



Preferred Drug List (PDL)

**New York
Essential Plan**

Effective Date: 4/1/2024



**United
Healthcare
Community Plan**



NOTICE OF NON-DISCRIMINATION

UnitedHealthcare Community Plan complies with Federal civil rights laws. UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare Community Plan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call the toll-free member phone number listed on your member ID card.

If you believe that UnitedHealthcare Community Plan has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Civil Rights Coordinator by:

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

Email: **UHC_Civil_Rights@uhc.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-866-265-1893**, TTY **711**, 8 a.m. – 6 p.m., Monday – Friday.



NOTIFICACIÓN DE LA NO-DISCRIMINACIÓN

UnitedHealthcare Community Plan cumple con los requisitos fijados por las leyes Federales de los derechos civiles. UnitedHealthcare Community Plan no excluye a las personas o las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

UnitedHealthcare Community Plan provee lo siguiente:

- Asistencia y servicios gratuitos de ayuda para las personas con discapacidades en su comunicación con nosotros, con:
 - Intérpretes calificados en el lenguaje de señas
 - Información por escrito en diferentes formatos (letras de mayor tamaño, audición, formatos electrónicos accesibles, otros formatos)
- Servicios gratuitos con diversos idiomas para personas para quienes el inglés no es su lengua materna, como:
 - Intérpretes calificados
 - Información impresa en diversos idiomas

Si usted necesita estos servicios, por favor llame gratuitamente al número anotado en su tarjeta de identificación como miembro.

Si usted piensa que UnitedHealthcare Community Plan no le ha brindado estos servicios o le han tratado a usted de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante el Coordinador de los Derechos Civiles (Civil Rights Coordinator) haciéndolo por:

Correo: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

Correo electrónico: **UHC_Civil_Rights@uhc.com**

Usted también puede presentar una queja acerca de sus derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, por:

Internet: Sitio en internet para la Oficina de Derechos Civiles en
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

Teléfono: Gratuitamente al 1-800-368-1019, 1-800-537-7697 (TDD)

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame a Servicios para Miembros al **1-866-265-1893**, TTY **711**, 8 a.m. a 6 p.m., de lunes a viernes.

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-265-1893 TTY/711.

English

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-265-1893 TTY/711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-265-1893 TTY/711.	Spanish/Español
注意：您可以免費獲得語言援助服務。請致電 1-866-265-1893 TTY/711。	Chinese/中文
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-265-1893 رقم هاتف الصم والبكم 711/TTY	Arabic/اللغة العربية
주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-866-265-1893 TTY/711로 전화하시기 바랍니다.	Korean/한국어
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-265-1893 (телетайп: TTY/711).	Russian/Русский
ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il 1-866-265-1893 TTY/711.	Italian/Italiano
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-265-1893 TTY/711.	French/Français
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-265-1893 TTY/ 711.	French Creole/ Kreyòl ki soti nan Fransè
אכטונג: אויב איר רעדט אידיש, זענען פאראן פאר אייך שפראך הילף סעריסעס פריי פון אפצאל. רופט 1-866-265-1893 TTY/711	Yiddish/אידיש
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-265-1893 TTY/711.	Polish/Polski
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyong pantulong sa wika nang walang bayad. Tumawag sa 1-866-265-1893 TTY/711	Tagalog
দৃষ্টি আকর্ষণ: যদি আপনার ভাষা বাংলা হয়, তাহলে আপনি বিনামূল্যে ভাষা সহায়তা পাবেন। 1-866-265-1893 TTY/711 নম্বরে ফোন করুন।	Bengali/বাংলা
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-265-1893 TTY/711.	Albanian/Shqip
Προσοχή: Στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-265-1893 TTY/711.	Greek/ Ελληνικά
توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان سے متعلق مدد کی خدمات مفت دستیاب ہیں۔ کال کریں 1-866-265-1893 TTY/711.	اردو/Urdu



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.

The UnitedHealthcare Community Plan *PDL* covers selected over-the-counter (OTC) products. You are encouraged to prescribe OTC medications when clinically appropriate.

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 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 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.

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
Breo Ellipta	1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) OR 2) 30 day trial of a longacting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta)..
calcipotriene	Trial of two medium to high potency

cream & oint 0.005%	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)	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
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
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.
tretinoin Cream (tretinoin cream 0.025%, 0.05%, 0.1%, and Avita cream 0.025%)	Trial of Differin OTC Gel 0.1%.
trospium	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.

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

Your comments and suggestions regarding the UnitedHealthcare Community Plan PDL are encouraged. Your input is vital to this PDL's continued success. All responses will be reviewed and considered. Please send your comments to:

UnitedHealthcare Community Plan by
 UnitedHealthcare
 Director of Pharmacy Services
 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.

Table of copays for Essential Plans

	How Displayed in PDL booklet	Essential Plan 1	Essential Plan 2	Essential Plan 3	Essential Plan 4
Tier 1 (Generics)	“1” in Tier column	\$6 for 30 days \$15 for 90 days	\$1 for 30 days \$2.50 for 90 days	\$1 for 30 days \$2.50 for 90 days	\$0 for both 30 and 90 days
Tier 2 (Brands)	“2” in Tier column	\$15 for 30 days \$37.50 for 90 days	\$3 for 30 days \$7.50 for 90 days	\$3 for 30 days \$7.50 for 90 days	\$0 for both 30 and 90 days
Over the Counter (OTCs)	“OTC” listed in Requirements & Limits OR listed in “OTC Medications” section	Plan Exclusion	Plan Exclusion	\$1 for 30 days \$2.50 for 90 days	\$0 for both 30 and 90 days
DME Supplies	“DME Supply” listed in Requirements & Limits	5% coinsurance for both 30 & 90 days	\$0 for both 30 and 90 days	\$0 for both 30 and 90 days	\$0 for both 30 and 90 days
Oral Chemotherapy	“oral chemo” listed in Requirements & Limits	\$0 for both 30 and 90 days	\$0 for both 30 and 90 days	\$0 for both 30 and 90 days	\$0 for both 30 and 90 days
Preventive Drugs*	“preventive drug” listed in Requirements & Limits	\$0 for both 30 and 90 days	\$0 for both 30 and 90 days	\$0 for both 30 and 90 days	\$0 for both 30 and 90 days
Non-Preferred Drugs (not listed in PDL)		\$30 for 30 days \$75 for 90 days	\$3 for 30 days \$7.50 for 90 days	\$3 for 30 days \$7.50 for 90 days	\$0 for both 30 and 90 days
Compounds (not listed in PDL)	NOT LISTED IN PDL	\$30 for 30 days \$75 for 90 days	\$3 for 30 days \$7.50 for 90 days	\$3 for 30 days \$7.50 for 90 days	\$0 for both 30 and 90 days

*For non-preferred drugs that belong to the preventive class including contraceptives if approved for a member after a prior auth review copays will default to the preventive drugs copay of \$0

New York – Essential Plan

Table of Contents

Analgesics	4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	8
Anesthetics	16
Anti-Addiction/Substance Abuse Treatment Agents	16
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	18
Antiandrogens - Hormone Suppressants	19
Antibacterials	19
Antibacterials - Drugs to Treat Bacterial Infections	22
Anticonvulsants	23
Anticonvulsants - Drugs to Treat Seizures	25
Antidementia Agents	25
Antidepressants	26
Antiemetics	27
Antiemetics - Drugs to Treat Nausea and Vomiting	28
Antifungals	29
Antifungals - Drugs to Treat Fungal Infections	30
Antigout Agents	31
Antimigraine Agents	31
Antimigraine Agents - Drugs to Treat Migraines	32
Antimyasthenic Agents	32
Antimycobacterials	33
Antineoplastics	33
Antineoplastics - Drugs to Treat Cancer	37
Antineoplastics, Other - Chemotherapy Agents	37
Antiparasitics	37
Antiparasitics - Drugs to Treat Parasitic Infections	38
Antiparkinson Agents	38
Antipsychotics	40
Antispasmodics, Urinary - Bladder Control Drugs	41
Antispasticity Agents	41
Antivirals	41
Antivirals - Drugs to Treat Viral Infections	45
Anxiolytics	45
Anxiolytics - Drugs to Treat Anxiety	46
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	46
Bipolar Agents	46
Blood Glucose Regulators	47

Blood Glucose Regulators - Drugs to Regulate Blood Sugar	50
Blood Products and Modifiers	50
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	52
Cardiovascular Agents	52
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	58
Central Nervous System Agents	58
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	61
Dental and Oral Agents	61
Dermatological Agents	62
Dermatological Agents - Drugs to Treat Skin Conditions	69
Diabetes - Glucose Monitoring	71
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	73
Electrolytes/Minerals/Metals/Vitamins	74
Estrogens - Hormone Replacement/Modifying Drugs	84
Gastrointestinal Agents	84
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	88
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	106
Genitourinary Agents	107
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	108
Glycemic Agents - Diabetic Drugs	108
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	108
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	109
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	109
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	110
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	110
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	110
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	119
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	119
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	120
Hormonal Agents, Suppressant (Adrenal)	120
Hormonal Agents, Suppressant (Pituitary)	120
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	121
Hormonal Agents, Suppressant (Thyroid)	121
Immune Suppressants - Immune System Drugs	121
Immunological Agents	121
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	125
Inflammatory Bowel Disease Agents	125
Metabolic Bone Disease Agents	126
Miscellaneous Therapeutic Agents	127
Molecular Target Inhibitors - Chemotherapy Agents	139

Monoclonal Antibodies - Chemotherapy Agents.....	140
Multiple Sclerosis Agents - Multiple Sclerosis Drugs.....	140
Ophthalmic Agents.....	140
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	143
Otic Agents.....	148
Otic Agents - Drugs to Treat Ear Conditions.....	148
Respiratory Tract/Pulmonary Agents.....	149
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	157
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	180
Skeletal Muscle Relaxants.....	180
Sleep Disorder Agents.....	181
Sleep Disorder Agents - Drugs for Sedation and Sleep.....	182
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	183

Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<p><i>ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; OTC; QL</i></p> <p><i>ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; OTC; QL</i></p> <p><i>ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; OTC; QL</i></p> <p><i>all day pain relief (generic for MEDIPROXEN) - Tier 1; OTC; QL</i></p> <p><i>all day relief (generic for MEDIPROXEN) - Tier 1; OTC; QL</i></p> <p><i>celecoxib oral (generic for CELEBREX) - Tier 1; QL</i></p> <p><i>diclofenac potassium oral tablet 50 mg - Tier 1; QL</i></p> <p><i>diclofenac sodium er - Tier 1; QL</i></p> <p><i>diclofenac sodium external gel 1 % (generic for ALEVE ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL</i></p> <p><i>diclofenac sodium external solution 1.5 % - Tier 1; PA; QL</i></p> <p><i>diclofenac sodium oral - Tier 1; QL</i></p> <p><i>ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL</i></p> <p><i>etodolac (generic for LODINE) - Tier 1; QL</i></p> <p><i>ft all day pain relief (generic for MEDIPROXEN) - Tier 1; OTC; QL</i></p> <p><i>ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL</i></p> <p><i>ft ibuprofen oral tablet (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen (generic for IBU) - Tier 1; QL</i></p> <p><i>ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL</i></p>	<p><i>DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL</i></p> <p><i>ELYXYB - Tier 2; PA; QL</i></p> <p><i>FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL</i></p> <p><i>LICART - Tier 2; PA; QL</i></p> <p><i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA</i></p> <p><i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL</i></p> <p><i>NAPROSYN (brand for naproxen) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; OTC; QL

ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL

ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL

ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL

ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL

ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL

ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL

indomethacin oral capsule - Tier 1; QL

INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; OTC; QL

infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; OTC; QL

ketoprofen oral capsule 50 mg - Tier 1; QL

ketorolac tromethamine oral - Tier 1; QL

medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL

mediproxen (generic for MEDIPROXEN) - Tier 1; OTC; QL

meloxicam oral tablet - Tier 1; QL

mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL

MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p>MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; OTC; QL</p> <p>MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; OTC; QL</p> <p>nabumetone oral - Tier 1; QL</p> <p>naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL</p> <p>naproxen oral (generic for EC-NAPROSYN) - Tier 1; QL</p> <p>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; OTC; QL</p> <p>oxaprozin oral tablet (generic for DAYPRO) - Tier 1; QL</p> <p>piroxicam oral (generic for FELDENE) - Tier 1; QL</p> <p>sulindac oral - Tier 1; QL</p>	

Opioid Analgesics, Long-acting

<p>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</p> <p>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</p> <p>morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL</p> <p>oxymorphone hcl er - Tier 1; PA; QL</p>	<p>BELBUCA - Tier 2; PA; QL</p> <p>BUTRANS (brand for buprenorphine) - Tier 2; PA; QL</p> <p>HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL</p> <p>morphine sulfate er beads - Tier 1; PA; QL</p> <p>NUCYNTA ER - Tier 2; PA; QL</p> <p>OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL</p> <p>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA; QL</p> <p>XTAMPZA ER - Tier 2; PA; QL</p>
--	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

Opioid Analgesics, Short-acting

acetaminophen-codeine - Tier 1; QL
 ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL
 bac (generic for BAC) - Tier 1; QL
 butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL
 butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL
 butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - Tier 1; QL
 butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL
 butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL
 butalbital-aspirin-caffeine - Tier 1; QL
 butorphanol tartrate nasal - Tier 1; QL
 codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL
 endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL
 hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL
 hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL
 hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL
 hydromorphone hcl rectal - Tier 1; QL
 morphine sulfate (concentrate) - Tier 1; QL
 morphine sulfate oral - Tier 1; QL
 morphine sulfate rectal - Tier 1; QL
 oxycodone hcl oral concentrate - Tier 1; QL
 oxycodone hcl oral solution - Tier 1; QL
 OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL
 oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL
 pentazocine-naloxone hcl - Tier 1; QL
 TENCON (brand for butalbital-acetaminophen) - Tier 2; QL
 tramadol hcl oral tablet 50 mg - Tier 1; QL

apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL
 NUCYNTA - Tier 2; PA; QL
 SEGLENTIS - Tier 2; PA; QL
 TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

Opioid Dependence Treatments -
Antidotes/Deterrents/Protectants

buprenorphine hcl sublingual - Tier 1; DX2RX; QL

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL
acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL
acetaminophen infants (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL
acetaminophen oral liquid 160 mg/5ml (generic for CURANOL) - Tier 1; OTC; QL
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; OTC; QL
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL
acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; OTC; QL
acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL
acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; OTC; QL
acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; OTC; QL
apra (generic for MAX RELIEF JUNIOR) - Tier 1; OTC; QL
arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL
arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL
betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL
childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL
childrens apap (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
childrens silapap (generic for CURANOL) - Tier 1; OTC; QL
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
ed-apap (generic for CURANOL) - Tier 1; OTC; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2; OTC
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2; OTC
fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; OTC; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; OTC; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; OTC; QL
 FEVERALL INFANTS - Tier 2; OTC; QL
 FEVERALL JUNIOR STRENGTH - Tier 2; OTC; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment;
 DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP:
 Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL

ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC

ft pain & fever childrens (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

ft pain relief (generic for PHARBETOL) - Tier 1; OTC; QL

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

ft pain reliver extra st adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL

headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC

headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC

headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC

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

infants pain relief drops (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

infants pain/fever (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

liquid acetaminophen (generic for CURANOL) - Tier 1; OTC; QL

liquid pain relief (generic for CURANOL) - Tier 1; OTC; QL

mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
mapap oral capsule - Tier 1; OTC; QL
MAX RELIEF JUNIOR (brand for apra) - Tier 2; OTC; QL
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC
migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC
migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL
m-pap (generic for CURANOL) - Tier 1; OTC; QL
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; OTC; QL
pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL
pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

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

pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL

pain relief regular strength (generic for PHARBETOL) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1; OTC

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

pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1; OTC

pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL

pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC

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

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

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

pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC

pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC

PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; OTC; QL

PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; OTC; QL

PANADOL INFANTS (brand for acetaminophen) - Tier 2; OTC; QL

PHARBETOL (brand for acetaminophen) - Tier 2; OTC; QL

PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; OTC; QL

sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL</i></p> <p><i>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; OTC; QL</i></p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p>	
<p><i>salsalate oral - Tier 1; QL</i></p>	
<p>Opioid Analgesics, Short-acting</p>	
<p><i>oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL</i></p> <p><i>oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Anesthetics	
Local Anesthetics	
<p>7T LIDO EXTERNAL GEL 2 % - Tier 2; QL <i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; OTC; QL</i> <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; OTC; QL</i> <i>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; OTC; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; OTC; QL</i> PROXIVOL - Tier 2; QL</p>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<p><i>acamprosate calcium - Tier 1; CH; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; CH; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1; CH</i> <i>naltrexone hcl oral - Tier 1</i></p>	
Opioid Dependence	
<p><i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; DX2RX; QL</i></p>	<p><i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; DX2RX; QL</i> <i>ZUBSOLV - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Opioid Reversal Agents

<p><i>naloxone hcl injection - Tier 1; QL</i></p> <p><i>naloxone hcl liquid 4 mg/0.1ml nasal (otc) (generic for NARCAN) - Tier 1; OTC; QL</i></p> <p><i>naloxone hcl liquid 4 mg/0.1ml nasal (rx) (generic for NARCAN) - Tier 1; QL</i></p> <p><i>NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (brand for naloxone hcl) - Tier 2; OTC; QL</i></p> <p><i>NARCAN LIQUID 4 MG/0.1ML NASAL (RX) (brand for naloxone hcl) - Tier 2; QL</i></p>	<p>KLOXXADO - Tier 2; PA; QL</p> <p>ZIMHI - Tier 2; PA; QL</p>
---	--

Smoking Cessation Agents

<p><i>habitrol (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>NICODERM CQ (brand for cvs nicotine) - Tier 2; OTC; PD; QL</i></p> <p><i>nicotine step 1 (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine step 2 (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine step 3 (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine transdermal system (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>varenicline tartrate - Tier 1; PA; PD; CH; QL</i></p> <p><i>varenicline tartrate (starter) - Tier 1; PA; PD; CH; QL</i></p> <p><i>varenicline tartrate(continue) - Tier 1; PA; PD; CH; QL</i></p>	
--	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence

Smoking Cessation Agents - Deterrents

ft nicotine (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
mini nicotine (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
NICORETTE (brand for cvs nicotine) - Tier 2; OTC; PD; QL
NICORETTE MINI (brand for cvs nicotine) - Tier 2; OTC; PD; QL
NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; OTC; PD; QL
nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; OTC; PD; QL
nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; OTC; PD; QL
nicotine mini (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; OTC; PD; QL
nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; OTC; PD; QL
nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
quit2 (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
quit4 (generic for KLS QUIT4) - Tier 1; OTC; PD; QL
THRIVE (brand for cvs nicotine) - Tier 2; OTC; PD; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; PD; CH; QL
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i>	
Antibacterials, Other	
<i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i> <i>metronidazole oral tablet - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i> <i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i> <i>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>tinidazole oral tablet 250 mg - Tier 1</i> <i>tinidazole oral tablet 500 mg - Tier 1; QL</i> <i>trimethoprim oral - Tier 1; QL</i> <i>vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL</i> <i>VANDAZOLE (brand for metronidazole) - Tier 2; QL</i>	CLINDESSE - Tier 2; PA; QL FLAGYL (brand for metronidazole) - Tier 2; PA; QL METROGEL (brand for metronidazole) - Tier 2; PA; QL NORITATE - Tier 2; PA NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL XIFAXAN - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Beta-lactam, Cephalosporins	
<i>cefaclor oral capsule - Tier 1; QL</i> <i>cefadroxil - Tier 1; QL</i> <i>cefdinir - Tier 1; QL</i> <i>cefixime oral capsule - Tier 1; QL</i> <i>cefepodoxime proxetil oral tablet - Tier 1; QL</i> <i>cefprozil - Tier 1; QL</i> <i>cefuroxime axetil - Tier 1; QL</i> <i>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</i> <i>cephalexin oral suspension reconstituted - Tier 1; QL</i>	
Beta-lactam, Penicillins	
<i>amoxicillin - Tier 1; QL</i> <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i> <i>ampicillin - Tier 1; QL</i> <i>dicloxacillin sodium - Tier 1; QL</i> <i>penicillin v potassium - Tier 1; QL</i>	
Macrolides	
<i>azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL</i> <i>azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1; QL</i> <i>clarithromycin oral - Tier 1; QL</i> <i>DIFICID - Tier 2; PA; QL</i> <i>E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL</i> <i>ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL</i> <i>erythromycin base oral (generic for ERY-TAB) - Tier 1; QL</i> <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin oral (generic for ERY-TAB) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Quinolones	
CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i> <i>levofloxacin oral tablet - Tier 1; QL</i> <i>moxifloxacin hcl oral - Tier 1; QL</i> <i>ofloxacin oral - Tier 1; QL</i>	
Sulfonamides	
<i>sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL</i> <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i>	
Tetracyclines	
<i>doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL</i> <i>doxycycline hyclate oral tablet 100 mg - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i> <i>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</i> <i>mondoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL</i> NUZYRA ORAL - Tier 2; PA; QL	<i>ORACEA (brand for doxycycline) - Tier 2; PA</i> <i>SOLODYN (brand for minocycline hcl er) - Tier 2; PA</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics

antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; OTC; QL
antiseptic (generic for BETADINE) - Tier 1; OTC
BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2; OTC
first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; OTC; QL
first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1; OTC
medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; OTC; QL
NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; OTC; QL
povidone iodine (generic for BETADINE) - Tier 1; OTC
povidone-iodine external solution (generic for BETADINE) - Tier 1; OTC
SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2; OTC
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; OTC; QL
triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; OTC; QL

SUTAB - Tier 2; PA

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Anticonvulsants

Anticonvulsants, Other

felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL; AL
 felbamate oral tablet (generic for FELBATOL) - Tier 1; QL
 lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL
 lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL
 lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL
 lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL
 lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL
 levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL; AL
 levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL
 roovepra (generic for ROWEEPRA) - Tier 1; QL
 subvenite (generic for SUBVENITE) - Tier 1; QL
 subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL
 subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL
 subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL
 topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL; AL
 topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL
 valproic acid oral - Tier 1; QL

BRIVIACT ORAL - Tier 2; PA; QL
 EPIDIOLEX - Tier 2; PA; SP; QL
 FINTEPLA - Tier 2; PA; QL
 FYCOMPA - Tier 2; PA; QL
 TOPAMAX (brand for topiramate) - Tier 2; PA; QL
 TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL
 TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL
 XCOPRI - Tier 2; PA; QL
 XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL
 XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL

Calcium Channel Modifying Agents

ethosuximide oral (generic for ZARONTIN) - Tier 1; QL
 methsuximide (generic for CELONTIN) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Gamma-aminobutyric Acid (GABA) Augmenting Agents

clobazam (generic for ONFI) - Tier 1; DX2RX; QL
diazepam rectal - Tier 1; QL
gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL
gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL
 NAYZILAM - Tier 2; PA; QL
phenobarbital oral - Tier 1; QL
primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL
tiagabine hcl - Tier 1; PA; QL; AL
 VALTOCO 10 MG DOSE - Tier 2; PA; QL
 VALTOCO 15 MG DOSE - Tier 2; PA; QL
 VALTOCO 20 MG DOSE - Tier 2; PA; QL
 VALTOCO 5 MG DOSE - Tier 2; PA; QL
vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL
vigadrone oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL
vigpoder (generic for VIGADRONE) - Tier 1; PA; SP; QL

gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL
NEURONTIN (brand for gabapentin) - Tier 2; PA; QL
 SYMPAZAN - Tier 2; PA; QL

Sodium Channel Agents

carbamazepine er (generic for CARBATROL) - Tier 1; QL
carbamazepine oral (generic for EPITOL) - Tier 1; QL
 DILANTIN ORAL CAPSULE 30 MG - Tier 2
epitol (generic for EPITOL) - Tier 1; QL
lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL
oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL
oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL
phenytek (generic for PHENYTEK) - Tier 1; QL
phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL
phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL
phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL

APTIOM - Tier 2; PA; QL
 OXTELLAR XR - Tier 2; PA; QL
VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL
ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p><i>phenytoin sodium extended oral capsule 200 mg, 300 mg (generic for PHENYTEK) - Tier 1; QL</i></p> <p><i>rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL</i></p> <p><i>TEGRETOL ORAL SUSPENSION (brand for carbamazepine) - Tier 2; QL</i></p> <p><i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i></p>	
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other	
	DIACOMIT - Tier 2; PA; SP; QL
Antidementia Agents	
Antidementia Agents, Other	
	NAMZARIC - Tier 2; PA; CH; QL; AL
Cholinesterase Inhibitors	
<p><i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; CH; QL; AL</i></p> <p><i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; CH; QL; AL</i></p> <p><i>galantamine hydrobromide oral solution - Tier 1; CH; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; CH; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; CH; QL; AL</i></p> <p><i>rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL; AL</i></p> <p><i>rivastigmine tartrate - Tier 1; CH; QL; AL</i></p>	<p><i>EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA; QL; AL</i></p>
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<p><i>memantine hcl oral solution - Tier 1; CH; QL</i></p> <p><i>memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members <18 years of age will require PA; CH; QL; AL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antidepressants	
Antidepressants, Other	
<p><i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; PD; QL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL</i> <i>bupropion hcl oral - Tier 1; QL</i> <i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL</i> <i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i> <i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1; CH</i> <i>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; CH; QL</i></p>	<p><i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i> <i>SPRAVATO (84 MG DOSE) - Tier 2; PA; QL</i> <i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i></p>
Monoamine Oxidase Inhibitors	
<p><i>tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL</i></p>	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
<p><i>citalopram hydrobromide oral solution - Tier 1; QL</i> <i>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL</i> <i>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL</i> <i>fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL</i> <i>fluoxetine hcl oral solution - Tier 1; QL</i> <i>fluvoxamine maleate - Tier 1; QL</i> <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL</i> <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL</i> <i>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL</i> <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL</i> <i>venlafaxine hcl - Tier 1; QL</i> <i>venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL</i></p>	<p><i>FETZIMA - Tier 2; PA; QL</i> <i>PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL</i> <i>TRINTELLIX - Tier 2; PA; QL</i> <i>VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Tricyclics

amitriptyline hcl oral - Tier 1; QL
amoxapine - Tier 1; QL
clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL
desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL
doxepin hcl oral capsule - Tier 1; QL
doxepin hcl oral concentrate - Tier 1; QL
imipramine hcl oral - Tier 1; QL
nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL

Antiemetics

Antiemetics, Other

BONINE (brand for cvs motion sickness relief) - Tier 2; OTC
compro (generic for COMPRO) - Tier 1; QL
driminate (generic for DRIMINATE) - Tier 1; OTC
ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1; OTC
meclizine hcl oral tablet 12.5 mg - Tier 1; QL
meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL
meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1; OTC
metoclopramide hcl oral solution - Tier 1; QL
metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL
motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1; OTC
motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p><i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1; OTC</i></p> <p><i>motion-time (generic for BONINE) - Tier 1; OTC</i></p> <p><i>perphenazine oral - Tier 1; QL</i></p> <p><i>prochlorperazine (generic for COMPRO) - Tier 1; QL</i></p> <p><i>prochlorperazine maleate oral - Tier 1; QL</i></p> <p><i>promethazine hcl oral - Tier 1; QL</i></p> <p><i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i></p> <p><i>promethegan (generic for PROMETHEGAN) - Tier 1; QL</i></p> <p><i>travel ease (generic for BONINE) - Tier 1; OTC</i></p> <p><i>trimethobenzamide hcl oral - Tier 1; QL</i></p>	
Emetogenic Therapy Adjuncts	
<p><i>aprepitant (generic for EMEND) - Tier 1; QL</i></p> <p><i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i></p> <p><i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i></p> <p><i>ondansetron odt - Tier 1; QL</i></p>	<p><i>AKYNZEO ORAL - Tier 2; PA; QL</i></p> <p><i>EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL</i></p> <p><i>SANCUSO - Tier 2; PA; QL</i></p>
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<p><i>anti-nausea (generic for EMETROL) - Tier 1; OTC</i></p> <p><i>anti-nausea relief (generic for EMETROL) - Tier 1; OTC</i></p> <p><i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2; OTC</i></p> <p><i>nausea control (generic for EMETROL) - Tier 1; OTC</i></p> <p><i>nausea relief (generic for EMETROL) - Tier 1; OTC</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Antifungals	
-------------	--

3 day (generic for MONISTAT 3) - Tier 1; OTC
clotrimazole mouth/throat troche 10 mg - Tier 1; QL
fluconazole oral (generic for DIFLUCAN) - Tier 1; QL
ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL
griseofulvin microsize oral - Tier 1; QL
griseofulvin ultramicrosize - Tier 1; QL
itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL
ketoconazole oral - Tier 1; QL
miconazole 3 - Tier 1; QL
miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; OTC; QL
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; OTC; QL
miconazole 7 day treatment vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL
miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL
miconazole 7 vaginal suppository 100 mg - Tier 1; OTC
miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL
nystatin mouth/throat - Tier 1; QL
nystatin oral - Tier 1; QL
terbinafine hcl oral - Tier 1; QL
terconazole vaginal cream - Tier 1; QL
voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL

CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL
DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL
GYNAZOLE-1 - Tier 2; PA; QL
NOXAFIL ORAL PACKET - Tier 2; PA; QL; AL
NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA
NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL
VFEND (brand for voriconazole) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

3 day vaginal - Tier 1; OTC
 3-day vaginal vaginal cream 2 % - Tier 1; OTC
 antifungal external cream (generic for MICATIN) - Tier 1; OTC
 antifungal external powder (generic for DESENE X) - Tier 1; OTC; QL
 antifungal foot care (generic for LAMISIL AT) - Tier 1; OTC; QL
 antifungal miconazole (generic for MICATIN) - Tier 1; OTC
 athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; OTC
 athlete's foot (terbinafine) (generic for LAMISIL AT) - Tier 1; OTC; QL
 athlete's foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; OTC
 athlete's foot external cream 1 % (generic for LAMISIL AT) - Tier 1; OTC; QL
 athlete's foot external powder 2 % (generic for DESENE X) - Tier 1; OTC; QL
 athlete's foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; OTC
 athlete's foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1; OTC
 baza antifungal (generic for MICATIN) - Tier 1; OTC
 clotrimazole 3 - Tier 1; OTC
 clotrimazole 7 - Tier 1; OTC; QL
 clotrimazole vaginal - Tier 1; OTC; QL
 clotrimazole vaginal cream 1 % - Tier 1; OTC; QL
 CRITIC-AID CLEAR AF - Tier 2; OTC
 CRUEX PRESCRIPTION STRENGTH (brand for athlete's foot powder spray) - Tier 2; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; OTC; QL</p> <p>DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2; OTC</p> <p>foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; OTC; QL</p> <p>ft antifungal external cream 2 % (generic for MICATIN) - Tier 1; OTC</p> <p>ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; OTC; QL</p> <p>jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; OTC; QL</p> <p>LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; OTC; QL</p> <p>LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; OTC; QL</p> <p>micaderm (generic for MICATIN) - Tier 1; OTC</p> <p>MICATIN (brand for antifungal) - Tier 2; OTC</p> <p>miconazole antifungal (generic for MICATIN) - Tier 1; OTC</p> <p>miconazole nitrate external cream (generic for MICATIN) - Tier 1; OTC</p> <p>miconazorb af (generic for DESENEX) - Tier 1; OTC; QL</p> <p>terbinafine hcl external (generic for LAMISIL AT) - Tier 1; OTC; QL</p> <p>terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; OTC; QL</p> <p>ZEASORB-AF (brand for antifungal) - Tier 2; OTC; QL</p>	
Antigout Agents	
<p>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</p> <p>colchicine oral tablet - Tier 1; QL</p> <p>febuxostat (generic for ULORIC) - Tier 1; ST; QL</p> <p>MITIGARE (brand for colchicine) - Tier 2; QL</p> <p>probenecid - Tier 1; QL</p>	<p>colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL</p>
Antimigraine Agents	
Ergot Alkaloids	
<p>dihydroergotamine mesylate injection - Tier 1; QL</p> <p>MIGERGOT - Tier 2; QL</p>	<p>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL</p> <p>QULIPTA - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Prophylactic

AIMOVIG - Tier 2; PA; QL
 AJOVY - Tier 2; PA; QL
 EMGALITY - Tier 2; PA; QL
 EMGALITY (300 MG DOSE) - Tier 2; PA; QL

Antimigraine Agents - Drugs to Treat Migraines

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs

NURTEC - Tier 2; PA; QL
 UBRELVY - Tier 2; PA; QL

Serotonin (5-HT) Receptor Agonists - Migraine Drugs

naratriptan hcl - Tier 1; ST; QL
rizatriptan benzoate (generic for MAXALT) - Tier 1; QL
sumatriptan nasal - Tier 1; QL
sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL
sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL
sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL

FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL
IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL
MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL
RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL
 REYVOW - Tier 2; PA; QL
TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL
ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL

Antimyasthenic Agents

Parasympathomimetics

pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL
pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL
pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i>	
Antituberculars	
<i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1; PD; CH</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2; PD; CH LEUKERAN - Tier 2; PD; CH MATULANE - Tier 2; SP; PD; CH MYLERAN - Tier 2; PD; CH <i>temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP; PD; CH</i> <i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; PD; CH; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; PD; CH; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; PD; CH; QL</i> ERLEADA ORAL TABLET 240 MG - Tier 2; SP; PD; CH; QL ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; PD; CH; QL EULEXIN - Tier 2; PD; CH; QL NUBEQA - Tier 2; PA; SP; PD; CH; QL	XTANDI - Tier 2; PA; SP; PD; CH; QL ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; PD; CH; QL
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; PD; CH; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - Tier 2; PA; SP; QL	
Antiestrogens/Modifiers	
<i>tamoxifen citrate oral - Tier 1; PD; CH; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; PD; CH; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; PD; CH; QL</i> <i>mercaptopurine oral - Tier 1; PD; CH; QL</i> TABLOID - Tier 2; SP; PD; CH	PURIXAN - Tier 2; PA; PD; CH; QL
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; PD; CH; QL LONSURF - Tier 2; PA; SP; PD; CH; QL NINLARO - Tier 2; PA; SP; PD; CH; QL ZOLINZA - Tier 2; PA; SP; PD; CH; QL	XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; PD; CH; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; PD; CH; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; PD; CH; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; PD; CH; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; PD; CH; QL
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; PD; CH; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; PD; CH; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; PD; CH; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Enzyme Inhibitors	
<i>etoposide oral - Tier 1; PD; CH</i> HYCAMTIN ORAL - Tier 2; PA; SP; PD; CH	
Molecular Target Inhibitors	
BALVERSA - Tier 2; PA; SP; PD; CH; QL COTELLIC - Tier 2; PA; SP; PD; CH; QL DAURISMO - Tier 2; PA; SP; PD; CH; QL ERIVEDGE - Tier 2; PA; SP; PD; CH; QL <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for AFINITOR) - Tier 1; PA; SP; PD; CH; QL</i> <i>everolimus oral tablet 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; PD; CH</i> <i>everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; PD; CH; QL</i> IBRANCE - Tier 2; PA; SP; PD; CH; QL JAKAFI - Tier 2; PA; SP; PD; CH; QL LYNPARZA - Tier 2; PA; SP; PD; CH; QL MEKINIST ORAL SOLUTION RECONSTITUTED - Tier 2; SP; PD; CH; QL MEKINIST ORAL TABLET - Tier 2; PA; SP; PD; CH; QL ODOMZO - Tier 2; PA; SP; PD; CH; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; PD; CH; QL ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; PD; CH; QL ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; PD; CH; QL; AL RUBRACA - Tier 2; PA; SP; PD; CH; QL RYDAPT - Tier 2; PA; SP; PD; CH; QL	<i>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG (brand for everolimus) - Tier 2; PA; SP; PD; CH; QL</i> <i>AFINITOR ORAL TABLET 7.5 MG (brand for everolimus) - Tier 2; PA; SP; PD; CH</i> BRAFTOVI - Tier 2; PA; SP; PD; CH; QL COPIKTRA - Tier 2; PA; SP; PD; CH; QL EXKIVITY - Tier 2; PA; SP; PD; CH; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; PD; CH; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; PD; CH; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; PD; CH; QL KISQALI FEMARA (200 MG DOSE) - Tier 2; PA; SP; PD; CH; QL KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; PD; CH; QL KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; PD; CH; QL MEKINIST ORAL TABLET - Tier 2; PA; SP; PD; CH; QL NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; PD; CH; QL SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (brand for sunitinib malate) - Tier 2; PA; SP; PD; CH; QL SUTENT ORAL CAPSULE 37.5 MG (brand for sunitinib malate) - Tier 2; PA; SP; PD; CH TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG - Tier 2; PA; SP; PD; CH; QL TEPMETKO - Tier 2; PA; SP; PD; CH; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; PD; CH; QL</i></p> <p>STIVARGA - Tier 2; PA; SP; PD; CH; QL</p> <p><i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; PD; CH; QL</i></p> <p><i>sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP; PD; CH</i></p> <p>TAFINLAR ORAL CAPSULE - Tier 2; PA; SP; PD; CH; QL</p> <p>TAFINLAR ORAL TABLET SOLUBLE - Tier 2; SP; PD; CH; QL</p> <p>TIBSOVO - Tier 2; PA; SP; PD; CH; QL</p> <p>VENCLEXTA - Tier 2; PA; SP; PD; CH; QL</p> <p>VENCLEXTA STARTING PACK - Tier 2; PA; SP; PD; CH; QL</p> <p>VERZENIO - Tier 2; PA; SP; PD; CH; QL</p> <p>VITRAKVI - Tier 2; PA; SP; PD; CH; QL</p> <p>ZEJULA - Tier 2; PA; SP; PD; CH; QL; AL</p> <p>ZELBORAF - Tier 2; PA; SP; PD; CH; QL</p> <p>ZYDELIG - Tier 2; PA; SP; PD; CH; QL</p>	
Retinoids	
<p><i>bexarotene external (generic for TARGRETIN) - Tier 1; PA; SP</i></p> <p><i>bexarotene oral (generic for TARGRETIN) - Tier 1; PA; SP; PD; CH</i></p> <p><i>tretinoin oral - Tier 1; SP; PD; CH</i></p>	
Treatment Adjuncts	
<p><i>leucovorin calcium oral tablet 10 mg - Tier 1; PD; CH</i></p> <p><i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; PD; CH; QL</i></p> <p>MESNEX ORAL - Tier 2; SP; PD; CH</p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antineoplastics - Drugs to Treat Cancer	
Alkylating Agents - Chemotherapy Agents	
<i>melphalan</i> - Tier 1; PD; CH	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine</i> (generic for XELODA) - Tier 1; SP; PD; CH	
Molecular Target Inhibitors - Chemotherapy Agents	
	SCSEMBLIX - Tier 2; PA; SP; PD; CH; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; PD; CH; QL	LUMAKRAS - Tier 2; PA; SP; PD; CH; QL
Antiparasitics	
Anthelmintics	
<i>albendazole oral</i> - Tier 1; DX2RX; QL <i>ivermectin oral</i> (generic for STROMEKTOL) - Tier 1; DX2RX; QL <i>praziquantel oral</i> (generic for BILTRICIDE) - Tier 1; DX2RX; QL	EMVERM - Tier 2; PA; QL
Antiprotozoals	
<i>atovaquone</i> (generic for MEPRON) - Tier 1; PA; QL <i>atovaquone-proguanil hcl</i> (generic for MALARONE) - Tier 1; QL BENZNIDAZOLE - Tier 2; DX2RX; QL <i>chloroquine phosphate oral</i> - Tier 1; QL <i>hydroxychloroquine sulfate oral tablet 200 mg</i> (generic for PLAQUENIL) - Tier 1; QL KRINTAFEL - Tier 2; QL <i>mefloquine hcl</i> - Tier 1; QL <i>nitazoxanide oral</i> (generic for ALINIA) - Tier 1; DX2RX; QL <i>pentamidine isethionate inhalation</i> (generic for NEBUPENT) - Tier 1 <i>primaquine phosphate</i> - Tier 1 <i>pyrimethamine oral</i> (generic for DARAPRIM) - Tier 1; PA; SP; QL	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; 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	
<p><i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing external shampoo 4-0.33 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p>	
Antiparkinson Agents	
Anticholinergics	
<p><i>benztropine mesylate oral - Tier 1; QL</i></p> <p><i>trihexyphenidyl hcl - Tier 1; QL</i></p>	
Antiparkinson Agents, Other	
<p><i>amantadine hcl oral capsule - Tier 1; QL</i></p> <p><i>amantadine hcl oral solution - Tier 1; QL</i></p> <p><i>entacapone - Tier 1; QL</i></p> <p><i>tolcapone (generic for TASMAR) - Tier 1; QL</i></p>	<p><i>COMTAN ORAL TABLET 200 MG (brand for entacapone) - Tier 2; PA; QL</i></p> <p><i>GOCOVRI - Tier 2; PA; QL</i></p> <p><i>NOURIANZ - Tier 2; PA; QL</i></p> <p><i>ONGENTYS - Tier 2; PA; QL</i></p> <p><i>OSMOLEX ER - Tier 2; PA; QL</i></p> <p><i>TASMAR (brand for tolcapone) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Dopamine Agonists	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i> <i>ropinirole hcl - Tier 1; QL</i>	<i>APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL</i> <i>NEUPRO - Tier 2; PA; QL</i>
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	<i>carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL</i> <i>DUOPA - Tier 2; PA</i> <i>INBRIJA - Tier 2; PA; SP; QL</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL</i> <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>selegiline hcl oral - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Antipsychotics

1st Generation/Typical

chlorpromazine hcl oral tablet - Tier 1; QL
fluphenazine decanoate injection - Tier 1; QL
fluphenazine hcl injection - Tier 1
fluphenazine hcl oral concentrate - Tier 1
fluphenazine hcl oral elixir - Tier 1
fluphenazine hcl oral tablet - Tier 1; QL
haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL
haloperidol oral - Tier 1; QL
loxapine succinate - Tier 1; QL
pimozide - Tier 1; CH; QL; AL
thioridazine hcl oral - Tier 1; QL
thiothixene - Tier 1; QL
trifluoperazine hcl - Tier 1; QL

2nd Generation/Atypical

ABILIFY ASIMTUFII - Tier 2; PA; QL; AL
ABILIFY MAINTENA - Tier 2; DX2RX; ST; QL; AL
aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL
ARISTADA - Tier 2; DX2RX; ST; QL; AL
INVEGA HAFYERA - Tier 2; QL; AL
INVEGA SUSTENNA - Tier 2; DX2RX; ST; QL; AL
INVEGA TRINZA - Tier 2; DX2RX; QL; AL
lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL
olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL
PERSERIS - Tier 2; DX2RX; ST; QL; AL
quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL
quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL
risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; QL; AL

