



Preferred Drug List (PDL)

Lista de Medicamentos Preferidos (PDL)

Arizona Medicaid

Effective Date/Vigencia: April 1, 2025



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.

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/Hydrocortisone Cortisporin

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 from another category 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 iv 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. Plans refill thresholds may vary. Refill thresholds for controlled substances and non-controlled substances may also vary. Please check with your member’s individual plan. Certain medications may be prescribed for extended days’ supply, such as medications for chronic conditions (e.g. hypertension). Use the drug lookup tool to see 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 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 in to:

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 Department at **800-310-6826** with questions concerning the prior authorization process.

Non-PDL drugs 3-day 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 5-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 5-day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 5-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 **866-940-7328**.

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.

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process. Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **800-310-6826** with questions.

Controlled substances

You may fill any FOUR medications from the following classes in a 30-day period:

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

Additional fills will require prior authorization. Medications in these classes may also be subject to individual quantity limits.

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 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**.

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)
Advair HFA	(1) 30-day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR (2) 30 day trial of a long acting beta2-agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Atrovent, Spiriva).
Aricept 23mg	90-day trial of Aricept 10mg daily.
calcipotriene cream & oint 0.005%	Trial of two medium to high potency corticosteroid topical treatments.
calcitriol 3mcg/gm	Trial of two topical corticosteroids.
Dulera	(1) 30-day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR).
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment.
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
Optivar	14-day trial of ketotifen within previous 90 days required first.
Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long-acting nitrates.
Rozerem	Trial of Two Preferred Medications
Symbicort	(1) 30-day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR (2) 30-day trial of a long acting beta2-agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid.
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
Uloric	8-week trial of up to 600mg of allopurinol required first.
Vancocin	One fill of metronidazole tabs or caps.

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
Fax: **866-940-7328**

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
Director of Pharmacy Services
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **866-940-7328**

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.

Preferred drug list

Introducción

UnitedHealthcare Community Plan se complace en ofrecer esta Lista de medicamentos preferidos (Preferred Drug List, PDL) que se utilizará al realizar recetas para los pacientes que tienen cobertura del plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Los medicamentos incluidos en esta PDL tienen como finalidad ofrecer opciones suficientes para tratar a los pacientes que necesitan tratamiento con un medicamento de dicha clase farmacológica o terapéutica. Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan han sido revisados y aprobados por el Comité de Farmacia y Terapéutica. Los medicamentos se han seleccionado para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estas instancias poco frecuentes, los medicamentos que no estén incluidos pueden ser requeridos a través del proceso de autorización previa.

Los medicamentos representados han sido revisados por el Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) y están aprobados para su inclusión. La PDL refleja la práctica médica actual desde la fecha de la revisión.

Esta edición incorpora medicamentos agregados a la PDL desde la última edición así como numerosas revisiones para la información de prescripción basada en los cambios en la farmacoterapia. También se han incorporado comentarios y sugerencias de médicos practicantes para garantizar que la PDL de UnitedHealthcare Community Plan refleje la práctica médica actual.

Aviso

La información incluida en esta PDL y sus apéndices es provista por UnitedHealthcare Community Plan, exclusivamente para la comodidad de los proveedores médicos. UnitedHealthcare Community Plan no garantiza ni asegura la precisión de dicha información ni pretende ser integral por naturaleza.

Esta PDL no tiene la finalidad de sustituir el conocimiento, la pericia, las habilidades ni el criterio del proveedor médico en su elección de medicamentos recetados.

UnitedHealthcare Community Plan no asume ninguna responsabilidad por las acciones u omisiones de los proveedores médicos sobre la base de la confianza, total o parcial, de la información incluida aquí. El proveedor médico debe consultar la información del producto del fabricante del medicamento o las referencias estándar para obtener información detallada.

Prólogo

La PDL de UnitedHealthcare Community Plan está organizada por secciones. Cada sección incluye grupos terapéuticos identificados por una clase de medicamento o estado de la enfermedad.

Los productos están enumerados por nombre genérico. Las marcas están incluidas como una referencia para ayudarlo a reconocer el producto. A menos que se incluyan excepciones, por lo general todas las formas de dosificación y concentraciones aplicables del medicamento citado están incluidas en la PDL. Los medicamentos genéricos deben ser considerados como medicamentos recetados de primera línea.

La PDL de UnitedHealthcare Community Plan cubre algunos productos de venta libre (over-the-counter, OTC). Lo alentamos a que recete medicamento OTC cuando sea clínicamente apropiado.

Comité de farmacia y terapéutica (P&T)

El Comité de P&T incluye médicos y farmacéuticos que no son empleados ni agentes de UnitedHealthcare Community Plan o sus afiliadas. Deben respetar los estándares de la Política sobre ética del Comité de P&T. Los directores médicos de UnitedHealthcare Community Plan y los farmacéuticos también participan en el Comité de P&T. El Comité de P&T se reúne trimestralmente para analizar diversos temas. Los temas pertinentes a la selección farmacéutica y la administración del programa de farmacia se comunican trimestralmente. Este boletín informativo se distribuye a todos los médicos participantes que hayan recibido la PDL. Las decisiones de PDL también son comunicadas trimestralmente en el sitio de Internet de UnitedHealthcare Community Plan.

Beneficio de medicamentos recetados para pacientes ambulatorios - medicamentos cubiertos

Los medicamentos recetados para pacientes ambulatorios médicamente necesarios están cubiertos cuando son recetados por un proveedor autorizado para recetar medicamentos o fármacos con leyenda federales. Algunos artículos solo se cubren con autorización previa. La elegibilidad para los beneficios de medicamentos recetados para pacientes ambulatorios se basa en el plan de beneficios del miembro individual.

Criterios de selección de productos

El Comité de P&T considera la información clínica en los medicamentos nuevos para el mercado que por lo general se incluyen en el beneficio de farmacia para pacientes ambulatorios. La evaluación incluye todo o parte de lo siguiente:

- Seguridad
- Eficacia
- Estudios de comparación
- Indicaciones aprobadas
- Efectos adversos
- Contraindicaciones/Advertencias/Precauciones
- Farmacocinética
- Administración de pacientes/consideraciones de cumplimiento
- Resultados médicos y estudios

Cuando un medicamento nuevo se considera para su inclusión en la PDL, se revisará en relación a los medicamentos similares que se incluyen actualmente en la PDL de UnitedHealthcare Community Plan. Este proceso de revisión puede derivar en la supresión de medicamentos en una clase terapéutica en particular con el fin de promover continuamente los agentes más económicos y útiles desde el punto de vista clínico.

Toda la información que se incluye en la PDL se proporciona como referencia para la selección de tratamientos con medicamentos. La selección de medicamentos específicos para un paciente individual la realiza exclusivamente el profesional autorizado para recetar medicamentos.

Descripciones de los productos incluidos en la PDL

A fin de brindar ayuda para entender qué concentraciones específicas y formas de dosificación están cubiertas en la PDL, a continuación se incluyen ejemplos: Los principios generales que se muestran en los ejemplos generalmente luego pueden extenderse a otras entradas del libro. Las excepciones se indican en la lista de medicamentos. También puede haber una declaración relacionada con una lista de medicamentos que ofrece información adicional acerca de cuáles son los productos específicos o formas de dosificación que se cubren.

Los productos cubiertos incluyen todas las concentraciones asociadas con la forma de dosificación del producto de marca citado.

carvedilol Coreg

Todas las concentraciones de Coreg estarían cubiertas según esta lista.

Los productos de liberación prolongada y de liberación retardada requieren su propia entrada. diltiazem sustained release Cardizem SR

Las formas de dosificación cubiertas serán consistentes con la categoría y el uso en los casos que se incluyan en la lista.

Neomicina/polimixina B/Hidrocortisona Cortisporin

Según lo enumerado en la sección de productos ÓTICOS, se limita a la solución y suspensión ótica. En esta entrada, no puede suponerse que la solución oftálmica, el ungüento y la crema tópica estén incluidos en la lista a menos que existan entradas para estos productos en las secciones de productos OFTÁLMICOS y DERMATOLÓGICOS de la PDL.

En los casos en que se especifique la concentración y la forma de dosificación, solo la concentración especificada y la forma de dosificación se encuentran incluidas en la PDL. Otras concentraciones o formas de dosificación del producto de referencia no son.

los comprimidos de citalopram 40mg Celexa tabs

Niveles de drogas

Los medicamentos enumerados en la PDL tienen niveles diferentes. Los niveles se enumeran en la tabla a continuación.

Nombre del nivel	Nivel del medicamento
Nivel 1	Genérico
Nivel 2	De marca

Sustitución por genéricos

La PDL de UnitedHealthcare Community Plan **requiere** la sustitución por genéricos en la mayoría de los productos cuando se encuentra disponible un equivalente del medicamento genérico.

La sustitución por genéricos es una medida que toma la farmacia en los casos en que un equivalente de genérico se dispense en lugar del producto de marca. El PDL indica la disponibilidad de genéricos en la columna de "Medicamentos cubiertos".

Si un medicamento de marca es médicamente necesario, por favor envíe una solicitud de autorización previa.

La lista del Consejo de Apelaciones de Medicare (Medicare Appeals Council, MAC) de UnitedHealthcare Community Plan establece un precio máximo para el reembolso de ciertos medicamentos recetados de múltiples fuentes. Este precio por lo general cubrirá la adquisición de la mayoría de los medicamentos genéricos pero no las versiones de marca del mismo medicamento.

Los productos seleccionados para su inclusión en la lista del MAC son recetados y dispensados comúnmente, y por lo general han pasado por el proceso de revisión y aprobación de la Administración de Alimentos y Medicamentos (FDA).

Una consideración importante para la sustitución por genéricos es el conocimiento de que todas las aprobaciones de medicamentos genéricos por parte de la FDA desde el año 1984, y muchas aprobaciones de medicamentos genéricos antes de este año, demuestran una equivalencia biológica entre las versiones genéricas y el producto de marca de referencia. Para obtener la aprobación de la FDA:

1. El medicamento genérico debe incluir los mismos ingredientes activos y tener la misma concentración y forma de dosificación que el producto de marca.
2. La FDA ha otorgado a los medicamentos genéricos la calificación "A" en comparación con los productos de marca que indican la equivalencia biológica; además, ha determinado que, desde el punto de vista terapéutico, el medicamento genérico es equivalente al medicamento de marca. Las calificaciones de los medicamentos genéricos están disponibles al consultar la referencia de la FDA, Productos farmacéuticos aprobados con evaluaciones de equivalencia terapéutica (Libro naranja)

En los casos en que se cumpla con los dos criterios mencionados, un medicamento genérico puede sustituirse con la total expectativa de que el producto sustituido producirá el mismo efecto clínico y tendrá el mismo perfil de seguridad que el producto recetado. Los productos farmacéuticos que tengan un índice terapéutico estrecho (NTI) también pueden ser guiados por estos principios.

No es necesario que el proveedor de atención médica se aproxime a cualquier clase terapéutica de los productos farmacéuticos (por ejemplo, medicamentos con NTI) de forma diferente a la de cualquier otra clase, cuando la FDA ha determinado la equivalencia terapéutica de los productos farmacéuticos en cuestión. Además, no es necesario que los médicos realicen pruebas clínicas o exámenes adicionales cuando un producto farmacológico genérico equivalente desde el punto de vista terapéutico se sustituye por el producto de marca.

Actualmente, hay muchos productos de marca que cuentan con un envase nuevo o son distribuidos con etiquetas de medicamento genérico. La versión con etiqueta de medicamento genérico siempre debe considerarse como un equivalente desde el punto de vista terapéutico y sustituible por el producto de marca original.

Medicamentos del programa implementación del estudio sobre eficacia de medicamentos (DESI)

Los medicamentos que se comercializaron por primera vez entre 1938 y 1962 fueron aprobados por ser seguros pero no requerían demostración de eficacia para la aprobación de la FDA. A partir de 1962, todos los medicamentos nuevos debían ser seguros y eficaces antes de que pudieran ser comercializados. Esta legislación también se aplicó de forma retroactiva a todos los medicamentos aprobados por su seguridad entre los años 1938 y 1962. El programa DESI fue establecido por la FDA para revisar la eficacia de estos medicamentos anteriores a 1962 para las indicaciones de sus etiquetas, y se realizó una determinación de eficacia total para la mayoría de estos productos, y permanecen en el mercado. Unos pocos productos del programa DESI permanecen clasificados como "menos que totalmente eficaces" mientras se espera la disposición administrativa final.

Exclusiones del plan

Las siguientes categorías de medicamentos están excluidas de la cobertura conforme al beneficio de farmacia para pacientes ambulatorios y no son parte de la PDL de UnitedHealthcare Community Plan.

- Medicamentos del programa DESI
- Agentes contra la obesidad
- Medicamentos experimentales o en investigación
- Medicamentos usados para fines cosméticos
- Agentes de vacunación
- Suplementos nutricionales/dietéticos
- Productos de sangre o plasma sanguíneo
- Medicamentos usados para promover la fertilidad
- Agentes usados para la disfunción eréctil
- Agentes usados con fines cosméticos para el crecimiento del cabello
- Medicamentos de fabricantes que no participan en el Programa de descuentos en medicamentos de Medicaid de FFS
- Productos de diagnóstico
- Suministros médicos y equipo médico duradero (durable medical equipment, DME) excepto según se menciona: jeringas, agujas, lancetas, toallitas con alcohol,

Limitaciones en la provisión de suministros de días

Los miembros de UnitedHealthcare Community Plan podrían recibir un suministro de hasta un mes de un medicamento específico por cada pedido de medicamento receta o resurtido de receta. Los umbrales de resurtido de los planes pueden variar. Los umbrales de resurtido para sustancias controladas y sustancias no controladas también pueden variar. Consulte con su plan individual de miembro. Ciertos medicamentos pueden recetarse para un suministro extendido de días, como los medicamentos para enfermedades crónicas (p. ej. hipertensión). Use la herramienta de búsqueda de medicamentos para ver qué medicamentos han sido aprobados para un suministro ampliado de días.

Sustitución por genéricos obligatoria

La PDL de UnitedHealthcare Community Plan PDL requiere de la sustitución por genéricos obligatoria en gran parte de los productos cuando se encuentra disponible un equivalente genérico; no obstante, los medicamentos de marca pueden estar cubiertos en determinadas situaciones al solicitar una autorización previa. La lista de autorización previa (PA) de la PDL de UnitedHealthcare Community Plan no incluye artículos de marca en los casos en que el equivalente genérico está cubierto.

Autorización previa de medicamentos no incluidos en la PDL

Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan PDL han sido seleccionados para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estos casos poco frecuentes, el proceso de autorización previa revisa las solicitudes para los medicamentos no incluidos en la lista que el médico puede considerar medicamento necesario para el control del paciente.

El médico debe realizar las solicitudes de estas excepciones por escrito y enviarlas por fax, o bien, debe llamar a:

UnitedHealthcare Community Plan Pharmacy Services
Department Fax: 866-940-7328

En el manual de proveedores de UnitedHealthcare Community Plan se encuentra disponible un formulario de solicitud de autorización previa y, si es posible, debe utilizarse para todas las solicitudes de autorización previa. La documentación correspondiente debe proporcionarse para respaldar la necesidad médica de la solicitud de medicamentos no incluidos en la PDL. El Servicio de Farmacia de UnitedHealthcare responderá a todas las solicitudes de acuerdo con los requisitos del estado.

Los médicos deben respetar esta PDL al realizar recetas para los pacientes que tienen cobertura mediante su plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Si un farmacéutico recibe una receta para un medicamento que no está incluido en la PDL, debe comunicarse con el médico que realizó la receta y solicitarle que cambie el medicamento por uno que esté incluido en la PDL. Si una alternativa de la PDL no es adecuada, debe indicarse al médico que se comunique con el plan para solicitar una autorización previa.

Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **800-310-6826** si tiene preguntas relacionadas con el proceso de autorización previa.

Sustituciones de suministros temporales de 5 días de medicamentos que no están incluidos en la PDL

Para garantizar el uso de medicamentos incluidos en la PDL, debe consultar al médico que realiza la receta acerca de todos los medicamentos que no están incluidos en la PDL. **Si no puede hablar con el médico de inmediato y necesita el medicamento de forma urgente, el sistema de procesamiento de reclamaciones aceptará una sustitución para permitir una provisión por única vez de un suministro de 5 días del medicamento recientemente recetado que no está incluido en la PDL.** La farmacia debe enviar una reclamación para un suministro de 5 días, con el xvii tipo 8 de PA y el número de autorización previa "00000000120". Tenga en cuenta que los medicamentos no preferidos están disponibles para un suministro de 5 días, no obstante, la disponibilidad está sujeta al esquema de beneficios. Para obtener ayuda, las farmacias pueden llamar al **800-310-6826**.

La farmacia debe comunicarse con el médico para analizar el medicamento de la PDL o si se justifica la solicitud de una autorización previa. Si el médico que realiza la receta considera que un medicamento es médicamente necesario, el médico puede enviar por fax una solicitud de autorización previa a UnitedHealthcare Community Plan al **866-940-7328**.

Limitaciones de cantidad (QL)

Las recetas para cantidades mensuales que superen el límite indicado requieren de una solicitud de autorización previa.

Límites de cantidad basados en la dosificación de medicamentos eficaces

El Programa de dosificación de medicamentos eficaces está diseñado para consolidar la dosificación del medicamento a la cantidad diaria más eficaz, para aumentar el seguimiento del tratamiento y también promover el uso eficaz del dinero invertido en la atención médica.

Los límites del programa se establecen conforme a la aprobación de la FDA en cuanto a la dosificación y la disponibilidad de la dosis diaria total con la menor cantidad de comprimidos o cápsulas diarias.

Los límites de cantidad en el sistema de procesamiento de reclamaciones de recetas limitará la provisión para consolidar la dosificación. El sistema de procesamiento de reclamaciones de farmacia indicará al farmacéutico que solicite un nuevo pedido de receta del médico.

Las adiciones a la lista de medicamentos del programa de nivel de cantidad (QL) se realizarán de vez en cuando y se notificará a los proveedores al respecto. Como siempre, reconocemos que deben tenerse en cuenta diversas variables específicas del paciente cuando se indica un tratamiento con medicamentos y, por consiguiente, las sustituciones estarán disponibles a través del proceso de excepción médica (PA). Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **800-310-6826** si tiene preguntas.

Sustancias controladas

Puede surtirse con cualquiera de los CUATRO medicamentos de las siguientes clases en un período de 30 días:

- agentes sedantes hipnóticos
- barbitúricos
- algunos relajantes musculares

Los surtidos adicionales requieren de autorización previa. Los medicamentos de estas clases también pueden estar sujetos a los límites de cantidad individuales.

Programa de administración de productos farmacéuticos especiales

UnitedHealthcare Community Plan busca continuamente formas de ofrecer una atención asequible de alta calidad para los miembros del plan. El Programa de administración de productos farmacéuticos especiales ayuda a UnitedHealthcare Community Plan a lograr estos objetivos.

Los medicamentos inyectables que forman parte de este programa requieren de la autorización del plan y no están disponibles a través de la red de farmacias minoristas.

