Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| 12-PANEL POC KIT TOXICOLO | Diagnostic Agent |
| 1ST BASE CRE | Bulk Ingredient |
| 1ST MEDX-PTC PAD LIDOCAIN | Unapproved Drug |
| 3ML GLAS SYR KIT NA HEPAR | Diagnostic Agent |
| 5ML GLAS SYR KIT NA HEPAR | Diagnostic Agent |
| 7T LIDO GEL 2% | LIST |
| A.A.G.C KIT CRE TERODERM | Not properly listed with FDA |
| ABANEU-SL SUB | Vitamin/Mineral |
| ABECMA INJ | LIST |
| ACACIA EXTRA SOL 1:20 | Non-standardized allergenic |
| ACCRUFER CAP 30MG | LIST |
| ACCUCAINE INJ 1% | LIST |
| ACCULA KIT COV-2 | Diagnostic Agent |
| ACD FORMULA SOL A | Blood Component |
| ACESO AG PAD 4"X4" | Surgical Supply/Medical |
| ACIOXIAY CRE 15-4% | Not properly listed with FDA |
| ACNESIC GEL 0.5% | Not properly listed with FDA |
| ACTCT FLEX 3 PAD 4"X4" | Not properly listed with FDA |
| ACTI ANTIMIC PAD 2"X2" | Not properly listed with FDA |
| ACTI ANTIMIC PAD 4"X4" | Not properly listed with FDA |
| ACTICOAT 7 PAD 2"X2" | Not properly listed with FDA |
| ACTICOAT 7 PAD 4"X5" | Not properly listed with FDA |
| ACTICOAT SUR PAD 4"X10" | Surgical Supply/Medical |
| ACTICOAT SUR PAD 4"X8" | Surgical Supply/Medical |
| ACTICOAT SUR PAD 4X13.75" | Surgical Supply/Medical |
| ACTICOAT SUR PAD 4X4-3/4" | Surgical Supply/Medical |
| ACTIVASE INJ 50MG | LIST |
| | Bulk Ingredient |
| ACTIVE INJEC INJ DL | Bulk Ingredient |
| ACTIVE INJEC INJ M-1 | Bulk Ingredient |
| ACTIVE INJEC KIT BLM-1 | Bulk Ingredient |
| ACTIVE INJEC KIT BM | Bulk Ingredient |
| ACTIVE INJEC KIT D | Bulk Ingredient |
| ACTIVE INJEC KIT DLM | Bulk Ingredient |
| ACTIVE INJEC KIT KET-L | Bulk Ingredient |
| ACTIVE INJEC KIT KETMARC | Bulk Ingredient |
| ACTIVE INJEC KIT KL-3 | Bulk Ingredient |
| ACTIVE INJEC KIT KM | Bulk Ingredient |
| ACTIVE INJEC KIT LM-2 | Bulk Ingredient |
| ACTIVE INJEC KIT LM-DEP-2 | Not properly listed with FDA |
| ACTIVITE TAB | Vitamin/Mineral |
| ACUICYN SOL | Not properly listed with FDA |
| ACUNOL TAB 600MG | Unapproved Drug |
| ACYCLOVIX PAK | LIST |
| ADA SHA | Not properly listed with FDA |

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| Label Name | Reason |
|---------------------------|------------------------------|
| ADAINZDE GEL | Not properly listed with FDA |
| | Not properly listed with FDA |
| ADAPAL/BEN P PAD 0.1-2.5% | Unapproved Drug |
| ADAPTADERM CRE | Not properly listed with FDA |
| ADC/FLUORIDE DRO 0.5MG | Vitamin/Mineral |
| ADDYI TAB 100MG | Sexual Dysfunction Agent |
| ADENOCAINE INJ 40ML | Not properly listed with FDA |
| | Diagnostic Agent |
| ADIPEX-P CAP 37.5MG | Anorexic, Anti-obestiy Agent |
| ADIPEX-P TAB 37.5MG | Anorexic, Anti-obestiy Agent |
| ADRENAL C TAB FORMULA | Vitamin/Mineral |
| ADREVIEW INJ | Diagnostic Agent |
| ADTHYZA TAB 130MG | Unapproved Drug |
| ADTHYZA TAB 16.25MG | Unapproved Drug |
| ADTHYZA TAB 32.5MG | Unapproved Drug |
| ADTHYZA TAB 65MG | Unapproved Drug |
| ADTHYZA TAB 97.5MG | Unapproved Drug |
| ADUHELM INJ 170MG | LIST |
| ADUHELM INJ 300MG | LIST |
| ADV ALLERGY KIT COLLECTI | Not properly listed with FDA |
| ADVANCED MIS AM/PM | Vitamin/Mineral |
| | Blood Component |
| ADYPHREN KIT | LIST |
| ADYPHREN AMP KIT 1MG/ML | Unapproved Drug |
| ADYPHREN II KIT | Unapproved Drug |
| AFLURIA QUAD INJ 2020-21 | Influenza Vaccine |
| AFLURIA QUAD INJ 2021-22 | Influenza vaccine |
| AFLURIA QUAD INJ 2021-22 | Influenza vaccine |
| AFLURIA QUAD INJ 2021-22 | Influenza vaccine |
| | |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|--------------------------|-------------------------------------------------------|
| AFLURIA QUAD INJ 2022-23 | Influenza vaccine |
| AFLURIA QUAD INJ 2022-23 | Influenza vaccine |
| | Blood Component |
| AFSTYLA KIT 1500UNIT | Blood Component |
| AFSTYLA KIT 2000UNIT | Blood Component |
| | Blood Component |
| AFSTYLA KIT 250UNIT | Blood Component |
| | Blood Component |
| | Blood Component |
| AGONEAZE KIT 2.5-2.5% | LIST |
| | Not properly listed with FDA |
| | Not properly listed with FDA |
| AIRAVITE TAB | Vitamin/Mineral |
| AK-FLUOR INJ 10% OP | Diagnostic Agent |
| | Diagnostic Agent |
| ALADERM PLUS EMU | Not properly listed with FDA |
| | Not properly listed with FDA |
| ALBUKED 25 INJ 25% | Blood Component |
| ALBUKED 5 INJ 5% | Blood Component |
| ALBUMIN HUM INJ 25% | Blood Component |
| | Blood Component |
| ALBUMINEX SOL 25% | Blood Component |
| ALBUMINEX SOL 5% | Blood Component |
| ALBUMIN-ZLB INJ | Blood Component |
| ALBUMIN-ZLB SOL 25% | Blood Component |
| ALBURX INJ 5% | Blood Component |
| | Blood Component |
| | Blood Component |
| ALCOHOL BASE GEL | Not properly listed with FDA |
| ALCOH-WIPE MIS 12"X12" | Not properly listed with FDA |
| ALCORTIN A GEL 1-2-1% | Unapproved Drug |
| ALDER EXTRAC SOL 1:20 | Non-standardized allergenic |
| | Not properly listed with FDA |
| ALEVICYN GEL | Not properly listed with FDA |
| ALEVICYN SOL DERMAL | Not properly listed with FDA |
| ALEVICYN SG GEL ANTIPRUR | Not properly listed with FDA |
| ALKERAN TAB 2MG | Oral drug for cancer; infusion available under Part B |
| ALLEVYN AG MIS 6-3/4" | Surgical Supply/Medical |
| ALLEVYN AG MIS 9"X9"SAC | Surgical Supply/Medical |
| ALLEVYN AG PAD 2"X2" | Surgical Supply/Medical |
| ALLEVYN AG PAD 3"X3" | Not properly listed with FDA |
| ALLEVYN AG PAD 4"X4" | Surgical Supply/Medical |
| | Not properly listed with FDA |
| ALLEVYN AG PAD 6"X6" | Surgical Supply/Medical |
| ALLEVYN AG PAD 7"X7" | Not properly listed with FDA |

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| Label Name | Reason |
|---------------------------|------------------------------|
| ALLEVYN AG PAD 8"X8 | Surgical Supply/Medical |
| ALLEVYN GENT PAD 4"X4 | Not properly listed with FDA |
| ALLEVYN GENT PAD 8"X8" | Not properly listed with FDA |
| ALMOND INJ EXTRACT | Diagnostic Agent |
| ALPAWASH OIN | Not properly listed with FDA |
| ALPHA-LIPOIC SOL ACID | Unapproved Drug |
| ALPHANATE INJ 1000UNIT | Blood Component |
| ALPHANATE INJ 1500UNIT | Blood Component |
| ALPHANATE INJ 2000UNIT | Blood Component |
| ALPHANATE INJ 250 UNIT | Blood Component |
| ALPHANATE INJ 500 UNIT | Blood Component |
| ALPHANINE SD INJ 1000UNIT | Blood Component |
| ALPHANINE SD INJ 1500UNIT | Blood Component |
| ALPHANINE SD INJ 500UNIT | Blood Component |
| ALPROLIX INJ 1000UNIT | Blood Component |
| ALPROLIX INJ 2000UNIT | Blood Component |
| ALPROLIX INJ 250UNIT | Blood Component |
| ALPROLIX INJ 3000UNIT | Blood Component |
| ALPROLIX INJ 4000UNIT | Blood Component |
| ALPROLIX INJ 500UNIT | Blood Component |
| ALPROSTADIL INJ 500MCG | Erectile Dysfunction |
| ALTADERM CRE BASE | Not properly listed with FDA |
| ALTAFLUOR-BE SOL 0.25-0.4 | Diagnostic Agent |
| ALTERNARIA SOL ALTERNAT | Non-standardized allergenic |
| ALTUVIIIO INJ 1000UNIT | Blood Component |
| ALTUVIIIO INJ 2000UNIT | Blood Component |
| ALTUVIIIO INJ 250 UNIT | Blood Component |
| ALTUVIIIO INJ 250UNIT | Blood Component |
| ALTUVIIIO INJ 3000UNIT | Blood Component |
| ALTUVIIIO INJ 4000UNIT | Blood Component |
| ALTUVIIIO INJ 500UNIT | Blood Component |
| AMD FOAM PAD 4"X4" | Not properly listed with FDA |
| AMERICAN SOL BEECH | Non-standardized allergenic |
| AMERICAN SOL COCKROAC | Non-standardized allergenic |
| AMERICAN ELM SOL | Non-standardized allergenic |
| AMIDATE INJ 2MG/ML | General Anesthetic |
| AMINO PM RMS CAP | Not properly listed with FDA |
| AMINOAM CAP RMS | Not properly listed with FDA |
| AMINORELIEF CAP RMS | Not properly listed with FDA |
| AMITRIPTYLIN CRE | Not properly listed with FDA |
| AMITRIPTYLIN KIT 2% | Bulk Ingredient |
| AMLADEX TAB | Multi-vitamin |
| AMLODIPINE SUS 1MG/ML | LIST |
| AMMONIA N 13 INJ | Diagnostic Agent |
| AMORPH WOUND GEL DRESSING | Not properly listed with FDA |

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| Label Name | Reason |
|---------------------------|------------------------------|
| AMYTAL SOD INJ 500MG | Unapproved Drug |
| AMYVID INJ | Diagnostic Agent |
| ANA-LEX KIT | Unapproved Drug |
| ANALPRAM HC CRE 2.5-1% | Unapproved Drug |
| ANALPRAM-HC CRE 1-1% | Unapproved Drug |
| ANALPRAM-HC LOT 2.5% | Unapproved Drug |
| ANALPRM SNGL CRE HC 2.5-1 | Unapproved Drug |
| ANASCORP INJ | LIST |
| ANASPAZ TAB 0.125MG | Unapproved Drug |
| ANAVIP INJ | Antivenin |
| ANECTINE INJ 200/10ML | LIST |
| ANECTINE INJ 20MG/ML | LIST |
| ANESTHESIA KIT S/I-40A | General Anesthetic |
| ANESTHESIA KIT S/I-40H | General Anesthetic |
| ANHYDROUS CRE BASE | Not properly listed with FDA |
| ANHYDROUS OIN BASE | Not properly listed with FDA |
| ANODYNE LPT KIT 2.5-2.5% | LIST |
| ANTICOAGULNT INJ SOD CITR | Unapproved Drug |
| ANTIPRURITIC GEL | Not properly listed with FDA |
| ANTIVENIN KIT LAT MACT | LIST |
| ANTIVENIN NA INJ CORAL SN | LIST |
| ANUCORT-HC SUP 25MG | Not properly listed with FDA |
| ANUSOL-HC SUP 25MG | Unapproved Drug |
| APLISOL INJ 5/0.1ML | Diagnostic Agent |
| APP SLIM RMS CAP | Not properly listed with FDA |
| APPLE INJ EXTRACT | Diagnostic Agent |
| APRIZIO PAK KIT | LIST |
| APRIZIO PAK KIT II | LIST |
| AP-ZEL TAB | Vitamin/Mineral |
| AQUACEL FOAM PAD 5"X5" | LIST |
| AQUACEL FOAM PAD 7"X7" | LIST |
| AQUASOL A INJ 50000/ML | Vitamin/Mineral |
| AQUASTAT SOL 0.9% | Surgical Supply/Medical |
| AQUORAL SPR | Not properly listed with FDA |
| ARIDA GEL | Surgical Supply/Medical |
| ARIDOL KIT | Diagnostic Agent |
| ARIZONA INJ CYPRESS | Non-standardized allergenic |
| ARMOUR THYRO TAB 120MG | Unapproved Drug |
| ARMOUR THYRO TAB 15MG | Unapproved Drug |
| ARMOUR THYRO TAB 180MG | Unapproved Drug |
| ARMOUR THYRO TAB 240MG | Unapproved Drug |
| ARMOUR THYRO TAB 300MG | Unapproved Drug |
| ARMOUR THYRO TAB 30MG | Unapproved Drug |
| ARMOUR THYRO TAB 60MG | Unapproved Drug |
| ARMOUR THYRO TAB 90MG | Unapproved Drug |
| | |

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| Label Name | Reason |
|---------------------------|------------------------------|
| ARNICA TIN FLOWER | Unapproved Drug |
| ARNICA LG LIQ | Unapproved Drug |
| ARTICADENT INJ DENTAL | LIST |
| ARTICADENT INJ DENTAL | LIST |
| ARZOL SILVER MIS NITR APP | Unapproved Drug |
| ASCLERA INJ 0.5% | LIST |
| ASCLERA INJ 1% | LIST |
| ASCOR SOL 25000MG | Vitamin/Mineral |
| ASCORBIC ACD INJ 500MG/ML | Vitamin/Mineral |
| ASCORBIC ACI SOL 500MG/ML | Unapproved Drug |
| ASILNASAL CAP RMS | Not properly listed with FDA |
| ASPERGILLUS INJ 1:10 | Non-standardized allergenic |
| ASPERGILLUS INJ 1:20 | Diagnostic Agent |
| ASPERGILLUS INJ SOLN 1:20 | Non-standardized allergenic |
| ASTAMED MYO CAP | Not properly listed with FDA |
| ASTERO GEL 4% | Not properly listed with FDA |
| ASTRINGYN SOL 259MG/GM | Not properly listed with FDA |
| ATABEX EC TAB 29-1MG | Vitamin/Mineral |
| ATABEX OB TAB 29-1MG | Vitamin/Mineral |
| ATENOLOL SUS 1MG/ML | Not properly listed with FDA |
| ATOPADERM CRE | Device |
| ATOPAVO EMU | Surgical Supply/Medical |
| ATOPICLAIR CRE | Device |
| ATRACURIUM INJ 10MG/ML | LIST |
| ATRACURIUM INJ 10MG/ML | LIST |
| ATRACURIUM INJ 50MG/5ML | LIST |
| ATRAPRO GEL HYDROGEL | Device |
| ATRAPRO CP KIT | Not properly listed with FDA |
| ATRAPRO DERM SPR | Not properly listed with FDA |
| ATREVIS CRE | Not properly listed with FDA |
| ATROPINE SUL INJ 1.2/3ML | Unapproved Drug |
| ATROPINE SUL OIN 1% OP | Unapproved Drug |
| AUREOBASIDIU INJ 1:20 | Diagnostic Agent |
| AUREOBASIDIU SOL 1:20 | Non-standardized allergenic |
| AUSTRALIAN SOL PINE EXT | Non-standardized allergenic |
| AUXIPRO CRE VANISHIN | Not properly listed with FDA |
| AVAILNEX CHW 750MG | Not properly listed with FDA |
| AVAR PAD 9.5-5% | Unapproved Drug |
| AVAR CLEANSE EMU 10-5% | Unapproved Drug |
| AVAR LS LIQ 10-2% | Unapproved Drug |
| AVAR LS PAD 10-2% | Unapproved Drug |
| AVAR-E EMOLL CRE 10-5% | Unapproved Drug |
| AVAR-E GREEN CRE 10-5% | Unapproved Drug |
| AVAR-E LS CRE 10-2% | Unapproved Drug |
| AVEIDAOXIA GEL | Not properly listed with FDA |

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| Label Name | Reason |
|---------------------------|------------------------------|
| AVENOVA SOL 0.01% | Not properly listed with FDA |
| AVIDOXY DK KIT | Not properly listed with FDA |
| AVO CREAM EMU | Surgical Supply/Medical |
| AVOCADO INJ EXTRACT | Diagnostic Agent |
| AXONA POW | Medical Food |
| | Diagnostic Agent |
| AZ VACCINE INJ COVID-19 | Unapproved Drug |
| AZADROX GEL | Surgical Supply/Medical |
| AZALGIA CAP | Dietary Supplement |
| AZESCHEW CHW 13-1MG | Vitamin/Mineral |
| AZESCO TAB 13-1MG | Vitamin/Mineral |
| AZUPHEN MB CAP 120MG | Unapproved Drug |
| B & C OIN | Device |
| B-12 COMP KIT 1000MCG | Vitamin/Mineral |
| B12 COMPLNCE KIT INJ KIT | Vitamin/Mineral |
| BACLOFEN CRE | Not properly listed with FDA |
| BACLOFEN CRE 1% | Bulk Ingredient |
| BACLOFEN CRE 2% | Bulk Ingredient |
| BACMIN TAB | Vitamin/Mineral |
| BACTER WATER INJ BENZ ALC | Unapproved Drug |
| BAHIA SOL EXTRACT | Non-standardized allergenic |
| BAL SALT SOL OP | LIST |
| BALD CYPRESS INJ 1:20 | Non-standardized allergenic |
| BALSAM PERU OIN CASTOR | Device |
| BANANA INJ EXTRACT | Diagnostic Agent |
| BANDAGE ROLL MIS 4.5"X3YD | Not properly listed with FDA |
| BARIUM POW SULFATE | Diagnostic Agent |
| BASADROX GEL | Surgical Supply/Medical |
| BASE CRE LIPOSOME | Bulk Ingredient |
| BASE W301 CRE | Not properly listed with FDA |
| BAYBERRY WAX SOL MYR EXTR | Non-standardized allergenic |
| B-COMPLEX INJ | Vitamin/Mineral |
| B-COMPLEX INJ 100 | Vitamin/Mineral |
| B-COMPLEX INJ HYDRXCB | Vitamin/Mineral |
| BD POSIFLUSH INJ 0.9% | Not properly listed with FDA |
| BD POSIFLUSH INJ 3ML | Surgical Supply/Medical |
| BD VERITOR KIT COV/FLU | Diagnostic agent |
| BD VERITOR KIT SARSCOV2 | Diagnostic Agent |
| BD VERITOR KIT STREP A | Diagnostic agent |
| BEAU RX GEL | Not properly listed with FDA |
| BEBTELOVIMAB SOL 175/2ML | Not properly listed with FDA |
| BEE VENOM INJ 1300MCG | Non-standardized allergenic |
| BEE VENOM INJ 550MCG | Non-standardized allergenic |
| BEEF EXTRACT INJ 1:10 | Diagnostic Agent |
| BELLA/OPIUM SUP 16.2-30 | Unapproved Drug |

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| Label Name | Reason |
|---------------------------|------------------------------|
| BELLA/OPIUM SUP 16.2-60 | Unapproved Drug |
| BENEFIX INJ 1000UNIT | Blood Component |
| BENEFIX INJ 2000UNIT | Blood Component |
| BENEFIX INJ 250UNIT | Blood Component |
| BENEFIX INJ 3000UNIT | Blood Component |
| BENEFIX INJ 500UNIT | Blood Component |
| BENSAL HP OIN | Unapproved Drug |
| BENZ PER FOR LOT HC 7.5-1 | Not properly listed with FDA |
| BENZ PER- HC LOT 5-0.5% | Not properly listed with FDA |
| BENZ PEROXID GEL 6.5% | Not properly listed with FDA |
| BENZAC AC LIQ 5% WASH | Unapproved Drug |
| BENZALKONIUM SOL 50% | Unapproved Drug |
| BENZALKONIUM SOL NF | Not properly listed with FDA |
| BENZEPRO AER 5.2% | Not properly listed with FDA |
| BENZEPRO AER 5.3% | Unapproved Drug |
| BENZEPRO AER 9.7% | Not properly listed with FDA |
| BENZEPRO LIQ 6.8% | Not properly listed with FDA |
| BENZEPRO LIQ CREAMY | Unapproved Drug |
| BENZEPRO MIS 5.8% | Not properly listed with FDA |
| BENZEPRO MIS 6% | Unapproved Drug |
| BENZEPRO SC AER 9.8% | Unapproved Drug |
| BENZODOX 30 MIS | Unapproved Drug |
| BENZODOX 60 MIS | Unapproved Drug |
| BENZOIN TIN NF | Unapproved Drug |
| BENZOIN CMPD TIN | Unapproved Drug |
| BENZONATATE CAP 100MG | Cough/Cold |
| BENZONATATE CAP 150MG | Cough/Cold |
| BENZONATATE CAP 200MG | Cough/Cold |
| BENZOYL PER AER 9.8% | Unapproved Drug |
| BENZOYL PERO GEL 8% | Not properly listed with FDA |
| BENZOYL PERX LIQ 6.9% | Not properly listed with FDA |
| BENZPHETAMIN TAB 50MG | Anorexic, Anti-obestiy Agent |
| BERMUDA SOL GRASS | Non-standardized allergenic |
| BERMUDA GRAS INJ 10000BAU | LIST |
| BESER KIT 0.05% | LIST |
| BETA 1 KIT KIT 30MG/5ML | LIST |
| BETALIDO KIT | LIST |
| BETALOAN SUI INJ 3-3MG/ML | LIST |
| BETAMETH SOD INJ 12MG/2ML | Unapproved Drug |
| BETAMETH SOD INJ 6MG/ML | Unapproved Drug |
| BEVACIZUMAB INJ 1.25MG | Not properly listed with FDA |
| BEVACIZUMAB INJ 2.5/.1ML | Not properly listed with FDA |
| BEVACIZUMAB INJ 3.25/.13 | Not properly listed with FDA |
| BEVACIZUMAB INJ 3.75/.15 | Not properly listed with FDA |
| BHI URI- TAB CONTROL | Unapproved Drug |

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| Label Name | Reason |
|---------------------------|------------------------------|
| BIAFINE EMU | Surgical Supply/Medical |
| BI-EST 50:50 MICRO CRE | Not properly listed with FDA |
| BIIFENAC MIS 1000 KIT | LIST |
| BIJFENAC 500 MIS KIT | LIST |
| BILAC CAP | Dietary Supplement |
| BIMATOPROST SOL 0.03% | Cosmetic |
| BI-MIX INJ 150-5MG | Erectile Dysfunction |
| BINAXNOW KIT COVID-19 | Diagnostic Agent |
| BIO GLO TES 1MG OP | Diagnostic Agent |
| BIOCEL TAB | Vitamin/Mineral |
| BIOGRD ISLND PAD 4"X10" | Not properly listed with FDA |
| BIOGRD ISLND PAD 4"X14" | Not properly listed with FDA |
| BIOGRD ISLND PAD 4"X5" | Not properly listed with FDA |
| BIONECT AER 0.2% | Surgical Supply/Medical |
| BIONECT CRE 0.2% | Surgical Supply/Medical |
| BIONECT GEL 0.2% | Surgical Supply/Medical |
| BIOPAR DELTA CAP FORTE | Multi-vitamin |
| BIOPEPTIDE CRE BASE | Not properly listed with FDA |
| BLACK WALNUT INJ 1:10 | Non-standardized allergenic |
| BLACK WALNUT INJ 1:20 | Non-standardized allergenic |
| BLACK WALNUT INJ 20000PNU | Non-standardized allergenic |
| BLACK WALNUT INJ 40000PNU | Non-standardized allergenic |
| BLACK WILLOW INJ 1:20 | Non-standardized allergenic |
| BLANCHE CRE 4% | Cosmetic |
| BLUDIGO INJ 8MG/ML | Diagnostic Agent |
| BOCASAL POW | Not properly listed with FDA |
| BONE MARROW KIT BIOPSY | Not properly listed with FDA |
| BORIC ACID GRA | Bulk Ingredient |
| BOTOX COSMET INJ 100UNIT | Cosmetic |
| BOTOX COSMET INJ 50UNIT | Cosmetic |
| BOTRYTIS EXT SOL 1:10 | LIST |
| BP 10-1 EMU | Unapproved Drug |
| BP CLEANSING EMU 10-4% | Unapproved Drug |
| BP VIT 3 CAP | Vitamin/Mineral |
| BP WASH LIQ 2.5% | Unapproved Drug |
| BP WASH LIQ 7% | Unapproved Drug |
| BPCO OIN | Not properly listed with FDA |
| B-PLEX TAB | Vitamin/Mineral |
| B-PLEX PLUS TAB | Vitamin/Mineral |
| BPM TAB 6MG | Unapproved Drug |
| BPM PSEUDO TAB 6-45MG | Unapproved Drug |
| BPM-PSE-DM SYP 2-30-10 | LIST |
| BREVITAL SOD INJ 500MG | General Anesthetic |
| BREYANZI INJ | LIST |
| BROM/PSE/DM SYP | Cough/Cold |

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| Label Name | Reason |
|---------------------------|-----------------------------------------------------------|
| BROM/PSE/DM SYP 2/30/10 | LIST |
| BROM/PSE/DM SYP 2/30/10 | LIST |
| BROM/PSE/DM SYP 2-30-10 | Not properly listed with FDA |
| BROME SOL 1:20 | Non-standardized allergenic |
| BSP 0820 KIT | LIST |
| BSS SOL OP | LIST |
| BSS PLUS SOL OP | LIST |
| BUPIV/DEXTRO INJ SPINAL | LIST |
| BUPIVAC HCL INJ 0.125% | Unapproved Drug |
| BUPIVAC/NACL INJ | Not properly listed with FDA |
| BUPIVACA/D5W INJ /SPINAL | LIST |
| BUPIVACAINE INJ SPINAL | LIST |
| BUPIVACAINE/ INJ EPI 0.25 | LIST |
| BUPIVACAINE/ INJ EPI 0.25 | LIST |
| BUPIVACAINE/ INJ EPI 0.5% | LIST |
| BUPIVACAINE/ INJ EPI 0.5% | LIST |
| BUPIVILOG KIT | LIST |
| BYFAVO INJ 20MG | General Anesthetic |
| CA ALGINATE MIS 12" ROPE | Unapproved Drug |
| CA ALGINATE PAD 2"X2" | Unapproved Drug |
| CA ALGINATE PAD 4"X4" | Unapproved Drug |
| CA ALGINATE PAD 4"X8" | Unapproved Drug |
| CADIRAMD KIT | Unapproved Drug |
| CAFFEINE/SOD INJ BENZOATE | Unapproved Drug |
| CALCIFOL WAF | Vitamin/Mineral |
| CALCIUM GLUC INJ 1000/10 | not properly listed with FDA |
| CALCIUM-FA WAF PLUS D | Vitamin/Mineral |
| CALI PEPPER INJ TREE | Non-standardized allergenic |
| CAM PRO COMP BAR GLYTACTI | Not properly listed with FDA |
| CANDIDA INJ ALBICANS | Diagnostic Agent |
| CANDIDA ALBI SOL 100MG/ML | Non-standardized allergenic |
| CANDIN INJ | Diagnostic Agent |
| CANTALOUPE INJ EXTRACT | Diagnostic Agent |
| CANVAS DX MIS AUTISM | Not properly listed with FDA |
| CAPECITABINE TAB 150MG | Covered under Part B; oral drug only indicated for cancer |
| CAPECITABINE TAB 500MG | Covered under Part B; oral drug only indicated for cancer |
| CAPSFENAC PAK | LIST |
| CAPSINAC PAK | LIST |
| CAPSULE #0 CAP VEG | Not properly listed with FDA |
| CAPSULE #0 CAP VEGGIE | Not properly listed with FDA |
| CAPSULE #1 CAP VEG | Not properly listed with FDA |
| CAPSULE #1 CAP VEGGIE | Not properly listed with FDA |
| CAPSULE #3 CAP VEG | Not properly listed with FDA |
| CAPSULE #3 CAP VEGGIE | Not properly listed with FDA |
| CAPSULE 0 CAP CLR DR | Unapproved Drug |

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| Label Name | Reason |
|---------------------------|------------------------------|
| CAPSULE CONI CAP -SN #000 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP #0 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP #0 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP #1 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP #1 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP #2 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP #3 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP #3 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP #4 | Unapproved Drug |
| CAPSULE CONI CAP -SNAP#00 | Unapproved Drug |
| CAPSULE EZFT CAP #0 | Not properly listed with FDA |
| CAPSULE EZFT CAP #00 | Not properly listed with FDA |
| CARBOGEL GEL 940 | Bulk Ingredient |
| CARBOHOL GEL 940 | Bulk Ingredient |
| CARBOMER GEL AQUEOUS | Bulk Ingredient |
| CARBOMER GEL HYDROALC | Bulk Ingredient |
| CARDIOLITE KIT | Diagnostic Agent |
| CARDIOPL IND SOL 4:1 | Not properly listed with FDA |
| CARDIOPL IND SOL 8:1 | Not properly listed with FDA |
| CARDIOPL IND SOL LOW DEX8 | Not properly listed with FDA |
| CARDIOPL IND SOL NON-EN 8 | Not properly listed with FDA |
| CARDIOPL IND SOL PLASMA 4 | Not properly listed with FDA |
| CARDIOPL IND SOL PLS/TROM | Not properly listed with FDA |
| CARDIOPL MN SOL 8:1 | Not properly listed with FDA |
| CARDIOPL MN SOL PLS/TROM | Not properly listed with FDA |
| CARDIOPL REP SOL 4:1 | Not properly listed with FDA |
| CARDIOPLE MN SOL LOW TROM | Not properly listed with FDA |
| CARDIOPLEGI SOL DEL NIDO | |
| CARDIOPLEGIA SOL MAIN 4:1 | Not properly listed with FDA |
| CARDIOPLEGIC SOL | LIST |
| CARDIOTEK-RX TAB | Vitamin/Mineral |
| CARVYKTI INJ | LIST |
| CAT HAIR SOL EXTRACT | Non-standardized allergenic |
| CAT HAIR EXT INJ 10000BAU | LIST |
| CAT HAIR EXT INJ 5000BAU | LIST |
| CATHFLO ACTI INJ 2MG | LIST |
| CATTLE EPITH SOL 1:20 | Non-standardized allergenic |
| CAVERJECT INJ 40MCG | Erectile Dysfunction |
| CAVERJECT KIT 20MCG | Erectile Dysfunction |
| CAVERJECT IM KIT 10MCG | Erectile Dysfunction |
| CAYA DPR | Not properly listed with FDA |
| CEDAR ELM INJ 1:20 | Non-standardized allergenic |
| CELACYN GEL | Not properly listed with FDA |
| CEM-UREA SOL 45% | Unapproved Drug |
| CENFOL TAB | Vitamin/Mineral |

