA
Omnipod Classic Pods (Gen 3)	Tier 2	
Omnipod Dash Intro Kit (Gen 4)	Tier 2	PA
Omnipod DASH PDM Kit (Gen 4)	Tier 2	PA
Omnipod Dash Pods (Gen 4)	Tier 2	
OneTouch SureSoft Lancing Dev 18 gauge, 21 gauge	Tier 2	
Precision Glucose Control Soln	Tier 2	
Precision Glucose/Ketone Contr	Tier 2	
t:slim X2 Basal-IQ Insulin Pmp	Tier 2	PA
T: Slim X2 Control-IQ	Tier 2	PA
Unistik 2 Extra	Tier 2	
Unistik 2 Normal Lancet,Device	Tier 2	
V-GO 20	Tier 2	PA
V-GO 30	Tier 2	PA
V-GO 40	Tier 2	PA
<b>Hyperglycemics</b>		
Baqsimi	Tier 2	QL (2 EA per 30 days)
Dex4 Glucose Bits	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

Drug	Status	Notes
Dex4 Glucose oral gel in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dex4 Glucose oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dex4 Glucose oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dex4 Glucose Pouch Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dex4 Glucose Quick Dissolve	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
dextrose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
diazoxide	Tier 1	
Glucagon (HCl) Emergency Kit	Tier 1	
Glucagon Emergency Kit (human)	Tier 2	QL (2 EA per 30 days)
Gluco Burst	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucose Bits	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucose Gel	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucose Powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glutose-15	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glutose-45	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glutose-5	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gvoke	Tier 2	ST; QL (0.4 ML per 30 days)
Gvoke HypoPen 1-Pack subcutaneous auto-injector 0.5 mg/0.1 mL	Tier 2	ST; QL (0.2 ML per 30 days)
Gvoke HypoPen 1-Pack subcutaneous auto-injector 1 mg/0.2 mL	Tier 2	ST; QL (0.4 ML per 30 days)
Gvoke HypoPen 2-Pack subcutaneous auto-injector 0.5 mg/0.1 mL	Tier 2	ST; QL (0.2 ML per 30 days)
Gvoke HypoPen 2-Pack subcutaneous auto-injector 1 mg/0.2 mL	Tier 2	ST; QL (0.4 ML per 30 days)
Gvoke PFS 1-Pack Syringe subcutaneous syringe 0.5 mg/0.1 mL	Tier 2	ST; QL (0.2 ML per 30 days)
Gvoke PFS 1-Pack Syringe subcutaneous syringe 1 mg/0.2 mL	Tier 2	ST; QL (0.4 ML per 30 days)
Gvoke PFS 2-Pack Syringe subcutaneous syringe 0.5 mg/0.1 mL	Tier 2	ST; QL (0.2 ML per 30 days)
Gvoke PFS 2-Pack Syringe subcutaneous syringe 1 mg/0.2 mL	Tier 2	ST; QL (0.4 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Insta-Glucose (with dextrin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Microdot Glucose Gel	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ReliOn Glucose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SugarUp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sweet Cheeks	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TRUEplus Glucose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zegalogue Autoinjector	Tier 2	ST; QL (2.4 ML per 1 FILL)
Zegalogue Syringe	Tier 2	ST; QL (2.4 ML per 1 FILL)
<b>Insulins</b>		
Admelog SoloStar U-100 Insulin	Tier 2	QL (30 ML per 28 days)
Admelog U-100 Insulin lispro	Tier 2	QL (40 ML per 28 days)
Afrezza	Tier 2	PA; QL (180 EA per 28 days)
Apidra SoloStar U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Apidra U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Basaglar KwikPen U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Fiasp FlexTouch U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Fiasp Penfill U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Fiasp U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Humalog KwikPen Insulin subcutaneous insulin pen 200 unit/mL (3 mL)	Tier 2	ST; QL (12 ML per 28 days)
Humalog Mix 50-50 Insulin U-100	Tier 2	QL (40 ML per 28 days)
Humalog Mix 50-50 KwikPen	Tier 2	QL (30 ML per 28 days)
Humalog Mix 75-25(U-100)Insulin	Tier 2	QL (40 ML per 28 days)
Humalog U-100 Insulin subcutaneous cartridge	Tier 2	ST; QL (30 ML per 28 days)
Humulin 70/30 U-100 Insulin	Tier 2	QL (40 ML per 28 days)
Humulin 70/30 U-100 KwikPen	Tier 2	QL (30 ML per 28 days)
Humulin N NPH Insulin KwikPen	Tier 2	QL (30 ML per 28 days)
Humulin N NPH U-100 Insulin	Tier 2	QL (40 ML per 28 days)
Humulin R Regular U-100 Insulin	Tier 2	QL (40 ML per 28 days)
Humulin R U-500 (Conc) Insulin	Tier 2	QL (40 ML per 28 days)
Humulin R U-500 (Conc) Kwikpen	Tier 2	QL (24 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen	Tier 1	ST; QL (30 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous solution	Tier 1	ST; QL (40 ML per 28 days)
insulin aspart U-100 subcutaneous cartridge	Tier 1	ST; QL (30 ML per 28 days)
insulin aspart U-100 subcutaneous insulin pen	Tier 1	ST; QL (30 ML per 28 days)
insulin aspart U-100 subcutaneous solution	Tier 1	ST; QL (40 ML per 28 days)
insulin glargine subcutaneous insulin pen	Tier 1	ST; QL (30 ML per 28 days)
insulin glargine subcutaneous solution	Tier 1	ST; QL (40 ML per 28 days)
insulin glargine-yfgn subcutaneous insulin pen	Tier 1	QL (30 ML per 28 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
insulin glargine-yfgn subcutaneous solution	Tier 1	QL (40 ML per 28 days)
insulin lispro protamin-lispro	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen	Tier 1	ST; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit	Tier 1	ST; QL (30 ML per 28 days)
insulin lispro subcutaneous solution	Tier 1	ST; QL (40 ML per 28 days)
Levemir FlexTouch U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Levemir U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Lyumjev KwikPen U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Lyumjev KwikPen U-200 Insulin	Tier 2	ST; QL (12 ML per 28 days)
Lyumjev U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Myxredlin	Tier 2	
Novolin 70/30 U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Novolin 70-30 FlexPen U-100	Tier 2	ST; QL (30 ML per 28 days)
Novolin N Flexpen	Tier 2	ST; QL (30 ML per 28 days)
Novolin N NPH U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Novolin R Flexpen	Tier 2	ST; QL (30 ML per 28 days)
Novolin R Regular U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Toujeo Max U-300 SoloStar	Tier 2	ST; QL (18 ML per 28 days)
Toujeo SoloStar U-300 Insulin	Tier 2	ST; QL (13.5 ML per 28 days)
Tresiba FlexTouch U-100	Tier 2	ST; QL (30 ML per 28 days)
Tresiba FlexTouch U-200	Tier 2	ST; QL (18 ML per 28 days)
Tresiba U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
<b>Urine Glucose/Acetone Test Aids, Strips</b>		
Keto-Diastix	Tier 2	
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
fluocinolone acetonide oil	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
acetic acid otic (ear)	Tier 1	
hydrocortisone-acetic acid	Tier 1	
<b>Ear Preparations, Miscellaneous (Otc)</b>		
Ear Drops For Swimmers	Tier 1	
<b>Ear Preparations, Antibiotics</b>		
ciprofloxacin HCl otic (ear)	Tier 1	
Cortisporin-TC	Tier 2	
neomycin-polymyxin-HC otic (ear)	Tier 1	
ofloxacin otic (ear)	Tier 1	
<b>Ear Preparations, Ear Wax Removers</b>		
Ear Drops (carbamide peroxide)	Tier 1	
Ear Wax Removal Drops	Tier 1	
Ear Wax Removal Kit	Tier 1	
<b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>		
Cipro HC	Tier 2	



Drug	Status	Notes
ciprofloxacin-dexamethasone	Tier 1	
ciprofloxacin-fluocinolone	Tier 1	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
tolvaptan oral tablet 15 mg	Tier 1	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 1	QL (60 EA per 365 days)
<b>Electrolyte Depleters</b>		
Auryxia	Tier 2	QL (12 EA per 1 day)
calcium acetate(phosphat bind)	Tier 1	
Fosrenol oral powder in packet	Tier 2	
lanthanum	Tier 1	
Lokelma	Tier 2	
MagneBind 300	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Magnebind 400	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phoslyra	Tier 2	
sevelamer carbonate	Tier 1	
sevelamer HCl	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
SPS (with sorbitol) oral	Tier 1	
SPS (with sorbitol) rectal	Tier 2	
Velphoro	Tier 2	
Veltassa	Tier 2	PA
<b>Electrolyte Maintenance</b>		
Biolyte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraLyte 50	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ceralyte 50 Potassium Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraLyte 90	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraLyte-70 oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraLyte-70 oral powder in packet 2.3-1.5-2.9-160 g-g-g-kcal/50 g	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraLyte-70 oral powder in packet 440-300-32 mg-mg-kcal/10 g	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraLyte-70 oral solution	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CeraSport	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cerasport Endurance	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CeraSport EX1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cerasport Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DripDrop	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
electrolytes-dextrose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Rapid Hydration	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hydralyte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Normalyte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Normalyte ORS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oralyte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pedialyte oral powder in packet 10.6-4.7 mEq/9 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pedialyte Sparkling Rush	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Electrolyte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Freezer Pops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaVance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Replace SR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thermotabs	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Phosphate Replacement</b>		
Phosphorous Supplement	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
potassium, sodium phosphates	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Potassium Replacement</b>		
Effer-K oral tablet, effervescent 10 mEq, 20 mEq	Tier 2	
Effer-K oral tablet, effervescent 25 mEq	Tier 1	
Klor-Con M10	Tier 1	
Klor-Con M15	Tier 1	
Klor-Con M20	Tier 1	
magnesium, potassium aspartate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Medi-Lyte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
potassium	Tier 1	

Drug	Status	Notes
potassium chloride oral capsule, extended release	Tier 1	
potassium chloride oral liquid	Tier 1	
potassium chloride oral packet	Tier 1	
potassium chloride oral tablet extended release	Tier 1	
potassium chloride oral tablet,ER particles/crystals 10 mEq, 20 mEq	Tier 1	
potassium citrate oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
potassium gluconate oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
potassium gluconate oral tablet extended release	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Sodium/Saline Preparations</b>		
sodium chlor 0.9% bacteriostat	Tier 1	
sodium chloride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sodium chloride 0.45 % intravenous parenteral solution	Tier 1	
sodium chloride 0.9 %	Tier 1	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; ST; ONLY COVERED FOR BPH; QL (1 EA per 1 day)
<b>Pregnancy Maintaining Agent,Hormonal</b>		
hydroxyprogesterone (PF)(preg preserv)	Tier 1	
hydroxyprogesterone cap(ppres)	Tier 1	
Makena (PF)	Tier 2	
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
Isturisa	Tier 2	PA
Recorlev	Tier 2	PA
<b>Adrenocorticotrophic Hormones</b>		
Acthar	Tier 2	PA
Cortrophin Gel	Tier 2	PA
<b>Antidiuretic And Vasopressor Hormones</b>		
desmopressin injection	Tier 1	
desmopressin nasal spray with pump	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 mL)	Tier 1	
desmopressin oral	Tier 1	
Nocdurna (men)	Tier 2	QL (1 EA per 1 day)
Nocdurna (women)	Tier 2	QL (1 EA per 1 day)
Noctiva	Tier 2	QL (3.8 GM per 30 days)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
Eligard	Tier 2	

Drug	Status	Notes
Eligard (3 month)	Tier 2	
Eligard (4 month)	Tier 2	
Eligard (6 month)	Tier 2	
leuprolide subcutaneous kit	Tier 1	
Lupron Depot (3 month) intramuscular syringe kit 22.5 mg	Tier 2	
Lupron Depot (4 month)	Tier 2	
Lupron Depot (6 Month)	Tier 2	
Lupron Depot intramuscular syringe kit 7.5 mg	Tier 2	
<b>Bone Formation Agents - Sclerostin Inhibitor, Mono</b>		
Evenity	Tier 2	PA
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
Forteo subcutaneous pen injector 20 mcg/dose (600mcg/2.4mL)	Tier 2	PA; QL (2.4 ML per 28 days)
teriparatide	Tier 1	PA; QL (2.4 ML per 28 days)
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
Tymlos	Tier 2	PA
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
Fosamax Plus D	Tier 2	
<b>Bone Resorption Inhibitors</b>		
alendronate oral solution	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	
calcitonin (salmon)	Tier 1	
etidronate disodium oral tablet 200 mg	Tier 1	
ibandronate oral	Tier 1	
pamidronate	Tier 1	PA
Prolia	Tier 2	PA
raloxifene	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg	Tier 1	ST; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST; QL (1 EA per 7 days)
risedronate oral tablet, delayed release (DR/EC)	Tier 1	ST; QL (1 EA per 7 days)
Xgeva	Tier 2	PA
zoledronic acid intravenous solution	Tier 1	PA
zoledronic acid-mannitol-water	Tier 1	PA
zoledronic ac-mannitol-0.9NaCl	Tier 1	PA
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
cinacalcet oral tablet 30 mg, 60 mg	Tier 1	QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	Tier 1	QL (4 EA per 1 day)

Drug	Status	Notes
<b>Growth Hormone Receptor Antagonists</b>		
Somavert	Tier 2	PA
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
Egrifta SV	Tier 2	PA; QL (2 EA per 1 day)
<b>Growth Hormones</b>		
Genotropin	Tier 2	PA
Genotropin MiniQuick	Tier 2	PA
Humatrope	Tier 2	PA
Norditropin FlexPro	Tier 2	PA
Nutropin AQ Nuspin	Tier 2	PA
Omnitrope	Tier 2	PA
Saizen	Tier 2	PA
Saizen saizenprep	Tier 2	PA
Serostim subcutaneous recon soln 4 mg, 5 mg, 6 mg	Tier 2	PA
Skytrofa	Tier 2	PA
Zomacton	Tier 2	PA
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
doxercalciferol oral	Tier 1	
paricalcitol oral	Tier 1	
Rayaldee	Tier 2	
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
Increlex	Tier 2	
<b>Leptin Hormone Analogs</b>		
Myalept	Tier 2	QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist, Estrogen And Progestin Comb</b>		
Myfembree	Tier 2	PA
Oriahnn	Tier 2	PA
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
Lupron Depot (3 month) intramuscular syringe kit 11.25 mg	Tier 2	
Lupron Depot intramuscular syringe kit 3.75 mg	Tier 2	
Synarel	Tier 2	
<b>Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents</b>		
Orilissa	Tier 2	PA
<b>Lhrh(Gnrh) Agnst Pit. Sup-Central Precocious Puberty</b>		
Lupron Depot-Ped	Tier 2	
Lupron Depot-Ped (3 month)	Tier 2	
<b>Natriuretic Peptides</b>		
Voxzogo	Tier 2	

Drug	Status	Notes
<b>Parathyroid Hormones</b>		
Natpara	Tier 2	PA
<b>Pituitary Suppressive Agents</b>		
cabergoline	Tier 1	
danazol	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil	Tier 1	
<b>Iodine Containing Agents</b>		
potassium iodide oral drops	Tier 1	
potassium iodide oral solution	Tier 1	
<b>Thyroid Hormones</b>		
Armour Thyroid	Tier 2	
Euthyrox	Tier 1	
levothyroxine oral capsule	Tier 1	ST
levothyroxine oral tablet	Tier 1	
liothyronine oral	Tier 1	
NP Thyroid	Tier 1	
Thyquidity	Tier 2	ST
Thyrolar-1	Tier 2	
Thyrolar-1/2	Tier 2	
Thyrolar-1/4	Tier 2	
Thyrolar-2	Tier 2	
Thyrolar-3	Tier 2	
Tirosint-Sol	Tier 2	ST
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic-Corticoid Combinations</b>		
neomycin-bacitracin-poly-HC	Tier 1	
neomycin-polymyxin B-dexameth	Tier 1	
neomycin-polymyxin-HC ophthalmic (eye)	Tier 1	
Neo-Polycin HC	Tier 1	
Pred-G	Tier 2	
Pred-G S.O.P.	Tier 2	
TobraDex ophthalmic (eye) ointment	Tier 2	
Tobradex ST	Tier 2	
tobramycin-dexamethasone	Tier 1	
Zylet	Tier 2	
<b>Eye Antihistamines</b>		
Alaway	Tier 1	
azelastine ophthalmic (eye)	Tier 1	QL (12 ML per 30 days)
bepotastine besilate	Tier 1	ST; QL (10 ML per 30 days)
Children's Alaway	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
epinastine	Tier 1	QL (10 ML per 30 days)
Eye Allergy Itch Relief	Tier 1	ST; QL (1 ML per 23 days)
Eye Allergy Itch-Redness Rlf	Tier 1	
Eye Itch Relief	Tier 1	
ketotifen fumarate	Tier 1	
Lastacaft	Tier 2	ST; QL (6 ML per 30 days)
Lastacaft Once Daily Relief	Tier 2	ST; QL (6 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 1	ST; QL (1 ML per 23 days)
Pataday Once Daily Relief ophthalmic (eye) drops 0.7 %	Tier 2	ST; QL (1 ML per 23 days)
Zerviate	Tier 2	QL (60 EA per 30 days)
<b>Eye Antiinflammatory Agents</b>		
Acuvail (PF)	Tier 2	ST; QL (60 EA per 15 days)
Alrex	Tier 2	ST; QL (10 ML per 14 days)
bromfenac	Tier 1	ST; QL (3.4 ML per 16 days)
BromSite	Tier 2	ST; QL (5 ML per 16 days)
dexamethasone sodium phosphate ophthalmic (eye)	Tier 1	QL (15 ML per 14 days)
Dextenza	Tier 2	
diclofenac sodium ophthalmic (eye)	Tier 1	QL (10 ML per 14 days)
difluprednate	Tier 1	
Eysuvis	Tier 2	QL (8.3 ML per 14 days)
Flarex	Tier 2	ST; QL (15 ML per 14 days)
fluorometholone	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium	Tier 1	
FML Forte	Tier 2	ST; QL (10 ML per 14 days)
FML S.O.P.	Tier 2	ST; QL (3.5 GM per 14 days)
Ilevro	Tier 2	ST; QL (3.4 ML per 16 days)
Inveltys	Tier 2	ST; QL (5.6 ML per 14 days)
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	QL (20 ML per 30 days)
Lotemax ophthalmic (eye) ointment	Tier 2	QL (7 GM per 14 days)
Lotemax SM	Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension	Tier 1	QL (20 ML per 14 days)
Maxidex	Tier 2	ST; QL (25 ML per 14 days)
Nevanac	Tier 2	ST; QL (9 ML per 16 days)
Pred Mild	Tier 2	ST; QL (20 ML per 14 days)
prednisolone acetate	Tier 1	QL (20 ML per 14 days)
prednisolone sodium phosphate ophthalmic (eye)	Tier 1	QL (20 ML per 14 days)
Prolensa	Tier 2	ST; QL (3 ML per 16 days)

Drug	Status	Notes
<b>Eye Antivirals</b>		
trifluridine	Tier 1	
Zirgan	Tier 2	
<b>Eye Local Anesthetics</b>		
Akten (PF)	Tier 2	
Alcaine	Tier 1	
fluorescein-benoxinate	Tier 1	
proparacaine	Tier 1	
tetracaine HCl	Tier 1	
tetracaine HCl (PF) ophthalmic (eye)	Tier 1	
<b>Eye Sulfonamides</b>		
Bleph-10	Tier 1	
Blephamide	Tier 2	
Blephamide S.O.P.	Tier 2	
sulfacetamide sodium ophthalmic (eye)	Tier 1	
sulfacetamide-prednisolone	Tier 1	
<b>Eye Vasoconstrictors (Otc Only)</b>		
Eye Drops (tetrahydrozoline)	Tier 1	
Eye Drops (with povidone)	Tier 1	
Eye Drops Advanced Relief	Tier 1	
Eye Irritation (with povidone)	Tier 1	
Lumify	Tier 2	
Redness Relief ophthalmic (eye) drops 0.012-0.25 %	Tier 1	
Sterile Eye Drops	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
phenylephrine HCl ophthalmic (eye)	Tier 1	
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
Tyrvaya	Tier 2	ST; QL (8.4 ML per 30 days)
<b>Ophthalmic Antibiotics</b>		
AK-Poly-Bac	Tier 1	
Azasite	Tier 2	
bacitracin ophthalmic (eye)	Tier 1	
bacitracin-polymyxin B	Tier 1	
Besivance	Tier 2	
Ciloxan ophthalmic (eye) ointment	Tier 2	
ciprofloxacin HCl ophthalmic (eye)	Tier 1	
erythromycin ophthalmic (eye)	Tier 1	
gatifloxacin	Tier 1	
Gentak ophthalmic (eye) ointment	Tier 1	
gentamicin ophthalmic (eye) drops	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye)	Tier 1	



Drug	Status	Notes
neomycin-bacitracin-polymyxin	Tier 1	
neomycin-polymyxin-gramicidin	Tier 1	
Neo-Polycin	Tier 1	
ofloxacin ophthalmic (eye)	Tier 1	
Polycin	Tier 1	
polymyxin B sulf-trimethoprim	Tier 1	
tobramycin ophthalmic (eye)	Tier 1	
Tobrex ophthalmic (eye) ointment	Tier 2	
<b>Ophthalmic Antifungal Agents</b>		
Natacyn	Tier 2	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
Cequa	Tier 2	ST; QL (60 EA per 30 days)
cyclosporine ophthalmic (eye)	Tier 1	ST; QL (60 EA per 30 days)
Restasis MultiDose	Tier 2	ST; QL (5.5 ML per 30 days)
Xiidra	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
Oxervate	Tier 2	PA
<b>Ophthalmic Mast Cell Stabilizers</b>		
Alocril	Tier 2	ST; QL (20 ML per 30 days)
Alomide	Tier 2	ST; QL (40 ML per 30 days)
cromolyn ophthalmic (eye)	Tier 1	QL (50 ML per 30 days)
<b>Ophthalmic Preparations, Miscellaneous</b>		
Gonak	Tier 1	
Muro 128	Tier 1	
sodium chloride ophthalmic (eye)	Tier 1	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
acetazolamide	Tier 1	
methazolamide	Tier 1	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
Alphagan P ophthalmic (eye) drops 0.1 %	Tier 2	
apraclonidine	Tier 1	
betaxolol ophthalmic (eye)	Tier 1	
Betimol	Tier 2	
Betoptic S	Tier 2	
bimatoprost ophthalmic (eye)	Tier 1	QL (1 ML per 12 days)
brimonidine	Tier 1	
brimonidine-timolol	Tier 1	
brinzolamide	Tier 1	
carteolol	Tier 1	
dorzolamide	Tier 1	
dorzolamide-timolol	Tier 1	

Drug	Status	Notes
dorzolamide-timolol (PF) ophthalmic (eye) dropperette	Tier 1	ST; QL (2 EA per 1 day)
lopidine ophthalmic (eye) dropperette	Tier 2	
latanoprost	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
Lumigan ophthalmic (eye) drops 0.01 %	Tier 2	QL (1 ML per 12 days)
Phospholine Iodide	Tier 2	
pilocarpine HCl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Rhopressa	Tier 2	ST; QL (2.5 ML per 30 days)
Rocklatan	Tier 2	ST; QL (2.5 ML per 25 days)
Simbrinza	Tier 2	
timolol maleate (PF)	Tier 1	ST; QL (2 EA per 1 day)
timolol maleate ophthalmic (eye)	Tier 1	
Timoptic Ocudose (PF) ophthalmic (eye) dropperette 0.25 %	Tier 2	ST; QL (2 EA per 1 day)
travoprost	Tier 1	QL (1 ML per 12 days)
Vuity	Tier 2	ST; QL (5 ML per 30 days)
Vyzulta	Tier 2	ST; QL (2.5 ML per 25 days)
Xelpros	Tier 2	ST; QL (2.5 ML per 25 days)
Zioptan (PF)	Tier 2	ST; QL (1 EA per 1 day)
<b>Mydriatics</b>		
atropine ophthalmic (eye) drops	Tier 1	
atropine ophthalmic (eye) ointment	Tier 1	
Cyclomydril	Tier 2	
cyclopentolate	Tier 1	
Paremyd	Tier 2	
tropicamide	Tier 1	
<b>Eye - Miscellaneous</b>		
<b>Artificial Tears</b>		
Artificial Tears (polyvin alc)	Tier 1	
Artificial Tears(pvalch-povid)	Tier 1	
Bion Tears (PF)	Tier 2	
carboxymethylcellulose sodium	Tier 1	
Dry Eye Relief	Tier 1	
Dry Eye Relief (PG-PEG 400)	Tier 1	
FreshKote	Tier 1	
GenTeal Tears Mild	Tier 1	
GenTeal Tears Moderate	Tier 2	
GenTeal Tears Moderate (PF)	Tier 2	
GenTeal Tears Severe Gel	Tier 2	
Isopto Tears	Tier 1	
Lacrisert	Tier 2	
Lubricant Dry Eye Relief	Tier 1	
Lubricant Eye (PG-PEG 400)	Tier 1	

Drug	Status	Notes
Lubricant Eye (PG-PEG 400)(PF)	Tier 1	
Lubricant Eye (propyl glycol)	Tier 1	
Lubricant Eye Drops ophthalmic (eye) dropperette	Tier 1	
Lubricant Eye Drops ophthalmic (eye) drops 0.5 %	Tier 1	
Lubricating Plus	Tier 1	
Lubricating Tears	Tier 1	
polyvinyl alcohol	Tier 1	
Refresh Celluvisc	Tier 2	
Refresh Classic (PF)	Tier 2	
Refresh Contacts	Tier 2	
Refresh Digital	Tier 2	
Refresh Digital PF	Tier 2	
Refresh Liquigel	Tier 2	
Refresh Optive Advanced	Tier 2	
Refresh Optive Advanced (PF)	Tier 2	
Refresh Optive Mega-3 (PF)	Tier 2	
Refresh Optive ophthalmic (eye) drops,gel	Tier 2	
Refresh Optive Sensitive (PF)	Tier 2	
Refresh Relieva	Tier 2	
Refresh Relieva PF	Tier 2	
Systane Balance	Tier 2	
Systane Complete	Tier 2	
Systane Gel ophthalmic (eye) gel	Tier 2	
Systane Hydration PF ophthalmic (eye) drops	Tier 2	
Ultra Lubricant Eye	Tier 1	
<b>Eye Diagnostic Agents</b>		
Ful-Glo	Tier 2	
GloStrips	Tier 1	
<b>Eye Irrigations</b>		
Eye Stream	Tier 1	
Eye Wash (boric acid)	Tier 1	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
Artificial Tears (petro/min)	Tier 1	
Cleansing Eyelid Moist Pads	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cleansing Eyelid Wipes Ext Str	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gelfilm ophthalmic (eye)	Tier 2	
GenTeal Tears Severe(petrolat)	Tier 2	
Lubricant Eye ophthalmic (eye) ointment 57.3-42.5 %	Tier 1	
Lubrifiresh PM	Tier 1	
Refresh Lacri-Lube	Tier 2	
Systane Lid Wipes	Tier 2	

Drug	Status	Notes
Systane Nighttime	Tier 2	
Vista Meibo Eyelid Cleansing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Ophthalmic Cystine Depleting Agents</b>		
Cystadrops	Tier 2	PA; QL (20 ML per 28 days)
Cystaran	Tier 2	PA; QL (60 ML per 28 days)
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
ATP	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
colchicine oral capsule	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet	Tier 1	ST; QL (4 EA per 1 day)
Gloperba	Tier 2	PA
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
allopurinol	Tier 1	
febuxostat	Tier 1	ST; QL (30 EA per 30 days)
<b>Uricosuric Agents</b>		
probenecid	Tier 1	
probenecid-colchicine	Tier 1	
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
Cablivi	Tier 2	PA
<b>Anticoagulants,Coumarin Type</b>		
Jantoven	Tier 1	
warfarin	Tier 1	
<b>Antifibrinolytic Agents</b>		
aminocaproic acid oral	Tier 1	
tranexamic acid oral	Tier 1	
<b>Citrates As Anticoagulants</b>		
anticoag citrate phos dextrose	Tier 1	
sodium citrate	Tier 1	
<b>Complement (C3) Inhibitors</b>		
Empaveli	Tier 2	PA
<b>Direct Factor Xa Inhibitors</b>		
Eliquis DVT-PE Treat 30D Start	Tier 2	QL (74 EA per 30 days)
Eliquis oral tablet 2.5 mg	Tier 2	QL (60 EA per 30 days)
Eliquis oral tablet 5 mg	Tier 2	QL (74 EA per 30 days)
Savaysa	Tier 2	ST; QL (30 EA per 30 days)
Xarelto DVT-PE Treat 30d Start	Tier 2	QL (51 EA per 30 days)
Xarelto oral suspension for reconstitution	Tier 2	ST; QL (20 ML per 1 day)

Drug	Status	Notes
Xarelto oral tablet 10 mg, 20 mg	Tier 2	QL (1 EA per 1 day)
Xarelto oral tablet 15 mg	Tier 2	QL: 1 PER DAY IF HISTORY XARELTO IN 120 DAYS 42 PER 21 DAYS THEN 1 PER DAY IF NO HISTORY OF XARELTO
Xarelto oral tablet 2.5 mg	Tier 2	QL (2 EA per 1 day)
<b>Hematinics, Other</b>		
Aranesp (in polysorbate) injection solution 100 mcg/mL, 200 mcg/mL, 25 mcg/mL, 40 mcg/mL, 60 mcg/mL	Tier 2	PA; ST; QL (4 ML per 28 days)
Aranesp (in polysorbate) injection syringe 10 mcg/0.4 mL, 200 mcg/0.4 mL, 40 mcg/0.4 mL	Tier 2	PA; ST; QL (1.6 ML per 28 days)
Aranesp (in polysorbate) injection syringe 100 mcg/0.5 mL	Tier 2	PA; ST; QL (2 ML per 28 days)
Aranesp (in polysorbate) injection syringe 150 mcg/0.3 mL, 60 mcg/0.3 mL	Tier 2	PA; ST; QL (1.2 ML per 28 days)
Aranesp (in polysorbate) injection syringe 25 mcg/0.42 mL	Tier 2	PA; ST; QL (1.68 ML per 28 days)
Aranesp (in polysorbate) injection syringe 300 mcg/0.6 mL	Tier 2	PA; ST; QL (2.4 ML per 28 days)
Aranesp (in polysorbate) injection syringe 500 mcg/mL	Tier 2	PA; ST; QL (4 ML per 28 days)
Epogen injection solution 10,000 unit/mL, 2,000 unit/mL, 20,000 unit/2 mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 2	PA; ST; QL (12 ML per 28 days)
Mircera	Tier 2	PA; ST; QL (0.6 ML per 28 days)
Procrit injection solution 10,000 unit/mL, 2,000 unit/mL, 20,000 unit/2 mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 2	PA; ST; QL (12 ML per 28 days)
Procrit injection solution 40,000 unit/mL	Tier 2	PA; ST; QL (4 ML per 28 days)
Retacrit injection solution 10,000 unit/mL, 2,000 unit/mL, 20,000 unit/2 mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 2	PA; QL (12 ML per 28 days)
Retacrit injection solution 40,000 unit/mL	Tier 2	PA; QL (4 ML per 28 days)
<b>Hemorrhologic Agents</b>		
pentoxifylline	Tier 1	
<b>Heparin And Related Preparations</b>		
enoxaparin subcutaneous solution	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe	Tier 1	
fondaparinux subcutaneous syringe 10 mg/0.8 mL	Tier 1	QL (8 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 mL	Tier 1	QL (5 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 mL	Tier 1	QL (4 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 mL	Tier 1	QL (6 ML per 30 days)
Fragmin subcutaneous solution	Tier 2	QL (7.6 ML per 30 days)
Fragmin subcutaneous syringe 10,000 anti-Xa unit/mL	Tier 2	QL (10 ML per 30 days)
Fragmin subcutaneous syringe 12,500 anti-Xa unit/0.5 mL	Tier 2	QL (5 ML per 30 days)
Fragmin subcutaneous syringe 15,000 anti-Xa unit/0.6 mL	Tier 2	QL (6 ML per 30 days)

Drug	Status	Notes
Fragmin subcutaneous syringe 18,000 anti-Xa unit/0.72 mL	Tier 2	QL (7.2 ML per 30 days)
Fragmin subcutaneous syringe 2,500 anti-Xa unit/0.2 mL, 5,000 anti-Xa unit/0.2 mL	Tier 2	QL (2 ML per 30 days)
Fragmin subcutaneous syringe 7,500 anti-Xa unit/0.3 mL	Tier 2	QL (3 ML per 30 days)
Hep Flush-10 (PF)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 mL(100 unit/mL), 25,000 unit/500 mL (50 unit/mL)	Tier 1	
heparin (porcine) injection cartridge	Tier 1	
heparin (porcine) injection solution	Tier 1	
heparin (porcine) injection syringe 5,000 unit/mL	Tier 1	
Heparin Lock	Tier 1	
heparin lock flush	Tier 1	
heparin lock flush (porcine)	Tier 1	
heparin, porcine (PF) injection solution 1,000 unit/mL	Tier 1	
heparin, porcine (PF) injection syringe	Tier 1	
heparin, porcine (PF) intravenous solution 100 unit/mL (1 mL)	Tier 1	
heparin, porcine (PF) subcutaneous	Tier 1	
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
Soliris	Tier 2	PA
Tavneos	Tier 2	
<b>Leukocyte (Wbc) Stimulants</b>		
Fulphila	Tier 2	
Granix	Tier 2	
Leukine injection recon soln	Tier 2	PA
Neulasta	Tier 2	
Neulasta Onpro	Tier 2	
Neupogen	Tier 2	
Nivestym	Tier 2	
Nyvepria	Tier 2	
Releuko	Tier 2	
Udenyca	Tier 2	
Zarxio	Tier 2	
Ziextenzo	Tier 2	
<b>Plasma Proteins</b>		
Ryplazim	Tier 2	
<b>Platelet Aggregation Inhibitors</b>		
Adult Aspirin Regimen	Tier 3	
aspirin oral tablet,chewable	Tier 3	
aspirin oral tablet,delayed release (DR/EC) 81 mg	Tier 3	
aspirin-dipyridamole	Tier 1	

Drug	Status	Notes
Brilinta	Tier 2	QL (2 EA per 1 day)
Children's Aspirin	Tier 3	
cilostazol	Tier 1	
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
dipyridamole oral	Tier 1	
prasugrel	Tier 1	QL (1 EA per 1 day)
Zontivity	Tier 2	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
anagrelide	Tier 1	
<b>Pyruvate Kinase Activators</b>		
Pyrukynd	Tier 2	
<b>Sickle Cell Anemia Agents</b>		
Droxia	Tier 2	
Endari	Tier 2	PA
Siklos oral tablet 1,000 mg	Tier 2	
Siklos oral tablet 100 mg	Tier 2	ST; QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
Tavalisse	Tier 2	PA
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
Pradaxa	Tier 2	ST; QL (2 EA per 1 day)
<b>Thrombopoietin Receptor Agonists</b>		
Doptelet (10 tab pack)	Tier 2	PA
Doptelet (15 tab pack)	Tier 2	PA
Doptelet (30 tab pack)	Tier 2	PA
Mulpleta	Tier 2	PA
Promacta	Tier 2	PA; QL (1 EA per 1 day)
<b>Topical Hemostatics</b>		
Astringyn	Tier 2	
Recothrom	Tier 2	
Recothrom Spray Kit	Tier 2	
TachoSil	Tier 2	
Thrombin-JMI	Tier 1	
VistaSeal-Fibrin Sealant	Tier 2	
<b>Vitamin K Preparations</b>		
Aqua-K Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
K1-1000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
phytonadione (vitamin K1) injection solution 10 mg/mL	Tier 1	
phytonadione (vitamin K1) injection syringe	Tier 1	
phytonadione (vitamin K1) oral tablet 100 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

Drug	Status	Notes
phytonadione (vitamin K1) oral tablet 5 mg	Tier 1	QL (10 EA per 1 day)
phytonadione (vitamin K1) sublingual	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin K	Tier 1	
Vitamin K1 injection	Tier 1	
vitamin K2 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin K2 oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Hormonal Deficiency</b>		
<b>Androgen/Estrogen Preps For Female Sexual Dysfunc</b>		
Intrarosa	Tier 2	
<b>Androgenic Agents</b>		
Androderm	Tier 2	ST; QL (1 EA per 1 day)
DHEA oral capsule 25 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DHEA oral capsule 50 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DHEA oral tablet 25 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DHEA oral tablet 50 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jatenzo	Tier 2	
Methitest	Tier 2	ST
methyltestosterone oral capsule	Tier 1	ST
Natesto	Tier 2	ST
oxandrolone	Tier 1	PA
prasterone (dhea)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
testosterone cypionate intramuscular oil 100 mg/mL	Tier 1	QL (10 ML per 30 days)
testosterone cypionate intramuscular oil 200 mg/mL	Tier 1	QL: 10ML VIAL: 1 VIAL PER 30 DAYS 1ML VIAL: 4 VIALS PER 28 DAYS
testosterone enanthate	Tier 1	QL (5 ML per 30 days)
testosterone transdermal gel	Tier 1	ST; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	Tier 1	ST; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 1	ST; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 1	QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	ST; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	Tier 1	ST; QL (300 GM per 30 days)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	Tier 1	ST; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app	Tier 1	ST; QL (6 ML per 1 day)
Tlando	Tier 2	
Xyosted	Tier 2	QL (2 ML per 28 days)
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
Angeliq	Tier 2	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
Duavee	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
Bijuva	Tier 2	
<b>Estrogen/Androgen Combinations</b>		
estrogens-methyltestosterone	Tier 1	
<b>Estrogenic Agents</b>		
Alora	Tier 2	QL (2 EA per 7 days)
Amabelz	Tier 1	
Climara Pro	Tier 2	QL (1 EA per 7 days)
CombiPatch	Tier 2	QL (2 EA per 7 days)
Delestrogen intramuscular oil 10 mg/mL	Tier 2	
Depo-Estradiol	Tier 2	
Divigel	Tier 2	
Dotti	Tier 1	QL (2 EA per 7 days)
Elestrin	Tier 2	
estradiol oral	Tier 1	
estradiol transdermal patch semiweekly	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 20 mg/mL, 40 mg/mL	Tier 1	
estradiol-norethindrone acet	Tier 1	
Evamist	Tier 2	ST
Fyavolv	Tier 1	
Jinteli	Tier 1	
Lyllana	Tier 1	QL (2 EA per 7 days)
Menest	Tier 2	
Menostar	Tier 2	QL (1 EA per 7 days)
Mimvey	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
Prefest	Tier 2	
Premarin oral	Tier 2	
Premphase	Tier 2	

Drug	Status	Notes
Prempro	Tier 2	
<b>Lhrh (Gnrh) Agonist Analog And Progestin Comb</b>		
Lupaneta Pack (1 month)	Tier 2	
<b>Progestational Agents</b>		
Crinone vaginal gel 4 %	Tier 2	
medroxyprogesterone oral	Tier 1	
norethindrone acetate	Tier 1	
progesterone	Tier 1	
progesterone micronized	Tier 1	
Provera	Tier 2	
<b>Immunization</b>		
<b>Antisera</b>		
Asceniv	Tier 2	PA
Bivigam	Tier 2	PA
Cutaquig	Tier 2	PA
Cuvitru	Tier 2	PA
Flebogamma DIF	Tier 2	PA
Gamastan	Tier 2	PA
GamaSTAN S/D	Tier 2	PA
Gammagard Liquid	Tier 2	PA
Gammagard S-D (IgA < 1 mcg/mL)	Tier 2	PA
Gammaked	Tier 2	PA
Gammaplex	Tier 2	PA
Gammaplex (with sorbitol)	Tier 2	PA
Gamunex-C	Tier 2	PA
Hizentra	Tier 2	PA
HyQvia	Tier 2	PA
HyQvia IG Component	Tier 2	PA
Octagam	Tier 2	PA
Panzyga	Tier 2	PA
Privigen	Tier 2	PA
Xembify	Tier 2	PA
<b>Enteric Virus Vaccines</b>		
IPOL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Rotarix	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
RotaTeq Vaccine	Tier 2	
<b>Gram Negative Cocci Vaccines</b>		
Bexsero	Tier 3	QL (1 ML per 365 days)
Menactra (PF) intramuscular solution	Tier 3	QL (0.5 ML per 365 days)
MenQuadfi (PF)	Tier 3	QL (0.5 ML per 365 days)

Drug	Status	Notes
Menveo A-C-Y-W-135-Dip (PF)	Tier 3	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (1 EA per 365 days)
Trumenba	Tier 3	QL (1.5 ML per 365 days)
<b>Gram Positive Cocci Vaccines</b>		
Pneumovax-23 injection solution	Tier 2	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
Pneumovax-23 injection syringe	Tier 2	\$0 COPAY IF 65 YEARS OF AGE OR OLDER. COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (0.5 ML per 365 days)
Prevnar 13 (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Prevnar 20 (PF)	Tier 2	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
Vaxneuvance	Tier 2	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
<b>Influenza Virus Vaccines</b>		
Afluria Qd 2021-22(3yr up)(PF)	Tier 3	QL (0.5 ML per 180 days)
Afluria Qd 2021-22(6-35mo)(PF)	Tier 3	QL (0.25 ML per 180 days)
Afluria Quad 2021-2022(6mo up)	Tier 3	QL (0.5 ML per 180 days)
Fluad Quad 2021-22(65y up)(PF)	Tier 3	QL (0.5 ML per 180 days)
Fluarix Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flublok Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flucelvax Quad 2021-2022	Tier 3	QL (0.5 ML per 180 days)
Flucelvax Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flulaval Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flumist Quad 2021-2022	Tier 3	QL (1 EA per 180 days)
Fluzone HighDose Quad 21-22 PF	Tier 3	QL (0.7 ML per 180 days)
Fluzone Quad 2021-2022	Tier 3	QL (0.5 ML per 180 days)
Fluzone Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Fluzone Quad South Hem2021(PF)	Tier 2	
Fluzone Quad Southern Hem 2021	Tier 2	
<b>Neurotoxic Virus Vaccines</b>		
Dengvaxia (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
<b>Vaccine/Toxoid Preparations,Combinations</b>		
ActHIB (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Adacel(Tdap Adolesn/Adult)(PF)	Tier 3	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (0.5 ML per 365 days)
Boostrix Tdap	Tier 3	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (0.5 ML per 365 days)
Daptacel (DTaP Pediatric) (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Hiberix (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Infanrix (DTaP) (PF) intramuscular syringe	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Kinrix (PF) intramuscular syringe	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
M-M-R II (PF)	Tier 3	QL (2 EA per 365 days)
Pedvax HIB (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Pentacel (PF) intramuscular kit 15Lf-48mcg-62DU -10 mcg/0.5mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
ProQuad (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Quadracel (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
TDVAX	Tier 3	QL (0.5 ML per 365 days)
Tenivac (PF)	Tier 3	QL (0.5 ML per 365 days)
Vaxelis (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
<b>Viral/Tumorigenic Vaccines</b>		
adenovirus vac live type-4, 7	Tier 2	
adenovirus vaccine live type-4	Tier 2	
adenovirus vaccine live type-7	Tier 2	
Engerix-B Pediatric (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Gardasil 9 (PF)	Tier 3	\$0 COPAY IF AGE 1-26 YEARS; QL (1.5 ML per 365 days)
Havrix (PF) intramuscular syringe 1,440 ELISA unit/mL	Tier 3	QL (2 ML per 365 days)

Drug	Status	Notes
Havrix (PF) intramuscular syringe 720 ELISA unit/0.5 mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Heplisav-B (PF) intramuscular syringe	Tier 3	QL (1 ML per 365 days)
Pediarix (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Prehevbrio (PF)	Tier 3	QL (3 ML per 365 days)
Recombivax HB (PF) intramuscular suspension 10 mcg/mL, 40 mcg/mL	Tier 3	QL (3 ML per 365 days)
Recombivax HB (PF) intramuscular suspension 5 mcg/0.5 mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Recombivax HB (PF) intramuscular syringe 10 mcg/mL	Tier 3	QL (3 ML per 365 days)
Recombivax HB (PF) intramuscular syringe 5 mcg/0.5 mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Shingrix (PF)	Tier 3	QL (2 EA per 365 days)
Shingrix gE Antigen Component	Tier 3	QL (2 EA per 365 days)
Twinrix (PF)	Tier 3	QL (4 ML per 365 days)
Vaqtia (PF) intramuscular suspension 50 unit/mL	Tier 3	QL (2 ML per 365 days)
Vaqtia (PF) intramuscular syringe 25 unit/0.5 mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Vaqtia (PF) intramuscular syringe 50 unit/mL	Tier 3	QL (2 ML per 365 days)
Varivax (PF)	Tier 3	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (2 EA per 365 days)
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
Actimmune	Tier 2	PA
Besremi	Tier 2	
imiquimod topical cream in metered-dose pump	Tier 1	ST; QL (7.5 GM per 28 days)
imiquimod topical cream in packet 3.75 %	Tier 1	ST; QL (1 EA per 1 day)
imiquimod topical cream in packet 5 %	Tier 1	QL (24 EA per 30 days)
Intron A injection recon soln	Tier 2	PA
Zyclara topical cream in metered-dose pump 2.5 %	Tier 2	ST; QL (7.5 GM per 1 day)
Zyclara topical cream in packet	Tier 2	ST; QL (1 EA per 1 day)
<b>Immunosuppressives</b>		
Astagraf XL	Tier 2	
Azasan	Tier 2	
azathioprine	Tier 1	
cyclosporine modified	Tier 1	
cyclosporine oral capsule	Tier 1	
Envarsus XR	Tier 2	

Drug	Status	Notes
everolimus (immunosuppressive)	Tier 1	
Gengraf	Tier 1	
Lupkynis	Tier 2	PA
mycophenolate mofetil	Tier 1	
mycophenolate sodium	Tier 1	
Neoral	Tier 2	
Prograf oral	Tier 2	
Rapamune	Tier 2	
Sandimmune oral	Tier 2	
sirolimus	Tier 1	
tacrolimus oral	Tier 1	
Zortress oral tablet 1 mg	Tier 2	
<b>Rho Kinase Inhibitor</b>		
Rezurock	Tier 2	PA
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
sulfadiazine	Tier 1	
sulfamethoxazole-trimethoprim	Tier 1	
Sulfatrim	Tier 1	
<b>Antibacterial Monoclonal Antibodies</b>		
Zinplava	Tier 2	
<b>Betalactams</b>		
aztreonam	Tier 1	
Cayston	Tier 2	PA; QL (84 ML per 56 days)
<b>Carbapenems (Thienamycins)</b>		
ertapenem	Tier 1	
imipenem-cilastatin	Tier 1	
meropenem	Tier 1	
meropenem-0.9% sodium chloride	Tier 1	
Recarbrio	Tier 2	
Vabomere	Tier 2	
<b>Cephalosporin Antibiotics - Siderophore</b>		
Fetroja	Tier 2	
<b>Cephalosporins - Extended Spectrum, Anti-Mrsa</b>		
Teflaro	Tier 2	
<b>Cephalosporins - 1St Generation</b>		
cefadroxil oral capsule	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 mL, 500 mg/5 mL	Tier 1	
cefadroxil oral tablet	Tier 1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 mL, 2 gram/100 mL, 2 gram/50 mL	Tier 1	

Drug	Status	Notes
cefazolin injection recon soln 1 gram, 10 gram, 2 gram, 20 gram, 500 mg	Tier 1	
cefazolin intravenous	Tier 1	
cephalexin	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
cefaclor oral capsule	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL, 375 mg/5 mL	Tier 1	
cefaclor oral tablet extended release 12 hr	Tier 1	
cefotetan	Tier 1	
cefotetan in dextrose, iso-osm	Tier 1	
cefoxitin	Tier 1	
cefoxitin in dextrose, iso-osm	Tier 1	
cefprozil	Tier 1	
cefuroxime axetil oral tablet	Tier 1	
cefuroxime sodium injection recon soln 750 mg	Tier 1	
cefuroxime sodium intravenous	Tier 1	
<b>Cephalosporins - 3Rd Generation</b>		
Avycaz	Tier 2	
cefdinir	Tier 1	
cefixime	Tier 1	
cefotaxime injection recon soln 1 gram	Tier 1	
cefpodoxime	Tier 1	
ceftazidime	Tier 1	
ceftazidime in D5W	Tier 2	
ceftriaxone in dextrose,iso-os	Tier 2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	Tier 1	
ceftriaxone intravenous	Tier 1	
Claforan injection recon soln 10 gram, 2 gram	Tier 2	
Claforan intravenous recon soln	Tier 2	
Suprax oral suspension for reconstitution 500 mg/5 mL	Tier 2	
Suprax oral tablet,chewable	Tier 2	
Tazicef	Tier 1	
Zerbaxa	Tier 2	
<b>Cephalosporins - 4Th Generation</b>		
cefepime in dextrose 5 %	Tier 2	
cefepime in dextrose,iso-osm	Tier 2	
cefepime injection	Tier 1	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
Antibacterial-Urinary Pain Rlf	Tier 1	
fosfomycin tromethamine	Tier 1	
Hyophen	Tier 1	

Drug	Status	Notes
methenamine hippurate	Tier 1	
methenamine mandelate	Tier 1	
Phosphasal	Tier 1	
trimethoprim	Tier 1	
Urogesic-Blue	Tier 1	
Ustell	Tier 1	
<b>Cyclic Lipopeptides</b>		
daptomycin	Tier 1	
<b>Glycylcyclines</b>		
tigecycline	Tier 1	
<b>Macrolides</b>		
azithromycin	Tier 1	
clarithromycin	Tier 1	
Difucid oral suspension for reconstitution	Tier 2	ST
Difucid oral tablet	Tier 2	ST; QL (20 EA per 30 days)
E.E.S. 400 oral tablet	Tier 1	
Ery-Tab oral tablet, delayed release (DR/EC) 250 mg, 500 mg	Tier 1	
Erythrocin (as stearate) oral tablet 250 mg	Tier 1	
Erythrocin intravenous recon soln 500 mg	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution	Tier 1	
erythromycin ethylsuccinate oral tablet	Tier 1	
erythromycin lactobionate	Tier 1	
erythromycin oral	Tier 1	
<b>Nitrofurantoin Derivatives</b>		
nitrofurantoin	Tier 1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst	Tier 1	
<b>Oxazolidinones</b>		
linezolid	Tier 1	
linezolid in dextrose 5%	Tier 1	
linezolid-0.9% sodium chloride	Tier 1	
Sivextro intravenous	Tier 2	
Sivextro oral	Tier 2	ST; QL (6 EA per 6 days)
Zyvox intravenous piggyback 200 mg/100 mL	Tier 2	
<b>Penicillins</b>		
amoxicillin oral capsule	Tier 1	
amoxicillin oral suspension for reconstitution	Tier 1	
amoxicillin oral tablet	Tier 1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
amoxicillin-pot clavulanate	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
ampicillin sodium	Tier 1	
ampicillin-sulbactam	Tier 1	
Augmentin oral suspension for reconstitution 125-31.25 mg/5 mL	Tier 2	ST
Bicillin C-R	Tier 2	
Bicillin L-A	Tier 2	
dicloxacillin	Tier 1	
nafcillin	Tier 1	
nafcillin in dextrose iso-osm	Tier 1	
oxacillin	Tier 1	
oxacillin in dextrose(iso-osm)	Tier 1	
penicillin G pot in dextrose	Tier 1	
penicillin G potassium	Tier 1	
penicillin G procaine	Tier 1	
penicillin G sodium	Tier 1	
penicillin V potassium	Tier 1	
Pfizerpen-G	Tier 1	
piperacillin-tazobactam	Tier 1	
Zosyn in dextrose (iso-osm)	Tier 2	
<b>Pleuromutilin Derivatives</b>		
Xenleta	Tier 2	PA
<b>Quinolones</b>		
Baxdela intravenous	Tier 2	
Baxdela oral	Tier 2	PA
Cipro oral suspension,microcapsule recon	Tier 2	
Cipro XR	Tier 2	
ciprofloxacin	Tier 1	
ciprofloxacin HCl oral	Tier 1	
ciprofloxacin in 5 % dextrose	Tier 1	
levofloxacin in D5W	Tier 1	
levofloxacin intravenous	Tier 1	
levofloxacin oral	Tier 1	
moxifloxacin oral	Tier 1	
moxifloxacin-sod.ace,sul-water	Tier 1	
moxifloxacin-sod.chloride(iso)	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
<b>Streptogramins</b>		
Synercid	Tier 2	
<b>Tetracyclines</b>		
demeclocycline	Tier 1	
Doryx MPC	Tier 2	

Drug	Status	Notes
Doryx oral tablet, delayed release (DR/EC) 80 mg	Tier 2	
Doxy-100	Tier 1	
doxycycline hyclate intravenous	Tier 1	
doxycycline hyclate oral capsule	Tier 1	ST; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg, 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg, 50 mg	Tier 1	ST
doxycycline hyclate oral tablet, delayed release (DR/EC) 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline hyclate oral tablet, delayed release (DR/EC) 200 mg	Tier 1	ST; QL (1 EA per 1 day)
doxycycline hyclate oral tablet, delayed release (DR/EC) 80 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 150 mg, 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule, IR - delay rel, biphasic	Tier 1	ST; QL (1 EA per 1 day)
doxycycline monohydrate oral suspension for reconstitution	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
Minocin intravenous	Tier 2	
minocycline oral capsule	Tier 1	
minocycline oral tablet	Tier 1	
minocycline oral tablet extended release 24 hr	Tier 1	ST; QL (1 EA per 1 day)
Minolira ER	Tier 2	ST
Nuzyra	Tier 2	PA
tetracycline	Tier 1	
Vibramycin (calcium)	Tier 2	
Xerava	Tier 2	
Ximino	Tier 2	ST; QL (1 EA per 1 day)
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
clotrimazole mucous membrane	Tier 1	
Cresemba	Tier 2	
fluconazole	Tier 1	
fluconazole in NaCl (iso-osm)	Tier 1	
flucytosine	Tier 1	
itraconazole	Tier 1	
ketoconazole oral	Tier 1	
Noxafil intravenous	Tier 2	
Noxafil oral suspension	Tier 2	
posaconazole oral tablet, delayed release (DR/EC)	Tier 1	
terbinafine HCl oral	Tier 1	
Tolsura	Tier 2	PA

Drug	Status	Notes
triacetin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
voriconazole	Tier 1	
<b>Antifungal Antibiotics</b>		
Abelcet	Tier 2	
AmBisome	Tier 2	
amphotericin B	Tier 1	
amphotericin B liposome	Tier 1	
Brexafemme	Tier 2	PA
caspofungin	Tier 1	
Eraxis(Water Diluent)	Tier 2	
griseofulvin microsize	Tier 1	
griseofulvin ultramicrosize	Tier 1	
micafungin	Tier 1	
Mycamine	Tier 2	
nystatin oral	Tier 1	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
amikacin injection solution 1,000 mg/4 mL, 500 mg/2 mL	Tier 1	
Arikayce	Tier 2	
gentamicin in NaCl (iso-osm) intravenous piggyback 100 mg/100 mL, 100 mg/50 mL, 120 mg/100 mL, 60 mg/50 mL, 70 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL, 90 mg/100 mL	Tier 1	
gentamicin injection	Tier 1	
gentamicin sulfate (ped) (PF)	Tier 1	
gentamicin sulfate (PF)	Tier 1	
neomycin	Tier 1	
streptomycin	Tier 1	
Tobi Podhaler inhalation capsule, w/inhalation device	Tier 2	PA
tobramycin in 0.225 % NaCl	Tier 1	PA; QL (5 ML per 1 day)
tobramycin in 0.9 % NaCl intravenous piggyback 60 mg/50 mL	Tier 1	
tobramycin inhalation	Tier 1	PA
tobramycin sulfate	Tier 1	
tobramycin with nebulizer	Tier 1	QL (5 ML per 1 day)
Zemdri	Tier 2	
<b>Antibacterial Agents, Miscellaneous</b>		
glycine urologic solution	Tier 1	
<b>Antileptotics</b>		
dapsone oral	Tier 1	
Thalomid	Tier 2	PA; QL (2 EA per 1 day)

Drug	Status	Notes
<b>Anti-Mycobacterium Agents</b>		
ethambutol	Tier 1	
isoniazid	Tier 1	
Paser	Tier 2	
pyrazinamide	Tier 1	
rifabutin	Tier 1	
Trecator	Tier 2	
<b>Antitubercular Antibiotics</b>		
Capastat	Tier 2	
cycloserine	Tier 1	
pretomanid	Tier 2	QL (1 EA per 1 day)
Priftin	Tier 2	
rifampin	Tier 1	
Sirturo	Tier 2	PA
<b>Chloramphenicol And Derivatives</b>		
chloramphenicol sod succinate	Tier 1	
<b>Lincosamides</b>		
clindamycin HCl	Tier 1	
clindamycin in 0.9 % sod chlor	Tier 2	
clindamycin in 5 % dextrose	Tier 1	
Clindamycin Pediatric	Tier 1	
clindamycin phosphate injection	Tier 1	
lincomycin	Tier 1	
<b>Lipoglycopeptide Antibiotic</b>		
Dalvance	Tier 2	
Kimymrsa	Tier 2	
Orbactiv	Tier 2	
Vibativ intravenous recon soln 750 mg	Tier 2	
<b>Polymyxin And Derivatives</b>		
colistin (colistimethate Na)	Tier 1	
polymyxin B sulfate	Tier 1	
<b>Rifamycins And Related Derivative Antibiotics</b>		
Aemcolo	Tier 2	
Xifaxan	Tier 2	PA
<b>Vancomycin And Derivatives</b>		
Firvanq oral recon soln 25 mg/mL	Tier 2	QL (300 ML per 30 days)
vancomycin in 0.9 % sodium chl intravenous piggyback	Tier 1	
vancomycin in dextrose 5 % intravenous piggyback	Tier 1	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg	Tier 1	
vancomycin oral capsule 125 mg	Tier 1	QL (56 EA per 30 days)
vancomycin oral capsule 250 mg	Tier 1	QL (112 EA per 30 days)

Drug	Status	Notes
vancomycin oral recon soln	Tier 1	QL (600 ML per 30 days)
vancomycin-water inject (PEG)	Tier 1	
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
Solosec	Tier 2	
tinidazole	Tier 1	
<b>Amebicides</b>		
paromomycin	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
metronidazole oral	Tier 1	
<b>Anthelmintics</b>		
albendazole	Tier 1	
Egaten	Tier 2	
Emverm	Tier 2	PA
ivermectin oral	Tier 1	QL (20 EA per 90 days)
praziquantel	Tier 1	
<b>Antimalarial Drugs</b>		
atovaquone-proguanil	Tier 1	
chloroquine phosphate	Tier 1	
Coartem	Tier 2	
hydroxychloroquine	Tier 1	
Krintafel	Tier 2	QL (2 EA per 1 FILL)
mefloquine	Tier 1	
primaquine	Tier 2	
pyrimethamine	Tier 1	
quinine sulfate	Tier 1	
<b>Antiparasitics</b>		
nitazoxanide	Tier 1	
<b>Antiprotozoal Drugs,Miscellaneous</b>		
atovaquone	Tier 1	
benznidazole	Tier 1	
Lampit	Tier 2	
Nebupent	Tier 2	
pentamidine inhalation	Tier 1	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>		
Juluca	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
Dovato	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>		
Symtuza	Tier 2	QL (1 EA per 1 day)
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
Paxlovid (EUA) oral tablet 150-100 mg	Tier 2	QL (40 EA per 365 days)