Para obtener la autorización, el proveedor debe enviar por fax el formulario de autorización previa correspondiente al Departamento de Farmacia de UnitedHealthcare Community Plan al **866-940-7328**.

El Servicio de Farmacia de UnitedHealthcare revisará y responderá a todas las solicitudes de acuerdo con los requisitos del estado, y si se autoriza el pago, UnitedHealthcare Community Plan coordinará la entrega del producto al miembro o proveedor.

Los medicamentos que forman parte de este programa y están incluidos en la PDL están identificados en este folleto mediante la designación "SP".

Los formularios de solicitud de autorización previa pueden solicitarse llamando al Departamento de Farmacia de UnitedHealthcare Community Plan al **800-310-6826**.

Terapia escalonada (step therapy, ST)

Los siguientes medicamentos de la PDL se cubren rutinariamente solo después de un estudio suficiente de un agente de primera línea indicado que se haya estudiado adecuadamente y se haya desaprobadado. Estos medicamentos también pueden solicitarse a través del proceso de autorización previa.

Si bien las alternativas de menor costo que se incluyen en la PDL pueden ser apropiadas en muchos casos, otras alternativas que no se incluyen en la PDL se encuentran disponibles con autorización previa (prior authorization, PA).

Medicamento para TERAPIA ESCALONADA	Agentes de primera línea
Advair HFA	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR) O (2) un estudio de 30 días de un agonista beta2 de acción prolongada (por ejemplo Arcapta, Striverdi) O un estudio de 30 días de un agente anticolinérgico inhalado por vía oral (por ejemplo, Atrovent, Spiriva).
Aricept 23mg	Estudio de 90 días de Aricept de 10 mg diario.
calcipotriene crema y ungüento 0.005%	Estudio de dos tratamientos tópicos con corticosteroides de potencia media a alta.
calcitriol 3mcg/gm	Estudio de dos corticosteroides tópicos.
Dulera	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo
Elidel	Edad mínima de 2 años. Estudio de un corticoesteroide tópico.
Eucrisa	Estudio de un corticoesteroide tópico Y uno de los siguientes: Elidel o ungüento de tacrolimus.
fenofibrato	Surtido de una estatina o 90 días de Gemfibrozil dentro de los 180 días previos.
Optivar	Se requiere primero un estudio de 14 días de ketotifen dentro de los 90 días anteriores.
Ranexa	Estudio de un medicamento de las siguientes categorías: bloqueadores beta, antagonistas del calcio, nitratos de acción prolongada.
Rozerem	(1) Estudio de zolpidem tartrate Y (2) Estudio de temazepam.
Symbicort	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR) O (2) un estudio de 30 días de un agonista beta2 de acción prolongada (por ejemplo Arcapta, Striverdi) O un estudio de 30 días de un agente anticolinérgico inhalado por vía oral (por ejemplo, Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
tacrolimus 0.03%	Edad mínima de 2 años. Prueba de un corticoesteroide tópico.
tacrolimus 0.1%	Edad mínima de 16 años. Prueba de un corticoesteroide tópico.
Uloric	Primero se requiere un estudio de 8 semanas de hasta 600 mg de alopurinol.
Vancocin	Un surtido de comprimidos o cápsulas de metronidazol.

Sugerencias sobre la PDL

Los proveedores que deseen hacer sugerencias sobre la PDL deben enviar la información por correo o fax al Director de Servicios de Farmacia de UnitedHealthcare Community Plan.

Attn: Director of Pharmacy
Services
UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **866-940-7328**

Los proveedores deben proporcionar la documentación adecuada, como los estudios clínicos de la literatura médica, para que la solicitud sea considerada para la inclusión en la PDL. Esta literatura debe incluir información que documente la necesidad clínica así como las ventajas terapéuticas por sobre los productos actuales incluidos en la PDL. Las sugerencias recibidas por UnitedHealthcare Community Plan serán revisadas por el Comité de Farmacia y Terapéutica en la reunión subsiguiente del comité.

Editor

Se alienta a que realice sus comentarios y sugerencias relacionados con la PDL de UnitedHealthcare Community Plan. Su comentario es muy importante para el éxito continuo de la PDL. Todas las respuestas serán revisadas y tomadas en cuenta. Envíe sus comentarios a:

UnitedHealthcare Community Plan
Director of Pharmacy Services
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **866-940-7328**

Leyenda

#	Solo las concentraciones o formas de dosificación de los productos de marca indicados están incluidas en la PDL.
OTC	de venta libre
delayed-rel	liberación ret liberación retardada (también conocido como recubrimiento entérico)
EC	recubrimiento entérico
ext-rel	liberación prolongada (también conocida como liberación sostenida)
PA	Autorización previa requerida
QL	Se aplican límites de cantidad
ST	Terapia escalonada, ver páginas xviii - xx para obtener detalles
SP	Productos farmacéuticos especiales, ver página xvii para obtener detalles

Aviso

La información incluida en este documento es privada. La información no puede ser copiada total o parcialmente sin el permiso escrito de UnitedHealthcare Community Plan. Todos los derechos reservados.

Los nombres de los medicamentos incluidos aquí son marcas comerciales registradas y no registradas de compañías farmacéuticas de terceros no relacionadas ni afiliadas a UnitedHealthcare Community Plan. Estas marcas comerciales registradas se incluyen aquí con fines informativos solamente y no tienen la finalidad de denotar ni sugerir afiliación entre Evercare y dichas compañías farmacéuticas de terceros.

Si ve esta PDL por Internet, tenga en cuenta que la misma se actualiza periódicamente y es posible que se incluyan cambios antes de la fecha de vigencia para permitir su notificación.

UnitedHealthcare Community Plan

Preferred Drug List

Frequently Asked Questions (FAQ)

Find answers here to questions you have about this UnitedHealthcare Community Plan Preferred Drug List. You can read all of the FAQ to learn more, or look for a question and answer.

1. What drugs are on the Preferred Drug List? (We call the Preferred Drug List the “Drug List” for short.)

The drugs on Preferred Drug List that starts on page 4 are the drugs covered by UnitedHealthcare Community Plan. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies”.

UnitedHealthcare Community Plan will cover all medically necessary drugs if:

- Your doctor or other prescriber says you need them to get better or stay healthy, and
- You fill the prescription at a UnitedHealthcare Community Plan network pharmacy.
- UnitedHealthcare Community Plan may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date drug list on our website at: myuhc.com/CommunityPlan or you can call Member Services at 1-800-293-3740, TTY 711.

2. Does the Preferred Drug List ever change?

Yes. UnitedHealthcare Community Plan may add or remove drugs on the Preferred Drug List during the year. Generally, the Preferred Drug List will only change if:

- A cheaper drug comes along that works as well as a drug on the Preferred Drug List now, or
- We learn that a drug is not safe.

- We may also change our rules about drugs. For example, we could:
- Decide to require or not require prior approval for a drug. (Prior approval is permission from UnitedHealthcare Community Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see pages 4, 5 and 9.

Questions 3, 4, and 7 below have more information on what happens when the Preferred Drug List changes.

You can always check the up-to-date Preferred Drug List online at myuhc.com/CommunityPlan. You can also call Member Services to check the current Preferred Drug List at 1-800-293-3740, TTY 711.

3. What happens when another drug comes along that works as well as a drug on the Preferred Drug List now?

If you are taking a drug that is removed because another drug that works just as well is available, we will tell you. You will get a letter letting you know about the change. We will also tell you what alternate drugs are available to you. Contact your doctor or other prescriber to make sure another drug will work for you.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Preferred Drug List right away. We will also send you a letter telling you that. Contact your doctor or other prescriber and ask about your other options.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases your doctor must do something before you can get the drug. For example:

- Prior approval (or prior authorization): For some drugs, your doctor or
- Other prescriber must get approval from UnitedHealthcare Community Plan before you fill your prescription. If you don't get approval, UnitedHealthcare Community Plan may not cover the drug.
- Quantity limits: Sometimes UnitedHealthcare Community Plan limits the amount of a drug you can get.
- Step therapy: Sometimes UnitedHealthcare Community Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 4-72. You can also get more information by visiting our website at myuhc.com/CommunityPlan. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also call Member Services and ask us to send you information about our prior authorization and step therapy restrictions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The Preferred Drug List on pages Page Number Range of PDL 4-72 has a column labeled

"Requirements and Limits".

7. What happens if we change our rules on how we cover some drugs?

For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you before the restriction is added. This gives you time to talk to your doctor or other prescriber about what to do next.

8. How can you find a drug on the Preferred Drug List?

There are two ways to find a drug:

You can search by medical condition.

To search by medical condition, find the section labeled "List of drugs by medical condition" on pages 2-3. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

You can also search for drugs alphabetically.

To search alphabetically, go to the Index of Covered Drugs starting on page 73.

Find the name of your drug. The page number where you can find the drug will be next to it.

9. What if the drug you want to take is not on the Preferred Drug List?

If you don't see your drug on the Preferred Drug List, call Member Services and ask about it. If you learn that UnitedHealthcare Community Plan does not prefer the drug, you can do one of these things:

- Ask Member Services for a list of drugs that are similar to the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Preferred Drug List that is like the one you want to take. Or
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10. What if you just joined UnitedHealthcare Community Plan and can't find your drug on the Preferred Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first

90 days you are a member of UnitedHealthcare Community Plan. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Preferred Drug List you can take instead, or whether to request an exception.

11. Can you ask for an exception to cover your drug?

Yes. Your doctor can ask UnitedHealthcare Community Plan to make an exception to cover a drug that is not on the Preferred Drug List.

Your doctor can also ask us to change the rules on your drug.

- For example, we may limit the amount of a **drug we will cover. If your drug has a limit, your doctor can ask us to change the limit and cover more.**
- Other examples: Your doctor can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must receive some information from your doctor supporting your request for an exception. After we receive the information, we will give you a decision on your exception request within the timeframes required by the state, generally within 24 hours.

13. How can you ask for an exception?

To ask for an exception, you can do one of two things:

- Call Member Services. A Member Services representative will work with you and your doctor to help ask for an exception.
- Call your doctor and ask them to request an exception by calling the Prior Notification Service at 1-800-310-6826, or they can fax a request to 866-940-7328.

14. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs.

They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). In most instances UnitedHealthcare Community Plan covers generic drugs first. If your doctor feels a brand name drug is medically necessary, you will need to ask your doctor to submit for prior approval.

15. What are OTC drugs?

OTC stands for "over-the-counter." UnitedHealthcare Community Plan prefers some OTC drugs when they are written as prescriptions by your provider.

You can read the UnitedHealthcare Community Plan Preferred Drug List to see what OTC drugs are preferred.

16. Does UnitedHealthcare Community Plan cover OTC non-drug products?

UnitedHealthcare Community Plan covers some OTC non-drug products when they are written as prescriptions by your provider.

You can read the UnitedHealthcare Community Plan Preferred Drug List to see what OTC non-drug products are covered.

17. What is a Specialty Pharmacy Medication?

A specialty pharmacy medication is a drug that generally has one or more of the following characteristics:

- It's used by a small number of people
- It treats rare, chronic, and/or potentially life-threatening diseases
- It has special storage or handling requirements such as needing to be refrigerated
- It may need close monitoring, ongoing clinical support and management, and complete patient education and engagement
- It's a high cost medication
- It may not be available at retail pharmacies
- It may be oral, injectable, or inhaled

Specialty pharmacy medications are available through our specialty pharmacy network.

If you have questions, call Member Services at 1-800-293-3740, TTY 711.

List of Preferred Drugs

The List of Preferred Drugs that begins on the next page gives you information about the drugs covered by UnitedHealthcare Community Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

.The first column of the chart lists the generic name of the drug. The second column of the chart lists brand name drugs. Brand name drugs are capitalized (e.g., CRESTOR). The third column in the list tells you if the preferred drug covered is the brand or generic version.

The information in the "Requirements & Limits" column tells you if UnitedHealthcare Community Plan has any rules for covering your drug.

Utilization Management Restrictions

PA - Prior approval (or prior authorization)	For some drugs, your doctor or other prescriber must get approval from UnitedHealthcare Community Plan before you fill your prescription. If you don't get approval, UnitedHealthcare Community Plan may not cover the drug.
QL - Quantity limits	Sometimes UnitedHealthcare Community Plan limits the amount of a drug you can get.
ST - Step therapy	Sometimes UnitedHealthcare Community Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then your doctor can ask for approval to cover the second.
Other special requirements for coverage	
SP – Specialty Pharmacy	Drug needs to be accessed through a network Specialty Pharmacy. Specialty Pharmacy Drugs may require extra handling, provider coordination or patient education that can't be done at a network retail pharmacy.

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

ABBREVIATIONS

OTC = Over the Counter

PA = Prior Authorization required

QL = Quantity Limit

ST = Step Therapy

SP = Specialty Pharmacy

You can find information on what the symbols and abbreviations in this table mean by going to page 4.

UnitedHealthcare Community Plan

Lista de Medicamentos Preferentes

Preguntas frecuentes

Encuentre aquí las respuestas a sus preguntas sobre esta Lista de Medicamentos Preferidos de UnitedHealthcare Community Plan. Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y su respuesta.

1. ¿Qué medicamentos están en la Lista de Medicamentos Preferidos? (Para abreviar, denominamos a esta lista “Lista de Medicamentos”).

Los medicamentos de la Lista de Medicamentos Preferidos que comienza en la página 4 son los medicamentos cubiertos por UnitedHealthcare Community Plan. Estos medicamentos están disponibles en farmacias dentro de nuestra red. Una farmacia se encuentra en nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le proporcione servicios. A estas farmacias las denominamos “farmacias de la red”.

UnitedHealthcare Community Plan cubrirá todos los medicamentos médicamente necesarios si:

- su médico u otro profesional que receta dice que los necesita para mejorarse o mantenerse en buen estado de salud,
- y
- usted surte una receta en una farmacia de la red de UnitedHealthcare Community Plan.
- UnitedHealthcare Community Plan puede requerir pasos adicionales para tener acceso a determinados medicamentos (vea la pregunta <#5> a continuación).

También puede ver una lista de medicamentos actualizada en nuestro sitio web en: myuhc.com/CommunityPlan o puede llamar al Departamento de Servicio al Cliente al 1-800-293-3740, TTY 711.

2. ¿Cambia alguna vez la Lista de Medicamentos Preferidos?

Sí. UnitedHealthcare Community Plan puede agregar o quitar medicamentos de la Lista de

Medicamentos Preferidos durante el año. Por lo general, la Lista de Medicamentos Preferidos solo cambiará si:

- aparece un medicamento más económico que funciona igual que un medicamento que está actualmente en la Lista de Medicamentos Preferidos, o
- si tomamos conocimiento de que un medicamento no es seguro.
- También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:
- Decidir exigir o no exigir aprobación previa para un medicamento. (Aprobación previa es un permiso de UnitedHealthcare Community Plan antes de que usted pueda obtener un medicamento).
- Agregar o cambiar la cantidad de un medicamento que puede obtener (denominados “límites de cantidad”).
- Agregar o cambiar las restricciones de terapia escalonada de un medicamento. (*Terapia escalonada* significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

Para obtener más información acerca de estas reglas sobre los medicamentos, consulte las páginas 4, 5 y 9.

Las preguntas 3, 4 y 7 a continuación tienen más información sobre lo que sucede cuando cambia la Lista de Medicamentos Preferidos.

Siempre puede consultar la Lista de Medicamentos Preferidos actualizada en Internet en myuhc.com/CommunityPlan. También puede llamar al Departamento de Servicio al Cliente para consultar la Lista de Medicamentos Preferidos actual al 1-800-293-3740, TTY 711.

3. ¿Qué sucede cuando aparece otro medicamento que funciona igual que un medicamento que está actualmente en la Lista de Medicamentos Preferidos?

Si está tomando un medicamento que se retira porque otro medicamento que funciona igual está disponible, se lo informaremos. Recibirá una carta que le informará sobre el cambio. También le informaremos qué medicamentos alternativos están disponibles para usted. Comuníquese con su médico u otro profesional que receta para asegurarse de que otro medicamento sea adecuado para usted.

4. ¿Qué sucede cuando averiguamos que un medicamento no es seguro?

Si la Administración de Medicamentos y Alimentos (FDA) anuncia que un medicamento que usted está tomando no es seguro, lo quitaremos inmediatamente de la Lista de Medicamentos Preferidos. También le enviaremos una carta para informarle al respecto. Comuníquese con su médico u otro profesional que receta para preguntarle sobre sus otras opciones.

5. ¿Se aplican restricciones o límites a la cobertura de medicamentos? ¿O se requiere tomar alguna medida a fin de obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites sobre la cantidad que usted puede obtener. En algunos casos, su médico debe hacer algo antes de que usted pueda obtener el medicamento. Por ejemplo:

- Aprobación previa (o preautorización): Para algunos medicamentos, su médico u
- otro profesional que receta debe obtener aprobación de UnitedHealthcare Community Plan antes de que usted pueda surtir su receta. Si no obtiene la aprobación, es posible que

UnitedHealthcare Community Plan no cubra el medicamento.

- Límites de cantidad: A veces, UnitedHealthcare Community Plan limita la cantidad de un medicamento que usted puede obtener.
- Terapia escalonada: A veces, UnitedHealthcare Community Plan requiere que usted haga una terapia escalonada. Esto significa que deberá probar los medicamentos en un determinado orden para su condición médica. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no es adecuado para usted, cubriremos el segundo.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando las tablas de las páginas 4–72. También puede obtener más información visitando nuestro sitio web en myuhc.com/CommunityPlan. Hemos publicado documentos en Internet que explican nuestras restricciones de preautorización y terapia escalonada. También puede llamar al Departamento de Servicio al Cliente y pedirnos que le enviemos información sobre nuestras restricciones de preautorización y terapia escalonada.

6. ¿Cómo sabrá si el medicamento que desea está sujeto a límites o si debe tomar medidas adicionales para poder obtenerlo?

La Lista de Medicamentos Preferidos en las páginas 4-72 tiene una columna denominada “Requisitos y límites”.

7. ¿Qué sucede si cambiamos nuestras reglas sobre cómo cubrimos algunos medicamentos?

Por ejemplo, si agregamos un requisito de preautorización (aprobación), límites de cantidad o restricciones de terapia escalonada a un medicamento.

Si agregamos un requisito de aprobación previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, se lo informaremos. Le informaremos antes de que se

agregue la restricción. Esto le da tiempo para hablar con su médico u otro profesional que receta sobre qué hacer a continuación.

8. ¿Cómo puede buscar un medicamento en la Lista de Medicamentos Preferidos?

Hay dos formas de buscar un medicamento.

Puede buscar por condición médica.

Para buscar por condición médica, encuentre la sección “Lista de medicamentos por condición médica” en las páginas 2– 3. Los medicamentos en esta sección están agrupados en categorías según el tipo de condiciones médicas para cuyo tratamiento se utilizan. Por ejemplo, si usted tiene una condición cardíaca, debe buscar en la categoría Agentes cardiovasculares. Allí es donde encontrará los medicamentos que tratan las condiciones cardíacas.

También puede buscar medicamentos por orden alfabético..

Para buscar por orden alfabético, vaya a la sección Índice alfabético de medicamentos cubiertos que comienza en la página 73.