ABILIFY (brand for aripiprazole) - Tier 2; PA; QL; AL
aripiprazole oral solution - Tier 1; PA; QL; AL
aripiprazole oral tablet dispersible - Tier 1; PA; QL; AL
ARISTADA INITIO - Tier 2; PA; QL; AL
CAPLYTA - Tier 2; PA; QL; AL
FANAPT - Tier 2; PA; QL; AL
FANAPT TITRATION PACK - Tier 2; PA; QL; AL
GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL
INVEGA (brand for paliperidone er) - Tier 2; PA; QL; AL
LATUDA (brand for lurasidone hcl) - Tier 2; PA; QL; AL
LYBALVI - Tier 2; PA; CH; QL; AL
olanzapine oral tablet dispersible (generic for ZYPREXA ZYDIS) - Tier 1; PA; QL; AL
paliperidone er (generic for INVEGA) - Tier 1; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p><i>risperidone oral solution (generic for RISPERDAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i></p> <p><i>risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL</i></p> <p><i>ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL</i></p>	<p>REXULTI - Tier 2; PA; QL; AL</p> <p>RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; DX2RX; ST; QL; AL</p> <p>RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL</p> <p>RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; PA; QL; AL</p> <p>risperidone oral tablet dispersible - Tier 1; PA; QL; AL</p> <p>SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL</p> <p>SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL</p> <p>SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL</p> <p>VRAYLAR - Tier 2; PA; QL; AL</p> <p>ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL</p> <p>ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; QL; AL</p>
Treatment-Resistant	
<p><i>clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL</i></p>	<p>CLOZARIL (brand for clozapine) - Tier 2; PA; QL; AL</p> <p>VERSACLOZ - Tier 2; PA; QL; AL</p>
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	<p>GEMTESA - Tier 2; PA; QL</p>
Antispasticity Agents	
<p><i>baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL</i></p> <p><i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i></p> <p><i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i></p>	<p>ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA; QL</p>
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<p><i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; QL <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	
Anti-hepatitis C (HCV) Agents	
<i>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <i>HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> MAVYRET ORAL PACKET - Tier 2; PA; SP; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL <i>ribavirin oral - Tier 1; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> VOSEVI - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL	SOVALDI - Tier 2; PA; SP; QL
Antiherpetic Agents	
<i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; PA
 BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; PA; QL
 DOVATO - Tier 2; DX2RX; QL
 GENVOYA - Tier 2; PA; QL
 ISENTRESS HD - Tier 2; DX2RX; QL
 ISENTRESS ORAL PACKET - Tier 2; DX2RX; Members >= 2 years of age will require PA; QL; AL
 ISENTRESS ORAL TABLET - Tier 2; DX2RX; QL
 ISENTRESS ORAL TABLET CHEWABLE - Tier 2; DX2RX; QL
 JULUCA - Tier 2; DX2RX; QL
 STRIBILD - Tier 2; PA; QL
 TIVICAY - Tier 2; DX2RX; QL
 TIVICAY PD - Tier 2; DX2RX; QL; AL

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

COMPLERA - Tier 2; PA; QL
 DELSTRIGO - Tier 2; DX2RX; QL
 EDURANT - Tier 2; DX2RX; QL
 efavirenz oral tablet (generic for SUSTIVA) - Tier 1; DX2RX; QL
 efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; DX2RX; QL
 efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; DX2RX; QL
 etravirine (generic for INTELENCE) - Tier 1; DX2RX; QL
 INTELENCE ORAL TABLET 25 MG - Tier 2; DX2RX; QL
 nevirapine - Tier 1; DX2RX; QL
 nevirapine er - Tier 1; DX2RX; QL

PIFELTRO - Tier 2; PA; QL
 SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; QL
 SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

abacavir sulfate (generic for ZIAGEN) - Tier 1; DX2RX; QL
abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; DX2RX; QL
emtricitabine (generic for EMTRIVA) - Tier 1; DX2RX; QL
emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; PD; QL
 EMTRIVA ORAL SOLUTION - Tier 2; DX2RX; QL
lamivudine oral solution (generic for EPIVIR) - Tier 1; DX2RX; QL
lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; DX2RX; QL
lamivudine-zidovudine - Tier 1; DX2RX; QL
 ODEFSEY - Tier 2; DX2RX; QL
tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; PD; QL
 TRIUMEQ - Tier 2; DX2RX; QL
 TRIUMEQ PD - Tier 2; QL
 VIREAD ORAL POWDER - Tier 2; DX2RX; QL
 VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; DX2RX; QL
zidovudine (generic for RETROVIR) - Tier 1; DX2RX; QL

CIMDUO - Tier 2; PA; QL
 DESCOVY - Tier 2; PA; QL
 TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; PD; QL

Anti-HIV Agents, Other

FUZEON - Tier 2; DX2RX; QL
maraviroc (generic for SELZENTRY) - Tier 1; DX2RX; QL
 SELZENTRY ORAL SOLUTION - Tier 2; DX2RX; QL
 TYBOST - Tier 2; DX2RX; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS - Tier 2; DX2RX; QL <i>atazanavir sulfate (generic for REYATAZ) - Tier 1; DX2RX; QL</i> EVOTAZ - Tier 2; DX2RX; QL <i>fosamprenavir calcium (generic for LEXIVA) - Tier 1; DX2RX; QL</i> <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; DX2RX; QL</i> NORVIR ORAL PACKET - Tier 2; DX2RX; QL PREZCOBIX - Tier 2; DX2RX; QL REYATAZ ORAL PACKET - Tier 2; DX2RX; Members >= 8 years of age will require PA; QL; AL <i>ritonavir (generic for NORVIR) - Tier 1; DX2RX; QL</i> VIRACEPT - Tier 2; DX2RX; QL	<i>KALETRA (brand for lopinavir-ritonavir) - Tier 2; DX2RX; QL</i> <i>REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; DX2RX; QL</i> SYMTUZA - Tier 2; PA; QL
Anti-influenza Agents	
<i>oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL</i> <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL</i> RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl - Tier 1; QL</i>	<i>TAMIFLU ORAL CAPSULE (brand for oseltamivir phosphate) - Tier 2; PA; QL</i> <i>TAMIFLU ORAL SUSPENSION RECONSTITUTED (brand for oseltamivir phosphate) - Tier 2; PA; QL; AL</i> XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Benzodiazepines	
<i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i>	LOREEV XR - Tier 2; PA; QL
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>
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	QELBREE - Tier 2; PA; QL; AL
Bipolar Agents	
Mood Stabilizers	
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg (generic for DEPAKOTE ER) - Tier 1; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

Blood Glucose Regulators

Antidiabetic Agents

acarbose oral - Tier 1; QL
 ALOGLIPTIN BENZOATE - Tier 2; ST; QL
 ALOGLIPTIN-METFORMIN HCL - Tier 2; ST; QL
 ALOGLIPTIN-PIOGLITAZONE - Tier 2; ST; QL
DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; PA; QL
FARXIGA (brand for dapagliflozin propanediol) - Tier 2; PA; QL
glimepiride - Tier 1; QL
glipizide er (generic for GLUCOTROL XL) - Tier 1; QL
glipizide oral tablet 10 mg, 5 mg - Tier 1; QL
glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL
glyburide micronized - Tier 1; QL
glyburide oral - Tier 1; QL
glyburide-metformin - Tier 1; QL
 INVOKAMET - Tier 2; ST; QL
 INVOKAMET XR - Tier 2; ST; QL
 JARDIANCE - Tier 2; ST; QL
metformin hcl er (osm) - Tier 1; PA; QL
metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL
metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL
nateglinide - Tier 1; QL
 OZEMPIC - Tier 2; PA; QL
 OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL
pioglitazone hcl (generic for ACTOS) - Tier 1; QL
repaglinide - Tier 1; QL
 RYBELSUS - Tier 2; PA; QL

BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL
 BYETTA 10 MCG PEN - Tier 2; PA; QL
 BYETTA 5 MCG PEN - Tier 2; PA; QL
 GLYXAMBI - Tier 2; PA
 INVOKANA - Tier 2; PA; QL
 JANUMET - Tier 2; PA; QL
 JANUMET XR - Tier 2; PA; QL
 JANUVIA - Tier 2; PA; QL
 JENTADUETO - Tier 2; PA; QL
 JENTADUETO XR - Tier 2; PA; QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (brand for saxagliptin-metformin er) - Tier 2; PA; QL
ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL
 QTERN - Tier 2; PA; QL
 SEGLUROMET - Tier 2; PA; QL
 STEGLATRO - Tier 2; PA; QL
 STEGLUJAN - Tier 2; PA; QL
 SYMLINPEN 120 - Tier 2; PA; QL
 SYMLINPEN 60 - Tier 2; PA; QL
 TRADJENTA - Tier 2; PA; QL
 TRIJARDY XR - Tier 2; PA; QL
 VICTOZA - Tier 2; PA; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA
 XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG - Tier 2; PA

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>saxagliptin hcl (generic for ONGLYZA) - Tier 1; QL SOLIQUA - Tier 2; ST; QL SYNJARDY - Tier 2; ST; QL SYNJARDY XR - Tier 2; ST; QL TRULICITY - Tier 2; ST; QL</p>	<p>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG - Tier 2; PA; QL XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL</p>
Glycemic Agents	
<p>BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL GLUCAGEN HYPOKIT - Tier 2; QL glucagon emergency injection kit - Tier 1; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL</p>	
Insulins	
<p>ADMELOG (brand for insulin lispro) - Tier 2; QL ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; QL BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; QL HUMALOG INJECTION (brand for insulin lispro) - Tier 2; QL HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2; QL HUMALOG MIX 50/50 - Tier 2; QL HUMALOG MIX 75/25 - Tier 2; QL HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; OTC; QL HUMULIN N VIAL - Tier 2; OTC; QL</p>	<p>AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL BASAGLAR TEMPO PEN - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL HUMALOG SUBCUTANEOUS - Tier 2; PA; QL HUMALOG TEMPO PEN - Tier 2; PA; QL HUMULIN 70/30 KWIKPEN - Tier 2; PA; OTC; QL HUMULIN N KWIKPEN - Tier 2; PA; OTC; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>HUMULIN R VIAL - Tier 2; OTC; QL INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; QL INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL NOVOLIN 70/30 RELION - Tier 2; OTC; QL NOVOLIN 70/30 VIAL - Tier 2; OTC; QL NOVOLIN N RELION - Tier 2; OTC; QL NOVOLIN N VIAL - Tier 2; OTC; QL NOVOLIN R RELION - Tier 2; OTC; QL NOVOLIN R VIAL - Tier 2; OTC; QL NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; QL NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL</p>	<p>INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL INSULIN DEGLUDEC (brand for insulin degludec) - Tier 2; PA; QL INSULIN DEGLUDEC FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL LEVEMIR FLEXPEN - Tier 2; PA; QL LEVEMIR U-100 VIAL - Tier 2; PA; QL LYUMJEV - Tier 2; PA; QL LYUMJEV KWIKPEN - Tier 2; PA; QL LYUMJEV TEMPO PEN - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN - Tier 2; PA; OTC; QL NOVOLIN N FLEXPEN - Tier 2; PA; OTC; QL NOVOLIN R FLEXPEN - Tier 2; PA; OTC; QL NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL TRESIBA (brand for insulin degludec) - Tier 2; PA; QL TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
--	--

Glycemic Agents - Diabetic Drugs	
----------------------------------	--

<p><i>GLUCO TO GO (brand for cvs glucose) - Tier 2; OTC; QL</i> <i>glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; OTC; QL</i> <i>soft glucose (generic for GLUCO TO GO) - Tier 1; OTC; QL</i> <i>TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; OTC; QL</i> <i>TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; OTC; QL</i></p>	
---	--

Insulins - Diabetic Drugs	
---------------------------	--

<p><i>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL; DME</i> <i>MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL; DME</i> <i>NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME</i> <i>REZVOGLAR KWIKPEN - Tier 2; QL</i></p>	
--	--

Blood Products and Modifiers	
------------------------------	--

Anticoagulants	
----------------	--

<p><i>ELIQUIS - Tier 2; QL</i> <i>ELIQUIS DVT/PE STARTER PACK - Tier 2; QL</i> <i>enoxaparin sodium (generic for LOVENOX) - Tier 1; QL</i> <i>heparin sodium (porcine) - Tier 1</i> <i>heparin sodium (porcine) pf - Tier 1</i> <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL</i> <i>jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1</i> <i>SAVAYSA - Tier 2; QL</i> <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL</i> <i>warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1</i></p>	<p><i>PRADAXA (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL</i> <i>XARELTO - Tier 2; PA; QL</i> <i>XARELTO STARTER PACK - Tier 2; PA; QL</i></p>
--	---

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Blood Products and Modifiers, Other

anagrelide hcl (generic for AGRYLIN) - Tier 1
 ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP
 ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL
 ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP
 DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2
 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL
 LEUKINE - Tier 2; PA; SP
 MULPLETA - Tier 2; PA; SP; QL
 NEULASTA - Tier 2; PA; SP
 NEULASTA ONPRO - Tier 2; PA; SP
plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL
 PROMACTA - Tier 2; PA; SP; QL
 RETACRIT - Tier 2; PA; SP
 UDENYCA - Tier 2; PA; SP
 UDENYCA ONBODY - Tier 2; PA; SP
 ZARXIO - Tier 2; PA; SP

EPOGEN - Tier 2; PA; SP
 FULPHILA - Tier 2; PA; SP
 GRANIX - Tier 2; PA; SP
 NEUPOGEN - Tier 2; PA; SP
 NIVESTYM - Tier 2; PA; SP
 NYVEPRIA - Tier 2; PA; SP
 OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL
 OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; SP; QL
 OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL
 PROCRT - Tier 2; PA; SP
 RELEUKO - Tier 2; PA; SP
 SIKLOS - Tier 2; PA; QL
 ZIEXTENZO - Tier 2; PA; SP

Hemostasis Agents

aminocaproic acid oral - Tier 1; QL
tranexamic acid oral - Tier 1; DX2RX; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Platelet Modifying Agents	
BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol</i> - Tier 1; QL <i>clopidogrel bisulfate oral (generic for PLAVIX)</i> - Tier 1; QL <i>dipyridamole oral</i> - Tier 1; QL <i>prasugrel hcl (generic for EFFIENT)</i> - Tier 1; DX2RX; QL	DOPTELET - Tier 2; PA; SP; QL <i>EFFIENT (brand for prasugrel hcl)</i> - Tier 2; DX2RX; QL TAVALISSE - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML - Tier 2; PA; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hcl oral</i> - Tier 1; QL <i>guanfacine hcl</i> - Tier 1; QL METHYLDOPA - Tier 2; QL <i>midodrine hcl</i> - Tier 1; QL	
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA)</i> - Tier 1; QL <i>prazosin hcl oral (generic for MINIPRESS)</i> - Tier 1; QL	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO)</i> - Tier 1; QL <i>losartan potassium oral (generic for COZAAR)</i> - Tier 1; QL <i>olmesartan medoxomil oral (generic for BENICAR)</i> - Tier 1; QL <i>telmisartan (generic for MICARDIS)</i> - Tier 1; QL <i>valsartan oral tablet (generic for DIOVAN)</i> - Tier 1; QL	EDARBI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Angiotensin-converting Enzyme (ACE) Inhibitors

benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL
captopril oral - Tier 1; QL
enalapril maleate oral solution (generic for EPANED) - Tier 1; Members >= 8 years of age will require PA; QL; AL
enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL
fosinopril sodium - Tier 1; QL
lisinopril oral (generic for ZESTRIL) - Tier 1; QL
quinapril hcl (generic for ACCUPRIL) - Tier 1; QL
ramipril (generic for ALTACE) - Tier 1; QL
trandolapril - Tier 1; QL

Antiarrhythmics

amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL
disopyramide phosphate (generic for NORPACE) - Tier 1; QL
dofetilide (generic for TIKOSYN) - Tier 1; QL
flecainide acetate - Tier 1; QL
mexiletine hcl oral - Tier 1; QL
 NORPACE CR - Tier 2
propafenone hcl - Tier 1; QL
quinidine gluconate er - Tier 1; QL
quinidine sulfate - Tier 1; QL
sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL
sotalol hcl oral (generic for BETAPACE) - Tier 1; QL

BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL
BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL
 MULTAQ - Tier 2; PA; QL
PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL
TIKOSYN (brand for dofetilide) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Beta-adrenergic Blocking Agents

acebutolol hcl oral - Tier 1; QL
atenolol oral (generic for TENORMIN) - Tier 1; QL
betaxolol hcl oral - Tier 1; QL
bisoprolol fumarate oral - Tier 1; QL
carvedilol (generic for COREG) - Tier 1; QL
labetalol hcl oral - Tier 1; QL
metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL
metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL
metoprolol tartrate oral tablet 25 mg - Tier 1; QL
metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1
nadolol oral (generic for CORGARD) - Tier 1; QL
propranolol hcl er (generic for INDERAL LA) - Tier 1; QL
propranolol hcl oral solution 20 mg/5ml - Tier 1; QL
propranolol hcl oral solution 40 mg/5ml - Tier 1
propranolol hcl oral tablet - Tier 1; QL

HEMANGEOL - Tier 2; PA; QL

Calcium Channel Blocking Agents, Dihydropyridines

amlodipine besylate oral (generic for NORVASC) - Tier 1; QL
felodipine er - Tier 1; QL
nifedipine er - Tier 1; QL
nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL
nifedipine oral - Tier 1; QL
nimodipine oral - Tier 1; QL
 NYMALIZE - Tier 2; QL

KATERZIA - Tier 2; PA; QL
 NORLIQVA - Tier 2; PA

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Calcium Channel Blocking Agents, Nondihydropyridines

cartia xt (generic for CARTIA XT) - Tier 1; QL
diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL
diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL
diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL
diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL
diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL
dilt-xr - Tier 1; QL
taztia xt (generic for TAZTIA XT) - Tier 1; QL
tiadylt er (generic for TAZTIA XT) - Tier 1; QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL
verapamil hcl er oral tablet extended release - Tier 1; QL
verapamil hcl oral - Tier 1; QL

Cardiovascular Agents, Other

ACCURETIC ORAL TABLET 10-12.5 MG (brand for quinapril-hydrochlorothiazide) - Tier 2; QL
acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL
benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL
bisoprolol-hydrochlorothiazide - Tier 1; QL
captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg - Tier 1; QL
digoxin oral solution - Tier 1
digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL
enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL

CORLANOR - Tier 2; PA; QL
EDARBYCLOR - Tier 2; PA; QL
KERENDIA - Tier 2; PA; CH; QL
TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p>ENTRESTO - Tier 2; PA; QL fosinopril sodium-hctz - Tier 1; QL lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL pentoxifylline er - Tier 1; QL quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL ranolazine er - Tier 1; QL spironolactone-hctz - Tier 1; QL triamterene-hctz (generic for MAXZIDE) - Tier 1; QL</p>	
Diuretics, Loop	
<p>bumetanide oral (generic for BUMEX) - Tier 1; QL furosemide oral solution 10 mg/ml - Tier 1; QL furosemide oral tablet (generic for LASIX) - Tier 1; QL SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL torsemide (generic for SOAANZ) - Tier 1; QL</p>	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
<p>amiloride hcl oral - Tier 1; QL spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</p>	
Diuretics, Thiazide	
<p>chlorthalidone - Tier 1; QL DIURIL - Tier 2; QL hydrochlorothiazide oral capsule - Tier 1; QL hydrochlorothiazide oral tablet 12.5 mg - Tier 1 hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL indapamide - Tier 1; QL metolazone - Tier 1; QL</p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate micronized oral capsule 130 mg - Tier 1</i> <i>fenofibrate micronized oral capsule 134 mg - Tier 1; ST; QL</i> <i>fenofibrate micronized oral capsule 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg - Tier 1; ST; QL</i> <i>fenofibrate oral capsule 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet (generic for FENOGLIDE) - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	<i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL</i> <i>LIPOFEN (brand for fenofibrate) - Tier 2; PA</i> <i>TRICOR (brand for fenofibrate) - Tier 2; PA; QL</i> <i>TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL</i>
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; PD; QL</i> <i>lovastatin oral - Tier 1; PD; QL; AL</i> <i>pravastatin sodium - Tier 1; PD; QL</i> <i>rosuvastatin calcium (generic for CRESTOR) - Tier 1; PD; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; PD; QL</i>	<i>ALTOPREV - Tier 2; PA; PD; QL</i> <i>ATORVALIQ - Tier 2; PA; QL</i> <i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; PD; QL</i> <i>LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA; PD</i> <i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; PD; QL</i> <i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA; PD; QL</i> <i>ZOCOR (brand for simvastatin) - Tier 2; PA; PD; QL</i> <i>ZYPITAMAG - Tier 2; PA; PD; QL</i>
Dyslipidemics, Other	
<i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1</i> <i>REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</i>	<i>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL</i> <i>NEXLETOL - Tier 2; PA; QL</i> <i>NEXLIZET - Tier 2; PA; QL</i> <i>PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL</i> <i>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</i> <i>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</i>
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Vasodilators, Direct-acting Arterial/Venous

isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL
isosorbide mononitrate - Tier 1; QL
isosorbide mononitrate er - Tier 1; QL
 NITRO-BID - Tier 2; QL
nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL
nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL
 RECTIV (brand for nitroglycerin) - Tier 2; DX2RX; QL

Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

VERQUVO - Tier 2; PA; QL

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
 CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
methylphenidate hcl er - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

JORNAY PM - Tier 2; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p>	
<p>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</p>	
<p><i>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>lisdexamfetamine dimesylate oral capsule (generic for VYVANSE) - Tier 1; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL</i></p>	<p><i>AZSTARYS - Tier 2; PA; QL; AL</i></p> <p><i>VYVANSE ORAL TABLET CHEWABLE (brand for lisdexamfetamine dimesylate) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Central Nervous System, Other

<p>AUSTEDO - Tier 2; PA; SP; CH; QL <i>caffeine citrate oral</i> - Tier 1; QL; AL INGREZZA - Tier 2; PA; SP; CH; QL NUEDEXTA - Tier 2; DX2RX; CH; QL <i>riluzole (generic for RILUTEK)</i> - Tier 1; QL <i>tetrabenazine (generic for XENAZINE)</i> - Tier 1; DX2RX; SP; CH; QL</p>	<p>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG - Tier 2; PA; SP; CH; QL GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; CH; QL HORIZANT - Tier 2; PA; CH; QL RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; CH; QL</p>
--	--

Fibromyalgia Agents

<p><i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA)</i> - Tier 1; QL <i>pregabalin oral (generic for LYRICA)</i> - Tier 1; QL</p>	<p>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL LYRICA CR (brand for pregabalin er) - Tier 2; PA; CH; QL</p>
---	---

Multiple Sclerosis Agents

<p><i>dalfampridine er (generic for AMPYRA)</i> - Tier 1; DX2RX; SP; CH; QL <i>dimethyl fumarate oral (generic for TECFIDERA)</i> - Tier 1; DX2RX; SP; CH; QL <i>dimethyl fumarate starter pack (generic for TECFIDERA)</i> - Tier 1; DX2RX; SP; CH; QL <i> fingolimod hcl (generic for GILENYA)</i> - Tier 1; DX2RX; SP; CH; QL <i>glatiramer acetate (generic for GLATOPA)</i> - Tier 1; DX2RX; SP; QL <i>glatopa (generic for GLATOPA)</i> - Tier 1; DX2RX; SP; QL MAYZENT - Tier 2; PA; SP; CH; QL MAYZENT STARTER PACK - Tier 2; PA; SP; CH; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL <i>teriflunomide (generic for AUBAGIO)</i> - Tier 1; DX2RX; SP; CH; QL</p>	<p>AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; CH; QL AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; CH; QL BETASERON - Tier 2; PA; SP COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL EXTAVIA - Tier 2; PA; SP <i>GILENYA (brand for fingolimod hcl)</i> - Tier 2; DX2RX; SP; CH; QL KESIMPTA - Tier 2; PA; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (7 TABS) - Tier 2; PA; SP; CH; QL</p>
---	---

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
	MAVENCLAD (8 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; CH; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; CH; QL VUMERITY - Tier 2; PA; SP; CH; QL ZEPOSIA - Tier 2; PA; SP; CH; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; CH; QL
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
<i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>kourzeq (generic for KOURZEQ) - Tier 1; QL</i> <i>oralone (generic for KOURZEQ) - Tier 1; QL</i> <i>periogard (generic for PERIOGARD) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i> <i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Dermatological Agents

Acne and Rosacea Agents

accutane (generic for ACCUTANE) - Tier 1; PA; QL
acitretin - Tier 1; PA; QL
amnesteem (generic for ACCUTANE) - Tier 1; PA; QL
azelaic acid external (generic for FINACEA) - Tier 1; QL
claravis (generic for ACCUTANE) - Tier 1; PA; QL
DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; OTC; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL
tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL
zenatane (generic for ACCUTANE) - Tier 1; PA; QL

ABSORICA (brand for isotretinoin) - Tier 2; PA; QL
ABSORICA LD - Tier 2; PA; QL
ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL
ALTRENO - Tier 2; PA; QL; AL
ARAZLO - Tier 2; PA; QL
ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL
BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL
DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL
DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL
EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
FINACEA EXTERNAL FOAM - Tier 2; PA; QL
MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL
ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL
RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL
RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL
RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL
RHOFADE - Tier 2; PA; QL
TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL
TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL
VELTIN EXTERNAL GEL 1.2-0.025 % (brand for clindamycin-tretinoin) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL

Dermatitis and Pruritus Agents

ala-cort (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; QL
alclometasone dipropionate external ointment - Tier 1; QL
ammonium lactate external (generic for AL12) - Tier 1; QL
anti-itch aloe (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL
anti-itch intensive heal (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL
anti-itch max str external cream 1 % (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL
anti-itch maximum strength external cream 1 % (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL
betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL
betamethasone dipropionate external lotion - Tier 1

BRYHALI - Tier 2; PA; QL
 CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL
 CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL
 doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

betamethasone dipropionate external ointment - Tier 1; QL
betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external lotion - Tier 1; QL
betamethasone valerate external ointment - Tier 1; QL
clobetasol prop emollient base external cream 0.05 % - Tier 1; QL
clobetasol propionate e - Tier 1; QL
clobetasol propionate external cream - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
cortisone maximum strength external cream (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL
EUCRISA - Tier 2; ST; QL
fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL
fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external solution - Tier 1; QL
fluocinolone acetonide scalp (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; QL
fluocinonide emulsified base - Tier 1; QL
fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL
halobetasol propionate external cream - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

hydrocortisone anti-itch (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL

hydrocortisone butyrate external ointment - Tier 1; QL

hydrocortisone butyrate external solution - Tier 1; QL

hydrocortisone cream 1 % external (otc) (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL

hydrocortisone cream 1 % external (rx) (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; QL

hydrocortisone external cream 0.5 % - Tier 1; OTC; QL

hydrocortisone external cream 1 % (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL

hydrocortisone external cream 2.5 % - Tier 1; QL

hydrocortisone external lotion 2.5 % - Tier 1; QL

hydrocortisone external ointment 0.5 % - Tier 1; OTC

hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL

hydrocortisone external ointment 2.5 % - Tier 1; QL

hydrocortisone max st external cream (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL

hydrocortisone max st/12 moist (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL

hydrocortisone plus external cream 1 % (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL

hydrocortisone ultra-moisture (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL

hydrocortisone/aloe (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

hydrocortisone/aloe max str (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; OTC; QL
instacort 5 - Tier 1; OTC; QL
LAC-HYDRIN FIVE - Tier 2; OTC; QL
mometasone furoate external - Tier 1; QL
pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL
PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; OTC; QL
selenium sulfide external lotion - Tier 1; QL
tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL
tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL
triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL
triamcinolone acetonide external lotion 0.025 % - Tier 1
triamcinolone acetonide external lotion 0.1 % - Tier 1; QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL
triderm (generic for TRIDERM) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Dermatological Agents, Other

calcipotriene external cream - Tier 1; ST; QL
calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL
calcipotriene external solution - Tier 1; QL
calcitriol external (generic for VECTICAL) - Tier 1; ST; QL
clotrimazole-betamethasone - Tier 1; QL
fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL
fluorouracil external solution - Tier 1
imiquimod external cream 5 % - Tier 1; QL
methoxsalen rapid - Tier 1
podofilox external solution - Tier 1; QL
 SANTYL - Tier 2; QL
silver sulfadiazine external (generic for SSD) - Tier 1; QL
ssd (generic for SSD) - Tier 1; QL

CARAC (brand for fluorouracil) - Tier 2; PA; QL
 DUOBRII - Tier 2; PA; QL
EFUDEX (brand for fluorouracil) - Tier 2; PA; QL
 ENSTILAR - Tier 2; PA; QL
 PROCTOFOAM HC - Tier 2; PA
SORILUX (brand for calcipotriene) - Tier 2; PA; QL
TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL
VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL
ZYCLARA (brand for imiquimod) - Tier 2; PA; QL

Pediculicides/Scabicides

lice killing (generic for NIX CREME RINSE) - Tier 1; OTC
lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; OTC
malathion (generic for OVIDE) - Tier 1; QL
permethrin external - Tier 1; QL
spinosad (generic for NATROBA) - Tier 1; QL

SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

Topical Anti-infectives

cicloclodan (generic for CICLODAN) - Tier 1; QL
ciclopirox external solution (generic for CICLODAN) - Tier 1; QL
clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL
clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL
clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL
clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL
clindamycin phosphate external solution - Tier 1; QL
clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL
clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL
clotrimazole external solution 1 % - Tier 1; QL
erythromycin external (generic for ERYGEL) - Tier 1; QL
gentamicin sulfate external - Tier 1; QL
ketoconazole external cream - Tier 1; QL
ketoconazole external shampoo - Tier 1; QL
klayesta (generic for KLAYESTA) - Tier 1; QL
mupirocin external - Tier 1; QL
nyamyc (generic for KLAYESTA) - Tier 1; QL
nystatin external (generic for KLAYESTA) - Tier 1; QL
nystop (generic for KLAYESTA) - Tier 1; QL

JUBLIA - Tier 2; PA; QL
 XEPI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

Dermatological Agents - Drugs to Treat Skin Conditions

advanced healing external ointment (generic for HYDROLATUM) - Tier 1; OTC
astringent (generic for DOMEBORO) - Tier 1; OTC
astringent solution (generic for DOMEBORO) - Tier 1; OTC
AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2
AVAR-E GREEN (brand for sss 10-5) - Tier 2
baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; OTC; QL
beauty 360 pure glycerin - Tier 1; OTC
beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1; OTC
boro-packs (generic for DOMEBORO) - Tier 1; OTC
boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; OTC; QL
BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; OTC; QL
bp 10-1 - Tier 1
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; OTC; QL
DR SMITHS DIAPER - Tier 2; OTC; QL
glycerin external - Tier 1; OTC
glycerin external liquid 99.5 % - Tier 1; OTC
hydrolatum (generic for HYDROLATUM) - Tier 1; OTC
hydrophor (generic for HYDROLATUM) - Tier 1; OTC
ointment base (generic for HYDROLATUM) - Tier 1; OTC
renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1; OTC
sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p>sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1</p> <p>sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</p> <p>sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</p> <p>sulfamez wash - Tier 1</p> <p>SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL</p> <p>zinc oxide external ointment 40 % (generic for BOUDREAUXXS BUTT PASTE) - Tier 1; OTC; QL</p>	

Dermatological Agents - Skin Agents

<p>ABREVA (brand for docosanol) - Tier 2; OTC; QL</p> <p>calamine external lotion , 8-8 % - Tier 1; OTC</p> <p>calamine-zinc oxide external lotion - Tier 1; OTC</p> <p>cerovel external lotion 40 % - Tier 1; QL</p> <p>docosanol external (generic for ABREVA) - Tier 1; OTC; QL</p> <p>ft docosanol (generic for ABREVA) - Tier 1; OTC; QL</p> <p>gormel - Tier 1; OTC; QL</p> <p>gormel 10 (generic for NUTRAPLUS) - Tier 1; OTC; QL</p> <p>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1; OTC</p> <p>NUTRAPLUS (brand for gormel 10) - Tier 2; OTC; QL</p> <p>urea 20 intensive hydrating - Tier 1; OTC; QL</p> <p>urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; OTC; QL</p> <p>urea external cream 20 % - Tier 1; OTC; QL</p> <p>urea external lotion 10 % (generic for NUTRAPLUS) - Tier 1; OTC; QL</p> <p>urea external lotion 40 % - Tier 1; QL</p> <p>ureacin-10 (generic for NUTRAPLUS) - Tier 1; OTC; QL</p> <p>ureacin-20 - Tier 1; OTC; QL</p> <p>XERAC AC - Tier 2</p>	<p>CIBINQO - Tier 2; PA; SP; QL</p> <p>OPZELURA - Tier 2; PA; SP; QL</p>
---	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>CHEMSTRIP 10 MD - Tier 2; OTC; DME</p> <p>CHEMSTRIP 10/SG - Tier 2; OTC; DME</p> <p>CHEMSTRIP 2 GP - Tier 2; OTC; DME</p> <p>CHEMSTRIP 5 OB - Tier 2; OTC; DME</p> <p>CHEMSTRIP 7 - Tier 2; OTC; DME</p> <p>CHEMSTRIP 9 - Tier 2; OTC; DME</p> <p>CHEMSTRIP K (brand for ketone test) - Tier 2; OTC; QL; DME</p> <p>CHEMSTRIP UGK - Tier 2; OTC; QL; DME</p> <p>DEXCOM G6 RECEIVER - Tier 2; PA; QL; DME</p> <p>DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME</p> <p>DEXCOM G7 RECEIVER - Tier 2; PA; QL; DME</p> <p>DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME</p> <p>EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p>	<p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; OTC; QL; DME</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</p> <p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL; DME</i></p> <p><i>FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME</i></p> <p><i>FREESTYLE LIBRE 2 READER - Tier 2; PA; QL; DME</i></p> <p><i>FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME</i></p> <p><i>FREESTYLE LIBRE READER - Tier 2; PA; QL; DME</i></p> <p><i>KETO-DIASTIX - Tier 2; OTC; QL; DME</i></p> <p><i>KETONE CARE - Tier 2; OTC; QL; DME</i></p> <p><i>KETONE TEST (brand for ketone test) - Tier 2; OTC; QL; DME</i></p> <p><i>KETOSTIX (brand for ketone test) - Tier 2; OTC; QL; DME</i></p> <p><i>LANCETS (brand for cvs lancets original) - Tier 2; OTC; QL; DME</i></p> <p><i>MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; OTC; QL; DME</i></p> <p><i>ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p>	<p><i>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME</i></p> <p><i>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL; DME</i></p> <p><i>GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL; DME</i></p> <p><i>INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p><i>ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; OTC; QL; DME</i></p> <p><i>ONETOUCH ULTRA TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; OTC; QL; DME</i></p> <p><i>ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; OTC; QL; DME</i></p> <p><i>ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; OTC; QL; DME</i></p> <p><i>ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; OTC; QL; DME</i></p> <p><i>PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>QUINTET CONTROL HIGHINORMAL (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p> <p><i>TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p>	<p><i>RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</i></p>
<p>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</p>	
<p>ACCRUFER - Tier 2; PA; PD; QL</p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; CH
DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
DENTAGEL (brand for sf) - Tier 2
easygel - Tier 1
klor-con (generic for KLOR-CON) - Tier 1; QL
klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL
klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL
klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL
potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride er oral capsule extended release 10 meq - Tier 1; QL
potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL
potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; QL
potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL
potassium chloride oral (generic for KLOR-CON) - Tier 1; QL
potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL
potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1
potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1
PREVIDENT (brand for sf) - Tier 2

ENDARI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p><i>PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2</i> <i>PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i> <i>sf (generic for DENTAGEL) - Tier 1</i> <i>sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride dental gel (generic for DENTAGEL) - Tier 1</i> <i>sodium fluoride oral solution - Tier 1; PD; QL</i> <i>sodium fluoride oral tablet chewable - Tier 1; PD; QL</i></p>	
<p>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p><i>BIOLYTE (brand for cvs electrolyte solution) - Tier 2; OTC; QL</i> <i>BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; OTC; PD; QL</i> <i>cal mag zinc +d3 (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; OTC; QL</i> <i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; OTC; QL</i> <i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1; OTC</i> <i>calcium 600/vitamin d - Tier 1; OTC; QL</i> <i>calcium 600/vitamin d-3 - Tier 1; OTC; QL</i> <i>calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; OTC; QL</i> <i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; OTC; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; OTC; PD; QL
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL
K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1; OTC
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1; OTC
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1; OTC
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1; OTC
NU-IRON (brand for polysaccharide iron complex) - Tier 2; OTC; PD
ped electrolyte freeze pop (generic for BIOLYTE) - Tier 1; OTC; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; OTC; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; OTC; QL
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; OTC; QL
pediatric electrolyte oral solution (generic for BIOLYTE) - Tier 1; OTC; QL
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL
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; OTC; PD

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>polysaccharide iron complex (generic for FERREX 150) - Tier 1; OTC; PD</p> <p>polysaccharide-iron complex (generic for FERREX 150) - Tier 1; OTC; PD</p> <p>potassium citrate-citric acid - Tier 1</p> <p>REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; OTC; QL</p> <p>sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1</p> <p>TRUE FERROUS SULFATE - Tier 2; OTC; PD; QL</p> <p>TRUE MAGNESIUM OXIDE (brand for magnesium oxide -mg supplement) - Tier 2; OTC</p> <p>TRUELYTE (brand for cvs electrolyte solution) - Tier 2; OTC; QL</p> <p>ultra calcium + vitamin d3 - Tier 1; OTC; QL</p> <p>wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</p> <p>zinc gluconate - Tier 1; OTC; QL</p> <p>zinc gluconate oral tablet 50 mg - Tier 1; OTC; QL</p> <p>zinc oral tablet 50 mg - Tier 1; OTC; QL</p>	
Electrolyte/Mineral/Metal Modifiers	
<p>CHEMET - Tier 2; QL</p> <p>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</p> <p>deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</p> <p>deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL</p> <p>deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP</p>	<p>FERRIPROX ORAL TABLET 1000 MG (brand for deferiprone) - Tier 2; PA; SP; QL</p>
Phosphate Binders	
<p>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL</p> <p>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</p> <p>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</p>	<p>AURYXIA - Tier 2; PA; QL</p> <p>VELPHORO - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Potassium Binders

LOKELMA - Tier 2; PA; QL
 SPS - Tier 2; QL
 VELTASSA - Tier 2; PA; QL

Vitamins

a-25 - Tier 1; OTC; QL
aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL
b complex - Tier 1; OTC; QL
b complex vitamins - Tier 1; OTC; QL
b-complex oral tablet - Tier 1; OTC
b-complex with b-12 - Tier 1; OTC
b-complex/b-12 oral - Tier 1; OTC
BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; OTC; QL
 CENTRUM SPECIALIST PRENATAL - Tier 2; OTC
classic prenatal - Tier 1; OTC; QL
d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1; OTC
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; OTC; QL
d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC
d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1; OTC
d3 oral capsule 250 mcg (generic for IS-D 10,000) - Tier 1; OTC
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC
d3-50 (generic for D3-50) - Tier 1; OTC; QL
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; OTC; QL
DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2; OTC
DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; OTC; QL
DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

D-VI-SOL (brand for aqueous vitamin d) - Tier 2; OTC; QL
d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL
ENFAMIL EXPECTA - Tier 2; OTC; QL
full spectrum blvitamin c (generic for DIALYVITE 800) - Tier 1; OTC; QL
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
NEONATAL PLUS (brand for prenatal) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; OTC; QL
NEPHRO-VITE (brand for full spectrum blvitamin c) - Tier 2; OTC; QL
niacin er oral capsule extended release 250 mg - Tier 1; OTC; QL
niacin er oral capsule extended release 500 mg - Tier 1; OTC
niacin er oral tablet extended release 1000 mg - Tier 1; OTC
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1; OTC
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1; OTC
NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA - Tier 2; OTC; QL
ONE VITE WOMENS - Tier 2; OTC; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
phytonadione oral - Tier 1; QL
prenatal formula oral tablet 28-0.8 mg - Tier 1; OTC; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; OTC; QL
prenatal multi+dha - Tier 1; OTC; QL
prenatal multivitamins - Tier 1; OTC; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; OTC; QL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; OTC; QL
prenatal vitamins - Tier 1; OTC; QL
prenataliron - Tier 1; OTC; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2; OTC
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1; OTC
rena-vite (generic for DIALYVITE 800) - Tier 1; OTC; QL
SLO-NIACIN (brand for niacin er) - Tier 2; OTC
thiamine mononitrate oral - Tier 1; OTC; QL
tri-vite pediatric - Tier 1; OTC; QL
 TRUE VITAMIN A ORAL CAPSULE 8000 UNIT - Tier 2; OTC; QL
 TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; OTC; QL
 TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG - Tier 2; OTC
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; OTC; QL
 TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; OTC; QL
TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2; OTC
 TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2; OTC
 TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for vitamin d3) - Tier 2; OTC

TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2; OTC
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; OTC

vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut) - Tier 1; OTC; QL

vitamin b complex oral capsule - Tier 1; OTC; QL

vitamin b complex w/b-12 - Tier 1; OTC

vitamin b-1 oral tablet 100 mg - Tier 1; OTC; QL

vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL

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

vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1; OTC

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

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

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

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

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

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p>vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1; OTC</p> <p>vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; OTC; QL</p> <p>vitamin d3 oral capsule 50 mcg, 50 mcg (2000 ut) - Tier 1; OTC; QL</p> <p>vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL</p> <p>vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL</p> <p>vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1; OTC</p> <p>vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; OTC</p> <p>vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; OTC</p> <p>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; OTC; QL</p> <p>vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1; OTC</p> <p>vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; OTC</p> <p>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL</p> <p>vitamin-b complex - Tier 1; OTC</p> <p>weekly-d (generic for D3-50) - Tier 1; OTC; QL</p> <p>WESTAB PLUS (brand for prenatal) - Tier 2; QL</p> <p>womens prenatal+dha - Tier 1; OTC; QL</p>	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	<p>MYFEMBREE - Tier 2; PA; QL</p> <p>NEXTSTELLIS - Tier 2; PA; PD; QL</p>
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Anti-Constipation Agents	
<i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>lactulose encephalopathy - Tier 1; QL</i> <i>lactulose oral solution - Tier 1; QL</i> LINZESS - Tier 2; DX2RX; QL SYMPROIC - Tier 2; DX2RX; QL	MOTEGRITY - Tier 2; PA; QL MOVANTIK - Tier 2; PA; QL RELISTOR - Tier 2; PA; QL TRULANCE - Tier 2; PA; QL
Anti-Constipation AgentsOther	
	IBSRELA - Tier 2; PA; QL
Anti-Diarrheal Agents	
<i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1; OTC</i> <i>diamode (generic for IMODIUM A-D) - Tier 1; OTC</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1; OTC</i> <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2; OTC</i> <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1; OTC</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1; OTC</i> MYTESI - Tier 2; DX2RX; QL	VIBERZI - Tier 2; PA; QL
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl oral capsule - Tier 1; QL</i> <i>dicyclomine hcl oral solution - Tier 1</i> <i>dicyclomine hcl oral tablet - Tier 1; QL</i> <i>glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1</i> <i>glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Gastrointestinal Agents, Other

