



Preferred Drug List (PDL)

New Jersey – MLTSS

Effective Date: 4/1/2024



United
Healthcare
Community Plan

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UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You can also file a complaint with the U.S. Dept. of Health and Human Services.

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Phone:

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail:

U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

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1-800-941-4647, TTY 711

English: ATTENTION: Translation and other language assistance services are available at no cost to you. If you need help, please call the number above.

Spanish: ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número que se indica arriba.

Chinese (Traditional): 注意：您可以免費獲得翻譯及其他語言協助服務。如果您需要協助，請致電上列電話號碼。

Korean: 참고: 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 위에 명시된 번호로 전화해 주십시오.

Portuguese: ATENÇÃO: a tradução e outros serviços de assistência linguística estão disponíveis sem qualquer custo para si. Se precisar de ajuda, contacte o número indicado acima.

Gujarati: ધ્યાન આપો: ભાષાન્તર અને અન્ય ભાષા સહાય સેવાઓ તમારા માટે કોઈપણ ખર્ચ વિના ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર કૉલ કરો.

Polish: UWAGA: tłumaczenia i inne formy pomocy językowej są dostępne bezpłatnie. Aby uzyskać pomoc, proszę zadzwonić pod numer powyżej.

Italian: ATTENZIONE: il servizio di traduzione e altri servizi di assistenza linguistica sono disponibili gratuitamente. Se serve aiuto, si prega di chiamare il numero sopra indicato.

Arabic: تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجاناً. إذا كنت بحاجة إلى المساعدة، يُرجى الاتصال بالرقم أعلاه.

Tagalog: ATENSYON: Ang pagsasalin at iba pang mga serbisyong tulong sa wika ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas.

Russian: ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если вам требуется помощь, пожалуйста, позвоните по указанному выше номеру.

Haitian Creole: ATANSYON: Gen tradiksyon ak lòt sèvis èd pou lang ki disponib gratis pou ou. Si w bezwen èd, tanpri rele nimewo ki mansyone anwo a.

Hindi: ध्यान दें: अनुवाद और अन्य भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। अगर आपको मदद चाहिए तो कृपया ऊपर दिए गए नंबर पर कॉल करें।

Vietnamese: CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên.

French: ATTENTION : la traduction et d'autres services d'assistance linguistique sont disponibles sans frais pour vous. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus.

Urdu: توجہ فرمائیں: ترجمے اور زبان سے متعلق دیگر امدادی خدمات آپ کے لیے بغیر کسی قیمت کے دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہے تو، براہ کرم اوپر دیئے گئے نمبر پر فون کریں۔



Preferred Drug List

INTRODUCTION

UnitedHealthcare Community Plan is pleased to provide this Preferred Drug List (*PDL*) to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this *PDL* are intended to provide sufficient options to treat patients who require treatment with a drug from that pharmacologic or therapeutic class. The drugs listed in the UnitedHealthcare Community Plan *PDL* have been reviewed and approved by the Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized there may be occasions where an unlisted drug is desired for proper medical management of a specific patient. In those infrequent instances, the unlisted medication may be requested through the prior authorization process.

The drugs represented have been reviewed by the Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The *PDL* is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the *PDL* since the last edition as well as numerous revisions to the prescribing information based on changes in pharmacotherapy. Comments and suggestions from practicing physicians have also been incorporated to ensure that the UnitedHealthcare Community Plan *PDL* is reflective of current medical practice.

NOTICE

The information contained in this *PDL* and its appendices is provided by UnitedHealthcare Community Plan, solely for the convenience of medical providers. UnitedHealthcare Community Plan does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature.

This *PDL* is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

UnitedHealthcare Community Plan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the Web sites listed in the Web site section or go to the National Guideline Clearinghouse site at <http://www.guideline.gov>.

PREFACE

The UnitedHealthcare Community Plan *PDL* is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state.

Products are listed by generic name. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the *PDL*. Generics should be considered the first line of prescribing.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The P&T Committee includes physicians and pharmacists who are not employees or agents of UnitedHealthcare Community Plan or its affiliates. They must adhere to the Ethics Policy standards of the P&T Committee. UnitedHealthcare Community Plan medical directors and pharmacists also participate in the P&T Committee. The P&T Committee meets quarterly to discuss a variety of issues. Those issues pertaining to pharmaceutical selection and pharmacy program management are communicated quarterly. This newsletter is distributed to all participating physicians who have received the *PDL*. *PDL* decisions are also communicated quarterly on the UnitedHealthcare Community Plan internet site.

OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

Medically necessary outpatient prescription drugs are covered when prescribed by a provider licensed to prescribe federal legend drugs or medicines. Some items are covered only with prior authorization. Eligibility for Outpatient Prescription Drug Benefits is based on the individual member's benefit plan.

PRODUCT SELECTION CRITERIA

The P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmaco-economic studies

When a new drug is considered for PDL inclusion, it will be reviewed relative to similar drugs currently included in the UnitedHealthcare Community Plan PDL. This review process may result in deletion of drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

All the information in the PDL is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

PDL PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms are covered on the PDL, examples are noted below. The general principles shown in the examples can then usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are covered.

Products covered include all strengths associated with the dosage form of the cited brand name product.

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

Extended-release and delayed-release products require their own entry.

diltiazem sustained release CARDIZEM SR

Dosage forms covered will be consistent with the category and use where listed.

Neomycin/polymyxin B/ Cortisporin Hydrocortisone

As listed in the OTIC section, this is limited to the otic solution and suspension. From this entry the ophthalmic solution and ointment, and the topical cream cannot be assumed to be on the list unless there are entries for these products in the OPTHALMIC and DERMATOLOGY sections of the PDL.

When a strength or dosage form is specified, only the specified strength and dosage form is on the PDL. Other strengths/dosage forms of the reference product are not

citalopram 40 mg tabs Celexa tabs

DRUG TIERS

The drugs listed in the PDL have different tiers. The tiers are listed in the grid below.

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

GENERIC SUBSTITUTION

The UnitedHealthcare Community Plan PDL **requires** generic substitution on the majority of products when a generic equivalent is available.

Generic substitution is a pharmacy action whereby a generic equivalent is dispensed rather than the brand name product. The PDL indicates generic availability in the "Covered Drug" column.

If a brand name drug is medically necessary, please submit a prior authorization request.

The UnitedHealthcare Community Plan MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an “A” rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

There are now many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source branded product.

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of “fully effective” was made for most of these products and they remain in the marketplace. A few DESI products remain classified as “less than fully effective” while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan’s PDL does not cover DESI “less than fully effective” drug products.

PLAN EXCLUSIONS

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the UnitedHealthcare Community Plan PDL.

- DESI drugs
- Anti-obesity agents
- Experimental / research drugs

- Cosmetic drugs
- Nutritional / diet supplements
- Blood and blood plasma products
- Agents used to promote fertility
- Agents used for erectile dysfunction
- Agents used for cosmetic hair growth
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies and DME except as listed: insulin syringes, insulin needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, peak flow meters (Astech, Assess, Peak Air brands, max two per year), vaporizer (limit of 1 per 3 years), humidifier (limit of 1 per 3 years)

DAYS SUPPLY DISPENSING LIMITATIONS

UnitedHealthcare Community Plan members may receive up to a 14-day supply of a specific medication per prescription order or prescription refill. UnitedHealthcare Community Plan members may receive up to a one-month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when ninety percent (90%) of the medication has been utilized for a controlled substance and eighty-five percent (85%) of the medication has been utilized for a non-controlled substance. If a claim is submitted before 90% of the medication has been used for a controlled substance or submitted before 85% of the medication has been used for a non-controlled substance, based on the original day supply submitted on the claim, the claim will reject with a “refill too soon” message.

MANDATORY GENERIC SUBSTITUTION

The UnitedHealthcare Community Plan *PDL* requires mandatory generic substitution on the vast majority of products when a generic equivalent is available; however, brand name drugs may be covered in certain situations by requesting a prior authorization. The UnitedHealthcare Community Plan *PDL* prior authorization (PA) list does not include branded items where a generic equivalent is covered.

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

The drugs in the UnitedHealthcare Community Plan PDL have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized that there may be occasions where an unlisted drug is desired for the proper medical management of a specific patient. In those infrequent instances, the prior authorization process reviews requests for unlisted medications the physician may consider medically necessary for patient management.

Requests for these exceptions should be either made in writing by the physician and faxed or called into:

**UnitedHealthcare Community Plan
Pharmacy Services Department
Fax 866-940-7328
Phone 800-310-6826**

A prior authorization request form is available in the UnitedHealthcare Community Plan provider manual and should be used for all prior authorization requests if possible. Appropriate documentation must be provided to support the medical necessity of the non-PDL request. The UnitedHealthcare Community Plan Pharmacy Department will respond to all requests in accordance with state requirements.

Physicians are requested to adhere to this PDL when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this PDL. If a PDL alternative is not appropriate the physician should then be instructed to contact the Plan for a prior authorization.

Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at 800-310-6826 with questions concerning the prior authorization process.

NON-PDL DRUGS 3-DAY TEMPORARY SUPPLY OVERRIDES

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 3 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 3-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

The pharmacy should contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare Community Plan at 800-310-6826.

QUANTITY LIMITATIONS (QL)

Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.

Quantity limits based on Efficient Medication Dosing

The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily

quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily. Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

Specialty Pharmaceutical Management Program

UnitedHealthcare Community Plan is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare Community Plan to achieve these goals. Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network.

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at 866-940-7328.

The UnitedHealthcare Community Plan Pharmacy Department will review and respond to all requests in accordance with state requirements, and if authorized for payment, UnitedHealthcare Community Plan will coordinate the delivery of the product to the member or provider.

Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP".

Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan Pharmacy Department at 800-310-6826.

MEDICATIONS REQUIRING DIAGNOSIS

UnitedHealthcare Community Plan requires that the diagnosis for prescriptions in certain classes match the FDA-approved use or a use supported by current published evidence. Drugs in scope will list "Diagnosis required" in the Requirements and Limits or with the drug class name on the PDL.

The diagnosis will be verified at the point-of-sale by the pharmacy claims processing system. If a matching diagnosis is not found in the medical claim file or on the pharmacy drug claim, the prescription will be rejected at the pharmacy. The pharmacist may then contact the prescriber to verify the diagnosis and submit it on the claim.

If the diagnosis provided still does not match the approved use, prior authorization may be requested through the standard process by faxing a request to 866-940-7328.

STEP THERAPY (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process.

While lower cost PDL alternatives may be appropriate in many instances, other non- PDL alternatives are available with prior authorization (PA).

STEP Drug	First-Line Agent(s)
.Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90 day trial of Aricept 10mg daily.
calcipotriene cream & oint 0.005%	trial of two medium to high potency corticosteroids
calcitriol 3mcg/gm	trial of two medium to high potency corticosteroids
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90 day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucria	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2 pen pack)	At least a 90 day trial of 1500mg/day of metformin
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
lubiprostone	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
Motegrity	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Movantik	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Optivar	14 day trial of ketotifen within previous 90 days required first.
Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates

Renvela	8 week trial of calcium acetate
SGLT-2 Inhibitors (Steglatro, Segluromet)	At least a 90 day trial of 1500mg/day of metformin
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
tolterodine	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
trospium	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
Trulance	For chronic idiopathic constipation or irritable bowel syndrome- constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Uloric	8 week trial of up to 600mg of allopurinol required first.
Xopenex Respules	30 day trial of Albuterol .083% or .5% respules.

PDL SUGGESTIONS

Providers who wish to propose PDL suggestions should forward the information to the UnitedHealthcare Community Plan Director of Pharmacy Services by either mail or fax.

Attn: Director of Pharmacy Services
 UnitedHealthcare Community Plan
 2 Allegheny Center
 Suite 600
 Pittsburgh, PA 15212
 Phone: 800-310-6826
 Email: pdl_management@uhc.com

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for PDL addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current PDL products. Suggestions received by UnitedHealthcare Community Plan will be reviewed by the Pharmacy and Therapeutics Committee at the subsequent P&T Committee meeting.

EDITOR

2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Phone: 800-310-6826

LEGEND

#	Only the dosage forms/strengths of the brand name products noted are on the PDL
OTC	over-the-counter
delayed-rel	delayed-release (also known as enteric coated)
EC	enteric-coated
ext-rel	extended-release (also known as sustained-release)
PA	Prior Authorization required
QL	Quantity Limits apply
ST	Step Therapy, see pages V-VI for details
SP	Specialty Pharmaceuticals, see pages IV-V for details

NOTICE

The information contained in this document is proprietary information. The information may not be copied in whole or in part without the written permission of UnitedHealthcare Community Plan. All rights reserved.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare Community Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare Community Plan and such third-party pharmaceutical companies.

If viewing this PDL via the Internet, please be advised that the PDL is updated periodically and changes may appear prior to their effective date to allow for notification.

New Jersey – MLTSS

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Preferred Agents

Non-Preferred Agents

Analgesics

Nonsteroidal Anti-inflammatory Drugs

ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL
 ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL
 ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL
 all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
 all day relief (generic for MEDIPROXEN) - Tier 1; QL
 diclofenac sodium gel 1 % external (rx) (generic for ALEVE ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL
 ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
 ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ft ibuprofen oral tablet (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL
 ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p><i>ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL</i></p> <p><i>infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL</i></p> <p><i>ketoprofen oral capsule 50 mg - Tier 1; QL</i></p> <p><i>medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>mediproxen (generic for MEDIPROXEN) - Tier 1; QL</i></p> <p><i>mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL</i></p> <p><i>MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL</i></p> <p><i>MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL</i></p> <p><i>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL</i></p>	
Opioid Analgesics, Long-acting	
	ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG - Tier 2; PA; QL
Opioid Analgesics, Short-acting	
<p><i>hydromorphone hcl rectal - Tier 1; QL</i></p> <p><i>morphine sulfate rectal - Tier 1; QL</i></p> <p><i>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL</i></p>	

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Preferred Agents**Non-Preferred Agents****Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions****Analgesics - Miscellaneous Analgesics**

8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL
acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen infants (generic for PANADOL CHILDRENS) - Tier 1; QL

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Preferred Agents

acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for PANADOL CHILDRENS) - Tier 1; QL
acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL
acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL
apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL
arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL
betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; QL
childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier 1; QL
childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2
fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
ft pain & fever childrens (generic for PANADOL CHILDRENS) - Tier 1; QL
ft pain relief (generic for PHARBETOL) - Tier 1; QL
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain reliver extra st adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

Non-Preferred Agents

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Preferred Agents

headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
infants pain & fever (generic for PANADOL CHILDRENS) - Tier 1; QL
infants pain relief drops (generic for PANADOL CHILDRENS) - Tier 1; QL
infants pain/fever (generic for PANADOL CHILDRENS) - Tier 1; QL
liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
mapap oral capsule - Tier 1; QL
MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL

non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL

pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; QL

pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL

pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL

pain & fever infants oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL

pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL

pain relief childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1; QL

pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

pain relief extra strength oral capsule 500 mg - Tier 1; QL

pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL

pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
pain relief regular strength (generic for PHARBETOL) - Tier 1; QL
pain relief rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL
pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
pain reliever oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL
PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL
PHARBETOL (brand for acetaminophen) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p>PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL</p> <p>sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; QL</p> <p>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL</p> <p>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL</p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p>	
<p>salsalate oral - Tier 1; QL</p>	
<p>Anesthetics</p>	
<p>Local Anesthetics</p>	
<p>7T LIDO EXTERNAL GEL 2 % - Tier 2; QL</p> <p>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</p> <p>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</p> <p>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL</p> <p>lidocaine hcl external cream 3 % - Tier 1; QL</p> <p>lidopin external cream 3 % - Tier 1; QL</p> <p>LMX 4 (brand for lidocaine) - Tier 2; QL</p> <p>PROXIVOL - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents	
Opioid Reversal Agents	
	ZIMHI - Tier 2; PA; ^; QL
Smoking Cessation Agents	
<i>habitrol (generic for HABITROL) - Tier 1; QL</i> <i>NICODERM CQ (brand for cvs nicotine) - Tier 2; QL</i> <i>nicotine step 1 (generic for HABITROL) - Tier 1; QL</i> <i>nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL</i> <i>nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL</i> <i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL</i> <i>nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL</i> <i>nicotine transdermal system (generic for HABITROL) - Tier 1; QL</i>	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
Smoking Cessation Agents - Deterrents	
<i>ft nicotine (generic for KLS QUIT2) - Tier 1; QL</i> <i>mini nicotine (generic for KLS QUIT2) - Tier 1; QL</i> <i>NICORETTE (brand for cvs nicotine) - Tier 2; QL</i> <i>NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL</i> <i>NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL</i> <i>nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine mini (generic for KLS QUIT2) - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
<p><i>nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit2 (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit4 (generic for KLS QUIT4) - Tier 1; QL</i> <i>THRIVE (brand for cvs nicotine) - Tier 2; QL</i></p>	
Antibacterials	
Beta-lactam, Cephalosporins	
<i>cefepime hcl solution reconstituted 2 gm intravenous - Tier 1</i>	
Antibacterials - Drugs to Treat Bacterial Infections	
Antibacterials, Other - Antibiotics	
<p><i>antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL</i> <i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p>	
Antidepressants	
Antidepressants, Other	
ZULRESSO - Tier 2; ^	

