



Preferred Drug List (PDL)

New Mexico

Effective Date: 7/1/2024



United
Healthcare
Community Plan



UnitedHealthcare Community Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. In other words, 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 free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact UnitedHealthcare Community Plan at the toll-free member phone number listed on your health plan member ID card, TTY 711.

If you feel that UnitedHealthcare Community Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or email:

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail at:

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)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>



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

UnitedHealthcare Community Plan:

- Provee 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)
- Provee 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 para miembros anotado en su tarjeta de identificación como miembro del plan de salud, TTY 711.

Si usted piensa que UnitedHealthcare Community Plan no le ha brindado estos servicios o le ha tratado a usted de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo, usted puede presentar una queja por correo o correo electrónico a:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
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, electrónicamente a través del sitio para quejas de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo en:

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)

Formularios para quejas se encuentran disponibles en
<http://www.hhs.gov/ocr/office/file/index.html>

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-236-0826, TTY 711**.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-236-0826, TTY 711**.

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-877-236-0826, TTY 711**.

Vietnamese

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số **1-877-236-0826, TTY 711**.

German

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie **1-877-236-0826, TTY-Gerät 711**.

Chinese

注意：如果您說中文，您可獲得免費語言協助服務。請致電 **1-877-236-0826**，或聽障專線 (TTY) **711**。

Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم **1-877-236-0826**، الهاتف النصي **711**.

Korean

참고: 한국어를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-877-236-0826, TTY 711**로 전화하십시오.

Tagalog

ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa **1-877-236-0826, TTY 711**.

Japanese

ご注意:日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号**1-877-236-0826**、または**TTY 711**（聴覚障害者・難聴者の方用）までご連絡ください。

French

ATTENTION : Si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-877-236-0826, ATS 711**.

Italian

ATTENZIONE: se parla italiano, Le vengono messi gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero **1-877-236-0826, TTY 711**.

Russian

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел. **1-877-236-0826, TTY 711**.

Hindi

ध्यान दें: यदि आप हिन्दी भाषा बोलते हैं तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। कॉल करें **1-877-236-0826, TTY 711**.

Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات ترجمه زبان به صورت رایگان به شما ارائه خواهد شد. لطفا با شماره تلفن **1-877-236-0826, TTY 711** تماس بگیرید.

Thai

ข้อควรพิจารณา: หากท่านพูดภาษาไทย จะมีบริการให้ความช่วยเหลือด้านภาษาฟรีโดยไม่มีค่าใช้จ่าย โปรดโทรไปที่หมายเลข **1-877-236-0826, TTY 711**



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

DAYS SUPPLY DISPENSING LIMITATIONS

UnitedHealthcare Community Plan members may receive up to a 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. Certain medications may be prescribed for extended days supply, for example medications for chronic conditions, such as hypertension. Please use the Drug lookup tool for further information regarding which medications are eligible for an extended days supply.

MANDATORY GENERIC SUBSTITUTION

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

medications the physician may consider medically necessary for patient management.

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

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

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

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

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

NON-PDL DRUGS 3-DAY TEMPORARY SUPPLY OVERRIDES

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

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

QUANTITY LIMITATIONS (QL)

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

Quantity limits based on Efficient Medication Dosing

The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

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

Specialty Pharmaceutical Management Program

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

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

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

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

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

MEDICATIONS REQUIRING DIAGNOSIS

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

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

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

STEP THERAPY (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process. While lower cost PDL alternatives may be appropriate in many instances, other non- PDL alternatives are available with prior authorization (PA).

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

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

PDL SUGGESTIONS

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

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

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

EDITOR

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.

UnitedHealthcare Community Plan of New Mexico

Table of Contents

Analgesics	4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	8
Anesthetics	15
Anti-Addiction/Substance Abuse Treatment Agents	15
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	17
Antiandrogens - Hormone Suppressants	17
Antibacterials	18
Antibacterials - Drugs to Treat Bacterial Infections	21
Anticonvulsants	22
Anticonvulsants - Drugs to Treat Seizures	24
Antidementia Agents	24
Antidepressants	25
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	32
Antineoplastics	33
Antineoplastics - Drugs to Treat Cancer	36
Antineoplastics, Other - Chemotherapy Agents	36
Antiparasitics	36
Antiparasitics - Drugs to Treat Parasitic Infections	37
Antiparkinson Agents	38
Antipsychotics	39
Antispasmodics, Urinary - Bladder Control Drugs	40
Antispasticity Agents	41
Antivirals	41
Antivirals - Drugs to Treat Viral Infections	44
Anxiolytics	44
Anxiolytics - Drugs to Treat Anxiety	45
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	45
Bipolar Agents	46
Blood Glucose Regulators	46

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	57
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	68
Diabetes - Glucose Monitoring	70
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	73
Electrolytes/Minerals/Metals/Vitamins	73
Estrogens - Hormone Replacement/Modifying Drugs	86
Gastrointestinal Agents	86
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	89
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)	109
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	109
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	110
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)	111
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	119
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	120
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 (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	138
Monoclonal Antibodies - Chemotherapy Agents	139

Multiple Sclerosis Agents - Multiple Sclerosis Drugs.....	139
Ophthalmic Agents.....	140
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	143
Otic Agents.....	147
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.....	155
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	175
Skeletal Muscle Relaxants.....	175
Sleep Disorder Agents.....	175
Sleep Disorder Agents - Drugs for Sedation and Sleep.....	176
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	177

Preferred Agents

Non-Preferred Agents

Analgesics

Nonsteroidal Anti-inflammatory Drugs

ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL
 ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL
 ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL
 all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
 all day relief (generic for MEDIPROXEN) - Tier 1; QL
 celecoxib oral (generic for CELEBREX) - Tier 1; PA; QL
 diclofenac potassium oral tablet 50 mg - Tier 1; QL
 diclofenac sodium er - Tier 1; QL
 diclofenac sodium external gel 1 % (generic for ALEVE ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL
 diclofenac sodium external solution 1.5 % - Tier 1; PA; QL
 diclofenac sodium oral - Tier 1; QL
 ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL
 etodolac (generic for LODINE) - Tier 1; QL
 FLANAX (brand for all day pain relief) - Tier 2; QL
 ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
 ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ft ibuprofen oral tablet (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ft pain relief oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen (generic for IBU) - Tier 1; QL
 ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL
 FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL
 LICART - Tier 2; PA; QL
 NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA
 NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL
 NAPROSYN ORAL SUSPENSION (brand for naproxen) - Tier 2; PA; QL; AL
 NAPROSYN ORAL TABLET (brand for naproxen) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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; 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; QL

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

ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL

ketorolac tromethamine oral - Tier 1; QL

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

mediproxen (generic for MEDIPROXEN) - Tier 1; QL

meloxicam oral tablet - Tier 1; QL

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

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

MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL

Preferred Agents	Non-Preferred Agents
<p>MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL</p> <p>nabumetone oral - Tier 1; QL</p> <p>naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL</p> <p>naproxen oral suspension (generic for NAPROSYN) - Tier 1; QL; AL</p> <p>naproxen oral tablet (generic for NAPROSYN) - Tier 1; QL</p> <p>naproxen oral tablet delayed release (generic for EC-NAPROSYN) - Tier 1; QL</p> <p>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL</p> <p>oxaprozin oral tablet (generic for DAYPRO) - Tier 1; QL</p> <p>piroxicam oral - 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 - Tier 2; PA; QL</p> <p>XTAMPZA ER - Tier 2; PA; QL</p>
--	---

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

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; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Opioid Dependence Treatments -
Antidotes/Deterrents/Protectants

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL

acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

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

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

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

acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL

acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL

apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL

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

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

arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL

betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

childrens acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL

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

Preferred Agents**Non-Preferred Agents**

childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
CURANOL - Tier 2; QL
ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2
fever reducer/pain reliever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
ft pain & fever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

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

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

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

infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

infants pain/fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

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

mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL

mapap oral capsule - Tier 1; QL

MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL

MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL

migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

Preferred Agents

migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL
pain & fever child (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
pain & fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
pain & fever infants oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
pain and fever relief kids (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL
pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

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

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

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

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

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

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

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

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

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

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

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

pain reliever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

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

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

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

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
pain reliever oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL
PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL
PHARBETOL (brand for acetaminophen) - Tier 2; QL
PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL
TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL
TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL
TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL

Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs

salsalate oral - Tier 1; QL

Opioid Analgesics, Short-acting

oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Anesthetics	
Local Anesthetics	
<p><i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; PA; 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; QL</i> <i>PROXIVOL (brand for burn gel) - Tier 2; QL</i></p>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<p><i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral - Tier 1; QL</i> <i>naltrexone hcl oral - Tier 1</i></p>	
Opioid Dependence	
<p><i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; QL</i> <i>LUCEMYRA - Tier 2; QL</i> <i>ZUBSOLV - Tier 2; QL</i></p>	<p><i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL</i></p>
Opioid Reversal Agents	
<p><i>KLOXXADO - Tier 2</i> <i>naloxone hcl injection solution - Tier 1</i> <i>naloxone hcl injection solution cartridge - Tier 1</i> <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml - Tier 1</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1</i> <i>NARCAN (brand for naloxone hcl) - Tier 2</i> <i>REXTOVY - Tier 2; QL</i> <i>ZIMHI - Tier 2</i></p>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Smoking Cessation Agents**

bupropion hcl er (smoking det) - Tier 1
habitrol (generic for HABITROL) - Tier 1; QL
NICODERM CQ (brand for cvs nicotine) - Tier 2; QL
nicotine step 1 (generic for HABITROL) - Tier 1; QL
nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL
nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL
nicotine transdermal kit 21-14-7 mg/24hr - Tier 1
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL
nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL
nicotine transdermal system (generic for HABITROL) - Tier 1; QL
NICOTROL - Tier 2; QL
NICOTROL NS - Tier 2; QL
varenicline tartrate (generic for CHANTIX) - Tier 1; QL
varenicline tartrate (starter) - Tier 1; QL
varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

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

Smoking Cessation Agents - Deterrents

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

ORGOVYX - Tier 2; PA; SP; QL

Antiandrogens - Hormone Suppressants

Antineoplastics - Drugs to Treat Cancer

Preferred Agents	Non-Preferred Agents
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i>	
Antibacterials, Other	
<p><i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i></p> <p><i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i></p> <p><i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i></p> <p><i>FIRVANQ (brand for vancomycin hcl) - Tier 2; PA; QL</i></p> <p><i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; QL</i></p> <p><i>linezolid oral tablet (generic for ZYVOX) - Tier 1</i></p> <p><i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i></p> <p><i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i></p> <p><i>metronidazole oral tablet - Tier 1; QL</i></p> <p><i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i></p> <p><i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i></p> <p><i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i></p> <p><i>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; QL; AL</i></p> <p><i>tinidazole oral tablet 250 mg - Tier 1</i></p> <p><i>tinidazole oral tablet 500 mg - Tier 1; QL</i></p> <p><i>trimethoprim oral - Tier 1; QL</i></p> <p><i>vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; PA; QL</i></p> <p><i>VANDAZOLE (brand for metronidazole) - Tier 2; QL</i></p>	<p>CLINDESSE - Tier 2; PA; QL</p> <p>METROGEL (brand for metronidazole) - Tier 2; PA; QL</p> <p>NORITATE - Tier 2; PA</p> <p>NUVESSA - Tier 2; PA; QL</p> <p>SOLOSEC - Tier 2; PA; QL</p> <p>VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL</p> <p>XACIATO - Tier 2; PA; QL</p> <p>XIFAXAN - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Beta-lactam, Cephalosporins

cefaclor oral capsule - Tier 1; QL
cefadroxil - Tier 1; QL
cefdinir - Tier 1; QL
cefixime oral capsule - Tier 1; QL
cefepodoxime proxetil oral tablet - Tier 1; QL
cefprozil - Tier 1; QL
cefuroxime axetil - Tier 1; QL
cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL
cephalexin oral suspension reconstituted - Tier 1; QL

Beta-lactam, Penicillins

amoxicillin - Tier 1; QL
amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL
ampicillin - Tier 1; QL
dicloxacillin sodium - Tier 1; QL
penicillin v potassium - Tier 1; QL

Macrolides

azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL
azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL
clarithromycin er - Tier 1; QL
clarithromycin oral - Tier 1; QL
 DIFICID - Tier 2; PA; QL
E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL
ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL
erythromycin base oral (generic for ERY-TAB) - Tier 1; QL
erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL
erythromycin oral (generic for ERY-TAB) - Tier 1; QL

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; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Antibacterials - Drugs to Treat Bacterial Infections****Antibacterials, Other - Antibiotics**

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

SUTAB - Tier 2; PA

Preferred Agents

Non-Preferred Agents

Anticonvulsants

Anticonvulsants, Other

EPRONTIA - Tier 2; QL; AL
felbamate oral suspension - Tier 1; Members > = 8 years of age will require PA; QL; AL
felbamate oral tablet (generic for FELBATOL) - Tier 1; QL
 LAMICTAL XR ORAL KIT - Tier 2; QL
lamotrigine er (generic for LAMICTAL XR) - Tier 1; QL
lamotrigine oral kit (generic for LAMICTAL ODT) - 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 oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; QL
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
roweepra (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

BRIVIACT ORAL - Tier 2; PA; QL
 EPIDIOLEX - Tier 2; PA; SP; QL
 FINTEPLA - Tier 2; PA; QL
 FYCOMPA - Tier 2; PA; QL
TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG (brand for topiramate) - Tier 2; PA; QL
TOPAMAX ORAL TABLET 25 MG (brand for topiramate) - Tier 2; DX2RX; 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 (250 MG DAILY DOSE) - Tier 2; PA; QL
 XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL

 XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL
 XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</i></p> <p><i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg (generic for QUDEXY XR) - Tier 1; QL</i></p> <p><i>topiramate er oral capsule extended release 24 hour (generic for TROKENDI XR) - Tier 1; QL</i></p> <p><i>topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Members > = 8 years of age will require PA; QL; AL</i></p> <p><i>topiramate oral tablet 100 mg, 200 mg, 50 mg (generic for TOPAMAX) - Tier 1; QL</i></p> <p><i>topiramate oral tablet 25 mg (generic for TOPAMAX) - Tier 1; DX2RX; QL</i></p> <p><i>valproic acid oral - Tier 1; QL</i></p>	
<p>Calcium Channel Modifying Agents</p>	
<p><i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i></p> <p><i>methsuximide (generic for CELONTIN) - Tier 1; QL</i></p>	
<p>Gamma-aminobutyric Acid (GABA) Augmenting Agents</p>	
<p><i>clobazam (generic for ONFI) - Tier 1; PA; QL</i></p> <p><i>diazepam rectal - Tier 1; QL</i></p> <p><i>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</i></p> <p><i>gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL</i></p> <p><i>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</i></p> <p><i>NAYZILAM - Tier 2; PA; QL</i></p> <p><i>phenobarbital oral - Tier 1; QL</i></p> <p><i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i></p> <p><i>tiagabine hcl - Tier 1; PA; QL; AL</i></p> <p><i>vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL</i></p> <p><i>vigadrone oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL</i></p>	<p><i>NEURONTIN (brand for gabapentin) - Tier 2; PA; QL</i></p> <p><i>SYMPAZAN - Tier 2; PA; QL</i></p> <p><i>VALTOCO 10 MG DOSE - Tier 2; PA; QL</i></p> <p><i>VALTOCO 15 MG DOSE - Tier 2; PA; QL</i></p> <p><i>VALTOCO 20 MG DOSE - Tier 2; PA; QL</i></p> <p><i>VALTOCO 5 MG DOSE - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>vigpoder (generic for VIGADRONE) - Tier 1; PA; SP; QL</i></p>	
<p>Sodium Channel Agents</p>	
<p><i>carbamazepine er (generic for CARBATROL) - Tier 1; QL</i> <i>carbamazepine oral (generic for EPITOL) - Tier 1; QL</i> DILANTIN ORAL CAPSULE 30 MG - Tier 2 <i>epitol (generic for EPITOL) - Tier 1; QL</i> <i>lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL</i> <i>oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL</i> <i>oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL</i> OXTELLAR XR - Tier 2; QL <i>phenytek (generic for PHENYTEK) - Tier 1; QL</i> <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin oral (generic for DILANTIN) - Tier 1; QL</i> <i>phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL</i> <i>rufinamide (generic for BANZEL) - Tier 1; PA; QL</i> TEGRETOL ORAL SUSPENSION (brand for carbamazepine) - Tier 2; QL <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i></p>	<p>APTIOM - Tier 2; PA; QL <i>lacosamide oral solution 10 mg/ml (generic for VIMPAT) - Tier 1; PA; QL; AL</i> VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</p>
<p>Anticonvulsants - Drugs to Treat Seizures</p>	
<p>Anticonvulsants, Other</p>	
<p>DIACOMIT - Tier 2; PA; SP; QL</p>	
<p>Antidementia Agents</p>	
<p>Antidementia Agents, Other</p>	
<p>NAMZARIC - Tier 2; PA; QL; AL</p>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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; 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; QL; AL</i></p> <p><i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members < 18 years of age will require PA; 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; 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; QL</i></p> <p><i>memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members < 18 years of age will require PA; QL; AL</i></p>	
---	--

Antidepressants

Antidepressants, Other

<p><i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i></p> <p><i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL</i></p> <p><i>BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (brand for bupropion hcl er (xl)) - Tier 2; QL</i></p> <p><i>bupropion hcl oral - Tier 1; QL</i></p> <p><i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; QL</i></p> <p><i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL</i></p> <p><i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i></p> <p><i>mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1</i></p> <p><i>olanzapine-fluoxetine hcl (generic for SYMBYAX) - Tier 1; QL</i></p> <p><i>perphenazine-amitriptyline - Tier 1; QL</i></p>	<p><i>SPRAVATO (84 MG DOSE) - Tier 2; PA; QL</i></p> <p><i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i></p>
--	---

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Monoamine Oxidase Inhibitors

EMSAM - Tier 2; QL
 MARPLAN - Tier 2; QL
phenelzine sulfate oral (generic for NARDIL) - Tier 1; QL
tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL

SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)

CITALOPRAM HYDROBROMIDE ORAL CAPSULE - Tier 2; QL
citalopram hydrobromide oral solution - Tier 1; QL
citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL
desvenlafaxine succinate er (generic for PRISTIQ) - Tier 1; QL
escitalopram oxalate oral (generic for LEXAPRO) - Tier 1; QL
fluoxetine hcl oral (generic for PROZAC) - Tier 1; QL
fluvoxamine maleate - Tier 1; QL
fluvoxamine maleate er - Tier 1; QL
nefazodone hcl - Tier 1; QL
paroxetine hcl (generic for PAXIL) - Tier 1; QL
paroxetine hcl er (generic for PAXIL CR) - Tier 1; QL
paroxetine mesylate - Tier 1; QL
 SERTRALINE HCL ORAL CAPSULE - Tier 2; QL
sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL
sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL
trazodone hcl oral - Tier 1; QL
 TRINTELLIX - Tier 2; QL
venlafaxine hcl - Tier 1; QL
venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg - Tier 1; QL
vilazodone hcl (generic for VIIBRYD) - Tier 1; QL

FETZIMA - Tier 2; PA; QL
PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL
VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

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
imipramine pamoate - Tier 1; QL
nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL
protriptyline hcl - Tier 1; QL
trimipramine maleate oral - Tier 1; QL

Antiemetics

Antiemetics, Other

ANTIVERT ORAL TABLET CHEWABLE (brand for cvs motion sickness relief) - Tier 2
BONINE (brand for cvs motion sickness relief) - Tier 2
compro (generic for COMPRO) - Tier 1; QL
driminate (generic for DRIMINATE) - Tier 1
ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1
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 ANTIVERT) - Tier 1
metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL
metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL
motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1
motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1

Preferred Agents	Non-Preferred Agents
<p><i>motion sickness relief oral tablet chewable 25 mg (generic for ANTIVERT) - Tier 1</i></p> <p><i>motion-time (generic for ANTIVERT) - Tier 1</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 solution - Tier 1</i></p> <p><i>promethazine hcl oral tablet - 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 ANTIVERT) - Tier 1</i></p> <p><i>trimethobenzamide hcl oral - Tier 1; QL</i></p>	
<p>Emetogenic Therapy Adjuncts</p>	
<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>AKYNZEO ORAL - Tier 2; PA; QL</p> <p>EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL</p> <p>SANCUSO - Tier 2; PA; QL</p>
<p>Antiemetics - Drugs to Treat Nausea and Vomiting</p>	
<p>Antiemetics, Other - Nausea and Vomiting Drugs</p>	
<p><i>anti-nausea (generic for EMETROL) - Tier 1</i></p> <p><i>anti-nausea relief (generic for EMETROL) - Tier 1</i></p> <p><i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i></p> <p><i>nausea control (generic for EMETROL) - Tier 1</i></p> <p><i>nausea relief (generic for EMETROL) - Tier 1</i></p>	

Preferred Agents

Non-Preferred Agents

Antifungals

3 day (generic for MONISTAT 3) - Tier 1
 clotrimazole mouth/throat troche 10 mg - Tier 1; QL
 fluconazole oral (generic for DIFLUCAN) - Tier 1; QL
 ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
 ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; 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; QL
 miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
 miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
 miconazole 7 vaginal suppository 100 mg - Tier 1
 miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
 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
 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

Preferred Agents**Non-Preferred Agents****Antifungals - Drugs to Treat Fungal Infections****Antifungals - Fungal Infection Drugs**

3 day vaginal - Tier 1
3-day vaginal vaginal cream 2 % - Tier 1
antifungal external cream (generic for MICATIN) - Tier 1
antifungal external powder (generic for DESENEX) - Tier 1; QL
antifungal foot care (generic for LAMISIL AT) - Tier 1; QL
antifungal miconazole (generic for MICATIN) - Tier 1
athletes foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL
athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1
baza antifungal (generic for MICATIN) - Tier 1
clotrimazole 3 - Tier 1
clotrimazole 7 - Tier 1; QL
clotrimazole vaginal - Tier 1; QL
clotrimazole vaginal cream 1 % - Tier 1; QL
 CRITIC-AID CLEAR AF - Tier 2
CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2
DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL
DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL ft antifungal external cream 2 % (generic for MICATIN) - Tier 1 ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL micaderm (generic for MICATIN) - Tier 1 MICATIN (brand for antifungal) - Tier 2 miconazole antifungal (generic for MICATIN) - Tier 1 miconazole nitrate external cream (generic for MICATIN) - Tier 1 miconazorb af (generic for DESENEX) - Tier 1; QL MICRO GUARD (brand for antifungal) - Tier 2; QL terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL ZEASORB-AF (brand for antifungal) - Tier 2; QL</p>	
Antigout Agents	
<p>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL colchicine oral tablet - Tier 1; QL febuxostat oral tablet 80 mg (generic for ULORIC) - Tier 1; ST; QL probenecid - Tier 1; QL</p>	<p>colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL MITIGARE (brand for colchicine) - Tier 2; PA; QL</p>
Antimigraine Agents	
Ergot Alkaloids	
<p>dihydroergotamine mesylate injection - Tier 1; QL MIGERGOT - Tier 2; QL</p>	<p>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL</p>
Prophylactic	
<p>AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL</p>	<p>AIMOVIG - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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	
<i>naratriptan hcl</i> - Tier 1; ST; QL <i>rizatriptan benzoate (generic for MAXALT)</i> - Tier 1; QL <i>sumatriptan nasal</i> - Tier 1; QL <i>sumatriptan succinate oral (generic for IMITREX)</i> - Tier 1; QL <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL)</i> - Tier 1; QL <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM)</i> - Tier 1; QL	<i>FROVA (brand for frovatriptan succinate)</i> - Tier 2; PA; QL <i>IMITREX (brand for sumatriptan succinate)</i> - Tier 2; PA; QL <i>MAXALT (brand for rizatriptan benzoate)</i> - Tier 2; PA; QL <i>RELPAK (brand for eletriptan hydrobromide)</i> - Tier 2; PA; QL REYVOW - Tier 2; PA; QL <i>TREXIMET (brand for sumatriptan-naproxen sodium)</i> - Tier 2; PA; QL <i>ZOMIG NASAL (brand for zolmitriptan)</i> - Tier 2; PA; QL
Antimyasthenic Agents	
Parasympathomimetics	
<i>pyridostigmine bromide er (generic for MESTINON)</i> - Tier 1; QL <i>pyridostigmine bromide oral solution (generic for MESTINON)</i> - Tier 1; QL <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON)</i> - Tier 1; QL	
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral</i> - Tier 1; QL <i>rifabutin (generic for MYCOBUTIN)</i> - Tier 1; QL	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP MYLERAN - Tier 2 <i>temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP</i> <i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL</i>	
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; QL	XTANDI - Tier 2; PA; SP; QL <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - Tier 2; PA; SP; QL	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antiestrogens/Modifiers	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral - Tier 1; QL</i> TABLOID - Tier 2; SP	
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	
Enzyme Inhibitors	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL
 COTELLIC - Tier 2; PA; SP; QL
 DAURISMO - Tier 2; PA; SP; QL
 ERIVEDGE - Tier 2; PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL
everolimus oral tablet 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL
 IBRANCE - Tier 2; PA; SP; QL
 JAKAFI - Tier 2; PA; SP; QL
 LYNPARZA - Tier 2; PA; SP; QL
 MEKINIST - Tier 2; PA; SP; QL
 ODOMZO - Tier 2; PA; SP; QL
 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL
 PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL
 PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL
 ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL
 ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; QL
 ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; QL; AL
 RUBRACA - Tier 2; PA; SP; QL
 RYDAPT - Tier 2; PA; SP; QL
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL
 STIVARGA - Tier 2; PA; SP; QL
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; QL
sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP

AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG (brand for everolimus) - Tier 2; PA; SP; QL
AFINITOR ORAL TABLET 7.5 MG (brand for everolimus) - Tier 2; PA; SP
 BRAFTOVI - Tier 2; PA; SP; QL
 COPIKTRA - Tier 2; PA; SP; QL
 EXKIVITY ORAL CAPSULE 40 MG - Tier 2; PA; SP; QL
 KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; QL
 KOSELUGO - Tier 2; PA; SP; QL
 MEKTOVI - Tier 2; PA; SP; QL
NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (brand for sunitinib malate) - Tier 2; PA; SP; QL
SUTENT ORAL CAPSULE 37.5 MG (brand for sunitinib malate) - Tier 2; PA; SP
 TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG - Tier 2; PA; SP; QL
 TEPMETKO - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
TAFINLAR - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL	
Retinoids	
<i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP</i> <i>tretinoin oral - Tier 1; SP</i>	
Treatment Adjuncts	
<i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL</i> MESNEX ORAL - Tier 2; SP	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; PA; SP</i>	
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>ivermectin oral (generic for STROMEKTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; PA; QL</i>	EMVERM - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Antiprotozoals

atovaquone (generic for MEPRON) - Tier 1; PA; QL
atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL
 BENZNIDAZOLE - Tier 2; DX2RX; QL
chloroquine phosphate oral - Tier 1; QL
hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1; DX2RX; QL
 KRINTAFEL - Tier 2; QL
mefloquine hcl - Tier 1; QL
nitazoxanide oral (generic for ALINIA) - Tier 1; DX2RX; QL
pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1
primaquine phosphate - Tier 1
pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL
 SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; DX2RX; QL

Antiparasitics - Drugs to Treat Parasitic Infections

Pediculicides/Scabicides - Scabies and Lice Drugs

ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>	
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - Tier 1; QL</i>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	GOCOVRI - Tier 2; PA; QL NOURIANZ - Tier 2; PA; QL ONGENTYS - Tier 2; PA; QL OSMOLEX ER - Tier 2; PA; QL
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>	DUOPA - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL <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; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Antipsychotics

1st Generation/Typical

chlorpromazine hcl oral - Tier 1; QL
fluphenazine decanoate injection - Tier 1; QL
fluphenazine hcl injection - Tier 1
fluphenazine hcl oral - Tier 1; QL
haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL
haloperidol lactate oral concentrate 2 mg/ml - Tier 1; QL
haloperidol oral - Tier 1; QL
loxapine succinate - Tier 1; QL
molindone hcl oral tablet 25 mg, 5 mg - Tier 1; QL; AL
pimozide - Tier 1; QL; AL
thioridazine hcl oral - Tier 1; QL
thiothixene - Tier 1; QL
trifluoperazine hcl - Tier 1; QL

2nd Generation/Atypical

ABILIFY ASIMTUFII - Tier 2; QL; AL
ABILIFY MAINTENA - Tier 2; QL; AL
aripiprazole (generic for ABILIFY) - Tier 1; QL; AL
ARISTADA - Tier 2; QL; AL
ARISTADA INITIO - Tier 2; QL; AL
asenapine maleate (generic for SAPHRIS) - Tier 1; QL; AL
CAPLYTA - Tier 2; QL; AL
FANAPT - Tier 2; QL; AL
FANAPT TITRATION PACK - Tier 2; QL; AL
INVEGA HAFYERA - Tier 2; QL; AL
INVEGA SUSTENNA - Tier 2; QL; AL
INVEGA TRINZA - Tier 2; QL; AL
lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL
LYBALVI - Tier 2; QL; AL

ABILIFY (brand for aripiprazole) - Tier 2; PA; QL; AL
GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (brand for paliperidone er) - Tier 2; PA; QL; AL
LATUDA (brand for lurasidone hcl) - Tier 2; PA; QL; AL
RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; PA; QL; AL
RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Members > = 8 years of age will require PA; QL; AL
RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; PA; QL; AL
SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL
SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL
SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL
ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL olanzapine oral tablet dispersible (generic for ZYPREXA ZYDIS) - Tier 1; QL; AL paliperidone er oral tablet extended release 24 hour 1.5 mg - Tier 1; QL; AL paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg (generic for INVEGA) - Tier 1; QL; AL PERSERIS - Tier 2; QL; AL quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL REXULTI - Tier 2; QL; AL risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; QL; AL risperidone oral solution (generic for RISPERDAL) - Tier 1; Members > = 8 years of age will require PA; QL; AL risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL risperidone oral tablet dispersible - Tier 1; QL; AL RYKINDO - Tier 2; QL; AL SECUADO - Tier 2; QL; AL UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; QL; AL VRAYLAR - Tier 2; QL; AL ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL</p>	<p>ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; QL; AL</p>
Treatment-Resistant	
<p>clozapine (generic for CLOZARIL) - Tier 1; QL; AL VERSACLOZ - Tier 2; QL; AL</p>	<p>CLOZARIL (brand for clozapine) - 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>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antispasticity Agents	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i>	<i>ZANAFLEX ORAL CAPSULE 2 MG (brand for tizanidine hcl) - Tier 2; PA; QL</i> <i>ZANAFLEX ORAL CAPSULE 4 MG, 6 MG (brand for tizanidine hcl) - Tier 2; PA</i> <i>ZANAFLEX ORAL TABLET (brand for tizanidine hcl) - Tier 2; PA; QL</i>
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	
Anti-hepatitis B (HBV) Agents	
<i>BARACLUDE ORAL SOLUTION - Tier 2; QL</i> <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; SP; QL</i> <i>MAVYRET ORAL PACKET - Tier 2; SP; QL</i> <i>MAVYRET ORAL TABLET - Tier 2; Preferred for Genotypes 1, 2, 3, 4, 5, & 6; SP; QL</i> <i>ribavirin oral - Tier 1; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL</i> <i>ZEPATIER - 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> <i>SOVALDI - Tier 2; PA; SP; QL</i> <i>VOSEVI - Tier 2; PA; SP; QL</i>
Antiherpetic Agents	
<i>acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL</i> <i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; PA; QL
 BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; DX2RX; 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 capsule - Tier 1
 efavirenz oral tablet (generic for SUSTIVA) - Tier 1; DX2RX; QL
 efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; 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; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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; DX2RX; 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; DX2RX; 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; DX2RX; QL
 DESCOVY - Tier 2; PA; QL
 TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; DX2RX; 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; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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> IGALMI - Tier 2; QL	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Benzodiazepines

alprazolam oral tablet (generic for XANAX) - Tier 1; QL
chlordiazepoxide hcl - Tier 1; QL
clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL
clorazepate dipotassium - Tier 1; QL
diazepam oral solution - Tier 1; QL
diazepam oral tablet (generic for VALIUM) - Tier 1; QL
lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL
 LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG - Tier 2; QL
 LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG - Tier 2
oxazepam - Tier 1; QL

Anxiolytics - Drugs to Treat Anxiety

Benzodiazepines - Anxiety Drugs

DORAL (brand for quazepam) - Tier 2; PA; QL
quazepam (generic for DORAL) - Tier 1; PA; QL

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs

Central Nervous System Agents - Drugs to Treat Nerve Conditions

QELBREE - Tier 2; QL; AL

Preferred Agents	Non-Preferred Agents
Bipolar Agents	
Mood Stabilizers	
<p><i>divalproex sodium er (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> EQUETRO - Tier 2; QL <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></p>	
Blood Glucose Regulators	
Antidiabetic Agents	
<p><i>acarbose oral - Tier 1; QL</i> ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG - Tier 2; QL ALOGLIPTIN BENZOATE ORAL TABLET 25 MG, 6.25 MG - Tier 2; ST; QL ALOGLIPTIN-METFORMIN HCL - Tier 2; ST; QL ALOGLIPTIN-PIOGLITAZONE - Tier 2; ST; QL <i>glimepiride - Tier 1; QL</i> <i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glyburide micronized - Tier 1; QL</i> <i>glyburide oral - Tier 1; QL</i> <i>glyburide-metformin - Tier 1; QL</i> <i>metformin hcl er (osm) - Tier 1; PA; QL</i></p>	<p>BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL <i>FARXIGA (brand for dapagliflozin propanediol) - Tier 2; PA; QL</i> GLYXAMBI - Tier 2; PA INVOKAMET - Tier 2; PA; QL INVOKAMET XR - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL</i></p> <p><i>metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1</i></p> <p><i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i></p> <p><i>nateglinide - Tier 1; QL</i></p> <p>OZEMPIC - Tier 2; PA; QL</p> <p>OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL</p> <p><i>pioglitazone hcl (generic for ACTOS) - Tier 1; QL</i></p> <p><i>repaglinide - Tier 1; QL</i></p> <p><i>saxagliptin hcl (generic for ONGLYZA) - Tier 1; QL</i></p> <p>SEGLUROMET - Tier 2; ST; QL</p> <p>SOLIQUA - Tier 2; PA; QL</p> <p>STEGLATRO - Tier 2; ST; QL</p> <p><i>VICTOZA (brand for liraglutide) - Tier 2; ST; QL</i></p>	<p><i>ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL</i></p> <p>QTERN - Tier 2; PA; QL</p> <p>RYBELSUS - Tier 2; PA; QL</p> <p>STEGLUJAN - Tier 2; PA; QL</p> <p>SYMLINPEN 120 - Tier 2; PA; QL</p> <p>SYMLINPEN 60 - Tier 2; PA; QL</p> <p>SYNJARDY - Tier 2; PA; QL</p> <p>SYNJARDY XR - Tier 2; PA; QL</p> <p>TRADJENTA - Tier 2; PA; QL</p> <p>TRIJARDY XR - Tier 2; PA; QL</p> <p>TRULICITY - Tier 2; PA; QL</p> <p><i>XIGDUO XR (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL</i></p> <p>XULTOPHY - Tier 2; PA; QL</p>

Glycemic Agents

<p>BAQSIMI ONE PACK - Tier 2; QL</p> <p>BAQSIMI TWO PACK - Tier 2; QL</p> <p><i>glucagon emergency injection kit - Tier 1; QL</i></p> <p>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL</p> <p>GVOKE HYPOPEN 1-PACK - Tier 2; QL</p> <p>GVOKE HYPOPEN 2-PACK - Tier 2; QL</p> <p>GVOKE KIT - Tier 2; QL</p> <p>GVOKE PFS - Tier 2; QL</p>	
---	--

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Insulins

HUMULIN 70/30 VIAL - Tier 2; QL
 HUMULIN N VIAL - Tier 2; QL
 HUMULIN R VIAL - Tier 2; 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; ST; QL
 INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; ST; 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; QL
 NOVOLIN 70/30 VIAL - Tier 2; QL
 NOVOLIN N RELION - Tier 2; QL
 NOVOLIN N VIAL - Tier 2; QL
 NOVOLIN R RELION - Tier 2; QL
 NOVOLIN R VIAL - Tier 2; 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

ADMELOG (brand for insulin lispro) - Tier 2; PA; QL
 ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL
 AFREZZA - Tier 2; PA; QL
 APIDRA SOLOSTAR - Tier 2; PA; QL
 APIDRA VIAL - Tier 2; PA; QL
 BASAGLAR KWIKPEN (brand for insulin glargine solostar) - 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 (brand for insulin lispro) - Tier 2; PA; QL

 HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; ST; QL
 HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL
 HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL
 HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL
 HUMALOG MIX 75/25 - Tier 2; PA; QL
 HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL
 HUMALOG TEMPO PEN - Tier 2; PA; QL
 HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL
 HUMULIN N KWIKPEN - Tier 2; PA; QL
 HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL

Preferred Agents

Non-Preferred Agents

HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL
 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; QL
 NOVOLIN N FLEXPEN - Tier 2; PA; QL
 NOVOLIN R FLEXPEN - Tier 2; PA; 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
 NOVOLOG U-100 VIAL (brand for insulin aspart) - 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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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