Encuentre el nombre de su medicamento. Al lado del medicamento está el número de página donde se encuentra.

9. ¿Qué debe hacer si el medicamento que desea tomar no está en la Lista de Medicamentos Preferidos?

Si su medicamento no aparece en la Lista de Medicamentos Preferidos, llame al Departamento de Servicio al Cliente y pregunte al respecto. Si UnitedHealthcare Community Plan no incluye su medicamento dentro de los medicamentos preferidos del plan, usted tiene dos opciones:

- Solicite al Departamento de Servicio al Cliente una lista de medicamentos que sean similares al que usted desea tomar. Luego muestre la lista a su médico u otro profesional que receta. Este puede recetar un medicamento que aparezca en la Lista de Medicamentos Preferidos que sea como el que desea tomar. O

- Puede solicitar al plan de salud que haga una excepción y cubra su medicamento. Consulte la pregunta 11 para obtener más información sobre las excepciones

10. ¿Qué sucede si acaba de inscribirse en UnitedHealthcare Community Plan y su medicamento no aparece en la Lista de Medicamentos Preferidos o tiene problemas para obtener su medicamento?

Podemos ayudar. Podemos cubrir un suministro temporal de 30 días de su medicamento durante los primeros 90 días de su membresía en UnitedHealthcare Community Plan. Esto le dará tiempo para hablar con su médico u otro profesional que receta. Este puede ayudarle a decidir si hay un medicamento similar en la Lista de Medicamentos Preferidos que usted puede tomar en lugar del otro, o si debe solicitar una excepción.

11. ¿Puede solicitar una excepción para cubrir su medicamento?

Sí. Su médico puede solicitar a UnitedHealthcare Community Plan que haga una excepción y cubra un medicamento que no aparece en la Lista de Medicamentos Preferidos.

Su médico también puede solicitarnos que cambiemos las reglas sobre su medicamento.

- Por ejemplo, podemos limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, su médico puede pedirnos que cambiemos el límite y cubramos una cantidad mayor.
- Otros ejemplos: Su médico puede solicitarnos que dejemos de lado las restricciones de terapia escalonada o los requisitos de aprobación previa.

12. ¿Cuánto tiempo demora conseguir una excepción?

Primero, debemos recibir más información de su médico que respalde su solicitud de una excepción. Después de que recibamos la

información, le daremos una decisión sobre su solicitud de excepción dentro los plazos requeridos por el estado, por lo general, dentro de las 24 horas.

13. ¿Cómo puede solicitar una excepción?

Para solicitar una excepción, puede hacer una de estas dos cosas:

- Llame al Departamento de Servicio al Cliente. Un representante de dicho departamento trabajará con usted y con su médico para ayudarle a solicitar una excepción.
- Llame a su médico y pídale que solicite una excepción llamando al Servicio de Prenotificación al 1-800-310-6826, o puede enviar una solicitud por fax al 866-940-7328.

14. ¿Qué son los medicamentos genéricos?

Los *medicamentos genéricos* están compuestos por los mismos ingredientes activos que los medicamentos de marca.

Por lo general, cuestan menos que el medicamento de marca y no tienen nombres muy conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (FDA). En la mayoría de los casos, UnitedHealthcare Community Plan cubre los medicamentos genéricos primero. Si su médico considera que un medicamento de marca es médicamente necesario, deberá pedirle a su médico que envíe una solicitud de aprobación previa.

15. ¿Qué son los medicamentos sin receta?

OTC son las siglas en inglés de “sin receta” (*over-the-counter*).

UnitedHealthcare Community Plan considera algunos medicamentos sin receta como medicamentos preferidos si su proveedor extiende una receta para estos.

Puede consultar la Lista de Medicamentos Preferidos de UnitedHealthcare Community Plan para ver qué medicamentos sin receta son los preferidos.

16. ¿Cubre UnitedHealthcare Community Plan productos sin receta que no son medicamentos?

UnitedHealthcare Community Plan cubre algunos productos sin receta que no son medicamentos si su proveedor extiende una receta para estos.

Puede consultar la Lista de Medicamentos Preferidos de UnitedHealthcare Community Plan para ver qué productos sin receta que no son medicamentos están cubiertos.

17. ¿Qué es un medicamento de farmacia especializada?

Un medicamento de farmacia especializada es un medicamento que, por lo general, tiene una o más de las siguientes características:

- Es utilizado por una cantidad reducida de personas
- Trata enfermedades raras, crónicas o potencialmente mortales
- Tiene requisitos de almacenamiento o manipulación especiales, como la necesidad de estar refrigerado
- Es posible que requiera control de cerca, apoyo y manejo clínicos continuos, y educación y compromiso totales del paciente
- Es un medicamento de alto costo
- Es posible que no esté disponible en farmacias de venta al por menor
- Puede ser de administración oral, inyectable o inhalable

Los medicamentos de farmacia especializada están disponibles a través de nuestra red de farmacias especializadas.

Si tiene alguna pregunta, llame al Departamento de Servicio al Cliente al 1-800-293-3740, TTY 711.

Lista de Medicamentos Preferidos

La Lista de Medicamentos Preferidos que comienza <en la página siguiente> le proporciona información sobre los medicamentos cubiertos por UnitedHealthcare Community Plan. Si tiene dificultad para encontrar su medicamento en la lista, consulte el Índice alfabético que comienza en la página 73.

La primera columna del cuadro indica el nombre genérico del medicamento. La segunda columna del cuadro indica los medicamentos de marca. Los medicamentos de marca se indican en mayúscula (p. ej., CRESTOR). La tercera columna de la lista le indica si el medicamento preferido cubierto es la versión de marca o la genérica.

La información de la columna “Requisitos y límites” le informa si UnitedHealthcare Community Plan tiene alguna regla para la cobertura de su medicamento.

Restricciones de administración de la utilización

PA - Aprobación previa (o preautorización)	Para algunos medicamentos, su médico u otro profesional que receta debe obtener la aprobación de UnitedHealthcare Community Plan antes de que usted pueda surtir su receta. Si no obtiene la aprobación, es posible que UnitedHealthcare Community Plan no cubra el medicamento.
QL – Límites de cantidad	A veces, UnitedHealthcare Community Plan limita la cantidad de un medicamento que usted puede obtener.
ST – Terapia escalonada	A veces, UnitedHealthcare Community Plan requiere que usted haga una terapia escalonada. Esto significa que deberá probar los medicamentos en un determinado orden para su condición médica. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no es adecuado para usted, su médico puede solicitar la aprobación de la cobertura del segundo.

Otros requisitos especiales de cobertura

SP – Farmacia especializada	Se debe acceder a los medicamentos a través de una farmacia especializada de la red. Los medicamentos de farmacia especializada pueden requerir manejo adicional, coordinación de proveedores o educación del paciente que no se puede realizar en una farmacia de venta al por menor de la red.
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Niveles de drogas

Los medicamentos enumerados en la PDL tienen niveles diferentes. Los niveles se enumeran en la tabla a continuación.

Nombre del nivel	Nivel del medicamento
Nivel 1	Genérico
Nivel 2	De marca

ABREVIATURAS

OTC = Sin receta

PA = se requiere preautorización

QL = Límite de cantidad

ST = Terapia escalonada

SP = Farmacia especializada

Encontrará una explicación del significado de los símbolos y las abreviaturas que aparecen en esta tabla en la página 4

Arizona Medicaid

Table of Contents

Analgesics	4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	8
Anesthetics	16
Anti-Addiction/Substance Abuse Treatment Agents	17
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	19
Antiandrogens - Hormone Suppressants	20
Antibacterials	20
Antibacterials - Drugs to Treat Bacterial Infections	23
Anticonvulsants	24
Antidementia Agents	26
Antidepressants	27
Antidepressants - Drugs to Treat Depression	28
Antiemetics	29
Antiemetics - Drugs to Treat Nausea and Vomiting	30
Antifungals	30
Antifungals - Drugs to Treat Fungal Infections	31
Antigout Agents	32
Antimigraine Agents	33
Antimigraine Agents - Drugs to Treat Migraines	33
Antimyasthenic Agents	34
Antimycobacterials	34
Antineoplastics	34
Antineoplastics - Drugs to Treat Cancer	37
Antineoplastics, Other - Chemotherapy Agents	37
Anti-Obesity Agents - Drugs for Weight Loss	37
Antiparasitics	37
Antiparasitics - Drugs to Treat Parasitic Infections	38
Antiparkinson Agents	39
Antipsychotics	40
Antispasticity Agents	42
Antivirals	42
Antivirals - Drugs to Treat Viral Infections	45
Anxiolytics	45
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	46
Bipolar Agents	46
Blood Glucose Regulators	47
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	49

Blood Products and Modifiers.....	50
Blood Products and Modifiers - Drugs to Treat Blood Disorders.....	51
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders.....	52
Cardiovascular Agents.....	53
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions.....	59
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs.....	59
Central Nervous System Agents.....	60
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis.....	62
Dental and Oral Agents.....	63
Dermatological Agents.....	63
Dermatological Agents - Drugs to Treat Skin Conditions.....	69
Diabetes - Glucose Monitoring.....	70
Electrolytes/Minerals/Metals/Vitamins.....	74
Estrogens - Hormone Replacement/Modifying Drugs.....	89
Gastrointestinal Agents.....	89
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions.....	93
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment.....	111
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	112
Genitourinary Agents.....	113
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions.....	114
Glycemic Agents - Diabetic Drugs.....	114
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	115
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	116
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones.....	116
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	116
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones.....	116
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	117
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones.....	124
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	124
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones.....	125
Hormonal Agents, Suppressant (Adrenal).....	125
Hormonal Agents, Suppressant (Pituitary).....	125
Hormonal Agents, Suppressant (Thyroid).....	126
Immune Suppressants - Immune System Drugs.....	126
Immunological Agents.....	126
Immunological Agents - Drugs that Stimulate or Suppress the Immune System.....	131
Inflammatory Bowel Disease Agents.....	132
Metabolic Bone Disease Agents.....	133
Miscellaneous Therapeutic Agents.....	133
Molecular Target Inhibitors - Chemotherapy Agents.....	148

Monoclonal Antibodies - Chemotherapy Agents.....	149
Ophthalmic Agents.....	149
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	152
Otic Agents.....	156
Otic Agents - Drugs to Treat Ear Conditions.....	157
Respiratory Tract/Pulmonary Agents.....	158
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	165
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	185
Skeletal Muscle Relaxants.....	185
Sleep Disorder Agents.....	186
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	186

Preferred Agents

Non-Preferred Agents

Analgesics

Nonsteroidal Anti-inflammatory Drugs

addaprin (generic for ADDAPRIN) - Tier 1; QL
ADVIL (brand for cvs ibuprofen) - Tier 2; QL
ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL
ADVIL LIQUI-GELS MINIS (brand for cvs ibuprofen) - Tier 2; QL
ADVIL MIGRAINE (brand for cvs ibuprofen) - 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; QL
diclofenac potassium oral tablet 50 mg - Tier 1; QL
diclofenac sodium er - Tier 1; QL
diclofenac sodium external gel 1 % (generic for ASPERCREME 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
diflunisal oral - Tier 1; QL
ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL
etodolac (generic for LODINE) - Tier 1; QL
fenoprofen calcium oral capsule 400 mg (generic for NALFON) - Tier 1; QL
fenoprofen calcium oral tablet (generic for NALFON) - Tier 1; QL
FLANAX (brand for all day pain relief) - Tier 2; QL
flurbiprofen oral tablet 100 mg - Tier 1; QL
ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
ft ibuprofen (generic for ADDAPRIN) - Tier 1; QL
ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ft ibuprofen infants (generic for INFANTS ADVIL) - Tier 1; QL

FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL
LICART - Tier 2; PA; QL
NAPRELAN (brand for naproxen sodium er) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

ft ibuprofen minis (generic for ADVIL) - Tier 1; QL
ft pain relief oral tablet 200 mg (generic for ADDAPRIN) - 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 oral tablet 200 mg (generic for ADDAPRIN) - 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 capsule 200 mg (generic for ADVIL) - Tier 1; QL
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL
ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL
indomethacin er - Tier 1; QL
indomethacin oral (generic for INDOCIN) - Tier 1; QL
indomethacin rectal suppository 50 mg (generic for INDOCIN) - Tier 1; QL
INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL
infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL
ketoprofen er - Tier 1; QL
ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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ketorolac tromethamine solution 30 mg/ml injection - Tier 1; QL
 KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; QL
medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL
mediproxen (generic for MEDIPROXEN) - Tier 1; QL
meloxicam oral tablet - Tier 1; QL
MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL
MOTRIN IB (brand for cvs ibuprofen) - Tier 2; QL
MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL
nabumetone oral - Tier 1; QL
naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL
naproxen oral (generic for EC-NAPROSYN) - Tier 1; QL
naproxen sodium er (generic for NAPRELAN) - Tier 1; QL
naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL
naproxen sodium oral tablet 275 mg - Tier 1; QL
naproxen sodium oral tablet 550 mg (generic for ANAPROX DS) - Tier 1; QL
oxaprozin oral tablet (generic for DAYPRO) - Tier 1; QL
piroxicam oral - Tier 1; QL
PROPRINAL (brand for cvs ibuprofen) - Tier 2; QL
sulindac oral - Tier 1; QL

Opioid Analgesics, Long-acting

fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL
morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL
OXYCONTIN - Tier 2; PA; QL
tramadol hcl er - Tier 1; PA; QL

BELBUCA - Tier 2; PA; QL
HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL
NUCYNTA ER - Tier 2; PA; QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - Tier 2; PA; QL
XTAMPZA ER - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Opioid Analgesics, Short-acting**

acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL
acetaminophen-codeine oral tablet - 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 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 - Tier 1; QL
endocet (generic for ENDOCET) - Tier 1; QL
fentanyl citrate (pf) - Tier 1; QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 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
hydrocodone-ibuprofen - Tier 1; QL
hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL
hydromorphone hcl rectal - Tier 1; QL
meperidine hcl oral tablet - Tier 1; QL
morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL
morphine sulfate oral - Tier 1; QL
morphine sulfate rectal - Tier 1; QL
oxycodone hcl oral capsule - Tier 1; QL
oxycodone hcl oral concentrate - Tier 1; QL

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>oxycodone hcl oral solution - Tier 1; QL</i> OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (brand for oxycodone-acetaminophen) - Tier 2; QL oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL pentazocine-naloxone hcl - Tier 1; QL PROLATE ORAL TABLET (brand for oxycodone-acetaminophen) - Tier 2; QL TENCON (brand for butalbital-acetaminophen) - Tier 2; QL tramadol hcl oral tablet 100 mg, 50 mg - Tier 1; QL</p>	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
<i>buprenorphine hcl sublingual - Tier 1; DX2RX; QL</i>	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
Analgesics - Miscellaneous Analgesics	
<p><i>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr muscle aches & pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p>	

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Preferred Agents

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 oral liquid (generic for *MAPAP ACETAMINOPHEN EXTRA STR*) - Tier 1
acetaminophen extra strength oral tablet (generic for *MM ACETAMINOPHEN EX STR*) - Tier 1; QL
acetaminophen infants (generic for *MAX RELIEF JR CHILD PAIN/FEVER*) - Tier 1; QL
acetaminophen oral liquid 160 mg/5ml (generic for *MAX RELIEF JR CHILD PAIN/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

Non-Preferred Agents

Preferred Agents

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 - Tier 1; QL
aminofen (generic for PHARBETOL) - 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 apap (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
CURANOL (brand for acetaminophen) - Tier 2; QL
ed-apap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE RELIEF (brand for cvs headache relief) - Tier 2
fever reducer/pain reliever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

fever reducing childrens (generic for FEVERALL CHILDRENS) - 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
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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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 MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/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

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 MAX RELIEF JR CHILD PAIN/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

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Preferred Agents

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

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

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

pain & fever child (generic for 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 MAX RELIEF JR CHILD PAIN/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

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

Non-Preferred Agents

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Preferred Agents

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 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 ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
pain reliever oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL
PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL
PHARBETOL (brand for acetaminophen) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p><i>PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>rapid melts junior oral tablet dispersible 160 mg - Tier 1</i></p> <p><i>sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</i></p> <p><i>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL</i></p> <p><i>VANQUISH EXTRA STRENGTH (brand for cvs headache relief) - Tier 2</i></p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p>	
<p><i>BUFFERIN (brand for tri-buffered aspirin) - Tier 2</i></p> <p><i>salsalate oral - Tier 1; QL</i></p> <p><i>tri-buffered aspirin (generic for BUFFERIN) - Tier 1</i></p>	
<p>Opioid Analgesics, Short-acting</p>	
<p><i>oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL</i></p>	

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Preferred Agents

Non-Preferred Agents

Anesthetics

Local Anesthetics

AGONEAZE (brand for lidocaine-prilocaine) - Tier 2; QL
 ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL
 ANODYNE LPT (brand for lidocaine-prilocaine) - Tier 2; QL
 ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL
 LIDO BDK (brand for lidocaine-prilocaine) - Tier 2; QL
 lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL
 lidocaine external ointment 5 % - Tier 1; PA; QL
 lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL
 lidocaine hcl external cream 3 % - Tier 1; QL
 lidocaine viscous hcl - Tier 1; QL
 lidocaine-prilocaine (generic for LIDO BDK) - Tier 1; QL
 LIDOCAN (brand for lidocaine) - Tier 2; DX2RX; QL
 LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL
 LIDOZALL (brand for lidocaine) - Tier 2; QL
 LIVIXIL PAK (brand for lidocaine-prilocaine) - Tier 2; QL
 LMX 4 (brand for lidocaine) - Tier 2; QL
 premium lidocaine - Tier 1; PA; QL
 PRILOVIX (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX LITE (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX LITE PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX ULTRALITE (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX ULTRALITE PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
 PROXIVOL (brand for burn gel) - Tier 2; QL
 RELADOR PAK (brand for lidocaine-prilocaine) - Tier 2; QL
 RELADOR PAK PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
 ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1</i> <i>naltrexone hcl oral - Tier 1</i> VIVITROL - Tier 2; QL	
Opioid Dependence	
BRIXADI - Tier 2; PA BRIXADI (WEEKLY) - Tier 2; PA <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL</i> SUBLOCADE - Tier 2; PA; QL SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL	ZUBSOLV - Tier 2; PA; QL
Opioid Reversal Agents	
KLOXXADO - Tier 2; QL <i>naloxone hcl injection solution - Tier 1; QL</i> <i>naloxone hcl injection solution cartridge - Tier 1; QL</i> <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml - Tier 1; QL</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i> NARCAN (brand for naloxone hcl) - Tier 2; QL	ZIMHI - Tier 2; PA; QL

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

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

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Preferred Agents**Non-Preferred Agents**