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Preferred Agents	Non-Preferred Agents
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Antiemetics	
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Antiemetics, Other	
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<p><i>BONINE (brand for cvs motion sickness relief) - Tier 2</i></p> <p><i>driminate (generic for DRIMINATE) - Tier 1</i></p> <p><i>ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i></p> <p><i>meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1</i></p> <p><i>motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i></p> <p><i>motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i></p> <p><i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i></p> <p><i>motion-time (generic for BONINE) - Tier 1</i></p> <p><i>travel ease (generic for BONINE) - Tier 1</i></p>	
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Antiemetics - Drugs to Treat Nausea and Vomiting	
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Antiemetics, Other - Nausea and Vomiting Drugs	
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<p><i>anti-nausea (generic for EMETROL) - Tier 1</i></p> <p><i>anti-nausea relief (generic for EMETROL) - Tier 1</i></p> <p><i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i></p> <p><i>nausea control (generic for EMETROL) - Tier 1</i></p> <p><i>nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i></p>	
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Preferred Agents	Non-Preferred Agents
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Antifungals	
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3 day (generic for MONISTAT 3) - Tier 1; QL
ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
miconazole 7 day treatment vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
miconazole 7 vaginal suppository 100 mg - Tier 1
miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL

Antifungals - Drugs to Treat Fungal Infections	
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Antifungals - Fungal Infection Drugs	
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3 day vaginal - Tier 1; QL
3-day vaginal vaginal cream 2 % - Tier 1; QL
antifungal (generic for DESENEX) - Tier 1; QL
antifungal foot care (generic for LAMISIL AT) - Tier 1; QL
antifungal miconazole (generic for MICATIN) - Tier 1; QL
athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; QL
athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; QL
athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1; QL
baza antifungal (generic for MICATIN) - Tier 1; QL
clotrimazole 3 vaginal cream 2 % - Tier 1; QL
clotrimazole 7 - Tier 1; QL
clotrimazole vaginal - Tier 1; QL
clotrimazole vaginal cream 1 % - Tier 1; QL
CRITIC-AID CLEAR AF - Tier 2; QL
CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2; QL
DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL
DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2; QL
foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
ft antifungal external cream 2 % (generic for MICATIN) - Tier 1; QL
ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL
LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL
micaderm (generic for MICATIN) - Tier 1; QL
MICATIN (brand for antifungal) - Tier 2; QL
miconazole antifungal (generic for MICATIN) - Tier 1; QL
miconazole nitrate external cream (generic for MICATIN) - Tier 1; QL
miconazorb af (generic for DESENEX) - Tier 1; QL
MICOTRIN AP (brand for antifungal) - Tier 2; QL
MYCOZYL AP (brand for antifungal) - Tier 2; QL
terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL
terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
ZEASORB-AF (brand for antifungal) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice killing external shampoo 4-0.33 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i>	
Anxiolytics - Drugs to Treat Anxiety	
Benzodiazepines - Anxiety Drugs	
	<i>DORAL (brand for quazepam) - Tier 2; PA; QL</i> <i>quazepam (generic for DORAL) - Tier 1; PA; QL</i>
Bipolar Agents	
Mood Stabilizers	
<i>lithium - Tier 1; QL</i>	
Blood Glucose Regulators	
Glycemic Agents	
<i>GVOKE KIT - Tier 2; QL</i>	

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Preferred Agents	Non-Preferred Agents
Insulins	
HUMALOG MIX 50/50 - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLIN N RELION - Tier 2; QL NOVOLIN N VIAL - Tier 2; QL	HUMALOG MIX 75/25 - Tier 2; PA; QL LEVEMIR U-100 VIAL - Tier 2; PA; QL NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
Glycemic Agents - Diabetic Drugs	
GLUCO TO GO (brand for cvs glucose) - Tier 2; QL glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL soft glucose (generic for GLUCO TO GO) - Tier 1; QL TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; QL TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL	
Blood Products and Modifiers	
Blood Products and Modifiers, Other	
	RELEUKO - Tier 2; PA; SP
Cardiovascular Agents	
Cardiovascular Agents, Other	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
Dermatological Agents	
Acne and Rosacea Agents	
<i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i>	
Dermatitis and Pruitus Agents	
<p><i>anti-itch aloe (generic for PREPARATION H) - Tier 1; QL</i> <i>anti-itch intensive heal (generic for PREPARATION H) - Tier 1; QL</i> <i>anti-itch max str external cream 1 % (generic for PREPARATION H) - Tier 1; QL</i> <i>anti-itch maximum strength external cream 1 % (generic for PREPARATION H) - Tier 1; QL</i> <i>cortisone maximum strength external cream (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone anti-itch (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone cream 1 % external (otc) (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone external cream 0.5 % - Tier 1; QL</i> <i>hydrocortisone external cream 1 % (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone external ointment 0.5 % - Tier 1; QL</i> <i>hydrocortisone max st external cream (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone max st/12 moist (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone plus external cream 1 % (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone ultra-moisture (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone/aloe (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone/aloe max str (generic for PREPARATION H) - Tier 1; QL</i> <i>instacort 5 - Tier 1; QL</i> LAC-HYDRIN FIVE - Tier 2; QL</p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>PREPARATION H EXTERNAL CREAM 1 % (brand for anti-itch maximum strength) - Tier 2; QL</i>	
Pediculicides/Scabicides	
CROTAN LOTION 10 % EXTERNAL - Tier 2; QL CROTAN LOTION 10 % EXTERNAL - Tier 2; PA; QL <i>lice killing (generic for NIX CREME RINSE) - Tier 1; QL</i> <i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; QL</i> <i>lice treatment external lotion 1 % - Tier 1; QL</i>	
Topical Anti-infectives	
	XEPI - Tier 2; PA; QL
Dermatological Agents - Drugs to Treat Skin Conditions	
<i>advanced healing external ointment (generic for HYDROLATUM) - Tier 1; QL</i> <i>astringent (generic for DOMEBORO) - Tier 1; QL</i> <i>astringent solution (generic for DOMEBORO) - Tier 1; QL</i> AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2; QL AVAR-E GREEN (brand for sss 10-5) - Tier 2; QL <i>baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i> <i>beauty 360 pure glycerin - Tier 1</i> <i>beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1; QL</i> <i>boro-packs (generic for DOMEBORO) - Tier 1; QL</i> <i>boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL
bp 10-1 - Tier 1; QL
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
DR SMITHS DIAPER - Tier 2; QL
glycerin external - Tier 1
glycerin external liquid 99.5 % - Tier 1
hydrolatum (generic for HYDROLATUM) - Tier 1; QL
hydrophor (generic for HYDROLATUM) - Tier 1; QL
ointment base (generic for HYDROLATUM) - Tier 1; QL
renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1; QL
sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1; QL
sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1; QL
sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL
sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL
sulfamez wash - Tier 1; QL
SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL
zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Dermatological Agents - Skin Agents

ABREVA (brand for docosanol) - Tier 2; QL
 cerovel (generic for CEROVEL) - Tier 1; QL
 docosanol external (generic for ABREVA) - Tier 1; QL
 ft docosanol (generic for ABREVA) - Tier 1; QL
 gormel - Tier 1; QL
 gormel 10 (generic for NUTRAPLUS) - Tier 1; QL
 hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1
 NUTRAPLUS (brand for gormel 10) - Tier 2; QL
 urea 20 intensive hydrating - Tier 1; QL
 urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL
 urea external cream 20 % - Tier 1; QL
 urea external lotion (generic for CEROVEL) - Tier 1; QL
 ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL
 ureacin-20 - Tier 1; QL
 XERAC AC - Tier 2; QL

Diabetes - Glucose Monitoring

BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL
 BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL
 BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL
 DEXCOM G6 RECEIVER - Tier 2; PA; QL
 DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 DEXCOM G7 RECEIVER - Tier 2; PA; QL
 DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL
 FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE 2 READER - Tier 2; PA; QL
 FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE READER - Tier 2; PA; QL

FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL
 GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
	ACCRUFER - Tier 2; PA; QL
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<i>easygel - Tier 1; QL</i> <i>fluoridex daily renewal - Tier 1; QL</i>	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<i>BIOLYTE (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL</i> <i>cal mag zinc +d3 (generic for ADVANCED CALCIUMIDIMAGNESIUM) - Tier 1; QL</i> <i>calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL</i> <i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL</i> <i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1</i> <i>calcium 600/vitamin d - Tier 1; QL</i> <i>calcium 600/vitamin d-3 - Tier 1; QL</i> <i>calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL</i> <i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL</i>	

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Preferred Agents

calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1
calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1
calcium citrate +d3 (generic for CALCITRATE) - Tier 1
calcium citrate oral tablet 950 (200 ca) mg - Tier 1
calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL
calcium plus vitamin d3 - Tier 1; QL
calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte solution (generic for BIOLYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferocon (generic for TRICON) - Tier 1
ferosul (generic for FEROSUL) - Tier 1; QL
ferottrinsic (generic for TRICON) - Tier 1
ferretts - Tier 1

Non-Preferred Agents

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Preferred Agents

ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1
ferrous gluconate - Tier 1
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL
ferrous sulfate (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral tablet delayed release - Tier 1; QL
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
foltrin (generic for TRICON) - Tier 1
hi cal (generic for OYSCO 500+D) - Tier 1; QL
iferex 150 (generic for FERREX 150) - Tier 1
iferex 150 forte (generic for IFEREX 150 FORTE) - Tier 1
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/d oral tablet 250-6.25 mg-mcg - Tier 1
oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
ped electrolyte freeze pop (generic for BIOLYTE) - Tier 1; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL
pediatric electrolyte oral solution (generic for BIOLYTE) - Tier 1; QL
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
PHOSPHO-TRIN K500 - Tier 2; QL
poly-iron 150 (generic for FERREX 150) - Tier 1
poly-iron 150 forte (generic for IFEREX 150 FORTE) - Tier 1
polysaccharide iron complex (generic for FERREX 150) - Tier 1
polysaccharide iron forte (generic for IFEREX 150 FORTE) - Tier 1
polysaccharide-iron complex (generic for FERREX 150) - Tier 1
potassium citrate-citric acid - Tier 1
REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL
sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1
TRICON (brand for ferocon) - Tier 2
TRUE FERROUS SULFATE - Tier 2; QL
TRUE MAGNESIUM OXIDE (brand for magnesium oxide -mg supplement) - Tier 2
TRUELYTE (brand for cvs electrolyte solution) - Tier 2; QL
ultra calcium + vitamin d3 - Tier 1; QL
wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

Vitamins

a-25 - Tier 1; QL
AMLADEX (brand for daily multiple vitamins) - Tier 2
aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
b-complex oral tablet - Tier 1
b-complex with b-12 - Tier 1
b-complex/b-12 oral - Tier 1
BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL
CENTRUM SPECIALIST PRENATAL - Tier 2
classic prenatal - Tier 1; QL
CO-NATAL FA (brand for neonatal complete) - Tier 2; QL
d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL
d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 oral capsule 250 mcg (generic for IS-D 10,000) - Tier 1
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3-50 (generic for D3-50) - Tier 1; QL
daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

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Preferred Agents**Non-Preferred Agents**

DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL
DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2
DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL
DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2
D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL
d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
ENFAMIL EXPECTA - Tier 2; QL
essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
FOLCYTEINE (brand for daily multiple vitamins) - Tier 2
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL
GENICIN VITA-Q ORAL TABLET (brand for daily multiple vitamins) - Tier 2
healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
INFUVITE ADULT - Tier 2
multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

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Preferred Agents

multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL
multi-vitamin/fluorideliron - Tier 1; QL
mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1
MYNEPHRON (brand for triphrocaps) - Tier 2
NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2
NEONATAL PLUS (brand for one vite womens plus) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL
NEPHRO-VITE (brand for full spectrum bl/vitamin c) - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral capsule extended release 500 mg - Tier 1
niacin er oral tablet extended release 1000 mg - Tier 1
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1
OBSTETRIX DHA - Tier 2; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS - Tier 2; QL
ONE VITE WOMENS PLUS (brand for one vite womens plus) - Tier 2; QL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione injection solution 10 mg/ml - Tier 1; QL
phytonadione oral - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

prenatal formula - Tier 1
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL
prenatal multi+dha - Tier 1; QL
prenatal multivitamins - Tier 1; QL
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; QL
prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL
prenatalliron - Tier 1; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2
QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
RENAL (brand for triphrocaps) - Tier 2
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
STUART ONE - Tier 2
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
THERA (brand for daily multiple vitamins) - Tier 2
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
thiamine mononitrate oral - Tier 1; QL
TM-DAILY VITE (brand for daily multiple vitamins) - Tier 2
triphrocaps (generic for MYNEPHRON) - Tier 1

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

tri-vite pediatric - Tier 1; QL
TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
TRUE VITAMIN A - Tier 2; QL
TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL
TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG - Tier 2
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2
TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL
TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for vitamin d3) - Tier 2
TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2
virt-caps (generic for MYNEPHRON) - Tier 1
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut) - Tier 1; QL
vitamin b complex w/b-12 - Tier 1
vitamin b-1 oral tablet 100 mg - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1

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Preferred Agents**Non-Preferred Agents**

vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL

vitamin d oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1

vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL

vitamin d3 oral capsule 1000 unit, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1

vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1

vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1

vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1

vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL

vitamin d3 oral capsule 50 mcg, 50 mcg (2000 ut) - Tier 1; QL

vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL

vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL

vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1

vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1

vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1

vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p><i>vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1</i></p> <p><i>vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1</i></p> <p><i>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL</i></p> <p><i>vitamin k1 injection solution 10 mg/ml - Tier 1; QL</i></p> <p><i>vitamin-b complex - Tier 1</i></p> <p><i>weekly-d (generic for D3-50) - Tier 1; QL</i></p> <p><i>wescaps (generic for MYNEPHRON) - Tier 1</i></p> <p><i>womens prenatal+dha - Tier 1; QL</i></p>	

Gastrointestinal Agents

Anti-Diarrheal Agents	
<p><i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>diamode (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i></p> <p><i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i></p> <p><i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i></p>	

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Preferred Agents

Non-Preferred Agents

Histamine2 (H2) Receptor Antagonists

acid controller (generic for PEPCID AC) - Tier 1; QL
 acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 famotidine oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 famotidine orig st (generic for PEPCID AC) - Tier 1; QL
 ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL
 heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 TAGAMET HB 200 (brand for cvs heartburn relief) - Tier 2

Proton Pump Inhibitors

acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL
 ft acid reducer oral capsule delayed release (generic for PREVACID 24HR) - Tier 1; QL
 lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; QL
 lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL
 lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL
 omeprazole magnesium - Tier 1; QL
 omeprazole magnesium oral capsule delayed release - Tier 1; QL
 omeprazole oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL
 PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL

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Preferred Agents

Non-Preferred Agents

Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

*abatine*x (generic for ABATINEX) - Tier 1
acid gone (generic for ACID GONE) - Tier 1
acidophilus lactobacillus oral (generic for ABATINEX) - Tier 1
acidophilus oral capsule , 10 mg (generic for ABATINEX) - Tier 1
acidophilus probiotic oral capsule 10 mg (generic for ABATINEX) - Tier 1
acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1
acidophilus/l-sporogenes (generic for FLORANEX) - Tier 1
adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL
adult probiotic (generic for FLORA VANCE) - Tier 1; QL
advanced antacid (generic for MINTOX) - Tier 1; QL
almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL
antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid advanced (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid advanced max st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid anti-gas (generic for MINTOX) - Tier 1; QL

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Preferred Agents

antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid calcium (generic for CAL-GEST ANTACID) - Tier 1
antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1
antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid fast relief (generic for MINTOX) - Tier 1; QL
antacid i (generic for MINTOX) - Tier 1; QL
antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid liquid (generic for MINTOX) - Tier 1; QL
antacid m (generic for MINTOX) - Tier 1; QL
antacid maximum (generic for TUMS ULTRA 1000) - Tier 1
antacid maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL
antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1

antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid regular strength oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL

antacid supreme - Tier 1

antacid ultra strength (generic for TUMS ULTRA 1000) - Tier 1

antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1

antacid/antigas (generic for MINTOX) - Tier 1; QL

antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL

antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1

anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1

anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1

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Preferred Agents**Non-Preferred Agents**

anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMP TOM RELIEF) - Tier 1

anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1

biotinex (generic for ABATINEX) - Tier 1

bismuth (generic for SOOTHE) - Tier 1; QL

bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL

BOLSITOL (brand for acidophilus) - Tier 2

calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

calcium antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1

calcium carbonate antacid oral suspension - Tier 1; QL

calcium carbonate antacid oral tablet - Tier 1

calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1

cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1

chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

childrens soothe - Tier 1

comfort gel (generic for MINTOX) - Tier 1; QL

comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

diarrhea (generic for SOOTHE) - Tier 1

diarrhea relief (generic for SOOTHE) - Tier 1

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Preferred Agents

digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
diotame instydose (generic for SOOTHE) - Tier 1
enema (generic for FLEET ENEMA) - Tier 1; QL
enema disposable (generic for FLEET ENEMA) - Tier 1; QL
enema ready-to-use (generic for FLEET ENEMA) - Tier 1; QL
enema rectal enema 16-6 gm/133ml (generic for FLEET ENEMA) - Tier 1; QL
FLEET ENEMA (brand for cvs enema disposable) - Tier 2; QL
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2; QL
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL
floranex tablet oral (generic for FLORANEX) - Tier 1
FLORANEX TABLET ORAL (brand for acidophilusII-sporogenes) - Tier 2
FLORASTOR (brand for cvs digestive probiotic) - Tier 2
foaming antacid oral tablet chewable 80-20 mg - Tier 1
freeze dried acidophilus (generic for ABATINEX) - Tier 1
ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1
ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
ft gas relief - Tier 1

