

Changes to Neighborhood INTEGRITY's Formulary January 2022

Neighborhood INTEGRITY may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, you or your prescriber can ask us to make an exception and continue to cover the drug in the way you would like. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your Evidence of Coverage, or call Customer Care at 1-844-812-6896 (TTY: 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message.

The table below outlines changes to our formulary that may impact you.

Drug Name	Change Type	Formulary Alternative #1	Formulary Alternative #2	Formulary Alternative #3	Formulary Alternative #4	Formulary Alternative #5	Formulary Alternative #6
CRIXIVAN CAP 200MG	Removed From the Formulary as of 1/1/2022	ATAZANAVIR	LOPINAVIR-RITONAVIR				
CRIXIVAN CAP 400MG	Removed From the Formulary as of 1/1/2022	ATAZANAVIR	LOPINAVIR-RITONAVIR				
STAVUDINE CAP 15MG	Removed From the Formulary as of 1/1/2022	ABACAVIR	EMTRICITABINE	LAMIVUDINE	TENOFOVIR DISOPROXIL FUMARATE	ZIDOVUDINE	
STAVUDINE CAP 20MG	Removed From the Formulary as of 1/1/2022	ABACAVIR	EMTRICITABINE	LAMIVUDINE	TENOFOVIR DISOPROXIL FUMARATE	ZIDOVUDINE	
STAVUDINE CAP 30MG	Removed From the Formulary as of 1/1/2022	ABACAVIR	EMTRICITABINE	LAMIVUDINE	TENOFOVIR DISOPROXIL FUMARATE	ZIDOVUDINE	

STAVUDINE CAP 40MG	Removed From the Formulary as of 1/1/2022	ABACAVIR	EMTRICITABIN E	LAMIVUDINE	TENOFOVIR DISOPROXIL FUMARATE	ZIDOVUDINE	
ZYTIGA TAB 500MG	Removed Brand From the Formulary as of 1/1/2022	ABIRATERONE TAB 500MG (GENERIC OF ZYTIGA)					
JUXTAPID CAP 5MG	Removed From the Formulary as of 1/1/2022	PRALUENT INJ					
JUXTAPID CAP 10MG	Removed From the Formulary as of 1/1/2022	PRALUENT INJ					
JUXTAPID CAP 20MG	Removed From the Formulary as of 1/1/2022	PRALUENT INJ					
JUXTAPID CAP 30MG	Removed From the Formulary as of 1/1/2022	PRALUENT INJ					
NORTHERA CAP 100MG	Removed Brand From the Formulary as of 1/1/2022	DROXIDOPA CAP 100MG (GENERIC OF NORTHERA)					
NORTHERA CAP 200MG	Removed Brand From the Formulary as of 1/1/2022	DROXIDOPA CAP 200MG (GENERIC OF NORTHERA)					
NORTHERA CAP 300MG	Removed Brand From the Formulary as of 1/1/2022	DROXIDOPA CAP 300MG (GENERIC OF NORTHERA)					
NITRO-DUR DIS 0.3MG/HR	Removed From the Formulary as of 1/1/2022	NITROGLYCERI N TD PATCH 24HR 0.1, 0.2, 0.4, 0.6 MG/HR	ISOSORBIDE MONONITRATE TAB ER	NITRO-BID OIN 2%			
NITRO-DUR DIS 0.8MG/HR	Removed From the Formulary as of 1/1/2022	NITROGLYCERI N TD PATCH 24HR 0.1, 0.2, 0.4, 0.6 MG/HR	ISOSORBIDE MONONITRATE TAB ER	NITRO-BID OIN 2%			
PEGANONE TAB 250MG	Removed From the Formulary as of 1/1/2022	PHENYTOIN	DILANTIN	PHENYTEK			
BANZEL TAB 200MG	Removed Brand From the Formulary as of 1/1/2022	RUFINAMIDE TAB 200MG (GENERIC OF BANZEL)					
BANZEL TAB 400MG	Removed Brand From the Formulary as of 1/1/2022	RUFINAMIDE TAB 400MG (GENERIC OF BANZEL)					