Drug	Status	Notes
Paxlovid (EUA) oral tablet 300 mg (150 mg x 2)-100 mg	Tier 2	QL (60 EA per 365 days)
<b>Antiviral Monoclonal Antibodies</b>		
Synagis	Tier 2	PA
<b>Antiviral Nucleotide Analogs</b>		
Lagevrio (EUA)	Tier 1	QL (80 EA per 365 days)
<b>Antivirals, General</b>		
acyclovir oral capsule	Tier 1	
acyclovir oral suspension 200 mg/5 mL	Tier 1	
acyclovir oral tablet	Tier 1	
famciclovir	Tier 1	
Livtency	Tier 2	
oseltamivir oral capsule 30 mg	Tier 1	QL (40 EA per 183 days)
oseltamivir oral capsule 45 mg, 75 mg	Tier 1	QL (20 EA per 183 days)
oseltamivir oral suspension for reconstitution	Tier 1	QL (360 ML per 183 days)
Prevymis oral	Tier 2	PA
Relenza Diskhaler	Tier 2	QL (40 EA per 183 days)
ribavirin inhalation	Tier 1	
rimantadine	Tier 1	
Sitavig	Tier 2	ST; QL (4 EA per 365 days)
valacyclovir	Tier 1	
valganciclovir	Tier 1	
Xofluza oral tablet 20 mg, 40 mg	Tier 2	QL (4 EA per 180 days)
Xofluza oral tablet 80 mg	Tier 2	QL (2 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
Aptivus	Tier 2	QL (4 EA per 1 day)
Prezcobix	Tier 2	QL (1 EA per 1 day)
Prezista oral suspension	Tier 2	QL (240 ML per 30 days)
Prezista oral tablet 150 mg	Tier 2	QL (240 EA per 30 days)
Prezista oral tablet 600 mg	Tier 2	QL (60 EA per 30 days)
Prezista oral tablet 75 mg	Tier 2	QL (480 EA per 30 days)
Prezista oral tablet 800 mg	Tier 2	QL (30 EA per 30 days)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
Cimduo	Tier 2	QL (1 EA per 1 day)
Descovy oral tablet 120-15 mg	Tier 2	
Descovy oral tablet 200-25 mg	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir (TDF) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	QL (30 EA per 30 days)
emtricitabine-tenofovir (TDF) oral tablet 200-300 mg	Tier 1	QL (1 EA per 1 day)
Temixys	Tier 2	QL (1 EA per 1 day)
Truvada oral tablet 167-250 mg	Tier 2	QL (30 EA per 30 days)

Drug	Status	Notes
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
abacavir-lamivudine	Tier 1	QL (30 EA per 30 days)
lamivudine-zidovudine	Tier 1	QL (60 EA per 30 days)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
maraviroc oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	Tier 1	QL (4 EA per 1 day)
Selzentry oral solution	Tier 2	
Selzentry oral tablet 25 mg	Tier 2	QL (4 EA per 1 day)
Selzentry oral tablet 75 mg	Tier 2	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
Rukobia	Tier 2	PA
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
Fuzeon subcutaneous recon soln	Tier 2	QL (60 EA per 30 days)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
Edurant	Tier 2	QL (1 EA per 1 day)
efavirenz	Tier 1	
etravirine oral tablet 100 mg	Tier 1	QL (8 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
Intelence oral tablet 25 mg	Tier 2	QL (16 EA per 1 day)
nevirapine oral suspension	Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet	Tier 1	QL (60 EA per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 1	QL (1 EA per 1 day)
Pifeltro	Tier 2	QL (2 EA per 1 day)
Sustiva oral capsule	Tier 2	
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
abacavir oral solution	Tier 1	QL (900 ML per 30 days)
abacavir oral tablet	Tier 1	QL (60 EA per 30 days)
didanosine oral capsule,delayed release(DR/EC) 250 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine	Tier 1	QL (1 EA per 1 day)
Emtriva oral solution	Tier 2	QL (720 ML per 30 days)
lamivudine oral solution	Tier 1	QL (900 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 1	QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	Tier 1	QL (30 EA per 30 days)
stavudine oral capsule	Tier 1	QL (60 EA per 30 days)
zidovudine oral capsule	Tier 1	QL (180 EA per 30 days)
zidovudine oral syrup	Tier 1	QL (1800 ML per 30 days)
zidovudine oral tablet	Tier 1	QL (60 EA per 30 days)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
tenofovir disoproxil fumarate	Tier 1	QL (1 EA per 1 day)
Viread oral powder	Tier 2	QL (225 GM per 30 days)

Drug	Status	Notes
Viread oral tablet 150 mg, 200 mg, 250 mg	Tier 2	QL (30 EA per 30 days)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
Kaletra oral tablet 100-25 mg	Tier 2	QL (300 EA per 30 days)
Kaletra oral tablet 200-50 mg	Tier 2	QL (120 EA per 30 days)
lopinavir-ritonavir oral solution	Tier 1	QL (390 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (120 EA per 30 days)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
atazanavir oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
Evotaz	Tier 2	QL (1 EA per 1 day)
fosamprenavir	Tier 1	QL (4 EA per 1 day)
Invirase oral tablet	Tier 2	QL (120 EA per 30 days)
Lexiva oral suspension	Tier 2	QL (1680 ML per 30 days)
Norvir oral powder in packet	Tier 2	QL (12 EA per 1 day)
Norvir oral solution	Tier 2	QL (450 ML per 30 days)
Reyataz oral powder in packet	Tier 2	QL (5 EA per 1 day)
ritonavir	Tier 1	QL (360 EA per 30 days)
Viracept oral tablet	Tier 2	
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>		
Isentress HD	Tier 2	QL (2 EA per 1 day)
Isentress oral powder in packet	Tier 2	QL (2 EA per 1 day)
Isentress oral tablet	Tier 2	QL (2 EA per 1 day)
Isentress oral tablet,chewable	Tier 2	QL (6 EA per 1 day)
Tivicay	Tier 2	QL (2 EA per 1 day)
Tivicay PD	Tier 2	QL (6 EA per 1 day)
Vocabria	Tier 2	QL (1 EA per 1 day)
<b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
Complera	Tier 2	QL (1 EA per 1 day)
Delstrigo	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofof	Tier 1	QL (30 EA per 30 days)
efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg	Tier 1	
Odefsey	Tier 2	QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
Biktarvy	Tier 2	QL (1 EA per 1 day)
Genvoya	Tier 2	QL (1 EA per 1 day)
Stribild	Tier 2	QL (30 EA per 30 days)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
Triumeq	Tier 2	QL (1 EA per 1 day)



Drug	Status	Notes
Triumeq PD	Tier 2	QL (6 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
Tybost	Tier 2	PA; QL (1 EA per 1 day)
<b>Hepatitis B Treatment Agents</b>		
adefovir	Tier 1	QL (1 EA per 1 day)
Baraclude oral solution	Tier 2	
entecavir	Tier 1	QL (1 EA per 1 day)
Epivir HBV oral solution	Tier 2	
lamivudine oral tablet 100 mg	Tier 1	
Vemlidy	Tier 2	ST; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
Pegasys	Tier 2	PA
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
Cuprimine	Tier 2	PA
D-Penaminate	Tier 1	
penicillamine	Tier 1	PA
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
Otrexup (PF)	Tier 2	ST; QL (1.6 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 10 mg/0.2 mL	Tier 2	ST; QL (0.8 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 12.5 mg/0.25 mL	Tier 2	ST; QL (1 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 15 mg/0.3 mL	Tier 2	ST; QL (1.2 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 17.5 mg/0.35 mL	Tier 2	ST; QL (1.4 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 20 mg/0.4 mL	Tier 2	ST; QL (1.6 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 22.5 mg/0.45 mL	Tier 2	ST; QL (1.8 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 25 mg/0.5 mL	Tier 2	ST; QL (2 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 30 mg/0.6 mL	Tier 2	ST; QL (2.4 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 7.5 mg/0.15 mL	Tier 2	ST; QL (0.6 ML per 28 days)
RediTrex (PF) subcutaneous syringe 10 mg/0.4 mL	Tier 2	ST; QL (1.6 ML per 28 days)
RediTrex (PF) subcutaneous syringe 12.5 mg/0.5 mL	Tier 2	ST; QL (2 ML per 28 days)
RediTrex (PF) subcutaneous syringe 15 mg/0.6 mL	Tier 2	ST; QL (2.4 ML per 28 days)
RediTrex (PF) subcutaneous syringe 17.5 mg/0.7 mL	Tier 2	ST; QL (2.8 ML per 28 days)
RediTrex (PF) subcutaneous syringe 20 mg/0.8 mL	Tier 2	ST; QL (3.2 ML per 28 days)
RediTrex (PF) subcutaneous syringe 22.5 mg/0.9 mL	Tier 2	ST; QL (3.6 ML per 28 days)
RediTrex (PF) subcutaneous syringe 25 mg/mL	Tier 2	ST; QL (4 ML per 28 days)
RediTrex (PF) subcutaneous syringe 7.5 mg/0.3 mL	Tier 2	ST; QL (1.2 ML per 28 days)

Drug	Status	Notes
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
Arcalyst	Tier 2	PA
Kineret	Tier 2	PA
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
Avsola	Tier 2	PA
Cimzia	Tier 2	PA
Cimzia Powder for Reconst	Tier 2	PA
Cimzia Starter Kit	Tier 2	PA
Enbrel	Tier 2	PA
Enbrel Mini	Tier 2	PA
Enbrel SureClick	Tier 2	PA
Humira Pen	Tier 2	PA
Humira Pen Crohns-UC-HS Start	Tier 2	PA
Humira Pen Psor-Uveits-Adol HS	Tier 2	PA
Humira subcutaneous syringe kit 40 mg/0.8 mL	Tier 2	PA
Humira(CF)	Tier 2	PA
Humira(CF) Pedi Crohns Starter	Tier 2	PA
Humira(CF) Pen	Tier 2	PA
Humira(CF) Pen Crohns-UC-HS	Tier 2	PA
Humira(CF) Pen Pediatric UC	Tier 2	PA
Humira(CF) Pen Psor-Uv-Adol HS	Tier 2	PA
Inflectra	Tier 2	PA
infliximab	Tier 1	PA
Renflexis	Tier 2	PA
Simponi	Tier 2	PA
Simponi ARIA	Tier 2	PA
<b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>		
Ilaris (PF)	Tier 2	PA
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
leflunomide	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase-4 (Pde4) Inhib.</b>		
Otezla	Tier 2	PA
Otezla Starter	Tier 2	PA
<b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>		
Arthri-Flex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azalgia	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cartivisc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cidaflex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Cidatrine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Condrolite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cosamin ASU (with AKBA)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cosamin Avoca (with Boswellia)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cosamin DS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cosamin DS (with manganese)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dona oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Endur-Flex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flexi Joint oral tablet 500-400-166.6 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Genicin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucos Chond Cplx Advanced	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosam su dip-chondroit-C-Mn	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosam-chon-collag-hyalur ac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosam-Chond-MSM(with boron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosam-chondr msm6-manganese	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosam-Chondr-MSM with vit D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosam-chondr-vit C-Mn-boron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosam-chon-msm1-C-mang-bosw oral tablet 500-416.6-20 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine 2KCl-MSM-chondroit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine Chondroitin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine Chondroitin MaxStr	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine Chondroitin PLUS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine Complex-MSM	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Glucosamine Daily Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine HCl oral tablet 1,500 mg, 750 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine HCl oral tablet 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine HCl-hyaluronic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine HCl-msm-chondroitn oral tablet 400-200-333 mg, 500-83-400 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine HCl-msm-chondroitn oral tablet 500-167-400 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine Relief oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine Relief oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine su 2KCl-chondroit oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine su 2KCl-chondroit oral tablet 500-400 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine su 2KCl-chondroit oral tablet 750-600 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine sul-chondroitn-msm oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine sul-chondroitn-msm oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine sulfate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine sulfate 2KCl oral capsule 1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine sulfate 2KCl oral capsule 750 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine sulfate 2KCl oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine sulfate-msm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine Sulf-Chondroitin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chond-MSM Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondr (boswellia)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondr (MSM-hyal)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondr-D3 (C-mang)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondroitin 3X	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Glucosamine-Chondroitin 3X Str	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondroitin Complx oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondroitin Complx oral capsule 500-400 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondroitin Complx oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondroitin DS oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondroitin Max St	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-chondroitin oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-chondroitin oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-chondroitin oral tablet 250-200 mg, 500-400 mg, 750-600 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-chondroitin oral tablet 750-60-150-1 mg, 900 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-chondroitin oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Chondroitin-UC II	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-chondroit-vit C-Mn oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-D3-Boswellia serr	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-D3-hyaluronic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-Fish Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucosamine-MSM Complex oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-msm-chondr-D3-Bosw oral tablet 25 mcg- 937.5 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosamine-msm-hyaluron acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosam-msm-chond-Bosw-hyalur	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosam-msm-chond-hrb149-hyal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glucosam-msm-chondroit-vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucos-Chond-MSM (with antiox)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
InvigoFlex AMPM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
InvigoFlex CS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
InvigoFlex D oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
InvigoFlex GS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Joint Support Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Medi-Flexx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Move Free Joint Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Move Free Plus MSM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Move Free Plus MSM-Vit D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Optiflex Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OptiFlex-G	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Osteo Bi-Flex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Osteo Bi-Flex Triple Strength	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Synovacin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SynovX DJD	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Trepadone (with bromelain)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>		
Orencia	Tier 2	PA
Orencia (with maltose)	Tier 2	PA
Orencia ClickJect	Tier 2	PA
<b>Bradykinin B2 Receptor Antagonists</b>		
icatibant	Tier 1	PA; QL (3 ML per 1 FILL)
Sajazir	Tier 1	PA; QL (3 ML per 1 FILL)
<b>C1 Esterase Inhibitors</b>		
Berinert	Tier 2	PA; QL (3 EA per 1 FILL)
Cinryze	Tier 2	PA; QL (40 EA per 30 days)
Haegarda	Tier 2	PA
Ruconest	Tier 2	PA; QL (4 EA per 30 days)
<b>Glucocorticoids</b>		
Alkindi Sprinkle	Tier 2	
budesonide oral capsule,delayed,extend.release	Tier 1	
budesonide oral tablet,delayed and ext.release	Tier 1	ST
Decadron oral tablet	Tier 1	

Drug	Status	Notes
Dexamethasone Intensol	Tier 2	
dexamethasone oral elixir	Tier 1	
dexamethasone oral solution	Tier 1	
dexamethasone oral tablet	Tier 1	
dexamethasone oral tablets,dose pack	Tier 1	ST
Emflaza	Tier 2	PA
Hemady	Tier 2	
hydrocortisone oral	Tier 1	
Medrol oral tablet 2 mg	Tier 2	
methylprednisolone	Tier 1	
Millipred DP	Tier 2	
Millipred oral tablet	Tier 2	
Ortikos	Tier 2	ST
prednisolone oral solution	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 mL, 15 mg/5 mL (3 mg/mL), 20 mg/5 mL (4 mg/mL), 25 mg/5 mL (5 mg/mL), 5 mg base/5 mL (6.7 mg/5 mL)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating	Tier 1	
prednisone	Tier 1	
Prednisone Intensol	Tier 2	
Rayos	Tier 2	ST
Solu-Cortef	Tier 2	
Solu-Cortef Act-O-Vial (PF) injection recon soln 100 mg/2 mL	Tier 2	
TaperDex	Tier 1	ST
Tarpeyo	Tier 2	PA
<b>Gold Salts</b>		
Ridaura	Tier 2	
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
Benlysta	Tier 2	PA
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
Actemra	Tier 2	PA
Actemra ACTPen	Tier 2	PA
Enspryng	Tier 2	PA
Kevzara	Tier 2	PA
<b>Janus Kinase (Jak) Inhibitors</b>		
Cibinqo	Tier 2	PA
Olumiant	Tier 2	PA
Rinvoq	Tier 2	PA
Xeljanz	Tier 2	PA
Xeljanz XR	Tier 2	PA

Drug	Status	Notes
<b>Mineralocorticoids</b>		
fludrocortisone	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
Stelara	Tier 2	PA
<b>Nasal Nsaids, Cox Non-Selective, Systemic Analgesic</b>		
ketorolac nasal	Tier 1	ST; QL (1 EA per 6 days)
Sprix	Tier 2	ST; QL (1 EA per 6 days)
<b>Nsaid &amp; Histamine H2 Receptor Antagonist Comb.</b>		
ibuprofen-famotidine	Tier 1	ST; QL (3 EA per 1 day)
<b>Nsaid, Cox Inhibitor-Type &amp; Proton Pump Inhib Comb</b>		
naproxen-esomeprazole	Tier 1	ST
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
diclofenac-misoprostol	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
celecoxib	Tier 1	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
All Day Pain Relief	Tier 1	
All Day Relief	Tier 1	
Children's Ibuprofen	Tier 1	
diclofenac potassium oral capsule	Tier 1	ST; QL (4 EA per 1 day)
diclofenac potassium oral tablet 25 mg	Tier 1	ST; QL (8 EA per 1 day)
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral	Tier 1	
EC-Naproxen	Tier 1	
etodolac	Tier 1	
fenoprofen oral capsule 400 mg	Tier 1	ST
fenoprofen oral tablet	Tier 1	ST
flurbiprofen oral tablet 100 mg	Tier 1	
IBU	Tier 1	
IBU-200	Tier 1	
Ibuprofen IB	Tier 1	
Ibuprofen Jr Strength	Tier 1	
ibuprofen oral capsule	Tier 1	
ibuprofen oral suspension	Tier 1	
ibuprofen oral tablet	Tier 1	
ibuprofen oral tablet, chewable	Tier 1	
Indocin	Tier 2	
indomethacin oral	Tier 1	
Infant's Ibuprofen	Tier 1	
ketoprofen oral capsule 50 mg, 75 mg	Tier 1	



Drug	Status	Notes
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	Tier 1	
ketorolac injection cartridge 15 mg/mL	Tier 1	
ketorolac injection solution 15 mg/mL, 30 mg/mL (1 mL)	Tier 1	
ketorolac injection syringe	Tier 1	
ketorolac intramuscular solution	Tier 1	
ketorolac intramuscular syringe	Tier 1	
ketorolac oral	Tier 1	
Lofena	Tier 1	ST; QL (8 EA per 1 day)
meclofenamate	Tier 1	
mefenamic acid	Tier 1	
meloxicam	Tier 1	
meloxicam submicronized	Tier 1	ST; QL (1 EA per 1 day)
nabumetone	Tier 1	
Naprelan CR oral tablet, ER multiphase 24 hr 750 mg	Tier 2	ST
naproxen	Tier 1	
naproxen sodium oral capsule	Tier 1	
naproxen sodium oral tablet	Tier 1	
naproxen sodium oral tablet, ER multiphase 24 hr	Tier 1	ST
oxaprozin	Tier 1	
piroxicam	Tier 1	
Relafen DS	Tier 2	ST; QL (2 EA per 1 day)
sulindac	Tier 1	
tolmetin oral tablet 200 mg	Tier 1	
Vivlodex	Tier 2	ST; QL (1 EA per 1 day)
Zipsor	Tier 2	ST; QL (4 EA per 1 day)
Zorvolex	Tier 2	ST; QL (3 EA per 1 day)
<b>Plasma Kallikrein Inhibitors</b>		
Kalbitor	Tier 2	PA
Orladeyo	Tier 2	PA
Takhzyro	Tier 2	PA
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
Glydo	Tier 1	
lidocaine HCl mucous membrane	Tier 1	
Lidocaine Viscous	Tier 1	
Mucinex Instasoothe Pain(benz)	Tier 2	
Oral Pain Relief	Tier 1	
Orasep	Tier 2	
Phenaseptic	Tier 1	
Sore Throat (benzocaine-menth) mucous membrane lozenge 15-2.6 mg, 15-3.6 mg	Tier 1	
Sore Throat (phenol)	Tier 1	

Drug	Status	Notes
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation. Colon Dx, 5-A-Salicylate, Rectal Tx</b>		
mesalamine rectal	Tier 1	
mesalamine with cleansing wipe	Tier 1	
<b>Drug Tx-Chronic Inflammation. Colon Dx, 5-Aminosalicylate</b>		
balsalazide	Tier 1	
Dipentum	Tier 2	ST
mesalamine oral capsule (with del rel tablets)	Tier 1	ST
mesalamine oral capsule, extended release	Tier 1	
mesalamine oral capsule, extended release 24hr	Tier 1	
mesalamine oral tablet, delayed release (DR/EC)	Tier 1	ST
Pentasa oral capsule, extended release 250 mg	Tier 2	
sulfasalazine	Tier 1	
<b>Hemorrhoidal Prep, Anti-Inflammation Steroid/Local Anesthetics</b>		
hydrocortisone-pramoxine rectal cream	Tier 1	
lidocaine HCl-hydrocortisone ac rectal cream	Tier 1	
lidocaine HCl-hydrocortisone ac rectal gel	Tier 1	
lidocaine HCl-hydrocortisone ac rectal kit 2 %-2 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe	Tier 1	
Proctort	Tier 2	
Proctofoam HC	Tier 2	QL (60 GM per 30 days)
Zypram	Tier 2	
<b>Hemorrhoidal Preparations</b>		
Hemorrhoidal (phenyleph-cocoa)	Tier 1	
Hemorrhoidal (phenyleph-fat)	Tier 2	
Hemorrhoidal (pramoxine-zinc)	Tier 2	
Hemorrhoidal (witch hazel)	Tier 1	
Hemorrhoidal Cream	Tier 1	
Hemorrhoidal rectal cream	Tier 1	
Hemorrhoidal(PE-min oil-petro)	Tier 1	
Medi-Pads	Tier 1	
pramoxine topical foam	Tier 1	
<b>Hemorrhoidals, Local Rectal Anesthetics</b>		
Hemorrhoidal Relief	Tier 1	
lidocaine topical cream 5 %	Tier 1	
RectaSmoothie	Tier 1	
<b>Ibuprofen Agents, Mixed Opioid Receptor Agonists/Antagonists</b>		
Viberzi	Tier 2	PA

Drug	Status	Notes
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
Entyvio	Tier 2	PA
<b>Irritable Bowel Agents,Guanylate Cylase-C Agonist</b>		
Linzess	Tier 2	QL (1 EA per 1 day)
Trulance	Tier 2	ST; QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
Rectiv	Tier 2	QL (30 GM per 15 days)
<b>Rectal Preparations</b>		
Anucort-HC	Tier 1	
hydrocortisone acetate rectal suppository 25 mg	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	Tier 1	ST
<b>Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)</b>		
Cortifoam	Tier 2	
hydrocortisone rectal	Tier 1	
Uceris rectal	Tier 2	ST
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
Carbaglu	Tier 2	
carglumic acid	Tier 1	
Enulose	Tier 1	
Generlac	Tier 1	
Lithostat	Tier 2	
Ravicti	Tier 2	PA
sodium phenylbutyrate	Tier 1	
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
Mytesi	Tier 2	ST; QL (2 EA per 1 day)
<b>Antidiarrheals</b>		
Anti-Diarrheal (lope)-Anti-Gas	Tier 1	
Anti-Diarrheal (loperamide)	Tier 1	
Banatrol Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Banatrol TF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bismatrol oral tablet,chewable	Tier 1	
bismuth subsalicylate oral tablet,chewable	Tier 1	
Diarrhea Relief (bismuth subs)	Tier 1	
diphenoxylate-atropine	Tier 1	
Kaopectate (bismuth subsalicy) oral suspension	Tier 1	
K-Pec Antidiarrheal (bism sub)	Tier 1	
loperamide oral capsule	Tier 1	
loperamide oral liquid	Tier 1	

Drug	Status	Notes
loperamide-simethicone	Tier 1	
Motofen	Tier 2	ST
opium tincture	Tier 1	
Pink Bismuth oral tablet	Tier 1	
Pink Bismuth oral tablet,chewable	Tier 1	
Stomach Relief oral suspension	Tier 1	
Stomach Relief oral tablet,chewable	Tier 1	
<b>Bile Salts</b>		
Chenodal	Tier 2	PA
Cholbam	Tier 2	PA
Reltone	Tier 2	ST
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
Ocaliva	Tier 2	PA
<b>Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib</b>		
Ibsrela	Tier 2	ST; QL (2 EA per 1 day)
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
Bylvay	Tier 2	PA
Livmarli	Tier 2	PA
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
alosetron	Tier 1	
<b>Laxatives And Cathartics</b>		
Benefiber Healthy Shape	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Benefiber Sugar Free (dextrin) oral powder 3 gram/4 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Benefiber Sugar Free (dextrin) oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Best Fiber	Tier 1	
bisacodyl oral	Tier 1	
castor oil oral oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
castor oil oral oil 100 %	Tier 1	
Chocolate Laxative	Tier 1	
Clear Fiber	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ClearLax	Tier 1	
Clenpiq	Tier 2	\$0 COPAY IF AGE 45-75 YEARS
Colox	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Constulose	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Daily Fiber (psyllium-aspart)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Fiber (psyllium-sucrose) oral powder 3 gram/7 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Fiber oral capsule 0.4 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Docu	Tier 1	
docusate calcium	Tier 1	
docusate sodium oral capsule	Tier 1	
docusate sodium oral liquid	Tier 1	
docusate sodium oral tablet	Tier 1	
DOK oral tablet	Tier 1	
Easy Fiber (wheat dextrin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Easy Fiber oral powder 3 gram/3.8 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Epsom Salt (laxative)	Tier 1	
Fiber (calcium polycarbophil)	Tier 1	
Fiber (dextrin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber (psyllium husk) oral capsule 0.4 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber (psyllium husk-sugar) oral powder 3.4 gram/12 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber (with aspartame) oral powder 3 gram/5.8 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber 6	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber Gummies with Vitamin D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber Laxative (ca polycarbo)	Tier 1	
Fiber Laxative (methylcellulo)	Tier 1	
Fiber Therapy (m-cell/sugar)	Tier 1	
Fiber Therapy (m-cellulose)	Tier 1	
Fiber Therapy (psyllium-sucro)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber-Caps (psyllium husk)	Tier 1	
Fiberex F15	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber-Lax	Tier 1	
Fiber-Stat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fiber-Tabs	Tier 1	
Fleet Laxative (bisacodyl)	Tier 1	
Gavilyte-C	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
GaviLyte-G	Tier 1	\$0 COPAY IF AGE 45-75 YEARS

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GaviLyte-N	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
Gentle Laxative (bisacodyl) oral	Tier 1	
HealthyLax	Tier 1	
HyFiber with FOS oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HyFiber with FOS oral liquid in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Konsyl (sugar)	Tier 1	
Konsyl Daily Fiber (stevia)	Tier 2	
Konsyl Formula-D	Tier 2	
Konsyl Sugar-Free oral powder	Tier 2	
Konsyl Sugar-Free oral powder in packet	Tier 2	
Kristalose	Tier 2	ST; QL (3 EA per 1 day)
lactulose oral solution	Tier 1	
Laxative (bisacodyl) oral tablet,delayed release (DR/EC)	Tier 1	
Laxative (sennosides) oral tablet	Tier 1	
lubiprostone	Tier 1	QL (2 EA per 1 day)
magnesium citrate oral solution	Tier 1	
magnesium hydroxide oral suspension 400 mg/5 mL	Tier 1	
Meta Appetite Ctrl (aspartame) oral powder 3 gram/5.95 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Metamucil Fiber Thin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Metamucil Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Metamucil Plus Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Milk of Magnesia	Tier 1	
Milk Of Magnesia Concentrated	Tier 1	
Mineral Oil Heavy oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mineral oil oral	Tier 1	
Narcosoft	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natural Fiber Laxative	Tier 1	
Natural Fiber Laxative (sugar) oral powder , 3.4 gram/7 gram	Tier 1	
Natural Fiber Laxative(aspart) oral powder	Tier 1	
Natural Veg Laxative(sennosid)	Tier 1	
Natural Vegetable	Tier 1	
Natural Vegetable Laxative	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natura-LAX	Tier 1	
OsmoPrep	Tier 2	\$0 COPAY IF AGE 45-75 YEARS
Pedia-Lax (mag hydroxide)	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Pedia-Lax Stool Softener	Tier 1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
peg3350-sod sul-NaCl-KCl-asb-C	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
peg-electrolyte soln	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
Plenvu	Tier 2	\$0 COPAY IF AGE 45-75 YEARS
polyethylene glycol 3350 oral powder	Tier 1	
polyethylene glycol 3350 oral powder in packet 17 gram	Tier 1	
psyllium husk oral capsule 0.4 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Reguloid (aspartame)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Reguloid (psyllium husk)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Reguloid (psyllium husk-sucro) oral powder 3 gram/12 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Reguloid (psyllium husk-sucro) oral powder 3 gram/7 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Senexon-S	Tier 1	
Senna Lax	Tier 1	
Senna Laxative	Tier 1	
senna oral capsule	Tier 1	
senna oral syrup 8.8 mg/5 mL	Tier 1	
senna oral tablet	Tier 1	
Senna Plus	Tier 1	
Senna-S	Tier 1	
Senna-Time S	Tier 1	
sennosides oral syrup	Tier 1	
Senokot Extra Strength	Tier 2	
Senokot-Chamomile	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Senokot-S	Tier 1	
Silace	Tier 1	
SmoothLax oral powder in packet	Tier 1	
Stimulant Laxative Plus	Tier 1	
Stool Softener (docusate cal)	Tier 1	
Stool Softener oral capsule 100 mg, 250 mg	Tier 1	
Stool Softener oral liquid	Tier 1	
Stool Softener oral syrup	Tier 1	
Stool Softener oral tablet	Tier 1	
Stool Softener-Laxative	Tier 1	
Stool Softener-Stimulant Laxat	Tier 1	
Suprep Bowel Prep Kit	Tier 2	\$0 COPAY IF AGE 45-75 YEARS
Sutab	Tier 2	\$0 COPAY IF AGE 45-75 YEARS

Drug	Status	Notes
Unifiber	Tier 2	
Wal-Mucil with Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Gentle Laxative(bisac)	Tier 1	
<b>Laxatives, Local/Rectal</b>		
bisacodyl rectal	Tier 1	
docusate sodium rectal	Tier 1	
DocuSol Kids	Tier 2	
Enema	Tier 1	
Enema Disposable	Tier 1	
Enemeez	Tier 2	
Enemeez Plus	Tier 1	
Fleet Bisacodyl	Tier 2	
Fleet Enema Extra	Tier 2	
Fleet Glycerin (Adult)	Tier 1	
Fleet Glycerin Laxative	Tier 2	
Gentle Laxative (bisacodyl) rectal	Tier 1	
glycerin (adult)	Tier 1	
glycerin (child)	Tier 1	
Pedia-Lax	Tier 2	
Ready-To-Use Enema	Tier 1	
Ready-To-Use Enema (min oil)	Tier 1	
<b>Narcotic Antagonists, Peripherally-Acting</b>		
alvimopan	Tier 1	
Entereg	Tier 2	
Movantik	Tier 2	ST; QL (1 EA per 1 day)
Relistor oral	Tier 2	PA
Relistor subcutaneous solution	Tier 2	PA
Relistor subcutaneous syringe	Tier 2	PA
Symproic	Tier 2	ST
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
Gattex 30-Vial	Tier 2	PA; QL: 30 VIALS IN 30 DAYS
Gattex One-Vial	Tier 2	PA; QL: 30 VIALS IN 30 DAYS
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
Sterile Pads topical bandage 3 X 3 "	Tier 2	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
1st Tier Unilet ComforTouch	Tier 2	
Accu-Chek Fastclix Lancet Drum	Tier 2	
Accu-Chek Safe-T-Pro	Tier 2	
Accu-Chek Safe-T-Pro Plus	Tier 2	
Accu-Chek Softclix Lancets	Tier 2	
Acti-Lance Lancets	Tier 2	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Advanced Travel Lancets	Tier 2	
Advocate Lancet	Tier 2	
Alternate Site Lancet	Tier 2	
Assure Haemolance Plus	Tier 2	
Assure Lance	Tier 2	
Assure Lance Plus	Tier 2	
BD Microtainer Lancet	Tier 2	
BD Ultra Fine Lancets	Tier 2	
BD Ultra-Fine II Lancets	Tier 2	
Bullseye Mini Safety Lancets	Tier 2	
Butterfly Touch Lancet	Tier 2	
Careone Thin Lancet	Tier 2	
Careone Ultra Thin Lancet	Tier 2	
CareSens Lancets	Tier 2	
CareTouch Safety Lancets	Tier 2	
CareTouch Twist Lancet	Tier 2	
Clever Chek Lancets	Tier 2	
CoaguChek Lancets	Tier 2	
Color Lancets	Tier 2	
Comfort EZ Lancets	Tier 2	
Comfort Lancets	Tier 2	
Comfort Touch Plus Safety Lanc	Tier 2	
Comfort Touch Ult Thin Lancets	Tier 2	
Droplet Lancets	Tier 2	
Easy Comfort Lancets	Tier 2	
Easy Touch Lancets	Tier 2	
Easy Touch Safety Lancets	Tier 2	
Easy Touch Twist Lancets	Tier 2	
Easy Twist and Cap Lancets	Tier 2	
Embrace Lancets	Tier 2	
Embrace Safety Lancet	Tier 2	
E-Z Ject Lancets	Tier 2	
E-Z Ject Thin Lancets	Tier 2	
Ez Smart Lancets	Tier 2	
EZ-Lets	Tier 2	
Fifty50 Safety Seal Lancets	Tier 2	
Fine 30 Universal Lancets	Tier 2	
Fingerstix Lancets	Tier 2	
ForaCare Lancets	Tier 2	
FreeStyle Lancets	Tier 2	
FreeStyle Unistik 2	Tier 2	
Glucocom Lancets	Tier 2	
Gojji Lancets	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Healthy Accents Unilet Lancet	Tier 2	
inControl Super Thin Lancets	Tier 2	
inControl Ultra Thin Lancets	Tier 2	
Inject Ease Lancets	Tier 2	
Invacare Lancets	Tier 2	
lancets	Tier 2	
Lancets, Super Thin	Tier 2	
Lancets,Thin	Tier 2	
Lancets,Ultra Thin	Tier 2	
Lite Touch Lancets	Tier 2	
Medisense Thin Lancets	Tier 2	
Medlance Plus Lancets	Tier 2	
Medlance Plus Special Blade	Tier 2	
Micro Thin Lancets	Tier 2	
Microlet Lancet	Tier 2	
Monolet Lancets	Tier 2	
Monolet Thin Lancets	Tier 2	
Myglucohealth Lancets	Tier 2	
Nova Safety Lancets	Tier 2	
Nova Sureflex Lancets	Tier 2	
On Call Lancet	Tier 2	
On Call Plus Lancet	Tier 2	
OneTouch Delica Lancets	Tier 2	
OneTouch Delica Plus Lancet	Tier 2	
Onetouch Delica Safety Lancet	Tier 2	
OneTouch SureSoft Lancing Dev 28 gauge	Tier 2	
OneTouch UltraSoft Lancets	Tier 2	
On-The-Go Lancets	Tier 2	
Pip Lancet	Tier 2	
Pressure Activated Lancets	Tier 2	
Pro Comfort Lancet	Tier 2	
Prodigy Lancets	Tier 2	
Prodigy Twist Top Lancet	Tier 2	
Pure Comfort Lancets	Tier 2	
Pure Comfort Safety Lancets	Tier 2	
Push Button Safety Lancets	Tier 2	
ReadyLance Safety Lancets	Tier 2	
ReliaMed Lancet	Tier 2	
ReliaMed Safety Seal Lancets	Tier 2	
ReliaMed Twist and Cap Lancet	Tier 2	
Rightest GL300 Lancets	Tier 2	
Safety Lancets	Tier 2	
Safety Seal Lancets	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Safety-Let Lancets	Tier 2	
Single-Let	Tier 2	
Smart Sense Lancets	Tier 2	
Smartest Lancet	Tier 2	
Soft Touch Lancets	Tier 2	
Solus V2 Lancets	Tier 2	
Sterilance TL	Tier 2	
Super Thin Lancets	Tier 2	
Sure Comfort Lancets	Tier 2	
Sure-Lance	Tier 2	
Sure-Lance Ultra Thin	Tier 2	
Sure-Touch Lancet	Tier 2	
TechLITE Lancets	Tier 2	
Telcare Lancets	Tier 2	
Thin Lancets	Tier 2	
Topcare Universal1 Lancet	Tier 2	
True Comfort Lancet	Tier 2	
TRUEplus Lancets 28 gauge, 30 gauge, 33 gauge	Tier 2	
Twist Lancets	Tier 2	
Ultilet Basic Lancets	Tier 2	
Ultilet Classic Lancets	Tier 2	
Ultilet Lancets	Tier 2	
Ultilet Safety Lancets	Tier 2	
Ultra Fine Lancets	Tier 2	
Ultra Thin II Lancets	Tier 2	
Ultra Thin Lancets	Tier 2	
Ultra Thin Plus Lancets	Tier 2	
Ultra TLC Lancets	Tier 2	
Ultra-Care Lancets	Tier 2	
UltraLANCE Lancets	Tier 2	
Ultra-Thin II Lancets	Tier 2	
Unilet ComforTouch Lancet	Tier 2	
Unilet Excelite II Lancet	Tier 2	
Unilet Excelite Lancet	Tier 2	
Unilet GP Lancet	Tier 2	
Unilet Lancet	Tier 2	
Unilet Lancets	Tier 2	
Unilet Super Thin Lancets	Tier 2	
Unistik 3 Comfort Lancet	Tier 2	
Unistik 3 Extra Lancet	Tier 2	
Unistik 3 Gentle	Tier 2	
Unistik 3 Lancets	Tier 2	
Unistik 3 Normal Lancet	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Unistik Comfort Lancets	Tier 2	
Unistik CZT Lancet	Tier 2	
Unistik Extra Lancets	Tier 2	
Unistik Normal Lancets	Tier 2	
Unistik Pro Lancet	Tier 2	
Unistik Safety	Tier 2	
Unistik Touch Lancets	Tier 2	
Universal 1 Lancets	Tier 2	
VivaGuard Lancet	Tier 2	
<b>Syringes And Accessories</b>		
Advocate Syringes	Tier 2	
Allergist Tray 1/2 mL 27Gx3/8"	Tier 2	
Allergist Tray Intradermal Bev	Tier 2	
Allergist Tray Regular Bevel	Tier 2	
Allergy Syringe	Tier 2	
Assure ID Insulin Safety	Tier 2	
BD Allergist Tray Reg Bevel	Tier 2	
BD Allergy Syringe	Tier 2	
BD Blunt Plastic Cannula syringe	Tier 2	
BD Bulk Syringe Slip Tip	Tier 2	
BD Eccentric Tip Syringe	Tier 2	
BD Eclipse Luer-Lok syringe	Tier 2	
BD Insulin Syringe	Tier 2	
BD Insulin Syringe (half unit)	Tier 2	
BD Insulin Syringe Micro-Fine	Tier 2	
BD Insulin Syringe Safety-Lok	Tier 2	
BD Insulin Syringe Slip Tip	Tier 2	
BD Insulin Syringe U-500	Tier 2	
BD Insulin Syringe Ultra-Fine	Tier 2	
BD Integra Syringe	Tier 2	
BD Interlink Blunt Plastic Can	Tier 2	
BD Interlink Syringe	Tier 2	
BD Lo-Dose Micro-Fine IV	Tier 2	
BD Lo-Dose Ultra-Fine	Tier 2	
BD Luer-Lok Bulk Syringe	Tier 2	

Drug	Status	Notes
BD Luer-Lok Syringe syringe 1 mL 20 gauge x 1", 10 mL, 10 mL 20 x 1 1/2", 10 mL 20 x 1", 10 mL 21 gauge x 1", 10 mL 21 x 1 1/2", 10 mL 22 x 1", 20 mL, 3 mL, 3 mL 18 x 1 1/2", 3 mL 20 gauge x 1 1/2", 3 mL 20 gauge x 1", 3 mL 21 gauge x 1 1/2", 3 mL 21 gauge x 1", 3 mL 22 gauge x 1", 3 mL 22 x 1 1/2", 3 mL 23 gauge x 1 1/2", 3 mL 23 x 1", 3 mL 25 gauge x 1", 3 mL 25 x 1 1/2", 3 mL 25 x 5/8", 3 mL 26 x 5/8", 5 mL, 5 mL 20 x 1 1/2", 5 mL 20 x 1", 5 mL 21 gauge x 1 1/2", 5 mL 21 gauge x 1", 5 mL 22 gauge x 1 1/2", 5 mL 22 x 1", 50 mL	Tier 2	
BD Luer-Lok Tip Control Syring	Tier 2	
BD PrecisionGlide syringe	Tier 2	
BD SafetyGlide Allergist Tray	Tier 2	
BD SafetyGlide Insulin Syringe	Tier 2	
BD SafetyGlide Shielding Reg	Tier 2	
BD SafetyGlide Syringe	Tier 2	
BD SafetyGlide TB Reg Bevel	Tier 2	
BD Safetyglide Tuberculin	Tier 2	
BD Slip Tip Syringe	Tier 2	
B-D Slip Tip Syringe	Tier 2	
BD Syringe	Tier 2	
BD Syringe Cath Tip NonSterile	Tier 2	
BD Syringe Catheter Tip	Tier 2	
BD Syringe Luer-Lok NonSterile	Tier 2	
BD Syringe Luer-Lok Sterile	Tier 2	
BD Syringe Slip Tip NonSterile	Tier 2	
BD Syringe-Dual Cannula	Tier 2	
BD Tuberculin Slip-Tip	Tier 2	
BD Tuberculin Syringe	Tier 2	
BD Veo Insulin Syr (half unit)	Tier 2	
BD Veo Insulin Syringe UF	Tier 2	
Carepoint Luer Lock Syringe	Tier 2	
Carepoint Luer Lock Syr-needle	Tier 2	
Carepoint Luer Slip Syringe	Tier 2	
CarePoint Luer Slip Syring-Ndl	Tier 2	
CareTouch Insulin Syringe	Tier 2	
CareTouch Luer Lock Syringe	Tier 2	
CareTouch Luer Lock Syr-needle	Tier 2	
CareTouch Luer Slip Syringe	Tier 2	
Comfort EZ Insulin Syringe	Tier 2	
Davol Irrigation Syringe	Tier 2	
Davol Piston Irrigation	Tier 2	
Dover Bulb Syringe	Tier 2	
Droplet Insulin Syr(half unit)	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Droplet Insulin Syringe	Tier 2	
Easy Comfort Insulin Syringe	Tier 2	
Easy Glide Catheter Tip Syring	Tier 2	
Easy Glide Dental Irrig Syringe	Tier 2	
Easy Glide Insulin Syringe	Tier 2	
Easy Glide Luer Lock Syringe	Tier 2	
Easy Glide Luer Slip TB Syring	Tier 2	
Easy Touch FlipLock Insulin	Tier 2	
Easy Touch FlipLock Syringe	Tier 2	
Easy Touch Fluringe	Tier 2	
Easy Touch Fluringe Fliplock	Tier 2	
Easy Touch Fluringe Sheathlock	Tier 2	
Easy Touch Insulin Safety Syr	Tier 2	
Easy Touch Insulin Syringe	Tier 2	
Easy Touch Luer Lock Insulin	Tier 2	
Easy Touch Luer Lock Syringe	Tier 2	
Easy Touch SheathLock Insulin	Tier 2	
Easy Touch SheathLock Syrg-Ndl	Tier 2	
Easy Touch SheathLock Syringe syringe 10 mL, 3 mL	Tier 2	
Easy Touch syringe	Tier 2	
Easy Touch Tuberculin Fliplock	Tier 2	
Easy Touch Tuberculin Sheathlk	Tier 2	
Easy Touch Uni-Slip syringe 1 mL, 10 mL	Tier 2	
Eclipse Syringe	Tier 2	
Excel Syringe	Tier 2	
Exel Insulin	Tier 2	
Exel Syringe	Tier 2	
FreeStyle Precision	Tier 2	
HealthWise Insulin Syringe	Tier 2	
insulin syr/ndl U100 half mark	Tier 2	
Insulin Syringe MicroFine	Tier 2	
Insulin Syringe syringe 0.5 mL 29 gauge x 1/2", 1 mL 29 gauge x 1/2"	Tier 2	
insulin syringe-needle U-100	Tier 2	
Integra Syringe	Tier 2	
InterLink Syringe and Cannula	Tier 2	
Irrigation Syringe	Tier 2	
Lifeshield Blunt Cannula syringe	Tier 2	
Lite Touch Insulin Syringe	Tier 2	
Luer Lock Syringe	Tier 2	
Luer Slip Tip Syringe Tray	Tier 2	
Luer-Lok Tip	Tier 2	
Magellan Insulin Safety Syrng	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Magellan Safety Syringe	Tier 2	
Magellan Syringe	Tier 2	
Maxicomfort Insulin Syringe	Tier 2	
Maxi-Comfort Insulin Syringe	Tier 2	
Monoject 140cc Piston Syringe	Tier 2	
Monoject 35cc Syringe Cath Tip	Tier 2	
Monoject 3cc Syr 25Gx1"	Tier 2	
Monoject Allergy Tray	Tier 2	
Monoject Allergy Tray Detach	Tier 2	
Monoject Control Syringe Luer	Tier 2	
Monoject Disposable Syringe	Tier 2	
Monoject Eccentric Non-Sterile	Tier 2	
Monoject Insulin Safety Syring	Tier 2	
Monoject Insulin Syringe	Tier 2	
Monoject Luer-Lock Tip	Tier 2	
Monoject Magellan Syringe	Tier 2	
Monoject Pharmacy Tray Luer	Tier 2	
Monoject Pharmacy Tray Reg Tip	Tier 2	
Monoject Reg Tip Non-Sterile	Tier 2	
Monoject Regular Luer	Tier 2	
Monoject Safety Luer Lock Tip	Tier 2	
Monoject Safety Syringes	Tier 2	
Monoject Smartip Cannula	Tier 2	
Monoject Syringe	Tier 2	
Monoject Syringe Eccentri Luer	Tier 2	
Monoject Syringe Luer Lok	Tier 2	
Monoject Syringe Regular Luer	Tier 2	
Monoject Syringe Toomey Type	Tier 2	
Monoject TB	Tier 2	
Monoject TB Luer Lok	Tier 2	
Monoject TB Regular Luer Tip	Tier 2	
Monoject TB Safety Syringe	Tier 2	
Monoject Tuberculin Syringe	Tier 2	
Monoject Ultra Comfort Insulin	Tier 2	
Norm-Ject	Tier 2	
Norm-Ject Tuberkulin	Tier 2	
Pro Comfort Insulin Syringe	Tier 2	
Prodigy Insulin Syringe	Tier 2	
SafeSnap Insulin Syringe	Tier 2	
SafeSnap Syringe	Tier 2	
Sure Comfort Ins. Syr. U-100	Tier 2	
Sure Comfort Insulin Syringe	Tier 2	
Sure-Ject Insulin Syringe	Tier 2	

Drug	Status	Notes
SurGuard2 Safety syringe	Tier 2	
syringe (disposable)	Tier 2	
Syringe 3cc/20Gx1"	Tier 2	
Syringe 3cc/21Gx1"	Tier 2	
Syringe 3cc/21Gx1-1/2"	Tier 2	
Syringe 3cc/22Gx1"	Tier 2	
Syringe 3cc/22Gx3/4"	Tier 2	
Syringe 3cc/25Gx1"	Tier 2	
syringe with needle	Tier 2	
syringe with needle, safety syringe 3 mL 22 gauge x 1"	Tier 2	
Syringe without Needle	Tier 2	
TechLITE Insulin Syringe syringe 1 mL 29 gauge x 1/2", 1 mL 30 gauge x 1/2", 1 mL 31 gauge x 15/64", 1 mL 31 gauge x 5/16	Tier 2	
TechLITE Insulin Syr(half unit) syringe 0.3 mL 29 gauge x 1/2", 0.3 mL 30 gauge x 5/16", 0.3 mL 31 gauge x 15/64", 0.3 mL 31 gauge x 5/16", 0.5 mL 30 gauge x 1/2", 0.5 mL 30 gauge x 5/16", 0.5 mL 31 gauge x 15/64", 0.5 mL 31 gauge x 5/16"	Tier 2	
Terumo Allergy Syringe	Tier 2	
Terumo Hypodermic Needle/Syrin	Tier 2	
Terumo Insulin Syringe	Tier 2	
Terumo Syringe	Tier 2	
Thinpro Insulin Syringe	Tier 2	
Toomey Syringe	Tier 2	
Topcare Ultra Comfort	Tier 2	
True Comfort Insulin Syringe	Tier 2	
True Comfort Pro Ins Syringe	Tier 2	
TRUEplus Insulin	Tier 2	
Tuberculin Syringe	Tier 2	
tuberculin-allergy syringes	Tier 2	
UltiCare Insulin Syringe	Tier 2	
UltiCare Insulin Syr(half unit)	Tier 2	
UltiCare Low Dead Space Syring	Tier 2	
UltiCare Safety Syringe	Tier 2	
UltiCare syringe 0.3 mL 30 gauge x 1/2", 0.3 mL 31 gauge x 5/16", 0.5 mL 30 gauge x 1/2", 0.5 mL 31 gauge x 5/16", 1 mL 25 gauge x 5/8", 1 mL 30 gauge x 1/2", 1 mL 31 gauge x 5/16	Tier 2	
UltiCare TB Safety Syringe	Tier 2	
UltiGuard SafePack-Insulin Syr	Tier 2	
Ultilet Insulin Syringe	Tier 2	
Ultra Cmft Ins Syr (half unit) syringe 0.3 mL 29 gauge x 1/2", 0.3 mL 31 gauge x 5/16"	Tier 2	
Ultra Comfort Insulin Syringe	Tier 2	



Drug	Status	Notes
Ultra Flo Insul Syr(half unit)	Tier 2	
Ultra Flo Insulin Syringe	Tier 2	
Ultracare Insulin Syringe	Tier 2	
Ultra-Thin II (Short) Ins Syr	Tier 2	
Ultra-Thin II Insulin Syringe	Tier 2	
VanishPoint Insulin Syringe	Tier 2	
VanishPoint Syringe	Tier 2	
VanishPoint Tuberculin Syringe	Tier 2	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
Tegsedi	Tier 2	PA
<b>Anaphylaxis Therapy Agents</b>		
epinephrine injection auto-injector	Tier 1	QL (2 EA per 7 days)
Symjepi	Tier 2	QL (2 EA per 7 days)
<b>Parasympathetic Agents</b>		
bethanechol chloride	Tier 1	
cevimeline	Tier 1	
pilocarpine HCl oral	Tier 1	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
Galafold	Tier 2	PA
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
Palynziq	Tier 2	PA
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
sapropterin	Tier 1	PA
<b>Systemic Enzyme Inhibitors</b>		
Aralast NP	Tier 2	PA
Prolastin-C	Tier 2	PA
Vijoice	Tier 2	
Zemaira	Tier 2	PA
Zokinvy	Tier 2	
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
Qbrexza	Tier 2	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
cyclophosphamide oral	Tier 1	
hydroxyurea	Tier 1	
Leukeran	Tier 2	
melphalan	Tier 1	
Myleran	Tier 2	
temozolomide	Tier 1	PA

Drug	Status	Notes
<b>Antiandrogenic Agents</b>		
abiraterone	Tier 1	PA; QL (4 EA per 1 day)
bicalutamide	Tier 1	
Erleada	Tier 2	PA
flutamide	Tier 1	
nilutamide	Tier 1	QL: 2 PER DAY FOR FIRST 30 DAYS THEN 1 PER DAY
Nubeqa	Tier 2	PA
Xtandi oral capsule	Tier 2	PA; QL (4 EA per 1 day)
Xtandi oral tablet	Tier 2	PA
Yonsa	Tier 2	PA
<b>Antibiotic Antineoplastics</b>		
Jelmyto	Tier 2	
<b>Antimetabolites</b>		
capecitabine oral tablet 150 mg	Tier 1	PA; QL (28 EA per 21 days)
capecitabine oral tablet 500 mg	Tier 1	PA; QL (112 EA per 21 days)
Inqovi	Tier 2	PA; QL (5 EA per 28 days)
Lonsurf	Tier 2	PA
mercaptopurine	Tier 1	
methotrexate sodium	Tier 1	
methotrexate sodium (PF)	Tier 1	
Onureg	Tier 2	PA; QL (14 EA per 28 days)
Purixan	Tier 2	ST
Tabloid	Tier 2	
Trexall	Tier 2	
Xatmep	Tier 2	PA
<b>Antineoplastic Aromatase Inhibitors</b>		
anastrozole	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
exemestane	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
letrozole	Tier 1	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
Braftovi oral capsule 50 mg	Tier 2	PA; QL (9 EA per 1 day)
Braftovi oral capsule 75 mg	Tier 2	PA; QL (6 EA per 1 day)
Tafinlar	Tier 2	PA
Zelboraf	Tier 2	PA; QL (8 EA per 1 day)
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
Daurismo	Tier 2	PA
Erivedge	Tier 2	PA; QL (1 EA per 1 day)
Odomzo	Tier 2	PA
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
Jakafi	Tier 2	PA

Drug	Status	Notes
<b>Antineoplastic - Kras Protein Inhibitor</b>		
Lumakras	Tier 2	PA
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
Cotellic	Tier 2	PA; QL (63 EA per 28 days)
Koselugo	Tier 2	PA
Mekinist	Tier 2	PA
Mektovi	Tier 2	PA; QL (6 EA per 1 day)
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
Afinitor Disperz	Tier 2	PA
everolimus (antineoplastic) oral tablet 10 mg, 7.5 mg	Tier 1	PA; QL (2 EA per 1 day)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet for suspension	Tier 1	PA
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
Tazverik	Tier 2	PA
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
Hycamtin oral	Tier 2	
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
Kisqali Femara Co-Pack	Tier 2	PA
<b>Antineoplastic Immunomodulator Agents</b>		
lenalidomide	Tier 1	PA; QL (1 EA per 1 day)
Pomalyst	Tier 2	PA
Revlimid	Tier 2	PA; QL (1 EA per 1 day)
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
Firmagon kit w diluent syringe subcutaneous recon soln 120 mg	Tier 2	QL (2 EA per 365 days)
Firmagon kit w diluent syringe subcutaneous recon soln 80 mg	Tier 2	QL (1 EA per 30 days)
Firmagon subcutaneous recon soln 120 mg	Tier 2	QL (2 EA per 365 days)
Orgovyx	Tier 2	
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
Alecensa	Tier 2	PA; QL (240 EA per 30 days)
Alunbrig oral tablet 180 mg, 90 mg	Tier 2	PA; QL (1 EA per 1 day)
Alunbrig oral tablet 30 mg	Tier 2	PA; QL (4 EA per 1 day)
Alunbrig oral tablets,dose pack	Tier 2	PA; QL (1 EA per 1 day)
Ayvakit	Tier 2	PA
Balversa	Tier 2	PA
Bosulif oral tablet 100 mg	Tier 2	PA; QL (4 EA per 1 day)
Bosulif oral tablet 400 mg, 500 mg	Tier 2	PA; QL (1 EA per 1 day)
Brukinsa	Tier 2	PA
Cabometyx	Tier 2	PA; QL (4 EA per 1 day)
Calquence	Tier 2	PA
Caprelsa oral tablet 100 mg	Tier 2	PA; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Caprelsa oral tablet 300 mg	Tier 2	PA; QL (1 EA per 1 day)
Cometriq	Tier 2	PA; QL (4 EA per 1 day)
Copiktra	Tier 2	
erlotinib oral tablet 100 mg, 150 mg	Tier 1	PA; QL (3 EA per 1 day)
erlotinib oral tablet 25 mg	Tier 1	PA; QL (2 EA per 1 day)
Exkivity	Tier 2	PA
Fotivda	Tier 2	PA
Gavreto	Tier 2	PA; QL (4 EA per 1 day)
Gilotrif	Tier 2	PA
Ibrance	Tier 2	PA
Iclusig oral tablet 10 mg, 30 mg	Tier 2	
Iclusig oral tablet 15 mg	Tier 2	PA; QL (2 EA per 1 day)
Iclusig oral tablet 45 mg	Tier 2	PA; QL (1 EA per 1 day)
imatinib	Tier 1	PA; QL (2 EA per 1 day)
Imbruvica	Tier 2	PA
Inlyta oral tablet 1 mg	Tier 2	PA; ST; QL (6 EA per 1 day)
Inlyta oral tablet 5 mg	Tier 2	PA; ST; QL (4 EA per 1 day)
Inrebic	Tier 2	PA
Iressa	Tier 2	PA
Kisqali	Tier 2	PA
lapatinib	Tier 1	PA
Lenvima	Tier 2	PA
Lorbrena	Tier 2	PA
Lynparza	Tier 2	PA; QL (4 EA per 1 day)
Nerlynx	Tier 2	PA
Nexavar	Tier 2	PA; QL (4 EA per 1 day)
Ninlaro	Tier 2	PA; QL (3 EA per 28 days)
Pemazyre	Tier 2	PA
Piqray	Tier 2	PA
Qinlock	Tier 2	PA
Retevmo	Tier 2	PA
Rozlytrek	Tier 2	PA
Rubraca	Tier 2	PA; QL (4 EA per 1 day)
Rydapt	Tier 2	PA
Scemblix	Tier 2	PA
sorafenib	Tier 1	PA; QL (4 EA per 1 day)
Sprycel oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Tier 2	PA; QL (1 EA per 1 day)
Sprycel oral tablet 20 mg	Tier 2	PA; QL (2 EA per 1 day)
Stivarga	Tier 2	PA; QL (3 EA per 1 day)
sunitinib	Tier 1	PA; QL (1 EA per 1 day)
Tabrecta	Tier 2	PA
Tagrisso	Tier 2	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Talzenna	Tier 2	PA
Tasigna	Tier 2	PA; QL (4 EA per 1 day)
Tepmetko	Tier 2	PA
Truseltiq	Tier 2	PA
Tukysa	Tier 2	PA
Turalio	Tier 2	PA
Verzenio	Tier 2	PA
Vitrakvi	Tier 2	PA
Vizimpro	Tier 2	PA
Vonjo	Tier 2	PA
Votrient	Tier 2	PA; QL (4 EA per 1 day)
Xalkori	Tier 2	PA
Xospata	Tier 2	PA
Zejula	Tier 2	PA
Zydelig	Tier 2	PA
Zykadia oral tablet	Tier 2	PA
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
Farydak	Tier 2	PA
Zolinza	Tier 2	
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
Venclexta	Tier 2	PA
Venclexta Starting Pack	Tier 2	PA
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
Welireg	Tier 2	
<b>Antineoplastic-Interleukin-6(II-6)Inhib,Antibody</b>		
Sylvant	Tier 2	PA
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
Idhifa	Tier 2	PA
Tibsovo	Tier 2	PA; QL (1 EA per 1 day)
<b>Antineoplastics,Miscellaneous</b>		
etoposide oral	Tier 1	
Lysodren	Tier 2	
Matulane	Tier 2	
Rylaze	Tier 2	PA
Synribo	Tier 2	PA
tretinoin (antineoplastic)	Tier 1	
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
Xpovio oral tablet 100 mg/week (50 mg x 2), 40 mg/week (40 mg x 1), 40mg twice week (40 mg x 2), 60 mg/week (60 mg x 1), 60mg twice week (120 mg/week), 80 mg/week (40 mg x 2), 80mg twice week (160 mg/week)	Tier 2	PA

Drug	Status	Notes
<b>Chemotherapy Rescue/Antidote Agents</b>		
leucovorin calcium oral	Tier 1	
Mesnex oral	Tier 2	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
Soltamox	Tier 2	
tamoxifen	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER
toremifene	Tier 1	PA
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
bexarotene oral	Tier 1	PA
<b>Steroid Antineoplastics</b>		
Emcyt	Tier 2	
megestrol oral tablet	Tier 1	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
Aubagio	Tier 2	PA; QL (1 EA per 1 day)
Avonex intramuscular pen injector	Tier 2	PA; QL (2 ML per 28 days)
Avonex intramuscular pen injector kit	Tier 2	PA; QL (1 EA per 28 days)
Avonex intramuscular syringe	Tier 2	PA; QL (2 ML per 28 days)
Avonex intramuscular syringe kit	Tier 2	PA; QL (1 EA per 28 days)
Bafiertam	Tier 2	PA
Betaseron	Tier 2	PA; ST; QL (14 EA per 28 days)
dimethyl fumarate	Tier 1	PA; QL (2 EA per 1 day)
Extavia	Tier 2	PA; ST; QL (14 EA per 28 days)
Gilenya	Tier 2	PA; QL (1 EA per 1 day)
glatiramer subcutaneous syringe 20 mg/mL	Tier 1	PA; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/mL	Tier 1	PA; QL (12 ML per 28 days)
Glatopa subcutaneous syringe 20 mg/mL	Tier 1	PA; QL (30 ML per 30 days)
Glatopa subcutaneous syringe 40 mg/mL	Tier 1	PA; QL (12 ML per 28 days)
Kesimpta Pen	Tier 2	PA
Lemtrada	Tier 2	PA
Mavenclad (10 tablet pack)	Tier 2	PA
Mavenclad (4 tablet pack)	Tier 2	PA
Mavenclad (5 tablet pack)	Tier 2	PA
Mavenclad (6 tablet pack)	Tier 2	PA
Mavenclad (7 tablet pack)	Tier 2	PA
Mavenclad (8 tablet pack)	Tier 2	PA
Mavenclad (9 tablet pack)	Tier 2	PA
Mayzent	Tier 2	PA
Mayzent Starter(for 1mg maint)	Tier 2	PA
Mayzent Starter(for 2mg maint)	Tier 2	PA
Ocrevus	Tier 2	PA
Plegridy intramuscular	Tier 2	PA; ST