Non-Preferred Agents

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Preferred Agents

ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1

ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL

ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1

ft milk of magnesia (generic for DULCOLAX) - Tier 1

ft stomach relief oral suspension (generic for SOOTHE) - Tier 1

ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL

gas relief extra strength oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL

gas relief infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL

gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL

gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1

gas relief oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief oral tablet chewable 80 mg - Tier 1

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1

gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1

GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2

GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2

GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2

GAVISCON - Tier 2

GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2

GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2

GELUSIL - Tier 2

geri-lanta (generic for MINTOX) - Tier 1; QL

geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

geri-lanta supreme - Tier 1

geri-mox (generic for MINTOX) - Tier 1; QL

heartburn antacid (generic for ACID GONE) - Tier 1

heartburn antacid ex st (generic for ACID GONE) - Tier 1

heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1

heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1

heartland gas relief - Tier 1

high potency probiotic (generic for FLORA VANCE) - Tier 1; QL

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Preferred Agents

IMODIUM MULTI-SYMPTOM RELIEF (brand for eqi anti-diarrheal anti-gas) - Tier 2
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
intestinex (generic for ABATINEX) - Tier 1
KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2
lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
MAALOX - Tier 2
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2
MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; QL
mag-al plus (generic for MINTOX) - Tier 1; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

milk of magnesia (generic for DULCOLAX) - Tier 1
milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2; QL
NEWFLORA PROBIOTIC (brand for acidophilus) - Tier 2; PA
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2
PHAZYME (brand for cvs gas relief extra strength) - Tier 2
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink-bismuth (generic for SOOTHE) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

PROBIOMAX SERENITY (brand for acidophilus) - Tier 2
probiotic blend (generic for FLORA VANCE) - Tier 1; QL
probiotic colon care (generic for FLORA VANCE) - Tier 1; QL
probiotic complex (generic for FLORA VANCE) - Tier 1; QL
probiotic extra strength (generic for ABATINEX) - Tier 1
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1; QL
REJUVAFLOR (brand for acidophilus) - Tier 2; PA
REPHRESH PRO-B (brand for acidophilus) - Tier 2
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
REVITAFLO (brand for acidophilus) - Tier 2
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1; QL
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone oral suspension (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

simethicone oral tablet chewable (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
sodium bicarbonate oral tablet - Tier 1
soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
soothe oral suspension (generic for SOOTHE) - Tier 1
soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL
STABLEGI (brand for cvs digestive probiotic) - Tier 2
stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2; QL
TUMS (brand for antacid) - Tier 2
TUMS CHEWY BITES (brand for antacid) - Tier 2
TUMS E-X 750 (brand for antacid) - Tier 2
TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2
TUMS LASTING EFFECTS (brand for antacid) - Tier 2
TUMS SMOOTHIES (brand for antacid) - Tier 2
TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2
ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL

Laxatives - Bowel Treatment Drugs

clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
enema mineral oil (generic for FLEET OIL) - Tier 1; QL
EVAC (brand for cvs natural fiber supplement) - Tier 2; QL
fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral powder 28.3 %, 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
fiber oral powder 48.57 % (generic for REGULOID) - Tier 1; QL
fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
FLEET OIL (brand for cvs mineral oil enema) - Tier 2; QL

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Preferred Agents

ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
ft mineral oil - Tier 1
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
mineral oil enema (generic for FLEET OIL) - Tier 1; QL
mineral oil heavy oral - Tier 1
mineral oil oral oil - Tier 1
mineral oil rectal enema (generic for FLEET OIL) - Tier 1; QL
MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
natural daily fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
natural fiber oral powder 28.3 %, 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber supplement (generic for EVAC) - Tier 1; QL
natural vegetable (generic for HYDROCIL) - Tier 1; QL
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p>peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>psyldex - Tier 1; QL</p> <p>purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>sorbitol oral - Tier 1</p>	

Laxatives - Drugs to treat Constipation

<p>AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2</p> <p>citroma (generic for CITROMA) - Tier 1</p> <p>CITRUCCEL ORAL POWDER - Tier 2; QL</p> <p>CITRUCCEL ORAL TABLET (brand for cvs soluble fiber therapy) - Tier 2</p> <p>COLACE (brand for cvs stool softener) - Tier 2; QL</p> <p>col-rite oral capsule 250 mg - Tier 1; QL</p> <p>docusate calcium (generic for SURFAK) - Tier 1</p> <p>docusate mini (generic for DOCUSOL MINI) - Tier 1; QL</p> <p>docusate sodium oral capsule (generic for COLACE) - Tier 1; QL</p> <p>docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; QL</p> <p>docusate sodium oral syrup - Tier 1</p> <p>DOCUSOL MINI (brand for docusate mini) - Tier 2; QL</p>	
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Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

docuzen (generic for SENOKOT S) - Tier 1
dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENOKOT S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative + calcium (generic for FIBERCON) - Tier 1
fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ft fiber laxative (generic for CITRUCCEL) - Tier 1
ft magnesium citrate (generic for CITROMA) - Tier 1
ft senna laxatives (generic for SENOKOT) - Tier 1; QL
ft senna-s (generic for SENOKOT S) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1

Non-Preferred Agents

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Preferred Agents

glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1
glycerin childrens - Tier 1
glycerin pediatric rectal suppository 1.2 gm - Tier 1
laxacin (generic for SENOKOT S) - Tier 1
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for CITROMA) - Tier 1
mm stool softener laxative (generic for COLACE) - Tier 1; QL
natural senna laxative (generic for SENOKOT) - Tier 1; QL
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; QL
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ONELAX SENNA (brand for senna) - Tier 2
p col-rite (generic for SENOKOT S) - Tier 1
PEDIA-LAX ORAL LIQUID - Tier 2
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2

Non-Preferred Agents

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Preferred Agents

sb docusate sodium/senna (generic for SENOKOT S) - Tier 1
senexon-s (generic for SENOKOT S) - Tier 1
senna lax (generic for SENOKOT) - Tier 1; QL
senna laxative (generic for SENOKOT) - Tier 1; QL
senna oral liquid (generic for ONELAX SENNA) - Tier 1
senna oral syrup (generic for ONELAX SENNA) - Tier 1
senna oral tablet (generic for SENOKOT) - Tier 1; QL
senna plus oral tablet (generic for SENOKOT S) - Tier 1
senna s (generic for SENOKOT S) - Tier 1
senna smooth (generic for SENNA SMOOTH) - Tier 1
senna-docusate sodium (generic for SENOKOT S) - Tier 1
senna-lax (generic for SENOKOT) - Tier 1; QL
senna-plus (generic for SENOKOT S) - Tier 1
senna-s (generic for SENOKOT S) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1; QL
senna-time (generic for SENOKOT) - Tier 1; QL
senna-time s (generic for SENOKOT S) - Tier 1
sennazon (generic for ONELAX SENNA) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy (generic for CITRUCCEL) - Tier 1
stimulant lax plus (generic for SENOKOT S) - Tier 1
stimulant laxative (generic for SENOKOT S) - Tier 1
stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1
stool softener oral capsule 250 mg - Tier 1; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<i>stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1</i> <i>stool softener pls laxative (generic for SENOKOT S) - Tier 1</i> <i>stool softener plus laxative (generic for SENOKOT S) - Tier 1</i> <i>stool softener/laxative (generic for SENOKOT S) - Tier 1</i> <i>stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1</i> <i>vegetable lax+stool softener (generic for SENOKOT S) - Tier 1</i> <i>vegetable laxative (generic for SENOKOT) - Tier 1; QL</i>	
Genitourinary Agents	
Antispasmodics, Urinary	
OXYTROL FOR WOMEN - Tier 2; QL	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<i>azo (generic for PHENAZO) - Tier 1</i> <i>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i> <i>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>phenazopyridine hcl oral (generic for PHENAZO) - Tier 1; QL</i> <i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; DX2RX	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Estrogens	
	MENEST ORAL TABLET 2.5 MG - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
<i>aftera (generic for AFTERA) - Tier 1; QL; GE</i> <i>curae (generic for AFTERA) - Tier 1; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; QL; GE</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
Metabolic Bone Disease Agents	
	<i>FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL</i>

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Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p><i>acne control cleanser (generic for CLEARSKIN) - Tier 1; QL</i></p> <p><i>acne medication 10 external lotion - Tier 1; QL</i></p> <p><i>acne medication 5 external lotion - Tier 1; QL</i></p> <p><i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1; QL</i></p> <p><i>ADALIMUMAB-FKJP - Tier 2; PA; SP; QL</i></p> <p><i>adv acne spot treatment (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1; QL</i></p> <p><i>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</i></p> <p><i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL</i></p> <p><i>antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</i></p> <p><i>antifungal tolinaftate (generic for TINACTIN) - Tier 1; QL</i></p> <p><i>arthritis pain relieving - Tier 1; QL</i></p> <p><i>aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i></p> <p><i>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</i></p> <p><i>aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i></p> <p><i>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i></p> <p><i>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i></p> <p><i>aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i></p> <p><i>aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL</i></p> <p><i>aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i></p>	<p><i>GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL</i></p> <p><i>GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL</i></p>

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Preferred Agents

aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL
aspirin rectal suppository 300 mg - Tier 1
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
athletes foot relief (generic for TINACTIN) - Tier 1; QL
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL
bacitracin zinc external - Tier 1; QL
bacitracin zinc first aid - Tier 1; QL
bacitracin zinc-aloe - Tier 1; QL
BAYER ASPIRIN (brand for aspirin) - Tier 2; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL
bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

BREATHE COMFORT HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL
BREATHE EASE HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL
calamine external lotion - Tier 1; QL
capsaicin external cream (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL
CAPZASIN-HP (brand for capsaicin) - Tier 2; QL
capzix (generic for CAPZASIN-HP) - Tier 1; QL
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL
clearskin (generic for CLEARSKIN) - Tier 1; QL
CONDOMS - Tier 2; QL
COOL MIST HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL
COOL MIST HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL
corn & callus remover (generic for COMPOUND W) - Tier 1; QL
corn and callus remover (generic for COMPOUND W) - Tier 1; QL
daily acne wash (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1; QL
DERMACINRX ATRIX ANTIBAC WASH (brand for cvs adv acne spot treatment) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

DERMACINRX ATRIX CLARIFY TONER (brand for cvs adv acne spot treatment) - Tier 2; QL

DERMACINRX PENETRAL (brand for capsaicin) - Tier 2; QL

DERMELEVE ADVANCED FORMULA - Tier 2; QL

DERMELEVE ANTI-ITCH SCALP (brand for aluminum acetate) - Tier 2

DEXCOM G6 TRANSMITTER - Tier 2; PA; QL

double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1; QL

DUREX EXTRA SENSITIVE THIN (brand for aimsco lubricated) - Tier 2; QL

enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL

EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL

fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL

FLEET BISACODYL - Tier 2; QL

folic acid oral tablet 1 mg - Tier 1; QL

folic acid oral tablet 400 mcg, 800 mcg - Tier 1

foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL

FORMULA 3 THE TREATMENT (brand for cvs toe area treatment max str) - Tier 2; QL

FORMULA 7 THE SOLUTION (brand for cvs toe area treatment max str) - Tier 2; QL

ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL

ft aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL

ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL

ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL
ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL
fungi-guard (generic for TINACTIN) - Tier 1; QL
gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
hyosyne - Tier 1; QL
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL
LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1; QL
liquid wart remover (generic for COMPOUND W) - Tier 1; QL
liquid wart remover max st (generic for COMPOUND W) - Tier 1; QL

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Preferred Agents

magnesium oxide oral tablet 400 mg - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
MAOX (brand for magnesium oxide) - Tier 2
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
MICOMITIN (brand for cvs toe area treatment max str) - Tier 2; QL
MICOTRIN AL (brand for cvs toe area treatment max str) - Tier 2; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MYCOZYL AL (brand for cvs toe area treatment max str) - Tier 2; QL
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2; QL
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OMNIFLEX DIAPHRAGM - Tier 2; QL; GE
ONELAX (brand for bisacodyl) - Tier 2; QL
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2; QL
OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2; QL
PANOXYL (brand for bp wash) - Tier 2; QL
poly bacitracin (generic for POLYSPORIN) - Tier 1; QL
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2; QL
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1; QL
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1; QL
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL

the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL

TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL

tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL

TM-TOLNAFTATE (brand for cvs toe area treatment max str) - Tier 2; QL

TM-TOLNAFTATE LR (brand for cvs toe area treatment max str) - Tier 2; QL

toe area treatment max str (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL

TOLNAFI-AL (brand for cvs toe area treatment max str) - Tier 2; QL

tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL

tolnaftate external cream (generic for TINACTIN) - Tier 1; QL

tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1; QL

TRITOLNACIDE S (brand for cvs toe area treatment max str) - Tier 2; QL

TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL

TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2

VAPORIZER WARM STEAM - Tier 2; QL

VAXELIS - Tier 2; QL

wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1; QL

wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL ZOSTRIX HP (brand for capsaicin) - Tier 2; QL	
Ophthalmic Agents	
Ophthalmic Agents, Other	
<i>atropine sulfate ophthalmic ointment</i> - Tier 1	
Ophthalmic Anti-allergy Agents	
<i>olopatadine hcl ophthalmic (generic for PATADAY)</i> - Tier 1; QL <i>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl)</i> - Tier 2; QL	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
PHOSPHOLINE IODIDE - Tier 2	

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Preferred Agents

Non-Preferred Agents

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

altachlore (generic for ALTACHLORE) - Tier 1; QL
altalube (generic for ALTALUBE) - Tier 1; QL
artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1; QL
astringent eye drops (generic for VISINE-AC) - Tier 1; QL
BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
BION TEARS PF (brand for cvs natural tears pf) - Tier 2; QL
carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL
dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL
eye drops adv relief - Tier 1; QL
eye drops advanced relief - Tier 1; QL
eye drops long lasting (generic for SYSTANE) - Tier 1; QL
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1; QL
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL
eye irritation relief drops (generic for VISINE-AC) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL
for sty relief (generic for ALTALUBE) - Tier 1; QL
ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1; QL
ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1; QL
 GENTEAL SEVERE - Tier 2; QL

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Preferred Agents

GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2; QL
GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2; QL
GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2; QL
GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; QL
HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; QL
lubricant drops fast act (generic for SYSTANE) - Tier 1; QL
lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL
lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops (pf) (generic for BIOLLE TEARS) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1; QL
lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL
lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant pm (generic for ALTALUBE) - Tier 1; QL
lubricating eye drop (generic for BIOLLE TEARS) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

lubricating eye drops (generic for SYSTANE) - Tier 1; QL
lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL
lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1; QL
lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1; QL
lubricating plus pf (generic for BIOLLE TEARS) - Tier 1; QL
lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL
MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2; QL
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL
natural tears pf (generic for BION TEARS PF) - Tier 1; QL
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL
polyvinyl alcohol ophthalmic - Tier 1; QL
pure & gentle lubricant - Tier 1; QL
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL
relief eye drops (generic for VISINE-AC) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1; QL
restore pm (generic for ALTALUBE) - Tier 1; QL
SENTIA (brand for cvs lubricant drops) - Tier 2; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p>sodium chloride (generic for ALTACHLORE) - Tier 1; QL sodium chloride (hypertonic) (generic for ALTACHLORE) - Tier 1; QL SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL SYSTANE CONTACTS (brand for artificial tears) - Tier 2; QL SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL ultra fresh (generic for ULTRA FRESH) - Tier 1; QL ultra fresh pm (generic for ALTALUBE) - Tier 1; QL ultra lubricant drop (generic for SYSTANE) - Tier 1; QL ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL VENTIVA TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL</p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p>	
<p>NAPHCON-A (brand for allergy eye) - Tier 2; QL VASOCLEAR-A - Tier 2; QL VISINE (brand for allergy eye) - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
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Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs

ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL
ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL
allergy eye drops (generic for ALAWAY) - Tier 1; QL
eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL
ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL
ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL

Otic Agents - Drugs to Treat Ear Conditions

Otic Agents - Drugs for the Ear

CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2; QL
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2; QL
ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL
ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL
ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL
ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL
earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p>earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL</p> <p>earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL</p> <p>ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL</p> <p>ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL</p>	

Respiratory Tract/Pulmonary Agents

Antihistamines

<p>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>allergy medication (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy medicine (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL</p>	
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Preferred Agents

allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief(indoor/outdoor) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL
banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
banophen oral tablet (generic for BANOPHEN) - Tier 1; QL
BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL

BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL

cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL

cetirizine hcl oral solution 5 mg/5ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL

cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL

childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

complete allergy (generic for BANOPHEN) - Tier 1; QL

complete allergy medicine (generic for BANOPHEN) - Tier 1; QL

complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL

complete allergy relief (generic for BANOPHEN) - Tier 1; QL

DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL

diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

diphen (generic for BANOPHEN) - Tier 1; QL

diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL

ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL

ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL

ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL

ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL

geri-dryl (generic for BANOPHEN) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL
liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
MM ALLER-BEN (brand for allergy relief) - Tier 2; QL
NARAMIN (brand for allergy childrens) - Tier 2; QL
pharbedryl (generic for BANOPHEN) - Tier 1; QL
siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
total allergy (generic for BANOPHEN) - Tier 1; QL
total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL

Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2; QL
4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2; QL
AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2; QL
altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL
altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL
AYR (brand for altamist spray) - Tier 2; QL
AYR SALINE NASAL DROPS - Tier 2; QL
BABY AYR SALINE (brand for altamist spray) - Tier 2; QL
BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL; AL
BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL
chest congestion relief child (generic for TUSNEL-EX) - Tier 1; QL; AL
chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

chest congestion relief oral tablet (generic for XPECT) - Tier 1
 CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL
 cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1;
 AL
 cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier
 1; AL
 cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH
 LONG ACTING) - Tier 1; AL
 cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1;
 AL
 deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier
 1; QL
 ed bron gp - Tier 1; AL
 ephrine nose drops (generic for 4-WAY FAST ACTING) - Tier 1; QL
 ft chest congestion relief (generic for XPECT) - Tier 1
 ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg
 (generic for EQ MUCUS ER) - Tier 1; QL; AL
 ft nasal decongestant pe (generic for SUDAFED PE SINUS
 CONGESTION) - Tier 1
 ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL; AL
 geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
 guaifenesin er oral tablet extended release 12 hour 1200 mg (generic
 for EQ MUCUS ER) - Tier 1; QL; AL
 guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
 guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1
 MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2;
 QL; AL
 maxi-tuss pe max - Tier 1; AL

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Preferred Agents

medifin 400 (generic for XPECT) - Tier 1
medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL
MUCINEX FAST-MAX CHEST CONG MS (brand for altarusin) - Tier 2; QL; AL
MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL
mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

nasal four (generic for 4-WAY FAST ACTING) - Tier 1; QL

nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1; QL

NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2; QL

nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL

nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1; QL

nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1; QL

nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL

NEO-SYNEPHRINE COLD/ALLRG MILD - Tier 2; QL

NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2; QL

NEO-SYNEPHRINE COLD/ALLRGY REG - Tier 2; QL

non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1; QL

nose drops nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1; QL

OCEAN FOR KIDS (brand for altamist spray) - Tier 2; QL

OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2; QL

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Preferred Agents

pharbinex (generic for XPECT) - Tier 1
phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL; AL
refenesen 400 (generic for XPECT) - Tier 1
ROBITUSSIN CHILD COUGH/COLD LA - Tier 2; AL
ROBITUSSIN CHILDRENS COUGH LA - Tier 2; AL
ROBITUSSIN NIGHTTIME COUGH - Tier 2; AL
saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL
saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL
sb mucus relief (generic for XPECT) - Tier 1
siltussin sa (generic for TUSNEL-EX) - Tier 1; QL; AL
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1; QL
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2
tab tussin (generic for XPECT) - Tier 1
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
 tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
 tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
 tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; QL; AL
 tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
 tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; QL; AL
 tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
 tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
 tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
 tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
 tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
 tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
 XPECT (brand for chest congestion relief) - Tier 2

Antihistamines - Allergy Drugs

12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 allergy relief oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 cetiri-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>cetirizine-pseudoephedrine er (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>desgen dm oral liquid (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL</i></p> <p><i>ft all day allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>ft tussin cf adult (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL</i></p> <p><i>ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL</i></p> <p><i>ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL</i></p> <p><i>tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>tussin multi-symptom cold cf (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL</i></p> <p><i>ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL</i></p>	

Antihistamines - Drugs to Treat Allergies

<p><i>12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL</i></p> <p><i>24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL</i></p> <p><i>ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL</i></p> <p><i>allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p>	
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Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL
allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL
allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL
allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL
allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; QL

CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL

CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL

CLARITIN REDITABS JUNIORS (brand for cvs allergy relief) - Tier 2; QL

CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2; QL

ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL

fexofenadine hcl (generic for ALLEGRA ALLERGY) - Tier 1; QL

fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL

ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL

ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL

ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL

loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL

loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL

TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL

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Preferred Agents

Non-Preferred Agents

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung
Drugs

24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL
nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
triamcinolone acetone nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL

Mast Cell Stabilizers - Drugs for the Lungs

cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL
NASALCROM (brand for cromolyn sodium) - Tier 2; QL

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Preferred Agents

Non-Preferred Agents

Respiratory Tract Agents, Other - Asthma/Lung Drugs

12 hour decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
 12 hour decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
 12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
 12 hour nasal decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
 12 hour nasal decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
 12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
 12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
 ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL
 AFRIN ALLERGY SINUS (brand for 12 hour decongestant) - Tier 2; QL
 AFRIN NODRIP CHILDRENS (brand for 12 hour decongestant) - Tier 2; QL
 AFRIN NODRIP EXTRA MOISTURE (brand for 12 hour decongestant) - Tier 2; QL
 AFRIN NODRIP NIGHT (brand for 12 hour decongestant) - Tier 2; QL
 AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2; QL
 AFRIN NODRIP SEVERE CONGEST (brand for 12 hour decongestant) - Tier 2; QL
 AFRIN ORIGINAL (brand for 12 hour decongestant) - Tier 2; QL

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Preferred Agents**Non-Preferred Agents**

AFRIN SEVERE CONGESTION (brand for 12 hour decongestant) - Tier 2; QL

ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; QL; AL

allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
altarusin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
altarusin-pe - Tier 1; AL
anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
APRODINE (brand for cold & allergy d) - Tier 2; AL
benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL
chest congest/cough child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
childrens cold & allergy - Tier 1; AL
childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL
CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL; AL
cold & allergy - Tier 1; AL
cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL
cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

cough dm childrens (generic for DELSYM) - Tier 1; QL; AL

cough dm er (generic for DELSYM) - Tier 1; QL; AL

cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL

DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2

DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL

DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2

DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL

dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL

dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL

ft 12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL

ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL

ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL

ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL

ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

ft tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

g tussin ac - Tier 1; QL; AL

geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

guaifenesin ac oral syrup 100-10 mg/5ml - Tier 1; QL; AL

guaifenesin-codeine - Tier 1; QL; AL

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Preferred Agents

guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
maxi-tuss ac - Tier 1; QL; AL
maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2

MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL

MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL

MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL; AL

MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2

MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2; QL

MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2; QL

mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus d extended release (generic for MUCINEX D) - Tier 1; AL

mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL

mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL

mucus relief cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL
nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant max st (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
promethazine vc/codeine - Tier 1; QL; AL
promethazine-codeine oral solution - Tier 1; QL; AL
promethazine-dm - Tier 1; QL; AL
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL

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Preferred Agents**Non-Preferred Agents**

ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL

ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL

ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2

rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

rynex pe - Tier 1; AL

rynex pse - Tier 1; AL

sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL

sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL

SUDAFED CHILDRENS - Tier 2; QL

SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL

SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2

sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL

sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

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Preferred Agents

suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

tussin cf oral liquid 30-10-100 mg/5ml - Tier 1

tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL

tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs

adclf (0.5mg/ml) - Tier 1; QL
animal shapes complete (generic for CEROVITE JR) - Tier 1; QL
ascorbic acid oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL
biocel (generic for LYSIPLEX PLUS) - Tier 1; QL
b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL
BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; QL
BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL
 CADEAU DHA - Tier 2
calcidol (generic for CALCIDOL) - Tier 1; QL
calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL
calcium carbonate - Tier 1; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL
calcium fast dissolution - Tier 1; QL
calcium high potency - Tier 1; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL
childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
effe-k oral tablet effervescent 25 meq - Tier 1; QL
ergocalciferol oral (generic for CALCIDOL) - Tier 1; QL
FLINTSTONES PLUS EXTRA IRON (brand for childrens animal shapes) - Tier 2; QL
FOLAGENT DHA (brand for v-c forte) - Tier 2
FOLAMED DHA (brand for v-c forte) - Tier 2
fruity c - Tier 1; QL
klor-con/ef - Tier 1; QL
k-prime - Tier 1; QL
LIVITA ADULTS (brand for support) - Tier 2; QL
lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL
MENATROL (brand for v-c forte) - Tier 2
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
MULTIPRO (brand for v-c forte) - Tier 2
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
NOVAMV PEDIATRIC MULTI-VITAMIN - Tier 2; QL
nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL
OBTREX - Tier 2

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Preferred Agents**Non-Preferred Agents**

OCUVEL (brand for v-c forte) - Tier 2
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1
REMIAGENT (brand for v-c forte) - Tier 2
stress formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
SUPPORT (brand for support) - Tier 2; QL
tri-vit/fluoride - Tier 1; QL
TRUE VITAMIN C - Tier 2; QL
v-c forte (generic for VIC-FORTE) - Tier 1
vic-forte (generic for VIC-FORTE) - Tier 1
vit close hips - Tier 1; QL
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL
vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin clacerola (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/rose hips (generic for PUREWAY-C) - Tier 1; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL
vitamin c-rose hips (generic for PUREWAY-C) - Tier 1; QL
vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins acd-fluoride - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; QL
b6 - Tier 1; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
e - Tier 1
e-400-clear - Tier 1; QL
natural vitamin e - Tier 1; QL
pyridoxine hcl oral - Tier 1; QL
thiamine hcl oral - Tier 1; QL
 TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL
 TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2
vitamin b1 - Tier 1; QL

NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
vitamin b-1 oral tablet 250 mg - Tier 1; QL vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1 vitamin b12 oral tablet extended release 1000 mcg - Tier 1 vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1 vitamin b-6 - Tier 1; QL vitamin b-6 er - Tier 1; QL vitamin e natural - Tier 1 vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1 vitamin e oral capsule 268 mg (400 unit) - Tier 1; QL	
Vitamins	
Electrolytes/Minerals/Metals/Vitamins	
prenatal gummy oral tablet chewable 0.4 mg - Tier 1; QL	

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Prior Authorization / Class Criteria

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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acetaminophen childrens oral suspension 160 mg/5ml.....	5			allergy & congestion relief.....	82
acetaminophen er.....	5			allergy (cetirizine).....	68
				allergy 24hour indoor/outdoor.....	68

allergy 24-hr.....	77	allergy relief oral tablet extended release 12 mg.....	78	antacid & anti-gas oral suspension 400- 400-40 mg/5ml.....	36
allergy childrens oral liquid.....	68	allergy relief(cetirizine).....	69	antacid & gas relief.....	36
allergy childrens oral solution.....	78	allergy relief/indoor/outdoor oral tablet 10 mg.....	69	antacid advanced.....	36
allergy eye drops.....	67	allergy relief/indoor/outdoor oral tablet 180 mg.....	78	antacid advanced max st oral suspension 400-400-40 mg/5ml.....	36
allergy medication.....	68	allergy relief/nasal decong.....	82	antacid anti-gas.....	36
allergy medicine.....	68	allergy relief/nasal decongest oral tablet extended release 12 hour.....	76	antacid anti-gas max strength.....	36
allergy nasal mist no drip.....	82	allergy relief/nasal decongest oral tablet extended release 24 hour.....	82	antacid calcium.....	37
allergy oral capsule 25 mg.....	68	allergy relief-d oral tablet extended release 12 hour 5-120 mg.....	76, 82	antacid calcium rich.....	37
allergy oral liquid 12.5 mg/5ml.....	68	allergy relief-d oral tablet extended release 24 hour 10-240 mg.....	82	antacid extra str.....	37
allergy oral tablet 25 mg.....	68	allergy relief-d12.....	82	antacid extra strength oral suspension.....	37
allergy rel child (loratadine).....	78	allergy spray 24 hour nasal aerosol.....	80	antacid extra strength oral tablet chewable 160-105 mg.....	37
allergy relief (cetirizine) oral tablet 10 mg....	68	allergy/congestion relief.....	83	antacid extra strength oral tablet chewable 750 mg.....	37
allergy relief (loratadine) oral tablet.....	78	aller-tec.....	69	antacid fast relief.....	37
allergy relief adult.....	69	aller-tec d.....	76	antacid i.....	37
allergy relief cetirizine.....	69	almacone double strength.....	36	antacid iii.....	37
allergy relief child.....	78	altachlore.....	63	antacid kids.....	37
allergy relief childrens oral liquid 12.5 mg/5ml.....	69	altalube.....	63	antacid liquid.....	37
allergy relief childrens oral solution 5 mg/5ml.....	78	altamist spray.....	71	antacid m.....	37
allergy relief childrens oral tablet chewable 12.5 mg.....	69	altarussin.....	71	antacid maximum.....	37
allergy relief d oral tablet extended release 12 hour 5-120 mg.....	76	altarussin dm.....	83	antacid maximum strength.....	37
allergy relief d-12.....	82	altarussin-pe.....	83	antacid maximum strength oral tablet chewable 1000 mg.....	37
allergy relief d-24.....	82	alum & mag hydroxide-simeth.....	36	antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml.....	37
allergy relief max st.....	69	AMLADEX.....	28	antacid oral tablet chewable 1000 mg.....	37
allergy relief nasal decong.....	82	ANASPAZ.....	55	antacid oral tablet chewable 500 mg.....	37
allergy relief oral capsule 25 mg.....	69	ANECREAM EXTERNAL CREAM.....	11	antacid oral tablet chewable 750 mg.....	38
allergy relief oral liquid 25 mg/10ml.....	69	anefrin spray.....	83	antacid plus antigas.....	38
allergy relief oral tablet 10 mg.....	78	animal shapes complete.....	92	antacid regular strength oral suspension 200-200-20 mg/5ml.....	38
allergy relief oral tablet 180 mg.....	78	antacid & anti-gas oral suspension 200- 200-20 mg/5ml.....	36	antacid supreme.....	38
allergy relief oral tablet 25 mg.....	69	antacid & antigas oral suspension 2400- 2400-240 mg/30ml.....	36	antacid ultra strength.....	38
allergy relief oral tablet 60 mg.....	78			antacid ultra strength oral tablet chewable 1000 mg.....	38
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allergy relief oral tablet dispersible 10 mg....78					
allergy relief oral tablet extended release 12 hour 5-120 mg.....	76				

<i>antacid/anti-gas max st</i>	38	ASPERFLEX LIDOCAINE EXTERNAL CREAM.....	11	AYR SALINE NASAL DROPS.....	71
<i>antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	38	<i>aspirin adults</i>	55	<i>azo</i>	53
<i>antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	38	<i>aspirin childrens</i>	55	<i>b-1</i>	95
<i>antacid/gas relief max st</i>	38	<i>aspirin ec oral tablet 325 mg</i>	55	<i>b6</i>	95
<i>antibiotic</i>	13, 55	<i>aspirin ec oral tablet delayed release 325 mg</i>	55	BABY AYR SALINE.....	71
<i>anti-diarr/ant-gas</i>	38	<i>aspirin ec oral tablet delayed release 81 mg</i>	55	<i>baby basics diaper rash</i>	20
<i>anti-diarrheal anti-gas oral tablet 2-125 mg</i>	38	<i>aspirin oral tablet 325 mg</i>	55	<i>bacitracin external</i>	56
<i>anti-diarrheal oral suspension 262 mg/15ml</i>	38	<i>aspirin oral tablet chewable 81 mg</i>	55	<i>bacitracin zinc external</i>	56
<i>anti-diarrheal oral tablet 2 mg</i>	34	<i>aspirin oral tablet delayed release 325 mg</i> ..	55	<i>bacitracin zinc first aid</i>	56
<i>anti-diarrheal/anti-gas</i>	38	<i>aspirin oral tablet delayed release 81 mg</i>	55	<i>bacitracin zinc-aloe</i>	56
<i>antifungal</i>	15	ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG.....	56	<i>banophen oral capsule 25 mg</i>	69
<i>antifungal (tolnaftate) external cream 1 %</i> ...	55	<i>aspirin rectal suppository 300 mg</i>	56	<i>banophen oral tablet</i>	69
<i>antifungal foot care</i>	15	<i>aspirin regimen</i>	56	BAYER ASPIRIN.....	56
<i>antifungal miconazole</i>	15	<i>astringent</i>	20	BAYER LOW DOSE ORAL TABLET CHEWABLE.....	56
<i>antifungal tolnaftate</i>	55	<i>astringent eye drops</i>	63	<i>baza antifungal</i>	16
<i>anti-gas oral capsule 180 mg</i>	39	<i>astringent solution</i>	20	<i>b-complex oral tablet</i>	28
<i>anti-hist allergy</i>	69	<i>atheletes foot</i>	15	<i>b-complex with b-12</i>	28
<i>anti-itch aloe</i>	19	<i>athletes foot (terbinafine)</i>	15	<i>b-complex/b-12 oral</i>	28
<i>anti-itch intensive heal</i>	19	<i>athletes foot (tolnaftate) external aerosol powder 1 %</i>	56	BD AUTOSHIELD DUO PEN NEEDLES.....	22
<i>anti-itch max str external cream 1 %</i>	19	<i>athletes foot (tolnaftate) external cream 1 %</i>	56	BD ULTRA-FINE INSULIN SYRINGES.....	22
<i>anti-itch maximum strength external cream 1 %</i>	19	<i>athletes foot external aerosol powder 2 %</i> ... 15		BD ULTRA-FINE PEN NEEDLES.....	22
<i>anti-nausea</i>	14	<i>athletes foot external cream 1 %</i>	15	<i>beauty 360 pure glycerin</i>	20
<i>anti-nausea relief</i>	14	<i>athletes foot powder spray external aerosol powder 1 %</i>	56	<i>beauty 360 soothing bath</i>	20
<i>apra</i>	6	<i>athletes foot powder spray external aerosol powder 2 %</i>	15	BENADRYL ALLERGY CHILDRENS ORAL LIQUID.....	69
APRODINE.....	83	<i>athletes foot relief</i>	56	BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE.....	69
<i>aqueous vitamin d</i>	28	<i>athletes foot spray external aerosol 2 %</i>	15	BENADRYL ALLERGY ORAL TABLET.....	69
ARMOUR THYROID.....	54	<i>atropine sulfate ophthalmic ointment</i>	62	BENADRYL ALLERGY ULTRATABS.....	70
<i>arthritis pain oral tablet extended release 650 mg</i>	6	AVAR-E EMOLLIENT.....	20	BENADRYL ALLERGY ORAL TABLET.....	69
<i>arthritis pain relief oral tablet extended release 650 mg</i>	6	AVAR-E GREEN.....	20	BENADRYL ALLERGY ULTRATABS.....	70
<i>arthritis pain reliever oral</i>	6	AVEDANA GLYCERIN (ADULT).....	49	BENZAC AC WASH.....	56
<i>arthritis pain relieving</i>	55	AYR.....	71	<i>benzonatate oral capsule 100 mg, 200 mg</i> ..	83
<i>artificial tears ophthalmic solution</i>	63			<i>betatemp childrens</i>	6
<i>ascorbic acid oral tablet 500 mg</i>	92			<i>biocel</i>	92
				BIOLLE TEARS.....	63
				BIOLYTE.....	23
				BION TEARS PF.....	63
				<i>biotinex</i>	39
				<i>bisacodyl ec</i>	56