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

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

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

<p><i>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i> <i>MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i> <i>NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL</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 (generic for JANTOVEN) - Tier 1; QL</i> <i>SAVAYSA - Tier 2; QL</i> <i>warfarin sodium oral (generic for JANTOVEN) - Tier 1; QL</i></p>	<p><i>PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL</i> <i>PRADAXA ORAL PACKET - Tier 2; PA; QL; AL</i> <i>XARELTO - Tier 2; PA; QL</i> <i>XARELTO STARTER PACK - Tier 2; PA; QL</i></p>
--	---

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Blood Products and Modifiers, Other

anagrelide hcl (generic for AGRYLIN) - Tier 1; QL
 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 - Tier 2; QL
 EPOGEN - Tier 2; PA; SP
 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
 PROCRT - Tier 2; PA; SP
 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

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
 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

Platelet Modifying Agents

BRILINTA - Tier 2; PA; QL
 CABLIVI - Tier 2; PA; SP; QL
cilostazol - Tier 1; QL
clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL
dipyridamole oral - Tier 1; QL
prasugrel hcl (generic for EFFIENT) - Tier 1; PA; QL

DOPTELET - Tier 2; PA; SP; QL
EFFIENT (brand for prasugrel hcl) - Tier 2; PA; QL
 TAVALISSE - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA - Tier 2; PA; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL</i> <i>clonidine hcl oral - Tier 1; QL</i> <i>guanfacine hcl - Tier 1; QL</i> METHYLDOPA - Tier 2; QL <i>midodrine hcl - Tier 1; QL</i>	
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral - Tier 1; QL</i>	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1; Members > = 8 years of age will require PA; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i> <i>ramipril (generic for ALTACE) - Tier 1; QL</i> <i>trandolapril - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Antiarrhythmics

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

Beta-adrenergic Blocking Agents

<p><i>acebutolol hcl oral - Tier 1; QL</i></p> <p><i>atenolol oral (generic for TENORMIN) - Tier 1; QL</i></p> <p><i>betaxolol hcl oral - Tier 1; QL</i></p> <p><i>bisoprolol fumarate oral - Tier 1; QL</i></p> <p><i>carvedilol (generic for COREG) - Tier 1; QL</i></p> <p><i>labetalol hcl oral - Tier 1; QL</i></p> <p><i>metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 25 mg - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1</i></p> <p><i>nadolol oral (generic for CORGARD) - Tier 1; QL</i></p> <p><i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 80 mg (generic for INDERAL LA) - Tier 1; DX2RX; QL</i></p> <p><i>propranolol hcl er oral capsule extended release 24 hour 60 mg (generic for INDERAL LA) - Tier 1; QL</i></p> <p><i>propranolol hcl oral solution 20 mg/5ml - Tier 1; QL</i></p> <p><i>propranolol hcl oral solution 40 mg/5ml - Tier 1</i></p> <p><i>propranolol hcl oral tablet - Tier 1; QL</i></p>	<p><i>HEMANGEOL - Tier 2; PA; QL</i></p>
---	--

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

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; QL

Calcium Channel Blocking Agents, Nondihydropyridines

cartia xt (generic for CARTIA XT) - Tier 1; QL
diltiazem hcl er beads (generic for TIADYLT ER) - 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
tiadytl er (generic for TIADYLT ER) - 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

Preferred Agents

Non-Preferred Agents

Cardiovascular Agents, Other

acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL
amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1
amlodipine-olmesartan (generic for AZOR) - Tier 1
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 - 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
ENTRESTO - Tier 2; PA; QL
fosinopril sodium-hctz - Tier 1; QL
irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL
lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL
losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL
olmesartan medoxomil-hctz (generic for BENICAR HCT) - 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 - Tier 1; QL
valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL

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

Diuretics, Loop

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

FUROSCIX - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Diuretics, Potassium-sparing	
-------------------------------------	--

<i>amiloride hcl oral - Tier 1; QL</i> <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i>	
--	--

Diuretics, Thiazide	
----------------------------	--

<i>chlorthalidone - Tier 1; QL</i> DIURIL - Tier 2; QL <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i>	
--	--

Dyslipidemics, Fibric Acid Derivatives	
---	--

<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL</i> <i>fenofibrate oral tablet 160 mg, 54 mg - 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; QL</i> <i>lovastatin oral - Tier 1; QL; AL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i>	ALTOPREV - Tier 2; PA; QL ATORVALIQ - Tier 2; PA; QL <i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL</i> <i>LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA</i> <i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL</i> <i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL</i> <i>ZOCOR (brand for simvastatin) - Tier 2; PA; QL</i> ZYPITAMAG - Tier 2; PA; QL
---	--

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other	
<i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</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; PA; 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; QL</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>	
Vasodilators, Direct-acting Arterial/Venous	
<i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> <i>NITRO-BID - Tier 2; QL</i> <i>nitroglycerin rectal (generic for RECTIV) - Tier 1; PA; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i> <i>NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL (brand for nitroglycerin) - Tier 2; QL</i>	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	<i>VERQUVO - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

atomoxetine hcl (generic for STRATTERA) - Tier 1; QL; AL
clonidine hcl er oral tablet extended release 12 hour - Tier 1; QL
CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL
COTEMPLA XR-ODT - Tier 2; QL; AL
dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL
dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; QL; AL
guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL
JORNAY PM - Tier 2; QL; AL
methylphenidate (generic for DAYTRANA) - Tier 1; QL; AL
methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; QL; AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; QL; AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg - Tier 1; QL; AL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; QL; AL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL
methylphenidate hcl er (osm) oral tablet extended release 72 mg (generic for RELEXXII) - Tier 1; QL; AL
methylphenidate hcl er (xr) (generic for APTENSIO XR) - Tier 1; QL; AL
methylphenidate hcl er oral tablet extended release - Tier 1; QL; AL
methylphenidate hcl er oral tablet extended release 24 hour - Tier 1; Mallinckrodt and Kremers Urban labelers; QL; AL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>methylphenidate hcl oral solution (generic for METHYLIN) - Tier 1; QL; AL</i></p> <p><i>methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL</i></p> <p><i>methylphenidate hcl oral tablet chewable - Tier 1; AL</i></p> <p>QUILLICHEW ER - Tier 2; QL; AL</p> <p>QUILLIVANT XR - Tier 2; QL; AL</p> <p>RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL</p>	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<p>ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; QL; AL</p> <p>ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; QL; AL</p> <p>ADZENYS XR-ODT - Tier 2; QL; AL</p> <p>amphetamine sulfate (generic for EVEKEO) - Tier 1; QL; AL</p> <p>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL</p> <p>amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; AL</p> <p>amphet-dextroamphet 3-bead er (generic for MYDAYIS) - Tier 1; QL; AL</p> <p>dextroamphetamine sulfate (generic for PROCENTRA) - Tier 1; QL; AL</p> <p>dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; QL; AL</p> <p>DYANAVEL XR - Tier 2; QL; AL</p> <p>lisdexamfetamine dimesylate (generic for VYVANSE) - Tier 1; QL; AL</p> <p>methamphetamine hcl (generic for DESOXYN) - Tier 1; QL; AL</p> <p>VYVANSE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL</p>	<p>AZSTARYS - Tier 2; PA; QL; AL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Central Nervous System, Other

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

Fibromyalgia Agents

<p><i>duloxetine hcl oral (generic for CYMBALTA)</i> - Tier 1; QL <i>pregabalin oral (generic for LYRICA)</i> - Tier 1; QL</p>	<p><i>CYMBALTA (brand for duloxetine hcl)</i> - Tier 2; PA; QL <i>LYRICA CR (brand for pregabalin er)</i> - Tier 2; PA; QL</p>
---	---

Multiple Sclerosis Agents

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; DX2RX; 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; PA; SP; QL VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; 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; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Dermatological Agents	
Acne and Rosacea Agents	
<p><i>accutane (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>acitretin - Tier 1; PA; QL</i></p> <p><i>adapalene external gel 0.1 % (generic for DIFFERIN) - Tier 1; QL</i></p> <p><i>amnesteam (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i></p> <p><i>claravis (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i></p> <p><i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>tretinoin external cream (generic for RETIN-A) - Tier 1; QL</i></p> <p><i>zenatane (generic for ACCUTANE) - Tier 1; PA; QL</i></p>	<p><i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i></p> <p><i>ABSORICA LD - Tier 2; PA; QL</i></p> <p><i>ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p> <p><i>ALTRENO - Tier 2; PA; QL</i></p> <p><i>ARAZLO - Tier 2; PA; QL</i></p> <p><i>ATRALIN (brand for tretinoin) - Tier 2; PA; QL</i></p> <p><i>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL</i></p> <p><i>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>FINACEA EXTERNAL FOAM - Tier 2; PA; QL</i></p> <p><i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i></p> <p><i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p> <p><i>RETIN-A (brand for tretinoin) - Tier 2; PA; QL</i></p> <p><i>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL</i></p> <p><i>RHOFADE - Tier 2; PA; QL</i></p> <p><i>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL</i></p> <p><i>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL</i></p> <p><i>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Dermatitis and Pruritus Agents

ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
alclometasone dipropionate external ointment - Tier 1; QL
ammonium lactate external (generic for AL12) - Tier 1; QL
anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL
betamethasone dipropionate external lotion - Tier 1
betamethasone dipropionate external ointment - Tier 1; QL
betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external ointment - 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 MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
 EUCRISA - Tier 2; ST; QL
fluocinolone acetonide body (generic for DERMA-SMOOTH/FS BODY) - Tier 1; QL
fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL

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

Preferred Agents

Non-Preferred Agents

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
ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
ft itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
halobetasol propionate external cream - Tier 1; QL
hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone butyrate external ointment - Tier 1; QL
hydrocortisone butyrate external solution - Tier 1; QL
hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL
hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone external lotion 2.5 % - Tier 1; QL
hydrocortisone external ointment 0.5 % - Tier 1
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL
hydrocortisone external ointment 2.5 % - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone plus (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

instacort 5 - Tier 1; QL

LAC-HYDRIN FIVE - Tier 2; QL

medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

mometasone furoate external - Tier 1; QL

pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL

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

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
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
lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1
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

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
tgt clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL

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

Preferred Agents

Non-Preferred Agents

Dermatological Agents - Drugs to Treat Skin Conditions

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1
sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL
sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL
sulfamez wash - Tier 1
SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL
zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

Dermatological Agents - Skin Agents

ABREVA (brand for docosanol) - Tier 2; QL
calamine external lotion , 8-8 % - Tier 1
calamine-zinc oxide external lotion - Tier 1
docosanol external (generic for ABREVA) - Tier 1; QL
ft docosanol (generic for ABREVA) - Tier 1; QL
gormel - Tier 1; QL
gormel 10 (generic for NUTRAPLUS) - Tier 1; QL
hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1
NUTRAPLUS (brand for gormel 10) - Tier 2; QL
urea 20 intensive hydrating - Tier 1; QL
urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL
urea external cream 20 % - Tier 1; QL
urea external lotion (generic for NUTRAPLUS) - Tier 1; QL
ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL
ureacin-20 - Tier 1; QL
XERAC AC - Tier 2

CIBINQO - Tier 2; PA; SP; QL
OPZELURA - Tier 2; PA; SP; QL

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

DEXCOM G7 RECEIVER - Tier 2; PA; QL
 DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL
 EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL
 GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL
 FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL
 FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE 2 READER - Tier 2; PA; QL
 FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE READER - Tier 2; PA; QL
 KETO-DIASTIX - Tier 2; QL
 KETONE CARE - Tier 2; QL
 KETONE TEST (brand for ketone test) - Tier 2; QL
 KETOSTIX (brand for ketone test) - Tier 2; QL
 LANCETS (brand for cvs lancets original) - Tier 2; QL
 MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
 MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL
 NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL
 ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL

Non-Preferred Agents

FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL
 FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL
 GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL
 GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
 ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
 ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
 PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL
 RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL

Preferred Agents**Non-Preferred Agents**

ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL

ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL

ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL

ONETOUCH ULTRA TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL

ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL

ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL

ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL

ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL

PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL

PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL

QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL

SAFE-T-LANCE (brand for cvs lancets original) - Tier 2; QL

TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL

TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL

VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
	ACCRUFER - Tier 2; PA; QL
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<p><i>carbglumic acid (generic for CARBAGLU) - Tier 1; SP</i> <i>DETA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i> <i>DENTAGEL (brand for sf) - Tier 2; QL</i> <i>easygel - Tier 1</i> <i>fluoridex daily renewal - Tier 1; QL</i> <i>klor-con (generic for KLOR-CON) - Tier 1; QL</i> <i>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</i> <i>klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL</i> <i>klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL</i> <i>potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL</i> <i>potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL</i> <i>potassium chloride er oral capsule extended release 10 meq - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL</i> <i>potassium chloride oral (generic for KLOR-CON) - Tier 1; QL</i> <i>potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL</i> <i>potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1</i></p>	<p>ENDARI - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1
 PREVIDENT (brand for sf) - Tier 2; QL
 PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2; QL
 PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
 sf (generic for DENTAGEL) - Tier 1; QL
 sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL
 sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL
 sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL
 sodium fluoride dental (generic for DENTA 5000 PLUS) - Tier 1; QL
 sodium fluoride oral solution - Tier 1; QL
 sodium fluoride oral tablet chewable - Tier 1; QL

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

BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL
 cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL
 calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
 calcium 500/vitamin d3 - Tier 1
 calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL
 calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1
 calcium 600/vitamin d - Tier 1; QL
 calcium 600/vitamin d-3 - Tier 1; QL
 calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL
 calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL

Preferred Agents

calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1
calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1
calcium citrate +d3 (generic for CALCITRATE) - Tier 1
calcium citrate oral tablet 950 (200 ca) mg - Tier 1
calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL
calcium plus vitamin d3 - Tier 1; QL
calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferosul (generic for FEROSUL) - Tier 1; QL
ferretts - Tier 1
ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2

FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2

ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1

ferrous gluconate - Tier 1

ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1

ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1

ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL

ferrous sulfate (generic for FEROSUL) - Tier 1; QL

ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 mg/6.8ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL

ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL

ferrous sulfate oral tablet delayed release - Tier 1; QL

fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

ft magnesium oxide (generic for MAGNESIUM-OXIDE) - Tier 1

hi cal (generic for OYSCO 500+D) - Tier 1; QL

iferex 150 (generic for FERREX 150) - Tier 1

iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1

Preferred Agents

iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron supplement oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
ONE VITE FERROUS SULFATE (brand for ferrous sulfate) - Tier 2; QL
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1
oyster shell calcium + d3 - Tier 1
oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vit d3 - Tier 1
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium-vit d - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL
pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; DX2RX; 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
polysaccharide iron complex (generic for FERREX 150) - Tier 1
polysaccharide-iron complex (generic for FERREX 150) - Tier 1
potassium citrate-citric acid - Tier 1
REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL
sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1
TRUE FERROUS SULFATE - Tier 2; QL
TRUE MAGNESIUM OXIDE ORAL TABLET 500 MG - Tier 2
true magnesium oxide tablet 400 mg oral (generic for MAGNESIUM-OXIDE) - Tier 1
TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2
ultra calcium + vitamin d3 - Tier 1; QL
wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
zinc gluconate - Tier 1; QL
zinc gluconate oral tablet 50 mg - Tier 1; QL
zinc oral tablet 50 mg - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral/Metal Modifiers	
CHEMET - Tier 2; QL <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL</i> <i>deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP</i> <i>trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA</i>	FERRIPROX TWICE-A-DAY - Tier 2; PA; SP; QL JYNARQUE ORAL TABLET THERAPY PACK 15 MG - Tier 2; PA; SP; QL
Phosphate Binders	
<i>calcium acetate (phos binder) oral capsule - Tier 1; DX2RX; QL</i> <i>calcium acetate (phos binder) oral tablet (generic for CALPHRON) - Tier 1; QL</i> <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</i> <i>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</i>	AURYXIA - Tier 2; PA; QL VELPHORO - Tier 2; PA; QL
Potassium Binders	
LOKELMA - Tier 2; PA; QL SPS - Tier 2; QL VELTASSA - Tier 2; PA; QL	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Vitamins

a-25 - Tier 1; QL
ALTRIXA (brand for daily multiple vitamins) - Tier 2
AMLADEX (brand for daily multiple vitamins) - Tier 2
aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
b complex vitamins - Tier 1; QL
b complex-b12 - Tier 1
b-complex oral tablet - Tier 1
b-complex with b-12 - Tier 1
b-complex/b-12 oral - Tier 1
BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL
CENTRUM SPECIALIST PRENATAL - Tier 2
classic prenatal - Tier 1; QL
d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1
d3 max st (generic for IS-D 10,000) - Tier 1
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL
d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 oral capsule 250 mcg (generic for IS-D 10,000) - Tier 1
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3-50 (generic for D3-50) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL

DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2

DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL

DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2

D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL

d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL

ENFAMIL EXPECTA - Tier 2; QL

essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

FOLCYTEINE (brand for daily multiple vitamins) - Tier 2

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

full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL

healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

M-NATAL PLUS (brand for prenatal) - Tier 2; QL

multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

Preferred Agents**Non-Preferred Agents**

multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2

NEONATAL PLUS (brand for prenatal) - Tier 2; QL

nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL

NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL

niacin er oral capsule extended release 250 mg - Tier 1; QL

niacin er oral capsule extended release 500 mg - Tier 1

niacin er oral tablet extended release 1000 mg - Tier 1

niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1

niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1

NIVA-PLUS (brand for prenatal) - Tier 2; QL

OBSTETRIX DHA - Tier 2

once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2

ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2

ONE VITE WOMENS - Tier 2; QL

ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL

one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

Preferred Agents**Non-Preferred Agents**

one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione oral - Tier 1; QL
prenatal formula - Tier 1
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL
prenatal multi+dha - Tier 1; QL
prenatal multivitamins - Tier 1; QL
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; QL
prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL
prenataliron - Tier 1; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
THERA (brand for daily multiple vitamins) - Tier 2
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
thiamine mononitrate oral - Tier 1; QL
tri-vite pediatric - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

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

Preferred Agents**Non-Preferred Agents**

vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1
vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL
vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
vitamin d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1
vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL
vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL
vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL
vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1
vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin-b complex - Tier 1
weekly-d (generic for D3-50) - Tier 1; QL
WESTAB PLUS (brand for prenatal) - Tier 2; QL
womens prenatal+dha - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
NEXTSTELLIS - Tier 2; QL	MYFEMBREE - Tier 2; PA; QL
Gastrointestinal Agents	
VOQUEZNA TRIPLE PAK - Tier 2; PA; QL	
Anti-Constipation Agents	
<i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>lactulose encephalopathy oral solution 10 gm/15ml - Tier 1; QL</i> <i>lactulose oral solution - Tier 1; QL</i> <i>lubiprostone (generic for AMITIZA) - Tier 1; ST; QL</i> MOTTEGRITY - Tier 2; ST; QL MOVANTI - Tier 2; ST; QL	AMITIZA ORAL CAPSULE 24 MCG (brand for lubiprostone) - Tier 2; PA; ST; QL LINZESS ORAL CAPSULE 145 MCG, 290 MCG - Tier 2; PA; QL LINZESS ORAL CAPSULE 72 MCG - Tier 2; DX2RX; QL RELISTOR ORAL - Tier 2; DX2RX; QL RELISTOR SUBCUTANEOUS - Tier 2; PA; QL SYMPROIC - 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</i> <i>diamode (generic for IMODIUM A-D) - Tier 1</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i> IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2 <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</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i> MYTESI - Tier 2; PA; QL	VIBERZI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Antispasmodics, Gastrointestinal

dicyclomine hcl oral capsule - Tier 1; QL
dicyclomine hcl oral tablet - Tier 1; QL
glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1
glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1

Gastrointestinal Agents, Other

GATTEX - Tier 2; PA; SP; QL
gavilyte-c - Tier 1; QL
gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL
gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL
peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL
peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL
ursodiol oral capsule 300 mg - Tier 1; QL
ursodiol oral tablet (generic for URSO 250) - Tier 1; QL

CLENPIQ - Tier 2; PA; QL
MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL
OCALIVA ORAL TABLET 5 MG - Tier 2; PA; SP; QL
 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 oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
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; QL
famotidine oral suspension reconstituted - Tier 1; QL; AL
famotidine oral tablet (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL
famotidine orig st (generic for PEPCID AC) - Tier 1; QL
ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</p> <p>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</p> <p>heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1</p> <p>PEPCID AC (brand for acid controller) - Tier 2; QL</p> <p>TAGAMET HB 200 (brand for cimetidine) - Tier 2</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; 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 15 mg (generic for PREVACID 24HR) - Tier 1; QL</p> <p>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</p> <p>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</p> <p>lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL</p> <p>NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members > = 2 years of age will require PA; QL; AL</p> <p>omeprazole magnesium - Tier 1; QL</p> <p>omeprazole magnesium oral capsule delayed release - Tier 1; QL</p> <p>omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL</p> <p>pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL</p> <p>PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL</p>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions****Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs**

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

biotinex (generic for ABATINEX) - Tier 1

bismuth (generic for SOOTHE) - Tier 1; QL

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

BOLSITOL (brand for acidophilus) - Tier 2

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

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

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

calcium carbonate antacid oral suspension - Tier 1; QL

calcium carbonate antacid oral tablet - Tier 1

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

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

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

childrens soothe - Tier 1

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

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

diarrhea (generic for SOOTHE) - Tier 1

diarrhea relief (generic for SOOTHE) - Tier 1

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

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

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

enema (generic for FLEET ENEMA) - Tier 1

enema disposable (generic for FLEET ENEMA) - Tier 1

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

enema rectal enema , 16-6 gml/133ml (generic for FLEET ENEMA) - Tier 1

FLEET ENEMA (brand for cvs enema disposable) - Tier 2

FLEET PEDIATRIC (brand for enema pediatric) - Tier 2

FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL

floranex tablet oral (generic for FLORANEX) - Tier 1

FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2

foaming antacid oral tablet chewable 80-20 mg - Tier 1

freeze dried acidophilus (generic for ABATINEX) - Tier 1

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

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

ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1

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

ft enema saline (generic for FLEET ENEMA) - Tier 1

ft gas relief - Tier 1

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

ft stomach relief oral tablet (generic for KAOPECTATE) - Tier 1

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

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

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

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

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

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

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

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

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

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

gas relief oral tablet chewable 80 mg - Tier 1

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

GAVISCON - Tier 2

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

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

GELUSIL - Tier 2

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

geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL

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

heartburn antacid (generic for ACID GONE) - Tier 1

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

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

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

heartland gas relief - Tier 1

IMODIUM MULTI-SYMPTOM RELIEF (brand for eq anti-diarrheal anti-gas) - Tier 2

infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

Preferred Agents**Non-Preferred Agents**

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

intestinex (generic for ABATINEX) - Tier 1

lactobacillus oral tablet (generic for FLORANEX) - Tier 1

lacto-pectin (generic for FLORA VANCE) - Tier 1; QL

long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1

loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1

MAALOX CHILDRENS (brand for childrens pepto) - Tier 2

MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; QL

MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; QL

mag-al plus (generic for MINTOX) - Tier 1; QL

mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

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

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

milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml (generic for DULCOLAX) - Tier 1

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

mintox plus - Tier 1

mood support probiotic (generic for FLORA VANCE) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2

PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2

PHAZYME (brand for cvs gas relief extra strength) - Tier 2

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

pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1

pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1

pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL

pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

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

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

probiotic colon care (generic for FLORA VANCE) - Tier 1; QL

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

probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL

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

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

probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
sodium bicarbonate oral tablet - Tier 1
soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
soothe oral suspension (generic for SOOTHE) - Tier 1
soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL
stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

Non-Preferred Agents

Preferred Agents

stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2
TUMS (brand for antacid) - Tier 2
TUMS CHEWY BITES (brand for antacid) - Tier 2
TUMS E-X 750 (brand for antacid) - Tier 2
TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2
TUMS LASTING EFFECTS (brand for antacid) - Tier 2
TUMS SMOOTHIES (brand for antacid) - Tier 2
TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2
VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL
ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

Laxatives - Bowel Treatment Drugs

clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
daily fiber oral powder 43 % (generic for REGULOID) - Tier 1
enema mineral oil (generic for FLEET OIL) - Tier 1
EVAC (brand for cvs natural fiber supplement) - Tier 2
fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
fiber oral powder 43 % (generic for REGULOID) - Tier 1
fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
fiber powder oral powder 43 % (generic for REGULOID) - Tier 1
fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
FLEET OIL (brand for cvs mineral oil enema) - Tier 2
ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
ft enema mineral oil (generic for FLEET OIL) - Tier 1
ft fiber oral powder 43 % (generic for REGULOID) - Tier 1
ft mineral oil - Tier 1
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

Preferred Agents

laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2
METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2
mineral oil enema (generic for FLEET OIL) - Tier 1
mineral oil heavy oral - Tier 1
mineral oil oral oil - Tier 1
mineral oil rectal enema (generic for FLEET OIL) - Tier 1
MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1
natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber supplement (generic for EVAC) - Tier 1
natural vegetable (generic for HYDROCIL) - Tier 1
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p>polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>reguloid oral powder 43 % (generic for REGULOID) - Tier 1</p> <p>smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>sorbitol oral - Tier 1</p>	

Laxatives - Drugs to treat Constipation

<p>AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2</p> <p>citroma (generic for CITROMA) - Tier 1; QL</p> <p>CITRUCCEL (brand for cvs soluble fiber therapy) - Tier 2</p> <p>COLACE (brand for cvs stool softener) - Tier 2; QL</p> <p>col-rite oral capsule 250 mg - Tier 1; QL</p> <p>docusate calcium (generic for SURFAK) - Tier 1</p> <p>docusate mini (generic for DOCUSOL MINI) - Tier 1; QL</p> <p>docusate sodium oral capsule (generic for COLACE) - Tier 1; QL</p> <p>docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; QL</p> <p>docusate sodium oral syrup - Tier 1</p> <p>DOCUSOL MINI (brand for docusate mini) - Tier 2; QL</p> <p>docuzen (generic for SENOKOT S) - Tier 1</p> <p>dss (generic for COLACE) - Tier 1; QL</p>	
---	--

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

easy-lax plus (generic for SENOKOT S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative + calcium (generic for FIBERCON) - Tier 1
fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
ft fiber laxative (generic for CITRUCCEL) - Tier 1
ft magnesium citrate (generic for CITROMA) - Tier 1; QL
ft senna laxative (generic for SENOKOT) - Tier 1; QL
ft senna laxatives (generic for SENOKOT) - Tier 1; QL
ft senna-s (generic for SENOKOT S) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1
glycerin childrens - Tier 1

Non-Preferred Agents

Preferred Agents

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

Non-Preferred Agents

Preferred Agents

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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

CHOLBAM - Tier 2; PA; SP; QL

CREON - Tier 2

CYSTAGON - Tier 2; QL

NITYR - Tier 2; PA; SP; QL

RAVICTI - Tier 2; PA; SP; QL

sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; PA; SP; QL

sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; PA; SP

STRENSIQ - Tier 2; PA; SP

TEGSEDI - Tier 2; PA; SP; QL

VYNDAMAX - Tier 2; PA; SP; QL

VYNDAQEL - Tier 2; PA; SP; QL

BUPHENYL ORAL POWDER (brand for sodium phenylbutyrate) - Tier 2; PA; SP

BUPHENYL ORAL TABLET (brand for sodium phenylbutyrate) - Tier 2; PA; SP; QL

CERDELGA - Tier 2; PA; SP; QL

EVRYSDI - Tier 2; PA; SP; QL

JAVYGTOR ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; PA; SP; QL

ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL

PERTZYE - Tier 2; PA

PHEBURANE - Tier 2; PA; SP; QL

VIKACE - Tier 2; PA

ZAVESCA (brand for miglustat) - 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; PA

Tier 1: Generic; Tier 2: Brand; s: AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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</i></p> <p>OPTIONS GYNOL II CONTRACEPTIVE - Tier 2</p> <p><i>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i></p> <p><i>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1</i></p> <p><i>phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL</i></p> <p><i>phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i></p> <p><i>phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1</i></p> <p>PHEXXI - Tier 2; QL</p> <p><i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i></p> <p><i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i></p> <p><i>URO-PAIN (brand for cvs urinary pain relief) - Tier 2</i></p> <p>VCF VAGINAL CONTRACEPTIVE - Tier 2</p> | |
|--|--|

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

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

- | | |
|-------------------------------|--|
| <p>ZEGALOGUE - Tier 2; QL</p> | |
|-------------------------------|--|

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

108

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p>dexamethasone intensol - Tier 1 dexamethasone oral elixir - Tier 1; QL dexamethasone oral solution - Tier 1; QL dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1 dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL fludrocortisone acetate oral - Tier 1; QL hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL MEDROL ORAL TABLET 2 MG - Tier 2 methylprednisolone oral (generic for MEDROL) - Tier 1; QL prednisolone oral solution - Tier 1; QL prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1 prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL prednisone oral solution - Tier 1; QL prednisone oral tablet - Tier 1; QL prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</p>	<p>ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL EMFLAZA ORAL TABLET 6 MG (brand for deflazacort) - Tier 2; PA; SP; QL</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; PA desmopressin ace spray refrig - Tier 1; QL desmopressin acetate oral (generic for DDAVP) - Tier 1; QL desmopressin acetate spray - Tier 1; QL INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPPO - Tier 2; PA; SP NOVAREL - Tier 2; PA PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG - Tier 2; PA; SP ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG - Tier 2; PA; SP; QL</p>	<p>GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP HUMATROPE - 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 OMNITROPE - Tier 2; PA; SP SAIZEN - Tier 2; PA; SP</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
	SKYTROFA - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<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>	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<i>mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Androgens

danazol oral - Tier 1; QL

DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; PA; QL

testosterone cypionate intramuscular solution 100 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA

testosterone cypionate intramuscular solution 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL

testosterone enanthate intramuscular - Tier 1; PA; QL

testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL

testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL

testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL

testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA

testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL

ANDRODERM - Tier 2; PA; QL

NATESTO - Tier 2; PA; QL

TESTIM (brand for testosterone) - Tier 2; PA; QL

VOGELXO (brand for testosterone) - Tier 2; PA; QL

XYOSTED - Tier 2; PA; QL

Preferred Agents

Non-Preferred Agents

Estrogens

afirmelle (generic for AFIRMELLE) - Tier 1; QL
ALORA (brand for estradiol) - Tier 2; QL
altavera (generic for ALTAVERA) - Tier 1; QL
alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
amethyst (generic for AMETHYST) - Tier 1; QL
ANNOVERA - Tier 2; QL
apri - Tier 1; QL
aranelle - Tier 1; QL
ashlyna (generic for ASHLYNA) - Tier 1; QL
aubra eq (generic for AFIRMELLE) - Tier 1; QL
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
aurovela 24 fe - Tier 1; QL

aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
aviane (generic for AFIRMELLE) - Tier 1; QL
ayuna (generic for ALTAVERA) - Tier 1; QL
azurette (generic for AZURETTE) - Tier 1; QL
balziva (generic for BALZIVA) - Tier 1; QL
blisovi 24 fe - Tier 1; QL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
briellyn (generic for BALZIVA) - Tier 1; QL
camrese (generic for ASHLYNA) - Tier 1; QL
camrese lo (generic for CAMRESE LO) - Tier 1; QL
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL
chateal eq (generic for ALTAVERA) - Tier 1; QL

ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL
ANGELIQ - Tier 2; PA
BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL
BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; 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
MENEST - Tier 2; PA; QL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL
PREMARIN VAGINAL - Tier 2; PA; QL
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; 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; QL
YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

cryselle-28 - Tier 1; QL
cyred eq - Tier 1; QL
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
daysee (generic for ASHLYNA) - Tier 1; QL
delyla (generic for AFIRMELLE) - Tier 1; QL
DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) (generic for AZURETTE) - Tier 1; QL
dolishale (generic for AMETHYST) - Tier 1; QL
dotti (generic for DOTTI) - Tier 1; QL
drospiren-eth estrad-levomefol (generic for BEYAZ) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL
DUAVEE - Tier 2; QL
elinest - Tier 1; QL
eluryng (generic for ELURYNG) - Tier 1; QL
enilloring (generic for ELURYNG) - Tier 1; QL
enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL
enskyce - Tier 1; QL
estarylla (generic for ESTARYLLA) - Tier 1; QL
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; QL
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL
falmina (generic for AFIRMELLE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL
gemmily (generic for GEMMILY) - Tier 1; QL
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
hailey 24 fe - Tier 1; QL
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
haloette (generic for ELURYNG) - Tier 1; QL
iclevia (generic for ICLEVIA) - Tier 1; QL
introvale (generic for ICLEVIA) - Tier 1; QL
isibloom - Tier 1; QL
jaimiess (generic for ASHLYNA) - Tier 1; QL
jasmiel (generic for JASMIEL) - Tier 1; QL
jolessa (generic for ICLEVIA) - Tier 1; QL
joyeaux (generic for JOYEAUX) - Tier 1; QL
juleber - Tier 1; QL
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL
kaitlib fe (generic for KAITLIB FE) - Tier 1; QL
kalliga - Tier 1; QL
kariva (generic for AZURETTE) - Tier 1; QL
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL
kurvelo (generic for ALTAVERA) - Tier 1; QL
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
larin 24 fe - Tier 1; QL
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
layolis fe (generic for KAITLIB FE) - Tier 1; QL
leena - Tier 1; QL
lessina (generic for AFIRMELLE) - Tier 1; QL
levonest (generic for ENPRESSE-28) - Tier 1; QL
levonorgest-eth est & eth est (generic for RIVELSA) - Tier 1; QL
levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; QL
levonorgest-eth estradiol-iron (generic for JOYEAX) - Tier 1; QL
levonorgestrel-ethinyl estrad (generic for AFIRMELLE) - Tier 1; QL
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL
LO LOESTRIN FE - Tier 2; QL
lojaimiess (generic for CAMRESE LO) - Tier 1; QL
loryna (generic for JASMIEL) - Tier 1; QL
low-ogestrel - Tier 1; QL
lo-zumandimine (generic for JASMIEL) - Tier 1; QL
luteria (generic for AFIRMELLE) - Tier 1; QL
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL
merzee (generic for GEMMILY) - Tier 1; QL
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
microgestin 24 fe - Tier 1; QL
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
mili (generic for ESTARYLLA) - Tier 1; QL
mono-lynyah (generic for ESTARYLLA) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

NATAZIA - Tier 2; QL
necon 0.5/35 (28) - Tier 1; QL
nikki (generic for JASMIEL) - Tier 1; QL
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL
norethin ace-eth estrad-fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; QL
norethin-eth estradiol-fe (generic for KAITLIB FE) - Tier 1; QL
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL
nortrel 0.5/35 (28) - Tier 1; QL
nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; QL
nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
nylia 1/35 (generic for DASETTA 1/35) - Tier 1; QL
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
nymyo (generic for ESTARYLLA) - Tier 1; QL
ocella (generic for OCELLA) - Tier 1; QL
philith (generic for BALZIVA) - Tier 1; QL
pimtrea (generic for AZURETTE) - Tier 1; QL
portia-28 (generic for ALTAVERA) - Tier 1; QL
PREMARIN ORAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

rivelsa (generic for RIVELSA) - Tier 1; QL
setlakin (generic for ICLEVIA) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL
simpesse (generic for ASHLYNA) - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL
sronyx (generic for AFIRMELLE) - Tier 1; QL
syeda (generic for OCELLA) - Tier 1; QL
tarina 24 fe - Tier 1; QL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL
taysofy (generic for GEMMILY) - Tier 1; QL
tilia fe (generic for TILIA FE) - Tier 1; QL
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-legest fe (generic for TILIA FE) - Tier 1; QL
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL
trivora (28) (generic for ENPRESSE-28) - Tier 1; QL
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
turqoz - Tier 1; QL
TYBLUME - Tier 2; QL; GE
tydemy (generic for TYDEMY) - Tier 1; QL
velivet - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p> <i>vestura (generic for JASMIEL) - Tier 1; QL</i> <i>vienva (generic for AFIRMELLE) - Tier 1; QL</i> <i>viorele (generic for AZURETTE) - Tier 1; QL</i> <i>volnea (generic for AZURETTE) - Tier 1; QL</i> <i>vyfemla (generic for BALZIVA) - Tier 1; QL</i> <i>vylibra (generic for ESTARYLLA) - Tier 1; QL</i> <i>wera - Tier 1; QL</i> <i>wymzya fe (generic for WYMZYA FE) - Tier 1; QL</i> <i>xulane (generic for XULANE) - Tier 1; QL</i> <i>yuvafem (generic for YUVAFEM) - Tier 1; QL</i> <i>zafemy (generic for XULANE) - Tier 1; QL</i> <i>zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL</i> <i>zumandimine (generic for OCELLA) - Tier 1; QL</i> </p>	
Progestins	
<p> <i>camila (generic for CAMILA) - Tier 1; QL</i> <i>deblitane (generic for CAMILA) - Tier 1; QL</i> DEPO-SUBQ PROVERA 104 - Tier 2; QL ELLA - Tier 2; QL <i>emzahh (generic for CAMILA) - Tier 1; QL</i> <i>errin (generic for CAMILA) - Tier 1; QL</i> <i>heather (generic for CAMILA) - Tier 1; QL</i> <i>incassia (generic for CAMILA) - Tier 1; QL</i> <i>jencycla (generic for CAMILA) - Tier 1; QL</i> <i>lyleq (generic for CAMILA) - Tier 1; QL</i> <i>lyza (generic for CAMILA) - Tier 1; QL</i> <i>medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE</i> </p>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL</i></p> <p><i>megestrol acetate oral suspension 40 mg/ml - Tier 1; QL</i></p> <p><i>megestrol acetate oral tablet 20 mg - Tier 1</i></p> <p><i>megestrol acetate oral tablet 40 mg - Tier 1; QL</i></p> <p><i>nora-be (generic for CAMILA) - Tier 1; QL</i></p> <p><i>norethindrone acetate oral - Tier 1; QL</i></p> <p><i>norethindrone oral (generic for CAMILA) - Tier 1; QL</i></p> <p><i>norlyroc (generic for CAMILA) - Tier 1; QL</i></p> <p><i>progesterone oral (generic for PROMETRIUM) - Tier 1; PA; QL</i></p> <p><i>sharobel (generic for CAMILA) - Tier 1; QL</i></p> <p><i>SLYND - Tier 2; QL</i></p>	
<p>Selective Estrogen Receptor Modifying Agents</p>	
<p><i>raloxifene hcl (generic for EVISTA) - Tier 1; QL</i></p>	<p><i>EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL</i></p> <p><i>OSPHENA - Tier 2; PA; QL</i></p>
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</p>	
<p>Estrogens - Hormone Replacement/Modifying Drugs</p>	
<p><i>TWIRLA - Tier 2; QL</i></p>	
<p>Progestins - Hormone Replacement/Modifying Drugs</p>	
<p><i>aftera (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>curae (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>her style (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>my choice (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>my way (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>new day (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i></p> <p><i>react (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>take action (generic for AFTERA) - Tier 1; QL; GE</i></p>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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
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; QL	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; QL</i> <i>leuprolide acetate injection - Tier 1; PA; SP</i> LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL <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>	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; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>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; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL</p>	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<p><i>methimazole oral - Tier 1; QL</i> <i>propylthiouracil oral - Tier 1; QL</i></p>	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
<p>HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR) - Tier 1; PA; SP; QL</i> RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR) - Tier 1; PA; SP; QL</i></p>	<p>BERINERT - Tier 2; PA; SP TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Immunological Agents, Other