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

Smoking Cessation Agents - Deterrents

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

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Preferred Agents	Non-Preferred Agents
<p><i>nicotine polacrilex mouth/throat lozenge 2 mg (generic for KLS QUIT2)</i> - Tier 1; QL; AL</p> <p><i>nicotine polacrilex mouth/throat lozenge 4 mg (generic for KLS QUIT4)</i> - Tier 1; QL; AL</p> <p><i>quit2 (generic for KLS QUIT2)</i> - Tier 1; QL; AL</p> <p><i>quit4 (generic for KLS QUIT4)</i> - Tier 1; QL; AL</p> <p><i>THRIVE (brand for cvs nicotine)</i> - Tier 2; QL; AL</p>	
Antandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral</i> - Tier 1; QL	
Antibacterials, Other	
<p>CLEOCIN VAGINAL SUPPOSITORY - Tier 2; QL</p> <p><i>clindamycin hcl oral (generic for CLEOCIN)</i> - Tier 1; QL</p> <p><i>clindamycin palmitate hcl (generic for CLEOCIN)</i> - Tier 1; QL</p> <p><i>clindamycin phosphate vaginal (generic for CLEOCIN)</i> - Tier 1; QL</p> <p><i>FIRVANQ (brand for vancomycin hcl)</i> - Tier 2; DX2RX; QL</p> <p><i>linezolid oral suspension reconstituted (generic for ZYVOX)</i> - Tier 1; DX2RX; QL</p> <p><i>linezolid oral tablet (generic for ZYVOX)</i> - Tier 1; DX2RX</p> <p><i>methenamine hippurate (generic for HIPREX)</i> - Tier 1; QL</p> <p><i>metronidazole external (generic for METROCREAM)</i> - Tier 1</p> <p><i>metronidazole oral tablet 250 mg, 500 mg</i> - Tier 1; QL</p> <p><i>metronidazole vaginal (generic for VANDAZOLE)</i> - Tier 1; QL</p> <p><i>nitrofurantoin macrocrystal (generic for MACRODANTIN)</i> - Tier 1; QL</p>	<p>CLINDESSE - Tier 2; PA; QL</p> <p>SOLOSEC - Tier 2; PA; QL</p> <p>XACIATO - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</p> <p>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</p> <p>tinidazole oral tablet 250 mg - Tier 1</p> <p>tinidazole oral tablet 500 mg - Tier 1; QL</p> <p>trimethoprim oral - Tier 1; QL</p> <p>vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; ST; QL</p> <p>vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; PA; QL</p> <p>VANDAZOLE (brand for metronidazole) - Tier 2; QL</p> <p>XIFAXAN ORAL TABLET 200 MG - Tier 2</p> <p>XIFAXAN ORAL TABLET 550 MG - Tier 2; QL</p>	

Beta-lactam, Cephalosporins

<p>cefaclor oral capsule - Tier 1; QL</p> <p>cefadroxil - Tier 1; QL</p> <p>cefazolin sodium injection solution reconstituted 1 gm - Tier 1; QL</p> <p>cefdinir - Tier 1; QL</p> <p>cefixime - Tier 1; QL</p> <p>cefpodoxime proxetil - Tier 1; QL</p> <p>cefprozil - Tier 1; QL</p> <p>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg - Tier 1; QL</p> <p>cefuroxime axetil - Tier 1; QL</p> <p>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</p> <p>cephalexin oral capsule 750 mg - Tier 1</p> <p>cephalexin oral suspension reconstituted - Tier 1; QL</p> <p>cephalexin oral tablet 250 mg - Tier 1</p> <p>cephalexin oral tablet 500 mg - Tier 1; QL</p>	
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Preferred Agents	Non-Preferred Agents
Beta-lactam, Penicillins	
<p><i>amoxicillin - Tier 1; QL</i> <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i> <i>ampicillin - Tier 1; QL</i> AUGMENTIN ORAL SUSPENSION RECONSTITUTED - Tier 2; QL BICILLIN L-A - Tier 2; QL <i>dicloxacillin sodium - Tier 1; QL</i> <i>penicillin v potassium - Tier 1; QL</i> <i>piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - Tier 1; QL</i></p>	
Macrolides	
<p><i>azithromycin oral (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1; QL</i> <i>clarithromycin oral - Tier 1; QL</i> DIFICID - Tier 2; PA; QL <i>E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL</i> <i>erythromycin base oral (generic for ERY-TAB) - Tier 1; QL</i> <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin oral (generic for ERY-TAB) - Tier 1; QL</i></p>	
Quinolones	
<p>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i> <i>levofloxacin oral - Tier 1; QL</i> <i>moxifloxacin hcl oral - Tier 1; QL</i> <i>ofloxacin oral - Tier 1; QL</i></p>	
Sulfonamides	
<p><i>sulfadiazine oral - Tier 1; QL</i> <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i> <i>sulfamethoxazole-trimethoprim oral tablet - Tier 1; QL</i> <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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Tetracyclines

demeclocycline hcl - Tier 1; PA; QL
doxycycline hyclate oral capsule - Tier 1; QL
doxycycline hyclate oral tablet 100 mg - Tier 1; QL
doxycycline hyclate oral tablet 20 mg - Tier 1
doxycycline hyclate oral tablet delayed release 200 mg - Tier 1; QL
doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL
doxycycline monohydrate oral capsule 50 mg - Tier 1; QL
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg - Tier 1
minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL
minocycline hcl oral capsule 75 mg - Tier 1
NUZYRA ORAL - Tier 2; PA; QL

ORACEA (brand for doxycycline) - Tier 2; PA

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics

antibiotic external ointment 3.5-400-5000 (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

SUTAB - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
<p>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</p>	
Anticonvulsants	
Anticonvulsants, Other	
<p>EPIDIOLEX - Tier 2; PA; SP; QL felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL felbamate oral tablet (generic for FELBATOL) - Tier 1; QL FYCOMPA - Tier 2; PA; QL lamotrigine er (generic for LAMICTAL XR) - 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 lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; QL levetiracetam er oral tablet extended release 24 hour 500 mg (generic for KEPPRA XR) - Tier 1; QL levetiracetam er oral tablet extended release 24 hour 750 mg (generic for KEPPRA XR) - Tier 1 levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL roweepra (generic for ROWEEPRA) - Tier 1; QL subvenite (generic for SUBVENITE) - Tier 1; QL topiramate er oral capsule er 24 hour sprinkle (generic for QUDEXY XR) - Tier 1; PA topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL topiramate oral capsule sprinkle 50 mg - Tier 1; QL; AL topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL TROKENDI XR (brand for topiramate er) - Tier 2; QL</p>	<p>BRIVIACT ORAL - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p><i>valproic acid oral capsule - Tier 1; QL</i> <i>valproic acid oral solution 250 mg/5ml - Tier 1; QL</i> XCOPRI - Tier 2; PA; QL XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL</p>	
<p>Calcium Channel Modifying Agents</p>	
<p><i>CELONTIN (brand for methsuximide) - Tier 2; QL</i> <i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i></p>	
<p>Gamma-aminobutyric Acid (GABA) Augmenting Agents</p>	
<p><i>clobazam (generic for ONFI) - Tier 1; DX2RX; QL</i> <i>diazepam rectal - Tier 1; QL</i> <i>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</i> <i>gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL</i> <i>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</i> NAYZILAM - Tier 2; QL <i>phenobarbital oral - Tier 1; QL</i> <i>primidone oral (generic for MYSOLINE) - Tier 1; QL</i> <i>tiagabine hcl - Tier 1; PA; QL; AL</i> VALTOCO 10 MG DOSE - Tier 2; QL VALTOCO 15 MG DOSE - Tier 2; QL VALTOCO 20 MG DOSE - Tier 2; QL VALTOCO 5 MG DOSE - Tier 2; QL</p>	<p>SYMPAZAN - Tier 2; PA; QL</p>

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Preferred Agents

Non-Preferred Agents

Sodium Channel Agents

BANZEL (brand for rufinamide) - Tier 2; DX2RX; QL
carbamazepine er (generic for CARBATROL) - Tier 1; QL
carbamazepine oral suspension 100 mg/5ml (generic for TEGRETOL) - Tier 1; QL
carbamazepine oral tablet (generic for EPITOL) - Tier 1; QL
carbamazepine oral tablet chewable - Tier 1; QL
CARBATROL (brand for carbamazepine er) - Tier 2; QL
DILANTIN ORAL CAPSULE 30 MG - Tier 2
epitol (generic for EPITOL) - Tier 1; QL
lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL
oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL
oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL
phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL
phenytoin oral (generic for DILANTIN) - Tier 1; QL
phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL
rufinamide oral tablet (generic for BANZEL) - Tier 1; DX2RX; QL
zonisamide oral (generic for ZONEGRAN) - Tier 1; QL

APTIOM - Tier 2; PA; QL
ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL

Antidementia Agents

Antidementia Agents, Other

NAMZARIC (brand for memantine hcl-donepezil hcl) - Tier 2; PA; QL; AL

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Preferred Agents	Non-Preferred Agents
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Cholinesterase Inhibitors

donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL; AL
donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; QL
galantamine hydrobromide er - Tier 1; PA
galantamine hydrobromide oral solution - Tier 1; QL; AL
galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL
galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; QL
rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL
rivastigmine tartrate - Tier 1; QL

N-methyl-D-aspartate (NMDA) Receptor Antagonist

memantine hcl oral solution - Tier 1; QL
memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members <18 years of age will require PA; QL; AL

Antidepressants

Antidepressants, Other

bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL; AL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL; AL
bupropion hcl oral - Tier 1; QL; AL
mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL; AL
mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL; AL
mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1; QL; AL
perphenazine-amitriptyline - Tier 1; QL; AL
SPRAVATO (56 MG DOSE) - Tier 2; PA; QL
SPRAVATO (84 MG DOSE) - Tier 2; PA; QL

FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL; AL

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Preferred Agents	Non-Preferred Agents
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SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)

citalopram hydrobromide oral solution - Tier 1; QL; AL
citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL; AL
escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL; AL
fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL; AL
fluoxetine hcl oral solution - Tier 1; QL; AL
fluvoxamine maleate - Tier 1; QL; AL
paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL; AL
sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL; AL
sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL; AL
trazodone hcl oral - Tier 1; QL; AL
venlafaxine hcl - Tier 1; QL; AL
venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL; AL

TRINTELLIX - Tier 2; PA; QL

Tricyclics

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

Antidepressants - Drugs to Treat Depression

Atypical Antipsychotics

LYBALVI - Tier 2; PA; QL; AL

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Preferred Agents

Non-Preferred Agents

Antiemetics

Antiemetics, Other

ANTIVERT ORAL TABLET CHEWABLE (brand for cvs motion sickness relief) - Tier 2
 BONINE (brand for cvs motion sickness relief) - Tier 2
 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
 motion sickness relief oral tablet chewable 25 mg (generic for ANTIVERT) - Tier 1
 motion-time (generic for ANTIVERT) - Tier 1
 perphenazine oral - Tier 1; *; QL; AL
 prochlorperazine (generic for COMPRO) - Tier 1; QL
 prochlorperazine maleate oral - Tier 1; DX2RX; QL
 promethazine hcl injection solution 25 mg/ml (generic for PHENERGAN) - Tier 1; QL
 promethazine hcl oral - Tier 1; QL
 promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL
 PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL
 travel ease (generic for ANTIVERT) - Tier 1
 trimethobenzamide hcl oral - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts	
ANZEMET - Tier 2; PA; QL <i>aprepitant (generic for EMEND) - Tier 1; QL</i> <i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i> <i>granisetron hcl oral - Tier 1; QL</i> <i>ondansetron hcl oral solution - Tier 1; QL</i> <i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i> <i>ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL</i>	SANCUSO - Tier 2; PA; QL
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<i>anti-nausea (generic for EMETROL) - Tier 1</i> <i>anti-nausea relief (generic for EMETROL) - Tier 1</i> <i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i> <i>nausea control (generic for EMETROL) - Tier 1</i> <i>nausea relief (generic for EMETROL) - Tier 1</i>	
Antifungals	
<i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i> <i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i> <i>ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> FULVICIN P/G 165 - Tier 2; QL; AL <i>griseofulvin microsize oral - Tier 1; QL</i> <i>griseofulvin ultramicrosize oral tablet 165 mg - Tier 1; QL; AL</i> <i>miconazole 1 (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL</i> <i>miconazole 1 combo pack (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL</i> <i>miconazole 3 - Tier 1; QL</i> <i>miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i>	GYNAZOLE-1 - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p><i>miconazole 7 vaginal cream (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>miconazole 7 vaginal suppository - Tier 1</i></p> <p><i>miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>nystatin mouth/throat - Tier 1; QL</i></p> <p><i>nystatin oral - Tier 1; QL</i></p> <p><i>terbinafine hcl oral - Tier 1; QL</i></p> <p><i>terconazole vaginal cream - Tier 1; QL</i></p> <p><i>VFEND ORAL SUSPENSION RECONSTITUTED (brand for voriconazole) - Tier 2; QL</i></p> <p><i>voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL</i></p>	

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs	
<p><i>3 day vaginal - Tier 1</i></p> <p><i>antifungal external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1</i></p> <p><i>antifungal external powder (generic for DESENEX) - Tier 1; QL</i></p> <p><i>antifungal foot care (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL</i></p> <p><i>athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1</i></p> <p><i>baza antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1</i></p> <p><i>clotrimazole 3 - Tier 1</i></p> <p><i>clotrimazole 7 - Tier 1; QL</i></p> <p><i>clotrimazole vaginal cream 1 % - Tier 1; QL</i></p>	

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Preferred Agents**Non-Preferred Agents**

DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL
foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
ft antifungal external cream 2 % (generic for MEDPURA
ANTIFUNGAL) - Tier 1
ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
ft clotrimazole - Tier 1; QL
ft clotrimazole 3 - Tier 1
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
MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2
micaderm (generic for MEDPURA ANTIFUNGAL) - Tier 1
MICATIN (brand for antifungal) - Tier 2
miconazole antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1
miconazole nitrate external cream (generic for MEDPURA
ANTIFUNGAL) - 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

Antigout Agents

allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL
colchicine oral tablet - Tier 1; QL
febuxostat (generic for ULORIC) - Tier 1; ST; QL
probenecid - Tier 1; QL

MITIGARE (brand for colchicine) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antimigraine Agents	
Ergot Alkaloids	
<i>dihydroergotamine mesylate solution 4 mg/ml nasal (generic for MIGRANAL) - Tier 1</i> <i>dihydroergotamine mesylate solution 4 mg/ml nasal (generic for MIGRANAL) - Tier 1; SP</i>	QULIPTA - Tier 2; PA; QL
Prophylactic	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; QL AIMOVIG - Tier 2; QL EMGALITY - Tier 2; PA; QL	AJOVY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
UBRELVY - Tier 2; PA; QL	NURTEC - Tier 2; PA; QL
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<i>eletriptan hydrobromide (generic for RELPAX) - Tier 1; QL</i> <i>naratriptan hcl - Tier 1; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i> <i>ZOLMITRIPTAN NASAL SOLUTION 2.5 MG (brand for zolmitriptan) - Tier 2; QL</i> <i>zolmitriptan nasal solution 5 mg (generic for ZOMIG) - Tier 1; QL</i> <i>zolmitriptan oral (generic for ZOMIG) - Tier 1; QL</i> <i>ZOMIG NASAL SOLUTION 2.5 MG (brand for zolmitriptan) - Tier 2; QL</i>	<i>ZOMIG NASAL SOLUTION 5 MG (brand for zolmitriptan) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
Antimyasthenic Agents	
Parasympathomimetics	
<p><i>pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i></p>	
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral - Tier 1; QL</i>	
Antituberculars	
<p><i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg - 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</p>	
Antineoplastics	
Alkylating Agents	
<p><i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 MATULANE - Tier 2; SP <i>temozolomide oral capsule 100 mg - Tier 1; PA; SP</i> <i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Antiandrogens	
<i>abiraterone acetate oral tablet 250 mg (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; SP; QL	XTANDI - Tier 2; PA; SP; QL
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i>	POMALYST - Tier 2; PA; SP; QL REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL
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>	
Antineoplastics, Other	
LONSURF - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	IDHIFA - 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> HYCANTIN ORAL - Tier 2; PA; SP	

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Preferred Agents	Non-Preferred Agents
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Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL
 COTELLIC - Tier 2; PA; SP; QL
 ERIVEDGE - Tier 2; PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL
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 ORAL PACKET - Tier 2; PA; SP; QL; AL
 RUBRACA - Tier 2; PA; SP; QL
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL
 STIVARGA - Tier 2; PA; SP; QL
sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL
 TAFINLAR - 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

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
 KOSELUGO - Tier 2; PA; SP; QL
 RYDAPT - Tier 2; PA; SP; QL

Retinoids

bexarotene (generic for TARGRETIN) - Tier 1; PA; SP
tretinoin oral - Tier 1; SP; AL

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Preferred Agents	Non-Preferred Agents
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> <i>mesna oral (generic for MESNEX) - Tier 1; SP</i>	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; 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 ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY - Tier 2; PA; QL
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>BILTRICIDE (brand for praziquantel) - Tier 2; QL</i> <i>ivermectin oral (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; QL</i>	EMVERM - Tier 2; PA; QL

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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
 COARTEM - Tier 2
hydroxychloroquine sulfate oral tablet 100 mg - Tier 1; QL
hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1
 KRINTAFEL - Tier 2; QL
mefloquine hcl - Tier 1; QL
nitazoxanide oral - 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
quinine sulfate (generic for QUALAQUIN) - Tier 1
 SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2

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 str (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
sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1

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Preferred Agents	Non-Preferred Agents
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>entacapone - Tier 1; QL</i>	ONGENTYS - Tier 2; PA; QL
Dopamine Agonists	
<i>bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; QL</i> <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg - Tier 1; QL</i> <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>	
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>	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

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Preferred Agents

Non-Preferred Agents

Antipsychotics

1st Generation/Typical

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

2nd Generation/Atypical

*ABILIFY ASIMTUFII - Tier 2; PA; *, QL; AL*
*ABILIFY MAINTENA - Tier 2; ST; *, QL; AL*
*aripiprazole oral tablet (generic for ABILIFY) - Tier 1; *, QL; AL*
*ARISTADA - Tier 2; ST; *, QL; AL*
*ARISTADA INITIO - Tier 2; PA; *, QL; AL*
*ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML - Tier 2; DX2RX; ST; *, QL; AL*
*INVEGA HAFYERA - Tier 2; PA; *, QL; AL*
*INVEGA SUSTENNA - Tier 2; DX2RX; ST; *, QL; AL*
*INVEGA TRINZA - Tier 2; PA; *, QL; AL*
*lurasidone hcl (generic for LATUDA) - Tier 1; *, QL; AL*
*olanzapine oral (generic for ZYPREXA) - Tier 1; *, QL; AL*
*PERSERIS - Tier 2; ST; *, QL; AL*