GATTEX - Tier 2; PA; SP; QL
 gavilyte-c - Tier 1; PD; QL
 gavilyte-g (generic for GAVILYTE-G) - Tier 1; PD; QL
 peg 3350-kcl-na bicarb-nacl - Tier 1; PD; QL
 peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; PD; QL
 ursodiol oral capsule 300 mg - Tier 1; QL
 ursodiol oral tablet (generic for URSO 250) - Tier 1

CLENPIQ - Tier 2; PA; QL
 MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL
 OMECLAMOX-PAK - Tier 2; PA
 PLENVU - Tier 2; PA; QL
 PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA
 SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL
 TALICIA - Tier 2; PA; QL

Histamine2 (H2) Receptor Antagonists

acid controller (generic for PEPCID AC) - Tier 1; OTC; QL
 acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL
 acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC
 cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC
 cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL
 famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL
 famotidine oral suspension reconstituted - Tier 1; QL; AL
 famotidine oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p>famotidine oral tablet 20 mg (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL</p> <p>famotidine oral tablet 40 mg (generic for PEPCID) - Tier 1; QL</p> <p>famotidine orig st (generic for PEPCID AC) - Tier 1; OTC; QL</p> <p>ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; OTC; QL</p> <p>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL</p> <p>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL</p> <p>heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC</p> <p>TAGAMET HB 200 (brand for cimetidine) - Tier 2; OTC</p>	
Protectants	
<p>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</p> <p>sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL</p> <p>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</p>	
Proton Pump Inhibitors	
<p>acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; OTC; QL</p> <p>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL</p> <p>ft acid reducer oral capsule delayed release (generic for PREVACID 24HR) - Tier 1; OTC; QL</p> <p>lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; OTC; QL</p> <p>lansoprazole capsule delayed release 15 mg oral (rx) (generic for PREVACID 24HR) - Tier 1; QL</p> <p>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; OTC; QL</p> <p>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members >= 2 years of age will require PA; QL; AL <i>omeprazole magnesium</i> - Tier 1; OTC; QL <i>omeprazole magnesium oral capsule delayed release</i> - Tier 1; OTC; QL <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> - Tier 1; QL <i>omeprazole oral capsule delayed release 20.6 (20 base) mg</i> - Tier 1; OTC; QL <i>pantoprazole sodium oral tablet delayed release (generic for PROTONIX)</i> - Tier 1; QL <i>PREVACID 24HR (brand for eq lansoprazole)</i> - Tier 2; OTC; QL</p>	
<p>Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions</p>	
<p>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs</p>	
<p><i>abatinox (generic for ABATINEX)</i> - Tier 1; OTC <i>acid gone (generic for ACID GONE)</i> - Tier 1; OTC <i>acidophilus lactobacillus oral (generic for ABATINEX)</i> - Tier 1; OTC <i>acidophilus oral capsule , 10 mg (generic for ABATINEX)</i> - Tier 1; OTC <i>acidophilus probiotic oral capsule 10 mg (generic for ABATINEX)</i> - Tier 1; OTC <i>acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX)</i> - Tier 1; OTC <i>acidophilus/l-sporogenes (generic for FLORANEX)</i> - Tier 1; OTC <i>adult 50+ probiotic (generic for FLORA VANCE)</i> - Tier 1; OTC; QL <i>adult probiotic (generic for FLORA VANCE)</i> - Tier 1; OTC; QL <i>advanced antacid (generic for MINTOX)</i> - Tier 1; OTC; QL</p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL

alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; OTC; QL

antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; OTC; QL

antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL

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

antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL

antacid advanced (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL

antacid advanced max st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL

antacid anti-gas (generic for MINTOX) - Tier 1; OTC; QL

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

antacid calcium (generic for CAL-GEST ANTACID) - Tier 1; OTC

antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1; OTC

antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC

antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL

antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC
antacid fast relief (generic for MINTOX) - Tier 1; OTC; QL
antacid i (generic for MINTOX) - Tier 1; OTC; QL
antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC
antacid liquid (generic for MINTOX) - Tier 1; OTC; QL
antacid m (generic for MINTOX) - Tier 1; OTC; QL
antacid maximum (generic for TUMS ULTRA 1000) - Tier 1; OTC
antacid maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1; OTC
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; OTC; QL
antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1; OTC
antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1; OTC
antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC
antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid regular strength (generic for MINTOX) - Tier 1; OTC; QL
antacid ultra strength (generic for TUMS ULTRA 1000) - Tier 1; OTC

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC

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

biotinex (generic for ABATINEX) - Tier 1; OTC

bismuth (generic for SOOTHE) - Tier 1; OTC; QL

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

BOLSITOL (brand for acidophilus) - Tier 2; OTC

calcium antacid (generic for CAL-GEST ANTACID) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

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

calcium carbonate antacid oral suspension - Tier 1; OTC; QL

calcium carbonate antacid oral tablet - Tier 1; OTC

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

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

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

childrens soothe - Tier 1; OTC

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

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

diarrhea (generic for SOOTHE) - Tier 1; OTC

diarrhea relief (generic for SOOTHE) - Tier 1; OTC

digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; OTC; QL

digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1; OTC

diotame instydose (generic for SOOTHE) - Tier 1; OTC

enema (generic for FLEET ENEMA) - Tier 1; OTC

enema disposable (generic for FLEET ENEMA) - Tier 1; OTC

enema ready-to-use (generic for FLEET ENEMA) - Tier 1; OTC

enema rectal enema 16-6 gm/133ml (generic for FLEET ENEMA) - Tier 1; OTC

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

FLEET ENEMA (brand for cvs enema disposable) - Tier 2; OTC
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2; OTC
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL
floranex tablet oral (generic for FLORANEX) - Tier 1; OTC
FLORANEX TABLET ORAL (brand for acidophilus/sporogenes) - Tier 2; OTC
FLORASTOR (brand for cvs digestive probiotic) - Tier 2; OTC
foaming antacid oral tablet chewable 80-20 mg - Tier 1; OTC
freeze dried acidophilus (generic for ABATINEX) - Tier 1; OTC
ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1; OTC
ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC
ft gas relief - Tier 1; OTC
ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1; OTC
ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1; OTC
ft milk of magnesia (generic for DULCOLAX) - Tier 1; OTC
ft stomach relief oral suspension (generic for SOOTHE) - Tier 1; OTC
ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; OTC; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

gas relief oral tablet chewable 80 mg - Tier 1; OTC

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

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

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

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

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

GAVISCON - Tier 2; OTC

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2; OTC
GELUSIL - Tier 2; OTC
geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; OTC; QL
geri-mox (generic for MINTOX) - Tier 1; OTC; QL
heartburn antacid (generic for ACID GONE) - Tier 1; OTC
heartburn antacid ex st (generic for ACID GONE) - Tier 1; OTC
heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1; OTC
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1; OTC
heartland gas relief - Tier 1; OTC
high potency probiotic (generic for FLORA VANCE) - Tier 1; OTC; QL
IMODIUM MULTI-SYMPTOM RELIEF (brand for epl anti-diarrheal anti-gas) - Tier 2; OTC
intestinex (generic for ABATINEX) - Tier 1; OTC
KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2; OTC
lactobacillus oral tablet (generic for FLORANEX) - Tier 1; OTC
lacto-pectin (generic for FLORA VANCE) - Tier 1; OTC; QL
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1; OTC
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; OTC; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; OTC; QL
mag-al plus (generic for MINTOX) - Tier 1; OTC; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
mega probiotic (generic for FLORA VANCE) - Tier 1; OTC; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
milk of magnesia (generic for DULCOLAX) - Tier 1; OTC
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
mintox plus - Tier 1; OTC
mood support probiotic (generic for FLORA VANCE) - Tier 1; OTC; QL
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2; OTC
PHAZYME (brand for cvs gas relief extra strength) - Tier 2; OTC
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2; OTC
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC
pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1; OTC
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; OTC; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC
pink-bismuth (generic for SOOTHE) - Tier 1; OTC; QL
PROBIOMAX SERENITY (brand for acidophilus) - Tier 2; OTC
probiotic blend (generic for FLORA VANCE) - Tier 1; OTC; QL
probiotic colon care (generic for FLORA VANCE) - Tier 1; OTC; QL
probiotic complex (generic for FLORA VANCE) - Tier 1; OTC; QL
probiotic extra strength (generic for ABATINEX) - Tier 1; OTC
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; OTC; QL
probiotic oral capsule (generic for FLORA VANCE) - Tier 1; OTC; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1; OTC
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; OTC; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1; OTC
REPHRESH PRO-B (brand for acidophilus) - Tier 2; OTC
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1; OTC
saline enema (generic for FLEET ENEMA) - Tier 1; OTC
senior probiotic (generic for FLORA VANCE) - Tier 1; OTC; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1; OTC

simethicone oral tablet chewable (generic for GAS-X EXTRA STRENGTH) - Tier 1; OTC

simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1; OTC

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

smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC

smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC

sodium bicarbonate oral tablet - Tier 1; OTC

soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC

soothe oral suspension (generic for SOOTHE) - Tier 1; OTC

soothe oral tablet chewable (generic for SOOTHE) - Tier 1; OTC; QL
STABLEGI (brand for cvs digestive probiotic) - Tier 2; OTC

stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC

stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC

stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC

stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1; OTC

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1; OTC
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; OTC; QL
stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC
stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC
TUMS (brand for antacid) - Tier 2; OTC
TUMS CHEWY BITES (brand for antacid) - Tier 2; OTC
TUMS E-X 750 (brand for antacid) - Tier 2; OTC
TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2; OTC
TUMS LASTING EFFECTS (brand for antacid) - Tier 2; OTC
TUMS SMOOTHIES (brand for antacid) - Tier 2; OTC
TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2; OTC
VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL
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; OTC; QL
daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; OTC
enema mineral oil (generic for FLEET OIL) - Tier 1; OTC
EVAC (brand for cvs natural fiber supplement) - Tier 2; OTC
fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; OTC
fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; OTC
fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC; QL
fiber oral powder 43 % (generic for METAMUCIL 4 IN 1 FIBER) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC

fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; OTC

fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC; QL

FLEET OIL (brand for cvs mineral oil enema) - Tier 2; OTC

ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL

ft mineral oil - Tier 1; OTC

gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL

gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL

glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL

konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC; QL

laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL

laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL

mineral oil enema (generic for FLEET OIL) - Tier 1; OTC

mineral oil heavy oral - Tier 1

mineral oil heavy oral oil - Tier 1; OTC

mineral oil oral oil - Tier 1; OTC

mineral oil rectal enema (generic for FLEET OIL) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; OTC; QL
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
natural daily fiber (generic for METAMUCIL 4 IN 1 FIBER) - Tier 1; OTC
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; OTC
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC; QL
natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC
natural fiber supplement (generic for EVAC) - Tier 1; OTC
natural vegetable (generic for HYDROCIL) - Tier 1; OTC
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
sorbitol oral - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2; OTC
citroma (generic for CITROMA) - Tier 1; OTC; PD; QL
CITRUCCEL (brand for cvs soluble fiber therapy) - Tier 2; OTC
COLACE (brand for cvs stool softener) - Tier 2; OTC; QL
col-rite oral capsule 250 mg - Tier 1; OTC; QL
docusate calcium (generic for SURFAK) - Tier 1; OTC
docusate mini (generic for DOCUSOL MINI) - Tier 1; OTC; QL
docusate sodium oral capsule (generic for COLACE) - Tier 1; OTC; QL
docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; OTC; QL
docusate sodium oral syrup - Tier 1; OTC
DOCUSOL MINI (brand for docusate mini) - Tier 2; OTC; QL
docuzen (generic for SENOKOT S) - Tier 1; OTC
dss (generic for COLACE) - Tier 1; OTC; QL
easy-lax plus (generic for SENOKOT S) - Tier 1; OTC
ENEMEEZ MINI (brand for docusate mini) - Tier 2; OTC; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2; OTC
fiber laxative + calcium (generic for FIBERCON) - Tier 1; OTC
fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1; OTC
fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1; OTC
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1; OTC
fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1; OTC
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1; OTC
fiber-caps (generic for FIBERCON) - Tier 1; OTC
fiber-lax (generic for FIBERCON) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; OTC; PD; QL
ft fiber laxative (generic for CITRUCEL) - Tier 1; OTC
ft magnesium citrate (generic for CITROMA) - Tier 1; OTC; PD; QL
ft senna laxatives (generic for SENOKOT) - Tier 1; OTC; QL
ft senna-s (generic for SENOKOT S) - Tier 1; OTC
ft stool softener oral capsule (generic for COLACE) - Tier 1; OTC; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1; OTC
geri-kot (generic for SENOKOT) - Tier 1; OTC; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1; OTC
glycerin (infants & children) rectal suppository 1 gm - Tier 1; OTC
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1; OTC
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1; OTC
glycerin childrens - Tier 1; OTC
glycerin pediatric rectal suppository 1.2 gm - Tier 1; OTC
laxacin (generic for SENOKOT S) - Tier 1; OTC
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; OTC
laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; OTC
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; OTC
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

laxative regular strength (generic for SENNA SMOOTH) - Tier 1; OTC
magnesium citrate oral solution (generic for CITROMA) - Tier 1; OTC; PD; QL
mm stool softener laxative (generic for COLACE) - Tier 1; OTC; QL
natural senna laxative (generic for SENOKOT) - Tier 1; OTC; QL
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; OTC; QL
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; OTC; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; OTC; PD; QL
ONELAX SENNA (brand for senna) - Tier 2; OTC
p col-rite (generic for SENOKOT S) - Tier 1; OTC
PEDIA-LAX ORAL LIQUID - Tier 2; OTC
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2; OTC
sb docusate sodium/senna (generic for SENOKOT S) - Tier 1; OTC
senexon-s (generic for SENOKOT S) - Tier 1; OTC
senna lax (generic for SENOKOT) - Tier 1; OTC; QL
senna laxative (generic for SENOKOT) - Tier 1; OTC; QL
senna oral liquid (generic for ONELAX SENNA) - Tier 1; OTC
senna oral syrup (generic for ONELAX SENNA) - Tier 1; OTC
senna oral tablet (generic for SENOKOT) - Tier 1; OTC; QL
senna plus oral tablet (generic for SENOKOT S) - Tier 1; OTC
senna s (generic for SENOKOT S) - Tier 1; OTC
senna smooth (generic for SENNA SMOOTH) - Tier 1; OTC
senna-docusate sodium (generic for SENOKOT S) - Tier 1; OTC
senna-lax (generic for SENOKOT) - Tier 1; OTC; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

senna-plus (generic for SENOKOT S) - Tier 1; OTC
senna-s oral tablet 8.6-50 mg (generic for SENOKOT S) - Tier 1; OTC
senna-tabs (generic for SENOKOT) - Tier 1; OTC; QL
senna-time (generic for SENOKOT) - Tier 1; OTC; QL
senna-time s (generic for SENOKOT S) - Tier 1; OTC
sennazon (generic for ONELAX SENNA) - Tier 1; OTC
SENOKOT (brand for cvs senna) - Tier 2; OTC; QL
SENOKOT S (brand for cvs senna plus) - Tier 2; OTC
soluble fiber therapy (generic for CITRUCEL) - Tier 1; OTC
stimulant lax plus (generic for SENOKOT S) - Tier 1; OTC
stimulant laxative (generic for SENOKOT S) - Tier 1; OTC
stool softener laxative oral capsule (generic for COLACE) - Tier 1; OTC; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; OTC; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1; OTC
stool softener oral capsule 250 mg - Tier 1; OTC; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1; OTC
stool softener pls laxative (generic for SENOKOT S) - Tier 1; OTC
stool softener plus laxative (generic for SENOKOT S) - Tier 1; OTC
stool softener/laxative (generic for SENOKOT S) - Tier 1; OTC
stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1; OTC
vegetable lax+stool softener (generic for SENOKOT S) - Tier 1; OTC
vegetable laxative (generic for SENOKOT) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<p>CHOLBAM - Tier 2; PA; SP; QL CREON - Tier 2 CYSTAGON - Tier 2; SP; QL NITYR - Tier 2; DX2RX; SP; CH; QL RAVICTI - Tier 2; PA; SP; CH; QL <i>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; CH; QL</i> <i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; CH; QL</i> STRENSIQ - Tier 2; PA; SP TEGSEDI - Tier 2; PA; SP; QL VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2</p>	<p><i>BUPHENYL ORAL POWDER (brand for sodium phenylbutyrate) - Tier 2; DX2RX; SP; CH; QL</i> <i>BUPHENYL ORAL TABLET (brand for sodium phenylbutyrate) - Tier 2; PA; SP; CH; QL</i> CERDELGA - Tier 2; PA; SP; QL EVRYSDI - Tier 2; PA; SP; QL <i>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; CH; QL</i> PERTZYE - Tier 2; PA PHEBURANE - Tier 2; PA; SP; CH; QL VIOKACE - Tier 2; PA <i>ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Genitourinary Agents	
Antispasmodics, Urinary	
<i>oxybutynin chloride er</i> - Tier 1; QL <i>oxybutynin chloride oral tablet 5 mg</i> - Tier 1; QL OXYTROL FOR WOMEN - Tier 2; OTC; QL <i>solifenacin succinate (generic for VESICARE)</i> - Tier 1; QL <i>tolterodine tartrate (generic for DETROL)</i> - Tier 1; ST; QL <i>tolterodine tartrate er (generic for DETROL LA)</i> - Tier 1; PA; QL <i>tropium chloride</i> - Tier 1; QL	<i>DETROL (brand for tolterodine tartrate)</i> - Tier 2; PA; ST; QL <i>DETROL LA (brand for tolterodine tartrate er)</i> - Tier 2; PA; QL MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL <i>TOVIAZ (brand for fesoterodine fumarate er)</i> - Tier 2; PA; QL <i>VESICARE (brand for solifenacin succinate)</i> - Tier 2; PA; QL
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er (generic for UROXATRAL)</i> - Tier 1; QL <i>finasteride oral tablet 5 mg (generic for PROSCAR)</i> - Tier 1; QL <i>tamsulosin hcl (generic for FLOMAX)</i> - Tier 1; QL <i>terazosin hcl</i> - Tier 1; QL	
Genitourinary Agents, Other	
<i>bethanechol chloride oral</i> - Tier 1 ELMIRON - Tier 2; DX2RX; QL <i>penicillamine oral tablet (generic for DEPEN TITRATABS)</i> - Tier 1; DX2RX; SP; QL	<i>CUPRIMINE (brand for penicillamine)</i> - Tier 2; PA; SP <i>DEPEN TITRATABS (brand for penicillamine)</i> - Tier 2; DX2RX; SP; QL <i>THIOLA (brand for tiopronin)</i> - Tier 2; PA; SP <i>THIOLA EC (brand for tiopronin)</i> - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<p><i>azo (generic for PHENAZO) - Tier 1; OTC</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; OTC</i> <i>phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 200 mg (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; OTC</i></p>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p><i>dexamethasone intensol - Tier 1</i> <i>dexamethasone oral elixir - Tier 1; QL</i> <i>dexamethasone oral solution - Tier 1; QL</i> <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1</i> <i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL</i> <i>fludrocortisone acetate oral - Tier 1; QL</i> <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL</i> <i>MEDROL ORAL TABLET 2 MG - Tier 2</i> <i>methylprednisolone oral (generic for MEDROL) - Tier 1; QL</i> <i>prednisolone oral solution - Tier 1; QL</i> <i>prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1</i> <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</i></p>	<p>ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>prednisone oral solution - Tier 1; QL</i> <i>prednisone oral tablet - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i></p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</p>	
<p><i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; CH; QL</i> <i>desmopressin acetate spray - Tier 1; QL</i> EGRIFTA SV - Tier 2; DX2RX; SP; QL INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NOVAREL (brand for chorionic gonadotropin) - Tier 2; PA; SP NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA; SP</p>	<p>GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP HUMATROPE - Tier 2; PA; SP NORDITROPIN FLEXPRO - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP SAIZEN - Tier 2; PA; SP ZOMACTON - Tier 2; PA; SP</p>
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones</p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs</p>	
<p>FOLLISTIM AQ - Tier 2; PA; SP</p>	<p>GONAL-F - Tier 2; PA; SP GONAL-F RFF - Tier 2; PA; SP GONAL-F RFF REDIRECT - Tier 2; PA; SP OVIDREL - Tier 2; PA; SP SKYTROFA - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<p><i>KORLYM (brand for mifepristone) - Tier 2; PA; SP; QL</i> <i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> <i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i></p>	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<p><i>mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; Coverage based on benefit; CH; QL</i></p>	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>danazol oral - Tier 1; QL</i> <i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL</i> <i>testosterone enanthate intramuscular - Tier 1; QL</i> <i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 25 mg/2.5gm (1%) - Tier 1; PA; QL</i></p>	<p><i>ANDRODERM - Tier 2; PA; QL</i> <i>FORTESTA (brand for testosterone) - Tier 2; PA</i> <i>NATESTO - Tier 2; PA; QL</i> <i>TESTIM (brand for testosterone) - Tier 2; PA; QL</i> <i>VOGELXO (brand for testosterone) - Tier 2; PA; QL</i> <i>XYOSTED - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Estrogens

afirmelle (generic for AFIRMELLE) - Tier 1; PD; QL; GE
ALORA (brand for estradiol) - Tier 2; QL
altavera (generic for ALTAVERA) - Tier 1; PD; QL; GE
alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE
amethia oral tablet 0.15-0.03 & 0.01 mg (generic for ASHLYNA) - Tier 1; PD; QL
apri - Tier 1; PD; QL; GE
aranelle - Tier 1; PD; QL; GE
ashlyna (generic for ASHLYNA) - Tier 1; PD; QL
aubra eq (generic for AFIRMELLE) - Tier 1; PD; QL; GE
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; PD; QL; GE
aurovela 24 fe - Tier 1; PD; QL

aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
aviane (generic for AFIRMELLE) - Tier 1; PD; QL; GE
ayuna (generic for ALTAVERA) - Tier 1; PD; QL; GE
azurette (generic for AZURETTE) - Tier 1; PD; QL; GE
balziva (generic for BALZIVA) - Tier 1; PD; QL; GE
blisovi 24 fe - Tier 1; PD; QL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
briellyn (generic for BALZIVA) - Tier 1; PD; QL; GE
camrese (generic for ASHLYNA) - Tier 1; PD; QL

ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL
ANGELIQ - Tier 2; PA
ANNOVERA - Tier 2; PA; PD; QL
BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; PD; QL
BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; PD; QL
BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL
CLIMARA (brand for estradiol) - Tier 2; PA; QL
CLIMARA PRO - Tier 2; PA
COMBIPATCH - Tier 2; PA; QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM (brand for estradiol) - Tier 2; PA

ELESTRIN - Tier 2; PA
EVAMIST - Tier 2; PA
FEMRING - Tier 2; PA; QL
LO LOESTRIN FE - Tier 2; PA; PD; QL
MENEST - Tier 2; PA; QL
NATAZIA - Tier 2; PA; PD; QL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; PD; QL; GE
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; PD; QL
VAGIFEM (brand for estradiol) - Tier 2; PA; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL
YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; PD; QL
YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; PD; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

camrese lo (generic for CAMRESE LO) - Tier 1; PD; QL
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; PD; QL; GE
cryselle-28 - Tier 1; PD; QL; GE
cyred eq - Tier 1; PD; QL; GE
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE
daysee (generic for ASHLYNA) - Tier 1; PD; QL
delyla (generic for AFIRMELLE) - Tier 1; PD; QL; GE
DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)
(generic for AZURETTE) - Tier 1; PD; QL; GE
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; PD; QL
DUAVEE - Tier 2; QL
elinest - Tier 1; PD; QL; GE
eluryng (generic for ELURYNG) - Tier 1; PD; QL; GE
enilloring (generic for ELURYNG) - Tier 1; PD; QL; GE
enpresse-28 (generic for ENPRESSE-28) - Tier 1; PD; QL; GE
enskyce - Tier 1; PD; QL; GE
estarylla (generic for ESTARYLLA) - Tier 1; PD; QL; GE
estradiol oral (generic for ESTRACE) - Tier 1; QL
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1;
QL
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL
estradiol vaginal (generic for ESTRACE) - Tier 1; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; PD;
QL; GE

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment;
DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP:
Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; PD; QL; GE
falmina (generic for AFIRMELLE) - Tier 1; PD; QL; GE
finzala (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE
hailey 24 fe - Tier 1; PD; QL
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
haloette (generic for ELURYNG) - Tier 1; PD; QL; GE
iclevia (generic for ICLEVIA) - Tier 1; PD; QL
introvale (generic for ICLEVIA) - Tier 1; PD; QL
isibloom - Tier 1; PD; QL; GE
jaimiess (generic for ASHLYNA) - Tier 1; PD; QL
jasmiel (generic for JASMIEL) - Tier 1; PD; QL
jolessa (generic for ICLEVIA) - Tier 1; PD; QL
juleber - Tier 1; PD; QL; GE
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; PD; QL; GE
junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
junel fe oral tablet 1-20 mg-mcg (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
junel fe oral tablet 1-20 mg-mcg(24) - Tier 1; PD; QL
kalliga - Tier 1; PD; QL; GE
kariva (generic for AZURETTE) - Tier 1; PD; QL; GE
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; PD; QL; GE
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; PD; QL; GE

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

kurvelo (generic for ALTAVERA) - Tier 1; PD; QL; GE
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; PD; QL; GE
larin 24 fe - Tier 1; PD; QL
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
leena - Tier 1; PD; QL; GE
lessina (generic for AFIRMELLE) - Tier 1; PD; QL; GE
levonest (generic for ENPRESSE-28) - Tier 1; PD; QL; GE
levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; PD; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; PD; QL; GE
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; PD; QL; GE
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; PD; QL; GE
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; PD; QL; GE
lojaimiess (generic for CAMRESE LO) - Tier 1; PD; QL
loryna (generic for JASMIEL) - Tier 1; PD; QL
low-ogestrel - Tier 1; PD; QL; GE
lo-zumandimine (generic for JASMIEL) - Tier 1; PD; QL
luteru (generic for AFIRMELLE) - Tier 1; PD; QL; GE
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; PD; QL; GE
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; PD; QL; GE

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

microgestin 24 fe - Tier 1; PD; QL
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
mili (generic for ESTARYLLA) - Tier 1; PD; QL; GE
mono-lynyah (generic for ESTARYLLA) - Tier 1; PD; QL; GE
necon 0.5/35 (28) - Tier 1; PD; QL; GE
nikki (generic for JASMIEL) - Tier 1; PD; QL
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; PD; QL; GE
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; PD; QL; GE
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; PD; QL
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; PD; QL; GE
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
nortrel 0.5/35 (28) - Tier 1; PD; QL; GE
nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; PD; QL; GE

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; PD; QL; GE
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE
nylia 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE
nymyo (generic for ESTARYLLA) - Tier 1; PD; QL; GE
ocella (generic for OCELLA) - Tier 1; PD; QL
philith (generic for BALZIVA) - Tier 1; PD; QL; GE
pimtrea (generic for AZURETTE) - Tier 1; PD; QL; GE
portia-28 (generic for ALTAVERA) - Tier 1; PD; QL; GE
PREMARIN ORAL - Tier 2; QL
PREMARIN VAGINAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
reclipsen - Tier 1; PD; QL; GE
setlakin (generic for ICLEVIA) - Tier 1; PD; QL
simliya (generic for AZURETTE) - Tier 1; PD; QL; GE
simpesse (generic for ASHLYNA) - Tier 1; PD; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; PD; QL; GE
sronyx (generic for AFIRMELLE) - Tier 1; PD; QL; GE
syeda (generic for OCELLA) - Tier 1; PD; QL
tarina 24 fe - Tier 1; PD; QL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
tilia fe (generic for TILIA FE) - Tier 1; PD; QL; GE
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
tri-legest fe (generic for TILIA FE) - Tier 1; PD; QL; GE
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; PD; QL; GE

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; PD; QL; GE
tri-mili (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
trivora (28) (generic for ENPRESSE-28) - Tier 1; PD; QL; GE
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; PD; QL; GE
turqoz - Tier 1; PD; QL; GE
TYBLUME - Tier 2; PD; QL; GE
velivet - Tier 1; PD; QL
vestura (generic for JASMIEL) - Tier 1; PD; QL
vienna (generic for AFIRMELLE) - Tier 1; PD; QL; GE
viorele (generic for AZURETTE) - Tier 1; PD; QL; GE
volnea (generic for AZURETTE) - Tier 1; PD; QL; GE
vyfemla (generic for BALZIVA) - Tier 1; PD; QL; GE
vylibra (generic for ESTARYLLA) - Tier 1; PD; QL; GE
wera - Tier 1; PD; QL; GE
wymzya fe (generic for WYMZYA FE) - Tier 1; PD; QL
xulane (generic for XULANE) - Tier 1; PD; QL; GE
yuvaferm (generic for YUVAFEM) - Tier 1; QL
zafemy (generic for XULANE) - Tier 1; PD; QL; GE
zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; PD; QL; GE
zumandimine (generic for OCELLA) - Tier 1; PD; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Progestins

camila (generic for CAMILA) - Tier 1; PD; QL; GE
deblitane (generic for CAMILA) - Tier 1; PD; QL; GE
 ELLA - Tier 2; PD; QL
errin (generic for CAMILA) - Tier 1; PD; QL; GE
heather (generic for CAMILA) - Tier 1; PD; QL; GE
incassia (generic for CAMILA) - Tier 1; PD; QL; GE
jencycla (generic for CAMILA) - Tier 1; PD; QL; GE
lyleq (generic for CAMILA) - Tier 1; PD; QL; GE
lyza (generic for CAMILA) - Tier 1; PD; QL; GE
medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; PD; QL; GE
medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL
megestrol acetate oral suspension 40 mg/ml - Tier 1; PD; CH; QL
megestrol acetate oral tablet 20 mg - Tier 1; PD; CH
megestrol acetate oral tablet 40 mg - Tier 1; PD; CH; QL
nora-be (generic for CAMILA) - Tier 1; PD; QL; GE
norethindrone acetate oral - Tier 1; QL
norethindrone oral (generic for CAMILA) - Tier 1; PD; QL; GE
norlyroc (generic for CAMILA) - Tier 1; PD; QL; GE
progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL
sharobel (generic for CAMILA) - Tier 1; PD; QL; GE

DEPO-SUBQ PROVERA 104 - Tier 2; PA; PD; QL
 ENDOMETRIN - Tier 2; PA

Selective Estrogen Receptor Modifying Agents

raloxifene hcl (generic for EVISTA) - Tier 1; PD; CH; QL

EVISTA (brand for raloxifene hcl) - Tier 2; PA; PD; CH; QL
 OSPHENA - Tier 2; PA; CH; QL; GE

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment;
 DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP:
 Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
<i>aftera (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>curae (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; OTC; PD; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i>	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
CLOMID - Tier 2; CH	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	ERMEZA - Tier 2; PA; QL TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL TIROSINT-SOL - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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>
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; PD; CH; QL	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; CH; QL</i> <i>leuprolide acetate injection - Tier 1; PA; SP; PD</i> LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; PD; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; PD; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; PD; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; PD; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP LUPRON DEPOT-PED (6-MONTH) - Tier 2; SP <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP</i> <i>octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL</i> <i>octreotide acetate injection solution 200 mcg/ml - Tier 1; SP</i> <i>octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL</i> <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml - Tier 1; SP</i> <i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml - Tier 1; SP; QL</i> ORILISSA - Tier 2; PA; CH; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
MENOPUR - Tier 2; PA; SP	CETROTIDE (brand for cetrorelix acetate) - Tier 2; PA; SP ganirelix acetate (generic for FYREMADEL) - Tier 1; PA; SP
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
methimazole oral - Tier 1; QL propylthiouracil oral - Tier 1; QL	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL icatibant acetate (generic for SAJAZIR) - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL sajazir (generic for SAJAZIR) - Tier 1; PA; SP; QL	BERINERT - Tier 2; PA; SP TAKHZYRO - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Immunological Agents, Other

ACTEMRA ACTPEN - Tier 2; PA; SP; QL
 ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL
 COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL
 COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL
 COSENTYX UNOREADY - Tier 2; PA; QL
 DUPIXENT - Tier 2; PA; SP; QL
 ILARIS - Tier 2; PA; SP; QL
 KINERET - Tier 2; PA; SP; QL
 OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL
 ORENCIA CLICKJECT - Tier 2; PA; SP; QL
 ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL
 OTEZLA - Tier 2; PA; SP; QL
 RINVOQ - Tier 2; PA; SP; QL
 STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL
 SYNAGIS - Tier 2; PA; SP; QL
 TREMFYA - Tier 2; PA; SP; QL
 XELJANZ - Tier 2; PA; SP; QL
 XELJANZ XR - Tier 2; PA; SP; QL
 XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL
 XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL

ADBRY - Tier 2; PA; SP; QL
 BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
 ILUMYA - Tier 2; PA; SP; QL
 KEVZARA - Tier 2; PA; SP; QL
 SILIQ - Tier 2; PA; SP; QL
 SKYRIZI PEN - Tier 2; PA; SP; QL
 SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
 TALTZ - Tier 2; PA; SP; QL

Immunostimulants

ACTIMMUNE - Tier 2; PA; SP; PD
 PEGASYS - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Immunosuppressants

azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL
CIMZIA (2 SYRINGE) - Tier 2; PA; SP; QL
CIMZIA VIAL KIT - Tier 2; PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML - Tier 2; PA; SP; QL
cyclosporine modified (generic for GENGRAF) - Tier 1; QL
cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1
gengraf oral capsule (generic for GENGRAF) - Tier 1; QL
HUMIRA (2 PEN) - Tier 2; PA; SP; QL
HUMIRA (2 SYRINGE) - Tier 2; PA; SP; QL
HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML - Tier 2; PA; SP; QL
HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL
HUMIRA-PED<40KG CROHNS STARTER - Tier 2; PA; SP; QL
HUMIRA-PED>=40KG CROHNS START - Tier 2; PA; SP; QL
HUMIRA-PED>=40KG UC STARTER - Tier 2; PA; SP; QL
HUMIRA-PSORIASIS/UEVIT STARTER - Tier 2; PA; SP; QL
leflunomide oral (generic for ARAVA) - Tier 1; QL
methotrexate sodium (pf) - Tier 1; PD
methotrexate sodium injection - Tier 1; PD
methotrexate sodium oral - Tier 1; PD; CH
mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL
mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL
mycophenolic acid (generic for MYFORTIC) - Tier 1; QL
SIMPONI - Tier 2; PA; SP; QL
sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL
sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL
sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1
tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1
tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL

ENBREL - Tier 2; PA; SP; QL
ENSPRYNG - Tier 2; PA; SP; QL
OTREXUP - Tier 2; PA; QL
RASUVO - Tier 2; PA; QL
TREXALL - Tier 2; PA; PD; CH

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

Vaccines

ACTHIB - Tier 2; PD
 ADACEL - Tier 2; QL
 BEXSERO - Tier 2; PD; QL
 BOOSTRIX - Tier 2; QL
 DAPTACEL - Tier 2; QL
 ENGERIX-B - Tier 2; PD; QL
 GARDASIL 9 - Tier 2; PD; QL
 HAVRIX - Tier 2; PD; QL
 HIBERIX - Tier 2; PD
 INFANRIX - Tier 2; QL
 IPOL - Tier 2; PD
 MENQUADFI - Tier 2; PD; QL
 MENVEO - Tier 2; PD; QL
 M-M-R II - Tier 2; PD; QL
 PEDIARIX - Tier 2; QL
 PEDVAX HIB - Tier 2; PD
 PENTACEL - Tier 2; QL
 PREHEVBRIO - Tier 2; PD; QL
 PRIORIX - Tier 2; PD; QL
 PROQUAD - Tier 2; PD; QL
 QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL
 RECOMBIVAX HB - Tier 2; PD; QL
 ROTARIX - Tier 2; PD; AL
 ROTATEQ - Tier 2; PD
 SHINGRIX - Tier 2; PD; QL; AL
TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TENIVAC - Tier 2; QL
TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TRUMENBA - Tier 2; PD; QL
 TWINRIX - Tier 2; PD; QL
 VAQTA - Tier 2; PD; QL
 VARIVAX - Tier 2; PD; QL
 VAXNEUVANCE - Tier 2; PD; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment;
 DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP:
 Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
---	--

Vaccines	
<p>AFLURIA QUADRIVALENT - Tier 2; PD; QL DENGVAXIA - Tier 2; PD; QL FLUAD QUADRIVALENT - Tier 2; PD; QL FLUARIX QUADRIVALENT - Tier 2; PD; QL FLUBLOK QUADRIVALENT - Tier 2; PD; QL FLUCELVAX QUADRIVALENT - Tier 2; PD; QL FLULAVAL QUADRIVALENT - Tier 2; PD; QL FLUMIST QUADRIVALENT - Tier 2; PD; QL FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; PD; QL FLUZONE QUADRIVALENT - Tier 2; PD; QL HEPLISAV-B - Tier 2; PD; QL; AL HYPERTET - Tier 2; QL NOVAVAX COVID-19 VACCINE - Tier 2; PD; QL PNEUMOVAX 23 - Tier 2; PD; QL PREVNAR 13 - Tier 2; PD; QL PREVNAR 20 - Tier 2; PD; QL</p>	

Inflammatory Bowel Disease Agents	
-----------------------------------	--

Aminosalicylates	
<p><i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>LIALDA (brand for mesalamine) - Tier 2; QL</i> <i>mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> SFROWASA - Tier 2; QL <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i></p>	<p><i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; PA; QL</i> <i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL <i>PENTASA (brand for mesalamine er) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Glucocorticoids	
<i>budesonide oral - Tier 1; DX2RX; QL</i> <i>hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL</i>	CORTIFOAM - Tier 2; PA; QL UCERIS (brand for budesonide) - Tier 2; PA; QL
Metabolic Bone Disease Agents	
<i>alendronate sodium oral solution - Tier 1; CH; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; CH; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; CH; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; CH; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; CH; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; CH; QL</i> TYMLOS - Tier 2; PA; SP; QL	ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA; CH ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; CH; QL ATELVIA (brand for risedronate sodium) - Tier 2; PA; CH FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL FOSAMAX (brand for alendronate sodium) - Tier 2; PA; CH; QL FOSAMAX PLUS D - Tier 2; PA; CH; QL RAYALDEE - Tier 2; PA; CH; QL TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p>ABRYSVO - Tier 2; PD; QL <i>acne control cleanser (generic for CLEARSKIN) - Tier 1; OTC</i> <i>acne medication 10 external lotion - Tier 1; OTC; QL</i> <i>acne medication 5 external lotion - Tier 1; OTC</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1; OTC</i> ADALIMUMAB-ADAZ (brand for adalimumab-adaz) - Tier 2; PA; SP; QL ADALIMUMAB-ADBM (2 PEN) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL ADALIMUMAB-ADBM (2 SYRINGE) (brand for adalimumab-adbm (2 syringe)) - Tier 2; PA; SP; QL ADALIMUMAB-ADBM(CD/UC/HS STRT) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL ADALIMUMAB-ADBM(PS/UV STARTER) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL <i>adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1; OTC</i> <i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1; OTC</i> ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; OTC; QL; DME AMJEVITA - Tier 2; PA; SP; QL AMJEVITA-PED 15KG TO <30KG - Tier 2; PA; SP; QL ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL <i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; OTC; QL</i> <i>antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; OTC; QL</i> <i>antifungal tolnaftate (generic for TINACTIN) - Tier 1; OTC; QL</i></p>	<p>ARMONAIR DIGIHALER - Tier 2; PA; QL AUVELITY - Tier 2; PA; QL BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; OTC; QL; DME BD ULTRA-FINE INSULIN SYRINGES (brand for careone insulin syringe) - Tier 2; PA; OTC; QL; DME BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; OTC; QL; DME BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; OTC; QL; DME BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL; DME BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; OTC; QL; DME BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME EMPAVELI - Tier 2; PA; SP; QL FYLNETRA - Tier 2; PA; SP GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL; DME GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL; DME HYFTOR - Tier 2; PA; QL INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; OTC; QL; DME INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>AREXVY - Tier 2; PD; QL arthritis pain relieving - Tier 1; OTC; QL aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; OTC; PD; QL aspirin rectal suppository 300 mg - Tier 1; OTC; PD aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC</p>	<p>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; OTC; QL; DME INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; OTC; QL; DME INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; OTC; QL; DME INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; OTC; QL; DME INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; OTC; QL; DME KRAZATI - Tier 2; PA; SP; PD; CH; QL OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL; DME OMNIPOD 5 G6 PODS (GEN 5) - Tier 2; PA; QL; DME ORLADEYO - Tier 2; PA; SP; QL PREZISTA (brand for darunavir) - Tier 2; DX2RX; QL QUVIVIQ - Tier 2; PA; QL RELYVRIO - Tier 2; PA; SP; QL RYALTRIS - Tier 2; PA; QL; DME SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL SOTYKTU - Tier 2; PA; SP; QL STIMUFEND - Tier 2; PA; SP VIVJOA - Tier 2; PA; QL VOQUEZNA DUAL PAK - Tier 2; PA; QL VTAMA - Tier 2; PA; QL WINLEVI - Tier 2; PA; QL XPHOZAH ORAL TABLET 20 MG - Tier 2; PA; SP; CH; QL; AL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; OTC; QL
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC
athletes foot relief (generic for TINACTIN) - Tier 1; OTC
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; OTC; QL
bacitracin zinc external - Tier 1; OTC; QL
bacitracin zinc first aid - Tier 1; OTC; QL
bacitracin zinc-aloe - Tier 1; OTC; QL
BAYER ASPIRIN (brand for aspirin) - Tier 2; OTC; PD; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; OTC; PD; QL
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; OTC; QL; DME
BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; OTC; QL; DME
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL
BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1; OTC