Drug	Status	Notes
Plegridy subcutaneous pen injector 125 mcg/0.5 mL	Tier 2	PA; ST; QL (1 ML per 28 days)
Plegridy subcutaneous pen injector 63 mcg/0.5 mL- 94 mcg/0.5 mL	Tier 2	PA; ST; QL (1 ML per 21 days)
Plegridy subcutaneous syringe 125 mcg/0.5 mL	Tier 2	PA; ST; QL (1 ML per 28 days)
Plegridy subcutaneous syringe 63 mcg/0.5 mL- 94 mcg/0.5 mL	Tier 2	PA; ST; QL (1 ML per 21 days)
Ponvory	Tier 2	PA
Ponvory 14-Day Starter Pack	Tier 2	PA
Rebif (with albumin)	Tier 2	PA; QL (6 ML per 28 days)
Rebif Rebidose subcutaneous pen injector 22 mcg/0.5 mL, 44 mcg/0.5 mL	Tier 2	PA; QL (6 ML per 28 days)
Rebif Rebidose subcutaneous pen injector 8.8mcg/0.2mL-22 mcg/0.5mL (6)	Tier 2	PA; QL (1 ML per 21 days)
Rebif Titration Pack	Tier 2	PA; QL (1 ML per 21 days)
Vumerity	Tier 2	PA
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
dalfampridine	Tier 1	PA
Firdapse	Tier 2	PA
<b>Amyotrophic Lateral Sclerosis Agents</b>		
Exservan	Tier 2	PA
Radicava ORS	Tier 2	
Radicava ORS Starter Kit Susp	Tier 2	
riluzole	Tier 1	
Tiglutik	Tier 2	PA
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
Savella	Tier 2	
<b>Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab</b>		
Tysabri	Tier 2	PA
<b>Metabolic Disease Enzyme Replacement, Mocd</b>		
Nulibry	Tier 2	
<b>Movement Disorders(Drug Therapy)</b>		
Austedo	Tier 2	PA
Austedo TD Titratn Pk (Wk 1-2)	Tier 2	PA
Horizant oral tablet extended release 300 mg	Tier 2	ST; QL (30 EA per 30 days)
Horizant oral tablet extended release 600 mg	Tier 2	ST; QL (2 EA per 1 day)
Ingrezza	Tier 2	PA
Ingrezza Initiation Pack	Tier 2	PA
tetrabenazine	Tier 1	PA
<b>Neuropathic Agents</b>		
Lyrica CR	Tier 2	PA
pregabalin oral tablet extended release 24 hr	Tier 1	PA

Drug	Status	Notes
<b>Postherpetic Neuralgia Agents</b>		
Gralise oral tablet extended release 24 hr	Tier 2	ST; QL (3 EA per 1 day)
Gralise oral tablet, Ext Rel 24hr dose pack	Tier 2	ST; QL (33 EA per 15 days)
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
Nuedexta	Tier 2	PA; QL (2 EA per 1 day)
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
Zeposia	Tier 2	PA
Zeposia Starter Kit	Tier 2	PA
Zeposia Starter Pack	Tier 2	PA
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
chlorhexidine gluconate mucous membrane	Tier 1	
Oralone	Tier 1	
triamcinolone acetonide dental	Tier 1	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
cocaine	Tier 1	
ipratropium bromide nasal	Tier 1	
Numbrino	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
doxycycline hyclate oral tablet 20 mg	Tier 1	
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
Mifeprex	Tier 2	
mifepristone	Tier 1	
<b>Antidiarrheal Microorganisms Agents</b>		
Acidophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Acidophilus Ex Str (L. sporog)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Acidophilus Probiotic Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Acidophilus Probiotic Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Acidophilus-Pectin oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Acidophilus-Pectin oral tablet, chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
acidophilus-pectin, citrus oral capsule 100 million cell-10 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
acidophilus-pectin, citrus oral capsule 7.5 mg (30 mill cell)-100 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
acidophilus-pectin, citrus oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Adult 50 Plus Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Advanced Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Advanced Probiotic-14	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Align	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Align Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AZO Complete Feminine Balance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AZO Dual Protection	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
BaciCap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bacid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bacid with Lactospore	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biogaia	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
BioGaia Gastrus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biogaia Protectis Baby	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biogaia Protectis with Vit D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bio-K plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
BiomePRO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Childrens Chewable Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Controlled Delivery Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Baby Calm-Comfort	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Baby Grow-Thrive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Baby Probiotic-DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Digestive Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Culturelle Immune Defense	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids Gentle-Go	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids Grow-Thrive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids Immune Defense	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids Probiotics	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids Ultim Balance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Metabolism-Wt Mgmt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle oral capsule, sprinkle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Prenatal Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Pro-Well 3-In-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Total Balance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Ultimate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Women Health Balanc	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Probiotic (10 Strains)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Probiotic (S. boulardii)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite Chewable Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Diff-Stat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digest Adv Probio Plus Gas	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digest Probiotic (S.boulardii)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Adv Multistrain Gmmy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantag Kid Pro-Pre	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantage Advanced	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Digestive Advantage Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantage Intens Bow	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantage Kid Probio	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantage Lactos Def	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantage Lactos Sup	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantage Prob Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantage Probio-Pre	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Advantage Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Health Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Probiotic oral capsule 10 billion cell, 3 billion cell	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Probiotic oral capsule, sprinkle	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Envive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Evivo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Evivo Starter Kit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Evivo with MCT Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Florajen Acidophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Florajen Digestion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Florajen Kids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Florajen Women	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Floranex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Floranex One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Florasave	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FlorastorKids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FloraTummys Quick Dissolve	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FloraTummys Sprinkles Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FloraVance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortify Opt Adv (L. salivarius)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortify Optima Advanced Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortify Optima Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortify Optima Women Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortify Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortify Probiotic 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortify Women Probio(L.saliv.)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortify Women Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Freeze Dried Acidophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Gentle Probiotic-Vit D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Good Start Grow Kids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Good Start Grow Toddler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Soothe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Soothe Vit D-Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
High Potency Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Intestinex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jarro-Dophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kala	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kids Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L.acidoph,saliva-B.bif-S.therm	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L.acidophilus-Bifido.longum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lactobac acidoph-fructooligos	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Lactobacillus acidophilus oral capsule 100 mg (1 billion cell)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lactobacillus acidophilus oral capsule 500 million cell	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lactobacillus acidophilus oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lactobacillus acidophilus oral wafer	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lactobacillus acidoph-L. bifid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lactobacillus acidoph-L.bulgar	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lacto-Pectin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mage	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mega Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Metabiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mood Support Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
More-Dophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MVW Complete Formul Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NewFlora	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Trubiotics	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pedia-Lax Probiotic Yums	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phillips' Colon Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pre B2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Preorbatic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Primadophilus Bifidus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probacap	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probichew	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic (B. coagulans)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Probiotic (S.bouardii)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic (with Vitamin D3)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic 4X	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Acidophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Acidophilus Beads	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Acidophilus Biobeads	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Acidophilus-Pectin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic and Acidophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Colon Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Colon Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Complex (with FOS)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Digest Supp (4-strn)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Digest Supp (6-strn)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Digest(L.rham,inuln)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Digest(Lacto,Bifido)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Digestive Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Digestive System Sup	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Formula (inulin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Gold Acidophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Pearls	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Pearls Acidophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Pearls Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Probiotic Pearls Max Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Pearls Women's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Plus Colostrum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic with Prebiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic-10 (with inulin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic-Digestive Enzymes	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Promella	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Provella	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quad-Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rejuvaflor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Resistance Formula Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Restora RX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Restora Sprinkles	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
RisaQuad	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
RisaQuad-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Saccharomyces boulardii	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Senior Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Similac Probiotic Tri-Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TruBiotics	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TruBiotics Baby	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TruBiotics Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TruBiotics Kids Chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TruBiotics Kids Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Ultimate Flora Baby Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultimate Flora Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultimate Probiotic-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
up4 Probiotics Adult	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
up4 Probiotics Adult 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
up4 Probiotics Kids Cubes	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
up4 Probiotics Plus Prebiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
up4 Probiotics Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
up4 Probiotics Women's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
up4 Probiotics-Prebiotics Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Visbiome oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Visbiome oral drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Visbiome oral powder in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Antidotes, Miscellaneous</b>		
Actidose/Sorbitol oral suspension 50 gram/240 mL	Tier 2	
Actidose-Aqua oral suspension 15 g/72 mL, 50 gram/240 mL	Tier 1	
Actidose-Aqua oral suspension 25 gram/120 mL	Tier 2	
activated charcoal oral capsule 200 mg, 280 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
activated charcoal oral capsule 260 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
activated charcoal oral powder	Tier 1	
EZ Char	Tier 2	
Insta-Char oral suspension 25 gram/120 mL	Tier 2	
Insta-Char oral suspension 50 gram/240 mL	Tier 1	
Insta-Char-Sorbitol	Tier 1	
<b>Antioxidant Agents</b>		
ALAmox CR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ALAmox Protect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
alpha lipoic acid oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
alpha lipoic acid oral tablet 200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
alpha lipoic acid oral tablet 50 mg, 600 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
alpha lipoic acid-biotin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Antioxidant A/C/E/Selenium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
E-400 C-500 and Beta Carotene	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eye Multivit (lutein-zeaxan)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Healthy Eyes Lutein-Zeaxanthin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Healthy Eyes SuperVision2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
I-Sight	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipotriad Vision Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipotriad Vision Support Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liver Protect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lutein extract-zeaxanthin ext	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lutein oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lutein oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lutein-zeaxanthin oral capsule 20 mg- 1,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lutein-zeaxanthin oral capsule 25-5 mg, 40-1,600 mg-mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lutein-zeaxanthin-bilberry ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Macuvite With Lutein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocuvite Blue Light	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocuvite Eye Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocuvite Lutein 25	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocuvite Lutein and Zeaxanthin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PreserVision AREDS-2 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PreserVision AREDS-2 oral tablet, chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Retaine VISION	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SAVision	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Antioxidant	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vision Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
megestrol oral suspension 400 mg/10 mL (10 mL), 400 mg/10 mL (40 mg/mL)	Tier 1	
megestrol oral suspension 625 mg/5 mL (125 mg/mL)	Tier 1	ST
<b>Carbohydrates</b>		
Cytose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enfamil Glucose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Galaxtra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glutol Gel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Cardioplegic Solutions</b>		
cardioplegic soln	Tier 1	
<b>Coloring Agents And Dyes</b>		
methylene blue (bulk-solid)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Cryopreservative Agents</b>		
Cryoserv	Tier 2	
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		
Bronchitol	Tier 2	QL (20 EA per 1 day)
<b>Diagnostic Test Devices And Supplies</b>		
BinaxNOW COVID-19 Ag Self Test	Tier 3	QL (1 EA per 7 days)
Ellume COVID-19 Home Test	Tier 3	QL (2 EA per 7 days)
Flowflex COVID-19 Ag Home Test	Tier 3	QL (1 EA per 7 days)
InteliSwab COVID-19 Home Test	Tier 3	QL (1 EA per 7 days)
QuickVue At-Home COVID-19 Test	Tier 3	QL (1 EA per 7 days)
<b>Dietary Supplement, Miscellaneous</b>		
5-HTP	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
5-hydroxytryptophan (5-HTP)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
5-hydroxytryptophan(5HTP)-B6-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
5hydroxytryptophan(oxitriptan)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
A/G Pro	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Abatrace	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Abatrex with ALA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
acetylcarnitin HCl-a lipoic ac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
acetylcysteine oral capsule 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
acetylcysteine oral capsule 600 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Acticarnitine SF	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Active Health Teen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Active Q oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Active Q oral suspension	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adrenal Essence	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adrenal Manager	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adrenaliv	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AdrenaMax	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adrenoid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AdvaClear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Advanced Eye Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Air Protector	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne (ascorbate sodium)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne (ascorbic acid) oral powder effervescent in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne (ascorbic acid) oral tablet,chewable 250-8.875 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne (elderberry)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Airborne (lysine HCl)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne (with lysine acetate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne Elderberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne Natural Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne Plus Good Rest	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne Plus Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airborne Vits Zinc Elderberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airshield Immune	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Airshield oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Hair, Skin and Nails	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Immune Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AllerDHQ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ALZ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
amino PM rms	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Amino Relief RMS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Anti-Allergy Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Appe-Curb	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Appetite Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
apple cider vinegar oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
apple cider vinegar oral tablet 300 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
apple cider vinegar oral tablet 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Apple Cider Vinegar Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AppTrim	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AppTrim-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ArgiMent AT	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Arginaid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Arginaid Extra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Argitein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid-elderberry fruit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
astaxanthin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AZO D-Mannose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azo Hormonal Health Cycle Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azo Hormonal Hlth Happy Cycle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby Complete Cough-Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby's Only Dairy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby's Only Org LactoRelief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby's Only Organic Dairy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby's Only Organic Dairy Whey	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby's Only Organic Soy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Beauty and Skin Therapy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
bee pollen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Beef-Potatoes-Spinach	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Benecalorie	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Beneprotein oral powder in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
betaine HCl	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bilberry Extract	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Bioflex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bio-Immunex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biotin Plus Keratin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biotin-Calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Black Cohosh-Flaxseed-Soy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Breeze Nutritional	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Kid Essentials	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Kid Essentials w-Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Max	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Max Men	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Men	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Mobility	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Pudding	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Soothe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost VHC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Women	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Brain Might-DHA-Co Q10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Brainstrong Memory Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Breakfast Essentials	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Breeza Neutral Ab-Pelvic Image	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bright Beginnings Soy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Burn Calories	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium gluconate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Carb Intercept	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cardiopress	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CardioVid PLUS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Carni Q-Gel Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cartilage-collagen-bor-hyalur	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cerenx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CheleX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Chew Q	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
chia seed oil-omega 3-6-9 oral capsule 1,000 mg (580 mg), 1,000 mg (600 mg-150 mg-50mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child All In One Cough Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child Complete Cough-Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child Cough-Mucus-Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child Soothing Throat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Cough-Mucus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's DiaResQ oral powder in packet 4 gram-35 kcal/7 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Migrelief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Omega-3 Gummy Fish	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child's Cough	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Chlorocaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cholase Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cholesterol Relief	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CholestOff Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
choline dihydrogen citrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cinnamon bark-chromium-ALA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Co Q-10 (with Vit E) oral capsule 100-5 mg-unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Co Q-10 oral capsule 10 mg, 100 mg, 150 mg, 200 mg, 30 mg, 300 mg, 400 mg, 50 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Co Q-10-Vitamin E-Fish Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coconut oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coenzyme Q10 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coenzyme Q10 oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coenzyme Q10 oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coenzyme Q10-black pepper ext	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coenzyme Q10-L-carnitine-vit E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coenzyme Q10-vit E-vit E mixed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coenzyme Q10-vitamin E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cognitive Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Collagen 1500 Plus C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Collagen Plus Vitamin C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
collagen,hydrolyz-ascorbate Ca	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
colostrum, bovine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Organic Blend Chicken	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Organic Blends Plant	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Ped Org Blend Chicken	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Ped Org Blends Plant	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Compleat Ped Standard 1.4	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Pediatric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Pediatric Peptide 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Pediatric Reduced Cal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Pediatric Standard 1	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Peptide 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compleat Standard 1.4	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ConceptionXR Motility	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ConceptionXR Reproductive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CoQ-10	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
coQ10 (ubiquinol)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CoQ-10 and Fish Oil	Tier 1	
Coromega oral emulsion in packet 2,000-650-12 mg/2.5 gram, 650 mg-1,000 unit/2.5 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CranRx with Vit C-Mannose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
creatine monohydrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyto-Q	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyto-Q Max	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyto-Q t-f	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cytotine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daflonex-XL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dark Cherry Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
De3 Dry Eye Omega Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DecuB-Amine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermaNIC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DHEA oral tablet 10 mg-47 mg calcium, 25 mg-52 mg calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DHEA oral tablet 50 mg-60 mg calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Diabetic Support Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
diachrome	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DiaResQ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dieter's Detox	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dietex Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dry Eye Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dry Eye Omega Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Duocal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EB-A7 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EB-C3 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EB-L1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EB-N5 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EB-N6 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EC Matrixx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Effervescent Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Egg-Pro	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eggs-Apples-Oats	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Elon Matrix 5000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Elon Matrix Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Elon R3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enfagrow Next Step	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enfagrow Toddler Non-Gmo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enfagrow Todlr Nxt Stp Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Ensure	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Active Heart Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Active High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Active Light	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Active Muscle Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Active Protein-Muscle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Clear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Compact	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Enlive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Harvest	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure MAX Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Muscle Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Original	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Pre-Surgery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Pudding	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enterade Advanced Oncology	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enu Nutrition Shake	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enu Pro3 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EO28 Splash oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Estroblend	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EstroNatural	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Estroplus Max Strength	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Estroven	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Estroven Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Estroven Maximum Strength	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Estroven Mood and Memory	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Estroven Weight Management	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eye Omega Advantage	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eye Omega Benefits For Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fibersource HN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flax, Fish and Borage Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flexgen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fosteum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fosteum Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fruit and Vegetable Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GABAdone	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Garcinia Cambogia	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gastrace	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Good Start A2 Toddler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Good Start Grow Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gluciless	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GlycoTrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Green Tea (w/Met.Enhan.Blend)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gripe Water (ginger, fennel)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Guarana	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
H2Q	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
H2Q CoQ10	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair, Skin and Nails Advanced	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair, Skin, Nails with Biotin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair-Skin-Nail(vit A,C-biotin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair-Skin-Nails (vit C-biotin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Healthy Heart Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Heliocare	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Heliocare Advanced	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HepaMent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hi-Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
High-Protein Nutritional Shake	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
hyaluronate sodium-vit C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hyaluronic Acid (chond-collgn)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hypertensa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HyProst	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Immune Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Immunicare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Impact 1 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Imubolic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
IsoRel	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Isosource 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Isosource HN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jevity 1 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Jevity 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jevity 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Joint Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kids Omega-3 with DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Korean Ginseng Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
K-Pax Immune Booster	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LDL Benefit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
levocarnitine oral solution 1 gram/10 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
levocarnitine-pantothe-aurine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lil Mixins Egg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lil Mixins Peanut	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipotriad Dry Eye	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipotropix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LiQ-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LiQSorb	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquacel oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquacel oral liquid in metered-dose pump	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquacel oral liquid in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquid Hope Original Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lister-V	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lithate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Little Remedies Gripe Water	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liver-Kidney Cleanser	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Livetroil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
LPS 15-30	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LPS Critical Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LPS Neutral Flavor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lutrish Shake	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mag oxide-D3-turmeric rt xt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mag-Amide	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mannxtra	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MedCaps DPO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MedCaps GI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MedCaps T3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MegaRed Advanced 4-in-1 Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MegaRed Advanced 6x Absorption	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MegaRed Advanced Omega-3 Algae	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MegaRed Joint Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MegaRed Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Megavite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Megavite Golden Years 55 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MemorAll	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Menopause Support oral tablet 30-400-80 unit-mcg-mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Methacholine with Liver	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Methazel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
methylsulfonylmethane	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MigreLief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Minus Weight Plus Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Miseflex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Miseflex-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Monogen oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mood Food ES	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Move Free Ultra Omega Joint PI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Move Free Ultra Triple Action	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Move Free Ultra-Borate-K2-D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSM	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MyoCalm	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NAC oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NAC oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
N-A-C Sustain	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nan Pro Toddler Drink	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natrol 5-HTP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natrol Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nattokinase	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NeoQ10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neuriva Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neuriva Plus Brain Performance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NeuroActives BrainSustain	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Niacin-Aze AC-Turmer-FA-B6-ZN	Tier 1	
Nicadan	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nicadan ZX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nicazel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nourish Original Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NovaSource Renal 2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Numaqla Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutra Pro High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutrafit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutrafit Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutren 1.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutren 1.0 with Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutren 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutren 2.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutren Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutren Junior Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutri-Drink	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NutriSure Original	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NutriSure Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutritional Drink	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutritional Drink Mix	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutritional Drink Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutritional Shake	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutritional Shake Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocean Blue Prenatal DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OlivDefense	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
om3-dha-epa-cod liver-vit A-D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega 3-dha-epa-fish oil oral capsule 108-162-1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega MonoPure Curcumin EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Omega-3 Plus Vitamin D3 oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
omega-3s-dha-epa-fish oil oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-V Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omera oral capsule 750-300-400-50 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Women's Metabolism	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OptiFiber Lean	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OptiFlex-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Orange Chickn-Carrot-Brwn Rice	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Organic PediaSmart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OrthoDiet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Osmolite 1 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Osmolite 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Osmolite 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ostera	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ovasitol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
papain	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediasure Enteral	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure Enteral w/Fiber 1.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure Grow-Gain	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure Grow-Gain Organic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure Harvest	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure Peptide 1.0 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure Peptide 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PediaSure Shake Mix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediasure Sidekicks Clear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure Sidekicks oral liquid 0.04-0.8 gram-kcal/mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PediaSure with Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Balanced Nutrition	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Drink With Fiber	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Peptide 1.0	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Peptide Formula 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Standard Formula 1.2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen 1.5 Cal With Prebio1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen AF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen Junior Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen Junior HP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen Junior With Prebio1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptide 1.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptide Formula 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Percura	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PhytoMulti	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
phytosterol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pivot 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pre Protein 20	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PreDia	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pregnitude	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
preOp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pre-Protein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProCel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Proleeva	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProMod Protein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Promote	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Promote with Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProSource No Carb oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProSource No Carb oral liquid in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProSource oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProSource oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProSource Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prosource TF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProSource TF 20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProSource Zac	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pro-Stat AWC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pro-Stat Max	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pro-Stat Renal Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pro-Stat Sugar Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pro-Stat Sugar Free with Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prostate 2.4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prostate Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prostate Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prostate Max Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Prostate PQ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prostate Therapy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Protein Nutritional Shake	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
protein oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Proteinex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Proteinex-18	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Proteolin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Proteolin DS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Provide Gold Regular	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Provide Gold Sugar Free	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProViMin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Proxceed Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-GEL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-Gel Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-Gel Mega	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-Gel Ultra	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-GEL with Alpha Lipoic Acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-Sorb Co Q-10 oral capsule 100 mg, 200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-Sorb Co Q-10 oral capsule 150 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-Sorb Co Q-10 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quinoa-Kale-Hemp	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Q-Up	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
re:iimmune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Red Wine Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Red Wine Extract	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Red Wine Extract Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Re-Gen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Replete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Replete Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Resource 2.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
resveratrol-quercetin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
resver-red-bfl-grpsd-pol-C-pom	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Retaine OM3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rheumate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rheumate (with Quatrefolic)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
royal jelly	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
S-acetylglutathione	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Salmon-Oats-Squash	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sambucus Elderberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sambucus Elderberry (zinc glu)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sambucus Elderberry Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sam-E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sam-E (Enteric Coated)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Scandishake oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sea-Omega	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sentra AM	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sentra PM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sharkilage	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Similac Go and Grow Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Similac Go and Grow oral powder 4-8-16 gram/150 kcal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Similac Go and Grow Sensitive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Similac Go-Grow Sensiv Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Similac Lamehadrin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Simone Super Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sol Carb	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
South African Hoodia Plus Cap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
soy isoflavone	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Soy Isoflavones oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stages Men's Multi-Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Standard 1.4	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Standard Formula 1.0	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stay Cool	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stomach Settle	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Enzyme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super-D3+	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Synertropin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Synogesic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SynovX Metabolic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SynovX Performance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Taliva	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tart Cherry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
The Eliminator	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
theanine oral capsule 100 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
theanine oral capsule 200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theralith XR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theramine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theramine Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraTears Nutrition	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Toddler's DiaResQ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tonalin CLA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tozal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Transferon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Travelan	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Trombonex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Trombonex-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Turkey-Sweet Potatoes-Peaches	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TwoCal HN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra CoQ10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra Diet Aid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra His Rx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra Men's Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultramino	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Urinozinc Prostate Complx Clsc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Urinozinc Prostate Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Urinozinc Prostate Formula Pls	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
UTI-Stat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
UtyMax	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vasoflex Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vasoflex HD	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vasoflex oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vasoflex oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vasoha	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Veinerect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vicectin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vista Advanced Carotenoid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vista Advanced Dry Eye	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vit A-C-biotin-zinc-selenometh	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VitaMent	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin D3 Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Whey Protein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Xyzmune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zytaze	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Digestive Agents, Other</b>		
FDgard	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Diluent Solutions</b>		
Diluting Medium for Novolog	Tier 2	
Sterile Hydrogel For Jelmyto	Tier 2	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
nitisinone	Tier 1	PA
Nityr	Tier 2	PA
Orfadin	Tier 2	PA
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
Cerdelga	Tier 2	PA
miglustat	Tier 1	PA

Drug	Status	Notes
<b>Flavoring Agents</b>		
anise	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Apple Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Butter Rum Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cinnamon Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
citronella oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ethyl acetate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
eucalyptol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eucalyptus Flavor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
eucalyptus oil oil 100 %	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lemon flavor extract (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lemon Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lemon oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
orange oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
raspberry flavor, artificial	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Raspberry Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sassafras oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
spearmint oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Watermelon Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Food Oils</b>		
Cholest Off Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
peanut oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
midazolam (PF) injection solution	Tier 1	
midazolam (PF) injection syringe 5 mg/mL	Tier 1	
midazolam injection	Tier 1	
<b>General Anesthetics, Inhalant</b>		
desflurane	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
isoflurane	Tier 1	
sevoflurane	Tier 1	
Suprane	Tier 2	
Terrell	Tier 1	
<b>General Inhalation Agents</b>		
sodium chloride inhalation	Tier 1	
<b>Herbal Drugs</b>		
acai berry extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Acai Weight Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
alfalfa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
aloe vera oral	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Anamu	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ANTI-NAUSEA GINGER	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
arnica	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
asafetida	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ashwagandha root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Atrantil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azo Bladder Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azo Bladder Control-Weight Mgt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azo Cranberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azo Cranberry Plus Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azo Cranberry Plus Vit C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Azo Men	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby Cough	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby Cough-Mucus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
bilberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
bilberry fruit extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Black Cohosh Menopause Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
black cohosh oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
black cohosh root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
blue-green algae (Spirulina)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
broccoli flower	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calmme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Candididal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
capsicum (cayenne)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cardio Tea	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
carica papaya oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cat's claw (uncaria tomentosa)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Chlorophyll (with alfalfa)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cinnamon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cinnamon bark	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cinnamon bark-chromium picolin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cinnamon Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Colon Herbal Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cortisolv	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cranberry conc-ascorbic acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cranberry Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cranberry extract oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cranberry extract oral tablet 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cranberry extract-vitamin C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cranberry fruit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Cranberry Juice Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cranberry oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cranberry oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cranberry Plus Vitamin C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cranberry Urinary Comfort	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cranberry Urinary Tract Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cranberry-Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cranberry-Probiotic-Vitamin C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cran-Max	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CranRx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Curcuplex-95	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
dandelion root	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Detoxarex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Diuretic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
dong quai (angelica sinensis)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
echinacea oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
echinacea oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Echinacea purp aerial part ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
echinacea purp leaf-ang rt ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Echinacea purp xt,angus rt ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
echinacea purpurea root	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
echinacea-golden seal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
echinacea-golden seal roots	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
elderberry fruit and flower	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Ellura	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Estroven Cmplt Menopause Rilf	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
evening primrose oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
evening primrose oil-cranberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
fenugreek seed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
fenugreek seed extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
flaxseed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
flaxseed oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
flaxseed oil-omega 3,6,9	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
flaxseed-omega3,6,9-fatty acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
garlic oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
garlic oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
garlic oral tablet 100 mg, 200 mg, 400 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
garlic-parsley	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Garlipure	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ginger ( <i>Zingiber officinalis</i> )	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ginger extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ginkgo biloba leaf extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ginkgo biloba oral tablet 120 mg	Tier 2	
ginkgo biloba oral tablet 40 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ginkgo Biloba Plus (Bacopa)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ginseng	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ginseng Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ginseng Korean	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Grape Seed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
grape seed extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
grape seed xt-bioflav,citrus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Green Coffee Bean	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Green Tea	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
green tea leaf extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
green tea-hoodia gordonii	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
hawthorn berry oral capsule 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
hawthorn berry oral capsule 565 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
hawthorn extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
horse chestnut	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
IBgard	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
In-fla-mend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kava Kava	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
kava root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kelp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Korean Ginseng	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Korean ginseng root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lavender oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Linseed Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liver Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
maca extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Maximum Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MegaNatural-BP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
milk thistle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
milk thistle sd ext-blessed th	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
milk thistle seed extract oral capsule 175 mg, 200 mg, 87.5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
milk thistle seed extract oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Milkflow oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Move Free Ultra Turmeric-Tamar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natural Herbal Diuretic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neuriva De-Stress	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neuriva Original	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nootropic Coffee-PS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nrf2 Activator	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Odor Free Garlic oral tablet 100 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Odorless Garlic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
olive leaf extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omega-3 Flaxseed Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OncoPLEX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OncoPLEX ES	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
oregano oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
oregano oil-flaxseed oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Papaya Enzyme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pepogest	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
peppermint oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
peppermint spirit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Petadolex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Petadolex 75	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
pomegranate fruit extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pomegranate-EGCG-Grape Seed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Primrose Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiotic Plus and Cranberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prostate SR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
raspberry ketone	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
red yeast rice	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Refex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Relax and Sleep	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Remifemin Menopause	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
resveratrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
resveratrol-grape skin extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Retaine FLAX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
rosemary oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
saffron extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sage leaf (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Saloxicin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sambucus Elderberry Original	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
saw palmetto	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Saw Palmetto Extract (w-zinc)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
saw palmetto-pumpkin seed oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
saw palmetto-zinc picolinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
saw palmt frt xtr-zinc picoli	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
South African Hoodia	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Super Energy Herbal Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
tamarind seed-turmeric extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tart Cherry Extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tears Again Hydrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theracran	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraCran HP for Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tumersaid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
turmeric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
turmeric root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
turmeric root-ginger root ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
turmeric-turmeric ext-pepper	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
turmeric-turmeric root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
valerian root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
valerian root oral capsule 100 mg, 450 mg, 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
valerian-flower-hops-lemon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Valinex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vivaben	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
xanthium fruit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Yohimbe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
yohimbe bark	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Hypnotics, Melatonin And Herbal Combinations</b>		
Estroven Nighttime (cal-meltn)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Midnite for Menopause	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MidNite PM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sopordren	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

Drug	Status	Notes
Toprophan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Infant Formulas</b>		
HCU Anamix Next	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Insecticides</b>		
Home Lice-Bedbug-Dust Mite Spr	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lice Bedding Spray	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lice-Bedbug-Mite Bedding	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
RID Complete Lice Elim Kit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stop Lice	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Intra-Uterine Devices (IUD's)</b>		
Kyleena	Tier 3	
Liletta	Tier 3	
Mirena	Tier 3	
ParaGard T 380A	Tier 3	
Skyla	Tier 3	
<b>Metabolic Deficiency Agents</b>		
betaine	Tier 1	
Carnitor (sugar-free)	Tier 2	
Culturelle IBS Complete Supprt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cystadane	Tier 2	
levocarnitine (with sugar)	Tier 1	
levocarnitine oral solution 100 mg/mL	Tier 1	
levocarnitine oral tablet	Tier 1	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
Strensiq	Tier 2	PA
<b>Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.</b>		
Revcovi	Tier 2	
<b>Metabolic Function Diagnostics</b>		
Macrilen	Tier 2	
Metopirone	Tier 2	
<b>Metallic Poison, Agents To Treat</b>		
Chemet	Tier 2	
deferasirox	Tier 1	PA
deferiprone	Tier 1	PA
deferoxamine	Tier 1	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Feriprox	Tier 2	PA
Feriprox (2 times a day)	Tier 2	PA
Galzin	Tier 2	
trientine	Tier 1	PA
Wilzin	Tier 2	
<b>Multiple Herbal Ingr Combinations</b>		
Imuhance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MedCaps Menopause	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Menofem	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oraxinol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Serenagen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Total Body Cleanse	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Whole Body Joint Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Nasal Moisturizer</b>		
GeloNasal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocean Complete	Tier 2	
<b>Nasal Washes</b>		
Alkalol Nasal Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sinus Wash Neti Pot	Tier 1	
<b>Needles/Needleless Devices</b>		
1st Tier Unifine Pentips	Tier 2	
1st Tier Unifine Pentips Plus	Tier 2	
AboutTime Pen Needle	Tier 2	
Advocate Pen Needle	Tier 2	
Assure ID Pen Needle	Tier 2	
BD AutoShield Duo Pen Needle	Tier 2	
BD Eclipse Luer-Lok needle 21 gauge x 1 1/2"	Tier 2	
BD Integra Needle	Tier 2	
BD Intradermal Bevel Needles	Tier 2	
BD Nano 2nd Gen Pen Needle	Tier 2	
BD Nokor Admix Needle	Tier 2	
BD PrecisionGlide needle	Tier 2	
BD PrecisionGlide Non-Sterile	Tier 2	
BD Regular Bevel Needles	Tier 2	
BD Short Bevel Needles	Tier 2	
BD Short Bevel Thin Wall	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BD Specialty Use Needles	Tier 2	
BD Ultra-Fine Micro Pen Needle	Tier 2	
BD Ultra-Fine Mini Pen Needle	Tier 2	
BD Ultra-Fine Nano Pen Needle	Tier 2	
BD Ultra-Fine Orig Pen Needle	Tier 2	
BD Ultra-Fine Short Pen Needle	Tier 2	
CareFine Pen Needle	Tier 2	
CareTouch Hypodermic Needle needle 18 gauge x 1 1/2", 20 gauge x 1", 22 gauge x 1", 23 gauge x 1 1/2", 23 gauge x 1", 25 gauge x 1 1/2", 25 gauge x 1", 25 gauge x 5/8"	Tier 2	
CareTouch Pen Needle	Tier 2	
Clickfine Pen Needle	Tier 2	
Comfort EZ Pen Needles	Tier 2	
Comfort Touch Pen Needle	Tier 2	
Disposable Needles	Tier 2	
Droplet Micron Pen Needle	Tier 2	
Droplet Pen Needle	Tier 2	
DropSafe Pen Needle	Tier 2	
Easy Comfort Pen Needles	Tier 2	
Easy Glide Pen Needle	Tier 2	
Easy Touch Hypodermic Needle	Tier 2	
Easy Touch needle	Tier 2	
Easy Touch Pen Needle	Tier 2	
Easy Touch Safety Pen Needle	Tier 2	
Exel Hypodermic Needles	Tier 2	
Flow-Eze Vented Needle	Tier 2	
HealthWise Pen Needle	Tier 2	
Healthy Accents Unifine Pentip	Tier 2	
Hypodermic Needles	Tier 2	
inControl Pen Needle	Tier 2	
Insupen	Tier 2	
Lifeshield Blunt Cannula needle	Tier 2	
Lite Touch Insulin Pen Needles	Tier 2	
Maxicomfort II Pen Needle	Tier 2	
Maxicomfort Safety Pen Needle	Tier 2	
Microdot Insulin Pen Needle	Tier 2	
Mini Ultra-Thin II	Tier 2	
Monoject Hypodermic Needles	Tier 2	
Monoject Hypodermic Polypropyl	Tier 2	
needle (disp) 16 G	Tier 2	
needle (disp) 18 G	Tier 2	
needle (disp) 19 G	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
needle (disp) 23 gauge	Tier 2	
Nokor Needle	Tier 2	
Novofine 32	Tier 2	
Novofine Autocover	Tier 2	
NovoFine Plus	Tier 2	
Pen Needle	Tier 2	
pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/32", 33 gauge x 5/32"	Tier 2	
Pentips	Tier 2	
Pip Pen Needle	Tier 2	
Poly Hub Needle	Tier 2	
Prevent DropSafe Pen Needle	Tier 2	
Pro Comfort Pen Needle	Tier 2	
Pure Comfort Pen Needle	Tier 2	
Safety Pen Needle	Tier 2	
SecureSafe Pen Needle	Tier 2	
Sure Comfort Pen Needle	Tier 2	
Sure Comfort Safety Pen Needle	Tier 2	
Sure-Fine Pen Needles	Tier 2	
TechLITE Pen Needle	Tier 2	
Topcare Clickfine	Tier 2	
True Comfort Pen Needle	Tier 2	
TRUEplus Pen Needle	Tier 2	
UltiCare Pen Needle	Tier 2	
Ulticare Safety Pen Needle	Tier 2	
UltiGuard SafePack-Pen Needle	Tier 2	
Ultilet Pen Needle	Tier 2	
Ultra Flo Pen Needle	Tier 2	
Ultra Thin Pen Needle	Tier 2	
Ultracare Pen Needle	Tier 2	
Ultra-Thin II (Short) Pen NDL	Tier 2	
Ultra-Thin II Ins Pen Needles	Tier 2	
Unifine Pen Needle	Tier 2	
Unifine Pentips	Tier 2	
Unifine Pentips Maxflow	Tier 2	
Unifine Pentips Plus	Tier 2	
Unifine Pentips Plus Maxflow	Tier 2	
Unifine Ultra Pen Needle	Tier 2	
Verifine Pen Needle	Tier 2	
Yale Disposable Needles	Tier 2	

Drug	Status	Notes
<b>Neuromuscular Blocking Agents</b>		
Botox	Tier 2	PA
Xeomin intramuscular recon soln 100 unit	Tier 2	PA
<b>Nose Preparations, Miscellaneous (Otc)</b>		
Ayr Allergy and Sinus	Tier 2	
Ayr Saline Gel	Tier 2	
Ayr Saline nasal aerosol,spray	Tier 1	
Ayr Saline nasal drops	Tier 1	
Baby Ayr Saline	Tier 1	
Deep Sea Nasal	Tier 1	
Nasal Moisturizing	Tier 1	
Ocean Nasal	Tier 1	
Saline Mist	Tier 1	
Saline Nasal	Tier 1	
Saline Nasal Mist nasal aerosol,spray	Tier 1	
Sinus Wash sinus irrigation packet 700-2,300 mg	Tier 1	
<b>Nut.Tx Phenylketonuria (Pku) Formulations</b>		
EAA Supplement	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin 10 PE Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin 15 PE Bettermilk	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin 15 PE Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin 15PEComplete-taurine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin 20PE Bettermilk Lite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Build 10-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Build 20-20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Burst 10-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Burst 20-20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Restore 10 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Restore 10 PE Lite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Restore 5 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin RTD 10 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin RTD 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Glytactin RTD Lite 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Swirl 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lanaflex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Periflex Advance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Periflex Infant	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Periflex Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Periflex LQ PKU	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenex-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PhenylAde 40	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PhenylAde 60	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PhenylAde Amino Acids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenylade Essential	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PhenylAde GMP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PhenylAde GMP Mix-In	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PhenylAde GMP Ready	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PhenylAde Gmp Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenylade MTE Amino Acids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenylade Phebloc	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenyl-Free 1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenyl-Free 2 PKU	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phenyl-Free 2HP PKU	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phlexy-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Phlexy-10 Drink Mix Powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Air20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Cooler 10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Cooler 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Cooler 20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Easy Liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Easy Microtabs	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Explore10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Explore5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Express15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Express15 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Express20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Express20 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Gel Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Go	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Maxamum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Periflex Early Years	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Periflex Junior Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Sphere15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Sphere20 oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Sphere20 oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Trio	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TYR Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
XPhe Maxamaid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
XPhe Maxamum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Nutritional Therapy, Med Cond Special Formulation</b>		
Alfamino Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
BCAD 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Boost Glucose Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cholextra t-f	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complex Essential	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complex Junior MSD	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complex MSUD Amino Acid Blend	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyclinex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyto RALA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Diabetisource AC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EleCare Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Encala	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Clear Therapeutic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ensure Surgery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EO28 Splash oral liquid 0.025-1 gram-kcal/mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Equacare Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ESSENTIAL AMINO ACID MIX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Essential Care Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fruitivits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GA Express 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GA Gel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GA Powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna 1 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Advance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Bar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Crispy Delights	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Hunger Smart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Mini Snacks	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Shake	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Snack Bar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Snack Shake	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucerna Therapeutic Nutrition	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gluco Burst Diabetic Drink	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucose Support 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GlutarAde Amino Acid Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GlutarAde GA-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GlutarAde Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glutarex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glycosade oral powder in packet 0.3 gram-214 kcal/60 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glycosade oral powder in packet 212 kcal/60 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HCU Cooler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Cooler with Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Express Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Express15 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Express20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Express20 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Gel Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCU Maxamum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
HCY 2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Homactin AA Plus 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Homactin AA Plus 20 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hominex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Impact Advanced Recovery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Isovactin AA Plus 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
IVA Maxamum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
I-Valex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ketocal 2.5:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ketocal 3:1 oral powder 15.3-699 gram-kcal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ketocal 3:1 oral powder 15.4 gram-711 kcal/100 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ketocal 4:1 (milk-soy)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
KetoGEN 4:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ketonex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KetoVie	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
KetoVie 3:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
KetoVie Peptide 4:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ketovie Plant-Based 4:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
KetoVOLVE	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
K-Flo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipistart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LMD Powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MCT Pro-Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Methionaid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MMA-PA Cooler15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MMA-PA Express15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MMA-PA Gel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MMA-PA Maxamum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Modulen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Monogen oral powder 12.9 gram-444 kcal/100 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Aid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Cooler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Express Cooler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Express15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Express15 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Express20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Express20 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MSUD Gel Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MSUD Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neocate Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neocate Junior With Prebiotics	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neocate Nutra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neocate Splash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nepro Carb Steady	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutramine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutren Pulmonary	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutrihep	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OA2 Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Optisource (protein supp)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oxepa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen Intense VHP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen Junior 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen Junior PHGG	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peptamen W-Prebio1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Perative	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PFD 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Polycal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Portagen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Propimex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Pulmocare	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PurAmino Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Puramino Toddler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rena Start	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rena Step	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Renal Support 1.8	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Renalcal (whey)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
RenaMent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
RESURGEX SELECT	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
S.O.S. 20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
S.O.S. 25	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Suplena Carb Steady	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tolerex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tylactin Build 20 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tylactin Complete 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tylactin Restore 10 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tylactin Restore 5 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tylactin RTD 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Anamix Next	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Cooler oral suspension	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Express Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Express15 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Express20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Express20 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TYR Gel Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Lophlex GMP Mix-In	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Sphere20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tyrex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tyros 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
UCD Anamix Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
UCD Trio	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vilactin AA Plus 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vilactin AA Plus 20 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vital 1.0 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vital 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vital AF 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vital High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vital Peptide 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vivonex Pediatric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vivonex Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vivonex RTF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vivonex T.E.N.	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
WND 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
XMet Maxamaid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
XMet XCys Maxamaid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Xtracal Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Ointment/Cream Bases</b>		
cetyl alcohol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Hydrophilic Petrolatum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ilanolin anhydrous	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neutrogena topical liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
paraffin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
petrolatum, yellow (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Petroleum Jelly, White	Tier 2	
Pretty Feet Hands	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
rosin (bulk) powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
stearyl alcohol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
white petrolatum topical gel	Tier 2	
white wax (beeswax)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
yellow wax (beeswax)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Oral Lipid Supplements</b>		
Betaquik	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dojolvi	Tier 2	
K-Quik	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquigen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MCT Oil oral oil 14 gram-120 kcal/15 mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
medium chain triglycerides	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Microlipid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neoke MCT70	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OmniCT	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Perfumes</b>		
pine needle oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
rose oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rose Water	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>Pharmaceutical Adjuvants, Tableting</b>		
AR Caps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CapsuBlend-H	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CapsuBlend-P	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CapsuBlend-S	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #0 (cellulose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #0 (hypromellose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #0 DRcaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #00	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #00 (cellulose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #00 (hypromellose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #1 (cellulose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #1 (hypromellose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #1 DRcaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #11	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #13	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #3 (cellulose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #3 (hypromellose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Capsule #5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule #7	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #0 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #0(hypromel)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #00 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #1 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #1(hypromel)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #2 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #3 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #3(hypromel)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Capsule Coni-Snap #4 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cellulose (bulk) powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium stearate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
stearic acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc stearate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Protein Replacement</b>		
acetylcarnitine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Amino Acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
amino acids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ArgiMent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
arginine (L-arginine) oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
arginine (L-arginine) oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
arginine (L-arginine) oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
arginine (L-arginine) oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
arginine HCl (L-arginine)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Beneprotein oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citrulline 1000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citrulline 200	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complete Amino Acid Mix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cysteine (L-cysteine) oral	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyto Carn	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cytolline	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Amino	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GlutaMent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glutasolve	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glycine oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glycine oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glycine oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
High Protein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Immulife	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
isoleucine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Isoleucine 1000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Isoleucine Amino Acid Supplmnt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Juven	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Juven (with collagen)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
K-PAX	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Arginine(alpha-ketogluarat)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Carnitine (tartrate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
L-Carnitine oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-cystine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
leucine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
levocarnitine tartrate oral capsule 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Glutamine oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquid Protein Fortifier	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Lysine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Phenylalanine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lysine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lysine HCl oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lysine HCl oral tablet 1,000 mg, 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lysine HCl oral tablet 600 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lysiplex Plus oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
McCarnitine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
methionine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
N.O.max ER	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neoke Alcar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neoke BCAA4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutrasentials	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
phenylalanine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Procel Singles	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProSource oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prosynminic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Protein 2000	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
protein oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pure L-Citrulline oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pure L-Histidine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pure L-Threonine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pure Taurine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
taurine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
threonine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Triamino	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
tyrosine oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
tyrosine oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
tyrosine oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Unjury	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
valine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Valine 1000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Valine Amino Acid Supplement	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Whey Protein Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Radioactive Diagnostics, General</b>		
Xenon Xe-133	Tier 2	
<b>Saliva Stimulant Agents</b>		
Xylimelts	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Solvents</b>		
acetone	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alcohol, Denatured	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
castor oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dy-O-Derm	Tier 2	
Instaclean	Tier 2	
isopropyl palmitate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
methyl alcohol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mineral oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mineral Oil Heavy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Muri-Lube	Tier 2	
sesame oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sodium succinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ta-Poff	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Somatostatic Agents</b>		
lanreotide	Tier 1	PA
Mycapssa	Tier 2	ST; QL (4 EA per 1 day)
octreotide acetate	Tier 1	PA
Sandostatin LAR Depot intramuscular suspension,extended rel recon	Tier 2	PA
Signifor	Tier 2	PA
Somatuline Depot	Tier 2	PA
<b>Surfactants</b>		
glyceryl monostearate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
polysorbate 60	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Triton X-100	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Suspending Agents</b>		
bentonite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
gelatin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
gelatin (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gelfilm implant	Tier 2	
guar gum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
hydroxypropyl cellulose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
oleic acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sodium silicate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Suspendol-S	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
tragacanth	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

Drug	Status	Notes
<b>Sweeteners</b>		
Dandlelion Kisses	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
saccharin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sorbitol powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Thickening Agents, Oral</b>		
Diafoods Thick-It	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Diafoods Thick-It #2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gelmix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Instant Food Thickener	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Purathick	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Resource Thickenup	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Simplythick oral gel in packet 12 gram, 4 gram, 48 gram, 6 gram, 96 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Simplythick oral gel with pump 6 gram/actuation	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thick and Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thick Now	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thicken Up Clear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thick-It	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thick-It #2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thik and Clear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Tissue/Wound Adhesives</b>		
Artiss	Tier 2	
Tisseel VHSD (aprotinin, syn)	Tier 2	
<b>Urine Multiple Test Aids</b>		
Chemstrip (calibration)	Tier 2	
<b>Urine Test Aids, Miscellaneous</b>		
Reveal UTI Test Strip	Tier 2	
<b>Vehicles</b>		
Base, PCCA Syrup Vehicle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cherry flavor (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
cocoa butter	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cpd vehicle susp.sugar-free 12	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flavor Blend 2 in 1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MX-Sol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MX-Sol Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MX-Sol Blend SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MX-Sol SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ora-Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oral Mix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oral Mix SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oral Suspend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oral Syrup	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PCCA Natapres	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PCCA-Plus Base	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
raspberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SoSweet Syrup Vehicle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SuspendRx Anhydrous Sweetened	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SuspendRx Anhydrous Unsweet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SyrPalta Vehicle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Syrspend SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SyrSpend SF Alka	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SyrSpend SF Liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Syrspend SF PH4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Syrup Vehicle SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Techna Nat Unswt Troche BaseG2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Unispent Anhydrous Sweet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Versa Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Versa Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Water</b>		
Enfamil Water	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Good Start Water	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Wound Healing Agents, Local</b>		
balsam peru-castor oil	Tier 1	
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
Esbriet oral capsule	Tier 2	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 267 mg	Tier 1	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 801 mg	Tier 1	PA; QL (3 EA per 1 day)
<b>Lung Surfactants</b>		
Curosurf	Tier 2	
Survanta	Tier 2	
<b>Mucolytics</b>		
acetylcysteine	Tier 1	
Pulmozyme	Tier 2	PA; QL (75 ML per 30 days)
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
Ofev	Tier 2	PA
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
Allzital	Tier 2	ST; QL (12 EA per 1 day)
butalbital-acetaminophen oral capsule	Tier 1	
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
<b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>		
butalbital-aspirin-caffeine	Tier 1	
<b>Analgesic,Non-Salicylate,Barbiturate,&amp;Xanthine Cmb</b>		
butalbital-acetaminophen-caff	Tier 1	
Fioricet	Tier 1	
Vtol LQ	Tier 1	
Zebutal	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
aspirin oral tablet	Tier 3	
aspirin oral tablet,delayed release (DR/EC) 325 mg	Tier 3	

Drug	Status	Notes
aspirin rectal suppository 300 mg	Tier 1	
aspirin,buffd-calcium carb-mag	Tier 1	
Back and Body Pain Reliever	Tier 1	
choline,magnesium salicylate	Tier 1	
diflunisal	Tier 1	
Efferves Pain Relief Antacid	Tier 1	
Effervescent Pain Relief	Tier 1	
Extra Pain Relief	Tier 1	
Headache Formula Added Str	Tier 1	
Headache Relief (ASA-acet-caf)	Tier 1	
Migraine Formula	Tier 1	
Migraine Relief	Tier 1	
Pain Reliever Plus	Tier 1	
salsalate	Tier 1	
Tri-Buffered Aspirin	Tier 1	
<b>Analgesic/Antipyretics,Non-Salicylate</b>		
8 Hour Pain Reliever	Tier 1	
8HR Muscle Aches-Pain	Tier 1	
acetaminophen oral capsule 500 mg	Tier 1	
acetaminophen oral liquid 160 mg/5 mL	Tier 1	
acetaminophen oral solution	Tier 1	
acetaminophen oral suspension 160 mg/5 mL (5 mL), 325 mg/10.15 mL, 650 mg/20.3 mL	Tier 1	
acetaminophen oral tablet	Tier 1	
acetaminophen oral tablet extended release	Tier 1	
acetaminophen rectal	Tier 1	
Arthritis Pain Relief (acetam)	Tier 1	
Children's Acetaminophen oral liquid	Tier 1	
Children's Acetaminophen oral suspension 160 mg/5 mL, 160 mg/5 mL (5 mL)	Tier 1	
Children's Acetaminophen oral tablet,chewable 160 mg	Tier 1	
Children's Easy-Melts	Tier 1	
Children's Mapap oral tablet,chewable	Tier 1	
Children's Pain Relief oral suspension	Tier 1	
Children's Pain Relief oral tablet,chewable	Tier 1	
Children's Pain Reliever	Tier 1	
Children's Pain-Fever Relief oral suspension	Tier 1	
Ed-APAP	Tier 1	
Feverall rectal suppository 120 mg, 325 mg, 650 mg	Tier 1	
Feverall rectal suppository 80 mg	Tier 2	
HistaFlex	Tier 2	
Infant Pain Reliever	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Infant's Acetaminophen	Tier 1	
Infants' Pain and Fever	Tier 1	
Infants' Pain Relief	Tier 1	
Infant's Pain Relief oral drops,suspension	Tier 1	
Infant's Pain Reliever	Tier 1	
Mapap (acetaminophen) oral capsule	Tier 1	
Mapap (acetaminophen) oral liquid	Tier 1	
Mapap Arthritis Pain	Tier 1	
Menstrual Relief(pamabr-pyryl)	Tier 1	
Non-Aspirin Pain Relief	Tier 1	
Pain Relief (acetaminophen) oral tablet	Tier 1	
Pain Relief (acetaminophen) oral tablet extended release	Tier 1	
Pain Relief Extra Strength	Tier 1	
Pain Reliever (acetaminophen)	Tier 1	
Pain Reliever Extra Strength	Tier 1	
Redutemp	Tier 1	
Silapap	Tier 1	
Tension Headache	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 1	QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	QL (8 EA per 1 day)
Seglentis	Tier 2	QL (120 EA per 30 days)
<b>Analgesics, Non-Narcotics</b>		
clonidine (PF)	Tier 1	
<b>Analgesics,Narcotics</b>		
Belbuca	Tier 2	PA; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg	Tier 1	QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-60 mg	Tier 1	QL (1 EA per 1 day)
Buprenex	Tier 2	
buprenorphine	Tier 1	PA
buprenorphine HCl injection	Tier 1	
butorphanol injection	Tier 1	
butorphanol nasal	Tier 1	QL (2.5 ML per 7 days)
codeine sulfate oral tablet 15 mg	Tier 1	QL (27 EA per 1 day)
codeine sulfate oral tablet 30 mg	Tier 1	QL (13 EA per 1 day)
codeine sulfate oral tablet 60 mg	Tier 1	QL (7 EA per 1 day)
Demerol (PF) injection syringe	Tier 2	
Dilaudid (PF) injection syringe 0.5 mg/0.5 mL, 1 mg/mL, 2 mg/mL, 4 mg/mL	Tier 2	

Drug	Status	Notes
fentanyl	Tier 1	PA; QL (1 EA per 3 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg	Tier 1	PA; QL (1 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 200 mcg, 600 mcg, 800 mcg	Tier 1	PA; QL (2 EA per 1 day)
fentanyl citrate buccal tablet, effervescent 100 mcg	Tier 1	PA; QL (5 EA per 1 day)
fentanyl citrate buccal tablet, effervescent 200 mcg, 600 mcg, 800 mcg	Tier 1	PA; QL (2 EA per 1 day)
fentanyl citrate buccal tablet, effervescent 400 mcg	Tier 1	PA; QL (1 EA per 1 day)
Fentora buccal tablet, effervescent 100 mcg	Tier 2	PA; QL (5 EA per 1 day)
Fentora buccal tablet, effervescent 200 mcg, 600 mcg, 800 mcg	Tier 2	PA; QL (2 EA per 1 day)
Fentora buccal tablet, effervescent 400 mcg	Tier 2	PA; QL (1 EA per 1 day)
hydrocodone bitartrate oral capsule, oral only, ER 12hr	Tier 1	PA; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	Tier 1	PA; QL (1 EA per 1 day)
hydromorphone oral liquid	Tier 1	QL (15 ML per 1 day)
hydromorphone oral tablet 2 mg	Tier 1	QL (8 EA per 1 day)
hydromorphone oral tablet 4 mg	Tier 1	QL (4 EA per 1 day)
hydromorphone oral tablet 8 mg	Tier 1	QL (2 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	Tier 1	PA; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 1	PA; QL (2 EA per 1 day)
hydromorphone rectal	Tier 1	QL (5 EA per 1 day)
Hysingla ER	Tier 2	PA; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	Tier 1	QL (3 EA per 1 day)
levorphanol tartrate oral tablet 3 mg	Tier 1	QL (2 EA per 1 day)
meperidine (PF) injection solution 100 mg/mL, 25 mg/mL, 50 mg/mL	Tier 1	
meperidine injection cartridge	Tier 1	
meperidine oral solution	Tier 1	QL (61 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (12 EA per 1 day)
methadone injection solution	Tier 1	PA
methadone oral solution	Tier 1	PA
methadone oral tablet	Tier 1	PA
morphine concentrate oral solution	Tier 1	QL (3 ML per 1 day)
morphine intravenous pt controlled analgesia syring	Tier 1	
morphine oral capsule, ER multiphase 24 hr 120 mg	Tier 1	PA; QL (2 EA per 1 day)
morphine oral capsule, ER multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	PA; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	PA; QL (2 EA per 1 day)
morphine oral solution 10 mg/5 mL	Tier 1	QL (31 ML per 1 day)
morphine oral solution 20 mg/5 mL (4 mg/mL)	Tier 1	QL (15 ML per 1 day)

Drug	Status	Notes
morphine oral tablet 15 mg	Tier 2	QL (4 EA per 1 day)
morphine oral tablet 30 mg	Tier 2	QL (2 EA per 1 day)
morphine oral tablet extended release	Tier 1	PA; QL (3 EA per 1 day)
morphine rectal suppository 10 mg	Tier 1	QL (6 EA per 1 day)
morphine rectal suppository 20 mg	Tier 1	QL (3 EA per 1 day)
morphine rectal suppository 30 mg	Tier 1	QL (2 EA per 1 day)
morphine rectal suppository 5 mg	Tier 1	QL (12 EA per 1 day)
nalbuphine	Tier 1	
Nucynta ER	Tier 2	PA; QL (2 EA per 1 day)
Nucynta oral tablet 100 mg	Tier 2	QL (1 EA per 1 day)
Nucynta oral tablet 50 mg	Tier 2	QL (3 EA per 1 day)
Nucynta oral tablet 75 mg	Tier 2	QL (2 EA per 1 day)
Oxaydo oral tablet, oral only 5 mg	Tier 2	QL (8 EA per 1 day)
Oxaydo oral tablet, oral only 7.5 mg	Tier 2	QL (5 EA per 1 day)
oxycodone oral capsule	Tier 1	QL (8 EA per 1 day)
oxycodone oral concentrate	Tier 1	QL (2 ML per 1 day)
oxycodone oral solution	Tier 1	QL (41 ML per 1 day)
oxycodone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
oxycodone oral tablet 15 mg	Tier 1	QL (3 EA per 1 day)
oxycodone oral tablet 20 mg	Tier 1	QL (2 EA per 1 day)
oxycodone oral tablet 30 mg	Tier 1	QL (1 EA per 1 day)
oxycodone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 1	PA; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	PA; QL (4 EA per 1 day)
OxyContin oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 2	PA; QL (2 EA per 1 day)
OxyContin oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 2	PA; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg	Tier 1	QL (2 EA per 1 day)
oxymorphone oral tablet 5 mg	Tier 1	QL (4 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	PA; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	PA; QL (4 EA per 1 day)
pentazocine-naloxone	Tier 1	QL (4 EA per 1 day)
Subsys sublingual spray,non-aerosol 100 mcg/spray	Tier 2	PA; QL (3 EA per 1 day)
Subsys sublingual spray,non-aerosol 200 mcg/spray	Tier 2	PA; QL (2 EA per 1 day)
Subsys sublingual spray,non-aerosol 800 mcg/spray	Tier 2	PA; QL (1 EA per 1 day)
tramadol oral capsule,ER biphasic 24 hr 17-83	Tier 1	PA; QL (1 EA per 1 day)
tramadol oral capsule,ER biphasic 24 hr 25-75 100 mg, 200 mg	Tier 1	PA; QL (1 EA per 1 day)
tramadol oral solution	Tier 1	QL (120 ML per 1 day)
tramadol oral tablet 100 mg	Tier 1	QL (6 EA per 1 day)
tramadol oral tablet 50 mg	Tier 1	QL (12 EA per 1 day)