REXULTI - Tier 2; DX2RX; QL; AL
VRAYLAR - Tier 2; DX2RX; QL

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Preferred Agents	Non-Preferred Agents
<p>quetiapine fumarate oral tablet 150 mg - Tier 1; QL; AL</p> <p>quetiapine fumarate tablet 100 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL</p> <p>quetiapine fumarate tablet 200 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL</p> <p>quetiapine fumarate tablet 25 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL</p> <p>quetiapine fumarate tablet 300 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL</p> <p>quetiapine fumarate tablet 400 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL</p> <p>quetiapine fumarate tablet 50 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL</p> <p>RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; PA; ST; *; QL; AL</p> <p>risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; *; QL; AL</p> <p>risperidone oral solution (generic for RISPERDAL) - Tier 1; Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician, or other behavioral health provider Members >= 8 years of age will require PA; *; QL; AL</p> <p>risperidone oral tablet 0.25 mg - Tier 1; PA; *; QL; AL</p> <p>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg (generic for RISPERDAL) - Tier 1; PA; *; QL; AL</p> <p>risperidone oral tablet 4 mg (generic for RISPERDAL) - Tier 1; DX2RX; *; QL; AL</p> <p>risperidone oral tablet dispersible - Tier 1; *; QL; AL</p> <p>ziprasidone hcl (generic for GEODON) - Tier 1; DX2RX; *; QL; AL</p>	
Treatment-Resistant	
<p>clozapine (generic for CLOZARIL) - Tier 1; PA; *; QL; AL</p>	

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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>	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT - Tier 2; PA
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>valganciclovir hcl oral solution reconstituted (generic for VALCYTE) - Tier 1; PA; QL</i> <i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	
Anti-hepatitis B (HBV) Agents	
<i>adefovir dipivoxil - Tier 1; PA; QL</i> BARACLUDE ORAL SOLUTION - Tier 2; PA; QL	
Anti-hepatitis C (HCV) Agents	
<i>EPCLUSA ORAL TABLET 400-100 MG (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL</i> MAVYRET ORAL PACKET - Tier 2; SP; QL MAVYRET ORAL TABLET - Tier 2; Preferred for Genotypes 1, 2, 3, 4, 5, & 6; SP; QL <i>ribavirin oral - Tier 1; PA; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL</i>	EPCLUSA ORAL PACKET - Tier 2; PA; SP; QL EPCLUSA ORAL TABLET 200-50 MG - Tier 2; PA; SP; QL <i>HARVONI ORAL TABLET (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> SOVALDI ORAL TABLET - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL
Antiherpetic Agents	
<i>acyclovir oral - Tier 1; QL</i> <i>famciclovir oral - Tier 1; PA; QL</i> SITAVIG - Tier 2 <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i> ZOVIRAX (brand for acyclovir) - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
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Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY - Tier 2; QL
 DOVATO - Tier 2; QL
 GENVOYA - Tier 2; QL
 ISENTRESS HD - Tier 2; QL
 ISENTRESS ORAL PACKET - Tier 2; Members >= 2 years of age will require PA; QL
 ISENTRESS ORAL TABLET - Tier 2; QL
 ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL
 JULUCA - Tier 2; QL
 STRIBILD - Tier 2; QL
 TIVICAY - Tier 2; QL
 TIVICAY PD - Tier 2; QL

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

COMPLERA - Tier 2; QL
 DELSTRIGO - Tier 2; QL
 EDURANT - Tier 2; QL
 efavirenz - Tier 1; QL
 efavirenz-emtricitab-tenofo df - Tier 1; QL
 efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL
 etravirine (generic for INTELENCE) - Tier 1; QL
 nevirapine - Tier 1; QL
 nevirapine er - Tier 1; QL
 PIFELTRO - Tier 2; QL

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

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
<p><i>abacavir sulfate (generic for ZIAGEN) - Tier 1; QL</i> <i>abacavir sulfate-lamivudine - Tier 1; QL</i> DESCOVY - Tier 2; QL <i>emtricitabine (generic for EMTRIVA) - Tier 1; QL</i> <i>emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; Diagnosis to drug match not required; QL</i> EMTRIVA ORAL SOLUTION - Tier 2; QL <i>lamivudine oral solution (generic for EPIVIR) - Tier 1; QL</i> <i>lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL</i> <i>lamivudine-zidovudine - Tier 1; QL</i> ODEFSEY - Tier 2; QL <i>tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL</i> TRIUMEQ - Tier 2; QL TRIUMEQ PD - Tier 2; QL <i>zidovudine (generic for RETROVIR) - Tier 1; QL</i></p>	<p>CIMDUO - Tier 2; PA; QL</p>
Anti-HIV Agents, Other	
<p>FUZEON - Tier 2; QL <i>maraviroc (generic for SELZENTRY) - Tier 1; QL</i> TYBOST - Tier 2; QL</p>	
Anti-HIV Agents, Protease Inhibitors (PI)	
<p><i>atazanavir sulfate (generic for REYATAZ) - Tier 1; QL</i> EVOTAZ - Tier 2; QL <i>fosamprenavir calcium - Tier 1; QL</i> <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL</i> NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; Members >= 8 years of age will require PA; QL <i>ritonavir (generic for NORVIR) - Tier 1; QL</i> SYMTUZA - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
Anti-influenza Agents	
<i>oseltamivir phosphate oral (generic for TAMIFLU) - Tier 1; QL</i> RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl - Tier 1; QL</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; AL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral - Tier 1; QL</i>	
Benzodiazepines	
<i>alprazolam er (generic for XANAX XR) - Tier 1; QL; AL</i> <i>alprazolam intensol - Tier 1; QL; AL</i> <i>alprazolam oral (generic for XANAX) - Tier 1; QL; AL</i> <i>alprazolam xr (generic for XANAX XR) - Tier 1; QL; AL</i> <i>chlordiazepoxide hcl - Tier 1; QL; AL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL; AL</i> <i>clonazepam oral tablet dispersible - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL; AL</i> <i>diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>lorazepam injection solution 2 mg/ml (generic for ATIVAN) - Tier 1; QL</i> <i>lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL</i>	LOREEV XR - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p><i>lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL; AL</i> <i>oxazepam - Tier 1; QL; AL</i></p>	
<p>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs</p>	
<p>Central Nervous System Agents - Drugs to Treat Nerve Conditions</p>	
	<p>QELBREE - Tier 2; PA; QL; AL</p>
<p>Bipolar Agents</p>	
<p>Mood Stabilizers</p>	
<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</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; *; QL; AL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; *; QL; AL</i> <i>lithium carbonate oral - Tier 1; *; QL; AL</i></p>	

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Preferred Agents

Non-Preferred Agents

Blood Glucose Regulators

Antidiabetic Agents

acarbose oral - Tier 1; QL
 ALOGLIPTIN BENZOATE - Tier 2; QL
 ALOGLIPTIN-METFORMIN HCL - Tier 2; QL
 ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL
 BYETTA 10 MCG PEN - Tier 2; PA; QL
 BYETTA 5 MCG PEN - Tier 2; PA; QL
FARXIGA (brand for dapagliflozin propanediol) - Tier 2; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL
glipizide er (generic for GLUCOTROL XL) - Tier 1; QL
glipizide oral tablet 10 mg, 5 mg - Tier 1; QL
glyburide micronized - Tier 1; QL
glyburide oral - Tier 1; QL
glyburide-metformin - Tier 1; 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
metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL
metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL
nateglinide - Tier 1; QL
ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL
pioglitazone hcl (generic for ACTOS) - Tier 1; QL
pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; QL

BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL
 GLYXAMBI - Tier 2; PA; QL
 OZEMPIC - Tier 2; PA; QL
 OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL
 QTERN - Tier 2; PA; QL
 RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG - Tier 2; PA; QL
 SEGLUROMET - Tier 2; PA; QL
 SOLIQUA - Tier 2; PA; QL
 STEGLATRO - Tier 2; PA; QL
 STEGLUJAN - Tier 2; PA; QL
 SYNJARDY XR - Tier 2; PA; QL
 XULTOPHY - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p><i>repaglinide</i> - Tier 1; QL <i>saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg</i> - Tier 1; PA; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL SYNJARDY - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL TRULICITY - Tier 2; PA; QL <i>VICTOZA (brand for liraglutide)</i> - Tier 2; PA; QL <i>XIGDUO XR (brand for dapagliflozin pro-metformin er)</i> - Tier 2; PA; QL</p>	
Glycemic Agents	
<p><i>glucagon emergency injection kit</i> - Tier 1; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL <i>PROGLYCEM (brand for diazoxide)</i> - Tier 2</p>	<p>BAQSIMI ONE PACK - Tier 2; PA; QL BAQSIMI TWO PACK - Tier 2; PA; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; PA; QL</p>
Insulins	
<p><i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial))</i> - Tier 2; QL <i>HUMALOG MIX 50/50 KWIKPEN</i> - Tier 2; QL <i>HUMALOG MIX 75/25</i> - Tier 2; QL <i>HUMALOG SUBCUTANEOUS</i> - Tier 2; QL <i>HUMULIN 70/30 KWIKPEN</i> - Tier 2; QL <i>HUMULIN 70/30 VIAL</i> - Tier 2; QL <i>HUMULIN N KWIKPEN</i> - Tier 2; QL <i>HUMULIN R U-500 KWIKPEN</i> - Tier 2; PA; QL <i>HUMULIN R U-500 VIAL (CONCENTRATED)</i> - Tier 2; PA; QL <i>INSULIN ASP PROT & ASP FLEXPEN (brand for insulin asp prot & asp flexpen)</i> - Tier 2; QL <i>INSULIN ASPART (brand for insulin aspart)</i> - Tier 2; QL</p>	<p><i>ADMELOG (brand for insulin lispro)</i> - Tier 2; PA; QL <i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial))</i> - Tier 2; PA; QL <i>APIDRA SOLOSTAR</i> - Tier 2; PA; QL <i>APIDRA VIAL</i> - Tier 2; PA; QL <i>FIASP</i> - Tier 2; PA; QL <i>FIASP FLEXTOUCH</i> - Tier 2; PA; QL <i>FIASP PENFILL</i> - Tier 2; PA; QL <i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML</i> - Tier 2; PA; QL <i>HUMULIN N VIAL</i> - Tier 2; PA; QL <i>HUMULIN R VIAL</i> - Tier 2; PA; QL <i>INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn)</i> - Tier 2; PA; QL</p>

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

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></p> <p><i>glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL</i></p> <p><i>soft glucose (generic for GLUCO TO GO) - Tier 1; QL</i></p> <p><i>TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL</i></p>	
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Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
<p>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL</p>	
Blood Products and Modifiers	
Anticoagulants	
<p>CEPROTIN - Tier 2; PA <i>dabigatran etexilate mesylate</i> (generic for PRADAXA) - Tier 1; QL ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL <i>enoxaparin sodium</i> (generic for LOVENOX) - Tier 1; QL <i>heparin sodium</i> (porcine) - Tier 1 <i>heparin sodium</i> (porcine) pf - Tier 1 <i>jantoven</i> (generic for JANTOVEN) - Tier 1; QL <i>warfarin sodium oral</i> (generic for JANTOVEN) - Tier 1; QL XARELTO ORAL TABLET - Tier 2; QL XARELTO STARTER PACK - Tier 2; QL</p>	<p>PRADAXA ORAL CAPSULE (brand for <i>dabigatran etexilate mesylate</i>) - Tier 2; PA; QL</p>
Blood Products and Modifiers, Other	
<p><i>anagrelide hcl</i> (generic for AGRYLIN) - Tier 1; QL DROXIA - Tier 2; QL EPOGEN - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP NPLATE - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP <i>plerixafor</i> (generic for MOZOBIL) - Tier 1; PA; SP; QL PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP</p>	<p>ARANESP (ALBUMIN FREE) - Tier 2; PA; SP FULPHILA - Tier 2; PA; SP NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP RELEUKO - Tier 2; PA; SP UDENYCA - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP</p>

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Preferred Agents	Non-Preferred Agents
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Hemostasis Agents

<i>aminocaproic acid oral - Tier 1; QL</i> <i>tranexamic acid oral - Tier 1; DX2RX; QL</i>	
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Platelet Modifying Agents

BRILINTA ORAL TABLET 60 MG - Tier 2; QL BRILINTA ORAL TABLET 90 MG - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL</i> <i>dipyridamole oral - Tier 1; QL</i>	DOPTELET - Tier 2; PA; SP; QL TAVALISSE - Tier 2; PA; SP; QL
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Blood Products and Modifiers - Drugs to Treat Blood Disorders

Hemostasis Agents - Drugs to Stop Bleeding

ADVATE - Tier 2; PA; SP KOVALTRY - Tier 2; PA; SP NOVOEIGHT - Tier 2; PA; SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT - Tier 2; PA; SP NUWIQ INTRAVENOUS KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT - Tier 2; PA	
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Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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

ADYNOVATE - Tier 2; PA; SP
 AFSTYLA - Tier 2; PA; SP
 ALPHANATE - Tier 2; PA; SP
 ALPHANINE SD - Tier 2; PA; SP
 ALPROLIX - Tier 2; PA; SP
 BENEFIX - Tier 2; PA; SP
 COAGADEX - Tier 2; PA
 CORIFACT - Tier 2; PA; SP
 ELOCTATE - Tier 2; PA; SP
 ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000
 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; PA
 FEIBA - Tier 2; PA; SP
 FIBRYGA - Tier 2; PA; SP
 HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150
 MG/ML, 30 MG/ML - Tier 2; PA; SP
 HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML - Tier 2; SP;
 QL
 HEMLIBRA SUBCUTANEOUS SOLUTION 60 MG/0.4ML - Tier 2; PA;
 SP; QL
 HEMOFIL M - Tier 2; PA; SP
 HUMATE-P - Tier 2; PA; SP
 IDELVION - Tier 2; PA; SP
IXINITY (brand for rixubis) - Tier 2; PA; SP
 KOATE - Tier 2; PA; SP
 KOATE-DVI - Tier 2; PA; SP
 KOGENATE FS - Tier 2; PA; SP
 NOVOSEVEN RT - Tier 2; PA; SP

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Preferred Agents	Non-Preferred Agents
OBIZUR - Tier 2; PA; SP PROFILNINE - Tier 2; PA; SP REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT - Tier 2; PA RECOMBINATE - Tier 2; PA; SP RIASTAP - Tier 2; PA; SP <i>RIXUBIS (brand for rixubis) - Tier 2; PA; SP</i> TRETEN - Tier 2; PA; SP VONVENDI - Tier 2; PA; SP WILATE - Tier 2; PA; SP XYNTHA - Tier 2; PA; SP XYNTHA SOLOFUSE - Tier 2; PA; SP	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL</i> <i>clonidine hcl oral - Tier 1; QL; AL</i> <i>guanfacine hcl - Tier 1; QL; AL</i> <i>methyldopa - Tier 1; QL</i> <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>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Angiotensin-converting Enzyme (ACE) Inhibitors

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

Antiarrhythmics

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

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Preferred Agents

Non-Preferred Agents

Beta-adrenergic Blocking Agents

atenolol oral (generic for TENORMIN) - Tier 1; QL
bisoprolol fumarate oral - Tier 1; QL
carvedilol (generic for COREG) - Tier 1; QL
labetalol hcl oral - Tier 1; QL
metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL
metoprolol tartrate oral (generic for LOPRESSOR) - Tier 1; QL
nadolol oral - Tier 1; QL; AL
nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL
propranolol hcl er (generic for INDERAL LA) - Tier 1
propranolol hcl oral solution 20 mg/5ml - Tier 1; QL
propranolol hcl oral solution 40 mg/5ml - Tier 1
propranolol hcl oral tablet - Tier 1; QL

HEMANGEOL - Tier 2; PA

Calcium Channel Blocking Agents, Dihydropyridines

amlodipine besylate oral (generic for NORVASC) - Tier 1; QL
felodipine er - Tier 1; QL
 KATERZIA - Tier 2; QL
nifedipine er - Tier 1; QL
nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL
nifedipine oral - Tier 1; QL
 NIMODIPINE ORAL SOLUTION - Tier 2; QL

NORLIQVA - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Calcium Channel Blocking Agents, Nondihydropyridines

cartia xt (generic for CARTIA XT) - Tier 1; QL
diltiazem hcl er beads (generic for 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 (generic for VERELAN) - Tier 1; QL
verapamil hcl er oral tablet extended release - Tier 1; QL
verapamil hcl oral - Tier 1; QL

Cardiovascular Agents, Other

acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL
benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL
bisoprolol-hydrochlorothiazide - Tier 1; QL
captopril-hydrochlorothiazide - 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
lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL

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

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Preferred Agents	Non-Preferred Agents
<p><i>losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL</i> <i>metoprolol-hydrochlorothiazide - Tier 1; QL</i> <i>pentoxifylline er - Tier 1; QL</i> <i>quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL</i> <i>ranolazine er - Tier 1; ST; QL</i> <i>spironolactone-hctz - Tier 1; QL</i> <i>triamterene-hctz - Tier 1; QL</i> <i>valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL</i></p>	
Diuretics, Loop	
<p><i>bumetanide oral (generic for BUMEX) - Tier 1; QL</i> <i>furosemide oral solution 10 mg/ml - Tier 1; QL</i> <i>furosemide oral tablet (generic for LASIX) - Tier 1; QL</i> <i>SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL</i> <i>torsemide (generic for SOAANZ) - Tier 1; QL</i></p>	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral - Tier 1; QL</i> <i>eplerenone (generic for INSPRA) - Tier 1; PA; QL</i> <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i></p>	
Diuretics, Thiazide	
<p><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></p>	

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Preferred Agents	Non-Preferred Agents
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>	
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL</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>	ATORVALIQ - Tier 2; PA; QL LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL
Dyslipidemics, Other	
<i>cholestyramine light oral packet (generic for PREVALITE) - Tier 1; QL</i> <i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered</i> <i>cholestyramine oral packet (generic for QUESTRAN) - 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>colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>prevalite oral packet (generic for PREVALITE) - Tier 1; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered</i>	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
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Vasodilators, Direct-acting Arterial/Venous

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

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs

fenofibric acid oral tablet 35 mg (generic for FIBRICOR) - Tier 1; QL
FIBRICOR ORAL TABLET 35 MG (brand for fenofibric acid) - Tier 2; QL

Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

VERQUVO - Tier 2; PA; QL

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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 - Tier 1; QL; AL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; Mallinckrodt and Kremers Urban labelers; QL; AL
dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL
dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; QL; AL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 35 MG, 40 MG, 5 MG (brand for dexmethylphenidate hcl er) - Tier 2; QL; AL
guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL
METHYLIN (brand for methylphenidate hcl) - Tier 2; QL; AL
methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; QL; AL
methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL
RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; Mallinckrodt and Kremers Urban labelers; QL; AL
RITALIN LA (brand for methylphenidate hcl er (la)) - Tier 2; QL; AL

JORNAY PM - Tier 2; PA; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<p><i>ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; QL; AL</i></p> <p><i>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL</i></p> <p><i>amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; AL</i></p> <p><i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (generic for ZENZEDI) - Tier 1; QL; AL</i></p> <p><i>VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL</i></p>	<p>ADZENYS XR-ODT - Tier 2; PA; QL</p> <p>AZSTARYS - Tier 2; PA; QL; AL</p>
Central Nervous System, Other	
<p>AUSTEDO - Tier 2; PA; SP; QL</p> <p>AUSTEDO XR - Tier 2; PA; SP; QL</p> <p>AUSTEDO XR PATIENT TITRATION - Tier 2; PA; SP; QL</p> <p><i>caffeine citrate oral - Tier 1; QL; AL</i></p> <p><i>GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL</i></p> <p>GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG - Tier 2; PA; QL; AL</p> <p>HORIZANT - Tier 2; PA; QL</p> <p>INGREZZA - Tier 2; PA; SP; QL</p> <p>NUDEXTA - Tier 2; QL</p> <p><i>riluzole - Tier 1; QL</i></p>	<p>RADICAVA ORS - Tier 2; PA; SP; QL</p> <p>RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL</p> <p>TIGLUTIK - Tier 2; PA; QL</p>
Fibromyalgia Agents	
<p><i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL; AL</i></p> <p><i>pregabalin oral (generic for LYRICA) - Tier 1; QL</i></p>	