Non-Preferred Agents

YONSA - Tier 2; PA; SP; PD; CH; QL
ZORYVE EXTERNAL CREAM - Tier 2; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; OTC; QL; DME
calamine external lotion - Tier 1; OTC
CALQUENCE - Tier 2; SP; PD; CH; QL
capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; OTC; QL
capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; OTC; QL
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; OTC; QL
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; OTC; QL
CAPZASIN-HP (brand for capsaicin) - Tier 2; OTC; QL
capzix (generic for CAPZASIN-HP) - Tier 1; OTC; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL; DME
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL; DME
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME
CASTIVA WARMING - Tier 2; OTC; QL
CAYA - Tier 2; PD; QL; DME
CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; OTC; QL
CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; OTC; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
clearskin (generic for CLEARSKIN) - Tier 1; OTC
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
COMIRNATY - Tier 2; PD; QL
CONDOMS - Tier 2; OTC; PD; QL; DME
COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; OTC; QL; DME
COOL MIST HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; OTC; QL; DME
corn & callus remover (generic for COMPOUND W) - Tier 1; OTC
corn and callus remover (generic for COMPOUND W) - Tier 1; OTC
COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
CYLTEZO (2 PEN) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL
CYLTEZO (2 SYRINGE) (brand for adalimumab-adbm (2 syringe)) - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

CYLTEZO-CDIUCIHS STARTER (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL
 CYLTEZO-PSORIASIS/UV STARTER (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL
 daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1; OTC
 darunavir (generic for PREZISTA) - Tier 1; DX2RX; QL
 DERMELEVE ADVANCED FORMULA - Tier 2; OTC
 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL; DME
 DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
 double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1; OTC
 DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; OTC; QL; DME
 DUREX EXTRA SENSITIVE THIN (brand for aimsco lubricated) - Tier 2; OTC; PD; QL; DME
 EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
 EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
 EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
 EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
 ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL
 EX-LAX ULTRA (brand for bisacodyl) - Tier 2; OTC; PD; QL
 fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
 FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
 FC2 FEMALE CONDOM - Tier 2; OTC; PD; QL; DME
 FEMCAP - Tier 2; PD; QL; DME
 FLEET BISACODYL - Tier 2; OTC; QL
 FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2; OTC; QL
 FLINTSTONES GUMMIES-IMMUNITY (brand for cvs gummy dinos) - Tier 2; OTC; QL
 FLINTSTONES-IMMUNITY SUPPORT (brand for cvs gummy dinos) - Tier 2; OTC; QL
 FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
 folic acid oral tablet 1 mg - Tier 1; PD; QL
 folic acid oral tablet 1 mg - Tier 1; OTC; PD; QL
 folic acid oral tablet 400 mcg, 800 mcg - Tier 1; OTC; PD
 foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC
 ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; OTC; QL
 ft aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL
 ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL
 ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
ft laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
fungi-guard (generic for TINACTIN) - Tier 1; OTC; QL
gentle laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
gentle laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL
gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL
gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL
HADLIMA - Tier 2; PA; SP; QL
HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg (generic for LEVSIN/SL) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
hyosyne - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML - Tier 2; PA; SP; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML - Tier 2; PA; SP; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL
HYRIMOZ-CROHNS/UC STARTER - Tier 2; PA; SP; QL
HYRIMOZ-PED<40KG CROHN STARTER - Tier 2; PA; SP; QL
HYRIMOZ-PED>=40KG CROHN START - Tier 2; PA; SP; QL
HYRIMOZ-PLAQUE PSORIASIS START - Tier 2; PA; SP; QL
IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
INSPIREASE RESERVOIR BAGS - Tier 2; QL; DME
INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC
jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1; OTC
liquid wart remover (generic for COMPOUND W) - Tier 1; OTC
liquid wart remover max st (generic for COMPOUND W) - Tier 1; OTC
magnesium oxide oral tablet 400 mg - Tier 1; OTC
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1; OTC
MAOX (brand for magnesium oxide) - Tier 2; OTC
MASK VORTEX/CHILD/FROG - Tier 2; OTC; QL; DME
MASK VORTEX/TODDLER/LADYBUG - Tier 2; OTC; QL; DME
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1; OTC
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL
MODERNA COVID-19 VAC 6M-11Y - Tier 2; PD; QL
MOUNJARO - Tier 2; PA; QL
NEODOT THERMOMETER - Tier 2; OTC; QL; DME
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2; OTC
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OMNIFLEX DIAPHRAGM - Tier 2; PD; QL; DME; GE
ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
ONELAX (brand for bisacodyl) - Tier 2; OTC; QL
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2
OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2
PANOXYL (brand for bp wash) - Tier 2; OTC
PENBRAYA - Tier 2; PD; QL
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; PD; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; PD; QL
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
poly bacitracin (generic for POLYSPORIN) - Tier 1; OTC
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2; OTC
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1; OTC
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1
SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
SPIKEVAX - Tier 2; PD; QL
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; OTC; PD; QL
STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL; DME
sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; OTC; QL
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; OTC; QL
tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; OTC; QL
tolnaftate external cream (generic for TINACTIN) - Tier 1; OTC; QL
tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1; OTC
 TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; OTC; PD; QL
 TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2; OTC; PD
 VAPORIZER WARM STEAM - Tier 2; OTC; QL; DME
 VAXELIS - Tier 2; QL
vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1; OTC
wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1; OTC
 WIDE-SEAL DIAPHRAGM 60 - Tier 2; PD; QL; DME
 WIDE-SEAL DIAPHRAGM 65 - Tier 2; PD; QL; DME
 WIDE-SEAL DIAPHRAGM 70 - Tier 2; PD; QL; DME
 WIDE-SEAL DIAPHRAGM 75 - Tier 2; PD; QL; DME
 WIDE-SEAL DIAPHRAGM 80 - Tier 2; PD; QL; DME
 WIDE-SEAL DIAPHRAGM 85 - Tier 2; PD; QL; DME
 WIDE-SEAL DIAPHRAGM 90 - Tier 2; PD; QL; DME
 WIDE-SEAL DIAPHRAGM 95 - Tier 2; PD; QL; DME
womans laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
womens laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
 YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML - Tier 2; PA; SP; QL
 ZOSTRIX HP (brand for capsaicin) - Tier 2; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

ALECENSA - Tier 2; PA; SP; PD; CH; QL
 ALUNBRIG - Tier 2; PA; SP; PD; CH; QL
 BOSULIF - Tier 2; PA; SP; PD; CH; QL
 BRUKINSA - Tier 2; PA; SP; PD; CH; QL
 CABOMETYX - Tier 2; PA; SP; PD; CH; QL
 CAPRELSA - Tier 2; PA; SP; PD; CH; QL
 COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; PD; CH; QL
gefitinib (generic for IRESSA) - Tier 1; PA; SP; PD; CH; QL
 GILOTRIF - Tier 2; PA; SP; PD; CH; QL
 ICLUSIG - Tier 2; PA; SP; PD; CH; QL
imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; PD; CH; QL
 IMBRUVICA - Tier 2; PA; SP; PD; CH; QL
 INLYTA - Tier 2; PA; SP; PD; CH; QL
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; PD; CH; QL
 LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; PD; CH; QL
 SPRYCEL - Tier 2; PA; SP; PD; CH; QL
 TASIGNA - Tier 2; PA; SP; PD; CH; QL
 TURALIO - Tier 2; PA; SP; PD; CH; QL; AL
 XALKORI - Tier 2; PA; SP; PD; CH; QL

GAVRETO - Tier 2; PA; SP; PD; CH; QL
GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; PD; CH; QL
IRESSA (brand for gefitinib) - Tier 2; PA; SP; PD; CH; QL
 LORBRENA - Tier 2; PA; SP; PD; CH; QL
 RETEVMO - Tier 2; PA; SP; PD; CH; QL
 TABRECTA - Tier 2; PA; SP; PD; CH; QL
 TAGRISSO - Tier 2; PA; SP; PD; CH; QL
TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; PD; CH; QL
 VIZIMPRO - Tier 2; PA; SP; PD; CH; QL
VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; PD; CH; QL
 XOSPATA - Tier 2; PA; SP; PD; CH; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment;
 DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP:
 Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA; PD
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA; SP; CH; QL PONVORY STARTER PACK - Tier 2; PA; SP; CH; QL
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanoid Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	LUMIGAN - Tier 2; PA; QL TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL XALATAN (brand for latanoprost) - Tier 2; PA; QL XELPROS - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Ophthalmic Agents, Other

altafrin (generic for ALTAFRIN) - Tier 1
atropine sulfate ophthalmic ointment - Tier 1
atropine sulfate ophthalmic solution 1 % - Tier 1; QL
bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL
cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL
 CYSTARAN - Tier 2; DX2RX; SP; QL
dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL
neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL
neo-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL
phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1
sulfacetamide-prednisolone - Tier 1
 TOBRADEX - Tier 2; QL
tobramycin-dexamethasone - Tier 1; QL
 XIIDRA - Tier 2; PA; QL

CEQUA - Tier 2; PA; QL
COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL
COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL
COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA
RESTASIS (brand for cyclosporine) - Tier 2; PA; QL
RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL
 ROCKLATAN - Tier 2; PA; QL
 TOBRADEX ST - Tier 2; PA; QL
 TYRVAYA - Tier 2; PA; QL
 VERKAZIA - Tier 2; PA; QL
 ZYLET - Tier 2; PA; QL

Ophthalmic Anti-allergy Agents

azelastine hcl ophthalmic - Tier 1; ST
cromolyn sodium ophthalmic - Tier 1; QL
olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; OTC; QL
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Ophthalmic Anti-Infectives

bacitracin ophthalmic - Tier 1; QL
bacitracin-polymyxin b (generic for POLYICIN) - Tier 1; QL
ciprofloxacin hcl ophthalmic - Tier 1; QL
erythromycin ophthalmic - Tier 1; PD; QL
gentamicin sulfate ophthalmic - Tier 1; QL
moxifloxacin hcl (2x day) - Tier 1; QL
moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL
neomycin-bacitracin zn-polymyx (generic for NEO-POLYICIN) - Tier 1
neomycin-polymyxin-gramicidin - Tier 1; QL
neo-polycin (generic for NEO-POLYICIN) - Tier 1
ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL
polycin (generic for POLYICIN) - Tier 1; QL
polymyxin b-trimethoprim - Tier 1; QL
sulfacetamide sodium ophthalmic - Tier 1; QL
tobramycin ophthalmic - Tier 1; QL
trifluridine - Tier 1; QL

AZASITE - Tier 2; PA; QL
BESIVANCE - Tier 2; PA; QL
VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL

Ophthalmic Anti-inflammatories

dexamethasone sodium phosphate ophthalmic - Tier 1
diclofenac sodium ophthalmic - Tier 1; QL
fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL
flurbiprofen sodium - Tier 1; QL
ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1
ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL
prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL
PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL
prednisolone sodium phosphate ophthalmic - Tier 1

ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA
ACUVAIL - Tier 2; PA; QL
BROMSITE (brand for bromfenac sodium) - Tier 2; PA; QL
EYSUVIS - Tier 2; PA; QL
FLAREX - Tier 2; PA; QL
FML FORTE - Tier 2; PA; QL
ILEVRO - Tier 2; PA; QL
INVELTYS - Tier 2; PA; QL
LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL
LOTEMAX SM - Tier 2; PA; QL
NEVANAC - Tier 2; PA; QL
PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL
PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Ophthalmic Beta-Adrenergic Blocking Agents	
<i>betaxolol hcl ophthalmic - Tier 1; QL</i> <i>carteolol hcl - Tier 1</i> <i>levobunolol hcl - Tier 1; QL</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i>	BETIMOL - Tier 2; PA; QL BETOPTIC-S - Tier 2; PA; QL ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL
Ophthalmic Intraocular Pressure Lowering Agents, Other	
<i>apraclonidine hcl - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i> DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> PHOSPHOLINE IODIDE - Tier 2 <i>pilocarpine hcl ophthalmic - Tier 1</i>	ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL AZOPT (brand for brinzolamide) - Tier 2; PA RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL
Ophthalmic Agents - Drugs to Treat Eye Conditions	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
<i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1; OTC</i> <i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; OTC; QL</i> <i>altalube (generic for ALTALUBE) - Tier 1; OTC; QL</i> <i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1; OTC</i> <i>astringent eye drops (generic for VISINE-AC) - Tier 1; OTC; QL</i> <i>BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC</i> <i>BION TEARS PF (brand for cvs natural tears pf) - Tier 2; OTC</i> <i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; OTC; QL</i> <i>dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; OTC; QL</i> <i>eye drops adv relief - Tier 1; OTC; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

eye drops advanced relief - Tier 1; OTC; QL
eye drops long lasting (generic for SYSTANE) - Tier 1; OTC; QL
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1; OTC
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; OTC; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; OTC; QL
eye irritation relief drops (generic for VISINE-AC) - Tier 1; OTC; QL
eye lubricant (generic for ALTALUBE) - Tier 1; OTC; QL
eye lubricant nighttime (generic for ALTALUBE) - Tier 1; OTC; QL
for sty relief (generic for ALTALUBE) - Tier 1; OTC; QL
ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1; OTC
ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1; OTC
GENTEAL SEVERE - Tier 2; OTC; QL
GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2; OTC
GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; OTC; QL
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2; OTC
GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2; OTC
GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; OTC; QL
HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; OTC; QL
lubricant drops fast act (generic for SYSTANE) - Tier 1; OTC; QL
lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; OTC; QL
lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; OTC; QL

lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1; OTC

lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; OTC; QL

lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; OTC; QL

lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; OTC; QL

lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1; OTC

lubricant eye nighttime (generic for ALTALUBE) - Tier 1; OTC; QL

lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; OTC; QL

lubricant pm (generic for ALTALUBE) - Tier 1; OTC; QL

lubricating eye drop (generic for BIOLLE TEARS) - Tier 1; OTC

lubricating eye drops (generic for SYSTANE) - Tier 1; OTC; QL

lubricating eyel/overnight (generic for ALTALUBE) - Tier 1; OTC; QL

lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1; OTC

lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1; OTC

lubricating plus pf (generic for BIOLLE TEARS) - Tier 1; OTC

lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; OTC; QL

lubrifresh p.m. (generic for ALTALUBE) - Tier 1; OTC; QL

MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

MURO 128 OPTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; OTC; QL
natural tears pf (generic for BION TEARS PF) - Tier 1; OTC
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; OTC; QL
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; OTC; QL
polyvinyl alcohol ophthalmic - Tier 1; OTC
pure & gentle lubricant - Tier 1; OTC
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; OTC; QL
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; OTC; QL
relief eye drops (generic for VISINE-AC) - Tier 1; OTC; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1; OTC
restore pm (generic for ALTALUBE) - Tier 1; OTC; QL
SENTIA (brand for cvs lubricant drops) - Tier 2; OTC; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1; OTC
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1; OTC
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; OTC; QL
sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1; OTC
sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; OTC; QL
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; OTC; QL
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs

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

Otic Agents

<p><i>acetic acid otic - Tier 1; QL</i> <i>ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL</i> <i>hydrocortisone-acetic acid - Tier 1; QL</i> <i>neomycin-polymyxin-hc otic - Tier 1; QL</i> <i>ofloxacin otic - Tier 1; QL</i></p>	
---	--

Otic Agents - Drugs to Treat Ear Conditions

Otic Agents - Drugs for the Ear

<p><i>CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2; OTC</i> <i>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2; OTC</i> <i>ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i></p>	
--	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

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

Respiratory Tract/Pulmonary Agents

Antihistamines

<p>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</p> <p>allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</p> <p>allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</p> <p>allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</p> <p>allergy medication (generic for BANOPHEN) - Tier 1; OTC; QL</p> <p>allergy medicine (generic for BANOPHEN) - Tier 1; OTC; QL</p> <p>allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL</p> <p>allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</p> <p>allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL</p>	<p>DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL; DME</p>
--	---

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; OTC; QL

allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

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

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

allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; OTC; QL

allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL

allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

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

allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; OTC; QL

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

allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; OTC; QL

aller-tec (generic for KLS ALLER-TEC) - Tier 1; OTC; QL

anti-hist allergy (generic for BANOPHEN) - Tier 1; OTC; QL

azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL; DME

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL

banophen oral tablet (generic for BANOPHEN) - Tier 1; OTC; QL

BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; OTC; QL

BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; OTC; QL

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

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

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

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

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

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

clemastine fumarate oral tablet - Tier 1; QL

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

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

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

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

cyproheptadine hcl oral - Tier 1; QL

DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; OTC; QL

diphenhydramine oral tablet (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

diphen (generic for BANOPHEN) - Tier 1; OTC; QL
diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL
diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL
diphenhydramine hcl oral elixir - Tier 1; QL
diphenhydramine hcl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL
diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; OTC; QL
diphenhydramine hcl oral tablet chewable (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; OTC; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; OTC; QL
ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; OTC; QL
ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL
ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL
ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL
geri-dryl (generic for BANOPHEN) - Tier 1; OTC; QL
h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL</p> <p>liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</p> <p>m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</p> <p>MM ALLER-BEN (brand for allergy relief) - Tier 2; OTC; QL</p> <p>NARAMIN (brand for allergy childrens) - Tier 2; OTC; QL</p> <p>pharbedryl (generic for BANOPHEN) - Tier 1; OTC; QL</p> <p>siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</p> <p>total allergy (generic for BANOPHEN) - Tier 1; OTC; QL</p> <p>total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</p> <p>ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; OTC; QL</p>	
Anti-inflammatories, Inhaled Corticosteroids	
<p>ARNUITY ELLIPTA - Tier 2; QL</p> <p>ASMANEX (120 METERED DOSES) - Tier 2; QL</p> <p>ASMANEX (14 METERED DOSES) - Tier 2; QL</p> <p>ASMANEX (30 METERED DOSES) - Tier 2; QL</p> <p>ASMANEX (60 METERED DOSES) - Tier 2; QL</p> <p>ASMANEX HFA - Tier 2; Members >= 8 years of age will require PA; QL</p> <p>budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL</p> <p>FLUTICASONE PROPIONATE HFA - Tier 2; QL</p> <p>fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL; DME</p>	<p>ALVESCO - Tier 2; PA</p> <p>OMNARIS - Tier 2; PA; QL; DME</p> <p>PULMICORT FLEXHALER - Tier 2; PA; QL</p> <p>PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA; QL; AL</p> <p>QNASL - Tier 2; PA; QL; DME</p> <p>QNASL CHILDRENS - Tier 2; PA; QL; DME</p> <p>QVAR REDIHALER - Tier 2; PA; QL</p> <p>XHANCE - Tier 2; PA; QL; DME</p> <p>ZETONNA - Tier 2; PA; QL; DME</p>
Antileukotrienes	
<p>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</p>	<p>ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL</p> <p>SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL</p> <p>zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL</p> <p>ZYFLO - Tier 2; PA</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Bronchodilators, Anticholinergic

<p>ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL; DME</i></p>	<p><i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL</i> SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL</p>
--	---

Bronchodilators, Sympathomimetic

<p><i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/lact inhalation (generic for PROVENTIL HFA) - Tier 1; QL</i> ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i> <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL</i> ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL <i>albuterol sulfate oral syrup - Tier 1; QL</i> <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i> <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i> STRIVERDI RESPIMAT - Tier 2; QL VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; QL</p>	<p><i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i> <i>BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL</i> <i>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i> <i>EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i> <i>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</i> PROAIR RESPICLICK - Tier 2; PA; QL <i>PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i> SEREVENT DISKUS - Tier 2; PA; QL <i>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</i></p>
---	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Cystic Fibrosis Agents

<p>CAYSTON - Tier 2; DX2RX; SP; QL KALYDECO - Tier 2; PA; SP; QL ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; DX2RX; SP; QL SYMDEKO - Tier 2; PA; SP; QL <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL</i> TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</p>	<p><i>BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL</i> TOBI PODHALER - Tier 2; PA; SP; QL</p>
--	--

Mast Cell Stabilizers

<p><i>cromolyn sodium inhalation - Tier 1; QL</i></p>	
---	--

Phosphodiesterase Inhibitors, Airways Disease

<p><i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i> THEO-24 - Tier 2 <i>theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i> <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i> <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i></p>	
--	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Pulmonary Antihypertensives

<p>ADEMPAS - Tier 2; DX2RX; SP; QL <i>ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL</i> <i>bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL</i> OPSUMIT - Tier 2; DX2RX; SP; QL <i>sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i> <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i></p>	<p>ADCIRCA (<i>brand for tadalafil (pah)</i>) - Tier 2; PA; SP; QL <i>LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL</i> ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL <i>REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL</i> <i>tadalafil (pah) (generic for ADCIRCA) - Tier 1; PA; SP; QL</i> TADLIQ - Tier 2; PA; SP; QL <i>TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL</i> TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL UPTRAVI ORAL - Tier 2; PA; SP; QL</p>
--	---

Pulmonary Fibrosis Agents

<p>OFEV - Tier 2; PA; SP; QL <i>pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL</i> <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i></p>	<p><i>ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL</i></p>
--	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Respiratory Tract Agents, Other

<p><i>acetylcysteine inhalation solution 10 % - Tier 1; QL</i> <i>acetylcysteine inhalation solution 20 % - Tier 1</i> FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL <i>promethazine vc - Tier 1; QL; AL</i></p>	<p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p>
--	--

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

<p><i>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2; OTC; DME</i> <i>4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2; OTC; DME</i> <i>AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2; OTC; DME</i> <i>altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; OTC; DME</i> <i>altarussin (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL</i> <i>AYR (brand for altamist spray) - Tier 2; OTC; DME</i> <i>AYR SALINE NASAL DROPS - Tier 2; OTC; DME</i> <i>BABY AYR SALINE (brand for altamist spray) - Tier 2; OTC; DME</i> <i>BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL; AL</i> <i>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; OTC; QL; AL</i></p>	
---	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

chest congestion relief child (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

chest congestion relief oral tablet (generic for XPECT) - Tier 1; OTC

CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; OTC; AL

cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; OTC; AL

cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; OTC; AL

cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; OTC; AL

cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; OTC; AL

deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; OTC; DME

ed bron gp - Tier 1; OTC; AL

ephri ne nose drops (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME

ft chest congestion relief (generic for XPECT) - Tier 1; OTC

ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

ft nasal decongestant pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; OTC; DME

ft tussin adult (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1; OTC

MAX TUSSIN MUCUS & CHEST CONG (brand for altarusin) - Tier 2; OTC; QL; AL

maxi-tuss pe max - Tier 1; OTC; AL

medifin 400 (generic for XPECT) - Tier 1; OTC

medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

MUCINEX FAST-MAX CHEST CONG MS (brand for altarusin) - Tier 2; OTC; QL; AL

MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; OTC; QL; AL

mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1; OTC

mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

mucus relief er (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

mucus relief max st (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1; OTC

mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL

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

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

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

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

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

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

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

pharbinex (generic for XPECT) - Tier 1; OTC

phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; OTC; DME

pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL; AL

refenesen 400 (generic for XPECT) - Tier 1; OTC

saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; OTC; DME

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

sb mucus relief (generic for XPECT) - Tier 1; OTC

siltussin sa (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; OTC; DME

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME

sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; OTC; DME

SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2; OTC; DME

SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2; OTC; DME

tab tussin (generic for XPECT) - Tier 1; OTC

tusnel-ex (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; OTC; AL

tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; OTC; AL

tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; OTC; AL

tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL
 tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL
 tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL
 tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL
 XPECT (brand for chest congestion relief) - Tier 2; OTC

Antihistamines - Allergy Drugs

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents

Non-Preferred Agents

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

Antihistamines - Drugs to Treat Allergies

12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; OTC; QL
24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; OTC; QL
all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL
ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; OTC; QL
ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; OTC; QL
allerclear (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL
aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; OTC; QL
aller-fex (generic for KLS ALLER-FEX) - Tier 1; OTC; QL
allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

allergy relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL

allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; OTC; QL

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

allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL

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

allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL

allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL

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

allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; OTC; QL

allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; OTC; QL

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

allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; OTC; QL

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

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; OTC; QL
CLARITIN REDITABS JUNIORS (brand for cvs allergy relief) - Tier 2;
OTC; QL
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand
for cvs allergy relief) - Tier 2; OTC; QL
ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1;
OTC; QL
fexofenadine hcl (generic for ALLEGRA ALLERGY) - Tier 1; OTC; QL
fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; OTC;
QL
ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; OTC;
QL
ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) -
Tier 1; OTC; QL
ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1;
OTC; QL
ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; OTC;
QL
loradamed (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL
loratadine allergy relief oral tablet 10 mg (generic for KLS
ALLERCLEAR) - Tier 1; OTC; QL
loratadine allergy relief oral tablet dispersible 10 mg (generic for
CLARITIN REDITABS) - Tier 1; OTC; QL
loratadine childrens oral solution (generic for CLARITIN ALLERGY
CHILDRENS) - Tier 1; OTC; QL
loratadine oral solution (generic for CLARITIN ALLERGY
CHILDRENS) - Tier 1; OTC; QL
loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; OTC;
QL
loratadine oral tablet dispersible (generic for CLARITIN REDITABS) -
Tier 1; OTC; QL
TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; OTC;
QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment;
DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP:
Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

<p><i>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; QL</i></p> <p><i>COMBIVENT RESPIMAT - Tier 2; QL</i></p> <p><i>FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; QL</i></p> <p><i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL</i></p> <p><i>FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL</i></p> <p><i>ipratropium-albuterol - Tier 1; QL</i></p> <p><i>STIOLTO RESPIMAT - Tier 2; QL</i></p>	<p><i>ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i></p> <p><i>ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i></p> <p><i>ANORO ELLIPTA - Tier 2; PA; QL</i></p> <p><i>BEVESPI AEROSPHERE - Tier 2; PA; QL</i></p> <p><i>BREZTRI AEROSPHERE - Tier 2; PA; QL</i></p> <p><i>DUAKLIR PRESSAIR - Tier 2; PA; QL</i></p> <p><i>DULERA - Tier 2; PA; QL</i></p> <p><i>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL; AL</i></p> <p><i>TRELEGY ELLIPTA - Tier 2; PA; QL</i></p>
--	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
------------------	----------------------

wixela inhub (generic for WIXELA INHUB) - Tier 1; QL

Mast Cell Stabilizers - Drugs for the Lungs

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

Respiratory Tract Agents, Other - Asthma/Lung Drugs

12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
12 hour nasal decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; OTC; AL
AFRIN ALLERGY SINUS (brand for 12 hour decongestant) - Tier 2; OTC; DME
AFRIN NODRIP CHILDRENS (brand for 12 hour decongestant) - Tier 2; OTC; DME

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

AFRIN NODRIP EXTRA MOISTURE (brand for 12 hour decongestant) - Tier 2; OTC; DME

AFRIN NODRIP NIGHT (brand for 12 hour decongestant) - Tier 2; OTC; DME

AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2; OTC; DME

AFRIN NODRIP SEVERE CONGEST (brand for 12 hour decongestant) - Tier 2; OTC; DME

AFRIN ORIGINAL (brand for 12 hour decongestant) - Tier 2; OTC; DME

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

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

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

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

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

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

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

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; OTC; QL; AL

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

altarusin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL

anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

APRODINE (brand for cold & allergy d) - Tier 2; OTC; 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; OTC

chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

childrens cold & allergy - Tier 1; OTC; AL
childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC
childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; OTC; QL; AL
CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; OTC; QL; AL
cold & allergy - Tier 1; OTC; AL
cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; OTC; 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; OTC; QL; AL
cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; OTC; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; OTC; AL
cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL
cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL
cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL
cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC
cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

cough dm childrens (generic for DELSYM) - Tier 1; OTC; QL; AL
 cough dm er (generic for DELSYM) - Tier 1; OTC; QL; AL
 cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; OTC; QL; AL
 DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2; OTC
 DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; OTC; QL; AL
 DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2; OTC
 DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; OTC; QL; AL
 dextromethorphan polistirex er (generic for DELSYM) - Tier 1; OTC; QL; AL
 dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC
 dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL
 dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL
 dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL
 dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC
 ENDACOF-DM (brand for cold & cough childrens) - Tier 2; OTC; QL; AL
 ft 12 hour cough relief (generic for DELSYM) - Tier 1; OTC; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

g tussin ac - Tier 1; OTC; QL; AL

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

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

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

guaifenesin-codeine - Tier 1; OTC; QL; AL

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

HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2

ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; OTC; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; OTC; AL

ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; OTC; AL

long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL

lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL

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

loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL

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

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

maxi-tuss ac - Tier 1; OTC; QL; AL

maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; OTC; AL

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

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

MUCINEX SINUS-MAX SINUS/ALLERGY (brand for 12 hour decongestant) - Tier 2; OTC; DME

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

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

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

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

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

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

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

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

mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; OTC; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; OTC; 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; OTC

mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC

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

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

nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME

nasal decongestant max st (generic for SUDOGEST) - Tier 1; OTC; QL; DME

nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME

nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME

nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME

nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

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

NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2

no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

promethazine vclcodeine - Tier 1; QL; AL

promethazine-codeine oral solution - Tier 1; QL; AL

promethazine-dm - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME

pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME

pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME

pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; OTC; AL

PULMOSAL (brand for sodium chloride) - Tier 2

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

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

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

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

rynex pe - Tier 1; OTC; AL

rynex pse - Tier 1; OTC; AL

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

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

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

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1
SUDAFED (brand for cvs nasal decongestant) - Tier 2; OTC; QL; DME
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; OTC; QL; DME
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2; OTC; DME
sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME
sudogest maximum strength (generic for SUDOGEST) - Tier 1; OTC; QL; DME
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME
suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME
suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1; OTC
tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents	Non-Preferred Agents
<p>tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL</p> <p>tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; OTC; AL</p> <p>tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC</p> <p>tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC</p> <p>tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL</p> <p>tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL</p> <p>tussin dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC</p> <p>tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC</p> <p>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC</p> <p>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC</p> <p>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL</p>	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; CH; QL
Skeletal Muscle Relaxants	
<p>chlorzoxazone oral tablet 500 mg - Tier 1; QL</p> <p>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</p> <p>methocarbamol oral - Tier 1; QL</p> <p>orphenadrine citrate er - Tier 1; QL</p>	<p>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</p> <p>LORZONE (brand for chlorzoxazone) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents	
Sleep Promoting Agents	
<p><i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1; QL</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i></p>	<p><i>AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL</i> <i>AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA</i> <i>BELSOMRA - Tier 2; PA</i> <i>DAYVIGO - Tier 2; PA; QL</i> <i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL</i> <i>EDLUAR - Tier 2; PA; QL</i> <i>estazolam - Tier 1; PA; QL</i> <i>HALCION (brand for triazolam) - Tier 2; PA; QL</i> <i>LUNESTA ORAL TABLET 2 MG (brand for eszopiclone) - Tier 2; PA; QL</i> <i>ramelteon (generic for ROZEREM) - Tier 1; PA; QL</i> <i>RESTORIL (brand for temazepam) - Tier 2; PA; QL</i> <i>ROZEREM (brand for ramelteon) - Tier 2; PA; QL</i> <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL</i> <i>temazepam oral capsule 22.5 mg, 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL</i></p>
Wakefulness Promoting Agents	
<p><i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i></p>	<p><i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; CH; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; CH; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

Sleep Disorder Agents - Drugs for Sedation and Sleep

Sleep Disorders, Other - Drugs for Sleeping

ft nighttime sleep aid (generic for NYTOL QUICKCAPS) - Tier 1; PA; OTC; QL

night time sleep aid (generic for NYTOL QUICKCAPS) - Tier 1; PA; OTC; QL

nighttime sleep aid oral tablet 25 mg (generic for NYTOL QUICKCAPS) - Tier 1; PA; OTC; QL

NYTOL QUICKCAPS (brand for cvs sleep aid) - Tier 2; PA; OTC; QL

rest simply (generic for NYTOL QUICKCAPS) - Tier 1; PA; OTC; QL

SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; PA; OTC; QL

sleep aid (diphenhydramine) (generic for NYTOL QUICKCAPS) - Tier 1; PA; OTC; QL

sleep aid nighttime (generic for NYTOL QUICKCAPS) - Tier 1; PA; OTC; QL

sleep aid oral tablet 25 mg (generic for NYTOL QUICKCAPS) - Tier 1; PA; OTC; QL

sleep tabs (generic for NYTOL QUICKCAPS) - Tier 1; PA; OTC; QL

SOMINEX (brand for cvs sleep aid) - Tier 2; PA; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

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

animal shapes complete (generic for CEROVITE JR) - Tier 1; OTC; QL
ascorbic acid oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; OTC; QL
BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; OTC; QL
BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; OTC; QL
BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; OTC; QL
calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; OTC; QL
calcium carbonate - Tier 1; OTC; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; OTC; QL
calcium fast dissolution - Tier 1; OTC; QL
calcium high potency - Tier 1; OTC; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; OTC; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1; OTC
cerovite jr (generic for CEROVITE JR) - Tier 1; OTC; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; OTC; QL
childrens animal shapes (generic for CEROVITE JR) - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Preferred Agents**Non-Preferred Agents**

childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; OTC; QL
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; OTC; QL
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; OTC; QL
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
effer-k oral tablet effervescent 25 meq - Tier 1; QL
ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL
FLINTSTONES PLUS EXTRA IRON (brand for childrens animal shapes) - Tier 2; OTC; QL
fruity c - Tier 1; OTC; QL
klor-con/ef - Tier 1; QL
k-prime - Tier 1; QL
LIVITA ADULTS (brand for support) - Tier 2; QL
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; OTC; QL
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
 OBTRERX - Tier 2; OTC
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
oyster shell calcium oral tablet 500 mg - Tier 1; OTC; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; OTC; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; OTC; QL
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; OTC; QL
POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; OTC; QL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1; OTC
stress formulaliron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
SUPPORT (brand for support) - Tier 2; QL
TRUE VITAMIN C - Tier 2; OTC; QL
vit c/rose hips - Tier 1; OTC; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; OTC; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; OTC; QL
vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; OTC; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; OTC; QL
vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; OTC; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; OTC; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
vitamin c/rose hips (generic for PUREWAY-C) - Tier 1; OTC; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; OTC; QL
vitamin c-rose hips (generic for PUREWAY-C) - Tier 1; OTC; QL
vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; OTC; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; OTC; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; OTC; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; OTC; QL
b6 - Tier 1; OTC; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
e - Tier 1; OTC
e-400-clear - Tier 1; OTC; QL
natural vitamin e - Tier 1; OTC; QL
pyridoxine hcl oral - Tier 1; OTC; QL
thiamine hcl oral - Tier 1; OTC; QL
 TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; OTC; QL
 TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2; OTC
vitamin b1 - Tier 1; OTC; QL
vitamin b-1 oral tablet 250 mg - Tier 1; OTC; QL
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1; OTC
vitamin b12 oral tablet extended release 1000 mcg - Tier 1; OTC
vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1; OTC
vitamin b-6 - Tier 1; OTC; QL
vitamin b-6 er - Tier 1; OTC; QL
vitamin e natural - Tier 1; OTC
vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1; OTC
vitamin e oral capsule 268 mg (400 unit) - Tier 1; OTC; QL

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: DiagnosisRequired; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD:Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: StepTherapy

Prior Authorization / Class Criteria

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Index of Drugs

12 hour allergy-d.....	163	ACCRUFER.....	73	acetaminophen rectal suppository 650 mg....	9
12 hour decongestant.....	168	ACCU-CHEK AVIVA DEVICE.....	71	acetaminophen-codeine.....	7
12 hour nasal decongestant.....	168	ACCU-CHEK AVIVA PLUS TEST STRIPS..	71	acetazolamide er.....	55
12 hour nasal relief spray.....	168	ACCU-CHEK FASTCLIX LANCET KIT.....	71	acetazolamide oral.....	55
12 hour nasal spray.....	168	ACCU-CHEK GUIDE CONTROL.....	71	acetic acid otic.....	148
12hr allergy relief.....	164	ACCU-CHEK GUIDE KIT W/DEVICE.....	71	acetylcysteine inhalation solution 10 %.....	157
24 hour nasal allergy.....	167	ACCU-CHEK GUIDE TEST STRIPS.....	71	acetylcysteine inhalation solution 20 %.....	157
24hr allergy relief.....	164	ACCU-CHEK SMARTVIEW.....	71	acid controller.....	86
3 day.....	29	ACCU-CHEK SMARTVIEW CONTROL.....	71	acid gone.....	88
3 day vaginal.....	30	ACCU-CHEK SMARTVIEW CONTROL.....	71	acid reducer oral capsule delayed release	
3-day vaginal vaginal cream 2 %.....	30	ACCU-CHEK SOFTCLIX LANCET		20.6 (20 base) mg.....	87
4-WAY FAST ACTING.....	157	DEVICE KIT.....	71	acid reducer oral tablet 10 mg.....	86
4-WAY MENTHOL.....	157	ACCURETIC ORAL TABLET 10-12.5 MG..	55	acid reducer oral tablet 200 mg.....	86
7T LIDO EXTERNAL GEL 2 %.....	16	accutane.....	62	acidophilus lactobacillus oral.....	88
8 hour arthritis pain.....	8	ACCUTREND GLUCOSE CONTROL.....	71	acidophilus oral capsule , 10 mg.....	88
8 hour arthritis relief.....	8	acebutolol hcl oral.....	54	acidophilus probiotic oral capsule 10 mg.....	88
8 hour pain relief oral tablet extended		acetaminophen 8 hour.....	8	acidophilus probiotic oral capsule 10 mg.....	88
release 650 mg.....	8	acetaminophen 8 hours.....	8	acidophilus probiotic oral tablet , 0.5 mg.....	88
8 hour pain reliever.....	8	acetaminophen 8hr arth pain.....	8	acidophilus/l-sporogenes.....	88
8 hr arthritis pain relief.....	8	acetaminophen 8hr musc ache.....	8	acitretin.....	62
8hr arthritis pain relief.....	8	acetaminophen childrens.....	8	acne control cleanser.....	127
8hr muscle aches & pain.....	8	acetaminophen childrens oral suspension		acne medication 10 external lotion.....	127
a-25.....	80	160 mg/5ml.....	8	acne medication 5 external lotion.....	127
abacavir sulfate.....	44	acetaminophen er.....	8	acne treatment external cream 10 %.....	127
abacavir sulfate-lamivudine.....	44	acetaminophen ex st oral liquid 500		ACTEMRA ACTPEN.....	122
abatine.....	88	mg/15ml.....	8	ACTEMRA SUBCUTANEOUS.....	122
ABILIFY.....	40	acetaminophen ex st oral tablet 500 mg.....	8	ACTHAR.....	108
ABILIFY ASIMTUFII.....	40	acetaminophen extra strength.....	9	ACTHIB.....	124
ABILIFY MAINTENA.....	40	acetaminophen infants.....	9	ACTIMMUNE.....	122
abiraterone acetate.....	34	acetaminophen oral liquid 160 mg/5ml.....	9	ACTIVELLA.....	111
ABREVA.....	70	acetaminophen oral solution 160 mg/5ml,		ACTONEL ORAL TABLET 150 MG.....	126
ABRYSVO.....	127	325 mg/10.15ml, 650 mg/20.3ml.....	9	ACTONEL ORAL TABLET 35 MG.....	126
ABSORICA.....	62	acetaminophen oral suspension 160		ACULAR LS.....	142
ABSORICA LD.....	62	mg/5ml, 650 mg/20.3ml.....	9	ACUVAIL.....	142
acamprosate calcium.....	16	acetaminophen oral tablet 325 mg.....	9	acyclovir oral.....	42
ACANYA.....	62	acetaminophen oral tablet 500 mg.....	9	ADACEL.....	124
acarbose oral.....	47	acetaminophen oral tablet chewable 160		ADALIMUMAB-ADAZ.....	127
ACCOLATE.....	153	mg.....	9	ADALIMUMAB-ADB (2 PEN).....	127
		acetaminophen rectal suppository 120 mg....	9	ADALIMUMAB-ADB (2 SYRINGE).....	127

ADALIMUMAB-ADB(M/UC/HS STRT)..	127	ALAWAY	148	<i>allerclear d-12hr</i>	169
ADALIMUMAB-ADB(M/PS/UV STARTER).	127	ALAWAY CHILDRENS ALLERGY	148	<i>allerclear d-24hr</i>	169
ADBRY	122	<i>albendazole oral</i>	37	<i>aller-ease oral tablet 180 mg</i>	164
ADCIRCA.....	156	<i>albuterol sulfate hfa aerosol solution 108</i>		<i>aller-fex</i>	164
ADEMPAS.....	156	<i>(90 base) mcg/act inhalation</i>	154	<i>allerg rel child (lorat)</i>	164
ADMELOG	48	ALBUTEROL SULFATE HFA AEROSOL		<i>allerg relief child (lorat)</i>	164
ADMELOG SOLOSTAR.....	48	SOLUTION 108 (90 BASE) MCG/ACT		<i>allergy & congestion oral tablet extended</i>	
<i>adult 50+ probiotic</i>	88	INHALATION	154	<i>release 24 hour 10-240 mg</i>	169
<i>adult probiotic</i>	88	<i>albuterol sulfate inhalation nebulization</i>		<i>allergy & congestion relief</i>	169
<i>adv acne spot treatment</i>	127	<i>solution (2.5 mg/3ml) 0.083%, 2.5</i>		<i>allergy (cetirizine)</i>	149
ADVAIR DISKUS	167	<i>mg/0.5ml</i>	154	<i>allergy 24hour indoor/outdoor</i>	149
ADVAIR HFA.....	167	<i>albuterol sulfate inhalation nebulization</i>		<i>allergy 24-hr</i>	165
<i>advanced acne spot treat</i>	127	<i>solution 0.63 mg/3ml, 1.25 mg/3ml</i>	154	<i>allergy childrens oral liquid</i>	149
<i>advanced antacid</i>	88	<i>albuterol sulfate nebulization solution (5</i>		<i>allergy childrens oral solution</i>	165
<i>advanced healing external ointment</i>	69	<i>mg/ml) 0.5% inhalation</i>	154	<i>allergy eye drops</i>	148
ADVIL COLD/SINUS.....	168	ALBUTEROL SULFATE NEBULIZATION		<i>allergy medication</i>	149
ADVIL JUNIOR STRENGTH.....	4	SOLUTION (5 MG/ML) 0.5% INHALATION		<i>allergy medicine</i>	149
ADVIL ORAL TABLET	4	.....	154	<i>allergy nasal mist no drip</i>	169
AFINITOR ORAL TABLET 10 MG, 2.5 MG,		<i>albuterol sulfate oral syrup</i>	154	<i>allergy oral capsule 25 mg</i>	149
5 MG.....	35	<i>alclometasone dipropionate external</i>		<i>allergy oral liquid 12.5 mg/5ml</i>	149
AFINITOR ORAL TABLET 7.5 MG.....	35	<i>ointment</i>	63	<i>allergy oral tablet 25 mg</i>	149
<i>afirmelle</i>	111	ALCOHOL PREP PADS PAD , 70 %.....	127	<i>allergy rel child (loratadine)</i>	165
AFLURIA QUADRIVALENT	125	ALECENSA.....	139	<i>allergy relief (cetirizine) oral tablet 10 mg..</i>	149
AFREZZA.....	48	<i>alendronate sodium oral solution</i>	126	<i>allergy relief (loratadine) oral tablet</i>	165
AFRIN ALLERGY SINUS.....	168	<i>alendronate sodium oral tablet 10 mg, 35</i>		<i>allergy relief adult</i>	150
AFRIN NODRIP CHILDRENS.....	168	<i>mg</i>	126	<i>allergy relief cetirizine</i>	150
AFRIN NODRIP EXTRA MOISTURE.....	168	<i>alendronate sodium oral tablet 70 mg</i>	126	<i>allergy relief child</i>	165
AFRIN NODRIP NIGHT	169	ALEVE ORAL TABLET	4	<i>allergy relief childrens oral liquid 12.5</i>	
AFRIN NODRIP ORIGINAL.....	169	<i>alfuzosin hcl er</i>	107	<i>mg/5ml</i>	150
AFRIN NODRIP SEVERE CONGEST	169	<i>all day allergy d</i>	163	<i>allergy relief childrens oral solution 5</i>	
AFRIN ORIGINAL.....	169	<i>all day allergy oral tablet 10 mg</i>	149	<i>mg/5ml</i>	165
AFRIN SALINE NASAL MIST.....	157	<i>all day allergy relief oral tablet 10 mg</i>	164	<i>allergy relief childrens oral tablet chewable</i>	
AFRIN SEVERE CONGESTION.....	169	<i>all day allergy-d oral tablet extended</i>		<i>12.5 mg</i>	150
<i>aftera</i>	119	<i>release 12 hour 5-120 mg</i>	163	<i>allergy relief d oral tablet extended release</i>	
AIMOVIG.....	32	<i>all day pain relief</i>	4	<i>12 hour 5-120 mg</i>	163
AJOVY	32	<i>all day relief</i>	4	<i>allergy relief d-12</i>	169
AKYNZEO ORAL.....	28	ALLEGRA ALLERGY	164	<i>allergy relief d-24</i>	169
<i>ala-cort</i>	63	ALLEGRA HIVES 24HR.....	164	<i>allergy relief max st</i>	150
ALAVERT ALLERGY/SINUS.....	169	<i>allerclear</i>	164	<i>allergy relief nasal decong</i>	170