Drug	Status	Notes
tramadol oral tablet extended release 24 hr	Tier 1	PA; QL (1 EA per 1 day)
tramadol oral tablet, ER multiphase 24 hr	Tier 1	PA; QL (1 EA per 1 day)
Xtampza ER oral cap,sprinkl,ER12hr(DONT CRUSH) 13.5 mg, 18 mg, 9 mg	Tier 2	PA; QL (2 EA per 1 day)
Xtampza ER oral cap,sprinkl,ER12hr(DONT CRUSH) 27 mg	Tier 2	PA; QL (4 EA per 1 day)
Xtampza ER oral cap,sprinkl,ER12hr(DONT CRUSH) 36 mg	Tier 2	PA; QL (8 EA per 1 day)
<b>Antimigraine Preparations</b>		
Aimovig Autoinjector	Tier 2	PA
Ajovy Autoinjector	Tier 2	PA
Ajovy Syringe	Tier 2	PA
almotriptan malate	Tier 1	ST; QL (8 EA per 30 days)
Cambia	Tier 2	ST; QL (3 EA per 10 days)
dihydroergotamine injection	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal	Tier 1	PA; QL (8 ML per 28 days)
eletriptan	Tier 1	ST; QL (6 EA per 30 days)
Elyxyb	Tier 2	PA
Emgality Pen	Tier 2	PA
Emgality Syringe subcutaneous syringe 120 mg/mL	Tier 2	PA
frovatriptan	Tier 1	ST; QL (12 EA per 30 days)
Migergot	Tier 2	QL (5 EA per 7 days)
naratriptan	Tier 1	QL (8 EA per 30 days)
Nurtec ODT	Tier 2	PA
Onzetra Xsail	Tier 2	ST; QL (16 EA per 30 days)
Qulipta	Tier 2	PA
Reyvow oral tablet 100 mg	Tier 2	PA; ST; QL (8 EA per 30 days)
Reyvow oral tablet 50 mg	Tier 2	PA; ST; QL (4 EA per 28 days)
rizatriptan	Tier 1	QL (12 EA per 30 days)
sumatriptan	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	Tier 1	QL (8 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 mL	Tier 1	QL (4 ML per 28 days)
sumatriptan-naproxen	Tier 1	ST; QL: 1 EVERY 3 DAYS FOR A MAX OF 9 EVERY 30 DAYS
Tosymra	Tier 2	ST; QL (12 EA per 30 days)
Trudhesa	Tier 2	QL (12 ML per 28 days)
Ubrelvy	Tier 2	PA; ST; QL (10 EA per 30 days)
Zembrace Syntouch	Tier 2	ST; QL (8 ML per 28 days)
zolmitriptan nasal	Tier 1	ST; QL (12 EA per 30 days)



Drug	Status	Notes
zolmitriptan oral	Tier 1	ST; QL (8 EA per 30 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
Emgality Syringe subcutaneous syringe 300 mg/3 mL (100 mg/mL x 3)	Tier 2	PA
<b>Narc.&amp; Non-Sal.Analgesic,Barbiturate &amp;Xanthine Cmb</b>		
butalbital-acetaminop-caf-cod	Tier 1	QL (6 EA per 1 day)
<b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>		
Ascomp with Codeine	Tier 1	QL (6 EA per 1 day)
Butalbital Compound W/Codeine	Tier 1	QL (6 EA per 1 day)
codeine-butalbital-ASA-caff	Tier 1	QL (6 EA per 1 day)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
acetaminophen-codeine oral solution 120 mg-12 mg /5 mL (5 mL), 120-12 mg/5 mL	Tier 1	QL (167 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (7 EA per 1 day)
Apadaz oral tablet 4.08-325 mg	Tier 2	QL (12 EA per 1 day)
Apadaz oral tablet 6.12-325 mg	Tier 2	QL (8 EA per 1 day)
Apadaz oral tablet 8.16-325 mg	Tier 2	QL (6 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg	Tier 1	QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 6.12-325 mg	Tier 1	QL (8 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 8.16-325 mg	Tier 1	QL (6 EA per 1 day)
Endocet oral tablet 10-325 mg	Tier 1	QL (4 EA per 1 day)
Endocet oral tablet 2.5-325 mg	Tier 1	QL (12 EA per 1 day)
Endocet oral tablet 5-325 mg	Tier 1	QL (8 EA per 1 day)
Endocet oral tablet 7.5-325 mg	Tier 1	QL (5 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 mL	Tier 1	QL (120 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	Tier 1	QL (6 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	Tier 1	QL (8 EA per 1 day)
Lortab Elixir	Tier 2	QL (91 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	Tier 1	QL (4 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	Tier 1	QL (8 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	Tier 1	QL (5 EA per 1 day)
tramadol-acetaminophen	Tier 1	QL (12 EA per 1 day)
Vicodin HP	Tier 1	QL (6 EA per 1 day)



Drug	Status	Notes
<b>Narcotic Analgesic,Non-Salicylate,Xanthine Comb</b>		
acetaminophen-caff-dihydrocod oral capsule	Tier 1	QL (12 EA per 1 day)
<b>Narcotic Withdrawal Therapy Agents</b>		
Bunavail buccal film 2.1-0.3 mg	Tier 2	PA; QL (1 EA per 1 day)
Bunavail buccal film 6.3-1 mg	Tier 2	PA; QL (2 EA per 1 day)
buprenorphine HCl sublingual	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	Tier 1	PA; QL (2 EA per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	Tier 1	PA; QL (1 EA per 1 day)
buprenorphine-naloxone sublingual tablet	Tier 1	QL (3 EA per 1 day)
Probuphine	Tier 2	PA
Sublocade	Tier 2	PA
Zubsolv sublingual tablet 0.7-0.18 mg, 1.4-0.36 mg, 11.4-2.9 mg, 2.9-0.71 mg, 5.7-1.4 mg	Tier 2	PA; QL (1 EA per 1 day)
Zubsolv sublingual tablet 8.6-2.1 mg	Tier 2	PA; QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
Lucemyra	Tier 2	QL (16 EA per 1 day)
<b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>		
carisoprodol-aspirin-codeine	Tier 1	QL (12 EA per 1 day)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
benztropine	Tier 1	
trihexyphenidyl	Tier 1	
<b>Antiparkinsonism Drugs,Other</b>		
amantadine HCl	Tier 1	
APOKYN	Tier 2	PA; QL (2 ML per 1 day)
apomorphine	Tier 1	PA; QL (2 ML per 1 day)
bromocriptine	Tier 1	
carbidopa-levodopa	Tier 1	
carbidopa-levodopa-entacapone	Tier 1	
Duopa	Tier 2	PA; QL (100 ML per 1 day)
entacapone	Tier 1	
Gocovri	Tier 2	
Inbrija	Tier 2	PA
Kynmobi	Tier 2	PA
Neupro	Tier 2	ST; QL (1 EA per 1 day)
Nourianz	Tier 2	PA
Ongentys	Tier 2	PA; QL (1 EA per 1 day)
Osmolex ER	Tier 2	PA
pramipexole oral tablet	Tier 1	
pramipexole oral tablet extended release 24 hr	Tier 1	ST; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
rasagiline	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet	Tier 1	
ropinirole oral tablet extended release 24 hr	Tier 1	ST; QL (1 EA per 1 day)
Rytary	Tier 2	ST; QL (10 EA per 1 day)
selegiline HCl	Tier 1	
tolcapone	Tier 1	ST; QL (3 EA per 1 day)
Xadago	Tier 2	ST; QL (1 EA per 1 day)
Zelapar	Tier 2	QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
carbidopa	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
clobazam oral suspension	Tier 1	QL (32 ML per 1 day)
clobazam oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
clobazam oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
clonazepam	Tier 1	QL (3 EA per 1 day)
diazepam rectal	Tier 1	QL (1 EA per 1 FILL)
Nayzilam	Tier 2	
Sympazan oral film 10 mg, 5 mg	Tier 2	QL (8 EA per 1 day)
Sympazan oral film 20 mg	Tier 2	QL (4 EA per 1 day)
Valtoco	Tier 2	QL (10 EA per 30 days)
<b>Anticonvulsant - Cannabinoid Type</b>		
Epidiolex	Tier 2	PA
<b>Anticonvulsants</b>		
Aptiom oral tablet 200 mg, 400 mg	Tier 2	ST; QL (1 EA per 1 day)
Aptiom oral tablet 600 mg, 800 mg	Tier 2	ST; QL (2 EA per 1 day)
Briviact oral solution	Tier 2	ST; QL (20 ML per 1 day)
Briviact oral tablet	Tier 2	ST; QL (2 EA per 1 day)
carbamazepine oral capsule, ER multiphase 12 hr	Tier 1	
carbamazepine oral suspension 100 mg/5 mL, 200 mg/10 mL	Tier 1	
carbamazepine oral tablet	Tier 1	
carbamazepine oral tablet extended release 12 hr	Tier 1	
carbamazepine oral tablet, chewable	Tier 1	
Carbatrol	Tier 2	
Celontin oral capsule 300 mg	Tier 2	
Depakote	Tier 2	
Depakote ER	Tier 2	
Depakote Sprinkles	Tier 2	
Diacomit	Tier 2	
Dilantin	Tier 2	
Dilantin Extended	Tier 2	
Dilantin Infatabs	Tier 2	

Drug	Status	Notes
Dilantin-125	Tier 2	
divalproex	Tier 1	
Elepsia XR oral tablet extended release 24 hr 1,000 mg	Tier 2	ST; QL (3 EA per 1 day)
Elepsia XR oral tablet extended release 24 hr 1,500 mg	Tier 2	ST; QL (2 EA per 1 day)
Epitol	Tier 1	
Eprontia	Tier 2	ST; QL (16 ML per 1 day)
ethosuximide	Tier 1	
felbamate oral suspension	Tier 1	ST; QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	ST; QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	ST; QL (6 EA per 1 day)
Fintepla	Tier 2	PA
Fycompa oral suspension	Tier 2	ST; QL (680 ML per 28 days)
Fycompa oral tablet 10 mg, 12 mg, 8 mg	Tier 2	QL (30 EA per 30 days)
Fycompa oral tablet 2 mg	Tier 2	QL (120 EA per 30 days)
Fycompa oral tablet 4 mg, 6 mg	Tier 2	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	Tier 1	QL (6 EA per 1 day)
gabapentin oral capsule 300 mg	Tier 1	QL (9 EA per 1 day)
gabapentin oral solution	Tier 1	
gabapentin oral tablet 600 mg	Tier 1	QL (6 EA per 1 day)
gabapentin oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
lacosamide oral solution	Tier 1	ST; QL (40 ML per 1 day)
lacosamide oral tablet	Tier 1	ST; QL (2 EA per 1 day)
Lamictal XR Starter (Blue)	Tier 2	
Lamictal XR Starter (Green)	Tier 2	
Lamictal XR Starter (Orange)	Tier 2	
lamotrigine	Tier 1	
levetiracetam oral	Tier 1	
oxcarbazepine	Tier 1	
Oxtellar XR	Tier 2	
Phenytek	Tier 2	
phenytoin oral suspension	Tier 1	
phenytoin oral tablet, chewable	Tier 1	
phenytoin sodium extended	Tier 1	
pregabalin oral capsule	Tier 1	PA
pregabalin oral solution	Tier 1	PA
primidone	Tier 1	
rufinamide oral suspension	Tier 1	ST; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	Tier 1	ST; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	ST; QL (8 EA per 1 day)
Sabril oral tablet	Tier 2	QL (6 EA per 1 day)
Spritam oral tablet for suspension 1,000 mg	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Spritam oral tablet for suspension 250 mg, 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day)
Subvenite	Tier 1	
Subvenite Starter (Blue) Kit	Tier 1	
Subvenite Starter (Green) Kit	Tier 1	
Subvenite Starter (Orange) Kit	Tier 1	
Tegretol oral suspension	Tier 2	
Tegretol oral tablet	Tier 2	
Tegretol XR	Tier 2	
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	QL (3 EA per 1 day)
topiramate oral capsule, sprinkle	Tier 1	
topiramate oral capsule, sprinkle, ER 24hr	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet	Tier 1	
Trokendi XR	Tier 2	QL (2 EA per 1 day)
valproic acid	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 mL, 500 mg/10 mL (10 mL)	Tier 1	
vigabatrin	Tier 1	QL (6 EA per 1 day)
Vigadrone	Tier 1	QL (6 EA per 1 day)
Vimpat oral solution	Tier 2	ST; QL (40 ML per 1 day)
Vimpat oral tablet 100 mg, 150 mg, 50 mg	Tier 2	ST; QL (2 EA per 1 day)
Vimpat oral tablets, dose pack	Tier 2	ST
Xcopri	Tier 2	ST
Xcopri Maintenance Pack oral tablet 250mg/day(150 mg x1-100mg x1), 350 mg/day (200 mg x1-150mg x1)	Tier 2	ST
Xcopri Titration Pack	Tier 2	ST
zonisamide	Tier 1	
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
Keveyis	Tier 2	PA
<b>Skeletal Muscle Relaxants</b>		
baclofen intrathecal	Tier 1	
baclofen oral solution	Tier 1	
baclofen oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Tier 1	QL (16 EA per 1 day)
carisoprodol	Tier 1	PA; QL (4 EA per 1 day)
carisoprodol-aspirin	Tier 1	PA
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Tier 1	ST; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral capsule, extended release 24hr	Tier 1	ST; QL (1 EA per 1 day)
cyclobenzaprine oral tablet	Tier 1	QL (3 EA per 1 day)

Drug	Status	Notes
dantrolene oral	Tier 1	
Fleqsuvy	Tier 2	ST; QL (16 ML per 1 day)
Gablofen intrathecal syringe	Tier 2	
Lioresal	Tier 2	
Lyvispah	Tier 2	
metaxalone	Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 500 mg	Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 EA per 1 day)
Norgesic Forte	Tier 2	
orphenadrine citrate oral	Tier 1	QL (2 EA per 1 day)
tizanidine oral capsule 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	Tier 1	QL (6 EA per 1 day)
tizanidine oral capsule 6 mg	Tier 1	QL (9 EA per 1 day)
tizanidine oral tablet 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	Tier 1	QL (9 EA per 1 day)
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
nicotine (polacrilex) buccal gum	Tier 1	QL (24 EA per 1 day)
nicotine (polacrilex) buccal lozenge	Tier 1	QL (20 EA per 1 day)
nicotine (polacrilex) buccal mini lozenge	Tier 1	QL (20 EA per 1 day)
nicotine transdermal patch 24 hour	Tier 1	QL (1 EA per 1 day)
nicotine transdermal patch, TD daily, sequential	Tier 2	QL (1 EA per 1 day)
Nicotrol	Tier 2	ST; QL (1008 EA per 90 days)
Nicotrol NS	Tier 2	ST; QL (160 ML per 90 days)
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
varenicline	Tier 1	QL (2 EA per 1 day)
<b>Smoking Deterrents, Other</b>		
bupropion HCl (smoking deter)	Tier 1	QL (2 EA per 1 day)
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Antiflatulents</b>		
Anti-Gas Ultra Strength	Tier 1	
Gas Relief (simethicone) oral capsule	Tier 1	
Gas Relief (simethicone) oral tablet,chewable 80 mg	Tier 1	
Gas Relief 80 (simethicone)	Tier 1	
Gas Relief Extra Strength	Tier 1	
Gas Relief Ultra Strength	Tier 1	
Infants Gas Relief	Tier 1	
Infants Simethicone oral drops,suspension	Tier 1	
Phazyme oral capsule 250 mg	Tier 2	
simethicone oral capsule 180 mg	Tier 1	
simethicone oral drops,suspension	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
simethicone oral tablet,chewable	Tier 1	
Toxin Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Gastric Enzymes</b>		
Anti-Gas	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Beanaid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Beano	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dairy Aid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dairy Digestive	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dairy Relief oral tablet 3,000 unit, 9,000 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dairy Relief oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Enzyme (acidoph,pec)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Digestive Enzymes(mal,lac,inv)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enzymatic Digestant oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enzymatic Digestant oral tablet extended release	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enzyme Digest	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gas Relief-Prevention	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lactase	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lactase Fast Acting	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lactose Fast Acting Relief	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Superior Digestive Enzyme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Pancreatic Enzymes</b>		
Bevitrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Creon	Tier 2	
Enzadyne	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pancreaze oral capsule,delayed release(DR/EC) 10,500-35,500- 61,500 unit, 16,800-56,800- 98,400 unit, 2,600-8,800- 15,200 unit, 21,000-54,700- 83,900 unit, 37,000-97,300- 149,900 unit, 4,200-14,200- 24,600 unit	Tier 2	ST

Drug	Status	Notes
PanXyme pH	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pertzye	Tier 2	ST
Viokace	Tier 2	
Zenpep oral capsule, delayed release (DR/EC) 10,000-32,000 -42,000 unit, 15,000-47,000 -63,000 unit, 20,000-63,000- 84,000 unit, 25,000-79,000- 105,000 unit, 3,000-10,000 -14,000-unit, 40,000-126,000-168,000 unit, 5,000-17,000- 24,000 unit	Tier 2	ST
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
dicyclomine oral capsule	Tier 1	
dicyclomine oral solution	Tier 1	
dicyclomine oral tablet	Tier 1	
<b>Belladonna Alkaloids</b>		
Donnatal oral elixir 16.2 mg-0.1037 mg/5 mL (5 mL)	Tier 2	ST; QL (1200 ML per 30 days)
Ed-Spaz	Tier 1	
hyoscyamine sulfate oral	Tier 1	
hyoscyamine sulfate sublingual	Tier 1	
Hyosyne	Tier 1	
methscopolamine	Tier 1	
Oscimin oral tablet	Tier 1	
Oscimin SL	Tier 1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 mL	Tier 1	ST
phenobarb-hyoscy-atropine-scop oral tablet	Tier 1	ST; QL (8 EA per 1 day)
Phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 mL	Tier 2	ST
Phenohydro oral tablet	Tier 2	ST; QL (8 EA per 1 day)
Symax Duotab	Tier 2	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Antacids</b>		
Acid Gone Antacid	Tier 1	
Acid Gone Antacid E.Strength	Tier 1	
Advanced Antacid-Antigas	Tier 1	
Alka-Seltzer PM (melatonin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Almacone-2	Tier 1	
aluminum hydroxide gel	Tier 1	
alum-mag hydroxide-simeth	Tier 1	
Antacid	Tier 1	
Antacid (calcium carbonate) oral tablet, chewable 200 mg calcium (500 mg)	Tier 1	
Antacid Anti-Gas (ca carb-sim)	Tier 1	

Drug	Status	Notes
Antacid Anti-Gas oral suspension 400-400-40 mg/5 mL	Tier 1	
Antacid ExSt (mag carb-Al hyd)	Tier 1	
Antacid Ext Str (calcium carb)	Tier 1	
Antacid Extra-Strength oral tablet,chewable 300 mg (750 mg)	Tier 1	
Antacid Maximum Strength	Tier 1	
Antacid Plus Anti-Gas	Tier 1	
Antacid Regular Strength	Tier 1	
Antacid Ultra Strength oral tablet,chewable 400 mg calcium (1,000 mg), 430 mg calcium (1,000 mg)	Tier 1	
Antacid-Antigas	Tier 1	
Antacid-Simethicone	Tier 1	
Calcium Antacid oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg)	Tier 1	
calcium carbonate oral tablet 260 mg calcium (648 mg)	Tier 1	
Cal-Gest Antacid	Tier 1	
Foaming Antacid	Tier 1	
Gaviscon Extra Strength oral suspension	Tier 2	
Heartburn Antacid	Tier 1	
Heartburn Relief oral suspension	Tier 1	
MAG-AL	Tier 2	
Mag-Al Plus	Tier 1	
Mag-Al Plus Extra Strength	Tier 1	
magnesium oxide oral tablet 400 mg (241.3 mg magnesium)	Tier 1	
Mintox Maximum Strength	Tier 1	
Mintox Plus	Tier 1	
Phazyme Gas and Acid	Tier 2	
Prelief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sodium bicarbonate oral	Tier 1	
Ultra Strength Antacid	Tier 1	
<b>Anticholinergics,Quaternary Ammonium</b>		
chlordiazepoxide-clidinium	Tier 1	
Dartisla	Tier 2	ST; QL (4 EA per 1 day)
glycopyrrolate oral solution	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
<b>Anti-Ulcer Preparations</b>		
misoprostol	Tier 1	
sucralfate	Tier 1	
<b>Anti-Ulcer-H.Pylori Agents</b>		
amoxicil-clarithromy-lansopraz	Tier 1	QL (112 EA per 10 days)
Omeclamox-Pak	Tier 2	



Drug	Status	Notes
Pylera	Tier 2	
Talicia	Tier 2	
<b>Histamine H2-Receptor Inhibitors</b>		
Acid Reducer (famotidine)	Tier 1	
Acid Reducer Complete (famot)	Tier 1	
cimetidine	Tier 1	
cimetidine HCl oral	Tier 1	
Complete oral tablet, chewable	Tier 1	
Dual Action Complete	Tier 1	
famotidine oral	Tier 1	
Heartburn Relief (famotidine)	Tier 1	
nizatidine oral capsule	Tier 1	
<b>Intestinal Motility Stimulants</b>		
Gimoti	Tier 2	QL (9.8 ML per 28 days)
metoclopramide HCl oral	Tier 1	
Motegrity	Tier 2	ST; QL (1 EA per 1 day)
<b>Proton-Pump Inhibitors</b>		
Acid Reducer (omeprazole)	Tier 1	QL (1 EA per 1 day)
AcipHex Sprinkle	Tier 2	ST; QL (1 EA per 1 day)
dexlansoprazole	Tier 1	ST; QL (1 EA per 1 day)
esomeprazole magnesium	Tier 1	ST; QL (1 EA per 1 day)
lansoprazole oral capsule, delayed release (DR/EC)	Tier 1	QL (1 EA per 1 day)
lansoprazole oral tablet, disintegrat, delay rel	Tier 1	ST; QL (1 EA per 1 day)
Nexium Packet oral granules DR for susp in packet 2.5 mg, 5 mg	Tier 2	ST; QL (1 EA per 1 day)
omeprazole	Tier 1	QL (1 EA per 1 day)
omeprazole magnesium	Tier 1	QL (1 EA per 1 day)
omeprazole-sodium bicarbonate	Tier 1	ST; QL (1 EA per 1 day)
pantoprazole oral granules DR for susp in packet	Tier 1	ST; QL (1 EA per 1 day)
pantoprazole oral tablet, delayed release (DR/EC)	Tier 1	QL (1 EA per 1 day)
Prilosec oral susp, delayed release for recon	Tier 2	ST; QL (1 EA per 1 day)
rabeprazole oral tablet, delayed release (DR/EC)	Tier 1	ST; QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
alfuzosin	Tier 1	
dutasteride	Tier 1	
finasteride oral tablet 5 mg	Tier 1	
silodosin	Tier 1	ST
tamsulosin	Tier 1	
<b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
dutasteride-tamsulosin	Tier 1	ST

Drug	Status	Notes
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
Cystagon	Tier 2	
Procysbi oral capsule, delayed rel sprinkle	Tier 2	PA; ST
Procysbi oral granules del release in packet	Tier 2	
<b>Kidney Stone Agents</b>		
Thiola	Tier 2	
Thiola EC	Tier 2	
tiopronin	Tier 1	
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
Gemtesa	Tier 2	ST; QL (1 EA per 1 day)
Myrbetriq oral suspension,extended rel recon	Tier 2	ST; QL (10 ML per 1 day)
Myrbetriq oral tablet extended release 24 hr	Tier 2	ST; QL (30 EA per 30 days)
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
Jynarque oral tablet 15 mg	Tier 2	PA; QL (30 EA per 365 days)
Jynarque oral tablet 30 mg	Tier 2	PA; QL (60 EA per 365 days)
Jynarque oral tablets, sequential	Tier 2	PA
<b>Urinary Ph Modifiers</b>		
Cytra-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cytra-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cytra-K	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
K-Phos No 2	Tier 2	
K-Phos Original	Tier 2	
LithoLyte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oracit	Tier 2	
Phospha 250 Neutral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phosphorous	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phospha-Trin 250 Neutral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pot,sodium citrate-citric acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
potassium citrate oral tablet extended release	Tier 1	
potassium citrate-citric acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
sodium citrate-citric acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tricitrates	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

Drug	Status	Notes
Uroqid-Acid No.2	Tier 2	
Virtrate-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Virtrate-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Virtrate-K	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Urinary Tract Analgesic Agents</b>		
Elmiron	Tier 2	
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Pain Relief	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
darifenacin	Tier 1	ST
solifenacin	Tier 1	
Vesicare LS	Tier 2	ST; QL (10 ML per 1 day)
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
flavoxate	Tier 1	
Gelnique transdermal gel in packet	Tier 2	ST
oxybutynin chloride	Tier 1	
Oxytrol	Tier 2	ST
Oxytrol For Women	Tier 2	ST
tolterodine	Tier 1	
Toviaz	Tier 2	ST
trospium	Tier 1	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
Cleocin vaginal suppository	Tier 2	ST; QL (3 EA per 30 days)
clindamycin phosphate vaginal	Tier 1	
Clindesse	Tier 2	
metronidazole vaginal	Tier 1	
Nuessa	Tier 2	
Vandazole	Tier 2	
<b>Vaginal Antifungals</b>		
3-Day Vaginal	Tier 1	
clotrimazole vaginal	Tier 1	
Clotrimazole-3	Tier 1	
Gynazole-1	Tier 2	
miconazole nitrate vaginal cream	Tier 1	
miconazole nitrate vaginal kit	Tier 1	
miconazole nitrate vaginal suppository	Tier 1	
Miconazole-3 vaginal comb pack,prefill appl, cream	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Miconazole-3 vaginal kit	Tier 1	
Miconazole-3 vaginal suppository	Tier 1	
Miconazole-7	Tier 1	
terconazole	Tier 1	
tioconazole	Tier 1	
Tioconazole-1	Tier 1	
<b>Vaginal Antiseptics</b>		
Cleansing Wash topical solution	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fem pH	Tier 2	
Summer's Eve Feminine Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Trimo-San Jelly	Tier 2	
<b>Vaginal Deodorants</b>		
Norforms Fem	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vaginal Estrogen Preparations</b>		
estradiol vaginal	Tier 1	
Estring	Tier 2	QL (1 EA per 90 days)
Femring	Tier 2	QL (1 EA per 84 days)
Premarin vaginal	Tier 2	QL (60 GM per 30 days)
Yuvafem	Tier 1	
<b>Vaginal Preparations</b>		
Feminine Care Douche	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Summer's Eve	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Summer's Eve Disposable Douche vaginal solution	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Summers Eve Extra Cleansing	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Antioxidant Multivitamin Combinations</b>		
50 Plus Adult Eye Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adult 50 Plus Eye Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Antioxidant Formula (selenium)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eye Health Plus Lutein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eye Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eye Multivit-Lutein(C-E-Cu-Zn)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
EyeProtect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Healthy Eyes	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Healthy Eyes SuperVision	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
I-Caps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ICaps AREDS oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ICaps AREDS oral tablet,delayed release (DR/EC)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ICaps AREDS2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ICaps AREDS2 (copper citrate)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
I-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipotriad (with lutein)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lipotriad Visionary	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Macular Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Macular Health Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Macuvex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Macuvite Eye Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Macuzin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Numaqla Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocular Vitamins	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocuvel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PreserVision Lutein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vision Formula (with lutein)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vision Formula(A-C-E-Zn-Se-Cu)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vista Advanced AREDS2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Bioflavonoids</b>		
Bioflavonoids, Citrus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Ear Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ear Health Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ear Health Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flogen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Inner Ear Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
rutin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vasculera	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vasoflex D1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Venaliv	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Calcium Replacement</b>		
Actical	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ADVANCED Calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Algae Based Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Calcium-Vitamin D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biocal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bone Density Calcium Plus D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bone Essentials	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ca-D3-mag ox-zinc-cop-mang-bor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cal citrate-mag ox,aspart-D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cal Mag Zinc Plus D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calc-D3-magnes-B6-Zn-Cu-mangan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcet Petites	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calci-Max	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cal-Citrate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium 26-vit D3-magnesium 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Calcium 500 + D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium 500 oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium 500 With D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium 600	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium 600 + D(3) oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium 600 + D(3) oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium 600 + Minerals oral tablet 600 mg calcium-200 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium 600 with Vitamin D3 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium 600-D3 Plus (mag-zinc)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium acetate oral tablet 667 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium acetate oral tablet 668 mg (169 mg calcium)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium Adult (calcium phos)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium amino acid chelate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carb and citrate-vitD3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carb-D3-mag cmb11-zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carb-mag ox-zinc gluc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carb-mag ox-zinc sulf	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate oral suspension	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate oral tablet, chewable 260 mg calcium (650 mg)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate oral tablet, chewable 500 mg calcium (1,250 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate-vit D3-min oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate-vit D3-min oral tablet, chewable	Tier 1	
calcium carbonate-vitamin D3 oral capsule 600 mg-10 mcg (400 unit), 600 mg-12.5 mcg (500 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
calcium carbonate-vitamin D3 oral capsule 600 mg-25 mcg (1,000 unit), 600 mg-62.5 mcg (2,500 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate-vitamin D3 oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate-vitamin D3 oral tablet,chewable 500 mg-10 mcg (400 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium carbonate-vitamin D3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium citrate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium Citrate + D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium citrate malate-vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium Citrate Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium Citrate Plus (Vit B6)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium citrate-vitamin D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium for Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium gluconate oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium lactate oral tablet 100 mg calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium Magnesium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium Magnesium + D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium phosphate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium phosphate-vitamin D3 oral tablet,chewable 200 mg-5 mcg (200 unit), 250 mg-5 mcg (200 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium phosphate-vitamin D3 oral tablet,chewable 250 mg-10 mcg (400 unit), 250 mg-12.5 mcg (500 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium Plus MenaQ7 Adult	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium Plus MenaQ7 Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium with Boron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium with Vitamin D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium-D3-zinc-copper-mangan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium-Folic Acid-Vitamin D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
calcium-magnesium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium-magnesium-copper-zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium-magnesium-vit D3-boron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium-vitamin D3-vitamin K	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cal-Mag	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cal-Mag Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CalMag Thins	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cal-Mint	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calphron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cal-Quick	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Caltrate + D3 Plus Minerals	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Caltrate 600 plus D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Caltrate 600-D Plus Minerals oral tablet, chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Caltrate Gummy Bites	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citracal + D Maximum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citracal Plus Bone Density	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citracal-D3 Maximum Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citracal-D3 Plus Heart Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citracal-D3 Plus Magnesium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citracal-D3 Soft Chew	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Citrus Calcium-Vitamin D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Coral Calcium oral capsule 133 mg calcium -133 unit-67 mg, 185-50-100 mg-mg-unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Coral Calcium oral capsule 250-125-100 mg-mg-unit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
EB-S4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fem-Cal Citrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Bone Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fosfree	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hi-Cal Plus Vit D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquid Calcium with Vitamin D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LoCalnesium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LoCalnesium-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mens Potent Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natural Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ortho-Tabs	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ossopan-1100	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oysco 500/D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oyster Shell + D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oyster Shell Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oyster Shell Calcium 500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oyster Shell Calcium and Mag	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oyster Shell Calcium-Vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oystercal-D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Parva-Cal 250	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Parva-Cal 500	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Posture-D (with magnesium)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pro-Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prosteon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Risacal-D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Cal-Mag	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraCal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraCal D2000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraCal D4000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Upcal D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Viactiv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Yogurt Plus Calcium Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Fluoride Preparations</b>		
Denta 5000 Plus	Tier 1	
DentaGel	Tier 1	
Floriva (fluoride-vitamin D3)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
fluoride (sodium) dental	Tier 1	
fluoride (sodium) oral drops	Tier 3	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
fluoride (sodium) oral tablet,chewable	Tier 3	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SF	Tier 1	
SF 5000 Plus	Tier 1	
Sodium Fluoride 5000 Dry Mouth	Tier 1	
Sodium Fluoride 5000 Plus	Tier 1	
sodium fluoride-pot nitrate	Tier 1	
<b>Folic Acid Preparations</b>		
Denovo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Elfolate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FA-8	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
folic acid injection	Tier 1	
folic acid oral capsule 20 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
folic acid oral tablet 1 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
folic acid oral tablet 400 mcg, 800 mcg	Tier 3	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Folite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hylazinc	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
levomefolate calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
levomefolate-algal oil oral capsule 15-90.314 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Methylfolate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Methylfolate Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
methylnetetrahydrofolate glucosa	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
XaQuil XR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zingiber	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Geriatric Vitamin Preparations</b>		
A Thru Z High Potency	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
A Thru Z Select oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centravites 50 Plus oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eldertonic oral elixir	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Eldertonic oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Geritol Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Geritol Tonic with Ferrex 18	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Milltrium Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multivitamin 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
REQ49 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Spectravite Adult 50 Plus(lut)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theratrums Complete 50 Plus/Lut	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vision Plus Lutein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitrum Senior oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>Iron Replacement</b>		
Abatron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Accrufer	Tier 2	QL (2 EA per 1 day)
Active FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Apetigen Plus oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bentivite BX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centratex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Chewable Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Chromagen(Sumalate-Quatrefoli)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Corvita 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Corvite 150	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Corvite FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EZFE 200	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FE C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FE C Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Feosol oral tablet 325 mg (65 mg iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Feosol oral tablet 45 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fergon oral tablet 225 mg (27 mg iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fergon oral tablet 270 mg (27 mg iron)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FeRiva	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FeRiva FA (with Sumalate)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferocon	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FeroSul oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Ferractiv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FerraPlus 90	Tier 1	
Ferretts	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferretts Carbonyl Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferretts IPS oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferretts IPS oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferrex 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferrex 150 Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferrex 150 Forte Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferrex 150 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferrex 28	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferrimin 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferrocite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferrocite Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferro-Sequels (iron-vit c)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferro-Time	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous fumarate oral tablet 324 mg (106 mg iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous fumarate oral tablet 89 mg (29 mg iron)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous gluconate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous sulfate oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous sulfate oral elixir	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous sulfate oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous sulfate oral solution	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous sulfate oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ferrous sulfate oral tablet, delayed release (DR/EC)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Folitab	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folivane-F	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folivane-Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fusion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fusion Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fusion Sprinkles	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hematex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hematinic Plus Vit/Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hematinic/Folic Acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hematogen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hematogen FA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hematogen Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hemax	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hemocyte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
High Potency Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
I.L.X. B-12	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Icar-C Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iFerex 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iFerex 150 Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Integra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Iron (ferrous sulfate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Iron 100 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iron bisglycinate chelate oral capsule 28 mg iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iron bisglycinate chelate oral capsule 29 mg iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Iron Chews	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iron oral tablet 18 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iron oral tablet 325 mg (65 mg iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iron oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iron, carbonyl	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
iron,carbonyl-vitamin C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
IronUp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Iro-Plex (iron carbonyl)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Iro-Plex (iron polysaccharide)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Irospan 24/6	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liver with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lydia Pinkham Herbal oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multigen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multigen Folic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multigen Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Myferon 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Myferon 150 Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neonatal FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NovaFerrum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NovaFerrum 50	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NuFera	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nu-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Parvlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pedia Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Pediatric Fe-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Perfect Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Poly-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Poly-Iron 150 Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
polysaccharide iron complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pro Fe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Proferrin ES	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Proferrin-Forte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Protect Iron Liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Se-Tan Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Siderol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Slow Release Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tandem Dual Action	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Taron Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TL-Hem 150	Tier 1	
Tricon	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Trigels-F Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitabex Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitafof	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitron-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Wee Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Magnesium Salts Replacement</b>		
Beelith	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mag 64	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mag Glycinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Mag-Delay	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mag-G	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Maginex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Magnesium (oxide/AA chelate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium amino acid chelate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium chloride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium citrate oral capsule 100 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium citrate oral capsule 125 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium citrate oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Magnesium Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium gluconate oral tablet 27 mg magnesium (500 mg), 27.5 mg magne- sium (500 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium gluconate oral tablet 30 mg (550 mg)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium glycinate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium glycinate-mag oxide	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium L-lactate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium oxide oral capsule 400 mg magnesium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium oxide oral capsule 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium oxide oral powder in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg magnesium, 420 mg, 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium oxide oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium sulfate oral	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Magonate (magnesium carb)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MgO	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Mg-Plus-Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nu-Mag	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phillips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Triple Magnesium Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Mineral Replacement,Miscellaneous</b>		
chromium amino acid chelate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
chromium picolinate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
copper gluconate oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
copper gluconate oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cro-Man-Zin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Emergen-C Electro Mix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Florical	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kelp (iodine)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mag citrate-potassium citrate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Magnesium Fizz-Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Monocal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Move Free Ultra Faster Comfort	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
selenium oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SelenoMax	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
selenomethionine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Multivitamin Preparations</b>		
A Thru Z	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
A Thru Z Advanced Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
A Thru Z Men's Ultimate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
A Thru Z Select 50Plus Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
A Thru Z Select oral tablet 300-600-300 mcg, 500-300-250 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
A Thru Z Select Women's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ABC Complete Senior Women's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ABC Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ADEK Gummies Plus Zinc	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adult Multivitamin (w-lutein)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adult Multivitamin Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adult One Daily Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adults 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adults' Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Adults Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Advanced Multi EA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Daily Support Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Diabetic Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Max Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Max3 Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Men's 50 Plus Multivit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Men's 50 Plus MV (vit K)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Men's 50 Plus Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Men's Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Men's Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Men's Max3 Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Men's Ultra Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Premium Adult	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Alive Premium Men's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Premium Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Premium Women's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Premium Women's 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Women's 50 Plus (blend)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Women's 50 Plus Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Women's 50 Plus Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Women's Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Women's Gummy Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alive Women's Ultra Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Animi-3 With Vitamin D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Apatate Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
AquADEKs	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bacmin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bariatric Multivitamins	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-Complex Plus Vit C (calcium)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-complex with vitamin C oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-complex with vitamin C oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-complex with vitamin C oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Berocca (FA-guarana-caff)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bio-35	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bio-35, Gluten Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biotect Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biotin Plus-Calcium and Vit D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Bladder 2.2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Body, Hair, Skin and Nails	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcium PNV	Tier 1	
Cardiamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Central-Vite oral tablet 18 mg iron-400 mcg-25 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Central-Vite Women's Mature	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centram-Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centravites	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centravites 50 Plus oral tablet 0.4 mg-300 mcg- 250 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centravites Adults	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum Adult 50 Fresh-Fruity	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum Chewables	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum oral liquid 9 mg iron/15 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum Silver oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum Specialist Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum Specialist Heart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Century	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Century Adults 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Century Mature	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Century Men's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cerovite Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Certa Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CertaVite Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Certavite-Antioxidant	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Compete	Tier 1	
Complete 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complete Multivitamin-Mineral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complete MV Adult 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complete oral tablet	Tier 1	
Corvita	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Corvite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Corvite Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Probiotic-Multivit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Multiple For Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Multiple Vitamins/Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Multi-Vitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Multivitamin with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Multivitamin-Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Value	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Vitamin Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Vitamin Formula-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DAILY VITAMIN FORMULA-MINERALS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Vitamin with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily Vites/Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Daily-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Daily-Vite (with folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dayavite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Decubi Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DEKAs Bariatric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DEKAs Essential oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DEKAs Essential oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DEKAs Plus (folic acid)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Foliflex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Folitin-Z	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Multitam	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Ribotin-E	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Venexa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Venexa FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx VentrixyI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx VentrixyI FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Vitramyn	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Vitranol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Vitranol FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Vitrexate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Vitrexate FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Zintrexyl-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Diabetes Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Diabetes Health Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Diabetes Health Pack	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Diabetic Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DIALYVITE 800 with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dino-Life Extra C Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dino-Life Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Elite-OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Elon Matrix 5000 Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EnBrace HR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Endur-VM Iron-Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Endur-VM with Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Essentia	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ESSENTIAL Man	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Essential Man 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Estroven Menopause	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FolaGent DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FolaMax	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FolaMed DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folic Acid-Vit B6-Vit B12 (Ca)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folika-CI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folika-MG	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folivane-OB	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fortavit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Freedavite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GenADEK Step 1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GenADEK Step 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber GS Prenatal Nourish Pls	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair Vitamins	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair, Skin and Nails-Argan Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair,Skin and Nails oral tablet	Tier 1	
Hair,Skin and Nails oral tablet 1 mg iron-66.7 mcg-1,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair,Skin and Nails(FA-biotin) oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair,Skin and Nails(FA-biotin) oral tablet 100-1,500 mcg, 66.7-1,666.7 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair,Skin and Nails(FA-biotin) oral tablet 66.7-1,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hair-Skin-Nails (mv-FA-biotin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Heartburn and Acid Reflux-Aloe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
High Potency Multivit (w-iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
High Potency Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Honey Bears Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ICaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Icaps MV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ImmuneRx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kelp-Lecithin-B6	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
K-Pax Immune Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lecithin-Kelp-B6	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lecithin-Kelp-B6 (100-8.3)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lecithin-Kelp-B6 (400-20)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Macular Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Maximin Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Mega Multi for Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mega Multiple/Chelated Mineral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mega Multivitamin For Men	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men 50 Plus Advanced One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men 50 Plus Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men Under 50 Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's 50 Plus Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's 50 Plus Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's Daily Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's Multivitamin Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Men's Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Monocaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi Complete with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi For Her 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi For Her oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi For Her oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi Pro	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi Vitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi-Day Plus Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi-Day with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Multi-Delyn with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multiple Vitamin-Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multiple Vitamins	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multivitamin Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi-Vitamin HP/Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
multivitamin oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
multivitamin with iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
multivitamin with minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multivitamin Women 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi-Vite oral liquid 9 mg iron/15 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
multivit-min-ferrous fumarate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
multivit-min-iron fum-folic ac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mv-min-folic acid-lutein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
My Favorite Multiple	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
My-Vitalife	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natavi Lactant	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neovite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nestabs ONE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nicotinamide (with chromium)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Niva-Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nutrivit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OB Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
O-Cal F.A.	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ocutabs	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Ocuvite Eye Plus Multi	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omnicap	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Omnivex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oncor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oncovite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Calcium/Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Essential oral tablet , 0.4 mg, 400 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Essential oral tablet 0.5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily For Men	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily For Men 50 Plus Adv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily For Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Healthy Weight	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Maximum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Men's 50 Plus Adv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Men's 50 Plus Memory	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Men's 50 Plus w-D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Men's Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Multi-Vit w-Mineral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Multivitamin-Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Multivit-Iron(folic)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
One Daily Plus Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Plus Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Women 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Women 50 Plus(Vit K)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Women's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Womens 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Women's Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Cholesterol Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Essential	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Maximum Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Men VitaCraves	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Menopause Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Men's 50Plus(ginkgo)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Men's Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Men's Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Proactive 65 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Teen Advantage	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day VitaCraves Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Vitacraves Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Women VitaCraves	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Women's 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Women's Active	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Women's Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Womens Formula oral tablet 18 mg iron-400 mcg-500 mg Ca	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
One-A-Day Women's Healthy Skin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Women's Petites	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-Daily Multi	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OneVite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Optifast	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Optisource	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Opurity Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Oxi-Freeda	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phlexy-Vits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PNV-DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PNV-Omega	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Daily Duo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal One (with food blend)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal-U	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate AM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Essential	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Essential(iron-asp-gl)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProCerv HP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Profola	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProRenal QD	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prosight	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Protect Cardio AF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Protect Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Protect Plus SO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PureFe OB Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PureFe Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quintabs-M	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quintabs-M Iron Free	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Remedient	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Senior Tabs	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sentry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sentry Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Solo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Spectravite Adult	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Spectravite Adult 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Spectravite Advanced Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Spectravite Men 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Spectravite Men's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Spectravite Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Spectravite Women 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stress B With Zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stress B-Complex oral tablet 500 mg-400 mcg- 24 mg-3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stress B-Complex oral tablet 500-400-23.9-3 mg-mcg-mg-mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stress Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stress Formula with Zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Strovite Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Strovite One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sunvite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super B/C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Ginseng Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Multiple - Low Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Multiple oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Multiple oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Thera Vite M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Superior 35	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Support-500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tab-A-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tab-A-Vite Multivitamin w-iron oral tablet 15 mg iron-400 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tab-A-Vite Multivitamin w-iron oral tablet 18-400 mg-mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Taron-C DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Taron-Prex Prenatal-DHA	Tier 1	
Thera M Plus (ferrous fumarat)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thera oral tablet 400 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theragran-M Premier 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theralogix Companion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thera-M oral tablet 27-0.4 mg, 9 mg iron-400 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theramill Forte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraNatal oral combo pack	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Therapeutic Liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Therapeutic-M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thera-Tabs	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thera-Tabs M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theratrums Complete 50 Plus-lyc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theratrums Complete with Lutein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Therems Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Therems-M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tobakient	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TYR Cooler oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Udamin SP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultimate Men's Complete 50+	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra Freeda oral tablet 267 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra Freeda oral tablet 6 mg iron-267 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
V-C Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VIC-Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Virt-C DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Virt-PN DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vision	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vit 3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitabex Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitacel (with Lutein)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitajoy Adult Multi	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitalee	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin D-3 with Aloe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
vitamins A and D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamins A-D-E selenium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamins for Hair	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitatum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitrexyl	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitrexyl Plus Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitrum Senior oral tablet 500-300-250 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
WesCap-C DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
WesCap-PN DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's 50 Plus Advanced	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's 50 Plus Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's 50 Plus Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Womens Daily Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Daily Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Multivitamin Collagen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Multivitamin Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Multivitamin oral tablet 18 mg-400 mcg- 500 mg-50 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Multivitamin w-Biotin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Xyzbac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Yelets	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zatean-Pn DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zatean-Pn Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Zyvana	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zyvit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Panthenol Preparations</b>		
calcium pantothenate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pantethine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Pediatric Vitamin Preparations</b>		
Alive Premium Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ANIMAL CHEWS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Centrum Kids (vit D3, vit K)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cerovite Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child Chewable Vitamn Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child Complete Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child Multivitamin Plus Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Chew Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Chew Multivit-Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Chewable	Tier 1	
Children's Chewable Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Chewable Multivitmn	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Chewable Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Chewables	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Chewables Extra C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Multi-Vit Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Children's Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child's Chewable Vitamins/Iron oral tablet,chewable 15 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Child's Omega-3 DHA Multivitam	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Childs/Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids Probiotic-MV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DEKAs Plus Liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dino-Life with Iron-Zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Emergen-C Kidz	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Complete (iron) oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Gummies	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Gummies Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Multi-Vit Gummies	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Multivitamin oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Plus Calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Sour Gummies	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones Tab Chew	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones with Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones/Extra C oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flintstones/Extra C oral tablet,chewable 100 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Floriva	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Floriva Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GenADEK	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Grow Mighty	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gerber Lil Brainies	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gummi Bear Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gummies Children Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Gummies Girls' Multivitamins	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gummy Dinos oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Honey Bears with Iron-Zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Just 4 Kidz Multivit-Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kids Cod Liver Oil and Vit D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kids' Gummy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kids Multivitamin Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kidstart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Little Animals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Little Animals-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lysiplex Plus oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi-Vit with Fluoride-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multivitamin With Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi-Vitamin With Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multivitamins With Fluoride oral tablet,chewable 0.25 mg, 1 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi-Vit-Flor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mvc-Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MVW Complete Formul Multivit oral capsule 1,500-800 unit-mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MVW Complete Formul Multivit oral capsule 750-500 unit-mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MVW Complete Formul Multivit oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MVW Complete Formul Pediatric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MVW Complete Formulation D3000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MVW Complete Formulation D5000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nano VM 1-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Nano VM 4-8	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NanoVM 9-18	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NanoVM t-f	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NovaFerrum Pediatric MV-Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NovaMV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Kid's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Teen Her VitaCraves	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Teen Him VitaCraves	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pedi multivit no.194-iron sulf	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pedia Poly-Vite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pedia Poly-Vite with Iron oral drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pedia Tri-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pediatric multivitamin no.171	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Poly-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Poly-Vite with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric Tri-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Poly-Vi-Flor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Poly-Vi-Flor with Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Poly-Vi-Sol oral drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Poly-Vi-Sol with Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Poly-Vita Drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Poly-Vita With Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quflora	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quflora FE	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Quflora FE (ferrous sulfate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quflora Pediatric	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quflora Pediatric Drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Scooby-Doo One A Day	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Scooby-Doo One A Day Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tri-Vi-Flor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tri-Vi-Sol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tri-Vitamin With Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tri-Vite With Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tropical Liquid Nutrition	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vit A palmitate-vit C-vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitalets oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitalets oral tablet,chewable 10 mg iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamins A,C,D and Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zoo Friends	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zoo Friends Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Prenatal Vitamin Preparations</b>		
Atabex OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bal-Care DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bal-Care DHA Essential	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Brainstrong Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cadeau DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CitraNatal (dual-iron)	Tier 2	
CitraNatal 90 DHA (algal oil)	Tier 2	
CitraNatal Assure	Tier 2	
CitraNatal DHA (algal oil)	Tier 2	
CitraNatal Harmony (iron fum)	Tier 2	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
C-Nate DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complete Natal DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CompleteNate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Prenatrix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Prenatryl	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Pretrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Duet DHA Balanced	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Duet DHA With Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Expecta Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Extra-Virt Plus DHA	Tier 1	
Kosher Prenatal Plus Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
KPN oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
KPN oral tablet 9 mg iron- 267 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Marnatal-F	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mini Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
M-Natal Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mynatal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mynatal Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mynatal-Z	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NataChew (Fe Bis-glycinate)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natavi PNV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neonatal Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neonatal Plus Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neonatal-DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nestabs ABC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Nestabs DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
NewGen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nexa Plus	Tier 2	
OB Complete One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OB Complete Petite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OB Complete Premier	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OB Complete With Dha	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Obtrex DHA (with Quatrefolic)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
O-Cal Prenatal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One Daily Prenatal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
One-A-Day Prenatal-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Perry Prenatal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PNV cmb#95-ferrous fumarate-FA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PNV-DHA + Docusate	Tier 1	
PNV-Ferrous Fumarate-Docu-FA	Tier 1	
PNV-Select	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PR Natal 400	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PR Natal 400 EC	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PR Natal 430	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PR Natal 430 EC	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PreGen DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prena1 Chew	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prena1 Pearl	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prena1 True	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenaissance	Tier 1	
Prenaissance Plus	Tier 1	
PreNata	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Prenatabs FA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatabs Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal + DHA oral combo pack 28 mg iron- 975 mcg-200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal + DHA oral combo pack 28 mg iron-800 mcg-200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal 19	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal 19 (with docusate)	Tier 2	
Prenatal Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Formula oral tablet 28 mg iron- 800 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Formula oral tablet 9 mg iron- 267 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Formula-DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Multi	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Multi-DHA (algal oil)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Multi-DHA(with vit K)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Multivitamins	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Plus (calcium carb)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Plus DHA oral combo pack	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Plus Vitamin-Mineral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
prenatal vit no.179-iron-folic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Vitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Vitamin Plus Low Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Vitamin with Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
prenatal vit-iron fum-folic ac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
prenatal vits96-iron fum-folic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal with DHA-Folic Acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate DHA (ferr asp glycin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Elite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Elite (iron asp glyc)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Enhance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Mini (ferr asp glycin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Pixie	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Restore	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenate Star	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PrePlus	Tier 1	
PrimaCare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Provida OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
R-Natal OB	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Select-OB	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Select-OB (folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Select-OB + DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Se-Natal 19 Chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Se-Natal-19	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Similac Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stuart One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Tendera-OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theranatal Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraNatal One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TheraNatal oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraNatal OvaVite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TheraNatal Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thrivite Rx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TriCare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Trinate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TriStart DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Triveen-Duo DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Triveen-PRx RNF	Tier 1	
Ultra Prenatal Plus DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vena-Bal DHA	Tier 1	
Vinate GT	Tier 1	
Vinate II	Tier 1	
Vinate Ultra	Tier 1	
Virt-Nate DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitafol Fe Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitafol Fe+ (with docusate)	Tier 2	
Vitafol Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitafol Nano	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitafol Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitafol-OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitafol-OB+DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitafol-One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VitaMed Md One Rx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Viva DHA	Tier 1	
VP-CH Plus	Tier 1	
VP-CH-PNV	Tier 1	
WesNate DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
WesTab Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
WestGel DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Prenatal Plus DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Prenatal Vitamins Without Iron</b>		
Azesco	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multi-Mac	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Natavi Prima	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PNV Tabs 20-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PreGenna	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal Gummies(zinc chelate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Trinaz	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zalvit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ziphex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin A &amp; D Preparations</b>		
cod liver oil oral capsule 1,250-135 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cod Liver Oil plus VitA and D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vit A and D3 in cod liver oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin A Preparations</b>		
A-25 (vit A palmitate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
beta carotene oral capsule 25,000 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lumitene	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
lycopene	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Norwegian Cod Liver Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prevent	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
vitamin A acetate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin A oral capsule 10,000 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin A oral capsule 2,400 mcg	Tier 1	
vitamin A palmitate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin a palmitate-B-carotene	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin A palmitate-vitamin D2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zinc with Vitamins A and C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin B Preparations</b>		
Alba-Lybe	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Apetigen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Apetigen Plus oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Arkaliolx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B Activ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B Complex 1 (with folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B Complex 100	Tier 1	
B Complex Plus Vitamin C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B Complex w-Vit C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B Complex-Vitamin B12	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B complex-vitamin C-folic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-100 Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Balance B-100 (folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Balance B-50 (with folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Balanced B-100	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Balanced B-100 Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Balanced B-50	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Balanced B-50 Complex (folic)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-Complex With B-12	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-complex with vitamin C oral tablet 400-500 mcg-mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Biopetit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
biotin oral capsule 1 mg, 2,500 mcg, 5 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
biotin oral capsule 10,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
biotin oral tablet 1 mg, 10 mg, 800 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
biotin oral tablet 5 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
biotin oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
biotin oral tablet,disintegrating 10,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
biotin oral tablet,disintegrating 5,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
biotin sublingual	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-Stress	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complex B-100	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Complex B-50	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyto B7	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dexifol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DIALYVITE 3000	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite 5000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite 800 oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite 800 Plus D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite 800 with Zinc 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Dialyvite 800 with Zinc 50	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite 800-Ultra D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite Supreme D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EB-N3 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EB-P1 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Elfolate Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Endur-B Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FaBB	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folbee	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folbee Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folbic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folbic RF	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
folic acid-vit B6-vit B12	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folika-NC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folinic-Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folplex 2.2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Foltabs 800	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Foltanx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Foltanx RF	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Full Spectrum B-Vitamin C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Genicin Vita-S	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hard Nails	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Homocysteine Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hylavite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Kobee	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ievomefol-B6-meB12-algal oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lmefol Ca-acetyl-meB12-algal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Methyl-B6-B12	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Methyl-MC	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lorid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Medtycholl-B Complex-Liver	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mega Biotin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Metafolbic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Metafolbic Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Metafolbic Plus RF	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
me-thfolate glucos-mecobalamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Multivitamin-Zinc-Stress	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mynephrocaps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mynephron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nephplex Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nephron FA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nephro-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Neurophx DPN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Nufola	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PoDiaPN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProRenal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Quin B Strong	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Renal Caps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Renal Vitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Renal-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
RenaPlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
RenaPlex-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rena-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rena-Vite Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Reno Caps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ribozel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stress Formula with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stress Formula With Iron(sulf)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Stresstabs Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super B Maxi Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Quints	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Quints B-50	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Supervite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Triphrocaps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
TRONVite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra B-100 Complex (foodbase)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra B-100 Complex oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Virt-Caps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Virt-Gard	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Virt-Vite	Tier 1	
Virt-Vite Plus	Tier 1	
vit B comp-folic-choline-inosi	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vital-D Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
vitamin B complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin B complex-folic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamins B Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vita-Respa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitasure	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VP-Vite Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Wescaps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
WesTab Max	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
WesTab Mini	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
WesTab One	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Xvite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zeldana	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin B1 Preparations</b>		
benfotiamine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyto B-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
thiamine HCl (vitamin B1) injection	Tier 1	
thiamine HCl (vitamin B1) oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
thiamine mononitrate (vit B1)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-1	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-1 (mononitrate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin B12 Preparations</b>		
Abaneu-SL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Apatate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B12	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B12 Active	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
B-12 DOTS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

Drug	Status	Notes
Celebrate B-12 Quick-Melt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) injection	Tier 1	
cyanocobalamin (vitamin B-12) oral capsule 1,000 mcg, 3,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral capsule 5,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral lozenge 2,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral lozenge 250 mcg, 500 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral tablet 2,000 mcg, 2,500 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral tablet, IR and ER, biphasic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) oral tablet, disintegrating	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) sublingual drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) sublingual lozenge	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) sublingual tablet 1,000 mcg, 2,500 mcg, 3,000 mcg, 5,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) sublingual tablet 500 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin (vitamin B-12) sublingual tablet, disintegrating	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin-cobamamide	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cyanocobalamin-methylcobalamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dodex	Tier 1	
hydroxocobalamin	Tier 1	
Intrinsi B12-Folate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquid B-12	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mecobalamin (vitamin B12) oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mecobalamin (vitamin B12) sublingual	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
MTX Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Nascobal	Tier 2	
Neurin-SL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Opurity	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rapid B-12 Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-12 oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-12 oral lozenge	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-12 oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-12 oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-12 sublingual drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-12 sublingual tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin B12-folic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin B2 Preparations</b>		
Cyto B-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
riboflavin (vitamin B2) oral tablet 100 mg, 50 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
riboflavin (vitamin B2) oral tablet 400 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin B6 Preparations</b>		
Chromium Picolinate KLB6	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pyridoxine (vitamin B6) injection	Tier 1	
pyridoxine (vitamin B6) oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pyridoxine (vitamin B6) oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pyridoxine (vitamin B6) oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VB6 P5P	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin B-6	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin C Preparations</b>		
Acerola C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Acerola C-500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ascorbate calcium (vitamin C)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) injection	Tier 1	
ascorbic acid (vitamin C) oral capsule 1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) oral capsule 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) oral capsule, extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) oral granules	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) oral powder in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) oral syrup	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid (vitamin C) oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid-ascorbate sodium oral lozenge	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid-ascorbate sodium oral wafer	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ascorbic acid-zinc oxide	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bio C 1:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
C 1000-Bioflavonoids-Rose Hips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
C Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
C-1000	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
C-1000 with Rose Hips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
C-500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cod liver oil-ascorbic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cyto C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Emergen-C Elderberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Emergen-C MSM Lite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Emergen-C oral tablet, chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Endur-C with rose hips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Essence C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ester-C with Bioflavonoids oral tablet 1,000-200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ester-C with Bioflavonoids oral tablet 500-200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Flevoxin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fruit C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fruit C-100	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fruit C-200	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fruit C-500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Halls Defense	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Liquid C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pan-C 500	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Peridin-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sambucus Elderberry Vitamin C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Soothing PureWay-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Span C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Special C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Strawberry C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ultra Potent-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vit C(ascorb.calcium)(mv-mins)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vita-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VitaJoy Daily C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C (ascorbate calcium)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C Drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Vitamin C Fizzy Drink	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C oral capsule, extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C With Rose Hips oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C With Rose Hips oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin C With Rose Hips oral tablet, chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin D Preparations</b>		
Aqua-D Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby Ddrops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby Vitamin D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Baby's Super Daily D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bio-D-Mulsion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bio-D-Mulsion Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcitol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcitriol oral	Tier 1	
Cholecal DF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) oral liquid 10 mcg/5 mL (400 unit/5 mL)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) oral liquid 12.5 mcg/5 mL (500 unit/5 mL)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
cholecalciferol (vitamin D3) oral tablet 250 mcg (10,000 unit), 75 mcg (3,000 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) oral tablet,chewable 10 mcg (400 unit), 25 mcg (1,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) oral tablet,chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) oral tablet,disintegrating	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cholecalciferol (vitamin D3) sublingual	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cod liver oil oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cod liver oil oral oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
D3 DOTS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
D3 Plus K2 Dots	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
D3-2000	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ddrops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Decara K	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Decara oral capsule 1,250 mcg (50,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Decara oral capsule 625 mcg (25,000 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Delta D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Dotremin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx Folditam	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite Vitamin D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dialyvite Vitamin D3 Max	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dosoquin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
D-Vi-Sol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
EB-P2 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ergocal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ergocalciferol (vitamin D2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ergocalciferol (vitamin D2) oral capsule 50 mcg (2,000 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ergocalciferol (vitamin D2) oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ergocalciferol (vitamin D2) oral tablet 10 mcg (400 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ergocalciferol (vitamin D2) oral tablet 50 mcg (2,000 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
fish oil-dha-epa	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Folvite-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Genicin Vita-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Iso D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
K2 Plus D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Optimal D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Optimal D3 M	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pedia D-Vite oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Pediatric D-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Replesta	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Replesta NX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Super Daily D3 oral drops 50 mcg/drop (2,000 unit/drop)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thera-D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Thera-D 4000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
VitaJoy Daily D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin D2	Tier 1	
Vitamin D3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin D3 oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vitamin D3 oral tablet, chewable 25 mcg (1,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin D3-vitamin K2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Weekly-D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