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| Label Name | Reason |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| CENTANY AT KIT 2% | LIST |
| CERACADE EMU | Not properly listed with FDA |
| CERAMAX CRE | Not properly listed with FDA |
| CERAMAX LOT | Not properly listed with FDA |
| CEREFOLIN TAB | Vitamin/Mineral |
| CEREFOLIN TAB NAC | Vitamin/Mineral |
| CEREFOLIN TAB NAC | Vitamin/Mineral |
| CERETEC INJ | Diagnostic Agent |
| CERIANNA SOL 4-100 | Diagnostic Agent |
| CEROVEL LOT 40% | Unapproved Drug |
| CERVICAL MIS SPECIMEN | Diagnostic Agent |
| CETACAINE AER | Unapproved Drug |
| CETACAINE GEL 2-2-14% | Unapproved Drug |
| CETACAINE LIQ 2-2-14% | Unapproved Drug |
| CETRORELIX INJ 0.25MG | Fertility Agent |
| CETROTIDE KIT 0.25MG | Fertility Agent |
| CHERRY SYP | Bulk Ingredient |
| CHICKEN MEAT INJ EXTRACT | Diagnostic Agent |
| CHIRHOSTIM SOL 16MCG | Diagnostic Agent |
| CHLOHUX SHA 0.05-2% | Not properly listed with FDA |
| CHLOOXIA CRE | Not properly listed with FDA |
| CHLOOXIA OIN | Not properly listed with FDA |
| CHLOOXIA SOL | Not properly listed with FDA |
| CHLORHEX GLU SOL 20% | Bulk Ingredient |
| CHOLECAL DF TAB | Dietary Supplement |
| CHOLESTEROL TES & LIPID | Diagnostic Agent |
| CHOLETEC INJ | Diagnostic Agent |
| CHROMIUM CL INJ 4MCG/ML | Not properly listed with FDA |
| CHRYSADERM CRE DAY | Not properly listed with FDA |
| CHRYSADERM CRE NIGHT | Not properly listed with FDA |
| CIALIS TAB 10MG | Erectile Dysfunction |
| CIALIS TAB 2.5MG* [Coverable for Benign Prostatic Hyperplasia (BPH) diagnosis only.] | Erectile Dysfunction [only coverable for diagnosis of Benign Prostatic Hyperplasia (BPH)] |
| CIALIS TAB 20MG | Erectile Dysfunction |
| CIALIS TAB 5MG* [Coverable for Benign Prostatic Hyperplasia (BPH) diagnosis only.] | Erectile Dysfunction [only coverable for diagnosis of Benign Prostatic Hyperplasia (BPH)] |
| CICLODAN SOL KIT 8% | LIST |
| CICLOPIROX KIT 8% | Unapproved Drug |
| CIFEREX CAP | Unapproved Drug |
| CISATRACURIU INJ 10MG/5ML | LIST |
| CISATRACURIU INJ 10MG/ML | LIST |
| CISATRACURIU INJ 20/10ML | LIST |
| CISATRACURIU INJ 200/20ML | LIST |
| CISATRACURIU INJ 2MG/ML | Not properly listed with FDA |
| CITRANATAL CAP HARMONY | Vitamin/Mineral |
| CITRANATAL CAP HARMONY | Vitamin/Mineral |
| CITRANATAL CAP HARMONY | Vitamin/Mineral |

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| Label Name | Reason |
|-------------------------|------------------------------|
| CITRANATAL CAP MEDLEY | Vitamin/Mineral |
| CITRANATAL MIS | Vitamin/Mineral |
| CITRANATAL MIS 90 DHA | Vitamin/Mineral |
| CITRANATAL MIS B-CALM | Vitamin/Mineral |
| CITRANATAL PAK ASSURE | Vitamin/Mineral |
| CITRANATAL PAK DHA | Vitamin/Mineral |
| CITRANATAL PAK ESSENCE | Vitamin/Mineral |
| CITRANATAL TAB BLOOM | Vitamin/Mineral |
| CITRANATAL TAB RX | Vitamin/Mineral |
| CITRULLINE TAB EASY 1GM | Not properly listed with FDA |
| CLADOSPORIUM INJ 1:20 | Non-standardized allergenic |
| CLARISCAN INJ 10MMOL | Diagnostic Agent |
| | Diagnostic Agent |
| CLARISCAN INJ 50MMOL | Diagnostic agent |
| CLARISCAN INJ 5MMOL | Diagnostic Agent |
| CLARISCAN INJ 7.5MMOL | Diagnostic Agent |
| CLENIA PLUS SUS 9-4.25% | Unapproved Drug |
| CLINDACIN KIT ETZ 1% | LIST |
| CLINDACIN KIT PAC 1% | LIST |
| CLINDAVIX KIT | LIST |
| CLINOIN CRE | Not properly listed with FDA |
| CLINPRO 5000 PST 1.1% | Unapproved Drug |
| CLOBETAVIX KIT 0.05% | LIST |
| CLOBETEX PAK | LIST |
| CLODAN KIT 0.05% | LIST |
| | Fertility Agent |
| | Fertility Agent |
| C-NATE DHA CAP 28-1-200 | Vitamin/Mineral |
| | Blood Component |
| | Blood Component |
| COAL TAR SOL 20% | Not properly listed with FDA |
| COCKLEBUR EX SOL 1:20 | Non-standardized allergenic |
| | Diagnostic Agent |
| COD LIVER OIL | Vitamin/Mineral |
| COENZYME INJ Q-10 | Unapproved Drug |
| COLCIGEL GEL | Unapproved Drug |
| COLLANEX POW | LIST |
| | Device |
| COLLODION LIQ FLEXIBLE | Not properly listed with FDA |
| COMIRNATY INJ 30/0.3ML | LIST |
| COMPLETE NAT PAK DHA | Vitamin/Mineral |
| COMPLETENATE CHW | Vitamin/Mineral |
| CO-NATAL FA TAB 29-1MG | Vitamin/Mineral |
| CONCENTRATE CRE | Not properly listed with FDA |
| CONCEPT DHA CAP | Vitamin/Mineral |

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| Label Name | Reason |
|------------------------------------------------------------|-----------------------------------|
| CONCEPT OB CAP | Vitamin/Mineral |
| CONRAY INJ 60% | Diagnostic Agent |
| CONTR ALLRGY KIT PREMD PK | Unapproved Drug |
| CONTRAVE TAB 8-90MG | Anorexic, Anti-obestiy Agent |
| CONVENIENCE PAK | Not properly listed with FDA |
| COPASIL GEL | Not properly listed with FDA |
| CORIFACT KIT | Blood Component |
| CORN POLLEN SOL 1:20 | Non-standardized allergenic |
| CORTANE-B LOT | Unapproved Drug |
| CORTIC-ND DRO | Not properly listed with FDA |
| CORTI-SAV CRE 1-1% | Unapproved Drug |
| CORTROSYN INJ 0.25MG | Diagnostic Agent |
| COSYNTROPIN INJ 0.25MG | Diagnostic Agent |
| COSYNTROPIN INJ 0.25MG | Diagnostic Agent |
| COVARYX TAB 1.25-2.5 | Unapproved Drug |
| COVARYX HS TAB | Unapproved Drug |
| COVID-19 MRNA VAC TRIS-S 6MO-4Y-PFIZER IM SUSP 3 MCG/0.2ML | LIST |
| CRAB EXTRACT INJ 1:10 | Diagnostic Agent |
| CREAM BASE CRE | Not properly listed with FDA |
| CREAM BASE CRE NIOSOMES | Not properly listed with FDA |
| CREAM-HEAVY CRE BASE | Not properly listed with FDA |
| CROFAB INJ | Not properly listed with FDA |
| CRYODOSE AER TA | Not properly listed with FDA |
| CURAFOAM AG PAD 4"X4" | Surgical Supply/Medical |
| CURITY AMD MIS 1"X3' | Not properly listed with FDA |
| CURITY AMD MIS 1/2"X3' | Not properly listed with FDA |
| CURITY AMD MIS 1/4"X3' | Not properly listed with FDA |
| CURITY AMD PAD 4"X4" | Not properly listed with FDA |
| CURITY HYPER MIS 1/2"X15' | Not properly listed with FDA |
| CURITY IODO MIS STRIP | Not properly listed with FDA |
| CURITY NACL PAD 6"X6-3/4 | Not properly listed with FDA |
| CUTIS PLUS CRE | Bulk Ingredient |
| CYANOCOBALAM INJ 10000MCG | LIST |
| CYANOCOBALAM INJ 1000MCG | Vitamin/Mineral |
| CYANOCOBALAM INJ 30000MCG | LIST |
| CYANOCOBALAM SOL 2000MCG | Unapproved Drug |
| CYCLOBENZAPR CRE 20MG/GM | Bulk Ingredient |
| CYCLOPAK PAK | Unapproved Drug |
| CYCLOPHENE CRE RAPIDPAQ | Unapproved Drug |
| CYFOLEX CAP | Vitamin/Mineral |
| CYSTO-CONRAY INJ II 17.2% | Diagnostic Agent |
| CYSTOGRAFIN INJ 30% | Diagnostic Agent |
| CYSTOGRAFIN- INJ DILUTE | Diagnostic Agent |
| CYSVIEW INJ 100MG | Diagnostic Agent Diagnostic Agent |
| CYTALUX INJ 3.2/1.6 | Diagnostic Agent |

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| Label Name | Reason |
|--------------------------------|------------------------------------------|
| CYTRA K GRA CRYSTALS | Unapproved Drug |
| DANDELION INJ 1:20 | LIST |
| DATSCAN SOL | Diagnostic Agent |
| DAYAVITE TAB | Multi-vitamin |
| D-CARE BLOOD TES GLUCOSE | Diagnostic Agent |
| DEBACTEROL SOL 30-50% | Device |
| DEFINITY SUS 1.1MG/ML | Diagnostic Agent |
| DEFINITY RT SUS 1.1MG/ML | Diagnostic Agent |
| DELFLEX-LC SOL 1.5% DEX | Dialysis covered by ESRD bundled payment |
| DELFLEX-LC/ SOL 2.5% DEX | Dialysis covered by ESRD bundled payment |
| DELFLEX-LC/ SOL 4.25 DEX | Dialysis covered by ESRD bundled payment |
| DELFLEX-SM/ SOL 1.5% DEX | Dialysis covered by ESRD bundled payment |
| DELFLEX-SM/ SOL 1.5% DEX | Dialysis covered by ESRD bundled payment |
| DELUO SPR | LIST |
| DENTA 5000 CRE PLUS | Unapproved Drug |
| DENTA 5000 CRE PLUS 2PK | Unapproved Drug |
| DENTAGEL GEL 1.1% | Unapproved Drug |
| DEOXIA GEL | Not properly listed with FDA |
| DEOXIA LOT | Not properly listed with FDA |
| DEOXIA LOT DEOXIADEMTAR GEL | Not properly listed with FDA |
| DEPLIN 15 CAP | Medical Food |
| DEPLIN 7.5 CAP | |
| | Medical Food |
| DEPRIZINE SUS RAPIDPAQ | Unapproved Drug |
| DERMA SERUM CRE FREEDOM | Not properly listed with FDA |
| DERMABASE CRE | Not properly listed with FDA |
| DERMACINRX CAP PROBITRA | Dietary Supplement |
| DERMACINRX CHW DAVIMET | Multi-vitamin |
| DERMACINRX KIT 4-2-5% | |
| DERMACINRX KIT COMBOPAK | LIST |
| DERMACINRX PAK LEXITRAL | Not properly listed with FDA |
| DERMACINRX PAK PHN | LIST |
| DERMACINRX PAK THERAZOL | LIST |
| DERMACINRX PAK ZRM | LIST |
| DERMACINRX TAB PRETRATE | Unapproved Drug |
| DERMACINRX TAB RIBOT-E | Vitamin/Mineral |
| DERMALID PAK | LIST |
| DERMAZENE CRE 1-1% | Not properly listed with FDA |
| DERMELLE GEL | Device |
| DERMETAZOLE PAK 2-20% | Unapproved Drug |
| DERPIXA GEL | Device |
| DESFLURANE SOL | General Anesthetic |
| DETECTNET INJ 1MCL/ML | Diagnostic Agent |
| DEX/MOX/KETO SOL | Unapproved Drug |
| DEXAM/MOXI SOL 1-5MG/ML | Unapproved Drug |
| DEXATRAN CAP | Multi-vitamin Multi-vitamin |

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| Label Name | Reason |
|---------------------------|------------------------------------------|
| DEXERYL CRE | Not properly listed with FDA |
| DEXIFOL TAB | Vitamin/Mineral |
| DEXLIDO KIT | LIST |
| DEXLIDO-M KIT | LIST |
| DEXONTO 0.4% SOL 20MG/5ML | Unapproved Drug |
| DFS DR/MS/ KIT MENT/CAP | LIST |
| DFS/MS/MENTH KIT /CAP PAK | LIST |
| DIABETIC CAP VITAMIN | Unapproved Drug |
| DIADIMAXIA GEL | Not properly listed with FDA |
| DIALYVITE TAB | Vitamin/Mineral |
| DIALYVITE TAB 3000 | Vitamin/Mineral |
| DIALYVITE TAB 5000 | Vitamin/Mineral |
| DIALYVITE/ TAB ZINC | Vitamin/Mineral |
| DIANEAL SOLLOW CALC | Dialysis covered by ESRD bundled payment |
| DIANEAL SOLLOW CALC | Dialysis covered by ESRD bundled payment |
| DIANEAL SOLLOW CALC | Dialysis covered by ESRD bundled payment |
| DIANEAL PD-2 SOL 1.5% DEX | Dialysis covered by ESRD bundled payment |
| DIANEAL PD-2 SOL 2.5% DEX | Dialysis covered by ESRD bundled payment |
| DIANEAL PD-2 SOL 4.25%DEX | Dialysis covered by ESRD bundled payment |
| DIAOXIA GEL | Not properly listed with FDA |
| DIASDIMAXIA GEL | Not properly listed with FDA |
| DIASOXIA GEL | Not properly listed with FDA |
| DICLOFONO GEL 1.6% | Unapproved Drug |
| DICLOHEAL-60 MIS | LIST |
| DICLONA GEL 1-4.5% | Unapproved Drug |
| DICLONA+ PAD 1.25-4.5 | Unapproved Drug |
| DICLOPAK PAK | LIST |
| DICLOPR KIT 1-10-30% | LIST |
| DICLOSAICIN MIS | LIST |
| DICLOSTREAM PAK 1.5-10% | LIST |
| DICLOTREX PAK | LIST |
| DICLOTREX II PAK | Unapproved Drug |
| DICLOVIX KIT | LIST |
| DICLOVIX DM PAK 1.5-8% | LIST |
| DICLOZOR MIS 1% | LIST |
| DICOPANOL SUS 5MG/ML | Unapproved Drug |
| DICOPANOL SUS RAPIDPAQ | Unapproved Drug |
| DIETHYLPROP TAB 25MG | Anorexic, Anti-obestiy Agent |
| DIETHYLPROP TAB 75MG ER | Anorexic, Anti-obestiy Agent |
| DIFMETIOXRIM SOL | Not properly listed with FDA |
| DIMENTHO PAK | LIST |
| DIMOXIA GEL | Not properly listed with FDA |
| DIOCHLOY SOL | Not properly listed with FDA |
| DIPENTOCAINE CRE 5-5-2% | Unapproved Drug |
| DIPRIVAN INJ | General Anesthetic |
| | - Contract and Contract |

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| Label Name | Reason |
|---------------------------|------------------------------|
| DIPRIVAN INJ 100/10ML | General Anesthetic |
| DIPRIVAN INJ 200/20ML | General Anesthetic |
| DIPRIVAN INJ 500/50ML | General Anesthetic |
| DIPYRIDAMOLE INJ 5MG/ML | Diagnostic Agent |
| DMSA KIT | Diagnostic Agent |
| DMT SUIK KIT 10MG/ML | LIST |
| DNA COLLECT KIT | Diagnostic Agent |
| DODEX INJ | LIST |
| DOG SOL EPITHELI | Non-standardized allergenic |
| DOG EPITHELI SOL 1:20 | Non-standardized allergenic |
| DOG FENNEL SOL 1:20 | Non-standardized allergenic |
| DONNATAL ELX | Unapproved Drug |
| DONNATAL ELX GRAPE | Unapproved Drug |
| DONNATAL ELX MINT | Unapproved Drug |
| DONNATAL TAB 16.2MG | Unapproved Drug |
| DOTAREM INJ 10MMOL | Diagnostic Agent |
| DOTAREM INJ 2.5MMOL | Diagnostic Agent |
| DOTAREM INJ 50MMOL | Diagnostic Agent |
| DOTAREM INJ 5MMOL | Diagnostic Agent |
| DOTAREM INJ 7.5MMOL | Diagnostic Agent |
| DOTATOC INJ GA 68 | Diagnostic Agent |
| DOTREMIN TAB | Unapproved Drug |
| DOUBLE PM SOL | Not properly listed with FDA |
| DOUBLEDEX KIT | LIST |
| DRAIN SPONGE PAD 4"X4" | Not properly listed with FDA |
| DRAXACE SUS | Not properly listed with FDA |
| DRAXACE LOT SUS CLEANSER | Not properly listed with FDA |
| DRCAPS CLEAR CAP SIZE 00 | Unapproved Drug |
| DRCAPS CLEAR CAP SIZE 1 | Unapproved Drug |
| DRIHEP PLUS KIT 100UNIT | Diagnostic Agent |
| DRIHEP SYRNG KIT 100UNIT | Diagnostic Agent |
| DRISDOL CAP 50000UNT | Vitamin/Mineral |
| DRITHO-CREME CRE HP 1% | Unapproved Drug |
| DRIXECE SUS | Not properly listed with FDA |
| DRYSOL SOL 20% | Unapproved Drug |
| DUAL COMPLEX CRE 1 KIT | Not properly listed with FDA |
| DUET DHA MIS BALANCED | Vitamin/Mineral |
| DUET DHA 400 MIS 25-1-400 | Vitamin/Mineral |
| DUET DHA 400 MIS 25-1-400 | Vitamin/Mineral |
| DULOXICAINE PAK 30MG-4% | Unapproved Drug |
| DUODOTE INJ | LIST |
| DURABASE CRE | Not properly listed with FDA |

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| DURAFIBER PAD 4X4-3/4" DURAFIBER AG PAD 2"X2" Surgical Supply/Medical DURAFIBER AG PAD 2"X2" Surgical Supply/Medical DURAFIBER AG PAD 3/4X18" Surgical Supply/Medical DURAFIBER AG PAD 4"X4" Surgical Supply/Medical DURAFIBER AG PAD 4"X4" Surgical Supply/Medical DURAFIBER AG PAD 6"X6" Surgical Supply/Medical DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical DUROLANE INJ 60MG/3ML Surgical Supply/Medical DYNAGINATE PAD 4"X4" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" DIagnostic Agent DYNAGINATE PAD AG 2"X2" Diagnostic Agent Diagnostic Agent |
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| DURAFIBER PAD 4X4-3/4" DURAFIBER AG PAD 2"X2" Surgical Supply/Medical DURAFIBER AG PAD 3/4X18" Surgical Supply/Medical DURAFIBER AG PAD 4"X4" Surgical Supply/Medical DURAFIBER AG PAD 4X4-3/4" Surgical Supply/Medical DURAFIBER AG PAD 4X4-3/4" Surgical Supply/Medical DURAFIBER AG PAD 6"X6" Surgical Supply/Medical DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical D-XYLOSE POW DYNAGINATE PAD 4"X4" Surgical Supply/Medical DYNAGINATE PAD 4"X5" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Diagnostic Agent DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Diagnostic Agent |
| DURAFIBER AG PAD 2"X2" DURAFIBER AG PAD 3/4X18" DURAFIBER AG PAD 4"X4" DURAFIBER AG PAD 4X4-3/4" DURAFIBER AG PAD 4X4-3/4" DURAFIBER AG PAD 6"X6" DURAFIBER AG PAD 6"X6" Surgical Supply/Medical DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical DYNAFOAM AG PAD 4"X4" DYNAFOAM AG PAD 4"X4" Surgical Supply/Medical DYNAFOAM AG PAD 4"X5" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Diagnostic Agent |
| DURAFIBER AG PAD 3/4X18" DURAFIBER AG PAD 4"X4" Surgical Supply/Medical DURAFIBER AG PAD 4X4-3/4" Surgical Supply/Medical DURAFIBER AG PAD 6"X6" Surgical Supply/Medical DURAFIBER AG PAD 6"X6" Surgical Supply/Medical DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical DUROLANE INJ 60MG/3ML D-XYLOSE POW Diagnostic Agent DYNAFOAM AG PAD 4"X4" Surgical Supply/Medical DYNAGINATE PAD 4"X5" Surgical Supply/Medical Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Diagnostic Agent Surgical Supply/Medical DYNAMIC KIT Diagnostic Agent |
| DURAFIBER AG PAD 4"X4" DURAFIBER AG PAD 4X4-3/4" DURAFIBER AG PAD 6"X6" DURAFIBER AG PAD 8X11.75" DURAFIBER AG PAD 8X11.75" DUROLANE INJ 60MG/3ML D-XYLOSE POW DYNAFOAM AG PAD 4"X4" DYNAGINATE PAD 4"X5" DYNAGINATE PAD AG 2"X2" DYNAMIC KIT Surgical Supply/Medical Surgical Supply/Medical Durgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Dynaginate Pad 4"X5" Surgical Supply/Medical Dynaginate Pad AG 2"X2" Diagnostic Agent |
| DURAFIBER AG PAD 4X4-3/4" DURAFIBER AG PAD 6"X6" Surgical Supply/Medical DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical DUROLANE INJ 60MG/3ML D-XYLOSE POW Diagnostic Agent DYNAFOAM AG PAD 4"X4" Surgical Supply/Medical DYNAGINATE PAD 4"X5" Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Diagnostic Agent Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Diagnostic Agent |
| DURAFIBER AG PAD 6"X6" DURAFIBER AG PAD 8X11.75" Surgical Supply/Medical DUROLANE INJ 60MG/3ML D-XYLOSE POW Diagnostic Agent DYNAFOAM AG PAD 4"X4" Surgical Supply/Medical DYNAGINATE PAD 4"X5" Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAMIC KIT Diagnostic Agent |
| DURAFIBER AG PAD 8X11.75" DUROLANE INJ 60MG/3ML D-XYLOSE POW Diagnostic Agent DYNAFOAM AG PAD 4"X4" DYNAGINATE PAD 4"X5" DYNAGINATE PAD AG 2"X2" DYNAMIC KIT Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Durolane Surgical Supply/Medical Diagnostic Agent Surgical Supply/Medical Diagnostic Agent |
| DUROLANE INJ 60MG/3ML Surgical Supply/Medical D-XYLOSE POW Diagnostic Agent DYNAFOAM AG PAD 4"X4" Surgical Supply/Medical DYNAGINATE PAD 4"X5" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAMIC KIT Diagnostic Agent |
| D-XYLOSE POW Diagnostic Agent DYNAFOAM AG PAD 4"X4" Surgical Supply/Medical DYNAGINATE PAD 4"X5" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAMIC KIT Diagnostic Agent |
| DYNAFOAM AG PAD 4"X4" DYNAGINATE PAD 4"X5" Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAMIC KIT Diagnostic Agent |
| DYNAGINATE PAD 4"X5" Surgical Supply/Medical DYNAGINATE PAD AG 2"X2" Surgical Supply/Medical DYNAMIC KIT Diagnostic Agent |
| DYNAGINATE PAD AG 2"X2" DYNAMIC KIT Surgical Supply/Medical Diagnostic Agent |
| DYNAMIC KIT Diagnostic Agent |
| |
| DYNAMIC PLUS KIT PAK Diagnostic Agent |
| DYURAL 80-LM KIT Unapproved Drug |
| DYURAL-40 KIT LIST |
| DYURAL-80 KIT LIST |
| DYURAL-L KIT LIST |
| DYURAL-LM KIT LIST |
| EASTERN SOL COTTONWO LIST |
| EASYGEL GEL 0.4% Unapproved Drug |
| EASYGEL GEL 0.4%CHRY Unapproved Drug |
| EASYGEL GEL 0.4%CITR Unapproved Drug |
| EASYGEL GEL 0.4%MINT Unapproved Drug |
| EB-N3 DR CAP Multi-vitamin |
| ECEOXIA CRE Not properly listed with FDA |
| ECONASIL KIT LIST |
| ECOTEST KIT COVID-19 Diagnostic agent |
| EC-RX DHEA CRE 10% Not properly listed with FDA |
| EC-RX DHEA CRE 4% Not properly listed with FDA |
| EC-RX ESTRAD CRE 0.4% Not properly listed with FDA |
| EC-RX ESTRAD CRE 0.6% Not properly listed with FDA |
| EC-RX PROGES CRE 10% Not properly listed with FDA |
| EC-RX PROGES CRE 20% Not properly listed with FDA |
| EC-RX TESTOS CRE 0.2% Not properly listed with FDA |
| EC-RX TESTOS CRE 0.4% Not properly listed with FDA |
| EC-RX TESTOS CRE 10% Not properly listed with FDA |
| EC-RX TESTOS CRE 20% Not properly listed with FDA |
| ECZEMOL TAB Unapproved Drug |
| EDETATE DISO INJ 150MG/ML Unapproved Drug |
| EDEX KIT 10MCG Erectile Dysfunction |
| EDEX KIT 20MCG Erectile Dysfunction |
| EDEX KIT 40MCG Erectile Dysfunction |
| ED-SPAZ TAB 0.125MG Unapproved Drug |

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| Label Name | Reason |
|---------------------------|------------------------------|
| EEMT TAB 1.25-2.5 | Unapproved Drug |
| EEMT HS TAB | Unapproved Drug |
| EFFER-K TAB 10MEQ | Unapproved Drug |
| EFFER-K TAB 20MEQ | Unapproved Drug |
| EFFER-K TAB 25MEQ EF | Unapproved Drug |
| | Diagnostic Agent |
| EHA LOT 4% | Unapproved Drug |
| ELEMAR PATCH KIT 5%-6% | OTC product |
| ELETONE CRE | Not properly listed with FDA |
| ELFOLATE TAB 15MG | Vitamin/Mineral |
| ELFOLATE TAB 7.5MG | Vitamin/Mineral |
| ELFOLATE PLU TAB 3-35-2MG | Vitamin/Mineral |
| ELITE-OB TAB | Vitamin/Mineral |
| ELOCTATE INJ 1000UNIT | Blood Component |
| | Blood Component |
| ELOCTATE INJ 2000UNIT | Blood Component |
| ELOCTATE INJ 250UNIT | Blood Component |
| ELOCTATE INJ 3000UNIT | Blood Component |
| | Blood Component |
| ELOCTATE INJ 5000UNIT | Blood Component |
| | Diagnostic Agent |
| ELUCIREM INJ 15ML | Diagnostic Agent |
| | Diagnostic Agent |
| | Diagnostic Agent |
| | Diagnostic Agent |
| EMOLIVAN CRE | Not properly listed with FDA |
| EMOLLIENT CRE | Not properly listed with FDA |
| EMPRICAINE KIT II | LIST |
| EMPTY CAPSUL CAP SIZE 0 | Unapproved Drug |
| EMPTY CAPSUL CAP SIZE 00 | Unapproved Drug |
| EMPTY CAPSUL CAP SIZE 1 | Unapproved Drug |
| EMPTY CAPSUL CAP SIZE 1 | Unapproved Drug |
| EMPTY CAPSUL CAP SIZE 2 | Unapproved Drug |
| EMPTY CAPSUL CAP SIZE 3 | Unapproved Drug |
| EMPTY CAPSUL CAP SIZE 4 | Unapproved Drug |
| EMPTY CAPSUL CAP SIZE 5 | Unapproved Drug |
| EMPTY CAPSUL CAP SIZE 7 | Unapproved Drug |
| EMULSION SB EMU | Not properly listed with FDA |
| ENBRACE HR CAP | Vitamin/Mineral |
| ENDEAVORRX MIS | LIST |
| ENDOMETRIN SUP 100MG | Fertility Agent |
| ENLYTE CAP | Unapproved Drug |