APOKYN INJ 10MG/ML	Removed From the Formulary as of 1/1/2022	KYNMOBI FILM					
LYRICA CR TAB 82.5MG	Removed Brand From the Formulary as of 1/1/2022	PREGABALIN ER TAB 82.5MG (GENERIC OF LYRICA CR)					
LYRICA CR TAB 165MG	Removed Brand From the Formulary as of 1/1/2022	PREGABALIN ER TAB 165MG (GENERIC OF LYRICA CR)					
LYRICA CR TAB 330MG	Removed Brand From the Formulary as of 1/1/2022	PREGABALIN ER TAB 330MG (GENERIC OF LYRICA CR)					
BYDUREON PEN INJ 2MG	Removed From the Formulary as of 1/1/2022	BYDUREON BCISE INJ	TRULICITY	VICTOZA	OZEMPIC	BYETTA	RYBELSUS
TYMLOS INJ	Removed From the Formulary as of 1/1/2022	FORTEO INJ	PROLIA SOL 60MG/ML				
DROSPIRENO NE-ETHINYL ESTRAD- LEVOMEFOLA TE TAB 3-0.02- 0.451 MG	Removed From the Formulary as of 1/1/2022	DROSPIRENON E-ETHINYL ESTRADIOL TAB	NORETHINDRO NE & ETHINYL ESTRADIOL TAB	DROSPIRENONE- ETHINYL ESTRADIOL- LEVOMEFOLATE TAB 3-0.03-0.451 MG			
CORTISONE AC TAB 25MG	Removed From the Formulary as of 1/1/2022	PREDNISONE TAB	METHYLPREDN ISOLONE TAB	HYDROCORTISO NE TAB	DEXAMETHASONE TAB		
OSPHENA TAB 60MG	Removed From the Formulary as of 1/1/2022	ESTRADIOL VAGINAL CREAM 0.1 MG/GM	ESTRADIOL VAGINAL TAB 10 MCG				
STIMATE SOL 1.5MG/ML	Removed From the Formulary as of 1/1/2022	DESMOPRESSIN INJ 4MCG/ML					
AURYXIA TAB 210MG	Removed From the Formulary as of 1/1/2022	CALCIUM ACETATE (PHOSPHATE BINDER)	SEVELAMER				
EMEND SUS 125MG	Removed From the Formulary as of 1/1/2022	APREPITANT CAP					
TRULANCE TAB 3MG	Removed From the Formulary as of 1/1/2022	LINZESS CAP					
ZOSTAVAX INJ	Removed From the Formulary as of 1/1/2022	SHINGRIX					

OLOPATADINE SOL 0.2%	Removed From the Formulary as of 1/1/2022	AZELASTINE DRO 0.05%	CROMOLYN SOD SOL 4% OP	OLOPATADINE SOL 0.1% OP	LASTACAFT SOL 0.25% OP	BEPREVE SOL 1.5% OP	ZERVIATE DRO 0.24% OP
PAZEO DRO 0.7%	Removed From the Formulary as of 1/1/2022	AZELASTINE DRO 0.05%	CROMOLYN SOD SOL 4% OP	OLOPATADINE SOL 0.1% OP	LASTACAFT SOL 0.25% OP	BEPREVE SOL 1.5% OP	ZERVIATE DRO 0.24% OP
AZOPT SUS 1% OP	Removed Brand From the Formulary as of 1/1/2022	BRINZOLAMIDE OPHTH SUSP 1% (GENERIC OF AZOPT)					
XIIDRA DRO 5%	Removed From the Formulary as of 1/1/2022	RESTASIS					
CALCIPOTRIENE CRE 0.005%	Removed From the Formulary as of 1/1/2022	CALCIPOTRIENE SOL 0.005%	TAZAROTENE CRE 0.1%				
PICATO GEL 0.015%	Removed From the Formulary as of 1/1/2022	FLUOROURACIL SOL 2%, 5%	FLUOROURACIL CRE 5%	IMIQUIMOD CRE 5%			
PICATO GEL 0.05%	Removed From the Formulary as of 1/1/2022	FLUOROURACIL SOL 2%, 5%	FLUOROURACIL CRE 5%	IMIQUIMOD CRE 5%			