Drug	Status	Notes
<b>Vitamin E Preparations</b>		
Aqua-E	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Aqua-E Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
E-200	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Mixed Tocotrienols	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SoluVita-E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E (dl, acetate) oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E acetate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E mixed oral capsule 1,000 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E mixed oral capsule 400 unit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E mixed oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E oral capsule 268 mg (400 unit), 670 mg (1,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin E succinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
wheat germ oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Zinc Replacement</b>		
Elderberry Zinc Vit C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
IS-ZC 50	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Orazinc oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PepciX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PepZinGI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vit C-zinc gluc,cit-Echin purp	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zinc (with A and C) Lozenges	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
zinc amino acid chelate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc citrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc gluconate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc gluconate-zinc picolinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc glycinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc sulfate oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zinc with Vit C and Echinacea	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zinc-15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zinc-220	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc-vit C-pyridoxine (vit B6)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



## Index

12 Hour Nasal Decongest (PSE).....	48	Acerola C.....	276	Admelog U-100 Insulin lispro.....	77
1st Tier Unifine Pentips.....	186	Acerola C-500.....	276	Adrenal Essence.....	153
1st Tier Unifine Pentips Plus.....	186	acetaminophen.....	209	Adrenal Manager.....	153
1st Tier Unilet ComforTouch.....	126	Acetaminophen PM.....	42	Adrenaliv.....	153
24 Hour Nasal Allergy.....	5	acetaminophen-caff-dihydrocod.....	215	AdrenaMax.....	153
24HR Allergy Relief.....	4	acetaminophen-codeine.....	214	Adrenoid.....	153
3-Day Vaginal.....	225	acetazolamide.....	87	Adult 50 Plus Eye Health.....	226
50 Plus Adult Eye Health.....	226	acetic acid.....	64, 78	Adult 50 Plus Probiotic.....	143
5-HTP.....	152	acetone.....	204	Adult Aspirin Regimen.....	92
5-hydroxytryptophan (5-HTP).....	152	acetylcarnitin HCl-a lipoic ac.....	153	Adult Multivitamin (w-lutein).....	242
5-hydroxytryptophan(5HTP)-B6-C.....	153	acetylcarnitine.....	201	Adult Multivitamin Gummies.....	242
5hydroxytryptophan(oxitriptan).....	153	acetylcysteine.....	153, 208	Adult One Daily Gummies.....	242
8 Hour Pain Reliever.....	209	Acid Gone Antacid.....	221	Adult Tussin Chest Congestion.....	43
8HR Muscle Aches-Pain.....	209	Acid Gone Antacid E.Strength.....	221	Adult Tussin Cough Congest DM.....	47
A Thru Z.....	241	Acid Reducer (famotidine).....	223	Adult Tussin DM.....	47
A Thru Z Advanced Formula.....	241	Acid Reducer (omeprazole).....	223	Adult Tussin Multi-Symp Cold.....	46
A Thru Z High Potency.....	234	Acid Reducer Complete (famot).....	223	Adults 50 Plus.....	242
A Thru Z Men's Ultimate.....	241	Acidophilus.....	142	Adults' Daily Formula.....	242
A Thru Z Select.....	234, 242	Acidophilus Ex Str (L. sporog).....	142	Adults Multivitamin.....	242
A Thru Z Select 50Plus Formula.....	241	Acidophilus Probiotic Blend.....	142	AdvaClear.....	153
A Thru Z Select Women's.....	242	Acidophilus Probiotic Complex.....	142	Advair HFA.....	7
A/G Pro.....	153	Acidophilus-Pectin.....	142	Advanced Antacid-Antigas.....	221
A-25 (vit A palmitate).....	268	acidophilus-pectin, citrus.....	142	ADVANCED Calcium.....	228
abacavir.....	109	AcipHex Sprinkle.....	223	Advanced Eye Health.....	153
abacavir-lamivudine.....	109	acitretin.....	69	Advanced Multi EA.....	242
Abaneu-SL.....	274	Acne Medication.....	66	Advanced Probiotic.....	143
Abatrace.....	153	AcneFree Acne Clearing System.....	66	Advanced Probiotic-14.....	143
Abatrex with ALA.....	153	AcneFree Severe Acne Clearing.....	66	Advanced Travel Lancets.....	127
Abatron.....	235	Actemra.....	117	Advocate Lancet.....	127
ABC Complete Senior Women's.....	242	Actemra ACTPen.....	117	Advocate Pen Needle.....	186
ABC Plus.....	242	Acthar.....	81	Advocate Syringes.....	130
Abelcet.....	105	ActHIB (PF).....	97	Adzenys XR-ODT.....	14
Abilify Maintena.....	16	Actical.....	228	Aemcolo.....	106
Abilify MyCite Maintenance Kit.....	16	Acticarnitine SF.....	153	Aerochamber Mini.....	9
Abilify MyCite Starter Kit.....	16	Actidose/Sorbitol.....	150	Aerochamber MV.....	9
abiraterone.....	136	Actidose-Aqua.....	150	Aerochamber Plus Flow-Vu.....	9
AboutTime Pen Needle.....	186	Acti-Lance Lancets.....	126	Aerochamber Plus Flow-Vu,L Msk.....	9
Absorbase.....	59	Actimmune.....	99	Aerochamber Plus Flow-Vu,M Msk.....	9
Absorica.....	48	activated charcoal.....	150	Aerochamber Plus Flow-Vu,S Msk.....	9
Absorica LD.....	48	Active FE.....	235	Aerochamber Plus Z Stat.....	9
acai berry extract.....	177	Active Health Teen.....	153	AeroChamber Plus Z Stat Lg Msk.....	9
Acai Weight Control.....	177	Active Q.....	153	AeroChamber Plus Z Stat Md Msk.....	9
acamprosate.....	15	Acuvail (PF).....	85	AeroChamber Plus Z Stat Sm Msk.....	9
acarbose.....	73	AcuWash.....	70	AeroChamber Z-Stat Plus-Flw Sg.....	9
Accrufer.....	235	acyclovir.....	54, 108	AeroTrach Plus.....	9
Accu-Chek Aviva Plus test strp.....	74	Adacel(Tdap Adolesn/Adult)(PF).....	98	Aerovent Plus.....	9
Accu-Chek Fastclix Lancet Drum... ..	126	adapalene.....	50	Afinitor Disperz.....	137
Accu-Chek FastClix Lancing Dev....	74	adapalene-benzoyl peroxide.....	49	Afirmelle.....	36
Accu-Chek Guide L1-L2 Ctrl Sol.....	74	Adbry.....	55	Afluria Qd 2021-22(3yr up)(PF).....	97
Accu-Chek Guide test strips.....	74	adefovir.....	111	Afluria Qd 2021-22(6-35mo)(PF).....	97
Accu-Chek Multiclix Lancet.....	74	ADEK Gummies Plus Zinc.....	242	Afluria Quad 2021-2022(6mo up)....	97
Accu-Chek Safe-T-Pro.....	126	Adempas.....	26	Afrezza.....	77
Accu-Chek Safe-T-Pro Plus.....	126	adenovirus vac live type-4, 7.....	98	Ahist (chlorcyclizine).....	3
Accu-Chek SmartView Test Strip.....	74	adenovirus vaccine live type-4.....	98	Aimovig Autoinjector.....	213
Accu-Chek Soft Dev Lancets.....	74	adenovirus vaccine live type-7.....	98	Air Protector.....	153
Accu-Chek Softclix Lancets.....	126	Adhansia XR.....	21	Airborne (ascorbate sodium).....	153
Accutrend Glucose Control.....	75	Adlarity.....	11	Airborne (ascorbic acid).....	153
Ace Aerosol Cloud Enhancer.....	9	Adlyxin.....	72	Airborne (elderberry).....	153
acebutolol.....	25	Admelog SoloStar U-100 Insulin.....	77	Airborne (lysine HCl).....	154



Airborne (with lysine acetate).....	154	Alive Men's Energy .....	242	Aloe Vesta Cleansing .....	59
Airborne Elderberry .....	154	Alive Men's Gummy .....	242	Aloe Vesta Perineal .....	59
Airborne Gummy .....	154	Alive Men's Max3 Potency .....	242	alogliptin .....	73
Airborne Kids .....	154	Alive Men's Ultra Potency .....	242	alogliptin-metformin .....	72
Airborne Natural Energy .....	154	Alive Premium Adult.....	242	alogliptin-pioglitazone .....	72
Airborne Plus Good Rest.....	154	Alive Premium Kids .....	258	Alomide .....	87
Airborne Plus Probiotic.....	154	Alive Premium Men's .....	243	Alora .....	95
Airborne Vits Zinc Elderberry .....	154	Alive Premium Prenatal .....	243	alosetron .....	122
AirDuo Digihaler .....	7	Alive Premium Women's .....	243	alpha lipoic acid.....	151
Airshield .....	154	Alive Premium Women's 50 Plus...	243	alpha lipoic acid-biotin .....	151
Airshield Immune .....	154	Alive Women's 50 Plus (blend) .....	243	AlphaBath .....	59
Ajoy Autoinjector .....	213	Alive Women's 50 Plus Gummy .....	243	Alphagan P .....	87
Ajoy Syringe .....	213	Alive Women's 50 Plus Ultra .....	243	AlphaSoft .....	59
Akief .....	50	Alive Women's Energy .....	243	alprazolam .....	15
AK-Poly-Bac .....	86	Alive Women's Gummy Vitamin .....	243	Alprazolam IntenSol .....	15
Akten (PF) .....	86	Alive Women's Ultra Potency .....	243	Alex .....	85
Akynzeo (netupitant) .....	5	Alkalol Nasal Wash .....	186	Altavera (28) .....	36
Alahist CF .....	45	Alka-Seltzer PM (melatonin) .....	221	Alternate Site Lancet.....	127
Alahist D .....	41	Alkindi Sprinkle .....	116	Altoprev .....	28
Alahist DM .....	45	All Day Allergy (cetirizine) .....	4	Altreno .....	50
Ala-Hist IR .....	3	All Day Allergy-D .....	3	aluminum hydroxide gel .....	221
Alahist PE .....	41	All Day Pain Relief .....	118	alum-mag hydroxide-simeth .....	221
ALAmax CR .....	150	All Day Relief .....	118	Alunbrig .....	137
ALAmax Protect .....	150	Aller-Chlor .....	3	Alvesco .....	8
Alaway .....	84	AllerDHQ .....	154	alvimopan .....	126
Alba-Lybe .....	269	Aller-ease .....	4	Alyacen 1/35 (28) .....	36
albendazole .....	107	Allergist Tray 1/2 mL 27Gx3/8" .....	130	Alyacen 7/7/7 (28) .....	36
albuterol sulfate .....	7	Allergist Tray Intradermal Bev .....	130	Alyq .....	27
Alcaine .....	86	Allergist Tray Regular Bevel .....	130	ALZ .....	154
alclometasone .....	55	Aller-G-Time .....	3	Amabelz .....	95
Alcohol Pads .....	58	Allergy .....	3	amantadine HCl .....	215
Alcohol Prep Pads .....	58	Allergy (chlorpheniramine) .....	3	AmBisome .....	105
alcohol swabs .....	58	Allergy (diphenhydramine) .....	3	ambrisentan .....	27
Alcohol Wipes .....	58	Allergy and Congestion Relief .....	3	amcinonide .....	55
Alcohol, Denatured .....	204	Allergy Complete-D .....	3	AmeriCerin .....	67
Alcohol-Benzocaine .....	58	Allergy Multi-Symptom .....	41	AmeriPhor .....	67
Aldactazide .....	26	Allergy Relief (cetirizine) .....	4	Ameristore .....	59
Alecensa .....	137	Allergy Relief (fexofenadine) .....	4	Amethia .....	36
alendronate .....	82	Allergy Relief (fluticasone) .....	5	Amethyst (28) .....	36
Alertness Aid .....	11	Allergy Relief (levocetirizin) .....	4	amikacin .....	105
Alevazol .....	52	Allergy Relief (loratadine) .....	4	amiloride .....	26
alfalfa .....	177	Allergy Relief D12 .....	3	amiloride-hydrochlorothiazide .....	26
Alfamino Junior .....	192	Allergy Relief D-24hr .....	3	Amino Acid .....	201
alfuzosin .....	223	Allergy Relief(chlorpheniramn) .....	3	amino acids .....	201
Algae Based Calcium .....	228	Allergy Relief(diphenhydramin) .....	3, 4	amino PM rms .....	154
Algal Omega-3 DHA .....	29	Allergy Relief,Nasal Decongest .....	3	Amino Relief RMS .....	154
Algal-900 DHA .....	29	Allergy Relief-D (cetirizine) .....	3	aminocaproic acid .....	90
Align .....	143	Allergy Sinus Headache (PE) .....	41	amiodarone .....	22
Align Jr .....	143	Allergy Syringe .....	130	amitriptyline .....	13
aliskiren .....	27	Allergy-Congest Relief-D(fexo) .....	3	amitriptyline-chlordiazepoxide .....	13
Alive Calcium-Vitamin D3 .....	228	Allergy-Time .....	4	amlodipine .....	25
Alive Daily Support Prenatal .....	242	All-Nite Cold-Flu .....	45	amlodipine-atorvastatin .....	35
Alive Diabetic Multivitamin .....	242	allopurinol .....	90	amlodipine-benazepril .....	23
Alive Hair, Skin and Nails .....	154	Allzital .....	208	amlodipine-olmesartan .....	24
Alive Immune Health .....	154	Almacone-2 .....	221	amlodipine-valsartan .....	24
Alive Max Potency .....	242	almotriptan malate .....	213	amlodipine-valsartan-hcthiazid .....	23
Alive Max3 Potency .....	242	Alocril .....	87	ammonia aromatic .....	18
Alive Men's 50 Plus Multivit .....	242	Aloe Grande .....	59	ammonium and potassium iodides ..	49
Alive Men's 50 Plus MV (vit K) .....	242	aloe vera .....	59, 177	ammonium lactate .....	59
Alive Men's 50 Plus Ultra .....	242	Aloe Vesta Body Wash/Shampoo .....	59	Amnesteem .....	48



amoxapine.....	14	ANTI-NAUSEA GINGER.....	177	Argitein.....	155
amoxicil-clarithromy-lansopraz.....	222	Antioxidant A/C/E/Selenium.....	151	Arikayce.....	105
amoxicillin.....	102	Antioxidant Formula (selenium).....	226	aripiprazole.....	16
amoxicillin-pot clavulanate.....	103	Antiseptic Skin Clnsr(chlorhe).....	49	Aristada.....	16
amphetamine.....	14	Antivert.....	5	Aristada Initio.....	16
amphetamine sulfate.....	14	Anucort-HC.....	121	Arkaliox.....	269
amphotericin B.....	105	Anzemet.....	5	armodafinil.....	19
amphotericin B liposome.....	105	Apadaz.....	214	ArmonAir Digihaler.....	8
ampicillin.....	103	Apatate.....	274	Armour Thyroid.....	84
ampicillin sodium.....	103	Apatate Forte.....	243	arnica.....	177
ampicillin-sulbactam.....	103	Apetigen.....	269	Arnuity Ellipta.....	8
Amytal.....	18	Apetigen Plus.....	235, 269	Arthricream.....	64
Amzeeq.....	51	ApexiCon E.....	55	Arthricream Rub.....	59
anagrelide.....	93	AP-Hist DM.....	45	Arthri-Flex.....	112
Analpram-HC.....	68	Apidra SoloStar U-100 Insulin.....	77	Arthritis Pain (diclofenac).....	57
Anamu.....	177	Apidra U-100 Insulin.....	77	Arthritis Pain Relief (acetam).....	209
anastrozole.....	136	Aplenzin.....	12	Arthritis Pain Relief(capsaic).....	64
Androderm.....	94	APOKYN.....	215	Artificial Tears (petro/min).....	89
Angeliq.....	95	apomorphine.....	215	Artificial Tears (polyvin alc).....	88
ANIMAL CHEWS.....	258	Appe-Curb.....	154	Artificial Tears(pvalch-povid).....	88
Animi-3 With Vitamin D.....	243	Appetite Control.....	154	Artiss.....	206
anise.....	176	apple cider vinegar.....	154	asafetida.....	177
Annovera.....	35	Apple Cider Vinegar Plus.....	154	Asceniv.....	96
Anoro Ellipta.....	7	Apple Flavoring.....	176	Ascomp with Codeine.....	214
Antacid.....	221	AppTrim.....	155	ascorbate calcium (vitamin C).....	277
Antacid (calcium carbonate).....	221	AppTrim-D.....	155	ascorbic acid (vitamin C).....	277
Antacid Anti-Gas.....	222	apraclonidine.....	87	ascorbic acid-ascorbate sodium....	277
Antacid Anti-Gas (ca carb-sim).....	221	aprepitant.....	5, 6	ascorbic acid-elderberry fruit.....	155
Antacid ExSt (mag carb-Al hyd).....	222	Apri.....	36	ascorbic acid-zinc oxide.....	277
Antacid Ext Str (calcium carb).....	222	Aprodine.....	41	asenapine maleate.....	16
Antacid Extra-Strength.....	222	Aptiom.....	216	Ashlyna.....	36
Antacid Maximum Strength.....	222	Aptivus.....	108	ashwagandha root extract.....	177
Antacid Plus Anti-Gas.....	222	Aqua Care.....	70	Asmanex HFA.....	8
Antacid Regular Strength.....	222	Aqua Glycolic.....	59, 68	Asmanex Twisthaler.....	8
Antacid Ultra Strength.....	222	Aqua Glycolic HC.....	55	aspirin.....	92, 208, 209
Antacid-Antigas.....	222	Aqua Lacten.....	59	aspirin,buffd-calcium carb-mag.....	209
Antacid-Simethicone.....	222	Aqua-D Concentrate.....	279	aspirin-dipyridamole.....	92
Antara.....	29	AquaADEKs.....	243	Assure Haemolance Plus.....	127
Antarctic Krill Oil.....	29	Aqua-E.....	282	Assure ID Insulin Safety.....	130
Anti-Allergy Formula.....	154	Aqua-E Concentrate.....	282	Assure ID Pen Needle.....	186
Antibacterial Soap (benzethon).....	69	Aqua-K Concentrate.....	93	Assure Lance.....	127
Antibacterial-Urinary Pain Rlf.....	101	Aquamed.....	69	Assure Lance Plus.....	127
Antibiotic (bacitracin zinc).....	51	Aquanaz.....	46	Astagraf XL.....	99
Antibiotic Plus (pramoxine).....	51	Aquanaz PSE.....	46	astaxanthin.....	155
anticoag citrate phos dextrose.....	90	Aquanil HC.....	55	Asthmanefrin Refill.....	8
Anti-Dandruff.....	57	Aquanil Skin Cleanser.....	70	Astringent.....	69
Anti-Dandruff (coal tar).....	64	Aquaphilic.....	59	Astringyn.....	93
Anti-Diarrheal (lope)-Anti-Gas.....	121	AR Caps.....	200	Atabex DHA 200.....	29
Anti-Diarrheal (loperamide).....	121	Aralast NP.....	135	Atabex OB.....	262
Anti-Fungal.....	52	Aranelle (28).....	36	atazanavir.....	110
Antifungal (clotrimazole).....	52	Aranesp (in polysorbate).....	91	atenolol.....	25
Antifungal (tolnaftate).....	52	Arazlo.....	50	atenolol-chlorthalidone.....	25
Anti-Gas.....	220	Arcalyst.....	112	Athlete's Foot.....	52
Anti-Gas Ultra Strength.....	219	arformoterol.....	7	Athlete's Foot (clotrimazole).....	52
Anti-Itch (HC).....	55	ArgiMent.....	201	Athlete's Foot (terbinafine).....	52
Anti-Itch (menthol-camphor).....	64	ArgiMent AT.....	155	Athlete's Foot (tolnaftate).....	52
Anti-Itch(diphenhyd) with Zinc.....	57	Arginaid.....	155	atomoxetine.....	22
Anti-Itch(hydrocortisone)-Aloe.....	55	Arginaid Extra.....	155	atorvastatin.....	28
Antimicrobial.....	49	arginine (L-arginine).....	201	atovaquone.....	107
Anti-Nausea.....	5	arginine HCl (L-arginine).....	202	atovaquone-proguanil.....	107

ATP.....	90	B Complex-Vitamin B12.....	269	BD Alcohol Swabs.....	58
Atrantil.....	177	B complex-vitamin C-folic acid.....	269	BD Allergist Tray Reg Bevel.....	130
atropine.....	88	B-100 Complex.....	269	BD Allergy Syringe.....	130
Atrovent HFA.....	6	B12.....	274	BD AutoShield Duo Pen Needle....	186
Aubagio.....	140	B12 Active.....	274	BD Blunt Plastic Cannula.....	130
Aubra.....	36	B-12 DOTS.....	274	BD Bulk Syringe Slip Tip.....	130
Aubra EQ.....	36	Baby Ayr Saline.....	189	BD Eccentric Tip Syringe.....	130
Augmentin.....	103	Baby Complete Cough-Immune.....	155	BD Eclipse Luer-Lok.....	130, 186
Aurovela 1.5/30 (21).....	36	Baby Cough.....	177	BD Insulin Syringe.....	130
Aurovela 1/20 (21).....	36	Baby Cough-Mucus.....	177	BD Insulin Syringe (half unit).....	130
Aurovela 24 Fe.....	36	Baby Ddrops.....	279	BD Insulin Syringe Micro-Fine.....	130
Aurovela Fe 1.5/30 (28).....	36	Baby Skin Protectant (pet).....	67	BD Insulin Syringe Safety-Lok.....	130
Aurovela Fe 1-20 (28).....	36	Baby Vitamin D3.....	279	BD Insulin Syringe Slip Tip.....	130
Auryxia.....	79	Baby Wash.....	70	BD Insulin Syringe U-500.....	130
Austedo.....	141	Baby's Only Dairy.....	155	BD Insulin Syringe Ultra-Fine.....	130
Austedo TD Titratn Pk (Wk 1-2).....	141	Baby's Only Org LactoRelief.....	155	BD Integra Needle.....	186
Avar.....	54	Baby's Only Organic Dairy.....	155	BD Integra Syringe.....	130
Avar LS.....	54	Baby's Only Organic Dairy Whey...	155	BD Interlink Blunt Plastic Can.....	130
Aveeno Baby.....	70	Baby's Only Organic Soy.....	155	BD Interlink Syringe.....	130
Aveeno Intense Relief.....	59	Baby's Super Daily D3.....	279	BD Intradermal Bevel Needles.....	186
Aviane.....	36	BaciCap.....	143	BD Lo-Dose Micro-Fine IV.....	130
Avita.....	50	Bacid.....	143	BD Lo-Dose Ultra-Fine.....	130
Avonex.....	140	Bacid with Lactospore.....	143	BD Luer-Lok Bulk Syringe.....	130
Avosil.....	59	bacitracin.....	51, 86	BD Luer-Lok Syringe.....	131
Avsola.....	112	bacitracin zinc.....	51	BD Luer-Lok Tip Control Syring....	131
Avycaz.....	101	bacitracin-polymyxin B.....	86	BD Microtainer Lancet.....	127
Ayr Allergy and Sinus.....	189	Back and Body Pain Reliever.....	209	BD Nano 2nd Gen Pen Needle.....	186
Ayr Saline.....	189	baclofen.....	218	BD Nokor Admix Needle.....	186
Ayr Saline Gel.....	189	Bacmin.....	243	BD PrecisionGlide.....	131, 186
Ayuna.....	36	Bafiertam.....	140	BD PrecisionGlide Non-Sterile.....	186
Ayvakit.....	137	Balance B-100 (folic acid).....	269	BD Regular Bevel Needles.....	186
Azalgia.....	112	Balance B-50 (with folic acid).....	269	BD SafetyGlide Allergist Tray.....	131
Azasan.....	99	Balanced B-100.....	269	BD SafetyGlide Insulin Syringe.....	131
Azasite.....	86	Balanced B-100 Complex.....	269	BD SafetyGlide Shielding Reg.....	131
azathioprine.....	99	Balanced B-50.....	269	BD SafetyGlide Syringe.....	131
azelaic acid.....	49	Balanced B-50 Complex (folic).....	270	BD SafetyGlide TB Reg Bevel.....	131
azelastine.....	5, 84	Bal-Care DHA.....	262	BD Safetyglide Tuberculin.....	131
azelastine-fluticasone.....	5	Bal-Care DHA Essential.....	262	BD Short Bevel Needles.....	186
Azesco.....	268	Balcoltra.....	36	BD Short Bevel Thin Wall.....	186
azithromycin.....	102	Balneol.....	59	BD Slip Tip Syringe.....	131
Azo Bladder Control.....	177	balsalazide.....	120	B-D Slip Tip Syringe.....	131
Azo Bladder Control-Weight Mgt...	177	balsam peru-castor oil.....	208	BD Specialty Use Needles.....	187
AZO Complete Feminine Balance.	143	Balversa.....	137	BD Syringe.....	131
Azo Cranberry.....	177	Balziva (28).....	36	BD Syringe Cath Tip NonSterile....	131
Azo Cranberry Plus Probiotic.....	177	Banatrol Plus.....	121	BD Syringe Catheter Tip.....	131
Azo Cranberry Plus Vit C.....	177	Banatrol TF.....	121	BD Syringe Luer-Lok NonSterile....	131
AZO D-Mannose.....	155	Banophen.....	4	BD Syringe Luer-Lok Sterile.....	131
AZO Dual Protection.....	143	Banophen Anti-Itch.....	57	BD Syringe Slip Tip NonSterile.....	131
Azo Hormonal Health Cycle Care..	155	Baqsimi.....	75	BD Syringe-Dual Cannula.....	131
Azo Hormonal Hlth Happy Cycle...	155	Baraclude.....	111	BD Tuberculin Slip-Tip.....	131
Azo Men.....	177	Bariatric Multivitamins.....	243	BD Tuberculin Syringe.....	131
Azstarys.....	22	Basaglar KwikPen U-100 Insulin.....	77	BD Ultra Fine Lancets.....	127
aztreonam.....	100	Base, PCCA Syrup Vehicle.....	206	BD Ultra-Fine II Lancets.....	127
Azurette (28).....	36	Baxdela.....	103	BD Ultra-Fine Micro Pen Needle....	187
B Activ.....	269	Bay Rum.....	49	BD Ultra-Fine Mini Pen Needle....	187
B Complex.....	269	BCAD 2.....	192	BD Ultra-Fine Nano Pen Needle....	187
B Complex 1 (with folic acid).....	269	B-Complex.....	270	BD Ultra-Fine Orig Pen Needle....	187
B Complex 100.....	269	B-Complex Plus Vit C (calcium).....	243	BD Ultra-Fine Short Pen Needle....	187
B Complex Plus Vitamin C.....	269	B-Complex With B-12.....	270	BD Veo Insulin Syr (half unit).....	131
B Complex w-Vit C.....	269	B-complex with vitamin C.....	243, 270	BD Veo Insulin Syringe UF.....	131

Beanaid.....	220	Bijuva.....	95	Boost Kid Essentials w-Fiber.....	156
Beano.....	220	Biktary.....	110	Boost Max.....	156
Beauty and Skin Therapy.....	155	bilberry.....	177	Boost Max Men.....	156
Beconase AQ.....	5	Bilberry Extract.....	155	Boost Men.....	156
bee pollen.....	155	bilberry fruit extract.....	177	Boost Mobility.....	156
Beef-Potatoes-Spinach.....	155	bimatoprost.....	87	Boost Plus.....	156
Beelith.....	239	BinaxNOW COVID-19 Ag Self Test		Boost Pudding.....	156
Belbuca.....	210	.....	152	Boost Soothe.....	156
belladonna alkaloids-opium.....	210	Bio C 1:1.....	277	Boost VHC.....	156
Belsomra.....	21	Bio-35.....	243	Boost Women.....	156
benazepril.....	24	Bio-35, Gluten Free.....	243	Boostrix Tdap.....	98
benazepril-hydrochlorothiazide.....	23	Biocal.....	228	bosentan.....	27
Benecalorie.....	155	Bio-D-Mulsion.....	279	Bosulif.....	137
Benefiber Healthy Shape.....	122	Bio-D-Mulsion Forte.....	279	Botox.....	189
Benefiber Sugar Free (dextrin).....	122	Bioflavonoids, Citrus.....	227	BP 10-1.....	54
Beneprotein.....	155, 202	Bioflex.....	156	BPO.....	66
benfotiamine.....	274	Biogaia.....	143	Braftovi.....	136
Benlysta.....	117	BioGaia Gastrus.....	143	Brain Might-DHA-Co Q10.....	156
Bensal HP.....	66	Biogaia Protectis Baby.....	143	Brainstrong Memory Support.....	156
Bentivite BX.....	235	Biogaia Protectis with Vit D3.....	143	Brainstrong Prenatal.....	262
bentonite.....	205	Bio-Immunex.....	156	Breakfast Essentials.....	156
Benz-All.....	49	Bio-K plus.....	143	BreatheRite MDI Spacer.....	9
Benzedrex.....	48	BioLyte.....	79	BreatheRite Spacer-Mask, Neo.....	9
benzhydrocodone-acetaminophen.....	214	BiomePRO.....	143	BreatheRite Spacer-Mask,Adult.....	9
benzimidazole.....	107	Bion Tears (PF).....	88	BreatheRite Spacer-Mask,Child.....	9
benzoin.....	67	Biopetit.....	270	BreatheRite Spacer-Mask,Infant.....	9
benzonatate.....	42	Biotect Plus.....	243	BreatheRite Spacer-Mask,S.Chld.....	9
benzoyl peroxide.....	66	biotin.....	270	BreatheRite Valved MDI Chamber.....	9
benztropine.....	215	Biotin Plus Keratin.....	156	BreatheRite Valved MDI Spacer.....	9
bepotastine besilate.....	84	Biotin Plus-Calcium and Vit D3.....	243	Breeza Neutral Ab-Pelvic Image.....	156
Berinert.....	116	Biotin-Calcium.....	156	Brexafemme.....	105
Berocca (FA-guarana-caff).....	243	bisacodyl.....	122, 126	Breztri Aerosphere.....	7
Besivance.....	86	Bismatrol.....	121	Briellyn.....	36
Besremi.....	99	bismuth subsalicylate.....	121	Bright Beginnings Soy.....	156
Best Fiber.....	122	bisoprolol fumarate.....	25	Brilinta.....	93
Beta Care.....	59	bisoprolol-hydrochlorothiazide.....	25	brimonidine.....	87
beta carotene.....	268	Bivigam.....	96	brimonidine-timolol.....	87
Betadine.....	64	black cohosh.....	178	brinzolamide.....	87
Betadine Ophthalmic Prep.....	64	Black Cohosh Menopause		Briviact.....	216
betaine.....	185	Complex.....	178	broccoli flower.....	178
betaine HCl.....	155	black cohosh root extract.....	178	Brohist D.....	41
betamethasone dipropionate.....	55	Black Cohosh-Flaxseed-Soy.....	156	bromelains.....	69
betamethasone valerate.....	55	Bladder 2.2.....	244	Bromfed DM.....	45
betamethasone, augmented.....	55	Bleph-10.....	86	bromfenac.....	85
Betamide.....	70	Blephamide.....	86	bromocriptine.....	215
Betaquik.....	199	Blephamide S.O.P.....	86	brompheniramine-pseudoeph-DM...	45
Betasept Surgical Scrub.....	49	Blisovi 24 Fe.....	36	BromSite.....	85
Betaseron.....	140	Blisovi Fe 1.5/30 (28).....	36	Bronchitol.....	152
betaxolol.....	25, 87	Blisovi Fe 1/20 (28).....	36	Brotapp DM.....	45
bethanechol chloride.....	135	Blue Gel.....	64	Brukinsa.....	137
Betimol.....	87	blue-green algae (Spirulina).....	178	Bryhali.....	55
Betoptic S.....	87	Body, Hair, Skin and Nails.....	244	B-Stress.....	270
Bevespi Aerosphere.....	7	Bone Density Calcium Plus D.....	228	budesonide.....	5, 8, 116
Bevitrol.....	220	Bone Essentials.....	228	budesonide-formoterol.....	7
bexarotene.....	68, 140	Bonjesta.....	6	Bullseye Mini Safety Lancets.....	127
Bexsero.....	96	Boost.....	156	bumetanide.....	26
bicalutamide.....	136	Boost Breeze Nutritional.....	156	Bunavail.....	215
Bicillin C-R.....	103	Boost Glucose Control.....	192	Buprenex.....	210
Bicillin L-A.....	103	Boost High Protein.....	156	buprenorphine.....	210
BiDil.....	27	Boost Kid Essentials.....	156	buprenorphine HCl.....	210, 215

buprenorphine-naloxone .....	215	calcium acetate .....	229	camphor .....	64
bupropion HCl .....	12	calcium acetate(phosphat bind) .....	79	Camphor Blocks .....	65
bupropion HCl (smoking deter) .....	219	Calcium Adult (calcium phos) .....	229	Camphotrex .....	65
Burn Calories .....	157	calcium amino acid chelate .....	229	Camphotrol .....	65
Burn Relief with Aloe .....	68	Calcium Antacid .....	222	Camrese .....	36
Burn Relief with Lidocaine .....	68	calcium carb and citrate-vitD3 .....	229	Camrese Lo .....	36
buspirone .....	15	calcium carb-D3-mag cmb11-zinc .....	229	candesartan .....	24
Butalbital Compound W/Codeine .....	214	calcium carb-mag ox-zinc gluc .....	229	candesartan-hydrochlorothiazid .....	23
butalbital-acetaminop-caf-cod .....	214	calcium carb-mag ox-zinc sulf .....	229	Candididal .....	178
butalbital-acetaminophen .....	208	calcium carbonate .....	222, 229	Capasil .....	65
butalbital-acetaminophen-caff .....	208	calcium carbonate-vit D3-min .....	229	Capastat .....	106
butalbital-aspirin-caffeine .....	208	calcium carbonate-vitamin D3 .....	229, 230	CapCof .....	44
butenafine .....	52	calcium citrate .....	230	capecitabine .....	136
butorphanol .....	210	Calcium Citrate + D .....	230	Capex .....	55
Butter Rum Flavoring .....	176	calcium citrate malate-vit D3 .....	230	Caplyta .....	16
Butterfly Touch Lancet .....	127	Calcium Citrate Plus .....	230	Capmist DM .....	46
butylated hydroxytoluene .....	49	Calcium Citrate Plus (Vit B6) .....	230	Caprelsa .....	137, 138
Bydureon BCise .....	72	calcium citrate-vitamin D3 .....	230	Capron DM .....	46
Byetta .....	72	Calcium for Women .....	230	Capron DMT .....	46
Bylvay .....	122	calcium gluconate .....	157	capsaicin .....	65
C 1000-Bioflavonoids-Rose Hips .....	277	calcium gluconate .....	230	capsicum (cayenne) .....	178
C Complex .....	277	calcium lactate .....	230	CapsuBlend-H .....	200
C-1000 .....	277	Calcium Magnesium .....	230	CapsuBlend-P .....	200
C-1000 with Rose Hips .....	277	Calcium Magnesium + D .....	230	CapsuBlend-S .....	200
C-500 .....	277	calcium pantothenate .....	258	Capsule #0 .....	200
cabergoline .....	84	calcium phosphate .....	230	Capsule #0 (cellulose) .....	200
Cablivi .....	90	calcium phosphate-vitamin D3 .....	230	Capsule #0 (hypromellose) .....	200
Cabometyx .....	137	Calcium Plus MenaQ7 Adult .....	230	Capsule #0 DRcaps .....	200
Ca-D3-mag ox-zinc-cop-mang-bor .....	228	Calcium Plus MenaQ7 Senior .....	230	Capsule #00 .....	200
Cadeau DHA .....	262	Calcium PNV .....	244	Capsule #00 (cellulose) .....	200
caffeine .....	11	Calcium with Boron .....	230	Capsule #00 (hypromellose) .....	200
caffeine citrate .....	11	Calcium with Vitamin D .....	230	Capsule #000 .....	200
cal citrate-mag ox,aspart-D3 .....	228	calcium-D3-zinc-copper-mangan .....	230	Capsule #1 .....	200
Cal Mag Zinc Plus D3 .....	228	Calcium-Folic Acid-Vitamin D .....	230	Capsule #1 (cellulose) .....	200
Caladryl .....	57	calcium-magnesium .....	231	Capsule #1 (hypromellose) .....	200
Caladryl Clear .....	57	calcium-magnesium-copper-zinc .....	231	Capsule #1 DRcaps .....	200
Calamine Clear .....	57	calcium-magnesium-vit D3-boron .....	231	Capsule #10 .....	200
calamine phenolated .....	67	calcium-magnesium-zinc .....	231	Capsule #11 .....	200
Calamine Plus (pramox-calamin) .....	57	calcium-vitamin D3-vitamin K .....	231	Capsule #13 .....	200
calamine-zinc oxide .....	67	Calcor .....	157	Capsule #2 .....	200
calamine-zinc oxide-phenol .....	67	Caldyphen .....	57	Capsule #3 .....	200
calc-D3-magnes-B6-Zn-Cu-		Caldyphen Clear .....	57	Capsule #3 (cellulose) .....	200
mangan .....	228	Cal-Gest Antacid .....	222	Capsule #3 (hypromellose) .....	200
Calcet Petites .....	228	Callus Removers .....	66	Capsule #4 .....	200
Calcidol .....	279	Cal-Mag .....	231	Capsule #5 .....	201
Calci-Max .....	228	Cal-Mag Complex .....	231	Capsule #7 .....	201
calcipotriene .....	70	CalMag Thins .....	231	Capsule Coni-Snap #0 (gelatin) .....	201
calcipotriene-betamethasone .....	71	Cal-Mint .....	231	Capsule Coni-Snap #0(hypromel) .....	201
calcitonin (salmon) .....	82	Calmme .....	178	Capsule Coni-Snap #00 (gelatin) .....	201
Cal-Citrate .....	228	Calphron .....	231	Capsule Coni-Snap #000 .....	201
calcitriol .....	70, 279	Calquence .....	137	Capsule Coni-Snap #1 (gelatin) .....	201
calcium 26-vit D3-magnesium 15 .....	228	Cal-Quick .....	231	Capsule Coni-Snap #1(hypromel) .....	201
Calcium 500 .....	229	Caltrate + D3 Plus Minerals .....	231	Capsule Coni-Snap #2 (gelatin) .....	201
Calcium 500 + D .....	229	Caltrate 600 plus D .....	231	Capsule Coni-Snap #3 (gelatin) .....	201
Calcium 500 With D .....	229	Caltrate 600-D Plus Minerals .....	231	Capsule Coni-Snap #3(hypromel) .....	201
Calcium 600 .....	229	Caltrate Gummy Bites .....	231	Capsule Coni-Snap #4 (gelatin) .....	201
Calcium 600 + D(3) .....	229	Cam .....	60	captopril .....	24
Calcium 600 + Minerals .....	229	Cambia .....	213	captopril-hydrochlorothiazide .....	23
Calcium 600 with Vitamin D3 .....	229	Camila .....	36	Carb Intercept .....	157
Calcium 600-D3 Plus (mag-zinc) .....	229	Campho-Phenique .....	64	Carbaglu .....	121



carbamazepine .....	216	cefdinir .....	101	CeraVe SA (with niacinamide)...	60, 70
Carbatrol .....	216	cefepime .....	101	Cerdelga .....	175
carbidopa .....	216	cefepime in dextrose 5 % .....	101	Cerenx .....	157
carbidopa-levodopa .....	215	cefepime in dextrose,iso-osm .....	101	Cerovite Jr .....	258
carbidopa-levodopa-entacapone ...	215	cefixime .....	101	Cerovite Senior .....	244
carbinoxamine maleate .....	4	cefotaxime .....	101	Certa Plus .....	245
carboxymethylcellulose sodium .....	88	cefotetan .....	101	CertaVite Senior .....	245
Cardiamin .....	244	cefotetan in dextrose, iso-osm .....	101	Certavite-Antioxidant .....	245
Cardio Omega Benefits .....	29	cefoxitin .....	101	Certuss-D .....	46
Cardio Tea .....	178	cefoxitin in dextrose, iso-osm .....	101	Cervidil .....	40
cardioplegic soln .....	152	cefpodoxime .....	101	Cetaphil .....	70
Cardiopress .....	157	cefprozil .....	101	Cetaphil Daily Facial .....	69
CardioSterol .....	30	ceftazidime .....	101	Cetaphil DailyAdvance .....	60
CardioVid PLUS .....	157	ceftazidime in D5W .....	101	Cetaphil Gentle Cleanser .....	69
Cardizem LA .....	25	ceftriaxone .....	101	cetirizine .....	4
Cardura XL .....	23	ceftriaxone in dextrose,iso-os .....	101	cetirizine-pseudoephedrine .....	3
CareFine Pen Needle .....	187	cefuroxime axetil .....	101	cetyl alcohol .....	198
Careone Thin Lancet .....	127	cefuroxime sodium .....	101	Cetylcide II Concentrate .....	58
Careone Ultra Thin Lancet .....	127	Celebrate B-12 Quick-Melt .....	275	cevimeline .....	135
Carepoint Luer Lock Syringe .....	131	celecoxib .....	118	Charlotte 24 Fe .....	36
Carepoint Luer Lock Syr-needle ...	131	cellulose (bulk) .....	201	Chateal (28) .....	36
Carepoint Luer Slip Syringe .....	131	Celontin .....	216	Chateal EQ (28) .....	36
CarePoint Luer Slip Syring-Ndl .....	131	Centamin .....	244	CheleX .....	157
CareSens Lancets .....	127	Central-Vite .....	244	Chemet .....	185
CareTouch Alcohol Prep Pad .....	58	Central-Vite Women's Mature .....	244	Chemstrip (calibration) .....	206
CareTouch Hypodermic Needle .....	187	Centram-Care .....	244	Chenodal .....	122
CareTouch Insulin Syringe .....	131	Centratex .....	235	cherry flavor (bulk) .....	206
CareTouch Luer Lock Syringe .....	131	Centravites .....	244	Chest Congestion Relief .....	43
CareTouch Luer Lock Syr-needle ..	131	Centravites 50 Plus .....	234, 244	Chest Congestion Relief DM .....	47
CareTouch Luer Slip Syringe .....	131	Centravites Adults .....	244	Chest Congestion Relief PE .....	43
CareTouch Pen Needle .....	187	Centrum .....	244	Chest Congestion-Cough Relief .....	47
CareTouch Safety Lancets .....	127	Centrum Adult 50 Fresh-Fruity .....	244	Chest Rub .....	65
CareTouch Twist Lancet .....	127	Centrum Chewables .....	244	Chest Rub (with pine oil) .....	65
carglumic acid .....	121	Centrum Complete .....	244	Chest-Sinus Congestion Relief .....	43
carica papaya .....	178	Centrum Kids (vit D3, vit K) .....	258	Chew Q .....	157
carisoprodol .....	218	Centrum Silver .....	244	Chewable Iron .....	235
carisoprodol-aspirin .....	218	Centrum Specialist Energy .....	244	chia seed oil-omega 3-6-9 .....	157
carisoprodol-aspirin-codeine .....	215	Centrum Specialist Heart .....	244	Child All In One Cough Plus .....	157
Carni Q-Gel Forte .....	157	Centrum Women .....	244	Child Allergy Relf(cetirizine) .....	4
Carnitor (sugar-free) .....	185	Century .....	244	Child Chewable Vitamn Complete .	258
CaroSpir .....	26	Century Adults 50 Plus .....	244	Child Complete Cough-Immune .....	157
carteolol .....	87	Century Mature .....	244	Child Complete Multivitamin .....	258
Cartia XT .....	25	Century Men's .....	244	Child Cough-Mucus-Immune .....	157
cartilage-collagen-bor-hyalur .....	157	cephalexin .....	101	Child Mucus Relief Cough .....	47
Cartivisc .....	112	Cequa .....	87	Child Mucus Relief Expectorant .....	43
carvedilol .....	23	Ceracade .....	60	Child Multivitamin Plus Iron .....	258
carvedilol phosphate .....	23	CeraLyte 50 .....	79	Child Soothing Throat .....	157
caspofungin .....	105	Ceralyte 50 Potassium Free .....	79	Children Multivitamin .....	258
Castellani Paint Modified .....	58	CeraLyte 90 .....	79	Children's Acetaminophen .....	209
castor oil .....	122, 204	CeraLyte-70 .....	79	Children's Alaway .....	84
cat's claw (uncaria tomentosa) .....	178	CeraSport .....	79	Children's Allergy (diphenhyd) .....	4
Cavilon Moisturizing Body .....	60	Cerasport Endurance .....	79	Children's Allergy Relief(lor) .....	5
Cavilon Skin Cleanser .....	70	CeraSport EX1 .....	80	Children's Aspirin .....	93
Caya Contoured .....	40	Cerasport Plus .....	80	Children's Cetirizine .....	5
Cayston .....	100	CeraVe .....	60, 70	Children's Chew Multivitamin .....	258
Caziant (28) .....	36	CeraVe AM .....	69	Children's Chew Multivit-Iron .....	258
cefaclor .....	101	CeraVe Daily Moisturizing .....	60	Children's Chewable .....	258
cefadroxil .....	100	CeraVe Foaming Facial .....	70	Children's Chewable Complete .....	258
cefazolin .....	101	CeraVe PM .....	60	Children's Chewable Multivitmn .....	258
cefazolin in dextrose (iso-os) .....	100	CeraVe SA .....	60	Childrens Chewable Probiotic .....	143

Children's Chewable Vitamin .....	258	choline,magnesium salicylate .....	209	ClearLax .....	122
Children's Chewables .....	258	Chromagen(Sumalate-Quatrefoli) .....	235	clemastine .....	4
Children's Chewables Extra C .....	258	chromium amino acid chelate .....	241	Clenpiq .....	122
Children's Cold and Cough (PE) .....	45	chromium picolinate .....	241	Cleocin .....	225
Children's Cold-Allergy (PE) .....	41	Chromium Picolinate KLB6 .....	276	Clever Chek Lancets .....	127
Children's Cough DM ER .....	42	Cibinqo .....	117	Clever Choice Chamber-Lrg Mask .....	9
Children's Cough-Mucus .....	157	Ciclofanil .....	52	Clever Choice Chamber-Med Mask .....	9
Children's Dayclear Allergy .....	46	ciclopirox .....	52	Clever Choice Chamber-Sm Mask .....	9
Children's DiaResQ .....	157	ciclopirox-ure-camph-menth-euc .....	52	Clickfine Pen Needle .....	187
Children's Dibromm Cold-Allerg .....	41	Cidaflex .....	112	Climara Pro .....	95
Children's Diphenhydramine .....	4	Cidatrine .....	113	clindamycin HCl .....	106
Children's Easy-Melts .....	209	cilostazol .....	93	clindamycin in 0.9 % sod chlor .....	106
Children's Ibuprofen .....	118	Ciloxan .....	86	clindamycin in 5 % dextrose .....	106
Children's Iron .....	235	Cimduo .....	108	Clindamycin Pediatric .....	106
Children's Loratadine .....	5	cimetidine .....	223	clindamycin phosphate	
Children's Mapap .....	209	cimetidine HCl .....	223	.....	51, 52, 106, 225
Children's Migrelief .....	157	Cimzia .....	112	clindamycin-benzoyl peroxide .....	49
Children's Multi-Vit Gummies .....	258	Cimzia Powder for Reconst .....	112	clindamycin-tretinoin .....	49
Children's Multivitamin .....	258	Cimzia Starter Kit .....	112	Clindesse .....	225
Children's Omega-3 Gummy Fish .....	157	cinacalcet .....	82	clobazam .....	216
Children's Pain Relief .....	209	Cinnamon .....	178	clobetasol .....	55
Children's Pain Reliever .....	209	cinnamon bark .....	178	clobetasol-emollient .....	55
Children's Pain-Fever Relief .....	209	cinnamon bark-chromium picolin .....	178	clocortolone pivalate .....	55
Children's Probiotic .....	143	cinnamon bark-chromium-ALA .....	158	Clodan Kit .....	55
Children's Silfedrine .....	48	Cinnamon Flavoring .....	176	clomipramine .....	14
Children's Sleep (melatonin) .....	19	Cinnamon Oil .....	178	clonazepam .....	216
Child's All Day Allergy(cetir) .....	5	Cinqair .....	9	clonidine .....	25
Child's Chewable Vitamins/Iron .....	258	Cinryze .....	116	clonidine (PF) .....	210
Child's Cough .....	157	Cipro .....	103	clonidine HCl .....	21, 24
Child's Mucus Relief M-S Cold .....	46	Cipro HC .....	78	clopidogrel .....	93
Child's Omega-3 DHA Multivitam .....	258	Cipro XR .....	103	clorazepate dipotassium .....	15
Childs/Iron .....	259	ciprofloxacin .....	103	clotrimazole .....	52, 104, 225
Chlo Hist .....	46	ciprofloxacin HCl .....	78, 86, 103	Clotrimazole-3 .....	225
Chlo Tuss .....	45	ciprofloxacin in 5 % dextrose .....	103	clotrimazole-betamethasone .....	52
chloramphenicol sod succinate .....	106	ciprofloxacin-dexamethasone .....	79	clozapine .....	16
chlordiazepoxide HCl .....	15	ciprofloxacin-fluocinolone .....	79	C-Nate DHA .....	263
chlordiazepoxide-clidinium .....	222	citalopram .....	12	Co Q-10 .....	158
chlorhexidine gluconate .....	142	Citracal + D Maximum .....	231	Co Q-10 (with Vit E) .....	158
Chlorocaps .....	157	Citracal Plus Bone Density .....	231	Co Q-10-Vitamin E-Fish Oil .....	158
Chlorophyll (with alfalfa) .....	178	Citracal-D3 Maximum Plus .....	231	Coaguchek Lancets .....	127
chloroquine phosphate .....	107	Citracal-D3 Plus Heart Health .....	231	coal tar .....	65
chlorpheniramine maleate .....	4	Citracal-D3 Plus Magnesium .....	231	Coartem .....	107
chlorthalidone .....	18	Citracal-D3 Soft Chew .....	231	Coats Aloe .....	60
chlorzoxazone .....	218	CitraNatal (dual-iron) .....	262	Coats Aloe Analgesic .....	65
Chocolate Laxative .....	122	CitraNatal 90 DHA (algal oil) .....	262	Coats Aloe Moisturizing .....	60
Cholase Control .....	157	CitraNatal Assure .....	262	cocaine .....	142
Cholbam .....	122	CitraNatal DHA (algal oil) .....	262	cocoa butter .....	207
Cholecal DF .....	279	CitraNatal Harmony (iron fum) .....	262	Cocoa butter cream .....	60
cholecalciferol (vitamin D3) .....	279, 280	citronella oil .....	176	Cocoa Butter Petroleum .....	67
Cholest Care .....	30	Citrulline 1000 .....	202	coconut oil .....	158
Cholest Off Plus .....	176	Citrulline 200 .....	202	Coconut Oil Cream .....	60
Cholesterol Relief .....	157	Citrus Calcium-Vitamin D3 .....	231	cod liver oil .....	30, 268, 280
CholestOff Complete .....	158	Claforan .....	101	Cod Liver Oil plus VitA and D3 .....	268
cholestyramine (with sugar) .....	29	Claravis .....	48	cod liver oil-ascorbic acid .....	277
cholestyramine Light .....	29	Clarinex-D 12 HOUR .....	3	codeine sulfate .....	210
cholestyramine-aspartame .....	29	clarithromycin .....	102	codeine-butalbital-ASA-caff .....	214
Cholextra t-f .....	192	Cleansing Eyelid Moist Pads .....	89	codeine-guaifenesin .....	44
choline bitartrate .....	30	Cleansing Eyelid Wipes Ext Str .....	89	coenzyme Q10 .....	158
choline dihydrogen citrate .....	158	Cleansing Wash .....	54, 226	coenzyme Q10-black pepper ext .....	158
		Clear Fiber .....	122	coenzyme Q10-L-carnitine-vit E .....	158

coenzyme Q10-vit E-vit E mixed....	158	Compleat Pediatric Standard 1.....	159	Cosentyx Pen.....	69
coenzyme Q10-vitamin E.....	158	Compleat Peptide 1.5.....	159	Cosentyx Pen (2 Pens).....	69
Cognitive Health.....	158	Compleat Standard 1.4.....	159	Cotelllic.....	137
cola (syrup).....	6	Complera.....	110	Cotempla XR-ODT.....	22
colchicine.....	90	Complete.....	223, 245	Cough and Cold (chlorphen-DM).....	46
Cold and Allergy (bromphen-PE).....	41	Complete 50 Plus.....	245	Cough and Severe Cold.....	41
Cold and Cough Elixir.....	45	Complete Allergy.....	4	Cough DM ER.....	42
Cold and Flu Severe.....	46	Complete Allergy Medicine.....	4	Cough Drops.....	42
Cold and Hot (m.salic-menthol).....	65	Complete Amino Acid Mix.....	202	Cough Drops (with eucalyptus).....	42
Cold and Hot (menthol).....	65	Complete Multivitamin-Mineral.....	245	Cough Gels (DM).....	42
Cold Head Congest(gg-pe-acetm)...	42	Complete MV Adult 50 Plus.....	245	Cough Syrup DM.....	47
Cold Head Congestion Day/Nite.....	44	Complete Natal DHA.....	263	Cough-Cold Relief HBP.....	46
Cold Head Congestion Daytime.....	47	Complete Omega.....	30	Cozima.....	67
Cold Head Congestion Nighttime.....	44	CompleteNate.....	263	cpd vehicle susp.sugar-free 12.....	207
Cold Max Day-Night.....	44	Complex 15.....	60	cranberry.....	179
Cold Max Daytime.....	47	Complex B-100.....	270	cranberry conc-ascorbic acid.....	178
Cold Max Severe Daytime.....	46	Complex B-50.....	270	Cranberry Concentrate.....	178
Cold Multi-Symptom.....	47	Complex Essential.....	192	cranberry extract.....	178
Cold Multi-Symptom Day/Night.....	44	Complex Junior MSD.....	192	cranberry extract-vitamin C.....	178
Cold Multi-Symptom Daytime.....	46	Complex MSUD Amino Acid Blend	192	cranberry fruit.....	178
Cold Relief Plus.....	41	Compro.....	6	Cranberry Juice Powder.....	179
Cold Therapy (menthol).....	65	ConceptionXR Motility.....	159	Cranberry Plus Vitamin C.....	179
colesevelam.....	29	ConceptionXR Reproductive.....	159	Cranberry Urinary Comfort.....	179
Colestid Flavored.....	29	Condrolite.....	113	Cranberry Urinary Tract Health.....	179
colestipol.....	29	Condylox.....	66	Cranberry-Probiotic.....	179
colistin (colistimethate Na).....	106	Conex.....	41	Cranberry-Probiotic-Vitamin C.....	179
Collagen 1500 Plus C.....	158	Constulose.....	122	Cran-Max.....	179
Collagen Plus Vitamin C.....	158	Contact Cold-Flu Day.....	42	CranRx.....	179
collagen,hydrolyz-ascorbate Ca.....	158	Contact Cold-Flu Day and Night.....	41	CranRx with Vit C-Mannose.....	159
Colon Herbal Cleanser.....	178	Contact Cold-Flu Max Strength.....	41	creatine monohydrate.....	159
Color Lancets.....	127	Contact Cold-Flu Night.....	45	Creon.....	220
colostrum, bovine.....	158	Conti Castile Soap.....	70	Cresemba.....	104
Colox.....	122	Controlled Delivery Probiotic.....	143	Crinone.....	96
CombiPatch.....	95	Copiktra.....	138	Cro-Man-Zin.....	241
Combivent Respimat.....	7	copper gluconate.....	241	cromolyn.....	5, 8, 87
Cometriq.....	138	CoQ-10.....	159	Crotan.....	53
Comfort EZ Insulin Syringe.....	131	coQ10 (ubiquinol).....	159	Cryoserv.....	152
Comfort EZ Lancets.....	127	CoQ-10 and Fish Oil.....	159	Cryselle (28).....	36
Comfort EZ Pen Needles.....	187	Coral Calcium.....	231	Culturelle.....	144
Comfort Lancets.....	127	Coricidin HBP Cold and Flu.....	42	Culturelle Baby Calm-Comfort.....	143
Comfort Touch Pen Needle.....	187	Corlanor.....	35	Culturelle Baby Grow-Thrive.....	143
Comfort Touch Plus Safety Lanc...	127	Corn Remover.....	66	Culturelle Baby Probiotic-DHA.....	143
Comfort Touch Ult Thin Lancets....	127	Corn-Callus Remover.....	66	Culturelle Digestive Health.....	143
Compact Space Chamber.....	9	Coromega.....	30, 159	Culturelle Gummy.....	143
Compact Space Chamber-Lrg		Cortifoam.....	121	Culturelle IBS Complete Supprt.....	185
Mask.....	9	Cortisolv.....	178	Culturelle Immune Defense.....	144
Compact Space Chamber-Med		Cortisporin-TC.....	78	Culturelle Kids Gentle-Go.....	144
Mask.....	9	Cortrophin Gel.....	81	Culturelle Kids Grow-Thrive.....	144
Compact Space Chamber-Sm		Corvita.....	245	Culturelle Kids Gummy.....	144
Mask.....	9	Corvita 150.....	235	Culturelle Kids Immune Defense...	144
Compete.....	245	Corvite.....	245	Culturelle Kids Probiotic-MV.....	259
Compleat.....	158	Corvite 150.....	235	Culturelle Kids Probiotics.....	144
Compleat Organic Blend Chicken..	158	Corvite FE.....	235	Culturelle Kids Ultim Balance.....	144
Compleat Organic Blends Plant....	158	Corvite Free.....	245	Culturelle Metabolism-Wt Mgmt.....	144
Compleat Ped Org Blend Chicken.	158	Cosamin ASU (with AKBA).....	113	Culturelle Prenatal Probiotic.....	144
Compleat Ped Org Blends Plant....	158	Cosamin Avoca (with Boswellia)....	113	Culturelle Probiotic-Multivit.....	245
Compleat Ped Standard 1.4.....	159	Cosamin DS.....	113	Culturelle Pro-Well 3-In-1.....	144
Compleat Pediatric.....	159	Cosamin DS (with manganese).....	113	Culturelle Total Balance.....	144
Compleat Pediatric Peptide 1.5....	159	Cosentyx.....	69	Culturelle Ultimate.....	144
Compleat Pediatric Reduced Cal...	159	Cosentyx (2 Syringes).....	69	Culturelle Women Health Balanc...	144