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| Label Name | Reason |
|---------------------------|------------------------------|
| ENOVARX CRE 2.5% | Not properly listed with FDA |
| ENOXILUV KIT INJ 40/0.4ML | Unapproved Drug |
| ENTERAGAM POW 5GM | Not properly listed with FDA |
| ENTERO VU SUS 24% | Diagnostic Agent |
| ENTTY EMU SPRAY | Not properly listed with FDA |
| ENU PRO3 POW PLUS | Not properly listed with FDA |
| ENZADYNE CAP | Not properly listed with FDA |
| ENZNONUTY OIN | Not properly listed with FDA |
| ENZOCLEAR AER 9.8% | Unapproved Drug |
| EOVIST INJ | Diagnostic Agent |
| EPHEDRINE INJ 25MG/5ML | Not properly listed with FDA |
| EPHEDRINE INJ 50/10ML | Not properly listed with FDA |
| EPHEDRINE INJ 50MG/5ML | Not properly listed with FDA |
| EPHEDRINE SU INJ 50MG/ML | Unapproved Drug |
| EPICERAM EMU | LIST |
| EPICOCC NIGR INJ 1:10 | Non-standardized allergenic |
| EPICYN SPR | Not properly listed with FDA |
| EPINEPHR PRO KIT 1MG/ML | LIST |
| EPINEPHRINE INJ 0.1MG/ML | Unapproved Drug |
| EPINEPHRINE INJ 1MG/10ML | Unapproved Drug |
| EPINEPHRINE KIT SNAP-EMS | Unapproved Drug |
| EPINPHEPHRIN KIT SNAP | LIST |
| EPINPHEPHRIN KIT SNAP-V | Not properly listed with FDA |
| EPISNAP KIT | LIST |
| EQUACARE JR POW CHOCO | Dietary Supplement |
| EQUACARE JR POW UNFLAVOR | Dietary Supplement |
| EQUACARE JR POW VANILLA | Dietary Supplement |
| ERECAID KIT CLASSIC | Erectile Dysfunction |
| ERECAID KIT ESTEEM | Erectile Dysfunction |
| ERGOCAL CAP 2500UNIT | Vitamin/Mineral |
| ESCAVITE CHW | Vitamin/Mineral |
| ESCAVITE D CHW | Vitamin/Mineral |
| ESCAVITE LQ DRO 0.25-6MG | Vitamin/Mineral |
| ESPEROCT INJ 1000UNIT | Blood Component |
| ESPEROCT INJ 1500UNIT | Blood Component |
| ESPEROCT INJ 2000UNIT | Blood Component |
| ESPEROCT INJ 3000UNIT | Blood Component |
| ESPEROCT INJ 500UNIT | Blood Component |
| ESPUMIL AER | Bulk Ingredient |
| ESSENTIAL POW CARE JR | Dietary Supplement |
| ESSENTRA MIS 9X9" | Not properly listed with FDA |
| EST ESTROGEN TAB MTEST HS | Unapproved Drug |
| ESTROG/MTEST TAB 1.25-2.5 | Unapproved Drug |
| ETHOXIA CRE | Unapproved Drug |
| ETHYL CHLOR AER FINE PIN | Not properly listed with FDA |

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| Label Name | Reason |
|---------------------------|-------------------------------------------------------|
| ETHYL CHLOR AER FN STRM | Not properly listed with FDA |
| ETHYL CHLOR AER MED JET | Not properly listed with FDA |
| ETHYL CHLOR AER MED STRM | Not properly listed with FDA |
| ETHYL CHLOR AER MIST | Not properly listed with FDA |
| ETHYL CHLOR AER SPRAY | Not properly listed with FDA |
| ETOMIDATE INJ 20/10ML | General Anesthetic |
| ETOMIDATE INJ 2MG/ML | General Anesthetic |
| ETOMIDATE INJ 40/20ML | General Anesthetic |
| ETOPOSIDE CAP 50MG | Oral drug for cancer; infusion available under Part B |
| EUFLEXXA INJ 10MG/ML | Surgical Supply/Medical |
| EVICEL KIT 2ML | Not properly listed with FDA |
| EVICEL KIT 5ML | Not properly listed with FDA |
| | Diagnostic agent |
| EXODERM LOT 25-1% | Unapproved Drug |
| EXTRANEAL SOL | Dialysis covered by ESRD bundled payment |
| E-Z-HD SUS 98% | Diagnostic Agent |
| E-Z-PAQUE SUS 60% | Diagnostic Agent |
| E-Z-PAQUE SUS 96% | Diagnostic Agent |
| E-Z-PASTE CRE 60% | Diagnostic Agent |
| FA-B6-B12 TAB | Vitamin/Mineral |
| FABB TAB 2.2-25-1 | Vitamin/Mineral |
| FAGRON LS CRE PLUS | Not properly listed with FDA |
| FALESSA KIT | Unapproved Drug |
| FANATREX SUS 25MG/ML | Unapproved Drug |
| FASTEP KIT COVID-19 | Diagnostic agent |
| | Bulk Ingredient |
| FEIBA INJ | Blood Component |
| FEM PH GEL | Not properly listed with FDA |
| FEMCAP MIS 22MM | Device |
| FEMCAP MIS 26MM | Device |
| FEMCAP MIS 30MM | Device |
| FENOVAR KIT | Unapproved Drug |
| FENTANYL INJ 5000/100 | General Anesthetic |
| FENTANYL INJ 50MCG/ML | General Anesthetic |
| FENTANYL CIT INJ | General Anesthetic |
| FENTANYL CIT INJ | General Anesthetic |
| FENTANYL CIT INJ 0.05MG/1 | General Anesthetic |
| FENTANYL CIT INJ 100/2ML | General Anesthetic |
| FENTANYL CIT INJ 1000/20 | General Anesthetic |
| FENTANYL CIT INJ 1000MCG | General Anesthetic |
| FENTANYL CIT INJ 100MCG | General Anesthetic |
| FENTANYL CIT INJ 1250MCG | General Anesthetic |
| FENTANYL CIT INJ 1500/30 | General Anesthetic |
| FENTANYL CIT INJ 1500MCG | General Anesthetic |
| FENTANYL CIT INJ 250/5ML | General Anesthetic |

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| Label Name | Reason |
|---------------------------|------------------------------|
| FENTANYL CIT INJ 2500/50 | General Anesthetic |
| FENTANYL CIT INJ 2500MCG | General Anesthetic |
| FENTANYL CIT INJ 250MCG | General Anesthetic |
| FENTANYL CIT INJ 2750MCG | General Anesthetic |
| FENTANYL CIT INJ 500MCG | General Anesthetic |
| FENTANYL CIT INJ 50MCG/ML | General Anesthetic |
| FENTANYL CIT SOL 2500/50 | General Anesthetic |
| FENTANYL CIT SOL 2500MCG | General Anesthetic |
| FENT-BUP-NAC INJ | Not properly listed with FDA |
| FERAHEME INJ 510/17ML | LIST |
| FEROCON CAP | Vitamin/Mineral |
| FEROTRINSIC CAP | Vitamin/Mineral |
| FERRIC GLUCO INJ 12.5/ML | Vitamin/Mineral |
| FERRLECIT INJ 12.5MG/M | Vitamin/Mineral |
| FERRO-PLEX TAB | Vitamin/Mineral |
| FERUMOXYTOL INJ 510/17ML | LIST |
| FIBERSOUR HN LIQ | Not properly listed with FDA |
| FIBRIK CAP | Vitamin/Mineral |
| FIBRYGA INJ 1GM | Blood Component |
| FIBRYGA INJ 1MG | Blood Component |
| FINAPOD SOL 0.1-7% | Not properly listed with FDA |
| FINASTERIDE TAB 1MG | Cosmetic |
| FIRE ANT INJ 1:10 | Non-standardized allergenic |
| FIRE ANT EXT INJ 1:20 | Non-standardized allergenic |
| FIRST-BACLOF SUS 1 | Not properly listed with FDA |
| FIRST-BACLOF SUS 5 KIT | Not properly listed with FDA |
| FIRST-METRON SUS 50MG/ML | Not properly listed with FDA |
| FIRST-MOUTHW SUS BLM | Unapproved Drug |
| FIRST-OMEPRA SUS 2MG/ML | Bulk Ingredient |
| FITALITE CRE BASE | Not properly listed with FDA |
| FLAVOR BLEND SUS | Unapproved Drug |
| FLAVOR PLUS LIQ | Unapproved Drug |
| FLAVOR SWEET SYP | Unapproved Drug |
| FLEXBUMIN INJ 25% | Blood Component |
| FLEXBUMIN INJ 5% | Blood Component |
| FLEXIPAK PAK 75-0.025 | LIST |
| FLORIVA CHW 0.25MG | Vitamin/Mineral |
| FLORIVA CHW 0.5MG | Vitamin/Mineral |
| FLORIVA CHW 1MG | Vitamin/Mineral |
| FLORIVA DRO 0.25MG | Unapproved Drug |
| FLORIVA DRO PLUS | Vitamin/Mineral |
| FLUAD INJ 2020-21 | Influenza Vaccine |
| FLUAD QUADRI INJ 0.5ML | Influenza Vaccine |
| FLUAD QUADRI INJ 2021-22 | Influenza vaccine |
| FLUAD QUADRI INJ 2022-23 | Influenza vaccine |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| FLUARIX QUAD INJ 2020-21 | Influenza Vaccine |
| FLUARIX QUAD INJ 2021-22 | Influenza vaccine |
| FLUARIX QUAD INJ 2022-23 | Influenza vaccine |
| FLUBLOK QUAD INJ 2020-21 | Influenza Vaccine |
| FLUBLOK QUAD INJ 2021-22 | Influenza vaccine |
| | Influenza vaccine |
| | Diagnostic Agent |
| FLUCLVX QUAD INJ 2020-21 | Influenza Vaccine |
| FLUCLVX QUAD INJ 2021-22 | Influenza vaccine |
| FLUCLVX QUAD INJ 2021-22 | Influenza vaccine |
| FLUCLVX QUAD INJ 2022-23 | Influenza vaccine |
| FLUCLVX QUAD INJ 2022-23 | Influenza vaccine |
| | Diagnostic Agent |
| | Diagnostic Agent |
| FLULAVAL QUA INJ 2020-21 | Influenza Vaccine |
| FLULAVAL QUA INJ 2021-22 | Influenza vaccine |
| FLULAVAL QUA INJ 2022-23 | Influenza vaccine |
| FLUMIST QUAD SUS 2021-22 | Influenza vaccine |
| FLUMIST QUAD SUS 2022-23 | Influenza vaccine |
| FLUOPAR KIT | LIST |
| FLUORE/BENOX SOL 0.3-0.4% | Diagnostic Agent |
| FLUORE-BENOX SOL 0.25-0.4 | Diagnostic Agent |
| FLUORESCEIN/ SOL PROPARAC | Diagnostic Agent |
| FLUORESCITE INJ 10% OP | Diagnostic Agent |
| FLUORID SENS PST 1.1-5% | Not properly listed with FDA |
| FLUORIDE CHW 0.25MG F | Unapproved Drug |
| FLUORIDE CHW 0.5MG F | Unapproved Drug |
| FLUORIDE CHW 1MG F | Unapproved Drug |
| FLUORIDEX CON DLY REN | Not properly listed with FDA |
| FLUORIDEX PST 1.1% | Unapproved Drug |
| | Diagnostic Agent |
| FLUORITAB DRO 0.125MG | Unapproved Drug |
| | Diagnostic Agent |
| FLUOVIX PAK 0.1% | LIST |
| FLUOVIX PLUS PAK 0.1% | LIST |
| | Diagnostic Agent |
| FLUROX SOL OP | Diagnostic Agent |
| | Not properly listed with FDA |
| FLUZONE INJ 2021-22 | Influenza vaccine |
| FLUZONE HD INJ 2022-23 | Influenza vaccine |
| FLUZONE QUAD INJ 2020-21 | Influenza Vaccine |
| FLUZONE QUAD INJ 2021-22 | Influenza vaccine |
| FLUZONE QUAD INJ 2021-22 | Influenza vaccine |
| FLUZONE QUAD INJ 2021-22 | Influenza vaccine |
| FLUZONE QUAD INJ 2022-23 | Influenza vaccine |

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| Label Name | Reason |
|--------------------------|------------------------------|
| FLUZONE QUAD INJ 2022-23 | Influenza vaccine |
| FLUZONE QUAD INJ 2022-23 | Influenza vaccine |
| FOAMIL LIQ | Not properly listed with FDA |
| | Multi-vitamin |
| FOLBEE TAB | Vitamin/Mineral |
| FOLBEE PLUS TAB | Vitamin/Mineral |
| FOLBEE PLUS TAB CZ | Vitamin/Mineral |
| FOLBIC RF TAB | Vitamin/Mineral |
| FOLDITAM TAB | Unapproved Drug |
| FOLGARD OS TAB | Vitamin/Mineral |
| FOLGARD RX TAB | Vitamin/Mineral |
| FOLIC ACID INJ 50/10ML | Vitamin/mineral |
| FOLIC ACID INJ 5MG/ML | Vitamin/Mineral |
| FOLIC ACID TAB 1000MCG | Vitamin/Mineral |
| FOLIC ACID TAB 1MG | Vitamin/Mineral |
| FOLIC D3 CAP | Vitamin/mineral |
| FOLIC-K CAP | Vitamin/Mineral |
| FOLI-D TAB | Vitamin/Mineral |
| FOLIKA-D TAB 1-5000 | Vitamin/Mineral |
| FOLITE TAB | Dietary Supplement |
| FOLITIN-Z TAB | Multi-vitamin |
| FOLIVANE-F CAP | Vitamin/Mineral |
| FOLIVANE-OB CAP | Vitamin/Mineral |
| FOLIXAPURE TAB 1-5000 | Vitamin/Mineral |
| FOLLISTIM AQ INJ 300UNIT | Fertility Agent |
| FOLLISTIM AQ INJ 600UNIT | Fertility Agent |
| FOLLISTIM AQ INJ 900UNIT | Fertility Agent |
| FOLPLEX 2.2 TAB | Vitamin/Mineral |
| FOLTANX TAB | Vitamin/Mineral |
| FOLTANX RF CAP | Vitamin/Mineral |
| FOLTRATE TAB | Vitamin/Mineral |
| FOLTREXYL TAB | Unapproved Drug |
| FOLTRIN CAP | Vitamin/Mineral |
| FOLTX TAB | Vitamin/Mineral |
| FOLVITE-D TAB | Dietary Supplement |
| FOOD COLOR LIQ BLUE | Not properly listed with FDA |
| FORANE SOL | General Anesthetic |
| FORAXA EMU | Surgical Supply/Medical |
| FORMALDEHYDE SOL 10% | Unapproved Drug |
| FORMALDEHYDE SOL 37% | Unapproved Drug |
| FOSTEUM CAP | Medical Food |
| FOSTEUM PLUS CAP | Medical Food |
| FREEDOM CRE DERMA-D | Not properly listed with FDA |
| FREEDOM CRE DERMA-N | Not properly listed with FDA |
| FROTEK CRE 10% | Not properly listed with FDA |

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| Label Name | Reason |
|---------------------------|------------------------------|
| FUL-GLO TES 0.6MG OP | Diagnostic Agent |
| FUL-GLO TES 1MG OP | Diagnostic Agent |
| FYREMADEL SOL 250/0.5 | Fertility Agent |
| GABA/NAPROX CRE M-P TRAN | Not properly listed with FDA |
| GADAVIST INJ 1MMOL/ML | Diagnostic Agent |
| GADOTERATE INJ 10/20ML | Diagnostic Agent |
| GADOTERATE INJ 2.5/5ML | Diagnostic Agent |
| GADOTERATE INJ 5/10ML | Diagnostic Agent |
| GADOTERATE INJ 50/100ML | Diagnostic Agent |
| GADOTERATE INJ 7.5/15ML | Diagnostic Agent |
| GALAXTRA POW | Not properly listed with FDA |
| GALLIUM 67 SOL 13.2MCI | Diagnostic Agent |
| GALLIUM 67 SOL 19.8MCI | Diagnostic Agent |
| GALLIUM 67 SOL 6.6MCI | Diagnostic Agent |
| GALLIUM 67 SOL 8.8MCI | Diagnostic Agent |
| GALLIUM GA68 INJ GOZETOTI | Diagnostic Agent |
| GALZIN CAP 25MG | Vitamin/Mineral |
| GALZIN CAP 50MG | Vitamin/Mineral |
| GANIRELIX AC INJ 250/0.5 | Fertility Agent |
| GAPEAUM CRE BUDIBAC | Bulk Ingredient |
| GASTROGRAFIN SOL 66-10% | Diagnostic Agent |
| GAUZE SPONGE PAD 4X4 12PL | Not properly listed with FDA |
| GEBAUERS SPR AER /STRETCH | Not properly listed with FDA |
| GELCLAIR GEL | Device |
| GELFILM MIS OP | Not properly listed with FDA |
| GEL-FLOW KIT | Not properly listed with FDA |
| GELFOAM-JMI KIT POWDER | Not properly listed with FDA |
| GELFOAM-JMI KIT SPONGE | Not properly listed with FDA |
| GEL-ONE INJ 30MG/3ML | Surgical Supply/Medical |
| GELSYN-3 INJ 16.8/2ML | Surgical Supply/Medical |
| GELX GEL | Surgical Supply/Medical |
| GEN7T LOT 3.5% | Unapproved Drug |
| GEN7T PAD 3.5% | Unapproved Drug |
| GEN7T PLUS LOT 3.5-7% | Unapproved Drug |
| GEN7T PLUS PAD 3.5-7% | Unapproved Drug |
| GENADUR KIT | Not properly listed with FDA |
| GENADUR LIQ | Not properly listed with FDA |
| GENICIN TAB VITA-D | Dietary Supplement |
| GENICIN TAB VITA-S | Vitamin/Mineral |
| GENVISC 850 INJ 25/2.5 | Surgical Supply/Medical |
| GERMAN INJ COCKROAC | Non-standardized allergenic |
| GIALAX KIT | LIST |
| GILPHEX TR TAB 10-388MG | Unapproved Drug |
| GLEOLAN SOL 1500MG | Diagnostic Agent |
| GLOFIL-125 INJ 0.1% | Diagnostic Agent |

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| Label Name | Reason |
|---------------------------|------------------------------|
| GLOSTRIPS MIS 1MG OP | Diagnostic Agent |
| GLUCAGEN INJ 1MG | Diagnostic Agent |
| GLUCAGON INJ 1MG | Diagnostic Agent |
| GLUTATHIONE INJ 200MG/ML | Unapproved Drug |
| GLUTATHIONE INJ 6GM/30ML | Unapproved Drug |
| GLYCINE INJ 50MG/ML | Unapproved Drug |
| GLYCINE SOL 1.5% IRR | Not properly listed with FDA |
| GLYCOPYRROLA INJ 0.6/3ML | Unapproved Drug |
| GLYCOPYRROLA INJ 1MG/5ML | Unapproved Drug |
| GLYTAC COMPL BAR 10PE | Not properly listed with FDA |
| GLYTACTIN LIQ RES/LITE | Not properly listed with FDA |
| GLYTACTIN LIQ RESTOR10 | not properly listed with FDA |
| GLYTACTIN LIQ RTD 10 | Not properly listed with FDA |
| GLYTACTIN LIQ RTD 15 | Not properly listed with FDA |
| GLYTACTIN PAK BTMK/DLT | not properly listed with FDA |
| GLYTACTIN PAK SWIRL 15 | Not properly listed with FDA |
| GLYTACTIN POW APPLE | Dietary Supplement |
| GLYTACTIN POW BD 20/20 | Not properly listed with FDA |
| GLYTACTIN POW BETMLK15 | not properly listed with FDA |
| GLYTACTIN POW BETTRMLK | not properly listed with FDA |
| GLYTACTIN POW BLD 10PE | Not properly listed with FDA |
| GLYTACTIN POW BLD PKU | Not properly listed with FDA |
| GLYTACTIN POW PUNCH | Dietary Supplement |
| GLYTACTIN POW RESTOR 5 | Not properly listed with FDA |
| GLYTACTIN POW RST LT10 | not properly listed with FDA |
| GLYTACTIN POW TROPICAL | Dietary Supplement |
| GLYTACTIN 15 LIQ RTD LITE | Not properly listed with FDA |
| GOLDENROD SOL 1:20 | Non-standardized allergenic |
| GONAL-F INJ 1050UNIT | Fertility Agent |
| GONAL-F INJ 450UNIT | Fertility Agent |
| GONAL-F RFF INJ 75UNIT | Fertility Agent |
| GRAFCO SILVR MIS NIT APPL | Unapproved Drug |
| GRASS POLLEN INJ MIX/KORT | LIST |
| GRASS POLLEN SOL MIX OF 6 | LIST |
| GREEN GLO MIS 1.5MG | Diagnostic Agent |
| GUANENDRUX CRE 10-5-40% | Not properly listed with FDA |
| HACKBERRY EX SOL 1:20 | Non-standardized allergenic |
| HALUCORT GEL | Device |
| HAPRODERM GEL | Device |
| HAXCHLO SHA | Not properly listed with FDA |
| HAXCHLODREX SHA | Not properly listed with FDA |
| HAXDRAX SHA 0.77-2% | Not properly listed with FDA |
| HC PRAMOXINE CRE 2.5-1% | Unapproved Drug |
| HC/PRAMOXINE CRE 1-2.35% | Unapproved Drug |
| HC-LIDOCAINE CRE 1-1% | Not properly listed with FDA |

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| Label Name | Reason |
|---------------------------|------------------------------|
| HCU EASY TAB | Not properly listed with FDA |
| HCU EXPRESS PAK 15+ UNFL | Not properly listed with FDA |
| HCU EXPRESS PAK 20+ UNFL | Not properly listed with FDA |
| HEALON DUET INJ PRO | Not properly listed with FDA |
| HELIXATE FS INJ 500UNIT | Blood Component |
| HEMATINIC/FA TAB | Vitamin/Mineral |
| HEMATRON-AF TAB | Vitamin/Mineral |
| HEMLIBRA INJ 105/0.7 | Blood Component |
| HEMLIBRA INJ 150/ML | Blood Component |
| HEMLIBRA INJ 30MG/ML | Blood Component |
| HEMLIBRA INJ 60/0.4 | Blood Component |
| HEMMOREX-HC SUP 25MG | Unapproved Drug |
| HEMMOREX-HC SUP 30MG | Unapproved Drug |
| HEMMOREX-HC SUP 30MG | Unapproved Drug |
| HEMOCYTE-F TAB | Vitamin/Mineral |
| HEMOFIL M INJ 1000UNIT | Blood Component |
| HEMOFIL M INJ 1700UNIT | Blood Component |
| HEMOFIL M INJ 250UNIT | Blood Component |
| HEMOFIL M INJ 500UNIT | Blood Component |
| HEPARIN LOCK INJ 100/ML | Not properly listed with FDA |
| HEPARIN LOCK INJ 10UNT/ML | Not properly listed with FDA |
| HEPARIN LOCK INJ 1UNIT/ML | Not properly listed with FDA |
| HEPARIN LOCK KIT 100/ML | Not properly listed with FDA |
| HEPATOLITE KIT 99M | Diagnostic Agent |
| HEPMED KIT | Not properly listed with FDA |
| HEXIOUNYL LOT 3-5-20% | Not properly listed with FDA |
| HISTATROL INJ 0.275/ML | Diagnostic Agent |
| | Diagnostic Agent |
| HOMACTIN AA LIQ PLUS | Not properly listed with FDA |
| HOMACTIN AA POW PLUS | Not properly listed with FDA |
| HOMATROPAIRE SOL 5% OP | Unapproved Drug |
| HOME PAP KIT | Diagnostic Agent |
| HORMEL ALLERGY ANTIGEN | Not properly listed with FDA |
| HORMONE BASE CRE NIOSOMES | Not properly listed with FDA |
| HORMONE HEAV CRE NIOSOMES | Not properly listed with FDA |
| HORNET VENOM INJ 1300MCG | Non-standardized allergenic |
| HORNET VENOM INJ 550MCG | Non-standardized allergenic |
| HORSE EPITHE INJ 1:10 | Non-standardized allergenic |
| HORSE EPITHE INJ 1:20 | Non-standardized allergenic |
| HPR PLUS AER | LIST |
| HPR PLUS CRE | LIST |
| HPR PLUS KIT | Device |
| | Blood Component |
| HUMATE-P SOL 250-600 | Blood Component |
| HUMATE-P SOL 500-1200 | Blood Component |

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| Label Name | Reason |
|---------------------------|-------------------------------------------------------|
| HYALGAN INJ 20MG/2ML | Surgical Supply/Medical |
| HYCAMTIN CAP 0.25MG | Oral drug for cancer; infusion available under Part B |
| HYCAMTIN CAP 1MG | Oral drug for cancer; infusion available under Part B |
| HYCLODEX SOL 0.012% | Not properly listed with FDA |
| HYD POL/CPM SUS 10-8/5ML | Cough/Cold |
| HYDR/CPM/PSE LIQ 5-4-60MG | Cough/Cold |
| HYDRABASE SB CRE CUST BSE | Not properly listed with FDA |
| HYDRFRA BLUE PAD RDY 2.5" | Not properly listed with FDA |
| HYDRFRA BLUE PAD RDY 4X5" | Not properly listed with FDA |
| HYDRFRA BLUE PAD RDY 8X8" | Not properly listed with FDA |
| HYDRFRA MRF PAD 2"X2.75" | Not properly listed with FDA |
| HYDRO 40 AER FOAM | Unapproved Drug |
| HYDRO/NACL INJ 10/50ML | Not properly listed with FDA |
| HYDRO/NACL INJ 20/100ML | Not properly listed with FDA |
| HYDRO/NACL INJ 50/50 | Not properly listed with FDA |
| HYDROC IODO CRE 1% | Unapproved Drug |
| HYDROC IODO CRE 1-1% | Unapproved Drug |
| HYDROC/PRAM SUP 25-18MG | Unapproved Drug |
| HYDROCORT CRE IODOQUIN | Unapproved Drug |
| HYDROCORT KIT 2% | Unapproved Drug |
| HYDROCORT AC SUP 25MG | Unapproved Drug |
| HYDROCORT AC SUP 30MG | Unapproved Drug |
| HYDROCORT/ CRE IODOQUIN | Unapproved Drug |
| HYDROFERA PAD 4"X4" | Not properly listed with FDA |
| HYDROFERA PAD BLUE 2X2 | Not properly listed with FDA |
| HYDROFERA PAD BLUE 4X4 | Not properly listed with FDA |
| HYDROFERA PAD BLUE 6X6 | Not properly listed with FDA |
| HYDROFERA PAD BLUE 9MM | Not properly listed with FDA |
| HYDROFERA PAD MRF 2.5" | Not properly listed with FDA |
| HYDROFERA PAD MRF4"X4" | Not properly listed with FDA |
| HYDROFRA MRF PAD 2-1/4X8" | Not properly listed with FDA |
| HYDROG WOUND MIS 3" DISK | Not properly listed with FDA |
| HYDROG WOUND MIS 4-3/4" | Not properly listed with FDA |
| HYDROGEL GEL | Not properly listed with FDA |
| HYDROGEL DRE PAD 2"X3" | Surgical Supply/Medical |
| HYDROGEL DRE PAD 4"X5" | Surgical Supply/Medical |
| HYDROGEL GAU PAD 2"X2" | Not properly listed with FDA |
| HYDROGEL GAU PAD 4"X4" | Not properly listed with FDA |
| HYDROGEL GAU PAD 4"X8" | Not properly listed with FDA |
| HYDROGEN PER SOL 30% | Not properly listed with FDA |
| HYDROMO/NACL INJ 20/100ML | отс |
| HYDROMORPHON SUP 3MG | Not properly listed with FDA |
| HYDROQUINONE CRE 4% | Cosmetic |
| HYDROXOCOBAL INJ 1000MCG | Not properly listed with FDA |
| HYGEL GEL 2.5% | Surgical Supply/Medical |