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Preferred Agents

Non-Preferred Agents

Multiple Sclerosis Agents

AVONEX PEN - Tier 2; PA; SP; QL
 AVONEX PREFILLED - Tier 2; PA; SP; QL
 COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL
 dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL
 dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL
 dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL
 fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL
 GILENYA ORAL CAPSULE 0.25 MG - Tier 2; DX2RX; SP; QL
 KESIMPTA - Tier 2; PA; SP; QL
 PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; DX2RX; SP; QL
 REBIF - Tier 2; PA; SP
 REBIF REBIDOSE - Tier 2; SP
 REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP
 REBIF TITRATION PACK - Tier 2; SP
 teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP

BAFIERTAM - Tier 2; PA; SP; QL
 BETASERON - Tier 2; PA; SP; QL
 MAYZENT - Tier 2; PA; SP; QL
 MAYZENT STARTER PACK - Tier 2; PA; SP; QL
 PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL
 PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - 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

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Preferred Agents	Non-Preferred Agents
Dental and Oral Agents	
<p><i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>perio gard (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i></p> <p><i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i></p>	
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>amnestem (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>clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL</i></p> <p><i>isotretinoin oral (generic for ABSORICA) - Tier 1; PA; QL</i></p> <p><i>RETIN-A (brand for tretinoin) - Tier 2; QL; AL</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>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 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>

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Preferred Agents

Non-Preferred Agents

Dermatitis and Pruritus Agents

ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - 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 external cream - Tier 1; QL
betamethasone dipropionate external cream - 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 lotion - 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 gel - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external shampoo (generic for CLODAN) - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
clodan (generic for CLODAN) - Tier 1; QL
cortisone maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - 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

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Preferred Agents**Non-Preferred Agents**

cortisone maximum strength external gel 1 % (generic for CORTIZONE-10) - Tier 1
DERMA-SMOOTH/FS BODY (brand for fluocinolone acetonide body) - Tier 2; QL
DERMA-SMOOTH/FS SCALP (brand for fluocinolone acetonide scalp) - Tier 2; QL
EUCRISA - Tier 2; ST; QL
fluocinolone acetonide external solution - Tier 1; QL
fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external ointment - 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
halobetasol propionate external ointment - Tier 1; QL
hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - 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

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Preferred Agents

hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL
hydrocortisone external ointment 2.5 % - Tier 1; QL
hydrocortisone max st external cream (generic for 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
triamcinolone acetonide external ointment 0.05 % - Tier 1
triamcinolone in absorbase - Tier 1
triderm (generic for TRIDERM) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
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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 external cream - Tier 1; QL
fluorouracil external cream - 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
 PROCTOFOAM HC - Tier 2
silver sulfadiazine external (generic for SSD) - Tier 1; QL
ssd (generic for SSD) - Tier 1; QL
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (brand for imiquimod) - Tier 2; QL

ENSTILAR - Tier 2; PA; QL
TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL
VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL

Pediculicides/Scabicides

CROTAN - Tier 2; QL
lice killing (generic for NIX CREME RINSE) - Tier 1
lice treatment (generic for NIX CREME RINSE) - Tier 1
malathion (generic for OVIDE) - Tier 1; QL
permethrin external (generic for ELIMITE) - Tier 1; QL
spinosad (generic for NATROBA) - Tier 1; PA; QL

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

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Preferred Agents

Non-Preferred Agents

Topical Anti-infectives

ciclodan (generic for CICLODAN) - Tier 1; QL
ciclopirox external solution (generic for CICLODAN) - Tier 1; QL
ciclopirox olamine external cream - 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 solution - 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 cream - Tier 1; QL
mupirocin ointment - 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

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
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 EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
DR SMITHS DIAPER - Tier 2; QL
ft glycerin - Tier 1
glycerin external liquid , 99.5 % - Tier 1
hydrocortisone acetate external - 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
zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
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Dermatological Agents - Skin Agents	
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<p><i>calamine external - Tier 1</i> <i>calamine-zinc oxide external lotion - Tier 1</i> <i>docosanol external (generic for ABREVA) - Tier 1; QL</i> <i>ft docosanol (generic for ABREVA) - Tier 1; QL</i> <i>gormel - Tier 1; QL</i> <i>gormel 10 (generic for NUTRAPLUS) - Tier 1; QL</i> <i>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1</i> <i>NUTRAPLUS (brand for gormel 10) - Tier 2; QL</i> OPZELURA - Tier 2; PA; SP; QL <i>urea 20 intensive hydrating - Tier 1; QL</i> <i>urea external cream 20 % - Tier 1; QL</i> <i>urea external lotion - Tier 1; QL</i> <i>ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL</i> <i>ureacin-20 - Tier 1; QL</i> XERAC AC - Tier 2</p>	<p>CIBINQO - Tier 2; PA; SP; QL</p>
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Diabetes - Glucose Monitoring	
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<p><i>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</i> <i>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</i> <i>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</i> <i>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</i> <i>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL</i> <i>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</i></p>	<p><i>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i> <i>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</i> <i>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL</i> <i>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i> <i>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL</i> <i>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p>
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Preferred Agents

BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL
CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL
CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL
 CHEMSTRIP 10 MD - Tier 2
 CHEMSTRIP 10/SG - Tier 2
 CHEMSTRIP 2 GP - Tier 2
 CHEMSTRIP 5 OB - Tier 2
 CHEMSTRIP 7 - Tier 2
 CHEMSTRIP 9 - Tier 2
CHEMSTRIP K (brand for ketone test) - Tier 2; QL
 CHEMSTRIP UGK - Tier 2; QL
 DEXCOM G6 RECEIVER - Tier 2; PA; QL
DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 DEXCOM G7 RECEIVER - Tier 2; PA; QL
DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; 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; ST; QL

Non-Preferred Agents

BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL
CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL
CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL

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 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

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Preferred Agents	Non-Preferred Agents
<p><i>FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; ST; QL</i></p> <p><i>FREESTYLE LIBRE 2 READER - Tier 2; PA; ST; QL</i></p> <p><i>FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; ST; QL</i></p> <p><i>FREESTYLE LIBRE 3 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE 3 READER - Tier 2; PA; ST; QL</i></p> <p><i>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; ST; QL</i></p> <p><i>FREESTYLE LIBRE READER - Tier 2; ST; QL</i></p> <p><i>IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>KETO-DIASTIX - Tier 2; QL</i></p> <p><i>KETONE CARE - Tier 2; QL</i></p> <p><i>KETONE TEST (brand for ketone test) - Tier 2; QL</i></p> <p><i>KETOSTIX (brand for ketone test) - Tier 2; QL</i></p> <p><i>LANCETS (brand for cvs lancets original) - Tier 2; QL</i></p> <p><i>LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL</i></p> <p><i>MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>ONETOUCH DELICA SAFETY LANCING (brand for cvs lancets original) - Tier 2; QL</i></p>	<p><i>PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i></p>

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Preferred Agents**Non-Preferred Agents**

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

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

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

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

ONETOUCH ULTRASOFT 2 LANCETS (brand for cvs lancets original) - Tier 2; 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 TEST STRIPS (brand for blood glucose test) - Tier 2; QL

Preferred Agents	Non-Preferred Agents
<p><i>ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</i></p> <p><i>PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>QUINTET CONTROL HIGHINORMAL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</i></p>	

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

<p><i>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP</i></p> <p><i>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i></p> <p><i>DENTAGEL (brand for sf) - Tier 2</i></p> <p><i>EASYGEL - Tier 2</i></p> <p><i>FLUORIDEX DAILY RENEWAL - Tier 2</i></p> <p><i>FRAICHE 5000 DENTAL (brand for sf) - Tier 2</i></p> <p><i>klor-con (generic for KLOR-CON) - Tier 1; QL</i></p> <p><i>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</i></p> <p><i>klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL</i></p> <p><i>klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL</i></p> <p><i>potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL</i></p> <p><i>potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL</i></p>	<p><i>ENDARI (brand for l-glutamine) - Tier 2; PA; QL</i></p>
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Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

potassium chloride er oral capsule extended release 10 meq - Tier 1; QL

potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL

potassium chloride er oral tablet extended release 20 meq - Tier 1; QL

potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL

potassium chloride oral (generic for KLOR-CON) - Tier 1; QL

potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL

potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1

potassium citrate er oral tablet extended release 5 meq (540 mg) - Tier 1

PREVIDENT (brand for sf) - Tier 2

PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2

PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL

sf gel 1.1% (generic for DENTAGEL) - Tier 1

sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL

sodium chloride (pf) - Tier 1; QL

sodium chloride intravenous solution 0.45 % - Tier 1; QL

SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS - Tier 2; QL

sodium chloride solution 0.9 % intravenous - 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 5000 ppm dental gel (generic for DENTAGEL) - Tier 1

sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL

sodium fluoride dental gel (generic for DENTAGEL) - Tier 1

sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1

sodium fluoride oral solution (generic for SOLUVITA) - Tier 1; QL

sodium fluoride oral tablet chewable - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

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 + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - 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 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium 600/vitamin d-3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg - Tier 1; QL
calcium cit plus vit d-3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
calcium citrate oral tablet 950 (200 ca) mg - Tier 1

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Preferred Agents**Non-Preferred Agents**

calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - 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 ONE VITE CALCIUM + D3) - Tier 1; QL
calcium plus vitamin d3 (generic for ONE VITE CALCIUM + 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 (generic for ENFAMIL ENFALYTE) - Tier 1; QL
electrolyte adv care (generic for ENFAMIL ENFALYTE) - Tier 1; QL
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

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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 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 calcium + vitamin d3 (generic for OYSCO 500+D) - Tier 1; QL
ft calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
ft calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
ft electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL
ft iron (generic for FEROSUL) - 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

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Preferred Agents

iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; 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

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; 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 400 MG (brand for ft magnesium oxide) - Tier 2
TRUELYTE (brand for cvs electrolyte solution) - Tier 2; QL
ultra calcium + vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2
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

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Electrolyte/Mineral/Metal Modifiers

CHEMET - Tier 2; QL
deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL
deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL
deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL
deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP
deferiprone (generic for FERRIPROX) - Tier 1; PA; SP; QL

Phosphate Binders

calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL
calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL
sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; QL

AURYXIA - Tier 2; PA; QL

Potassium Binders

LOKELMA - Tier 2; PA; QL
sodium polystyrene sulfonate - Tier 1
 SPS (SODIUM POLYSTYRENE SULF) - Tier 2; QL
 VELTASSA - Tier 2; PA; QL

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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
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
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 (10000 ut) (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

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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 prenatal - Tier 1; QL

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

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

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

Preferred Agents**Non-Preferred Agents**

ft vitamin d3 rapid release (generic for DIALYVITE VITAMIN D 5000) - Tier 1

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

MINCORA (brand for daily multiple vitamins) - Tier 2

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

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

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

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

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

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

NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2

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

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

NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; QL

NEONATAL VITAMIN (brand for cvs 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

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Preferred Agents**Non-Preferred Agents**

NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA - Tier 2; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS (brand for cvs prenatal) - 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
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione injection solution 10 mg/ml - Tier 1; QL
phytonadione oral - Tier 1; QL
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 multivitamin - 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 plus (generic for NEONATAL PLUS) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL

prenatal vitamins (generic for NEONATAL VITAMIN) - 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

stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

sv vitamin d3 oral capsule 25 mcg (generic for PRONUTRIENTS VITAMIN D3) - Tier 1

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

sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES) - 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

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

tri-vite pediatric - Tier 1; QL

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

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Preferred Agents

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), 50 MCG (2000 UT) - 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 ft 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
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
vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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, 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 k1 injection solution 10 mg/ml - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p><i>vitamin-b complex - Tier 1</i> <i>VITATHELY WITH GINGER (brand for prenatal) - Tier 2; QL</i> <i>weekly-d (generic for D3-50) - Tier 1; QL</i> <i>WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2</i> <i>WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL</i> <i>WESTAB PLUS (brand for prenatal) - Tier 2; QL</i> <i>womens prenatal+dha - Tier 1; QL</i></p>	
<p>Estrogens - Hormone Replacement/Modifying Drugs</p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</p>	
	<p><i>MYFEMBREE - Tier 2; PA; QL</i> <i>NEXTSTELLIS - Tier 2; PA; QL</i></p>
<p>Gastrointestinal Agents</p>	
	<p><i>VOQUEZNA TRIPLE PAK - Tier 2; PA; QL</i></p>
<p>Anti-Constipation Agents</p>	
<p><i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>KRISTALOSE (brand for lactulose) - Tier 2; QL</i> <i>lactulose (generic for KRISTALOSE) - Tier 1; QL</i> <i>lactulose encephalopathy - Tier 1; QL</i> <i>LINZESS - Tier 2; DX2RX; QL</i> <i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; QL</i> <i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL</i> <i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; QL</i> <i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL</i> <i>MOVANTIK - Tier 2; DX2RX; QL</i> <i>TRULANCE - Tier 2; QL</i></p>	<p><i>MOTTEGRITY (brand for prucalopride succinate) - Tier 2; PA; QL</i> <i>RELISTOR SUBCUTANEOUS - Tier 2; PA; QL</i> <i>SYMPROIC - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Anti-Diarrheal Agents	
<p><i>anti-diarrheal oral solution 1 mg/7.5ml (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>diamode (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>diphenoxylate-atropine oral liquid - Tier 1</i></p> <p><i>diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1; QL</i></p> <p><i>ft anti-diarrheal oral solution (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>IMODIUM A-D ORAL SOLUTION (brand for anti-diarrheal) - Tier 2</i></p> <p><i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i></p> <p><i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i></p> <p><i>loperamide hcl oral solution (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>loperamide hcl oral suspension - Tier 1</i></p> <p><i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i></p>	<p>VIBERZI - Tier 2; PA; QL</p>
Antispasmodics, Gastrointestinal	
<p><i>dicyclomine hcl oral capsule - Tier 1; QL</i></p> <p><i>dicyclomine hcl oral tablet - Tier 1; QL</i></p> <p><i>glycopyrrolate oral solution (generic for CUVPOSA) - Tier 1; QL</i></p> <p><i>glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1</i></p>	
Gastrointestinal Agents, Other	
<p><i>gavilyte-c - Tier 1; QL</i></p> <p><i>gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL</i></p> <p><i>gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL</i></p> <p><i>peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL</i></p> <p><i>peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL</i></p> <p><i>ursodiol oral capsule 300 mg - Tier 1; QL</i></p> <p><i>ursodiol oral tablet (generic for URSO FORTE) - Tier 1; QL</i></p>	<p>CLENPIQ - Tier 2; PA; QL</p> <p>PLENVU - Tier 2; PA; QL</p> <p>PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA</p> <p>SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL</p> <p>TALICIA - Tier 2; PA; QL</p>

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Preferred Agents

Non-Preferred Agents

Histamine2 (H2) Receptor Antagonists

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

Irritable Bowel Syndrome Agents

BYLVAY - Tier 2; PA; SP; QL; AL
 BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL

Protectants

misoprostol oral (generic for CYTOTEC) - Tier 1; QL
sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL
sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents****Proton Pump Inhibitors**

acid reducer oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; QL

esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL

lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL

lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL

lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; Members >= 2 years of age will require PA; QL; AL

omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; QL

omeprazole oral capsule delayed release - Tier 1; QL

pantoprazole sodium oral (generic for PROTONIX) - Tier 1; QL

PRILOSEC OTC (brand for acid reducer) - Tier 2; QL

PROTONIX ORAL PACKET (brand for pantoprazole sodium) - Tier 2; QL

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

ABATINEX (brand for acidophilus) - Tier 2
acid gone (generic for ACID GONE) - Tier 1
acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1
acidophilus oral capsule , 10 mg (generic for INTESTINEX) - Tier 1
acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - 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 max str (generic for ALMACONE DOUBLE STRENGTH) - 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 anti-gas (generic for MINTOX) - Tier 1; QL
antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid calcium (generic for CAL-GEST ANTACID) - Tier 1

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Preferred Agents

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 CHEWY BITES ULTRA STR) - Tier 1
antacid maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - 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 CHEWY BITES ULTRA STR) - Tier 1
antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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 CHEWY BITES ULTRA STR) - Tier 1

antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - 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 (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

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Preferred Agents

anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1
AZO VAGINAL HEALTH PROBIOTIC (brand for acidophilus) - Tier 2
BIOTINEX (brand for acidophilus) - Tier 2
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 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
CULTURELLE WOMENS 4 IN 1 (brand for acidophilus) - Tier 2
dairy aid (generic for LACTAID) - Tier 1
dairy digestive fast acting oral tablet (generic for LACTAID FAST ACT) - Tier 1
dairy relief fast acting oral tablet 9000 unit (generic for LACTAID FAST ACT) - Tier 1
dairy relief oral tablet 3000 unit (generic for LACTAID) - Tier 1

Non-Preferred Agents

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Preferred Agents

diarrhea (generic for SOOTHE) - Tier 1
diarrhea relief (generic for SOOTHE) - Tier 1
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
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
FREE + PURE DAILY PROBIOTIC - Tier 2
freeze dried acidophilus (generic for INTESTINEX) - 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

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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
ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
ft milk of magnesia (generic for DULCOLAX) - Tier 1
ft probiotic (generic for FLORASTOR) - 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 st (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 extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief infants 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 tablet chewable 80 mg - Tier 1
gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1

Preferred Agents

gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1
GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief)
- Tier 2
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2
GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2
GELUSIL - Tier 2
gentle laxative oral suspension (generic for DULCOLAX) - Tier 1
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
geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
GUTVITE IMMUNE SUPPORT (brand for acidophilus) - Tier 2
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 STRENGTH) - Tier 1
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
heartland gas relief - Tier 1

Non-Preferred Agents

Preferred Agents

IMODIUM MULTI-SYMPTOM RELIEF (brand for eqi anti-diarrheal anti-gas) - Tier 2
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
intestinex (generic for INTESTINEX) - Tier 1
KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - Tier 2
LACTAID (brand for cvs dairy relief) - Tier 2
LACTAID FAST ACT ORAL TABLET (brand for cvs dairy relief fast acting) - Tier 2
lactase enzyme (generic for LACTAID) - Tier 1
lactase enzyme ultra str (generic for LACTAID FAST ACT) - Tier 1
lactase fast acting (generic for LACTAID FAST ACT) - Tier 1
LACTEOL DIARRHEASE (brand for acidophilus) - Tier 2
lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
lactose fast acting relief oral tablet (generic for LACTAID FAST ACT) - Tier 1
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 & anti-gas max str) - Tier 2; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & anti-gas max str) - Tier 2; QL
mag-al plus (generic for MINTOX) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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