Cuprimine.....	111	Daily Multi-Vitamin.....	245	deferiprone.....	185
Curcuplex-95.....	179	Daily Multivitamin with Iron.....	245	deferoxamine.....	185
Curity Alcohol Swabs.....	58	Daily Multivitamin-Minerals.....	245	DEKAs Bariatric.....	246
Curosurf.....	208	Daily Probiotic.....	144	DEKAs Essential.....	246
Cutaquig.....	96	Daily Probiotic (10 Strains).....	144	DEKAs Plus (folic acid).....	246
Cutemol.....	70	Daily Probiotic (S. boulardii).....	144	DEKAs Plus Liquid.....	259
Cutter Backwoods.....	50	Daily Value.....	245	Delestrogen.....	95
Cutter Backwoods Dry.....	50	Daily Vitamin Formula.....	245	Delstrigo.....	110
Cutter Lemon Eucalyptus.....	50	Daily Vitamin Formula-Iron.....	245	Delsym Cough.....	42
Cutter Natural Insect Repellnt.....	50	DAILY VITAMIN FORMULA-		Delta D3.....	280
Cutter Natural Repellent2.....	50	MINERALS.....	245	demeclocycline.....	103
Cutter Skinsations.....	50	Daily Vitamin with Iron.....	245	Demerol (PF).....	210
Cuvitru.....	96	Daily Vites/Iron.....	245	Demser.....	24
cyanocobalamin (vitamin B-12).....	275	Daily-Vite.....	246	Denavir.....	54
cyanocobalamin-cobamamide.....	275	Daily-Vite (with folic acid).....	246	Dengvaxia (PF).....	97
cyanocobalamin-methylcobalamin.....	275	Dairy Aid.....	220	Denovo.....	233
Cyclinex-2.....	192	Dairy Digestive.....	220	Denta 5000 Plus.....	233
cyclobenzaprine.....	218	Dairy Relief.....	220	DentaGel.....	233
Cyclomydril.....	88	dalfampridine.....	141	Depakote.....	216
cyclopentolate.....	88	Daliresp.....	9	Depakote ER.....	216
cyclophosphamide.....	135	Dalvance.....	106	Depakote Sprinkles.....	216
cycloserine.....	106	danazol.....	84	Depo-Estradiol.....	95
Cycloset.....	72	dandelion root.....	179	Depo-SubQ provera 104.....	36
cyclosporine.....	87, 99	Dandelion Kisses.....	206	Dermacerin.....	60
cyclosporine modified.....	99	Dandruff Shampoo (pyrithione).....	57	DermacinRx Atrix.....	49, 66
cyproheptadine.....	4	Dandruff Shampoo (selenium).....	57	DermacinRx Circata.....	65
Cyred.....	36	dantrolene.....	219	DermacinRx Circatrix.....	65
Cyred EQ.....	36	dapsone.....	49, 105	DermacinRx Dotremim.....	280
Cystadane.....	185	Daptacel (DTaP Pediatric) (PF).....	98	DermacinRx Folditam.....	280
Cystadrops.....	90	daptomycin.....	102	DermacinRx Foliflex.....	246
Cystagon.....	224	darifenacin.....	225	DermacinRx Folitin-Z.....	246
Cystaran.....	90	Dark Cherry Concentrate.....	159	DermacinRx Lidogel.....	68
cysteine (L-cysteine).....	202	Dartisla.....	222	DermacinRx Lidorex.....	68
Cyto B-1.....	274	Dasetta 1/35 (28).....	36	DermacinRx Multitam.....	246
Cyto B-2.....	276	Dasetta 7/7/7 (28).....	36	DermacinRx Prenatrix.....	263
Cyto B7.....	270	Daurismo.....	136	DermacinRx Prenatryl.....	263
Cyto C.....	277	Davol Irrigation Syringe.....	131	DermacinRx Pretrate.....	263
Cyto Carn.....	202	Davol Piston Irrigation.....	131	DermacinRx Ribotin-E.....	246
Cyto RALA.....	192	Day Multi-Symp Flu-Severe Cold.....	47	DermacinRx Skin Repair Complex..	67
Cytolline.....	202	Dayavite.....	246	DermacinRx Venexa.....	246
Cyto-Q.....	159	DayClear Allergy Relief.....	46	DermacinRx Venexa FE.....	246
Cyto-Q Max.....	159	Daysee.....	37	DermacinRx Ventrixyll.....	246
Cyto-Q t-f.....	159	DayTime.....	47	DermacinRx Ventrixyll FE.....	246
Cytose.....	152	Daytime Cold-Flu.....	48	DermacinRx Vitramyn.....	246
Cytotine.....	159	Daytime Cold-Flu Relief (PE).....	48	DermacinRx Vitranol.....	246
Cytra-2.....	224	Daytime-Nighttime.....	44	DermacinRx Vitranol FE.....	246
Cytra-3.....	224	Daytrana.....	22	DermacinRx Vitrexate.....	246
Cytra-K.....	224	Dayvigo.....	21	DermacinRx Vitrexate FE.....	246
D3 DOTs.....	280	Ddrops.....	280	DermacinRx Zintrexyl-C.....	246
D3 Plus K2 Dots.....	280	De3 Dry Eye Omega Benefits.....	159	Dermacloud.....	60
D3-2000.....	280	Deblitane.....	37	DermaDaily.....	60
Daflonex-XL.....	159	Decadron.....	116	DermaFix.....	49
Daily Amino.....	202	Decara.....	280	Dermagesic (pramox-calamine).....	57
Daily Fiber.....	123	Decara K.....	280	DermaNIC.....	159
Daily Fiber (psyllium-aspart).....	123	Deconex DMX.....	46	DermaPlex.....	60
Daily Fiber (psyllium-sucrose).....	123	Deconex IR.....	43	DermaVantage.....	60
Daily Gummies.....	245	DecuB-Amine.....	159	Dermend.....	60
Daily Multiple For Women.....	245	Decubi Vite.....	246	Descovy.....	108
Daily Multiple Vitamins/Iron.....	245	Deep Sea Nasal.....	189	desflurane.....	176
Daily Multivitamin.....	245	deferasirox.....	185	desipramine.....	14



desloratadine .....	5	Dialyvite Vitamin D .....	280	Diphenhist.....	4
desmopressin .....	81	Dialyvite Vitamin D3 Max.....	280	diphenhydramine HCl.....	4
desog-e.estradiol/e.estradiol.....	37	Diaper Rash .....	67	diphenoxylate-atropine.....	121
desogestrel-ethinyl estradiol.....	37	DiaResQ.....	160	dipyridamole .....	93
desonide .....	55	Diarrhea Relief (bismuth subs).....	121	disopyramide phosphate.....	22
desoximetasone.....	55	diazepam.....	15, 216	Disposable Needles.....	187
desvenlafaxine.....	13	Diazepam Intensol.....	15	disulfiram .....	15
desvenlafaxine succinate.....	13	diazoxide.....	76	Diuretic.....	179
Detoxarex.....	179	dibucaine.....	68	Diuril.....	27
Dex4 Glucose.....	76	diclofenac epolamine.....	57	divalproex.....	217
Dex4 Glucose Bits.....	75	diclofenac potassium.....	118	Divigel.....	95
Dex4 Glucose Pouch Pack.....	76	diclofenac sodium.....	57, 68, 85, 118	DML.....	67
Dex4 Glucose Quick Dissolve.....	76	diclofenac-misoprostol.....	118	DML Facial Moisturizer.....	60
dexamethasone.....	117	dicloxacillin.....	103	DML Forte.....	60
Dexamethasone Intensol.....	117	dicyclomine.....	221	docosahexaenoic acid.....	30
dexamethasone sodium phosphate.....	85	didanosine.....	109	docosanol.....	54
dexbrompheniramine-phenyleph.....	41	Dieter's Detox.....	160	Docu.....	123
dexchlorphen-PSE-chlophedianol.....	45	Dietex Forte.....	160	docusate calcium.....	123
Dexcom G6 Receiver.....	75	Differin.....	50	docusate sodium.....	123, 126
Dexcom G6 Sensor.....	75	Diff-Stat.....	144	DocuSol Kids.....	126
Dexcom G6 Transmitter.....	75	Dificid.....	102	Dodex.....	275
Dexeryl.....	60	diflorasone.....	55	dofetilide.....	22
Dexifol.....	270	diflunisal.....	209	Dojolvi.....	199
dexlansoprazole.....	223	difluprednate.....	85	DOK.....	123
dexmethylphenidate.....	22	Digest Adv Probio Plus Gas.....	144	Dolishale.....	37
Dextenza.....	85	Digest Probiotic (S.boulardii).....	144	Dona.....	113
dextroamphetamine sulfate.....	14	Digestive Adv Multistrain Gmmy....	144	donepezil.....	11
dextroamphetamine-amphetamine.....	14, 15	Digestive Advantag Kid Pro-Pre....	144	dong quai (angelica sinensis).....	179
dextromethorphan HBr.....	42	Digestive Advantage Advanced....	144	Donnatal.....	221
dextromethorphan polistirex.....	42	Digestive Advantage Immune.....	145	Doptelet (10 tab pack).....	93
dextromethorphan-guaifenesin.....	47	Digestive Advantage Intens Bow...	145	Doptelet (15 tab pack).....	93
dextrose.....	76	Digestive Advantage Kid Probio....	145	Doptelet (30 tab pack).....	93
DHA Algal-900.....	30	Digestive Advantage Lactos Def....	145	Doryx.....	104
DHEA.....	94, 159, 160	Digestive Advantage Lactos Sup...	145	Doryx MPC.....	103
DHS.....	68	Digestive Advantage Prob Gummy	145	dorzolamide.....	87
DHS Sal.....	66	Digestive Advantage Probio-Pre....	145	dorzolamide-timolol.....	87
DHS Zinc.....	57	Digestive Advantage Probiotic.....	145	dorzolamide-timolol (PF).....	88
Diabetes Health.....	246	Digestive Enzyme (acidoph,pec)...	220	Dosoquin.....	280
Diabetes Health Formula.....	246	Digestive Enzymes(mal,lac,inv).....	220	Dotti.....	95
Diabetes Health Pack.....	247	Digestive Health Probiotic.....	145	Double Antibiotic (b.tracrn Zn).....	52
Diabetic Siltussin-DM Max Str.....	47	Digestive Probiotic.....	145	Dovato.....	107
Diabetic Support Formula.....	160	Digitek.....	23	Dover Bulb Syringe.....	131
Diabetic Vitamin.....	247	Digox.....	23	doxazosin.....	23
Diabetisource AC.....	192	digoxin.....	23	doxepin.....	14, 21, 57
diachrome.....	160	dihydroergotamine.....	213	doxercalciferol.....	83
Diacomit.....	216	Dilantin.....	216	Doxy-100.....	104
Diafoods Thick-It.....	206	Dilantin Extended.....	216	doxycycline hyclate.....	104, 142
Diafoods Thick-It #2.....	206	Dilantin Infatabs.....	216	doxycycline monohydrate.....	104
Dialyvite.....	270	Dilantin-125.....	217	doxylamine-phenylephrine.....	41
DIALYVITE 3000.....	270	Dilaudid (PF).....	210	doxylamine-pyridoxine (vit B6).....	6
Dialyvite 5000.....	270	diltiazem HCl.....	25	D-Penamamine.....	111
Dialyvite 800.....	270	DILT-XR.....	26	Dr Scholl's Foot Powder.....	58
Dialyvite 800 Plus D.....	270	Diluting Medium for Novolog.....	175	Dr. Smith's Adult Barrier.....	67
DIALYVITE 800 with Iron.....	247	Dimaphen DM.....	45	Dr. Smith's Diaper.....	67
Dialyvite 800 with Zinc 15.....	270	dimethyl fumarate.....	140	Dr. Smith's Diaper Rash.....	67
Dialyvite 800 with Zinc 50.....	271	Dino-Life Extra C Multivitamin.....	247	Draw Out Salve.....	60
Dialyvite 800-Ultra D.....	271	Dino-Life Multivitamin.....	247	Drimate.....	6
Dialyvite Chewable Probiotic.....	144	Dino-Life with Iron-Zinc.....	259	DripDrop.....	80
Dialyvite Supreme D.....	271	Dipentum.....	120	Drizalma Sprinkle.....	13
		Diphedryl.....	4	dronabinol.....	5

Droplet Insulin Syr(half unit).....	131	Easy Glide Catheter Tip Syringe .....	132	Ed-Spaz.....	221
Droplet Insulin Syringe .....	132	Easy Glide Dental Irrig Syringe .....	132	Edurant.....	109
Droplet Lancets .....	127	Easy Glide Insulin Syringe .....	132	efavirenz.....	109
Droplet Micron Pen Needle .....	187	Easy Glide Luer Lock Syringe .....	132	efavirenz-emtricitabin-tenofov .....	110
Droplet Pen Needle .....	187	Easy Glide Luer Slip TB Syringe .....	132	efavirenz-lamivu-tenofov disop .....	110
DropSafe Alcohol Prep Pads.....	58	Easy Glide Pen Needle .....	187	Effer-K.....	80
DropSafe Pen Needle .....	187	Easy Touch.....	132, 187	Efferves Pain Relief Antacid .....	209
drosiprenone-e.estradiol-Im.FA.....	37	Easy Touch Alcohol Prep Pads.....	58	Effervescent Formula.....	160
drosiprenone-ethinyl estradiol .....	37	Easy Touch FlipLock Insulin .....	132	Effervescent Pain Relief.....	209
Droxia .....	93	Easy Touch FlipLock Syringe .....	132	Egaten .....	107
droxidopa .....	34	Easy Touch Fluringe .....	132	Egg-Pro .....	160
Dry Eye Formula .....	160	Easy Touch Fluringe Fliplock.....	132	Eggs-Apples-Oats .....	160
Dry Eye Omega Benefits .....	160	Easy Touch Fluringe Sheathlock...	132	Egrifta SV .....	83
Dry Eye Relief.....	88	Easy Touch Hypodermic Needle...	187	elderberry fruit and flower.....	179
Dry Eye Relief (PG-PEG 400).....	88	Easy Touch Insulin Safety Syr .....	132	Elderberry Zinc Vit C.....	282
Drysol.....	57	Easy Touch Insulin Syringe .....	132	Eldertonic.....	234
Drysol Dab-O-Matic.....	57	Easy Touch Lancets.....	127	EleCare Jr .....	192
Duaklir Pressair .....	7	Easy Touch Luer Lock Insulin .....	132	electrolytes-dextrose .....	80
Dual Action Complete.....	223	Easy Touch Luer Lock Syringe .....	132	Elepsia XR.....	217
Duavee .....	95	Easy Touch Pen Needle.....	187	Elestrin .....	95
Duet DHA Balanced.....	263	Easy Touch Safety Lancets.....	127	eletriptan.....	213
Duet DHA With Omega-3.....	263	Easy Touch Safety Pen Needle ....	187	Elfolate .....	233
Dulera .....	7	Easy Touch SheathLock Insulin ....	132	Elfolate Plus .....	271
duloxetine .....	13	Easy Touch SheathLock Syrg-Ndl.	132	Eligard .....	81
Duobrii .....	70	Easy Touch SheathLock Syringe...	132	Eligard (3 month).....	82
Duocal.....	160	Easy Touch Tuberculin Fliplock....	132	Eligard (4 month).....	82
Duopa .....	215	Easy Touch Tuberculin Sheathlk...	132	Eligard (6 month).....	82
Dupixent Pen .....	8	Easy Touch Twist Lancets .....	127	Elinest.....	37
Dupixent Syringe .....	8	Easy Touch Uni-Slip.....	132	Eliquis.....	90
Duraflu .....	46	Easy Twist and Cap Lancets .....	127	Eliquis DVT-PE Treat 30D Start.....	90
Duravent DM .....	46	EB-A7 DR.....	160	Elite-OB .....	247
Duravent PE.....	43	EB-C3 DR.....	160	Ella .....	37
dutasteride .....	223	EB-L1 .....	160	Ellume COVID-19 Home Test.....	152
dutasteride-tamsulosin .....	223	EB-N3 DR.....	271	Ellura .....	180
D-Vi-Sol.....	280	EB-N5 DR.....	160	Elmiron .....	225
Dyanavel XR.....	15	EB-N6 DR.....	160	Elon .....	60
Dyna-Hex .....	50	EB-P1 DR.....	271	Elon Matrix 5000.....	160
Dyna-Hex (isopropyl alcohol).....	49	EB-P2 DR.....	280	Elon Matrix 5000 Complete .....	247
Dy-O-Derm .....	204	EB-S4 .....	232	Elon Matrix Plus .....	160
E.E.S. 400.....	102	EC Matrixx.....	160	Elon R3.....	160
E-200 .....	282	echinacea .....	179	EluRyng.....	35
E-400 C-500 and Beta Carotene ...	151	Echinacea purp aerial part ext.....	179	Elyxyb .....	213
EAA Supplement.....	189	echinacea purp leaf-ang rt ext.....	179	Embrace Lancets .....	127
Ear Care .....	228	Echinacea purp xt,angus rt ext.....	179	Embrace Safety Lancet.....	127
Ear Drops (carbamide peroxide).....	78	echinacea purpurea root.....	179	Emcyt.....	140
Ear Drops For Swimmers .....	78	echinacea-golden seal .....	179	Emend .....	6
Ear Health Formula .....	228	echinacea-golden seal roots .....	179	Emergen-C.....	277
Ear Health Plus .....	228	Eclipse Syringe.....	132	Emergen-C Elderberry .....	277
Ear Wax Removal Drops .....	78	EC-Naproxen .....	118	Emergen-C Electro Mix.....	241
Ear Wax Removal Kit.....	78	econazole .....	52	Emergen-C Kidz .....	259
EasiVent Holding Chamber.....	9	EContra EZ.....	37	Emergen-C MSM Lite .....	277
EasiVent Mask Large .....	9	Econtra One-Step.....	37	Emflaza .....	117
EasiVent Mask Medium.....	9	Ed A-Hist.....	41	Emgality Pen .....	213
EasiVent Mask Small.....	9	Ed A-Hist DM.....	45	Emgality Syringe.....	213, 214
Easy Comfort Alcohol Pad.....	58	ED Bron GP .....	43	Emollia .....	60
Easy Comfort Insulin Syringe .....	132	ED Chlorped Jr.....	4	Empaveli.....	90
Easy Comfort Lancets .....	127	Ed-APAP .....	209	Emsam .....	19
Easy Comfort Pen Needles .....	187	Edarbi.....	24	emtricitabine .....	109
Easy Fiber .....	123	Edarbyclor.....	24	emtricitabine-tenofovir (TDF).....	108
Easy Fiber (wheat dextrin).....	123	Edluar .....	21	Emtriva .....	109

Emu-Lac.....	60	Entereg.....	126	Ester-C with Bioflavonoids.....	278
Emverm.....	107	Entresto.....	35	estradiol.....	95, 226
enalapril maleate.....	24	Entyvio.....	121	estradiol valerate.....	95
enalapril-hydrochlorothiazide.....	23	Enu Nutrition Shake.....	161	estradiol-norethindrone acet.....	95
EnBrace HR.....	247	Enu Pro3 Plus.....	161	Estring.....	226
Enbrel.....	112	Enulose.....	121	Estroblend.....	161
Enbrel Mini.....	112	Envarsus XR.....	99	estrogens-methyltestosterone.....	95
Enbrel SureClick.....	112	Envive.....	145	EstroNatural.....	161
Encala.....	192	Enzadyne.....	220	Estroplus Max Strength.....	162
EndaCof - DM.....	45	Enzymatic Digestant.....	220	Estroven.....	162
Endari.....	93	Enzyme Digest.....	220	Estroven Cmplt Menopause Rlf.....	180
Endocet.....	214	EO28 Splash.....	161, 192	Estroven Energy.....	162
Endur-Acin.....	34	EPA-DHA 720.....	30	Estroven Maximum Strength.....	162
Endur-amide.....	34	Epidiolex.....	216	Estroven Menopause.....	247
Endur-B Complex.....	271	Epiduo Forte.....	49	Estroven Mood and Memory.....	162
Endur-C with rose hips.....	278	Epifoam.....	68	Estroven Nighttime (cal-meltn).....	184
Endur-Flex.....	113	epinastine.....	85	Estroven Weight Management.....	162
Endur-Thine.....	34	epinephrine.....	23, 135	eszopiclone.....	21
Endur-VM Iron-Free.....	247	Epitol.....	217	ethacrynic acid.....	26
Endur-VM with Iron.....	247	Epivir HBV.....	111	ethambutol.....	106
Enema.....	126	eplerenone.....	26	ethosuximide.....	217
Enema Disposable.....	126	Epogen.....	91	ethyl acetate.....	176
Enemeez.....	126	epoprostenol.....	27	ethyl alcohol.....	50
Enemeez Plus.....	126	epoprostenol (glycine).....	27	ethynodiol diac-eth estradiol.....	37
Enfagrow Next Step.....	160	Eprontia.....	217	etidronate disodium.....	82
Enfagrow Toddler Non-Gmo.....	160	eprosartan.....	24	etodolac.....	118
Enfagrow Todlr Nxt Stp Non-GMO.....	160	Epsolay.....	49	etonogestrel-ethinyl estradiol.....	35
Enfamil Glucose.....	152	Epsom Salt (laxative).....	123	etoposide.....	139
Enfamil Water.....	208	Equacare Jr.....	192	etravirine.....	109
Engerix-B Pediatric (PF).....	98	Equetro.....	15	eucalyptol.....	176
Enlite Glucose Sensor.....	75	Eraxis(Water Diluent).....	105	Eucalyptus Flavor.....	176
enoxaparin.....	91	Ergocal.....	280	eucalyptus oil.....	65, 176
Enpresse.....	37	ergocalciferol (vitamin D2).....	280, 281	Eucerin Advanced Repair.....	61
Enskyce.....	37	ergoloid.....	35	Eucerin Intensive Repair.....	61
Enspryng.....	117	Erivedge.....	136	Eucerin Intensive Repair Cream.....	61
Enstilar.....	71	Erleada.....	136	Eucerin Skin Calming.....	61
Ensure.....	161	erlotinib.....	138	Eucrisa.....	55
Ensure Active Heart Health.....	161	Errin.....	37	Eurax.....	53
Ensure Active High Protein.....	161	Ertaczo.....	52	Euthyrox.....	84
Ensure Active Light.....	161	ertapenem.....	100	Evamist.....	95
Ensure Active Muscle Health.....	161	Ery Pads.....	52	Evekeo ODT.....	15
Ensure Active Protein-Muscle.....	161	Ery-Tab.....	102	evening primrose oil.....	180
Ensure Clear.....	161	Erythrocin.....	102	evening primrose oil-cranberry.....	180
Ensure Clear Therapeutic.....	192	Erythrocin (as stearate).....	102	Evenity.....	82
Ensure Compact.....	161	erythromycin.....	86, 102	everolimus (antineoplastic).....	137
Ensure Complete.....	161	erythromycin ethylsuccinate.....	102	everolimus (immunosuppressive).....	100
Ensure Enlive.....	161	erythromycin lactobionate.....	102	Eversense E3 Smart Transmitter.....	75
Ensure Harvest.....	161	erythromycin with ethanol.....	52	Eversense Smart Transmitter.....	75
Ensure High Protein.....	161	erythromycin-benzoyl peroxide.....	52	Evivo.....	145
Ensure MAX Protein.....	161	Esbriet.....	208	Evivo Starter Kit.....	145
Ensure Muscle Health.....	161	escitalopram oxalate.....	12	Evivo with MCT Oil.....	145
Ensure Original.....	161	esomeprazole magnesium.....	223	Evotaz.....	110
Ensure Plus.....	161	Essence C.....	278	Excel Syringe.....	132
Ensure Pre-Surgery.....	161	Essentia.....	247	Exel Hypodermic Needles.....	187
Ensure Pudding.....	161	ESSENTIAL AMINO ACID MIX.....	192	Exel Insulin.....	132
Ensure Rapid Hydration.....	80	Essential Care Jr.....	192	Exel Syringe.....	132
Ensure Surgery.....	192	ESSENTIAL Man.....	247	Exelderm.....	52
entacapone.....	215	Essential Man 50 Plus.....	247	exemestane.....	136
entecavir.....	111	Estarylla.....	37	Exkivity.....	138
Enterade Advanced Oncology.....	161	estazolam.....	21	Expecta Prenatal.....	263

Exservan.....	141	fenopropfen.....	118	Finacea.....	49
Extavia.....	140	fentanyl.....	211	finasteride.....	223
Extra Pain Relief.....	209	fentanyl citrate.....	211	Fine 30 Universal Lancets.....	127
Extra-Virt Plus DHA.....	263	Fentora.....	211	Fingerstix Lancets.....	127
Extreme Omega-3.....	30	fenugreek seed.....	180	Fintepla.....	217
Eye Allergy Itch Relief.....	85	fenugreek seed extract.....	180	Fioricet.....	208
Eye Allergy Itch-Redness Rlf.....	85	Feosol.....	235	Firdapse.....	141
Eye Drops (tetrahydrozoline).....	86	Ferate.....	235	Firmagon.....	137
Eye Drops (with povidone).....	86	Fergon.....	235	Firmagon kit w diluent syringe.....	137
Eye Drops Advanced Relief.....	86	FeRiva.....	235	First Aid (lidocaine-benzalk).....	68
Eye Health Plus Lutein.....	226	FeRiva FA (with Sumalate).....	235	First Aid Antibiotic.....	52
Eye Irritation (with povidone).....	86	Ferocon.....	235	Firvanq.....	106
Eye Itch Relief.....	85	FeroSul.....	235	Fish Oil.....	30
Eye Multivit (lutein-zeaxan).....	151	Ferractiv.....	236	Fish Oil Extra Strength.....	30
Eye Multivitamin.....	226	FerraPlus 90.....	236	Fish Oil Pearls.....	30
Eye Multivit-Lutein(C-E-Cu-Zn).....	226	Ferretts.....	236	fish oil-dha-epa.....	281
Eye Omega Advantage.....	162	Ferretts Carbonyl Iron.....	236	Fish Oil-Vit D3.....	30, 31
Eye Omega Benefits For Kids.....	162	Ferretts IPS.....	236	Fish, Flax andBorage Oil(Prim).....	31
Eye Stream.....	89	Ferrex 150.....	236	fish,bora,flax oils-om3,6,9no1.....	31
Eye Wash (boric acid).....	89	Ferrex 150 Forte.....	236	Fish-Flax-Borage Oil.....	31
EyeProtect.....	227	Ferrex 150 Forte Plus.....	236	Flarex.....	85
Eyescrub.....	69	Ferrex 150 Plus.....	236	Flavor Blend 2 in 1.....	207
Eysuvis.....	85	Ferrex 28.....	236	flavoxate.....	225
EZ Char.....	150	Ferrimin 150.....	236	Flax, Fish and Borage Oil.....	162
E-Z Ject Lancets.....	127	Ferriprox.....	186	flaxseed.....	180
E-Z Ject Thin Lancets.....	127	Ferriprox (2 times a day).....	186	flaxseed oil.....	180
Ez Smart Lancets.....	127	Ferrocite.....	236	flaxseed oil-omega 3,6,9.....	180
Ezallor Sprinkle.....	28	Ferrocite Plus.....	236	flaxseed-omega3,6,9-fatty acid.....	180
ezetimibe.....	30	Ferro-Sequels (iron-vit c).....	236	Flebogamma DIF.....	96
ezetimibe-simvastatin.....	28	Ferro-Time.....	236	flecainide.....	22
EZFE 200.....	235	ferrous fumarate.....	236	Fleet Bisacodyl.....	126
EZ-Lets.....	127	ferrous gluconate.....	236	Fleet Enema Extra.....	126
FA-8.....	233	ferrous sulfate.....	236	Fleet Glycerin (Adult).....	126
FaBB.....	271	Fetroja.....	100	Fleet Glycerin Laxative.....	126
Fabior.....	50	Fetzima.....	13	Fleet Laxative (bisacodyl).....	123
Falmina (28).....	37	Feverall.....	209	Fleqsuvy.....	219
famciclovir.....	108	fexofenadine.....	5	Flevoxin.....	278
famotidine.....	223	fexofenadine-pseudoephedrine.....	3	Flexgen.....	162
Fanapt.....	16	Fiasp FlexTouch U-100 Insulin.....	77	Flexi Joint.....	113
Farxiga.....	72	Fiasp Penfill U-100 Insulin.....	77	Flexichamber.....	9
Farydak.....	139	Fiasp U-100 Insulin.....	77	Flexichamber-Lg Child Mask.....	9
Fasenra.....	8	Fiber (calcium polycarbophil).....	123	Flexichamber-Sm Adult Mask.....	10
Fasenra Pen.....	8	Fiber (dextrin).....	123	Flexichamber-Sm Child Mask.....	10
Fast Acting Nasal.....	48	Fiber (psyllium husk).....	123	Flexitol.....	71
FDgard.....	175	Fiber (psyllium husk-sugar).....	123	Flintstones Bone Support.....	232
FE C.....	235	Fiber (with aspartame).....	123	Flintstones Complete.....	259
FE C Plus.....	235	Fiber 6.....	123	Flintstones Complete (iron).....	259
febuxostat.....	90	Fiber Gummies with Vitamin D3....	123	Flintstones Gummies.....	259
felbamate.....	217	Fiber Laxative (ca polycarbo).....	123	Flintstones Gummies Omega-3.....	259
felodipine.....	26	Fiber Laxative (methylcellulo).....	123	Flintstones Multi-Vit Gummies.....	259
Fem pH.....	226	Fiber Therapy (m-cell/sugar).....	123	Flintstones Multivitamin.....	259
Fem-Cal Citrate.....	232	Fiber Therapy (m-cellulose).....	123	Flintstones Plus Calcium.....	259
Feminine Care Douche.....	226	Fiber Therapy (psyllium-sucro).....	123	Flintstones Sour Gummies.....	259
Femring.....	226	Fiber-Caps (psyllium husk).....	123	Flintstones Tab Chew.....	259
Femynor.....	37	Fiberex F15.....	123	Flintstones with Iron.....	259
fenofibrate.....	30	Fiber-Lax.....	123	Flintstones/Extra C.....	259
fenofibrate micronized.....	30	Fibersource HN.....	162	Flogen.....	228
fenofibrate nanocrystallized.....	30	Fiber-Stat.....	123	Florajen Acidophilus.....	145
fenofibric acid.....	30	Fiber-Tabs.....	123	Florajen Digestion.....	145
fenofibric acid (choline).....	30	Fifty50 Safety Seal Lancets.....	127	Florajen Kids.....	145



Florajen Women.....	145	FolaMax.....	247	FreeStyle Test.....	74
Floranex.....	145	FolaMed DHA.....	247	FreeStyle Unistik 2.....	127
Floranex One.....	145	Folbee.....	271	Freeze Dried Acidophilus.....	146
Florasave.....	145	Folbee Plus.....	271	FreshKote.....	88
FlorastorKids.....	145	Folbic.....	271	FreshNet.....	59
FloraTummys Quick Dissolve.....	145	Folbic RF.....	271	frovatriptan.....	213
FloraTummys Sprinkles Kids.....	146	folic acid.....	233	Fruit and Vegetable Daily.....	162
FloraVance.....	146	folic acid-vit B6-vit B12.....	271	Fruit C.....	278
Florical.....	241	Folic Acid-Vit B6-Vit B12 (Ca).....	247	Fruit C-100.....	278
Floriva.....	259	Folika-Cl.....	247	Fruit C-200.....	278
Floriva (fluoride-vitamin D3).....	233	Folika-MG.....	247	Fruit C-500.....	278
Floriva Plus.....	259	Folika-NC.....	271	Fruitivits.....	192
Flovent Diskus.....	8	Folinic-Plus.....	271	Ful-Glo.....	89
Flow-Eze Vented Needle.....	187	Folite.....	237	Full Spectrum B-Vitamin C.....	271
Flowflex COVID-19 Ag Home Test.....	152	Folite.....	234	Fulphila.....	92
Flu HBP.....	45	Folivane-F.....	237	Fungoid-D.....	53
Fluad Quad 2021-22(65y up)(PF).....	97	Folivane-OB.....	247	furosemide.....	26
Fluarix Quad 2021-2022 (PF).....	97	Folivane-Plus.....	237	Fusion.....	237
Flublok Quad 2021-2022 (PF).....	97	Folplex 2.2.....	271	Fusion Plus.....	237
Flucelvax Quad 2021-2022.....	97	Foltabs 800.....	271	Fusion Sprinkles.....	237
Flucelvax Quad 2021-2022 (PF).....	97	Foltanx.....	271	Fuzeon.....	109
fluconazole.....	104	Foltanx RF.....	271	Fyavolv.....	95
fluconazole in NaCl (iso-osm).....	104	Folvite-D.....	281	Fycompa.....	217
flucytosine.....	104	fondaparinux.....	91	GA Express 15.....	192
fludrocortisone.....	118	Foot Emollient.....	61	GA Gel.....	193
Flulaval Quad 2021-2022 (PF).....	97	ForaCare Lancets.....	127	GA Powder.....	193
Flumist Quad 2021-2022.....	97	formoterol fumarate.....	7	GABADone.....	162
flunisolide.....	5	Fortavit.....	247	gabapentin.....	217
fluocinolone.....	55	Forteo.....	82	Gablofen.....	219
fluocinolone acetonide oil.....	78	Fortify Opt Adv (L. salivarius).....	146	Galafold.....	135
fluocinolone and shower cap.....	55	Fortify Optima Advanced Care.....	146	galantamine.....	11
fluocinonide.....	56	Fortify Optima Probiotic.....	146	Galaxtra.....	152
fluorescein-benoxinate.....	86	Fortify Optima Women Probiotic.....	146	Galzin.....	186
fluoride (sodium).....	233	Fortify Probiotic.....	146	Gamastan.....	96
fluorometholone.....	85	Fortify Probiotic 50 Plus.....	146	GamaSTAN S/D.....	96
fluorouracil.....	68	Fortify Women Probio(L.saliv.).....	146	Gammagard Liquid.....	96
fluoxetine.....	12	Fortify Women Probiotic.....	146	Gammagard S-D (IgA < 1 mcg/mL).....	96
fluphenazine decanoate.....	18	Fosamax Plus D.....	82	Gammaked.....	96
fluphenazine HCl.....	18	fosamprenavir.....	110	Gammaplex.....	96
flurandrenolide.....	56	fosfomycin tromethamine.....	101	Gammaplex (with sorbitol).....	96
flurazepam.....	21	Fosfree.....	232	Gamunex-C.....	96
flurbiprofen.....	118	fosinopril.....	24	Garcinia Cambogia.....	162
flurbiprofen sodium.....	85	fosinopril-hydrochlorothiazide.....	23	Gardasil 9 (PF).....	98
Flu-Severe Cold-Cough Daytime.....	48	Fosrenol.....	79	garlic.....	180
flutamide.....	136	Fosteum.....	162	garlic oil.....	180
fluticasone furoate-vilanterol.....	7	Fosteum Plus.....	162	garlic-parsley.....	180
fluticasone propionate.....	5, 8, 56	Fotivda.....	138	Garlipure.....	180
fluticasone propion-salmeterol.....	7	Fragmin.....	91, 92	Gas Relief (simethicone).....	219
fluvastatin.....	28	Freedavite.....	247	Gas Relief 80 (simethicone).....	219
fluvoxamine.....	12	FreeStyle Control.....	75	Gas Relief Extra Strength.....	219
Fluzone HighDose Quad 21-22 PF.....	97	Freestyle InsuLinx.....	74	Gas Relief Ultra Strength.....	219
Fluzone Quad 2021-2022.....	97	Freestyle InsuLinx Test Strips.....	74	Gas Relief-Prevention.....	220
Fluzone Quad 2021-2022 (PF).....	97	FreeStyle Lancets.....	127	Gastrace.....	162
Fluzone Quad South Hem2021(PF).....	97	FreeStyle Libre 14 Day Reader.....	75	gatifloxacin.....	86
Fluzone Quad Southern Hem 2021.....	97	FreeStyle Libre 14 Day Sensor.....	75	Gattex 30-Vial.....	126
FML Forte.....	85	FreeStyle Libre 2 Reader.....	75	Gattex One-Vial.....	126
FML S.O.P.....	85	FreeStyle Libre 2 Sensor.....	75	Gavilyte-C.....	123
Foaming Antacid.....	222	FreeStyle Libre 3 Sensor.....	75	GaviLyte-G.....	123
Foaming Antibacterial Soap.....	50	FreeStyle Lite Strips.....	74	GaviLyte-N.....	124
FolaGent DHA.....	247	FreeStyle Precision.....	132	Gaviscon Extra Strength.....	222

Gavreto.....	138	glatiramer.....	140	Glucosamine-Chondr-D3 (C-mang)	
gelatin.....	205	Glatoa.....	140	.....	114
gelatin (bulk).....	205	glimepiride.....	73	glucosamine-chondroitin.....	115
Gelfilm.....	89, 205	glipizide.....	73	Glucosamine-Chondroitin 3X.....	114
Gelmix.....	206	glipizide-metformin.....	74	Glucosamine-Chondroitin 3X Str...	115
Gelnique.....	225	Gloperba.....	90	Glucosamine-Chondroitin Complx.	115
GeloNasal.....	186	GloStrips.....	89	Glucosamine-Chondroitin DS.....	115
gemfibrozil.....	31	Glucagon (HCl) Emergency Kit.....	76	Glucosamine-Chondroitin Max St..	115
Gemmily.....	37	Glucagon Emergency Kit (human)...	76	Glucosamine-Chondroitin-UC II.....	115
Gemtesa.....	224	Glucerna.....	193	glucosamine-chondroit-vit C-Mn....	115
GenADEK.....	259	Glucerna 1 Cal.....	193	glucosamine-D3-Boswellia serr.....	115
GenADEK Step 1.....	247	Glucerna 1.2 Cal.....	193	glucosamine-D3-hyaluronic acid....	115
GenADEK Step 2.....	248	Glucerna 1.5 Cal.....	193	Glucosamine-Fish Oil.....	115
Generlac.....	121	Glucerna Advance.....	193	Glucosamine-MSM Complex.....	115
Gengraf.....	100	Glucerna Bar.....	193	glucosamine-msm-chondr-D3-	
Genicin.....	113	Glucerna Crispy Delights.....	193	Bosw.....	115
Genicin Vita-D.....	281	Glucerna Hunger Smart.....	193	glucosamine-msm-hyaluron acid...	115
Genicin Vita-S.....	271	Glucerna Mini Snacks.....	193	glucosam-msm-chond-Bosw-hyalur	
Genotropin.....	83	Glucerna Shake.....	193	.....	115
Genotropin MiniQuick.....	83	Glucerna Snack Bar.....	193	glucosam-msm-chond-hrb149-hyal	115
Gentak.....	86	Glucerna Snack Shake.....	193	glucosam-msm-chondroit-vit D3....	115
gentamicin.....	52, 86, 105	Glucerna Therapeutic Nutrition.....	193	Glucos-Chond-MSM (with antiox)..	115
gentamicin in NaCl (iso-osm).....	105	Gluco Burst.....	76	glucose.....	76
gentamicin sulfate (ped) (PF).....	105	Gluco Burst Diabetic Drink.....	193	Glucose Bits.....	76
gentamicin sulfate (PF).....	105	Glucocom Lancets.....	127	Glucose Gel.....	76
GenTeal Tears Mild.....	88	Glucocess.....	162	Glucose Ketone Control Soln.....	75
GenTeal Tears Moderate.....	88	Glucos Chond Cplx Advanced.....	113	Glucose Powder.....	76
GenTeal Tears Moderate (PF).....	88	glucosam su dip-chondroit-C-Mn...	113	Glucose Support 1.2 Cal.....	193
GenTeal Tears Severe Gel.....	88	glucosam-chon-collag-hyalur ac....	113	GlutaMent.....	202
GenTeal Tears Severe(petrolat).....	89	Glucosam-Chond-MSM(with boron)		GlutarAde Amino Acid Blend.....	193
gentian violet.....	53	.....	113	GlutarAde GA-1.....	193
Gentle Laxative (bisacodyl)....	124, 126	glucosam-chondr msm6-		GlutarAde Junior.....	193
Gentle Skin Cleanser.....	69	manganese.....	113	Glutarex-2.....	193
Genvoya.....	110	Glucosam-Chondr-MSM with vit D..	113	Glutasolve.....	202
Gerber Gentle Probiotic-Vit D.....	146	glucosam-chondr-vit C-Mn-boron..	113	Glutol Gel.....	152
Gerber Good Start A2 Toddler.....	162	glucosam-chon-msm1-C-mang-		Glutose-15.....	76
Gerber Good Start Grow Kids.....	146	bosw.....	113	Glutose-45.....	76
Gerber Good Start Grow Non-GMO		Glucosamine.....	113	Glutose-5.....	76
.....	162	glucosamine 2KCl-MSM-chondroit	113	glyburide.....	73
Gerber Good Start Grow Toddler...	146	Glucosamine Chondroitin.....	113	glyburide micronized.....	73
Gerber Good Start Water.....	208	Glucosamine Chondroitin MaxStr..	113	glyburide-metformin.....	74
Gerber Grow Mighty.....	259	Glucosamine Chondroitin PLUS....	113	glycerin.....	61
Gerber GS Prenatal Nourish Pls....	248	Glucosamine Complex-MSM.....	113	glycerin (adult).....	126
Gerber Lil Brainies.....	259	Glucosamine Daily Complex.....	114	glycerin (child).....	126
Gerber Soothe.....	146	glucosamine HCl.....	114	glyceryl monostearate.....	205
Gerber Soothe Vit D-Probiotic.....	146	glucosamine HCl-hyaluronic.....	114	glycine.....	202
Geritol Complete.....	234	glucosamine HCl-msm-chondroitn.	114	Glycine Soya Protein.....	61
Geritol Tonic with Ferrex 18.....	234	Glucosamine Relief.....	114	glycine urologic solution.....	105
Germ Bloc.....	50, 58	glucosamine su 2KCl-chondroit....	114	glycopyrrolate.....	222
Gilenya.....	140	glucosamine sul-chondroitn-msm..	114	Glycosade.....	193
Gilotrif.....	138	glucosamine sulfate.....	114	GlycoTrol.....	162
Gimoti.....	223	glucosamine sulfate 2KCl.....	114	Glydo.....	119
ginger (Zingiber officinalis).....	180	glucosamine sulfate-msm.....	114	Glytactin 10 PE Complete.....	189
ginger extract.....	180	Glucosamine Sulf-Chondroitin.....	114	Glytactin 15 PE Bettermilk.....	189
ginkgo biloba.....	180	Glucosamine-Chond-MSM		Glytactin 15 PE Complete.....	189
ginkgo biloba leaf extract.....	180	Complex.....	114	Glytactin 15PEComplete-taurine....	189
Ginkgo Biloba Plus (Bacopa).....	180	Glucosamine-Chondr (boswellia)...	114	Glytactin 20PE Bettermilk Lite.....	189
ginseng.....	180	Glucosamine-Chondr (MSM-hyal).	114	Glytactin Build 10-10.....	189
Ginseng Complex.....	180			Glytactin Build 20-20.....	189
Ginseng Korean.....	180			Glytactin Burst 10-10.....	189

Glytactin Burst 20-20.....	189	H2Q CoQ10.....	163	Heather.....	37
Glytactin Restore 10 PE.....	189	Haegarda.....	116	Heliocare.....	163
Glytactin Restore 10 PE Lite.....	189	Hailey.....	37	Heliocare Advanced.....	163
Glytactin Restore 5 PE.....	189	Hailey 24 Fe.....	37	Hemady.....	117
Glytactin RTD 10 PE.....	189	Hailey Fe 1.5/30 (28).....	37	Hemangeol.....	25
Glytactin RTD 15 PE.....	189	Hailey Fe 1/20 (28).....	37	Hematex.....	237
Glytactin RTD Lite 15.....	190	Hair Formula.....	248	Hematinic Plus Vit/Minerals.....	237
Glytactin Swirl 15 PE.....	190	Hair Vitamins.....	248	Hematinic/Folic Acid.....	237
Glytrol.....	193	Hair, Skin and Nails Advanced.....	163	Hematogen.....	237
Glyxambi.....	73	Hair, Skin and Nails-Argan Oil.....	248	Hematogen FA.....	237
Gocovri.....	215	Hair, Skin, Nails with Biotin.....	163	Hematogen Forte.....	237
Gojji Lancets.....	127	Hair, Skin and Nails.....	248	Hemax.....	237
Gold Bond Triple Action.....	67	Hair, Skin and Nails (FA-biotin).....	248	Hemocyte.....	237
Gold Bond Ultimate.....	61	Hair-Skin-Nail (vit A, C-biotin).....	163	Hemorrhoidal.....	120
Gold Bond Ultimate Healing.....	61	Hair-Skin-Nails (mv-FA-biotin).....	248	Hemorrhoidal (phenyleph-cocoa).....	120
Gonak.....	87	Hair-Skin-Nails (vit C-biotin).....	163	Hemorrhoidal (phenyleph-fat).....	120
GoNitro.....	35	halcinonide.....	56	Hemorrhoidal (pramoxine-zinc).....	120
Gordobalm.....	65	Halls Defense.....	278	Hemorrhoidal (witch hazel).....	120
Gordomatic.....	49, 65, 69	halobetasol propionate.....	56	Hemorrhoidal Cream.....	120
Gordon's No. Five.....	59	Halog.....	56	Hemorrhoidal Relief.....	120
Gordon's Vite A.....	61	haloperidol.....	18	Hemorrhoidal (PE-min oil-petro).....	120
Gordons-Vite E.....	61	haloperidol decanoate.....	18	Hep Flush-10 (PF).....	92
Gormel Ten.....	71	haloperidol lactate.....	18	HepaMent.....	163
Gralise.....	142	Hand Wash.....	50	heparin (porcine).....	92
Gram-O-Leci.....	31	Hard Nails.....	271	heparin (porcine) in 5 % dex.....	92
granisetron HCl.....	6	Havrix (PF).....	98, 99	Heparin Lock.....	92
Granix.....	92	hawthorn berry.....	181	heparin lock flush.....	92
Grape Seed.....	180	hawthorn extract.....	181	heparin lock flush (porcine).....	92
grape seed extract.....	181	H-Chlor 12.....	67	heparin, porcine (PF).....	92
grape seed xt-bioflav,citrus.....	181	H-Chlor 6.....	67	Hepilisav-B (PF).....	99
Green Coffee Bean.....	181	HCU Anamix Next.....	185	Hetlioz.....	18
green soap.....	71	HCU Cooler.....	194	Hetlioz LQ.....	18
Green Tea.....	181	HCU Cooler with Omega-3.....	194	Hex-On Light Odor.....	59
Green Tea (w/Met.Enhan.Blend) ...	162	HCU Easy.....	194	Hiberix (PF).....	98
green tea leaf extract.....	181	HCU Express Powder.....	194	Hi-Cal.....	163
green tea-hoodia gordonii.....	181	HCU Express15 Plus.....	194	Hi-Cal Plus Vit D.....	232
Gripe Water (ginger, fennel).....	162	HCU Express20.....	194	High Potency Iron.....	237
griseofulvin microsize.....	105	HCU Express20 Plus.....	194	High Potency Multivit (w-iron).....	248
griseofulvin ultramicrosize.....	105	HCU Gel Powder.....	194	High Potency Multivitamin.....	248
Guaiatussin AC.....	44	HCU Lophlex.....	194	High Potency Probiotic.....	146
guaifenesin.....	43	HCU Maxamum.....	194	High Protein.....	202
Guaifenesin AC.....	44	HCY 2.....	194	High-Protein Nutritional Shake.....	163
Guaifenesin DAC.....	44	Head Congestion-Mucus.....	43	HistaFlex.....	209
guanfacine.....	21, 25	Headache Formula Added Str.....	209	Histex (triprolidine).....	4
guar gum.....	205	Headache PM.....	42	Histex DM.....	45
Guarana.....	162	Headache Relief (ASA-acet-caf)....	209	Histex PD.....	4
Guardian Connect Transmitter.....	75	HealthWise Insulin Syringe.....	132	Histex PDX.....	4
Guardian Link 3 Transmitter.....	75	HealthWise Pen Needle.....	187	Histex PE.....	41
Guardian Sensor 3.....	75	Healthy Accents Unifine Pentip.....	187	Histex-AC.....	44
Gummi Bear Multivitamin.....	259	Healthy Accents Unilet Lancet.....	128	Hizentra.....	96
Gummies Children Multivitamin.....	259	Healthy Eyes.....	227	Homactin AA Plus 15 PE.....	194
Gummies Girls' Multivitamins.....	260	Healthy Eyes Lutein-Zeaxanthin....	151	Homactin AA Plus 20 PE.....	194
Gummy Dinos.....	260	Healthy Eyes SuperVision.....	227	Home Lice-Bedbug-Dust Mite Spr. ...	185
Gvoke.....	76	Healthy Eyes SuperVision2.....	151	Hominex-2.....	194
Gvoke HypoPen 1-Pack.....	76	Healthy Heart Complex.....	163	Homocysteine Formula.....	271
Gvoke HypoPen 2-Pack.....	76	HealthyLax.....	124	Honey Bears Multivitamin.....	248
Gvoke PFS 1-Pack Syringe.....	76	Heartburn and Acid Reflux-Aloe....	248	Honey Bears with Iron-Zinc.....	260
Gvoke PFS 2-Pack Syringe.....	76	Heartburn Antacid.....	222	Horizant.....	141
Gynazole-1.....	225	Heartburn Relief.....	222	horse chestnut.....	181
H2Q.....	163	Heartburn Relief (famotidine).....	223	Humalog KwikPen Insulin.....	77

Humalog Mix 50-50 Insuln U-100 ....	77	Hyophen .....	101	Incassia .....	37
Humalog Mix 50-50 KwikPen .....	77	hyoscyamine sulfate .....	221	In-Check Dial Training Device .....	10
Humalog Mix 75-25(U-100)Insuln ....	77	Hyosyne .....	221	inControl Alcohol Pads .....	58
Humalog U-100 Insulin .....	77	Hyper-Heal .....	61	inControl Pen Needle .....	187
Humatrope .....	83	Hypertensa .....	163	inControl Super Thin Lancets .....	128
Humira .....	112	Hypodermic Needles .....	187	inControl Ultra Thin Lancets .....	128
Humira Pen .....	112	HyProst .....	163	Increlex .....	83
Humira Pen Crohns-UC-HS Start..	112	HyQvia .....	96	Incruse Ellipta .....	6
Humira Pen Psor-Uveits-Adol HS..	112	HyQvia HY Component .....	69	indapamide .....	27
Humira(CF) .....	112	HyQvia IG Component .....	96	Inderal XL .....	25
Humira(CF) Pedi Crohns Starter ....	112	HySept .....	67	Indocin .....	118
Humira(CF) Pen .....	112	Hysingla ER .....	211	indomethacin .....	118
Humira(CF) Pen Crohns-UC-HS ....	112	I.L.X. B-12 .....	237	Infanrix (DTaP) (PF) .....	98
Humira(CF) Pen Pediatric UC .....	112	ibandronate .....	82	Infant Pain Reliever .....	209
Humira(CF) Pen Psor-Uv-Adol HS	112	IBgard .....	181	Infant's Acetaminophen .....	210
Humulin 70/30 U-100 Insulin .....	77	Ibrance .....	138	Infants Gas Relief .....	219
Humulin 70/30 U-100 KwikPen .....	77	Ibsrela .....	122	Infant's Ibuprofen .....	118
Humulin N NPH Insulin KwikPen ....	77	IBU .....	118	Infants' Pain and Fever .....	210
Humulin N NPH U-100 Insulin .....	77	IBU-200 .....	118	Infants' Pain Relief .....	210
Humulin R Regular U-100 Insuln ....	77	ibuprofen .....	118	Infant's Pain Relief .....	210
Humulin R U-500 (Conc) Insulin .....	77	Ibuprofen Cold .....	43	Infant's Pain Reliever .....	210
Humulin R U-500 (Conc) Kwikpen ...	77	Ibuprofen Cold-Sinus(with PSE) .....	43	Infants Simethicone .....	219
hyaluronate sodium-vit C .....	163	Ibuprofen IB .....	118	In-fla-mend .....	181
Hyaluronic Acid (chond-collgn) .....	163	Ibuprofen Jr Strength .....	118	Inflectra .....	112
Hycamtin .....	137	Ibuprofen PM .....	42	infiximab .....	112
hydralazine .....	25	Ibuprofen-famotidine .....	118	Ingrezza .....	141
Hydralyte .....	80	ICaps .....	248	Ingrezza Initiation Pack .....	141
hydrochlorothiazide .....	27	I-Caps .....	227	Inject Ease Lancets .....	128
hydrocodone bitartrate .....	211	ICaps AREDS .....	227	Inlyta .....	138
hydrocodone-acetaminophen .....	214	ICaps AREDS2 .....	227	Inner Ear Plus .....	228
hydrocodone-chlorpheniramine .....	44	ICaps AREDS2 (copper citrate) .....	227	InnoPran XL .....	25
hydrocodone-homatropine .....	44	Icaps MV .....	248	inositol .....	31
hydrocodone-ibuprofen .....	210	Icar-C Plus .....	237	Inqovi .....	136
hydrocortisone .....	56, 117, 121	icatibant .....	116	Inrebic .....	138
hydrocortisone acetate .....	56, 121	Ice Blue Gel .....	65	Insect Repellent (DEET) .....	51
hydrocortisone butyrate .....	56	Iclevia .....	37	Insect Repellent (picaridin) .....	53
hydrocortisone butyr-emollient .....	56	Iclusig .....	138	InspiraChamber .....	10
Hydrocortisone Plus .....	56	icosapent ethyl .....	31	InspiraChamber with Mask-Large ....	10
hydrocortisone valerate .....	56	Idhifa .....	139	InspiraChamber with Mask-Med .....	10
hydrocortisone-acetic acid .....	78	iFerex 150 .....	237	InspiraChamber with Mask-Small ....	10
hydrocortisone-aloe vera .....	56	iFerex 150 Forte .....	237	Insta-Char .....	150
hydrocortisone-iodoquinol .....	50	Ilaris (PF) .....	112	Insta-Char-Sorbitol .....	150
hydrocortisone-pramoxine .....	68, 120	Illevro .....	85	Instaclean .....	204
hydrogen peroxide .....	67	Ilumya .....	69	Insta-Glucose (with dextrin) .....	77
Hydrolatum .....	61	imatinib .....	138	Instant Food Thickener .....	206
Hydromet .....	44	Imbruvica .....	138	Instant Hand Sanitizing .....	50
hydromorphone .....	211	imipenem-cilastatin .....	100	insulin asp prt-insulin aspart .....	77
Hydrophilic Petrolatum .....	199	imipramine HCl .....	14	insulin aspart U-100 .....	77
hydroquinone .....	69	imipramine pamoate .....	14	insulin glargine .....	77
hydroxocobalamin .....	275	imiquimod .....	99	insulin glargine-yfgn .....	77, 78
hydroxychloroquine .....	107	Immulife .....	202	insulin lispro .....	78
hydroxyproggest(PF)(preg presv) .....	81	Immune Support .....	163	insulin lispro protamin-lispro .....	78
hydroxyprogesterone cap(ppres) .....	81	ImmuneRx .....	248	insulin syr/ndl U100 half mark .....	132
hydroxypropyl cellulose .....	205	Immunicare .....	163	Insulin Syringe .....	132
hydroxyurea .....	135	Impact 1 Cal .....	163	Insulin Syringe MicroFine .....	132
hydroxyzine HCl .....	4	Impact Advanced Recovery .....	194	insulin syringe-needle U-100 .....	132
hydroxyzine pamoate .....	4	Impeklo .....	56	Insupen .....	187
HyFiber with FOS .....	124	Imubolic .....	163	Integra .....	237
Hylavite .....	271	Imuhance .....	186	Integra Syringe .....	132
Hylazinc .....	234	Inbrija .....	215	Intelligence .....	109



InteliSwab COVID-19 Home Test..	152	isotretinoin .....	48	Kariva (28).....	37
InterLink Syringe and Cannula .....	132	Isovactin AA Plus 15 PE.....	194	Katerzia .....	26
Intestinex.....	146	isoxsuprine.....	35	Kava Kava .....	181
Intrarosa.....	94	isradipine.....	26	kava root extract.....	181
Intrinsi B12-Folate.....	275	Isturisa.....	81	Kelnor 1/35 (28).....	37
Intron A.....	99	IS-ZC 50.....	282	Kelnor 1-50 (28).....	37
Invacare Lancets.....	128	Itch Relief.....	57	Kelp.....	181
Invega Hafyera.....	17	ITCH-X.....	57	Kelp (iodine).....	241
Invega Sustenna.....	17	itraconazole.....	104	Kelp-Lecithin-B6.....	248
Invega Trinza.....	17	IV Prep Wipes.....	58	Keradan.....	61
Inveltys.....	85	IVA Maxamum.....	194	Kerendia.....	26
InvigoFlex AMPM.....	115	I-Valex-2.....	194	Kesimpta Pen.....	140
InvigoFlex CS.....	116	ivermectin.....	49, 54, 107	Ketocal 2.5:1.....	194
InvigoFlex D.....	116	I-Vite.....	227	Ketocal 3:1.....	194
InvigoFlex GS.....	116	Jaimiess.....	37	Ketocal 4:1 (milk-soy).....	194
Invirase.....	110	Jakafi.....	136	ketoconazole.....	53, 104
Invokamet.....	74	Jantoven.....	90	Ketodan.....	53
Invokamet XR.....	74	Janumet.....	72	Ketodan Kit.....	53
Invokana.....	72	Janumet XR.....	72	Keto-Diastix.....	78
Iodides Tincture.....	50	Januvia.....	73	KetoGEN 4:1.....	194
iodine-sodium iodide.....	50	Jardiance.....	72	Ketonex-2.....	194
Ionil T.....	65	Jarro-Dophilus.....	146	ketoprofen.....	118, 119
lopidine.....	88	Jasmiel (28).....	37	ketorolac.....	85, 118, 119
IPOL.....	96	Jatenzo.....	94	ketotifen fumarate.....	85
ipratropium bromide.....	6, 142	Jelmyto.....	136	KetoVie.....	195
ipratropium-albuterol.....	7	Jencycla.....	37	KetoVie 3:1.....	195
irbesartan.....	24	Jentadueto.....	72	KetoVie Peptide 4:1.....	195
irbesartan-hydrochlorothiazide.....	24	Jentadueto XR.....	72	Ketovie Plant-Based 4:1.....	195
Iressa.....	138	Jevity 1 Cal.....	163	KetoVOLVE.....	195
iron.....	238	Jevity 1.2 Cal.....	164	Keveyis.....	218
Iron (ferrous sulfate).....	237	Jevity 1.5 Cal.....	164	Kevzara.....	117
Iron 100 Plus.....	237	Jinteli.....	95	K-Flo.....	195
iron bisglycinate chelate.....	237	Johnson's Foot.....	71	Kids Cod Liver Oil and Vit D.....	260
Iron Chews.....	238	Joint Health.....	164	Kids' Gummy.....	260
iron, carbonyl.....	238	Joint Support Complex.....	116	Kids Multivitamin Complete.....	260
iron,carbonyl-vitamin C.....	238	Jolessa.....	37	Kids Omega-3 with DHA.....	164
IronUp.....	238	Jornay PM.....	22	Kids Probiotic.....	146
Iro-Plex (iron carbonyl).....	238	Jublia.....	53	Kidstart.....	260
Iro-Plex (iron polysaccharide).....	238	Juleber.....	37	Kimyrsa.....	106
Irospan 24/6.....	238	Juluca.....	107	Kineret.....	112
Irrigation Syringe.....	132	Junel 1.5/30 (21).....	37	Kinrix (PF).....	98
Isentress.....	110	Junel 1/20 (21).....	37	Kisqali.....	138
Isentress HD.....	110	Junel FE 1.5/30 (28).....	37	Kisqali Femara Co-Pack.....	137
Isibloom.....	37	Junel FE 1/20 (28).....	37	Klor-Con M10.....	80
I-Sight.....	151	Junel Fe 24.....	37	Klor-Con M15.....	80
Iso D3.....	281	Just 4 Kidz Multivit-Probiotic.....	260	Klor-Con M20.....	80
isoflurane.....	177	Juven.....	202	Kloxxado.....	19
isoleucine.....	202	Juven (with collagen).....	202	Kobee.....	272
Isoleucine 1000.....	202	Juxtapid.....	29	Kombiglyze XR.....	72
Isoleucine Amino Acid Supplmnt...	202	Jynarque.....	224	Konsyl (sugar).....	124
isoniazid.....	106	K1-1000.....	93	Konsyl Daily Fiber (stevia).....	124
isopropyl alcohol.....	58	K2 Plus D3.....	281	Konsyl Formula-D.....	124
isopropyl palmitate.....	204	Kaitlib Fe.....	37	Konsyl Sugar-Free.....	124
Isopto Tears.....	88	Kala.....	146	Korean Ginseng.....	181
IsoRel.....	163	Kalbitor.....	119	Korean Ginseng Complex.....	164
isosorbide dinitrate.....	35	Kaletra.....	110	Korean ginseng root extract.....	181
isosorbide mononitrate.....	35	Kalliga.....	37	Korlym.....	74
isosorbide-hydralazine.....	27	Kaopectate (bismuth subsalicy).....	121	Koselugo.....	137
Isosource 1.5 Cal.....	163	Kapsargo Sprinkle.....	25	Kosher Prenatal Plus Iron.....	263
Isosource HN.....	163	Karbinal ER.....	4	K-PAX.....	202