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| Label Name | Reason |
|---------------------------|------------------------------|
| HYLAFEM SUP | Unapproved Drug |
| | Not properly listed with FDA |
| HYLATOPIC CRE PLUS | Device |
| HYLATOPIC LOT PLUS | Not properly listed with FDA |
| HYLAVITE TAB | Vitamin/Mineral |
| HYLAZINC TAB | Vitamin/Mineral |
| HYLENEX INJ 150 UNIT | LIST |
| HYMOVIS INJ 24MG/3ML | Surgical Supply/Medical |
| HYOLEV MB TAB 81MG | Unapproved Drug |
| HYOPHEN TAB | Unapproved Drug |
| HYOSCYAMINE DRO 0.125/ML | Unapproved Drug |
| HYOSCYAMINE ELX 0.125/5 | Unapproved Drug |
| HYOSCYAMINE INJ 0.5MG/ML | Unapproved Drug |
| HYOSCYAMINE SUB 0.125MG | Unapproved Drug |
| HYOSCYAMINE TAB 0.125MG | Unapproved Drug |
| HYOSCYAMINE TAB 0.125MG | Unapproved Drug |
| HYOSCYAMINE TAB 0.375 ER | Unapproved Drug |
| HYOSCYAMINE TAB 0.375 SR | Unapproved Drug |
| HYOSYNE DRO 0.125/ML | Unapproved Drug |
| HYOSYNE ELX 0.125/5 | Unapproved Drug |
| HYPERHEP B INJ | LIST |
| HYPERSAL NEB 3.5% | Not properly listed with FDA |
| HYPOCYN SOL 0.012% | LIST |
| HYPOCYN SPR | LIST |
| HYRONAN KIT | Unapproved Drug |
| IBUPAK KIT | LIST |
| IBUPROFEN CRE 10% | Bulk Ingredient |
| | Diagnostic Agent |
| ID NOW KIT COVID-19 | Diagnostic Agent |
| ID NOW 2.0 KIT TEST | Diagnostic Agent |
| ID NOW CONTR KIT COVID-19 | Diagnostic Agent |
| ID NOW INFL KIT CONTROL | Diagnostic Agent |
| ID NOW INFLU KIT A & B 2 | Diagnostic Agent |
| ID NOW RSV KIT | Diagnostic agent |
| ID NOW RSV KIT CONTROL | Diagnostic agent |
| | Diagnostic agent |
| ID NOW STREP KIT A2 CNTRL | Diagnostic agent |
| | Blood Component |
| IDELVION SOL 2000UNIT | Blood Component |
| IDELVION SOL 250UNIT | Blood Component |
| IDELVION SOL 3500UNIT | Blood Component |
| | Blood Component |
| IDYYXIATAR GEL 5-0.025% | Not properly listed with FDA |
| ILIDERM SPR | Not properly listed with FDA |
| ILLUCCIX KIT CONFIG A | Diagnostic Agent |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| LLUCCIX KIT CONFIG B Diagnostic Agent MCIVREE INJ 10MG/ML Anorexic, Anti-obesity Agent MIDOXIA CRE Not properly listed with FDA Dietary Supplement Vitamin/Mineral NAVIX PAK 75-0.025 NDIGO CARMI INJ 8MG/ML Diagnostic Agent Diagnostic Agent |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MIOXIA CRE Not properly listed with FDA MUBOLIC CAP Dietary Supplement NATAL GT TAB Vitamin/Mineral NAVIX PAK 75-0.025 LIST NDIGO CARMI INJ 8MG/ML Diagnostic Agent |
| MUBOLIC CAP Dietary Supplement NATAL GT TAB Vitamin/Mineral NAVIX PAK 75-0.025 LIST NDIGO CARMI INJ 8MG/ML Diagnostic Agent |
| NATAL GT TAB Vitamin/Mineral NAVIX PAK 75-0.025 LIST NDIGO CARMI INJ 8MG/ML Diagnostic Agent |
| NATAL GT TAB Vitamin/Mineral NAVIX PAK 75-0.025 LIST NDIGO CARMI INJ 8MG/ML Diagnostic Agent |
| NDIGO CARMI INJ 8MG/ML Diagnostic Agent |
| |
| The state of the s |
| NDIOMIN MB CAP 120MG Unapproved Drug |
| NDIUM IN111 INJ DTPA Diagnostic Agent |
| NDIUM IN111 INJ OXYQUINO Diagnostic Agent |
| NDOCYANINE INJ 25MG Diagnostic Agent |
| NFED INJ 50MG/ML Vitamin/Mineral |
| NFLAMMACIN MIS 75-0.025 LIST |
| NFLATHERM PAK LIST |
| NFUVITE INJ Vitamin/Mineral |
| NFUVITE INJ ADULT Vitamin/Mineral |
| NFUVITE INJ PEDIATRI Vitamin/Mineral |
| NJECTAFER INJ 100/2ML LIST |
| NJECTAFER INJ 750/15ML Not properly listed with FDA |
| NOVA KIT 4% Not properly listed with FDA |
| NTEGRA F CAP Vitamin/Mineral |
| NULIN INJ 100MG/ML Diagnostic Agent |
| NZDEAXIATAR GEL Not properly listed with FDA |
| NZDEAXIAVAR GEL Not properly listed with FDA |
| NZDEOXIA GEL 1-2.5-4% Not properly listed with FDA |
| ODINE SOL STRONG Not properly listed with FDA |
| ODINE TIN 2% Not properly listed with FDA |
| ODIXANOL SOL 270MG/ML Diagnostic Agent |
| ODIXANOL SOL 320MG/ML Diagnostic Agent |
| ODOFLEX PAD PAD Surgical Supply/Medical |
| ODOFORM STR MIS 1/2"X15' Not properly listed with FDA |
| ODOFORM STR MIS 1/4"X15' Not properly listed with FDA |
| ODOFORM STR MIS 2"X15' Not properly listed with FDA |
| ODOQU/HC GEL ALOE Unapproved Drug |
| ODOQU/HC/ GEL ALOE Not properly listed with FDA |
| ODOQU-HC GEL ALOE Unapproved Drug |
| ODOQUIMEZ CRE 1-1.9% Not properly listed with FDA |
| ODOSORB GEL Not properly listed with FDA |
| ODOSORB GEL 0.9% Not properly listed with FDA |
| OHEXOL SOL 240MG/ML Diagnostic Agent |
| OHEXOL SOL 300MG/ML Diagnostic Agent |
| SOFLURANE SOL General Anesthetic |
| SOMETH/CAFF TAB /APAP Unapproved Drug |
| SOP ALCOHOL SOL 70% Not properly listed with FDA |
| SOPROPANOL SOL 70% LIST |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| ISOSULFAN INJ BLUE 1% | Diagnostic Agent |
| | Not properly listed with FDA |
| | Diagnostic Agent |
| ISOXSUPRINE TAB 10MG | Unapproved Drug |
| | Unapproved Drug |
| | Not properly listed with FDA |
| | Blood Component |
| | Unapproved Drug |
| | Multi-vitamin w/ iron |
| | Cosmetic |
| | Blood Component |
| | Blood Component |
| JIVI INJ 3000UNIT | Blood Component |
| JIVI INJ 500 UNIT | Blood Component |
| JNT/TUNNEL/ KIT TRIGGER | LIST |
| JOHNSON SOL GRASS | Non-standardized allergenic |
| JUNE GRASS SOL POLLEN | Non-standardized allergenic |
| JUST RIGHT GEL 5000 | Unapproved Drug |
| K CITRATE SOL CITR ACD | Unapproved Drug |
| K.B.G.L IN CRE TERODERM | Bulk Ingredient |
| K/NA CITRATE SOL CITR ACD | Unapproved Drug |
| KAMDOY EMU | Device |
| KAPZIN DC MIS | LIST |
| KATARAXAP EMU | Cosmetic |
| KATARVIA EMU 4-0.025% | Cosmetic |
| KATARYA EMU | Cosmetic |
| KATARYAXN EMU | Cosmetic |
| KAXM EMU | Cosmetic |
| KCENTRA KIT 1000UNIT | Blood Component |
| | Blood Component |
| | Blood Component |
| | Cosmetic |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------------------------------|----------------------------------------|
| KELARX GEL | Device |
| KERAGEL GEL WOUND | Device |
| KERAGELT GEL | Device |
| KERALAC CRE 47% | Unapproved Drug |
| KERALYT GEL 6% | Unapproved Drug |
| KERALYT KIT SCALP 6% | Unapproved Drug |
| KERALYT SHA 6% | Unapproved Drug |
| KERAMATRIX MIS 10X10CM | Device Device |
| KERAMATRIX MIS 5X5CM | Device |
| KERLIX AMD MIS BANDAGE | Not properly listed with FDA |
| KETALAR INJ 100MG/ML | General Anesthetic |
| KETALAR INJ 10MG/ML | General Anesthetic |
| KETALAR INJ 50MG/ML | General Anesthetic |
| KETAMIN/NACL INJ 10MG/ML | General Anesthetic |
| KETAMIN/NACL INJ 20MG/2ML | General Anesthetic |
| KETAMIN/NACL INJ 50MG/5ML | General Anesthetic |
| KETAMIN/NACL SOL 100/10ML | General Anesthetic |
| KETAMIN/NACL SOL 20MG/2ML | General Anesthetic |
| KETAMINE INJ 100MG/ML | General Anesthetic |
| KETAMINE INJ 10MG/ML | General Anesthetic General Anesthetic |
| KETAMINE INJ 500/5ML | General anesthetic |
| KETAMINE INJ 50MG/ML | General Anesthetic |
| KETAMINE HCL INJ 0.6MG/ML | qENeral Anesthetic |
| KETAMINE HCL INJ 100/10ML | General Anesthetic |
| KETAMINE HCL INJ 100/10ML | |
| KETAMINE HCL INJ 100/2ML KETAMINE HCL INJ 1MG/ML | General Anesthetic |
| KETAMINE HCL INJ 1MG/ML KETAMINE HCL INJ 30MG/3ML | General Anesthetic |
| KETAMINE HCL INJ 50MG/5ML | General Anesthetic |
| | General Anesthetic |
| KETAMINE HCL INJ NACL | General Anesthetic |
| KETAMINE HCL SOL | General Anesthetic |
| KETAMINE HCL SOL 20MG/2ML | General Anesthetic |
| KETAMINE HCL SOL 50MG/ML | General Anesthetic |
| KETAMINE HCL TRO 100MG | General Anesthetic |
| KETARYA EMU | Cosmetic |
| KETODAN KIT 2% | LIST |
| KETOPHENE CRE RAPIDPAQ | Unapproved Drug |
| KETOROCAINE KIT-L | LIST |
| KETOROCAINE KIT-LM | LIST |
| KETOROLAC GEL 2% | Not properly listed with FDA |
| KETOVIE LIQ | Not properly listed with FDA |
| KETOVIE LIQ CHOCOLAT | Not properly listed with FDA |
| KETOVIE LIQ PEPTIDE | Not properly listed with FDA |
| KETOVIE LIQ UNFLAVOR | Not properly listed with FDA |
| KETOVIE LIQ VANILLA | Not properly listed with FDA |
| KEVARAXAP EMU | Cosmetic |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|--------------------------|---------------------------------------|
| KEVARTIA EMU 6-0.05% | Cosmetic |
| KEVARYA EMU | Cosmetic |
| KEXM EMU | Cosmetic |
| KEYA EMU | Cosmetic |
| KEYFOLIC TAB | Multi-vitamin |
| KINEVAC INJ 5MCG | Diagnostic Agent |
| KIVIK EMU | Device Device |
| KLOR-CON/EF TAB 25MEQ FR | Unapproved Drug |
| KOATE INJ 1000UNIT | Blood Component |
| KOATE INJ 250UNIT | Blood Component |
| KOATE INJ 500 UNIT | Blood Component |
| KOATE-DVI INJ 1000UNIT | Blood Component |
| KOATE-DVI INJ 500UNIT | Blood Component |
| KOCHIA EXTRA INJ 1:20 | Non-standardized allergenic |
| KOGENATE FS INJ 1000UNIT | Blood Component |
| KOGENATE FS INJ 2000UNIT | Blood Component |
| KOGENATE FS INJ 250UNIT | Blood Component |
| KOGENATE FS INJ 2000NIT | Blood Component |
| KOGENATE FS INJ 500UDNIT | Blood Component |
| KOSHR PRENAT TAB 30-1MG | Vitamin/Mineral |
| | |
| KOTARAXAP EMU | Cosmetic |
| KOVALTRY INJ 1000UNIT | Blood Component |
| KOVALTRY INJ 2000UNIT | Blood Component |
| KOVALTRY INJ 250UNIT | Blood Component |
| KOVALTRY INJ 3000UNIT | Blood Component |
| KOVALTRY INJ 500UNIT | Blood Component |
| K-PHOS TAB | Unapproved Drug |
| K-PHOS TAB NEUTRAL | Unapproved Drug |
| K-PHOS TAB NO 2 | Unapproved Drug |
| K-PRIME TAB 25MEQ EF | Unapproved Drug |
| KRISGEL 100 GEL | Not properly listed with FDA |
| KUTAR EMU 8-0.025% | Cosmetic |
| KUTARVIA EMU 8-0.025% | Cosmetic |
| KUTARYAXM EMU | Cosmetic |
| KUTARYAXMPA EMU | Cosmetic |
| KUTEA EMU | Cosmetic |
| KUVARYA EMU | Cosmetic |
| KUVARYE EMU | Cosmetic |
| KUXM EMU | Cosmetic |
| KYBELLA INJ | Cosmetic |
| KYMRIAH SUS | Covered under Part B; Blood Component |
| L.E.T. GEL | Not properly listed with FDA |
| LACTEROL CAP | Dietary Supplement |
| LACTIC ACID CRE E | Unapproved Drug |
| LACTIC ACID LOT 10% | Unapproved Drug |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|--------------------------------------|------------------------------|
| LACTOJEN CAP | Dietary Supplement |
| LAGEVRIO CAP 200MG | LIST |
| LANOLIN OIN | Unapproved Drug |
| LANOLIN ANHY OIN | Not properly listed with FDA |
| LANSOPRAZOLE SUS 3MG/ML | Bulk Ingredient |
| L-ARGININE INJ 200MG/ML | Unapproved Drug |
| LATISSE SOL 0.03% | Cosmetic |
| LAVARE WOUND GEL WASH | Not properly listed with FDA |
| L-CARNITINE INJ 500MG/ML | Unapproved Drug |
| LDL CARE POW | Not properly listed with FDA |
| LDO PLUS GEL 4% | LIST |
| LECITHIN GEL | Not properly listed with FDA |
| LECITHIN GRA | Not properly listed with FDA |
| LEFLUNICLO PAK 20MG-1% | Unapproved Drug |
| LENSCALE INJ 1:20 | Non-standardized allergenic |
| LEQEMBI SOL 200/2ML | LIST |
| LEQEMBI SOL 500/5ML | LIST |
| LETS KIT | Unapproved Drug |
| LEVA PELVIC KIT HEALTH | Not properly listed with FDA |
| LEVA SET KIT 2.5-2.5% | LIST |
| LEVATIO PAD 0.3-5% | Unapproved Drug |
| LEVBID TAB 0.375 ER | Unapproved Drug |
| LEVICYN GEL | Not properly listed with FDA |
| LEVICYN SOL DERMAL | Not properly listed with FDA |
| LEVOMEFOLATE CAP ALGAL 15-90.314 MG | Not properly listed with FDA |
| LEVOMEFOLATE CAP ALGAL 7.5-90.314 MG | Not properly listed with FDA |
| LEVOMEFOLATE CAP DHA | Vitamin/Mineral |
| LEVSIN INJ 0.5MG/ML | Unapproved Drug |
| LEVSIN TAB 0.125MG | Unapproved Drug |
| LEVSIN/SL SUB 0.125MG | Unapproved Drug |
| LEXISCAN INJ 0.4MG | Diagnostic Agent |
| LIDO BDK KIT | Not properly listed with FDA |
| LIDO/EPI INJ 0.5% | Not properly listed with FDA |
| LIDO/EPI INJ 1.5% | Not properly listed with FDA |
| LIDO/EPI INJ 2% | Not properly listed with FDA |
| LIDO/EPI INJ 2% | Not properly listed with FDA |
| LIDO/EPI 1%- INJ 1:100000 | Not properly listed with FDA |
| LIDO/PRILOCN KIT 2.5-2.5% | Not properly listed with FDA |
| LIDOCAIN/EPI INJ 2% | LIST |
| LIDOCAINE CRE 10% | Bulk Ingredient |
| LIDOCAINE CRE 3% | Unapproved Drug |
| LIDOCAINE CRE 5% | Bulk Ingredient |
| LIDOCAINE LOT 3% | Unapproved Drug |
| LIDOCAINE SUP 50MG | Unapproved Drug |
| LIDOCAINE HC CRE 4.12% | Unapproved Drug |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|--------------------------|------------------------------|
| LIDOCAINE/HC CRE 3%-0.5% | Unapproved Drug |
| LIDOCAINE/HC KIT 2-2% | Unapproved Drug |
| LIDOCAINE/HC KIT 3%-0.5% | Unapproved Drug |
| LIDOCAINE/HC KIT 3%-1% | Unapproved Drug |
| LIDOCAINE/HC KIT 3-2.5% | Unapproved Drug |
| LIDOCAINE/PH SOL 1-1.5% | Unapproved Drug |
| LIDOCORT CRE 3-0.5% | Unapproved Drug |
| LIDO-EP-TETR GEL | Not properly listed with FDA |
| LIDO-EP-TETR SOL | Unapproved Drug |
| LIDOGEL GEL 2.8% | LIST |
| LIDO-HYDRO GEL 2.8-0.55 | Unapproved Drug |
| LIDOLOG KIT | LIST |
| LIDOMAR INJ | Not properly listed with FDA |
| LIDOMARK 1/5 KIT | LIST |
| LIDOMARK 2/5 KIT | LIST |
| LIDOPAC KIT 5% | Not properly listed with FDA |
| LIDO-PHENYL INJ 1-1.5% | Unapproved Drug |
| LIDOPIN CRE 3% | Unapproved Drug |
| LIDOPIN CRE 3.25% | Unapproved Drug |
| LIDOPRIL KIT 2.5-2.5% | LIST |
| LIDOPRIL XR KIT 2.5-2.5% | LIST |
| LIDOPURE KIT 5% | LIST |
| LIDORX GEL 3% | Not properly listed with FDA |
| LIDOSOL KIT 5% | LIST |
| LIDO-SORB LOT 3% | Unapproved Drug |
| LIDOSTREAM KIT 5% & 10% | LIST |
| LIDOTHOL GEL 4.5-5% | Not properly listed with FDA |
| LIDOTHOL PAD 4.5-5% | Unapproved Drug |
| LIDOTRAL CRE 3.88% | Unapproved Drug |
| LIDOTRAN CRE 3.88% | Not properly listed with FDA |
| LIDOTREX GEL 2% | Not properly listed with FDA |
| LIDOVIX L KIT 5% | LIST |
| LIDTOPIC MAX CRE 10% | Not properly listed with FDA |
| LIFEMS NALOX INJ 2MG/2ML | LIST |
| LIMBREL CAP 250MG | Medical Food |
| LIMBREL CAP 500MG | Medical Food |
| LIMBREL250 CAP 250-50MG | Medical Food |
| LIMBREL500 CAP 500-50MG | Medical Food |
| LIPIODOL INJ | Diagnostic Agent |
| LIPO INJ 50-50-25 | Unapproved Drug |
| LIPO CREAM CRE BASE | Not properly listed with FDA |
| LIPO-B INJ | Vitamin/Mineral |
| LIPO-C INJ | Unapproved Drug |
| LIPOCREAM CRE BASE | Not properly listed with FDA |
| LIPOFOAM RX AER | Not properly listed with FDA |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| LIPOLAYER CRE | Not properly listed with FDA |
| LIPOPEN ABSO CRE ENHANCNG | Not properly listed with FDA |
| | Diagnostic Agent |
| | Diagnostic Agent |
| | Not properly listed with FDA |
| | Diagnostic Agent |
| | Diagnostic Agent |
| | Diagnostic Agent |
| LIVIXIL PAK KIT 2.5-2.5% | LIST |
| L-LYSINE HCL INJ 100MG/ML | Unapproved Drug |
| | Not properly listed with FDA |
| L-METHYL- TAB B6-B12 | Vitamin/Mineral |
| L-METHYLFOLA CAP ALGAL | Not properly listed with FDA |
| | Not properly listed with FDA |
| L-METHYLFOLA CAP FORM 7.5 | Not properly listed with FDA |
| | Not properly listed with FDA |
| L-METHYLFOLA CAP FORTE 15 | Not properly listed with FDA |
| | Medical Food |
| | Medical Food |
| L-METHYL-MC TAB | Vitamin/Mineral |
| L-METHYL-MC TAB NAC | Unapproved Drug |
| LMR PLUS KIT | LIST |
| LMTHF/B6/B12 TAB | Vitamin/Mineral |
| LOCAMETZ INJ 25MCG | Diagnostic Agent |
| LOMAIRA TAB 8MG | Anorexic, Anti-obesity Agent |
| LOPROX KIT 0.77% | LIST |
| LORMATE CAP | Dietary Supplement |
| LORVATUS KIT PHARMAPA | LIST |
| LOUTREX CRE | LIST |
| LOYON SOL | Not properly listed with FDA |
| LP LITE PAK KIT 2.5-2.5% | Unapproved Drug |
| LUCIRA KIT COVID-19 | Diagnostic Agent |
| | Unapproved Drug |
| LUKAID GLA EMU 1GM/ML | Unapproved Drug |
| | Diagnostic Agent |
| | Not properly listed with FDA |
| LURADROX GEL 0.1% | Surgical Supply/Medical |
| | Not properly listed with FDA |
| | Unapproved Drug |
| LYMPHOSEEK INJ FOR PREP | Diagnostic Agent |
| | Diagnostic Agent |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------------------------------|-------------------------------------------------------|
| LYRA SARS KIT COV-2 | Diagnostic Agent |
| LYSIPLEX TAB PLUS | Vitamin/Mineral |
| M.V.I PEDIAT INJ | Vitamin/Mineral |
| M.V.I. ADULT INJ | Vitamin/Mineral |
| MACRILEN PAK 60MG | Diagnostic Agent |
| MAGNESIUM CL INJ 20% | Unapproved Drug |
| MAHANA IBS MIS | LIST |
| MARBETA-25 KIT | LIST |
| MARBETA-L KIT | LIST |
| MARCAINE INJ SPINAL | Not properly listed with FDA |
| MARCAINE/EPI INJ 0.25% | LIST |
| MARCAINE/EPI INJ 0.25% | Not properly listed with FDA |
| MARCAINE/EPI INJ 0.5% | LIST |
| MARCAINE/EPI INJ 0.5% | Not properly listed with FDA |
| MARDEX-25 KIT | LIST |
| MARLIDO KIT | LIST |
| MARLIDO-25 KIT | LIST |
| MARSH ELDER INJ 1:20 | Non-standardized allergenic |
| MARVONA KIT 0.5% | LIST |
| MAS CARE-PAK KIT 10MG/ML | LIST |
| MD-76 R INJ | Diagnostic Agent |
| ME/NAPHOS/MB TAB HYO 1 | Unapproved Drug |
| MEADOW FESCU INJ 100000BA | Non-standardized allergenic |
| MEBOLIC TAB | Vitamin/Mineral |
| MEBROFENIN KIT 99M | Diagnostic Agent |
| MEDACTIV TAB | Anorexic, Anti-obesity Agent |
| MEDCATED DNA KIT COLLECT | Diagnostic Agent |
| MEDCATED DNA KIT COLLECT2 | Diagnostic Agent |
| MEDIDERM CRE | Not properly listed with FDA |
| MEDIHOL BASE GEL | Not properly listed with FDA |
| MEDIHONEY GEL WOUND | Not properly listed with FDA |
| MEDIHONEY PAD 2"X2" | Not properly listed with FDA |
| MEDIHONEY PAD 3/4"X12" | Not properly listed with FDA |
| MEDIHONEY PAD 3/4 X12 MEDIHONEY PAD 4"X5" | Not properly listed with FDA |
| MEDIHONEY PST WOUND | Not properly listed with FDA |
| MEDROLOAN KIT 40MG/ML | LIST |
| MEDROLOAN II KIT 40MG/ML MEDROLOAN II KIT 40MG/ML | LIST |
| | |
| MEDRONATE KIT 99M | Diagnostic Agent |
| MELALEUCA INJ 1:20 MELPHALAN TAB 2MG | Non-standardized allergenic |
| | Oral drug for cancer; infusion available under Part B |
| MENOPUR INJ 75UNIT | Fertility Agent |
| MEPHYTON TAB 5MG | Vitamin/Mineral |
| MEPILEX AG PAD 4"X4" | Surgical Supply/Medical |
| MESQUITE SOL EXTRACT | Non-standardized allergenic |
| METAFOLBIC TAB | Vitamin/Mineral |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| METAFOLBIC TAB PLUS | Vitamin/Mineral |
| METAFOLBIC TAB PLUS RF | Vitamin/Mineral |
| METANX CAP | Vitamin/Mineral |
| METAXALL CP KIT 0.025% | Not properly listed with FDA |
| METHACHOLINE KIT CHLORIDE | Diagnostic Agent |
| METHAVER CAP | Unapproved Drug |
| METHAZEL CAP | Unapproved Drug |
| METHENAM MAN TAB 1000MG | Unapproved Drug |
| METHENAM MAN TAB 1GM | Unapproved Drug |
| METHENAM MAN TAB 500MG | Unapproved Drug |
| METHIO/INOS/ INJ CHOL/B12 | Vitamin/Mineral |
| METHOHEX SOD INJ 100/10ML | General Anesthetic |
| METHYL SALIC LIQ | Not properly listed with FDA |
| METHYLCOBALA INJ 10000MCG | Unapproved Drug |
| METHYLCOBALA INJ 10MG/ML | Vitamin/Mineral |
| METHYLCOBALA INJ 1MG/ML | Vitamin/Mineral |
| METHYLCOBALA INJ 50000MCG | Unapproved Drug |
| METHYLCOBALA INJ 5MG/ML | Vitamin/Mineral |
| METHYLFOL/CA TAB ME-CBL | Vitamin/Mineral |
| METHYLFOL/ME CAP CBL/P5P | Vitamin/Mineral |
| METOPIRONE CAP 250MG | Diagnostic Agent |
| METRONIDAZOL SUS 50MG/ML | LIST |
| MICROCYN GEL | Not properly listed with FDA |
| MICROCYN GEL SKIN/WOU | Not properly listed with FDA |
| MICROCYN LIQ | Not properly listed with FDA |
| MICROPLEGIA INJ MSA/MSG | Not properly listed with FDA |
| MIDAZO/NACL INJ 100/100 | General Anesthetic |
| MIDAZOL NACL SOL 30/30ML | General Anesthetic |
| MIDAZOL/NACL INJ 50/50ML | General anesthetic |
| MIDAZOL/NACL INJ 60/30ML | General Anesthetic |
| MIDAZOL/NACL SOL 100/100 | General Anesthetic |
| MIDAZOL/NACL SOL 100/100 | General Anesthetic |
| MIDAZOL/NACL SOL 100MG | General Anesthetic |
| MIDAZOL/NACL SOL 2MG/2ML | General Anesthetic |
| MIDAZOL/NACL SOL 50/100ML | General Anesthetic |
| MIDAZOL/NACL SOL 50/50ML | General Anesthetic |
| MIDAZOL/NACL SOL 55/55ML | General Anesthetic |
| MIDAZOL/NACL SOL 5MG/5ML | General Anesthetic |
| MIDAZOLAM INJ 10/10ML | General Anesthetic |
| MIDAZOLAM INJ 10MG/2ML | General Anesthetic |
| MIDAZOLAM INJ 1MG/ML | General Anesthetic |
| MIDAZOLAM INJ 25MG/5ML | General Anesthetic |
| MIDAZOLAM INJ 2MG/2ML | General Anesthetic |
| MIDAZOLAM INJ 30MG/30ML | General Anesthetic |
| MIDAZOLAM INJ 50/10ML | General Anesthetic |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|-----------------------------|------------------------------|
| MIDAZOLAM INJ 50/50ML | General Anesthetic |
| | General Anesthetic |
| MIDAZOLAM INJ 5MG/5ML | General Anesthetic |
| MIDAZOLAM INJ 5MG/ML | General Anesthetic |
| MIDAZOLAM INJ 5MG/ML | General Anesthetic |
| MIDAZOLAM INJ 5MG/ML | General Anesthetic |
| | General Anesthetic |
| MIDAZOLAM SOL /NACL | General Anesthetic |
| MIDAZOLAM SOL 100MG | General Anesthetic |
| MIDAZOLAM SOL 2MG/2ML | General Anesthetic |
| MIDAZOLAM SOL 50/50 | General Anesthetic |
| MIDAZOLAM SOL NACL | General Anesthetic |
| MIDAZOLAM SUS 1MG/ML | General Anesthetic |
| MIDAZOLAM SYP 10MG/5ML | General Anesthetic |
| MIDAZOLAM SYP 2MG/ML | General Anesthetic |
| MIDAZOLAM SYP 5/2.5ML | General Anesthetic |
| MIDAZOL-NACL INJ | General anesthetic |
| MIGRANOW PAK | LIST |
| MIMYX CRE | Not properly listed with FDA |
| MINERAL OIL HEAVY | Not properly listed with FDA |
| MITE SOL D.FARINA | LIST |
| MITE SOL D.PTERON | LIST |
| MITE SOL EXTRACT | Non-standardized allergenic |
| MITE SOL EXTRACT | Non-standardized allergenic |
| MITOMYCIN SOL 20MG | Unapproved Drug |
| | Non-standardized allergenic |
| MIXED SOL RAGWEED | Non-standardized allergenic |
| | Non-standardized allergenic |
| MIXED VESPID INJ 3900MCG | Non-standardized allergenic |
| MKO MELT PK TRO 3-25-2MG | General Anesthetic |
| MLK F1 KIT | LIST |
| MLK F2 KIT | LIST |
| MLK F3 KIT | LIST |
| MLK F4 KIT | LIST |
| MLP A-2 KIT | LIST |
| M-NATAL PLUS TAB | Vitamin/Mineral |
| MODERNA INJ BIVALENT | Unapproved Drug |
| MODERNA BIV INJ 6M-5Y | Unapproved Drug |
| MODERNA BIVA INJ BA4/BA5 | Unapproved Drug |
| MODERNA VAC INJ 50/0.5ML | Unapproved Drug |
| MODERNA VACO IN J. COVID-19 | Unapproved Drug |
| MODERNA VACC INJ 6-11Y | Unapproved Drug |
| MODERNA VACC INJ 6M-5Y | Unapproved Drug |
| MONOFERRIC INJ 1000/10 | LIST |
| MONONINE INJ 1000UNIT | Blood Component |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| MONOVISC INJ 88MG/4ML | Surgical Supply/Medical |
| MONSELS FERR SOL SUBSULF | Unapproved Drug |
| MORCIN CRE | Unapproved Drug |
| MORGIDOX KIT 1X100MG | LIST |
| MORGIDOX KIT 1X50MG | LIST |
| MORGIDOX KIT 2X100MG | LIST |
| MORPHINE SUL INJ 1MG/ML | Unapproved Drug |
| MORPHINE SUL INJ 5MG/5ML | Not properly listed with FDA |
| MORPHINE SUL SUP 10MG | Not properly listed with FDA |
| MORPHINE SUL SUP 20MG | Not properly listed with FDA |
| | Not properly listed with FDA |
| | Not properly listed with FDA |
| | Non-standardized allergenic |
| | Non-standardized allergenic |
| MOUSE EPITHE INJ 1:20 | Non-standardized allergenic |
| MOXICAINE KIT | Unapproved Drug |
| | Not properly listed with FDA |
| | Unapproved Drug |
| | Not properly listed with FDA |
| MOXIFLOXACIN SOL 1MG/ML | Not properly listed with FDA |
| | Unapproved Drug |
| | Not properly listed with FDA |
| MUCOR INJ 1:20 | LIST |
| MUCOSITISRX POW | Not properly listed with FDA |
| MUGWORT SOL EXTRACT | Non-standardized allergenic |
| MULTI- KIT SPECIALT | LIST |
| MULTI VIT/FL CHW 0.25MG | Vitamin/Mineral |
| | Not properly listed with FDA |
| MULTIHANCE SOL | Diagnostic Agent |
| MULTI-MAC TAB | Multi-vitamin w/ iron |
| MULTI-PHASIC CRE CMPD | Not properly listed with FDA |
| MULTIPRO CAP | Multi-vitamin |
| MULTITRACE-4 INJ CONC | Unapproved Drug |
| MULTITRACE-4 INJ NEONATAL | Unapproved Drug |
| MULTITRACE-4 INJ PED | Unapproved Drug |
| MULTIV/FLUOR CHW 0.25-0.3 | Vitamin/Mineral |
| MULTIV/FLUOR CHW 0.5-0.3 | Vitamin/Mineral |
| MULTIV/FLUOR CHW 1-0.3MG | Vitamin/Mineral |
| MULTIVIT/FL CHW 0.25MG | Vitamin/Mineral |
| MULTIVIT/FL CHW 0.5MG | Vitamin/Mineral |
| MULTIVIT/FL CHW 1MG | Vitamin/Mineral |
| MULTI-VIT/FL DRO /FE 0.25 | Vitamin/Mineral |
| MULTI-VIT/FL DRO 0.25MG | Vitamin/Mineral |
| MULTI-VIT/FL DRO 0.5MG/ML | Vitamin/Mineral |
| MULTI-VIT-FL CHW 0.25MG | Multi-vitamin w/flouride |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| MULT-VIT-FL CHW 0.5MC Multi-vitamin wflouride MULT-VIT-FL CHW 1MG Multi-vitamin MULTRYS INJ MUSE SUP 1000MCG MUSE SUP 250MCG MUSE SUP 250MCG MUSE SUP 250MCG MUSE SUP 500MCG MUSE SUP 500MCG MUSE SUP 500MCG MYDRIACYL SOL 1% OP MYDRIACYL SOL 1% OP MYLERAN TAB 2MG MYNATAL CAP MYNATAL CAP Vitamin/Mineral MYNATAL LUS TAB Vitamin/Mineral MYNATAL LUS TAB Vitamin/Mineral MYNEPHROCAPS CAP Vitamin/Mineral MYNEPHROCAPS CAP Vitamin/Mineral MYNEPHROCAPS Vitamin/Mineral MYOVIEW KIT Diagnostic Agent MYOVIEW KIT 30ML Diagnostic Agent MAPIOREN WIT 30ML Unapproved Drug NACL/BACT INJ 0.9%BENZ LIST NAFERINSE CHW IMG F Unapproved Drug NAFERINSE CHW IMG F Unapproved Drug |
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| MUSE SUP 1000MCG |
| MUSE SUP 1000MCG |
| MUSE SUP 1000MCG Erectile Dysfunction MUSE SUP 500MCG Erectile Dysfunction MVDRIACYL SOL 1% OP Diagnostic Agent MYLERAN TAB 2MG LIST MYNATAL CAP Vitamin/Mineral MYNATAL PLUS TAB Vitamin/Mineral MYNATAL-Z TAB Vitamin/Mineral MYNEPHROCAPS CAP Vitamin/Mineral MYOVIEW KIT Diagnostic Agent MYOVIEW KIT 30ML Diagnostic Agent MOVIEW KIT 30ML Diagnostic Agent NA HYDROXIDE SOL 10% Unapproved Drug NABI-HB IN Hepatitis B Vaccine NACL/BACT IN J. 0.9%BENZ LIST NAFRINSE DRO 0.125MG Unapproved Drug NAFRINSE DRO 0.125MG Unapproved Drug NAFRINSE SOL DAILY Unapproved Drug NAFRINSE UN NEUTRAL Unapproved Drug NAFRINSE NOT properly listed with FDA NAPROXEN CRE Bulk Ingredient |
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| MYNATAL CAP Vitamin/Mineral MYNATAL PLUS TAB Vitamin/Mineral MYNATAL-Z TAB Vitamin/Mineral MYNEPHROCAPS CAP Vitamin/Mineral MYNEPHRON CAP Vitamin/Mineral MYOVIEW KIT Diagnostic Agent MYOVIEW KIT 30ML Diagnostic Agent NA HYDROXIDE SOL 10% Unapproved Drug NABI-HB INJ Hepatitis B Vaccine NACL/BACT INJ 0.9%BENZ LIST NAFRINSE CHW 1MG F Unapproved Drug NAFRINSE DRO 0.125MG Unapproved Drug NAFRINSE SOL DAILY Unapproved Drug NAFRINSE DLY SOL /NEUTRAL Unapproved Drug NAFRINSE WK SOL 0.2% Unapproved Drug NAPROINS INT Unapproved Drug NAPRO CRE 15% Not properly listed with FDA NAPROXEN CRE Bulk Ingredient |
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| MYNEPHRON CAP MYOVIEW KIT Diagnostic Agent MYOVIEW KIT 30ML Diagnostic Agent Diagnostic Agent Diagnostic Agent Diagnostic Agent Unapproved Drug NABI-HB INJ NABI-HB INJ NAFRINSE CHW 1MG F NAFRINSE DRO 0.125MG NAFRINSE SOL DAILY NAFRINSE DSOL DAILY NAFRINSE DLY SOL /NEUTRAL NAFRINSE DLY SOL /NEUTRAL NAFRINSE DLY SOL /NEUTRAL NAFRINSE WK SOL 0.2% NAPRO CRE 15% NAPROXEN CRE NAPROXEN CRE Bulk Ingredient |
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| NABI-HB INJ Hepatitis B Vaccine NACL/BACT INJ 0.9%BENZ NAFRINSE CHW 1MG F NAFRINSE DRO 0.125MG NAFRINSE SOL DAILY NAFRINSE SOL DAILY NAFRINSE DLY SOL /NEUTRAL NAFRINSE WK SOL 0.2% NAFRINSE WK SOL 0.2% NAPRO CRE 15% NOT properly listed with FDA NAPROTIN KIT NAPROXEN CRE Bulk Ingredient |
| NACL/BACT INJ 0.9%BENZ LIST NAFRINSE CHW 1MG F Unapproved Drug NAFRINSE DRO 0.125MG Unapproved Drug NAFRINSE SOL DAILY Unapproved Drug NAFRINSE DLY SOL /NEUTRAL Unapproved Drug NAFRINSE WK SOL 0.2% Unapproved Drug NAPRO CRE 15% Not properly listed with FDA NAPROTIN KIT Unapproved Drug NAPROXEN CRE Bulk Ingredient |
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| NAPROTIN KIT Unapproved Drug NAPROXEN CRE Bulk Ingredient |
| NAPROXEN CRE Bulk Ingredient |
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| NAPROXEN KIT COMFORT LIST |
| NASCOBAL SPR 500MCG Vitamin/Mineral |
| NATACHEW CHW Vitamin/Mineral |
| NATACREAM CRE Not properly listed with FDA |
| NATAL PNV TAB Multi-vitamin w/ iron |
| NATALVIT TAB 75-1MG Vitamin/Mineral |
| NATELLE ONE CAP Vitamin/Mineral |
| NATURAL CRE Not properly listed with FDA |
| NEBUSAL NEB 3% Device |
| NEBUSAL NEB 6% Device |
| NEEVO DHA CAP 27-1.13 Vitamin/Mineral |
| NEOKE BHB POW Not properly listed with FDA |
| NEONATAL TAB COMPLTE Vitamin/Mineral |
| NEONATAL 19 TAB Multi-vitamin |
| NEONATAL FE_TAB Multi-vitamin w/ iron |
| NEONATAL PLS TAB 27-1MG Vitamin/Mineral |
| NEONATAL/DHA MIS Multi-vitamin |
| NEOSALUS AER Device |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| NEOSALUS CRE | Device |
| | Device |
| NEOSTIG METH INJ 2MG/2ML | Not properly listed with FDA |
| NEOSTIG METH INJ 4MG/4ML | Not properly listed with FDA |
| NEOSTIG METH INJ 5MG/5ML | Not properly listed with FDA |
| NEO-SYNALAR KIT | LIST |
| NEPHPLEX RX TAB | Vitamin/Mineral |
| NEPHRONEX TAB | Vitamin/Mineral |
| NESTABS TAB | Vitamin/Mineral |
| NESTABS DHA PAK | Vitamin/Mineral |
| NESTABS ONE CAP | Vitamin/Mineral |
| NETSPOT KIT | Diagnostic Agent |
| NEUAC KIT 1.2-5% | LIST |
| NEULUMEX SUS 0.1% | Diagnostic Agent |
| NEURACEQ INJ 1.4-135 | Diagnostic Agent |
| NEURAPTINE CRE 10% | Not properly listed with FDA |
| NEURIN-SL SUB | Vitamin/Mineral |
| NEUROLITE KIT | Diagnostic Agent |
| NEUTRASAL POW | Not properly listed with FDA |
| NEXA PLUS CAP | Vitamin/Mineral |
| NEXAVIR INJ | Unapproved Drug |
| NICADAN TAB | Vitamin/Mineral |
| NICAPRIN TAB | Vitamin/Mineral |
| NICAZEL TAB | Vitamin/Mineral |
| NICAZEL TAB FORTE | Vitamin/Mineral |
| NICAZYME TAB | Dietary Supplement |
| NICOMIDE TAB | Vitamin/Mineral |
| NICOMIDE TAB | Vitamin/Mineral |
| NICOTINAMIDE TAB | Multi-vitamin |
| NIMBEX INJ 10MG/ML | LIST |
| NIMBEX INJ 2MG/ML | LIST |
| NIMBEX INJ 2MG/ML | LIST |
| NITRO-TIME CAP 2.5MG CR | Unapproved Drug |
| NITRO-TIME CAP 6.5MG CR | Unapproved Drug |
| NITRO-TIME CAP 9MG CR | Unapproved Drug |
| NIVA-FOL TAB | Vitamin/Mineral |
| NIVA-PLUS TAB | Vitamin/Mineral |
| NIVATOPIC CRE PLUS | LIST |
| NOCLOT-50 SOL ACD-A | Not properly listed with FDA |
| NOPIOID-LMC MIS KIT | LIST |
| NOREPIN/NACL INJ 4/250ML | Not properly listed with FDA |
| NOREPIN/NACL INJ 8/250ML | Not properly listed with FDA |
| NORML SALINE INJ IV FLUSH | Not properly listed with FDA |
| NORMLGEL AG GEL | Device |
| NOURILITE CRE | Not properly listed with FDA |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|--------------------------|------------------------------|
| NOURIVAN CRE ANTIOX | Not properly listed with FDA |
| NOVACORT GEL | Unapproved Drug |
| NOVAVAX VAC INJ COVID-19 | Unapproved Drug |
| NOVOEIGHT INJ 1000UNIT | Blood Component |
| NOVOEIGHT INJ 1500UNIT | Blood Component |
| NOVOEIGHT INJ 2000UNIT | Blood Component |
| NOVOEIGHT INJ 250UNIT | Blood Component |
| NOVOEIGHT INJ 3000UNIT | Blood Component |
| NOVOEIGHT INJ 500UNIT | Blood Component |
| NOVOSEVEN RT INJ 1MG | Blood Component |
| NOVOSEVEN RT INJ 2MG | Blood Component |
| NOVOSEVEN RT INJ 5MG | Blood Component |
| NOVOSEVEN RT INJ 8MG | Blood Component |
| NP #2 DRUG CRE PREP KIT | Not properly listed with FDA |
| NP THYROID TAB 120MG | Unapproved Drug |
| NP THYROID TAB 15MG | Unapproved Drug |
| NP THYROID TAB 30MG | Unapproved Drug |
| NP THYROID TAB 60MG | Unapproved Drug |
| NP THYROID TAB 90MG | Unapproved Drug |
| NUCARACLINPA KIT | LIST |
| NUCARARXPAK KIT | LIST |
| NUDERMRXPAK PAK 120 | LIST |
| NUDERMRXPAK PAK 60 | LIST |
| NUDICLO PAK SOLUPAK | LIST |
| NUDICLO PAK TABPAK | LIST |
| NUDROXIPAK KIT DSDR-50 | LIST |
| NUDROXIPAK KIT DSDR-75 | LIST |
| NUDROXIPAK KIT E-400 | LIST |
| NUDROXIPAK KIT I-800 | LIST |
| NUDROXIPAK KIT M-15 | LIST |
| NUDROXIPAK KIT N-500 | LIST |
| NUDROXIPAK PAK | LIST |
| NUFOL TAB | Vitamin/Mineral |
| NUJU CRE 0.1% | Not properly listed with FDA |
| NULEV TAB 0.125MG | Unapproved Drug |
| NUMOISYN LIQ | Unapproved Drug |
| NUMOISYN LOZ | Unapproved Drug |
| NUSURGEPAK KIT SURGICAL | LIST |
| NUTRASEB CRE | Not properly listed with FDA |
| NUTRIARX KIT CREAMPAK | LIST |
| NUTRICAP TAB | Vitamin/Mineral |
| NUTRIFAC ZX TAB | Vitamin/Mineral |
| NUTRIVIT LIQ 800-15-1 | Vitamin/Mineral |
| NUVAIL SOL 16% | Device |
| NUVAKAAN KIT 2.5-2.5% | LIST |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| NUVAKAAN II KIT | LIST |
| | Blood Component |
| NUWIQ KIT 250UNIT | Blood Component |
| | Not properly listed with FDA |
| | Diagnostic Agent |
| OB COMPLETE CAP ONE | Vitamin/Mineral |
| OB COMPLETE CAP PETITE | Vitamin/Mineral |
| OB COMPLETE TAB | Vitamin/Mineral |
| OB COMPLETE TAB PREMIER | Vitamin/Mineral |
| OB COMPLETE/ CAP DHA | Vitamin/Mineral |
| OBIZUR INJ 500 UNIT | Blood Component |
| OBSTETRIX EC TAB | Vitamin/Mineral |
| OBSTETRX ONE CAP 38-1-225 | Vitamin/Mineral |
| O-CAL FA TAB | Vitamin/Mineral |
| | Not properly listed with FDA |
| | Blood Component |
| OCTAPLAS INJ GROUP AB | Blood Component |
| | Blood Component |
| OCTAPLAS INJ GROUP O | Blood Component |
| | Non-standardized allergenic |
| OMEPRAZOLE + SUS SYRSPEND | Not properly listed with FDA |
| OMISIRGE SUS | LIST |
| OMNIBASE CRE | Not properly listed with FDA |
| | Device |
| | Diagnostic Agent |
| OMNIPAQUE SOL 300MG/ML | Diagnostic Agent |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| OMNIPAQUE SOL 9MG/ML | Diagnostic Agent |
| OMNISCAN INJ 287MG/ML | Diagnostic Agent |
| OMNISCAN INJ 287MG/ML | Diagnostic Agent |
| OMNIVEX TAB | Dietary Supplement |
| ONE VITE TAB 1MG PLUS | Multi-vitamin w/ iron |
| ONYCHO-MED KIT 250MG-2% | Unapproved Drug |
| ONZDEAXIADEM GEL TAR | Not properly listed with FDA |
| ONZDEAXIADEM GEL VAR | Not properly listed with FDA |
| ONZDEAXIATAR GEL | Not properly listed with FDA |
| ONZDEAXIAVAR GEL | Not properly listed with FDA |
| ONZDEAXIAZAR GEL | Not properly listed with FDA |
| ONZDEOXIA GEL 1-5-4% | Not properly listed with FDA |
| OPIUM TIN 10MG/ML | Unapproved Drug |
| OPTISON INJ | Diagnostic Agent |
| ORA-BLEND SUS | Not properly listed with FDA |
| ORA-BLEND SF SUS | Not properly listed with FDA |
| ORABLOC INJ 4%-1:100000 | LIST |
| ORABLOC INJ 4%-1:200000 | LIST |
| ORACIT SOL | Unapproved Drug |
| ORAFATE PST 10% | Not properly listed with FDA |
| ORAGENOMIC KIT MEDICATE | Diagnostic Agent |
| ORANGE INJ EXTRACT | Diagnostic Agent |
| ORAPEUTIC GEL | Surgical Supply/Medical |
| ORA-PLUS LIQ | Not properly listed with FDA |
| ORA-SWEET SYP | Not properly listed with FDA |
| ORA-SWEET SF SYP | Not properly listed with FDA |
| ORCHARD GRAS INJ 100000BA | Non-standardized allergenic |
| ORLISTAT CAP 120MG | Anorexic, Anti-obesity Agent |
| ORMECA KIT | Not properly listed with FDA |
| ORTHO DF CAP 1-3775IU | Dietary Supplement |
| ORTHOVISC INJ 15MG/ML | Surgical Supply/Medical |
| OSCIMIN SUB 0.125MG | Unapproved Drug |
| OSCIMIN TAB 0.125MG | Unapproved Drug |
| OSCIMIN TAB 0.125MG | Unapproved Drug |
| OSCIMIN SR TAB 0.375MG | Unapproved Drug |
| OSTACHOL TAB | Dietary Supplement |
| OVACE PLUS AER 9.8% | Unapproved Drug |
| OVACE PLUS CRE 10% | Unapproved Drug |
| OVACE PLUS GEL 10% WASH | Unapproved Drug |
| OVACE PLUS LIQ 10% WASH | Unapproved Drug |
| OVACE PLUS LOT 9.8% | Unapproved Drug |
| OVACE PLUS SHA 10% | Unapproved Drug |
| OVACE WASH LIQ 10% | Unapproved Drug |
| OVEEZA CAP | Multi-vitamin |
| OVIDREL INJ | Fertility Agent |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| OXIACHLO SOL 0.05-4% | Not properly listed with FDA |
| OXIANUJO OIN 4-0.1% | Not properly listed with FDA |
| OXIATAR CRE 4-0.025% | Not properly listed with FDA |
| OXIAVAR CRE 4-0.05% | Not properly listed with FDA |
| OXIAVARRY CRE 4-0.05% | Not properly listed with FDA |
| | Not properly listed with FDA |
| OXIAZAR CRE 4-0.1% | Not properly listed with FDA |
| OXOPID SOL 0.05-5% | Not properly listed with FDA |
| OXYTOCIN INJ 10UNT/ML | LIST |
| PAIN EASE AER MD STRM | Not properly listed with FDA |
| PAIN EASE AER MIST | Not properly listed with FDA |
| PAINGO KFT KIT | LIST |
| PANATUSS DXP LIQ | Cough/Cold |
| | Blood Component |
| PAPAVERINE SOL 30MG/ML | Unapproved Drug |
| PAPAVERINE SOL 60MG/2ML | Unapproved Drug |
| | Diagnostic Agent |
| PAXLOVID TAB 150-100 | LIST |
| PAXLOVID TAB 300-100 | LIST |
| PB/BELLA ALK TAB 16.2MG | Unapproved Drug |
| PB/HYOSCY ELX ATR/SCOP | Unapproved Drug |
| PB/HYOSCY TAB ATR/SCOP | Unapproved Drug |
| P-CARE D80G KIT 40MG/ML | LIST |
| P-CARE K40 KIT 40MG/ML | LIST |
| P-CARE K40G KIT 40MG/ML | LIST |
| P-CARE K40MX KIT | LIST |
| P-CARE K80 KIT 40MG/ML | LIST |
| P-CARE K80G KIT 40MG/ML | LIST |
| P-CARE K80MX KIT | LIST |
| PCCA ALADERM CRE BASE | Not properly listed with FDA |
| PCCA COBASE OIN #1 | Not properly listed with FDA |
| PCCA COSMETI CRE HRT BASE | Not properly listed with FDA |
| PCCA CUSTOM CRE LIPO-MAX | Not properly listed with FDA |
| PCCA ELLAGE CRE VAGINAL | Not properly listed with FDA |
| PCCA LIPODER CRE BASE | Not properly listed with FDA |
| | Not properly listed with FDA |
| PCCA LIPOSOM CRE NORMAL | Not properly listed with FDA |
| | Not properly listed with FDA |
| PCCA LIPOSOM CRE SENSITIV | Not properly listed with FDA |
| PCCA MVC CRE BASE | Not properly listed with FDA |
| PCCA SWEET SYP -SF | Not properly listed with FDA |
| PCCA SYRUP SYP VEHICLE | Not properly listed with FDA |
| PCCA VANISH CRE BASE | Not properly listed with FDA |
| | Not properly listed with FDA |
| | Not properly listed with FDA |
| | |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| PCCA-PLUS SUS | Not properly listed with FDA |
| PCP 100 KIT | LIST |
| PE/GUAIFENES DRO 1.5-20MG | Cough/Cold |
| PEANUT INJEXTRACT | Diagnostic Agent |
| PECAN NUT INJ EXTRACT | Diagnostic Agent |
| PEDIZOLPAK PAK 2%-2% | Not properly listed with FDA |
| PEG BASE OIN | Not properly listed with FDA |
| PENCREAM CRE | Not properly listed with FDA |
| PENDERM CRE | Not properly listed with FDA |
| PENLEN EMU SPRAY | Device |
| PENSOMAL CRE | Not properly listed with FDA |
| PERENNIAL INJ RYE GRAS | Non-standardized allergenic |
| PETROL GAUZE MIS 3"X9" | Not properly listed with FDA |
| PETROLATUM OIN WHITE | Not properly listed with FDA |
| PFIZER BIVAL INJ 5-11Y | LIST |
| PFIZER BIVAL INJ 6M-4Y | LIST |
| PFIZER BIVAL INJ BA4/BA5 | LIST |
| PFIZER VACC INJ COVID-19 | Unapproved Drug |
| PH 12 STERIL SOL FLOLAN | Not properly listed with FDA |
| PH STRIPS TES PH 0-14 | Diagnostic Agent |
| PHARMABASE CRE COSMETIC | Not properly listed with FDA |
| PHARMABASE CRE HEAVY | Not properly listed with FDA |
| PHEDRAX SHA 2-2% | Not properly listed with FDA |
| PHENAZO TAB 200MG | Unapproved Drug |
| PHENAZOPYRID TAB 100MG | Unapproved Drug |
| PHENAZOPYRID TAB 200MG | Unapproved Drug |
| PHENDIMETRAZ CAP 105MG ER | Anorexic, Anti-obesity Agent |
| PHENDIMETRAZ TAB 35MG | Anorexic, Anti-obesity Agent |
| PHENO/BELLA ELX ALKALOID | Unapproved Drug |
| PHENOHYTRO ELX | Unapproved Drug |
| PHENOHYTRO TAB | Unapproved Drug |
| PHENOL INJ 6% | Not properly listed with FDA |
| PHENTERMINE CAP 15MG | Anorexic, Anti-obesity Agent |
| PHENTERMINE CAP 30MG | Anorexic, Anti-obesity Agent |
| PHENTERMINE CAP 37.5MG | Anorexic, Anti-obesity Agent |
| PHENTERMINE TAB 37.5MG | Anorexic, Anti-obesity Agent |
| PHENYLD GMP POW DHA/FIBR | Not properly listed with FDA |
| PHENYLEP HCL INJ 0.8/10ML | Unapproved Drug |
| PHENYLEP HCL INJ 1MG/10ML | Unapproved Drug |
| PHENYLEPHRIN INJ 0.4/10ML | Unapproved Drug |
| PHENYLEPHRIN INJ 0.5/5ML | Not properly listed with FDA |
| PHENYLEPHRIN INJ 1MG/1ML | Erectile Dysfunction |
| PHEODOYO CRE | Not properly listed with FDA |
| PHEXXI GEL | Contraceptives |
| PHEYO CRE | Not properly listed with FDA |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| PLO MEDIFLO GEL 30 PLO MEDIFLO KIT KIT Not properly listed with FDA PLO TRANSDER CRE PLO20 GEL FLOWABLE PLO20 GEL NON-FLOW PLO20 GEL NON-FLOW PNEUMOVAX 23 INJ 25/0.5 Not properly listed with FDA Pneumococcal Vaccine | Label Name | Reason |
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| PHOSPHASE TAB NEUTRAL | PHLAG SPR | 1111 |
| PHOSPHORASAL TABE | | |
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| PLEXION CRE 9.8-4.8% Unapproved Drug PLEXION LIQ 9.8-4.8% Unapproved Drug PLEXION LOT 9.8-4.8% Unapproved Drug PLEXION LOT 9.8-4.8% Unapproved Drug PLEXION CITH PAD 9.8-4.8% Unapproved Drug PLEXION CITH PAD 9.8-4.8% Unapproved Drug PLIAGLIS KIT 7-7% LIST PLO GEL MEDIFLO PLO GEL MEDIFLO GEL 30 Not properly listed with FDA PLO MEDIFLO KIT KIT PLO MEDIFLO KIT KIT PLO GEL SIT FOR Not properly listed with FDA PLOYER CRE PLO20 GEL FLOWABLE PLO20 GEL FLOWABLE PLO20 GEL NON-FLOW PNEUMOVAX 23 INJ 25/0.5 PNEUMOVAX 23 INJ 25/0.5 | PLENITY CAP | |
| PLEXION CRE 9.8-4.8% Unapproved Drug PLEXION LIQ 9.8-4.8% Unapproved Drug PLEXION LOT 9.8-4.8% Unapproved Drug PLEXION CLTH PAD 9.8-4.8% Unapproved Drug PLEXION CLTH PAD 9.8-4.8% Unapproved Drug PLIAGLIS KIT 7-7% LIST PLO GEL MEDIFLO Not properly listed with FDA PLO MEDIFLO GEL 30 Not properly listed with FDA PLO MEDIFLO KIT KIT Not properly listed with FDA PLO TRANSDER CRE Not properly listed with FDA PLO20 GEL FLOWABLE Not properly listed with FDA PLO20 GEL NON-FLOW Not properly listed with FDA PNEUMOVAX 23 INJ 25/0.5 Pneumococcal Vaccine | | |
| PLEXION LIQ 9.8-4.8% Unapproved Drug PLEXION LOT 9.8-4.8% Unapproved Drug PLEXION CLTH PAD 9.8-4.8% Unapproved Drug PLIAGLIS KIT 7-7% LIST PLO GEL MEDIFLO PLO MEDIFLO GEL 30 Not properly listed with FDA PLO MEDIFLO KIT KIT Not properly listed with FDA PLO TRANSDER CRE Not properly listed with FDA PLO20 GEL FLOWABLE Not properly listed with FDA PLO20 GEL NON-FLOW Not properly listed with FDA PNEUMOVAX 23 INJ 25/0.5 Pneumococcal Vaccine | | |
| PLEXION LOT 9.8-4.8% PLEXION CLTH PAD 9.8-4.8% Unapproved Drug PLIAGLIS KIT 7-7% LIST PLO GEL MEDIFLO PLO MEDIFLO GEL 30 PLO MEDIFLO KIT KIT PLO TRANSDER CRE PLO20 GEL FLOWABLE PLO20 GEL NON-FLOW PNEUMOVAX 23 INJ 25/0.5 Unapproved Drug Unapproved D | | |
| PLEXION CLTH PAD 9.8-4.8% PLIAGLIS KIT 7-7% LIST PLO GEL MEDIFLO PLO MEDIFLO GEL 30 PLO MEDIFLO KIT KIT PLO TRANSDER CRE PLO20 GEL FLOWABLE PLO20 GEL NON-FLOW PNEUMOVAX 23 INJ 25/0.5 Unapproved Drug LIST Not properly listed with FDA Phocon Gel Non-FLOW Preumococcal Vaccine | | |
| PLIAGLIS KIT 7-7% PLO GEL MEDIFLO PLO MEDIFLO GEL 30 PLO MEDIFLO KIT KIT PLO TRANSDER CRE PLO20 GEL FLOWABLE PLO20 GEL NON-FLOW PNEUMOVAX 23 INJ 25/0.5 LIST Not properly listed with FDA PLO20 FLOWABLE PLO20 FLOWABLE PNEUMOVAX 23 INJ 25/0.5 Not properly listed with FDA Pneumococcal Vaccine | | |
| PLO GEL MEDIFLO PLO MEDIFLO GEL 30 Not properly listed with FDA PLO MEDIFLO KIT KIT Not properly listed with FDA PLO TRANSDER CRE Not properly listed with FDA PLO20 GEL FLOWABLE PLO20 GEL NON-FLOW PNEUMOVAX 23 INJ 25/0.5 Not properly listed with FDA Pneumococcal Vaccine | | |
| PLO MEDIFLO GEL 30 Not properly listed with FDA PLO MEDIFLO KIT KIT Not properly listed with FDA PLO TRANSDER CRE Not properly listed with FDA PLO20 GEL FLOWABLE PLO20 GEL NON-FLOW Not properly listed with FDA PLO20 GEL NON-FLOW PNEUMOVAX 23 INJ 25/0.5 Pneumococcal Vaccine | | Not properly listed with FDA |
| PLO MEDIFLO KIT KIT PLO TRANSDER CRE Not properly listed with FDA PLO20 GEL NON-FLOW Not properly listed with FDA PNEUMOVAX 23 INJ 25/0.5 Pneumococcal Vaccine | | |
| PLO TRANSDER CRE PLO20 GEL FLOWABLE PLO20 GEL NON-FLOW PLO20 GEL NON-FLOW PNEUMOVAX 23 INJ 25/0.5 Not properly listed with FDA Pneumococcal Vaccine | PLO MEDIFLO KIT KIT | Not properly listed with FDA |
| PLO20 GEL FLOWABLE Not properly listed with FDA PLO20 GEL NON-FLOW Not properly listed with FDA PNEUMOVAX 23 INJ 25/0.5 Pneumococcal Vaccine | PLO TRANSDER CRE | |
| PLO20 GEL NON-FLOW Not properly listed with FDA PNEUMOVAX 23 INJ 25/0.5 Pneumococcal Vaccine | | |
| PNEUMOVAX 23 INJ 25/0.5 Pneumococcal Vaccine | | |
| | PNEUMOVAX 23 INJ 25/0.5 | |
| | PNV TAB 20-1 TAB | |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| PNV TABS TAB 29-1MG | Vitamin/Mineral |
| PNV-DHA CAP | Vitamin/Mineral |
| PNV-DHA CAP DOCUSATE | Vitamin/Mineral |
| PNV-OMEGA CAP | Vitamin/Mineral |
| PNV-SELECT TAB | Vitamin/Mineral |
| POD-CARE 100 KIT 30MG/5ML | Not properly listed with FDA |
| POD-CARE 100 KIT 40MG/ML | Not properly listed with FDA |
| POD-CARE 100 KIT 40MG/ML | Not properly listed with FDA |
| POD-CARE 100 KIT CMX | Not properly listed with FDA |
| POD-CARE 100 KIT KMX | Not properly listed with FDA |
| POD-CARE100C INJ 30MG/5ML | Not properly listed with FDA |
| PODIAPN CAP | Vitamin/Mineral |
| PODIATROLE PAK 2-20% | Unapproved Drug |
| PODOCON-25 SOL | Unapproved Drug |
| PODPROG SOL 7-0.1% | Not properly listed with FDA |
| PODPROGTAR SOL | Not properly listed with FDA |
| POINT OF KIT CARE KM | LIST |
| POINT OF KIT CARE L.2 | LIST |
| POINT OF KIT CARE L.5 | LIST |
| POINT OF CAR KIT LM DEP 2 | LIST |
| POINT OF CAR KIT LM-2.2 | LIST |
| POINT OF CAR KIT LM-2.5 | LIST |
| POLIBAR PLUS SUS 105% | Diagnostic Agent |
| POLYOX LAURY INJ 5% | Not properly listed with FDA |
| POLYPEG OIN BASE | Not properly listed with FDA |
| POLY-VI-FLOR CHW 0.25MG | Vitamin/Mineral |
| POLY-VI-FLOR CHW 0.5MG | Vitamin/Mineral |
| POLY-VI-FLOR CHW 1MG | Vitamin/Mineral |
| POLY-VI-FLOR CHW W/IRON | Vitamin/Mineral |
| POLY-VI-FLOR SUS /IRON | Vitamin/Mineral |
| POLY-VI-FLOR SUS 0.25/ML | Vitamin/Mineral |
| PORK EXTRACT INJ 1:10 | Diagnostic Agent |
| POSLUMA SOL | Diagnostic Agent |
| POT CITRATE- PAK CIT ACID | Unapproved Drug |
| POT HYDROXID SOL 5% | Unapproved Drug |
| POT IODIDE SOL 1GM/ML | Unapproved Drug |
| POTABA CAP 500MG | Not properly listed with FDA |
| PR BENZOYL LIQ 7% WASH | Unapproved Drug |
| PR CREAM KIT | Unapproved Drug |
| PRACASIL TM- CRE PLUS | Not properly listed with FDA |
| PRAMOSONE CRE 1-1% | LIST |
| PRAMOSONE LOT 1% | LIST |
| PRAMOSONE LOT 2.5% | LIST |
| PRAMOSONE OIN 1% | Unapproved Drug |
| PRAMOSONE OIN 2.5% | Unapproved Drug |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| PRAMOSONE E CRE 1-2.5% | Unapproved Drug |
| PRAMOTIC DRO 1-0.1% | Unapproved Drug |
| PRAMOX GEL 1% | Not properly listed with FDA |
| PRASTERA KIT | Unapproved Drug |
| PRE & POST MIS SX POUCH | LIST |
| PRED-GAT-BRO INJ | Unapproved Drug |
| PRED-GATI SUS 1-0.5% | Unapproved Drug |
| PRED-GATIFL- SUS BROMFENA | Unapproved Drug |
| PREDNIS/BROM SUS 1-0.075% | Unapproved Drug |
| PRE-FOLIC TAB 1-100MG | Vitamin/Mineral |
| PREGEN DHA CAP | Multi-vitamin w/ iron |
| PREGENNA TAB | Vitamin/Mineral |
| PREMESISRX TAB | Vitamin/Mineral |
| PRENA 1 TRUE MIS | Vitamin/Mineral |
| PRENA1 CHW | Vitamin/Mineral |
| PRENA1 PEARL CAP | Vitamin/Mineral |
| PRENAISSANCE CAP | Vitamin/Mineral |
| PRENAISSANCE CAP PLUS | Vitamin/Mineral |
| PRENARA CAP PRENATAL | Vitamin/Mineral |
| PRENATAL TAB 27-1MG | Vitamin/Mineral |
| PRENATAL TAB PLUS | Multi-vitamin w/ iron |
| PRENATAL 19 CHW 29-1MG | Vitamin/Mineral |
| PRENATAL 19 CHW TAB | Vitamin/Mineral |
| PRENATAL 19 TAB 29-1MG | Vitamin/Mineral |
| PRENATAL PLS MIS MV + DHA | Multi-vitamin w/ iron |
| PRENATAL VIT TAB LOW IRON | Vitamin/Mineral |
| PRENATAL+FE TAB 29-1MG | Vitamin/Mineral |
| PRENATAL-U CAP 106.5-1 | Vitamin/Mineral |
| PRENATE CAP ENHANCE | Vitamin/Mineral |
| PRENATE CAP ESSENT | Vitamin/Mineral |
| PRENATE CAP ESSENTIA | Vitamin/Mineral |
| PRENATE CAP PIXIE | Vitamin/Mineral |
| PRENATE CAP RESTORE | Vitamin/Mineral |
| PRENATE CHW 0.6-0.4 | Vitamin/Mineral |
| PRENATE TAB ELITE | Vitamin/Mineral |
| PRENATE TAB ELITE | Vitamin/Mineral |
| PRENATE AM TAB 1MG | Vitamin/Mineral |
| PRENATE DHA CAP | Vitamin/Mineral |
| PRENATE DHA CAP | Vitamin/Mineral |
| PRENATE MINI CAP | Vitamin/Mineral |
| PRENATE MINI CAP | Vitamin/Mineral |
| PRENATRIX TAB | Vitamin/Mineral |
| PRENATRYL TAB | Multi-vitamin w/ iron |
| PRENATVITE TAB COMPLETE | Vitamin/Mineral |
| PRENATVITE TAB PLUS | Vitamin/Mineral |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| PRENIS BROWF 50, 1-0,075% Unapproved Drug PRE-PEN INJ Diagnostic Apen PREFUS LINE AB 22*HMG Not properly listed with FDA PREFUS TAB 22*HMG Not properly listed with FDA PRESERS ABR Not properly listed with FDA PREVAIN 5000 PST 1.15% Unapproved Drug PREVINT 5000 PST 1.15% Unapproved Drug PREVINT 5000 PST 1.15% Unapproved Drug PREVIDENT CRE 500.0 PLS Unapproved Drug PREVIDENT GEL 1.15% IND Unapproved Drug PREVIDENT GEL 1.15% IND Unapproved Drug PREVIDENT PST 1.15% Unapproved Drug PREVIDENT PST 1.15% Not properly listed with FDA PREVIDURA PST AK ANALGES! LIST PREVIDURA PST AK PLUS LIST PREVIDURA PST AK PLUS | Label Name | Reason |
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| PRE-PEN INJ PREPIN SUPPL KIT Not properly isted with FAA PREPIN SUPPL KIT Not properly isted with FAA PREPIN SUPPL KIT Not properly isted with FAA PREPIN SUPPL KIT PREPIN SUPPL | PRENATVITE TAB RX | Vitamin/Mineral |
| REEPIUS TABLE 27-MIG | PRENIS-BROMF SOL 1-0.075% | Unapproved Drug |
| PREPLIED TAB 27-1MG | PRE-PEN INJ | Diagnostic Agent |
| PREPLIA TAB 27-1MG | PREPIV SUPPL KIT | Not properly listed with FDA |
| PRETAIR TAB 20-HMG | PREPLUS TAB 27-1MG | Vitamin/Mineral |
| PREVIDIT 5000 PST 1.1% | PRESERA AER | Not properly listed with FDA |
| PREVIDENT GRE 5000 PLS Unapproved Drug | PRETAB TAB 29-1MG | Vitamin/Mineral |
| PREVIDENT CRE 5000 PLS | PREVDNT 5000 PST 1.1% | Unapproved Drug |
| PREVIDENT GEL 1.1% BER | PREVDNT 5000 PST 1.1-5% | Unapproved Drug |
| PREVIDENT GEL 1.1% BER | PREVIDENT CRE 5000 PLS | Unapproved Drug |
| PREVIDENT GEL 1.1% BER | PREVIDENT GEL 1.1% | Unapproved Drug |
| PREVIDENT SPT 1.1% Not properly listed with FDA | PREVIDENT GEL 1.1% BER | |
| PREVIDENT SOL 0.2% | PREVIDENT GEL 1.1% MIN | Unapproved Drug |
| PREVIDOLRX PAK ANALGESI PREVINAR 20 INJ PRILO PATCH KIT I LIST PRILO PATCH KIT II LIST PRILO PATCH KIT II LIST PRILO PATCH KIT II LIST PRILOUID KIT 2.5-2.5% Unapproved Drug PRILOUID KIT 2.5-2.5% Unapproved Drug PRILOVIX KIT 2.5-2.5% Unapproved Drug PRILOVIX IX IX 2.5-2.5% Unapproved Drug PRO PCOS RX CAP Multi-vitamin PRO DERS SX CAP Mul | PREVIDENT PST 1.1% | |
| PREVIDOLRX PAK ANALGESI PREVINAR 20 INJ PRILO PATCH KIT I LIST PRILO PATCH KIT II LIST PRILO PATCH KIT II LIST PRILO PATCH KIT II LIST PRILOUID KIT 2.5-2.5% Unapproved Drug PRILOUID KIT 2.5-2.5% Unapproved Drug PRILOVIX KIT 2.5-2.5% Unapproved Drug PRILOVIX IX IX 2.5-2.5% Unapproved Drug PRO PCOS RX CAP Multi-vitamin PRO DERS SX CAP Mul | PREVIDENT SOL 0.2% | Unapproved Drug |
| PREVNAR 13 INJ Pneumococcal Vaccine PREVNAR 20 INJ Pneumococcal vaccine PRILO PATCH KIT LIST PRILO PATCH KIT III LIST PRILO PATCH KIT III LIST PRILO PATCH KIT III LIST PRILO WILD KIT 25-2.5% Unapproved Drug PRILO VIX KIT 25-2.5% Unapproved Drug PRILO VIX KIT KIT 25-2.5% Unapproved Drug PRILO VIX LIT KIT 25-2.5% Unapproved Drug PRILO VIX LIT KIT 25-2.5% Unapproved Drug PRILO VIX LIT KIT 25-2.5% Not properly listed with FDA PRILO VIX LIT KIT 25-2.5% Not properly listed with FDA PRIMACARE CAP Vitamin/Mineral PRIZOTRAL II KIT 2.5-2.5% LIST PRIZOTRAL II KIT LIST LIST PRO DNA KIT KIT Diagnostic Agent PRO HIS RX CAP Multi-vitamin PRO HIS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML | PREVIDOLRX PAK ANALGESI | |
| PREVNAR 20 INJ Pneumococcal vaccine PRILO PATCH KIT LIST PRILO PATCH KIT II LIST PRILO FACH KIT II LIST PRILO LOI KIT 2.5-2.5% Unapproved Drug PRILOVIX KIT 2.5-2.5% LIST PRILOVIX LIT KIT 2.5-2.5% Unapproved Drug PRILOVIX LIT KIT 2.5-2.5% Unapproved Drug PRILOVIXIL KIT Unapproved Drug PRILOX LIP KIT 2.5-2.5% Not properly listed with FDA PRIVET EXT INJ 1:20 Non-standardized with FDA PRIZOPAK II KIT 2.5-2.5% LIST PRIZOPAK II KIT 2.5-2.5% LIST PRIZOPAK II KIT 2.5-2.5% LIST PRIZOPAK II KIT 3.5 LIKIT LIST PRO DANA KIT KIT LIST PRO HERS RX CAP Multi-vitamin PRO HERS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 5 KIT 40MG/ML LIST < | PREVIDOLRX PAK PLUS | LIST |
| PRILO PATCH KIT LIST | PREVNAR 13 INJ | Pneumococcal Vaccine |
| PRILO PATCH KIT LIST | PREVNAR 20 INJ | Pneumococcal vaccine |
| PRILOHEAL KIT 2.5-2.5% Unapproved Drug PRILOUID KIT 2.5-2.5% LIST PRILOVIX Unapproved Drug PRILOVIX LIT KIT 2.5-2.5% Unapproved Drug PRILOVIXIL KIT PRILOVIXIL KIT PRILOVIXIL KIT PRILOVIXIL Unapproved Drug PRILOVIXIL KIT PRILOVIXIL LIST PRILOVIXIL LIST PROPAL INIT PROPAL Multi-vitamin PROPOGORT Not properly listed with FDA PRO-C-DURE 6 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PRO-C-CORT CRE PRO-C-COR | PRILO PATCH KIT | |
| PRILOUID KIT 2.5-2.5% PRILOVIX KIT 2.5-2.5% PRILOVIX LIT KIT 2.5-2.5% Unapproved Drug PRILOVIX LIT KIT 2.5-2.5% Unapproved Drug PRILOVIX LIT KIT 2.5-2.5% PRILOVIX LIT Unapproved Drug PRILOVIX LIT Unapproved Drug PRILOXX LP KIT 2.5-2.5% Not properly listed with FDA PRIMACARE CAP Vitamin/Mineral PRIVET EXT INJ 1:20 Ron-standardized allergenic LIST PRIZOTAK II KIT 2.5-2.5% LIST PRIZOTRAL II KIT LIST PRO HERS RX CAP Multi-vitamin PRO HERS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PRO-C-DURE 6 KIT 40MG/ML LIST PRO-C-DURE DOW Not properly listed with FDA Unapproved Drug PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD Not properly listed with FDA Unapproved Drug PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD Not properly listed with FDA Unapproved Drug PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD Not properly listed with FDA Unapproved Drug PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD Not properly listed with FDA Unapproved Drug PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD Not properly listed with FDA Unapproved Drug PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD PRO-C-DURD Unapproved Drug PRO-C-DURD PRO | PRILO PATCH KIT II | LIST |
| PRILOVIX KIT 2.5-2.5% PRILOVIX LIT KIT 2.5-2.5% Unapproved Drug PRILOVIX LIT KIT 2.5-2.5% Unapproved Drug PRILOX LP KIT 2.5-2.5% Not properly listed with FDA PRIMACARE CAP PRIMACARE CAP PRIZORAKI IKIT 2.5-2.5% Non-standardized allergenic PRIZORAKI IKIT 2.5-2.5% LIST PRO DNA KIT KIT Diagnostic Agent PRO HERS RX CAP Multi-vitamin PRO HERS RX CAP Multi-vitamin PRO POS RX CAP Multi-vitamin PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML PRO-CORT CRE Unapproved Drug PROCTOCORT SUP 30MG Unapproved Drug PROCTOCORT SUP 30MG | PRILOHEAL KIT 2.5-2.5% | Unapproved Drug |
| PRILOVIX LIT KIT 2.5-2.5% PRILOVIX LEXT Unapproved Drug PRILOVIX LEXT Unapproved Drug PRILOVIX LEXT Unapproved Drug Not properly listed with FDA Unapproved Drug PRO | PRILOLID KIT 2.5-2.5% | LIST |
| PRILOVIXIL KIT Unapproved Drug PRILOXX LP KIT 2.5-2.5% Not properly listed with FDA PRIMACARE CAP Vitamin/Mineral PRIVET EXT INJ 1:20 Non-standardized allergenic PRIZOPAK II KIT 2.5-2.5% LIST PRIZOTRAL II KIT LIST PRO DNA KIT KIT Diagnostic Agent Multi-vitamin PRO HERS RX CAP Multi-vitamin PRO PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW Dietary Supplement PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML PRO-CRE P | PRILOVIX KIT 2.5-2.5% | Unapproved Drug |
| PRILOXX LP KIT 2.5-2.5% Not properly listed with FDA PRIMACARE CAP Vitamin/Mineral PRIVET EXT INJ 1:20 Non-standardized allergenic PRIZOTRAL II KIT LIST PRO DNA KIT KIT Diagnostic Agent PRO HERS RX CAP Multi-vitamin PRO HIS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW Dietary Supplement PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PRO-CRITIC POW Not properly listed with FDA PRO-CTOCORT SUP 30MG Unapproved Drug PROCTOCORT SUP 30MG Unapproved Drug | PRILOVIX LIT KIT 2.5-2.5% | Unapproved Drug |
| PRIMACARE CAP PRIVET EXT INJ 1:20 Non-standardized allergenic PRIZOPAK II KIT 2.5-2.5% LIST PRIZOTRAL II KIT PRO DNA KIT KIT Diagnostic Agent PRO HERS RX CAP Multi-vitamin PRO HIS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW Dietary Supplement PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML PRO-C-DURE 6 KIT 40MG/ML PRO-C-DURE DW PRO-C-DU | PRILOVIXIL KIT | |
| PRIVET EXT INJ 1:20 Non-standardized allergenic PRIZOPAK II KIT 2.5-2.5% LIST PRIZOTRAL II KIT PRO DNA KIT KIT Diagnostic Agent PRO HERS RX CAP Multi-vitamin PRO HIS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW Dietary Supplement PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PRO-C-RY CRE Unapproved Drug PRO-CRITIC POW Not properly listed with FDA PROCTOCORT SUP 30MG UNIST UNAPPROVED DRUG Non-standardized allergenic Non-standardized allergenic LIST LIST PROP-STANDARD LIST Unapproved Drug Not properly listed with FDA Unapproved Drug | PRILOXX LP KIT 2.5-2.5% | Not properly listed with FDA |
| PRIZOPAK II KIT 2.5-2.5% PRIZOTRAL II KIT PRO DNA KIT KIT PRO DNA KIT KIT Diagnostic Agent Multi-vitamin PRO HIS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW Dietary Supplement PRO-C-DURE 5 KIT 40MG/ML PRO-C-DURE 6 KIT 40MG/ML PROCORT CRE PRO-C-RITIC POW PROCTOCORT SUP 30MG LIST Not properly listed with FDA Unapproved Drug PROCTOCORT SUP 30MG | PRIMACARE CAP | Vitamin/Mineral |
| PRIZOTRAL II KIT PRO DNA KIT KIT Diagnostic Agent Multi-vitamin PRO HIS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW Dietary Supplement LIST PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PROCORT CRE Unapproved Drug PRO-CRITIC POW Not properly listed with FDA Unapproved Drug PROCTOCORT SUP 30MG | PRIVET EXT INJ 1:20 | Non-standardized allergenic |
| PRO DNA KIT KIT PRO HERS RX CAP Multi-vitamin PRO HIS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW Dietary Supplement LIST PRO-C-DURE 5 KIT 40MG/ML LIST PROCORT CRE PRO-CRITIC POW Not properly listed with FDA PROCTOCORT SUP 30MG Multi-vitamin LIST Unapproved Drug Not properly listed with FDA Unapproved Drug | PRIZOPAK II KIT 2.5-2.5% | |
| PRO HERS RX CAP Multi-vitamin PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW PRO-C-DURE 5 KIT 40MG/ML PRO-C-DURE 6 KIT 40MG/ML PROCORT CRE PRO-CRITIC POW PROCTOCORT SUP 30MG Multi-vitamin Dietary Supplement LIST LIST Unapproved Drug Not properly listed with FDA Unapproved Drug Not properly listed with FDA | PRIZOTRAL II KIT | LIST |
| PRO HIS RX CAP PRO PCOS RX CAP Multi-vitamin PROBICHEW CHW Dietary Supplement LIST PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PROCORT CRE Unapproved Drug PRO-CRITIC POW Not properly listed with FDA PROCTOCORT SUP 30MG Multi-vitamin Multi-vitamin LIST LIST Unapproved Drug Not properly listed with FDA Unapproved Drug | PRO DNA KIT KIT | Diagnostic Agent |
| PRO PCOS RX CAP PROBICHEW CHW PRO-C-DURE 5 KIT 40MG/ML PRO-C-DURE 6 KIT 40MG/ML PRO-C-DURE 6 KIT 40MG/ML LIST PROCORT CRE PRO-CRITIC POW Not properly listed with FDA PROCTOCORT SUP 30MG Multi-vitamin Dietary Supplement LIST Unapproved Drug Not properly listed with FDA Unapproved Drug | PRO HERS RX CAP | Multi-vitamin |
| PROBICHEW CHW Dietary Supplement LIST PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PROCORT CRE Unapproved Drug PRO-CRITIC POW Not properly listed with FDA PROCTOCORT SUP 30MG Unapproved Drug | PRO HIS RX CAP | Multi-vitamin |
| PRO-C-DURE 5 KIT 40MG/ML LIST PRO-C-DURE 6 KIT 40MG/ML LIST PROCORT CRE Unapproved Drug PRO-CRITIC POW Not properly listed with FDA PROCTOCORT SUP 30MG Unapproved Drug | PRO PCOS RX CAP | Multi-vitamin |
| PRO-C-DURE 6 KIT 40MG/ML PROCORT CRE PRO-CRITIC POW PROCTOCORT SUP 30MG LIST Unapproved Drug Not properly listed with FDA Unapproved Drug | PROBICHEW CHW | |
| PROCORT CRE Unapproved Drug PRO-CRITIC POW Not properly listed with FDA PROCTOCORT SUP 30MG Unapproved Drug | PRO-C-DURE 5 KIT 40MG/ML | |
| PRO-CRITIC POW Not properly listed with FDA PROCTOCORT SUP 30MG Unapproved Drug | PRO-C-DURE 6 KIT 40MG/ML | |
| PROCTOCORT SUP 30MG Unapproved Drug | | |
| | PRO-CRITIC POW | |
| PRODICEN CAP | PROCTOCORT SUP 30MG | |
| | PRODIGEN CAP | Dietary Supplement |
| | | |
| | | |
| PROFILNINE INJ 1500UNIT Blood Component | PROFILNINE INJ 1500UNIT | Blood Component |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|--------------------------|------------------------------|
| PROFILNINE INJ 500UNIT | Blood Component |
| PROFINAC PAK 1.5% | LIST |
| PROFOLA TAB | Vitamin/Mineral |
| PROGESTERONE CRE 10% KIT | Bulk Ingredient |
| PROGESTERONE SUP VGS 100 | Not properly listed with FDA |
| PROGESTERONE SUP VGS 200 | Not properly listed with FDA |
| PROHANCE INJ 279.3/ML | Diagnostic Agent |
| PROLEEVA CAP | Not properly listed with FDA |
| PROLEVA TAB | Not properly listed with FDA |
| PROMELLA CAP PREBIOTI | Dietary Supplement |
| PROMETH VC/ SYP CODEINE | Not properly listed with FDA |
| PROMETH/COD SOL 6.25-10 | Cough/Cold |
| PROMETH/COD SYP 6.25-10 | Cough/Cold |
| PROMETH/PE/ SYP CODEINE | Cough/Cold |
| PROMETHAZINE SOL DM | Cough/Cold |
| PROMETHAZINE SYP DM | Cough/Cold |
| PROMISEB CRE | Unapproved Drug |
| PRONAL GEL 40-10% | Not properly listed with FDA |
| PROOXIA CRE 10-4% | Not properly listed with FDA |
| PROPECIA TAB 1MG | Cosmetic |
| PROPOFOL INJ | General Anesthetic |
| PROPOFOL INJ 1000MG | General Anesthetic |
| PROPOFOL INJ 200/20ML | General Anesthetic |
| PROPOFOL INJ 500/50ML | General Anesthetic |
| PROPOVEN EMU 2% | General anesthetic |
| PROPOVEN INJ | General Anesthetic |
| PROPOVEN INJ 200/20ML | General Anesthetic |
| PROPOVEN INJ 500/50ML | General Anesthetic |
| PROSILK GEL | Device |
| PROSTIN VR INJ 500MCG | Not properly listed with FDA |
| PROTEOLIN TAB | Not properly listed with FDA |
| PROTEXA CRE 42% | Unapproved Drug |
| PROTHELIAL PST 10% | Not properly listed with FDA |
| PROTYL AG GEL | Device |
| PROVAD CAP | Dietary Supplement |
| PROVENGE INJ | LIST |
| PROVIDA OB CAP | Vitamin/Mineral |
| PROVOCHOLINE KIT | Diagnostic Agent |
| PROVOCHOLINE SOL 100MG | Diagnostic Agent |
| PROXIVOL GEL 2% | LIST |
| PRUCLAIR CRE | LIST |
| PRUMYX CRE | LIST |
| P-SILOXAN DS CRE | Not properly listed with FDA |
| PSORIZIDE TAB FORTE | Unapproved Drug |
| PSORIZIDE TAB ULTRA | Unapproved Drug |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| PUDENDLOCAL KIT 19s LIDO | Label Name | Reason |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------|
| PulmOSAL NEB 7% Device | PUDEND/LOCAL KIT 1% LIDO | Not properly listed with FDA |
| PURFIED LIX TAB 1-5000 | | |
| PURIFIED LIG WATER | | |
| PYRIDIUM TAB 200MG | | |
| PYRIDIUM TAB 200MG | PYLARIFY INJ | Diagnostic agent |
| PYRIDIDAL = ND PHOSPHAT | | |
| PYRIDDXAL 5- INJ PHOSPHAT Vitamin/Mineral PYROPHOSPHAT Vitamin/Mineral PYROPHOSPHAT VIT 99M Diagnostic Agent Di | | |
| PYRIDOXINE IN J 100MG/ML | | |
| PROPHOSPHAT KIT 98M | | |
| UST | | |
| GSYMIA CAP 11.25-69 GSYMIA CAP 15.92MG GSYMIA CAP 3.75-23 Ancrexic, Anti-obesity Agent GUENCYLE AND Ancrexic anti-obesity Agent GUENCYLE ANCREXICA Ancrexic anti-obesity Agent GUENCYLE ANCREXICA Ancrexic anti-obesit | | |
| GSYMIA CAP 15-92MG CAP 3.75-23 Ancrexic, Anti-obesity Agent Ancrexic Anti-obesity Agent An | | - |
| QSYMIA CAP 3.75-223 Anorexic, Anti-obesity Agent | | |
| GSYMA CAP 7.5-46MG QUAD-MIX INJ Erectile Dysfunction QUEEN PALM SOL EXTRACT QUELICIN INJ 20MGML QUELIC NAME OF THE PACKET O | | |
| QUEEN PALM SOL EXTRACT QUEELOR A CHW QUELORA CHW QUELORA CHW QUELORA FEE CHW Vitamin/Mineral QUELORA FEE DRO 0.25-9.5 QUELORA FEE DRO 0.25-9.5 QUELORA FED DRO 0.25-9.5 QUELORA PED CHW 0.25MG QUELORA PED CHW 0.25MG QUELORA PED DRO 0.25-9.6 QUELORA PED DRO 0.25-9.6 QUELORA PED DRO 0.25-9.6 QUELORA PED DRO 0.5MG QUELORA FED DRO 0.5MG QUELORA FED DRO 0.5MGML QUICKVUE KIT STREP A QUICKVUE NEW A KIT INFLUENZ QUICKVUE NEW A KIT | | |
| QUEELICN INJ 20MG/ML LIST QUELICN INJ 20MG/ML LIST QUELICN CHW Vitamin/Mineral QUFLORA FE CHW Vitamin/Mineral QUFLORA FE DRO 0.25-9.5 Vitamin/Mineral QUFLORA PED CHW 0.25MG Vitamin/Mineral QUFLORA PED CHW 0.5MG Vitamin/Mineral QUFLORA PED CHW 0.5MG Vitamin/Mineral QUFLORA PED DRO 0.5MG Vitamin/Mineral QUFLORA PED DRO 0.5MG/ML Vitamin/Mineral QUFLORA PED DRO 0.5MG/ML Vitamin/Mineral QUICKVIE KIT SARS ANT Diagnostic Agent QUICKVIE KIT STREP A Diagnostic Agent QUICKVIE KIT STREP A Diagnostic Agent QUICKVIE ALB KIT INFLUENZ Diagnostic Agent QUICKVIE ALB KIT INFLUENZ Diagnostic Agent QUICKVIE ALB KIT INFLUENZ Diagnostic Agent QUICKVIE ALB KIT STREP A Diagnostic Agent QUICKVIE ALB KIT STREPA Diagnostic Agent QUICKVIE ALB KIT ST | | , , , |
| QUELCICN IN. 2 DMG/ML QUFLORA CHW Vitamin/Mineral QUFLORA FE CHW QUFLORA FE DRO 0,25-9.5 Vitamin/Mineral Vitamin/Mineral QUFLORA PED CHW 0,5MG Vitamin/Mineral QUFLORA PED CHW 10,5MG Vitamin/Mineral QUFLORA PED DCH VI 10G Vitamin/Mineral QUFLORA PED DRO 0,25MG Vitamin/Mineral QUFLORA PED DRO 0,5MG/ML Vitamin/Mineral QUICKAY DE D DRO 0,5MG/ML Vitamin/Mineral QUICKY LIT STREP A Diagnostic Agent QUICKYUE KIT STREP A Diagnostic Agent QUICKYUE KIT STREP A Diagnostic Agent QUICKYUE AB KIT INFLUENZ Not properly listed with FDA QUIDKOXAR GEL 5-10-2% Not properly listed with FDA QUINOXAR PAK O19%-0% | | |
| QUFLORA CHW Vitamin/Mineral QUFLORA FE CHW Vitamin/Mineral QUFLORA FE DRO 0.25-9.5 Vitamin/Mineral QUFLORA PED CHW 0.25MG Vitamin/Mineral QUFLORA PED CHW 0.5MG Vitamin/Mineral QUFLORA PED CHW 0.5MG Vitamin/Mineral QUFLORA PED CHW 1.5MG Vitamin/Mineral QUFLORA PED DC 0.25MG Vitamin/Mineral QUFLORA PED DRO 0.5MGM QUFL | | |
| QUFLORA FE CHW QUFLORA FED DRO 0.25-9.5 QUFLORA PED CHW 0.5MG QUFLORA PED CHW 0.5MG QUFLORA PED CHW 0.5MG QUFLORA PED CHW 1MG QUFLORA PED CHW 1MG QUFLORA PED DRO 0.25MG QUFLORA PED DRO 0.5MG/ML QUICKVUE KIT SARS ANT QUICKVUE KIT STREP A QUICKVUE KIT STREP A QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE + AFB KIT INFLUENZ Diagnostic Agent QUICKVUE INL KIT STREP A Diagnostic Agent QUIDROXZAR GEL 5-30-0.1 Not properly listed with FDA QUIDROXZAR GEL 5-30-0.1 Not properly listed with FDA QUINIXIL PAK 0.1%-5% U.ST QUINIXIL PAK 0.1%-5% U.ST <td< td=""><td></td><td></td></td<> | | |
| QUFLORA FE DRO 0.25-9.5 Vitamin/Mineral QUFLORA PED CHW 0.5MG Vitamin/Mineral QUFLORA PED CHW 0.5MG Vitamin/Mineral QUFLORA PED DRO 0.5MG Vitamin/Mineral QUFLORA PED DRO 0.25MG Vitamin/Mineral QUFLORA PED DRO 0.5MG/ML Vitamin/Mineral QUICKVUE KIT SARS ANT Diagnostic Agent QUICKVUE KIT STREP A Diagnostic Agent QUICKVUE KIT STREP A Diagnostic Agent QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE APB KIT INFLUENZ Diagnostic Agent QUICKVUE APB KIT INFLUENZ Diagnostic Agent QUICKVUE IN. KIT STREP A Diagnostic Agent QUINCXIA. GEL 5-30-0.1 Not properly listed with FDA QUINDXXMA GEL 5-1:2% Unapproved | | |
| QUFLORA PED CHW 0.25MG Vitamin/Mineral QUFLORA PED CHW 10.5MG Vitamin/Mineral QUFLORA PED CHW 10.5MG Vitamin/Mineral QUFLORA PED CHW 10.5MG Vitamin/Mineral QUFLORA PED DRO 0.25MG Vitamin/Mineral QUFLORA PED DRO 0.5MG/ML Vitamin/Mineral QUFLORA PED DRO 0.5MG/ML Vitamin/Mineral QUICKYUE KIT SARS ANT Diagnostic Agent QUICKYUE KIT SARS ANT Diagnostic Agent QUICKYUE KIT STREP A Diagnostic Agent QUICKYUE + KIT STREP A Diagnostic Agent QUICKYUE INL KIT STREP A Diagnostic Agent QUICKYUE SIL KIT STREP AGENT QUICKYUE SIL KIT STREP Q | | |
| QUFLORA PED CHW 0.5MG QUFLORA PED DRO 0.25MG QUFLORA PED DRO 0.25MG QUFLORA PED DRO 0.25MG QUFLORA PED DRO 0.5MG/ML QUFLORA PED DRO 0.5MG/ML QUFLORA PED DRO 0.5MG/ML Vitamin/Mineral QUICKVUE KIT SARS ANT QUICKVUE KIT SARS ANT Diagnostic Agent QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE NL KIT STREP A Diagnostic Agent QUIDROXZAR GEL 5-1-2% QUIHOXAXIA GEL 5-1-2% QUIHOXAXIA GEL 5-1-2% QUIHOXAXIA GEL 5-1-2% QUIHOXAXIA GEL 5-1-2% QUINIXI PAK 0.1%-5% LIST QUINIXI PAK 0.1%-5% Unapproved Drug RABBIT INJ EPITHELI Non-standardized allergenic RABBIT EPITH INJ 1:20 Non-standardized allergenic RABIST EPITH INJ 1:20 Non-standardized allergenic RABIADIAPLERX GEL Not properly listed with FDA QUIAPROXERX GEL Not properly Insted with FDA QUIAPROXERX GEL Not properly Insted with FDA QUIAPROXED CRUE ARD | | |
| QUFLORA PED CHW 1MG QUFLORA PED DRO 0.25MG QUFLORA PED DRO 0.25MG QUFLORA PED DRO 0.25MG Vitamin/Mineral QUFLORA PED DRO 0.5MG/ML Q | | |
| QUFLORA PED DRO 0.25MG QUFLORA PED DRO 0.5MG/ML QUICKVUE KIT SARS ANT Diagnostic Agent QUICKVUE KIT STREP A Diagnostic Agent QUICKVUE KIT STREP A Diagnostic Agent QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE + RIT STREP A Diagnostic Agent QUICKVUE HIS TREP A Diagnostic Agent QUICKVUE A-B KIT INFLUENZ Diagnostic Agent QUICKVUE HIS TREP A Diagnostic Agent QUICKVUE A-B KIT STREP A Diagnostic Agent QUICKVUE NICKT STREP A Diagnostic Agent QUICKVUE A-B KIT STREP A Diagnostic Agent QUICKVUE A-B KIT INFLUENZ DIAGNOSTIC AGENT QUICKVUE A-B KIT INFLUENZ QUICKVUE A-B KIT INFLUENZ DIAGNOSTIC AGENT QUICKVUE A-B KIT INFLUENZ DIAGNOSTIC AGENT QUICKVUE A-B KIT INFLUENZ DIAGNOSTIC AGENT DIAGNOSTIC AGEN | | |
| QUFLORA PED DRO 0.5MG/ML QUICKVUE KIT SARS ANT Diagnostic Agent QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE NEW TINFLUENZ QUIDROXZAR GEL 5-30-0.1 Not properly listed with FDA QUIHOXAXIA GEL 5-1-2% Not properly listed with FDA QUIHOXAXIA GEL 5-1-2% Not properly listed with FDA QUIHOXIA GEL QUINXIL PAK 0.1%-5% UINXIL PA | | |
| QUICKVUE KIT SARS ANT QUICKVUE KIT STREP A Diagnostic Agent QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE A+B KIT INFLUENZ Diagnostic Agent QUICKVUE INL KIT STREP A DIAGNOSTIC AGENT QUICKVUE INL KIT STREP ACCORD QUICKVUE INL KIT ST | | |
| QUICKVUE KIT STREP A QUICKVUE + KIT STREP A Diagnostic Agent QUICKVUE A+B KIT INFLUENZ Diagnostic Agent Diagnostic Actes Diagnostication Diagnostication Diagnostication Diagnosticatio | | |
| QUICKVUE + KIT STREP A QUICKVUE A+B KIT INFLUENZ Diagnostic Agent QUICKVUE INL KIT STREP A Diagnostic Agent Not properly listed with FDA Not properly listed with FDA Non-standardized allergenic RADIAPLEXRX GEL Not properly listed with FDA Non-standardized Drug RAPPORT RLS KIT Erectile Dysfunction RAPPORT VTD KIT Erectile Dysfunction RASPBERRY SYP Bulk Ingredient | | |
| QUICKVUE AHB KIT INFLUENZ QUICKVUE INL KIT STREP A QUIDROXZAR GEL 5-30-0.1 QUIHOXAXIA GEL 5-1-2% QUIHOXAXIA GEL 1-25-1% QUIHOXAXIA GEL 1- | | |
| QUICKVUE INL KIT STREP A QUIDROXZAR GEL 5-30-0.1 QUIDROXZAR GEL 5-1-2% QUIHOXAXIA GEL 5-1-2% QUIHOXAXIA GEL 5-1-2% QUIHOXAXIA GEL 5-1-2% QUIHOXAXIA GEL 5-1-2% QUINIXIL PAK 0.1%-5% QUINIXIL PAK 0.1%-5% QUINIXI PORTURE OR | | |
| QUIDROXZAR GEL 5-30-0.1 QUIDROXZAR GEL 5-1-2% QUIDROXAR GEL 5-1-2% QUIDROXAR GEL QUIDROXAR G | | |
| QUIHOXAXIA GEL 5-1-2% QUIHOXVAR GEL QUIHOXVAR GEL QUINIXIL PAK 0.1%-5% Q | | |
| QUIHOXVAR GEL QUINIXIL PAK 0.1%-5% QUINIXIL PAK 0.1 | | |
| QUINIXIL PAK 0.1%-5% QUINJA GEL 1.25-1% QUINJA GEL 1.25-1% RABBIT INJ EPITHELI RABBIT EPITH INJ 1:20 RADIAPLEXRX GEL RADIAPLEXRX GEL RADIAPLEXRX GEL RAPPORT RLS KIT RAPPORT VTD KIT RASPBERRY SYP LIST Unapproved Drug Unapproved Drug Erectile Dysfunction RASPBERRY SYP LIST Non-standardized allergenic Non-standardized allergenic Not properly listed with FDA Unapproved Drug Erectile Dysfunction Erectile Dysfunction Bulk Ingredient | | |
| QUINJA GEL 1.25-1% Unapproved Drug RABBIT INJ EPITHELI Non-standardized allergenic RABBIT EPITH INJ 1:20 Non-standardized allergenic RADIAPLEXRX GEL Not properly listed with FDA RADIAURA CRE 3-0.5% Unapproved Drug RAPPORT RLS KIT Erectile Dysfunction RAPPORT VTD KIT Erectile Dysfunction RASPBERRY SYP Bulk Ingredient | | |
| RABBIT INJ EPITHELI RABBIT EPITH INJ 1:20 ROM-standardized allergenic RADIAPLEXRX GEL RADIAPLEXRX GEL RADIAURA CRE 3-0.5% RAPPORT RLS KIT RAPPORT VTD KIT RASPBERRY SYP Non-standardized allergenic Not properly listed with FDA Unapproved Drug Erectile Dysfunction Erectile Dysfunction Bulk Ingredient | | |
| RABBIT EPITH INJ 1:20 RADIAPLEXRX GEL RADIAURA CRE 3-0.5% RAPPORT RLS KIT RAPPORT VTD KIT RASPBERRY SYP Non-standardized allergenic Not properly listed with FDA Unapproved Drug Erectile Dysfunction Erectile Dysfunction Bulk Ingredient | | |
| RADIAPLEXRX GEL RADIAURA CRE 3-0.5% Unapproved Drug RAPPORT RLS KIT Erectile Dysfunction RAPPORT VTD KIT RASPBERRY SYP Not properly listed with FDA Unapproved Drug Erectile Dysfunction Bulk Ingredient | | |
| RADIAURA CRE 3-0.5% RAPPORT RLS KIT RAPPORT VTD KIT RASPBERRY SYP Unapproved Drug Erectile Dysfunction Erectile Dysfunction Bulk Ingredient | | |
| RAPPORT RLS KIT Erectile Dysfunction RAPPORT VTD KIT Erectile Dysfunction RASPBERRY SYP Bulk Ingredient | | |
| RAPPORT VTD KIT Erectile Dysfunction RASPBERRY SYP Bulk Ingredient | | |
| RASPBERRY SYP Bulk Ingredient | | |
| | | |
| IVATAQAL ONE J.370 | RAYASAL CRE 5.9% | Unapproved Drug |
| | RAYASORE KIT 1-10% | |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| REA LO 39 CRE 39% | Unapproved Drug |
| | Diagnostic Agent |
| | LIST |
| | LIST |
| READY LIDOCA KIT 1% | LIST |
| | LIST |
| READYSHARP + KIT DEXAMETH | LIST |
| READYSHARP + KIT KETOROLA | LIST |
| | LIST |
| | LIST |
| | Unapproved Drug |
| | Blood Component |
| | Not properly listed with FDA |
| | Blood Component |
| | Non-standardized allergenic |
| RED MULBERRY INJ 1:20 | Non-standardized allergenic |
| RED TOP GRAS INJ 100000BA | Non-standardized allergenic |
| | Vitamin/Mineral |
| REFISSA CRE 0.05% | Cosmetic |
| REGADENOSON SOL 0.4/5ML | Diagnostic Agent |
| REGENECARE GEL | OTC Product |
| REGIOCIT SOL | Unapproved Drug |
| RELADOR PAK KIT 2.5-2.5% | LIST |
| RELADOR PAK KIT PLUS | LIST |
| RELNATE DHA CAP | Vitamin/Mineral |
| | Not properly listed with FDA |
| RENAL CAP | Vitamin/Mineral |
| | Vitamin/Mineral |
| RENATABS TAB | Vitamin/Mineral |
| RENO CAP | Vitamin/Mineral |
| | Cosmetic |
| RENOVA PUMP CRE 0.02% | Cosmetic |
| REQ 49+ TAB | Vitamin/Mineral |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| RESECTISOL SOL 5% | Diagnostic Agent |
| RESET MIS | Not properly listed with FDA |
| RESET MIS IOS APP | Not properly listed with FDA |
| RESET APP MIS ANDROID | Not properly listed with FDA |
| RESET APP MIS IOS/ANDR | Not properly listed with FDA |
| RESET NONMON MIS CM | Not properly listed with FDA |
| RESET-O MIS | Not properly listed with FDA |
| RESET-O MIS IOS APP | Not properly listed with FDA |
| RESET-O MIS IOS/ANDR | Not properly listed with FDA |
| RESET-O APP MIS ANDROID | Not properly listed with FDA |
| RESET-O NON MIS -MON CM | Not properly listed with FDA |
| RESTORA RX CAP 60-1.25 | Not properly listed with FDA |
| RESTORE SILV PAD 2"X2" | Not properly listed with FDA |
| RESTORE SILV PAD 4"X4" | Not properly listed with FDA |
| RESTORE SILV PAD 4"X4.75" | Not properly listed with FDA |
| RESTORE SILV PAD 4"X5" | Not properly listed with FDA |
| RESTORE SILV PAD 6"X8" | Not properly listed with FDA |
| REVESTA CAP 1MG-5750 | Not properly listed with FDA |
| REXASIL KIT | Not properly listed with FDA |
| R-GENE 10 INJ 10% | Diagnostic Agent |
| RHEOSPRAY LIQ | Not properly listed with FDA |
| RHEUMATE CAP | Medical Food |
| RIASTAP SOL 1GM | Blood Component |
| RIASTAP SOL 1GM | Blood Component |
| RIBOZEL CAP | Not properly listed with FDA |
| RICE EXTRACT INJ 1:10 | Diagnostic Agent |
| RIFAMPIN SUS 25MG/ML | Not properly listed with FDA |
| RIXUBIS INJ 1000UNIT | Blood Component |
| RIXUBIS INJ 2000UNIT | Blood Component |
| RIXUBIS INJ 250 UNIT | Blood Component |
| RIXUBIS INJ 3000UNIT | Blood Component |
| RIXUBIS INJ 500UNIT | Blood Component |
| ROCURON BROM INJ 50MG/5ML | Not properly listed with FDA |
| ROCURONIUM INJ 100/10ML | LIST |
| ROCURONIUM INJ 100MG/10 | LIST |
| ROCURONIUM INJ 10MG/ML | LIST |
| ROCURONIUM INJ 10MG/ML | LIST |
| ROCURONIUM INJ 50MG/5ML | LIST |
| ROP-CLON-KET INJ 15/50ML | Not properly listed with FDA |
| ROPIDEX KIT | Unapproved Drug |
| ROPIVAC/NACL INJ 0.2-0.9% | Not properly listed with FDA |
| ROPIVAC/NACL INJ 2MG/ML | Not properly listed with FDA |
| ROSADAN KIT 0.75% | LIST |
| ROSADAN KIT 0.75% | LIST |
| RUSS THISTLE SOL EXTRACT | Non-standardized allergenic |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| RUZURGI TAB 10MG | LIST |
| RX-SPECIMEN KIT COLLECTI | Diagnostic Agent |
| SA3 DERM CRE | Not properly listed with FDA |
| SACCHARIN POW SODIUM | Bulk Ingredient |
| SACCHAROMYCE INJ 1:20 | Diagnostic Agent |
| SALEX SHA 6% | Unapproved Drug |
| SALICYLIC AER 6% | Unapproved Drug |
| SALICYLIC AC GEL 6% | Unapproved Drug |
| SALICYLIC AC KIT 6% | Unapproved Drug |
| SALICYLIC AC LIQ 27.5% | Unapproved Drug |
| SALICYLIC AC OIN 3% | Unapproved Drug |
| SALICYLIC AC SHA 6% | Unapproved Drug |
| SALICYLIC AC SOL 26% | Unapproved Drug |
| SALICYLIC AC SOL 28.5% ER | Unapproved Drug |
| SALIMEZ CRE 6% | Not properly listed with FDA |
| SALIMEZ FORT CRE 10% | Not properly listed with FDA |
| SALINE/PHENO SOL | LIST |
| SALIVAMAX POW | LIST |
| SALSALATE TAB 500MG | Unapproved Drug |
| SALSALATE TAB 750MG | Unapproved Drug |
| SALT DURABLE CRE | Not properly listed with FDA |
| SALT STABLE CRE LS ADV | Not properly listed with FDA |
| SALTSTABLE CRE | Not properly listed with FDA |
| SALVAX AER 6% | Unapproved Drug |
| SALVAX DUO KIT PLUS | Unapproved Drug |
| SANADERMRX KIT SKIN REP | LIST |
| SANARE CRE ADVANCED | Not properly listed with FDA |
| SANARE SCAR CRE THERAPY | Not properly listed with FDA |
| SANOFI VACC EMU 5/0.5ML | Unapproved Drug |
| SAROXIA CRE 4-0.05% | Not properly listed with FDA |
| SASH KIT 100/ML | Not properly listed with FDA |
| SAXENDA INJ 18MG/3ML | Anorexic, Anti-obesity Agent |
| SCAR MANAGE GEL | Not properly listed with FDA |
| SCAR PATCH PAD PREMIUM | Unapproved Drug |
| SCARCARE KIT LARGE | Not properly listed with FDA |
| SCARCIN GEL | Device |
| SCARCIN LIQ ROLL-ON | Device |
| SCARSILK GEL | Device |
| SCARZEN SKIN KIT REPAIR | LIST |
| SCLEROSOL AER INTRAPLE | LIST |
| SEBUDERM GEL | Not properly listed with FDA |
| SECREFLO INJ 16MCG | Diagnostic Agent |
| SELECT-OB CHW | Vitamin/Mineral |
| SELECT-OB CHW | Vitamin/Mineral |
| SELECT-OB+ PAK DHA | Vitamin/Mineral |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| SELENIUM SUL SHA 2.25% | Unapproved Drug |
| SELENIUM SUL SHA 2.3% | Unapproved Drug |
| SELRX SHA 2.3% | Unapproved Drug |
| SE-NATAL 19 CHW | Vitamin/Mineral |
| SE-NATAL 19 TAB | Vitamin/Mineral |
| SENSORCAINE INJ -MPF/EPI | LIST |
| SENSORCAINE INJ -MPF/EPI | LIST |
| SENSORCAINE INJ -MPF/EPI | LIST |
| SENSORCAINE/ INJ EPI 0.25 | LIST |
| SENSORCAINE/ INJ EPI 0.5% | LIST |
| SERAQUA LIQ | Not properly listed with FDA |
| SESAME SEED INJ EXTRACT | Diagnostic Agent |
| SESTAMIBI KIT TC99M | Diagnostic Agent |
| SEVENFACT INJ 1MG | Blood Component |
| | Blood Component |
| SEVOFLURANE SOL | General Anesthetic |
| SF GEL 1.1% | Unapproved Drug |
| SF 5000 PLUS CRE 1.1% | Unapproved Drug |
| SHAGBARK HCK SOL EXTRACT | Non-standardized allergenic |
| SHEEP SORREL INJ 1:20 | Non-standardized allergenic |
| SHELLGEL SOL | Device |
| SHORT RAGWEE INJ 1:20 | Non-standardized allergenic |
| SHRIMP INJ EXTRACT | Diagnostic Agent |
| SIDEROL TAB | Vitamin/Mineral |
| SILA III PAK | LIST |
| SILATRIX GEL 10% | LIST |
| SILDENAFIL TAB 100MG | Sexual Dysfunction Agent |
| SILDENAFIL TAB 25MG | Sexual Dysfunction Agent |
| SILDENAFIL TAB 50MG | Sexual Dysfunction Agent |
| SILIGENTLE PAD 2"X2" | Surgical Supply/Medical |
| SILIGENTLE PAD 4"X5" | Surgical Supply/Medical |
| SILIGENTLE PAD 6"X6" | Surgical Supply/Medical |
| SILIGENTLE PAD AG 2"X2" | Surgical Supply/Medical |
| SILIGENTLE PAD AG 4"X4" | Surgical Supply/Medical |
| SILIPAC KIT | Device |
| SILPROTEX CRE PLUS | Not properly listed with FDA |
| SILVER NITRA SOL 0.5% | Unapproved Drug |
| SILVER NITRA SOL 10% | Unapproved Drug |
| SILVER NITRA SOL 25% | Unapproved Drug |
| SILVER NITRA SOL 50% | Unapproved Drug |
| SILVRSTAT GEL DRESSING | Surgical Supply/Medical |
| SIMPLE SYP | Bulk Ingredient |
| SINCALIDE INJ 5MCG | Diagnostic Agent |
| SINOGRAFIN INJ | Diagnostic Agent |
| | Diagnostic Agent |
| | |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| SITZMARKS CAP COMBO PACKAGE SKIN BLEACH CRE 4% Cosmetic SKIN BLEACH CRE SUNSCREE Cosmetic SKYADERM-LP KIT Unapproved Drug SKYSONA INJ Not properly listed with FDA SKYSONA INJ Not properly listed with FDA SOD BICARB SOL D5W Unapproved Drug SOD CHLORIDE INJ 0.9% LIST SOD CHLORIDE INJ 0.9% LIST SOD CHLORIDE INJ 0.9% SOD CHLORIDE IND 0.9% SOD FLUGRIDE CHW 0.25MG F Unapproved Drug SOD FLUGRIDE CHW 0.25MG F Unapproved Drug SOD FLUGRIDE CHW 1.1MG Unapproved Drug SOD FLUGRIDE PST 1.1% Unapproved Drug SOD FLUGRIDE PST 1.1% Unapproved Drug Unapproved Drug SOD FLUGRIDE PST 1.1% Unapproved Drug Unapproved Dru |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SKIN BLEACH CRE SUNSCREE SKYADEM-LP KIT Unapproved Drug SKYSONA INJ Not properly listed with FDA SKYY DERM CRE Not properly listed with FDA SCOPE SOLUTION OF STATES SOLUTION OF |
| SKIN BLEACH CRE SUNSCREE SKYADEM-LP KIT Unapproved Drug SKYSONA INJ Not properly listed with FDA SKYY DERM CRE Not properly listed with FDA SCOPE SOLUTION OF STATES SOLUTION OF |
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| SOD FLUORIDE TAB 1MG F Unapproved Drug |
| SOD NITRITE INJ 30MG/ML LIST |
| SOD SACCHARI GRA Not properly listed with FDA |
| SOD SUL/SULF CRE 10-2% Unapproved Drug |
| SOD SUL/SULF CRE 10-5% Unapproved Drug |
| SOD SUL/SULF CRE 9.8-4.8% Unapproved Drug |
| SOD SUL/SULF EMU 10-5% Unapproved Drug |
| SOD SUL/SULF EMU 10-5% Unapproved Drug |
| SOD SUL/SULF LIQ 10-2% Unapproved Drug |
| SOD SUL/SULF LIQ 9.8-4.8% Unapproved Drug |
| SOD SUL/SULF LIQ 9-4.5% Unapproved Drug |
| SOD SUL/SULF LIQ WASH Unapproved Drug |
| SOD SUL/SULF LOT 10-5% Unapproved Drug |
| SOD SUL/SULF LOT 9.8-4.8% Unapproved Drug |
| SOD SUL/SULF PAD 10-4% Unapproved Drug |
| SOD SUL/SULF SUS 10-5% Unapproved Drug |
| SOD SUL/SULF SUS 8-4% Unapproved Drug |
| SOD SULF/SUL EMU 10-5% Unapproved Drug |
| SOD SULFACET GEL 10% Unapproved Drug |
| SOD SULFACET SHA 10% Unapproved Drug |
| SOD THIOSULF INJ 25% Unapproved Drug |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| SODIUM POW BICARBON | Bulk Ingredient |
| SODIUM CHLOR NEB 10% | Unapproved Drug |
| SODIUM CHLOR NEB 3% | Unapproved Drug |
| SODIUM CHLOR NEB 7% | Unapproved Drug |
| SODIUM CITRA SOL 4% | Not properly listed with FDA |
| SODIUM FLUOR CRE 1.1 | Unapproved Drug |
| SODIUM FLUOR CRE 5000 PLS | Unapproved Drug |
| SODIUM FLUOR CRE 5000 PPM | Unapproved Drug |
| SODIUM FLUOR GEL 1.1% | Unapproved Drug |
| SODIUM IODID CAP I-123 | Diagnostic Agent |
| SODIUM IODID CAP I-123 | Diagnostic Agent |
| SODIUM SULFA LIQ 10% WASH | Unapproved Drug |
| SODIUM SULFA SUS 9-4.25% | Unapproved Drug |
| SOFIA KIT STREP A | Diagnostic Agent |
| SOFIA KIT STREP A+ | Diagnostic Agent |
| SOFIA 2 SARS KIT ANTIGEN | Diagnostic Agent |
| SOFIA A+B KIT INFLUENZ | Diagnostic Agent |
| SOFIA SARS KIT ANTIGEN | Diagnostic Agent |
| SOFIA2 FLU/ KIT SARS FIA | Diagnostic Agent |
| SOLARAVIX PAK 3% | Unapproved Drug |
| SOLOX GEL | Device |
| SOLYDRA LIQ | Not properly listed with FDA |
| SOMRYST MIS | LIST |
| SONAFINE EMU | Surgical Supply/Medical |
| SOOTHEE PAD | Unapproved Drug |
| SORBITOL SOL 3% IRR | LIST |
| SORBITOL-MAN SOL | LIST |
| SORREL/DOCK INJ EXTRACT | Non-standardized allergenic |
| SOYBEAN INJ EXTRACT | Diagnostic Agent |
| SPECTRAGEL GEL | Not properly listed with FDA |
| SPEEDGEL RX GEL | Unapproved Drug |
| SPHERUSOL INJ | Diagnostic Agent |
| SPIKEVAX INJ COVID-19 | LIST |
| SPINAL/EPIDU KIT CL CATH | Not properly listed with FDA |
| SPINAL/EPIDU KIT OPN CATH | Not properly listed with FDA |
| SPINY SOL PIGWEED | Non-standardized allergenic |
| SSKI SOL 1GM/ML | Vitamin/Mineral |
| SSS CRE 10%-5% | Unapproved Drug |
| SSS 10-5 AER 10-5% | Unapproved Drug |
| STANDARDIZED SOL MITE | Non-standardized allergenic |
| STANDARDIZED SOL MITE MIX | LIST |
| STENDRA TAB 100MG | Erectile Dysfunction |
| STENDRA TAB 200MG | Erectile Dysfunction |
| STENDRA TAB 50MG | Erectile Dysfunction |
| STERIL TALC SUS 5GM | LIST |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| STERIL WATER INJ | LIST |
| STERIL WATER INJ | LIST |
| STERILE INJ WATER | Not properly listed with FDA |
| STERILE DILU SOL EPOPROS | LIST |
| STERILE DILU SOL FLOLAN | LIST |
| STERILE DILU SOL TREPROST | LIST |
| STERILE TOPI GEL L.E.T. | Not properly listed with FDA |
| STRATA CTX GEL | Device |
| STRATA GRT GEL | Device |
| STRATA MARK GEL | Device |
| STRATA TRIZ GEL | Device |
| STRATA XRT GEL | Device |
| STRAWBERRY INJEXTRACT | Diagnostic Agent |
| STROVITE FOR TAB | Vitamin/Mineral |
| STROVITE ONE TAB | Vitamin/Mineral |
| SUCCINYL CHO INJ 100/5ML | Not properly listed with FDA |
| SUCCINYL CHO INJ 140/7ML | Not properly listed with FDA |
| SUCCINYL CHO INJ 200/10ML | Not properly listed with FDA |
| SUCCINYLCHOL INJ 100/5ML | Not properly listed with FDA |
| SUCCINYLCHOL INJ 140/7ML | Not properly listed with FDA |
| SUCCINYLCHOL INJ 200/10ML | Not properly listed with FDA |
| SUCCINYLCHOL INJ 20MG/ML | Not properly listed with FDA |
| SUFENTANIL INJ 100/2ML | General Anesthetic |
| SUFENTANIL INJ 250/5ML | General Anesthetic |
| SUFENTANIL INJ 50MCG/ML | General Anesthetic |
| SULFAC SULFR PAD 9.8-4.8% | Unapproved Drug |
| SULFACLEANSE SUS 8-4% | Unapproved Drug |
| SULFAMEZ EMU 10-1% | Not properly listed with FDA |
| SULFUR COLLO KIT 99M | Diagnostic Agent |
| SULFUR/RESOR LOT 5-2% | Not properly listed with FDA |
| SUMADAN KIT | Unapproved Drug |
| SUMADAN WASH LIQ 9-4.5% | Unapproved Drug |
| SUMADAN XLT KIT 9-4.5% | Unapproved Drug |
| SUMANSETRON PAK | Unapproved Drug |
| SUMAXIN PAD 10-4% | Unapproved Drug |
| SUMAXIN CP KIT | Unapproved Drug |
| SUMAXIN WASH LIQ 9-4% | Unapproved Drug |
| SUPARTZ FX INJ 25/2.5ML | Surgical Supply/Medical |
| SUPER INJ QUAD-MIX | Erectile Dysfunction |
| SUPER INJ TRI-MIX | Erectile Dysfunction |
| SUPER BI-MIX INJ 150-10MG | Erectile Dysfunction |
| SUPERVITE LIQ | Vitamin/Mineral |
| SUPPORT LIQ | Vitamin/Mineral |
| SUPRANE INH | General Anesthetic |
| SUPRANE SOL | General Anesthetic |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| SUPREME CRE | Not properly listed with FDA |
| SURE RESULT KIT O3D3 SYS | LIST |
| SURE RESULT MIS DSS PACK | LIST |
| SUSPENDRX SUS SWEET | Not properly listed with FDA |
| SUSPENDRX SUS UNSWEET | Not properly listed with FDA |
| SUSPENSION SUS VEHICLE | Not properly listed with FDA |
| SUVICORT EMU | Device |
| SWEET CORN INJ EXTRACT | Diagnostic Agent |
| SWEET GUM INJ 1:20 | Non-standardized allergenic |
| SWEET VERNAL INJ GRASS PO | Non-standardized allergenic |
| SX1 POST-OP KIT MEDICATE | LIST |
| SYMAX DUOTAB TAB | Unapproved Drug |
| SYMAX-SL SUB 0.125MG | Unapproved Drug |
| SYMAX-SR TAB 0.375MG | Unapproved Drug |
| SYNALAR KIT 0.025% | LIST |
| SYNALAR KIT 0.025% | LIST |
| SYNALAR TS KIT 0.01% | LIST |
| SYNAPRYN SUS 10MG/ML | Unapproved Drug |
| SYNERDERM EMU | Not properly listed with FDA |
| SYNOJOYNT INJ 20MG/2ML | Surgical Supply/Medical |
| SYNVISC INJ 8MG/ML | Surgical Supply/Medical |
| SYNVISC ONE INJ 8MG/ML | Surgical Supply/Medical |
| SYRPALTA SYP | Not properly listed with FDA |
| SYRSPEND SF LIQ | Bulk Ingredient |
| SYRUP SYP VEHICLE | Not properly listed with FDA |
| SYRUP SF SYP VEHICLE | Not properly listed with FDA |
| T.R.U.E. TES TEST | Diagnostic agent |
| TABRADOL SUS 1MG/ML | Unapproved Drug |
| TABRADOL SUS RAPIDPAQ | Unapproved Drug |
| TADALAFIL TAB 10MG | Erectile Dysfunction |
| TADALAFIL TAB 2.5MG* [Coverable for Benign Prostatic Hyperplasia (BPH) diagnosis only.] | Erectile Dysfunction [only coverable for diagnosis of Benign Prostatic Hyperplasia (BPH)] |
| TADALAFIL TAB 20MG* [Coverable for Pulmonary Arterial Hypertension (PAH) diagnosis only.] | Erectile Dysfunction [only coverable for diagnosis of Pulmonary Arterial Hypertension (PAH)] |
| TADALAFIL TAB 5MG* [Coverable for Benign Prostatic Hyperplasia (BPH) diagnosis only.] | Erectile Dysfunction [only coverable for diagnosis of Benign Prostatic Hyperplasia (BPH)] |
| TAGITOL V SUS 40% | Diagnostic Agent |
| TALIVA CAP | Vitamin/Mineral |
| TALL RAGWEED SOL 1:20 | Non-standardized allergenic |
| TARDEOXIA CRE | Not properly listed with FDA |
| TARDIMAXIA GEL | Not properly listed with FDA |
| TARON-BC MIS | Vitamin/Mineral |
| TARON-C DHA CAP | Vitamin/Mineral |
| TARON-PREX CAP | Vitamin/Mineral |
| TAROXIA CRE | Not properly listed with FDA |
| TAROXIA GEL | Not properly listed with FDA |
| TASOPROL KIT | LIST |
| TAURINE INJ 50MG/ML | Unapproved Drug |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|--------------------------------------------------------------|-------------------------------------------------------|
| TAUVID SOL | Diagnostic Agent |
| TDC MAX CRE | Not properly listed with FDA |
| TECARTUS SUS | LIST |
| TECHNELITE KIT HEU | Diagnostic Agent |
| TECHNELITE KIT LEU | Diagnostic Agent |
| TEGADERM AG PAD 2"X2" | Not properly listed with FDA |
| TEGADERM AG PAD 4"X5" | Not properly listed with FDA |
| TEGADERM AG PAD 4"X8" | Not properly listed with FDA |
| TEGADERM AG PAD 8"X8" | Not properly listed with FDA |
| TELFA ISLAND PAD 4"X5" | Not properly listed with FDA |
| TELFA ISLAND PAD 4"X8" | Not properly listed with FDA |
| TEMODAR CAP 100MG | Oral drug for cancer; infusion available under Part B |
| TEMODAR CAP 140MG | Oral drug for cancer; infusion available under Part B |
| TEMODAR CAP 180MG | Oral drug for cancer; infusion available under Part B |
| TEMODAR CAP 250MG | Oral drug for cancer; infusion available under Part B |
| TEMOZOLOMIDE CAP 100MG | Oral drug for cancer; infusion available under Part B |
| TEMOZOLOMIDE CAP 140MG | Oral drug for cancer; infusion available under Part B |
| TEMOZOLOMIDE CAP 180MG | Oral drug for cancer; infusion available under Part B |
| TEMOZOLOMIDE CAP 20MG | Oral drug for cancer; infusion available under Part B |
| TEMOZOLOMIDE CAP 250MG | Oral drug for cancer; infusion available under Part B |
| TEMOZOLOMIDE CAP 5MG | Oral drug for cancer; infusion available under Part B |
| TERODERM CRE | Not properly listed with FDA |
| TERODERM CRE PLUS | Not properly listed with FDA |
| TERRELL SOL | General Anesthetic |
| TESSALON PER CAP 100MG | Cough/Cold |
| TESTONE CIK KIT 200MG/ML | LIST |
| TESTOST CYP INJ 200MG/ML | Not properly listed with FDA |
| TESTOSTERONE INJ 100MG/ML (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE INJ 150MG/ML (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE INJ 200MG/ML (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE INJ CYP/PROP (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE INJ CYPIONAT (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE INJ CYPIONAT (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE INJ CYPIONAT (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE MIS 100MG (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE MIS 200MG (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE MIS 25MG (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TESTOSTERONE MIS 50MG (MANUFACTURED BY EMPOWER PHARMACY) | Unapproved Drug |
| TETOXIA CRE 0.01-4% | Not properly listed with FDA |
| TETRACAINE INJ 1% | Unapproved Drug |
| TETRIX CRE | Not properly listed with FDA |
| TEXAVITE LQ LIQ | Vitamin/Mineral |
| THIAMINE HCL INJ 100MG/ML | Vitamin/Mineral |
| THIAMINE HCL INJ 200/2ML | LIST |
| THIAMINE HCL INJ 200MG/2M | LIST |