<i>allergy relief oral capsule 25 mg</i>	150	<i>altafrin</i>	141	ANECREAM EXTERNAL CREAM.....	16
<i>allergy relief oral liquid 25 mg/10ml</i>	150	<i>altalube</i>	143	<i>anefrin spray</i>	170
<i>allergy relief oral tablet 10 mg</i>	165	<i>altamist spray</i>	157	ANGELIQ.....	111
<i>allergy relief oral tablet 180 mg</i>	165	<i>altarussin</i>	157	<i>animal shapes complete</i>	183
<i>allergy relief oral tablet 25 mg</i>	150	<i>altarussin dm</i>	170	ANNOVERA.....	111
<i>allergy relief oral tablet 60 mg</i>	165	<i>altavera</i>	111	ANORO ELLIPTA.....	167
<i>allergy relief oral tablet chewable 12.5 mg</i>	150	ALTOPREV.....	57	<i>antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	89
<i>allergy relief oral tablet dispersible 10 mg</i> ..	165	ALTRENO.....	62	<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	89
<i>allergy relief oral tablet extended release 12 hour 5-120 mg</i>	163	<i>alum & mag hydroxide-simeth</i>	89	<i>antacid & anti-gas oral suspension 400-400-40 mg/5ml</i>	89
<i>allergy relief(cetirizine)</i>	150	ALUNBRIG.....	139	<i>antacid & gas relief</i>	89
<i>allergy relief/indoor/outdoor oral tablet 10 mg</i>	150	ALVESCO.....	153	<i>antacid advanced</i>	89
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	165	<i>alyacen 1/35</i>	111	<i>antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	89
<i>allergy relief/nasal decong</i>	170	<i>alyacen 7/7/7</i>	111	<i>antacid anti-gas</i>	89
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	163	<i>amantadine hcl oral capsule</i>	38	<i>antacid anti-gas max strength</i>	89
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	170	<i>amantadine hcl oral solution</i>	38	<i>antacid calcium</i>	89
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	163, 170	AMBIEN.....	181	<i>antacid calcium rich</i>	89
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	170	AMBIEN CR.....	181	<i>antacid extra str</i>	89
<i>allergy relief-d12</i>	170	<i>ambrisentan</i>	156	<i>antacid extra strength oral suspension</i>	89
<i>allergy spray 24 hour nasal aerosol</i>	167	<i>amethia oral tablet 0.15-0.03 &0.01 mg</i>	111	<i>antacid extra strength oral tablet chewable 160-105 mg</i>	89
<i>allergy/congestion relief</i>	170	<i>amiloride hcl oral</i>	56	<i>antacid extra strength oral tablet chewable 750 mg</i>	89
<i>aller-tec</i>	150	<i>amiloride-hydrochlorothiazide</i>	55	<i>antacid fast relief</i>	90
<i>aller-tec d</i>	163	<i>aminocaproic acid oral</i>	51	<i>antacid i</i>	90
<i>allopurinol oral tablet 100 mg, 300 mg</i>	31	<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	53	<i>antacid iii</i>	90
<i>almacone double strength</i>	88	<i>amitriptyline hcl oral</i>	27	<i>antacid kids</i>	90
ALOGLIPTIN BENZOATE.....	47	AMJEVITA.....	127	<i>antacid liquid</i>	90
ALOGLIPTIN-METFORMIN HCL.....	47	AMJEVITA-PED 15KG TO.....	127	<i>antacid m</i>	90
ALOGLIPTIN-PIOGLITAZONE.....	47	<i>amlodipine besylate oral</i>	54	<i>antacid maximum</i>	90
ALORA.....	111	<i>ammonium lactate external</i>	63	<i>antacid maximum strength</i>	90
ALPHAGAN P.....	143	<i>amnesteem</i>	62	<i>antacid maximum strength oral tablet chewable 1000 mg</i>	90
<i>alprazolam oral tablet</i>	46	<i>amoxapine</i>	27	<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	90
<i>altachlore ophthalmic ointment</i>	143	<i>amoxicillin</i>	20	<i>antacid oral tablet chewable 1000 mg</i>	90
<i>altachlore ophthalmic solution</i>	143	<i>amoxicillin-potassium clavulanate</i>	20		
		<i>amphetamine-dextroamphetamine</i>	59		
		<i>ampicillin</i>	20		
		AMRIX.....	180		
		<i>anagrelide hcl</i>	51		
		ANASPAZ.....	127		
		<i>anastrozole oral</i>	34		
		ANDRODERM.....	110		

<i>antacid oral tablet chewable 500 mg</i>	90	APOKYN.....	39	<i>artificial tears ophthalmic solution</i>	143
<i>antacid oral tablet chewable 750 mg</i>	90	<i>apra</i>	9	<i>ascomp-codeine</i>	7
<i>antacid plus antigas</i>	90	<i>apraclonidine hcl</i>	143	<i>ascorbic acid oral tablet 500 mg</i>	183
<i>antacid regular strength</i>	90	<i>aprepitant</i>	28	<i>ashlyna</i>	111
<i>antacid ultra strength</i>	90	<i>apri</i>	111	ASMANEX (120 METERED DOSES).....	153
<i>antacid ultra strength oral tablet chewable</i>		APRISO.....	125	ASMANEX (14 METERED DOSES).....	153
<i>1000 mg</i>	90	APRODINE.....	170	ASMANEX (30 METERED DOSES).....	153
<i>antacid/antigas</i>	91	APTIOM.....	24	ASMANEX (60 METERED DOSES).....	153
<i>antacid/anti-gas max st</i>	91	APTIVUS.....	45	ASMANEX HFA.....	153
<i>antacid/anti-gas oral suspension 200-200-</i>		<i>aqueous vitamin d</i>	80	ASPERFLEX LIDOCAINE EXTERNAL	
<i>20 mg/5ml, 400-400-40 mg/10ml</i>	91	<i>aranelle</i>	111	CREAM.....	16
<i>antacid/anti-gas oral suspension 400-400-</i>		ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin adults</i>	128
<i>40 mg/5ml</i>	91	SOLUTION.....	51	<i>aspirin childrens</i>	128
<i>antacid/gas relief max st</i>	91	ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin ec oral tablet 325 mg</i>	128
<i>antibiotic</i>	22, 127	SOLUTION PREFILLED SYRINGE 10		<i>aspirin ec oral tablet delayed release 325</i>	
<i>anti-diarr/ant-gas</i>	91	MCG/0.4ML.....	51	<i>mg</i>	128
<i>anti-diarrheal anti-gas oral tablet 2-125 mg</i> .	91	ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin ec oral tablet delayed release 81</i>	
<i>anti-diarrheal oral suspension 262 mg/15ml</i>	91	SOLUTION PREFILLED SYRINGE 100		<i>mg</i>	128
<i>anti-diarrheal oral tablet 2 mg</i>	85	MCG/0.5ML, 150 MCG/0.3ML, 200		<i>aspirin oral tablet 325 mg</i>	128
<i>anti-diarrheal/anti-gas</i>	91	MCG/0.4ML, 25 MCG/0.42ML, 300		<i>aspirin oral tablet chewable 81 mg</i>	128
<i>antifungal (tolnaftate)</i>	127	MCG/0.6ML, 40 MCG/0.4ML, 500		<i>aspirin oral tablet delayed release 325 mg</i>	128
<i>antifungal external cream</i>	30	MCG/ML, 60 MCG/0.3ML.....	51	<i>aspirin oral tablet delayed release 81 mg..</i>	128
<i>antifungal external powder</i>	30	ARAZLO.....	62	ASPIRIN ORAL TABLET DELAYED	
<i>antifungal foot care</i>	30	AREXVY.....	127	RELEASE 81 MG.....	128
<i>antifungal miconazole</i>	30	<i>aripiprazole oral solution</i>	40	<i>aspirin rectal suppository 300 mg</i>	128
<i>antifungal tolnaftate</i>	127	<i>aripiprazole oral tablet</i>	40	<i>aspirin regimen</i>	128
<i>anti-gas oral capsule 180 mg</i>	91	<i>aripiprazole oral tablet dispersible</i>	40	<i>astrigent</i>	69
<i>anti-hist allergy</i>	150	ARISTADA.....	40	<i>astrigent eye drops</i>	143
<i>anti-itch aloe</i>	63	ARISTADA INITIO.....	40	<i>astrigent solution</i>	69
<i>anti-itch intensive heal</i>	63	<i>armodafinil</i>	181	<i>atazanavir sulfate</i>	45
<i>anti-itch max str external cream 1 %</i>	63	ARMONAIR DIGIHALER.....	128	ATELVIA.....	126
<i>anti-itch maximum strength external cream</i>		ARMOUR THYROID.....	120	<i>atenolol oral</i>	54
<i>1 %</i>	63	ARNUITY ELLIPTA.....	153	<i>atenolol-chlorthalidone</i>	55
<i>anti-nausea</i>	28	<i>arthritis pain oral tablet extended release</i>		<i>athletes foot</i>	30
<i>anti-nausea relief</i>	28	<i>650 mg</i>	9	<i>athletes foot (terbinafine)</i>	30
<i>antiseptic</i>	22	<i>arthritis pain relief oral tablet extended</i>		<i>athletes foot (tolnaftate) external aerosol</i>	
<i>apap-caff-dihydrocodeine</i>	7	<i>release 650 mg</i>	9	<i>powder 1 %</i>	128
APIDRA SOLOSTAR.....	48	<i>arthritis pain reliever oral</i>	9	<i>athletes foot (tolnaftate) external cream 1</i>	
APIDRA VIAL.....	48	<i>arthritis pain relieving</i>	128	<i>%</i>	128

<i>athletes foot external aerosol powder 2 %</i> ... 30	<i>ayuna</i> 111	BASAGLAR TEMPO PEN.....48
<i>athletes foot external cream 1 %</i>30	AZASITE..... 142	BAYER ASPIRIN..... 129
<i>athletes foot external powder 2 %</i>30	<i>azathioprine oral tablet 50 mg</i> 123	BAYER LOW DOSE ORAL TABLET
<i>athletes foot powder spray external aerosol</i>	<i>azelaic acid external</i>.....62	CHEWABLE..... 129
<i>powder 1 %</i> 129	<i>azelastine hcl nasal solution 0.1 %, 137</i>	<i>baza antifungal</i>.....30
<i>athletes foot powder spray external aerosol</i>	<i>mcg/spray</i> 150	<i>b-complex oral tablet</i> .....80
<i>powder 2 %</i> 30	<i>azelastine hcl ophthalmic</i> 141	<i>b-complex with b-12</i> 80
<i>athletes foot relief</i> 129	<i>azithromycin oral suspension reconstituted</i> . 20	<i>b-complex/b-12 oral</i> 80
<i>athletes foot spray external aerosol 2 %</i> 30	<i>azithromycin oral tablet</i> 20	BD AUTOSHIELD DUO PEN NEEDLES... 129
<i>atomoxetine hcl</i> 58	<i>azo</i> 108	BD ECLIPSE NEEDLE 25G X 5/8" 129
ATORVALIQ..... 57	AZOPT..... 143	BD ULTRA-FINE INSULIN SYRINGES..... 129
<i>atorvastatin calcium oral</i> 57	AZSTARYS..... 59	BD ULTRA-FINE INSULIN SYRINGES
<i>atovaquone</i> 37	<i>azurette</i> 111	30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G
<i>atovaquone-proguanil hcl</i> 37	<i>b complex</i> 80	X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G
ATRALIN..... 62	<i>b complex vitamins</i> 80	X 5/16" 0.5 ML, 31G X 5/16" 1 ML..... 129
<i>atropine sulfate ophthalmic ointment</i> 141	<i>b-1</i> 186	BD ULTRA-FINE INSULIN SYRINGES
<i>atropine sulfate ophthalmic solution 1 %</i> 141	<i>b6</i> 186	31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML. 129
ATROVENT HFA..... 154	BABY AYR SALINE..... 157	BD ULTRA-FINE INSULIN SYRINGES
AUBAGIO..... 60	<i>baby basics diaper rash</i> 69	31G X 5/16" 0.3 ML..... 129
<i>aubra eq</i> 111	<i>bac</i> 7	BD ULTRA-FINE PEN NEEDLES..... 71
<i>aurovela 1.5/30</i> 111	<i>bacitracin external</i> 129	BD ULTRA-FINE PEN NEEDLES 29G X
<i>aurovela 1/20</i> 111	<i>bacitracin ophthalmic</i> 142	12.7MM..... 129
<i>aurovela 24 fe</i> 111	<i>bacitracin zinc external</i> 129	BD ULTRA-FINE PEN NEEDLES 31G X 5
<i>aurovela fe 1.5/30</i> 111	<i>bacitracin zinc first aid</i> 129	MM..... 129
<i>aurovela fe 1/20</i> 111	<i>bacitracin zinc-aloe</i> 129	BD ULTRA-FINE PEN NEEDLES 31G X 8
AURYXIA..... 79	<i>bacitracin-polymyxin b</i> 142	MM..... 129
AUSTEDO..... 60	<i>bacitra-neomycin-polymyxin-hc</i> 141	<i>beauty 360 pure glycerin</i> 69
AUSTEDO XR ORAL TABLET	<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> 41	<i>beauty 360 soothing bath</i> 69
EXTENDED RELEASE 24 HOUR 6 MG.....60	BAFIERTAM..... 60	BELBUCA..... 6
AUVELITY..... 129	BALCOLTRA..... 111	BELSOMRA..... 181
AUVI-Q..... 154	<i>balsalazide disodium</i> 125	BENADRYL ALLERGY CHILDRENS
AVAR-E EMOLLIENT..... 69	BALVERSA..... 35	ORAL LIQUID..... 151
AVAR-E GREEN..... 69	<i>balziva</i> 111	BENADRYL ALLERGY CHILDRENS
AVEDANA GLYCERIN (ADULT)..... 102	<i>banophen oral capsule 25 mg</i> 150	ORAL TABLET CHEWABLE..... 151
<i>aviane</i> 111	<i>banophen oral tablet</i> 151	BENADRYL ALLERGY ORAL TABLET..... 151
AVONEX PEN..... 60	BAQSIMI ONE PACK..... 48	BENADRYL ALLERGY ULTRATABS..... 151
AVONEX PREFILLED..... 60	BAQSIMI TWO PACK..... 48	<i>benazepril hcl oral</i> 53
AYR..... 157	BARACLUDGE ORAL SOLUTION..... 42	<i>benazepril-hydrochlorothiazide</i> 55
AYR SALINE NASAL DROPS..... 157	BASAGLAR KWIKPEN..... 48	

BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	122	BION TEARS PF.....	143	<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	143
BENZAC AC WASH.....	129	<i>biotinex</i>	91	<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	143
BENZAMYCIN.....	62	<i>bisacodyl ec</i>	129	BRIVIACT ORAL.....	23
BENZNIDAZOLE.....	37	<i>bisacodyl laxative</i>	129	BROMFED DM.....	157
<i>benzonatate oral capsule 100 mg, 200 mg</i>	170	<i>bisacodyl oral</i>	129	BROMSITE.....	142
<i>benztropine mesylate oral</i>	38	<i>bisacodyl rectal</i>	129	BRONCHITOL.....	61
BERINERT.....	121	<i>bismuth</i>	91	BROVANA.....	154
BESIVANCE.....	142	<i>bismuth subsalicylate oral</i>	91	BRUKINSA.....	139
BETADINE EXTERNAL SOLUTION 10 %...	22	<i>bisoprolol fumarate oral</i>	54	BRYHALI.....	64
<i>betamethasone dipropionate aug</i>	63	<i>bisoprolol-hydrochlorothiazide</i>	55	BUCKLEYS CHEST CONGESTION.....	157
<i>betamethasone dipropionate external lotion</i>	63	<i>blisovi 24 fe</i>	111	<i>budesonide inhalation</i>	153
<i>betamethasone dipropionate external ointment</i>	63	<i>blisovi fe 1.5/30</i>	111	<i>budesonide oral</i>	126
<i>betamethasone valerate external cream</i>	64	<i>blisovi fe 1/20</i>	111	<i>bumetanide oral</i>	56
<i>betamethasone valerate external lotion</i>	64	BLOOD GLUCOSE TEST STRIPS.....	71	BUPHENYL ORAL POWDER.....	106
<i>betamethasone valerate external ointment</i> ..	64	BOLSITOL.....	91	BUPHENYL ORAL TABLET.....	106
BETAPACE.....	53	BONINE.....	27	<i>buprenorphine</i>	6
BETAPACE AF.....	53	BOOSTRIX.....	124	<i>buprenorphine hcl sublingual</i>	8
BETASERON.....	60	<i>boro-packs</i>	69	<i>buprenorphine hcl-naloxone hcl</i>	16
<i>betatemp childrens</i>	10	<i>bosentan</i>	156	<i>bupropion hcl er (sr)</i>	26
<i>betaxolol hcl ophthalmic</i>	143	BOSULIF.....	139	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	26
<i>betaxolol hcl oral</i>	54	<i>boudreauxs butt paste ointment 40 % external</i>	69	<i>bupropion hcl oral</i>	26
<i>bethanechol chloride oral</i>	107	BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL.....	69	<i>buspirone hcl oral</i>	45
BETHKIS.....	155	<i>bp 10-1</i>	69	<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	7
BETIMOL.....	143	<i>bp wash external liquid 2.5 %</i>	129	<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	7
BETOPTIC-S.....	143	BPROTECTED PEDIA D-VITE.....	80	<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	7
BEVESPI AEROSPHERE.....	167	BPROTECTED PEDIA IRON.....	75	<i>butalbital-apap-caffeine oral tablet</i>	7
<i>bexarotene external</i>	36	BPROTECTED PEDIA POLY-VITE.....	183	<i>butalbital-asa-caff-codeine</i>	7
<i>bexarotene oral</i>	36	BPROTECTED PEDIA POLY-VITE/FE.....	183	<i>butalbital-aspirin-caffeine</i>	7
BEXSERO.....	124	BPROTECTED VITAMIN C.....	183	<i>butorphanol tartrate nasal</i>	7
BEYAZ.....	111	BRAFTOVI.....	35	BUTRANS.....	6
<i>bicalutamide</i>	34	BREATHE COMFORT HUMIDIFIER.....	129	BYDUREON BCISE AUTOINJECTOR.....	47
BIJUVA ORAL CAPSULE 1-100 MG.....	111	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT.....	167	BYETTA 10 MCG PEN.....	47
BIKTARVY ORAL TABLET 30-120-15 MG..	43	BREZTRI AEROSPHERE.....	167	BYETTA 5 MCG PEN.....	47
BIKTARVY ORAL TABLET 50-200-25 MG..	43	<i>briellyn</i>	111		
BINAXNOW COVID-19 AG HOME TEST..	129	BRILINTA.....	52		
BIOLLE TEARS.....	143				
BIOLYTE.....	75				

<i>cabergoline</i>	120	<i>calcium carbonate oral tablet chewable</i>		<i>captopril oral</i>	53
CABLIVI.....	52	<i>1250 (500 ca) mg</i>	183	<i>captopril-hydrochlorothiazide oral tablet 25-</i>	
CABOMETYX.....	139	<i>calcium cit plus vit d-3</i>	75	<i>15 mg, 50-15 mg</i>	55
<i>caffeine citrate oral</i>	60	<i>calcium citrate + d3 maximum</i>	76	CAPZASIN-HP.....	130
<i>cal mag zinc +d3</i>	75	<i>calcium citrate +d3</i>	76	<i>capzix</i>	130
<i>calamine external lotion</i>	130	<i>calcium citrate plus vit d</i>	76	CARAC.....	67
<i>calamine external lotion , 8-8 %</i>	70	<i>calcium citrate+d oral tablet 315-6.25 mg-</i>		<i>carbamazepine er</i>	24
<i>calamine-zinc oxide external lotion</i>	70	<i>mcg</i>	76	<i>carbamazepine oral</i>	24
<i>calcipotriene external cream</i>	67	<i>calcium citrate+d3 oral tablet</i>	76	<i>carbidopa oral</i>	39
<i>calcipotriene external ointment</i>	67	<i>calcium citrate+d3 w/magne</i>	76	<i>carbidopa-levodopa er</i>	39
<i>calcipotriene external solution</i>	67	<i>calcium citrate-vit d</i>	76	<i>carbidopa-levodopa oral tablet</i>	39
<i>calcitonin (salmon) nasal</i>	126	<i>calcium citrate-vitamin d oral tablet 315-5</i>		<i>carboxymethylcellulose sodium ophthalmic</i>	
<i>calcitriol external</i>	67	<i>mg-mcg</i>	76	<i>solution</i>	143
<i>calcitriol oral capsule</i>	126	<i>calcium fast dissolution</i>	183	CAREPOINT POLY HUB NEEDLE 18G X	
<i>calcitriol oral solution</i>	126	<i>calcium high potency</i>	183	<i>1"</i>	50
<i>calcium 600 oral tablet 1500 (600 ca) mg..</i>	183	<i>calcium high potency/vitamin d</i>	76	CAREPOINT POLY HUB NEEDLE 25G X	
<i>calcium 600/vit d/minerals oral tablet 600-</i>		<i>calcium oral tablet 1500 (600 ca) mg</i>	183	<i>5/8"</i>	130
<i>200 mg-unit</i>	75	<i>calcium oyster shell oral tablet 1250 (500</i>		CAREPOINT SAFETY 1ST NEEDLE 25G	
<i>calcium 600/vit d/minerals oral tablet</i>		<i>ca) mg</i>	183	<i>X 5/8"</i>	130
<i>chewable 600-400 mg-unit</i>	75	<i>calcium plus vitamin d</i>	76	CARESENS CONTROL SOLUTION A/B.....	71
<i>calcium 600/vitamin d</i>	75	<i>calcium plus vitamin d3</i>	76	CARESTART COVID-19 HOME TEST.....	130
<i>calcium 600/vitamin d-3</i>	75	<i>calcium soft chews oral tablet chewable</i>		CARETOUCH CONTROL SOL LEVEL 2....	71
<i>calcium 600+d oral tablet 600-10 mg-mcg...</i>	75	<i>500-200-40 mg-unt-mcg</i>	183	CARETOUCH HYPODERMIC NEEDLE	
<i>calcium 600+d oral tablet 600-5 mg-mcg...</i>	183	<i>calcium/minerals/vitamin d</i>	76	<i>25G X 5/8"</i>	130
<i>calcium acetate (phos binder)</i>	79	<i>calcium-magnesium-zinc oral tablet 333-</i>		<i>carglumic acid</i>	74
<i>calcium acetate oral tablet 667 mg</i>	79	<i>133-5 mg, 333.33-133.33-5 mg</i>	76	<i>carteolol hcl</i>	143
<i>calcium antacid</i>	91	<i>cal-gest antacid</i>	92	<i>cartia xt</i>	55
<i>calcium antacid ex st oral tablet chewable</i>		CALQUENCE.....	130	<i>carvedilol</i>	54
<i>750 mg</i>	91	<i>camila</i>	118	CASTIVA WARMING.....	130
<i>calcium antacid extra strength</i>	92	<i>camrese</i>	111	CAYA.....	130
<i>calcium carb-cholecalciferol oral tablet</i>		<i>camrese lo</i>	111	CAYSTON.....	155
<i>600-10 mg-mcg, 600-5 mg-mcg</i>	75	CANASA.....	125	<i>cefaclor oral capsule</i>	20
<i>calcium carbonate</i>	183	<i>capecitabine</i>	37	<i>cefadroxil</i>	20
<i>calcium carbonate antacid oral suspension</i>	92	CAPLYTA.....	40	<i>cefdinir</i>	20
<i>calcium carbonate antacid oral tablet</i>	92	CAPRELSA.....	139	<i>cefixime oral capsule</i>	20
<i>calcium carbonate antacid oral tablet</i>		<i>capsaicin external cream 0.025 %</i>	130	<i>cefpodoxime proxetil oral tablet</i>	20
<i>chewable</i>	92	<i>capsaicin external cream 0.1 %</i>	130	<i>cefprozil</i>	20
<i>calcium carbonate oral tablet 1500 (600</i>		<i>capsaicin hp</i>	130	<i>cefuroxime axetil</i>	20
<i>ca) mg</i>	183	<i>capsaicin pain relief</i>	130	<i>celecoxib oral</i>	4

CENTRUM FLAVOR BURST KIDS.....	130	<i>childrens aspirin oral tablet chewable 81</i>		<i>ciprofloxacin hcl oral.....</i>	21
CENTRUM KIDS.....	130	<i>mg.....</i>	130	<i>ciprofloxacin-dexamethasone.....</i>	148
CENTRUM SPECIALIST PRENATAL.....	80	<i>childrens chewables/iron.....</i>	183	<i>citalopram hydrobromide oral solution.....</i>	26
<i>cephalexin oral capsule 250 mg, 500 mg.....</i>	20	<i>childrens cold & allergy.....</i>	170	<i>citalopram hydrobromide oral tablet.....</i>	26
<i>cephalexin oral suspension reconstituted....</i>	20	<i>childrens complete oral tablet chewable 18</i>		<i>citroma.....</i>	102
CEQUA.....	141	<i>mg.....</i>	184	CITRUCEL.....	102
CERDELGA.....	106	<i>childrens cough.....</i>	171	<i>claravis.....</i>	62
<i>cerovel external lotion 40 %.....</i>	70	<i>childrens loratadine.....</i>	165	<i>clarithromycin er.....</i>	20
<i>cerovite jr.....</i>	183	<i>childrens mucus relief cough.....</i>	171	<i>clarithromycin oral.....</i>	20
<i>cetiri-d.....</i>	163	<i>childrens non-aspirin.....</i>	10	CLARITIN ALLERGY CHILDRENS.....	165
<i>cetirizine allergy relief.....</i>	151	<i>childrens silapap.....</i>	10	CLARITIN ORAL TABLET.....	165
<i>cetirizine hcl oral solution.....</i>	151	<i>childrens soothe.....</i>	92	CLARITIN REDITABS JUNIORS.....	166
<i>cetirizine hcl oral tablet.....</i>	151	<i>childrens vitamins/iron.....</i>	184	CLARITIN REDITABS ORAL TABLET	
<i>cetirizine-pseudoephedrine er.....</i>	164	<i>childs non-aspirin.....</i>	10	DISPERSIBLE 10 MG.....	166
CETROTIDE.....	121	<i>chlordiazepoxide hcl.....</i>	46	CLARITIN-D 12 HOUR.....	171
<i>charlotte 24 fe.....</i>	112	<i>chlorhexidine gluconate mouth/throat.....</i>	61	CLARITIN-D 24 HOUR.....	171
<i>chateal eq.....</i>	112	<i>chloroquine phosphate oral.....</i>	37	<i>classic prenatal.....</i>	80
CHEMET.....	79	<i>chlorpromazine hcl oral tablet.....</i>	40	<i>c-lax laxative.....</i>	130
CHEMSTRIP 10 MD.....	71	<i>chlorthalidone.....</i>	56	CLEARCANAL EARWAX SOFTENER.....	148
CHEMSTRIP 10/SG.....	71	<i>chlorzoxazone oral tablet 500 mg.....</i>	180	CLEARDETECT COVID-19 AG HOME.....	130
CHEMSTRIP 2 GP.....	71	CHOLBAM.....	106	<i>clearlax oral powder 17 gm/scoop.....</i>	99
CHEMSTRIP 5 OB.....	71	<i>cholestyramine light oral powder.....</i>	57	<i>clearskin.....</i>	131
CHEMSTRIP 7.....	71	<i>cholestyramine oral powder.....</i>	57	<i>clemastine fumarate oral tablet.....</i>	151
CHEMSTRIP 9.....	71	CIBINQO.....	70	CLENPIQ.....	86
CHEMSTRIP K.....	71	<i>ciclodan.....</i>	68	CLIMARA.....	112
CHEMSTRIP UGK.....	71	<i>ciclopirox external solution.....</i>	68	CLIMARA PRO.....	112
<i>chest congest/cough child.....</i>	170	<i>cilostazol.....</i>	52	<i>clindacin etz external swab.....</i>	68
<i>chest congestion relief child.....</i>	157	CIMDUO.....	44	<i>clindacin-p.....</i>	68
<i>chest congestion relief dm oral syrup.....</i>	170	<i>cimetidine oral tablet 200 mg.....</i>	86	<i>clindamycin hcl oral capsule 150 mg, 300</i>	
<i>chest congestion relief oral liquid.....</i>	158	<i>cimetidine oral tablet 300 mg, 400 mg, 800</i>		<i>mg.....</i>	19
<i>chest congestion relief oral tablet.....</i>	158	<i>mg.....</i>	86	<i>clindamycin palmitate hcl.....</i>	19
<i>chewable c.....</i>	183	CIMZIA (2 SYRINGE).....	123	<i>clindamycin phosphate external gel.....</i>	68
<i>chewable c with rose hips.....</i>	183	CIMZIA SUBCUTANEOUS PREFILLED		<i>clindamycin phosphate external lotion.....</i>	68
<i>chewable childrens vitamin.....</i>	183	SYRINGE KIT 6 X 200 MG/ML.....	123	<i>clindamycin phosphate external solution.....</i>	68
<i>chewy not chalky flavor.....</i>	92	CIMZIA VIAL KIT.....	123	<i>clindamycin phosphate external swab.....</i>	68
<i>childrens acetaminophen.....</i>	10	<i>cinacalcet hcl.....</i>	126	<i>clindamycin phosphate vaginal.....</i>	19
<i>childrens allergy oral liquid 12.5 mg/5ml....</i>	151	CIPRO ORAL SUSPENSION		CLINDESSE.....	19
<i>childrens animal shapes.....</i>	183	RECONSTITUTED.....	21	CLINERE EARWAX REMOVAL KIT OTIC	
<i>childrens apap.....</i>	10	<i>ciprofloxacin hcl ophthalmic.....</i>	142	SOLUTION.....	148

CLINITEST RAPID COVID-19 TEST KIT		
IN VITRO.....	131	
clobazam.....	24	
clobetasol prop emollient base external cream 0.05 %.....	64	
clobetasol propionate e.....	64	
clobetasol propionate external cream.....	64	
clobetasol propionate external ointment.....	64	
clobetasol propionate external solution.....	64	
CLOBEX.....	64	
CLOBEX SPRAY.....	64	
CLOMID.....	119	
clomipramine hcl oral.....	27	
clonazepam oral tablet.....	46	
clonidine hcl oral.....	52	
clopidogrel bisulfate oral.....	52	
clorazepate dipotassium.....	46	
clotrimazole 3.....	30	
clotrimazole 7.....	30	
clotrimazole external cream 1 %.....	68	
clotrimazole external solution 1 %.....	68	
clotrimazole mouth/throat troche 10 mg.....	29	
clotrimazole vaginal.....	30	
clotrimazole vaginal cream 1 %.....	30	
clotrimazole-betamethasone.....	67	
clozapine oral tablet.....	41	
CLOZARIL.....	41	
codeine sulfate oral tablet 30 mg, 60 mg.....	7	
COLACE.....	102	
COLAZAL.....	125	
colchicine oral capsule.....	31	
colchicine oral tablet.....	31	
cold & allergy.....	171	
cold & allergy childrens oral elixir 1-15 mg/5ml.....	171	
cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml.....	171	
cold & sinus.....	171	
cold & sinus relief oral tablet 30-200 mg....	171	
cold/cough.....	171	
cold/cough childrens.....	171	
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml.....	171	
cold/cough dm oral liquid 2.5-1-5 mg/5ml..	171	
col-rite oral capsule 250 mg.....	102	
COMBIGAN.....	141	
COMBIPATCH.....	112	
COMBIVENT RESPIMAT.....	167	
COMETRIQ (100 MG DAILY DOSE).....	139	
COMETRIQ (140 MG DAILY DOSE).....	139	
COMETRIQ (60 MG DAILY DOSE).....	139	
comfort gel.....	92	
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml.....	92	
COMIRNATY.....	131	
COMPLERA.....	43	
complete allergy.....	151	
complete allergy medicine.....	151	
complete allergy medicine oral capsule....	151	
complete allergy relief.....	151	
compro.....	27	
COMTAN ORAL TABLET 200 MG.....	38	
CONCERTA.....	58	
CONDOMS.....	131	
constulose.....	85	
CONTOUR NEXT EZ KIT W/DEVICE.....	71	
CONTOUR NEXT GEN MONITOR KIT.....	71	
CONTOUR NEXT GEN TEST STRIPS.....	71	
CONTOUR NEXT MONITOR KIT W/DEVICE.....	71	
CONTOUR NEXT ONE KIT.....	71	
CONTOUR TEST STRIPS.....	71	
COOL MIST HUMIDIFER.....	131	
COOL MIST HUMIDIFIER.....	131	
COPAXONE.....	60	
COPIKTRA.....	35	
CORICIDIN HBP COUGH/COLD.....	158	
CORLANOR.....	55	
corn & callus remover.....	131	
corn and callus remover.....	131	
CORTIFOAM.....	126	
cortisone maximum strength external cream.....	64	
CORTROPHIN.....	108	
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML.....	122	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	122	
COSENTYX UNOREADY.....	122	
COSOPT.....	141	
COSOPT PF.....	141	
COTELLIC.....	35	
cough & chest congestion.....	171	
cough & cold.....	158	
cough & cold hbp.....	158	
cough childrens.....	171	
cough dm childrens.....	171	
cough dm er.....	172	
cough dm oral suspension extended release 30 mg/5ml.....	172	
cough relief oral syrup 15 mg/5ml.....	158	
cough/cold hbp.....	158	
COVID-19 AT HOME ANTIGEN TEST.....	131	
COVID-19 AT HOME TEST KIT.....	131	
COVID-19 AT-HOME TEST KIT IN VITRO.....	131	
CREON.....	106	
CRESEMBA ORAL CAPSULE 186 MG.....	29	
CRESTOR.....	57	
CRITIC-AID CLEAR AF.....	30	
cromolyn sodium inhalation.....	155	
cromolyn sodium nasal.....	168	
cromolyn sodium ophthalmic.....	141	
CRUEX PRESCRIPTION STRENGTH.....	30	
cryselle-28.....	112	
CUPRIMINE.....	107	

<i>curae</i>	119	<i>dasetta 1/35</i>	112	<i>desogestrel-ethinyl estradiol oral tablet</i>	
<i>cyanocobalamin injection solution 1000</i>		<i>dasetta 7/7/7</i>	112	<i>0.15-0.02/0.01 mg (21/5)</i>	112
<i>mcg/ml</i>	186	DAURISMO.....	35	DETROL.....	107
<i>cyclobenzaprine hcl oral tablet 10 mg, 5</i>		DAYHIST ALLERGY 12 HOUR RELIEF ...	151	DETROL LA.....	107
<i>mg</i>	180	<i>daysee</i>	112	<i>dexamethasone intensol</i>	108
<i>cyclopentolate hcl ophthalmic</i>	141	DAYVIGO.....	181	<i>dexamethasone oral elixir</i>	108
<i>cyclophosphamide oral capsule</i>	33	<i>deblitane</i>	118	<i>dexamethasone oral solution</i>	108
CYCLOPHOSPHAMIDE ORAL TABLET.....	33	DECARA ORAL CAPSULE 1.25 MG		<i>dexamethasone oral tablet 0.5 mg, 0.75</i>	
<i>cycloserine oral</i>	33	(50000 UT).....	80	<i>mg, 1 mg, 2 mg</i>	108
<i>cyclosporine modified</i>	123	DECARA ORAL CAPSULE 625 MCG		<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6</i>	
<i>cyclosporine oral</i>	123	(25000 UT).....	80	<i>mg</i>	108
CYLTEZO (2 PEN).....	131	<i>deep sea nasal spray</i>	158	<i>dexamethasone sodium phosphate</i>	
CYLTEZO (2 SYRINGE).....	131	<i>deferasirox granules</i>	79	<i>ophthalmic</i>	142
CYLTEZO-CD/UC/HS STARTER.....	131	<i>deferasirox oral packet</i>	79	DEXCOM G6 RECEIVER.....	72
CYLTEZO-PSORIASIS/UV STARTER.....	132	<i>deferasirox oral tablet</i>	79	DEXCOM G6 SENSOR.....	72
CYMBALTA.....	60	<i>deferasirox oral tablet soluble</i>	79	DEXCOM G6 TRANSMITTER.....	132
<i>cyproheptadine hcl oral</i>	151	DELSTRIGO.....	43	DEXCOM G7 RECEIVER.....	72
<i>cyred eq</i>	112	DELSYM CGH/CHEST CONG DM CHILD	172	DEXCOM G7 SENSOR.....	72
CYSTAGON.....	106	DELSYM COUGH CHILDRENS.....	172	<i>dexmethylphenidate hcl</i>	58
CYSTARAN.....	141	DELSYM COUGH/CHEST CONGEST DM	172	<i>dexmethylphenidate hcl er</i>	58
<i>d3 high potency oral capsule 25 mcg (1000</i>		DELSYM ORAL SUSPENSION		<i>dextroamphetamine sulfate er</i>	59
<i>ut)</i>	80	EXTENDED RELEASE.....	172	<i>dextroamphetamine sulfate oral tablet 10</i>	
<i>d3 oral capsule 10 mcg (400 unit), 50 mcg</i>		<i>delyla</i>	112	<i>mg, 5 mg</i>	59
<i>(2000 ut)</i>	80	DELZICOL.....	125	<i>dextromethorphan polistirex er</i>	172
<i>d3 oral capsule 125 mcg (5000 ut)</i>	80	DENGVAXIA.....	125	<i>dextromethorphan-guaifenesin oral liquid</i>	
<i>d3 oral capsule 25 mcg (1000 ut)</i>	80	DENTA 5000 PLUS.....	74	<i>5-100 mg/5ml</i>	172
<i>d3 oral capsule 250 mcg</i>	80	DENTAGEL.....	74	<i>dextromethorphan-guaifenesin oral syrup</i> ..	172
<i>d-3-5</i>	80	DEPEN TITRATABS.....	107	DHIVY.....	39
<i>d3-50</i>	80	DEPO-ESTRADIOL.....	112	DIACOMIT.....	25
<i>daily acne wash</i>	132	DEPO-SUBQ PROVERA 104.....	118	DIALYVITE 800 ORAL TABLET.....	80
<i>daily fiber oral capsule 0.52 gm</i>	99	DERMELEVE ADVANCED FORMULA.....	132	DIALYVITE VITAMIN D 5000.....	80
<i>daily multivitamins/iron</i>	184	DESCOVY.....	44	<i>diamode</i>	85
<i>dalfampridine er</i>	60	DESENEK EXTERNAL POWDER.....	30	<i>diaper rash external ointment</i>	69
<i>danazol oral</i>	110	DESENEK JOCK ITCH.....	31	<i>diarrhea</i>	92
<i>dantrolene sodium oral</i>	41	<i>desgen dm oral liquid</i>	164	<i>diarrhea relief</i>	92
DAPAGLIFLOZIN PROPANEDIOL.....	47	<i>desipramine hcl oral</i>	27	DIATRUST COVID-19 HOME TEST.....	132
<i>dapsone oral</i>	33	<i>desmopressin ace spray refrig</i>	109	<i>diazepam oral solution</i>	46
DAPTACEL.....	124	<i>desmopressin acetate oral</i>	109	<i>diazepam oral tablet</i>	46
<i>darunavir</i>	132	<i>desmopressin acetate spray</i>	109	<i>diazepam rectal</i>	24