K-Pax Immune Booster.....	164	Lastacraft.....	85	Licart.....	57
K-Pax Immune Support.....	248	Lastacraft Once Daily Relief.....	85	Lice Bedding Spray.....	185
K-Pec Antidiarrheal (bism sub).....	121	latanoprost.....	88	Lice Killing.....	54
K-Phos No 2.....	224	Latuda.....	17	Lice Killing (permethrin).....	54
K-Phos Original.....	224	lavender oil.....	181	Lice Solution.....	54
KPN.....	263	Laxative (bisacodyl).....	124	Lice Treatment.....	54
K-Quik.....	199	Laxative (sennosides).....	124	Lice Treatment (permethrin).....	54
krill oil.....	31	Layolis Fe.....	38	Lice-Bedbug-Mite Bedding.....	185
Krill Oil (Omega 3 and 6).....	31	L-Carnitine.....	203	LidaFlex.....	68
krill oil-omega-3-dha-epa.....	31	L-Carnitine (tartrate).....	202	lidocaine.....	68, 120
krill-om-3-dha-epa-phospho-ast.....	31	L-cystine.....	203	lidocaine HCl.....	68, 119
krill-omega-3-dha-epa-lipids.....	31	LDL Benefit.....	164	lidocaine HCl-hydrocortison ac.....	68, 120
Krintafel.....	107	lecithin.....	31	Lidocaine Pain Relief.....	68
Kristalose.....	124	lecithin, soy.....	31	Lidocaine Viscous.....	119
Kurvelo (28).....	37	Lecithin-Kelp-B6.....	248	lidocaine-hydrocortison-aloe.....	120
Kyleena.....	185	Lecithin-Kelp-B6 (100-8.3).....	248	lidocaine-prilocaine.....	68
Kynmobi.....	215	Lecithin-Kelp-B6 (400-20).....	248	Lifeshield Blunt Cannula.....	132, 187
L norgest/e.estradiol-e.estrad.....	38	Leena 28.....	38	Lil Mixins Egg.....	164
L.acidoph,saliva-B.bif-S.therm.....	146	leflunomide.....	112	Lil Mixins Peanut.....	164
L.acidophilus-Bifido.longum.....	146	lemon flavor extract (bulk).....	176	Liletta.....	185
labetalol.....	23	Lemon Flavoring.....	176	Lillow (28).....	38
Lac-Hydrin Five.....	61	lemon oil.....	176	lincomycin.....	106
lacosamide.....	217	Lemtrada.....	140	lindane.....	54
Lacrisert.....	88	lenalidomide.....	137	linezolid.....	102
lactase.....	220	Lenvima.....	138	linezolid in dextrose 5%.....	102
Lactase Fast Acting.....	220	Lessina.....	38	linezolid-0.9% sodium chloride.....	102
lactated Ringers.....	64	letrozole.....	136	Linseed Oil.....	181
Lactobac acidoph-fructooligos.....	146	leucine.....	203	Linzess.....	121
Lactobacillus acidophilus.....	147	leucovorin calcium.....	140	Lioresal.....	219
Lactobacillus acidoph-L. bifid.....	147	Leukeran.....	135	liothyronine.....	84
Lactobacillus acidoph-L.bulgar.....	147	Leukine.....	92	Lipistart.....	195
Lacto-Pectin.....	147	leuprolide.....	82	Lipochol.....	31
Lactose Fast Acting Relief.....	220	levalbuterol HCl.....	7	Lipochol Plus.....	31
lactulose.....	124	levalbuterol tartrate.....	7	Lipotriad (with lutein).....	227
Lagevrio (EUA).....	108	levamlodipine.....	26	Lipotriad Dry Eye.....	164
Lamictal XR Starter (Blue).....	217	Levatol.....	25	Lipotriad Vision Support.....	151
Lamictal XR Starter (Green).....	217	Levemir FlexTouch U-100 Insuln.....	78	Lipotriad Vision Support Plus.....	151
Lamictal XR Starter (Orange).....	217	Levemir U-100 Insulin.....	78	Lipotriad Visionary.....	227
lamivudine.....	109, 111	levetiracetam.....	217	Lipotropix.....	164
lamivudine-zidovudine.....	109	levobunolol.....	88	LiQ-10.....	164
lamotrigine.....	217	levocarnitine.....	164, 185	LiQSorb.....	164
Lampit.....	107	levocarnitine (with sugar).....	185	Liquacel.....	164
Lanaflex.....	190	levocarnitine tartrate.....	203	Liquibid D-R.....	43
lancets.....	128	levocarnitine-pantothe-aurine.....	164	Liquibid PD-R.....	43
Lancets, Super Thin.....	128	levocetirizine.....	5	Liquid B-12.....	275
Lancets,Thin.....	128	levofloxacin.....	86, 103	Liquid C.....	278
Lancets,Ultra Thin.....	128	levofloxacin in D5W.....	103	Liquid Calcium with Vitamin D.....	232
Lanolin (HPA).....	61	levomefolate calcium.....	234	Liquid Hope Original Formula.....	164
lanolin anhydrous.....	199	levomefolate-algal oil.....	234	Liquid Protein Fortifier.....	203
lanreotide.....	205	levomefol-B6-meB12-algal oil.....	272	Liquigen.....	199
lansoprazole.....	223	Levonest (28).....	38	Liquituss GG.....	43
lanthanum.....	79	levonorgestrel.....	38	lisinopril.....	24
lapatinib.....	138	levonorgestrel-ethinyl estrad.....	38	lisinopril-hydrochlorothiazide.....	23
L-Arginine(alpha-ketoglutarat).....	202	levonorg-eth estrad triphasic.....	38	Lister-V.....	164
Larin 1.5/30 (21).....	38	Levora-28.....	38	Lite Touch Insulin Pen Needles.....	187
Larin 1/20 (21).....	38	levorphanol tartrate.....	211	Lite Touch Insulin Syringe.....	132
Larin 24 Fe.....	38	levothyroxine.....	84	Lite Touch Lancets.....	128
Larin Fe 1.5/30 (28).....	38	Lexette.....	56	Lite Touch-Medium Mask.....	10
Larin Fe 1/20 (28).....	38	Lexiva.....	110	LiteAire MDI Chamber.....	10
Larissia.....	38	L-Glutamine.....	203	LiteTouch-Large Mask.....	10

LiteTouch-Small Mask.....	10	lovastatin.....	28	Lysodren.....	139
Lithate.....	164	Low-Ogestrel (28).....	38	Lyumjev KwikPen U-100 Insulin.....	78
lithium carbonate.....	15	loxapine succinate.....	16	Lyumjev KwikPen U-200 Insulin.....	78
LithoLyte.....	224	Lo-Zumandimine (28).....	38	Lyumjev U-100 Insulin.....	78
Lithostat.....	121	L-Phenylalanine.....	203	Lyvispah.....	219
Little Animals.....	260	LPS 15-30.....	165	Lyza.....	38
Little Animals-Iron.....	260	LPS Critical Care.....	165	maca extract.....	181
Little Remedies Gripe Water.....	164	LPS Neutral Flavor.....	165	Macrilen.....	185
Little Remedies Honey Cough.....	42	lubiprostone.....	124	Macular Benefits.....	227
Livalo.....	28	Lubricant Dry Eye Relief.....	88	Macular Health Formula.....	227
Liver Complex.....	181	Lubricant Eye.....	89	Macular Vitamin.....	248
Liver Protect.....	151	Lubricant Eye (PG-PEG 400).....	88	Macuvex.....	227
Liver with Iron.....	238	Lubricant Eye (PG-PEG 400)(PF)....	89	Macuvite Eye Care.....	227
Liver-Kidney Cleanser.....	164	Lubricant Eye (propyl glycol).....	89	Macuvite With Lutein.....	151
Livretrol.....	164	Lubricant Eye Drops.....	89	Macuzin.....	227
Livmarli.....	122	Lubricating Plus.....	89	mafenide acetate.....	54
Livtency.....	108	Lubricating Tears.....	89	Mag 64.....	239
L-Lysine.....	203	Lubriderm Advanced Therapy.....	61	mag citrate-potassium citrate.....	241
L-Lysine-VitA-D-E-Cocoa Butter.....	61	Lubriderm Daily Moisture.....	61	Mag Glycinate.....	239
LMD Powder.....	195	Lubriderm Skin Nourishing.....	61	mag oxide-D3-turmeric rt xt.....	165
Lmfefol Ca-acetyl-meB12-algal.....	272	Lubrifiresh PM.....	89	MAG-AL.....	222
L-Methyl-B6-B12.....	272	LubriSilk.....	61	Mag-AI Plus.....	222
L-Methylfolate.....	234	LubriSoft.....	62	Mag-AI Plus Extra Strength.....	222
L-Methylfolate Forte.....	234	Lucemyra.....	215	Mag-Amide.....	165
L-Methyl-MC.....	272	Luer Lock Syringe.....	132	Mag-Delay.....	240
Lo Loestrin Fe.....	38	Luer Slip Tip Syringe Tray.....	132	Mage.....	147
Lobana Bath.....	61	Luer-Lok Tip.....	132	Magellan Insulin Safety Syrng.....	132
Lobana Body.....	61	Lugols.....	50	Magellan Safety Syringe.....	133
Lobana Peri-Garde.....	61	luliconazole.....	53	Magellan Syringe.....	133
LoCalnesium.....	232	Lumakras.....	137	Mag-G.....	240
LoCalnesium-C.....	232	Lumify.....	86	Maginex.....	240
Lodrane D.....	41	Lumigan.....	88	MagneBind 300.....	79
Lofena.....	119	Luminal.....	18	Magnebind 400.....	79
LoHist - D.....	41	Lumitene.....	268	magnesium.....	240
LoHist-DM.....	45	Lupaneta Pack (1 month).....	96	Magnesium (oxide/AA chelate).....	240
LoJaimiess.....	38	Lupkynis.....	100	magnesium amino acid chelate....	240
Lokelma.....	79	Lupron Depot.....	82, 83	magnesium chloride.....	240
Lonhala Magnair Refill.....	6	Lupron Depot (3 month).....	82, 83	magnesium citrate.....	124, 240
Lonhala Magnair Starter.....	6	Lupron Depot (4 month).....	82	Magnesium Complex.....	240
Lonsurf.....	136	Lupron Depot (6 Month).....	82	Magnesium Fizz-Plus.....	241
loperamide.....	121	Lupron Depot-Ped.....	83	magnesium gluconate.....	240
loperamide-simethicone.....	122	Lupron Depot-Ped (3 month).....	83	magnesium glycinate.....	240
Lophlex.....	190	lutein.....	151	magnesium glycinate-mag oxide...	240
lopinavir-ritonavir.....	110	lutein extract-zeaxanthin ext.....	151	magnesium hydroxide.....	124
Loprox Kit.....	53	lutein-zeaxanthin.....	151	magnesium L-lactate.....	240
loratadine.....	5	lutein-zeaxanthin-bilberry ext.....	151	magnesium oxide.....	222, 240
lorata-dine D.....	3	Lutera (28).....	38	magnesium stearate.....	201
Loratadine-D.....	3	Lutrish Shake.....	165	magnesium sulfate.....	240
lorazepam.....	15, 21	Luvira.....	31	magnesium, potassium aspartate....	80
Lorazepam IntenSol.....	15	Luxamend.....	62	Magonate (magnesium carb).....	240
Lorbrena.....	138	Lybalvi.....	17	Makena (PF).....	81
Loreev XR.....	15	lycopene.....	268	malathion.....	54
Lorid.....	272	Lydia Pinkham Herbal.....	21, 238	Mannxtra.....	165
Lortab Elixir.....	214	Lyleq.....	38	Mapap (acetaminophen).....	210
Loryna (28).....	38	Lyllana.....	95	Mapap Arthritis Pain.....	210
losartan.....	24	Lynparza.....	138	Mapap Cold Formula.....	48
losartan-hydrochlorothiazide.....	24	Lyrica CR.....	141	Mapo Bath.....	62
Lotemax.....	85	lysine.....	203	maprotiline.....	14
Lotemax SM.....	85	lysine HCl.....	203	maraviroc.....	109
loteprednol etabonate.....	85	Lysiplex Plus.....	203, 260	Mar-Cof BP.....	44

Mar-Cof CG.....	44	Mega Multiple/Chelated Mineral....	249	meperidine (PF).....	211
Marlissa (28).....	38	Mega Multivitamin For Men.....	249	meprobamate.....	15
Marnatal-F.....	263	Mega Probiotic.....	147	mercaptapurine.....	136
Marplan.....	12	MegaNatural-BP.....	181	meropenem.....	100
Matulane.....	139	Megared Adv Total Body Refresh....	31	meropenem-0.9% sodium chloride	100
Matzim LA.....	26	MegaRed Advanced 4-in-1.....	31	Merzee.....	38
Mavenclad (10 tablet pack).....	140	MegaRed Advanced 4-in-1 Gummy	.....	mesalamine.....	120
Mavenclad (4 tablet pack).....	140	.....	165	mesalamine with cleansing wipe....	120
Mavenclad (5 tablet pack).....	140	MegaRed Advanced 6x Absorption	165	Mesnex.....	140
Mavenclad (6 tablet pack).....	140	MegaRed Advanced Omega-3	.....	Meta Appetite Ctrl (aspartame).....	124
Mavenclad (7 tablet pack).....	140	Algae.....	165	Metabiotic.....	147
Mavenclad (8 tablet pack).....	140	Megared Advanced Total Body.....	32	Metafolbic.....	272
Mavenclad (9 tablet pack).....	140	MegaRed Joint Care.....	165	Metafolbic Plus.....	272
MaxEPA.....	31	MegaRed Kids.....	165	Metafolbic Plus RF.....	272
Maxicomfort II Pen Needle.....	187	MegaRed Omega-3 Krill Oil.....	32	Metamucil Fiber Thin.....	124
Maxicomfort Insulin Syringe.....	133	Megavite.....	165	Metamucil Free.....	124
Maxi-Comfort Insulin Syringe.....	133	Megavite Golden Years 55 Plus....	165	Metamucil Plus Calcium.....	124
Maxicomfort Safety Pen Needle....	187	megestrol.....	140, 152	metaproterenol.....	7
Maxidex.....	85	Mekinist.....	137	metaxalone.....	219
Maxilube.....	69	Mektovi.....	137	metformin.....	73
Maximin Pack.....	248	Meladox.....	19	Methacholine with Liver.....	165
Maximum Energy.....	181	melatonin.....	19, 20	methadone.....	211
Maximum Red Krill Omega-3.....	31	Melatonin (with B6).....	19	methamphetamine.....	15
Mayzent.....	140	Melatonin-B6 (pyridoxal phos).....	20	Methazel.....	165
Mayzent Starter(for 1mg maint)....	140	melatonin-herbal complex #184.....	20	methazolamide.....	87
Mayzent Starter(for 2mg maint)....	140	melatonin-lemon balm leaf extr.....	20	methenamine hippurate.....	102
McCarnitine.....	203	melatonin-lemon balm leaf extr.....	20	methenamine mandelate.....	102
M-Clear WC.....	44	melatonin-pyridoxal phos (B6).....	20	me-thfolate glucos-mecobalamin...	272
MCT Oil.....	199	melatonin-pyridoxine (vit B6).....	20	methimazole.....	84
MCT Pro-Cal.....	195	melatonin-pyridoxine HCl (B6).....	20	Methionaid.....	195
meclizine.....	6	melatonin-pyridoxine HCl (B6).....	20	methionine.....	203
meclofenamate.....	119	melatonin-theanine.....	20	Methitest.....	94
mecobalamin (vitamin B12).....	275	meloxicam.....	119	methocarbamol.....	219
MedCaps DPO.....	165	meloxicam submicronized.....	119	methotrexate sodium.....	136
MedCaps GI.....	165	melphalan.....	135	methotrexate sodium (PF).....	136
MedCaps Menopause.....	186	memantine.....	11	methoxsalen.....	69
MedCaps T3.....	165	MemorAll.....	165	methscopolamine.....	221
Mederma AG.....	71	Men 50 Plus Advanced One Daily .	249	methyl alcohol.....	205
Mederma SPF.....	62	Men 50 Plus Multivitamin.....	249	methyl salicylate.....	65
Medicated Chest Rub.....	65	Men Under 50 Multivitamin.....	249	methyl dopa.....	25
Medicated Relief.....	65	Menactra (PF).....	96	methyl dopa-hydrochlorothiazide....	25
Medi-Doze.....	19	M-End DMX.....	45	methylene blue (bulk-solid).....	152
Medi-Flexx.....	116	M-END PE.....	44	methylergonovine.....	40
Medi-Lyte.....	80	Menest.....	95	methylphenidate HCl.....	22
Medi-Pads.....	120	Menofem.....	186	methylprednisolone.....	117
Medisense.....	75	Menopause Support.....	165	methylsulfonylmethane.....	165
Medisense Controls 1-Hi 1-Lo.....	75	Menostar.....	95	methyltestosterone.....	94
Medisense Glucose Ketone.....	75	MenQuadfi (PF).....	96	methyltetrahydrofolate glucosa....	234
Medisense Mid Control.....	75	Men's 50 Plus Daily Formula.....	249	metoclopramide HCl.....	223
Medisense Thin Lancets.....	128	Men's 50 Plus Multivitamin.....	249	metolazone.....	27
medium chain triglycerides.....	199	Men's Daily.....	249	Metopirone.....	185
Medlance Plus Lancets.....	128	Men's Daily Formula.....	249	metoprolol succinate.....	25
Medlance Plus Special Blade.....	128	Men's Daily Gummies.....	249	metoprolol ta-hydrochlorothiaz....	25
Medrol.....	117	Men's Daily Formula.....	249	metoprolol tartrate.....	25
medroxyprogesterone.....	36, 96	Men's Daily Gummies.....	249	metronidazole.....	49, 107, 225
Medtycholl-B Complex-Liver.....	272	Men's Multivitamin.....	249	metyrosine.....	24
mefenamic acid.....	119	Men's Multivitamin Gummies.....	249	mexiletine.....	22
mefloquine.....	107	Men's One Daily.....	249	MgO.....	240
Mega Biotin.....	272	Men's Pack.....	249	Mg-Plus-Protein.....	241
Mega Multi for Women.....	249	Mens Potent Formula.....	232	Miaderm.....	62
		Menstrual Relief(pamabr-pyiril)....	210		
		Mentax.....	53		
		Menveo A-C-Y-W-135-Dip (PF).....	97		
		meperidine.....	211		



Mibelas 24 Fe.....	38	Minus Weight Plus Energy.....	165	Monoject Tuberculin Syringe.....	133
micafungin.....	105	Mircera.....	91	Monoject Ultra Comfort Insulin.....	133
miconazole nitrate.....	53, 225	Mirena.....	185	Monolet Lancets.....	128
miconazole nitrate-zinc ox-pet.....	53	mirtazapine.....	11	Monolet Thin Lancets.....	128
Miconazole-3.....	225, 226	Mirvaso.....	49	Mono-Linyah.....	38
Miconazole-7.....	226	Miseflex.....	166	montelukast.....	8
Miconazorb AF.....	53	Miseflex-C.....	166	Mood Food ES.....	166
Micotrin AC.....	53	misoprostol.....	222	Mood Support Probiotic.....	147
Micotrin AL.....	53	MistAssist.....	10	More-Dophilus.....	147
Micotrin AP.....	53	MistAssist Kit.....	10	morphine.....	211, 212
Micro Thin Lancets.....	128	Mixed Tocotrienols.....	282	morphine concentrate.....	211
Microchamber.....	10	MMA-PA Cooler15.....	195	Mosquito Eliminator.....	51
Microdot Glucose Gel.....	77	MMA-PA Express15.....	195	Motegrity.....	223
Microdot Insulin Pen Needle.....	187	MMA-PA Gel.....	195	Motion Sickness.....	6
Microgestin 1.5/30 (21).....	38	MMA-PA Maxamum.....	195	Motion Sickness (meclizine).....	6
Microgestin 1/20 (21).....	38	M-M-R II (PF).....	98	Motion Sickness Relief.....	6
Microgestin 24 FE.....	38	M-Natal Plus.....	263	Motion Sickness Relief(mecliz).....	6
Microgestin Fe 1.5/30 (28).....	38	Mobisyl.....	65	Motion-Time.....	6
Microgestin FE 1/20 (28).....	38	modafinil.....	19	Motofen.....	122
Microlet Lancet.....	128	Modulen.....	195	Mounjaro.....	73
Microlipid.....	199	moexipril.....	24	Mouthpiece.....	10
Microspacer.....	10	Moisture Recovery.....	62	Movantik.....	126
midazolam.....	21, 176	Moisturel Therapeutic.....	67	Move Free Joint Health.....	116
midazolam (PF).....	176	Moisturizing Cream.....	62	Move Free Plus MSM.....	116
MidNite.....	20	Moiturizing Lotion.....	62	Move Free Plus MSM-Vit D3.....	116
Midnite for Menopause.....	184	molindone.....	18	Move Free Ultra Faster Comfort....	241
MidNite PM.....	184	mometasone.....	5, 56	Move Free Ultra Omega Joint PI....	166
midodrine.....	35	Monocal.....	241	Move Free Ultra Triple Action.....	166
Mifeprex.....	142	Monocaps.....	249	Move Free Ultra Turmeric-Tamar..	182
mifepristone.....	142	Monogen.....	166, 195	Move Free Ultra Borate-K2-D3.....	166
Migergot.....	213	Monoject 140cc Piston Syringe.....	133	moxifloxacin.....	86, 103
miglitol.....	73	Monoject 35cc Syringe Cath Tip....	133	moxifloxacin-sod.ace,sul-water.....	103
miglustat.....	175	Monoject 3cc Syr 25Gx1".....	133	moxifloxacin-sod.chloride(iso).....	103
Migraine Formula.....	209	Monoject Allergy Tray.....	133	MSM.....	166
Migraine Relief.....	209	Monoject Allergy Tray Detach.....	133	MSM/Glucosamine.....	57
MigreLief.....	165	Monoject Control Syringe Luer.....	133	MSUD Aid.....	195
Mili.....	38	Monoject Disposable Syringe.....	133	MSUD Cooler.....	195
Milk of Magnesia.....	124	Monoject Eccentric Non-Sterile.....	133	MSUD Easy.....	195
Milk Of Magnesia Concentrated.....	124	Monoject Hypodermic Needles.....	187	MSUD Express Cooler.....	195
milk thistle.....	181	Monoject Hypodermic Polypropyl..	187	MSUD Express15.....	195
milk thistle sd ext-blessed th.....	182	Monoject Insulin Safety Syring.....	133	MSUD Express15 Plus.....	195
milk thistle seed extract.....	182	Monoject Insulin Syringe.....	133	MSUD Express20.....	195
Milkflow.....	182	Monoject Luer-Lock Tip.....	133	MSUD Express20 Plus.....	195
Millipred.....	117	Monoject Magellan Syringe.....	133	MSUD Gel Powder.....	196
Millipred DP.....	117	Monoject Pharmacy Tray Luer.....	133	MSUD Lophlex.....	196
Milltrium Senior.....	234	Monoject Pharmacy Tray Reg Tip.....	133	MTX Support.....	275
Mimvey.....	95	Monoject Reg Tip Non-Sterile.....	133	Mucinex Fast-Max Cold-Flu.....	46
mineral oil.....	124, 205	Monoject Regular Luer.....	133	Mucinex Fast-Max Cold-Flu-Thrt....	46
Mineral Oil Heavy.....	124, 205	Monoject Safety Luer Lock Tip.....	133	Mucinex Fast-Max Cold-Nghtshft....	45
Minerin.....	62	Monoject Safety Syringes.....	133	Mucinex Fast-Max Cong-HA (DM)....	48
Minerin Creme.....	62	Monoject Smartip Cannula.....	133	Mucinex Fast-Max Cong-Nghtshft...	45
Mini Prenatal.....	263	Monoject Syringe.....	133	Mucinex Fast-Max Day-Nt(doxyl)....	45
Mini Ultra-Thin II.....	187	Monoject Syringe Eccentri Luer....	133	Mucinex Instasoothe Comfort.....	42
MiniMed 770G Insulin Pump.....	75	Monoject Syringe Luer Lok.....	133	Mucinex Instasoothe Cough.....	42
Minocin.....	104	Monoject Syringe Regular Luer.....	133	Mucinex Instasoothe Pain(benz)....	119
minocycline.....	104	Monoject Syringe Toomey Type....	133	Mucinex Instasoothe Pain(hexy)....	42
Minolira ER.....	104	Monoject TB.....	133	Mucinex Nightshft Sevr Cld-Flu....	44
minoxidil.....	25	Monoject TB Luer Lok.....	133	Mucinex Nightshift Cold-Flu.....	45
Mintox Maximum Strength.....	222	Monoject TB Regular Luer Tip.....	133	Mucinex Nightshift Sinus.....	44
Mintox Plus.....	222	Monoject TB Safety Syringe.....	133	Mucinex Sinus-Max Cng-Pain(DM)..	48

Mucinex Sinus-Max Day-Night.....	45	MVW Complete Formul Multivit.....	260	Naprelan CR.....	119
Mucinex Sinus-Max Dy-Nt (dxyl).....	45	MVW Complete Formul Pediatric.....	260	naproxen.....	119
Mucinex Sinus-Max Pressure-Cgh..	46	MVW Complete Formul Probiotic....	147	naproxen sodium.....	119
Mucosa.....	43	MVW Complete Formulation D3000		naproxen-esomeprazole.....	118
Mucosa DM.....	47	.....	260	naratriptan.....	213
Mucus D.....	43	MVW Complete Formulation D5000		Narcosoft.....	124
Mucus DM.....	47	.....	260	Nasal Allergy.....	5
Mucus DM Max ER.....	47	MX-Sol.....	207	Nasal Decongestant (oxymetazl).....	48
Mucus Relief.....	43	MX-Sol Blend.....	207	Nasal Decongestant (PE).....	43
Mucus Relief Cold-Flu-Sore Thr.....	46	MX-Sol Blend SF.....	207	Nasal Decongestant (pseudoeph)	
Mucus Relief Cough.....	47	MX-Sol SF.....	207	.....	43, 48
Mucus Relief D (pseudoephed).....	43	My Choice.....	38	Nasal Four.....	48
Mucus Relief DM.....	47	My Favorite Multiple.....	250	Nasal Moisturizing.....	189
Mucus Relief DM Cough.....	47	My Way.....	38	Nasal Spray (oxymetazoline).....	48
Mucus Relief DM Max.....	47	Myalept.....	83	Nasal Spray 12Hr(oxymetazoline....	48
Mucus Relief ER.....	43	Mycamine.....	105	Nasal Spray Extra Moisturizing.....	48
Mucus Relief PE.....	43	Mycapssa.....	205	Nasal Spray Sinus.....	48
Mucus-ER MAX.....	43	mycophenolate mofetil.....	100	Nascobal.....	276
Mulpleta.....	93	mycophenolate sodium.....	100	Nasopen PE.....	41
Multaq.....	23	Mycozyl AC.....	53	NataChew (Fe Bis-glycinate).....	263
Multi Complete with Iron.....	249	Mycozyl AL.....	53	Natacyn.....	87
Multi For Her.....	249	Mycozyl AP.....	53	Natavi Lactant.....	250
Multi For Her 50 Plus.....	249	Mydayis.....	15	Natavi PNV.....	263
Multi Pro.....	249	Myfembree.....	83	Natavi Prima.....	268
Multi Vitamin.....	249	Myferon 150.....	238	Natazia.....	38
Multi-Day Plus Minerals.....	249	Myferon 150 Forte.....	238	nateglinide.....	73
Multi-Day with Iron.....	249	Myglucohealth Lancets.....	128	Natesto.....	94
Multi-Delyn with Iron.....	250	Myleran.....	135	Natpara.....	84
Multigen.....	238	Mynatal.....	263	Natrapel.....	54
Multigen Folic.....	238	Mynatal Plus.....	263	Natrol 5-HTP.....	166
Multigen Plus.....	238	Mynatal-Z.....	263	Natrol Omega-3.....	166
Multi-Mac.....	268	Mynephrocaps.....	272	Nattokinase.....	166
Multiple Vitamin-Minerals.....	250	Mynephron.....	272	Natural Calcium.....	232
Multiple Vitamins.....	250	MyoCalm.....	166	Natural Care Gel.....	62
Multi-Symptom Cold (PE).....	46	Myorisan.....	48	Natural Fiber Laxative.....	124
Multi-Symptom Cold Night Time.....	44	Myrbetriq.....	224	Natural Fiber Laxative (sugar).....	124
Multi-Vit with Fluoride-Iron.....	260	Mytesi.....	121	Natural Fiber Laxative(aspart).....	124
multivitamin.....	250	My-Vitalife.....	250	Natural Herbal Diuretic.....	182
Multivitamin 50 Plus.....	234	Myxredlin.....	78	Natural Veg Laxative(sennosid).....	124
Multivitamin Gummies.....	250	N.O.max ER.....	203	Natural Vegetable.....	124
Multi-Vitamin HP/Minerals.....	250	nabumetone.....	119	Natural Vegetable Laxative.....	124
Multivitamin With Fluoride.....	260	NAC.....	166	Natura-LAX.....	124
Multi-Vitamin With Fluoride.....	260	N-A-C Sustain.....	166	Nausea Relief.....	6
multivitamin with iron.....	250	nadolol.....	25	Nayzilam.....	216
multivitamin with minerals.....	250	nadolol-bendroflumethiazide.....	25	nebivolol.....	25
Multivitamin Women 50 Plus.....	250	nafcillin.....	103	Nebupent.....	107
Multivitamins With Fluoride.....	260	nafcillin in dextrose iso-osm.....	103	Necon 0.5/35 (28).....	38
Multivitamin-Zinc-Stress.....	272	naftifine.....	53	needle (disp) 16 G.....	187
Multi-Vite.....	250	Naftin.....	53	needle (disp) 18 G.....	187
Multi-Vit-Flor.....	260	Nail Scrub.....	69	needle (disp) 19 G.....	187
multivit-min-ferrous fumarate.....	250	nalbuphine.....	212	needle (disp) 23 gauge.....	188
multivit-min-iron fum-folic ac.....	250	naloxone.....	19	nefazodone.....	13
mupirocin.....	52	naltrexone.....	19	Neocate Junior.....	196
mupirocin calcium.....	52	Namenda XR.....	11	Neocate Junior With Prebiotics.....	196
Muri-Lube.....	205	Namzaric.....	11	Neocate Nutra.....	196
Muro 128.....	87	Nan Pro Toddler Drink.....	166	Neocate Splash.....	196
Muscle Rub.....	65	Nano VM 1-3.....	260	Neoke Alcar.....	203
Muscle Rub Ultra-Strength.....	65	Nano VM 4-8.....	261	Neoke BCAA4.....	203
Mvc-Fluoride.....	260	NanoVM 9-18.....	261	Neoke MCT70.....	199
mv-min-folic acid-lutein.....	250	NanoVM t-f.....	261	neomycin.....	105

neomycin-bacitracin-poly-HC.....	84	niacinamide.....	34	norethindrone ac-eth estradiol ...	39, 95
neomycin-bacitracin-polymyxin.....	87	Niacin-Aze AC-Turmer-FA-B6-ZN.	166	norethindrone-e.estradiol-iron.....	39
neomycin-polymyxin B GU.....	64	Nicadan.....	166	Norforms Fem.....	226
neomycin-polymyxin B-dexameth....	84	Nicadan ZX.....	166	Norgesic Forte.....	219
neomycin-polymyxin-gramicidin.....	87	nicardipine.....	26	norgestimate-ethinyl estradiol.....	39
neomycin-polymyxin-HC.....	78, 84	Nicazel.....	166	Noritate.....	49
Neonatal Complete.....	263	Nicotinamide (with chromium).....	250	Norliqva.....	26
Neonatal FE.....	238	nicotine.....	219	Norlyda.....	39
Neonatal Plus Vitamin.....	263	nicotine (polacrilex).....	219	Normalyte.....	80
Neonatal-DHA.....	263	Nicotrol.....	219	Normalyte ORS.....	80
Neo-Polycin.....	87	Nicotrol NS.....	219	Norm-Ject.....	133
Neo-Polycin HC.....	84	nifedipine.....	26	Norm-Ject Tuberkulin.....	133
NeoQ10.....	166	Night Time.....	45	Norpac CR.....	23
Neoral.....	100	Night Time Cold and Flu Relief.....	45	Nortrel 0.5/35 (28).....	39
Neo-Synalar.....	55	Nighttime Cold-Flu.....	45	Nortrel 1/35 (21).....	39
Neo-Synalar Kit.....	55	Nighttime Cold-Flu Relief.....	45	Nortrel 1/35 (28).....	39
Neo-Synephrine (phenylephrine)....	48	NightTime Cough.....	46	Nortrel 7/7/7 (28).....	39
Neovite.....	250	NightTime Sleep Aid (diphen).....	21	nortriptyline.....	14
Nephlex Rx.....	272	Nikki (28).....	39	Norvir.....	110
Nephron FA.....	272	nilutamide.....	136	Norwegian Cod Liver Oil.....	268
Nephro-Vite.....	272	nimodipine.....	26	Nose Drops.....	48
Nepro Carb Steady.....	196	Ninjacof.....	46	Nose Drops Extra Strength.....	48
Nerlynx.....	138	Ninjacof-A.....	45	Nourianz.....	215
Nestabs ABC.....	263	Ninjacof-D.....	45	Nourish Original Formula.....	166
Nestabs DHA.....	264	Ninjacof-XG.....	44	Nova Safety Lancets.....	128
Nestabs ONE.....	250	Ninlaro.....	138	Nova Sureflex Lancets.....	128
Neuac.....	49	nisoldipine.....	26	NovaFerrum.....	238
Neulasta.....	92	nitazoxanide.....	107	NovaFerrum 50.....	238
Neulasta Onpro.....	92	Nite Time Cold-Flu.....	45	NovaFerrum Pediatric MV-Iron.....	261
Neupogen.....	92	nitisinone.....	175	NovaMV.....	261
Neupro.....	215	Nitro-Bid.....	35	NovaSource Renal 2 Cal.....	167
Neuracin.....	65	Nitro-Dur.....	35	Novofine 32.....	188
Neurin-SL.....	276	nitrofurantoin.....	102	Novofine Autocover.....	188
Neuriva De-Stress.....	182	nitrofurantoin macrocrystal.....	102	NovoFine Plus.....	188
Neuriva Original.....	182	nitrofurantoin monohyd/m-cryst....	102	Novolin 70/30 U-100 Insulin.....	78
Neuriva Plus.....	166	nitroglycerin.....	35	Novolin 70-30 FlexPen U-100.....	78
Neuriva Plus Brain Performance....	166	Nitro-Time.....	35	Novolin N Flexpen.....	78
NeuroActives BrainSustain.....	166	Nityr.....	175	Novolin N NPH U-100 Insulin.....	78
Neurophx DPN.....	272	Nivanex DMX.....	46	Novolin R Flexpen.....	78
Neutrogena.....	199	Niva-Plus.....	250	Novolin R Regular U-100 Insuln....	78
Neutrogena Acne Cleansing Soap...71		Nivea.....	62	Noxafil.....	104
Neutrogena Facial Soap.....	71	Nivea Soft.....	62	NP Thyroid.....	84
Neutrogena Hand.....	62	Nivestym.....	92	Nrf2 Activator.....	182
Neutrogena Toner.....	71	nizatidine.....	223	Nubeqa.....	136
Nevanac.....	85	No Drip.....	48	Nucala.....	9
nevirapine.....	109	Nocurna (men).....	81	Nucynta.....	212
New Day.....	39	Nocurna (women).....	81	Nucynta ER.....	212
NewFlora.....	147	Noctiva.....	81	Nuedexta.....	142
NewGen.....	264	NoHist-DM.....	45	NuFera.....	238
Nexa Plus.....	264	NoHist-LQ.....	41	Nufola.....	272
Nexavar.....	138	Nokor Needle.....	188	Nu-Iron.....	238
Nexium Packet.....	223	Non-ASA Ex St Pain/Sleep Aid.....	42	Nulibry.....	141
Nexletol.....	28	Non-Aspirin Pain Relief.....	210	Nulla.....	59
Nexlizet.....	29	Non-Aspirin PM.....	42	Nu-Mag.....	241
Nexplanon.....	36	Nootropic Coffee-PS.....	182	Numaqla Omega-3.....	167
Nextstellis.....	39	Nora-BE.....	39	Numaqla Vitamin.....	227
niacin.....	32, 34	Norditropin FlexPro.....	83	Numbrino.....	142
niacin (inositol niacinate).....	34	noreth-ethinyl estradiol-iron.....	39	Nuplazid.....	21
Niacin (niacinamide).....	34	norethindrone (contraceptive).....	39	Nuretin.....	32
Niacin Flush Free.....	34	norethindrone acetate.....	96	Nurtec ODT.....	213

Nutra Pro High Protein.....	167	Ocuvite Eye Health.....	151	omeprazole.....	223
Nutrafit.....	167	Ocuvite Eye Plus Multi.....	251	omeprazole magnesium.....	223
Nutrafit Plus.....	167	Ocuvite Lutein 25.....	151	omeprazole-sodium bicarbonate.....	223
Nutramine.....	196	Ocuvite Lutein and Zeaxanthin.....	151	Omera.....	168
Nutrasentials.....	203	Odefsey.....	110	Omnaris.....	5
Nutren 1.0.....	167	Odomzo.....	136	Omnicap.....	251
Nutren 1.0 with Fiber.....	167	Odor Eliminator Drops.....	59	Omnict.....	199
Nutren 1.5.....	167	Odor Free Garlic.....	182	Omnipaque.....	35
Nutren 2.0.....	167	Odorless Garlic.....	182	Omnipod 5 G6 Intro Kit (Gen 5).....	75
Nutren Junior.....	167	Ofev.....	208	Omnipod 5 G6 Pods (Gen 5).....	75
Nutren Junior Fiber.....	167	Off Active.....	51	Omnipod Classic PDM Kit(Gen 3).....	75
Nutren Pulmonary.....	196	Off Deep Woods.....	51	Omnipod Classic Pods (Gen 3).....	75
Nutri-Drink.....	167	Off Deep Woods Dry.....	51	Omnipod Dash Intro Kit (Gen 4).....	75
Nutrihep.....	196	Off Deep Woods Sportsmen.....	51	Omnipod DASH PDM Kit (Gen 4).....	75
NutriSure Original.....	167	Off FamilyCare (with DEET).....	51	Omnipod Dash Pods (Gen 4).....	75
NutriSure Plus.....	167	Off FamilyCare(with picaridin).....	51	Omnitrope.....	83
Nutritional Drink.....	167	ofloxacin.....	78, 87, 103	Omnivex.....	251
Nutritional Drink Mix.....	167	olanzapine.....	17	On Call Lancet.....	128
Nutritional Drink Plus.....	167	olanzapine-fluoxetine.....	21	On Call Plus Lancet.....	128
Nutritional Shake.....	167	oleic acid.....	205	Onccor.....	251
Nutritional Shake Plus.....	167	OlivDefense.....	167	OncoPLEX.....	182
Nutrivit.....	250	olive leaf extract.....	182	OncoPLEX ES.....	182
Nutropin AQ Nuspin.....	83	olive oil.....	62	Oncovite.....	251
Nuversa.....	225	olmesartan.....	24	ondansetron.....	6
Nuzyra.....	104	olmesartan-amlodipin-hcthiiazid.....	23	ondansetron HCl.....	6
Nyamyc.....	53	olmesartan-hydrochlorothiazide.....	24	One Daily.....	251
Nylia 1/35 (28).....	39	olopatadine.....	5, 85	One Daily Calcium/Iron.....	251
Nylia 7/7/7 (28).....	39	Olumiant.....	117	One Daily Complete.....	251
Nymalize.....	26	om3-dha-epa-cod liver-vit A-D3.....	167	One Daily Energy.....	251
Nymyo.....	39	om-3-dha-epa-fish oil-vit D3.....	32	One Daily Essential.....	251
nystatin.....	53, 105	Omeclamox-Pak.....	222	One Daily For Men.....	251
nystatin-triamcinolone.....	53	Omega 3-6-9.....	32	One Daily For Men 50 Plus Adv.....	251
Nystop.....	53	Omega 3-6-9 (with lipase).....	32	One Daily For Women.....	251
Nyvepria.....	92	Omega 3-6-9 Complex.....	32	One Daily Healthy Weight.....	251
OA2 Powder.....	196	omega 3-dha-epa-fish oil.....	32, 167	One Daily Maximum.....	251
OB Complete.....	250	omega 3-dha-epa-fish oil-krill.....	32	One Daily Men's 50 Plus Adv.....	251
OB Complete One.....	264	Omega DHA.....	32	One Daily Men's 50 Plus Memory.....	251
OB Complete Petite.....	264	Omega Essentials.....	32	One Daily Men's 50 Plus w-D3.....	251
OB Complete Premier.....	264	Omega Essentials Basic.....	32	One Daily Men's Health.....	251
OB Complete With Dha.....	264	Omega MonoPure Curcumin EC.....	167	One Daily Multi-Vit w-Mineral.....	251
Obstetrical Antiseptic.....	50	Omega MonoPure DHA EC.....	32	One Daily Multivitamin.....	251
Obtrex DHA (with Quatrefolic).....	264	Omega MonoPure EPA EC.....	32	One Daily Multivitamin-Iron.....	251
O-Cal F.A.....	250	Omega Power.....	32	One Daily Multivit-Iron(folic).....	251
O-Cal Prenatal.....	264	Omega-3.....	32	One Daily Plus Iron.....	252
Ocaliva.....	122	Omega-3 (with dpa).....	32	One Daily Plus Minerals.....	252
Ocean Blue Omega-3.....	32	Omega-3 2100.....	32	One Daily Prenatal.....	264
Ocean Blue Omega-3 Plus D3.....	32	omega-3 acid ethyl esters.....	33	One Daily Women 50 Plus.....	252
Ocean Blue Prenatal DHA.....	167	omega-3 fatty acids.....	33	One Daily Women 50 Plus(Vit K).....	252
Ocean Complete.....	186	omega-3 fatty acids-fish oil.....	33	One Daily Women's.....	252
Ocean Nasal.....	189	Omega-3 Fish Oil.....	33	One Daily Womens 50 Plus.....	252
Ocean with Hyaluronan.....	62	Omega-3 Flaxseed Oil.....	182	One Daily Women's Health.....	252
Ocella.....	39	Omega-3 Krill Oil.....	33	One Daily Women's Metabolism.....	168
Ocrevus.....	140	Omega-3 Plus Vitamin D3.....	33, 168	One Way Valved Mouthpiece.....	10
Octagam.....	96	omega-3-dha-epa-ala-vit D3.....	33	One-A-Day Cholesterol Plus.....	252
octreotide acetate.....	205	omega-3s-dha-epa-fish oil.....	33, 168	One-A-Day Essential.....	252
Ocular Vitamins.....	227	omega-3s-dha-epa-fish oil-D3.....	33	One-A-Day Kid's.....	261
OcuSoft Hand Soap.....	71	OmegaPure 600 EC.....	33	One-A-Day Maximum Formula.....	252
Ocutabs.....	250	OmegaPure 780 EC.....	33	One-A-Day Men VitaCraves.....	252
Ocuvel.....	227	OmegaPure 900 EC.....	33	One-A-Day Menopause Formula.....	252
Ocuvite Blue Light.....	151	Omega-V Benefits.....	168	One-A-Day Men's 50Plus(ginkgo).....	252



One-A-Day Men's Complete .....	252	Oral Syrup .....	207	oxycodone .....	212
One-A-Day Men's Multivitamin .....	252	Oralair .....	3	oxycodone-acetaminophen .....	214
One-A-Day Prenatal-1 .....	264	Oralene .....	142	OxyContin .....	212
One-A-Day Proactive 65 Plus .....	252	Oralyte .....	80	oxymorphone .....	212
One-A-Day Teen Advantage .....	252	Orange Chickn-Carrot-Brown Rice ..	168	Oxytrol .....	225
One-A-Day Teen Her VitaCraves ..	261	orange oil .....	176	Oxytrol For Women .....	225
One-A-Day Teen Him VitaCraves ..	261	Orasep .....	119	Oysco 500/D .....	232
One-A-Day Trubiotics .....	147	Oraxinol .....	186	Oyster Shell + D3 .....	232
One-A-Day VitaCraves Energy .....	252	Orazinc .....	282	Oyster Shell Calcium .....	232
One-A-Day Vitacraves Omega-3 ...	252	Orbactiv .....	106	Oyster Shell Calcium 500 .....	232
One-A-Day Women VitaCraves .....	252	oregano oil .....	182	Oyster Shell Calcium and Mag .....	232
One-A-Day Women's 50 Plus .....	252	oregano oil-flaxseed oil .....	182	Oyster Shell Calcium-Vit D3 .....	232
One-A-Day Women's Active .....	252	Orencia .....	116	Oystercal-D .....	232
One-A-Day Women's Complete .....	252	Orencia (with maltose) .....	116	Ozempic .....	72
One-A-Day Womens Formula .....	252	Orencia ClickJect .....	116	Pacerone .....	23
One-A-Day Women's Healthy Skin	253	Orenitram .....	27	Pacnex HP .....	66
One-A-Day Women's Petites .....	253	Orfadin .....	175	Pacnex LP .....	66
One-Daily Multi .....	253	Organic PediaSmart .....	168	Pain Relief (acetaminophen) .....	210
One-Per-Day Omega-3 .....	33	Orgovyx .....	137	Pain Relief (trolamine salicy) .....	65
One-Step Skin Care Lotion .....	62	Oriahnn .....	83	Pain Relief Extra Strength .....	210
OneTouch Delica Lancets .....	128	Original Nasal Spray .....	48	Pain Relief Instant Antiseptic .....	65
OneTouch Delica Plus Lancet .....	128	Orilissa .....	83	Pain Relief PM .....	42
Onetouch Delica Safety Lancet .....	128	Orladeyo .....	119	Pain Relief PM (w-aspirin) .....	42
OneTouch SureSoft Lancing Dev		orphenadrine citrate .....	219	Pain Reliever (acetaminophen) .....	210
.....	75, 128	OrthoDiet .....	168	Pain Reliever AM/PM .....	42
OneTouch UltraSoft Lancets .....	128	Ortho-Tabs .....	232	Pain Reliever Extra Strength .....	210
OneVite .....	253	Ortikos .....	117	Pain Reliever Plus .....	209
Onexton .....	49	Oscimin .....	221	Pain Reliever PM Ex-Strength .....	42
Ongentys .....	215	Oscimin SL .....	221	Pain Relieving (m-salic-men) .....	65
Onglyza .....	73	oseltamivir .....	108	Pain Relieving Cream .....	65
On-The-Go Lancets .....	128	Osmolex ER .....	215	Pain Relieving(cam-m.sal-ment) .....	65
Onureg .....	136	Osmolite 1 Cal .....	168	Palforzia (Level 1) .....	3
Onzetra Xsail .....	213	Osmolite 1.2 Cal .....	168	Palforzia (Level 2) .....	3
Opcicon One-Step .....	39	Osmolite 1.5 Cal .....	168	Palforzia (Level 3) .....	3
opium tincture .....	122	OsmoPrep .....	124	Palforzia (Level 4) .....	3
Opsumit .....	27	Ossopan-1100 .....	232	Palforzia (Level 5) .....	3
Optichamber Adult Mask-Large .....	10	Osteo Bi-Flex .....	116	Palforzia (Level 6) .....	3
OptiChamber Diamond Lg Mask .....	10	Osteo Bi-Flex Triple Strength .....	116	Palforzia (Level 7) .....	3
OptiChamber Diamond VHC .....	10	Ostera .....	168	Palforzia (Level 8) .....	3
OptiChamber Diamond-Med Msk .....	10	Otezla .....	112	Palforzia (Level 9) .....	3
OptiChamber Diamond-Sml Mask ..	10	Otezla Starter .....	112	Palforzia (Level 10) .....	3
Optifast .....	253	Otrexup (PF) .....	111	Palforzia (Level 11 Up-Dose) .....	3
OptiFiber Lean .....	168	Ovace Plus .....	58	Palforzia Initial Dose .....	3
Optiflex Complete .....	116	Ovace Plus Shampoo .....	58	Palforzia Level 11 Maintenance .....	3
OptiFlex-C .....	168	Ovasitol .....	168	paliperidone .....	17
OptiFlex-G .....	116	Ovega-3 .....	33	Palynziq .....	135
Optimal D3 .....	281	oxacillin .....	103	pamidronate .....	82
Optimal D3 M .....	281	oxacillin in dextrose(iso-osm) .....	103	Pan-C 500 .....	278
Option-2 .....	39	oxandrolone .....	94	Pancreaze .....	220
Optisource .....	253	oxaprozin .....	119	Panda Mask .....	10
Optisource (protein supp) .....	196	Oxaydo .....	212	Pandel .....	56
Opurity .....	276	oxazepam .....	15	Panoxyl .....	66
Opurity Multivitamin .....	253	oxcarbazepine .....	217	pantethine .....	258
Opzelura .....	57	Oxepa .....	196	pantoprazole .....	223
Ora-Blend .....	207	Oxervate .....	87	PanXyme pH .....	221
Oracit .....	224	oxiconazole .....	53	Panzyga .....	96
Oral Mix .....	207	Oxi-Freeda .....	253	papain .....	168
Oral Mix SF .....	207	Oxistat .....	53	papaverine .....	35
Oral Pain Relief .....	119	Oxtellar XR .....	217	Papaya Enzyme .....	182
Oral Suspend .....	207	oxybutynin chloride .....	225	paraffin .....	199

ParaGard T 380A.....	185	Pedi-Boro Soak.....	69	Perseris.....	17
Paremyd.....	88	Pedvax HIB (PF).....	98	Pertzye.....	221
paricalcitol.....	83	peg 3350-electrolytes.....	125	Petadolex.....	182
paromomycin.....	107	peg3350-sod sul-NaCl-KCl-asb-C.....	125	Petadolex 75.....	182
paroxetine HCl.....	12	Pegasys.....	111	petrolatum.....	62
paroxetine mesylate(menop.sym)....	19	peg-electrolyte soln.....	125	petrolatum, yellow (bulk).....	199
Parva-Cal 250.....	232	Pemazyre.....	138	Petroleum Jelly, White.....	199
Parva-Cal 500.....	232	Pen Needle.....	188	Pexeva.....	12
Parvlex.....	238	pen needle, diabetic.....	188	PFD 2.....	196
Paser.....	106	penicillamine.....	111	Pfizerpen-G.....	103
Pataday Once Daily Relief.....	85	penicillin G pot in dextrose.....	103	PFLEX Inspiratory Trainer.....	10
Paxlovid (EUA).....	107, 108	penicillin G potassium.....	103	Phazyme.....	219
PCCA Natapres.....	207	penicillin G procaine.....	103	Phazyme Gas and Acid.....	222
PCCA-Plus Base.....	207	penicillin G sodium.....	103	Phenaseptic.....	119
peanut oil.....	176	penicillin V potassium.....	103	phenazopyridine.....	225
pedi multivit no.194-iron sulf.....	261	Pen-Kera.....	62	phenelzine.....	12
Pedia D-Vite.....	281	Pennsaid.....	57	Phenex-1.....	190
Pedia Iron.....	238	Pentacel (PF).....	98	Phenex-2.....	190
Pedia Poly-Vite.....	261	pentamidine.....	107	phenobarb-hyoscy-atropine-scop..	221
Pedia Poly-Vite with Iron.....	261	Pentasa.....	120	phenobarbital.....	18
Pedia Tri-Vite.....	261	pentazocine-naloxone.....	212	phenobarbital sodium.....	18
PediaClear-8.....	4	Pentips.....	188	Phenoxytro.....	221
Pedia-Lax.....	126	pentobarbital sodium.....	18	phenol.....	58
Pedia-Lax (mag hydroxide).....	124	pentoxifylline.....	91	Phenol EZ.....	71
Pedia-Lax Probiotic Yums.....	147	PepciX.....	282	phenoxybenzamine.....	23
Pedia-Lax Stool Softener.....	125	Pepogest.....	182	PhenylAde 40.....	190
Pedialyte.....	80	peppermint oil.....	182	PhenylAde 60.....	190
Pedialyte Sparkling Rush.....	80	peppermint spirit.....	182	PhenylAde Amino Acids.....	190
Pediarix (PF).....	99	Peptamen.....	196	Phenylade Essential.....	190
PediaSure.....	168	Peptamen 1.5.....	196	PhenylAde GMP.....	190
Pediasure Enteral.....	168	Peptamen 1.5 Cal With Prebio1.....	169	PhenylAde GMP Mix-In.....	190
Pediasure Enteral w/Fiber 1.0.....	168	Peptamen AF.....	169	PhenylAde GMP Ready.....	190
Pediasure Grow-Gain.....	168	Peptamen Intense VHP.....	196	PhenylAde Gmp Ultra.....	190
Pediasure Grow-Gain Organic.....	168	Peptamen Junior.....	169	Phenylade MTE Amino Acids.....	190
Pediasure Harvest.....	168	Peptamen Junior 1.5.....	196	Phenylade Phebloc.....	190
Pediasure Peptide 1.0 Cal.....	168	Peptamen Junior Fiber.....	169	phenylalanine.....	203
Pediasure Peptide 1.5 Cal.....	168	Peptamen Junior HP.....	169	phenylephrine HCl.....	43, 86
Pediasure Shake Mix.....	169	Peptamen Junior PHGG.....	196	phenylephrine-DM-guaifenesin.....	46
Pediasure Sidekicks.....	169	Peptamen Junior With Prebio1.....	169	Phenyl-Free 1.....	190
Pediasure Sidekicks Clear.....	169	Peptamen W-Prebio1.....	196	Phenyl-Free 2 PKU.....	190
Pediasure with Fiber.....	169	Peptide 1.0.....	169	Phenyl-Free 2HP PKU.....	190
Pediatric Balanced Nutrition.....	169	Peptide Formula 1.5.....	169	Phenytek.....	217
Pediatric Cough and Cold.....	45	PepZinGI.....	282	phenytoin.....	217
Pediatric Drink With Fiber.....	169	Perative.....	196	phenytoin sodium extended.....	217
Pediatric D-Vite.....	281	Percura.....	169	Philith.....	39
Pediatric Electrolyte.....	80	Perfect Iron.....	239	Phillips.....	241
Pediatric Fe-Vite.....	239	Perianal Cleansing.....	71	Phillips' Colon Health.....	147
Pediatric Freezer Pops.....	80	Peridin-C.....	278	Phlexy-10.....	190
Pediatric Medium Mask.....	10	Periflex Advance.....	190	Phlexy-10 Drink Mix Powder.....	191
pediatric multivitamin no.171.....	261	Periflex Infant.....	190	Phlexy-Vits.....	253
Pediatric Panda Mask.....	10	Periflex Junior.....	190	Phoslyra.....	79
Pediatric Peptide 1.0.....	169	Periflex LQ PKU.....	190	Phospha 250 Neutral.....	224
Pediatric Peptide Formula 1.5.....	169	PeriFresh.....	71	Phosphasal.....	102
Pediatric Poly-Vite.....	261	perindopril erbumine.....	24	Phospholine Iodide.....	88
Pediatric Poly-Vite with Iron.....	261	PeriScent.....	62	Phosphorous.....	224
Pediatric Small Mask.....	10	PeriShield.....	67	Phosphorous Supplement.....	80
Pediatric Standard Formula 1.2.....	169	permethrin.....	54	Phospho-Trin 250 Neutral.....	224
Pediatric Tri-Vite.....	261	perphenazine.....	18	Physiolyte.....	64
PediaVance.....	80	perphenazine-amitriptyline.....	13	Physiosol Irrigation.....	64
Pediavent.....	4	Perry Prenatal.....	264	PhytoMulti.....	169

phytonadione (vitamin K1).....	93, 94	Policosanol-Garlic-Niacin.....	33	Precision Glucose/Ketone Contr.....	75
phytosterol.....	169	Poly Bacitracin (zinc).....	52	Pred Mild.....	85
Pifeltro.....	109	Poly Hist Forte.....	41	Pred-G.....	84
pilocarpine HCl.....	88, 135	Poly Hub Needle.....	188	Pred-G S.O.P.....	84
pimecrolimus.....	71	Polycal.....	196	PreDia.....	169
pimozide.....	16	Polycin.....	87	prednicarbate.....	56
Pimtree (28).....	39	polyethylene glycol 3350.....	125	prednisolone.....	117
pindolol.....	25	Poly-Hist DM (thonzylamine).....	45	prednisolone acetate.....	85
pine needle oil.....	199	Poly-Iron.....	239	prednisolone sodium phosphate	
pine tar (bulk).....	66	Poly-Iron 150 Forte.....	239	.....	85, 117
Pineapple Extract.....	69	polymyxin B sulfate.....	106	prednisone.....	117
Pink Bismuth.....	122	polymyxin B sulf-trimethoprim.....	87	Prednisone Intensol.....	117
pioglitazone.....	73	polysaccharide iron complex.....	239	Prefest.....	95
pioglitazone-glimepiride.....	74	polysorbate 60.....	205	pregabalin.....	141, 217
pioglitazone-metformin.....	74	Poly-Tussin AC.....	44	PreGen DHA.....	264
Pip Lancet.....	128	Polytussin DM(dexbromphenirmn)....	46	PreGenna.....	268
Pip Pen Needle.....	188	Poly-Vent DM.....	47	Pregnitude.....	169
piperacillin-tazobactam.....	103	Poly-Vent IR.....	43	Prehevbrio (PF).....	99
Piqray.....	138	Poly-Vi-Flor.....	261	Preliet.....	222
pirfenidone.....	208	Poly-Vi-Flor with Iron.....	261	Premarin.....	95, 226
Pirmella.....	39	polyvinyl alcohol.....	89	Premium Omega-3.....	33
piroxicam.....	119	Poly-Vi-Sol.....	261	Premphase.....	95
Pivot 1.5 Cal.....	169	Poly-Vi-Sol with Iron.....	261	Prempro.....	96
PKU Air20.....	191	Poly-Vita Drops.....	261	Prena1 Chew.....	264
PKU Cooler 10.....	191	Poly-Vita With Iron.....	261	Prena1 Pearl.....	264
PKU Cooler 15.....	191	Pomalyst.....	137	Prena1 True.....	264
PKU Cooler 20.....	191	pomegranate fruit extract.....	183	Prenaissance.....	264
PKU Easy.....	191	Pomegranate-EGCG-Grape Seed.....	183	Prenaissance Plus.....	264
PKU Easy Liquid.....	191	Ponvory.....	141	PreNata.....	264
PKU Easy Microtabs.....	191	Ponvory 14-Day Starter Pack.....	141	Prenatabs FA.....	265
PKU Explore10.....	191	Portagen.....	196	Prenatabs Rx.....	265
PKU Explore5.....	191	Portia 28.....	39	Prenatal.....	265, 268
PKU Express15.....	191	posaconazole.....	104	Prenatal + DHA.....	265
PKU Express15 Plus.....	191	Posture-D (with magnesium).....	232	Prenatal 19.....	265
PKU Express20.....	191	pot,sodium citrate-citric acid.....	224	Prenatal 19 (with docusate).....	265
PKU Express20 Plus.....	191	potassium.....	80	Prenatal Complete.....	265
PKU Gel Powder.....	191	potassium chloride.....	81	Prenatal Daily Duo.....	253
PKU Go.....	191	potassium citrate.....	81, 224	Prenatal DHA.....	33
PKU Lophlex.....	191	potassium citrate-citric acid.....	224	Prenatal Formula.....	265
PKU Maxamum.....	191	potassium gluconate.....	81	Prenatal Formula-DHA.....	265
PKU Periflex Early Years.....	191	potassium iodide.....	84	Prenatal Gummies.....	268
PKU Periflex Junior Plus.....	191	potassium, sodium phosphates.....	80	Prenatal Gummies(zinc chelate)....	268
PKU Sphere15.....	191	povidone-iodine.....	64	Prenatal Multi.....	265
PKU Sphere20.....	191	PR Natal 400.....	264	Prenatal Multi-DHA (algal oil).....	265
PKU Trio.....	191	PR Natal 400 EC.....	264	Prenatal Multi-DHA(with vit K).....	265
Plegridy.....	140, 141	PR Natal 430.....	264	Prenatal Multivitamins.....	265
Plenvu.....	125	PR Natal 430 EC.....	264	Prenatal One (with food blend).....	253
Pneumovax-23.....	97	Pradaxa.....	93	Prenatal One Daily.....	265
PNV cmb#95-ferrous fumarate-FA.....	264	Praluent Pen.....	29	Prenatal Plus.....	265
PNV Tabs 20-1.....	268	pramipexole.....	215	Prenatal Plus (calcium carb).....	265
PNV-DHA.....	253	Pramosone.....	68	Prenatal Plus DHA.....	265
PNV-DHA + Docusate.....	264	pramoxine.....	68, 120	Prenatal Plus Vitamin-Mineral.....	265
PNV-Ferrous Fumarate-Docu-FA..	264	prasterone (dhea).....	94	Prenatal Tablet.....	265
PNV-Omega.....	253	prasugrel.....	93	prenatal vit no.179-iron-folic.....	265
PNV-Select.....	264	pravastatin.....	28	Prenatal Vitamin.....	265
POCKET CHAMBER.....	10	praziquantel.....	107	Prenatal Vitamin Plus Low Iron.....	265
PoDiaPN.....	272	prazosin.....	23	Prenatal Vitamin with Minerals.....	265
Podocon.....	66	Pre B2.....	147	prenatal vit-iron fum-folic ac.....	266
podofilox.....	66	Pre Protein 20.....	169	prenatal vits96-iron fum-folic.....	266
Poison Ivy Wash (pramoxine).....	68	Precision Glucose Control Soln.....	75	Prenatal with DHA-Folic Acid.....	266