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| Label Name | Reason |
|---------------------------------|-----------------------------------------------|
| THRIVACIN LIQ DETOX | Vitamin/Mineral |
| THRIVACIN 30 LIQ | Vitamin/Mineral |
| THRIVITE RX TAB 29-1MG | Vitamin/Mineral |
| THROMBIN KIT 5000UNIT | Blood Component |
| THROMBIN-JMI KIT 20000UNT | Blood Component |
| THROMBIN-JMI KIT 5000UNIT | Blood Component |
| THROMBIN-JMI SOL 20000UNT | Blood Component |
| THROMBIN-JMI SOL 5000UNIT | Blood Component |
| THYROID TAB 120MG | Unapproved Drug |
| THYROID TAB 15MG | Unapproved Drug |
| THYROID TAB 30MG | Unapproved Drug |
| THYROID TAB 60MG | Unapproved Drug |
| THYROID TAB 90MG | Unapproved Drug |
| TIGHTENING CRE BASE | Not properly listed with FDA |
| TIMOTHY SOL GRASS | Non-standardized allergenic |
| TIMOTHY GRAS INJ POLLEN | LIST |
| TISSEEL KIT 2ML | Not properly listed with FDA |
| TIZANIDINE KIT COMFORT | LIST |
| TL FOLATE TAB | Vitamin/Mineral |
| TL G-FOL OS TAB | Vitamin/Mineral |
| TLICON CAP | Vitamin/Mineral |
| TL-CARE DHA CAP 27-1-500 | Vitamin/Mineral |
| TL-FLUORIVIT CHW | Vitamin/Mineral |
| TL-PEDORIVIT CHW TL-HEM 150 TAB | Vitamin/Mineral |
| TL-SELECT CAP | Vitamin/Mineral |
| TOBAIKIENT CAP | |
| TOMATO INJEXTRACT | Dietary Supplement |
| TOPICAL GELLE.T | Diagnostic Agent Not properly listed with FDA |
| TOPIDEX KIT 10MG/1ML | LIST |
| | |
| TORONOVA KIT 30MG/ML | LIST |
| TORONOVA II KIT 30MG/ML | LIST |
| TOVET KIT KIT 0.05% | LIST State of the Asset |
| TOXICOLOGY KIT MEDICATE | Diagnostic Agent |
| TRACE ELEM 4 INJ PED | Unapproved Drug |
| TRALEMENT INJ | LIST |
| TRAMADOL CRE 5% | Bulk Ingredient |
| TRANSDERMAL CRE PAIN BAS | Not properly listed with FDA |
| TRANZGEL GEL | Unapproved Drug |
| TRAUMEEL OIN | Unapproved Drug |
| TRAUMEEL TAB | Unapproved Drug |
| TREE MIX SOL 9 | LIST |
| TRETINOIN EM CRE 0.05% | Cosmetic |
| TRETTEN INJ | Blood Component |
| TRIADIME KIT 0.1-0.5% | Unapproved Drug |
| TRIADIME-80 KIT 0.1-5% | Unapproved Drug |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| TRIAM/MOXI SUS 15-1 | Unapproved Drug |
| | Unapproved Drug |
| | Unapproved Drug |
| | Vitamin/Mineral |
| | Unapproved Drug |
| | Diagnostic Agent |
| | LIST |
| | Unapproved Drug |
| | Vitamin/Mineral |
| | LIST |
| | Vitamin/Mineral |
| TRIFERIC SOL 27.2/5ML | LIST |
| TRIHEAL-80 KIT 0.1-5% | Unapproved Drug |
| | LIST |
| TRILOAN SUIK KIT 40MG/ML | LIST |
| TRILOCICLO KIT 0.1-8% | Unapproved Drug |
| | Cosmetic |
| TRILURON INJ 20MG/2ML | Surgical Supply/Medical |
| | Erectile Dysfunction |
| TRIMO-SAN GEL | Unapproved Drug |
| TRIMOXI+ INJ | Not properly listed with FDA |
| TRINATAL RX TAB 1 | Vitamin/Mineral |
| TRINATE TAB | Vitamin/Mineral |
| TRINAZ TAB 12-1MG | Vitamin/Mineral |
| TRIONEX PAK | Unapproved Drug |
| TRIPHROCAPS CAP | Vitamin/Mineral |
| TRIPLE COMPL CRE 3 KIT | Not properly listed with FDA |
| TRIPLE PMB SOL | Not properly listed with FDA |
| TRIPLE PMK SOL | Not properly listed with FDA |
| TRISTART CAP FREE | Multi-vitamin w/ iron |
| TRISTART DHA CAP | Vitamin/Mineral |
| | Vitamin/Mineral |
| | Vitamin/Mineral |
| TRI-VI-FLOR SUS 0.25/ML | Vitamin/Mineral |
| TRI-VI-FLOR SUS 0.5MG/ML | Vitamin/Mineral |
| | Vitamin/Mineral |
| TRI-VI-FLORO SUS 0.5MG/ML | Vitamin/Mineral |
| | Surgical Supply/Medical |
| | Vitamin/Mineral |
| | Vitamin/Mineral |
| | Unapproved Drug |
| | Vitamin/Mineral |
| | Unapproved Drug |
| | Diagnostic Agent |
| TROPICAMIDE SOL 1% OP | Diagnostic Agent |