<i>dibromm childrens cold/cgh</i>	172	<i>diphenhydramine hcl oral elixir</i>	152	<i>dorzolamide hcl-timolol mal</i>	141
<i>diclofenac potassium oral tablet 50 mg</i>	4	<i>diphenhydramine hcl oral liquid</i>	152	<i>dotti</i>	112
<i>diclofenac sodium er</i>	4	<i>diphenhydramine hcl oral tablet</i>	152	<i>double antibiotic external ointment 500-10000 unit/gm</i>	132
<i>diclofenac sodium external gel 1 %</i>	4	<i>diphenhydramine hcl oral tablet chewable</i>	152	DOVATO.....	43
<i>diclofenac sodium external solution 1.5 %</i>	4	<i>diphenoxylate-atropine</i>	85	<i>doxazosin mesylate oral</i>	52
<i>diclofenac sodium ophthalmic</i>	142	<i>dipyridamole oral</i>	52	<i>doxepin hcl external</i>	64
<i>diclofenac sodium oral</i>	4	<i>disopyramide phosphate</i>	53	<i>doxepin hcl oral capsule</i>	27
<i>dicloxacillin sodium</i>	20	<i>disulfiram oral tablet 250 mg</i>	16	<i>doxepin hcl oral concentrate</i>	27
<i>dicyclomine hcl oral capsule</i>	85	<i>disulfiram oral tablet 500 mg</i>	16	<i>doxepin hcl oral tablet</i>	181
<i>dicyclomine hcl oral solution</i>	85	DIURIL.....	56	<i>doxycycline hyclate oral capsule</i>	21
<i>dicyclomine hcl oral tablet</i>	85	<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	46	<i>doxycycline hyclate oral tablet 100 mg</i>	21
DIFFERIN EXTERNAL CREAM.....	62	<i>divalproex sodium oral capsule delayed release sprinkle</i>	46	<i>doxycycline monohydrate oral capsule 100 mg</i>	21
DIFFERIN EXTERNAL GEL 0.1 %.....	62	<i>divalproex sodium oral tablet delayed release</i>	46	<i>doxycycline monohydrate oral capsule 50 mg</i>	21
DIFFERIN EXTERNAL GEL 0.3 %.....	62	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM.....	112	DR SMITHS DIAPER.....	69
DIFICID.....	20	DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM.....	112	<i>driminate</i>	27
DIFLUCAN.....	29	<i>dm maximum adult</i>	172	<i>dronabinol</i>	28
<i>digestive probiotic oral capsule</i>	92	<i>docosanol external</i>	70	DROPSAFE ALCOHOL PREP.....	132
<i>digestive probiotic oral capsule 250 mg</i>	92	<i>docosate calcium</i>	102	<i>drospirenone-ethinyl estradiol</i>	112
<i>digoxin oral solution</i>	55	<i>docosate mini</i>	102	DROXIA ORAL CAPSULE 200 MG, 300 MG.....	51
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	55	<i>docosate sodium oral capsule</i>	102	DROXIA ORAL CAPSULE 400 MG.....	51
<i>dihydroergotamine mesylate injection</i>	31	<i>docosate sodium oral liquid</i>	102	<i>dry-eye relief nighttime</i>	143
DILANTIN ORAL CAPSULE 30 MG.....	24	<i>docosate sodium oral syrup</i>	102	<i>dss</i>	102
<i>diltiazem hcl er beads</i>	55	DOCUSOL MINI.....	102	DUAKLIR PRESSAIR.....	167
<i>diltiazem hcl er coated beads</i>	55	<i>docuzen</i>	102	DUAVEE.....	112
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	55	DODEX.....	186	DUEXIS.....	4
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	55	<i>dofetilide</i>	53	DULERA.....	167
<i>diltiazem hcl oral</i>	55	<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	25	<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	60
<i>dilt-xr</i>	55	<i>donepezil hcl oral tablet 23 mg</i>	25	DUOBRII.....	67
<i>dimaphen dm cold/cough</i>	172	DOPTelet.....	52	DUOPA.....	39
<i>dimethyl fumarate oral</i>	60	DORAL.....	46	DUPIXENT.....	122
<i>dimethyl fumarate starter pack</i>	60	DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC.....	143	DUREX EXTRA SENSITIVE THIN.....	132
<i>diotame instydose</i>	92	<i>dorzolamide hcl solution 2 % ophthalmic</i>	143	D-VI-SOL.....	80
DIPENTUM.....	125			<i>d-vite pediatric</i>	81
<i>diphedryl allergy</i>	151			DYMISTA.....	152
<i>diphen</i>	151				
<i>diphenhydramine hcl childrens</i>	152				
<i>diphenhydramine hcl oral capsule</i>	152				

e.....	186	ELIQUIS DVT/PE STARTER PACK.....	50	ENSTILAR.....	67
E.E.S. 400.....	20	<i>elixophyllin</i>	155	<i>entacapone</i>	38
<i>e-400-clear</i>	186	ELLA.....	118	<i>entecavir</i>	42
<i>ear drops</i>	148	ELLUME COVID-19 HOME TEST.....	132	<i>enteric aspirin</i>	132
<i>ear wax kit</i>	148	ELMIRON.....	107	ENTRESTO.....	55
<i>ear wax removal</i>	148	<i>eluryng</i>	112	<i>enulose</i>	85
<i>ear wax removal system</i>	148	ELYXYB.....	4	EPCLUSA.....	42
<i>earwax removal</i>	148	EMEND ORAL.....	28	<i>ephrine nose drops</i>	158
<i>earwax removal drops</i>	148	EMETROL ORAL SOLUTION.....	28	EPIDIOLEX.....	23
<i>earwax removal kit otic solution 6.5 %</i>	149	EMGALITY.....	32	EPIDUO.....	62
EASIVENT.....	132	EMGALITY (300 MG DOSE).....	32	EPIDUO FORTE.....	62
EASIVENT MASK LARGE.....	132	EMPAVELI.....	132	<i>epinephrine injection solution auto-injector</i>	154
EASIVENT MASK MEDIUM.....	132	<i>emtricitabine</i>	44	EPIPEN 2-PAK.....	154
EASIVENT MASK SMALL.....	132	<i>emtricitabine-tenofovir df</i>	44	EPIPEN JR 2-PAK.....	154
<i>easygel</i>	74	EMTRIVA ORAL SOLUTION.....	44	<i>epitol</i>	24
<i>easy-lax plus</i>	102	EMVERM.....	37	EPOGEN.....	51
EASYMAX 15 LEVEL 2 CONTROL.....	72	<i>enalapril maleate oral solution</i>	53	<i>ergocalciferol oral capsule</i>	184
EASYMAX 15 LEVEL 2-3 CONTROL.....	72	<i>enalapril maleate oral tablet</i>	53	ERIVEDGE.....	35
<i>ec-naproxen</i>	4	<i>enalapril-hydrochlorothiazide</i>	55	ERLEADA ORAL TABLET 240 MG.....	34
<i>econtra one-step</i>	119	ENBREL.....	123	ERLEADA ORAL TABLET 60 MG.....	34
ED A-HIST ORAL LIQUID.....	164	ENDACOF-DM.....	172	<i>erlotinib hcl</i>	139
<i>ed bron gp</i>	158	ENDARI.....	74	ERMEZA.....	119
<i>ed chlorped jr</i>	166	<i>endocet oral tablet 10-325 mg, 5-325 mg,</i>		<i>errin</i>	118
<i>ed-apap</i>	10	<i>7.5-325 mg</i>	7	ERYTHROCIN STEARATE.....	20
EDARBI.....	52	ENDOMETRIN.....	118	<i>erythromycin base oral</i>	20
EDARBYCLOR.....	55	<i>enema</i>	92	<i>erythromycin ethylsuccinate oral</i>	20
EDLUAR.....	181	<i>enema disposable</i>	92	<i>erythromycin external</i>	68
EDURANT.....	43	<i>enema mineral oil</i>	99	<i>erythromycin ophthalmic</i>	142
<i>efavirenz oral tablet</i>	43	<i>enema ready-to-use</i>	92	<i>erythromycin oral</i>	20
<i>efavirenz-emtricitab-tenofo df</i>	43	<i>enema rectal enema 16-6 gml/133ml</i>	92	ESBRIET.....	156
<i>efavirenz-lamivudine-tenofovir</i>	43	ENEMEEZ MINI.....	102	<i>escitalopram oxalate oral tablet</i>	26
<i>effer-k oral tablet effervescent 25 meq</i>	184	ENFAMIL ENFALYTE.....	76	<i>esomeprazole magnesium oral packet</i>	87
EFFIENT.....	52	ENFAMIL EXPECTA.....	81	<i>estarylla</i>	112
EFUDEX.....	67	ENGERIX-B.....	124	<i>estazolam</i>	181
EGRIFTA SV.....	109	<i>enilloring</i>	112	<i>estradiol oral</i>	112
<i>electrolyte solution</i>	76	<i>enoxaparin sodium</i>	50	<i>estradiol transdermal patch twice weekly</i> ...	112
ELESTRIN.....	112	<i>enpresse-28</i>	112	<i>estradiol transdermal patch weekly</i>	112
<i>elinest</i>	112	<i>enskyce</i>	112	<i>estradiol vaginal</i>	112
ELIQUIS.....	50	ENSPRYNG.....	123	<i>eszopiclone</i>	181

<i>ethambutol hcl oral tablet 100 mg</i>	33	<i>eye lubricant nighttime</i>	144	<i>ferretts</i>	76
<i>ethambutol hcl oral tablet 400 mg</i>	33	EYSUVIS.....	142	<i>ferrex 150 capsule 150 mg oral</i>	76
<i>ethosuximide oral</i>	23	<i>ezetimibe</i>	57	FERREX 150 CAPSULE 150 MG ORAL.....	77
<i>ethynodiol diac-eth estradiol</i>	112	EZFE 200.....	76	FERRIC X-150.....	77
<i>etodolac</i>	4	<i>falmina</i>	113	FERRIPROX ORAL TABLET 1000 MG.....	79
<i>etonogestrel-ethinyl estradiol</i>	112	<i>famotidine acid reducer oral tablet 10 mg</i>	86	<i>ferrous fumarate oral tablet 324 (106 fe)</i>	
<i>etoposide oral</i>	35	<i>famotidine oral suspension reconstituted</i>	86	<i>mg, 324 mg</i>	77
<i>etravirine</i>	43	<i>famotidine oral tablet 10 mg</i>	86	<i>ferrous gluconate</i>	77
EUCRISA.....	64	<i>famotidine oral tablet 20 mg</i>	86	<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	77
EULEXIN.....	34	<i>famotidine oral tablet 40 mg</i>	87	<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>	
<i>euthyrox</i>	119	<i>famotidine orig st</i>	87	<i>mg</i>	77
EVAC.....	99	FANAPT.....	40	<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	77
EVAMIST.....	113	FANAPT TITRATION PACK.....	40	<i>ferrous sulfate</i>	77
<i>everolimus oral tablet 0.25 mg, 0.5 mg,</i>		FARXIGA.....	47	<i>ferrous sulfate oral solution 75 (15 fe)</i>	
<i>0.75 mg, 1 mg</i>	123	FASENRA PEN.....	157	<i>mg/ml</i>	77
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg</i>	35	<i>fast relief laxative</i>	133	<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	77
<i>everolimus oral tablet 7.5 mg</i>	35	FASTEP COVID-19 ANTIGEN TEST.....	133	<i>ferrous sulfate oral tablet delayed release</i> ...	77
<i>everolimus oral tablet soluble</i>	35	FC2 FEMALE CONDOM.....	133	FETZIMA.....	26
EVISTA.....	118	<i>febuxostat</i>	31	<i>fever reducer/pain reliever</i>	10
EVOTAZ.....	45	<i>felbamate oral suspension</i>	23	<i>fever reducing childrens</i>	10
EVRYSDI.....	106	<i>felbamate oral tablet</i>	23	<i>feverall adults</i>	10
EXCEDRIN EXTRA STRENGTH.....	10	<i>felodipine er</i>	54	<i>feverall childrens</i>	10
EXCEDRIN MIGRAINE.....	10	FEMCAP.....	133	FEVERALL INFANTS.....	10
EXELON.....	25	FEMRING.....	113	FEVERALL JUNIOR STRENGTH.....	10
<i>exemestane</i>	34	<i>fenofibrate micronized oral capsule 130 mg</i>	57	<i>fe-vite iron</i>	77
EXKIVITY.....	35	<i>fenofibrate micronized oral capsule 134 mg</i>	57	<i>fexofenadine hcl</i>	166
EX-LAX MAXIMUM STRENGTH.....	102	<i>fenofibrate micronized oral capsule 200</i>		<i>fexofenadine hcl oral</i>	166
EX-LAX ULTRA.....	133	<i>mg, 67 mg</i>	57	FIASP.....	48
EXTAVIA.....	60	<i>fenofibrate oral capsule 134 mg</i>	57	FIASP FLEXTOUCH.....	48
<i>eye drops adv relief</i>	143	<i>fenofibrate oral capsule 200 mg, 67 mg</i>	57	FIASP PENFILL.....	48
<i>eye drops advanced relief</i>	143	<i>fenofibrate oral tablet</i>	57	<i>fiber laxative + calcium</i>	102
<i>eye drops long lasting</i>	144	FENOGLIDE.....	57	<i>fiber laxative oral capsule 0.52 gm</i>	99
<i>eye drops ophthalmic solution 0.05 %</i>	144	FENSOLVI (6 MONTH).....	120	<i>fiber laxative oral tablet 500 mg</i>	102
<i>eye drops ophthalmic solution 0.05-0.1-1-1</i>		<i>fentanyl transdermal patch 72 hour 100</i>		<i>fiber oral capsule 0.52 gm</i>	99
<i>%</i>	144	<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>		<i>fiber oral powder 28.3 %</i>	99
<i>eye drops ophthalmic solution 0.05-0.25 %</i>	144	<i>75 mcg/hr</i>	6	<i>fiber oral powder 43 %</i>	99
<i>eye irritation relief drops</i>	144	<i>ferate</i>	76	<i>fiber oral powder 58.6 %</i>	99
<i>eye itch relief ophthalmic solution 0.035 %</i>	148	FER-IN-SOL.....	76	<i>fiber oral tablet 500 mg</i>	102
<i>eye lubricant</i>	144	<i>ferosul</i>	76	<i>fiber oral tablet 625 mg</i>	102

<i>fiber therapy oral capsule 0.52 gm</i>	100	FLULAVAL QUADRIVALENT.....	125	<i>foaming antacid oral tablet chewable 80-20 mg</i>	93
<i>fiber therapy oral powder 28.3 %</i>	100	FLUMIST QUADRIVALENT.....	125	<i>folic acid oral tablet 1 mg</i>	133
<i>fiber therapy oral tablet 500 mg</i>	102	<i>fluocinolone acetonide body</i>	64	<i>folic acid oral tablet 400 mcg, 800 mcg</i>	133
<i>fiber therapy oral tablet 625 mg</i>	102	<i>fluocinolone acetonide external cream 0.025 %</i>	64	FOLLISTIM AQ.....	109
<i>fiber-caps</i>	102	<i>fluocinolone acetonide external ointment</i>	64	<i>foot & sneaker</i>	133
<i>fiber-lax</i>	102	<i>fluocinolone acetonide external solution</i>	64	<i>foot care (terbinafine)</i>	31
FINACEA EXTERNAL FOAM.....	62	<i>fluocinolone acetonide scalp</i>	64	<i>for sty relief</i>	144
<i>finasteride oral tablet 5 mg</i>	107	<i>fluocinonide emulsified base</i>	64	FORFIVO XL.....	26
<i>fingolimod hcl</i>	60	<i>fluocinonide external cream</i>	64	FORTEO.....	126
FINTEPLA.....	23	<i>fluocinonide external solution</i>	64	FORTESTA.....	110
<i>finzala</i>	113	<i>fluorometholone</i>	142	FOSAMAX.....	126
<i>first aid antibiotic external ointment , 3.5-400-5000</i>	22	<i>fluorouracil external cream 5 %</i>	67	FOSAMAX PLUS D.....	126
<i>first aid antiseptic external solution 10 %</i>	22	<i>fluorouracil external solution</i>	67	<i>fosamprenavir calcium</i>	45
FIRVANQ.....	19	<i>fluoxetine hcl oral capsule</i>	26	<i>fosinopril sodium</i>	53
FLAGYL.....	19	<i>fluoxetine hcl oral solution</i>	26	<i>fosinopril sodium-hctz</i>	56
FLAREX.....	142	<i>fluphenazine decanoate injection</i>	40	FREESTYLE LIBRE 14 DAY READER.....	72
<i>flecainide acetate</i>	53	<i>fluphenazine hcl injection</i>	40	FREESTYLE LIBRE 14 DAY SENSOR.....	72
FLECTOR.....	4	<i>fluphenazine hcl oral concentrate</i>	40	FREESTYLE LIBRE 2 READER.....	72
FLEET BISACODYL.....	133	<i>fluphenazine hcl oral elixir</i>	40	FREESTYLE LIBRE 2 SENSOR.....	72
FLEET ENEMA.....	92	<i>fluphenazine hcl oral tablet</i>	40	FREESTYLE LIBRE 3 SENSOR.....	72
FLEET OIL.....	100	<i>flurbiprofen sodium</i>	142	FREESTYLE LIBRE READER.....	72
FLEET PEDIATRIC.....	93	FLUTICASONE FUROATE-VILANTEROL.....	167	FREESTYLE PRECISION NEO TEST.....	72
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE.....	133	<i>fluticasone propionate external cream</i>	64	FREESTYLE TEST.....	72
FLINTSTONES GUMMIES-IMMUNITY.....	133	<i>fluticasone propionate external ointment</i>	64	<i>freeze dried acidophilus</i>	93
FLINTSTONES PLUS EXTRA IRON.....	184	FLUTICASONE PROPIONATE HFA.....	153	FRESKARO MAGNESIUM CITRATE.....	102
FLINTSTONES-IMMUNITY SUPPORT.....	133	<i>fluticasone propionate nasal</i>	153	FROVA.....	32
FLORA VANCE.....	93	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	167	<i>fruity c</i>	184
<i>floranex tablet oral</i>	93	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.....	167	<i>ft 12 hour cough relief</i>	172
FLORANEX TABLET ORAL.....	93	<i>fluvoxamine maleate</i>	26	<i>ft 8 hour pain relief</i>	10
FLORASTOR.....	93	FLUZONE HIGH-DOSE QUADRIVALENT.....	125	<i>ft acid reducer oral capsule delayed release</i>	87
FLOWFLEX COVID-19 AG HOME TEST..	133	FLUZONE QUADRIVALENT.....	125	<i>ft acid reducer oral tablet</i>	87
FLUAD QUADRIVALENT.....	125	FML FORTE.....	142	<i>ft all day allergy</i>	152
FLUARIX QUADRIVALENT.....	125			<i>ft all day allergy 24 hour</i>	152
FLUBLOK QUADRIVALENT.....	125			<i>ft all day allergy relief</i>	166
FLUCELVAX QUADRIVALENT.....	125			<i>ft all day allergy-d</i>	164
<i>fluconazole oral</i>	29			<i>ft all day pain relief</i>	4
<i>fludrocortisone acetate oral</i>	108			<i>ft allergy childrens</i>	166

<i>ft allergy relief 12 hour</i>	166	<i>ft mineral oil</i>	100	<i>gabapentin oral tablet 600 mg, 800 mg</i>	24
<i>ft allergy relief 24 hour</i>	166	<i>ft motion sickness oral tablet 50 mg</i>	27	<i>galantamine hydrobromide oral solution</i>	25
<i>ft allergy relief childrens oral liquid</i>	152	<i>ft mucus relief 12hr oral tablet extended</i>		<i>galantamine hydrobromide oral tablet 12</i>	
<i>ft allergy relief oral capsule</i>	152	<i>release 12 hour 1200 mg</i>	158	<i>mg, 8 mg</i>	25
<i>ft allergy relief oral tablet 25 mg</i>	152	<i>ft mucus relief d 12 hour</i>	173	<i>galantamine hydrobromide oral tablet 4 mg</i>	25
<i>ft allergy relief-d</i>	172	<i>ft mucus relief dm oral tablet extended</i>		<i>ganirelix acetate</i>	121
<i>ft antacid & antigas</i>	93	<i>release 12 hour 30-600 mg</i>	173	<i>GARDASIL 9</i>	124
<i>ft antacid extra strength</i>	93	<i>ft nasal decongestant max str oral tablet</i> ...	173	<i>gas relief extra strength oral capsule 125</i>	
<i>ft antacid regular strength</i>	93	<i>ft nasal decongestant max str oral tablet</i>		<i>mg</i>	93
<i>ft anti-diarrheal oral tablet</i>	85	<i>extended release 12 hour</i>	173	<i>gas relief extra strength oral tablet</i>	
<i>ft anti-diarrheal/anti-gas</i>	93	<i>ft nasal decongestant pe</i>	158	<i>chewable 125 mg</i>	94
<i>ft antifungal external cream 1 %</i>	133	<i>ft nasal spray</i>	173	<i>gas relief extstrength</i>	94
<i>ft antifungal external cream 2 %</i>	31	<i>ft nicotine</i>	18	<i>gas relief oral capsule 125 mg</i>	94
<i>ft arthritis pain reliever</i>	10	<i>ft nighttime sleep aid</i>	182	<i>gas relief oral capsule 180 mg</i>	94
<i>ft aspirin</i>	133	<i>ft pain & fever childrens</i>	11	<i>gas relief oral tablet chewable 125 mg</i>	94
<i>ft aspirin low dose</i>	133	<i>ft pain relief</i>	11	<i>gas relief oral tablet chewable 80 mg</i>	94
<i>ft athletes foot (terbinafine)</i>	31	<i>ft pain relief adult extra st</i>	11	<i>gas relief ultra strength</i>	94
<i>ft chest congestion relief</i>	158	<i>ft pain reliver extra st adult</i>	11	<i>gas relief ultstrength</i>	94
<i>ft children's pain/fever</i>	10	<i>ft senna laxatives</i>	103	<i>GAS-X EXTRA STRENGTH ORAL</i>	
<i>ft clearlax</i>	100	<i>ft senna-s</i>	103	<i>CAPSULE</i>	94
<i>ft docosanol</i>	70	<i>ft stomach relief oral suspension</i>	93	<i>GAS-X EXTRA STRENGTH ORAL</i>	
<i>ft earwax removal</i>	149	<i>ft stomach relief oral tablet chewable</i>	93	<i>TABLET CHEWABLE</i>	94
<i>ft earwax removal kit</i>	149	<i>ft stool softener oral capsule</i>	103	<i>GAS-X ULTRA STRENGTH</i>	94
<i>ft enteric coated aspirin</i>	133	<i>ft stool softener oral tablet 50-8.6 mg</i>	103	<i>GATTEX</i>	86
<i>ft eye drops</i>	144	<i>ft tussin adult</i>	158	<i>gavilax oral powder</i>	100
<i>ft fiber laxative</i>	103	<i>ft tussin cf adult</i>	164	<i>gavilyte-c</i>	86
<i>ft gas relief</i>	93	<i>ft tussin dm max adult</i>	173	<i>gavilyte-g</i>	86
<i>ft gas relief extra strength</i>	93	<i>full spectrum b/vitamin c</i>	81	<i>GAVISCON</i>	94
<i>ft gas relief ultra strength</i>	93	<i>FULPHILA</i>	51	<i>GAVISCON EXTRA RELIEF FORMULA</i>	94
<i>ft gentle laxative</i>	133	<i>fungi-guard</i>	134	<i>GAVISCON EXTRA STRENGTH</i>	94
<i>ft ibuprofen ib childrens</i>	4	<i>FUROSCIX</i>	56	<i>GAVRETO</i>	139
<i>ft ibuprofen oral tablet</i>	4	<i>furosemide oral solution 10 mg/ml</i>	56	<i>gefitinib</i>	139
<i>ft laxative</i>	134	<i>furosemide oral tablet</i>	56	<i>GELUSIL</i>	95
<i>ft lubricant eye drops ophthalmic solution</i>		<i>FUZEON</i>	44	<i>gemfibrozil oral</i>	57
<i>0.5 %</i>	144	<i>FYCOMPA</i>	23	<i>GEMTESA</i>	41
<i>ft magnesium citrate</i>	103	<i>FYLNETRA</i>	134	<i>generlac</i>	85
<i>ft miconazole 7</i>	29	<i>g tussin ac</i>	173	<i>gengraf oral capsule</i>	123
<i>ft migraine relief</i>	11	<i>gabapentin oral capsule</i>	24	<i>GENOTROPIN</i>	109
<i>ft milk of magnesia</i>	93	<i>gabapentin oral solution 250 mg/5ml</i>	24	<i>GENOTROPIN MINIQUICK</i>	109

<i>gentamicin sulfate external</i>	68	GLUCO TO GO.....	50	<i>guanfacine hcl</i>	52
<i>gentamicin sulfate ophthalmic</i>	142	GLUCOSE CONTROL SOLUTIONS.....	72	<i>guanfacine hcl er</i>	58
GENTEAL SEVERE.....	144	<i>glucose oral tablet chewable 4 gm</i>	50	GUARDIAN CONNECT TRANSMITTER...	134
GENTEAL TEARS MODERATE PF.....	144	<i>glyburide micronized</i>	47	GUARDIAN LINK 3 TRANSMITTER.....	134
GENTEAL TEARS NIGHT-TIME.....	144	<i>glyburide oral</i>	47	GUARDIAN SENSOR (3).....	72
GENTEAL TEARS OPHTHALMIC		<i>glyburide-metformin</i>	47	GUARDIAN SENSOR 3.....	72
SOLUTION 0.1-0.2-0.3 %.....	144	<i>glycerin (adult) rectal suppository 2 gm</i>	103	<i>gummy dinos</i>	134
GENTEAL TEARS PF.....	144	<i>glycerin (infants & children) rectal</i>		<i>gummy multivitamin kids</i>	134
GENTEAL TEARS SEVERE DAY/NIGHT.	144	<i>suppository 1 gm</i>	103	GVOKE HYPOPEN 1-PACK.....	48
<i>gentle laxative oral tablet delayed release</i>		<i>glycerin adult rectal suppository 2 gm</i>	103	GVOKE HYPOPEN 2-PACK.....	48
<i>5 mg</i>	134	<i>glycerin child rectal suppository 1 gm, 1.2</i>		GVOKE KIT.....	48
<i>gentle laxative rectal suppository 10 mg</i>	134	<i>gm</i>	103	GVOKE PFS.....	48
<i>gentle laxative womens</i>	134	<i>glycerin childrens</i>	103	GYNAZOLE-1.....	29
<i>gentlelax</i>	100	<i>glycerin external</i>	69	<i>habitrol</i>	17
<i>genuine aspirin</i>	134	<i>glycerin external liquid 99.5 %</i>	69	HADLIMA.....	134
GENVOYA.....	43	<i>glycerin pediatric rectal suppository 1.2 gm</i>		HADLIMA PUSH TOUCH.....	134
GEODON ORAL.....	40	.....	103	HAEGARDA.....	121
<i>geri-dryl</i>	152	<i>glycolax</i>	100	<i>hailey 1.5/30</i>	113
<i>geri-kot</i>	103	<i>glycopyrrolate oral tablet 1 mg</i>	85	<i>hailey 24 fe</i>	113
<i>geri-lanta maximum strength</i>	95	<i>glycopyrrolate oral tablet 2 mg</i>	85	<i>hailey fe 1.5/30</i>	113
<i>geri-lanta oral suspension 200-200-20</i>		GLYXAMBI.....	47	<i>hailey fe 1/20</i>	113
<i>mg/5ml</i>	95	GOCOVRI.....	38	HALCION.....	181
<i>geri-mox</i>	95	GONAL-F.....	109	<i>halobetasol propionate external cream</i>	64
<i>geri-tussin dm oral syrup</i>	173	GONAL-F RFF.....	109	<i>haloette</i>	113
<i>geri-tussin oral liquid</i>	158	GONAL-F RFF REDIJECT.....	109	<i>haloperidol decanoate intramuscular</i>	40
GILENYA.....	60	<i>gormel</i>	70	<i>haloperidol oral</i>	40
GILOTRIF.....	139	<i>gormel 10</i>	70	HARVONI.....	42
<i>giltuss severe sinus</i>	173	GRALISE ORAL TABLET 300 MG, 600		HAVRIX.....	124
<i>glatiramer acetate</i>	60	MG.....	60	<i>headache formula</i>	11
<i>glatopa</i>	60	GRANIX.....	51	<i>headache relief</i>	11
GLEEVEC.....	139	<i>griseofulvin microsize oral</i>	29	<i>headache relief extra str</i>	11
<i>glimepiride</i>	47	<i>griseofulvin ultramicrosize</i>	29	<i>heartburn antacid</i>	95
<i>glipizide er</i>	47	<i>guaifenesin ac oral syrup 100-10 mg/5ml..</i>	173	<i>heartburn antacid ex st</i>	95
<i>glipizide oral tablet 10 mg, 5 mg</i>	47	<i>guaifenesin er oral tablet extended release</i>		<i>heartburn prevention oral tablet 10 mg</i>	87
<i>glipizide xl</i>	47	<i>12 hour 1200 mg</i>	158	<i>heartburn relief ex st</i>	95
GLUCAGEN HYPOKIT.....	48	<i>guaifenesin oral liquid</i>	159	<i>heartburn relief oral tablet 10 mg</i>	87
<i>glucagon emergency injection kit</i>	48	<i>guaifenesin oral tablet 400 mg</i>	159	<i>heartburn relief oral tablet 200 mg</i>	87
GLUCAGON EMERGENCY INJECTION		<i>guaifenesin-codeine</i>	173	<i>heartburn relief oral tablet chewable 160-</i>	
SOLUTION RECONSTITUTED.....	48	<i>guaifenesin-dm oral syrup</i>	173	<i>105 mg</i>	95

<i>heartland gas relief</i>	95	HUMULIN 70/30 VIAL.....	48	<i>hydrocortisone/aloe</i>	65
<i>heather</i>	118	HUMULIN N KWIKPEN.....	48	<i>hydrocortisone/aloe max str</i>	65
<i>h-e-b aspirin</i>	134	HUMULIN N VIAL.....	48	<i>hydrocortisone-acetic acid</i>	148
<i>h-e-b childrens allergy</i>	152	HUMULIN R U-500 KWIKPEN.....	48	<i>hydrolatum</i>	69
HEMANGEOL.....	54	HUMULIN R U-500 VIAL		<i>hydromet</i>	134
HEMLIBRA SUBCUTANEOUS SOLUTION		(CONCENTRATED).....	48	<i>hydromorphone hcl oral</i>	7
105 MG/0.7ML, 150 MG/ML, 30 MG/ML,		HUMULIN R VIAL.....	48	<i>hydromorphone hcl rectal</i>	7
300 MG/2ML, 60 MG/0.4ML.....	52	HYCAMTIN ORAL.....	35	<i>hydrophor</i>	69
<i>hemorrhoidal rectal suppository 0.25-3-</i>		<i>hydalazine hcl oral</i>	57	<i>hydroxychloroquine sulfate oral tablet 200</i>	
<i>85.5 %</i>	70	<i>hydrochlorothiazide oral capsule</i>	56	<i>mg</i>	37
<i>heparin sodium (porcine)</i>	50	<i>hydrochlorothiazide oral tablet 12.5 mg</i>	56	<i>hydroxyurea oral</i>	34
<i>heparin sodium (porcine) pf</i>	50	<i>hydrochlorothiazide oral tablet 25 mg, 50</i>		<i>hydroxyzine hcl oral</i>	45
HEPLISAV-B.....	125	<i>mg</i>	56	<i>hydroxyzine pamoate oral</i>	45
<i>her style</i>	119	<i>hydrocodone bit-homatrop mbr</i>	134	HYFTOR.....	134
HIBERIX.....	124	<i>hydrocodone-acetaminophen oral solution</i>		<i>hyoscyamine sulfate oral</i>	134
<i>high potency probiotic</i>	95	<i>7.5-325 mg/15ml</i>	7	<i>hyoscyamine sulfate sl sublingual tablet</i>	
HORIZANT.....	60	<i>hydrocodone-acetaminophen oral tablet</i>		<i>sublingual 0.125 mg</i>	134
HUMALOG INJECTION.....	48	<i>10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	<i>hyoscyamine sulfate sublingual</i>	134
HUMALOG JUNIOR KWIKPEN.....	48	<i>hydrocortisone (perianal) external cream</i>		<i>hyosyne</i>	134
HUMALOG KWIKPEN.....	48	<i>2.5 %</i>	126	HYPERSAL INHALATION NEBULIZATION	
HUMALOG MIX 50/50.....	48	<i>hydrocortisone anti-itch</i>	64	SOLUTION 7 %.....	173
HUMALOG MIX 50/50 KWIKPEN.....	48	<i>hydrocortisone butyrate external ointment</i> ...	65	HYPERTET.....	125
HUMALOG MIX 75/25.....	48	<i>hydrocortisone butyrate external solution</i>	65	HYPOTEARs.....	144
HUMALOG MIX 75/25 KWIKPEN.....	48	<i>hydrocortisone cream 1 % external (otc)</i>	65	HYRIMOZ SUBCUTANEOUS SOLUTION	
HUMALOG SUBCUTANEOUS.....	48	<i>hydrocortisone cream 1 % external (rx)</i>	65	AUTO-INJECTOR 40 MG/0.4ML.....	134
HUMALOG TEMPO PEN.....	48	<i>hydrocortisone external cream 0.5 %</i>	65	HYRIMOZ SUBCUTANEOUS SOLUTION	
HUMATROPE.....	109	<i>hydrocortisone external cream 1 %</i>	65	AUTO-INJECTOR 80 MG/0.8ML.....	135
HUMIRA (2 PEN).....	123	<i>hydrocortisone external cream 2.5 %</i>	65	HYRIMOZ SUBCUTANEOUS SOLUTION	
HUMIRA (2 SYRINGE).....	123	<i>hydrocortisone external lotion 2.5 %</i>	65	PREFILLED SYRINGE 10 MG/0.1 ML, 20	
HUMIRA SUBCUTANEOUS PEN-		<i>hydrocortisone external ointment 0.5 %</i>	65	MG/0.2ML.....	135
INJECTOR KIT 40 MG/0.8ML.....	123	<i>hydrocortisone external ointment 1 %</i>	65	HYRIMOZ SUBCUTANEOUS SOLUTION	
HUMIRA SUBCUTANEOUS PEN-		<i>hydrocortisone external ointment 2.5 %</i>	65	PREFILLED SYRINGE 40 MG/0.4ML.....	135
INJECTOR KIT 80 MG/0.8ML.....	123	<i>hydrocortisone max st external cream</i>	65	HYRIMOZ-CROHNS/UC STARTER.....	135
HUMIRA-PED		<i>hydrocortisone max st/12 moist</i>	65	HYRIMOZ-PED	
.....	123	<i>hydrocortisone oral tablet 10 mg, 20 mg, 5</i>		.....	135
HUMIRA-PED>/=40KG CROHNS START.	123	<i>mg</i>	108	HYRIMOZ-PED>/=40KG CROHN START.	135
HUMIRA-PED>/=40KG UC STARTER.....	123	<i>hydrocortisone plus external cream 1 %</i>	65	HYRIMOZ-PLAQUE PSORIASIS START..	135
HUMIRA-PSORIASIS/UEIT STARTER...	123	<i>hydrocortisone rectal enema 100 mg/60ml</i>	126	HYSINGLA ER.....	6
HUMULIN 70/30 KWIKPEN.....	48	<i>hydrocortisone ultra-moisture</i>	65	IBRANCE.....	35

IBSRELA.....	85	<i>indapamide</i>	56	INSULIN SYRINGES 30G X 1/2" 0.5 ML,	
<i>ibuprofen</i>	4	INDICAID COVID-19 RAPID TEST.....	135	30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML,	
<i>ibuprofen childrens oral tablet chewable</i>		<i>indomethacin oral capsule</i>	5	31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML,	
100 mg.....	4	<i>indoor/outdoor allergy rlf</i>	152	31G X 5/16" 1 ML.....	135
<i>ibuprofen cold & sinus</i>	173	INFANRIX.....	124	INSULIN SYRINGES 30G X 5/16" 1 ML....	135
<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	173	INFANTS ADVIL.....	5	INTELENCE ORAL TABLET 25 MG.....	43
<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>		<i>infants ibuprofen</i>	5	INTELISWAB COVID-19 RAPID TEST.....	135
.....	174	<i>infants pain & fever</i>	11	<i>intestinex</i>	95
<i>ibuprofen ib childrens</i>	4	<i>infants pain relief drops</i>	11	<i>introvale</i>	113
<i>ibuprofen ib oral tablet 200 mg</i>	4	<i>infants pain/fever</i>	11	INVEGA.....	40
<i>ibuprofen infants oral suspension 50</i>		INGREZZA.....	60	INVEGA HAFYERA.....	40
<i>mg/1.25ml</i>	4	INLYTA.....	139	INVEGA SUSTENNA.....	40
<i>ibuprofen jr oral tablet 100 mg</i>	5	INSPIREASE.....	135	INVEGA TRINZA.....	40
<i>ibuprofen junior</i>	5	INSPIREASE RESERVOIR BAGS.....	135	INVELTYS.....	142
<i>ibuprofen junior strength</i>	5	<i>instacort 5</i>	66	INVOKAMET.....	47
<i>ibuprofen oral suspension 100 mg/5ml</i>	5	INSULIN ASPART.....	49	INVOKAMET XR.....	47
<i>ibuprofen oral tablet 200 mg</i>	5	INSULIN ASPART PROT & ASPART.....	49	INVOKANA.....	47
<i>ibuprofen oral tablet 400 mg, 600 mg, 800</i>		INSULIN DEGLUDEC.....	49	IPOL.....	124
<i>mg</i>	5	INSULIN DEGLUDEC FLEXTOUCH.....	49	<i>ipratropium bromide inhalation</i>	154
<i>icatibant acetate</i>	121	INSULIN GLARGINE-YFGN.....	49	<i>ipratropium bromide nasal</i>	154
<i>iclevia</i>	113	INSULIN LISPRO.....	49	<i>ipratropium-albuterol</i>	167
ICLUSIG.....	139	INSULIN LISPRO (1 UNIT DIAL).....	49	<i>irbesartan</i>	52
IDHIFA.....	34	INSULIN LISPRO JUNIOR KWIKPEN.....	49	IRESSA.....	139
<i>iferex 150</i>	77	INSULIN LISPRO PROT & LISPRO.....	49	<i>iron (ferrous sulfate) oral solution</i>	77
IHEALTH COVID-19 RAPID TEST.....	135	INSULIN PEN NEEDLES.....	72	<i>iron infant/toddler</i>	77
ILARIS.....	122	INSULIN PEN NEEDLES 29G X 12.7MM..	135	<i>iron oral tablet 240 (27 fe) mg</i>	77
ILEVRO.....	142	INSULIN PEN NEEDLES 29G X 12MM ,		<i>iron oral tablet 325 (65 fe) mg</i>	77
ILUMYA.....	122	31G X 5 MM , 31G X 6 MM , 31G X 8 MM.	135	<i>iron supplement childrens</i>	78
<i>imatinib mesylate</i>	139	INSULIN PEN NEEDLES 32G X 4 MM ,		ISENTRESS HD.....	43
IMBRUVICA.....	139	32G X 6 MM.....	72	ISENTRESS ORAL PACKET.....	43
<i>imipramine hcl oral</i>	27	INSULIN SYRINGES 28G X 1/2" 0.5 ML,		ISENTRESS ORAL TABLET.....	43
<i>imiquimod external cream 5 %</i>	67	28G X 1/2" 1 ML.....	135	ISENTRESS ORAL TABLET CHEWABLE..	43
IMITREX.....	32	INSULIN SYRINGES 29G X 1/2" 0.3 ML,		<i>isibloom</i>	113
IMODIUM A-D ORAL TABLET.....	85	29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	135	<i>isoniazid oral</i>	33
IMODIUM MULTI-SYMPTOM RELIEF.....	95	INSULIN SYRINGES 29G X 1/2" 1 ML,		<i>isosorbide dinitrate</i>	58
INBRIJA.....	39	30G X 5/16" 0.5 ML.....	135	<i>isosorbide mononitrate</i>	58
<i>incassia</i>	118			<i>isosorbide mononitrate er</i>	58
INCRELEX.....	109			<i>isotretinoin oral capsule 10 mg, 20 mg, 30</i>	
INCRUSE ELLIPTA.....	154			<i>mg, 40 mg</i>	62

ISTALOL.....	143	<i>ketoconazole external cream</i>	68	KRINTAFEL.....	37
<i>itraconazole oral</i>	29	<i>ketoconazole external shampoo</i>	68	<i>kurvelo</i>	113
<i>ivermectin oral</i>	37	<i>ketoconazole oral</i>	29	<i>labetalol hcl oral</i>	54
<i>jaimiess</i>	113	KETO-DIASTIX.....	72	LAC-HYDRIN FIVE.....	66
JAKAFI.....	35	KETONE CARE.....	72	<i>lacosamide oral tablet</i>	24
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	50	KETONE TEST.....	72	<i>lactobacillus oral tablet</i>	95
<i>jantoven oral tablet 6 mg</i>	50	<i>ketoprofen oral capsule 50 mg</i>	5	<i>lacto-pectin</i>	95
JANUMET.....	47	<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	142	<i>lactulose encephalopathy</i>	85
JANUMET XR.....	47	<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	142	<i>lactulose oral solution</i>	85
JANUVIA.....	47	<i>ketorolac tromethamine oral</i>	5	LAGEVRIO.....	45
JARDIANCE.....	47	KETOSTIX.....	72	LAMISIL AT EXTERNAL CREAM.....	31
<i>jasmiel</i>	113	<i>ketotifen fumarate ophthalmic</i>	148	LAMISIL AT JOCK ITCH.....	31
<i>jencycla</i>	118	KEVZARA.....	122	<i>lamivudine oral solution</i>	44
JENTADUETO.....	47	KINERET.....	122	<i>lamivudine oral tablet 100 mg</i>	42
JENTADUETO XR.....	47	KISQALI (200 MG DOSE).....	35	<i>lamivudine oral tablet 150 mg, 300 mg</i>	44
<i>jock itch external cream 1 %</i>	31	KISQALI (400 MG DOSE).....	35	<i>lamivudine-zidovudine</i>	44
<i>jock itch max st</i>	135	KISQALI (600 MG DOSE).....	35	<i>lamotrigine oral tablet</i>	23
<i>jock itch spray powder</i>	135	KISQALI FEMARA (200 MG DOSE).....	35	<i>lamotrigine oral tablet chewable</i>	23
<i>jolessa</i>	113	KISQALI FEMARA (400 MG DOSE).....	35	<i>lamotrigine starter kit-blue</i>	23
JORNAY PM.....	58	KISQALI FEMARA (600 MG DOSE).....	35	<i>lamotrigine starter kit-green</i>	23
JUBLIA.....	68	<i>klayesta</i>	68	<i>lamotrigine starter kit-orange</i>	23
<i>juleber</i>	113	<i>klor-con</i>	74	LANCETS.....	72
JULUCA.....	43	<i>klor-con 10</i>	74	<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	87
<i>junel 1.5/30</i>	113	<i>klor-con m10</i>	74	<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	87
<i>junel 1/20</i>	113	<i>klor-con m20</i>	74	<i>lansoprazole oral capsule delayed release 15 mg</i>	87
<i>junel fe oral tablet 1.5-30 mg-mcg</i>	113	<i>klor-con/ef</i>	184	<i>lansoprazole oral capsule delayed release 30 mg</i>	87
<i>junel fe oral tablet 1-20 mg-mcg</i>	113	KLOXXADO.....	17	LANTUS SOLOSTAR.....	49
<i>junel fe oral tablet 1-20 mg-mcg(24)</i>	113	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG.....	47	LANTUS U-100 VIAL.....	49
KALETRA.....	45	<i>konsyl daily fiber oral powder 28.3 %</i>	100	<i>lapatinib ditosylate</i>	139
<i>kalliga</i>	113	KORLYM.....	110	<i>larin 1.5/30</i>	114
KALYDECO.....	155	KOSELUGO.....	35	<i>larin 1/20</i>	114
KAOPECTATE ORAL SUSPENSION.....	95	<i>kourzeq</i>	61	<i>larin 24 fe</i>	114
<i>kariva</i>	113	K-PHOS.....	78	<i>larin fe 1.5/30</i>	114
KATERZIA.....	54	<i>k-prime</i>	184	<i>larin fe 1/20</i>	114
<i>kelnor 1/35</i>	113	KRAZATI.....	135	<i>latanoprost ophthalmic</i>	140
<i>kelnor 1/50</i>	113				
KERENDIA.....	56				
KESIMPTA.....	60				