<i>bisacodyl laxative</i>	56	<i>calcium antacid ex st oral tablet chewable</i>		<i>calcium-magnesium-zinc oral tablet 333-</i>	
<i>bisacodyl oral</i>	56	<i>750 mg</i>	39	<i>133-5 mg, 333.33-133.33-5 mg</i>	24
<i>bisacodyl rectal</i>	56	<i>calcium antacid extra strength</i>	39	<i>cal-gest antacid</i>	39
<i>bismuth</i>	39	<i>calcium antacid oral tablet chewable 500</i>		<i>capsaicin external cream</i>	57
<i>bismuth subsalicylate oral</i>	39	<i>mg</i>	39	<i>capsaicin hp</i>	57
BOLSITOL.....	39	<i>calcium carb-cholecalciferol oral tablet</i>		<i>capsaicin pain relief</i>	57
BONINE.....	14	<i>600-10 mg-mcg, 600-5 mg-mcg</i>	23	<i>captopril-hydrochlorothiazide oral tablet 25-</i>	
<i>boro-packs</i>	20	<i>calcium carbonate</i>	92	<i>15 mg, 50-15 mg</i>	18
<i>boudreauxs butt paste ointment 40 %</i>		<i>calcium carbonate antacid oral suspension</i>	39	CAPZASIN-HP.....	57
<i>external</i>	20	<i>calcium carbonate antacid oral tablet</i>	39	<i>capzix</i>	57
BOUDREAUXS BUTT PASTE OINTMENT		<i>calcium carbonate antacid oral tablet</i>		<i>carboxymethylcellulose sodium ophthalmic</i>	
40 % EXTERNAL.....	20	<i>chewable</i>	39	<i>solution</i>	63
<i>bp 10-1</i>	21	<i>calcium carbonate oral tablet 1500 (600</i>		CASTIVA WARMING.....	57
<i>bp wash external liquid 2.5 %</i>	56	<i>ca) mg</i>	92	CAYA.....	57
<i>b-plex plus</i>	92	<i>calcium carbonate oral tablet chewable</i>		<i>cefepime hcl solution reconstituted 2 gm</i>	
BPROTECTED PEDIA D-VITE.....	28	<i>1250 (500 ca) mg</i>	92	<i>intravenous</i>	13
BPROTECTED PEDIA IRON.....	23	<i>calcium cit plus vit d-3</i>	23	CENTRUM SPECIALIST PRENATAL.....	28
BPROTECTED PEDIA POLY-VITE/FE.....	92	<i>calcium citrate + d3 maximum</i>	24	<i>cerovel</i>	22
BPROTECTED VITAMIN C.....	92	<i>calcium citrate +d3</i>	24	<i>cerovite jr</i>	92
BREATHE COMFORT HUMIDIFIER.....	56	<i>calcium citrate oral tablet 950 (200 ca) mg..</i>	24	<i>cetiri-d</i>	76
BREATHE EASE HUMIDIFIER.....	57	<i>calcium citrate plus vit d</i>	24	<i>cetirizine allergy relief</i>	70
BROMFED DM.....	71	<i>calcium citrate+d oral tablet 315-6.25 mg-</i>		<i>cetirizine hcl oral solution 5 mg/5ml</i>	70
BUCKLEYS CHEST CONGESTION.....	71	<i>mcg</i>	24	<i>cetirizine hcl oral tablet</i>	70
CADEAU DHA.....	92	<i>calcium citrate+d3 oral tablet</i>	24	<i>cetirizine-pseudoephedrine er</i>	76
<i>cal mag zinc +d3</i>	23	<i>calcium citrate+d3 w/magne</i>	24	<i>chest congest/cough child</i>	83
<i>calamine external lotion</i>	57	<i>calcium citrate-vit d</i>	24	<i>chest congestion relief child</i>	71
<i>calcidol</i>	92	<i>calcium citrate-vitamin d oral tablet 315-5</i>		<i>chest congestion relief dm oral syrup</i>	83
<i>calcium + vitamin d3 oral tablet 500-5 mg-</i>		<i>mg-mcg</i>	24	<i>chest congestion relief oral liquid</i>	71
<i>mcg</i>	23	<i>calcium fast dissolution</i>	92	<i>chest congestion relief oral tablet</i>	71
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>	92	<i>calcium high potency</i>	92	<i>chewable c</i>	92
<i>calcium 600/vit d/minerals oral tablet 600-</i>		<i>calcium high potency/vitamin d</i>	24	<i>chewable c with rose hips</i>	92
<i>200 mg-unit</i>	23	<i>calcium oral tablet 1500 (600 ca) mg</i>	92	<i>chewable childrens vitamin</i>	92
<i>calcium 600/vit d/minerals oral tablet</i>		<i>calcium oyster shell oral tablet 1250 (500</i>		<i>chewy not chalky flavor</i>	39
<i>chewable 600-400 mg-unit</i>	23	<i>ca) mg</i>	92	<i>childrens acetaminophen</i>	6
<i>calcium 600/vitamin d</i>	23	<i>calcium plus vitamin d</i>	24	<i>childrens allergy oral liquid 12.5 mg/5ml</i>	70
<i>calcium 600/vitamin d-3</i>	23	<i>calcium plus vitamin d3</i>	24	<i>childrens animal shapes</i>	92
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>	23	<i>calcium soft chews oral tablet chewable</i>		<i>childrens apap</i>	6
<i>calcium 600+d oral tablet 600-5 mg-mcg</i>	92	<i>500-200-40 mg-unt-mcg</i>	92	<i>childrens aspirin oral tablet chewable 81</i>	
		<i>calcium/minerals/vitamin d</i>	24	<i>mg</i>	57

<i>childrens chewables/iron</i>	92	<i>cold & allergy childrens oral elixir 1-15 mg/5ml</i>	83	<i>cromolyn sodium nasal</i>	80
<i>childrens cold & allergy</i>	83	<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml</i>	83	CROTAN LOTION 10 % EXTERNAL.....	20
<i>childrens complete oral tablet chewable 18 mg</i>	93	<i>cold & sinus</i>	83	CRUEX PRESCRIPTION STRENGTH.....	16
<i>childrens cough</i>	83	<i>cold & sinus relief oral tablet 30-200 mg</i>	83	<i>curae</i>	54
<i>childrens loratadine</i>	78	<i>cold/cough</i>	83	<i>cyanocobalamin injection solution 1000 mcg/ml</i>	95
<i>childrens mucus relief cough</i>	83	<i>cold/cough childrens</i>	84	<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	28
<i>childrens non-aspirin</i>	6	<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	84	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	28
<i>childrens silapap</i>	6	<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i>	84	<i>d3 oral capsule 125 mcg (5000 ut)</i>	28
<i>childrens soothe</i>	39	<i>col-rite oral capsule 250 mg</i>	49	<i>d3 oral capsule 25 mcg (1000 ut)</i>	28
<i>childrens vitamins/iron</i>	93	<i>comfort gel</i>	39	<i>d3 oral capsule 250 mcg</i>	28
<i>childs non-aspirin</i>	7	<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i>	39	<i>d-3-5</i>	28
<i>chlorpheniramine maleate er</i>	78	<i>complete allergy</i>	70	<i>d3-50</i>	28
CHLOR-TRIMETON ALLERGY.....	78	<i>complete allergy medicine</i>	70	<i>daily acne wash</i>	57
<i>cimetidine oral tablet 200 mg</i>	35	<i>complete allergy medicine oral capsule</i>	70	<i>daily fiber oral capsule 0.52 gm</i>	47
<i>citroma</i>	49	<i>complete allergy relief</i>	70	<i>daily multiple vitamins</i>	28
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CLARITIN ORAL TABLET.....	79	COOL MIST HUMIDIFIER.....	57	<i>daily vites</i>	28
CLARITIN REDITABS JUNIORS.....	79	CORICIDIN HBP COUGH/COLD.....	72	<i>daily-vite</i>	28
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG.....	79	<i>corn & callus remover</i>	57	DAYHIST ALLERGY 12 HOUR RELIEF.....	70
CLARITIN-D 12 HOUR.....	83	<i>corn and callus remover</i>	57	DECARA ORAL CAPSULE 1.25 MG (50000 UT).....	28
CLARITIN-D 24 HOUR.....	83	<i>cortisone maximum strength external cream</i>	19	DECARA ORAL CAPSULE 625 MCG (25000 UT).....	29
<i>classic prenatal</i>	28	<i>cough & chest congestion</i>	84	<i>deep sea nasal spray</i>	72
<i>c-lax laxative</i>	57	<i>cough & cold</i>	72	DELSYM CGH/CHEST CONG DM CHILD..	84
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<i>clearlax oral powder 17 gm/scoop</i>	47	<i>cough childrens</i>	84	DELSYM COUGH/CHEST CONGEST DM.	84
<i>clearskin</i>	57	<i>cough dm childrens</i>	84	DELSYM ORAL SUSPENSION EXTENDED RELEASE.....	84
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<i>clotrimazole 3 vaginal cream 2 %</i>	16	<i>cough dm oral suspension extended release 30 mg/5ml</i>	84	DERMACINRX ATRIX CLARIFY TONER....	57
<i>clotrimazole 7</i>	16	<i>cough relief oral syrup 15 mg/5ml</i>	72	DERMACINRX PENETRAL.....	58
<i>clotrimazole vaginal</i>	16	<i>cough/cold hbp</i>	72	DERMELEVE ADVANCED FORMULA.....	58
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DEXCOM G7 SENSOR.....	22	D-VI-SOL.....	29	EX-LAX MAXIMUM STRENGTH.....	50
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<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	84	<i>e</i>	95	<i>eye drops adv relief</i>	63
<i>dextromethorphan-guaifenesin oral syrup</i>	84	<i>e-400-clear</i>	95	<i>eye drops advanced relief</i>	63
DIALYVITE 800 ORAL TABLET.....	29	<i>ear drops</i>	67	<i>eye drops long lasting</i>	63
DIALYVITE VITAMIN D 5000.....	29	<i>ear wax kit</i>	67	<i>eye drops ophthalmic solution 0.05 %</i>	63
<i>diamode</i>	34	<i>ear wax removal</i>	67	<i>eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	63
<i>diaper rash external ointment</i>	21	<i>ear wax removal system</i>	67	<i>eye drops ophthalmic solution 0.05-0.25 %</i> ..	63
<i>diarrhea</i>	39	<i>earwax removal</i>	67	<i>eye irritation relief drops</i>	63
<i>diarrhea relief</i>	39	<i>earwax removal drops</i>	67	<i>eye itch relief ophthalmic solution 0.035 %</i> ..	67
<i>dibromm childrens cold/cgh</i>	84	<i>earwax removal kit otic solution 6.5 %</i>	68	<i>eye lubricant</i>	63
<i>diclofenac sodium gel 1 % external (rx)</i>	3	<i>easygel</i>	23	<i>eye lubricant nighttime</i>	63
DIFFERIN EXTERNAL GEL 0.1 %.....	19	<i>easy-lax plus</i>	50	EZFE 200.....	24
<i>digestive probiotic oral capsule</i>	39	<i>econtra one-step</i>	54	<i>famotidine acid reducer oral tablet 10 mg</i>	35
<i>digestive probiotic oral capsule 250 mg</i>	40	ED A-HIST ORAL LIQUID.....	77	<i>famotidine oral tablet 10 mg</i>	35
<i>dimaphen dm cold/cough</i>	85	<i>ed bron gp</i>	72	<i>famotidine orig st</i>	35
<i>diotame instydose</i>	40	<i>ed chlorped jr</i>	79	<i>fast relief laxative</i>	58
<i>diphedryl allergy</i>	70	<i>ed-apap</i>	7	<i>ferate</i>	24
<i>diphen</i>	70	<i>effer-k oral tablet effervescent 25 meq</i>	93	FER-IN-SOL.....	24
<i>diphenhydramine hcl childrens</i>	70	<i>electrolyte solution</i>	24	<i>ferocon</i>	24
<i>diphenhydramine hcl oral</i>	70	EMETROL ORAL SOLUTION.....	14	<i>ferosul</i>	24
<i>dm maximum adult</i>	85	ENDACOF-DM.....	85	<i>ferotrinsic</i>	24
<i>docosanol external</i>	22	<i>enema</i>	40	<i>ferretts</i>	24
<i>docusate calcium</i>	49	<i>enema disposable</i>	40	<i>ferrex 150 capsule 150 mg oral</i>	24
<i>docusate mini</i>	49	<i>enema mineral oil</i>	47	FERREX 150 CAPSULE 150 MG ORAL.....	25
<i>docusate sodium oral capsule</i>	49	<i>enema ready-to-use</i>	40	FERRIC X-150.....	25
<i>docusate sodium oral liquid</i>	49	<i>enema rectal enema 16-6 gm/133ml</i>	40	<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>	25
<i>docusate sodium oral syrup</i>	49	ENEMEEZ MINI.....	50	<i>ferrous gluconate</i>	25
DOCUSOL MINI.....	49	ENFAMIL ENFALYTE.....	24	<i>ferrous gluconate oral tablet 240 (27 fe) mg</i> 25	
<i>docuzen</i>	49	ENFAMIL EXPECTA.....	29		
DODEX.....	95	<i>enteric aspirin</i>	58		