Formulary Utilization Management Negative Changes

Drug Name	Change Type
BUDESONIDE CAP 3MG DR	Added Prior Authorization as of 1/1/2022
BUDESONIDE TAB ER 9MG	Added Prior Authorization as of 1/1/2022
CAPLYTA CAP 42MG	Added Prior Authorization as of 1/1/2022
FLUCYTOSINE CAP 250MG	Added Prior Authorization as of 1/1/2022
FLUCYTOSINE CAP 500MG	Added Prior Authorization as of 1/1/2022
NOXAFIL SUS 40MG/ML	Added Prior Authorization as of 1/1/2022
PAXIL SUS 10MG/5ML	Added Prior Authorization as of 1/1/2022
POSACONAZOLE TAB 100MG DR	Added Prior Authorization as of 1/1/2022
ALCLOMETASON CRE 0.05%	Added Quantity Limit as of 1/1/2022
ALCLOMETASON OIN 0.05%	Added Quantity Limit as of 1/1/2022
AUG BETAMET CRE 0.05%	Added Quantity Limit as of 1/1/2022
AUG BETAMET GEL 0.05%	Added Quantity Limit as of 1/1/2022
AUG BETAMET LOT 0.05%	Added Quantity Limit as of 1/1/2022
AUG BETAMET OIN 0.05%	Added Quantity Limit as of 1/1/2022

BENLYSTA INJ 200MG/ML	Added Quantity Limit as of 1/1/2022
BENLYSTA INJ 200MG/ML	Added Quantity Limit as of 1/1/2022
BETAMETH DIP CRE 0.05%	Added Quantity Limit as of 1/1/2022
BETAMETH DIP LOT 0.05%	Added Quantity Limit as of 1/1/2022
BETAMETH DIP OIN 0.05%	Added Quantity Limit as of 1/1/2022
BETAMETH VAL CRE 0.1%	Added Quantity Limit as of 1/1/2022
BETAMETH VAL LOT 0.1%	Added Quantity Limit as of 1/1/2022
BETAMETH VAL OIN 0.1%	Added Quantity Limit as of 1/1/2022
CALQUENCE CAP 100MG	Added Quantity Limit as of 1/1/2022
CHANTIX PAK 0.5& 1MG	Added Quantity Limit as of 1/1/2022
CHANTIX PAK 1MG	Added Quantity Limit as of 1/1/2022
CHANTIX TAB 0.5MG	Added Quantity Limit as of 1/1/2022
CHANTIX TAB 1MG	Added Quantity Limit as of 1/1/2022
DIACOMIT CAP 250MG	Added Quantity Limit as of 1/1/2022
DIACOMIT CAP 500MG	Added Quantity Limit as of 1/1/2022
DIACOMIT PAK 250MG	Added Quantity Limit as of 1/1/2022
DIACOMIT PAK 500MG	Added Quantity Limit as of 1/1/2022
ERY PAD 2%	Added Quantity Limit as of 1/1/2022
ERY/BENZOYL GEL 5-3%	Added Quantity Limit as of 1/1/2022
FLUOCIN ACET CRE 0.01%	Added Quantity Limit as of 1/1/2022
FLUOCIN ACET CRE 0.025%	Added Quantity Limit as of 1/1/2022
FLUOCIN ACET OIL 0.01% SC	Added Quantity Limit as of 1/1/2022
FLUOCIN ACET OIN 0.025%	Added Quantity Limit as of 1/1/2022
GENTAMICIN OIN 0.1%	Added Quantity Limit as of 1/1/2022
HETLIOZ CAP 20MG	Added Quantity Limit as of 1/1/2022
KISQALI 200 PAK FEMARA	Added Quantity Limit as of 1/1/2022
KISQALI 400 PAK FEMARA	Added Quantity Limit as of 1/1/2022
KISQALI 600 PAK FEMARA	Added Quantity Limit as of 1/1/2022
KISQALI TAB 200DOSE	Added Quantity Limit as of 1/1/2022
KISQALI TAB 400DOSE	Added Quantity Limit as of 1/1/2022