LATUDA.....	40	levobunolol hcl.....	143	liquid acetaminophen.....	11
<i>laxacin</i>	103	levocetirizine dihydrochloride oral tablet....	152	liquid allergy relief.....	153
<i>laxaclear</i>	100	levofloxacin oral tablet.....	21	liquid corn & callus rem.....	136
<i>laxative max str</i>	103	levonest.....	114	liquid pain relief.....	11
<i>laxative maximum strength oral tablet 25</i>		<i>levonorgest-eth estrad 91-day</i>	114	liquid wart remover.....	136
<i>mg</i>	103	levonorgestrel.....	119	liquid wart remover max st.....	136
<i>laxative oral powder 17 gml/scoop</i>	100	levonorgestrel-ethinyl estrad oral tablet		lisdexamfetamine dimesylate oral capsule...59	
<i>laxative oral tablet delayed release 5 mg</i> ...	135	0.1-20 mg-mcg.....	114	lisinopril oral.....	53
<i>laxative pills max st</i>	103	levonorgestrel-ethinyl estrad oral tablet		lisinopril-hydrochlorothiazide.....	56
<i>laxative pills oral tablet 25 mg</i>	103	0.15-30 mg-mcg.....	114	lithium.....	46
<i>laxative rectal suppository 10 mg</i>	135	levonorg-eth estrad triphasic.....	114	lithium carbonate er.....	46
<i>laxative regular strength</i>	103	levora 0.15/30 (28).....	114	lithium carbonate oral.....	46
LEDIPASVIR-SOFOSBUVIR.....	42	levo-t.....	119	LIVALO.....	57
<i>leena</i>	114	levothyroxine sodium oral tablet.....	119	LIVITA ADULTS.....	184
<i>leflunomide oral</i>	123	levoxyl.....	119	LMX 4.....	16
<i>lenalidomide</i>	34	LIALDA.....	125	LO LOESTRIN FE.....	114
LENVIMA (10 MG DAILY DOSE).....	139	LICART.....	5	<i>lojaimiess</i>	114
LENVIMA (12 MG DAILY DOSE).....	139	<i>lice killing</i>	38, 67	LOKELMA.....	80
LENVIMA (14 MG DAILY DOSE).....	139	<i>lice killing external shampoo 4-0.33 %</i>	38	<i>long acting nasal spray</i>	174
LENVIMA (18 MG DAILY DOSE).....	139	<i>lice killing max st external shampoo 0.33-4</i>		<i>long lasting antacid</i>	95
LENVIMA (20 MG DAILY DOSE).....	139	<i>%</i>	38	<i>long lasting nasal spray</i>	174
LENVIMA (24 MG DAILY DOSE).....	139	<i>lice killing max strength</i>	38	LONSURF.....	34
LENVIMA (4 MG DAILY DOSE).....	139	<i>lice killing maximum strength</i>	38	<i>loperamide hcl oral capsule</i>	85
LENVIMA (8 MG DAILY DOSE).....	139	<i>lice killing shampoo max str</i>	38	<i>loperamide hcl oral tablet</i>	85
LESCOL XL.....	57	<i>lice maximum strength</i>	38	<i>loperamide-simethicone</i>	95
<i>lessina</i>	114	<i>lice treatment external liquid 1 %</i>	67	<i>lopinavir-ritonavir</i>	45
LETAIRIS.....	156	<i>lice treatment external shampoo 0.33-4 %</i> ...38		<i>loradamed</i>	166
<i>letrozole oral</i>	34	<i>lidocaine external cream 4 %</i>	16	<i>lorata-d</i>	174
<i>leucovorin calcium oral tablet 10 mg</i>	36	<i>lidocaine external patch 5 %</i>	16	<i>loratadine allergy relief oral tablet 10 mg</i> ... 166	
<i>leucovorin calcium oral tablet 15 mg, 25</i>		<i>lidocaine hcl external cream 3 %</i>	16	<i>loratadine allergy relief oral tablet</i>	
<i>mg, 5 mg</i>	36	<i>lidocaine viscous hcl</i>	16	<i>dispersible 10 mg</i>	166
LEUKERAN.....	33	<i>lidocaine-prilocaine external cream</i>	16	<i>loratadine childrens oral solution</i>	166
LEUKINE.....	51	<i>lidopin external cream 3 %</i>	16	<i>lorata-dine d</i>	174
<i>leuprolide acetate injection</i>	120	<i>linezolid oral suspension reconstituted</i>	19	<i>loratadine d 12hr</i>	174
<i>levalbuterol hcl inhalation</i>	154	<i>linezolid oral tablet</i>	19	<i>loratadine oral solution</i>	166
LEVEMIR FLEXPEN.....	49	LINZESS.....	85	<i>loratadine oral tablet</i>	166
LEVEMIR U-100 VIAL.....	49	<i>liothyronine sodium oral</i>	119	<i>loratadine oral tablet dispersible</i>	166
<i>levetiracetam oral solution</i>	23	LIPITOR.....	57	<i>loratadine-d</i>	174
<i>levetiracetam oral tablet</i>	23	LIPOFEN.....	57	<i>loratadine-d 12hr</i>	174

<i>loratadine-d 24hr</i>	174	<i>lubricating tears ophthalmic solution 0.4-0.3 %</i>	145	<i>magnesium oxide oral tablet 400 mg</i>	136
<i>lorazepam oral tablet</i>	46	<i>lubrifresh p.m.</i>	145	<i>magnesium oxide oral tablet 420 mg</i>	136
LORBRENA.....	139	LUMAKRAS.....	37	<i>magnesium-aluminum-simethicone</i>	96
LOREEV XR.....	46	LUMIGAN.....	140	<i>magnesium-oxide</i>	78
<i>loryna</i>	114	LUNESTA ORAL TABLET 2 MG.....	181	<i>malathion</i>	67
LORZONE.....	180	LUPKYNIS.....	121	MAOX.....	136
<i>losartan potassium oral</i>	52	LUPRON DEPOT (1-MONTH).....	120	<i>mapap acetaminophen extra str</i>	11
<i>losartan potassium-hctz</i>	56	LUPRON DEPOT (3-MONTH).....	120	<i>mapap childrens</i>	11
LOTEMAX.....	142	LUPRON DEPOT (4-MONTH).....		<i>mapap oral capsule</i>	12
LOTEMAX SM.....	142	INTRAMUSCULAR KIT 30MG.....	120	<i>maraviroc</i>	44
<i>lovastatin oral</i>	57	LUPRON DEPOT (6-MONTH).....		<i>marlissa</i>	114
LOVAZA.....	57	INTRAMUSCULAR KIT 45MG.....	120	MASK VORTEX/CHILD/FROG.....	136
<i>low-ogestrel</i>	114	LUPRON DEPOT (6-MONTH).....		MASK VORTEX/TODDLER/LADYBUG.....	136
<i>loxapine succinate</i>	40	LUPRON DEPOT-PED (1-MONTH).....	120	MATULANE.....	33
<i>lo-zumandimine</i>	114	LUPRON DEPOT-PED (3-MONTH).....	120	MAVENCLAD (10 TABS).....	60
<i>lubricant drops fast act</i>	144	LUPRON DEPOT-PED (6-MONTH).....	120	MAVENCLAD (4 TABS).....	60
<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	144	<i>lurasidone hcl</i>	40	MAVENCLAD (5 TABS).....	60
<i>lubricant drops ophthalmic solution</i>	144	<i>lutra</i>	114	MAVENCLAD (6 TABS).....	60
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	144	LYBALVI.....	40	MAVENCLAD (7 TABS).....	60
<i>lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	145	<i>lyleq</i>	118	MAVENCLAD (8 TABS).....	60
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	145	<i>lyllana</i>	114	MAVENCLAD (9 TABS).....	61
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	145	LYNPARZA.....	35	MAVYRET ORAL PACKET.....	42
<i>lubricant eye drops ophthalmic solution 0.6 %</i>	145	LYRICA CR.....	60	MAVYRET ORAL TABLET.....	42
<i>lubricant eye drops pf</i>	145	LYSODREN.....	120	MAX RELIEF JUNIOR.....	12
<i>lubricant eye nighttime</i>	145	LYUMJEV.....	49	MAX TUSSIN MUCUS & CHEST CONG... ..	159
<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>	145	LYUMJEV KWIKPEN.....	49	MAXALT.....	32
<i>lubricant pm</i>	145	LYUMJEV TEMPO PEN.....	49	<i>maxi-tuss ac</i>	174
<i>lubricating eye drop</i>	145	<i>lyza</i>	118	<i>maxi-tuss gmx</i>	174
<i>lubricating eye drops</i>	145	MAALOX CHILDRENS.....	95	<i>maxi-tuss pe max</i>	159
<i>lubricating eyel/overnight</i>	145	MAALOX MAX ORAL SUSPENSION.....	95	MAYZENT.....	61
<i>lubricating plus eye drops</i>	145	MAALOX MULTI SYMPTOM MAX ST.....	96	MAYZENT STARTER PACK.....	61
<i>lubricating plus ophthalmic solution 0.5 %</i>	145	<i>mag-al plus</i>	96	<i>m-dryl</i>	153
<i>lubricating plus pf</i>	145	<i>mag-al plus xs</i>	96	<i>meclizine hcl oral tablet 12.5 mg</i>	27
		<i>magnesium citrate oral solution</i>	104	<i>meclizine hcl oral tablet 25 mg</i>	27
		<i>magnesium oral tablet 500 mg</i>	78	<i>meclizine hcl oral tablet chewable</i>	27
		<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	78	<i>medicated spot</i>	136
		<i>magnesium oxide -mg supplement oral tablet 500 mg</i>	78	<i>medifin 400</i>	159
				<i>medifin mucus relief child</i>	159
				<i>medi-first aspirin</i>	136

<i>medi-first ibuprofen</i>	5	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	47	<i>mexiletine hcl oral</i>	53
<i>medi-first triple antibiotic</i>	22	<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	47	<i>mibelas 24 fe</i>	114
<i>mediproxen</i>	5	<i>methazolamide oral</i>	143	<i>micaderm</i>	31
<i>medique aspirin</i>	136	<i>methenamine hippurate</i>	19	<i>MICATIN</i>	31
MEDISENSE GLUCOSE KETONE CONTR	72	<i>methergine</i>	110	<i>miconazole 3</i>	29
MEDISENSE HI/MID/LOW CONTROL	72	<i>methimazole oral</i>	121	<i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	29
MEDROL ORAL TABLET 2 MG	108	<i>methocarbamol oral</i>	180	<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	29
<i>medroxyprogesterone acetate intramuscular</i>	118	<i>methotrexate sodium (pf)</i>	123	<i>miconazole 7 day treatment vaginal cream 2 %</i>	29
<i>medroxyprogesterone acetate oral</i>	118	<i>methotrexate sodium injection</i>	123	<i>miconazole 7 vaginal cream 2 %</i>	29
<i>mefloquine hcl</i>	37	<i>methotrexate sodium oral</i>	123	<i>miconazole 7 vaginal suppository 100 mg</i> ... 29	
<i>mega probiotic</i>	96	<i>methoxsalen rapid</i>	67	<i>miconazole antifungal</i>	31
<i>megestrol acetate oral suspension 40 mg/ml</i>	118	<i>methsuximide</i>	23	<i>miconazole nitrate external cream</i>	31
<i>megestrol acetate oral tablet 20 mg</i>	118	METHYLDOPA	52	<i>miconazole nitrate vaginal</i>	29
<i>megestrol acetate oral tablet 40 mg</i>	118	<i>methylergonovine maleate oral</i>	110	<i>miconazorb af</i>	31
<i>meijer allergy relief-d</i>	174	<i>methylphenidate hcl er</i>	58	<i>microgestin 1.5/30</i>	114
<i>meijer antacid</i>	96	<i>methylphenidate hcl er (cd)</i>	58	<i>microgestin 1/20</i>	114
<i>meijer anti-diarrheal</i>	85	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	58	<i>microgestin 24 fe</i>	114
MEKINIST ORAL SOLUTION RECONSTITUTED	35	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	59	<i>microgestin fe 1.5/30</i>	115
MEKINIST ORAL TABLET	35	<i>methylphenidate hcl oral tablet</i>	59	<i>microgestin fe 1/20</i>	115
MEKTOVI	35	<i>methylprednisolone oral</i>	108	<i>midodrine hcl</i>	52
<i>meloxicam oral tablet</i>	5	<i>metoclopramide hcl oral solution</i>	27	<i>mifepristone oral tablet 200 mg</i>	110
<i>melphalan</i>	37	<i>metoclopramide hcl oral tablet</i>	27	<i>mifepristone oral tablet 300 mg</i>	110
<i>memantine hcl oral solution</i>	25	<i>metolazone</i>	56	MIGERGOT	31
<i>memantine hcl oral tablet</i>	25	<i>metoprolol succinate er</i>	54	<i>migraine formula oral tablet 250-250-65 mg</i> 12	
MENEST	114	<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	54	<i>migraine headache relief</i>	12
MENOPUR	121	<i>metoprolol tartrate oral tablet 25 mg</i>	54	<i>migraine relief</i>	12
MENQUADFI	124	<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	54	MIGRANAL	31
MENVEO	124	METROGEL	19	<i>mili</i>	115
<i>mercaptopurine oral</i>	34	<i>metronidazole external</i>	19	<i>milk of magnesia</i>	96
<i>mesalamine er oral capsule 0.375 gm</i>	125	<i>metronidazole oral tablet</i>	19	<i>mineral oil enema</i>	100
<i>mesalamine rectal</i>	125	<i>metronidazole vaginal</i>	19	<i>mineral oil heavy oral</i>	100
MESNEX ORAL	36			<i>mineral oil heavy oral oil</i>	100
<i>metformin hcl er (osm)</i>	47			<i>mineral oil oral oil</i>	100
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	47			<i>mineral oil rectal enema</i>	100
				<i>mini nicotine</i>	18

<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	21	<i>motion-time</i>	28	<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg</i>	175
<i>minoxidil oral</i>	57	MOTRIN CHILDRENS.....	5	<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	175
<i>mintox maximum strength</i>	96	MOTRIN IB ORAL TABLET.....	5	<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i>	176
<i>mintox plus</i>	96	MOTRIN INFANTS DROPS.....	6	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	176
MIRALAX ORAL POWDER.....	100	MOUNJARO.....	136	<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	176
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	26	MOVANTIK.....	85	<i>mucus relief er</i>	159
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	26	MOVIPREP.....	86	<i>mucus relief er oral tablet extended release 12 hour 1200 mg</i>	159
MIRVASO.....	62	<i>moxifloxacin hcl (2x day)</i>	142	<i>mucus relief max st</i>	160
<i>misoprostol oral</i>	87	<i>moxifloxacin hcl ophthalmic</i>	142	<i>mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	160
MITIGARE.....	31	<i>moxifloxacin hcl oral</i>	21	<i>mucus relief oral tablet 400 mg</i>	160
<i>mm acetaminophen ex str</i>	12	<i>m-pap</i>	12	<i>mucus relief oral tablet extended release 12 hour 1200 mg</i>	160
MM ALLER-BEN.....	153	MUCINEX COUGH CHILDRENS.....	174	<i>mucus+chest congestion</i>	160
<i>mm arthritis pain</i>	12	MUCINEX D.....	174	<i>mucus-dm</i>	176
<i>mm aspirin</i>	136	MUCINEX D MAX STRENGTH.....	175	<i>mucus-dm oral tablet extended release 12 hour 1200 mg</i>	160
<i>mm clearlax</i>	101	MUCINEX DM.....	175	MULPLETA.....	51
<i>mm ibuprofen</i>	5	MUCINEX FAST-MAX CHEST CONG MS.....	159	MULTAQ.....	53
<i>mm stool softener laxative</i>	104	MUCINEX FAST-MAX DM MAX.....	175	<i>multiple vitamins/iron</i>	184
M-M-R II.....	124	MUCINEX MAXIMUM STRENGTH.....	159	<i>multivitamin infant & toddler oral solution</i>	184
M-NATAL PLUS.....	81	MUCINEX SINUS-MAX CLEAR & COOL.....	175	<i>multi-vitamin/iron</i>	184
<i>modafinil oral</i>	181	MUCINEX SINUS-MAX SINUS/ALLRGY.....	175	<i>mupirocin external</i>	68
MODERNA COVID-19 VAC 6M-11Y.....	136	<i>mucus & cough relief child</i>	175	MURO 128 OPHTHALMIC OINTMENT.....	145
<i>mometasone furoate external</i>	66	<i>mucus d</i>	175	MURO 128 OPHTHALMIC SOLUTION 5.....	145
<i>mondoxyne nl</i>	21	<i>mucus d extended release</i>	175	%.....	145
MONOJECT HYPODERMIC NEEDLE 18G X 1".....	50	<i>mucus d max st er</i>	175	<i>my choice</i>	119
<i>mono-linyah</i>	115	<i>mucus dm</i>	175	<i>my way</i>	119
<i>montelukast sodium oral</i>	153	<i>mucus dm extended release oral tablet extended release 12 hour 30-600 mg</i>	175	<i>mycophenolate mofetil oral</i>	123
<i>mood support probiotic</i>	96	<i>mucus er maximum str</i>	159	<i>mycophenolate sodium</i>	123
<i>morphine sulfate (concentrate)</i>	7	<i>mucus er oral tablet extended release 12 hour 1200 mg</i>	159	<i>mycophenolic acid</i>	123
<i>morphine sulfate er</i>	6	<i>mucus extended release oral tablet extended release 12 hour 1200 mg</i>	159	MYFEMBREE.....	84
<i>morphine sulfate er beads</i>	6	<i>mucus relief 12 hour max st</i>	159	MYLERAN.....	33
<i>morphine sulfate oral</i>	7	<i>mucus relief chest oral tablet 400 mg</i>	159		
<i>morphine sulfate rectal</i>	7	<i>mucus relief childrens oral liquid 100 mg/5ml</i>	159		
MOTEGRITY.....	85	<i>mucus relief cough childrens</i>	175		
<i>motion sickness oral tablet 50 mg</i>	27	<i>mucus relief d max strength</i>	175		
<i>motion sickness relief oral tablet 50 mg</i>	27				
<i>motion sickness relief oral tablet chewable 25 mg</i>	27				

MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER.....	107	<i>nasal decongestant spray</i>	176	<i>necon 0.5/35 (28)</i>	115
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR.....	107	<i>nasal four</i>	160	NEODOT THERMOMETER.....	136
MYTESI.....	85	<i>nasal four spray</i>	160	<i>neomycin sulfate oral</i>	19
<i>nabumetone oral</i>	6	<i>nasal mist nasal solution</i>	176	<i>neomycin-bacitracin zn-polymyx</i>	142
<i>nadolol oral</i>	54	<i>nasal mist no drip</i>	176	<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	141
<i>naloxone hcl injection</i>	17	NASAL MOIST NASAL SOLUTION.....	160	<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	141
<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i> ...	17	<i>nasal moisturizing spray</i>	160	<i>neomycin-polymyxin-gramicidin</i>	142
<i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i>	17	<i>nasal relief</i>	176	<i>neomycin-polymyxin-hc otic</i>	148
<i>naltrexone hcl oral</i>	16	<i>nasal spray 12 hour</i>	177	NEONATAL PLUS.....	81
NAMZARIC.....	25	<i>nasal spray extra moist</i>	177	<i>neo-polycin</i>	142
NAPHCAN-A.....	147	<i>nasal spray extra moisturizing</i>	177	<i>neo-polycin hc</i>	141
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG.....	6	<i>nasal spray fast acting</i>	160	NEOSPORIN ORIGINAL.....	22
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG.....	6	<i>nasal spray nasal solution 0.05 %</i>	177	NEO-SYNEPHRINE COLD/ALLRGY EXT.....	161
NAPROSYN.....	6	<i>nasal spray nasal solution 1 %</i>	160	<i>nephro vitamins</i>	81
<i>naproxen dr</i>	6	<i>nasal spray no drip</i>	177	NEPHRO-VITE.....	81
<i>naproxen oral</i>	6	<i>nasal spray saline</i>	161	NEULASTA.....	51
<i>naproxen sodium oral tablet 220 mg</i>	6	<i>nasal spray sinus</i>	177	NEULASTA ONPRO.....	51
NARAMIN.....	153	NASALCROM.....	168	NEUPOGEN.....	51
<i>naratriptan hcl</i>	32	NASCOBAL.....	186	NEUPRO.....	39
NARCAN LIQUID 4 MG/0.1ML NASAL (OTC).....	17	NATAZIA.....	115	NEURONTIN.....	24
NARCAN LIQUID 4 MG/0.1ML NASAL (RX).....	17	<i>nateglinide</i>	47	NEUTEK 2TEK CONTROL.....	72
NASACORT ALLERGY 24HR.....	167	NATESTO.....	110	NEUTROGENA OIL-FREE ACNE WASH.....	136
<i>nasal allergy 24 hour</i>	167	<i>natural daily fiber</i>	101	NEVANAC.....	142
<i>nasal allergy nasal aerosol 55 mcg/act</i>	167	<i>natural fiber oral capsule 0.52 gm</i>	101	<i>nevirapine</i>	43
<i>nasal allergy spray</i>	167	<i>natural fiber oral powder 28.3 %</i>	101	<i>nevirapine er</i>	43
<i>nasal decongestant 12hr</i>	176	<i>natural fiber oral powder 58.6 %</i>	101	<i>new day</i>	119
<i>nasal decongestant max st</i>	176	<i>natural fiber supplement</i>	101	NEXAVAR.....	35
<i>nasal decongestant oral tablet 30 mg</i>	176	<i>natural senna laxative</i>	104	NEXIUM ORAL PACKET 2.5 MG, 5 MG.....	87
<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i>	176	<i>natural tears pf</i>	146	NEXLETOL.....	57
<i>nasal decongestant pe max st</i>	160	<i>natural vegetable</i>	101	NEXLIZET.....	57
<i>nasal decongestant pe oral tablet 10 mg</i> ...	160	<i>natural vegetable laxative oral tablet 8.6 mg</i>	104	NEXTSTELLIS.....	84
<i>nasal decongestant pe oral tablet 30 mg</i> ...	176	<i>natural vitamin e</i>	186	<i>niacin er (antihyperlipidemic)</i>	57
		<i>natura-lax</i>	101	<i>niacin er oral capsule extended release 250 mg</i>	81
		<i>nausea control</i>	28	<i>niacin er oral capsule extended release 500 mg</i>	81
		<i>nausea relief</i>	28		
		NAYZILAM.....	24		
		NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %.....	177		

<i>niacin er oral tablet extended release 1000 mg</i>	81	NITRO-BID.....	58	<i>norlyroc</i>	118
<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	81	<i>nitrofurantoin macrocrystal</i>	19	NORPACE CR.....	53
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	81	<i>nitrofurantoin monohydrate macrocrystals</i> ...	19	<i>nortrel 0.5/35 (28)</i>	115
NICODERM CQ.....	17	<i>nitrofurantoin oral suspension 25 mg/5ml</i>	19	<i>nortrel 1/35 (21)</i>	115
NICORETTE.....	18	<i>nitroglycerin sublingual</i>	58	<i>nortrel 1/35 (28)</i>	115
NICORETTE MINI.....	18	<i>nitroglycerin translingual</i>	58	<i>nortrel 7/7/7</i>	116
NICORETTE STARTER KIT.....	18	NITYR.....	106	<i>nortriptyline hcl oral</i>	27
<i>nicotine gum mouth/throat gum 2 mg</i>	18	NIVA-PLUS.....	81	NORVIR ORAL PACKET.....	45
<i>nicotine gum mouth/throat gum 4 mg</i>	18	NIVESTYM.....	51	<i>nose drops extstrength</i>	161
<i>nicotine gum mouth/throat lozenge 2 mg</i>	18	<i>no drip extra moisturizing</i>	177	<i>nose drops nasal solution 1 %</i>	161
<i>nicotine gum mouth/throat lozenge 4 mg</i>	18	<i>no drip nasal relief</i>	177	NOURIANZ.....	38
<i>nicotine mini</i>	18	<i>no drip nasal spray</i>	177	NOVAREL.....	109
<i>nicotine mouth/throat gum 2 mg</i>	18	<i>no drip original 12 hours</i>	177	NOVAVAX COVID-19 VACCINE.....	125
<i>nicotine mouth/throat gum 4 mg</i>	18	NOCDURNA.....	109	NOVOLIN 70/30 FLEXPEN.....	49
<i>nicotine mouth/throat lozenge 2 mg</i>	18	<i>nohist-lq</i>	164	NOVOLIN 70/30 RELION.....	49
<i>nicotine mouth/throat lozenge 4 mg</i>	18	NOKOR VENTED NEEDLE.....	50	NOVOLIN 70/30 VIAL.....	49
<i>nicotine polacrilex mini</i>	18	<i>non-aspirin</i>	12	NOVOLIN N FLEXPEN.....	49
<i>nicotine polacrilex mouth/throat</i>	18	<i>non-aspirin 8 hour</i>	12	NOVOLIN N RELION.....	49
<i>nicotine step 1</i>	17	<i>non-aspirin childrens</i>	12	NOVOLIN N VIAL.....	49
<i>nicotine step 2</i>	17	<i>non-aspirin extra strength</i>	12	NOVOLIN R FLEXPEN.....	49
<i>nicotine step 3</i>	17	<i>non-aspirin jr strength</i>	12	NOVOLIN R RELION.....	49
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	17	<i>non-aspirin pain relief</i>	12	NOVOLIN R VIAL.....	49
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	17	<i>non-pseudo sinus decongestant</i>	161	NOVOLOG FLEXPEN.....	49
<i>nicotine transdermal system</i>	17	<i>nora-be</i>	118	NOVOLOG FLEXPEN RELION.....	49
<i>nifedipine er</i>	54	NORDITROPIN FLEXPRO.....	109	NOVOLOG MIX 70/30 FLEXPEN.....	49
<i>nifedipine er osmotic release</i>	54	<i>norelgestromin-eth estradiol</i>	115	NOVOLOG MIX 70/30 VIAL.....	49
<i>nifedipine oral</i>	54	<i>norethin ace-eth estrad-fe oral tablet</i>	115	NOVOLOG PENFILL.....	49
<i>night time sleep aid</i>	182	<i>chewable</i>	115	NOVOLOG RELION.....	49
<i>nighttime dry-eye relief</i>	146	<i>norethindrone acetate oral</i>	118	NOVOLOG U-100 VIAL.....	49
<i>nighttime relief lub eye</i>	146	<i>norethindrone acet-ethinyl est</i>	115	NOXAFIL ORAL PACKET.....	29
<i>nighttime sleep aid oral tablet 25 mg</i>	182	<i>norethindrone oral</i>	118	NOXAFIL ORAL SUSPENSION.....	29
<i>nikki</i>	115	<i>norethindron-ethinyl estrad-fe</i>	115	NOXAFIL ORAL TABLET DELAYED RELEASE.....	29
<i>nimodipine oral</i>	54	<i>norethin-eth estradiol-fe oral tablet</i>	115	NUBEQA.....	34
NINLARO.....	34	<i>chewable 0.4-35 mg-mcg</i>	115	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	157
<i>nitazoxanide oral</i>	37	<i>norgestimate-eth estradiol</i>	115	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	157
		<i>norgestimate-ethinyl estradiol triphasic</i>	115	NUCYNTA.....	7
		NORITATE.....	19		
		NORLIQVA.....	54		

NUCYNTA ER.....	6	<i>octreotide acetate subcutaneous solution</i>		ONELAX SENNA.....	104
NUEDEXTA.....	60	<i>prefilled syringe 500 mcg/ml</i>	120	ONETOUCH ULTRA 2 KIT W/DEVICE.....	72
NU-IRON.....	78	ODEFSEY.....	44	ONETOUCH ULTRA CONTROL.....	72
NULEV.....	136	ODOMZO.....	35	ONETOUCH ULTRA IN VITRO LIQUID.....	72
NURTEC.....	32	OFEV.....	156	ONETOUCH ULTRA STRIP IN VITRO..	72, 73
NUTRAPLUS.....	70	<i>ofloxacin ophthalmic</i>	142	ONETOUCH ULTRA TEST.....	73
NUTROPIN AQ NUSPIN 10.....	109	<i>ofloxacin oral</i>	21	ONETOUCH VERIO FLEX SYSTEM KIT	
NUTROPIN AQ NUSPIN 20.....	109	<i>ofloxacin otic</i>	148	W/DEVICE.....	73
NUTROPIN AQ NUSPIN 5.....	109	<i>ointment base</i>	69	ONETOUCH VERIO IN VITRO LIQUID.....	73
NUVARING.....	116	<i>olanzapine oral tablet</i>	40	ONETOUCH VERIO REFLECT KIT	
NUVESSA.....	19	<i>olanzapine oral tablet dispersible</i>	40	W/DEVICE.....	73
NUZYRA ORAL.....	21	<i>olmesartan medoxomil oral</i>	52	ONETOUCH VERIO STRIP IN VITRO.....	73
<i>nyamyc</i>	68	<i>olopatadine hcl ophthalmic</i>	141	ONEXTON.....	62
<i>nylia 1/35</i>	116	OLUMIANT ORAL TABLET 1 MG, 2 MG..	122	ONGENTYS.....	38
<i>nylia 7/7/7</i>	116	OMECLAMOX-PAK.....	86	ONGLYZA.....	47
NYMALIZE.....	54	<i>omega-3-acid ethyl esters</i>	57	<i>opcicon one-step</i>	119
<i>nymyo</i>	116	<i>omeprazole magnesium</i>	88	OPSUMIT.....	156
<i>nystatin external</i>	68	<i>omeprazole magnesium oral capsule</i>		<i>option 2</i>	119
<i>nystatin mouth/throat</i>	29	<i>delayed release</i>	88	OPZELURA.....	70
<i>nystatin oral</i>	29	<i>omeprazole oral capsule delayed release</i>		ORACEA.....	21
<i>nystop</i>	68	<i>10 mg, 20 mg, 40 mg</i>	88	<i>oralone</i>	61
NYTOL QUICKCAPS.....	182	<i>omeprazole oral capsule delayed release</i>		ORENCIA CLICKJECT.....	122
NYVEPRIA.....	51	<i>20.6 (20 base) mg</i>	88	ORENCIA SUBCUTANEOUS.....	122
OBSTETRIX DHA.....	81	OMNARIS.....	153	ORENITRAM MONTH 1.....	156
OBTREX.....	184	OMNIFLEX DIAPHRAGM.....	136	ORENITRAM MONTH 2.....	156
OCEAN FOR KIDS.....	161	OMNIPOD 5 G6 INTRO (GEN 5).....	136	ORENITRAM MONTH 3.....	156
OCEAN NASAL SPRAY.....	161	OMNIPOD 5 G6 PODS (GEN 5).....	136	ORENITRAM ORAL TABLET EXTENDED	
<i>ocella</i>	116	OMNITROPE.....	109	RELEASE 0.125 MG, 0.25 MG, 1 MG.....	156
<i>octreotide acetate injection solution 100</i>		ON/GO COVID-19 ANTIGEN TEST.....	136	ORENITRAM ORAL TABLET EXTENDED	
<i>mcg/ml, 50 mcg/ml</i>	120	ON/GO ONE COVID-19 HOME TEST.....	136	RELEASE 2.5 MG, 5 MG.....	156
<i>octreotide acetate injection solution 1000</i>		<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	28	ORFADIN.....	106
<i>mcg/ml</i>	120	<i>ondansetron odt</i>	28	ORGOVYX.....	19
<i>octreotide acetate injection solution 200</i>		ONE VITE WOMENS.....	81	ORIAHNN.....	120
<i>mcg/ml</i>	120	ONE VITE WOMENS PLUS.....	81	ORLISSA.....	120
<i>octreotide acetate injection solution 500</i>		<i>one-daily multi-vitamin/iron</i>	184	ORKAMBI.....	155
<i>mcg/ml</i>	120	<i>one-daily/iron</i>	184	ORLADEYO.....	137
<i>octreotide acetate subcutaneous solution</i>		ONELAX.....	137	<i>orphenadrine citrate er</i>	180
<i>prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	120	ONELAX DOCUSATE SODIUM.....	104	<i>oseltamivir phosphate oral capsule</i>	45
		ONELAX MAGNESIUM CITRATE.....	104		

<i>oseltamivir phosphate oral suspension reconstituted</i>	45	<i>pain & fever child</i>	12	PANADOL INFANTS.....	14
OSMOLEX ER.....	38	<i>pain & fever childrens oral suspension 160 mg/5ml</i>	12	PANOXYL.....	137
OSPHENA.....	118	<i>pain & fever childrens oral tablet chewable 160 mg</i>	12	<i>pantoprazole sodium oral tablet delayed release</i>	88
OTEZLA.....	122	<i>pain & fever infants oral suspension 160 mg/5ml</i>	13	<i>paroxetine hcl oral tablet</i>	26
OTREXUP.....	123	<i>pain relief childrens oral elixir 160 mg/5ml</i> ...	13	PATADAY OPHTHALMIC SOLUTION 0.1 % , 0.2 %.....	141
OVACE PLUS WASH EXTERNAL LIQUID	137	<i>pain relief childrens oral suspension</i>	13	PAXLOVID (150/100).....	45
OVACE WASH.....	137	<i>pain relief childrens oral tablet chewable 160 mg</i>	13	PAXLOVID (300/100).....	45
OVIDREL.....	109	<i>pain relief extra st</i>	13	<i>pazopanib hcl</i>	139
<i>oxaprozin oral tablet</i>	6	<i>pain relief extra strength oral capsule 500 mg</i>	13	<i>ped electrolyte freeze pop</i>	78
<i>oxazepam</i>	46	<i>pain relief extra strength oral liquid 500 mg/15ml</i>	13	PEDIA-LAX ORAL LIQUID.....	104
OXBRYTA ORAL TABLET 300 MG.....	51	<i>pain relief extra strength oral tablet 500 mg</i>	13	PEDIALYTE FREEZER POPS.....	78
OXBRYTA ORAL TABLET 500 MG.....	51	<i>pain relief oral liquid 500 mg/15ml</i>	13	PEDIALYTE ORAL SOLUTION.....	78
OXBRYTA ORAL TABLET SOLUBLE.....	51	<i>pain relief oral tablet 325 mg</i>	13	PEDIALYTE SINGLES.....	78
<i>oxcarbazepine oral suspension</i>	24	<i>pain relief oral tablet 500 mg</i>	13	PEDIARIX.....	124
<i>oxcarbazepine oral tablet</i>	24	<i>pain relief oral tablet extended release 650 mg</i>	13	<i>pediatric electrolyte oral solution</i>	78
OXTELLAR XR.....	24	<i>pain relief regular strength</i>	13	PEDVAX HIB.....	124
<i>oxybutynin chloride er</i>	107	<i>pain relief rapid burst</i>	13	<i>peg 3350 oral powder</i>	101
<i>oxybutynin chloride oral tablet 5 mg</i>	107	<i>pain reliever childrens oral suspension 160 mg/5ml</i>	14	<i>peg 3350-kcl-na bicarb-nacl</i>	86
<i>oxycodone hcl oral concentrate</i>	7	<i>pain reliever ex st oral liquid 500 mg/15ml</i> ...	14	<i>peg-3350/electrolytes</i>	86
<i>oxycodone hcl oral solution</i>	7	<i>pain reliever ex st oral tablet 500 mg</i>	14	PEGASYS.....	122
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>	15	<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	14	PENBRAYA.....	137
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	15	<i>pain reliever extra strength oral tablet 500 mg</i>	14	<i>penicillamine oral tablet</i>	107
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML.....	7	<i>pain reliever oral tablet 325 mg</i>	14	<i>penicillin v potassium</i>	20
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	<i>pain reliever plus</i>	14	PENTACEL.....	124
OXYCONTIN.....	6	<i>pain-off</i>	14	<i>pentamidine isethionate inhalation</i>	37
<i>oxymorphone hcl er</i>	6	<i>paliperidone er</i>	40	PENTASA.....	125
OXYTROL FOR WOMEN.....	107	PANADOL CHILDRENS.....	14	<i>pentazocine-naloxone hcl</i>	7
<i>oyster shell calcium oral tablet 500 mg</i>	184	PANADOL EXTRA STRENGTH.....	14	<i>pentoxifylline er</i>	56
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</i>	184			PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML.....	96
<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg</i>	185			PERDIEM OVERNIGHT RELIEF.....	104
OZEMPIC.....	47			PERFOROMIST.....	154
OZEMPIC (2 MG/DOSE).....	47			<i>perigard</i>	61
<i>p col-rite</i>	104			<i>permethrin external</i>	67
PACERONE.....	53			<i>perphenazine oral</i>	28
				<i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	26

<i>perphenazine-amitriptyline oral tablet 2-25 mg</i>	26	<i>pimozide</i>	40	PONVORY STARTER PACK.....	140
PERSERIS.....	40	<i>pimtrea</i>	116	<i>portia-28</i>	116
PERTZYE.....	106	<i>pink bismuth maximum strength</i>	96	<i>potassium chloride crys er oral tablet extended release 10 meq</i>	74
PFIZER COVID-19 VAC-TRIS 5-11Y.....	137	<i>pink bismuth oral suspension 262 mg/15ml</i>	96	<i>potassium chloride crys er oral tablet extended release 20 meq</i>	74
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	137	<i>pink bismuth oral suspension 525 mg/15ml</i>	96	<i>potassium chloride er oral capsule extended release 10 meq</i>	74
<i>pharbedryl</i>	153	<i>pink bismuth oral tablet 262 mg</i>	97	<i>potassium chloride er oral tablet extended release 10 meq</i>	74
PHARBETOL.....	14	<i>pink bismuth oral tablet chewable 262 mg</i> ...	97	<i>potassium chloride er oral tablet extended release 10 meq</i>	74
PHARBETOL EXTRA STRENGTH.....	14	<i>pink bismuth ultra str</i>	97	<i>potassium chloride er oral tablet extended release 10 meq</i>	74
<i>pharbinex</i>	161	<i>pink-bismuth</i>	97	<i>potassium chloride er oral tablet extended release 20 meq</i>	74
PHAZYME.....	96	<i>pioglitazone hcl</i>	47	<i>potassium chloride er oral tablet extended release 8 meq</i>	74
PHAZYME ULTRA STRENGTH.....	96	PIP GLUCOSE CONTROL SOLUTION.....	73	<i>potassium chloride oral</i>	74
PHEBURANE.....	106	PIQRAY (200 MG DAILY DOSE).....	35	<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	74
<i>phenazo oral tablet 200 mg</i>	108	PIQRAY (250 MG DAILY DOSE).....	35	<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	74
<i>phenazo oral tablet 95 mg</i>	108	PIQRAY (300 MG DAILY DOSE).....	35	<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	74
<i>phenazopyridine hcl oral tablet 100 mg</i>	108	<i>pirfenidone oral capsule</i>	156	<i>potassium citrate-citric acid</i>	79
<i>phenazopyridine hcl oral tablet 200 mg</i>	108	<i>pirfenidone oral tablet 267 mg, 801 mg</i>	156	<i>povidone iodine</i>	22
<i>phenobarbital oral</i>	24	<i>piroxicam oral</i>	6	<i>povidone-iodine external solution</i>	22
<i>phenylephrine hcl ophthalmic</i>	141	PLAN B ONE-STEP.....	119	PRADAXA.....	50
<i>phenylephrine hcl oral</i>	161	PLEGRIDY INTRAMUSCULAR.....	61	PRALUENT.....	57
<i>phenytek</i>	24	PLEGRIDY STARTER PACK.....	61	<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i> ...	39
<i>phenytoin infatabs</i>	24	PLEGRIDY SUBCUTANEOUS.....	61	<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	39
<i>phenytoin oral suspension 125 mg/5ml</i>	24	PLENVU.....	86	<i>prasugrel hcl</i>	52
<i>phenytoin oral tablet chewable</i>	24	<i>plerixafor</i>	51	<i>pravastatin sodium</i>	57
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	24	PNEUMOVAX 23.....	125	<i>praziquantel oral</i>	37
<i>philith</i>	116	<i>podofilox external solution</i>	67	<i>prazosin hcl oral</i>	52
PHOSPHA 250 NEUTRAL.....	78	<i>poly bacitracin</i>	137	PRECISION GLUCOSE KETONE CONTR.....	73
PHOSPHOLINE IODIDE.....	143	<i>polycin</i>	142	PRECISION XTRA BLOOD GLUCOSE.....	73
<i>phosphorous</i>	78	<i>polyethylene glycol 3350 oral powder</i>	101	PRED FORTE.....	142
<i>phospho-trin 250 neutral</i>	78	<i>polyethylene glycol 3350-grx oral powder</i>	101	<i>prednisolone acetate ophthalmic</i>	142
PHOSPHO-TRIN K500.....	78	<i>poly-iron 150</i>	78	PREDNISOLONE ACETATE P-F.....	142
<i>phytonadione oral</i>	81	<i>polymyxin b-trimethoprim</i>	142		
PIFELTRO.....	43	<i>polysaccharide iron complex</i>	78		
<i>pilocarpine hcl ophthalmic</i>	143	<i>polysaccharide-iron complex</i>	79		
<i>pilocarpine hcl oral tablet 5 mg</i>	61	POLYSPORIN.....	137		
<i>pilocarpine hcl oral tablet 7.5 mg</i>	61	<i>polyvinyl alcohol ophthalmic</i>	146		
PILOT COVID-19 AT-HOME TEST.....	137	POLY-VI-SOL.....	185		
<i>pimecrolimus</i>	66	POLY-VITE PEDIATRIC.....	185		
		POMALYST.....	34		
		PONVORY.....	140		