<p>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 ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OTEZLA - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP XOLAIR - Tier 2; PA; SP; QL</p>	<p>ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - 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 STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL TALTZ - Tier 2; PA; SP; QL TREMFYA - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL</p>
---	--

Immunostimulants

<p>ACTIMMUNE - Tier 2; PA; SP PEGASYS - Tier 2; PA; SP; QL</p>	
---	--

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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
 ENBREL - Tier 2; PA; SP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1; QL
gengraf oral capsule (generic for GENGRAF) - Tier 1; QL
leflunomide oral (generic for ARAVA) - Tier 1; QL
methotrexate sodium - Tier 1
methotrexate sodium (pf) - Tier 1

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
sirolimus oral (generic for RAPAMUNE) - Tier 1; QL
tacrolimus oral (generic for PROGRAF) - Tier 1; QL

ENSPRYNG - Tier 2; PA; SP; QL
 HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA; SP; QL
 HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - 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/UVEIT STARTER - Tier 2; PA; SP; QL
 OTREXUP - Tier 2; PA; QL
 RASUVO - Tier 2; PA; QL
 SIMPONI - Tier 2; PA; SP; QL
 TREXALL - Tier 2; PA

Vaccines

ACTHIB - Tier 2
 ADACEL - Tier 2; QL
 BEXSERO - Tier 2; QL
 BOOSTRIX - Tier 2; QL
 DAPTACEL - Tier 2; QL
 ENGERIX-B - Tier 2; QL
 GARDASIL 9 - Tier 2; QL
 HAVRIX - Tier 2; QL
 HIBERIX - Tier 2
 INFANRIX - Tier 2; QL
 IPOL - Tier 2
 MENQUADFI - Tier 2; QL
 MENVEO - Tier 2; QL
 M-M-R II - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

PEDIARIX - Tier 2; QL
PEDVAX HIB - Tier 2
PENTACEL - Tier 2; QL
PREHEVBRIO - Tier 2; QL
PRIORIX - Tier 2; QL
PROQUAD - Tier 2; QL
QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL
RECOMBIVAX HB - Tier 2; QL
ROTARIX - Tier 2; AL
ROTATEQ - Tier 2
SHINGRIX - Tier 2; 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; QL
TWINRIX - Tier 2; QL
VAQTA - Tier 2; QL
VARIVAX - Tier 2; QL
VAXNEUVANCE - Tier 2; QL

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

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

Vaccines	
----------	--

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

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

Aminosalicylates	
------------------	--

<p><i>balsalazide disodium (generic for COLAZAL) - Tier 1; DX2RX; QL</i> <i>mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL</i> <i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - 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; DX2RX; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL <i>LIALDA (brand for mesalamine) - Tier 2; PA; QL</i> <i>PENTASA (brand for mesalamine er) - Tier 2; PA; QL</i></p>
--	---

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Glucocorticoids

<p><i>budesonide oral - Tier 1; PA; 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></p>	<p>CORTIFOAM - Tier 2; PA; QL UCERIS (brand for budesonide) - Tier 2; PA; QL</p>
---	---

Metabolic Bone Disease Agents

<p><i>alendronate sodium oral solution - Tier 1; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members > = 8 years of age will require PA; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i> TYMLOS - Tier 2; PA; SP; QL</p>	<p>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL ATELVIA (brand for risedronate sodium) - Tier 2; PA FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL FOSAMAX PLUS D - Tier 2; PA; QL RAYALDEE - Tier 2; PA; QL TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</p>
---	---

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p>ABRYSVO - Tier 2; QL <i>acne control cleanser (generic for CLEARSKIN) - Tier 1</i> <i>acne medication 10 external lotion - Tier 1; QL</i> <i>acne medication 5 external lotion - Tier 1</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i> ADALIMUMAB-ADB (2 PEN) - Tier 2; PA; SP; QL ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL ADALIMUMAB-ADB(CD/UC/HS STRT) - Tier 2; PA; SP; QL ADALIMUMAB-ADB(PS/UV STARTER) - Tier 2; PA; SP; QL ADALIMUMAB-FKJP - Tier 2; PA; SP; QL ADALIMUMAB-FKJP (2 SYRINGE) - Tier 2; PA; SP; QL <i>adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1</i> <i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1</i> ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA; SP; QL ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL <i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL</i> <i>antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</i> <i>antifungal tolinaftate (generic for TINACTIN) - Tier 1; QL</i> AREXVY - Tier 2; QL</p>	<p>AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL AMJEVITA-PED 15KG TO <30KG - Tier 2; PA; SP; QL EMPAVELI - Tier 2; PA; SP; QL FYLNETRA - Tier 2; PA; SP GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL HYFTOR - Tier 2; PA; QL <i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i> <i>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; QL</i> <i>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; QL</i> <i>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; QL</i> <i>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL</i> <i>INSULIN SYRINGES 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; QL</i> <i>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL</i> KRAZATI - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>arthritis pain relieving - Tier 1; QL</p> <p>aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</p> <p>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</p> <p>aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</p> <p>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</p> <p>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</p> <p>aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</p> <p>aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL</p> <p>aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</p> <p>aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</p> <p>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL</p> <p>aspirin rectal suppository 300 mg - Tier 1</p> <p>aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</p> <p>athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</p> <p>athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</p>	<p>LITFULO - Tier 2; PA; QL</p> <p>OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL</p> <p>OMNIPOD 5 G6 PODS (GEN 5) - Tier 2; PA; QL</p> <p>ORLADEYO - Tier 2; PA; SP; QL</p> <p>PREZISTA ORAL TABLET 600 MG, 800 MG (brand for darunavir) - Tier 2; PA; QL</p> <p>QUVIVIQ - Tier 2; PA; QL</p> <p>RELYVRIO - Tier 2; PA; SP; QL</p> <p>REZDIFFRA ORAL TABLET 80 MG - Tier 2; PA; SP; QL</p> <p>RYALTRIS - Tier 2; PA; QL; AL</p> <p>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL</p> <p>SOTYKTU - Tier 2; PA; SP; QL</p> <p>STIMUFEND - Tier 2; PA; SP</p> <p>VIVJOA - Tier 2; PA; QL</p> <p>VOQUEZNA DUAL PAK - Tier 2; PA; QL</p> <p>VTAMA - Tier 2; PA; QL</p> <p>WINLEVI - Tier 2; PA; QL</p> <p>XPHOZAH ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL</p> <p>YONSA - Tier 2; PA; SP; QL</p> <p>ZORYVE EXTERNAL CREAM - Tier 2; PA; QL; AL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
athletes foot relief (generic for TINACTIN) - Tier 1
AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL
AUVELITY - Tier 2; QL
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL
bacitracin zinc external - Tier 1; QL
bacitracin zinc first aid - Tier 1; QL
bacitracin zinc-aloe - Tier 1; QL
BAYER ASPIRIN (brand for aspirin) - Tier 2; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES 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; QL
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; QL
BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL
benzoyl peroxide external gel 2.5 % - Tier 1; QL
benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL
BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1
BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL
calamine external lotion - Tier 1
CALQUENCE - Tier 2; PA; SP; QL
capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL
capsaicin external cream 0.1 % (generic for ZOSTRIX HP) - Tier 1; QL
capsaicin hp (generic for ZOSTRIX HP) - Tier 1; QL
capsaicin pain relief (generic for ZOSTRIX HP) - Tier 1; QL
capzix (generic for ZOSTRIX HP) - Tier 1; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL
CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL
CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL
clearskin (generic for CLEARSKIN) - Tier 1
CLINITEST RAPID COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL
COMIRNATY - Tier 2; QL
CONDOMS - Tier 2; QL
COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL
corn & callus remover (generic for COMPOUND W) - Tier 1
corn and callus remover (generic for COMPOUND W) - Tier 1
COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL
COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; QL
COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1
darunavir (generic for PREZISTA) - Tier 1; QL

Preferred Agents

DERMELEVE ADVANCED FORMULA - Tier 2
DEXCOM G6 TRANSMITTER - Tier 2; PA; QL
DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
digital pregnancy test (generic for ACCU-CLEAR PREGNANCY) - Tier 1
double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1
DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL
DUREX EXTRA SENSITIVE THIN DEVICE (brand for true cover) - Tier 2; QL
early pregnancy (generic for ACCU-CLEAR PREGNANCY) - Tier 1
early result pregnancy (generic for ACCU-CLEAR PREGNANCY) - Tier 1
EASIVENT (brand for prochamber vhc) - Tier 2; QL
EASIVENT MASK LARGE (brand for prochamber vhc) - Tier 2; QL
EASIVENT MASK MEDIUM (brand for prochamber vhc) - Tier 2; QL
EASIVENT MASK SMALL (brand for prochamber vhc) - Tier 2; QL
ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL
FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL
FLEET BISACODYL - Tier 2; QL
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2; QL

Non-Preferred Agents

Preferred Agents

FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL
folic acid oral tablet 400 mcg - Tier 1
foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
ft antibiotic - Tier 1; QL
ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ft aspirin oral tablet (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
ft double antibiotic (generic for POLYSPORIN) - Tier 1
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL
ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL
fungi-guard (generic for TINACTIN) - Tier 1; QL
gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
HADLIMA - Tier 2; PA; SP; QL
HADLIMA PUSH TOUCH - Tier 2; PA; SP; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
hyosyne - Tier 1; QL
IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INSPIREASE (brand for prochamber vhc) - Tier 2; QL
INSPIREASE RESERVOIR BAGS - Tier 2; QL
INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL
LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1
liquid wart remover (generic for COMPOUND W) - Tier 1
liquid wart remover max st (generic for COMPOUND W) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

magnesium oxide oral tablet 400 mg - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
MAOX (brand for magnesium oxide) - Tier 2
MASK VORTEX/CHILD/FROG - Tier 2; QL
MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL
MICROCHAMBER (brand for prochamber vhc) - Tier 2; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL
MOUNJARO - Tier 2; PA; QL
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OMNIFLEX DIAPHRAGM - Tier 2; QL; GE
ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL
ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
one step pregnancy in vitro diagnostic test (generic for ACCU-CLEAR PREGNANCY) - Tier 1
ONE STEP PREGNANCY IN VITRO DIAGNOSTIC TEST - Tier 2
ONELAX (brand for bisacodyl) - Tier 2; QL
OPILL - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

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
PENBRAYA - Tier 2; QL
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
poly bacitracin (generic for POLYSPORIN) - Tier 1
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2
PREGNANCY - Tier 2
pregnancy test kit in vitro diagnostic test (generic for ACCU-CLEAR PREGNANCY) - Tier 1
PREGNANCY TEST KIT IN VITRO DIAGNOSTIC TEST - Tier 2
PREZISTA ORAL SUSPENSION - Tier 2; QL
PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL
PROCHAMBER VHC (brand for prochamber vhc) - Tier 2; QL
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
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; QL
SPIKEVAX - Tier 2; QL
ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL
STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL

Preferred Agents

sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1
sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL
TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL
tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1
TRUE COVER (brand for true cover) - Tier 2; QL
TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2
true folic acid tablet 1 mg oral - Tier 1; QL
TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; QL
VAPORIZER WARM STEAM - Tier 2; QL
VAXELIS - Tier 2; QL
VENLAFAXINE BESYLATE ER - Tier 2; QL
vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1
wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1
WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p>WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL <i>womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>womens laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> XELSTRYM - Tier 2; QL; AL ZOSTRIX HP (brand for capsaicin) - Tier 2; QL</p>	

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

<p>ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL BOSULIF - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP; QL CABOMETYX - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL</i> <i>gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL</i> GILOTRIF - Tier 2; PA; SP; QL ICLUSIG - Tier 2; PA; SP; QL <i>imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL</i></p>	<p>GAVRETO - Tier 2; PA; SP; QL GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA; SP; QL TABRECTA - Tier 2; PA; SP; QL TAGRISSO - Tier 2; PA; SP; QL TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL VIZIMPRO - Tier 2; PA; SP; QL VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL XOSPATA - Tier 2; PA; SP; QL</p>
--	---

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>IMBRUVICA - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL <i>lapatinib ditosylate (generic for TYKERB)</i> - Tier 1; PA; SP; QL LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>pazopanib hcl (generic for VOTRIENT)</i> - Tier 1; PA; SP; QL SPRYCEL - Tier 2; PA; SP; QL TASIGNA - Tier 2; PA; SP; QL TURALIO - Tier 2; PA; SP; QL; AL XALKORI - Tier 2; PA; SP; QL</p>	
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA; SP; QL PONVORY STARTER PACK - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanamide 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
Ophthalmic Agents, Other	
<i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>atropine sulfate ophthalmic ointment - Tier 1; QL</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYICIN HC) - Tier 1; QL</i> <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> CYSTARAN - Tier 2; PA; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL</i> <i>neo-polycin hc (generic for NEO-POLYICIN HC) - Tier 1; QL</i> <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i> sulfacetamide-prednisolone - Tier 1 TOBRADEX - Tier 2; QL <i>tobramycin-dexamethasone - Tier 1; QL</i> TYRVAYA - Tier 2; 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 VERKAZIA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Ophthalmic Anti-allergy Agents

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

Ophthalmic Anti-Infectives

bacitracin ophthalmic - Tier 1; QL
bacitracin-polymyxin b (generic for POLYCIN) - Tier 1; QL
ciprofloxacin hcl ophthalmic - Tier 1; QL
erythromycin ophthalmic - Tier 1; QL
gentamicin sulfate ophthalmic - Tier 1; QL
moxifloxacin hcl (2x day) - Tier 1; QL
moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL
neomycin-polymyxin-gramicidin - Tier 1; QL
ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL
polycin (generic for POLYCIN) - 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

Preferred Agents

Non-Preferred Agents

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

Ophthalmic Beta-Adrenergic Blocking Agents

betaxolol hcl ophthalmic - Tier 1; QL
carteolol hcl - Tier 1
levobunolol hcl - Tier 1; QL
timolol maleate ophthalmic solution - Tier 1; QL

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

apraclonidine hcl - Tier 1; QL
brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL
brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL
dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL
methazolamide oral - Tier 1; QL
PHOSPHOLINE IODIDE - Tier 2; QL
pilocarpine hcl ophthalmic - Tier 1

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1
altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
altalube (generic for ALTALUBE) - Tier 1; QL
artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1
astringent eye drops (generic for VISINE-AC) - Tier 1; QL
BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2
BION TEARS PF (brand for cvs natural tears pf) - Tier 2
carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL
dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL
eye drops adv relief - Tier 1; QL
eye drops advanced relief - Tier 1; QL
eye drops long lasting (generic for SYSTANE) - Tier 1; QL
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL
eye irritation relief drops (generic for VISINE-AC) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL
EYES ALIVE (brand for cvs lubricant eye drops (pf)) - Tier 2
for sty relief (generic for ALTALUBE) - Tier 1; QL
ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1
ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL

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

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

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

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

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

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

MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL

natural tears pf (generic for BION TEARS PF) - Tier 1

nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL

nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL

polyvinyl alcohol ophthalmic - Tier 1

pure & gentle lubricant - Tier 1

REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL

REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2

REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL

Preferred Agents

relief eye drops (generic for VISINE-AC) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1
restore pm (generic for ALTALUBE) - Tier 1; QL
SENTIA (brand for cvs lubricant drops) - Tier 2; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1
sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE CONTACTS (brand for artificial tears) - Tier 2
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
ultra fresh (generic for ULTRA FRESH) - Tier 1; QL
ultra fresh pm (generic for ALTALUBE) - Tier 1; QL
ultra lubricant drop (generic for SYSTANE) - Tier 1; QL
ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL
ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
<i>NAPHCAN-A (brand for allergy eye) - Tier 2</i> <i>VISINE (brand for allergy eye) - Tier 2</i>	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
<i>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</i> <i>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</i> <i>allergy eye drops (generic for ALAWAY) - Tier 1; QL</i> <i>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL</i> <i>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL</i> <i>ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</i>	
Otic Agents	
<i>acetic acid otic - Tier 1; QL</i> <i>ciprofloxacin-dexamethasone - Tier 1; PA; 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>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Otic Agents - Drugs to Treat Ear Conditions

Otic Agents - Drugs for the Ear

CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2
ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

Preferred Agents

Non-Preferred Agents

Respiratory Tract/Pulmonary Agents

Antihistamines

all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL
allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy medication (generic for BANOPHEN) - Tier 1; QL
allergy medicine (generic for BANOPHEN) - Tier 1; QL
allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL

Preferred Agents

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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

clemastine fumarate oral - Tier 1; QL
complete allergy (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL
complete allergy relief (generic for BANOPHEN) - Tier 1; QL
CURELIEF (brand for allergy childrens) - Tier 2; QL
cyproheptadine hcl oral - Tier 1; QL
DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL
diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL
diphedryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphen (generic for BANOPHEN) - Tier 1; QL
diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL
ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL
ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
geri-dryl (generic for BANOPHEN) - Tier 1; QL
h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL
levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Bronchodilators, Anticholinergic	
<p>ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation</i> - Tier 1; QL <i>ipratropium bromide nasal</i> - Tier 1; QL</p>	<p><i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate)</i> - Tier 2; PA; QL 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)</i> - Tier 1; QL 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</i> - Tier 1; QL <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i> - Tier 1; Members >= 8 years of age will require PA; QL; AL <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> - Tier 1; QL ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL <i>albuterol sulfate oral syrup</i> - Tier 1; QL <i>epinephrine injection solution auto-injector (generic for AUVI-Q)</i> - Tier 1; QL <i>levalbuterol hcl inhalation</i> - Tier 1; ST; QL STRIVERDI RESPIMAT - Tier 2; QL</p>	<p>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL PROAIR RESPICLICK - Tier 2; PA; QL PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL SEREVENT DISKUS - Tier 2; PA; QL VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</p>
Cystic Fibrosis Agents	
<p>CAYSTON - Tier 2; PA; SP; QL KALYDECO - Tier 2; PA; SP; QL ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; PA; SP; QL SYMDEKO - Tier 2; PA; SP; QL <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS)</i> - Tier 1; PA; SP; QL TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</p>	<p>BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL TOBI PODHALER - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Mast Cell Stabilizers	
<i>cromolyn sodium inhalation - Tier 1; QL</i>	
Phosphodiesterase Inhibitors, Airways Disease	
<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>	
Pulmonary Antihypertensives	
ADEMPAS - Tier 2; PA; SP; QL <i>ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL</i> <i>bosentan (generic for TRACLEER) - Tier 1; PA; SP; QL</i> OPSUMIT - Tier 2; PA; SP; QL <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; PA; SP; QL</i>	<i>ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL</i> <i>LETAIRIS (brand for ambrisentan) - Tier 2; PA; 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 SUSPENSION RECONSTITUTED (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL</i> <i>REVATIO ORAL TABLET (brand for sildenafil citrate) - Tier 2; PA; SP; QL</i> <i>sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; 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; PA; 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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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>
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; 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</i> <i>4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2</i> <i>AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2</i> <i>altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1</i> <i>altarussin (generic for TUSNEL-EX) - Tier 1; QL</i> <i>AYR (brand for altamist spray) - Tier 2</i> <i>AYR SALINE NASAL DROPS - Tier 2</i> <i>BABY AYR SALINE (brand for altamist spray) - Tier 2</i> <i>BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL; AL</i> <i>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL</i> <i>chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL</i> <i>chest congestion relief oral tablet (generic for XPECT) - Tier 1</i> <i>CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL</i></p>	

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

ed bron gp - Tier 1; AL

ephrine nose drops (generic for 4-WAY FAST ACTING) - Tier 1

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

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

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

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

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

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

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

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

MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL

maxi-tuss pe max - Tier 1; AL

medifin 400 (generic for XPECT) - Tier 1

Preferred Agents**Non-Preferred Agents**

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

Preferred Agents

nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal four (generic for 4-WAY FAST ACTING) - Tier 1
nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1
NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2
nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1
NEO-SYNEPHRINE COLD/ALLERGY EXT (brand for cvs nasal spray) - Tier 2
non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1
OCEAN FOR KIDS (brand for altamist spray) - Tier 2
OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2
pharbinex (generic for XPECT) - Tier 1
phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL; AL
refenesen 400 (generic for XPECT) - Tier 1
saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1

Non-Preferred Agents

Preferred Agents

saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
sb mucus relief (generic for XPECT) - Tier 1
siltussin sa (generic for TUSNEL-EX) - Tier 1; QL
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2
tab tussin (generic for XPECT) - Tier 1
TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL
tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL
tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; QL
tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL
tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL
XPECT (brand for chest congestion relief) - Tier 2

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

Antihistamines - Allergy Drugs

12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 all day allergy-d oral tablet extended release 12 hour 5-120 mg
 (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 allergy relief d oral tablet extended release 12 hour 5-120 mg (generic
 for KLS ALLER-TEC D) - Tier 1; QL; AL
 allergy relief oral tablet extended release 12 hour 5-120 mg (generic
 for KLS ALLER-TEC D) - Tier 1; QL; AL
 allergy relief/nasal decongest oral tablet extended release 12 hour
 (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic
 for KLS ALLER-TEC D) - Tier 1; QL; AL
 aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 cetiri-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 cetirizine-pseudoephedrine er (generic for KLS ALLER-TEC D) - Tier
 1; QL; AL
 desgen dm oral liquid (generic for DESGEN DM) - Tier 1; AL
 ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL
 ft all day allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL
 ft tussin cf adult (generic for DESGEN DM) - Tier 1; AL
 nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL
 ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) -
 Tier 2; AL
 ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) -
 Tier 2; AL
 tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier
 1; AL
 tussin multi-symptom cold cf (generic for DESGEN DM) - Tier 1; AL
 ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) -
 Tier 2; QL; AL
 ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2;
 QL; AL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth
 Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Antihistamines - Drugs to Treat Allergies

12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL
 24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL
 all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
 ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL
 ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL
 allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL
 aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
 aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL
 allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL
 allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
 allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
 loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL
 loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
 loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL
 mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
 TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

ANORO ELLIPTA - Tier 2; QL
*brey*na (generic for BREYNA) - Tier 1; PA; QL
budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; ST; QL
 COMBIVENT RESPIMAT - Tier 2; QL
 FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL
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
 FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL
ipratropium-albuterol - Tier 1; QL
 STIOLTO RESPIMAT - Tier 2; QL
wixela inhub (generic for WIXELA INHUB) - Tier 1; QL

ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 BEVESPI AEROSPHERE - Tier 2; PA; QL
 BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL
 BREZTRI AEROSPHERE - Tier 2; PA; QL
 DUAKLIR PRESSAIR - Tier 2; PA; QL
 DULERA - Tier 2; PA; QL
 SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL
 TRELEGY ELLIPTA - Tier 2; PA; QL

Mast Cell Stabilizers - Drugs for the Lungs

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

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Respiratory Tract Agents, Other - Asthma/Lung Drugs

12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1
 12 hour nasal decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1
 12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1
 12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
 ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL
 AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2
 allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
 allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
 allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
 allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
 allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL

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

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

childrens cold & allergy - Tier 1; AL

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

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

CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL

CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL; AL

cold & allergy - Tier 1; AL

cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL

Preferred Agents

cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough dm childrens (generic for DELSYM) - Tier 1; QL; AL
cough dm er (generic for DELSYM) - Tier 1; QL; AL
cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL
DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2
DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL
DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2
DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL
dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL

Non-Preferred Agents

Preferred Agents

dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL
ft 12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL
ft allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
ft cold & cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL
ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
ft tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

g tussin ac - Tier 1; QL; AL
geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR)
- Tier 1; QL; AL
giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1
guaifenesin-codeine - Tier 1; QL; AL
guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH
CLEAR) - Tier 1; QL; AL
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for
sodium chloride) - Tier 2
ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL
COLD/SINUS) - Tier 1; AL
ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL
COLD/SINUS) - Tier 1; AL
long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier
1
long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier
1
lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier
1; QL; AL
lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) -
Tier 1; QL; AL
loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1;
QL; AL
loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) -
Tier 1; QL; AL
loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1;
QL; AL

Preferred Agents**Non-Preferred Agents**

loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
maxi-tuss ac - Tier 1; QL; AL
maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2
MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL
MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL
MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL; AL
MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2
MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2
MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2
mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus d extended release (generic for MUCINEX D) - Tier 1; AL
mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL
mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL

Preferred Agents

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

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

mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL

mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

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

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

nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

nasal decongestant max st (generic for SUDOGEST) - Tier 1; QL

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

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

nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1

nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1

Non-Preferred Agents

Preferred Agents

nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2
no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1
promethazine-codeine oral solution - Tier 1; QL; AL
promethazine-dm - Tier 1; QL; AL
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL
PULMOSAL (brand for sodium chloride) - Tier 2
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL;
AL
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2;
QL; AL
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400
MG/20ML (brand for childrens cough) - Tier 2
rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
rynex pe - Tier 1; AL
rynex pse - Tier 1; AL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) -
Tier 1
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) -
Tier 1
sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
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; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant)
- Tier 2; QL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour
decongestant) - Tier 2

Preferred Agents

sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1
tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i> <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>methocarbamol oral - Tier 1; QL</i> <i>orphenadrine citrate er - Tier 1; QL</i>	<i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i> <i>LORZONE (brand for chlorzoxazone) - Tier 2; PA</i>
Sleep Disorder Agents	
Sleep Promoting Agents	
<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>	<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 ORAL CAPSULE 15 MG, 30 MG, 7.5 MG (brand for temazepam) - Tier 2; PA; QL</i> <i>RESTORIL ORAL CAPSULE 22.5 MG (brand for temazepam) - Tier 2; PA</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 (generic for RESTORIL) - Tier 1; PA</i> <i>temazepam oral capsule 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Wakefulness Promoting Agents

armodafinil (generic for NUVIGIL) - Tier 1; PA; QL
modafinil oral (generic for PROVIGIL) - Tier 1; PA; QL

SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL
SUNOSI - Tier 2; PA; QL
WAKIX - Tier 2; PA; QL
XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL

Sleep Disorder Agents - Drugs for Sedation and Sleep

Sleep Disorders, Other - Drugs for Sleeping

ft nighttime sleep aid (generic for SIMPLY SLEEP) - Tier 1; PA; QL
night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; PA; QL
nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; PA; QL
rest simply (generic for SIMPLY SLEEP) - Tier 1; PA; QL
SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; PA; QL
sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; PA; QL
sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; PA; QL
sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; PA; QL
sleep tabs (generic for SIMPLY SLEEP) - Tier 1; PA; QL

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; QL
animal shapes kids first (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
BACMIN (brand for b-plex plus) - Tier 2; QL
biocel (generic for LYSIPLEX PLUS) - Tier 1; QL
b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL
BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL
BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; QL
BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL
c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
calcium 600 - Tier 1; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL
calcium carbonate - Tier 1; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL
calcium fast dissolution - Tier 1; QL
calcium high potency - Tier 1; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; s; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL

chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL

childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL

childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens chewables/lex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL

childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL

childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL

CORVITA (brand for b-plex plus) - Tier 2; QL

daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL

DIALYVITE SUPREME D (brand for b-plex plus) - Tier 2; QL

DIATROL (brand for b-plex plus) - Tier 2; QL

EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL

effe-k oral tablet effervescent 25 meq - Tier 1; QL

ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL

FOLAGENT DHA (brand for v-c forte) - Tier 2

FOLAMAX (brand for b-plex plus) - Tier 2; QL

FOLAMED DHA (brand for v-c forte) - Tier 2

fruity c - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

KEYFOLIC (brand for b-plex plus) - Tier 2; QL
KEYLOSA (brand for b-plex plus) - Tier 2; QL
klor-con/ef - Tier 1; QL
k-prime - Tier 1; QL
little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
LIVITA ADULTS (brand for support) - Tier 2; QL
lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL
MENATROL (brand for v-c forte) - Tier 2
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
MULTIPRO (brand for v-c forte) - Tier 2
MULTITOL-M (brand for b-plex plus) - Tier 2; QL
multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
NUTRICAP (brand for b-plex plus) - Tier 2; QL
nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL
OBTREX - Tier 2
OCUVEL (brand for v-c forte) - Tier 2
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
ONEVITE (brand for b-plex plus) - Tier 2; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL
POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1
SIDEROL (brand for b-plex plus) - Tier 2; QL
stress formulaliron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
STROVITE ONE (brand for b-plex plus) - Tier 2; QL
SUPPORT (brand for support) - Tier 2; QL
TRUE VITAMIN C ORAL TABLET 250 MG - Tier 2; QL
TRUE VITAMIN C ORAL TABLET 500 MG (brand for ascorbic acid) - Tier 2; QL
true vitamin c tablet 1000 mg oral - Tier 1; QL
TRUE VITAMIN C TABLET 1000 MG ORAL - Tier 2; QL
UDAMIN SP (brand for b-plex plus) - Tier 2; QL
v-c forte (generic for VIC-FORTE) - Tier 1
vic-forte (generic for VIC-FORTE) - Tier 1
vit c/rose hips - Tier 1; QL
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL
vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; 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; QL
VITAROCA PLUS (brand for b-plex plus) - Tier 2; QL
WELLFOLA (brand for b-plex plus) - Tier 2; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL

Preferred Agents

Non-Preferred Agents

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; QL
b-12 oral tablet extended release - Tier 1
b6 - Tier 1; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
e - Tier 1
e-400-clear - Tier 1; QL
natural vitamin e - Tier 1; QL
pyridoxine hcl oral - Tier 1; QL
thiamine hcl oral - Tier 1; QL
 TRUE VITAMIN B6 ORAL TABLET 25 MG, 50 MG - Tier 2; QL
true vitamin b6 tablet 100 mg oral - Tier 1; QL
 TRUE VITAMIN B6 TABLET 100 MG ORAL - Tier 2; QL
 TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL
 TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2
vitamin b1 - Tier 1; QL
vitamin b-1 oral tablet 250 mg - Tier 1; QL
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1
vitamin b12 oral tablet extended release 1000 mcg - Tier 1
vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1
vitamin b-6 - Tier 1; QL
vitamin b-6 er - Tier 1; QL
vitamin e natural - Tier 1
vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit) - Tier 1; QL

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

Prior Authorization / Class Criteria

Tier 1: Generic; Tier 2: Brand; s: AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Index of Drugs

12 hour allergy-d.....	160	ACCU-CHEK AVIVA DEVICE.....	70	acetazolamide er.....	55
12 hour decongestant.....	165	ACCU-CHEK AVIVA PLUS TEST STRIPS..	70	acetazolamide oral.....	55
12 hour nasal decongestant.....	165	ACCU-CHEK FASTCLIX LANCET KIT.....	70	acetic acid otic.....	147
12 hour nasal relief spray.....	165	ACCU-CHEK GUIDE CONTROL.....	70	acetylcysteine inhalation solution 10 %.....	155
12 hour nasal spray.....	165	ACCU-CHEK GUIDE KIT W/DEVICE.....	70	acetylcysteine inhalation solution 20 %.....	155
12hr allergy relief.....	161	ACCU-CHEK GUIDE TEST STRIPS.....	70	acid controller oral tablet 10 mg.....	87
24 hour nasal allergy.....	163	ACCU-CHEK SMARTVIEW.....	70	acid gone.....	89
24hr allergy relief.....	161	ACCU-CHEK SMARTVIEW CONTROL.....	70	acid reducer oral capsule delayed release	
3 day.....	29	ACCU-CHEK SMARTVIEW CONTROL.....	70	20.6 (20 base) mg.....	88
3 day vaginal.....	30	ACCU-CHEK SOFTCLIX LANCET		acid reducer oral tablet 10 mg.....	87
3-day vaginal vaginal cream 2 %.....	30	DEVICE KIT.....	70	acid reducer oral tablet 200 mg.....	87
4-WAY FAST ACTING.....	155	accutane.....	62	acidophilus lactobacillus oral.....	89
4-WAY MENTHOL.....	155	ACCUTREND GLUCOSE CONTROL.....	70	acidophilus oral capsule , 10 mg.....	89
8 hour arthritis pain.....	8	acebutolol hcl oral.....	53	acidophilus probiotic oral capsule 10 mg.....	89
8 hour arthritis relief.....	8	acetaminophen 8 hour.....	8	acidophilus probiotic oral tablet , 0.5 mg.....	89
8 hour pain relief oral tablet extended		acetaminophen 8 hours.....	8	acitretin.....	62
release 650 mg.....	8	acetaminophen 8hr arth pain.....	8	acne control cleanser.....	127
8 hour pain reliever.....	8	acetaminophen 8hr musc ache.....	8	acne medication 10 external lotion.....	127
8 hr arthritis pain relief.....	8	acetaminophen childrens.....	8	acne medication 5 external lotion.....	127
8hr arthritis pain relief.....	8	acetaminophen childrens oral suspension		acne treatment external cream 10 %.....	127
8hr muscle aches & pain.....	8	160 mg/5ml.....	8	ACTEMRA ACTPEN.....	122
a-25.....	80	acetaminophen er.....	8	ACTEMRA SUBCUTANEOUS.....	122
abacavir sulfate.....	43	acetaminophen ex st oral liquid 500		ACTHAR.....	109
abacavir sulfate-lamivudine.....	43	mg/15ml.....	8	ACTHIB.....	123
abatine.....	89	acetaminophen ex st oral tablet 500 mg.....	8	ACTIMMUNE.....	122
ABILIFY.....	39	acetaminophen extra strength.....	8	ACTIVELLA.....	112
ABILIFY ASIMTUFII.....	39	acetaminophen infants.....	8	ACTONEL ORAL TABLET 150 MG.....	126
ABILIFY MAINTENA.....	39	acetaminophen oral liquid 160 mg/5ml.....	8	ACTONEL ORAL TABLET 35 MG.....	126
abiraterone acetate.....	33	acetaminophen oral solution 160 mg/5ml,		ACULAR LS.....	142
ABREVA.....	69	325 mg/10.15ml, 650 mg/20.3ml.....	9	ACUVAIL.....	142
ABRYSVO.....	127	acetaminophen oral suspension 160		acyclovir external ointment.....	41
ABSORICA.....	62	mg/5ml, 650 mg/20.3ml.....	9	acyclovir oral.....	41
ABSORICA LD.....	62	acetaminophen oral tablet 325 mg.....	9	ADACEL.....	123
acamprosate calcium.....	15	acetaminophen oral tablet 500 mg.....	9	ADALIMUMAB-ADB (2 PEN).....	127
ACANYA.....	62	acetaminophen oral tablet chewable 160		ADALIMUMAB-ADB (2 SYRINGE)	
acarbose oral.....	46	mg.....	9	SUBCUTANEOUS PREFILLED SYRINGE	
ACCOLATE.....	152	acetaminophen rectal suppository 120 mg....	9	KIT 10 MG/0.2ML, 20 MG/0.4ML, 40	
ACCRUFER.....	73	acetaminophen rectal suppository 650 mg....	9	MG/0.8ML.....	127
		acetaminophen-codeine.....	7		