<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>	<i>floranex tablet oral</i>	<i>ft allergy relief 24 hour</i>
<i>mg</i>	FLORANEX TABLET ORAL.....	<i>ft allergy relief childrens oral liquid</i>
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	FLORASTOR.....	<i>ft allergy relief oral capsule</i>
<i>ferrous sulfate</i>	<i>fluoridex daily renewal</i>	<i>ft allergy relief oral tablet 25 mg</i>
<i>ferrous sulfate oral solution 75 (15 fe)</i>	<i>foaming antacid oral tablet chewable 80-20</i>	<i>ft allergy relief-d</i>
<i>mg/ml</i>	<i>mg</i>	<i>ft antacid & antigas</i>
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FOLAGENT DHA.....	<i>ft antacid extra strength</i>
<i>ferrous sulfate oral tablet delayed release</i> ...	FOLAMED DHA.....	<i>ft antacid regular strength</i>
<i>fever reducer/pain reliever</i>	FOLCYTEINE.....	<i>ft anti-diarrheal oral tablet</i>
<i>fever reducing childrens</i>	<i>folic acid oral tablet 1 mg</i>	<i>ft anti-diarrheal/anti-gas</i>
<i>feverall adults</i>	<i>folic acid oral tablet 400 mcg, 800 mcg</i>	<i>ft antifungal external cream 1 %</i>
<i>feverall childrens</i>	<i>foltrin</i>	<i>ft antifungal external cream 2 %</i>
FEVERALL INFANTS.....	<i>foot & sneaker</i>	<i>ft arthritis pain reliever</i>
FEVERALL JUNIOR STRENGTH.....	<i>foot care (terbinafine)</i>	<i>ft aspirin</i>
<i>fe-vite iron</i>	<i>for sty relief</i>	<i>ft aspirin low dose</i>
<i>fexofenadine hcl</i>	FORMULA 3 THE TREATMENT.....	<i>ft athletes foot (terbinafine)</i>
<i>fexofenadine hcl oral</i>	FORMULA 7 THE SOLUTION.....	<i>ft chest congestion relief</i>
<i>fiber laxative + calcium</i>	FORTEO.....	<i>ft children's pain/fever</i>
<i>fiber laxative oral capsule 0.52 gm</i>	FREESTYLE LIBRE 14 DAY READER.....	<i>ft clearlax</i>
<i>fiber laxative oral tablet 500 mg</i>	FREESTYLE LIBRE 14 DAY SENSOR.....	<i>ft docosanol</i>
<i>fiber oral capsule 0.52 gm</i>	FREESTYLE LIBRE 2 READER.....	<i>ft earwax removal</i>
<i>fiber oral powder 28.3 %, 58.6 %</i>	FREESTYLE LIBRE 2 SENSOR.....	<i>ft earwax removal kit</i>
<i>fiber oral powder 48.57 %</i>	FREESTYLE LIBRE 3 SENSOR.....	<i>ft enteric coated aspirin</i>
<i>fiber oral tablet 500 mg</i>	FREESTYLE LIBRE READER.....	<i>ft eye drops</i>
<i>fiber oral tablet 625 mg</i>	<i>freeze dried acidophilus</i>	<i>ft fiber laxative</i>
<i>fiber therapy oral capsule 0.52 gm</i>	FRESKARO MAGNESIUM CITRATE.....	<i>ft gas relief</i>
<i>fiber therapy oral powder 28.3 %</i>	<i>fruity c</i>	<i>ft gas relief extra strength</i>
<i>fiber therapy oral tablet 500 mg</i>	<i>ft 12 hour cough relief</i>	<i>ft gas relief infants</i>
<i>fiber therapy oral tablet 625 mg</i>	<i>ft 8 hour pain relief</i>	<i>ft gas relief ultra strength</i>
<i>fiber-caps</i>	<i>ft acid reducer oral capsule delayed</i>	<i>ft gentle laxative</i>
<i>fiber-lax</i>	<i>release</i>	<i>ft ibuprofen ib childrens</i>
<i>first aid antibiotic external ointment , 3.5-</i>	<i>ft acid reducer oral tablet</i>	<i>ft ibuprofen oral tablet</i>
<i>400-5000</i>	<i>ft all day allergy</i>	<i>ft laxative</i>
FLEET BISACODYL.....	<i>ft all day allergy 24 hour</i>	<i>ft lubricant eye drops ophthalmic solution</i>
FLEET ENEMA.....	<i>ft all day allergy relief</i>	<i>0.5 %</i>
FLEET OIL.....	<i>ft all day allergy-d</i>	<i>ft magnesium citrate</i>
FLEET PEDIATRIC.....	<i>ft all day pain relief</i>	<i>ft miconazole 7</i>
FLINTSTONES PLUS EXTRA IRON.....	<i>ft allergy childrens</i>	<i>ft migraine relief</i>
FLORA VANCE.....	<i>ft allergy relief 12 hour</i>	<i>ft milk of magnesia</i>

<i>ft mineral oil</i>	48	<i>gas relief oral capsule 125 mg</i>	41	<i>glycerin (adult) rectal suppository 2 gm</i>	50
<i>ft motion sickness oral tablet 50 mg</i>	14	<i>gas relief oral capsule 180 mg</i>	41	<i>glycerin (infants & children) rectal suppository 1 gm</i>	50
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg</i>	72	<i>gas relief oral tablet chewable 125 mg</i>	41	<i>glycerin adult rectal suppository 2 gm</i>	50
<i>ft mucus relief d 12 hour</i>	85	<i>gas relief oral tablet chewable 80 mg</i>	41	<i>glycerin child rectal suppository 1 gm, 1.2 gm</i>	51
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	85	<i>gas relief ultra strength</i>	41	<i>glycerin childrens</i>	51
<i>ft nasal decongestant max str oral tablet</i>	85	<i>gas relief ultstrength</i>	42	<i>glycerin external</i>	21
<i>ft nasal decongestant max str oral tablet extended release 12 hour</i>	85	GAS-X EXTRA STRENGTH ORAL CAPSULE	42	<i>glycerin external liquid 99.5 %</i>	21
<i>ft nasal decongestant pe</i>	72	GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE	42	<i>glycerin pediatric rectal suppository 1.2 gm</i>	51
<i>ft nasal spray</i>	85	GAS-X ULTRA STRENGTH	42	<i>glycolax</i>	48
<i>ft nicotine</i>	12	<i>gavilax oral powder</i>	48	<i>gormel</i>	22
<i>ft pain & fever childrens</i>	7	GAVISCON	42	<i>gormel 10</i>	22
<i>ft pain relief</i>	7	GAVISCON EXTRA RELIEF FORMULA	42	<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	85
<i>ft pain relief adult extra st</i>	7	GAVISCON EXTRA STRENGTH	42	<i>guaifenesin er oral tablet extended release 12 hour 1200 mg</i>	72
<i>ft pain reliver extra st adult</i>	7	GELUSIL	42	<i>guaifenesin oral liquid</i>	72
<i>ft senna laxatives</i>	50	GENICIN VITA-Q ORAL TABLET	29	<i>guaifenesin oral tablet 400 mg</i>	72
<i>ft senna-s</i>	50	GENTEAL SEVERE	63	<i>guaifenesin-codeine</i>	85
<i>ft stomach relief oral suspension</i>	41	GENTEAL TEARS MODERATE PF	63	<i>guaifenesin-dm oral syrup</i>	85
<i>ft stomach relief oral tablet chewable</i>	41	GENTEAL TEARS NIGHT-TIME	64	GUARDIAN CONNECT TRANSMITTER	59
<i>ft stool softener oral capsule</i>	50	GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	64	GUARDIAN LINK 3 TRANSMITTER	59
<i>ft stool softener oral tablet 50-8.6 mg</i>	50	GENTEAL TEARS PF	64	GUARDIAN SENSOR (3)	22
<i>ft tussin adult</i>	72	GENTEAL TEARS SEVERE DAY/NIGHT ..	64	GUARDIAN SENSOR 3	22
<i>ft tussin cf adult</i>	77	<i>gentle laxative</i>	59	GVOKE KIT	17
<i>ft tussin dm max adult</i>	85	<i>gentle laxative womens</i>	59	<i>habitrol</i>	12
<i>full spectrum b/vitamin c</i>	29	<i>gentlelax</i>	48	<i>headache formula</i>	7
<i>fungi-guard</i>	59	<i>genuine aspirin</i>	59	<i>headache relief</i>	7
<i>g tussin ac</i>	85	<i>geri-dryl</i>	70	<i>headache relief extra str</i>	8
<i>gas relief extra strength oral capsule 125 mg</i>	41	<i>geri-kot</i>	50	<i>healthy hair/skin/nails</i>	29
<i>gas relief extra strength oral tablet chewable 125 mg</i>	41	<i>geri-lanta</i>	42	<i>heartburn antacid</i>	42
<i>gas relief extstrength</i>	41	<i>geri-lanta maximum strength</i>	42	<i>heartburn antacid ex st</i>	42
<i>gas relief infants</i>	41	<i>geri-lanta supreme</i>	42	<i>heartburn prevention oral tablet 10 mg</i>	35
<i>gas relief infants drops oral suspension 40 mg/0.6ml</i>	41	<i>geri-mox</i>	42	<i>heartburn relief ex st</i>	42
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	41	<i>geri-tussin dm oral syrup</i>	85	<i>heartburn relief oral tablet 10 mg</i>	35
		<i>geri-tussin oral liquid</i>	72	<i>heartburn relief oral tablet 200 mg</i>	35
		<i>giltuss severe sinus</i>	85	<i>heartburn relief oral tablet chewable 160-105 mg</i>	42
		GLUCO TO GO	18	<i>heartland gas relief</i>	42
		<i>glucose oral tablet chewable 4 gm</i>	18		

<i>h-e-b aspirin</i>	59	<i>ibuprofen ib oral tablet 200 mg</i>	3	<i>lactobacillus oral tablet</i>	43
<i>h-e-b childrens allergy</i>	70	<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	3	<i>lacto-pectin</i>	43
<i>hemorrhoidal rectal suppository 0.25-3-85.5 %</i>	22	<i>ibuprofen jr oral tablet 100 mg</i>	3	LAMISIL AT EXTERNAL CREAM.....	16
<i>her style</i>	54	<i>ibuprofen junior</i>	3	LAMISIL AT JOCK ITCH.....	16
<i>hi cal</i>	25	<i>ibuprofen junior strength</i>	3	<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	35
<i>high potency probiotic</i>	42	<i>ibuprofen oral tablet 200 mg</i>	3	<i>lansoprazole oral capsule delayed release 15 mg</i>	35
HUMALOG MIX 50/50.....	18	<i>iferex 150</i>	25	<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	35
HUMALOG MIX 75/25.....	18	<i>iferex 150 forte</i>	25	LANTUS U-100 VIAL.....	18
HUMULIN 70/30 VIAL.....	18	IMODIUM A-D ORAL TABLET.....	34	<i>laxacin</i>	51
HUMULIN N VIAL.....	18	IMODIUM MULTI-SYMPTOM RELIEF.....	42	<i>laxaclear</i>	48
<i>hydrocodone bit-homatrop mbr</i>	59	<i>indoor/outdoor allergy rlf</i>	71	<i>laxative max str</i>	51
<i>hydrocortisone anti-itch</i>	19	<i>infant gas relief</i>	43	<i>laxative maximum strength oral tablet 25 mg</i>	51
<i>hydrocortisone cream 1 % external (otc)</i>	19	INFANTS ADVIL.....	4	<i>laxative oral powder 17 gm/scoop</i>	48
<i>hydrocortisone external cream 0.5 %</i>	19	<i>infants gas relief</i>	43	<i>laxative oral tablet delayed release 5 mg</i>	59
<i>hydrocortisone external cream 1 %</i>	19	<i>infants ibuprofen</i>	4	<i>laxative pills max st</i>	51
<i>hydrocortisone external ointment 0.5 %</i>	19	<i>infants pain & fever</i>	8	<i>laxative pills oral tablet 25 mg</i>	51
<i>hydrocortisone max st external cream</i>	19	<i>infants pain relief drops</i>	8	<i>laxative rectal suppository 10 mg</i>	59
<i>hydrocortisone max st/12 moist</i>	19	<i>infants pain/fever</i>	8	<i>laxative regular strength</i>	51
<i>hydrocortisone plus external cream 1 %</i>	19	INFUVITE ADULT.....	29	LEVBIID.....	59
<i>hydrocortisone ultra-moisture</i>	19	<i>instacort 5</i>	19	LEVEMIR U-100 VIAL.....	18
<i>hydrocortisonel/aloe</i>	19	INSULIN ASPART PROT & ASPART.....	18	<i>levonorgestrel</i>	54
<i>hydrocortisonel/aloe max str</i>	19	<i>intestinex</i>	43	<i>lice killing</i>	17, 20
<i>hydrolatum</i>	21	<i>iron (ferrous sulfate) oral solution</i>	25	<i>lice killing external shampoo 4-0.33 %</i>	17
<i>hydromet</i>	59	<i>iron infant/toddler</i>	25	<i>lice killing max st external shampoo 0.33-4 %</i>	17
<i>hydromorphone hcl rectal</i>	4	<i>iron oral tablet 240 (27 fe) mg</i>	25	<i>lice killing max strength</i>	17
<i>hydrophor</i>	21	<i>iron oral tablet 325 (65 fe) mg</i>	25	<i>lice killing maximum strength</i>	17
<i>hyoscyamine sulfate er</i>	59	<i>iron supplement childrens</i>	25	<i>lice killing shampoo max str</i>	17
<i>hyoscyamine sulfate oral</i>	59	<i>jock itch external cream 1 %</i>	16	<i>lice maximum strength</i>	17
<i>hyoscyamine sulfate sl</i>	59	<i>jock itch max st</i>	59	<i>lice treatment external liquid 1 %</i>	20
<i>hyoscyamine sulfate sublingual</i>	59	<i>jock itch spray powder</i>	59	<i>lice treatment external lotion 1 %</i>	20
<i>hyosyne</i>	59	KAOPECTATE ORAL SUSPENSION.....	43	<i>lice treatment external shampoo 0.33-4 %</i>	17
HYPOTEARs.....	64	<i>ketoprofen oral capsule 50 mg</i>	4	<i>lidocaine external cream 4 %</i>	11
<i>ibuprofen childrens oral tablet chewable 100 mg</i>	3	<i>ketotifen fumarate ophthalmic</i>	67	<i>lidocaine hcl external cream 3 %</i>	11
<i>ibuprofen cold & sinus</i>	86	<i>klor-con/ef</i>	93	<i>lidopin external cream 3 %</i>	11
<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	86	<i>konsyl daily fiber oral powder 28.3 %</i>	48		
<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	86	K-PHOS.....	26		
<i>ibuprofen ib childrens</i>	3	<i>k-prime</i>	93		
		LAC-HYDRIN FIVE.....	19		

<i>liquid acetaminophen</i>	8	<i>lubricant eye drops ophthalmic solution 0.6 %</i>	64	<i>maxi-tuss gmx</i>	86
<i>liquid allergy relief</i>	71	<i>lubricant eye drops pf</i>	64	<i>maxi-tuss pe max</i>	72
<i>liquid corn & callus rem</i>	59	<i>lubricant eye nighttime</i>	64	<i>m-dryl</i>	71
<i>liquid pain relief</i>	8	<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>	64	<i>meclizine hcl oral tablet chewable</i>	14
<i>liquid wart remover</i>	59	<i>lubricant pm</i>	64	<i>medifin 400</i>	72
<i>liquid wart remover max st</i>	59	<i>lubricating eye drop</i>	64	<i>medifin mucus relief child</i>	73
<i>lithium</i>	17	<i>lubricating eye drops</i>	64	<i>medi-first aspirin</i>	60
LIVITA ADULTS.....	93	<i>lubricating eye drops</i>	64	<i>medi-first ibuprofen</i>	4
LMX 4.....	11	<i>lubricating eye/overnight</i>	65	<i>medi-first triple antibiotic</i>	13
<i>long acting nasal spray</i>	86	<i>lubricating plus eye drops</i>	65	<i>mediproxen</i>	4
<i>long lasting antacid</i>	43	<i>lubricating plus ophthalmic solution 0.5 %</i>	65	<i>medique aspirin</i>	60
<i>long lasting nasal spray</i>	86	<i>lubricating plus pf</i>	65	<i>mega probiotic</i>	43
<i>loperamide hcl oral capsule</i>	34	<i>lubricating tears ophthalmic solution 0.4-0.3 %</i>	65	<i>meijer allergy relief-d</i>	86
<i>loperamide hcl oral tablet</i>	34	<i>lubrifresh p.m.</i>	65	<i>meijer antacid</i>	43
<i>loperamide-simethicone</i>	43	<i>lysiplex plus oral tablet</i>	93	<i>meijer anti-diarrheal</i>	34
<i>loradamed</i>	79	MAALOX.....	43	MENATROL.....	93
<i>lorata-d</i>	86	MAALOX CHILDRENS.....	43	MENEST ORAL TABLET 2.5 MG.....	54
<i>loratadine allergy relief oral tablet 10 mg</i>	79	MAALOX MAX ORAL SUSPENSION.....	43	<i>micaderm</i>	16
<i>loratadine allergy relief oral tablet dispersible 10 mg</i>	79	MAALOX MULTI SYMPTOM MAX ST.....	43	MICATIN.....	16
<i>loratadine childrens oral solution</i>	79	<i>mag-al plus</i>	43	MICOMITIN.....	60
<i>lorata-dine d</i>	86	<i>mag-al plus xs</i>	43	<i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	15
<i>loratadine d 12hr</i>	86	<i>magnesium citrate oral solution</i>	51	<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	15
<i>loratadine oral solution</i>	79	<i>magnesium oral tablet 500 mg</i>	26	<i>miconazole 7 day treatment vaginal cream 2 %</i>	15
<i>loratadine oral tablet</i>	79	<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	26	<i>miconazole 7 vaginal cream 2 %</i>	15
<i>loratadine oral tablet dispersible</i>	79	<i>magnesium oxide -mg supplement oral tablet 500 mg</i>	26	<i>miconazole 7 vaginal suppository 100 mg</i> ... 15	
<i>loratadine-d</i>	86	<i>magnesium oxide oral tablet 400 mg</i>	59	<i>miconazole antifungal</i>	16
<i>loratadine-d 12hr</i>	86	<i>magnesium oxide oral tablet 420 mg</i>	60	<i>miconazole nitrate external cream</i>	16
<i>loratadine-d 24hr</i>	86	<i>magnesium-aluminum-simethicone</i>	43	<i>miconazole nitrate vaginal</i>	15
<i>lubricant drops fast act</i>	64	<i>magnesium-oxide</i>	26	<i>miconazorb af</i>	16
<i>lubricant drops ophthalmic gel 0.25-0.3 %</i> ... 64		MAOX.....	60	MICOTRIN AL.....	60
<i>lubricant drops ophthalmic solution</i>	64	<i>mapap acetaminophen extra str</i>	8	MICOTRIN AP.....	16
<i>lubricant eye drops (pf)</i>	64	<i>mapap childrens</i>	8	<i>migraine formula oral tablet 250-250-65 mg</i> .. 8	
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	64	<i>mapap oral capsule</i>	8	<i>migraine headache relief</i>	8
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	64	MAX RELIEF JUNIOR.....	8	<i>migraine relief</i>	8
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	64	MAX TUSSIN MUCUS & CHEST CONG.....	72	<i>milk of magnesia</i>	43
		<i>maxi-tuss ac</i>	86		