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

milk of magnesia (generic for DULCOLAX) - Tier 1

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

mintox plus - Tier 1

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

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

NEWFLOA PROBIOTIC (brand for acidophilus) - Tier 2

PAXOTIN (brand for acidophilus) - 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

Preferred Agents

probiotic acidophilus oral capsule (generic for INTESTINEX) - Tier 1
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
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
REVITAFLOR (brand for acidophilus) - Tier 2
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
SIMEPED (brand for cvs gas relief infants) - Tier 2
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

Non-Preferred Agents

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Preferred Agents

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
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
surelac (generic for LACTAID) - 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

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
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TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2
TUMS E-X 750 (brand for antacid) - Tier 2
TUMS EXTRA STRENGTH (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
TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2
ultra dairy digestive (generic for LACTAID FAST ACT) - Tier 1
VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL
ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL

Laxatives - Bowel Treatment Drugs

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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 LAXATIVE MINERAL OIL (brand for cvs mineral oil) - Tier 2
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 (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1
gavilax oral powder (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
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 (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1
mineral oil oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1
mineral oil rectal enema (generic for FLEET OIL) - Tier 1
MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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 (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1

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

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

polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

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

reguloid oral powder 43 % (generic for REGULOID) - Tier 1

smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

sorbitol oral - Tier 1

true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

Preferred Agents

Non-Preferred Agents

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2
BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL
citroma (generic for CITROMA) - Tier 1; QL
CITRUCCEL (brand for cvs fiber therapy) - Tier 2
COLACE (brand for cvs stool softener) - Tier 2; QL
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1
docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL
docusate sodium oral (generic for COLACE) - Tier 1; QL
DOCUZEN (brand for cvs senna plus) - Tier 2
dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENOKOT S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative (generic for FIBERCON) - Tier 1
fiber laxative + calcium (generic for FIBERCON) - 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
FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL
ft fiber laxative (generic for CITRUCCEL) - Tier 1

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Preferred Agents

ft magnesium citrate (generic for CITROMA) - Tier 1; QL
ft senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
ft senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - 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 BLACK-DRAUGHT LAX-SENNA) - 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
glycerin pediatric rectal suppository 1.2 gm - Tier 1
LAXACIN (brand for cvs senna plus) - Tier 2
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

Non-Preferred Agents

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Preferred Agents

mm stool softener laxative (generic for COLACE) - Tier 1; QL
natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; 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 BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
senna oral liquid 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1
senna oral syrup 176 mg/5ml - Tier 1
senna oral syrup 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1
senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - 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 BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
senna-plus (generic for SENOKOT S) - Tier 1

Non-Preferred Agents

Preferred Agents

senna-s oral tablet (generic for SENOKOT S) - Tier 1
senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
senna-time s (generic for SENOKOT S) - Tier 1
SENNAZON (brand for senna) - Tier 2
sennosides-docusate sodium (generic for SENOKOT S) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy - Tier 1
stimulant lax plus (generic for SENOKOT S) - Tier 1
stimulant laxative (generic for SENOKOT S) - Tier 1
stool softener extra str - Tier 1; QL
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 BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents****Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment**

ZOLGENSMA 10.1-10.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 10.6-11.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.1-11.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.6-12.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.1-12.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.6-13.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 13.1-13.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 2.6-3.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.1-3.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.6-4.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.1-4.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.6-5.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.1-5.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.6-6.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 6.1-6.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 6.6-7.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 7.1-7.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 7.6-8.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 8.1-8.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 8.6-9.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 9.1-9.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 9.6-10.0 KG - Tier 2; PA; SP; QL

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Preferred Agents

Non-Preferred Agents

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

ALDURAZYME - Tier 2; PA; SP
betaine (generic for CYSTADANE) - Tier 1; SP
 CHOLBAM - Tier 2; PA; SP; QL
 CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 3000-9500 UNIT - Tier 2; QL
 CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT - Tier 2
 CYSTAGON - Tier 2; SP; QL
 ELAPRASE - Tier 2; PA; SP
 ELELYSO - Tier 2; PA; SP
 FABRAZYME - Tier 2; PA; SP
 JAVYGTOR ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL
 JAVYGTOR ORAL PACKET 500 MG (brand for sapropterin dihydrochloride) - Tier 2; SP; QL
 JAVYGTOR ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP
 KANUMA - Tier 2; PA
 KUVAN ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL
 KUVAN ORAL PACKET 500 MG (brand for sapropterin dihydrochloride) - Tier 2; SP; QL
 KUVAN ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP
 levocarnitine oral solution (generic for CARNITOR) - Tier 1; QL
 levocarnitine oral tablet (generic for CARNITOR) - Tier 1; QL
 levocarnitine sf (generic for CARNITOR) - Tier 1; QL

CERDELGA - Tier 2; PA; SP; QL
 ORFADIN ORAL CAPSULE 10 MG (brand for nitisinone) - Tier 2; PA; SP; QL
 ORFADIN ORAL CAPSULE 2 MG, 20 MG, 5 MG (brand for nitisinone) - Tier 2; PA; SP
 ORFADIN ORAL SUSPENSION - Tier 2; PA; SP
 PHEBURANE - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
<p>LUMIZYME - Tier 2; PA; SP <i>miglustat (generic for YARGESA) - Tier 1; PA; SP; QL</i> NITYR - Tier 2; PA; SP; QL RAVICTI - Tier 2; PA; SP; QL REVCOVI - Tier 2; PA <i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP</i> <i>sodium phenylbutyrate oral tablet (generic for BUPHENYL) - Tier 1; PA; SP; QL</i> STRENSIQ - Tier 2; PA; SP VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2 ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT, 60000-189600 UNIT - Tier 2; QL</p>	
Genitourinary Agents	
Antispasmodics, Urinary	
<p><i>DETROL (brand for tolterodine tartrate) - Tier 2; QL</i> <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>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; QL</i></p>	<p>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL <i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL</i></p>
Benign Prostatic Hypertrophy Agents	
<p><i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>dutasteride oral (generic for AVODART) - 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></p>	

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Preferred Agents	Non-Preferred Agents
Genitourinary Agents, Other	
<p><i>bethanechol chloride oral - Tier 1</i> ELMIRON - Tier 2; DX2RX; QL <i>penicillamine oral capsule (generic for CUPRIMINE) - Tier 1; SP</i> <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; 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></p>
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> <i>ft urinary pain relief (generic for PHENAZO) - Tier 1</i> <i>phenazo (generic for PHENAZO) - Tier 1</i> <i>phenazopyridine hcl oral tablet 100 mg, 200 mg (generic for PYRIDIUM) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>URO-PAIN (brand for cvs urinary pain relief) - Tier 2</i></p>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
<p>ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; QL</p>	<p>ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; QL</p>

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Preferred Agents

Non-Preferred Agents

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

ACTHAR - Tier 2; PA; SP; QL
 CORTROPHIN - Tier 2; PA; SP; QL
 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
 dexamethasone oral tablet therapy pack (generic for HIDEX 6-DAY) - Tier 1
 fludrocortisone acetate oral - Tier 1; QL
 HIDEX 6-DAY (brand for dexamethasone) - Tier 2
 hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL
 KENALOG-10 - Tier 2
 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 intensol - 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
 RAYOS - Tier 2; QL
 TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2
 triamcinolone acetonide suspension 40 mg/ml injection (generic for KENALOG-40) - Tier 1
 TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION - Tier 2

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate injection (generic for DDAVP) - Tier 1; PA</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i> <i>desmopressin acetate pf (generic for DDAVP PF) - Tier 1; PA</i> <i>desmopressin acetate spray - Tier 1; QL</i> GENOTROPIN MINIQUICK - Tier 2; PA; SP GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG - Tier 2; SP GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG - Tier 2; PA; SP INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPPO - 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
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>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; Coverage based on benefit; QL</i>	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL</i> <i>danazol oral - Tier 1; QL</i> <i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i> <i>testosterone enanthate intramuscular - Tier 1; PA; QL</i> <i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</i></p>	<p><i>TESTIM (brand for testosterone) - Tier 2; PA; QL</i> <i>XYOSTED - Tier 2; PA; QL</i></p>
Estrogens	
<p><i>afirmelle (generic for AFIRMELLE) - Tier 1; QL</i> <i>ALORA (brand for estradiol) - Tier 2; QL</i> <i>altavera (generic for ALTAVERA) - Tier 1; QL</i> <i>alyacen 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL</i> <i>alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL</i> <i>amethyst (generic for AMETHYST) - Tier 1; QL</i> <i>apri - Tier 1; QL</i> <i>aranelle - Tier 1; QL</i> <i>aubra eq (generic for AFIRMELLE) - Tier 1; QL</i> <i>aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL</i> <i>aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL</i> <i>aurovela 24 fe - Tier 1; QL</i> <i>aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL</i> <i>aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL</i></p>	<p><i>ANNOVERA - Tier 2; PA; QL</i> <i>BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL</i> <i>BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL</i> <i>BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL</i> <i>CLIMARA (brand for estradiol) - Tier 2; PA; QL</i> <i>CLIMARA PRO - Tier 2; PA</i> <i>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL</i> <i>DIVIGEL TRANSDERMAL GEL 1 MG/GM (brand for estradiol) - Tier 2; PA</i> <i>LO LOESTRIN FE - Tier 2; PA; QL</i> <i>NATAZIA - Tier 2; PA; QL</i> <i>NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL</i> <i>SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL</i></p>

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Preferred Agents

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 - Tier 1; QL
camrese lo - Tier 1; QL
chateal eq (generic for ALTAVERA) - Tier 1; QL
cryselle-28 - Tier 1; QL
dasetta 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
delyla (generic for AFIRMELLE) - Tier 1; QL
DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; QL
dolishale (generic for AMETHYST) - Tier 1; QL
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL
DUAVEE - Tier 2; QL
ELESTRIN - Tier 2; QL
elinest - 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

Non-Preferred Agents

VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL

Preferred Agents**Non-Preferred Agents**

estradiol transdermal gel 0.5 mg/0.5gm (generic for DIVIGEL) - Tier 1; QL
estradiol transdermal gel 1 mg/gm (generic for DIVIGEL) - Tier 1
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
ESTRING - Tier 2; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL
EVAMIST - Tier 2
falmina (generic for AFIRMELLE) - Tier 1; QL
feirza 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
FEMRING - Tier 2; PA; 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
introvale (generic for INTROVALE) - Tier 1; QL
isibloom - Tier 1; QL
jaimiess - Tier 1; QL
jasmiel (generic for JASMIEL) - 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
kariva (generic for AZURETTE) - Tier 1; QL
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

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
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
lessina (generic for AFIRMELLE) - Tier 1; QL
levonest (generic for ENPRESSE-28) - Tier 1; QL
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for INTROVALE) - 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
loryna (generic for JASMIEL) - Tier 1; QL
low-ogestrel - Tier 1; QL
lo-zumandimine (generic for JASMIEL) - Tier 1; QL
luteru (generic for AFIRMELLE) - Tier 1; QL
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL
 MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG - Tier 2; QL
 MENOSTAR - Tier 2; 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 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
necon 0.5/35 (28) - Tier 1; QL

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Preferred Agents

nikki (generic for JASMIEL) - 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
norethin-eth estradiol-fe (generic for KAITLIB FE) - Tier 1; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (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 (28)) - Tier 1; QL
nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
nylia 7/7/7 (generic for DASETTA 7/7/7) - 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
PREMARIN VAGINAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL
setlakin (generic for INTROVALE) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL
simpesse - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL
sronyx (generic for AFIRMELLE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

syeda (generic for SYEDA) - Tier 1; QL
tarina 24 fe - Tier 1; QL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-legest fe - 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-milli (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-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
valtya 1/50 (generic for KELNOR 1/50) - Tier 1; QL
velivet - Tier 1; QL
vestura (generic for JASMIEL) - Tier 1; QL
vienva (generic for AFIRMELLE) - Tier 1; QL
viorele (generic for AZURETTE) - Tier 1; QL
volnea (generic for AZURETTE) - Tier 1; QL
vyfemla (generic for BALZIVA) - Tier 1; QL
vylibra (generic for ESTARYLLA) - Tier 1; QL
wera - Tier 1; QL
xulane - Tier 1; QL
yuvafem (generic for YUVAFEM) - Tier 1; QL
zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL
zumandimine (generic for SYEDA) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Progestins

camila (generic for CAMILA) - Tier 1; QL
deblitane (generic for CAMILA) - Tier 1; QL
ELLA - Tier 2; QL
errin (generic for CAMILA) - Tier 1; QL
gallifrey (generic for GALLIFREY) - Tier 1; QL
heather (generic for CAMILA) - Tier 1; QL
medroxyprogesterone acetate (generic for DEPO-PROVERA) - Tier 1; QL
megestrol acetate oral suspension 40 mg/ml - Tier 1; QL
megestrol acetate oral tablet 20 mg - Tier 1
megestrol acetate oral tablet 40 mg - Tier 1; QL
norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL
norethindrone oral (generic for CAMILA) - Tier 1; QL
progesterone oral (generic for PROMETRIUM) - Tier 1; QL
sharobel (generic for CAMILA) - Tier 1; QL

OSPHENA - Tier 2; PA; QL

Selective Estrogen Receptor Modifying Agents

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
<i>aftera (generic for AFTERA) - Tier 1; QL</i> <i>curae (generic for AFTERA) - Tier 1; QL</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL</i> <i>her style (generic for AFTERA) - Tier 1; QL</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL</i> <i>my choice (generic for AFTERA) - Tier 1; QL</i> <i>my way (generic for AFTERA) - Tier 1; QL</i> <i>new day (generic for AFTERA) - Tier 1; QL</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL</i> <i>option 2 (generic for AFTERA) - Tier 1; QL</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL</i> <i>react (generic for AFTERA) - Tier 1; QL</i> <i>take action (generic for AFTERA) - Tier 1; QL</i>	
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

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
<p><i>ADTHYZA ORAL TABLET 120 MG, 15 MG (brand for thyroid) - Tier 2; QL</i></p> <p><i>ADTHYZA ORAL TABLET 30 MG, 60 MG, 90 MG (brand for niva thyroid) - Tier 2; QL</i></p> <p><i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; QL</i></p> <p><i>NIVA THYROID (brand for niva thyroid) - Tier 2; QL</i></p> <p><i>np thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL</i></p> <p><i>thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL</i></p>	
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
<p><i>cabergoline - Tier 1; QL</i></p> <p><i>leuprolide acetate injection - Tier 1; PA; SP</i></p> <p><i>LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP</i></p> <p><i>LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP</i></p> <p><i>octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL</i></p>	<p><i>FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>ORIAHNN - Tier 2; PA; QL</i></p> <p><i>TRIPTODUR - Tier 2; PA; SP; QL</i></p>

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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> 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>BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP <i>icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL</i> KALBITOR - Tier 2; PA</p>	<p>HAEGARDA - Tier 2; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL</p>

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Preferred Agents	Non-Preferred Agents
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Immunoglobulins

BIVIGAM - Tier 2; PA; SP
 FLEBOGAMMA DIF - Tier 2; PA; SP
 GAMMAGARD - Tier 2; PA; SP
 GAMMAGARD S/D LESS IGA - Tier 2; PA; SP
 GAMMAKED - Tier 2; PA; SP
 GAMUNEX-C - Tier 2; PA; SP
 HIZENTRA - Tier 2; PA; SP
 OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML - Tier 2; PA; SP
 OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS - Tier 2; PA; SP
 OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS - Tier 2; PA; SP
 PRIVIGEN - Tier 2; PA; SP
 XEMBIFY - Tier 2; PA

Immunological Agents, Other

ADBRY - Tier 2; PA; SP; QL
 ORENCIA CLICKJECT - Tier 2; PA; SP; QL
 ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL
 OTEZLA ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL
 OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL
 OTEZLA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL
 SYNAGIS - Tier 2; SP; AL
 XELJANZ - Tier 2; PA; SP; QL
 XELJANZ XR - Tier 2; PA; SP; QL
 XOLAIR - Tier 2; PA; SP; QL

ACTEMRA ACTPEN - Tier 2; PA; SP; QL
 ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL
 COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL
 COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL
 DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
 ILUMYA - Tier 2; PA; SP; QL
 KEVZARA - Tier 2; PA; SP; QL
 OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL
 OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP
 RINVOQ - Tier 2; PA; SP; QL
 SKYRIZI PEN - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP PEGASYS - Tier 2; PA; SP; QL	
Immunosuppressants	
<i>ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; SP; QL</i> ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; SP; QL ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; SP; QL ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML - Tier 2; PA; SP; QL ADALIMUMAB-ADB(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML - Tier 2; PA; SP; QL ADALIMUMAB-ADB(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML - Tier 2; PA; SP; QL	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML - 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 OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL

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Preferred Agents

ADALIMUMAB-RYVK (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL
ADALIMUMAB-RYVK (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL
azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; 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 (generic for GENGRAF) - Tier 1; QL
HADLIMA - Tier 2; PA; SP; QL
HADLIMA PUSH TOUCH - Tier 2; PA; SP; 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
SIMLANDI (1 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL
SIMLANDI (1 SYRINGE) - Tier 2; PA; SP; QL
SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL
SIMLANDI (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL
sirolimus oral solution - Tier 1; QL
sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>sirolimus oral tablet 2 mg - Tier 1</i></p> <p><i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</i></p> <p><i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</i></p> <p>TREXALL - Tier 2</p> <p>YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; SP; QL</p>	