ADALIMUMAB-ADB(M/UC/HS STRT)..	127	ALWAY CHILDRENS ALLERGY	147	<i>allerclear d-24hr</i>	165
ADALIMUMAB-ADB(M/PS/UV STARTER).	127	<i>albendazole oral</i>	36	<i>aller-ease oral tablet 180 mg</i>	161
ADALIMUMAB-FKJP	127	<i>albuterol sulfate hfa aerosol solution 108</i>		<i>aller-fex</i>	161
ADALIMUMAB-FKJP (2 SYRINGE).....	127	<i>(90 base) mcg/act inhalation</i>	153	<i>allerg rel child (lorat)</i>	161
<i>adapalene external gel 0.1 %</i>	62	ALBUTEROL SULFATE HFA AEROSOL		<i>allerg relief child (lorat)</i>	161
ADBRY SUBCUTANEOUS SOLUTION		SOLUTION 108 (90 BASE) MCG/ACT		<i>allergy & congestion oral tablet extended</i>	
PREFILLED SYRINGE.....	122	INHALATION	153	<i>release 24 hour 10-240 mg</i>	165
ADCIRCA.....	154	<i>albuterol sulfate inhalation nebulization</i>		<i>allergy & congestion relief</i>	165
ADDERALL	59	<i>solution (2.5 mg/3ml) 0.083%, 2.5</i>		<i>allergy (cetirizine)</i>	149
ADDERALL XR.....	59	<i>mg/0.5ml</i>	153	<i>allergy 24hour indoor/outdoor</i>	149
ADEMPAS	154	<i>albuterol sulfate inhalation nebulization</i>		<i>allergy 24-hr</i>	161
ADMELOG	48	<i>solution 0.63 mg/3ml, 1.25 mg/3ml</i>	153	<i>allergy childrens oral liquid</i>	149
ADMELOG SOLOSTAR.....	48	<i>albuterol sulfate nebulization solution (5</i>		<i>allergy childrens oral solution</i>	161
<i>adult 50+ probiotic</i>	89	<i>mg/ml) 0.5% inhalation</i>	153	<i>allergy eye drops</i>	147
<i>adult probiotic</i>	89	ALBUTEROL SULFATE NEBULIZATION		<i>allergy medication</i>	149
<i>adv acne spot treatment</i>	127	SOLUTION (5 MG/ML) 0.5% INHALATION		<i>allergy medicine</i>	149
ADVAIR DISKUS.....	164	.....	153	<i>allergy nasal mist no drip</i>	165
ADVAIR HFA.....	164	<i>albuterol sulfate oral syrup</i>	153	<i>allergy oral capsule 25 mg</i>	149
<i>advanced acne spot treat</i>	127	<i>alclometasone dipropionate external</i>		<i>allergy oral liquid 12.5 mg/5ml</i>	149
<i>advanced antacid</i>	89	<i>ointment</i>	63	<i>allergy oral tablet 25 mg</i>	149
<i>advanced healing external ointment</i>	68	ALCOHOL PREP PADS PAD , 70 %.....	127	<i>allergy rel child (loratadine)</i>	161
ADVIL COLD/SINUS.....	165	ALECENSA.....	138	<i>allergy relief (cetirizine) oral tablet 10 mg..</i>	149
ADVIL JUNIOR STRENGTH.....	4	<i>alendronate sodium oral solution</i>	126	<i>allergy relief (loratadine) oral tablet</i>	161
ADVIL ORAL TABLET	4	<i>alendronate sodium oral tablet 10 mg, 35</i>		<i>allergy relief adult</i>	149
ADZENYS XR-ODT.....	59	<i>mg</i>	126	<i>allergy relief cetirizine</i>	149
AFINITOR ORAL TABLET 10 MG, 2.5 MG,		<i>alendronate sodium oral tablet 70 mg</i>	126	<i>allergy relief child</i>	161
5 MG.....	35	ALEVE ORAL TABLET	4	<i>allergy relief childrens oral liquid 12.5</i>	
AFINITOR ORAL TABLET 7.5 MG.....	35	<i>alfuzosin hcl er</i>	107	<i>mg/5ml</i>	149
<i>afirmelle</i>	112	<i>all day allergy d</i>	160	<i>allergy relief childrens oral solution 5</i>	
AFLURIA QUADRIVALENT	125	<i>all day allergy oral tablet 10 mg</i>	149	<i>mg/5ml</i>	161
AFREZZA.....	48	<i>all day allergy relief oral tablet 10 mg</i>	161	<i>allergy relief childrens oral tablet chewable</i>	
AFRIN NODRIP ORIGINAL	165	<i>all day allergy-d oral tablet extended</i>		<i>12.5 mg</i>	149
AFRIN SALINE NASAL MIST.....	155	<i>release 12 hour 5-120 mg</i>	160	<i>allergy relief d oral tablet extended release</i>	
<i>aftera</i>	119	<i>all day pain relief</i>	4	<i>12 hour 5-120 mg</i>	160
AIMOVIG.....	31	<i>all day relief</i>	4	<i>allergy relief d-12</i>	165
AJOVY	31	ALLEGRA ALLERGY	161	<i>allergy relief d-24</i>	165
AKYNZEO ORAL.....	28	ALLEGRA HIVES 24HR.....	161	<i>allergy relief max st</i>	149
<i>ala-cort</i>	63	<i>allerclear</i>	161	<i>allergy relief nasal decong</i>	165
ALWAY	147	<i>allerclear d-12hr</i>	165	<i>allergy relief oral capsule 25 mg</i>	149

<i>allergy relief oral liquid 25 mg/10ml</i>	149	<i>altachlore ophthalmic ointment</i>	143	<i>amlodipine besylate-valsartan</i>	55
<i>allergy relief oral tablet 10 mg</i>	161	<i>altachlore ophthalmic solution</i>	143	<i>amlodipine-olmesartan</i>	55
<i>allergy relief oral tablet 180 mg</i>	161	<i>altafrin</i>	140	<i>ammonium lactate external</i>	63
<i>allergy relief oral tablet 25 mg</i>	149	<i>altalube</i>	143	<i>amnesteem</i>	62
<i>allergy relief oral tablet 60 mg</i>	162	<i>altamist spray</i>	155	<i>amoxapine</i>	27
<i>allergy relief oral tablet chewable 12.5 mg</i>	150	<i>altarussin</i>	155	<i>amoxicillin</i>	19
<i>allergy relief oral tablet dispersible 10 mg</i> ..	162	<i>altarussin dm</i>	166	<i>amoxicillin-potassium clavulanate</i>	19
<i>allergy relief oral tablet extended release</i>		<i>altavera</i>	112	<i>amphetamine sulfate</i>	59
<i>12 hour 5-120 mg</i>	160	ALTOPREV.....	56	<i>amphetamine-dextroamphetamine</i>	59
<i>allergy relief(cetirizine)</i>	150	ALTRENO.....	62	<i>amphetamine-dextroamphetamine er</i>	59
<i>allergy relief/indoor/outdoor oral tablet 10</i>		ALTRIXA.....	80	<i>amphet-dextroamphet 3-bead er</i>	59
<i>mg</i>	150	<i>alum & mag hydroxide-simeth</i>	89	<i>ampicillin</i>	19
<i>allergy relief/indoor/outdoor oral tablet 180</i>		ALUNBRIG.....	138	AMRIX.....	175
<i>mg</i>	162	ALVESCO.....	152	<i>anagrelide hcl</i>	51
<i>allergy relief/nasal decong</i>	165	<i>alyacen 1/35</i>	112	ANASPAZ.....	127
<i>allergy relief/nasal decongest oral tablet</i>		<i>alyacen 7/7/7</i>	112	<i>anastrozole oral</i>	34
<i>extended release 12 hour</i>	160	<i>amantadine hcl oral capsule</i>	38	ANDRODERM.....	111
<i>allergy relief/nasal decongest oral tablet</i>		<i>amantadine hcl oral solution</i>	38	ANECREAM EXTERNAL CREAM.....	15
<i>extended release 24 hour</i>	165	AMBIEN.....	175	<i>anefrin spray</i>	166
<i>allergy relief-d oral tablet extended release</i>		AMBIEN CR.....	175	ANGELIQ.....	112
<i>12 hour 5-120 mg</i>	160, 165	<i>ambrisentan</i>	154	<i>animal shapes complete</i>	177
<i>allergy relief-d oral tablet extended release</i>		<i>amethyst</i>	112	<i>animal shapes kids first</i>	177
<i>24 hour 10-240 mg</i>	166	<i>amiloride hcl oral</i>	56	ANNOVERA.....	112
<i>allergy relief-d12</i>	166	<i>amiloride-hydrochlorothiazide</i>	55	ANORO ELLIPTA.....	164
<i>allergy spray 24 hour nasal aerosol</i>	163	<i>aminocaproic acid oral</i>	51	<i>antacid & anti-gas oral suspension 200-</i>	
<i>allergy/congestion relief</i>	166	<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	53	<i>200-20 mg/5ml</i>	89
<i>aller-tec</i>	150	AMITIZA ORAL CAPSULE 24 MCG.....	86	<i>antacid & antigas oral suspension 2400-</i>	
<i>aller-tec d</i>	160	<i>amitriptyline hcl oral</i>	27	<i>2400-240 mg/30ml</i>	89
<i>allopurinol oral tablet 100 mg, 300 mg</i>	31	AMJEVITA SOLUTION AUTO-INJECTOR		<i>antacid & anti-gas oral suspension 400-</i>	
<i>almacone double strength</i>	89	40 MG/0.8ML SUBCUTANEOUS.....	127	<i>400-40 mg/5ml</i>	89
ALOGLIPTIN BENZOATE ORAL TABLET		AMJEVITA SUBCUTANEOUS SOLUTION		<i>antacid & gas relief</i>	89
12.5 MG.....	46	AUTO-INJECTOR 40 MG/0.4ML, 80		<i>antacid advanced</i>	89
ALOGLIPTIN BENZOATE ORAL TABLET		MG/0.8ML.....	127	<i>antacid advanced max st oral suspension</i>	
25 MG, 6.25 MG.....	46	AMJEVITA SUBCUTANEOUS SOLUTION		<i>400-400-40 mg/5ml</i>	89
ALOGLIPTIN-METFORMIN HCL.....	46	PREFILLED SYRINGE.....	127	<i>antacid anti-gas</i>	89
ALOGLIPTIN-PIOGLITAZONE.....	46	AMJEVITA-PED 15KG TO <30KG.....	127	<i>antacid anti-gas max strength</i>	89
ALORA.....	112	AMLADDEX.....	80	<i>antacid calcium</i>	90
ALPHAGAN P.....	142	<i>amlodipine besylate oral</i>	54	<i>antacid calcium rich</i>	90
<i>alprazolam oral tablet</i>	45	<i>amlodipine besylate-benazepril hcl</i>	55	<i>antacid extra str</i>	90

<i>antacid extra strength oral suspension</i>	90	<i>antifungal (tolnaftate) external cream 1 %</i>	127	ARANESP (ALBUMIN FREE) INJECTION	
<i>antacid extra strength oral tablet chewable</i>		<i>antifungal external cream</i>	30	SOLUTION PREFILLED SYRINGE 100	
<i>160-105 mg</i>	90	<i>antifungal external powder</i>	30	MCG/0.5ML, 150 MCG/0.3ML, 200	
<i>antacid extra strength oral tablet chewable</i>		<i>antifungal foot care</i>	30	MCG/0.4ML, 25 MCG/0.42ML, 300	
<i>750 mg</i>	90	<i>antifungal miconazole</i>	30	MCG/0.6ML, 40 MCG/0.4ML, 500	
<i>antacid fast relief</i>	90	<i>antifungal tolnaftate</i>	127	MCG/ML, 60 MCG/0.3ML.....	51
<i>antacid i</i>	90	<i>anti-gas oral capsule 180 mg</i>	91	ARAZLO.....	62
<i>antacid iii</i>	90	<i>anti-hist allergy</i>	150	AREXVY.....	127
<i>antacid kids</i>	90	<i>anti-itch aloe</i>	63	<i>aripiprazole</i>	39
<i>antacid liquid</i>	90	<i>anti-itch intensive heal</i>	63	ARISTADA.....	39
<i>antacid m</i>	90	<i>anti-itch max str external cream 1 %</i>	63	ARISTADA INITIO.....	39
<i>antacid maximum</i>	90	<i>anti-itch maximum strength external cream</i>		<i>armodafinil</i>	176
<i>antacid maximum strength</i>	90	<i>1 %</i>	63	ARMOUR THYROID.....	120
<i>antacid maximum strength oral tablet</i>		<i>anti-nausea</i>	28	ARNUITY ELLIPTA.....	152
<i>chewable 1000 mg</i>	90	<i>anti-nausea relief</i>	28	<i>arthritis pain oral tablet extended release</i>	
<i>antacid oral suspension 200-200-20</i>		<i>antiseptic</i>	21	<i>650 mg</i>	9
<i>mg/5ml, 400-400-40 mg/10ml</i>	90	ANTIVERT ORAL TABLET CHEWABLE.....	27	<i>arthritis pain relief oral tablet extended</i>	
<i>antacid oral tablet chewable 1000 mg</i>	90	<i>apap-caff-dihydrocodeine</i>	7	<i>release 650 mg</i>	9
<i>antacid oral tablet chewable 500 mg</i>	90	APIDRA SOLOSTAR.....	48	<i>arthritis pain reliever oral</i>	9
<i>antacid oral tablet chewable 750 mg</i>	91	APIDRA VIAL.....	48	<i>arthritis pain relieving</i>	127
<i>antacid plus antigas</i>	91	APOKYN.....	38	<i>artificial tears ophthalmic solution</i>	143
<i>antacid regular strength oral suspension</i>		<i>apra</i>	9	<i>ascomp-codeine</i>	7
<i>200-200-20 mg/5ml</i>	91	<i>apraclonidine hcl</i>	142	<i>ascorbic acid oral tablet 500 mg</i>	177
<i>antacid ultra strength</i>	91	<i>aprepitant</i>	28	<i>asenapine maleate</i>	39
<i>antacid ultra strength oral tablet chewable</i>		<i>apri</i>	112	<i>ashlyna</i>	112
<i>1000 mg</i>	91	APRISO.....	125	ASMANEX (120 METERED DOSES).....	152
<i>antacid/antigas</i>	91	APRODINE.....	166	ASMANEX (14 METERED DOSES).....	152
<i>antacid/anti-gas max st</i>	91	APTIOM.....	24	ASMANEX (30 METERED DOSES).....	152
<i>antacid/anti-gas oral suspension 200-200-</i>		APTIVUS.....	44	ASMANEX (60 METERED DOSES).....	152
<i>20 mg/5ml, 400-400-40 mg/10ml</i>	91	<i>aqueous vitamin d</i>	80	ASMANEX HFA.....	152
<i>antacid/anti-gas oral suspension 400-400-</i>		<i>aranelle</i>	112	ASPERFLEX LIDOCAINE EXTERNAL	
<i>40 mg/5ml</i>	91	ARANESP (ALBUMIN FREE) INJECTION		CREAM.....	15
<i>antacid/gas relief max st</i>	91	SOLUTION.....	51	<i>aspirin adults</i>	128
<i>antibiotic</i>	21, 127	ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin childrens</i>	128
<i>anti-diarr/ant-gas</i>	91	SOLUTION PREFILLED SYRINGE 10		<i>aspirin ec oral tablet 325 mg</i>	128
<i>anti-diarrheal anti-gas oral tablet 2-125 mg</i>	91	MCG/0.4ML.....	51	<i>aspirin ec oral tablet delayed release 325</i>	
<i>anti-diarrheal oral suspension 262 mg/15ml</i>	91			<i>mg</i>	128
<i>anti-diarrheal oral tablet 2 mg</i>	86			<i>aspirin ec oral tablet delayed release 81</i>	
<i>anti-diarrheal/anti-gas</i>	91			<i>mg</i>	128

<i>aspirin oral tablet 325 mg</i>	128	<i>atropine sulfate ophthalmic solution 1 %</i>	140	<i>b-12 oral tablet extended release</i>	182
<i>aspirin oral tablet chewable 81 mg</i>	128	ATROVENT HFA.....	153	<i>b6</i>	182
<i>aspirin oral tablet delayed release 325 mg</i>	128	AUBAGIO.....	60	BABY AYR SALINE.....	155
<i>aspirin oral tablet delayed release 81 mg..</i>	128	<i>aubra eq</i>	112	<i>baby basics diaper rash</i>	68
ASPIRIN ORAL TABLET DELAYED		AUM ALCOHOL PREP PADS.....	129	<i>bac</i>	7
RELEASE 81 MG.....	128	<i>aurovela 1.5/30</i>	112	<i>bacitracin external</i>	129
<i>aspirin rectal suppository 300 mg</i>	128	<i>aurovela 1/20</i>	112	<i>bacitracin ophthalmic</i>	141
<i>aspirin regimen</i>	128	<i>aurovela 24 fe</i>	112	<i>bacitracin zinc external</i>	129
ASTEPRO.....	150	<i>aurovela fe 1.5/30</i>	112	<i>bacitracin zinc first aid</i>	129
ASTEPRO CHILDRENS.....	150	<i>aurovela fe 1/20</i>	112	<i>bacitracin zinc-aloe</i>	129
<i>astringent</i>	68	AURYXIA.....	79	<i>bacitracin-polymyxin b</i>	141
<i>astringent eye drops</i>	143	AUSTEDO.....	60	<i>bacitra-neomycin-polymyxin-hc</i>	140
<i>astringent solution</i>	68	AUSTEDO XR ORAL TABLET		<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	41
<i>atazanavir sulfate</i>	44	EXTENDED RELEASE 24 HOUR 6 MG.....	60	BACMIN.....	177
ATELVIA.....	126	AUVELITY.....	129	BAFIERTAM.....	60
<i>atenolol oral</i>	53	AUVI-Q.....	153	BALCOLTRA.....	112
<i>atenolol-chlorthalidone</i>	55	AVAR-E EMOLLIENT.....	68	<i>balsalazide disodium</i>	125
<i>atheletes foot</i>	30	AVAR-E GREEN.....	68	BALVERSA.....	35
<i>athletes foot (terbinafine)</i>	30	AVEDANA GLYCERIN (ADULT).....	102	<i>balziva</i>	112
<i>athletes foot (tolnaftate) external aerosol</i>		<i>aviane</i>	112	<i>banophen oral capsule 25 mg</i>	150
<i>powder 1 %</i>	128	AVONEX PEN.....	60	<i>banophen oral tablet</i>	150
<i>athletes foot (tolnaftate) external cream 1</i>		AVONEX PREFILLED.....	60	BAQSIMI ONE PACK.....	47
<i>%</i>	128	AYR.....	155	BAQSIMI TWO PACK.....	47
<i>athletes foot external aerosol powder 2 %</i> ... 30		AYR SALINE NASAL DROPS.....	155	BARACLUDGE ORAL SOLUTION.....	41
<i>athletes foot external cream 1 %</i>	30	<i>ayuna</i>	112	BASAGLAR KWIKPEN.....	48
<i>athletes foot external powder 2 %</i>	30	AZASITE.....	141	BASAGLAR TEMPO PEN.....	48
<i>athletes foot powder spray external aerosol</i>		<i>azathioprine oral tablet 50 mg</i>	123	BAYER ASPIRIN.....	129
<i>powder 1 %</i>	128	<i>azelaic acid external</i>	62	BAYER LOW DOSE ORAL TABLET	
<i>athletes foot powder spray external aerosol</i>		<i>azelastine hcl nasal</i>	150	CHEWABLE.....	129
<i>powder 2 %</i>	30	<i>azelastine hcl ophthalmic</i>	141	<i>baza antifungal</i>	30
<i>athletes foot relief</i>	129	<i>azithromycin oral suspension reconstituted</i> . 19		<i>b-complex oral tablet</i>	80
<i>athletes foot spray external aerosol 2 %</i> 30		<i>azithromycin oral tablet</i>	19	<i>b-complex with b-12</i>	80
<i>atomoxetine hcl</i>	58	<i>azo</i>	108	<i>b-complex/b-12 oral</i>	80
ATORVALIQ.....	56	AZOPT.....	142	BD AUTOSHIELD DUO PEN NEEDLES.....	70
<i>atorvastatin calcium oral</i>	56	AZSTARYS.....	59	BD ECLIPSE NEEDLE 25G X 5/8".....	129
<i>atovaquone</i>	37	<i>azurette</i>	112	BD ULTRA-FINE INSULIN SYRINGES.....	70
<i>atovaquone-proguanil hcl</i>	37	<i>b complex vitamins</i>	80	BD ULTRA-FINE INSULIN SYRINGES	
ATRALIN.....	62	<i>b complex-b12</i>	80	30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML.....	129
<i>atropine sulfate ophthalmic ointment</i>	140	<i>b-1</i>	182		

BD ULTRA-FINE INSULIN SYRINGES 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.....	129	BETAPACE AF.....	53	BOSULIF.....	138
BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	129	BETASERON.....	60	<i>boudreauxs butt paste ointment 40 % external.....</i>	68
BD ULTRA-FINE PEN NEEDLES.....	70, 129	<i>betatemp childrens.....</i>	9	BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL.....	68
<i>beauty 360 pure glycerin.....</i>	68	<i>betaxolol hcl ophthalmic.....</i>	142	<i>bp 10-1.....</i>	68
<i>beauty 360 soothing bath.....</i>	68	<i>betaxolol hcl oral.....</i>	53	<i>bp wash external liquid 2.5 %.....</i>	130
BELBUCA.....	6	<i>bethanechol chloride oral.....</i>	107	<i>b-plex plus.....</i>	177
BELSOMRA.....	175	BETHKIS.....	153	BPROTECTED PEDIA D-VITE.....	80
BENADRYL ALLERGY CHILDRENS ORAL LIQUID.....	150	BETIMOL.....	142	BPROTECTED PEDIA IRON.....	74
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE.....	150	BETOPTIC-S.....	142	BPROTECTED PEDIA POLY-VITE.....	177
BENADRYL ALLERGY ORAL TABLET.....	150	BEVESPI AEROSPHERE.....	164	BPROTECTED PEDIA POLY-VITE/FE.....	177
BENADRYL ALLERGY ULTRATABS.....	150	<i>bexarotene.....</i>	36	BPROTECTED VITAMIN C.....	177
<i>benazepril hcl oral.....</i>	52	BEXSERO.....	123	BRAFTOVI.....	35
<i>benazepril-hydrochlorothiazide.....</i>	55	BEYAZ.....	112	BREATHE COMFORT HUMIDIFIER.....	130
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	122	<i>bicalutamide.....</i>	33	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT.....	164
BENZAC AC WASH.....	129	BIJUVA ORAL CAPSULE 1-100 MG.....	112	<i>breyana.....</i>	164
BENZAMYCIN.....	62	BIKTARVY ORAL TABLET 30-120-15 MG..	42	BREZTRI AEROSPHERE.....	164
BENZNIDAZOLE.....	37	BIKTARVY ORAL TABLET 50-200-25 MG..	42	<i>briellyn.....</i>	112
<i>benzonatate oral capsule 100 mg, 200 mg</i>	166	BINAXNOW COVID-19 AG HOME TEST..	130	BRILINTA.....	51
<i>benzoyl peroxide external gel 2.5 %.....</i>	129	<i>biocel.....</i>	177	<i>brimonidine tartrate ophthalmic solution 0.15 %.....</i>	142
<i>benzoyl peroxide external liquid.....</i>	129	BIOLLE TEARS.....	143	<i>brimonidine tartrate ophthalmic solution 0.2 %.....</i>	142
<i>benzoyl peroxide wash external liquid 5 %</i>	129	BION TEARS PF.....	143	BRIVIACT ORAL.....	22
<i>benztropine mesylate oral.....</i>	38	<i>biotinex.....</i>	92	BROMFED DM.....	155
BERINERT.....	121	<i>bisacodyl ec.....</i>	130	BROMSITE.....	142
BESIVANCE.....	141	<i>bisacodyl laxative.....</i>	130	BRONCHITOL.....	61
BETADINE EXTERNAL SOLUTION 10 %...21		<i>bisacodyl oral.....</i>	130	BRUKINSA.....	138
<i>betamethasone dipropionate aug.....</i>	63	<i>bisacodyl rectal.....</i>	130	BRYHALI.....	63
<i>betamethasone dipropionate external lotion</i>	63	<i>bismuth.....</i>	92	BUCKLEYS CHEST CONGESTION.....	155
<i>betamethasone dipropionate external ointment.....</i>	63	<i>bismuth subsalicylate oral.....</i>	92	<i>budesonide inhalation.....</i>	152
<i>betamethasone valerate external cream.....</i>	63	<i>bisoprolol fumarate oral.....</i>	53	<i>budesonide oral.....</i>	126
<i>betamethasone valerate external ointment..</i>	63	<i>bisoprolol-hydrochlorothiazide.....</i>	55	<i>budesonide-formoterol fumarate.....</i>	164
BETAPACE.....	53	<i>blisovi 24 fe.....</i>	112	<i>bumetanide oral.....</i>	55
		<i>blisovi fe 1.5/30.....</i>	112	BUPHENYL ORAL POWDER.....	106
		<i>blisovi fe 1/20.....</i>	112	BUPHENYL ORAL TABLET.....	106
		BLOOD GLUCOSE TEST STRIPS.....	70		
		BOLSITOL.....	92		
		BONINE.....	27		
		BOOSTRIX.....	123		
		<i>boro-packs.....</i>	68		
		<i>bosentan.....</i>	154		

<i>buprenorphine</i>	6	<i>calcitriol oral capsule</i>	126	<i>calcium citrate+d3 oral tablet</i>	75
<i>buprenorphine hcl sublingual</i>	8	<i>calcitriol oral solution</i>	126	<i>calcium citrate+d3 w/magne</i>	75
<i>buprenorphine hcl-naloxone hcl</i>	15	<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	74	<i>calcium citrate-vit d</i>	75
<i>bupropion hcl er (smoking det)</i>	16	<i>calcium 500/vitamin d3</i>	74	<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	75
<i>bupropion hcl er (sr)</i>	25	<i>calcium 600</i>	177	<i>calcium fast dissolution</i>	177
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	25	<i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>	74	<i>calcium high potency</i>	177
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG ..	25	<i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	74	<i>calcium high potency/vitamin d</i>	75
<i>bupropion hcl oral</i>	25	<i>calcium 600/vitamin d</i>	74	<i>calcium oral tablet 1500 (600 ca) mg</i>	177
<i>bupirone hcl oral</i>	44	<i>calcium 600/vitamin d-3</i>	74	<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	177
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	7	<i>calcium 600+d oral tablet 600-10 mg-mcg</i> ... 74		<i>calcium plus vitamin d</i>	75
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	7	<i>calcium 600+d oral tablet 600-5 mg-mcg</i> ... 177		<i>calcium plus vitamin d3</i>	75
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	7	<i>calcium acetate (phos binder) oral capsule</i> .. 79		<i>calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg</i>	177
<i>butalbital-apap-caffeine oral tablet</i>	7	<i>calcium acetate (phos binder) oral tablet</i> 79		<i>calcium/minerals/vitamin d</i>	75
<i>butalbital-asa-caff-codeine</i>	7	<i>calcium acetate oral tablet 667 mg</i>	79	<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i>	75
<i>butalbital-aspirin-caffeine</i>	7	<i>calcium antacid</i>	92	<i>cal-gest antacid</i>	92
<i>butorphanol tartrate nasal</i>	7	<i>calcium antacid ex st oral tablet chewable 750 mg</i>	92	CALQUENCE	130
BUTRANS	6	<i>calcium antacid extra strength</i>	92	<i>camila</i>	118
BYDUREON BCISE AUTOINJECTOR	46	<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	74	<i>camrese</i>	112
BYETTA 10 MCG PEN	46	<i>calcium carbonate</i>	177	<i>camrese lo</i>	112
BYETTA 5 MCG PEN	46	<i>calcium carbonate antacid oral suspension</i> .. 92		CANASA	125
<i>c 500/rose hips</i>	177	<i>calcium carbonate antacid oral tablet</i>	92	<i>capecitabine</i>	36
<i>cabergoline</i>	120	<i>calcium carbonate antacid oral tablet chewable</i>	92	CAPLYTA	39
CABLIVI	51	<i>calcium carbonate oral tablet 1500 (600 ca) mg</i>	177	CAPRELSA	138
CABOMETYX	138	<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	177	<i>capsaicin external cream 0.025 %</i>	130
<i>caffeine citrate oral</i>	60	<i>calcium cit plus vit d-3</i>	74	<i>capsaicin external cream 0.1 %</i>	130
<i>cal mag zinc +d3</i>	74	<i>calcium citrate + d3 maximum</i>	75	<i>capsaicin hp</i>	130
<i>calamine external lotion</i>	130	<i>calcium citrate +d3</i>	75	<i>capsaicin pain relief</i>	130
<i>calamine external lotion , 8-8 %</i>	69	<i>calcium citrate oral tablet 950 (200 ca) mg</i> .. 75		<i>captropril oral</i>	52
<i>calamine-zinc oxide external lotion</i>	69	<i>calcium citrate plus vit d</i>	75	<i>captropril-hydrochlorothiazide</i>	55
<i>calcipotriene external cream</i>	66	<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	75	<i>capzix</i>	130
<i>calcipotriene external ointment</i>	66			CARAC	66
<i>calcipotriene external solution</i>	66			<i>carbamazepine er</i>	24
<i>calcitonin (salmon) nasal</i>	126			<i>carbamazepine oral</i>	24
<i>calcitriol external</i>	66			<i>carbidopa-levodopa er</i>	38
				<i>carbidopa-levodopa oral tablet</i>	38

<i>carboxymethylcellulose sodium ophthalmic solution</i>	143	<i>cetirizine hcl oral tablet</i>	150	<i>childrens vitamins/iron</i>	178
CAREPOINT POLY HUB NEEDLE 18G X 1".....	50	<i>cetirizine-pseudoephedrine er</i>	160	<i>childs non-aspirin</i>	9
CAREPOINT POLY HUB NEEDLE 25G X 5/8".....	130	<i>charlotte 24 fe</i>	112	<i>chlordiazepoxide hcl</i>	45
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8".....	130	<i>chateal eq</i>	112	<i>chlorhexidine gluconate mouth/throat</i>	61
CARESENS CONTROL SOLUTION A/B.....	70	CHEMET.....	79	<i>chloroquine phosphate oral</i>	37
CARESTART COVID-19 HOME TEST.....	130	CHEMSTRIP 10 MD.....	70	<i>chlorpromazine hcl oral</i>	39
CARETOUCH CONTROL SOL LEVEL 2....	70	CHEMSTRIP 10/SG.....	70	<i>chlorthalidone</i>	56
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8".....	130	CHEMSTRIP 2 GP.....	70	<i>chlorzoxazone oral tablet 500 mg</i>	175
<i>carglumic acid</i>	73	CHEMSTRIP 5 OB.....	70	CHOLBAM.....	106
<i>carteolol hcl</i>	142	CHEMSTRIP 7.....	70	<i>cholestyramine light oral powder</i>	57
<i>cartia xt</i>	54	CHEMSTRIP 9.....	70	<i>cholestyramine oral powder</i>	57
<i>carvedilol</i>	53	CHEMSTRIP K.....	70	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	109
CASTIVA WARMING.....	130	CHEMSTRIP UGK.....	70	CIBINQO.....	69
CAYA.....	131	<i>chest congest/cough child</i>	166	<i>ciclodan</i>	67
CAYSTON.....	153	<i>chest congestion relief dm oral syrup</i>	166	<i>ciclopirox external solution</i>	67
<i>cefaclor oral capsule</i>	19	<i>chest congestion relief oral liquid</i>	155	<i>cilostazol</i>	51
<i>cefadroxil</i>	19	<i>chest congestion relief oral tablet</i>	155	CIMDUO.....	43
<i>cefdinir</i>	19	<i>chewable c</i>	177	<i>cimetidine oral tablet 200 mg</i>	87
<i>cefixime oral capsule</i>	19	<i>chewable c with rose hips</i>	177	<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	87
<i>cefepodoxime proxetil oral tablet</i>	19	<i>chewable childrens vitamin</i>	178	CIMZIA (2 SYRINGE).....	123
<i>cefprozil</i>	19	<i>chewy not chalky flavor</i>	92	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML.....	123
<i>cefuroxime axetil</i>	19	<i>childrens acetaminophen</i>	9	CIMZIA VIAL KIT.....	123
<i>celecoxib oral</i>	4	<i>childrens allergy oral liquid 12.5 mg/5ml</i>	150	<i>cinacalcet hcl</i>	126
CENTRUM FLAVOR BURST KIDS.....	131	<i>childrens animal shapes</i>	178	CIPRO ORAL SUSPENSION RECONSTITUTED.....	20
CENTRUM KIDS.....	131	<i>childrens apap</i>	9	<i>ciprofloxacin hcl ophthalmic</i>	141
CENTRUM SPECIALIST PRENATAL.....	80	<i>childrens aspirin oral tablet chewable 81 mg</i>	131	<i>ciprofloxacin hcl oral</i>	20
<i>cephalexin oral capsule 250 mg, 500 mg</i>	19	<i>childrens chewable vitamins</i>	178	<i>ciprofloxacin-dexamethasone</i>	147
<i>cephalexin oral suspension reconstituted</i>	19	<i>childrens chewables/ex c</i>	178	CITALOPRAM HYDROBROMIDE ORAL CAPSULE.....	26
CEQUA.....	140	<i>childrens chewables/iron</i>	178	<i>citalopram hydrobromide oral solution</i>	26
CERDELGA.....	106	<i>childrens cold & allergy</i>	166	<i>citalopram hydrobromide oral tablet</i>	26
<i>cerovite jr</i>	177	<i>childrens complete oral tablet chewable 18 mg</i>	178	<i>citroma</i>	102
<i>cetiri-d</i>	160	<i>childrens cough</i>	166	CITRUCCEL.....	102
<i>cetirizine allergy relief</i>	150	<i>childrens loratadine</i>	162	<i>claravis</i>	62
<i>cetirizine hcl oral solution</i>	150	<i>childrens mucus relief cough</i>	166	<i>clarithromycin er</i>	19
		<i>childrens non-aspirin</i>	9		
		<i>childrens soothe</i>	92		
		<i>childrens vitamins/extra c</i>	178		

<i>clarithromycin oral</i>	19	<i>clonazepam oral tablet</i>	45	COMETRIQ (140 MG DAILY DOSE).....	138
CLARITIN ALLERGY CHILDRENS.....	162	<i>clonidine</i>	52	COMETRIQ (60 MG DAILY DOSE).....	138
CLARITIN ORAL TABLET.....	162	<i>clonidine hcl er oral tablet extended</i>		<i>comfort gel</i>	92
CLARITIN REDITABS ORAL TABLET		<i>release 12 hour</i>	58	<i>comfort gel antacid anti-gas oral</i>	
DISPERSIBLE 10 MG.....	162	<i>clonidine hcl oral</i>	52	<i>suspension 400-400-40 mg/5ml</i>	92
CLARITIN-D 12 HOUR.....	166	<i>clopidogrel bisulfate oral</i>	51	COMIRNATY.....	131
CLARITIN-D 24 HOUR.....	166	<i>clorazepate dipotassium</i>	45	COMPLERA.....	42
<i>classic prenatal</i>	80	<i>clotrimazole 3</i>	30	<i>complete allergy</i>	151
<i>c-lax laxative</i>	131	<i>clotrimazole 7</i>	30	<i>complete allergy medicine</i>	151
CLEARCANAL EARWAX SOFTENER.....	148	<i>clotrimazole external cream 1 %</i>	67	<i>complete allergy medicine oral capsule</i>	151
CLEARDETECT COVID-19 AG HOME.....	131	<i>clotrimazole external solution 1 %</i>	67	<i>complete allergy relief</i>	151
<i>clearlax oral powder 17 gm/scoop</i>	100	<i>clotrimazole mouth/throat troche 10 mg</i>	29	<i>compro</i>	27
<i>clearskin</i>	131	<i>clotrimazole vaginal</i>	30	CONCERTA.....	58
<i>clemastine fumarate oral</i>	150	<i>clotrimazole vaginal cream 1 %</i>	30	CONDOMS.....	131
CLENPIQ.....	87	<i>clotrimazole-betamethasone</i>	66	<i>constulose</i>	86
CLIMARA.....	112	<i>clozapine</i>	40	CONTOUR NEXT EZ KIT W/DEVICE.....	70
CLIMARA PRO.....	112	CLOZARIL.....	40	CONTOUR NEXT GEN MONITOR KIT.....	70
<i>clindacin etz external swab</i>	67	<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	7	CONTOUR NEXT GEN TEST STRIPS.....	70
<i>clindacin-p</i>	67	COLACE.....	102	CONTOUR NEXT MONITOR KIT	
<i>clindamycin hcl oral capsule 150 mg, 300</i>		COLAZAL.....	125	W/DEVICE.....	70
<i>mg</i>	18	<i>colchicine oral capsule</i>	31	CONTOUR NEXT ONE KIT.....	70
<i>clindamycin palmitate hcl</i>	18	<i>colchicine oral tablet</i>	31	CONTOUR TEST STRIPS.....	70
<i>clindamycin phosphate external gel</i>	67	<i>cold & allergy</i>	166	COOL MIST HUMIDIFER.....	131
<i>clindamycin phosphate external lotion</i>	67	<i>cold & allergy childrens oral elixir 1-15</i>		COPAXONE.....	60
<i>clindamycin phosphate external solution</i>	67	<i>mg/5ml</i>	166	COPIKTRA.....	35
<i>clindamycin phosphate external swab</i>	67	<i>cold & cough childrens oral liquid 1-5-2.5</i>		CORICIDIN HBP COUGH/COLD.....	155
<i>clindamycin phosphate vaginal</i>	18	<i>mg/5ml, 2.5-1-5 mg/5ml</i>	166	CORLANOR.....	55
CLINDESSE.....	18	<i>cold & sinus</i>	167	<i>corn & callus remover</i>	131
CLINERE EARWAX REMOVAL KIT OTIC		<i>cold & sinus relief oral tablet 30-200 mg</i>	167	<i>corn and callus remover</i>	131
SOLUTION.....	148	<i>cold/cough</i>	167	CORTIFOAM.....	126
CLINITEST RAPID COVID-19 TEST.....	131	<i>cold/cough childrens</i>	167	<i>cortisone maximum strength external</i>	
<i>clobazam</i>	23	<i>cold/cough dm childrens oral liquid 2.5-1-5</i>		<i>cream</i>	63
<i>clobetasol propionate e</i>	63	<i>mg/5ml</i>	167	CORTROPHIN.....	109
<i>clobetasol propionate external cream</i>	63	<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i> ..	167	CORVITA.....	178
<i>clobetasol propionate external ointment</i>	63	<i>col-rite oral capsule 250 mg</i>	102	COSENTYX SUBCUTANEOUS	
<i>clobetasol propionate external solution</i>	63	COMBIGAN.....	140	SOLUTION AUTO-INJECTOR 150 MG/ML	
CLOBEX.....	63	COMBIPATCH.....	112	.....	122
CLOBEX SPRAY.....	63	COMBIVENT RESPIMAT.....	164		
<i>clomipramine hcl oral</i>	27	COMETRIQ (100 MG DAILY DOSE).....	138		

COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	122	<i>cyclophosphamide oral capsule</i>	33	DAURISMO.....	35
COSENTYX UNOREADY.....	122	CYCLOPHOSPHAMIDE ORAL TABLET.....	33	DAYHIST ALLERGY 12 HOUR RELIEF....	151
COSOPT.....	140	<i>cycloserine oral</i>	33	<i>daysee</i>	113
COSOPT PF.....	140	<i>cyclosporine modified</i>	123	DAYVIGO.....	175
COTELLIC.....	35	<i>cyclosporine oral</i>	123	<i>deblitane</i>	118
COTEMPLA XR-ODT.....	58	CYMBALTA.....	60	DECARA ORAL CAPSULE 1.25 MG (50000 UT).....	81
<i>cough & chest congestion</i>	167	<i>cyproheptadine hcl oral</i>	151	DECARA ORAL CAPSULE 625 MCG (25000 UT).....	81
<i>cough & cold</i>	155	<i>cyred eq</i>	113	<i>deep sea nasal spray</i>	156
<i>cough & cold hbp</i>	156	CYSTAGON.....	106	<i>deferasirox granules</i>	79
<i>cough childrens</i>	167	CYSTARAN.....	140	<i>deferasirox oral packet</i>	79
<i>cough dm childrens</i>	167	<i>d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut)</i>	80	<i>deferasirox oral tablet</i>	79
<i>cough dm er</i>	167	<i>d3 high potency oral capsule 250 mcg (10000 ut)</i>	80	<i>deferasirox oral tablet soluble</i>	79
<i>cough dm oral suspension extended release 30 mg/5ml</i>	167	<i>d3 max st</i>	80	DELSTRIGO.....	42
<i>cough relief oral syrup 15 mg/5ml</i>	156	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	80	DELSYM CGH/CHEST CONG DM CHILD	167
<i>cough/cold hbp</i>	156	<i>d3 oral capsule 125 mcg (5000 ut)</i>	80	DELSYM COUGH CHILDRENS.....	167
COVID-19 AT HOME ANTIGEN TEST.....	131	<i>d3 oral capsule 25 mcg (1000 ut)</i>	80	DELSYM COUGH/CHEST CONGEST DM	167
COVID-19 AT HOME TEST KIT.....	131	<i>d3 oral capsule 250 mcg</i>	80	DELSYM ORAL SUSPENSION	
COVID-19 AT-HOME TEST.....	131	<i>d-3-5</i>	80	EXTENDED RELEASE.....	167
CREON.....	106	<i>d3-50</i>	80	<i>delyla</i>	113
CRESEMBA ORAL CAPSULE 186 MG.....	29	<i>daily acne wash</i>	131	DELZICOL.....	125
CRESTOR.....	56	<i>daily fiber oral capsule 0.52 gm</i>	100	DENGVAXIA.....	125
CRITIC-AID CLEAR AF.....	30	<i>daily fiber oral powder 43 %</i>	100	DENTA 5000 PLUS.....	73
<i>cromolyn sodium inhalation</i>	154	<i>daily multiple vitamins</i>	80	DENTAGEL.....	73
<i>cromolyn sodium nasal</i>	164	<i>daily multivitaminsliron</i>	178	DEPEN TITRATABS.....	107
<i>cromolyn sodium ophthalmic</i>	141	<i>daily vitamins</i>	81	DEPO-ESTRADIOL.....	113
CRUEX PRESCRIPTION STRENGTH.....	30	<i>daily vite</i>	81	DEPO-SUBQ PROVERA 104.....	118
<i>cryselle-28</i>	112	<i>daily vites</i>	81	DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR.....	111
CUPRIMINE.....	107	<i>daily-vite</i>	81	DERMELEVE ADVANCED FORMULA.....	131
<i>curae</i>	119	<i>dalfampridine er</i>	60	DESCOVY.....	43
CURANOL.....	10	<i>danazol oral</i>	111	DESENEK EXTERNAL POWDER.....	30
CURELIEF.....	151	<i>dantrolene sodium oral</i>	41	DESENEK JOCK ITCH.....	30
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	182	<i>dapsone oral</i>	32	<i>desgen dm oral liquid</i>	160
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	175	DAPTACEL.....	123	<i>desipramine hcl oral</i>	27
<i>cyclopentolate hcl ophthalmic</i>	140	<i>darunavir</i>	131	<i>desmopressin ace spray refrig</i>	109
		<i>dasetta 1/35</i>	113	<i>desmopressin acetate oral</i>	109
		<i>dasetta 7/7/7</i>	113	<i>desmopressin acetate spray</i>	109

<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	113	<i>diazepam oral tablet</i>	45	<i>diphenoxylate-atropine</i>	86
<i>desvenlafaxine succinate er</i>	26	<i>diazepam rectal</i>	23	<i>dipyridamole oral</i>	51
DETROL.....	107	<i>dibromm childrens cold/cgh</i>	168	<i>disopyramide phosphate</i>	53
DETROL LA.....	107	<i>diclofenac potassium oral tablet 50 mg</i>	4	<i>disulfiram oral</i>	15
<i>dexamethasone intensol</i>	109	<i>diclofenac sodium er</i>	4	DIURIL.....	56
<i>dexamethasone oral elixir</i>	109	<i>diclofenac sodium external gel 1 %</i>	4	<i>divalproex sodium er</i>	46
<i>dexamethasone oral solution</i>	109	<i>diclofenac sodium external solution 1.5 %</i>	4	<i>divalproex sodium oral capsule delayed release sprinkle</i>	46
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg</i>	109	<i>diclofenac sodium ophthalmic</i>	142	<i>divalproex sodium oral tablet delayed release</i>	46
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>	109	<i>diclofenac sodium oral</i>	4	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM.....	113
<i>dexamethasone sodium phosphate ophthalmic</i>	142	<i>dicloxacillin sodium</i>	19	DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM.....	113
DEXCOM G6 RECEIVER.....	70	<i>dicyclomine hcl oral capsule</i>	87	<i>dm maximum adult</i>	168
DEXCOM G6 SENSOR.....	70	<i>dicyclomine hcl oral tablet</i>	87	<i>docosanol external</i>	69
DEXCOM G6 TRANSMITTER.....	132	DIFFERIN EXTERNAL CREAM.....	62	<i>docusate calcium</i>	102
DEXCOM G7 RECEIVER.....	70	DIFFERIN EXTERNAL GEL 0.1 %.....	62	<i>docusate mini</i>	102
DEXCOM G7 SENSOR.....	71	DIFFERIN EXTERNAL GEL 0.3 %.....	62	<i>docusate sodium oral capsule</i>	102
<i>dexmethylphenidate hcl</i>	58	DIFICID.....	19	<i>docusate sodium oral liquid</i>	102
<i>dexmethylphenidate hcl er</i>	58	<i>digestive probiotic oral capsule</i>	92	<i>docusate sodium oral syrup</i>	102
<i>dextroamphetamine sulfate</i>	59	<i>digestive probiotic oral capsule 250 mg</i>	92	DOCUSOL MINI.....	102
<i>dextroamphetamine sulfate er</i>	59	<i>digital pregnancy test</i>	132	<i>docuzen</i>	102
<i>dextromethorphan polistirex er</i>	167	<i>digoxin oral solution</i>	55	DODEX.....	182
<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	167	<i>digoxin oral tablet 125 mcg, 250 mcg</i>	55	<i>dofetilide</i>	53
<i>dextromethorphan-guaifenesin oral syrup</i> ..	168	<i>dihydroergotamine mesylate injection</i>	31	<i>dolishale</i>	113
DHIVY.....	38	DILANTIN ORAL CAPSULE 30 MG.....	24	<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	25
DIACOMIT.....	24	<i>diltiazem hcl er beads</i>	54	<i>donepezil hcl oral tablet 23 mg</i>	25
DIALYVITE 800 ORAL TABLET.....	81	<i>diltiazem hcl er coated beads</i>	54	DOPTLET.....	51
DIALYVITE SUPREME D.....	178	<i>diltiazem hcl er oral capsule extended release 12 hour</i>	54	DORAL.....	45
DIALYVITE VITAMIN D 5000.....	81	<i>diltiazem hcl er oral capsule extended release 24 hour</i>	54	DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC.....	142
<i>diamode</i>	86	<i>diltiazem hcl oral</i>	54	<i>dorzolamide hcl solution 2 % ophthalmic</i> ...	142
<i>diaper rash external ointment</i>	68	<i>dilt-xr</i>	54	<i>dorzolamide hcl-timolol mal</i>	140
<i>diarrhea</i>	92	<i>dimaphen dm cold/cough</i>	168	<i>dotti</i>	113
<i>diarrhea relief</i>	92	<i>dimethyl fumarate oral</i>	60	<i>double antibiotic external ointment 500-10000 unit/gm</i>	132
DIATROL.....	178	<i>dimethyl fumarate starter pack</i>	60	DOVATO.....	42
DIATRUST COVID-19 HOME TEST.....	132	DIPENTUM.....	125		
<i>diazepam oral solution</i>	45	<i>diphedryl allergy</i>	151		
		<i>diphen</i>	151		
		<i>diphenhydramine hcl childrens</i>	151		
		<i>diphenhydramine hcl oral</i>	151		

<i>doxazosin mesylate oral</i>	52	<i>ear wax removal</i>	148	ELLA.....	118
<i>doxepin hcl external</i>	63	<i>ear wax removal system</i>	148	ELLUME COVID-19 HOME TEST.....	132
<i>doxepin hcl oral capsule</i>	27	<i>early pregnancy</i>	132	ELMIRON.....	107
<i>doxepin hcl oral concentrate</i>	27	<i>early result pregnancy</i>	132	<i>eluryng</i>	113
<i>doxepin hcl oral tablet</i>	175	<i>earwax removal</i>	148	EMEND ORAL.....	28
<i>doxycycline hyclate oral capsule</i>	20	<i>earwax removal drops</i>	148	EMETROL ORAL SOLUTION.....	28
<i>doxycycline hyclate oral tablet 100 mg</i>	20	<i>earwax removal kit otic solution 6.5 %</i>	148	EMFLAZA ORAL TABLET 6 MG.....	109
<i>doxycycline monohydrate oral capsule 100 mg</i>	20	EASIVENT.....	132	EMGALITY.....	31
<i>doxycycline monohydrate oral capsule 50 mg</i>	20	EASIVENT MASK LARGE.....	132	EMGALITY (300 MG DOSE).....	31
DR SMITHS DIAPER.....	68	EASIVENT MASK MEDIUM.....	132	EMPAVELI.....	132
<i>driminate</i>	27	EASIVENT MASK SMALL.....	132	EMSAM.....	26
<i>dronabinol</i>	28	EASY-C IMMUNE HEALTH.....	178	<i>emtricitabine</i>	43
DROPSAFE ALCOHOL PREP.....	132	<i>easygel</i>	73	<i>emtricitabine-tenofovir df</i>	43
<i>drospiren-eth estrad-levomefol</i>	113	<i>easy-lax plus</i>	102	EMTRIVA ORAL SOLUTION.....	43
<i>drospirenone-ethinyl estradiol</i>	113	EASYMAX 15 LEVEL 2 CONTROL.....	71	EMVERM.....	36
DROXIA.....	51	EASYMAX 15 LEVEL 2-3 CONTROL.....	71	<i>emzahn</i>	118
<i>dry-eye relief nighttime</i>	143	<i>ec-naproxen</i>	4	<i>enalapril maleate oral solution</i>	52
<i>dss</i>	102	<i>econtra one-step</i>	119	<i>enalapril maleate oral tablet</i>	52
DUAKLIR PRESSAIR.....	164	ED A-HIST ORAL LIQUID.....	160	<i>enalapril-hydrochlorothiazide</i>	55
DUAVEE.....	113	<i>ed bron gp</i>	156	ENBREL.....	123
DUEXIS.....	4	<i>ed chlorped jr</i>	162	ENDACOF-DM.....	168
DULERA.....	164	<i>ed-apap</i>	10	ENDARI.....	73
<i>duloxetine hcl oral</i>	60	EDARBI.....	52	<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	7
DUOBRII.....	66	EDARBYCLOR.....	55	<i>enema</i>	93
DUOPA.....	38	EDLUAR.....	175	<i>enema disposable</i>	93
DUPIXENT.....	122	EDURANT.....	42	<i>enema mineral oil</i>	100
DUREX EXTRA SENSITIVE THIN DEVICE.....	132	<i>efavirenz oral capsule</i>	42	<i>enema ready-to-use</i>	93
D-VI-SOL.....	81	<i>efavirenz oral tablet</i>	42	<i>enema rectal enema , 16-6 gml/133ml</i>	93
<i>d-vite pediatric</i>	81	<i>efavirenz-emtricitab-tenofo df</i>	42	ENEMEEZ MINI.....	103
DYANAVEL XR.....	59	<i>efavirenz-lamivudine-tenofovir</i>	42	ENFAMIL ENFALYTE.....	75
DYMISTA.....	151	<i>effer-k oral tablet effervescent 25 meq</i>	178	ENFAMIL EXPECTA.....	81
<i>e</i>	182	EFFIENT.....	51	ENGERIX-B.....	123
E.E.S. 400.....	19	EFUDEX.....	66	<i>enilloring</i>	113
<i>e-400-clear</i>	182	<i>electrolyte solution</i>	75	<i>enoxaparin sodium</i>	50
<i>ear drops</i>	148	ELESTRIN.....	113	<i>enpresse-28</i>	113
<i>ear wax kit</i>	148	<i>elimest</i>	113	<i>enskyce</i>	113
		ELIQUIS.....	50	ENSPRYNG.....	123
		ELIQUIS DVT/PE STARTER PACK.....	50	ENSTILAR.....	66
		<i>elixophyllin</i>	154		

<i>entacapone</i>	38	<i>estradiol vaginal</i>	113	<i>eye itch relief ophthalmic solution 0.035 %</i>	147
<i>entecavir</i>	41	<i>eszopiclone</i>	175	<i>eye lubricant</i>	143
<i>enteric aspirin</i>	132	<i>ethambutol hcl oral tablet 100 mg</i>	33	<i>eye lubricant nighttime</i>	143
ENTRESTO.....	55	<i>ethambutol hcl oral tablet 400 mg</i>	33	EYES ALIVE.....	143
<i>enulose</i>	86	<i>ethosuximide oral</i>	23	EYSUVIS.....	142
EPCLUSA.....	41	<i>ethynodiol diac-eth estradiol</i>	113	<i>ezetimibe</i>	57
<i>ephrine nose drops</i>	156	<i>etodolac</i>	4	EZFE 200.....	75
EPIDIOLEX.....	22	<i>etonogestrel-ethinyl estradiol</i>	113	<i>falmina</i>	113
EPIDUO.....	62	<i>etoposide oral</i>	34	<i>famotidine acid reducer oral tablet 10 mg</i>	87
EPIDUO FORTE.....	62	<i>etravirine</i>	42	<i>famotidine oral suspension reconstituted</i>	87
<i>epinephrine injection solution auto-injector</i>	153	EUCRISA.....	63	<i>famotidine oral tablet</i>	87
EPIPEN 2-PAK.....	153	EULEXIN.....	33	<i>famotidine orig st</i>	87
EPIPEN JR 2-PAK.....	153	<i>euthyrox</i>	120	FANAPT.....	39
<i>epitol</i>	24	EVAC.....	100	FANAPT TITRATION PACK.....	39
EPOGEN.....	51	EVAMIST.....	113	FARXIGA.....	46
EPRONTIA.....	22	<i>everolimus oral tablet 0.25 mg, 0.5 mg,</i>		FASENRA PEN.....	155
EQUETRO.....	46	<i>0.75 mg, 1 mg</i>	123	<i>fast relief laxative</i>	132
<i>ergocalciferol oral capsule</i>	178	<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg</i>	35	FASTEP COVID-19 ANTIGEN TEST.....	132
ERIVEDGE.....	35	<i>everolimus oral tablet 7.5 mg</i>	35	<i>febuxostat oral tablet 80 mg</i>	31
ERLEADA.....	33	<i>everolimus oral tablet soluble</i>	35	<i>felbamate oral suspension</i>	22
<i>erlotinib hcl</i>	138	EVISTA.....	119	<i>felbamate oral tablet</i>	22
ERMEZA.....	120	EVOTAZ.....	44	<i>felodipine er</i>	54
<i>errin</i>	118	EVRYSDI.....	106	FEMRING.....	113
ERYTHROCIN STEARATE.....	19	EXCEDRIN EXTRA STRENGTH.....	10	<i>fenofibrate micronized oral capsule 134</i>	
<i>erythromycin base oral</i>	19	EXCEDRIN MIGRAINE.....	10	<i>mg, 200 mg, 67 mg</i>	56
<i>erythromycin ethylsuccinate oral</i>	19	EXELON.....	25	<i>fenofibrate oral capsule 134 mg, 200 mg,</i>	
<i>erythromycin external</i>	67	<i>exemestane</i>	34	<i>67 mg</i>	56
<i>erythromycin ophthalmic</i>	141	EXKIVITY ORAL CAPSULE 40 MG.....	35	<i>fenofibrate oral tablet 145 mg, 48 mg</i>	56
<i>erythromycin oral</i>	19	EX-LAX MAXIMUM STRENGTH.....	103	<i>fenofibrate oral tablet 160 mg, 54 mg</i>	56
ESBRIET.....	155	EX-LAX ULTRA.....	132	FENOGLIDE.....	56
<i>escitalopram oxalate oral</i>	26	EXTAVIA.....	60	FENSOLVI (6 MONTH).....	120
<i>esomeprazole magnesium oral packet</i>	88	<i>eye drops adv relief</i>	143	<i>fentanyl transdermal patch 72 hour 100</i>	
<i>essential one daily</i>	81	<i>eye drops advanced relief</i>	143	<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>	
<i>essentials</i>	81	<i>eye drops long lasting</i>	143	<i>75 mcg/hr</i>	6
<i>estarylla</i>	113	<i>eye drops ophthalmic solution 0.05 %</i>	143	<i>ferate</i>	75
<i>estazolam</i>	175	<i>eye drops ophthalmic solution 0.05-0.1-1-1</i>		FER-IN-SOL.....	75
<i>estradiol oral</i>	113	<i>%</i>	143	<i>ferosul</i>	75
<i>estradiol transdermal patch twice weekly</i> ... 113		<i>eye drops ophthalmic solution 0.05-0.25 %</i>	143	<i>ferretts</i>	75
<i>estradiol transdermal patch weekly</i>	113	<i>eye irritation relief drops</i>	143	<i>ferrex 150 capsule 150 mg oral</i>	75

FERREX 150 CAPSULE 150 MG ORAL.....	75	<i>fiber powder oral powder 43 %</i>	100	<i>fluocinolone acetonide external cream</i>	
FERRIC X-150.....	76	<i>fiber therapy oral capsule 0.52 gm</i>	100	<i>0.025 %</i>	63
FERRIPROX TWICE-A-DAY.....	79	<i>fiber therapy oral powder 28.3 %</i>	100	<i>fluocinolone acetonide external ointment</i>	63
<i>ferrous fumarate oral tablet 324 (106 fe)</i>		<i>fiber therapy oral tablet 500 mg</i>	103	<i>fluocinolone acetonide external solution</i>	64
<i>mg, 324 mg</i>	76	<i>fiber therapy oral tablet 625 mg</i>	103	<i>fluocinolone acetonide scalp</i>	64
<i>ferrous gluconate</i>	76	<i>fiber-caps</i>	103	<i>fluocinonide emulsified base</i>	64
<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	76	<i>fiber-lax</i>	103	<i>fluocinonide external cream</i>	64
<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>		FINACEA EXTERNAL FOAM.....	62	<i>fluocinonide external solution</i>	64
<i>mg</i>	76	<i>finasteride oral tablet 5 mg</i>	107	<i>fluoridex daily renewal</i>	73
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	76	<i>finolimid hcl</i>	60	<i>fluorometholone</i>	142
<i>ferrous sulfate</i>	76	FINTEPLA.....	22	<i>fluorouracil external cream 5 %</i>	66
<i>ferrous sulfate oral solution 220 (44 fe)</i>		<i>finzala</i>	113	<i>fluorouracil external solution</i>	66
<i>mg/5ml, 300 mg/6.8ml</i>	76	<i>first aid antibiotic external ointment , 3.5-</i>		<i>fluoxetine hcl oral</i>	26
<i>ferrous sulfate oral solution 75 (15 fe)</i>		<i>400-5000</i>	21	<i>fluphenazine decanoate injection</i>	39
<i>mg/ml</i>	76	<i>first aid antiseptic external solution 10 %</i>	21	<i>fluphenazine hcl injection</i>	39
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	76	FIRVANQ.....	18	<i>fluphenazine hcl oral</i>	39
<i>ferrous sulfate oral tablet delayed release</i> ...	76	FLANAX.....	4	<i>flurbiprofen sodium</i>	142
FETZIMA.....	26	FLAREX.....	142	FLUTICASONE FUROATE-VILANTEROL	164
<i>fever reducer/pain reliever</i>	10	<i>flecainide acetate</i>	53	<i>fluticasone propionate external cream</i>	64
<i>fever reducing childrens</i>	10	FLECTOR.....	4	<i>fluticasone propionate external ointment</i>	64
<i>feverall adults</i>	10	FLEET BISACODYL.....	132	FLUTICASONE PROPIONATE HFA.....	152
<i>feverall childrens</i>	10	FLEET ENEMA.....	93	<i>fluticasone propionate nasal</i>	152
FEVERALL INFANTS.....	10	FLEET OIL.....	100	<i>fluticasone-salmeterol inhalation aerosol</i>	
FEVERALL JUNIOR STRENGTH.....	10	FLEET PEDIATRIC.....	93	<i>powder breath activated 100-50 mcg/act,</i>	
<i>fe-vite iron</i>	76	FLINTSTONES COMPLETE ORAL		<i>250-50 mcg/act, 500-50 mcg/act</i>	164
<i>fexofenadine hcl</i>	162	TABLET CHEWABLE.....	132	FLUTICASONE-SALMETEROL	
<i>fexofenadine hcl oral</i>	162	FLORA VANCE.....	93	INHALATION AEROSOL POWDER	
FIASP.....	48	<i>floranex tablet oral</i>	93	BREATH ACTIVATED 113-14 MCG/ACT,	
FIASP FLEXTOUCH.....	48	FLORANEX TABLET ORAL.....	93	232-14 MCG/ACT, 55-14 MCG/ACT.....	164
FIASP PENFILL.....	48	FLOWFLEX COVID-19 AG HOME TEST..	132	<i>fluvoxamine maleate</i>	26
<i>fiber laxative + calcium</i>	103	FLUAD QUADRIVALENT.....	125	<i>fluvoxamine maleate er</i>	26
<i>fiber laxative oral capsule 0.52 gm</i>	100	FLUARIX QUADRIVALENT.....	125	FLUZONE HIGH-DOSE QUADRIVALENT	125
<i>fiber laxative oral tablet 500 mg</i>	103	FLUBLOK QUADRIVALENT.....	125	FLUZONE QUADRIVALENT.....	125
<i>fiber oral capsule 0.52 gm</i>	100	FLUCELVAX QUADRIVALENT.....	125	FML FORTE.....	142
<i>fiber oral powder 28.3 %</i>	100	<i>fluconazole oral</i>	29	<i>foaming antacid oral tablet chewable 80-20</i>	
<i>fiber oral powder 43 %</i>	100	<i>fludrocortisone acetate oral</i>	109	<i>mg</i>	93
<i>fiber oral powder 58.6 %</i>	100	FLULAVAL QUADRIVALENT.....	125	FOLAGENT DHA.....	178
<i>fiber oral tablet 500 mg</i>	103	FLUMIST QUADRIVALENT.....	125	FOLAMAX.....	178
<i>fiber oral tablet 625 mg</i>	103	<i>fluocinolone acetonide body</i>	63	FOLAMED DHA.....	178

FOLCYTEINE.....	81	<i>ft allergy relief cetirizine.....</i>	151	<i>ft ibuprofen oral tablet.....</i>	4
<i>folic acid oral tablet 1 mg, 800 mcg.....</i>	133	<i>ft allergy relief childrens oral liquid.....</i>	151	<i>ft itch relief max strength external cream.....</i>	64
<i>folic acid oral tablet 400 mcg.....</i>	133	<i>ft allergy relief loratadine.....</i>	162	<i>ft itch relief/aloe max str.....</i>	64
<i>foot & sneaker.....</i>	133	<i>ft allergy relief oral capsule.....</i>	151	<i>ft laxative.....</i>	133
<i>foot care (terbinafine).....</i>	30	<i>ft allergy relief oral tablet 180 mg.....</i>	162	<i>ft lice killing max st.....</i>	37
<i>for sty relief.....</i>	143	<i>ft allergy relief oral tablet 25 mg.....</i>	151	<i>ft lubricant eye drops ophthalmic solution</i>	
FORFIVO XL.....	25	<i>ft allergy relief-d.....</i>	168	<i>0.4-0.3 %.....</i>	143
FORTEO.....	126	<i>ft antacid & antigas.....</i>	93	<i>ft lubricant eye drops ophthalmic solution</i>	
FOSAMAX.....	126	<i>ft antacid extra strength.....</i>	93	<i>0.5 %.....</i>	143
FOSAMAX PLUS D.....	126	<i>ft antacid regular strength.....</i>	93	<i>ft magnesium citrate.....</i>	103
<i>fosamprenavir calcium.....</i>	44	<i>ft antibiotic.....</i>	133	<i>ft magnesium oxide.....</i>	76
<i>fosinopril sodium.....</i>	52	<i>ft anti-diarrheal oral tablet.....</i>	86	<i>ft miconazole 3 combo pack.....</i>	29
<i>fosinopril sodium-hctz.....</i>	55	<i>ft anti-diarrheal/anti-gas.....</i>	93	<i>ft miconazole 7.....</i>	29
FREESTYLE LIBRE 14 DAY READER.....	71	<i>ft antifungal external cream 1 %.....</i>	133	<i>ft migraine relief.....</i>	10
FREESTYLE LIBRE 14 DAY SENSOR.....	71	<i>ft antifungal external cream 2 %.....</i>	31	<i>ft milk of magnesia.....</i>	94
FREESTYLE LIBRE 2 READER.....	71	<i>ft arthritis pain reliever.....</i>	10	<i>ft mineral oil.....</i>	100
FREESTYLE LIBRE 2 SENSOR.....	71	<i>ft aspirin low dose.....</i>	133	<i>ft motion sickness oral tablet 50 mg.....</i>	27
FREESTYLE LIBRE 3 SENSOR.....	71	<i>ft aspirin oral tablet.....</i>	133	<i>ft mucus relief 12hr oral tablet extended</i>	
FREESTYLE LIBRE READER.....	71	<i>ft athletes foot (terbinafine).....</i>	31	<i>release 12 hour 1200 mg.....</i>	156
FREESTYLE PRECISION NEO TEST.....	71	<i>ft chest congestion relief.....</i>	156	<i>ft mucus relief d 12 hour.....</i>	168
FREESTYLE TEST.....	71	<i>ft children's pain/fever.....</i>	10	<i>ft mucus relief dm oral tablet extended</i>	
<i>freeze dried acidophilus.....</i>	93	<i>ft clearlax.....</i>	100	<i>release 12 hour 30-600 mg.....</i>	168
FROVA.....	32	<i>ft cold & cough relief dm.....</i>	168	<i>ft nasal decongestant max str oral tablet... </i>	168
<i>fruity c.....</i>	178	<i>ft docosanol.....</i>	69	<i>ft nasal decongestant max str oral tablet</i>	
<i>ft 12 hour cough relief.....</i>	168	<i>ft double antibiotic.....</i>	133	<i>extended release 12 hour.....</i>	168
<i>ft 24 hour nasal allergy.....</i>	163	<i>ft earwax removal.....</i>	148	<i>ft nasal decongestant pe.....</i>	156
<i>ft 8 hour pain relief.....</i>	10	<i>ft earwax removal kit.....</i>	148	<i>ft nasal spray.....</i>	168
<i>ft acid reducer oral capsule delayed</i>		<i>ft enema mineral oil.....</i>	100	<i>ft nicotine.....</i>	17
<i>release 15 mg.....</i>	88	<i>ft enema saline.....</i>	93	<i>ft nicotine mini.....</i>	17
<i>ft acid reducer oral tablet.....</i>	87	<i>ft enteric coated aspirin.....</i>	133	<i>ft nighttime sleep aid.....</i>	176
<i>ft all day allergy.....</i>	151	<i>ft eye drops.....</i>	143	<i>ft pain & fever childrens.....</i>	10
<i>ft all day allergy 24 hour.....</i>	151	<i>ft fiber laxative.....</i>	103	<i>ft pain & fever infants.....</i>	10
<i>ft all day allergy relief.....</i>	162	<i>ft fiber oral powder 43 %.....</i>	100	<i>ft pain relief adult extra st.....</i>	10
<i>ft all day allergy-d.....</i>	160	<i>ft gas relief.....</i>	93	<i>ft pain relief extra strength.....</i>	10
<i>ft all day pain relief.....</i>	4	<i>ft gas relief extra strength.....</i>	93	<i>ft pain relief oral tablet 200 mg.....</i>	4
<i>ft allergy childrens.....</i>	162	<i>ft gas relief infants.....</i>	93	<i>ft pain relief oral tablet 325 mg.....</i>	10
<i>ft allergy d-12 hour.....</i>	168	<i>ft gas relief ultra strength.....</i>	93	<i>ft pain reliever ex str adult.....</i>	10
<i>ft allergy relief 12 hour.....</i>	162	<i>ft gentle laxative.....</i>	133	<i>ft senna laxative.....</i>	103
<i>ft allergy relief 24 hour.....</i>	162	<i>ft ibuprofen ib childrens.....</i>	4	<i>ft senna laxatives.....</i>	103

<i>ft senna-s</i>	103	<i>gas relief oral capsule 180 mg</i>	94	<i>gentlelax</i>	100
<i>ft stomach relief oral suspension</i>	94	<i>gas relief oral tablet chewable 125 mg</i>	94	<i>genuine aspirin</i>	133
<i>ft stomach relief oral tablet</i>	94	<i>gas relief oral tablet chewable 80 mg</i>	94	GENVOYA.....	42
<i>ft stomach relief oral tablet chewable</i>	94	<i>gas relief ultra strength</i>	94	GEODON ORAL.....	39
<i>ft stool softener oral capsule</i>	103	<i>gas relief ultstrength</i>	94	<i>geri-dryl</i>	151
<i>ft stool softener oral tablet 50-8.6 mg</i>	103	GAS-X EXTRA STRENGTH ORAL		<i>geri-kot</i>	103
<i>ft triple antibiotic</i>	21	CAPSULE.....	94	<i>geri-lanta maximum strength</i>	95
<i>ft tussin adult</i>	156	GAS-X EXTRA STRENGTH ORAL		<i>geri-lanta oral suspension 200-200-20</i>	
<i>ft tussin cf adult</i>	160	TABLET CHEWABLE.....	95	<i>mg/5ml</i>	95
<i>ft tussin dm max adult</i>	168	GAS-X ULTRA STRENGTH.....	95	<i>geri-mox</i>	95
<i>ft vitamin d3 oral tablet</i>	81	GATTEX.....	87	<i>geri-tussin dm oral syrup</i>	169
<i>full spectrum b/vitamin c</i>	81	<i>gavilax oral powder</i>	100	<i>geri-tussin oral liquid</i>	156
FULPHILA.....	51	<i>gavilyte-c</i>	87	GILENYA.....	60
<i>fungi-guard</i>	133	<i>gavilyte-g</i>	87	GILOTRIF.....	138
FUROSCIX.....	55	<i>gavilyte-n with flavor pack</i>	87	<i>giltuss severe sinus</i>	169
<i>furosemide oral solution 10 mg/ml</i>	55	GAVICON.....	95	<i>glatiramer acetate</i>	60
<i>furosemide oral tablet</i>	55	GAVICON EXTRA RELIEF FORMULA.....	95	<i>glatopa</i>	60
FUZEON.....	43	GAVICON EXTRA STRENGTH.....	95	GLEEVEC.....	138
FYCOMPA.....	22	GAVRETO.....	138	<i>glimepiride</i>	46
FYLNETRA.....	133	<i>gefitinib</i>	138	<i>glipizide er</i>	46
<i>g tussin ac</i>	168	GELUSIL.....	95	<i>glipizide oral tablet 10 mg, 5 mg</i>	46
<i>gabapentin oral capsule</i>	23	<i>gemfibrozil oral</i>	56	<i>glipizide xl</i>	46
<i>gabapentin oral solution 250 mg/5ml</i>	23	<i>gemmily</i>	114	<i>glucagon emergency injection kit</i>	47
<i>gabapentin oral tablet 600 mg, 800 mg</i>	23	GEMTESA.....	40	GLUCAGON EMERGENCY INJECTION	
<i>galantamine hydrobromide oral solution</i>	25	<i>generlac</i>	86	SOLUTION RECONSTITUTED.....	47
<i>galantamine hydrobromide oral tablet 12</i>		<i>gengraf oral capsule</i>	123	GLUCO TO GO.....	50
<i>mg, 8 mg</i>	25	GENOTROPIN.....	109	GLUCOSE CONTROL SOLUTIONS.....	71
<i>galantamine hydrobromide oral tablet 4 mg</i>	25	GENOTROPIN MINIQUICK.....	109	<i>glucose oral tablet chewable 4 gm</i>	50
GARDASIL 9.....	123	<i>gentamicin sulfate external</i>	67	<i>glyburide micronized</i>	46
<i>gas relief extra strength</i>	94	<i>gentamicin sulfate ophthalmic</i>	141	<i>glyburide oral</i>	46
<i>gas relief extra strength oral capsule 125</i>		GENTEAL SEVERE.....	144	<i>glyburide-metformin</i>	46
<i>mg</i>	94	GENTEAL TEARS MODERATE PF.....	144	<i>glycerin (adult) rectal suppository 2 gm</i>	103
<i>gas relief extstrength</i>	94	GENTEAL TEARS NIGHT-TIME.....	144	<i>glycerin (infants & children) rectal</i>	
<i>gas relief infants</i>	94	GENTEAL TEARS OPHTHALMIC		<i>suppository 1 gm</i>	103
<i>gas relief infants drops oral suspension 40</i>		SOLUTION 0.1-0.2-0.3 %.....	144	<i>glycerin adult rectal suppository 2 gm</i>	103
<i>mg/0.6ml</i>	94	GENTEAL TEARS PF.....	144	<i>glycerin child rectal suppository 1 gm, 1.2</i>	
<i>gas relief infants oral suspension 20</i>		GENTEAL TEARS SEVERE DAY/NIGHT.....	144	<i>gm</i>	103
<i>mg/0.3ml</i>	94	<i>gentle laxative</i>	133	<i>glycerin childrens</i>	103
<i>gas relief oral capsule 125 mg</i>	94	<i>gentle laxative womens</i>	133	<i>glycerin external liquid , 99.5 %</i>	68