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| Label Name | Reason |
|---------------------------|------------------------------------------|
| TROP-PROP-PE DRO KETO | Unapproved Drug |
| TUBERSOL INJ 5/0.1ML | Diagnostic Agent |
| TUSSICAPS CAP 10-8MG | Cough/Cold |
| TUXARIN ER TAB 54.3-8MG | LIST |
| TUZISTRA XR SUS | Cough/Cold |
| TYLACTIN LIQ REST 10 | Not properly listed with FDA |
| TYLACTIN LIQ RTD 15 | Not properly listed with FDA |
| TYLACTIN POW BLD 20PE | Not properly listed with FDA |
| TYLACTIN POW RESTOR5 | Not properly listed with FDA |
| TYLACTIN COM BAR 15 PE | Not properly listed with FDA |
| TYLACTIN RTD LIQ 15 CHOC | Not properly listed with FDA |
| TYR EASY TAB | Not properly listed with FDA |
| TYR EXPRESS PAK 15+ UNFL | Not properly listed with FDA |
| TYR EXPRESS PAK 20+ UNFL | Not properly listed with FDA |
| ULTANE SOL | General Anesthetic |
| ULTIMATECARE CAP ONE | Vitamin/Mineral |
| ULTRA HERS CAP RX | Dietary Supplement |
| ULTRA HIS CAP | Dietary Supplement |
| ULTRA PCOS CAP | Dietary Supplement |
| ULTRABAG/ SOL DIANEAL | Dialysis covered by ESRD bundled payment |
| ULTRABAG/ SOL DIANEAL | Dialysis covered by ESRD bundled payment |
| ULTRABAG/PD2 SOL DIANEAL | Dialysis covered by ESRD bundled payment |
| ULTRABAG/PD2 SOL DIANEAL | Dialysis covered by ESRD bundled payment |
| ULTRABAG/PD2 SOL DIANEAL | Dialysis covered by ESRD bundled payment |
| ULTRASAL-ER SOL 28.5% | Unapproved Drug |
| ULTRASOUND GEL BLUE | Diagnostic Agent |
| ULTRASOUND GEL CLEAR | Diagnostic Agent |
| ULTRAVIST INJ 300MG/ML | Diagnostic Agent |
| ULTRAVIST INJ 370MG/ML | Diagnostic Agent |
| UMECTA MOUSS AER 40% | Unapproved Drug |
| U-MILD SHA | Not properly listed with FDA |
| UNISPEND ANH SUS SWEETENE | Not properly listed with FDA |
| UNIVERSAL GEL WATER | Not properly listed with FDA |
| URAMAXIN GEL 45% | Unapproved Drug |
| URAMIT MB CAP 118MG | Unapproved Drug |
| UREA AER 35% | Not properly listed with FDA |
| UREA CRE 39% | Unapproved Drug |
| UREA CRE 39.5% | Unapproved Drug |
| UREA CRE 40% | Unapproved Drug |
| UREA CRE 41% | Unapproved Drug |
| UREA CRE 45% | Unapproved Drug |
| UREA CRE 47% | Unapproved Drug |
| UREA EMU 50% | Unapproved Drug |
| UREA GEL 40% | Unapproved Drug |
| UREA LOT 40% | Unapproved Drug |
| UNEA LOT 40% | louappioved Didg |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|--------------------------|------------------------------|
| UREA LOT 45% | Unapproved Drug |
| UREA HYDRATI AER 35% | Unapproved Drug |
| UREA NAIL GEL 45% | Unapproved Drug |
| UREA/SALICY CRE 39.5-2% | Unapproved Drug |
| UREDEB CRE 39% | Not properly listed with FDA |
| URELLE TAB | Unapproved Drug |
| UREMEZ-40 CRE 40% | Not properly listed with FDA |
| | Not properly listed with FDA |
| URESTA START MIS KIT | Not properly listed with FDA |
| URETRON D/S TAB | Unapproved Drug |
| URETRON D/S TAB | Unapproved Drug |
| URIBEL CAP 118MG | Unapproved Drug |
| URIMAR-T TAB | Unapproved Drug |
| URIN D/S TAB | Unapproved Drug |
| URNEVA CAP | Unapproved Drug |
| URO-458 TAB | Unapproved Drug |
| UROGESIC- TAB BLUE | Unapproved Drug |
| URO-MP CAP 118MG | Unapproved Drug |
| UROPHEN MB TAB 81.6MG | Unapproved Drug |
| UROSEX TAB | Vitamin/Mineral |
| URO-SP CAP 118MG | Unapproved Drug |
| URSODIOL SUS 30MG/ML | Not properly listed with FDA |
| USTELL CAP | Unapproved Drug |
| UTIRA-C TAB | Unapproved Drug |
| UTOPIC CRE 41% | Unapproved Drug |
| | Not properly listed with FDA |
| VANCOMYC/D5W INJ 1.5/250 | Not properly listed with FDA |
| VANCOMYCIN SUS +SYRSPEN | Not properly listed with FDA |
| VANILLA SILQ SUS | Diagnostic Agent |
| VANIQA CRE 13.9% | Cosmetic |
| VANISHING CRE | Not properly listed with FDA |
| | Not properly listed with FDA |
| VANISH-PEN CRE | Not properly listed with FDA |
| VANOXIDE-HC LOT 5-0.5% | Unapproved Drug |
| VARDENAFIL TAB 10MG | Erectile Dysfunction |
| VARDENAFIL TAB 10MG ODT | Erectile Dysfunction |
| VARDENAFIL TAB 2.5MG | Erectile Dysfunction |
| VARDENAFIL TAB 20MG | Erectile Dysfunction |
| VARDENAFIL TAB 5MG | Erectile Dysfunction |
| | Not properly listed with FDA |
| VARIBAR THIN SUS LIQUID | Diagnostic Agent |
| VARIBER SUS NECTAR | Diagnostic agent |
| VARITHENA AER 10MG/ML | LIST |
| VAROPHEN KIT 1.5% | LIST |
| VAROXIA CRE | Not properly listed with FDA |