<i>milk of magnesia oral suspension 1200 mg/15ml</i>	44	<i>mucus d extended release</i>	87	<i>multi vitamin w/d-3</i>	29
<i>mineral oil enema</i>	48	<i>mucus d max st er</i>	87	<i>multiple vitamin-folic acid</i>	29
<i>mineral oil heavy oral</i>	48	<i>mucus dm</i>	87	<i>multiple vitamins essential</i>	29
<i>mineral oil oral oil</i>	48	<i>mucus dm extended release oral tablet extended release 12 hour 30-600 mg</i>	87	<i>multiple vitamins/iron</i>	93
<i>mineral oil rectal enema</i>	48	<i>mucus er maximum str</i>	73	MULTIPRO.....	93
<i>mini nicotine</i>	12	<i>mucus er oral tablet extended release 12 hour 1200 mg</i>	73	<i>multi-vitamin</i>	29
<i>mintox maximum strength</i>	44	<i>mucus extended release oral tablet extended release 12 hour 1200 mg</i>	73	<i>multi-vitamin/fluoride</i>	29
<i>mintox plus</i>	44	<i>mucus relief 12 hour max st</i>	73	<i>multi-vitamin/fluorideliron</i>	30
MIRALAX ORAL POWDER.....	48	<i>mucus relief chest oral tablet 400 mg</i>	73	<i>multi-vitamin/iron</i>	93
<i>mm acetaminophen ex str</i>	8	<i>mucus relief childrens oral liquid 100 mg/5ml</i>	73	MURO 128 OPHTHALMIC OINTMENT.....	65
MM ALLER-BEN.....	71	<i>mucus relief cough childrens</i>	87	MURO 128 OPHTHALMIC SOLUTION 5 %.....	65
<i>mm arthritis pain</i>	8	<i>mucus relief d max strength</i>	87	<i>my choice</i>	54
<i>mm aspirin</i>	60	<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg</i>	87	<i>my way</i>	54
<i>mm clearlax</i>	48	<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	88	MYCOZYL AL.....	60
<i>mm ibuprofen</i>	4	<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i>	88	MYCOZYL AP.....	16
<i>mm stool softener laxative</i>	51	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	88	MYLICON INFANTS GAS RELIEF.....	44
<i>mood support probiotic</i>	44	<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	88	<i>mynephrocaps oral capsule 1 mg</i>	30
<i>morphine sulfate rectal</i>	4	<i>mucus relief er</i>	73	MYNEPHRON.....	30
<i>motion sickness oral tablet 50 mg</i>	14	<i>mucus relief er oral tablet extended release 12 hour 1200 mg</i>	73	NAPHCON-A.....	66
<i>motion sickness relief oral tablet 50 mg</i>	14	<i>mucus relief max st</i>	73	<i>naproxen sodium oral tablet 220 mg</i>	4
<i>motion sickness relief oral tablet chewable 25 mg</i>	14	<i>mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	73	NARAMIN.....	71
<i>motion-time</i>	14	<i>mucus relief oral tablet 400 mg</i>	73	NASACORT ALLERGY 24HR.....	80
MOTRIN CHILDRENS.....	4	<i>mucus relief oral tablet extended release 12 hour 1200 mg</i>	73	<i>nasal allergy 24 hour</i>	80
MOTRIN IB ORAL TABLET.....	4	<i>mucus+chest congestion</i>	73	<i>nasal allergy nasal aerosol 55 mcg/act</i>	80
MOTRIN INFANTS DROPS.....	4	<i>mucus-dm</i>	88	<i>nasal allergy spray</i>	80
<i>m-pap</i>	8	<i>mucus-er oral tablet extended release 12 hour 1200 mg</i>	73	<i>nasal decongestant 12hr</i>	88
MUCINEX COUGH CHILDRENS.....	87	<i>multi vitamin</i>	29	<i>nasal decongestant max st</i>	88
MUCINEX D.....	87			<i>nasal decongestant oral tablet 30 mg</i>	88
MUCINEX D MAX STRENGTH.....	87			<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i>	88
MUCINEX DM.....	87			<i>nasal decongestant pe max st</i>	73
MUCINEX FAST-MAX CHEST CONG MS..	73			<i>nasal decongestant pe oral tablet 10 mg</i>	74
MUCINEX FAST-MAX DM MAX.....	87			<i>nasal decongestant pe oral tablet 30 mg</i>	88
MUCINEX MAXIMUM STRENGTH.....	73			<i>nasal decongestant spray</i>	88
MUCINEX SINUS-MAX CLEAR & COOL....	87			<i>nasal four</i>	74
MUCINEX SINUS-MAX SINUS/ALLRGY....	87			<i>nasal four spray</i>	74
<i>mucus & cough relief child</i>	87			<i>nasal mist nasal solution</i>	88
<i>mucus d</i>	87			<i>nasal mist no drip</i>	88

NASAL MOIST NASAL SOLUTION.....	74	<i>niacin er oral capsule extended release</i>		<i>non-aspirin.....</i>	8
<i>nasal moisturizing spray.....</i>	74	<i>250 mg.....</i>	30	<i>non-aspirin 8 hour.....</i>	8
<i>nasal relief.....</i>	88	<i>niacin er oral capsule extended release</i>		<i>non-aspirin childrens.....</i>	8
<i>nasal spray 12 hour.....</i>	88	<i>500 mg.....</i>	30	<i>non-aspirin extra strength.....</i>	8
<i>nasal spray extra moist.....</i>	88	<i>niacin er oral tablet extended release 1000</i>		<i>non-aspirin jr strength.....</i>	9
<i>nasal spray extra moisturizing.....</i>	89	<i>mg.....</i>	30	<i>non-aspirin pain relief.....</i>	9
<i>nasal spray fast acting.....</i>	74	<i>niacin er oral tablet extended release 250</i>		<i>non-pseudo sinus decongestant.....</i>	74
<i>nasal spray nasal solution 0.05 %.....</i>	89	<i>mg, 500 mg.....</i>	30	<i>nose drops extstrength.....</i>	74
<i>nasal spray nasal solution 1 %.....</i>	74	<i>niacin oral tablet 100 mg, 250 mg, 50 mg....</i>	30	<i>nose drops nasal solution 1 %.....</i>	74
<i>nasal spray no drip.....</i>	89	NICODERM CQ.....	12	NOVAMV PEDIATRIC MULTI-VITAMIN.....	93
<i>nasal spray saline.....</i>	74	NICORETTE.....	12	NOVOLIN 70/30 RELION.....	18
<i>nasal spray sinus.....</i>	89	NICORETTE MINI.....	12	NOVOLIN 70/30 VIAL.....	18
NASALCROM.....	80	NICORETTE STARTER KIT.....	12	NOVOLIN N RELION.....	18
NASCOBAL.....	95	<i>nicotine gum mouth/throat gum 2 mg.....</i>	12	NOVOLIN N VIAL.....	18
<i>natural daily fiber.....</i>	48	<i>nicotine gum mouth/throat gum 4 mg.....</i>	12	NOVOLOG MIX 70/30 VIAL.....	18
<i>natural fiber oral capsule 0.52 gm.....</i>	48	<i>nicotine gum mouth/throat lozenge 2 mg.....</i>	12	NU-IRON.....	26
<i>natural fiber oral powder 28.3 %, 58.6 %.....</i>	48	<i>nicotine gum mouth/throat lozenge 4 mg.....</i>	12	NULEV.....	60
<i>natural fiber supplement.....</i>	48	<i>nicotine mini.....</i>	12	NUTRAPLUS.....	22
<i>natural senna laxative.....</i>	51	<i>nicotine mouth/throat gum 2 mg.....</i>	12	<i>nutrifac zx.....</i>	93
<i>natural tears pf.....</i>	65	<i>nicotine mouth/throat gum 4 mg.....</i>	13	OBSTETRIX DHA.....	30
<i>natural vegetable.....</i>	48	<i>nicotine mouth/throat lozenge 2 mg.....</i>	13	OBTREX.....	93
<i>natural vegetable laxative oral tablet 8.6</i>		<i>nicotine mouth/throat lozenge 4 mg.....</i>	13	OCEAN FOR KIDS.....	74
<i>mg.....</i>	51	<i>nicotine polacrilex mini.....</i>	13	OCEAN NASAL SPRAY.....	74
<i>natural vitamin e.....</i>	95	<i>nicotine polacrilex mouth/throat.....</i>	13	OCUVEL.....	93
<i>natura-lax.....</i>	48	<i>nicotine step 1.....</i>	12	<i>ointment base.....</i>	21
<i>nausea control.....</i>	14	<i>nicotine step 2.....</i>	12	<i>olopatadine hcl ophthalmic.....</i>	62
<i>nausea relief oral solution 1.87-1.87-21.5 ...</i>	14	<i>nicotine step 3.....</i>	12	<i>omeprazole magnesium.....</i>	35
NEODOT THERMOMETER.....	60	<i>nicotine transdermal patch 24 hour 14</i>		<i>omeprazole magnesium oral capsule</i>	
NEOMULTIVITE.....	30	<i>mg/24hr, 7 mg/24hr.....</i>	12	<i>delayed release.....</i>	35
NEONATAL PLUS.....	30	<i>nicotine transdermal patch 24 hour 21</i>		<i>omeprazole oral capsule delayed release</i>	
NEOSPORIN ORIGINAL.....	13	<i>mg/24hr.....</i>	12	<i>20.6 (20 base) mg.....</i>	35
NEO-SYNEPHRINE COLD/ALLRG MILD ...	74	<i>nicotine transdermal system.....</i>	12	OMNIFLEX DIAPHRAGM.....	60
NEO-SYNEPHRINE COLD/ALLRGY EXT...	74	<i>nighttime dry-eye relief.....</i>	65	<i>once daily.....</i>	30
NEO-SYNEPHRINE COLD/ALLRGY REG..	74	<i>nighttime relief lub eye.....</i>	65	<i>one daily.....</i>	30
<i>nephro vitamins.....</i>	30	<i>no drip extra moisturizing.....</i>	89	ONE VITE DAILY MULTIVITAMIN.....	30
NEPHRO-VITE.....	30	<i>no drip nasal relief.....</i>	89	ONE VITE WOMENS.....	30
NEUTROGENA OIL-FREE ACNE WASH...	60	<i>no drip nasal spray.....</i>	89	ONE VITE WOMENS PLUS.....	30
<i>new day.....</i>	54	<i>no drip original 12 hours.....</i>	89	<i>one-daily multi vitamins.....</i>	30
NEWFLORA PROBIOTIC.....	44	<i>nohist-lq.....</i>	77	<i>one-daily multi-vitamin.....</i>	30

<i>one-daily multi-vitamin/iron</i>	94	<i>pain relief childrens oral tablet chewable</i>		<i>peg 3350 oral powder</i>	48
<i>one-daily/iron</i>	94	<i>160 mg</i>	9	PEPTO-BISMOL ORAL SUSPENSION	
ONELAX.....	60	<i>pain relief extra st</i>	9	<i>524 MG/30ML</i>	44
ONELAX DOCUSATE SODIUM.....	51	<i>pain relief extra strength oral capsule 500</i>		PERDIEM OVERNIGHT RELIEF.....	51
ONELAX MAGNESIUM CITRATE.....	51	<i>mg</i>	9	<i>pharbedryl</i>	71
ONELAX SENNA.....	51	<i>pain relief extra strength oral liquid 500</i>		PHARBETOL.....	10
<i>opcicon one-step</i>	54	<i>mg/15ml</i>	9	PHARBETOL EXTRA STRENGTH.....	10
<i>option 2</i>	54	<i>pain relief extra strength oral tablet 500 mg</i> ...	9	<i>pharbinex</i>	74
OS-CAL CALCIUM + D3.....	26	<i>pain relief oral liquid 500 mg/15ml</i>	9	PHAZYME.....	44
OVACE PLUS WASH EXTERNAL LIQUID.	60	<i>pain relief oral tablet 325 mg</i>	9	PHAZYME ULTRA STRENGTH.....	44
OVACE WASH.....	60	<i>pain relief oral tablet 500 mg</i>	9	<i>phenazo oral tablet 200 mg</i>	53
OVIDREL.....	53	<i>pain relief oral tablet extended release 650</i>		<i>phenazo oral tablet 95 mg</i>	53
OXYCODONE-ACETAMINOPHEN ORAL		<i>mg</i>	9	<i>phenazopyridine hcl oral</i>	53
SOLUTION 5-325 MG/5ML.....	4	<i>pain relief regular strength</i>	10	<i>phenylephrine hcl oral</i>	75
OXYTROL FOR WOMEN.....	53	<i>pain relief/rapid burst</i>	10	PHOSPHA 250 NEUTRAL.....	26
<i>oysco 500+d</i>	26	<i>pain reliever childrens oral suspension 160</i>		PHOSPHOLINE IODIDE.....	62
<i>oyster shell calcium oral tablet 500 mg</i>	94	<i>mg/5ml</i>	10	<i>phosphorous</i>	26
<i>oyster shell calcium plus d</i>	26	<i>pain reliever ex st oral liquid 500 mg/15ml</i> ...	10	<i>phospho-trin 250 neutral</i>	27
<i>oyster shell calcium w/d</i>	26	<i>pain reliever ex st oral tablet 500 mg</i>	10	PHOSPHO-TRIN K500.....	27
<i>oyster shell calcium/d oral tablet 250-3.125</i>		<i>pain reliever extra strength oral tablet 250-</i>		<i>phytonadione injection solution 10 mg/ml</i>	30
<i>mg-mcg</i>	94	<i>250-65 mg</i>	10	<i>phytonadione oral</i>	30
<i>oyster shell calcium/d oral tablet 250-6.25</i>		<i>pain reliever extra strength oral tablet 500</i>		<i>pink bismuth maximum strength</i>	44
<i>mg-mcg</i>	26	<i>mg</i>	10	<i>pink bismuth oral suspension 262 mg/15ml</i> ..	44
<i>oyster shell calcium/vit d</i>	26	<i>pain reliever oral tablet 325 mg</i>	10	<i>pink bismuth oral suspension 525 mg/15ml</i> ..	44
<i>oyster shell calcium/vit d3 oral tablet 500-5</i>		<i>pain reliever oral tablet 500 mg</i>	10	<i>pink bismuth oral tablet 262 mg</i>	44
<i>mg-mcg</i>	26	<i>pain reliever plus</i>	10	<i>pink bismuth oral tablet chewable 262 mg</i> ..	44
<i>oyster shell calcium/vitamin d oral tablet</i>		<i>pain-off</i>	10	<i>pink bismuth ultra str</i>	44
<i>250-3.125 mg-mcg</i>	94	PANADOL CHILDRENS.....	10	<i>pink-bismuth</i>	44
<i>oyster shell calcium/vitamin d oral tablet</i>		PANADOL EXTRA STRENGTH.....	10	PLAN B ONE-STEP.....	54
<i>500-5 mg-mcg</i>	26	PANADOL INFANTS.....	10	<i>poly bacitracin</i>	60
<i>p col-rite</i>	51	PANOXYL.....	60	<i>polyethylene glycol 3350 oral powder</i>	49
<i>pain & fever child</i>	9	PATADAY OPHTHALMIC SOLUTION 0.1		<i>polyethylene glycol 3350-grx oral powder</i> ..	49
<i>pain & fever childrens</i>	9	<i>%, 0.2 %</i>	62	<i>poly-iron 150</i>	27
<i>pain & fever childrens oral suspension 160</i>		<i>ped electrolyte freeze pop</i>	26	<i>poly-iron 150 forte</i>	27
<i>mg/5ml</i>	9	PEDIA-LAX ORAL LIQUID.....	51	<i>polysaccharide iron complex</i>	27
<i>pain & fever infants oral suspension 160</i>		PEDIALYTE FREEZER POPS.....	26	<i>polysaccharide iron forte</i>	27
<i>mg/5ml</i>	9	PEDIALYTE ORAL SOLUTION.....	26	<i>polysaccharide-iron complex</i>	27
<i>pain relief childrens oral elixir 160 mg/5ml</i>	9	PEDIALYTE SINGLES.....	26	POLYSPORIN.....	60
<i>pain relief childrens oral suspension</i>	9	<i>pediatric electrolyte oral solution</i>	26	<i>polyvinyl alcohol ophthalmic</i>	65