<i>glycerin pediatric rectal suppository 1.2 gm</i>	<i>hailey fe 1.5/30</i>	114	HUMALOG JUNIOR KWIKPEN	48
.....	<i>hailey fe 1/20</i>	114	HUMALOG KWIKPEN SUBCUTANEOUS	
<i>glycolax</i>	HALCION	175	SOLUTION PEN-INJECTOR 100 UNIT/ML	48
<i>glycopyrrolate oral tablet 1 mg</i>	<i>halobetasol propionate external cream</i>	64	HUMALOG KWIKPEN SUBCUTANEOUS	
<i>glycopyrrolate oral tablet 2 mg</i>	<i>haloette</i>	114	SOLUTION PEN-INJECTOR 200 UNIT/ML	48
GLYXAMBI	<i>haloperidol decanoate intramuscular</i>	39	HUMALOG MIX 50/50 KWIKPEN	48
GOCOVRI	<i>haloperidol lactate oral concentrate 2</i>		HUMALOG MIX 75/25	48
<i>gormel</i>	<i>mg/ml</i>	39	HUMALOG MIX 75/25 KWIKPEN	48
<i>gormel 10</i>	<i>haloperidol oral</i>	39	HUMALOG TEMPO PEN	48
GRALISE ORAL TABLET 300 MG, 600	HARVONI	41	HUMATROPE	109
MG	HAVRIX	123	HUMIRA (2 PEN) SUBCUTANEOUS PEN-	
GRANIX	<i>headache formula</i>	11	INJECTOR KIT 40 MG/0.4ML, 80	
<i>griseofulvin microsize oral</i>	<i>headache relief</i>	11	MG/0.8ML	123
<i>griseofulvin ultramicrosize</i>	<i>headache relief extra str</i>	11	HUMIRA (2 SYRINGE) SUBCUTANEOUS	
<i>guaifenesin er oral tablet extended release</i>	<i>healthy hair/skin/nails</i>	81	PREFILLED SYRINGE KIT 10 MG/0.1ML,	
<i>12 hour 1200 mg</i>	<i>heartburn antacid</i>	95	20 MG/0.2ML, 40 MG/0.4ML	123
<i>guaifenesin oral liquid</i>	<i>heartburn antacid ex st</i>	95	HUMIRA SUBCUTANEOUS PEN-	
<i>guaifenesin oral tablet 400 mg</i>	<i>heartburn prevention oral tablet 10 mg</i>	87	INJECTOR KIT 80 MG/0.8ML	123
<i>guaifenesin-codeine</i>	<i>heartburn relief ex st</i>	95	HUMIRA-PED≤40KG.CROHNS.STARTER	123
<i>guaifenesin-dm oral syrup</i>	<i>heartburn relief oral tablet 10 mg</i>	88	HUMIRA-PED>=40KG CROHNS START	123
<i>guanfacine hcl</i>	<i>heartburn relief oral tablet 200 mg</i>	88	HUMIRA-PED>=40KG UC STARTER	123
<i>guanfacine hcl er</i>	<i>heartburn relief oral tablet chewable 160-</i>		HUMIRA-PSORIASIS/UEIT STARTER	123
GUARDIAN CONNECT TRANSMITTER	<i>105 mg</i>	95	HUMULIN 70/30 KWIKPEN	48
GUARDIAN LINK 3 TRANSMITTER	<i>heartland gas relief</i>	95	HUMULIN 70/30 VIAL	48
GUARDIAN SENSOR (3)	<i>heather</i>	118	HUMULIN N KWIKPEN	48
GUARDIAN SENSOR 3	<i>h-e-b aspirin</i>	133	HUMULIN N VIAL	48
<i>gummy dinos</i>	<i>h-e-b childrens allergy</i>	151	HUMULIN R U-500 KWIKPEN	48
<i>gummy multivitamin kids</i>	HEMANGEOL	53	HUMULIN R U-500 VIAL	
GVOKE HYPOPEN 1-PACK	HEMLIBRA	52	(CONCENTRATED)	48
GVOKE HYPOPEN 2-PACK	<i>hemorrhoidal rectal suppository 0.25-3-</i>		HUMULIN R VIAL	49
GVOKE KIT	<i>85.5 %</i>	69	HYCANTIN ORAL	34
GVOKE PFS	<i>heparin sodium (porcine)</i>	50	<i>hydralazine hcl oral</i>	57
GYNAZOLE-1	<i>heparin sodium (porcine) pf</i>	50	<i>hydrochlorothiazide oral capsule</i>	56
<i>habitrol</i>	HEPLISAV-B	125	<i>hydrochlorothiazide oral tablet 12.5 mg</i>	56
HADLIMA	<i>her style</i>	119	<i>hydrochlorothiazide oral tablet 25 mg, 50</i>	
HADLIMA PUSHTOUCH	<i>hi cal</i>	76	<i>mg</i>	56
HAEGARDA	HIBERIX	123	<i>hydrocodone bit-homatrop mbr</i>	133
<i>hailey 1.5/30</i>	HORIZANT	60	<i>hydrocodone-acetaminophen oral solution</i>	
<i>hailey 24 fe</i>	HUMALOG	48	<i>7.5-325 mg/15ml</i>	7

<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 5-325 mg, 7.5-325 mg.....	7	HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %.....	169	<i>imiquimod external cream 5 %</i>	66
<i>hydrocortisone (perianal) external cream</i> 2.5 %.....	126	HYPERTET.....	125	IMITREX.....	32
<i>hydrocortisone anti-itch</i>	64	HYPOTEARs.....	144	IMODIUM A-D ORAL TABLET.....	86
<i>hydrocortisone butyrate external ointment</i> ...	64	HYSINGLA ER.....	6	IMODIUM MULTI-SYMPTOM RELIEF.....	95
<i>hydrocortisone butyrate external solution</i>	64	IBRANCE.....	35	INBRIJA.....	38
<i>hydrocortisone external cream 0.5 %, 2.5</i> <i>%</i>	64	IBSRELA.....	86	<i>incassia</i>	118
<i>hydrocortisone external cream 1 %</i>	64	<i>ibuprofen</i>	4	INCRELEX.....	109
<i>hydrocortisone external lotion 2.5 %</i>	64	<i>ibuprofen childrens oral tablet chewable</i> 100 mg.....	4	INCRUSE ELLIPTA.....	153
<i>hydrocortisone external ointment 0.5 %</i>	64	<i>ibuprofen cold & sinus</i>	169	INDICAID COVID-19 RAPID TEST.....	134
<i>hydrocortisone external ointment 1 %</i>	64	<i>ibuprofen cold/sinus oral tablet 30-200 mg</i> <i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	169	<i>indomethacin oral capsule</i>	5
<i>hydrocortisone external ointment 2.5 %</i>	64	<i>ibuprofen ib childrens</i>	4	<i>indoor/outdoor allergy rlf</i>	151
<i>hydrocortisone max st external cream</i>	64	<i>ibuprofen ib oral tablet 200 mg</i>	4	INFANRIX.....	123
<i>hydrocortisone max st/12 moist</i>	65	<i>ibuprofen infants oral suspension 50</i> <i>mg/1.25ml</i>	5	<i>infant gas relief</i>	95
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5</i> <i>mg</i>	109	<i>ibuprofen jr oral tablet 100 mg</i>	5	INFANTS ADVIL.....	5
<i>hydrocortisone plus</i>	65	<i>ibuprofen junior</i>	5	<i>infants gas relief</i>	95
<i>hydrocortisone rectal enema 100 mg/60ml</i>	126	<i>ibuprofen junior strength</i>	5	<i>infants ibuprofen</i>	5
<i>hydrocortisonel/aloe</i>	65	<i>ibuprofen oral suspension 100 mg/5ml</i>	5	<i>infants pain & fever</i>	11
<i>hydrocortisonel/aloe max str</i>	65	<i>ibuprofen oral tablet 200 mg</i>	5	<i>infants pain relief drops</i>	11
<i>hydrocortisone-acetic acid</i>	147	<i>ibuprofen oral tablet 400 mg, 600 mg, 800</i> <i>mg</i>	5	<i>infants pain/fever</i>	11
<i>hydrolatum</i>	68	<i>icatibant acetate</i>	121	INGREZZA.....	60
<i>hydromet</i>	134	<i>iclevia</i>	114	INLYTA.....	139
<i>hydromorphone hcl oral</i>	7	ICLUSIG.....	138	INSPIREASE.....	134
<i>hydromorphone hcl rectal</i>	7	IDHIFA.....	34	INSPIREASE RESERVOIR BAGS.....	134
<i>hydrophor</i>	68	<i>iferex 150</i>	76	<i>instacort 5</i>	65
<i>hydroxychloroquine sulfate oral tablet 200</i> <i>mg</i>	37	IGALMI.....	44	INSULIN ASPART.....	49
<i>hydroxyurea oral</i>	34	IHEALTH COVID-19 RAPID TEST.....	134	INSULIN ASPART PROT & ASPART.....	49
<i>hydroxyzine hcl oral</i>	44	ILARIS.....	122	INSULIN DEGLUDEC.....	49
<i>hydroxyzine pamoate oral</i>	44	ILEVRO.....	142	INSULIN DEGLUDEC FLEXTOUCH.....	49
HYFTOR.....	134	ILUMYA.....	122	INSULIN GLARGINE-YFGN.....	49
<i>hyoscyamine sulfate er</i>	134	<i>imatinib mesylate</i>	138	INSULIN LISPRO.....	49
<i>hyoscyamine sulfate oral</i>	134	IMBRUVICA.....	138	INSULIN LISPRO (1 UNIT DIAL).....	49
<i>hyoscyamine sulfate sublingual</i>	134	<i>imipramine hcl oral</i>	27	INSULIN LISPRO JUNIOR KWIKPEN.....	49
<i>hyosyne</i>	134	<i>imipramine pamoate</i>	27	INSULIN LISPRO PROT & LISPRO.....	49
				INSULIN PEN NEEDLES 29G X 12.7MM..	134
				INSULIN PEN NEEDLES 29G X 12MM ,	
				31G X 5 MM , 31G X 6 MM , 31G X 8 MM.	134
				INSULIN PEN NEEDLES 32G X 4 MM ,	
				32G X 6 MM.....	71

INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML.....	134	ISENTRESS ORAL TABLET.....	42	KALETRA.....	44
INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	134	ISENTRESS ORAL TABLET CHEWABLE..	42	<i>kalliga</i>	114
INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML.....	134	<i>isibloom</i>	114	KALYDECO.....	153
INSULIN SYRINGES 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.....	134	<i>isoniazid oral</i>	33	<i>kariva</i>	114
INSULIN SYRINGES 30G X 5/16" 1 ML....	134	<i>isosorbide dinitrate</i>	57	KATERZIA.....	54
INTELENCE ORAL TABLET 25 MG.....	42	<i>isosorbide mononitrate</i>	57	<i>kelnor 1/35</i>	114
INTELISWAB COVID-19 RAPID TEST.....	134	<i>isosorbide mononitrate er</i>	57	<i>kelnor 1/50</i>	114
<i>intestinex</i>	96	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	62	KERENDIA.....	55
<i>introvale</i>	114	ISTALOL.....	142	KESIMPTA.....	60
INVEGA HAFYERA.....	39	<i>itraconazole oral</i>	29	<i>ketoconazole external cream</i>	67
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG.....	39	<i>ivermectin oral</i>	36	<i>ketoconazole external shampoo</i>	67
INVEGA SUSTENNA.....	39	<i>jaimiess</i>	114	<i>ketoconazole oral</i>	29
INVEGA TRINZA.....	39	JAKAFI.....	35	KETO-DIASTIX.....	71
INVELTYS.....	142	<i>jantoven</i>	50	KETONE CARE.....	71
INVOKAMET.....	46	JANUMET.....	46	KETONE TEST.....	71
INVOKAMET XR.....	46	JANUMET XR.....	46	<i>ketoprofen oral capsule 25 mg</i>	5
INVOKANA.....	46	JANUVIA.....	46	<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	142
IPOL.....	123	JARDIANCE.....	46	<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	142
<i>ipratropium bromide inhalation</i>	153	<i>jasmiel</i>	114	<i>ketorolac tromethamine oral</i>	5
<i>ipratropium bromide nasal</i>	153	JAVYGTOR ORAL PACKET 100 MG.....	106	KETOSTIX.....	71
<i>ipratropium-albuterol</i>	164	<i>jencycla</i>	118	<i>ketotifen fumarate ophthalmic</i>	147
<i>irbesartan</i>	52	JENTADUETO.....	46	KEVZARA.....	122
<i>irbesartan-hydrochlorothiazide</i>	55	JENTADUETO XR.....	46	KEYFOLIC.....	178
IRESSA.....	139	<i>jock itch external cream 1 %</i>	31	KEYLOSA.....	179
<i>iron (ferrous sulfate) oral solution</i>	76	<i>jock itch max st</i>	134	KINERET.....	122
<i>iron infant/toddler</i>	76	<i>jock itch spray powder</i>	134	KISQALI (200 MG DOSE).....	35
<i>iron oral tablet 240 (27 fe) mg</i>	76	<i>jolessa</i>	114	KISQALI (400 MG DOSE).....	35
<i>iron oral tablet 325 (65 fe) mg</i>	76	JORNAY PM.....	58	KISQALI (600 MG DOSE).....	35
<i>iron supplement childrens</i>	77	<i>joyeaux</i>	114	KISQALI FEMARA (200 MG DOSE).....	35
<i>iron supplement oral solution 220 (44 fe) mg/5ml</i>	77	JUBLIA.....	67	KISQALI FEMARA (400 MG DOSE).....	35
ISENTRESS HD.....	42	<i>juleber</i>	114	KISQALI FEMARA (600 MG DOSE).....	35
ISENTRESS ORAL PACKET.....	42	JULUCA.....	42	<i>klayesta</i>	67
		<i>junel 1.5/30</i>	114	<i>klor-con</i>	73
		<i>junel 1/20</i>	114	<i>klor-con 10</i>	73
		<i>junel fe</i>	114	<i>klor-con m10</i>	73
		JYNARQUE ORAL TABLET THERAPY PACK 15 MG.....	79	<i>klor-con m20</i>	73
		<i>kaitlib fe</i>	114	<i>klor-con/ef</i>	179

KLOXXADO.....	15	<i>lansoprazole oral tablet delayed release</i>		<i>leucovorin calcium oral tablet 15 mg, 25</i>	
KOSELUGO.....	35	<i>dispersible 15 mg.....</i>	88	<i>mg, 5 mg.....</i>	36
<i>kourzeq.....</i>	61	LANTUS SOLOSTAR.....	49	LEUKERAN.....	33
K-PHOS.....	77	LANTUS U-100 VIAL.....	49	LEUKINE.....	51
<i>k-prime.....</i>	179	<i>lapatinib ditosylate.....</i>	139	<i>leuprolide acetate injection.....</i>	120
KRAZATI.....	134	<i>larin 1.5/30.....</i>	114	<i>levabuterol hcl inhalation.....</i>	153
KRINTAFEL.....	37	<i>larin 1/20.....</i>	114	LEVBID.....	134
<i>kurvelo.....</i>	114	<i>larin 24 fe.....</i>	114	LEVEMIR FLEXPEN.....	49
<i>labetalol hcl oral.....</i>	53	<i>larin fe 1.5/30.....</i>	114	LEVEMIR U-100 VIAL.....	49
LAC-HYDRIN FIVE.....	65	<i>larin fe 1/20.....</i>	114	<i>levetiracetam oral solution.....</i>	22
<i>lacosamide oral solution 10 mg/ml.....</i>	24	<i>latanoprost ophthalmic.....</i>	140	<i>levetiracetam oral tablet.....</i>	22
<i>lacosamide oral tablet.....</i>	24	LATUDA.....	39	<i>levobunolol hcl.....</i>	142
<i>lactobacillus oral tablet.....</i>	96	<i>laxacin.....</i>	104	<i>levocetirizine dihydrochloride oral tablet....</i>	151
<i>lacto-pectin.....</i>	96	<i>laxaclear.....</i>	100	<i>levofloxacin oral tablet.....</i>	20
<i>lactulose encephalopathy oral solution 10</i>		<i>laxative max str.....</i>	104	<i>levonest.....</i>	115
<i>gm/15ml.....</i>	86	<i>laxative oral powder 17 gm/scoop.....</i>	100	<i>levonorgest-eth est & eth est.....</i>	115
<i>lactulose oral solution.....</i>	86	<i>laxative oral tablet delayed release 5 mg... </i>	134	<i>levonorgest-eth estrad 91-day.....</i>	115
LAGEVRIO.....	44	<i>laxative pills max st.....</i>	104	<i>levonorgest-eth estradiol-iron.....</i>	115
LAMICTAL XR ORAL KIT.....	22	<i>laxative pills oral tablet 25 mg.....</i>	104	<i>levonorgestrel.....</i>	119
LAMISIL AT EXTERNAL CREAM.....	31	<i>laxative rectal suppository 10 mg.....</i>	134	<i>levonorgestrel-ethinyl estrad.....</i>	115
LAMISIL AT JOCK ITCH.....	31	<i>laxative regular strength.....</i>	104	<i>levonorg-eth estrad triphasic.....</i>	115
<i>lamivudine oral solution.....</i>	43	<i>layolis fe.....</i>	115	<i>levora 0.15/30 (28).....</i>	115
<i>lamivudine oral tablet 100 mg.....</i>	41	LEDIPASVIR-SOFOSBUVIR.....	41	<i>levo-t.....</i>	120
<i>lamivudine oral tablet 150 mg, 300 mg.....</i>	43	<i>leena.....</i>	115	<i>levothyroxine sodium oral tablet.....</i>	120
<i>lamivudine-zidovudine.....</i>	43	<i>leflunomide oral.....</i>	123	<i>levoxyl.....</i>	120
<i>lamotrigine er.....</i>	22	<i>lenalidomide.....</i>	33	LIALDA.....	125
<i>lamotrigine oral kit.....</i>	22	LENVIMA (10 MG DAILY DOSE).....	139	LICART.....	5
<i>lamotrigine oral tablet.....</i>	22	LENVIMA (12 MG DAILY DOSE).....	139	<i>lice killing.....</i>	37, 66
<i>lamotrigine oral tablet chewable.....</i>	22	LENVIMA (14 MG DAILY DOSE).....	139	<i>lice killing max st external shampoo 0.33-4</i>	
<i>lamotrigine oral tablet dispersible.....</i>	22	LENVIMA (18 MG DAILY DOSE).....	139	<i>%.....</i>	37
<i>lamotrigine starter kit-blue.....</i>	22	LENVIMA (20 MG DAILY DOSE).....	139	<i>lice killing max str.....</i>	37
<i>lamotrigine starter kit-green.....</i>	22	LENVIMA (24 MG DAILY DOSE).....	139	<i>lice killing max strength.....</i>	37
<i>lamotrigine starter kit-orange.....</i>	22	LENVIMA (4 MG DAILY DOSE).....	139	<i>lice killing maximum strength.....</i>	37
LANCETS.....	71	LENVIMA (8 MG DAILY DOSE).....	139	<i>lice killing shampoo max str.....</i>	37
<i>lansoprazole oral capsule delayed release</i>		LESCOL XL.....	56	<i>lice maximum strength.....</i>	37
<i>15 mg.....</i>	88	<i>lessina.....</i>	115	<i>lice treatment external liquid 1 %.....</i>	66
<i>lansoprazole oral capsule delayed release</i>		LETAIRIS.....	154	<i>lice treatment external shampoo 0.33-4 %... </i>	37
<i>30 mg.....</i>	88	<i>letrozole oral.....</i>	34	<i>lidocaine external cream 4 %.....</i>	15
		<i>leucovorin calcium oral tablet 10 mg.....</i>	36	<i>lidocaine external patch 5 %.....</i>	15

<i>lidocaine hcl external cream 3 %</i>	15	<i>lopinavir-ritonavir</i>	44	<i>lubricant eye drops (pf) ophthalmic solution</i>	
<i>lidocaine viscous hcl</i>	15	<i>loradamed</i>	162	<i>0.5 %</i>	144
<i>lidocaine-prilocaine external cream</i>	15	<i>lorata-d</i>	169	<i>lubricant eye drops ophthalmic solution</i>	
<i>lidopin external cream 3 %</i>	15	<i>loratadine allergy relief oral tablet 10 mg</i> ...	162	<i>0.4-0.3 %</i>	144
<i>linezolid oral suspension reconstituted</i>	18	<i>loratadine allergy relief oral tablet</i>		<i>lubricant eye drops ophthalmic solution 0.5</i>	
<i>linezolid oral tablet</i>	18	<i>dispersible 10 mg</i>	163	<i>%</i>	144
LINZESS ORAL CAPSULE 145 MCG, 290		<i>loratadine childrens oral solution</i>	163	<i>lubricant eye drops ophthalmic solution 0.6</i>	
MCG.....	86	<i>lorata-dine d</i>	169	<i>%</i>	144
LINZESS ORAL CAPSULE 72 MCG.....	86	<i>loratadine d 12hr</i>	169	<i>lubricant eye drops pf</i>	144
<i>liothyronine sodium oral</i>	120	<i>loratadine oral solution</i>	163	<i>lubricant eye nighttime</i>	144
LIPITOR.....	56	<i>loratadine oral tablet</i>	163	<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>	
LIPOFEN.....	56	<i>loratadine oral tablet dispersible</i>	163	.....	144
<i>liquid acetaminophen</i>	11	<i>loratadine-d</i>	169	<i>lubricant eye pm</i>	145
<i>liquid allergy relief</i>	151	<i>loratadine-d 12hr</i>	169	<i>lubricant pm</i>	145
<i>liquid corn & callus rem</i>	134	<i>loratadine-d 24hr</i>	169	<i>lubricating eye drop</i>	145
<i>liquid pain relief</i>	11	<i>lorazepam oral tablet</i>	45	<i>lubricating eye drops</i>	145
<i>liquid wart remover</i>	134	LORBRENA.....	139	<i>lubricating eyel overnight</i>	145
<i>liquid wart remover max st</i>	134	LOREEV XR ORAL CAPSULE ER 24		<i>lubricating plus eye drops</i>	145
<i>lisdexamfetamine dimesylate</i>	59	HOUR SPRINKLE 1 MG, 2 MG, 3 MG.....	45	<i>lubricating plus ophthalmic solution 0.5 %</i> .	145
<i>lisinopril oral</i>	52	LOREEV XR ORAL CAPSULE ER 24		<i>lubricating plus pf</i>	145
<i>lisinopril-hydrochlorothiazide</i>	55	HOUR SPRINKLE 1.5 MG.....	45	<i>lubricating tears ophthalmic solution 0.4-</i>	
LITFULO.....	134	<i>loryna</i>	115	<i>0.3 %</i>	145
<i>lithium</i>	46	LORZONE.....	175	<i>lubrifresh p.m.</i>	145
<i>lithium carbonate er</i>	46	<i>losartan potassium oral</i>	52	LUCEMYRA.....	15
<i>lithium carbonate oral</i>	46	<i>losartan potassium-hctz</i>	55	LUMAKRAS.....	36
<i>little ones childrens</i>	179	LOTEMAX.....	142	LUMIGAN.....	140
LIVALO.....	56	LOTEMAX SM.....	142	LUNESTA ORAL TABLET 2 MG.....	175
LIVITA ADULTS.....	179	<i>lovastatin oral</i>	56	LUPKYNIS.....	121
LMX 4.....	15	LOVAZA.....	57	LUPRON DEPOT (1-MONTH).....	120
LO LOESTRIN FE.....	115	<i>low-ogestrel</i>	115	LUPRON DEPOT (3-MONTH).....	120
<i>lojaimiess</i>	115	<i>loxapine succinate</i>	39	LUPRON DEPOT (4-MONTH)	
LOKELMA.....	79	<i>lo-zumandimine</i>	115	INTRAMUSCULAR KIT 30MG.....	120
<i>long acting nasal spray</i>	169	<i>lubiprostone</i>	86	LUPRON DEPOT (6-MONTH)	
<i>long lasting antacid</i>	96	<i>lubricant drops fast act</i>	144	INTRAMUSCULAR KIT 45MG.....	120
<i>long lasting nasal spray</i>	169	<i>lubricant drops ophthalmic gel 0.25-0.3 %</i> .	144	LUPRON DEPOT-PED (1-MONTH).....	120
LONSURF.....	34	<i>lubricant drops ophthalmic solution</i>	144	LUPRON DEPOT-PED (3-MONTH).....	120
<i>loperamide hcl oral capsule</i>	86	<i>lubricant eye drops (pf) ophthalmic solution</i>		LUPRON DEPOT-PED (6-MONTH).....	120
<i>loperamide hcl oral tablet</i>	86	<i>0.4-0.3 %</i>	144	<i>lurasidone hcl</i>	39
<i>loperamide-simethicone</i>	96			<i>lutera</i>	115

LYBALVI.....	39	MAVENCLAD (5 TABS).....	60	<i>mega probiotic</i>	96
<i>lyleq</i>	118	MAVENCLAD (6 TABS).....	60	<i>megestrol acetate oral suspension 40</i>	
<i>lyllana</i>	115	MAVENCLAD (7 TABS).....	60	<i>mg/ml</i>	119
LYNPARZA.....	35	MAVENCLAD (8 TABS).....	60	<i>megestrol acetate oral tablet 20 mg</i>	119
LYRICA CR.....	60	MAVENCLAD (9 TABS).....	61	<i>megestrol acetate oral tablet 40 mg</i>	119
<i>lysiplex plus oral tablet</i>	179	MAVYRET ORAL PACKET.....	41	<i>meijer allergy relief-d</i>	170
LYSODREN.....	120	MAVYRET ORAL TABLET.....	41	<i>meijer antacid</i>	96
LYUMJEV.....	49	MAX RELIEF JR CHILD PAIN/FEVER.....	11	<i>meijer anti-diarrheal</i>	86
LYUMJEV KWIKPEN.....	49	MAX RELIEF JUNIOR.....	11	MEKINIST.....	35
LYUMJEV TEMPO PEN.....	49	MAX TUSSIN MUCUS & CHEST CONG...	156	MEKTOVI.....	35
<i>lyza</i>	118	MAXALLERGY KIDS.....	152	<i>meloxicam oral tablet</i>	5
MAALOX CHILDRENS.....	96	MAXALT.....	32	<i>memantine hcl oral solution</i>	25
MAALOX MAX ORAL SUSPENSION.....	96	<i>maxi-tuss ac</i>	170	<i>memantine hcl oral tablet</i>	25
MAALOX MULTI SYMPTOM MAX ST.....	96	<i>maxi-tuss gmx</i>	170	MENATROL.....	179
<i>mag-al plus</i>	96	<i>maxi-tuss pe max</i>	156	MENEST.....	115
<i>mag-al plus xs</i>	96	MAYZENT.....	61	MENQUADFI.....	123
<i>magnesium citrate oral solution</i>	104	MAYZENT STARTER PACK.....	61	MENVEO.....	123
<i>magnesium oral tablet 500 mg</i>	77	<i>m-dryl</i>	152	<i>mercaptopurine oral</i>	34
<i>magnesium oxide -mg supplement oral</i>		<i>meclizine hcl oral tablet 12.5 mg</i>	27	<i>merzee</i>	115
<i>tablet 400 (240 mg) mg</i>	77	<i>meclizine hcl oral tablet 25 mg</i>	27	<i>mesalamine er oral capsule 0.375 gm</i>	125
<i>magnesium oxide -mg supplement oral</i>		<i>meclizine hcl oral tablet chewable</i>	27	<i>mesalamine oral tablet delayed release 1.2</i>	
<i>tablet 500 mg</i>	77	<i>medicated spot</i>	135	<i>gm</i>	125
<i>magnesium oxide oral tablet 400 mg</i>	134	<i>medifin 400</i>	156	<i>mesalamine rectal</i>	125
<i>magnesium oxide oral tablet 420 mg</i>	135	<i>medifin mucus relief child</i>	156	MESNEX ORAL.....	36
<i>magnesium-aluminum-simethicone</i>	96	<i>medi-first aspirin</i>	135	METAMUCIL 4 IN 1 FIBER ORAL	
<i>magnesium-oxide</i>	77	<i>medi-first hydrocortisone</i>	65	POWDER 43 %.....	101
<i>malathion</i>	66	<i>medi-first ibuprofen</i>	5	METAMUCIL FREE & NATURAL.....	101
MAOX.....	135	<i>medi-first triple antibiotic</i>	21	<i>metformin hcl er (osm)</i>	46
<i>mapap acetaminophen extra str</i>	11	<i>mediproxen</i>	5	<i>metformin hcl er oral tablet extended</i>	
<i>mapap childrens</i>	11	<i>medique aspirin</i>	135	<i>release 24 hour 500 mg</i>	46
<i>mapap oral capsule</i>	11	MEDISENSE GLUCOSE KETONE		<i>metformin hcl er oral tablet extended</i>	
<i>maraviroc</i>	43	CONTR.....	71	<i>release 24 hour 750 mg</i>	47
<i>marlissa</i>	115	MEDISENSE HI/MID/LOW CONTROL.....	71	<i>metformin hcl oral tablet 1000 mg, 500 mg,</i>	
MARPLAN.....	26	MEDPURA BENZOYL PEROXIDE.....	135	<i>850 mg</i>	47
MASK VORTEX/CHILD/FROG.....	135	MEDROL ORAL TABLET 2 MG.....	109	<i>methamphetamine hcl</i>	59
MASK VORTEX/TODDLER/LADYBUG.....	135	<i>medroxyprogesterone acetate</i>		<i>methazolamide oral</i>	142
MATULANE.....	33	<i>intramuscular</i>	118	<i>methenamine hippurate</i>	18
MAVENCLAD (10 TABS).....	60	<i>medroxyprogesterone acetate oral</i>	118	<i>methergine</i>	110
MAVENCLAD (4 TABS).....	60	<i>mefloquine hcl</i>	37	<i>methimazole oral</i>	121

<i>methocarbamol oral</i>	175	<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	53	<i>mineral oil enema</i>	101
<i>methotrexate sodium</i>	123	METROGEL.....	18	<i>mineral oil heavy oral</i>	101
<i>methotrexate sodium (pf)</i>	123	<i>metronidazole external</i>	18	<i>mineral oil oral oil</i>	101
<i>methoxsalen rapid</i>	66	<i>metronidazole oral tablet</i>	18	<i>mineral oil rectal enema</i>	101
<i>methsuximide</i>	23	<i>metronidazole vaginal</i>	18	<i>mini nicotine</i>	17
METHYLDOPA.....	52	<i>mexiletine hcl oral</i>	53	<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	20
<i>methylergonovine maleate oral</i>	110	<i>mibelas 24 fe</i>	115	<i>minoxidil oral</i>	57
<i>methylphenidate</i>	58	<i>micaderm</i>	31	<i>mintox maximum strength</i>	96
<i>methylphenidate hcl er (cd)</i>	58	MICATIN.....	31	<i>mintox plus</i>	96
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	58	<i>miconazole 3</i>	29	MIRALAX ORAL POWDER.....	101
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	58	<i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	29	<i>mirtazapine oral tablet 15 mg, 30 mg</i>	25
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	58	<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	29	<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	25
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG.....	58	<i>miconazole 7 vaginal cream 2 %</i>	29	<i>mirtazapine oral tablet dispersible</i>	25
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	58	<i>miconazole 7 vaginal suppository 100 mg</i> ...	29	MIRVASO.....	62
<i>methylphenidate hcl er (xr)</i>	58	<i>miconazole antifungal</i>	31	<i>misoprostol oral</i>	88
<i>methylphenidate hcl er oral tablet extended release</i>	58	<i>miconazole nitrate external cream</i>	31	MITIGARE.....	31
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	58	<i>miconazole nitrate vaginal</i>	29	<i>mm acetaminophen ex str</i>	12
<i>methylphenidate hcl oral solution</i>	58	<i>miconazorb af</i>	31	MM ALLER-BEN.....	152
<i>methylphenidate hcl oral tablet</i>	59	MICRO GUARD.....	31	<i>mm allergy relief 24 hour</i>	163
<i>methylphenidate hcl oral tablet chewable</i>	59	MICROCHAMBER.....	135	<i>mm arthritis pain</i>	12
<i>methylprednisolone oral</i>	109	<i>microgestin 1.5/30</i>	115	<i>mm aspirin</i>	135
<i>metoclopramide hcl oral solution 5 mg/5ml</i> ..	27	<i>microgestin 1/20</i>	115	<i>mm clearlax</i>	101
<i>metoclopramide hcl oral tablet</i>	27	<i>microgestin 24 fe</i>	115	<i>mm ibuprofen</i>	5
<i>metolazone</i>	56	<i>microgestin fe 1.5/30</i>	115	<i>mm stool softener</i>	104
<i>metoprolol succinate er</i>	53	<i>microgestin fe 1/20</i>	115	<i>mm stool softener laxative</i>	104
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	53	<i>midodrine hcl</i>	52	M-M-R II.....	123
<i>metoprolol tartrate oral tablet 25 mg</i>	53	<i>mifepristone oral tablet 200 mg</i>	110	M-NATAL PLUS.....	81
		<i>mifepristone oral tablet 300 mg</i>	110	<i>modafinil oral</i>	176
		MIGERGOT.....	31	MODERNA COVID-19 VAC 6M-11Y.....	135
		<i>migraine formula oral tablet 250-250-65 mg</i> 11		<i>molindone hcl oral tablet 25 mg, 5 mg</i>	39
		<i>migraine headache relief</i>	11	<i>mometasone furoate external</i>	65
		<i>migraine relief oral tablet 250-250-65 mg</i>	12	<i>mondoxyne nl</i>	20
		MIGRANAL.....	31	MONOJECT HYPODERMIC NEEDLE 18G X 1".....	50
		<i>mili</i>	115	<i>mono-linyah</i>	115
		<i>milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml</i>	96	<i>montelukast sodium oral</i>	152
				<i>mood support probiotic</i>	96
				<i>morphine sulfate (concentrate)</i>	7

<i>morphine sulfate er</i>	6	<i>mucus er oral tablet extended release 12</i>		<i>multiple vitamins/iron</i>	179
<i>morphine sulfate er beads</i>	6	<i>hour 1200 mg</i>	157	MULTIPRO.....	179
<i>morphine sulfate oral</i>	7	<i>mucus extended release oral tablet</i>		MULTITOL-M.....	179
<i>morphine sulfate rectal</i>	7	<i>extended release 12 hour 1200 mg</i>	157	<i>multi-vitamin</i>	82
MOTEGRITY.....	86	<i>mucus relief 12 hour max st</i>	157	<i>multivitamin infant & toddler oral solution</i>	179
<i>motion sickness oral tablet 50 mg</i>	27	<i>mucus relief chest oral tablet 400 mg</i>	157	<i>multi-vitamin/iron</i>	179
<i>motion sickness relief oral tablet 50 mg</i>	27	<i>mucus relief childrens oral liquid 100</i>		<i>mupirocin external</i>	67
<i>motion sickness relief oral tablet chewable</i>		<i>mg/5ml</i>	157	MURO 128 OPHTHALMIC OINTMENT.....	145
<i>25 mg</i>	27	<i>mucus relief cough childrens</i>	170	MURO 128 OPHTHALMIC SOLUTION 5	
<i>motion-time</i>	28	<i>mucus relief d max strength</i>	171	%.....	145
MOTRIN CHILDRENS.....	5	<i>mucus relief d oral tablet extended release</i>		<i>my choice</i>	119
MOTRIN IB ORAL TABLET.....	5	<i>12 hour 120-1200 mg</i>	171	<i>my way</i>	119
MOTRIN INFANTS DROPS.....	5	<i>mucus relief d oral tablet extended release</i>		<i>mycophenolate mofetil oral</i>	123
MOUNJARO.....	135	<i>12 hour 60-600 mg</i>	171	<i>mycophenolate sodium</i>	123
MOVANTIK.....	86	<i>mucus relief dm max oral liquid 20-400</i>		<i>mycophenolic acid</i>	123
MOVIPREP.....	87	<i>mg/20ml, 5-100 mg/5ml</i>	171	MYFEMBREE.....	86
<i>moxifloxacin hcl (2x day)</i>	141	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>		MYLERAN.....	33
<i>moxifloxacin hcl ophthalmic</i>	141	.....	171	MYLICON INFANTS GAS RELIEF.....	96
<i>moxifloxacin hcl oral</i>	20	<i>mucus relief dm oral tablet extended</i>		MYRBETRIQ ORAL SUSPENSION	
<i>m-pap</i>	12	<i>release 12 hour 30-600 mg</i>	171	RECONSTITUTED ER.....	107
MUCINEX COUGH CHILDRENS.....	170	<i>mucus relief er</i>	157	MYRBETRIQ ORAL TABLET EXTENDED	
MUCINEX D.....	170	<i>mucus relief er oral tablet extended release</i>		RELEASE 24 HOUR.....	107
MUCINEX D MAX STRENGTH.....	170	<i>12 hour 1200 mg</i>	157	MYTESI.....	86
MUCINEX DM.....	170	<i>mucus relief max st</i>	157	<i>nabumetone oral</i>	6
MUCINEX FAST-MAX CHEST CONG MS	157	<i>mucus relief max strength oral tablet</i>		<i>nadolol oral</i>	53
MUCINEX FAST-MAX DM MAX.....	170	<i>extended release 12 hour 1200 mg</i>	157	<i>naloxone hcl injection solution</i>	15
MUCINEX MAXIMUM STRENGTH.....	157	<i>mucus relief oral tablet 400 mg</i>	157	<i>naloxone hcl injection solution cartridge</i>	15
MUCINEX SINUS-MAX CLEAR & COOL..	170	<i>mucus relief oral tablet extended release</i>		<i>naloxone hcl injection solution prefilled</i>	
MUCINEX SINUS-MAX SINUS/ALLRGY..	170	<i>12 hour 1200 mg</i>	157	<i>syringe 2 mg/2ml</i>	15
<i>mucus & chest congestion</i>	157	<i>mucus+chest congestion</i>	157	<i>naloxone hcl nasal</i>	15
<i>mucus & cough relief child</i>	170	<i>mucus-dm</i>	171	<i>naltrexone hcl oral</i>	15
<i>mucus d</i>	170	<i>mucus-er oral tablet extended release 12</i>		NAMZARIC.....	24
<i>mucus d extended release</i>	170	<i>hour 1200 mg</i>	157	NAPHCON-A.....	147
<i>mucus d max st er</i>	170	MULPLETA.....	51	NAPRELAN ORAL TABLET EXTENDED	
<i>mucus dm</i>	170	MULTAQ.....	53	RELEASE 24 HOUR 375 MG, 750 MG.....	6
<i>mucus dm extended release oral tablet</i>		<i>multi vitamin</i>	81	NAPRELAN ORAL TABLET EXTENDED	
<i>extended release 12 hour 30-600 mg</i>	170	<i>multi vitamin w/d-3</i>	81	RELEASE 24 HOUR 500 MG.....	6
<i>mucus er maximum str</i>	157	<i>multiple vitamin-folic acid</i>	82	NAPROSYN ORAL SUSPENSION.....	6
		<i>multiple vitamins essential</i>	82	NAPROSYN ORAL TABLET.....	6