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| Label Name | Reason |
|---------------------------|------------------------------|
| VAROXIA GEL | Not properly listed with FDA |
| VASCAZEN CAP 1GM | Not properly listed with FDA |
| VASCULERA TAB | Medical Food |
| VASHE CLEANS SOL | Not properly listed with FDA |
| VASHE WOUND SOL | Not properly listed with FDA |
| VAXNEUVANCE INJ | Pneumococcal vaccine |
| VB6 P5P POW | Not properly listed with FDA |
| V-C FORTE CAP | Vitamin/Mineral |
| VECURONIUM INJ 10MG | LIST |
| VECURONIUM INJ 20MG | LIST |
| VECURONIUM POW | Not properly listed with FDA |
| VEG CAPSULE CAP #0 WHITE | Unapproved Drug |
| VEG CAPSULE CAP #00 CLEA | Not properly listed with FDA |
| VEG CAPSULE CAP #00 WHIT | Unapproved Drug |
| VEG CAPSULE CAP #1 GREEN | Unapproved Drug |
| VEG CAPSULE CAP #1 WHITE | Unapproved Drug |
| VEG CAPSULE CAP #2 WHITE | Unapproved Drug |
| VEG CAPSULE CAP #3 WHITE | Unapproved Drug |
| VEG CAPSULE CAP #4 WHITE | Unapproved Drug |
| VENA-BAL MIS DHA | Vitamin/Mineral |
| VENELEX OIN | Device |
| VENEXA TAB | Multi-vitamin |
| VENEXA FE TAB | Multi-vitamin |
| VENIPUNCTURE KIT PHLEBOTO | Not properly listed with FDA |
| VENNGEL ONE KIT 1% | LIST |
| VENOFER INJ 20MG/ML | Vitamin/Mineral |
| VENOMIL KIT HONEYBEE | Non-standardized allergenic |
| VENOMIL KIT HONEYBEE | Non-standardized allergenic |
| VENOMIL KIT WASP | Non-standardized allergenic |
| VENOMIL KIT WHT HORN | Non-standardized allergenic |
| VENOMIL KIT WHT HORN | Non-standardized allergenic |
| VENOMIL KIT YEL HORN | Non-standardized allergenic |
| | Non-standardized allergenic |
| VENOMIL KIT YEL JACK | Non-standardized allergenic |
| | Non-standardized allergenic |
| VENOMIL MIX INJ VESPID | Non-standardized allergenic |
| VENTRIXYL FE TAB | Vitamin/Mineral |
| VERSAFREE SYP | Not properly listed with FDA |
| VERSAPLUS SYP | Not properly listed with FDA |
| VERSAPRO AER | Not properly listed with FDA |
| VERSAPRO CRE | Bulk Ingredient |
| VERSAPRO SHA | Not properly listed with FDA |
| VERSATILE CRE BASE | Bulk Ingredient |
| VERSATILE CRE RICH BSE | Bulk Ingredient |
| VEXASYN GEL | Not properly listed with FDA |