KISQALI TAB 600DOSE	Added Quantity Limit as of 1/1/2022
LENVIMA CAP 10 MG	Added Quantity Limit as of 1/1/2022
LENVIMA CAP 12MG	Added Quantity Limit as of 1/1/2022
LENVIMA CAP 14 MG	Added Quantity Limit as of 1/1/2022
LENVIMA CAP 18 MG	Added Quantity Limit as of 1/1/2022
LENVIMA CAP 20 MG	Added Quantity Limit as of 1/1/2022
LENVIMA CAP 24 MG	Added Quantity Limit as of 1/1/2022
LENVIMA CAP 4MG	Added Quantity Limit as of 1/1/2022
LENVIMA CAP 8 MG	Added Quantity Limit as of 1/1/2022
MALATHION LOT 0.5%	Added Quantity Limit as of 1/1/2022
METRONIDAZOL CRE 0.75%	Added Quantity Limit as of 1/1/2022
METRONIDAZOL GEL 0.75%	Added Quantity Limit as of 1/1/2022
METRONIDAZOL LOT 0.75%	Added Quantity Limit as of 1/1/2022
NAPROXEN DR TAB 375MG	Added Quantity Limit as of 1/1/2022
NAPROXEN DR TAB 500MG	Added Quantity Limit as of 1/1/2022
NEXAVAR TAB 200MG	Added Quantity Limit as of 1/1/2022
NINLARO CAP 2.3MG	Added Quantity Limit as of 1/1/2022
NINLARO CAP 3MG	Added Quantity Limit as of 1/1/2022
NINLARO CAP 4MG	Added Quantity Limit as of 1/1/2022
PERMETHRIN CRE 5%	Added Quantity Limit as of 1/1/2022
PODOFILOX SOL 0.5%	Added Quantity Limit as of 1/1/2022
RUBRACA TAB 200MG	Added Quantity Limit as of 1/1/2022
RUBRACA TAB 250MG	Added Quantity Limit as of 1/1/2022
RUBRACA TAB 300MG	Added Quantity Limit as of 1/1/2022
RUFINAMIDE SUS 40MG/ML	Added Quantity Limit as of 1/1/2022
RUFINAMIDE TAB 200MG	Added Quantity Limit as of 1/1/2022
RUFINAMIDE TAB 400MG	Added Quantity Limit as of 1/1/2022
SANTYL OIN 250/GM	Added Quantity Limit as of 1/1/2022
SPRITAM TAB 1000MG	Added Quantity Limit as of 1/1/2022
SPRITAM TAB 250MG	Added Quantity Limit as of 1/1/2022

SPRITAM TAB 500MG	Added Quantity Limit as of 1/1/2022
SPRITAM TAB 750MG	Added Quantity Limit as of 1/1/2022
SULFACETAMID LOT 10%	Added Quantity Limit as of 1/1/2022
SULFAMYLLON CRE 85MG/GM	Added Quantity Limit as of 1/1/2022
TALZENNA CAP 0.25MG	Added Quantity Limit as of 1/1/2022
TALZENNA CAP 1MG	Added Quantity Limit as of 1/1/2022
VERZENIO TAB 100MG	Added Quantity Limit as of 1/1/2022
VERZENIO TAB 150MG	Added Quantity Limit as of 1/1/2022
VERZENIO TAB 200MG	Added Quantity Limit as of 1/1/2022
VERZENIO TAB 50MG	Added Quantity Limit as of 1/1/2022
ZEJULA CAP 100MG	Added Quantity Limit as of 1/1/2022
ERGOT/CAFFEN TAB 1-100MG	Added Prior Authorization and Quantity Limit as of 1/1/2022
ENBREL INJ 25/0.5ML	Quantity Limit Updated as of 1/1/2022
ICLUSIG TAB 15MG	Quantity Limit Updated as of 1/1/2022
IMBRUVICA CAP 70MG	Quantity Limit Updated as of 1/1/2022
IMBRUVICA TAB 140MG	Quantity Limit Updated as of 1/1/2022
IMBRUVICA TAB 280MG	Quantity Limit Updated as of 1/1/2022
REVLIMID CAP 20MG	Quantity Limit Updated as of 1/1/2022
REVLIMID CAP 25MG	Quantity Limit Updated as of 1/1/2022