<i>naproxen dr</i>	6	NATAZIA.....	115	NEULASTA ONPRO.....	51
<i>naproxen oral suspension</i>	6	<i>nateglinide</i>	47	NEUPOGEN.....	51
<i>naproxen oral tablet</i>	6	NATESTO.....	111	NEUPRO.....	38
<i>naproxen oral tablet delayed release</i>	6	<i>natural daily fiber oral powder 43 %</i>	101	NEURONTIN.....	23
<i>naproxen sodium oral tablet 220 mg</i>	6	<i>natural daily fiber oral powder 58.6 %</i>	101	NEUTEK 2TEK CONTROL.....	71
NARAMIN.....	152	<i>natural fiber oral capsule 0.52 gm</i>	101	NEUTROGENA OIL-FREE ACNE WASH.....	135
<i>naratriptan hcl</i>	32	<i>natural fiber oral powder 28.3 %</i>	101	NEVANAC.....	142
NARCAN.....	15	<i>natural fiber oral powder 58.6 %</i>	101	<i>nevirapine</i>	42
NASACORT ALLERGY 24HR.....	163	<i>natural fiber supplement</i>	101	<i>nevirapine er</i>	42
<i>nasal allergy 24 hour</i>	163	<i>natural senna laxative</i>	104	<i>new day</i>	119
<i>nasal allergy nasal aerosol 55 mcg/act</i>	163	<i>natural tears pf</i>	145	NEXAVAR.....	35
<i>nasal allergy spray</i>	163	<i>natural vegetable</i>	101	NEXIUM ORAL PACKET 2.5 MG, 5 MG.....	88
<i>nasal decongestant 12hr</i>	171	<i>natural vegetable laxative oral tablet 8.6</i> <i>mg</i>	104	NEXLETOL.....	57
<i>nasal decongestant max st</i>	171	<i>natural vitamin e</i>	182	NEXLIZET.....	57
<i>nasal decongestant oral tablet 30 mg</i>	171	<i>natura-lax</i>	101	NEXTSTELLIS.....	86
<i>nasal decongestant oral tablet extended</i> <i>release 12 hour 120 mg</i>	171	<i>nausea control</i>	28	<i>niacin er (antihyperlipidemic)</i>	57
<i>nasal decongestant pe max st</i>	157	<i>nausea relief</i>	28	<i>niacin er oral capsule extended release</i> <i>250 mg</i>	82
<i>nasal decongestant pe oral tablet 10 mg</i> ...	158	NAYZILAM.....	23	<i>niacin er oral capsule extended release</i> <i>500 mg</i>	82
<i>nasal decongestant pe oral tablet 30 mg</i> ...	171	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %.....	172	<i>niacin er oral tablet extended release 1000</i> <i>mg</i>	82
<i>nasal decongestant spray</i>	171	<i>necon 0.5/35 (28)</i>	116	<i>niacin er oral tablet extended release 250</i> <i>mg, 500 mg</i>	82
<i>nasal four</i>	158	<i>nefazodone hcl</i>	26	<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i> ...	82
<i>nasal four spray</i>	158	NEODOT THERMOMETER.....	135	NICODERM CQ.....	16
<i>nasal mist nasal solution</i>	171	NEOMULTIVITE.....	82	NICORETTE.....	17
<i>nasal mist no drip</i>	171	<i>neomycin sulfate oral</i>	18	NICORETTE MINI.....	17
NASAL MOIST NASAL SOLUTION.....	158	<i>neomycin-polymyxin-dexameth ophthalmic</i> <i>ointment</i>	140	NICORETTE STARTER KIT.....	17
<i>nasal moisturizing spray</i>	158	<i>neomycin-polymyxin-dexameth ophthalmic</i> <i>suspension 3.5-10000-0.1</i>	140	<i>nicotine gum mouth/throat gum 2 mg</i>	17
<i>nasal relief</i>	172	<i>neomycin-polymyxin-gramicidin</i>	141	<i>nicotine gum mouth/throat gum 4 mg</i>	17
<i>nasal spray 12 hour</i>	172	<i>neomycin-polymyxin-hc otic</i>	147	<i>nicotine gum mouth/throat lozenge 2 mg</i>	17
<i>nasal spray extra moist</i>	172	NEONATAL PLUS.....	82	<i>nicotine gum mouth/throat lozenge 4 mg</i>	17
<i>nasal spray extra moisturizing</i>	172	<i>neo-polycin hc</i>	140	<i>nicotine mini</i>	17
<i>nasal spray fast acting</i>	158	NEOSPORIN ORIGINAL.....	21	<i>nicotine mouth/throat gum 2 mg</i>	17
<i>nasal spray nasal solution 0.05 %</i>	172	NEO-SYNEPHRINE COLD/ALLRGY EXT.....	158	<i>nicotine mouth/throat gum 4 mg</i>	17
<i>nasal spray nasal solution 1 %</i>	158	<i>nephro vitamins</i>	82	<i>nicotine mouth/throat lozenge 2 mg</i>	17
<i>nasal spray no drip</i>	172	NEPHRO-VITE.....	82	<i>nicotine mouth/throat lozenge 4 mg</i>	17
<i>nasal spray saline</i>	158	NEULASTA.....	51	<i>nicotine polacrilex mini</i>	17
<i>nasal spray sinus</i>	172				
NASALCROM.....	164				
NASCOBAL.....	182				

<i>nicotine polacrilex mouth/throat</i>	17	<i>no drip original 12 hours</i>	172	NOVOLIN N FLEXPEN.....	49
<i>nicotine step 1</i>	16	NOCDURNA.....	109	NOVOLIN N RELION.....	49
<i>nicotine step 2</i>	16	<i>nohist-lq</i>	160	NOVOLIN N VIAL.....	49
<i>nicotine step 3</i>	16	NOKOR VENTED NEEDLE.....	50	NOVOLIN R FLEXPEN.....	49
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	16	<i>non-aspirin</i>	12	NOVOLIN R RELION.....	49
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	16	<i>non-aspirin 8 hour</i>	12	NOVOLIN R VIAL.....	49
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	16	<i>non-aspirin childrens</i>	12	NOVOLOG FLEXPEN.....	49
<i>nicotine transdermal system</i>	16	<i>non-aspirin extra strength</i>	12	NOVOLOG FLEXPEN RELION.....	49
NICOTROL.....	16	<i>non-aspirin jr strength</i>	12	NOVOLOG MIX 70/30 FLEXPEN.....	49
NICOTROL NS.....	16	<i>non-aspirin pain relief</i>	12	NOVOLOG MIX 70/30 VIAL.....	49
<i>nifedipine er</i>	54	<i>non-pseudo sinus decongestant</i>	158	NOVOLOG PENFILL.....	49
<i>nifedipine er osmotic release</i>	54	<i>nora-be</i>	119	NOVOLOG RELION.....	49
<i>nifedipine oral</i>	54	NORDITROPIN FLEXPEN.....	109	NOVOLOG U-100 VIAL.....	49
<i>night time sleep aid</i>	176	<i>norelgestromin-eth estradiol</i>	116	NOXAFIL ORAL PACKET.....	29
<i>nighttime dry-eye relief</i>	145	<i>norethin ace-eth estrad-fe</i>	116	NOXAFIL ORAL SUSPENSION.....	29
<i>nighttime relief lub eye</i>	145	<i>norethindrone acetate oral</i>	119	NOXAFIL ORAL TABLET DELAYED RELEASE.....	29
<i>nighttime sleep aid oral tablet 25 mg</i>	176	<i>norethindrone acet-ethinyl est</i>	116	NUBEQA.....	33
<i>nikki</i>	116	<i>norethindrone oral</i>	119	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	155
<i>nimodipine oral</i>	54	<i>norethindrone oral</i>	119	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	155
NINLARO.....	34	<i>norethindron-ethinyl estrad-fe</i>	116	NUCYNTA.....	7
<i>nitazoxanide oral</i>	37	<i>norethin-eth estradiol-fe</i>	116	NUCYNTA ER.....	6
NITRO-BID.....	57	<i>norgestimate-eth estradiol</i>	116	NUDEXTA.....	60
<i>nitrofurantoin macrocrystal</i>	18	<i>norgestimate-ethinyl estradiol triphasic</i>	116	NU-IRON.....	77
<i>nitrofurantoin monohydrate macrocrystals</i>	18	NORITATE.....	18	NULEV.....	135
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	18	NORLIQVA.....	54	NURTEC.....	32
<i>nitroglycerin rectal</i>	57	<i>norlyroc</i>	119	NUTRAPLUS.....	69
<i>nitroglycerin sublingual</i>	57	NORPACE CR.....	53	NUTRICAP.....	179
<i>nitroglycerin transdermal</i>	57	<i>nortrel 0.5/35 (28)</i>	116	<i>nutrifac zx</i>	179
<i>nitroglycerin translingual</i>	57	<i>nortrel 1/35 (21)</i>	116	NUTROPIN AQ NUSPIN 10.....	109
NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL.....	57	<i>nortrel 1/35 (28)</i>	116	NUTROPIN AQ NUSPIN 20.....	109
NITYR.....	106	<i>nortrel 7/7/7</i>	116	NUTROPIN AQ NUSPIN 5.....	109
NIVA-PLUS.....	82	<i>nortriptyline hcl oral</i>	27	NUVARING.....	116
NIVESTYM.....	51	NORVIR ORAL PACKET.....	44	NUVESSA.....	18
<i>no drip extra moisturizing</i>	172	<i>nose drops extstrength</i>	158	NUZYRA ORAL.....	20
<i>no drip nasal relief</i>	172	NOURIANZ.....	38	<i>nyamyc</i>	67
<i>no drip nasal spray</i>	172	NOVAREL.....	109	<i>nylia 1/35</i>	116
		NOVAVAX COVID-19 VACCINE.....	125		
		NOVOLIN 70/30 FLEXPEN.....	49		
		NOVOLIN 70/30 RELION.....	49		
		NOVOLIN 70/30 VIAL.....	49		

<i>nylia 7/7/7</i>	116	<i>olopatadine hcl ophthalmic</i>	141	ONETOUCH ULTRA STRIP IN VITRO.....	72
NYMALIZE.....	54	OLUMIANT ORAL TABLET 1 MG, 2 MG...	122	ONETOUCH ULTRA TEST.....	72
<i>nymyo</i>	116	<i>omega-3-acid ethyl esters</i>	57	ONETOUCH VERIO FLEX SYSTEM KIT	
<i>nystatin external</i>	67	<i>omeprazole magnesium</i>	88	W/DEVICE.....	72
<i>nystatin mouth/throat</i>	29	<i>omeprazole magnesium oral capsule</i>		ONETOUCH VERIO IN VITRO LIQUID.....	72
<i>nystatin oral</i>	29	<i>delayed release</i>	88	ONETOUCH VERIO REFLECT KIT	
<i>nystop</i>	67	<i>omeprazole oral capsule delayed release</i>		W/DEVICE.....	72
NYVEPRIA.....	51	<i>10 mg, 20 mg, 20.6 (20 base) mg, 40 mg</i> ...	88	ONETOUCH VERIO STRIP IN VITRO.....	72
OBSTETRIX DHA.....	82	OMNARIS.....	152	ONEVITE.....	179
OBTREX.....	179	OMNIFLEX DIAPHRAGM.....	135	ONEXTON.....	62
OICALIVA ORAL TABLET 5 MG.....	87	OMNIPOD 5 G6 INTRO (GEN 5).....	135	ONGENTYS.....	38
OCEAN FOR KIDS.....	158	OMNIPOD 5 G6 PODS (GEN 5).....	135	ONGLYZA.....	47
OCEAN NASAL SPRAY.....	158	OMNITROPE.....	109	<i>opcicon one-step</i>	119
<i>ocella</i>	116	ON/GO COVID-19 ANTIGEN TEST.....	135	OPILL.....	135
<i>octreotide acetate injection solution 100</i>		ON/GO ONE COVID-19 HOME TEST.....	135	OPSUMIT.....	154
<i>mcg/ml, 50 mcg/ml</i>	120	<i>once daily</i>	82	<i>option 2</i>	119
<i>octreotide acetate injection solution 1000</i>		<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	28	OPTIONS GYNOL II CONTRACEPTIVE...	108
<i>mcg/ml</i>	120	<i>ondansetron odt</i>	28	OPZELURA.....	69
<i>octreotide acetate injection solution 200</i>		<i>one daily</i>	82	ORACEA.....	20
<i>mcg/ml</i>	120	ONE DAILY ESSENTIALS.....	82	<i>oralone</i>	61
<i>octreotide acetate injection solution 500</i>		ONE STEP PREGNANCY IN VITRO		ORENCIA CLICKJECT.....	122
<i>mcg/ml</i>	121	DIAGNOSTIC TEST.....	135	ORENCIA SUBCUTANEOUS.....	122
<i>octreotide acetate subcutaneous solution</i>		<i>one step pregnancy in vitro diagnostic test</i>		ORENITRAM MONTH 1.....	154
<i>prefilled syringe 100 mcg/ml, 50 mcg/ml</i> ...	121	.....	135	ORENITRAM MONTH 2.....	154
<i>octreotide acetate subcutaneous solution</i>		ONE VITE DAILY MULTIVITAMIN.....	82	ORENITRAM MONTH 3.....	154
<i>prefilled syringe 500 mcg/ml</i>	121	ONE VITE FERROUS SULFATE.....	77	ORENITRAM ORAL TABLET EXTENDED	
OCUVEL.....	179	ONE VITE WOMENS.....	82	RELEASE 0.125 MG, 0.25 MG, 1 MG.....	154
ODEFSEY.....	43	ONE VITE WOMENS PLUS.....	82	ORENITRAM ORAL TABLET EXTENDED	
ODOMZO.....	35	<i>one-daily multi vitamins</i>	82	RELEASE 2.5 MG, 5 MG.....	154
OFEV.....	155	<i>one-daily multi-vitamin</i>	82	ORFADIN.....	106
<i>ofloxacin ophthalmic</i>	141	<i>one-daily multi-vitamin/iron</i>	179	ORGOVYX.....	17
<i>ofloxacin oral</i>	20	<i>one-daily/iron</i>	179	ORIAHNN.....	121
<i>ofloxacin otic</i>	147	ONELAX.....	135	ORLISSA.....	121
<i>ointment base</i>	68	ONELAX DOCUSATE SODIUM.....	104	ORKAMBI.....	153
<i>olanzapine oral tablet</i>	39	ONELAX MAGNESIUM CITRATE.....	104	ORLADEYO.....	135
<i>olanzapine oral tablet dispersible</i>	40	ONELAX SENNA.....	104	<i>orphenadrine citrate er</i>	175
<i>olanzapine-fluoxetine hcl</i>	25	ONETOUCH ULTRA 2 KIT W/DEVICE.....	71	OS-CAL CALCIUM + D3.....	77
<i>olmesartan medoxomil oral</i>	52	ONETOUCH ULTRA CONTROL.....	71	<i>oseltamivir phosphate oral capsule</i>	44
<i>olmesartan medoxomil-hctz</i>	55	ONETOUCH ULTRA IN VITRO LIQUID.....	72		

<i>oseltamivir phosphate oral suspension reconstituted</i>	44	<i>oyster shell calcium/vit d3</i>	77	<i>pain reliever ex st oral tablet 500 mg</i>	13
OSMOLEX ER.....	38	<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg</i>	77	<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	13
OSPHENA.....	119	<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg</i>	180	<i>pain reliever extra strength oral tablet 500 mg</i>	13
OTEZLA.....	122	<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	77	<i>pain reliever oral tablet 325 mg</i>	14
OTREXUP.....	123	<i>oyster shell calcium-vit d</i>	77	<i>pain reliever oral tablet 500 mg</i>	14
OVACE PLUS WASH EXTERNAL LIQUID	135	OZEMPIC.....	47	<i>pain reliever plus</i>	14
OVACE WASH.....	136	OZEMPIC (2 MG/DOSE).....	47	<i>pain-off</i>	14
<i>oxaprozin oral tablet</i>	6	<i>p col-rite</i>	104	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	40
<i>oxazepam</i>	45	PACERONE.....	53	<i>paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg</i>	40
OXBRYTA ORAL TABLET 300 MG.....	51	<i>pain & fever child</i>	12	PANADOL CHILDRENS.....	14
OXBRYTA ORAL TABLET 500 MG.....	51	<i>pain & fever childrens</i>	12	PANADOL EXTRA STRENGTH.....	14
OXBRYTA ORAL TABLET SOLUBLE.....	51	<i>pain & fever childrens oral suspension 160 mg/5ml</i>	12	PANADOL INFANTS.....	14
<i>oxcarbazepine oral suspension</i>	24	<i>pain & fever infants oral suspension 160 mg/5ml</i>	12	PANOXYL.....	136
<i>oxcarbazepine oral tablet</i>	24	<i>pain and fever relief kids</i>	12	<i>pantoprazole sodium oral tablet delayed release</i>	88
OXTELLAR XR.....	24	<i>pain relief childrens oral elixir 160 mg/5ml</i> ...	12	<i>paroxetine hcl</i>	26
<i>oxybutynin chloride er</i>	107	<i>pain relief childrens oral suspension</i>	12	<i>paroxetine hcl er</i>	26
<i>oxybutynin chloride oral solution</i>	107	<i>pain relief childrens oral tablet chewable 160 mg</i>	12	<i>paroxetine mesylate</i>	26
<i>oxybutynin chloride oral tablet 5 mg</i>	107	<i>pain relief extra st</i>	13	PATADAY OPHTHALMIC SOLUTION 0.1 % , 0.2 %.....	141
<i>oxycodone hcl oral concentrate</i>	7	<i>pain relief extra strength oral capsule 500 mg</i>	13	PAXLOVID (150/100).....	44
<i>oxycodone hcl oral solution</i>	7	<i>pain relief extra strength oral liquid 500 mg/15ml</i>	13	PAXLOVID (300/100).....	44
<i>oxycodone hcl oral tablet</i>	14	<i>pain relief extra strength oral tablet 500 mg</i>	13	<i>pazopanib hcl</i>	139
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML.....	7	<i>pain relief oral liquid 500 mg/15ml</i>	13	<i>ped electrolyte freeze pop</i>	77
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	<i>pain relief oral tablet 325 mg</i>	13	PEDIA-LAX ORAL LIQUID.....	104
OXYCONTIN.....	6	<i>pain relief oral tablet 500 mg</i>	13	PEDIALYTE FREEZER POPS.....	78
<i>oxymorphone hcl er</i>	6	<i>pain relief oral tablet extended release 650 mg</i>	13	PEDIALYTE IMMUNE SUPPORT.....	78
OXYTROL FOR WOMEN.....	107	<i>pain relief regular strength</i>	13	PEDIALYTE ORAL SOLUTION.....	78
<i>oysco 500+d</i>	77	<i>pain relief rapid burst</i>	13	PEDIALYTE SINGLES.....	78
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg</i>	77	<i>pain reliever childrens oral suspension 160 mg/5ml</i>	13	PEDIARIX.....	123
<i>oyster shell calcium + d3</i>	77	<i>pain reliever ex st oral liquid 500 mg/15ml</i> ...	13	<i>pediatric electrolyte oral solution</i>	78
<i>oyster shell calcium oral tablet 500 mg</i>	179			PEDVAX HIB.....	124
<i>oyster shell calcium plus d</i>	77			<i>peg 3350 oral powder</i>	101
<i>oyster shell calcium w/d</i>	77			<i>peg 3350-kcl-na bicarb-nacl</i>	87
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</i>	179			<i>peg-3350/electrolytes</i>	87
<i>oyster shell calcium/vit d</i>	77				

PEGASYS.....	122	<i>phenytoin infatabs</i>	24	<i>plerixafor</i>	51
PENBRAYA.....	136	<i>phenytoin oral</i>	24	PNEUMOVAX 23.....	125
<i>penicillamine oral tablet</i>	107	<i>phenytoin sodium extended</i>	24	<i>podofilox external solution</i>	66
<i>penicillin v potassium</i>	19	PHEXXI.....	108	<i>poly bacitracin</i>	136
PENTACEL.....	124	<i>philith</i>	116	<i>polycin</i>	141
<i>pentamidine isethionate inhalation</i>	37	PHOSPHA 250 NEUTRAL.....	78	<i>polyethylene glycol 3350 oral powder</i>	101
PENTASA.....	125	PHOSPHOLINE IODIDE.....	142	<i>polyethylene glycol 3350-grx oral powder</i>	102
<i>pentazocine-naloxone hcl</i>	7	<i>phosphorous</i>	78	<i>poly-iron 150</i>	78
<i>pentoxifylline er</i>	55	<i>phospho-trin 250 neutral</i>	78	<i>polymyxin b-trimethoprim</i>	141
PEPCID AC.....	88	PHOSPHO-TRIN K500.....	78	<i>polysaccharide iron complex</i>	78
PEPTO-BISMOL ORAL SUSPENSION		<i>phytonadione oral</i>	83	<i>polysaccharide-iron complex</i>	78
524 MG/30ML.....	97	PIFELTRO.....	42	POLYSPORIN.....	136
PERDIEM OVERNIGHT RELIEF.....	104	<i>pilocarpine hcl ophthalmic</i>	142	<i>polyvinyl alcohol ophthalmic</i>	145
PERFOROMIST.....	153	<i>pilocarpine hcl oral tablet 5 mg</i>	61	POLY-VI-SOL.....	180
<i>perio gard</i>	61	<i>pilocarpine hcl oral tablet 7.5 mg</i>	61	POLY-VITE PEDIATRIC.....	180
<i>permethrin external</i>	66	PILOT COVID-19 AT-HOME TEST.....	136	POMALYST.....	33
<i>perphenazine oral</i>	28	<i>pimecrolimus</i>	65	PONVORY.....	139
<i>perphenazine-amitriptyline</i>	25	<i>pimozide</i>	39	PONVORY STARTER PACK.....	139
PERSERIS.....	40	<i>pimtrea</i>	116	<i>portia-28</i>	116
PERTZYE.....	106	<i>pink bismuth maximum strength</i>	97	<i>potassium chloride crys er oral tablet</i>	
PFIZER COVID-19 VAC-TRIS 5-11Y.....	136	<i>pink bismuth oral suspension 262 mg/15ml</i>	97	<i>extended release 10 meq</i>	73
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	136	<i>pink bismuth oral suspension 525 mg/15ml</i>	97	<i>potassium chloride crys er oral tablet</i>	
<i>pharbedryl</i>	152	<i>pink bismuth oral tablet 262 mg</i>	97	<i>extended release 20 meq</i>	73
PHARBETOL.....	14	<i>pink bismuth oral tablet chewable 262 mg</i> ...	97	<i>potassium chloride er oral capsule</i>	
PHARBETOL EXTRA STRENGTH.....	14	<i>pink bismuth ultra str</i>	97	<i>extended release 10 meq</i>	73
<i>pharbinex</i>	158	<i>pink-bismuth</i>	97	<i>potassium chloride er oral tablet extended</i>	
PHAZYME.....	97	<i>pioglitazone hcl</i>	47	<i>release 10 meq</i>	73
PHAZYME ULTRA STRENGTH.....	97	PIP GLUCOSE CONTROL SOLUTION.....	72	<i>potassium chloride er oral tablet extended</i>	
PHEBURANE.....	106	PIQRAY (200 MG DAILY DOSE).....	35	<i>release 20 meq</i>	73
<i>phenazo oral tablet 200 mg</i>	108	PIQRAY (250 MG DAILY DOSE).....	35	<i>potassium chloride er oral tablet extended</i>	
<i>phenazo oral tablet 95 mg</i>	108	PIQRAY (300 MG DAILY DOSE).....	35	<i>release 8 meq</i>	73
<i>phenazopyridine hcl oral tablet 100 mg</i>	108	<i>pirfenidone oral capsule</i>	155	<i>potassium chloride oral</i>	73
<i>phenazopyridine hcl oral tablet 200 mg</i>	108	<i>pirfenidone oral tablet 267 mg, 801 mg</i>	155	<i>potassium citrate er oral tablet extended</i>	
<i>phenazopyridine hcl oral tablet 95 mg</i>	108	<i>piroxicam oral</i>	6	<i>release 10 meq (1080 mg)</i>	73
<i>phenelzine sulfate oral</i>	26	PLAN B ONE-STEP.....	119	<i>potassium citrate er oral tablet extended</i>	
<i>phenobarbital oral</i>	23	PLEGRIDY INTRAMUSCULAR.....	61	<i>release 15 meq (1620 mg)</i>	73
<i>phenylephrine hcl ophthalmic</i>	140	PLEGRIDY STARTER PACK.....	61	<i>potassium citrate er oral tablet extended</i>	
<i>phenylephrine hcl oral</i>	158	PLEGRIDY SUBCUTANEOUS.....	61	<i>release 5 meq (540 mg)</i>	73
<i>phenytek</i>	24	PLENVU.....	87	<i>potassium citrate-citric acid</i>	78

<i>povidone iodine</i>	21	PREMARIN VAGINAL.....	116	<i>probiotic oral capsule</i>	97
<i>povidone-iodine external solution</i>	21	PREMPHASE.....	116	<i>probiotic oral capsule 250 mg</i>	97
PRADAXA ORAL CAPSULE.....	50	PREMPRO.....	116	<i>probiotic pearls ex st</i>	97
PRADAXA ORAL PACKET.....	50	<i>prenatal formula</i>	83	PROCHAMBER VHC.....	136
PRALUENT.....	57	<i>prenatal formula oral tablet 28-0.8 mg</i>	83	<i>prochlorperazine</i>	28
<i>pramipexole dihydrochloride oral tablet</i> <i>0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i> ...	38	<i>prenatal gummy oral tablet chewable 0.4-</i> <i>113.5 mg</i>	180	<i>prochlorperazine maleate oral</i>	28
<i>pramipexole dihydrochloride oral tablet</i> <i>0.75 mg</i>	38	<i>prenatal gummy oral tablet chewable 0.4-</i> <i>25 mg</i>	83	PROCRIT.....	51
<i>prasugrel hcl</i>	51	<i>prenatal multi+dha</i>	83	PROCTOFOAM HC.....	66
<i>pravastatin sodium</i>	56	<i>prenatal multivitamins</i>	83	<i>procto-med hc</i>	126
<i>praziquantel oral</i>	36	<i>prenatal oral tablet 27-0.8 mg</i>	83	<i>proctosol hc</i>	126
<i>prazosin hcl oral</i>	52	<i>prenatal oral tablet 27-1 mg</i>	83	<i>proctozone-hc</i>	126
PRECISION GLUCOSE KETONE CONTR.....	72	<i>prenatal oral tablet 28-0.8 mg</i>	83	<i>progesterone oral</i>	119
PRECISION XTRA BLOOD GLUCOSE.....	72	<i>prenatal oral tablet 28-0.8 mg</i>	83	PROLENSA.....	142
PRED FORTE.....	142	<i>prenatal vitamins oral tablet 28-0.8 mg</i>	83	PROMACTA.....	51
<i>prednisolone acetate ophthalmic</i>	142	<i>prenatal/iron</i>	83	<i>promethazine hcl oral solution</i>	28
PREDNISOLONE ACETATE P-F.....	142	PREVACID 24HR.....	88	<i>promethazine hcl oral tablet</i>	28
<i>prednisolone oral solution</i>	109	<i>prevalite oral powder</i>	57	<i>promethazine hcl rectal</i>	28
<i>prednisolone sodium phosphate</i> <i>ophthalmic</i>	142	PREVIDENT.....	74	<i>promethazine vc</i>	155
<i>prednisolone sodium phosphate oral</i> <i>solution 15 mg/5ml</i>	109	PREVIDENT 5000 DRY MOUTH.....	74	<i>promethazine-codeine oral solution</i>	172
<i>prednisolone sodium phosphate oral</i> <i>solution 6.7 (5 base) mg/5ml</i>	109	PREVIDENT 5000 PLUS.....	74	<i>promethazine-dm</i>	172
<i>prednisone oral solution</i>	109	PREVNAR 20.....	125	<i>promethegan</i>	28
<i>prednisone oral tablet</i>	109	PREZCOBIX.....	44	PRONUTRIENTS VITAMIN D3.....	83
<i>prednisone oral tablet therapy pack 10 mg</i> <i>(21)</i>	109	PREZISTA ORAL SUSPENSION.....	136	<i>propafenone hcl</i>	53
<i>prednisone oral tablet therapy pack 10 mg</i> <i>(48), 5 mg (21), 5 mg (48)</i>	109	PREZISTA ORAL TABLET 150 MG, 75 MG.....	136	<i>propranolol hcl er oral capsule extended</i> <i>release 24 hour 120 mg, 160 mg, 80 mg</i>	53
<i>pregabalin oral</i>	60	PREZISTA ORAL TABLET 600 MG, 800 MG.....	136	<i>propranolol hcl er oral capsule extended</i> <i>release 24 hour 60 mg</i>	53
PREGNANCY.....	136	PRIFTIN.....	33	<i>propranolol hcl oral solution 20 mg/5ml</i>	53
PREGNANCY TEST KIT IN VITRO DIAGNOSTIC TEST.....	136	<i>primaquine phosphate</i>	37	<i>propranolol hcl oral solution 40 mg/5ml</i>	53
<i>pregnancy test kit in vitro diagnostic test</i> .	136	<i>primidone oral tablet 250 mg, 50 mg</i>	23	<i>propranolol hcl oral tablet</i>	53
PREGNYL.....	109	PRIORIX.....	124	<i>propylthiouracil oral</i>	121
PREHEVBRIO.....	124	PRISTIQ.....	26	PROQUAD.....	124
PREMARIN ORAL.....	116	PROAIR RESPICLICK.....	153	<i>protriptyline hcl</i>	27
		<i>probenecid</i>	31	PROVENTIL HFA.....	153
		<i>probiotic blend</i>	97	PROXIVOL.....	15
		<i>probiotic colon care</i>	97	<i>pseudoephedrine hcl 12 hr</i>	172
		<i>probiotic complex</i>	97	<i>pseudoephedrine hcl er</i>	172
		<i>probiotic maximum strength</i>	97	<i>pseudoephedrine hcl oral tablet 30 mg</i>	172
				<i>pseudoephedrine-bromphen-dm</i>	158

<i>pseudoephedrine-guaifenesin er</i>	172	RADICAVA ORS STARTER KIT.....	60	RESTASIS MULTIDOSE.....	140
PULMICORT FLEXHALER.....	152	<i>raloxifene hcl</i>	119	RESTORA.....	97
PULMICORT SUSPENSION.....	152	<i>ramelteon</i>	175	<i>restore plus lubricant eye</i>	146
PULMOSAL.....	173	<i>ramipril</i>	52	<i>restore pm</i>	146
PULMOZYME.....	153	<i>ranolazine er</i>	55	RESTORIL ORAL CAPSULE 15 MG, 30	
<i>pure & gentle lubricant</i>	145	RASUVO.....	123	MG, 7.5 MG.....	175
<i>purelax oral powder</i>	102	RAVICTI.....	106	RESTORIL ORAL CAPSULE 22.5 MG.....	175
PYLERA.....	87	RAYALDEE.....	126	RETACRIT.....	51
<i>pyrazinamide oral</i>	33	<i>react</i>	119	RETEVMO.....	139
PYRIDIUM.....	108	<i>ready-to-use enema rectal enema</i>	97	RETIN-A.....	62
<i>pyridostigmine bromide er</i>	32	REBIF.....	61	RETIN-A MICRO GEL 0.04 %, 0.1 %.....	62
<i>pyridostigmine bromide oral solution</i>	32	REBIF REBIDOSE.....	61	RETIN-A MICRO PUMP EXTERNAL GEL	
<i>pyridostigmine bromide oral tablet 60 mg</i>	32	REBIF REBIDOSE TITRATION PACK.....	61	0.06 %.....	62
<i>pyridoxine hcl oral</i>	182	REBIF TITRATION PACK.....	61	RETIN-A MICRO PUMP EXTERNAL GEL	
<i>pyrimethamine oral</i>	37	<i>reclipsen</i>	116	0.08 %.....	62
QELBREE.....	45	RECOMBIVAX HB.....	124	REVATIO ORAL SUSPENSION	
QNASL.....	152	<i>refenesen 400</i>	158	RECONSTITUTED.....	154
QNASL CHILDRENS.....	152	REFRESH LACRI-LUBE.....	145	REVATIO ORAL TABLET.....	154
QTERN.....	47	REFRESH PLUS.....	145	REVLIMID.....	33
QUADRACEL INTRAMUSCULAR		REFRESH TEARS.....	145	REXTOVY.....	15
SUSPENSION.....	124	<i>reguloid oral powder 43 %</i>	102	REXULTI.....	40
<i>quazepam</i>	45	REHYDRALYTE.....	78	REYATAZ ORAL CAPSULE.....	44
<i>quetiapine fumarate</i>	40	RELENZA DISKHALER.....	44	REYATAZ ORAL PACKET.....	44
<i>quetiapine fumarate er</i>	40	RELEUKO.....	51	REYVOW.....	32
QUICKVUE AT-HOME COVID-19 TEST...	136	RELEXXII ORAL TABLET EXTENDED		REZDIFFRA ORAL TABLET 80 MG.....	136
QUILLICHEW ER.....	59	RELEASE 18 MG, 27 MG, 36 MG, 45 MG,		REZVOGLAR KWIKPEN.....	50
QUILLIVANT XR.....	59	54 MG, 63 MG, 72 MG.....	59	RHOFADE.....	62
<i>quinapril hcl</i>	52	<i>relief eye drops</i>	145	RHOPRESSA.....	142
<i>quinapril-hydrochlorothiazide</i>	55	RELION TRUE METRIX TEST STRIPS.....	72	<i>ribavirin oral</i>	41
<i>quinidine gluconate er</i>	53	RELISTOR ORAL.....	86	<i>rifabutin</i>	32
<i>quinidine sulfate</i>	53	RELISTOR SUBCUTANEOUS.....	86	<i>rifampin oral</i>	33
QUINTET CONTROL HIGH/NORMAL.....	72	RELPAK.....	32	<i>riluzole</i>	60
<i>quit2</i>	17	RELYVRIO.....	136	<i>rimantadine hcl</i>	44
<i>quit4</i>	17	<i>rena-vite</i>	83	RINVOQ.....	122
QULIPTA.....	31	<i>renewal soothing bath</i>	68	RISAQUAD.....	98
QUVIVIQ.....	136	<i>repaglinide</i>	47	RISAQUAD-2.....	98
QVAR REDHALER.....	152	REPATHA.....	57	RISPERDAL CONSTA.....	40
<i>radiance platinum vitamin d3</i>	83	<i>rest simply</i>	176	RISPERDAL ORAL SOLUTION.....	40
RADICAVA ORS.....	60	RESTASIS.....	140	RISPERDAL ORAL TABLET.....	40