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| Label Name | Reason |
|----------------------------------------|------------------------------|
| VEXATROL KIT 2.5-2.5% | Not properly listed with FDA |
| VIAGRA TAB 100MG | Erectile Dysfunction |
| | Erectile Dysfunction |
| VIAGRA TAB 50MG | Erectile Dysfunction |
| VIC-FORTE CAP | Vitamin/Mineral |
| VILACTIN AA LIQ PLUS | Not properly listed with FDA |
| VILACTIN AA POW PLUS | Not properly listed with FDA |
| VILAMIT MB CAP 118MG | Unapproved Drug |
| VILEVEV MB TAB 81MG | Unapproved Drug |
| VINATE DHA CAP 27-1.13 | Vitamin/Mineral |
| VINATE II TAB | Vitamin/Mineral |
| VINATE ONE TAB | Vitamin/Mineral |
| VIRASAL LIQ 27.5% | Unapproved Drug |
| VIRT-C DHA CAP | Vitamin/Mineral |
| VIRT-CAPS CAP | Vitamin/Mineral |
| VIRT-GARD TAB 2.2-25-1 | Vitamin/Mineral |
| VIRT-NATE CAP DHA | Vitamin/Mineral |
| VIRT-PHOS TAB 250 NEUT | Vitamin/Mineral |
| VIRT-PN DHA CAP | Vitamin/Mineral |
| VIRT-PN PLUS CAP | Vitamin/Mineral |
| VISBIOME PAK | Not properly listed with FDA |
| VISCO-3 INJ 25/2.5ML | Surgical Supply/Medical |
| VISIPAQUE INJ 270MG/ML | Diagnostic Agent |
| VISIPAQUE INJ 320MG/ML | Diagnostic Agent |
| VIT A/C/D/FL DRO 0.25MG | Vitamin/Mineral |
| VITA S FORTE TAB | Vitamin/Mineral |
| VITACEL TAB | Vitamin/Mineral |
| VITAFOL CAP ULTRA | Vitamin/Mineral |
| VITAFOL CHW GUMMIES | Vitamin/Mineral |
| VITAFOL TAB | Vitamin/Mineral |
| VITAFOL TAB VITAFOL FE+ CAP | Vitamin/Mineral |
| VITAFOL FEH CAP VITAFOL STRP MIS 1MG | Vitamin/Mineral |
| VITAFOL STRP MIS TMG VITAFOL-NANO TAB | Vitamin/Mineral |
| VITAFOL-NANO TAB VITAFOL-OB PAK +DHA | Vitamin/Mineral |
| VITAFOL-OB TAB 65-1MG | Vitamin/Mineral |
| VITAFOL-OB TAB 65-TING VITAFOL-ONE CAP | Vitamin/Mineral |
| VITAL-D RX TAB | Vitamin/Mineral |
| VITAMEDMD CAP ONE RX | Vitamin/Mineral |
| VITAMEDMD CAP ONE RX VITAMEZ CAP | |
| VITAMIN KIT SYS-B12 | Vitamin/Mineral |
| | LIST |
| VITAMIN D CAP 1.25MG | LIST |
| VITAMIN D CAP 50000 | Vitamin/Mineral |
| VITAMIN D CAP 50000UNT | Vitamin/Mineral |
| VITAMIN K1 INJ 10MG/ML | Vitamin/Mineral |
| VITAMIN K1 INJ 1MG/0.5 | Vitamin/Mineral |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|------------------------------|------------------------------|
| VITAPEARL CAP | Vitamin/Mineral |
| VITA-PREN TAB | Vitamin/Mineral |
| VITAROCA PLU TAB | Vitamin/Mineral |
| VITASURE TAB | Vitamin/Mineral |
| VITATHELY TAB | Vitamin/Mineral |
| VITATRUE MIS | Vitamin/Mineral |
| VITRAMYN TAB | Vitamin/Mineral |
| VITRANOL TAB | Multi-vitamin |
| VITRANOL FE TAB | Multi-vitamin |
| VITREXATE TAB | Multi-vitamin |
| VITREXATE FE TAB | Multi-vitamin |
| VITREXYL TAB | Multi-vitamin |
| VITREXYL TAB IRON | Multi-vitamin |
| VIVA DHA CAP | Vitamin/Mineral |
| VIZAMYL INJ | Diagnostic Agent |
| VOL-CARE RX TAB | Vitamin/Mineral |
| VOL-NATE TAB | Vitamin/Mineral |
| | Diagnostic Agent |
| | Blood Component |
| | Blood Component |
| VOPAC MDS KIT 1.5% | LIST |
| | |
| VP FC CRE KIT VP GKL CRE KIT | Not properly listed with FDA |
| | Not properly listed with FDA |
| VP-PNV-DHA CAP | Vitamin/Mineral |
| VP-VITE RX TAB | Vitamin/Mineral |
| VSL#3 DS PAK 900BIL | Not properly listed with FDA |
| VUEWAY INJ | Diagnostic Agent |
| VYLEESI INJ 1.75/0.3 | LIST |
| WASP VENOM INJ 1300MCG | Non-standardized allergenic |
| WASP VENOM INJ 550MCG | Non-standardized allergenic |
| WATER BASE GEL | Not properly listed with FDA |
| WEGOVY INJ 0.25MG | Anorexic, Anti-obesity Agent |
| WEGOVY INJ 0.5MG | Anorexic, Anti-obesity Agent |
| WEGOVY INJ 1.7MG | Anorexic, Anti-obesity Agent |
| WEGOVY INJ 1MG | Anorexic, Anti-obesity Agent |
| WEGOVY INJ 2.4MG | Anorexic, Anti-obesity Agent |
| WELLMIND TAB VERTIGO | Unapproved Drug |
| WESCAP-C DHA CAP | Multi-vitamin w/ iron |
| WESCAP-PN CAP DHA | Multi-vitamin w/ iron |
| WESCAPS CAP | Multi-vitamin |
| WESNATAL DHA PAK COMPLETE | Multi-vitamin w/ iron |
| WESNATE DHA CAP | Multi-vitamin w/ iron |
| WESTAB MAX TAB 2.5-25-2 | Vitamin/Mineral |
| WESTAB MINI TAB 2.2-25-1 | Vitamin/Mineral |
| WESTAB ONE TAB 2.5-25-1 | Vitamin/Mineral |
| | I. |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|-----------------------------------------------------------|
| WESTAB PLUS TAB 27-1MG | Vitamin/Mineral |
| WESTERN JUNI SOL 1:20 | Non-standardized allergenic |
| WESTGEL DHA CAP | Multi-vitamin w/ iron |
| WHEAT GERM OIL | Not properly listed with FDA |
| WHITE BIRCH INJ 1:20 | Non-standardized allergenic |
| | Non-standardized allergenic |
| | Non-standardized allergenic |
| WHITE PINE INJ 1:20 | Non-standardized allergenic |
| WHOLE EGG INJ EXTRACT | Diagnostic Agent |
| WIDE-SEAL DPR KIT 60 | Device |
| WIDE-SEAL DPR KIT 65 | Device |
| WIDE-SEAL DPR KIT 70 | Device |
| WIDE-SEAL DPR KIT 75 | Device |
| WIDE-SEAL DPR KIT 80 | Device |
| WIDE-SEAL DPR KIT 85 | Device |
| WIDE-SEAL DPR KIT 90 | Device |
| WIDE-SEAL DPR KIT 95 | Device |
| WILATE INJ | Blood Component |
| WILZIN CAP 25MG | Unapproved Drug |
| WOUND CARE PAD 2" X 2" | OTC Product |
| | OTC Product |
| | OTC Product |
| WOUNDGELHA GEL MATRIX | Surgical Supply/Medical |
| | OTC Product |
| XALIX SOL 28% | Unapproved Drug |
| | Not properly listed with FDA |
| | Not properly listed with FDA |
| XELODA TAB 150MG | Covered under Part B; oral drug only indicated for cancer |
| | Covered under Part B; oral drug only indicated for cancer |
| | Not properly listed with FDA |
| XENICAL CAP 120MG | Anorexic, Anti-obesity Agent |
| | Diagnostic Agent |
| | Diagnostic Agent |
| | Diagnostic Agent |
| XERAC-AC SOL 6.25% | OTC Product |
| | Not properly listed with FDA |
| XEROFORM PET PAD 5X9 DRES | Not properly listed with FDA |
| | Not properly listed with FDA |
| XEROFRM GAUZ MIS 5"X9" | Not properly listed with FDA |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|---------------------------------------|
| XEROFRM GAUZ PAD 5"X9" | Not properly listed with FDA |
| XEROFRM PETR PAD 2"X2" | Not properly listed with FDA |
| XEROFRM PETR PAD 4"X4" | Not properly listed with FDA |
| | Not properly listed with FDA |
| XEROSTOMIA SOL RELIEF | Not properly listed with FDA |
| | Diagnostic Agent |
| XRYLIX PAK | LIST |
| XRYLIX II PAK | Unapproved Drug |
| XUREA CRE 39% | Unapproved Drug |
| XVITE TAB | Vitamin/Mineral |
| XYBIOTIC CAP | Dietary Supplement |
| XYLO/EPI INJ 0.5% | LIST |
| XYLO/EPI INJ 2% | LIST |
| XYLO/EPI 1%- INJ 1:100000 | LIST |
| XYLO-MPF/EPI INJ 1% | LIST |
| XYLO-MPF/EPI INJ 1.5% | LIST |
| XYLO-MPF/EPI INJ 2% | LIST |
| XYNTHA INJ 1000UNIT | Blood Component |
| | Blood Component |
| XYNTHA INJ 250UNIT | Blood Component |
| XYNTHA INJ 500UNIT | Blood Component |
| XYNTHA SOLOF INJ 1000UNIT | Blood Component |
| XYNTHA SOLOF INJ 2000UNIT | Blood Component |
| XYNTHA SOLOF INJ 3000UNIT | Blood Component |
| XYNTHA SOLOF INJ 500UNIT | Blood Component |
| XYNTHA SOLOF KIT 250UNIT | Blood Component |
| XYZBAC TAB | Vitamin/Mineral |
| XYZMUNE CAP | Dietary Supplement |
| YAXATARXYN EMU | Cosmetic |
| YELLOW DOCK INJ 1:20 | Non-standardized allergenic |
| | Non-standardized allergenic |
| | Non-standardized allergenic |
| YELLOW JACK INJ 550MCG | Non-standardized allergenic |
| YESCARTA INJ | Covered under Part B; Blood Component |
| YOKATAR EMU | Cosmetic |
| ZACLIR LOT 8% | Unapproved Drug |
| | Dietary Supplement |
| ZANABIN GEL HYDROGEL | Not properly listed with FDA |
| ZATEAN-PN CAP DHA | Vitamin/Mineral |
| ZATEAN-PN CAP PLUS | Vitamin/Mineral |
| | Dietary Supplement |
| ZENIFIBER AG PAD 2"X2" | Surgical Supply/Medical |
| ZENIFIBER AG PAD 4"X5" | Surgical Supply/Medical |
| ZENIFIBER AG PAD 6"X6" | Surgical Supply/Medical |
| ZENIFIBER AG PAD 8"X8" | Surgical Supply/Medical |

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

| Label Name | Reason |
|---------------------------|------------------------------|
| ZENIFOAM AG PAD 2"X2" | Surgical Supply/Medical |
| ZENIFOAM AG PAD 4"X5" | Surgical Supply/Medical |
| ZENPHOR GEL WOUND | Device |
| | Device |
| ZERUVIA PAD 4-1% | Unapproved Drug |
| ZICLOCIN PAK | Unapproved Drug |
| ZICLOPRO PAK | LIST |
| ZILACAINE PAK 5% | LIST |
| ZINC CHLORID INJ 10/10ML | LIST |
| ZINC CHLORID INJ 1MG/ML | LIST |
| ZINC SULFATE INJ 10/10ML | LIST |
| ZINC SULFATE INJ 1MG/ML | Unapproved Drug |
| ZINC SULFATE INJ 25MG/5ML | LIST |
| ZINC SULFATE INJ 30/10ML | LIST |
| ZINC SULFATE INJ 3MG/ML | LIST |
| ZINC SULFATE INJ 5MG/ML | Unapproved Drug |
| ZINC TRACE INJ 1MG/ML | LIST |
| ZINTREXYL-C TAB | Multi-vitamin |
| ZIONODIL LOT 3% | Unapproved Drug |
| ZIONODIL 100 LOT 3% | Unapproved Drug |
| ZIPHEX TAB 13-1MG | Multi-vitamin w/ iron |
| ZITHRANOL SHA 1% | Unapproved Drug |
| ZMA CLEAR SUS 9-4.5% | Unapproved Drug |
| ZOLPAK KIT | LIST |
| ZYNTEGLO INJ | Not properly listed with FDA |
| | Multi-vitamin |
| ZYVEXOL TAB | Not properly listed with FDA |