ADD File/OTC Products Removed from the Formulary as of 1/1/2022
ACACIA
ACESULFAME POTASSIUM
ACETIC ACID
ACETIC ACID GLACIAL
ACETYL-L-CARNITINE HYDROC
ALMOND OIL SWEET
ALOE VERA
ALUM AMMONIUM

AMBI 10PEH/400GFN
AMBI 10PEH/400GFN/20DM
AMBI 40PSE/400GFN
AQUADEKS
AQUASOL A PARENTERAL
AQUEOUS VITAMIN E
ASCORBYL PALMITATE
ASPARTAME
AYR SALINE NASAL NETI RIN
AYR SALINE NASAL RINSE KI
B-12 DOTS
BASE-PCCA MBK (FATTY ACID
B-COMPLEX PLUS VITAMIN C
BEELITH
BENZYL ALCOHOL
BETAINE ANHYDROUS
BIOFLAVONOID CITRUS
BIOTIN
BIOTIN-D
BISMUTH SUBCARBONATE
BORIC ACID
BORIC ACID
BUFFER CREAM
BUTYLPARABEN
CALAMINE
CALCET PETTTES
CALCIUM & MAGNESIUM + ZIN
CALCIUM CITRATE
CALCIUM CITRATE +
CALCIUM GLUCONATE

CALCIUM HYDROXIDE
CALCIUM LACTATE
CALCIUM PHOSPHATE DIBASIC
CALCIUM PHOSPHATE TRIBASI
CALCIUM SACCHARATE
CALCIUM/VITAMIN D/MINERAL
CAMPHOR
CARBOGEL 940
CARBOHOL 940
CARBOMER HOMOPOLYMER TYPE
CARBOXYMETHYLCELLULOSE SO
CETYL ALCOHOL
CHERRY CONCENTRATE
CHERRY CONCENTRATE
CHERRY SYRUP
CHEWABLE VITE WITH IRON/C
CHILDRENS CHEWABLE VITAMI
CHLOROFORM
CHOCOLATE CONCENTRATE
CHOLESTEROL ACETATE
CHRYSIN
CITRIC ACID ANHYDROUS
CITRIC ACID ANHYDROUS
CLOVE OIL
CO Q 10
CO Q 10
CO Q10
CO Q-10
CO Q-10
CO Q-10

COAL TAR
COCOA BUTTER
COCONUT OIL
CO-ENZYME Q 10
COENZYME Q10
COENZYME Q10
COENZYME Q10
COENZYME Q10
COENZYME Q-10
CO-ENZYME Q10
CO-ENZYME Q-10
COLLODION
COLLODION FLEXIBLE
COPPER SULFATE
COQ10
COQ10
COQ-10
CORN STARCH
COTTONSEED OIL
CREATINE MONOHYDRATE
CROTON OIL
DAYHIST ALLERGY 12 HOUR R
DHEA
DIABETISWEET
DIALYVITE VITAMIN D3 MAX
DIASCREEN 10
DIASCREEN 1G
DIASCREEN 2GK
DIASCREEN 3
DIASCREEN 4OBL