<i>prednisolone oral solution</i>	108	PREVNAR 13.....	125	<i>propranolol hcl er</i>	54
<i>prednisolone sodium phosphate ophthalmic</i>	142	PREVNAR 20.....	125	<i>propranolol hcl oral solution 20 mg/5ml</i>	54
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	108	PREZCOBIX.....	45	<i>propranolol hcl oral solution 40 mg/5ml</i>	54
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	108	PREZISTA.....	137	<i>propranolol hcl oral tablet</i>	54
<i>prednisone oral solution</i>	108	PRIFTIN.....	33	<i>propylthiouracil oral</i>	121
<i>prednisone oral tablet</i>	109	<i>primaquine phosphate</i>	37	PROQUAD.....	124
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	109	<i>primidone oral tablet 250 mg, 50 mg</i>	24	PROVENTIL HFA.....	154
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	109	PRIORIX.....	124	PROXIVOL.....	16
<i>pregabalin oral</i>	60	PRISTIQ.....	26	<i>pseudoephedrine hcl 12 hr</i>	177
PREGNYL.....	109	PROAIR RESPICLICK.....	154	<i>pseudoephedrine hcl er</i>	178
PREHEVBRIO.....	124	<i>probenecid</i>	31	<i>pseudoephedrine hcl oral tablet 30 mg</i>	178
PREMARIN ORAL.....	116	PROBIOMAX SERENITY.....	97	<i>pseudoephedrine-bromphen-dm</i>	161
PREMARIN VAGINAL.....	116	<i>probiotic blend</i>	97	<i>pseudoephedrine-guaifenesin er</i>	178
PREMPHASE.....	116	<i>probiotic colon care</i>	97	PULMICORT FLEXHALER.....	153
PREMPRO.....	116	<i>probiotic complex</i>	97	PULMICORT SUSPENSION.....	153
<i>prenatal formula oral tablet 28-0.8 mg</i>	81	<i>probiotic extra strength</i>	97	PULMOSAL.....	178
<i>prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	185	<i>probiotic maximum strength</i>	97	PULMOZYME.....	155
<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	81	<i>probiotic oral capsule</i>	97	<i>pure & gentle lubricant</i>	146
<i>prenatal multi+dha</i>	81	<i>probiotic oral capsule 250 mg</i>	97	<i>purelax oral powder</i>	101
<i>prenatal multivitamins</i>	81	<i>probiotic pearls ex st</i>	97	PURIXAN.....	34
<i>prenatal oral tablet 27-0.8 mg</i>	81	<i>prochlorperazine</i>	28	PYLERA.....	86
<i>prenatal oral tablet 27-1 mg</i>	82	<i>prochlorperazine maleate oral</i>	28	<i>pyrazinamide oral</i>	33
<i>prenatal oral tablet 28-0.8 mg</i>	82	PROCRIT.....	51	PYRIDIDIUM.....	108
<i>prenatal vitamins</i>	82	PROCTOFOAM HC.....	67	<i>pyridostigmine bromide er</i>	32
<i>prenatal iron</i>	82	<i>procto-med hc</i>	126	<i>pyridostigmine bromide oral solution</i>	32
PREPARATION H EXTERNAL CREAM 1%.....	66	<i>proctosol hc</i>	126	<i>pyridostigmine bromide oral tablet 60 mg</i>	32
PREVACID 24HR.....	88	<i>proctozone-hc</i>	126	<i>pyridoxine hcl oral</i>	186
<i>prevalite oral powder</i>	57	<i>progesterone oral</i>	118	<i>pyrimethamine oral</i>	37
PREVIDENT.....	74	PROLENSA.....	142	QELBREE.....	46
PREVIDENT 5000 DRY MOUTH.....	74	PROMACTA.....	51	QNASL.....	153
PREVIDENT 5000 PLUS.....	75	<i>promethazine hcl oral</i>	28	QNASL CHILDRENS.....	153
		<i>promethazine hcl rectal</i>	28	QTERN.....	47
		<i>promethazine vc</i>	157	QUADRACEL INTRAMUSCULAR SUSPENSION.....	124
		<i>promethazine vc/codeine</i>	177	<i>quazepam</i>	46
		<i>promethazine-codeine oral solution</i>	177	<i>quetiapine fumarate</i>	40
		<i>promethazine-dm</i>	177	<i>quetiapine fumarate er</i>	40
		<i>promethegan</i>	28	QUICKVUE AT-HOME COVID-19 TEST...	137
		PRONUTRIENTS VITAMIN D3.....	82	<i>quinapril hcl</i>	53
		<i>propafenone hcl</i>	53		

<i>quinapril-hydrochlorothiazide</i>	56	RELISTOR.....	85	RISAQUAD.....	97
<i>quinidine gluconate er</i>	53	RELPAK.....	32	RISAQUAD-2.....	97
<i>quinidine sulfate</i>	53	RELYVRIO.....	137	RISPERDAL CONSTA.....	41
QUINTET CONTROL HIGH/NORMAL.....	73	<i>rena-vite</i>	82	RISPERDAL ORAL SOLUTION.....	41
<i>quit2</i>	18	<i>renewal soothing bath</i>	69	RISPERDAL ORAL TABLET.....	41
<i>quit4</i>	18	<i>repaglinide</i>	47	<i>risperidone microspheres er</i>	41
QULIPTA.....	31	REPATHA.....	57	<i>risperidone oral solution</i>	41
QUVIVIQ.....	137	REPHRESH PRO-B.....	97	<i>risperidone oral tablet</i>	41
QVAR REDIHALER.....	153	<i>rest simply</i>	182	<i>risperidone oral tablet dispersible</i>	41
<i>radiance platinum vitamin d3</i>	82	RESTASIS.....	141	<i>ritonavir</i>	45
RADICAVA ORS.....	60	RESTASIS MULTIDOSE.....	141	<i>rivastigmine</i>	25
RADICAVA ORS STARTER KIT.....	60	RESTORA.....	97	<i>rivastigmine tartrate</i>	25
<i>raloxifene hcl</i>	118	<i>restore plus lubricant eye</i>	146	<i>rizatriptan benzoate</i>	32
<i>ramelteon</i>	181	<i>restore pm</i>	146	ROBAFEN CF MULTI-SYMPTOM COLD..	164
<i>ramipril</i>	53	RESTORIL.....	181	ROBITUSSIN 12 HOUR COUGH.....	178
<i>ranolazine er</i>	56	RETACRIT.....	51	ROBITUSSIN 12 HOUR COUGH CHILD..	178
RASUVO.....	123	RETEVMO.....	139	ROBITUSSIN COUGH+CHEST CONG	
RAVICTI.....	106	RETIN-A EXTERNAL CREAM.....	62	DM ORAL LIQUID 20-400 MG/20ML.....	178
RAYALDEE.....	126	RETIN-A EXTERNAL GEL.....	62	ROBITUSSIN PEAK COLD MULTI-SYM..	164
<i>react</i>	119	RETIN-A MICRO GEL 0.04 %, 0.1 %.....	62	ROCKLATAN.....	141
<i>ready-to-use enema rectal enema</i>	97	RETIN-A MICRO PUMP EXTERNAL GEL		<i>ropinirole hcl</i>	39
REBIF.....	61	0.06 %.....	62	<i>rosuvastatin calcium</i>	57
REBIF REBIDOSE.....	61	RETIN-A MICRO PUMP EXTERNAL GEL		ROTARIX.....	124
REBIF REBIDOSE TITRATION PACK.....	61	0.08 %.....	62	ROTATEQ.....	124
REBIF TITRATION PACK.....	61	REVATIO ORAL.....	156	<i>roweepra</i>	23
<i>reclipsen</i>	116	REVLIMID.....	34	ROXYBOND ORAL TABLET ABUSE-	
RECOMBIVAX HB.....	124	REXULTI.....	40	DETERRENT 15 MG, 30 MG, 5 MG.....	6
RECTIV.....	58	REYATAZ ORAL CAPSULE.....	45	ROZEREM.....	181
<i>refenesen 400</i>	161	REYATAZ ORAL PACKET.....	45	ROZLYTREK ORAL CAPSULE.....	35
REFRESH LACRI-LUBE.....	146	REYVOW.....	32	ROZLYTREK PACKET 50 MG ORAL.....	35
REFRESH PLUS.....	146	REZVOGLAR KWIKPEN.....	50	RUBRACA.....	35
REFRESH TEARS.....	146	RHOFADE.....	62	RUCONEST.....	121
REHYDRALYTE.....	79	RHOPRESSA.....	143	<i>rufinamide</i>	25
RELENZA DISKHALER.....	45	<i>ribavirin oral</i>	42	RYALTRIS.....	137
RELEUKO.....	51	<i>rifabutin</i>	33	RYBELSUS.....	47
RELEXXII ORAL TABLET EXTENDED		<i>rifampin oral</i>	33	RYDAPT.....	35
RELEASE 18 MG, 27 MG, 36 MG, 54 MG..	59	<i>riluzole</i>	60	<i>rynex dm</i>	178
<i>relief eye drops</i>	146	<i>rimantadine hcl</i>	45	<i>rynex pe</i>	178
RELION TRUE METRIX TEST STRIPS.....	73	RINVOQ.....	122	<i>rynex pse</i>	178

RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG.....	39	<i>senna oral tablet</i>	104	<i>simethicone oral tablet chewable</i>	98
RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG.....	39	<i>senna plus oral tablet</i>	104	<i>simethicone ultra strength</i>	98
<i>saccharomyces boulardii</i>	97	<i>senna s</i>	104	<i>simliya</i>	116
SAFYRAL.....	116	<i>senna smooth</i>	104	<i>simpesse</i>	116
SAIZEN.....	109	<i>senna-docusate sodium</i>	104	SIMPLY SLEEP.....	182
<i>sajazir</i>	121	<i>senna-lax</i>	104	SIMPONI.....	123
<i>saline enema</i>	97	<i>senna-plus</i>	104	<i>simvastatin oral</i>	57
<i>saline mist spray</i>	161	<i>senna-s oral tablet 8.6-50 mg</i>	105	SINEMET.....	39
<i>saline nasal spray</i>	161	<i>senna-tabs</i>	105	SINGULAIR.....	153
<i>salsalate oral</i>	15	<i>senna-time</i>	105	<i>sinus 12 hour</i>	178
SANCUSO.....	28	<i>senna-time s</i>	105	<i>sinus 12-hour</i>	178
SANTYL.....	67	<i>sennazon</i>	105	<i>sinus congestion max strength</i>	178
SAPHRIS.....	41	SENOKOT.....	105	<i>sinus nasal spray</i>	178
<i>sapropterin dihydrochloride</i>	106	SENOKOT S.....	105	<i>sinus pe decongestant</i>	161
SAVAYSA.....	50	SENTIA.....	146	<i>sinus relief extra strength</i>	161
<i>saxagliptin hcl</i>	47	SEREVENT DISKUS.....	154	<i>sinus/congestion relief pe</i>	162
<i>sb arthritis pain relief</i>	14	SEROQUEL.....	41	<i>sirolimus oral solution</i>	123
<i>sb docusate sodium/senna</i>	104	SEROQUEL XR.....	41	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	123
<i>sb lice killing max st</i>	38	<i>sertraline hcl oral concentrate</i>	26	<i>sirolimus oral tablet 2 mg</i>	123
<i>sb mucus relief</i>	161	<i>sertraline hcl oral tablet</i>	26	SIRTURO.....	33
<i>sb pain reliever childrens</i>	14	<i>setlakin</i>	116	SKYRIZI PEN.....	122
<i>scalp relief external liquid 3 %</i>	137	<i>sevelamer carbonate oral tablet</i>	79	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE.....	137
SCEMBLIX.....	37	<i>sf</i>	75	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	122
SCRUB CARE POVIDONE-IODINE.....	22	<i>sf 5000 plus</i>	75	SKYTROFA.....	109
SEGLENTIS.....	7	SFROWASA.....	125	<i>sleep aid (diphenhydramine)</i>	182
SEGLUROMET.....	48	<i>sharobel</i>	118	<i>sleep aid nighttime</i>	182
<i>selegiline hcl oral</i>	39	SHINGRIX.....	124	<i>sleep aid oral tablet 25 mg</i>	182
<i>selenium sulfide external lotion</i>	66	SIGNIFOR.....	120	<i>sleep tabs</i>	182
SELZENTRY ORAL SOLUTION.....	44	SIKLOS.....	51	SLO-NIACIN.....	82
SEMGLEE (YFGN).....	49	<i>siladryl allergy</i>	153	<i>smooth antacid ex st oral tablet chewable</i> <i>750 mg</i>	98
<i>senexon-s</i>	104	<i>sildenafil citrate oral suspension</i> <i>reconstituted</i>	156	<i>smooth antacid extra st</i>	98
<i>senior probiotic</i>	97	<i>sildenafil citrate oral tablet 20 mg</i>	156	<i>smooth antacid extra strength</i>	98
<i>senna lax</i>	104	SILENOR.....	181	<i>smooth lax oral powder</i>	101
<i>senna laxative</i>	104	SILIQ.....	122	SOANZ ORAL TABLET 20 MG.....	56
<i>senna oral liquid</i>	104	<i>siltussin sa</i>	161	<i>sod chloride hypertonicity</i>	146
<i>senna oral syrup</i>	104	<i>silver sulfadiazine external</i>	67		
		SIMBRINZA.....	143		
		<i>simethicone oral capsule</i>	97		

<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	79	SORILUX.....	67	<i>stomach relief plus</i>	99
<i>sodium bicarbonate oral tablet</i>	98	<i>sotalol hcl (af)</i>	53	<i>stomach relief ultra oral suspension 525 mg/15ml</i>	99
<i>sodium chloride (hypertonic) ophthalmic ointment</i>	146	<i>sotalol hcl oral</i>	53	<i>stool softener laxative oral capsule</i>	105
<i>sodium chloride (hypertonic) ophthalmic solution</i>	146	SOTYKTU.....	137	<i>stool softener oral capsule 100 mg</i>	105
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>	178	SOVALDI.....	42	<i>stool softener oral capsule 240 mg</i>	105
<i>sodium chloride inhalation nebulization solution 3 %</i>	179	SPEEDY SWAB COVID-19 ANTIGEN.....	137	<i>stool softener oral capsule 250 mg</i>	105
<i>sodium chloride inhalation nebulization solution 7 %</i>	179	SPIKEVAX.....	137	<i>stool softener oral capsule 50 mg</i>	105
<i>sodium chloride ophthalmic ointment 5 %</i> ..	146	<i>spinosad</i>	67	<i>stool softener pls laxative</i>	105
<i>sodium chloride ophthalmic solution 5 %</i> ...	146	SPIRIVA HANDIHALER.....	154	<i>stool softener plus laxative</i>	105
<i>sodium fluoride 5000 plus</i>	75	SPIRIVA RESPIMAT.....	154	<i>stool softener/laxative</i>	105
<i>sodium fluoride 5000 ppm dental cream</i>	75	<i>spironolactone oral tablet</i>	56	<i>stool softener/laxative oral tablet</i>	105
<i>sodium fluoride dental cream</i>	75	<i>spironolactone-hctz</i>	56	STRENSIQ.....	106
<i>sodium fluoride dental gel</i>	75	SPRAVATO (84 MG DOSE).....	26	<i>stress formula/iron</i>	185
<i>sodium fluoride oral solution</i>	75	<i>sprintec 28</i>	116	STRIBILD.....	43
<i>sodium fluoride oral tablet chewable</i>	75	SPRYCEL.....	139	STRIVE DUAL ZONE PEAK FLOW MTR..	137
SODIUM OXYBATE.....	181	SPS.....	80	STRIVERDI RESPIMAT.....	154
<i>sodium phenylbutyrate oral powder</i>	106	<i>sronyx</i>	116	SUBOXONE.....	16
<i>sodium sulfacetamide wash</i>	137	<i>ssd</i>	67	<i>subvenite</i>	23
SOFOSBUVIR-VELPATASVIR.....	42	<i>sss 10-5 external cream</i>	69	<i>subvenite starter kit-blue</i>	23
<i>soft glucose</i>	50	ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE.....	137	<i>subvenite starter kit-green</i>	23
<i>solifenacin succinate</i>	107	STABLEGI.....	98	<i>subvenite starter kit-orange</i>	23
SOLQUA.....	48	STEGLATRO.....	48	<i>sucralfate oral suspension</i>	87
SOLODYN.....	21	STEGLUJAN.....	48	<i>sucralfate oral tablet</i>	87
SOLOSEC.....	19	STELARA SUBCUTANEOUS.....	122	SUDAFED.....	179
<i>soluble fiber therapy</i>	105	STIMUFEND.....	137	SUDAFED PE CONGESTION ORAL TABLET 10 MG.....	162
SOMAVERT.....	120	<i>stimulant lax plus</i>	105	SUDAFED PE SINUS CONGESTION.....	162
SOMINEX.....	182	<i>stimulant laxative</i>	105	SUDAFED SINUS CONGESTION.....	179
SOOLANTRA.....	67	STIOLTO RESPIMAT.....	167	SUDAFED SINUS CONGESTION 12HR..	179
<i>soothe maximum strength</i>	98	STIVARGA.....	36	<i>sudogest 12 hour</i>	179
<i>soothe oral suspension</i>	98	<i>stomach relief extra strength</i>	98	<i>sudogest maximum strength</i>	179
<i>soothe oral tablet chewable</i>	98	<i>stomach relief max st oral suspension 525 mg/15ml</i>	98	<i>sudogest oral tablet 30 mg</i>	179
<i>sorafenib tosylate</i>	35	<i>stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml</i>	98	<i>sulfacetamide sodium external</i>	137
<i>sorbitol oral</i>	101	<i>stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	98	<i>sulfacetamide sodium ophthalmic</i>	142
		<i>stomach relief oral tablet 262 mg</i>	98	<i>sulfacetamide sodium-sulfur external cream 10-5 %</i>	69
		<i>stomach relief oral tablet chewable 262 mg</i> ..	99	<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i>	70

<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	70	SYNAGIS.....	122	<i>tarina 24 fe</i>	116
<i>sulfacetamide-prednisolone</i>	141	SYNAREL.....	120	<i>tarina fe 1/20 eq</i>	116
<i>sulfamethoxazole-trimethoprim oral</i>	21	SYNJARDY.....	48	TASIGNA.....	139
<i>sulfamez wash</i>	70	SYNJARDY XR.....	48	TASMAR.....	38
<i>sulfasalazine oral</i>	125	SYSTANE.....	146	TAVALISSE.....	52
<i>sulfatrim pediatric</i>	21	SYSTANE BALANCE.....	146	TAZORAC EXTERNAL CREAM 0.1 %.....	62
<i>sulindac oral</i>	6	SYSTANE COMPLETE.....	146	TAZORAC EXTERNAL GEL.....	62
SUMADAN WASH.....	70	SYSTANE CONTACTS.....	147	<i>taztia xt</i>	55
<i>sumatriptan nasal</i>	32	SYSTANE HYDRATION PF.....	147	TDVAX.....	124
<i>sumatriptan succinate oral</i>	32	SYSTANE NIGHTTIME.....	147	TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	61
<i>sumatriptan succinate refill</i>	32	SYSTANE PRESERVATIVE FREE.....	147	TEGRETOL ORAL SUSPENSION.....	25
<i>sumatriptan succinate subcutaneous</i>	32	SYSTANE ULTRA.....	147	TEGSEDI.....	106
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	36	SYSTANE ULTRA PF.....	147	TEKTURNA.....	56
<i>sunitinib malate oral capsule 37.5 mg</i>	36	<i>tab tussin</i>	162	<i>telmisartan</i>	52
SUNOSI.....	181	TABLOID.....	34	<i>temazepam oral capsule 15 mg, 30 mg</i>	181
<i>suphedrine 12hour</i>	179	TABRECTA.....	139	<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	181
<i>suphedrine maximum strength</i>	179	TACLONEX.....	67	<i>temozolomide oral capsule 100 mg, 140 mg</i>	33
<i>suphedrine oral tablet 30 mg</i>	179	<i>tacrolimus external ointment 0.03 %</i>	66	<i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg</i>	33
<i>suphedrine oral tablet extended release 12 hour 120 mg</i>	179	<i>tacrolimus external ointment 0.1 %</i>	66	TENCON.....	7
SUPPORT.....	185	<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	123	TENIVAC.....	124
SUPREP BOWEL PREP KIT.....	86	<i>tacrolimus oral capsule 1 mg</i>	123	<i>tenofovir disoproxil fumarate</i>	44
<i>sure result sr relief</i>	137	<i>tadalafil (pah)</i>	156	TEPMETKO.....	36
SUTAB.....	22	TADLIQ.....	156	<i>terazosin hcl</i>	107
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG.....	36	TAFINLAR ORAL CAPSULE.....	36	<i>terbinafine hcl external</i>	31
SUTENT ORAL CAPSULE 37.5 MG.....	36	TAFINLAR ORAL TABLET SOLUBLE.....	36	<i>terbinafine hcl oral</i>	29
<i>syeda</i>	116	TAGAMET HB 200.....	87	<i>terbinafine hydrochloride external cream 1 %</i>	31
SYMBICORT.....	167	TAGRISSO.....	139	<i>terconazole vaginal cream</i>	29
SYMDEKO.....	155	<i>take action</i>	119	<i>teriflunomide</i>	61
SYMFI.....	43	TAKHZYRO.....	121	TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML.....	126
SYMFI LO.....	43	TALICIA.....	86	TESTIM.....	110
SYMLINPEN 120.....	48	TALTZ.....	122	<i>testosterone cypionate intramuscular</i>	110
SYMLINPEN 60.....	48	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG.....	36	<i>testosterone enanthate intramuscular</i>	110
SYMPAZAN.....	24	TAMIFLU ORAL CAPSULE.....	45		
SYMPROIC.....	85	TAMIFLU ORAL SUSPENSION RECONSTITUTED.....	45		
SYMTUZA.....	45	<i>tamoxifen citrate oral</i>	34		
		<i>tamsulosin hcl</i>	107		
		TARCEVA.....	139		

<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	110	TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG.....	119	<i>travel ease</i>	28
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	110	TIROSINT-SOL.....	119	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG.....	140
TETANUS-DIPHThERIA TOXOIDS TD....	124	TIVICAY.....	43	<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	26
<i>tetrabenazine</i>	60	TIVICAY PD.....	43	TRECTOR.....	33
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	157	<i>tizanidine hcl oral tablet</i>	41	TRELEGY ELLIPTA.....	167
THALOMID.....	34	TOBI PODHALER.....	155	TREMFYA.....	122
<i>the magic bullet</i>	138	TOBRADEX.....	141	TRESIBA.....	49
THEO-24.....	155	TOBRADEX ST.....	141	TRESIBA FLEXTOUCH.....	49
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	155	<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	155	<i>tretinoin external cream</i>	62
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	155	<i>tobramycin ophthalmic</i>	142	<i>tretinoin oral</i>	36
<i>theophylline er oral tablet extended release 24 hour 400 mg</i>	155	<i>tobramycin-dexamethasone</i>	141	TREXALL.....	123
<i>theophylline er oral tablet extended release 24 hour 600 mg</i>	155	<i>tolcapone</i>	38	TREXIMET.....	32
<i>theophylline oral</i>	155	<i>tolnaftate antifungal external cream</i>	138	TREZIX.....	7
<i>thiamine hcl oral</i>	186	<i>tolnaftate external cream</i>	138	<i>triamcinolone acetonide external cream</i>	66
<i>thiamine mononitrate oral</i>	82	<i>tolnaftate external powder</i>	138	<i>triamcinolone acetonide external lotion 0.025 %</i>	66
THIOLA.....	107	<i>tolterodine tartrate</i>	107	<i>triamcinolone acetonide external lotion 0.1 %</i>	66
THIOLA EC.....	107	<i>tolterodine tartrate er</i>	107	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	66
<i>thioridazine hcl oral</i>	40	TOPAMAX.....	23	<i>triamcinolone acetonide mouth/throat</i>	61
<i>thiothixene</i>	40	TOPAMAX SPRINKLE.....	23	<i>triamcinolone acetonide nasal</i>	167
THRIVE.....	18	<i>topiramate oral capsule sprinkle</i>	23	TRIAMINIC ALLERCHEWS.....	166
<i>tiadylt er</i>	55	<i>topiramate oral tablet</i>	23	<i>triamterene-hctz</i>	56
<i>tiagabine hcl</i>	24	<i>toremifene citrate</i>	34	<i>triazolam</i>	181
TIBSOVO.....	36	<i>torseamide</i>	56	TRICOR.....	57
TIKOSYN.....	53	<i>total allergy</i>	153	<i>triderm</i>	66
<i>tilia fe</i>	116	<i>total allergy medicine</i>	153	<i>tri-estarylla</i>	116
<i>timolol maleate ophthalmic solution</i>	143	TOUJEO MAX SOLOSTAR.....	49	<i>trifluoperazine hcl</i>	40
TIMOPTIC OCUDOSE.....	143	TOUJEO SOLOSTAR.....	49	<i>trifluridine</i>	142
TINACTIN EXTERNAL CREAM.....	138	TOVIAZ.....	107	<i>trihexyphenidyl hcl</i>	38
<i>tinidazole oral tablet 250 mg</i>	19	TRACLEER.....	156	TRIJARDY XR.....	48
<i>tinidazole oral tablet 500 mg</i>	19	TRADJENTA.....	48	TRIKAFTA ORAL TABLET THERAPY PACK.....	155
		<i>tramadol hcl oral tablet 50 mg</i>	7	TRIKAFTA ORAL THERAPY PACK.....	155
		<i>trandolapril</i>	53	<i>tri-legest fe</i>	116
		<i>tranexamic acid oral</i>	51	<i>tri-linyah</i>	116
		<i>tranylcypromine sulfate</i>	26		
		TRAVATAN Z.....	140		

TRILIPIX.....	57	TRUE VITAMIN D3 ORAL CAPSULE 125	125	<i>tussin cough oral syrup</i>	162
<i>tri-lo-estarylla</i>	116	MCG (5000 UT), 25 MCG (1000 UT).....	82	<i>tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	179
<i>tri-lo-marzia</i>	116	TRUE VITAMIN D3 ORAL CAPSULE 250		<i>tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	180
<i>trimethobenzamide hcl oral</i>	28	MCG (10000 UT).....	82	<i>tussin cough/chest dm max oral liquid 20-400 mg/20ml</i>	180
<i>trimethoprim oral</i>	19	TRUE VITAMIN D3 ORAL TABLET 10		<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	180
<i>tri-mili</i>	117	MCG (400 UNIT).....	82	<i>tussin dm cough/chest cong</i>	180
TRINTELLIX.....	26	TRUE VITAMIN D3 ORAL TABLET 125		<i>tussin dm cough/chest oral syrup 10-100 mg/5ml</i>	180
<i>tri-nymyo</i>	117	MCG (5000 UT).....	82	<i>tussin dm max</i>	180
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	22	TRUE VITAMIN D3 ORAL TABLET 25		<i>tussin dm max adult</i>	180
<i>triple antibiotic original</i>	22	MCG (1000 UT).....	83	<i>tussin dm max daytime</i>	180
TRIPTODUR.....	120	TRUE VITAMIN E ORAL CAPSULE 450		<i>tussin dm max st</i>	180
<i>tri-sprintec</i>	117	MG, 90 MG.....	186	<i>tussin dm oral syrup 100-10 mg/5ml</i>	180
TRIUMEQ.....	44	TRUECONTROL GLUCOSE CONT LEV 0.73	73	<i>tussin expectorant adult</i>	162
TRIUMEQ PD.....	44	TRUECONTROL GLUCOSE CONT LEV 1.73	73	<i>tussin maximum strength oral syrup 15 mg/5ml</i>	162
<i>tri-vite pediatric</i>	82	TRUELYTE.....	79	<i>tussin mucus & chest cong</i>	162
<i>trivora (28)</i>	117	TRUEPLUS GLUCOSE ON THE GO.....	50	<i>tussin mucus & chest congest</i>	162
<i>tri-vylibra</i>	117	TRUEPLUS GLUCOSE ORAL TABLET		<i>tussin mucus/congestion</i>	162
<i>tri-vylibra lo</i>	117	CHEWABLE.....	50	<i>tussin mucus+chest congest</i>	163
TROKENDI XR.....	23	TRULANCE.....	85	<i>tussin mucus+chest congestion</i>	163
<i>tropium chloride</i>	107	TRULICITY.....	48	<i>tussin multi-symptom cold cf</i>	164
TRUE FERROUS SULFATE.....	79	TRUMENBA.....	124	<i>tussin oral liquid 100 mg/5ml</i>	163
TRUE FOLIC ACID ORAL TABLET 1 MG.....	138	TRUVADA.....	44	TWINRIX.....	124
TRUE FOLIC ACID ORAL TABLET 400		TUMS.....	99	TYBLUME.....	117
MCG.....	138	TUMS CHEWY BITES.....	99	TYBOST.....	44
TRUE MAGNESIUM OXIDE.....	79	TUMS E-X 750.....	99	TYLENOL FOR CHILDREN + ADULTS.....	15
TRUE VITAMIN A ORAL CAPSULE 8000		TUMS EXTRA STRENGTH 750.....	99	TYLENOL ORAL SUSPENSION 160	
UNIT.....	82	TUMS LASTING EFFECTS.....	99	MG/5ML.....	15
TRUE VITAMIN B1 ORAL TABLET 100		TUMS SMOOTHIES.....	99	TYLENOL ORAL TABLET 325 MG, 500	
MG.....	82	TUMS ULTRA 1000.....	99	MG.....	15
TRUE VITAMIN B3 ORAL TABLET 100		TURALIO.....	139	TYLENOL ORAL TABLET CHEWABLE	
MG, 250 MG, 50 MG.....	82	<i>turqoz</i>	117	160 MG.....	15
TRUE VITAMIN B6 ORAL TABLET 100		<i>tusnel-ex</i>	162		
MG, 25 MG, 50 MG.....	186	<i>tussin adult chest congest</i>	162		
TRUE VITAMIN C.....	185	<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	179		
TRUE VITAMIN D3 ORAL CAPSULE 1.25		<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	164		
MG (50000 UT).....	82	<i>tussin chest congestion oral liquid 100 mg/5ml</i>	162		
TRUE VITAMIN D3 ORAL CAPSULE 10		<i>tussin cough dm sugar free</i>	179		
MCG (400 UNIT).....	82	<i>tussin cough long acting</i>	162		

TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG.....	15	<i>vancomycin hcl oral solution reconstituted 25 mg/ml.....</i>	19	VIBERZI.....	85
TYMLOS.....	126	VANDAZOLE.....	19	VICTOZA.....	48
TYRVAYA.....	141	VAPORIZER WARM STEAM.....	138	<i>vienna.....</i>	117
TYVASO DPI MAINTENANCE KIT.....	156	VAQTA.....	124	<i>vigabatrin oral packet.....</i>	24
TYVASO DPI TITRATION KIT.....	156	<i>varenicline tartrate.....</i>	17	<i>vigadrone oral packet.....</i>	24
UBRELVY.....	32	<i>varenicline tartrate (starter).....</i>	17	VIGAMOX.....	142
UCERIS.....	126	<i>varenicline tartrate(continue).....</i>	17	<i>vigpoder.....</i>	24
UDENYCA.....	51	VARIVAX.....	124	VIIBRYD.....	26
UDENYCA ONBODY.....	51	VASCEPA.....	57	VIMPAT ORAL.....	25
<i>ultra calcium + vitamin d3.....</i>	79	VAXELIS.....	138	VIOKACE.....	106
<i>ultra fresh.....</i>	147	VAXNEUVANCE.....	124	<i>viorele.....</i>	117
<i>ultra fresh pm.....</i>	147	VECTICAL.....	67	VIRACEPT.....	45
<i>ultra lubricant drop.....</i>	147	<i>vegetable lax+stool softener.....</i>	105	VIREAD ORAL POWDER.....	44
<i>ultra lubricating eye drops.....</i>	147	<i>vegetable laxative.....</i>	105	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	44
<i>ultra lubricating eye drops pf.....</i>	147	<i>velivet.....</i>	117	VISBIOME HIGH POTENCY ORAL CAPSULE.....	99
<i>unithroid.....</i>	119	VELPHORO.....	79	VISINE.....	147
UPTRAVI ORAL.....	156	VELTASSA.....	80	<i>vit c/rose hips.....</i>	185
<i>urea 20 intensive hydrating.....</i>	70	VELTIN EXTERNAL GEL 1.2-0.025 %.....	62	<i>vitachew multiple vitamin.....</i>	138
<i>urea external cream 10 %.....</i>	70	VENCLEXTA.....	36	<i>vitachew vitamin d3.....</i>	83
<i>urea external cream 20 %.....</i>	70	VENCLEXTA STARTING PACK.....	36	<i>vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut).....</i>	83
<i>urea external lotion 10 %.....</i>	70	<i>venlafaxine hcl.....</i>	26	<i>vitamin b complex oral capsule.....</i>	83
<i>urea external lotion 40 %.....</i>	70	<i>venlafaxine hcl er oral capsule extended release 24 hour.....</i>	26	<i>vitamin b complex w/b-12.....</i>	83
<i>ureacin-10.....</i>	70	VENTIVA TEARS.....	147	<i>vitamin b1.....</i>	186
<i>ureacin-20.....</i>	70	VENTOLIN HFA.....	154	<i>vitamin b-1 oral tablet 100 mg.....</i>	83
<i>urinary pain relief oral tablet 95 mg.....</i>	108	<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg.....</i>	55	<i>vitamin b-1 oral tablet 250 mg.....</i>	186
<i>ursodiol oral capsule 300 mg.....</i>	86	<i>verapamil hcl er oral tablet extended release.....</i>	55	<i>vitamin b-12 er oral tablet extended release 1000 mcg.....</i>	186
<i>ursodiol oral tablet.....</i>	86	<i>verapamil hcl oral.....</i>	55	<i>vitamin b12 oral tablet extended release 1000 mcg.....</i>	186
VAGIFEM.....	117	VERKAZIA.....	141	<i>vitamin b-12 tr oral tablet extended release 1000 mcg.....</i>	186
<i>valacyclovir hcl oral.....</i>	42	VERQUVO.....	58	<i>vitamin b-6.....</i>	186
<i>valganciclovir hcl oral tablet.....</i>	41	VERSACLOZ.....	41	<i>vitamin b-6 er.....</i>	186
<i>valproic acid oral.....</i>	23	VERZENIO.....	36	<i>vitamin c cr oral tablet extended release 500 mg.....</i>	185
<i>valsartan oral tablet.....</i>	52	VESICARE.....	107		
VALTOCO 10 MG DOSE.....	24	<i>vestura.....</i>	117		
VALTOCO 15 MG DOSE.....	24	VFEND.....	29		
VALTOCO 20 MG DOSE.....	24				
VALTOCO 5 MG DOSE.....	24				
VANCOCIN ORAL CAPSULE 250 MG.....	19				

<i>vitamin c er oral tablet extended release</i>	<i>vitamin d3 oral tablet chewable 10 mcg</i>	<i>wart remover maximum strength external</i>
1500 mg..... 185	(400 unit)..... 84	<i>liquid</i> 138
<i>vitamin c oral liquid 500 mg/5ml</i> 185	<i>vitamin d3 oral tablet chewable 25 mcg</i>	<i>weekly-d</i> 84
<i>vitamin c oral tablet 1000 mg, 250 mg</i> 185	(1000 ut)..... 84	WELLBUTRIN XL..... 26
<i>vitamin c oral tablet 500 mg</i> 185	<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i> .. 84	<i>wera</i> 117
<i>vitamin c oral tablet chewable 100 mg, 250</i>	<i>vitamin e natural</i> 186	<i>wes-phos 250 neutral</i> 79
<i>mg</i> 185	<i>vitamin e oral capsule 134 mg (200 unit),</i>	WESTAB PLUS..... 84
<i>vitamin c oral tablet chewable 500 mg</i> 185	<i>45 mg (100 unit), 450 mg (1000 ut), 90 mg</i>	WIDE-SEAL DIAPHRAGM 60..... 138
<i>vitamin clacerola</i> 185	<i>(200 unit)</i> 186	WIDE-SEAL DIAPHRAGM 65..... 138
<i>vitamin clrose hips</i> 185	<i>vitamin e oral capsule 268 mg (400 unit)</i> ... 186	WIDE-SEAL DIAPHRAGM 70..... 138
<i>vitamin clrose hips oral tablet 1000 mg</i> 185	<i>vitamin-b complex</i> 84	WIDE-SEAL DIAPHRAGM 75..... 138
<i>vitamin c-rose hips</i> 185	<i>vitamins complete childrens</i> 185	WIDE-SEAL DIAPHRAGM 80..... 138
<i>vitamin c-rose hips oral tablet</i> 185	VITRAKVI..... 36	WIDE-SEAL DIAPHRAGM 85..... 138
<i>vitamin d (cholecalciferol) oral tablet 10</i>	VIVELLE-DOT..... 117	WIDE-SEAL DIAPHRAGM 90..... 138
<i>mcg (400 unit)</i> 83	VIVJOA..... 138	WIDE-SEAL DIAPHRAGM 95..... 138
<i>vitamin d (cholecalciferol) oral tablet 25</i>	VIZIMPRO..... 139	WINLEVI..... 138
<i>mcg (1000 ut)</i> 83	VOGELXO..... 110	<i>wixela inhub</i> 167
<i>vitamin d (ergocalciferol) oral capsule 1.25</i>	<i>volnea</i> 117	<i>womans laxative</i> 138
<i>mg (50000 ut), 50000 unit</i> 185	VOQUEZNA DUAL PAK..... 138	<i>womens gentle laxative</i> 138
<i>vitamin d oral capsule 25 mcg (1000 ut)</i> 83	VOQUEZNA TRIPLE PAK..... 84	<i>womens laxative</i> 138
<i>vitamin d oral liquid</i> 83	<i>voriconazole oral tablet</i> 29	<i>womens prenatal+dha</i> 84
<i>vitamin d oral tablet chewable 10 mcg (400</i>	VOSEVI..... 42	<i>wymzya fe</i> 117
<i>unit)</i> 83	VOTRIENT..... 139	XALATAN..... 140
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i> .. 83	VRAYLAR..... 41	XALKORI..... 139
<i>vitamin d3 oral capsule 1000 unit, 25 mcg</i>	VTAMA..... 138	XARELTO..... 50
<i>(1000 ut)</i> 83	VUMERITY..... 61	XARELTO STARTER PACK..... 50
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> .. 83	<i>vyfemla</i> 117	XCOPRI..... 23
<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i> .. 83	<i>vylibra</i> 117	XCOPRI (250 MG DAILY DOSE)..... 23
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i> 83	VYNDAMAX..... 106	XCOPRI (350 MG DAILY DOSE)..... 23
<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i> ... 84	VYNDAQEL..... 106	XELJANZ..... 122
<i>vitamin d3 oral capsule 50 mcg, 50 mcg</i>	VYTORIN..... 57	XELJANZ XR..... 122
<i>(2000 ut)</i> 84	VYVANSE ORAL CAPSULE..... 59	XELPROS..... 140
<i>vitamin d3 oral liquid 10 mcg/ml</i> 84	VYVANSE ORAL TABLET CHEWABLE..... 59	XENAZINE..... 60
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i> 84	VYZULTA..... 140	XEPI..... 68
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i> 84	WAKIX..... 181	XERAC AC..... 70
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i> 84	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2</i>	XHANCE..... 153
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i> 84	<i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i> 50	XIFAXAN..... 19
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i> 84	<i>warfarin sodium oral tablet 6 mg</i> 50	XIGDUO XR ORAL TABLET EXTENDED
	<i>wart remover external liquid 17 %</i> 138	RELEASE 24 HOUR 10-1000 MG..... 48

XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG.....	48	ZADITOR.....	148	ZONEGRAN.....	25
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG.....	48	<i>zafemy</i>	117	<i>zonisamide oral</i>	25
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG.....	48	<i>zafirlukast</i>	153	ZORYVE EXTERNAL CREAM.....	138
XIIDRA.....	141	<i>zaleplon</i>	181	ZOSTRIX HP.....	138
XOFLUZA (40 MG DOSE).....	45	ZANAFLEX.....	41	<i>zovia 1/35 (28)</i>	117
XOFLUZA (80 MG DOSE).....	45	ZARXIO.....	51	ZUBSOLV.....	16
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	122	ZAVESCA.....	106	<i>zumandimine</i>	117
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.....	122	ZEASORB-AF.....	31	ZYCLARA.....	67
XOPENEX HFA.....	154	ZEGALOGUE.....	108	ZYDELIG.....	36
XOSPATA.....	139	ZEJULA.....	36	ZYFLO.....	153
XPECT.....	163	ZELAC.....	99	ZYKADIA.....	37
XPHOZAH ORAL TABLET 20 MG.....	138	ZELBORAF.....	36	ZYLET.....	141
XPOVIO (100 MG ONCE WEEKLY).....	34	<i>zenatane</i>	62	ZYPITAMAG.....	57
XPOVIO (40 MG ONCE WEEKLY).....	34	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT.....	106	ZYPREXA ORAL.....	41
XPOVIO (40 MG TWICE WEEKLY).....	34	ZEPATIER.....	42	ZYPREXA ZYDIS.....	41
XPOVIO (60 MG ONCE WEEKLY).....	34	ZEPOSIA.....	61	ZYRTEC ALLERGY ORAL TABLET.....	153
XPOVIO (80 MG ONCE WEEKLY).....	34	ZEPOSIA 7-DAY STARTER PACK.....	61	ZYRTEC-D ALLERGY & CONGESTION... ZYRTEC-D ALLERGY & SINUS.....	164 164
XTAMPZA ER.....	6	ZETONNA.....	153	ZYTIGA.....	34
XTANDI.....	34	ZIANA.....	62		
<i>xulane</i>	117	<i>zidovudine</i>	44		
XULTOPHY.....	48	ZIEXTENZO.....	51		
XYOSTED.....	110	ZIMHI.....	17		
XYREM.....	181	<i>zinc gluconate</i>	79		
XYWAV.....	180	<i>zinc gluconate oral tablet 50 mg</i>	79		
YASMIN 28.....	117	<i>zinc oral tablet 50 mg</i>	79, 185		
YAZ.....	117	<i>zinc oxide external ointment 40 %</i>	70		
YONSA.....	138	ZIOPTAN.....	140		
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML.....	138	<i>ziprasidone hcl</i>	41		
YUPELRI.....	154	ZOCOR.....	57		
<i>yuvafem</i>	117	ZOLINZA.....	34		
		<i>zolpidem tartrate er</i>	181		
		<i>zolpidem tartrate oral tablet</i>	181		
		ZOMACTON.....	109		
		ZOMIG NASAL.....	32		