<i>risperidone microspheres er</i>	40	RYTARY ORAL CAPSULE EXTENDED		<i>senna s</i>	105
<i>risperidone oral solution</i>	40	RELEASE 48.75-195 MG.....	38	<i>senna smooth</i>	105
<i>risperidone oral tablet</i>	40	<i>saccharomyces boulardii</i>	98	<i>senna-docusate sodium</i>	105
<i>risperidone oral tablet dispersible</i>	40	SAFE-T-LANCE.....	72	<i>senna-lax</i>	105
<i>ritonavir</i>	44	SAFYRAL.....	117	<i>senna-plus</i>	105
<i>rivastigmine</i>	25	SAIZEN.....	109	<i>senna-s oral tablet 8.6-50 mg</i>	105
<i>rivastigmine tartrate</i>	25	<i>sajazir</i>	121	<i>senna-tabs</i>	105
<i>rivelsa</i>	116	<i>saline enema</i>	98	<i>senna-time</i>	105
<i>rizatriptan benzoate</i>	32	<i>saline mist spray</i>	158	<i>senna-time s</i>	105
ROBAFEN CF MULTI-SYMPTOM COLD..	160	<i>saline nasal spray</i>	158	<i>sennazon</i>	105
ROBITUSSIN 12 HOUR COUGH.....	173	<i>salsalate oral</i>	14	SENOKOT.....	105
ROBITUSSIN 12 HOUR COUGH CHILD..	173	SANCUSO.....	28	SENOKOT S.....	105
ROBITUSSIN COUGH+CHEST CONG		SAPHRIS.....	40	SENTIA.....	146
DM ORAL LIQUID 20-400 MG/20ML.....	173	<i>sapropterin dihydrochloride</i>	106	SEREVENT DISKUS.....	153
ROBITUSSIN PEAK COLD MULTI-SYM...	160	SAVAYSA.....	50	SEROQUEL.....	40
ROCKLATAN.....	140	<i>saxagliptin hcl</i>	47	SEROQUEL XR.....	40
<i>ropinirole hcl</i>	38	<i>sb arthritis pain relief</i>	14	SERTRALINE HCL ORAL CAPSULE.....	26
<i>rosuvastatin calcium oral</i>	56	<i>sb docusate sodium/senna</i>	104	<i>sertraline hcl oral concentrate</i>	26
ROTARIX.....	124	<i>sb lice killing max st</i>	38	<i>sertraline hcl oral tablet</i>	26
ROTATEQ.....	124	<i>sb mucus relief</i>	159	<i>setlakin</i>	117
<i>roweepira</i>	22	<i>sb pain reliever childrens</i>	14	<i>sevelamer carbonate oral tablet</i>	79
ROXYBOND.....	6	<i>scalp relief external liquid 3 %</i>	136	<i>sf</i>	74
ROZEREM.....	175	SCEMBLIX ORAL TABLET 20 MG, 40 MG.	36	<i>sf 5000 plus</i>	74
ROZLYTREK ORAL CAPSULE.....	35	SCRUB CARE POVIDONE-IODINE.....	21	SFROWASA.....	125
ROZLYTREK PACKET 50 MG ORAL.....	35	SECUADO.....	40	<i>sharobel</i>	119
RUBRACA.....	35	SEGLENTIS.....	7	SHINGRIX.....	124
RUCONEST.....	121	SEGLUROMET.....	47	SIDEROL.....	180
<i>rufinamide</i>	24	<i>selegiline hcl oral</i>	38	SIGNIFOR.....	121
RYALTRIS.....	136	<i>selenium sulfide external lotion</i>	65	SIKLOS.....	51
RYBELSUS.....	47	SELZENTRY ORAL SOLUTION.....	43	<i>siladryl allergy</i>	152
RYDAPT.....	35	SEMGLEE (YFGN).....	49	<i>sildenafil citrate oral suspension</i>	
RYKINDO.....	40	<i>senexon-s</i>	104	<i>reconstituted</i>	154
<i>rynex dm</i>	173	<i>senior probiotic</i>	98	<i>sildenafil citrate oral tablet 20 mg</i>	154
<i>rynex pe</i>	173	<i>senna lax</i>	104	SILENOR.....	175
<i>rynex pse</i>	173	<i>senna laxative</i>	104	SILIQ.....	122
RYTARY ORAL CAPSULE EXTENDED		<i>senna oral liquid</i>	104	<i>siltussin sa</i>	159
RELEASE 23.75-95 MG, 36.25-145 MG,		<i>senna oral syrup</i>	104	<i>silver sulfadiazine external</i>	66
61.25-245 MG.....	38	<i>senna oral tablet</i>	105	SIMBRINZA.....	142
		<i>senna plus oral tablet</i>	105	<i>simeped</i>	98

<i>simethicone drops infants</i>	98	<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	78	<i>sotalol hcl oral</i>	53
<i>simethicone oral</i>	98	<i>sodium bicarbonate oral tablet</i>	98	SOTYKTU.....	136
<i>simethicone ultra strength</i>	98	<i>sodium chloride (hypertonic) ophthalmic ointment</i>	146	SOVALDI.....	41
<i>simliya</i>	117	<i>sodium chloride (hypertonic) ophthalmic solution</i>	146	SOVUNA ORAL TABLET 200 MG.....	37
<i>simpesse</i>	117	<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>	173	SPEEDY SWAB COVID-19 ANTIGEN.....	136
SIMPLY SLEEP.....	176	<i>sodium chloride inhalation nebulization solution 3 %</i>	173	SPIKEVAX.....	136
SIMPONI.....	123	<i>sodium chloride inhalation nebulization solution 7 %</i>	173	<i>spinosad</i>	66
<i>simvastatin oral</i>	56	<i>sodium chloride ophthalmic ointment 5 %</i> ..	146	SPIRIVA HANDIHALER.....	153
SINEMET.....	38	<i>sodium chloride ophthalmic solution 5 %</i> ..	146	SPIRIVA RESPIMAT.....	153
SINGULAIR.....	152	<i>sodium fluoride 5000 plus</i>	74	<i>spironolactone oral tablet</i>	56
<i>sinus 12 hour</i>	173	<i>sodium fluoride 5000 ppm dental cream</i>	74	<i>spironolactone-hctz</i>	55
<i>sinus 12-hour</i>	173	<i>sodium fluoride dental</i>	74	SPRAVATO (84 MG DOSE).....	25
<i>sinus congestion max strength</i>	173	<i>sodium fluoride oral solution</i>	74	<i>sprintec 28</i>	117
<i>sinus nasal spray</i>	173	<i>sodium fluoride oral tablet chewable</i>	74	SPRYCEL.....	139
<i>sinus pe decongestant</i>	159	SODIUM OXYBATE.....	176	SPS.....	79
<i>sinus relief extra strength</i>	159	<i>sodium phenylbutyrate oral powder</i>	106	<i>sronyx</i>	117
<i>sinus/congestion relief pe</i>	159	<i>sodium sulfacetamide wash</i>	136	<i>ssd</i>	66
<i>sirolimus oral</i>	123	SOFOSBUVIR-VELPATASVIR.....	41	<i>sss 10-5 external cream</i>	68
SIRTURO.....	33	<i>soft glucose</i>	50	ST JOSEPH LOW DOSE.....	136
SKYRIZI PEN.....	122	<i>solifenacin succinate</i>	107	STEGLATRO.....	47
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE.....	136	SOLQUA.....	47	STEGLUJAN.....	47
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	122	SOLODYN.....	20	STELARA SUBCUTANEOUS.....	122
SKYTROFA.....	110	SOLOSEC.....	18	STIMUFEND.....	136
<i>sleep aid (diphenhydramine)</i>	176	<i>soluble fiber therapy</i>	105	<i>stimulant lax plus</i>	105
<i>sleep aid nighttime</i>	176	SOMAVERT.....	121	<i>stimulant laxative</i>	105
<i>sleep aid oral tablet 25 mg</i>	176	SOOLANTRA.....	66	STIOLTO RESPIMAT.....	164
<i>sleep tabs</i>	176	<i>soothe maximum strength</i>	98	STIVARGA.....	35
SLO-NIACIN.....	83	<i>soothe oral suspension</i>	98	<i>stomach relief extra strength</i>	98
SLYND.....	119	<i>soothe oral tablet chewable</i>	98	<i>stomach relief max st oral suspension 525 mg/15ml</i>	98
<i>smooth antacid ex st oral tablet chewable 750 mg</i>	98	<i>sorafenib tosylate</i>	35	<i>stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml</i>	98
<i>smooth antacid extra st</i>	98	<i>sorbitol oral</i>	102	<i>stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	99
<i>smooth antacid extra strength</i>	98	SORILUX.....	66	<i>stomach relief oral tablet 262 mg</i>	99
<i>smooth lax oral powder</i>	102	<i>sotalol hcl (af)</i>	53	<i>stomach relief oral tablet chewable 262 mg</i>	99
SOANZ ORAL TABLET 20 MG.....	55			<i>stomach relief plus</i>	99
<i>sod chloride hypertonicity</i>	146			<i>stomach relief ultra</i>	99
				<i>stool softener laxative oral capsule</i>	105

<i>stool softener oral capsule 100 mg</i>	105	<i>sulfacetamide-prednisolone</i>	140	SYNJARDY.....	47
<i>stool softener oral capsule 240 mg</i>	105	<i>sulfamethoxazole-trimethoprim oral</i>	20	SYNJARDY XR.....	47
<i>stool softener oral capsule 250 mg</i>	105	<i>sulfamez wash</i>	69	SYSTANE.....	146
<i>stool softener oral capsule 50 mg</i>	105	<i>sulfasalazine oral</i>	125	SYSTANE BALANCE.....	146
<i>stool softener pls laxative</i>	105	<i>sulfatrim pediatric</i>	20	SYSTANE COMPLETE.....	146
<i>stool softener plus laxative</i>	105	<i>sulindac oral</i>	6	SYSTANE CONTACTS.....	146
<i>stool softener/laxative</i>	105	SUMADAN WASH.....	69	SYSTANE HYDRATION PF.....	146
<i>stool softener/laxative oral tablet</i>	105	<i>sumatriptan nasal</i>	32	SYSTANE NIGHTTIME.....	146
STRENSIQ.....	106	<i>sumatriptan succinate oral</i>	32	SYSTANE PRESERVATIVE FREE.....	146
<i>stress formula</i>	83	<i>sumatriptan succinate refill</i>	32	SYSTANE ULTRA.....	146
<i>stress formula/iron</i>	180	<i>sumatriptan succinate subcutaneous</i>	32	SYSTANE ULTRA PF.....	146
STRIBILD.....	42	<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	35	<i>tab tussin</i>	159
STRIVE DUAL ZONE PEAK FLOW MTR..	136	<i>sunitinib malate oral capsule 37.5 mg</i>	35	<i>tab-a-vite/beta carotene</i>	83
STRIVERDI RESPIMAT.....	153	SUNOSI.....	176	TABLOID.....	34
STROVITE ONE.....	180	<i>suphedrine 12hour</i>	174	TABRECTA.....	139
SUBOXONE.....	15	<i>suphedrine maximum strength</i>	174	TACLONEX.....	66
<i>subvenite</i>	22	<i>suphedrine oral tablet 30 mg</i>	174	<i>tacrolimus external ointment 0.03 %</i>	65
<i>subvenite starter kit-blue</i>	22	<i>suphedrine oral tablet extended release 12 hour 120 mg</i>	174	<i>tacrolimus external ointment 0.1 %</i>	65
<i>subvenite starter kit-green</i>	22	SUPPORT.....	180	<i>tacrolimus oral</i>	123
<i>subvenite starter kit-orange</i>	22	SUPREP BOWEL PREP KIT.....	87	<i>tadalafil (pah)</i>	154
<i>sucrafate oral suspension</i>	88	<i>sure result sr relief</i>	137	TADLIQ.....	154
<i>sucrafate oral tablet</i>	88	SUTAB.....	21	TAFINLAR.....	35
SUDAFED.....	173	SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG.....	35	TAGAMET HB 200.....	88
SUDAFED PE CONGESTION ORAL		SUTENT ORAL CAPSULE 37.5 MG.....	35	TAGRISSO.....	139
TABLET 10 MG.....	159	<i>syeda</i>	117	<i>take action</i>	119
SUDAFED PE SINUS CONGESTION.....	159	SYMBICORT.....	164	TAKHZYRO SUBCUTANEOUS	
SUDAFED SINUS CONGESTION.....	173	SYMDEKO.....	153	SOLUTION.....	121
SUDAFED SINUS CONGESTION 12HR..	173	SYMFI.....	42	TAKHZYRO SUBCUTANEOUS	
<i>sudogest 12 hour</i>	173	SYMFI LO.....	42	SOLUTION PREFILLED SYRINGE 150	
<i>sudogest maximum strength</i>	174	SYMLINPEN 120.....	47	MG/ML.....	121
<i>sudogest oral tablet 30 mg</i>	174	SYMLINPEN 60.....	47	TAKHZYRO SUBCUTANEOUS	
<i>sulfacetamide sodium external</i>	136	SYMPAZAN.....	23	SOLUTION PREFILLED SYRINGE 300	
<i>sulfacetamide sodium ophthalmic</i>	141	SYMPROIC.....	86	MG/2ML.....	121
<i>sulfacetamide sodium-sulfur external cream 10-5 %</i>	68	SYMTUZA.....	44	TALICIA.....	87
<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i>	69	SYNAGIS.....	122	TALTZ.....	122
<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	69	SYNAREL.....	121	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG.....	36
				TAMIFLU ORAL CAPSULE.....	44

TAMIFLU ORAL SUSPENSION RECONSTITUTED.....	44	TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML.....	126	<i>thiamine mononitrate oral</i>	83
<i>tamoxifen citrate oral</i>	34	TESTIM.....	111	THIOLA.....	107
<i>tamsulosin hcl</i>	107	<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	111	THIOLA EC.....	107
TARCEVA.....	139	<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	111	<i>thioridazine hcl oral</i>	39
<i>tarina 24 fe</i>	117	<i>testosterone enanthate intramuscular solution</i>	111	<i>thiothixene</i>	39
<i>tarina fe 1/20 eq</i>	117	<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	111	THRIVE.....	17
TASIGNA.....	139	<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	111	<i>tiadylt er</i>	54
TAVALISSE.....	51	<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%)</i>	111	<i>tiagabine hcl</i>	23
<i>taysofy</i>	117	<i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%)</i>	111	TIBSOVO.....	36
TAZORAC EXTERNAL CREAM 0.1 %.....	62	<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	111	TIKOSYN.....	53
TAZORAC EXTERNAL GEL.....	62	TETANUS-DIPHThERIA TOXOIDS TD....	124	<i>tilia fe</i>	117
TDVAX.....	124	<i>tetrabenazine</i>	60	<i>timolol maleate ophthalmic solution</i>	142
TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	61	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	155	TIMOPTIC OCUDOSE.....	142
TEENY TUMMY GAS RELIEF DROPS.....	99	<i>tgt clotrimazole external cream 1 %</i>	67	TINACTIN EXTERNAL CREAM.....	137
TEGRETOL ORAL SUSPENSION.....	24	THALOMID.....	33	<i>tinidazole oral tablet 250 mg</i>	18
TEGSEDI.....	106	<i>the magic bullet</i>	137	<i>tinidazole oral tablet 500 mg</i>	18
TEKTRUNA.....	55	THEO-24.....	154	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.....	120
<i>telmisartan</i>	52	<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	154	TIROSINT-SOL.....	120
<i>temazepam oral capsule 15 mg, 30 mg</i>	175	<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	154	TIVICAY.....	42
<i>temazepam oral capsule 22.5 mg</i>	175	<i>theophylline er oral tablet extended release 24 hour 400 mg</i>	154	TIVICAY PD.....	42
<i>temazepam oral capsule 7.5 mg</i>	175	<i>theophylline er oral tablet extended release 24 hour 600 mg</i>	154	<i>tizanidine hcl oral tablet</i>	41
<i>temozolomide oral capsule 100 mg, 140 mg</i>	33	<i>theophylline oral</i>	154	TOBI PODHALER.....	153
<i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg</i>	33	THERA.....	83	TOBRADEX.....	140
TENCON.....	7	<i>thera-tabs</i>	83	TOBRADEX ST.....	140
TENIVAC.....	124	<i>thiamine hcl oral</i>	182	<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	153
<i>tenofovir disoproxil fumarate</i>	43			<i>tobramycin ophthalmic</i>	141
TEPMETKO.....	36			<i>tobramycin-dexamethasone</i>	140
<i>terazosin hcl</i>	107			<i>tolcapone</i>	38
<i>terbinafine hcl external</i>	31			<i>tolnaftate antifungal external cream</i>	137
<i>terbinafine hcl oral</i>	29			<i>tolnaftate external cream</i>	137
<i>terbinafine hydrochloride external cream 1 %</i>	31			<i>tolnaftate external powder</i>	137
<i>terconazole vaginal cream</i>	29			<i>tolterodine tartrate</i>	107
<i>teriflunomide</i>	61			<i>tolterodine tartrate er</i>	107
				TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG.....	23

TOPAMAX ORAL TABLET 25 MG.....	23	<i>triamcinolone acetonide external lotion</i>		<i>tri-sprintec</i>	117
TOPAMAX SPRINKLE.....	23	0.025 %.....	65	TRIUMEQ.....	43
<i>topiramate er oral capsule er 24 hour</i>		<i>triamcinolone acetonide external lotion 0.1</i>		TRIUMEQ PD.....	43
<i>sprinkle 100 mg, 25 mg</i>	23	%.....	65	<i>tri-vite pediatric</i>	83
<i>topiramate er oral capsule extended</i>		<i>triamcinolone acetonide external ointment</i>		<i>trivora (28)</i>	117
<i>release 24 hour</i>	23	0.025 %, 0.1 %, 0.5 %.....	65	<i>tri-vylibra</i>	117
<i>topiramate oral capsule sprinkle</i>	23	<i>triamcinolone acetonide mouth/throat</i>	61	<i>tri-vylibra lo</i>	117
<i>topiramate oral tablet 100 mg, 200 mg, 50</i>		<i>triamcinolone acetonide nasal</i>	163	TROKENDI XR.....	23
<i>mg</i>	23	TRIAMINIC ALLERCHEWS.....	163	<i>tropium chloride</i>	107
<i>topiramate oral tablet 25 mg</i>	23	<i>triamterene-hctz</i>	55	TRUE COVER.....	137
<i>toremifene citrate</i>	34	<i>triazolam</i>	175	TRUE DAILY VITE.....	83
<i>torseamide</i>	55	TRICOR.....	56	TRUE FERROUS SULFATE.....	78
<i>total allergy</i>	152	<i>triderm</i>	65	TRUE FOLIC ACID ORAL TABLET 400	
<i>total allergy medicine</i>	152	<i>trientine hcl oral capsule 250 mg</i>	79	MCG.....	137
TOUJEO MAX SOLOSTAR.....	49	<i>tri-estarylla</i>	117	<i>true folic acid tablet 1 mg oral</i>	137
TOUJEO SOLOSTAR.....	49	<i>trifluoperazine hcl</i>	39	TRUE FOLIC ACID TABLET 1 MG ORAL.....	137
TOVIAZ.....	107	<i>trifluridine</i>	141	TRUE MAGNESIUM OXIDE ORAL	
TRACLEER.....	154	<i>trihexyphenidyl hcl</i>	38	TABLET 500 MG.....	78
TRADJENTA.....	47	TRIJARDY XR.....	47	<i>true magnesium oxide tablet 400 mg oral</i>	78
<i>tramadol hcl oral tablet 50 mg</i>	7	TRIKAFTA ORAL TABLET THERAPY		TRUE MAGNESIUM OXIDE TABLET 400	
<i>trandolapril</i>	52	PACK.....	153	MG ORAL.....	78
<i>tranexamic acid oral</i>	51	TRIKAFTA ORAL THERAPY PACK.....	153	TRUE MULTIVITAMIN.....	84
<i>tranylcypromine sulfate</i>	26	<i>tri-legest fe</i>	117	TRUE NASAL MOISTURIZING.....	159
TRAVATAN Z.....	140	<i>tri-linyah</i>	117	TRUE VITAMIN A.....	84
<i>travel ease</i>	28	TRILIPIX.....	56	TRUE VITAMIN B1 ORAL TABLET 100	
TRAZIMERA INTRAVENOUS SOLUTION		<i>tri-lo-estarylla</i>	117	MG.....	84
RECONSTITUTED 150 MG.....	139	<i>tri-lo-marzia</i>	117	TRUE VITAMIN B3 ORAL TABLET 100	
<i>trazodone hcl oral</i>	26	<i>tri-lo-mili</i>	117	MG, 250 MG, 50 MG.....	84
TRECTOR.....	33	<i>tri-lo-sprintec</i>	117	TRUE VITAMIN B6 ORAL TABLET 25 MG,	
TRELEGY ELLIPTA.....	164	<i>trimethobenzamide hcl oral</i>	28	50 MG.....	182
TREMFYA.....	122	<i>trimethoprim oral</i>	18	<i>true vitamin b6 tablet 100 mg oral</i>	182
TRESIBA.....	49	<i>tri-mili</i>	117	TRUE VITAMIN B6 TABLET 100 MG	
TRESIBA FLEXTOUCH.....	49	<i>trimipramine maleate oral</i>	27	ORAL.....	182
<i>tretinoin external cream</i>	62	TRINTELLIX.....	26	TRUE VITAMIN C ORAL TABLET 250 MG	
<i>tretinoin oral</i>	36	<i>tri-nymyo</i>	117	.....	180
TREXALL.....	123	<i>triple antibiotic external ointment , 3.5-400-</i>		TRUE VITAMIN C ORAL TABLET 500 MG	
TREXIMET.....	32	<i>5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	21	.....	180
TREZIX.....	7	<i>triple antibiotic original</i>	21	<i>true vitamin c tablet 1000 mg oral</i>	180
<i>triamcinolone acetonide external cream</i>	65	TRIPTODUR.....	121		

TRUE VITAMIN C TABLET 1000 MG ORAL.....	180	<i>tussin adult chest congest.....</i>	159	<i>tydemy.....</i>	117
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT).....	84	<i>tussin cf oral liquid 30-10-100 mg/5ml.....</i>	174	TYLENOL FOR CHILDREN + ADULTS.....	14
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT).....	84	<i>tussin cf oral liquid 5-10-100 mg/5ml.....</i>	160	TYLENOL ORAL SUSPENSION 160 MG/5ML.....	14
TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT).....	84	<i>tussin chest congestion oral liquid 100 mg/5ml.....</i>	159	TYLENOL ORAL TABLET 325 MG, 500 MG.....	14
TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT).....	84	<i>tussin cough dm sugar free.....</i>	174	TYLENOL ORAL TABLET CHEWABLE 160 MG.....	14
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT).....	84	<i>tussin cough long acting.....</i>	159	TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG.....	14
TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT).....	84	<i>tussin cough oral syrup.....</i>	159	TYMLOS.....	126
TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT).....	84	<i>tussin cough/chest congest oral syrup 100-10 mg/5ml.....</i>	174	TYRVAYA.....	140
TRUE VITAMIN E ORAL CAPSULE 180 MG.....	182	<i>tussin cough/chest dm max oral liquid 10-200 mg/5ml.....</i>	174	TYVASO DPI MAINTENANCE KIT.....	154
TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG.....	182	<i>tussin cough/chest dm max oral liquid 20-400 mg/20ml.....</i>	174	TYVASO DPI TITRATION KIT.....	154
TRUECONTROL GLUCOSE CONT LEV 0.72	72	<i>tussin dm cough + chest oral liquid 20-400 mg/20ml.....</i>	174	UBRELVY.....	32
TRUECONTROL GLUCOSE CONT LEV 1.72	72	<i>tussin dm cough/chest cong.....</i>	174	UCERIS.....	126
TRUEPLUS GLUCOSE ON THE GO.....	50	<i>tussin dm cough/chest oral syrup 10-100 mg/5ml.....</i>	174	UDAMIN SP.....	180
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE.....	50	<i>tussin dm max adult.....</i>	174	UDENYCA.....	51
TRULANCE.....	86	<i>tussin dm max daytime.....</i>	174	UDENYCA ONBODY.....	51
TRULICITY.....	47	<i>tussin dm max oral liquid 20-400 mg/20ml.....</i>	174	<i>ultra calcium + vitamin d3.....</i>	78
TRUMENBA.....	124	<i>tussin dm max st.....</i>	174	<i>ultra fresh.....</i>	146
TRUVADA.....	43	<i>tussin dm oral syrup 100-10 mg/5ml.....</i>	174	<i>ultra fresh pm.....</i>	146
TUMS.....	99	<i>tussin expectorant adult.....</i>	159	<i>ultra lubricant drop.....</i>	146
TUMS CHEWY BITES.....	99	<i>tussin maximum strength oral syrup 15 mg/5ml.....</i>	159	<i>ultra lubricating eye drops.....</i>	146
TUMS E-X 750.....	99	<i>tussin mucus & chest cong.....</i>	159	<i>ultra lubricating eye drops pf.....</i>	146
TUMS EXTRA STRENGTH 750.....	99	<i>tussin mucus & chest congest.....</i>	159	<i>unithroid.....</i>	120
TUMS LASTING EFFECTS.....	99	<i>tussin mucus/chest congest.....</i>	159	UPTRAVI ORAL.....	154
TUMS SMOOTHIES.....	99	<i>tussin mucus/congestion.....</i>	159	<i>urea 20 intensive hydrating.....</i>	69
TUMS ULTRA 1000.....	99	<i>tussin mucus+chest congest.....</i>	159	<i>urea external cream 10 %.....</i>	69
TURALIO.....	139	<i>tussin mucus+chest congestion.....</i>	159	<i>urea external cream 20 %.....</i>	69
<i>turqoz.....</i>	117	<i>tussin multi-symptom cold cf.....</i>	160	<i>urea external lotion.....</i>	69
<i>tusnel-ex.....</i>	159	<i>tussin oral liquid 100 mg/5ml.....</i>	159	<i>ureacin-10.....</i>	69
		TWINRIX.....	124	<i>ureacin-20.....</i>	69
		TWIRLA.....	119	<i>urinary pain relief oral tablet 95 mg.....</i>	108
		TYBLUME.....	117	URO-PAIN.....	108
		TYBOST.....	43	<i>ursodiol oral capsule 300 mg.....</i>	87
				<i>ursodiol oral tablet.....</i>	87
				UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML.....	40

VAGIFEM.....	117	VENTOLIN HFA.....	153	<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>	
<i>valacyclovir hcl oral.....</i>	41	<i>verapamil hcl er oral capsule extended</i>		<i>3 mg, 3 mg (10000 ut).....</i>	84
<i>valganciclovir hcl oral tablet.....</i>	41	<i>release 24 hour 120 mg, 180 mg, 240 mg,</i>		<i>vitamin b complex oral capsule.....</i>	84
<i>valproic acid oral.....</i>	23	<i>360 mg.....</i>	54	<i>vitamin b complex w/b-12.....</i>	84
<i>valsartan oral tablet.....</i>	52	<i>verapamil hcl er oral tablet extended</i>		<i>vitamin b1.....</i>	182
<i>valsartan-hydrochlorothiazide.....</i>	55	<i>release.....</i>	54	<i>vitamin b-1 oral tablet 100 mg.....</i>	84
VALTOCO 10 MG DOSE.....	23	<i>verapamil hcl oral.....</i>	54	<i>vitamin b-1 oral tablet 250 mg.....</i>	182
VALTOCO 15 MG DOSE.....	23	VERKAZIA.....	140	<i>vitamin b-12 er oral tablet extended</i>	
VALTOCO 20 MG DOSE.....	23	VERQUVO.....	57	<i>release 1000 mcg.....</i>	182
VALTOCO 5 MG DOSE.....	23	VERSACLOZ.....	40	<i>vitamin b12 oral tablet extended release</i>	
VANCOGIN ORAL CAPSULE 250 MG.....	18	VERZENIO.....	36	<i>1000 mcg.....</i>	182
<i>vancomycin hcl oral solution reconstituted</i>		VESICARE.....	107	<i>vitamin b-12 tr oral tablet extended release</i>	
<i>25 mg/ml.....</i>	18	<i>vestura.....</i>	117	<i>1000 mcg.....</i>	182
VANDAZOLE.....	18	VFEND.....	29	<i>vitamin b-6.....</i>	182
VAPORIZER WARM STEAM.....	137	VIBERZI.....	86	<i>vitamin b-6 er.....</i>	182
VAQTA.....	124	<i>vic-forte.....</i>	180	<i>vitamin c cr oral tablet extended release</i>	
<i>varenicline tartrate.....</i>	16	VICTOZA.....	47	<i>500 mg.....</i>	180
<i>varenicline tartrate (starter).....</i>	16	<i>vienva.....</i>	118	<i>vitamin c er oral tablet extended release</i>	
<i>varenicline tartrate(continue).....</i>	16	<i>vigabatrin oral packet.....</i>	23	<i>1500 mg.....</i>	180
VARIVAX.....	124	<i>vigadrone oral packet.....</i>	23	<i>vitamin c oral liquid 500 mg/5ml.....</i>	180
VASCEPA.....	57	VIGAMOX.....	141	<i>vitamin c oral tablet 1000 mg, 250 mg.....</i>	181
VAXELIS.....	137	<i>vigpoder.....</i>	23	<i>vitamin c oral tablet 500 mg.....</i>	181
VAXNEUVANCE.....	124	VIIBRYD.....	26	<i>vitamin c oral tablet chewable 100 mg, 250</i>	
<i>v-c forte.....</i>	180	<i>vilazodone hcl.....</i>	26	<i>mg.....</i>	181
VCF VAGINAL CONTRACEPTIVE.....	108	VIMPAT ORAL.....	24	<i>vitamin c oral tablet chewable 500 mg.....</i>	181
VECTICAL.....	66	VIOKACE.....	106	<i>vitamin c/acerola.....</i>	181
<i>vegetable lax+stool softener.....</i>	105	<i>viorele.....</i>	118	<i>vitamin c/rose hips oral tablet 1000 mg.....</i>	181
<i>vegetable laxative.....</i>	105	VIRACEPT.....	44	<i>vitamin c/rose hips oral tablet 500 mg.....</i>	181
<i>velivet.....</i>	117	VIREAD ORAL POWDER.....	43	<i>vitamin c-rose hips.....</i>	181
VELPHORO.....	79	VIREAD ORAL TABLET 150 MG, 200 MG,		<i>vitamin c-rose hips oral tablet.....</i>	181
VELTASSA.....	79	250 MG.....	43	<i>vitamin d (cholecalciferol) oral tablet 10</i>	
VENCLEXTA.....	36	VISBIOME HIGH POTENCY ORAL		<i>mcg (400 unit).....</i>	84
VENCLEXTA STARTING PACK.....	36	CAPSULE.....	99	<i>vitamin d (cholecalciferol) oral tablet 25</i>	
VENLAFAXINE BESYLATE ER.....	137	VISINE.....	147	<i>mcg (1000 ut).....</i>	84
<i>venlafaxine hcl.....</i>	26	<i>vit c/rose hips.....</i>	180	<i>vitamin d (ergocalciferol) oral capsule 1.25</i>	
<i>venlafaxine hcl er oral capsule extended</i>		<i>vita s forte.....</i>	180	<i>mg (50000 ut), 50000 unit.....</i>	181
<i>release 24 hour.....</i>	26	<i>vitacel.....</i>	180	<i>vitamin d oral capsule 25 mcg (1000 ut).....</i>	84
<i>venlafaxine hcl er oral tablet extended</i>		<i>vitachew multiple vitamin.....</i>	137	<i>vitamin d oral liquid.....</i>	84
<i>release 24 hour 37.5 mg.....</i>	26	<i>vitachew vitamin d3.....</i>	84		

<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	85	VOSEVI.....	41	XALATAN.....	140
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i> ..	85	VOTRIENT.....	139	XALKORI.....	139
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> ..	85	VRAYLAR.....	40	XARELTO.....	50
<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i> ..	85	VTAMA.....	137	XARELTO STARTER PACK.....	50
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	85	VUMERITY.....	61	XCOPRI (250 MG DAILY DOSE).....	23
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i> 85		<i>vyfemla</i>	118	XCOPRI (350 MG DAILY DOSE).....	23
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>	85	<i>vylibra</i>	118	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG.....	23
<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i> ... 85		VYNDAMAX.....	106	XCOPRI ORAL TABLET THERAPY PACK.....	23
<i>vitamin d3 oral liquid 10 mcg/ml</i>	85	VYNDAQEL.....	106	XELJANZ.....	122
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	85	VYTORIN.....	57	XELJANZ XR.....	122
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	85	VYVANSE.....	59	XELPROS.....	140
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	85	VYZULTA.....	140	XELSTRYM.....	138
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	85	WAKIX.....	176	XENAZINE.....	60
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	85	<i>warfarin sodium oral</i>	50	XEPI.....	67
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	85	<i>wart remover external liquid 17 %</i>	137	XERAC AC.....	69
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	85	<i>wart remover maximum strength external liquid</i>	137	XHANCE.....	152
<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i> ..	85	<i>weekly-d</i>	85	XIFAXAN.....	18
<i>vitamin e natural</i>	182	WELLBUTRIN XL.....	25	XIGDUO XR.....	47
<i>vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit)</i>	182	WELLFOLA.....	181	XIIDRA.....	140
<i>vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit)</i>	182	<i>wera</i>	118	XOFLUZA (40 MG DOSE).....	44
<i>vitamin-b complex</i>	85	<i>wes-phos 250 neutral</i>	78	XOFLUZA (80 MG DOSE).....	44
<i>vitamins complete childrens</i>	181	WESTAB PLUS.....	85	XOLAIR.....	122
VITAROCA PLUS.....	181	WIDE-SEAL DIAPHRAGM 60.....	137	XOPENEX HFA.....	153
VITRAKVI.....	36	WIDE-SEAL DIAPHRAGM 65.....	137	XOSPATA.....	139
VIVAGUARD INO CONTROL SOLUTION... 72		WIDE-SEAL DIAPHRAGM 70.....	137	XPECT.....	159
VIVELLE-DOT.....	118	WIDE-SEAL DIAPHRAGM 75.....	137	XPHOZAH ORAL TABLET 20 MG.....	138
VIVJOA.....	137	WIDE-SEAL DIAPHRAGM 80.....	137	XPOVIO (100 MG ONCE WEEKLY).....	34
VIZIMPRO.....	139	WIDE-SEAL DIAPHRAGM 85.....	138	XPOVIO (40 MG ONCE WEEKLY).....	34
VOGELXO.....	111	WIDE-SEAL DIAPHRAGM 90.....	138	XPOVIO (40 MG TWICE WEEKLY).....	34
<i>volnea</i>	118	WIDE-SEAL DIAPHRAGM 95.....	138	XPOVIO (60 MG ONCE WEEKLY).....	34
VOQUEZNA DUAL PAK.....	137	WINLEVI.....	138	XPOVIO (80 MG ONCE WEEKLY).....	34
VOQUEZNA TRIPLE PAK.....	86	<i>wixela inhub</i>	164	XTAMPZA ER.....	6
<i>voriconazole oral tablet</i>	29	<i>womans laxative</i>	138	XTANDI.....	33
		<i>womens gentle laxative</i>	138	<i>xulane</i>	118
		<i>womens laxative</i>	138	XULTOPHY.....	47
		<i>womens prenatal+dha</i>	85	XYOSTED.....	111
		<i>wymzya fe</i>	118	XYREM.....	176
		XACIATO.....	18	XYWAV.....	175

YASMIN 28.....	118	<i>ziprasidone hcl</i>	40
YAZ.....	118	ZOCOR.....	56
YONSA.....	138	ZOLINZA.....	34
YUPELRI.....	153	<i>zolpidem tartrate er</i>	175
<i>yuvaferm</i>	118	<i>zolpidem tartrate oral tablet</i>	175
ZADITOR.....	147	ZOMACTON SUBCUTANEOUS	
<i>zafemy</i>	118	SOLUTION RECONSTITUTED 10 MG.....	109
<i>zafirlukast</i>	152	ZOMACTON SUBCUTANEOUS	
<i>zaleplon</i>	175	SOLUTION RECONSTITUTED 5 MG.....	109
ZANAFLEX ORAL CAPSULE 2 MG.....	41	ZOMIG NASAL.....	32
ZANAFLEX ORAL CAPSULE 4 MG, 6 MG.....	41	ZONEGRAN.....	24
ZANAFLEX ORAL TABLET.....	41	<i>zonisamide oral</i>	24
ZARXIO.....	51	ZORYVE EXTERNAL CREAM.....	138
ZAVESCA.....	106	ZOSTRIX HP.....	138
ZEASORB-AF.....	31	<i>zovia 1/35 (28)</i>	118
ZEGALOGUE.....	108	ZUBSOLV.....	15
ZEJULA.....	36	<i>zumandimine</i>	118
ZELAC.....	99	ZYCLARA.....	66
ZELBORAF.....	36	ZYDELIG.....	36
<i>zenatane</i>	62	ZYFLO.....	152
ZENPEP ORAL CAPSULE DELAYED		ZYKADIA.....	36
RELEASE PARTICLES 10000-32000		ZYLET.....	140
UNIT, 15000-47000 UNIT, 20000-63000		ZYPITAMAG.....	56
UNIT, 25000-79000 UNIT, 3000-10000		ZYPREXA ORAL.....	40
UNIT, 40000-126000 UNIT, 5000-24000		ZYPREXA ZYDIS.....	40
UNIT.....	106	ZYRTEC ALLERGY ORAL TABLET.....	152
ZEPATIER.....	41	ZYRTEC-D ALLERGY & CONGESTION...	160
ZEPOSIA.....	61	ZYRTEC-D ALLERGY & SINUS.....	160
ZEPOSIA 7-DAY STARTER PACK.....	61	ZYTIGA.....	33
ZETONNA.....	152		
ZIANA.....	62		
<i>zidovudine</i>	43		
ZIEXTENZO.....	51		
ZIMHI.....	15		
<i>zinc gluconate</i>	78		
<i>zinc gluconate oral tablet 50 mg</i>	78		
<i>zinc oral tablet 50 mg</i>	78, 181		
<i>zinc oxide external ointment 40 %</i>	69		
ZIOPTAN.....	140		