DIASCREEN 5
DIASCREEN 6
DIASCREEN 7
DIASCREEN 8
DIASCREEN 9
DIASTIX
DISTILLED WATER
DL-MALIC ACID
D-VITAMIN E SUCCINATE
ECEE PLUS
EPSOM SALT
ETHOXY ETHOXY ETHANOL REA
ETHYL ALCOHOL
ETHYL ALCOHOL
ETHYL ALCOHOL 200 PROOF
ETHYL ALCOHOL SDA
ETHYL ALCOHOL SDA-40B 190
ETHYL OLEATE
EZFE 200
EZFE FORTE
FATTYBLEND
FD&C RED #40 ALUMINUM LAK
FD&C YELLOW #5
FDC BLUE 1
FDC BLUE 1 ALUMINUM LAKE
FDC BLUE 2
FDC GREEN #3
FDC RED #3
FDC RED 40
FDC YELLOW 5 ALUMINUM LAK

FDC YELLOW 6
FERRETT'S IPS
FERRIC SUBSULFATE
FERRIC SUBSULFATE
FERRIMIN 150
FERROUS SULFATE
FERROUS SULFATE
FERROUS SULFATE
FORMALDEHYDE
FREE & CLEAR
FRUCTOSE
FULLERS EARTH
GERIATRIC VITAMIN
GLUCOSAMINE HYDROCHLORIDE
GLUCOSAMINE SULFATE
GLYCERIN
GLYCOLIC ACID
GLYCOLIC ACID
GNP B-100 BALANCED TR
GNP BORIC ACID
GNP CAL MAG ZINC +D3
GNP CALCIUM 600 +D3/MINER
GNP CALCIUM PLUS 600 +D
GNP CALCUM/VITAMIN D/MIN
GNP CHILDRENS CHEWABLES/E
GNP CHILDRENS CHEWABLES/I
GNP CO Q10
GNP DAYHIST ALLERGY
GNP IRON
GNP ONE DAILY WOMENS HEAL

GNP VITAMIN A
GOWEY TINCTURE
GRAPE SEED
GRAPE SYRUP
GREEN TEA EXTRACT
HM COQ10
HM IRON
HRT BASE
HYDROCHLORIC ACID
HYDROPHILIC
HYDROUS EMULSIFIED BASE
INDOLE-3-CARBINOL
INOSITOL HEXANICOTINATE
IRON 100 PLUS
IRON 100/C
ISOPROPYL PALMITATE
JELENE
JESSNERS
KARAYA GUM
KOJIC ACID
LACTIC ACID
LACTOSE
LACTOSE ANHYDROUS
LACTOSE HYDROUS
LACTOSE MONOHYDRATE
L-ARGININE
L-CITRULLINE
L-CYSTINE
LECITHIN
LEMON BIOFLAVANOID

CY21_2T_MMP

L-GLUTAMINE
L-GLUTATHIONE
LIP BALM BASE
LIP BALM BASE NATURAL
LIPOBASE
LIPOIC ACID
LIPOIL
LIPOVAN BASE
L-ISOLEUCINE
L-ISOLEUCINE
LOLLIBASE
LORTUSS EX
LOZIBASE
L-TYROSINE
L-TYROSINE
L-VALINE
MAGNESIUM CARBONATE HEAVY
MAGNESIUM CITRATE TRIBASI
MAGNESIUM OXIDE HEAVY
MAGONATE
METHYL SULFONE
METHYLCELLULOSE
METHYLCELLULOSE
METHYLCELLULOSE
METHYLPARABEN
MICRODERM BASE
MICROSOME BASE
MINERAL OIL
MINERAL OIL HEAVY
MINERAL OIL LIGHT