<i>potassium citrate-citric acid</i>	27	<i>purelax oral powder</i>	49	ROXYBOND ORAL TABLET ABUSE-	
<i>prenatal formula</i>	30	PYRIDIDIUM.....	53	DETERRENT 15 MG, 30 MG.....	4
<i>prenatal formula oral tablet 28-0.8 mg</i>	31	<i>pyridoxine hcl oral</i>	95	<i>rynex dm</i>	90
<i>prenatal gummy oral tablet chewable 0.4 mg</i>	96	<i>quazepam</i>	17	<i>rynex pe</i>	90
<i>prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	94	QUFLORA PEDIATRIC ORAL SOLUTION		<i>rynex pse</i>	90
<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	31	0.5 MG/ML.....	31	<i>saccharomyces boulardii</i>	45
<i>prenatal multi+dha</i>	31	<i>quit2</i>	13	<i>saline enema</i>	45
<i>prenatal multivitamins</i>	31	<i>quit4</i>	13	<i>saline mist spray</i>	75
<i>prenatal oral tablet 27-0.8 mg</i>	31	<i>radiance platinum vitamin d3</i>	31	<i>saline nasal spray</i>	75
<i>prenatal oral tablet 28-0.8 mg</i>	31	<i>react</i>	54	<i>salsalate oral</i>	11
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	31	<i>ready-to-use enema rectal enema</i>	45	<i>sb arthritis pain relief</i>	11
<i>prenatal/iron</i>	31	<i>refenesen 400</i>	75	<i>sb docusate sodium/senna</i>	51
PREPARATION H EXTERNAL CREAM 1 %.....	19	REFRESH LACRI-LUBE.....	65	<i>sb lice killing max st</i>	17
PREVACID 24HR.....	35	REFRESH PLUS.....	65	<i>sb mucus relief</i>	75
PROBIOMAX SERENITY.....	44	REFRESH TEARS.....	65	<i>sb pain reliever childrens</i>	11
<i>probiotic blend</i>	45	REHYDRALYTE.....	27	<i>scalp relief external liquid 3 %</i>	60
<i>probiotic colon care</i>	45	REJUVAFLOR.....	45	<i>senexon-s</i>	52
<i>probiotic complex</i>	45	RELEUKO.....	18	<i>senior probiotic</i>	45
<i>probiotic extra strength</i>	45	<i>relief eye drops</i>	65	<i>senna lax</i>	52
<i>probiotic maximum strength</i>	45	REMEDIENT.....	94	<i>senna laxative</i>	52
<i>probiotic oral capsule</i>	45	RENAL.....	31	<i>senna oral liquid</i>	52
<i>probiotic oral capsule 250 mg</i>	45	<i>rena-vite</i>	31	<i>senna oral syrup</i>	52
<i>probiotic pearls ex st</i>	45	<i>renewal soothing bath</i>	21	<i>senna oral tablet</i>	52
<i>promethazine vcl/codeine</i>	89	REPHRESH PRO-B.....	45	<i>senna plus oral tablet</i>	52
<i>promethazine-codeine oral solution</i>	89	RESTORA.....	45	<i>senna s</i>	52
<i>promethazine-dm</i>	89	<i>restore plus lubricant eye</i>	65	<i>senna smooth</i>	52
PRONUTRIENTS VITAMIN D3.....	31	<i>restore pm</i>	65	<i>senna-docusate sodium</i>	52
PROXIVOL.....	11	REVITAFLOR.....	45	<i>senna-lax</i>	52
<i>pseudoephedrine hcl 12 hr</i>	89	RISAQUAD.....	45	<i>senna-plus</i>	52
<i>pseudoephedrine hcl er</i>	89	RISAQUAD-2.....	45	<i>senna-s</i>	52
<i>pseudoephedrine hcl oral tablet 30 mg</i>	89	ROBAFEN CF MULTI-SYMPTOM COLD....	77	<i>senna-tabs</i>	52
<i>pseudoephedrine-bromphen-dm</i>	75	ROBITUSSIN 12 HOUR COUGH.....	89	<i>senna-time</i>	52
<i>pseudoephedrine-guaifenesin er</i>	89	ROBITUSSIN 12 HOUR COUGH CHILD....	90	<i>senna-time s</i>	52
<i>psyldex</i>	49	ROBITUSSIN CHILD COUGH/COLD LA....	75	<i>sennazon</i>	52
<i>pure & gentle lubricant</i>	65	ROBITUSSIN CHILDRENS COUGH LA....	75	SENOKOT.....	52
		ROBITUSSIN COUGH+CHEST CONG		SENOKOT S.....	52
		DM ORAL LIQUID 20-400 MG/20ML.....	90	SENTIA.....	65
		ROBITUSSIN NIGHTTIME COUGH.....	75	<i>siladryl allergy</i>	71
		ROBITUSSIN PEAK COLD MULTI-SYM.....	77	<i>siltussin sa</i>	75

<i>simeped</i>	45	<i>stomach relief max st oral suspension 525 mg/15ml</i>	46	<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	21
<i>simethicone drops infants</i>	45	<i>stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml</i>	46	<i>sulfamez wash</i>	21
<i>simethicone oral capsule</i>	45	<i>stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	46	SUMADAN WASH.....	21
<i>simethicone oral suspension</i>	45	<i>stomach relief oral tablet 262 mg</i>	46	<i>suphedrine 12hour</i>	90
<i>simethicone oral tablet chewable</i>	45	<i>stomach relief oral tablet chewable 262 mg</i>	46	<i>suphedrine maximum strength</i>	90
<i>simethicone ultra strength</i>	46	<i>stomach relief plus</i>	46	<i>suphedrine oral tablet 30 mg</i>	91
<i>sinus 12 hour</i>	90	<i>stomach relief ultra oral suspension 525 mg/15ml</i>	47	<i>suphedrine oral tablet extended release 12 hour 120 mg</i>	91
<i>sinus 12-hour</i>	90	<i>stool softener laxative oral capsule</i>	52	SUPPORT.....	94
<i>sinus congestion max strength</i>	90	<i>stool softener oral capsule 100 mg</i>	52	<i>sure result sr relief</i>	60
<i>sinus nasal spray</i>	90	<i>stool softener oral capsule 240 mg</i>	52	SYSTANE.....	66
<i>sinus pe decongestant</i>	75	<i>stool softener oral capsule 250 mg</i>	52	SYSTANE BALANCE.....	66
<i>sinus relief extra strength</i>	75	<i>stool softener oral capsule 50 mg</i>	52	SYSTANE COMPLETE.....	66
<i>sinus/congestion relief pe</i>	75	<i>stool softener pls laxative</i>	53	SYSTANE CONTACTS.....	66
SLO-NIACIN.....	31	<i>stool softener plus laxative</i>	53	SYSTANE HYDRATION PF.....	66
<i>smooth antacid ex st oral tablet chewable 750 mg</i>	46	<i>stool softener/laxative</i>	53	SYSTANE NIGHTTIME.....	66
<i>smooth antacid extra st</i>	46	<i>stool softener/laxative oral tablet</i>	53	SYSTANE PRESERVATIVE FREE.....	66
<i>smooth antacid extra strength</i>	46	<i>stress formula</i>	31	SYSTANE ULTRA.....	66
<i>smooth lax oral powder</i>	49	<i>stress formula/iron</i>	94	SYSTANE ULTRA PF.....	66
<i>sod chloride hypertonicity</i>	65	STUART ONE.....	31	<i>tab tussin</i>	75
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	27	SUDAFED.....	90	<i>tab-a-vite/beta carotene</i>	31
<i>sodium bicarbonate oral tablet</i>	46	SUDAFED CHILDRENS.....	90	TAGAMET HB 200.....	35
<i>sodium chloride</i>	65	SUDAFED PE CONGESTION ORAL TABLET 10 MG.....	75	<i>take action</i>	54
<i>sodium chloride (hypertonic)</i>	66	SUDAFED PE SINUS CONGESTION.....	75	TEENY TUMMY GAS RELIEF DROPS.....	47
<i>sodium sulfacetamide wash</i>	60	SUDAFED SINUS CONGESTION.....	90	<i>terbinafine hcl external</i>	16
<i>soft glucose</i>	18	SUDAFED SINUS CONGESTION 12HR.....	90	<i>terbinafine hydrochloride external cream 1 %</i>	16
<i>soluble fiber therapy</i>	52	<i>sudogest 12 hour</i>	90	<i>the magic bullet</i>	61
<i>soothe maximum strength</i>	46	<i>sudogest maximum strength</i>	90	THERA.....	31
<i>soothe oral suspension</i>	46	<i>sudogest oral tablet 30 mg</i>	90	<i>thera-tabs</i>	31
<i>soothe oral tablet chewable</i>	46	<i>sulfacetamide sodium external</i>	60	<i>thiamine hcl oral</i>	95
<i>sorbitol oral</i>	49	<i>sulfacetamide sodium-sulfur external cream 10-5 %</i>	21	<i>thiamine mononitrate oral</i>	31
<i>sss 10-5 external cream</i>	21	<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i>	21	THRIVE.....	13
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE.....	60			TINACTIN EXTERNAL CREAM.....	61
STABLEGI.....	46			<i>tinaspore</i>	61
<i>stimulant lax plus</i>	52			TM-DAILY VITE.....	31
<i>stimulant laxative</i>	52			TM-TOLNAFTATE.....	61
<i>stomach relief extra strength</i>	46			TM-TOLNAFTATE LR.....	61

<i>toe area treatment max str</i>	61	TRUE VITAMIN D3 ORAL CAPSULE 250		<i>tussin dm cough/chest oral syrup 10-100</i>	
TOLNAFI-AL.....	61	MCG (10000 UT).....	32	<i>mg/5ml</i>	91
<i>tolnaftate antifungal external cream</i>	61	TRUE VITAMIN D3 ORAL TABLET 10		<i>tussin dm max</i>	91
<i>tolnaftate external cream</i>	61	MCG (400 UNIT).....	32	<i>tussin dm max adult</i>	91
<i>tolnaftate external powder</i>	61	TRUE VITAMIN D3 ORAL TABLET 125		<i>tussin dm max daytime</i>	91
<i>total allergy</i>	71	MCG (5000 UT).....	32	<i>tussin dm max st</i>	91
<i>total allergy medicine</i>	71	TRUE VITAMIN D3 ORAL TABLET 25		<i>tussin dm oral syrup 100-10 mg/5ml</i>	91
<i>travel ease</i>	14	MCG (1000 UT).....	32	<i>tussin expectorant adult</i>	76
<i>triamcinolone acetonide nasal</i>	80	TRUE VITAMIN E ORAL CAPSULE 450		<i>tussin maximum strength oral syrup 15</i>	
TRIAMINIC ALLERCHEWS.....	79	MG, 90 MG.....	95	<i>mg/5ml</i>	76
TRICON.....	27	TRUELYTE.....	27	<i>tussin mucus & chest cong</i>	76
<i>triphrocaps</i>	31	TRUEPLUS GLUCOSE ON THE GO.....	18	<i>tussin mucus & chest congest</i>	76
<i>triple antibiotic external ointment , 3.5-400-</i>		TRUEPLUS GLUCOSE ORAL TABLET		<i>tussin mucus/chest congest</i>	76
<i>5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	13	CHEWABLE.....	18	<i>tussin mucus/congestion</i>	76
<i>triple antibiotic original</i>	13	TUMS.....	47	<i>tussin mucus+chest congest</i>	76
TRITOLNACIDE S.....	61	TUMS CHEWY BITES.....	47	<i>tussin mucus+chest congestion</i>	76
<i>tri-vite pediatric</i>	31	TUMS E-X 750.....	47	<i>tussin multi-symptom cold cf</i>	77
<i>tri-vite/fluoride</i>	94	TUMS EXTRA STRENGTH 750.....	47	<i>tussin oral liquid 100 mg/5ml</i>	76
TRUE FERROUS SULFATE.....	27	TUMS LASTING EFFECTS.....	47	TYLENOL FOR CHILDREN + ADULTS.....	11
TRUE FOLIC ACID ORAL TABLET 1 MG... 61		TUMS SMOOTHIES.....	47	TYLENOL ORAL SUSPENSION 160	
TRUE FOLIC ACID ORAL TABLET 400		TUMS ULTRA 1000.....	47	MG/5ML.....	11
MCG.....	61	<i>tusnel-ex</i>	75	TYLENOL ORAL TABLET 325 MG, 500	
TRUE MAGNESIUM OXIDE.....	27	<i>tussin adult chest congest</i>	75	MG.....	11
TRUE MULTIVITAMIN.....	32	<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	91	TYLENOL ORAL TABLET CHEWABLE	
TRUE VITAMIN A.....	32	<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	77	160 MG.....	11
TRUE VITAMIN B1 ORAL TABLET 100		<i>tussin chest congestion oral liquid 100</i>		TYLENOL ORAL TABLET EXTENDED	
MG.....	32	<i>mg/5ml</i>	75	RELEASE 650 MG.....	11
TRUE VITAMIN B3 ORAL TABLET 100		<i>tussin cough dm sugar free</i>	91	<i>ultra calcium + vitamin d3</i>	27
MG, 250 MG, 50 MG.....	32	<i>tussin cough long acting</i>	76	<i>ultra fresh</i>	66
TRUE VITAMIN B6 ORAL TABLET 100		<i>tussin cough oral syrup</i>	76	<i>ultra fresh pm</i>	66
MG, 25 MG, 50 MG.....	95	<i>tussin cough/chest congest oral syrup 100-</i>		<i>ultra lubricant drop</i>	66
TRUE VITAMIN C.....	94	<i>10 mg/5ml</i>	91	<i>ultra lubricating eye drops</i>	66
TRUE VITAMIN D3 ORAL CAPSULE 1.25		<i>tussin cough/chest dm max oral liquid 10-</i>		<i>ultra lubricating eye drops pf</i>	66
MG (50000 UT).....	32	<i>200 mg/5ml</i>	91	<i>urea 20 intensive hydrating</i>	22
TRUE VITAMIN D3 ORAL CAPSULE 10		<i>tussin cough/chest dm max oral liquid 20-</i>		<i>urea external cream 10 %</i>	22
MCG (400 UNIT).....	32	<i>400 mg/20ml</i>	91	<i>urea external cream 20 %</i>	22
TRUE VITAMIN D3 ORAL CAPSULE 125		<i>tussin dm cough + chest oral liquid 20-400</i>		<i>urea external lotion</i>	22
MCG (5000 UT), 25 MCG (1000 UT).....	32	<i>mg/20ml</i>	91	<i>ureacin-10</i>	22
		<i>tussin dm cough/chest cong</i>	91	<i>ureacin-20</i>	22

<i>urinary pain relief oral tablet 95 mg</i>	53	<i>vitamin c/acerola</i>	95	<i>vitamin e oral capsule 268 mg (400 unit)</i>	96
VAPORIZER WARM STEAM.....	61	<i>vitamin c/rose hips</i>	95	<i>vitamin k1 injection solution 10 mg/ml</i>	34
VASOCLEAR-A.....	66	<i>vitamin c/rose hips oral tablet 1000 mg</i>	95	<i>vitamin-b complex</i>	34
VAXELIS.....	61	<i>vitamin c-rose hips</i>	95	<i>vitamins acd-fluoride</i>	95
<i>v-c forte</i>	94	<i>vitamin c-rose hips oral tablet</i>	95	<i>vitamins complete childrens</i>	95
<i>vegetable lax+stool softener</i>	53	<i>vitamin d (cholecalciferol) oral tablet 10</i>		<i>wart remover external liquid 17 %</i>	61
<i>vegetable laxative</i>	53	<i>mcg (400 unit)</i>	32	<i>wart remover maximum strength external</i>	
VENTIVA TEARS.....	66	<i>vitamin d (cholecalciferol) oral tablet 25</i>		<i>liquid</i>	61
<i>vic-forte</i>	94	<i>mcg (1000 ut)</i>	32	<i>weekly-d</i>	34
<i>virt-caps</i>	32	<i>vitamin d (ergocalciferol) oral capsule 1.25</i>		<i>wescaps</i>	34
VISINE.....	66	<i>mg (50000 ut), 50000 unit</i>	95	<i>wes-phos 250 neutral</i>	27
<i>vit c/rose hips</i>	94	<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	32	WIDE-SEAL DIAPHRAGM 60.....	61
<i>vita s forte</i>	94	<i>vitamin d oral liquid</i>	32	WIDE-SEAL DIAPHRAGM 65.....	62
<i>vitacel</i>	94	<i>vitamin d oral tablet chewable 10 mcg (400</i>		WIDE-SEAL DIAPHRAGM 70.....	62
<i>vitachew vitamin d3</i>	32	<i>unit)</i>	33	WIDE-SEAL DIAPHRAGM 75.....	62
<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>		<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i> ..	33	WIDE-SEAL DIAPHRAGM 80.....	62
<i>3 mg (10000 ut)</i>	32	<i>vitamin d3 oral capsule 1000 unit, 25 mcg</i>		WIDE-SEAL DIAPHRAGM 85.....	62
<i>vitamin b complex w/b-12</i>	32	<i>(1000 ut)</i>	33	WIDE-SEAL DIAPHRAGM 90.....	62
<i>vitamin b1</i>	95	<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> ..	33	WIDE-SEAL DIAPHRAGM 95.....	62
<i>vitamin b-1 oral tablet 100 mg</i>	32	<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i> ..	33	<i>womans laxative</i>	62
<i>vitamin b-1 oral tablet 250 mg</i>	95	<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	33	<i>womens gentle laxative</i>	62
<i>vitamin b-12 er oral tablet extended</i>		<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i> ...	33	<i>womens laxative oral tablet delayed</i>	
<i>release 1000 mcg</i>	96	<i>vitamin d3 oral capsule 50 mcg, 50 mcg</i>		<i>release 5 mg</i>	62
<i>vitamin b12 oral tablet extended release</i>		<i>(2000 ut)</i>	33	<i>womens prenatal+dha</i>	34
<i>1000 mcg</i>	96	<i>vitamin d3 oral liquid 10 mcg/ml</i>	33	XEPI.....	20
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<i>1000 mcg</i>	96	<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	33	XPECT.....	76
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<i>vitamin c er oral tablet extended release</i>		<i>(400 unit)</i>	33	<i>zinc oral tablet 50 mg</i>	95
<i>1500 mg</i>	94	<i>vitamin d3 oral tablet chewable 25 mcg</i>		<i>zinc oxide external ointment 40 %</i>	21
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