Prenatal-U.....	253	Probiotic Acidophilus.....	148	Promacta.....	93
Prenate AM.....	253	Probiotic Acidophilus Beads.....	148	Promella.....	149
Prenate Chewable.....	253	Probiotic Acidophilus Biobeads.....	148	promethazine.....	4, 6
Prenate DHA.....	253	Probiotic Acidophilus-Pectin.....	148	Promethazine VC.....	41
Prenate DHA (ferr asp glycin).....	266	Probiotic and Acidophilus.....	148	Promethazine VC-Codeine.....	44
Prenate Elite.....	266	Probiotic Blend.....	148	promethazine-codeine.....	44
Prenate Elite (iron asp glyc).....	266	Probiotic Colon Care.....	148	promethazine-DM.....	46
Prenate Enhance.....	266	Probiotic Colon Support.....	148	promethazine-phenyleph-codeine.....	44
Prenate Essential.....	253	Probiotic Complex.....	148	promethazine-phenylephrine.....	41
Prenate Essential(iron-asp-gl).....	253	Probiotic Complex (with FOS).....	148	Promethegan.....	6
Prenate Mini (ferr asp glycin).....	266	Probiotic Digest Supp (4-strn).....	148	ProMod Protein.....	170
Prenate Pixie.....	266	Probiotic Digest Supp (6-strn).....	148	Promote.....	170
Prenate Restore.....	266	Probiotic Digest(L.rham,inuln).....	148	Promote with Fiber.....	170
Prenate Star.....	266	Probiotic Digest(Lacto,Bifido).....	148	propafenone.....	23
preOp.....	170	Probiotic Digestive Care.....	148	proparacaine.....	86
Preorbotic.....	147	Probiotic Digestive System Sup.....	148	Propimex-2.....	196
Prepidil.....	40	Probiotic Formula (inulin).....	148	propranolol.....	25
PrePlus.....	266	Probiotic Gold Acidophilus.....	148	propranolol-hydrochlorothiazid.....	25
Pre-Protein.....	170	Probiotic Pearls.....	148	propylthiouracil.....	84
PreserVision AREDS-2.....	152	Probiotic Pearls Acidophilus.....	148	ProQuad (PF).....	98
PreserVision Lutein.....	227	Probiotic Pearls Complete.....	148	ProRenal.....	272
Pressure Activated Lancets.....	128	Probiotic Pearls Max Potency.....	149	ProRenal QD.....	253
pretomanid.....	106	Probiotic Pearls Women's.....	149	Proshield Foam/Spray Cleanser.....	69
Pretty Feet Hands.....	199	Probiotic Plus and Cranberry.....	183	Prosight.....	253
Prevalite.....	29	Probiotic Plus Colostrum.....	149	ProSource.....	170, 203
Prevent.....	268	Probiotic with Prebiotic.....	149	ProSource No Carb.....	170
Prevent DropSafe Pen Needle.....	188	Probiotic-10 (with inulin).....	149	ProSource Plus.....	170
Previfem.....	39	Probiotic-Digestive Enzymes.....	149	Prosource TF.....	170
Prevnar 13 (PF).....	97	Probuphine.....	215	ProSource TF 20.....	170
Prevnar 20 (PF).....	97	Pro-Cal.....	232	ProSource Zac.....	170
Prevymis.....	108	Procare Spacer With Adult Mask.....	10	Pro-Stat AWC.....	170
Prezcobix.....	108	Procare Spacer With Child Mask.....	10	Pro-Stat Max.....	170
Prezista.....	108	ProCel.....	170	Pro-Stat Renal Care.....	170
Priftin.....	106	Procel Singles.....	203	Pro-Stat Sugar Free.....	170
Prilosec.....	223	ProCerv HP.....	253	Pro-Stat Sugar Free with Fiber.....	170
PrimaCare.....	266	ProChamber.....	10	Prostate 2.4.....	170
Primadophilus Bifidus.....	147	prochlorperazine.....	6	Prostate Control.....	170
primaquine.....	107	prochlorperazine Edisylate.....	6	Prostate Health.....	170
PrimeAire.....	10	prochlorperazine maleate.....	6	Prostate Max Plus.....	170
primidone.....	217	Procort.....	120	Prostate PQ.....	171
Primrose Oil.....	183	Procrit.....	91	Prostate SR.....	183
Privigen.....	96	Proctofoam HC.....	120	Prostate Therapy.....	171
Pro Comfort Alcohol Pads.....	58	Procto-Med HC.....	56	Prosteon.....	232
Pro Comfort Insulin Syringe.....	133	Procto-Pak.....	56	Prosynminic.....	203
Pro Comfort Lancet.....	128	Proctosol HC.....	56	Protect Cardio AF.....	253
Pro Comfort Pen Needle.....	188	Proctozone-HC.....	56	Protect Iron.....	254
Pro Comfort Spacer-Adult Mask.....	10	Procysbi.....	224	Protect Iron Liquid.....	239
Pro Comfort Spacer-Child Mask.....	10	Prodigy Insulin Syringe.....	133	Protect Plus SO.....	254
Pro Fe.....	239	Prodigy Lancets.....	128	protein.....	171, 204
Proair Digihaler.....	7	Prodigy Twist Top Lancet.....	128	Protein 2000.....	203
ProAir RespiClick.....	7	Proferrin ES.....	239	Protein Nutritional Shake.....	171
Probacap.....	147	Proferrin-Forte.....	239	Proteinex.....	171
probenecid.....	90	Profola.....	253	Proteinex-18.....	171
probenecid-colchicine.....	90	progesterone.....	96	Proteinex-18.....	171
Probichew.....	147	progesterone micronized.....	96	Proteinex-18.....	171
Probiotic.....	147	Prograf.....	100	Proteinex-18.....	171
Probiotic (B. coagulans).....	147	Prolastin-C.....	135	Proteinex-18.....	171
Probiotic (S.boulardii).....	148	Proleeva.....	170	Proteinex-18.....	171
Probiotic (with Vitamin D3).....	148	Prolensa.....	85	Proteinex-18.....	171
Probiotic 4X.....	148	Prolia.....	82	Proteinex-18.....	171



Provide Gold Sugar Free.....	171	quinapril-hydrochlorothiazide.....	23	Refresh Optive.....	89
ProViMin.....	171	quinidine gluconate.....	23	Refresh Optive Advanced.....	89
Proxeed Plus.....	171	quinidine sulfate.....	23	Refresh Optive Advanced (PF).....	89
pseudoephedrine HCl.....	43, 48	quinine sulfate.....	107	Refresh Optive Mega-3 (PF).....	89
pseudoephedrine-guaifenesin.....	43	Quinoa-Kale-Hemp.....	171	Refresh Optive Sensitive (PF).....	89
Psoriatar.....	70	Quintabs-M.....	254	Refresh Relieva.....	89
psyllium husk.....	125	Quintabs-M Iron Free.....	254	Refresh Relieva PF.....	89
Pulmicort Flexhaler.....	8	Qulipta.....	213	Re-Gen.....	172
Pulmocare.....	197	Q-Up.....	171	Reguloid (aspartame).....	125
Pulmozyme.....	208	Qutenza.....	66	Reguloid (psyllium husk).....	125
PurAmino Jr.....	197	Qvar RediHaler.....	8	Reguloid (psyllium husk-sucro).....	125
Puramino Toddler.....	197	rabeprazole.....	223	Rehyla.....	71
Purathick.....	206	Radicava ORS.....	141	Rehyla Hair-Body.....	71
Pure Comfort Alcohol Pads.....	58	Radicava ORS Starter Kit Susp.....	141	Rejuvaflor.....	149
Pure Comfort Lancets.....	128	raloxifene.....	82	Relafen DS.....	119
Pure Comfort Pen Needle.....	188	ramelteon.....	18	Relax and Sleep.....	183
Pure Comfort Safety Lancets.....	128	ramipril.....	24	Relenza Diskhaler.....	108
Pure L-Citrulline.....	204	Ranger Ready Repellent.....	51	Releuko.....	92
Pure L-Histidine.....	204	ranolazine.....	35	Relexxii.....	22
Pure L-Threonine.....	204	Rapamune.....	100	ReliaMed Lancet.....	128
Pure Taurine.....	204	Rapid B-12 Energy.....	276	ReliaMed Safety Seal Lancets.....	128
PureFe OB Plus.....	254	rasagiline.....	216	ReliaMed Twist and Cap Lancet.....	128
PureFe Plus.....	254	raspberry.....	207	ReliOn Glucose.....	77
Purelan.....	62	raspberry flavor, artificial.....	176	Relistor.....	126
Purixan.....	136	Raspberry Flavoring.....	176	Reltone.....	122
Push Button Safety Lancets.....	128	raspberry ketone.....	183	Remedient.....	254
PVP Prep.....	64	Rasuvo (PF).....	111	Remedy Phytoplex Moisturizer.....	62
Pylera.....	223	Ravicti.....	121	Remifemin Menopause.....	183
pyrazinamide.....	106	Rayaldee.....	83	Rena Start.....	197
pyridostigmine bromide.....	11	Rayos.....	117	Rena Step.....	197
pyridoxine (vitamin B6).....	276	re:immune.....	171	Renal Caps.....	272
pyrimethamine.....	107	ReadyLance Safety Lancets.....	128	Renal Support 1.8.....	197
Pyrukynd.....	93	Ready-To-Use Enema.....	126	Renal Vitamin.....	273
Qbrexelis.....	24	Ready-To-Use Enema (min oil).....	126	Renalcal (whey).....	197
Qbrexza.....	135	Rebif (with albumin).....	141	Renal-Vite.....	273
Qelbree.....	22	Rebif Rebidose.....	141	RenaMent.....	197
Q-GEL.....	171	Rebif Titration Pack.....	141	RenaPlex.....	273
Q-Gel Forte.....	171	Recarbrio.....	100	RenaPlex-D.....	273
Q-Gel Mega.....	171	Reclipsen (28).....	39	Rena-Vite.....	273
Q-Gel Ultra.....	171	Recombivax HB (PF).....	99	Rena-Vite Rx.....	273
Q-GEL with Alpha Lipoic Acid.....	171	Recorlev.....	81	Renflexis.....	112
Qinlock.....	138	Recothrom.....	93	Reno Caps.....	273
QNASL.....	5	Recothrom Spray Kit.....	93	repaglinide.....	73
Q-Sorb Co Q-10.....	171	RectaSmoothe.....	120	repaglinide-metformin.....	74
Q-Sorb Co Q-10 Plus.....	171	Rectiv.....	121	Repatha Pushtronex.....	29
Qtern.....	73	Red Wine Complex.....	171	Repatha SureClick.....	29
Quad-Probiotic.....	149	Red Wine Extract.....	172	Repatha Syringe.....	29
Quadracel (PF).....	98	Red Wine Extract Plus.....	172	Repel 100.....	51
quetiapine.....	17	red yeast rice.....	183	Repel Family.....	51
Quflora.....	261	RediTrex (PF).....	111	Repel Hunter's.....	51
Quflora FE.....	261	Redness Relief.....	86	Repel Lemon Eucalyptus.....	51
Quflora FE (ferrous sulfate).....	262	Redutemp.....	210	Repel Sportsmen.....	51
Quflora Pediatric.....	262	Refex.....	183	Repel Sportsmen Dry.....	51
Quflora Pediatric Drops.....	262	Refresh Celluvisc.....	89	Repel Sportsmen Max.....	51
QuickVue At-Home COVID-19 Test.....	152	Refresh Classic (PF).....	89	Repel Tick Defense.....	51
QuilliChew ER.....	22	Refresh Contacts.....	89	Replace SR.....	80
Quillivant XR.....	22	Refresh Digital.....	89	Replesta.....	281
Quin B Strong.....	272	Refresh Digital PF.....	89	Replesta NX.....	281
quinapril.....	24	Refresh Digital PF.....	89	Replete.....	172
		Refresh Lacri-Lube.....	89	Replete Fiber.....	172
		Refresh Liquigel.....	89		

REQ49 Plus.....	234	Robafen CF (phenylephrine).....	47	Sambucus Elderberry.....	172
Rescon.....	41	Robafen DM Cough.....	47	Sambucus Elderberry (zinc glu).....	172
Rescon-DM.....	46	Robafen DM Cough-Chest Congest	47	Sambucus Elderberry Immune.....	172
Resistance Formula Probiotic.....	149	Rocklatan.....	88	Sambucus Elderberry Original.....	183
Resource 2.0.....	172	ropinirole.....	216	Sambucus Elderberry Vitamin C....	278
Resource Thickenup.....	206	Rosadan.....	49	Sam-E.....	172
Restasis MultiDose.....	87	rose oil.....	199	Sam-E (Enteric Coated).....	172
Restora.....	33	Rose Water.....	199	Sancuso.....	6
Restora RX.....	149	rosemary oil.....	183	Sandimmune.....	100
Restora Sprinkles.....	149	rosin (bulk).....	199	Sandostatin LAR Depot.....	205
RESURGEX SELECT.....	197	Rosula.....	54	sapropterin.....	135
resveratrol.....	183	Rosula cleansing cloths.....	54	sassafras oil.....	176
resveratrol-grape skin extract.....	183	rosuvastatin.....	29	Savaysa.....	90
resveratrol-quercetin.....	172	Rotarix.....	96	Savella.....	141
resver-red-bfl-grpsd-pol-C-pom....	172	RotaTeq Vaccine.....	96	SAVision.....	152
Retacrit.....	91	royal jelly.....	172	saw palmetto.....	183
Retaine FLAX.....	183	Rozlytrek.....	138	Saw Palmetto Extract (w-zinc).....	183
Retaine OM3.....	172	Rubraca.....	138	saw palmetto-pumpkin seed oil.....	183
Retaine VISION.....	152	Ruconest.....	116	saw palmetto-zinc picolinate.....	183
Retevmo.....	138	rufinamide.....	217	saw palmto frt xtr-zinc picoli.....	183
Retin-A Micro Pump.....	50	Ru-Hist D.....	41	Scalp Relief.....	66
Revcovi.....	185	Rukobia.....	109	Scandishake.....	172
Reveal UTI Test Strip.....	206	rutin.....	228	Scemblix.....	138
Revlimid.....	137	Rybelus.....	72	Scooby-Doo One A Day.....	262
Rexulti.....	16	Rydapt.....	138	Scooby-Doo One A Day Kids.....	262
Reyataz.....	110	Rydex.....	44	scopolamine base.....	6
Reyvow.....	213	Rylaze.....	139	Sea-Omega.....	172
Rezurock.....	100	Rymed (dexchlorpheniramine-PE)...	41	Sebex.....	66
Rheumate.....	172	Rynex DM.....	46	Secuado.....	17
Rheumate (with Quatrefolic).....	172	Rynex PE.....	41	Secura Moisturizing.....	62
Rhofade.....	49	Rynex PSE.....	41	SecureSafe Pen Needle.....	188
Rhopressa.....	88	Ryplazim.....	92	Seglentis.....	210
ribavirin.....	108	Rytary.....	216	Segluromet.....	74
riboflavin (vitamin B2).....	276	S.O.S. 20.....	197	Select-OB.....	266
Ribozel.....	273	S.O.S. 25.....	197	Select-OB (folic acid).....	266
RID Complete Lice Elim Kit.....	185	S2 Racepinephrine.....	8	Select-OB + DHA.....	266
Ridaura.....	117	Sabril.....	217	selegiline HCl.....	216
rifabutin.....	106	saccharin.....	206	selenium.....	241
rifampin.....	106	Saccharomyces boulardii.....	149	selenium sulfide.....	58
Rightest GL300 Lancets.....	128	S-acetylglutathione.....	172	SelenoMax.....	241
riluzole.....	141	SafeSnap Insulin Syringe.....	133	selenomethionine.....	241
rimantadine.....	108	SafeSnap Syringe.....	133	Selzentry.....	109
Ringer's.....	64	Safety Lancets.....	128	Se-Natal 19 Chewable.....	266
Rinvoq.....	117	Safety Pen Needle.....	188	Se-Natal-19.....	266
Riomet ER.....	73	Safety Seal Lancets.....	128	Senexon-S.....	125
Risacal-D.....	233	Safety-Let Lancets.....	129	Senior Probiotic.....	149
Risamine.....	67	saffron extract.....	183	Senior Tabs.....	254
RisaQuad.....	149	sage leaf (bulk).....	183	senna.....	125
RisaQuad-2.....	149	Saizen.....	83	Senna Lax.....	125
risedronate.....	82	Saizen saizenprep.....	83	Senna Laxative.....	125
Risperdal Consta.....	17	Sajazir.....	116	Senna Plus.....	125
risperidone.....	17	salicylic acid.....	66	Senna-S.....	125
RiteFlo Aerochamber.....	10	Saline Mist.....	189	Senna-Time S.....	125
ritonavir.....	110	Saline Nasal.....	189	sennosides.....	125
rivastigmine.....	11	Saline Nasal Mist.....	189	Senokot Extra Strength.....	125
rivastigmine tartrate.....	11	salmon oil-omega-3 fatty acids.....	33	Senokot-Chamomile.....	125
Rivelsa.....	39	Salmon-Oats-Squash.....	172	Senokot-S.....	125
rizatriptan.....	213	Saloxicin.....	183	Sensi-Care.....	62
R-Natal OB.....	266	Sal-Plant.....	66	Sentra AM.....	172
Robafen.....	44	salsalate.....	209	Sentra PM.....	172

Sentry	254	Sintralyne-PM	21	Solu-Cortef	117
Sentry Senior	254	Sinus 12 Hour	43	Solu-Cortef Act-O-Vial (PF)	117
Serenagen	186	Sinus and Allergy PE	41	Solus V2 Lancets	129
Serevent Diskus	7	Sinus Congestion and Pain	42	SoluVita-E	282
Sernivo	56	Sinus Congestion-Pain(chlorph)	41	Somatuline Depot	205
Seroquel XR	17	Sinus Congestion-Pain(guaif)	43	Somavert	83
Serostim	83	Sinus Congest-Pain Day-Night	41	Somnicin	21
sertraline	12	Sinus Headache PE	42	Soothe and Cool	63
sesame oil	205	Sinus Nasal Spray	48	Soothe and Cool Body Lotion	63
Se-Tan Plus	239	Sinus Pain-Pressure (PE)	42	Soothe and Cool Perineal Wash	63
Setlakin	39	Sinus Relief (phenylephrine)	48	Soothe And Cool Skin Cream	63
sevelamer carbonate	79	Sinus Wash	189	Soothe-Cool Moisturize Body	63
sevelamer HCl	79	Sinus Wash Neti Pot	186	Soothing PureWay-C	278
Severe Cold and Flu (PE)	46	Sinus Wash Neti Pot	186	Sopordren	184
Severe Cold and Flu Nighttime	45	Sinus-Headache Day-Night	41	sorafenib	138
Severe Sinus	43	Sinuva	5	sorbitol	64, 206
sevoflurane	177	sirolimus	100	sorbitol-mannitol	64
SF	233	Sirturo	106	Sorbolene	70
SF 5000 Plus	233	Sitavig	108	Sore Throat (benzocaine-menth)	119
Sharkilage	172	Sivextro	102	Sore Throat (phenol)	119
Sharobel	39	Skarjel	62	Sore Throat and Cough	42
Shield Skin	67	Skin Cleanser	69	Sorilux	70
Shingrix (PF)	99	Skin Protectant	67	Sorine	25
Shingrix gE Antigen Component	99	Skin Protectant (Lanolin)	63	SoSweet Syrup Vehicle	207
Siderol	239	Skin Protectant A and D	63	sotalol	25
Sidestream Pediatric Face Mask	10	Skin Repair	63	Sotalol AF	25
Signifor	205	Skyla	185	Sotylize	25
Siklos	93	Skyrizi	70	South African Hoodia	183
Silace	125	Skytrofa	83	South African Hoodia Plus Cap	173
Siladryl SA	4	Sleep Aid (diphenhydramine)	21	soy isoflavone	173
Silapap	210	Sleep Aid (doxylamine)	21	Soy Isoflavones	173
sildenafil (pulm.hypertension)	27	Sleep Time	21	Space Chamber	10
Silicone Mask - Infant	10	Sleep-Tabs	21	Space Chamber with Large Mask	10
Silicone Mask - Pediatric	10	Slow Release Iron	239	Space Chamber with Medium Mask	10
Siliq	70	Slynd	39	Space Chamber with Small Mask	10
silodosin	223	Smart Sense Lancets	129	Span C	278
Siltussin DM DAS	47	Smartest Lancet	129	spearmint oil	176
Siltussin SA	44	SmoothLax	125	Special C	278
Siltussin-DM	47	sodium bicarbonate	222	Spectravite Adult	254
silver nitrate	50	sodium bisulfite (bulk)	49	Spectravite Adult 50 Plus	254
silver nitrate applicators	66	sodium chlor 0.9% bacteriostat	81	Spectravite Adult 50 Plus(lut)	234
silver sulfadiazine	54	sodium chloride	64, 81, 87, 177	Spectravite Advanced Formula	254
Simbrinza	88	sodium chloride 0.45 %	81	Spectravite Men 50 Plus	254
simethicone	219, 220	sodium chloride 0.9 %	81	Spectravite Men's	254
Similac Go and Grow	173	sodium citrate	90	Spectravite Men's	254
Similac Go and Grow Non-GMO	173	sodium citrate-citric acid	224	Spectravite Women	254
Similac Go and Grow Sensitive	173	Sodium Fluoride 5000 Dry Mouth	233	Spectravite Women 50 Plus	254
Similac Go-Grow Sensstv Non-GMO	173	Sodium Fluoride 5000 Plus	233	spinosad	54
Similac Lamehadrin	173	sodium fluoride-pot nitrate	233	Spiriva Respimat	6
Similac Prenatal	266	sodium phenylbutyrate	121	Spiriva with HandiHaler	6
Similac Probiotic Tri-Blend	149	sodium polystyrene sulfonate	79	spironolactone	26
Simliya (28)	39	sodium silicate	205	spironolacton-hydrochlorothiaz	26
Simone Super Energy	173	sodium succinate	205	Spravato	12
Simpesse	39	Soft Touch Lancets	129	Sprintec (28)	39
Simplythick	206	Sol Carb	173	Spritam	217, 218
Simponi	112	solifenacin	225	Sprix	118
Simponi ARIA	112	Soliqua 100/33	73	Sprycel	138
simvastatin	29	Soliris	92	SPS (with sorbitol)	79
Single-Let	129	Solo	254	Sronyx	39
		Solosec	107	SSD	54
		Soltamox	140	SSS 10-5	54

St. John's wort.....	13	sulfacetamide-prednisolone.....	86	Sure Comfort Safety Pen Needle...	188
Stages Men's Multi-Vitamin.....	173	sulfacetamide-sulfur-cleansr23.....	55	Sure-Fine Pen Needles.....	188
Stahist AD.....	41	sulfadiazine.....	100	Sure-Ject Insulin Syringe.....	133
Stahist TP.....	41	sulfamethoxazole-trimethoprim.....	100	Sure-Lance.....	129
Standard 1.4.....	173	Sulfamylon.....	55	Sure-Lance Ultra Thin.....	129
Standard Formula 1.0.....	173	sulfasalazine.....	120	Sure-Prep Alcohol Prep Pads.....	58
stavudine.....	109	Sulfatrim.....	100	Sure-Touch Lancet.....	129
Stay Awake.....	11	sulindac.....	119	Surgilube.....	69
Stay Cool.....	173	Sumadan XLT.....	55	SurGuard2 Safety.....	134
stearic acid.....	201	sumatriptan.....	213	Survanta.....	208
stearyl alcohol.....	199	sumatriptan succinate.....	213	Suspendol-S.....	205
Steglatro.....	72	sumatriptan-naproxen.....	213	SuspendRx Anhydrous Sweetened207	
Steglujan.....	73	Summer's Eve.....	226	SuspendRx Anhydrous Unsweet... 207	
Stelara.....	118	Summers Eve Cleansing Cloths.....	63	Sustiva.....	109
Sterilance TL.....	129	Summer's Eve Disposable Douche226		Sutab.....	125
Sterile Eye Drops.....	86	Summer's Eve Douche.....	64	Sween.....	63
Sterile Hydrogel For Jelmyto.....	175	Summers Eve Extra Cleansing.....	226	Sween Cream.....	63
Sterile Pads.....	126	Summer's Eve Feminine Wash.....	226	Sweet Cheeks.....	77
Stimulant Laxative Plus.....	125	sunitinib.....	138	Sweet Oil.....	63
Stiolto Respimat.....	7	Sunosi.....	19	Syeda.....	39
Stivarga.....	138	Sunvite.....	255	Sylvant.....	139
Stomach Relief.....	122	Super Antioxidant.....	152	Symax Duotab.....	221
Stomach Settle.....	173	Super B Maxi Complex.....	273	Symjepi.....	135
Stool Softener.....	125	Super B/C.....	255	SymlinPen 120.....	73
Stool Softener (docusate cal).....	125	Super Calcium.....	233	SymlinPen 60.....	73
Stool Softener-Laxative.....	125	Super Cal-Mag.....	233	Sympazan.....	216
Stool Softener-Stimulant Laxat.....	125	Super Daily D3.....	281	Symproic.....	126
Stop Lice.....	185	Super DHA Gems.....	33	Syntuza.....	107
Strawberry C.....	278	Super Energy Herbal Complex.....	184	Synagis.....	108
Strensiq.....	185	Super Enzyme.....	173	Synalar Cream Kit.....	56
streptomycin.....	105	Super Ginseng Multivitamin.....	255	Synalar Ointment Kit.....	56
Stress B With Zinc.....	254	Super Multiple.....	255	Synalar TS.....	56
Stress B-Complex.....	254	Super Multiple - Low Iron.....	255	Synarel.....	83
Stress Formula.....	254	Super Multivitamin.....	255	Synera.....	68
Stress Formula with Iron.....	273	Super Omega-3.....	34	Synercid.....	103
Stress Formula With Iron(sulf).....	273	Super Probiotic.....	149	Synertropin.....	173
Stress Formula with Zinc.....	254	Super Quints.....	273	Synjardy.....	74
Stresstabs Energy.....	273	Super Quints B-50.....	273	Synjardy XR.....	74
Stribild.....	110	Super Thera Vite M.....	255	SynoFlex.....	68
Striverdi Respimat.....	7	Super Thin Lancets.....	129	Synogesic.....	173
Strovite Forte.....	254	Super Twin EPA-DHA.....	34	Synovacin.....	116
Strovite One.....	255	Super-D3+.....	173	SynovX DJD.....	116
Stuart One.....	266	Superior 35.....	255	SynovX Metabolic.....	173
Studio 35 Beauty Cocoa Butter.....	63	Superior Digestive Enzyme.....	220	SynovX Performance.....	173
Studio 35 Moisturizing Skin.....	63	Supersoft.....	63	Synribo.....	139
Sublocade.....	215	Supervite.....	273	syringe (disposable).....	134
Subsys.....	212	Suphedrin.....	48	Syringe 3cc/20Gx1".....	134
Subvenite.....	218	Suphedrine 12 Hour.....	48	Syringe 3cc/21Gx1".....	134
Subvenite Starter (Blue) Kit.....	218	Suphedrine PE.....	43	Syringe 3cc/21Gx1-1/2".....	134
Subvenite Starter (Green) Kit.....	218	Suplena Carb Steady.....	197	Syringe 3cc/22Gx1".....	134
Subvenite Starter (Orange) Kit.....	218	Support.....	255	Syringe 3cc/22Gx3/4".....	134
sucralfate.....	222	Support-500.....	255	Syringe 3cc/25Gx1".....	134
Sudogest.....	48	Suprane.....	177	syringe with needle.....	134
Sudogest 12-hour.....	43	Suprax.....	101	syringe with needle, safety.....	134
SudoGest Cold and Allergy.....	41	Suprep Bowel Prep Kit.....	125	Syringe without Needle.....	134
SugarUp.....	77	Sure Comfort Alcohol Prep Pads.....	58	SyrPalta Vehicle.....	207
sulfacetamide sodium.....	58, 86	Sure Comfort Ins. Syr. U-100.....	133	Syrspend SF.....	207
sulfacetamide sodium (acne).....	49	Sure Comfort Insulin Syringe.....	133	SyrSpend SF Alka.....	207
sulfacetamide sodium-sulfur.....	54, 55	Sure Comfort Lancets.....	129	SyrSpend SF Liquid.....	207
sulfacetamide sod-sulfur-urea.....	55	Sure Comfort Pen Needle.....	188	Syrspend SF PH4.....	207



Syrup Vehicle SF.....	207	Tecna Nat Unswt Troche BaseG2208	66
Systane Balance.....	89	Tecnu.....	71
Systane Complete.....	89	Teflaro.....	100
Systane Gel.....	89	Tegretol.....	218
Systane Hydration PF.....	89	Tegretol XR.....	218
Systane Lid Wipes.....	89	Tegsedi.....	135
Systane Nighttime.....	90	Tekturna HCT.....	27
t:slim X2 Basal-IQ Insulin Pmp.....	75	Telcare Lancets.....	129
T: Slim X2 Control-IQ.....	75	telmisartan.....	24
Tab-A-Vite.....	255	telmisartan-amlodipine.....	24
Tab-A-Vite Multivitamin w-iron.....	255	telmisartan-hydrochlorothiazid.....	24
Tabloid.....	136	temazepam.....	21
Tabrecta.....	138	Temixys.....	108
TachoSil.....	93	temozolomide.....	135
tacrolimus.....	71, 100	Tena.....	71
tadalafil.....	81	Tendera-OB.....	266
tadalafil (pulm. hypertension).....	27	Tenivac (PF).....	98
Tafinlar.....	136	tenofovir disoproxil fumarate.....	109
Tagrisso.....	138	Tension Headache.....	210
Takhzyro.....	119	Tepmetko.....	139
Talicia.....	223	terazosin.....	23
Taliva.....	173	terbinafine HCl.....	53, 104
Taltz Autoinjector.....	70	terbutaline.....	7
Taltz Autoinjector (2 Pack).....	70	terconazole.....	226
Taltz Autoinjector (3 Pack).....	70	teriparatide.....	82
Taltz Syringe.....	70	Terrell.....	177
Talzenna.....	139	Terumo Allergy Syringe.....	134
tamarind seed-turmeric extract.....	184	Terumo Hypodermic Needle/Syrin.....	134
tamoxifen.....	140	Terumo Insulin Syringe.....	134
tamsulosin.....	223	Terumo Syringe.....	134
Tandem Dual Action.....	239	testosterone.....	94, 95
TaperDex.....	117	testosterone cypionate.....	94
Ta-Poff.....	205	testosterone enanthate.....	94
Targretin.....	68	tetrabenazine.....	141
Tarina 24 Fe.....	39	tetracaine HCl.....	86
Tarina Fe 1/20 (28).....	39	tetracaine HCl (PF).....	86
Tarina Fe 1-20 EQ (28).....	39	tetracycline.....	104
Taron Forte.....	239	Tetrix.....	67
Taron-C DHA.....	255	Texacort.....	57
Taron-Prex Prenatal-DHA.....	255	Thalitone.....	27
Tarpeyo.....	117	Thalomid.....	105
Tart Cherry.....	173	The Eliminator.....	173
Tart Cherry Extract.....	184	theanine.....	174
Tasigna.....	139	Theo-24.....	11
taurine.....	204	Theochron.....	11
tavaborole.....	53	theophylline.....	11
Tavalisse.....	93	Thera.....	255
Tavneos.....	92	Thera Antifungal.....	53
Taysofy.....	39	thera BATH.....	63
tazarotene.....	50, 70	Thera Body Cleanser.....	50
Tazicef.....	101	Thera M Plus (ferrous fumarat).....	255
Taztia XT.....	26	Thera Moisturizing.....	67
Tazverik.....	137	TheraCal.....	233
TDVAX.....	98	TheraCal D2000.....	233
tea tree oil.....	58	TheraCal D4000.....	233
Tears Again Hydrate.....	184	Theracran.....	184
TechLITE Insulin Syringe.....	134	TheraCran HP for Kids.....	184
TechLITE Insuln Syr(half unit).....	134	Thera-D.....	281
TechLITE Lancets.....	129	Thera-D 4000.....	281
TechLITE Pen Needle.....	188	Thera-Derm.....	63
		Thera-Gel.....	66
		Thera-Gesic.....	66
		Thera-Gesic Plus.....	66
		Theragran-M Premier 50 Plus.....	255
		Theralith XR.....	174
		Theralogix Companion.....	255
		Thera-M.....	255
		Theramill Forte.....	255
		Theramine.....	174
		Theramine Plus.....	174
		TheraNatal.....	255, 267
		Theranatal Complete.....	266
		TheraNatal One.....	266
		TheraNatal OvaVite.....	267
		TheraNatal Plus.....	267
		Therapeutic Blue.....	66
		Therapeutic Dandruff Shampoo.....	66
		Therapeutic Liquid.....	255
		Therapeutic Moisturizing.....	63
		Therapeutic Moisturizing Cream.....	63
		Therapeutic-M.....	256
		TheraSeal.....	67
		Thera-Tabs.....	256
		Thera-Tabs M.....	256
		TheraTears Nutrition.....	174
		Theratrums Complete 50 Plus/Lut... 234	
		Theratrums Complete 50 Plus-lyc... 256	
		Theratrums Complete with Lutein... 256	
		Therems Multivitamin.....	256
		Therems-M.....	256
		Thermotabs.....	80
		TherOmega.....	34
		TherOmega Sport.....	34
		thiamine HCl (vitamin B1).....	274
		thiamine mononitrate (vit B1).....	274
		Thick and Easy.....	206
		Thick Now.....	206
		Thicken Up Clear.....	206
		Thick-It.....	206
		Thick-It #2.....	206
		Thik and Clear.....	206
		Thin Lancets.....	129
		Thinpro Insulin Syringe.....	134
		Thiola.....	224
		Thiola EC.....	224
		thioridazine.....	18
		thiothixene.....	18
		threonine.....	204
		Threshold IMT Trainer.....	10
		Threshold PEP Device.....	11
		Thrivite Rx.....	267
		Throat Drops.....	42
		Thrombin-JMI.....	93
		Thyquidity.....	84
		Thyrolar-1.....	84
		Thyrolar-1/2.....	84
		Thyrolar-1/4.....	84
		Thyrolar-2.....	84
		Thyrolar-3.....	84
		Tiadyt ER.....	26

tiagabine	218	tragacanth	205	Triple Antibiotic	52
Tibsovo	139	tramadol	212, 213	Triple Antibiotic Plus	52
tigecycline	102	tramadol-acetaminophen	214	Triple Antibiotic-Pain Relief	52
Tiglutik	141	trandolapril	24	Triple Dye	53
Tilia Fe	40	trandolapril-verapamil	23	Triple Magnesium Complex	241
timolol maleate	25, 88	tranexamic acid	90	Triple Omega 3-6-9	34
timolol maleate (PF)	88	Transferon	174	triprolidine HCl	4
Timoptic Ocudose (PF)	88	tranylcypromine	12	Tri-Sprintec (28)	40
tinidazole	107	Travelan	174	TriStart DHA	267
tioconazole	226	travoprost	88	Triton X-100	205
Tioconazole-1	226	trazodone	13	Triumeq	110
tiopronin	224	Trecator	106	Triumeq PD	111
Tirosint-Sol	84	Trelegy Ellipta	8	Triveen-Duo DHA	267
Tisseel VHSD (aprotinin, syn)	206	Tremfya	70	Triveen-PRx RNF	267
Tis-U-Sol Pentalyte	64	Trepadone (with bromelain)	116	Tri-Vi-Flor	262
Tivicay	110	treprostinil sodium	27	Tri-Vi-Sol	262
Tivicay PD	110	Tresiba FlexTouch U-100	78	Tri-Vitamin With Fluoride	262
tizanidine	219	Tresiba FlexTouch U-200	78	Tri-Vite With Fluoride	262
Tlando	95	Tresiba U-100 Insulin	78	Trivora (28)	40
TL-Hem 150	239	tretinoin	50	Tri-VyLibra	40
Tobakient	256	tretinoin (antineoplastic)	139	Tri-VyLibra Lo	40
Tobi Podhaler	105	tretinoin microspheres	50	Trokendi XR	218
TobraDex	84	Trexall	136	Trombonex	174
Tobradex ST	84	Trexbrom	46	Trombonex-D	174
tobramycin	87, 105	Tri Femynor	40	TRONVite	273
tobramycin in 0.225 % NaCl	105	triacetin	105	Tropical Liquid Nutrition	262
tobramycin in 0.9 % NaCl	105	triamcinolone acetonide	5, 57, 142	tropicamide	88
tobramycin sulfate	105	Triamino	204	tropium	225
tobramycin with nebulizer	105	triamterene	26	TruBiotics	149
tobramycin-dexamethasone	84	triamterene-hydrochlorothiazid	26	TruBiotics Baby	149
Tobrex	87	Trianex	57	TruBiotics Gummy	149
Toddler's DiaResQ	174	triazolam	21	TruBiotics Kids Chewable	149
Toetal Fresh	71	Tri-Buffered Aspirin	209	TruBiotics Kids Gummy	149
Tolak	68	TriCare	267	Trudhesa	213
tolcapone	216	Tricitrates	224	True Comfort Alcohol Pads	58
Tolerex	197	Tricon	239	True Comfort Insulin Syringe	134
tolmetin	119	trientine	186	True Comfort Lancet	129
tolnaftate	53	Tri-Estarylla	40	True Comfort Pen Needle	188
Tolsura	104	trifluoperazine	18	True Comfort Pro Alcohol Pads	58
tolterodine	225	trifluridine	86	True Comfort Pro Ins Syringe	134
tolvaptan	79	Trigels-F Forte	239	True Metrix Glucose Test Strip	74
Tonalin CLA	174	trihexyphenidyl	215	TRUEplus Glucose	77
Toomey Syringe	134	Trijardy XR	74	TRUEplus Insulin	134
Topcare Clickfine	188	Tri-Legest Fe	40	TRUEplus Lancets	129
Topcare Ultra Comfort	134	Tri-Linyah	40	TRUEplus Pen Needle	188
Topcare Universal1 Lancet	129	Tri-Lo-Estarylla	40	Trulance	121
topiramate	218	Tri-Lo-Marzia	40	Trulicity	72
Toprophan	185	Tri-Lo-Mili	40	Trumenba	97
toremifene	140	Tri-Lo-Sprintec	40	Truseltiq	139
toremide	26	Tri-Luma	69	Truvada	108
Tosymra	213	trimethobenzamide	6	tryptophan	21
Total Body Cleanse	186	trimethoprim	102	Tuberculin Syringe	134
Total Home Insect Repellent	51	Tri-Mili	40	tuberculin-allergy syringes	134
Toujeo Max U-300 SoloStar	78	trimipramine	14	Tudorza Pressair	6
Toujeo SoloStar U-300 Insulin	78	Trimo-San Jelly	226	Tukysa	139
Toviaz	225	Trinate	267	Tulana	40
Toxin Control	220	Trinaz	268	Tumersaid	184
Tozal	174	Trintellix	13	Turalio	139
Tracleer	27	Tri-Nymyo	40	Turkey-Sweet Potatoes-Peaches	174
Tradjenta	73	Triphrocaps	273	turmeric	184

turmeric root extract.....	184	Udenyca.....	92	Unicare Moisturizing.....	71
turmeric root-ginger root ext.....	184	UltiCare.....	134	Uniderm Moisturizer.....	63
turmeric-turmeric ext-pepper.....	184	UltiCare Insulin Syringe.....	134	Unifiber.....	126
turmeric-turmeric root extract.....	184	UltiCare Insuln Syr(half unit).....	134	Unifine Pen Needle.....	188
Tusnel Diabetic.....	47	UltiCare Low Dead Space Syring..	134	Unifine Pentips.....	188
Tusnel DM.....	47	UltiCare Pen Needle.....	188	Unifine Pentips Maxflow.....	188
Tusnel DM Pediatric(phenyleph).....	47	Ulticare Safety Pen Needle.....	188	Unifine Pentips Plus.....	188
Tusnel New Formula.....	47	UltiCare Safety Syringe.....	134	Unifine Pentips Plus Maxflow.....	188
Tusnel Pediatric (Guaifen-PE).....	43	UltiCare TB Safety Syringe.....	134	Unifine Ultra Pen Needle.....	188
Tusnel-Ex.....	44	UltiGuard SafePack-Insulin Syr....	134	Unilet ComforTouch Lancet.....	129
Tussin.....	44	UltiGuard SafePack-Pen Needle...	188	Unilet Excelite II Lancet.....	129
Tussin CF (PE-DM-guaif).....	47	Ultilet Alcohol Swab.....	58	Unilet Excelite Lancet.....	129
Tussin CF Max Severe M-S Cold....	46	Ultilet Basic Lancets.....	129	Unilet GP Lancet.....	129
Tussin Cough (DM only).....	42	Ultilet Classic Lancets.....	129	Unilet Lancet.....	129
Tussin Cough-Cold-Flu.....	45	Ultilet Insulin Syringe.....	134	Unilet Lancets.....	129
Tussin DM.....	47	Ultilet Lancets.....	129	Unilet Super Thin Lancets.....	129
Tussin DM Clear.....	47	Ultilet Pen Needle.....	188	Unispend Anhydrous Sweet.....	208
Tussin DM Cough and Chest.....	47	Ultilet Safety Lancets.....	129	Unistik 2 Extra.....	75
Tussin DM Max.....	47	Ultimate Flora Baby Probiotic.....	150	Unistik 2 Normal Lancet,Device.....	75
Tussin Mucus-Chest Congestion....	44	Ultimate Flora Probiotic.....	150	Unistik 3 Comfort Lancet.....	129
Twinrix (PF).....	99	Ultimate Men's Complete 50+.....	256	Unistik 3 Extra Lancet.....	129
Twirla.....	40	Ultimate Probiotic-10.....	150	Unistik 3 Gentle.....	129
Twist Lancets.....	129	Ultra B-100 Complex.....	273	Unistik 3 Lancets.....	129
TwoCal HN.....	174	Ultra B-100 Complex (foodbase)...	273	Unistik 3 Normal Lancet.....	129
Twyneo.....	49	Ultra Cmft Ins Syr (half unit).....	134	Unistik Comfort Lancets.....	130
Tyblume.....	40	Ultra Comfort Insulin Syringe.....	134	Unistik CZT Lancet.....	130
Tybost.....	111	Ultra CoQ10.....	174	Unistik Extra Lancets.....	130
Tydemy.....	40	Ultra Diet Aid.....	174	Unistik Normal Lancets.....	130
Tylactin Build 20 PE.....	197	Ultra Energy.....	174	Unistik Pro Lancet.....	130
Tylactin Complete 15 PE.....	197	Ultra Fine Lancets.....	129	Unistik Safety.....	130
Tylactin Restore 10 PE.....	197	Ultra Flo Insul Syr(half unit).....	135	Unistik Touch Lancets.....	130
Tylactin Restore 5 PE.....	197	Ultra Flo Insulin Syringe.....	135	Universal 1 Lancets.....	130
Tylactin RTD 15 PE.....	197	Ultra Flo Pen Needle.....	188	Unjury.....	204
Tymlos.....	82	Ultra Freeda.....	256	Unscented Cold Cream.....	63
TYR Anamix Next.....	197	Ultra His Rx.....	174	up4 Probiotics Adult.....	150
TYR Cooler.....	197, 256	Ultra Lubricant Eye.....	89	up4 Probiotics Adult 50 Plus.....	150
TYR Easy.....	192	Ultra Men's Pack.....	174	up4 Probiotics Kids Cubes.....	150
TYR Express Powder.....	197	Ultra Mide 25.....	71	up4 Probiotics Plus Prebiotic.....	150
TYR Express15 Plus.....	197	Ultra Omega-3.....	34	up4 Probiotics Ultra.....	150
TYR Express20.....	197	Ultra Potent-C.....	278	up4 Probiotics Women's.....	150
TYR Express20 Plus.....	197	Ultra Prenatal Plus DHA.....	267	up4 Probiotics-Prebiotics Kids.....	150
TYR Gel Powder.....	198	Ultra Strength Antacid.....	222	Upcal D.....	233
TYR Lophlex.....	198	Ultra Thin II Lancets.....	129	Upravi.....	27
TYR Lophlex GMP Mix-In.....	198	Ultra Thin Lancets.....	129	Uramaxin.....	66
TYR Sphere20.....	198	Ultra Thin Pen Needle.....	188	Uramaxin GT.....	66
Tyrex-2.....	198	Ultra Thin Plus Lancets.....	129	urea.....	66, 67, 71
Tyros 2.....	198	Ultra TLC Lancets.....	129	Ureacin-10.....	71
tyrosine.....	204	Ultracare Insulin Syringe.....	135	Ure-Na.....	26
Tyrvaya.....	86	Ultra-Care Lancets.....	129	Urinary Pain Relief.....	225
Tysabri.....	141	Ultracare Pen Needle.....	188	Urinozinc Prostate Complx Clsc....	174
Tyvaso.....	27	Ultra-Fresh.....	59	Urinozinc Prostate Formula.....	174
Tyvaso DPI.....	27	UltraLANCE Lancets.....	129	Urinozinc Prostate Formula Pls....	174
Tyvaso Institutional Start Kit.....	27	Ultramino.....	174	Urogesic-Blue.....	102
Tyvaso Refill Kit.....	27	Ultra-Thin II (Short) Ins Syr.....	135	Uroqid-Acid No.2.....	225
Tyvaso Starter Kit.....	27	Ultra-Thin II (Short) Pen NDL.....	188	ursodiol.....	122
Ubrelvy.....	213	Ultra-Thin II Ins Pen Needles.....	188	Ustell.....	102
UCD Anamix Junior.....	198	Ultra-Thin II Insulin Syringe.....	135	UTI-Stat.....	175
UCD Trio.....	198	Ultra-Thin II Lancets.....	129	UtyMax.....	175
Uceris.....	121	Ultrathon.....	51, 54	Vabomere.....	100
Udamin SP.....	256	Ultravate.....	57	Vagisil.....	69

valacyclovir.....	108	Verquvo.....	35	vit A-C-biotin-zinc-selenometh.....	175
Valchlor.....	68	Versa Free.....	208	vit B comp-folic-choline-inosi.....	273
valerian root.....	184	Versa Plus.....	208	Vit C(ascorb.calcium)(mv-mins).....	278
valerian root extract.....	184	Versacloz.....	17	vit C-zinc gluc,cit-Echin purp.....	282
valerian-flower-hops-lemon.....	184	Verzenio.....	139	vit E-wheat germ-aloe vera.....	63
valganciclovir.....	108	Vesicare LS.....	225	Vitabex Iron.....	239
valine.....	204	Vestura (28).....	40	Vitabex Plus.....	256
Valine 1000.....	204	V-GO 20.....	75	Vita-C.....	278
Valine Amino Acid Supplement.....	204	V-GO 30.....	75	Vitacel (with Lutein).....	256
Valinex.....	184	V-GO 40.....	75	Vitafof.....	239
valproic acid.....	218	Viactiv.....	233	Vitafof Fe Plus.....	267
valproic acid (as sodium salt).....	218	Vibativ.....	106	Vitafof Fe+ (with docusate).....	267
valsartan.....	24	Viberzi.....	120	Vitafof Gummies.....	267
valsartan-hydrochlorothiazide.....	24	Vibramycin (calcium).....	104	Vitafof Nano.....	267
Valtoco.....	216	Vicectin.....	175	Vitafof Ultra.....	267
Vanacof.....	46	VIC-Forte.....	256	Vitafof-OB.....	267
Vanacof DMX.....	47	Vicodin HP.....	214	Vitafof-OB+DHA.....	267
VanaLice.....	54	Victoza 2-Pak.....	72	Vitafof-One.....	267
VanaTab DM.....	47	Victoza 3-Pak.....	72	Vitajoy Adult Multi.....	256
vancomycin.....	106, 107	Vienna.....	40	VitaJoy Daily C.....	278
vancomycin in 0.9 % sodium chl....	106	vigabatrin.....	218	VitaJoy Daily D.....	281
vancomycin in dextrose 5 %.....	106	Vigadrone.....	218	VitaJoy Melatonin.....	21
vancomycin-water inject (PEG).....	107	Viibryd.....	13	Vital 1.0 Cal.....	198
Vandazole.....	225	Vijoice.....	135	Vital 1.5 Cal.....	198
VanishPoint Insulin Syringe.....	135	Vilactin AA Plus 15 PE.....	198	Vital AF 1.2 Cal.....	198
VanishPoint Syringe.....	135	Vilactin AA Plus 20 PE.....	198	Vital High Protein.....	198
VanishPoint Tuberculin Syringe.....	135	vilazodone.....	13	Vital Peptide 1.5 Cal.....	198
Vapor Inhaler.....	48	Vimpat.....	218	Vital-D Rx.....	273
Vaporizing Steam.....	42	Vinate GT.....	267	Vitalee.....	256
Vaqta (PF).....	99	Vinate II.....	267	Vitalets.....	262
varenicline.....	219	Vinate Ultra.....	267	VitaMed Md One Rx.....	267
Varivax (PF).....	99	Viokace.....	221	VitaMent.....	175
Vascazen.....	34	Viorele (28).....	40	vitamin A.....	269
Vascepa.....	34	Viracept.....	110	vitamin A acetate.....	269
Vasculera.....	228	Viread.....	109, 110	vitamin A palmitate.....	269
Vasoflex.....	175	Virt-C DHA.....	256	vitamin a palmitate-B-carotene.....	269
Vasoflex D1.....	228	Virt-Caps.....	273	vitamin A palmitate-vitamin D2.....	269
Vasoflex Forte.....	175	Virt-Gard.....	273	vitamin B complex.....	274
Vasoflex HD.....	175	Virt-Nate DHA.....	267	vitamin B complex-folic acid.....	274
Vasoha.....	175	Virt-PN DHA.....	256	Vitamin B-1.....	274
Vaxelis (PF).....	98	Virtrate-2.....	225	Vitamin B-1 (mononitrate).....	274
Vaxneuvance.....	97	Virtrate-3.....	225	Vitamin B-12.....	276
VB6 P5P.....	276	Virtrate-K.....	225	vitamin B12-folic acid.....	276
V-C Forte.....	256	Virtussin DAC.....	44	Vitamin B-2.....	276
Vecamyl.....	24	Virt-Vite.....	273	Vitamin B-6.....	276
Veinerec.....	175	Virt-Vite Plus.....	273	Vitamin C.....	279
Veletri.....	27	Visbiome.....	150	Vitamin C (ascorbate calcium).....	278
Velivet Triphasic Regimen (28).....	40	Vision.....	256	Vitamin C Drops.....	278
Velphoro.....	79	Vision Formula (with lutein).....	227	Vitamin C Fizzy Drink.....	279
Veltassa.....	79	Vision Formula(A-C-E-Zn-Se-Cu).....	227	Vitamin C With Rose Hips.....	279
Vemlidy.....	111	Vision Health.....	152	Vitamin D2.....	281
Vena-Bal DHA.....	267	Vision Plus Lutein.....	234	Vitamin D3.....	281
Venaliv.....	228	Vista Advanced AREDS2.....	227	Vitamin D3 Complete.....	175
Venclexta.....	139	Vista Advanced Carotenoid.....	175	Vitamin D-3 with Aloe.....	256
Venclexta Starting Pack.....	139	Vista Advanced Dry Eye.....	175	vitamin D3-vitamin K2.....	281
venlafaxine.....	13	Vista Meibo Eyelid Cleansing.....	90	vitamin E.....	64, 282
Ventavis.....	27	VistaSeal-Fibrin Sealant.....	93	vitamin E (dl, acetate).....	63, 282
verapamil.....	26	Vit 3.....	256	vitamin E acetate.....	282
Veregen.....	54	vit A and D3 in cod liver oil.....	268	Vitamin E and C Beauty Lotion.....	63
Verifine Pen Needle.....	188	vit A palmitate-vit C-vit D3.....	262	Vitamin E and K Beautiful Skin.....	63



Vitamin E Beauty	64	Wart Remover	67	Xembify	96
vitamin E mixed	282	water for irrigation, sterile	64	Xenleta	103
Vitamin E plus	64	Watermelon Flavoring	176	Xenon Xe-133	204
vitamin E succinate	282	Webcol	58	Xeomin	189
vitamin E-safflower oil	64	Wee Care	239	Xepi	52
vitamin K	94	Weekly-D	281	Xerac AC	57
Vitamin K1	94	Welireg	139	Xerava	104
vitamin K2	94	Wera (28)	40	Xerese	54
vitamins A and D	257	WesCap-C DHA	257	Xgeva	82
Vitamins A,C,D and Fluoride	262	WesCap-PN DHA	257	Xhance	5
Vitamins A-D-E selenium	257	Wescaps	274	Xifaxan	106
Vitamins B Complex	274	WesNate DHA	267	Xigduo XR	74
Vitamins for Hair	257	Westab Max	274	Xiidra	87
Vitamin E Beauty with Safflower	64	Westab Mini	274	Ximino	104
Vita-Ray	64	Westab One	274	XMet Maxamaid	198
Vita-Respa	274	Westab Plus	268	XMet XCys Maxamaid	198
Vitasure	274	WestGel DHA	268	Xofluza	108
Vitatrum	257	Westussin DM	46	Xolair	9
Vitrakvi	139	wheat germ oil	282	Xospata	139
Vitrexyl	257	Whey Protein	175	XPhe Maxamaid	192
Vitrexyl Plus Iron	257	Whey Protein Concentrate	204	XPhe Maxamum	192
Vitron-C	239	white petrolatum	67, 199	Xpovio	139
Vitrum Senior	234, 257	white wax (beeswax)	199	X-Seb T Pearl	67
vits A and D-white pet-lanolin	64	Whole Body Joint Support	186	Xtampza ER	213
Viva DHA	267	Wibi	64	Xtandi	136
Vivaben	184	Wilzin	186	Xtracal Plus	198
VivaGuard Lancet	130	WINDMILL TRAINER	11	Xtracare	64
Vivitrol	15	Winlevi	49	Xulane	40
Vivlodex	119	witch hazel	49	Xultophy 100/3.6	73
Vivonex Pediatric	198	Wixela Inhub	7	Xvite	274
Vivonex Plus	198	WND 2	198	Xylimelts	204
Vivonex RTF	198	Women's 50 Plus Advanced	257	Xyosted	95
Vivonex T.E.N.	198	Women's 50 Plus Daily Formula	257	Xyrem	16
Vizimpro	139	Women's 50 Plus Multivitamin	257	Xywav	16
Vocabria	110	Women's Daily Formula	257	Xyzbac	257
Volnea (28)	40	Womens Daily Gummies	257	Xyzmune	175
Vonjo	139	Women's Daily Pack	257	Yale Disposable Needles	188
voriconazole	105	Women's Gentle Laxative(bisac) ...	126	Yelets	257
Vortex Adult Mask	11	Women's Multivitamin	257	yellow wax (beeswax)	199
Vortex Holding Chamber	11	Women's Multivitamin Collagen	257	Yodora	59
Vortex VHC Frog Mask-Child	11	Women's Multivitamin Gummies	257	Yogurt Plus Calcium Gummies	233
Vortex VHC Ladybug Mask-Toddlr.	11	Women's Multivitamin w-Biotin	257	Yohimbe	184
Votrient	139	Women's One Daily	257	yohimbe bark	184
Voxzogo	83	Women's Prenatal Plus DHA	268	Yonsa	136
VP-CH Plus	267	Women's Probiotic	150	Yupelri	7
VP-CH-PNV	267	Wrestone	21	Yuvafem	226
VP-Vite Rx	274	Wymzya Fe	40	Zafemy	40
Vraylar	16	Xadago	216	zafirlukast	8
Vtol LQ	208	Xalkori	139	zaleplon	21
Vuity	88	xanthium fruit	184	Zalvit	268
Vumerity	141	XaQuil XR	234	Zarah	40
Vyfemla (28)	40	Xarelto	90, 91	Zarxio	92
VyLibra	40	Xarelto DVT-PE Treat 30d Start	90	Zatean-Pn DHA	257
Vyndamax	35	Xatmep	136	Zatean-Pn Plus	257
Vyndaqel	35	Xcopri	218	Z-Bum	67
Vyvanse	15	Xcopri Maintenance Pack	218	Zebutal	208
Vyzulta	88	Xcopri Titration Pack	218	Zegalogue Autoinjector	77
Wakix	19	Xeljanz	117	Zegalogue Syringe	77
Wal-Mucil with Calcium	126	Xeljanz XR	117	Zejula	139
warfarin	90	Xelpros	88	Zelapar	216

Zelboraf.....	136	Zyclara.....	99
Zeldana.....	274	Zydelig.....	139
Zemaira.....	135	Zyflo.....	6
Zembrace Symtouch.....	213	Zykadia.....	139
Zemdri.....	105	Zylet.....	84
Zenatane.....	48	Zyncol.....	34
Zenpep.....	221	Zypitamag.....	29
Zenzedi.....	15	Zypram.....	120
Zeposia.....	142	Zyprexa Relprevv.....	18
Zeposia Starter Kit.....	142	Zytaze.....	175
Zeposia Starter Pack.....	142	Zyvana.....	258
Zerbaxa.....	101	Zyvit.....	258
Zerviate.....	85	Zyvox.....	102
Zetonna.....	5		
zidovudine.....	109		
Ziextenzo.....	92		
zileuton.....	6		
Zilxi.....	52		
Zimhi.....	19		
zinc.....	282		
Zinc (with A and C) Lozenges.....	282		
zinc amino acid chelate.....	283		
zinc citrate.....	283		
zinc gluconate.....	283		
zinc gluconate-zinc picolinate.....	283		
zinc glycinate.....	283		
zinc oxide.....	67, 68		
zinc stearate.....	201		
zinc sulfate.....	283		
Zinc with Vit C and Echinacea.....	283		
Zinc with Vitamins A and C.....	269		
Zinc-15.....	283		
Zinc-220.....	283		
zinc-vit C-pyridoxine (vit B6).....	283		
Zingiber.....	234		
Zinplava.....	100		
Zioptan (PF).....	88		
Ziphex.....	268		
ziprasidone HCl.....	17		
Zipsor.....	119		
Zirgan.....	86		
Zokinvy.....	135		
zoledronic acid.....	82		
zoledronic acid-mannitol-water.....	82		
zoledronic ac-mannitol-0.9NaCl.....	82		
Zolinza.....	139		
zolmitriptan.....	213, 214		
zolpidem.....	21		
Zomacton.....	83		
zonisamide.....	218		
Zontivity.....	93		
Zoo Friends.....	262		
Zoo Friends Complete.....	262		
Zortress.....	100		
Zorvolex.....	119		
Zosyn in dextrose (iso-osm).....	103		
Zovia 1-35 (28).....	40		
ZTlido.....	68		
Zubsolv.....	215		
Zumandimine (28).....	40		