MULTI-DELYN
MULTI-DELYN/IRON
NAIL-EX
NATURAL BITTERNESS
NEPHRONEX
NEW SKIN
NIACIN
NIACIN FLUSH FREE FORMULA
NIACIN TR
NIACIN TR
NIACIN TR
NIACINAMIDE
NICE DISTILLED WATER
NUTR-E-SOL
OIL-ALMOND SWEET
OIL-COCONUT
ORA-BLEND
ORA-BLEND SF
ORA-HESIVE BASE
ORA-SWEET
ORA-SWEET SF
ORNITHINE HYDROCHLORIDE
OXALIC ACID
OYSTER SHELL/VITAMIN D
PCCA BASE 7542
PECTIN
PEG 300
PERUVIAN BALSAM
PFCB
PHARMABASE ANTIOXIDANT

PHARMABASE COSMETIC
PHARMABASE COSMETIC NATUR
PHARMABASE LIGHT
PHARMABASE VAGINAL MOISTU
PHOSPHATIDYLSERINE
PHOSPHORUS SUPPLEMENT
PHYTOBASE
PLO20 FLOWABLE
PNA-HRT BASE
POLOX
POLOX
POLOXAMER 407
POLYETHYLENE GLYCOL 1000
POLYETHYLENE GLYCOL 1450
POLYETHYLENE GLYCOL 400
POLYETHYLENE GLYCOL 8000
POLYETHYLENE GLYCOL BLEND
POLYOXYL 40 STEARATE
POLYSORBATE 20
POTASSIUM BROMIDE
POTASSIUM CITRATE
POTASSIUM HYDROXIDE
POTASSIUM HYDROXIDE
POTASSIUM HYDROXIDE
POTASSIUM NITRATE
POTASSIUM SORBATE
PROFE
PROPYLENE GLYCOL
PROPYLPARABEN
PYRUVIC ACID

QC BORIC ACID
QC COD LIVER OIL
Q-DERM
Q-SORB
Q-SORB
RA BORIC ACID
RA EPSOM SALT LAVENDER
RA EYE ALLERGY RELIEF
RA GLYCERIN CHILD
RDT BASE
RED YEAST RICE EXTRACT
REESES PINWORM MEDICINE
REFENESEN CHEST CONGESTIO
RISACAL-D
SACCHARIN
SAFFLOWER OIL
SALTSTABLE LO
SB FIB LAX ORANGE
SB LICE TREATMENT
SB TRIPLE ANTIBIOTIC
SHEA BUTTER
SIMPLE SYRUP
BORIC ACID
CALCIUM SOFT CHEWS
CALCIUM SOFT CHEWS
COQ-10
CORAL CALCIUM
IBUPROFEN JR
LICE KILLING
SLOW RELEASE IRON

TUSSIN CF
SODIUM ACETATE ANHYDROUS
SODIUM BENZOATE
SODIUM BICARBONATE
SODIUM BROMIDE
SODIUM HYDROXIDE
SODIUM METABISULFITE ANHY
SODIUM PERBORATE
SODIUM PHOSPHATE DIBASIC
SODIUM PHOSPHATE MONOBASI
SODIUM PROPIONATE
SODIUM SACCHARIN
SODIUM SACCHARIN
SODIUM SULFITE ANHYDROUS
SORBIC ACID
SORBITOL
SOYBEAN OIL
STEVIA EXTRACT
STRESS FORMULA/ZINC
STUART ONE
SUPER NU-THERA
SUPPOSIBLEND
SUSPENDIT
SYRSPEND SF ALKA
TALC
TANGERINE FLAVOR
TANNIC ACID
TARTARIC ACID
TGT EYE ALLERGY RELIEF
THREONINE

TROCHIBASE
TROCHIBASE S
TROCHIBASE S CLASSIC
TURPENTINE SPIRITS
TUTTI FRUTTI CONCENTRATE
U-BASE
UNIBASE
URO-MAG
VANIBASE
VEEGUM
VERSATILE CREAM BASE
VERSIGEL
VITAMIN K-1
V-MAX
WITEPSOL H15
XANTHAN GUM
XYLITOL
ZINC SULFATE
ZOO FRIENDS PLUS EXTRA C

*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your physician can determine if one of the alternatives listed here is appropriate for you given the individualized nature of drug therapy. Please consult your physician to confirm if this is an appropriate drug for you.