Vaccines

<p>ACTHIB - Tier 2</p> <p>ADACEL - Tier 2; QL; AL</p> <p>BEXSERO - Tier 2; QL; AL</p> <p>DAPTACEL - Tier 2; QL; AL</p> <p>ENGERIX-B - Tier 2; QL; AL</p> <p>GARDASIL 9 - Tier 2; QL; AL</p> <p>HAVRIX - Tier 2; QL; AL</p> <p>HIBERIX - Tier 2</p> <p>INFANRIX - Tier 2; QL; AL</p> <p>IPOL - Tier 2</p> <p>MENVEO INTRAMUSCULAR SOLUTION - Tier 2; QL</p> <p>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED - Tier 2; QL; AL</p> <p>M-M-R II - Tier 2; QL; AL</p>	
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Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
PEDIARIX - Tier 2; QL; AL PEDVAX HIB - Tier 2 PENTACEL - Tier 2; QL; AL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL; AL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL; AL RECOMBIVAX HB - Tier 2; QL; AL ROTARIX - Tier 2; AL ROTATEQ - Tier 2 TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL; AL TENIVAC - Tier 2; QL; AL TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL; AL TRUMENBA - Tier 2; QL; AL TWINRIX - Tier 2; QL; AL VAQTA - Tier 2; QL; AL VARIVAX - Tier 2; QL; AL VAXNEUVANCE - Tier 2; QL	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
DENG VAXIA - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL PNEUMOVAX 23 - Tier 2; QL; AL PREVNAR 20 - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<p>APRISO (brand for mesalamine er) - Tier 2; QL mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - Tier 1; QL mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL mesalamine rectal suppository (generic for CANASA) - Tier 1; QL PENTASA - Tier 2; QL SFROWASA - Tier 2; QL sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</p>	<p>DIPENTUM - Tier 2; PA; QL</p>
Glucocorticoids	
<p>ANUSOL-HC EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL budesonide oral - Tier 1; QL CORTIFOAM - Tier 2; QL hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; QL PREPARATION H SOOTHING RELIEF EXTERNAL CREAM (brand for hydrocortisone (perianal)) - Tier 2; QL PROCTOCORT EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL PROCTOSOL HC (brand for hydrocortisone (perianal)) - Tier 2; QL PROCTOZONE-HC (brand for hydrocortisone (perianal)) - Tier 2; QL</p>	<p>UCERIS (brand for budesonide) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
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> <i>FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL</i> <i>ibandronate sodium oral - Tier 1</i> <i>PROLIA - Tier 2; PA</i></p>	<p>RAYALDEE - Tier 2; PA; QL TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL TYMLOS - Tier 2; PA; SP; QL</p>
Miscellaneous Therapeutic Agents	
<p>ABRYSVO - Tier 2; PA; For ages 59 years and under, PA required and no PA for ages 60 years and over; QL <i>acne control cleanser (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1</i> <i>acne medication 10 external lotion - Tier 1</i> <i>acne medication 5 external lotion - Tier 1</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i> <i>adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1</i> <i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1</i> AFLURIA - Tier 2; QL; AL AFLURIA PRESERVATIVE FREE - Tier 2; QL; AL</p>	<p>ALTUVIIIIO - Tier 2; PA <i>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; PA; QL</i> <i>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; PA; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i> CALQUENCE - Tier 2; PA; SP; QL CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL</p> <p>ALCOHOL SWABS (brand for alcohol prep) - Tier 2; QL</p> <p>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</p> <p>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL</p> <p>antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL</p> <p>AREXVY - Tier 2; QL</p> <p>arthritis pain relieving - Tier 1; QL</p> <p>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</p> <p>aspirin ec adult low dose (generic for BAYER ASPIRIN EC 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>EMPAVELI - Tier 2; PA; SP; QL</p> <p>GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL</p> <p>GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL</p> <p>HYFTOR - Tier 2; PA; QL</p> <p>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</p> <p>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</p> <p>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL</p> <p>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</p> <p>INSULIN SYRINGES 29G X 1/2" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL</p> <p>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</p> <p>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL</p> <p>JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; PA; SP</p> <p>OMNIPOD 5 DEXG7G6 INTRO GEN 5 - Tier 2; PA; QL</p> <p>OMNIPOD 5 DEXG7G6 PODS GEN 5 - Tier 2; PA; QL</p> <p>ORLADEYO - Tier 2; PA; SP; QL</p> <p>QUVIVIQ - Tier 2; PA; QL</p> <p>RYALTRIS - Tier 2; PA; QL; AL</p> <p>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL</p>

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Preferred Agents

aspirin rectal suppository 300 mg - Tier 1
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
athletes foot relief (generic for TINACTIN) - Tier 1
AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL
AXONA (brand for pro-critic) - Tier 2
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
BCAD 1 (brand for pku trio) - Tier 2; QL
BCAD 2 (brand for pku trio) - Tier 2; QL
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL
benzoyl peroxide external gel 2.5 % - Tier 1

Non-Preferred Agents

SOLIRIS - Tier 2; PA; SP; QL
SOTYKTU - Tier 2; PA; SP; QL
VIVJOA - Tier 2; PA; QL
VOQUEZNA DUAL PAK - Tier 2; PA; QL
VTAMA - Tier 2; PA; QL
WINLEVI - Tier 2; PA; QL
YONSA - Tier 2; PA; SP; QL
ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL

Preferred Agents

benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL
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 tablet delayed release 5 mg (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
capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL
capsaicin external cream 0.075 % - Tier 1; QL
capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL
CAPSAID ES ARTHRITIS RELIEF - Tier 2; QL
CAPVAXIVE - Tier 2; QL; AL
capzix (generic for CAPZASIN-HP) - Tier 1; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2
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 KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
COMIRNATY - Tier 2; QL; AL
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

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Preferred Agents	Non-Preferred Agents
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COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2
 COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2
 COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2
 COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
 CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2
 CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2
 CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2
 CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2
 CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2
 daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1
 darunavir (generic for PREZISTA) - Tier 1; QL
 DERMELEVE ADVANCED FORMULA - Tier 2
 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL
 DIALYVITE OMEGA-3 CONCENTRATE (brand for omega-3 microgel) - Tier 2
 DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL

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Preferred Agents

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 (brand for true cover) - Tier 2; QL
DUREX TROPICAL (brand for true cover) - Tier 2; QL
EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - 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 ec) - 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
FC2 FEMALE CONDOM - Tier 2; QL
fish oil concentrate oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1
fish oil half-the-size (generic for OVEGA-3) - Tier 1
fish oil high potency (generic for SEA-OMEGA) - Tier 1
fish oil minis (generic for OVEGA-3) - Tier 1
fish oil oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1
fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1

Non-Preferred Agents

Preferred Agents

fish oil oral capsule 300 mg (generic for FISH OIL PEARLS) - Tier 1
fish oil oral capsule 500 mg (generic for OVEGA-3) - Tier 1
fish oil oral capsule delayed release 1000 mg (generic for OMEGAPURE 600 EC) - Tier 1
fish oil oral capsule delayed release 1200 mg - Tier 1
FLEET BISACODYL - Tier 2; QL
FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL
FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
FLUAD - Tier 2; QL; AL
FLUARIX - Tier 2; QL; AL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL
FLULAVAL - Tier 2; QL; AL
FLUMIST - Tier 2
FLUZONE HIGH-DOSE - Tier 2; QL; AL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL; AL
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 (generic for BAYER LOW DOSE) - Tier 1; QL
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ft double antibiotic (generic for POLYSPORIN) - Tier 1

Non-Preferred Agents

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Preferred Agents

ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
ft fish oil (generic for FISH OIL PEARLS) - Tier 1
ft folic acid oral tablet 400 mcg - Tier 1
ft folic acid oral tablet 800 mcg - 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
FYLNETRA - Tier 2; PA; SP
gentle laxative oral tablet delayed release (generic for EX-LAX ULTRA) - Tier 1; QL
gentle laxative rectal (generic for THE MAGIC BULLET) - Tier 1; QL
gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
glycine urologic - Tier 1
HCU COOLER (brand for balanced nutritional drink) - Tier 2
HCU GEL (brand for nutricia preop) - Tier 2
HCY 1 (brand for pku trio) - Tier 2; QL
HCY 2 (brand for pku trio) - Tier 2; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
AL
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

Non-Preferred Agents

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Preferred Agents

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 breathe comfort chamber/adult) - 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
KERALYT EXTERNAL GEL 6 % (brand for salicylic acid) - Tier 2; QL
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL
LEVBIID (brand for hyoscyamine sulfate er) - Tier 2; QL
LEVSIN (brand for hyoscyamine sulfate) - Tier 2; QL
LEVSIN/SL (brand for hyoscyamine sulfate) - Tier 2; QL
LIPISTART (brand for pku trio) - 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
LIVITA CHILDREN (brand for mvw hi-d drops w/extra vit d) - Tier 2; QL
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

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MMA/PA GEL (brand for nutricia preop) - Tier 2
MODERNA COVID-19 VAC 6M-11Y - Tier 2
MSUD COOLER (brand for balanced nutritional drink) - Tier 2
MSUD GEL (brand for nutricia preop) - Tier 2
natural fish oil (generic for SEA-OMEGA) - Tier 1
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OA 1 (brand for pku trio) - Tier 2; QL
OA 2 (brand for pku trio) - Tier 2; QL
odorless coated fish oil (generic for OMEGAPURE 600 EC) - Tier 1
omega-3 fish oil (generic for THERAGRAN-M FISH OIL CONC) - Tier 1
omega-3 fish oil oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1
omega-3 fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1
omega-3 fish oil oral capsule 300 mg (generic for FISH OIL PEARLS) - Tier 1

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Preferred Agents

omega-3 microgel (generic for DIALYVITE OMEGA-3 CONCENTRATE) - Tier 1
omega-3 oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1
omega-3 oral capsule 1400 mg - Tier 1
OMNIFLEX DIAPHRAGM - Tier 2; QL
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
ONELAX (brand for bisacodyl) - Tier 2; QL
ONETOUCH DELICA PLUS LANCING (brand for adjustable lancing device) - Tier 2
OPILL - Tier 2; QL
OSCIMIN (brand for hyoscyamine sulfate) - Tier 2; QL
PANOXYL (brand for bp wash) - Tier 2
PENBRAYA - Tier 2; QL
PFD 2 (brand for pku trio) - Tier 2; QL
PFD TODDLER (brand for pku trio) - Tier 2; QL
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL; AL
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL; AL
PHENYL-FREE 2 (brand for pku trio) - Tier 2; QL
PHENYL-FREE 2HP (brand for pku trio) - Tier 2; QL
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2
PKU COOLER 10 (brand for balanced nutritional drink) - Tier 2
PKU COOLER 15 (brand for balanced nutritional drink) - Tier 2
PKU COOLER 20 (brand for balanced nutritional drink) - Tier 2
pku trio (generic for BCAD 1) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

poly bacitracin (generic for POLYSPORIN) - Tier 1
POLYSPORIN (brand for double antibiotic) - Tier 2
PREZISTA ORAL SUSPENSION - Tier 2; QL
PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL
probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1
PRO-CRITIC (brand for pro-critic) - Tier 2
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL
salicylic acid external foam (generic for SALVAX) - Tier 1
salicylic acid external gel (generic for KERALYT) - Tier 1; QL
salicylic acid wart remover (generic for VIRASAL) - Tier 1; QL
SALVAX (brand for salicylic acid) - Tier 2
sam-e.p.a. (generic for OVEGA-3) - Tier 1
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
sea-omega (generic for SEA-OMEGA) - Tier 1
SEVENFACT - Tier 2; PA
SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2
SPIKEVAX - Tier 2; QL; AL
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
sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL
TECARTUS - Tier 2; PA
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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
TRITOLNACIDE C (brand for antifungal (tolnaftate)) - Tier 2; QL
TROJAN MAGNUM (brand for true cover) - Tier 2; QL
TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL
TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL
TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; QL
TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; QL
TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; QL
TRUE COVER (brand for true cover) - Tier 2; QL
TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL
TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2
TYR COOLER (brand for balanced nutritional drink) - Tier 2
TYR GEL (brand for nutricia preop) - Tier 2
TYROS 1 (brand for pku trio) - Tier 2; QL
TYROS 2 (brand for pku trio) - Tier 2; QL
ULTOMIRIS - Tier 2; PA
VAPORIZER WARM STEAM - Tier 2; QL
VAXELIS - Tier 2; QL; AL
VIRASAL (brand for salicylic acid wart remover) - Tier 2; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1

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Preferred Agents

Non-Preferred Agents

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
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
WND 1 (brand for pku trio) - Tier 2; QL
WND 2 (brand for pku trio) - Tier 2; QL
womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG - Tier 2; PA; QL; AL

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Preferred Agents

Non-Preferred Agents

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

ALECENSA - Tier 2; PA; SP; QL
 ALUNBRIG - Tier 2; PA; SP; QL
 BOSULIF ORAL CAPSULE - 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
erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL
gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL
 GILOTRIF - Tier 2; PA; SP; QL
imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL
 IMBRUVICA - Tier 2; PA; SP; QL
 INLYTA - Tier 2; PA; SP; QL
lapatinib ditosylate (generic for TYKERB) - 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
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL
SPRYCEL (brand for dasatinib) - Tier 2; PA; SP; QL
 TASIGNA - Tier 2; PA; SP; QL
 TURALIO - Tier 2; PA; SP; QL; AL
 XALKORI - Tier 2; PA; SP; QL

BRUKINSA - Tier 2; PA; SP; QL
 GAVRETO - Tier 2; PA; SP; QL
 ICLUSIG - Tier 2; PA; SP; QL
 TABRECTA - Tier 2; PA; SP; QL
 TAGRISSO - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanoid Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i> <i>tafluprost (pf) (generic for ZIOPTAN) - Tier 1; PA; QL</i> <i>travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA; QL</i>	LUMIGAN - Tier 2; PA; QL VYZULTA - 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 solution 1 % - Tier 1; QL</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i> CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2; QL <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> CYSTARAN - Tier 2; DX2RX; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1</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>neomycin-polymyxin-hc ophthalmic - Tier 1; QL</i>	CEQUA - Tier 2; PA; QL COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>NEO-POLYCYN HC (brand for bacitra-neomycin-polymyxin-hc) - Tier 2; QL</p> <p>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</p> <p>RESTASIS (brand for cyclosporine) - Tier 2; QL</p> <p>sulfacetamide-prednisolone - Tier 1</p> <p>TOBRADEX - Tier 2; QL</p> <p>TOBRADEX ST - Tier 2; QL</p> <p>tobramycin-dexamethasone - Tier 1; QL</p> <p>XIIDRA - Tier 2; PA; QL</p>	
Ophthalmic Anti-allergy Agents	
<p>azelastine hcl ophthalmic - Tier 1; ST; QL</p> <p>cromolyn sodium ophthalmic - Tier 1; QL</p> <p>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL</p> <p>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</p>	
Ophthalmic Anti-Infectives	
<p>bacitracin ophthalmic - Tier 1; QL</p> <p>bacitracin-polymyxin b (generic for POLYCYN) - Tier 1; QL</p> <p>ciprofloxacin hcl ophthalmic - Tier 1; QL</p> <p>erythromycin ophthalmic - Tier 1; QL</p> <p>gentamicin sulfate ophthalmic - Tier 1; QL</p> <p>moxifloxacin hcl (2x day) - Tier 1; QL</p> <p>moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL</p> <p>NATACYN - Tier 2</p> <p>neomycin-bacitracin zn-polymyx (generic for NEO-POLYCYN) - Tier 1; QL</p> <p>neomycin-polymyxin-gramicidin - Tier 1; QL</p> <p>ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL</p> <p>polymyxin b-trimethoprim - Tier 1; QL</p> <p>sulfacetamide sodium ophthalmic - Tier 1; QL</p> <p>tobramycin ophthalmic - Tier 1; QL</p> <p>trifluridine - Tier 1; QL</p>	<p>AZASITE - Tier 2; PA; QL</p> <p>BESIVANCE - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-inflammatories	
<p>ACUVAIL - Tier 2; QL <i>dexamethasone sodium phosphate ophthalmic - Tier 1</i> <i>diclofenac sodium ophthalmic - Tier 1; QL</i> <i>fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL</i> <i>flurbiprofen sodium - Tier 1; QL</i> <i>ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1</i> <i>ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL</i> MAXIDEX - Tier 2; QL <i>prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL</i> PREDNISOLONE ACETATE P-F - Tier 2; QL <i>prednisolone sodium phosphate ophthalmic - Tier 1</i></p>	<p>EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA; QL ILEVRO - Tier 2; PA; QL INVELTYS - Tier 2; PA; QL <i>LOTEMAX OPHTHALMIC GEL (brand for loteprednol etabonate) - Tier 2; PA; QL</i> LOTE MAX OPHTHALMIC OINTMENT - Tier 2; PA; QL LOTE MAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL <i>PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL</i></p>
Ophthalmic Beta-Adrenergic Blocking Agents	
<p><i>betaxolol hcl ophthalmic - Tier 1; QL</i> BETOPTIC-S - Tier 2; QL <i>carteolol hcl - Tier 1</i> <i>levobunolol hcl - Tier 1; QL</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i></p>	<p><i>BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL</i> <i>TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL</i></p>
Ophthalmic Intraocular Pressure Lowering Agents, Other	
<p><i>apraclonidine hcl - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i> <i>brinzolamide (generic for AZOPT) - Tier 1; PA</i> DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> PHOSPHOLINE IODIDE - Tier 2; QL <i>pilocarpine hcl ophthalmic - Tier 1</i></p>	<p><i>ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL</i> RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL</p>

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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
artificial tears pf (generic for BION TEARS PF) - Tier 1
astringent eye drops (generic for VISINE A.C.) - Tier 1; QL
BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2
BION TEARS PF (brand for artificial 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 A.C.) - 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

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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 artificial 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 artificial 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

Non-Preferred Agents

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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
lubricating eye drops (generic for SYSTANE) - Tier 1; QL
lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL
lubricating plus pf (generic for BIOLLE TEARS) - Tier 1
lubricating tears eye drops (generic for ULTRA FRESH) - 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 2
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
relief eye drops (generic for VISINE A.C.) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1
restore pm (generic for ALTALUBE) - Tier 1; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

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 NIGHT - 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

Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs

eye allergy relief (generic for OPCON-A) - Tier 1
 NAPHCN-A (brand for allergy eye) - Tier 2
 VISINE (brand for allergy eye) - Tier 2

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

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

Otic Agents

acetic acid otic - Tier 1; QL
CIPRO HC - Tier 2; PA; QL
ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; QL
ciprofloxacin-dexamethasone - Tier 1; QL
hydrocortisone-acetic acid - Tier 1; QL
neomycin-polymyxin-hc otic - Tier 1; QL
ofloxacin otic - Tier 1; QL

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 otic solution 6.5 % (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
all day allergy relief oral capsule 10 mg (generic for ZYRTEC ALLERGY) - 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

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL
azelastine hcl nasal - 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
cetirizine hcl oral tablet chewable (generic for WAL-ZYR CHILDRENS) - Tier 1; Members >= 8 years of age will require PA; QL
childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

Non-Preferred Agents

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
DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL
diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphen (generic for BANOPHEN) - Tier 1; QL
diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphenhydramine hcl injection - 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

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL</i> <i>levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL</i> <i>liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i> <i>MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL</i> <i>m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i> <i>MM ALLER-BEN (brand for allergy relief) - Tier 2; QL</i> <i>NARAMIN (brand for allergy childrens) - Tier 2; QL</i> <i>pharbedryl (generic for BANOPHEN) - Tier 1; QL</i> <i>RYCLORA - Tier 2; QL</i> <i>total allergy (generic for BANOPHEN) - Tier 1; QL</i> <i>total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i> <i>ZYRTEC (brand for cetirizine hcl) - Tier 2; Members >= 8 years of age will require PA; QL</i> <i>ZYRTEC ALLERGY (brand for all day allergy) - Tier 2; QL</i> <i>ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (brand for cetirizine hcl) - Tier 2; Members >= 8 years of age will require PA; QL</i></p>	
<p>Anti-inflammatories, Inhaled Corticosteroids</p>	
<p>ARNUITY ELLIPTA - Tier 2; QL ASMANEX (120 METERED DOSES) - Tier 2; QL ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL ASMANEX HFA - Tier 2; Members >= 8 years of age will require PA; QL <i>budesonide inhalation (generic for PULMICORT) - Tier 1; QL</i> <i>flunisolide nasal - Tier 1; QL</i> FLUTICASONE PROPIONATE DISKUS - Tier 2; QL FLUTICASONE PROPIONATE HFA - Tier 2; QL <i>fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL</i> PULMICORT FLEXHALER - Tier 2; QL</p>	<p>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA OMNARIS - Tier 2; PA; QL QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL XHANCE - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
QVAR REDIHALER - Tier 2; QL	
Antileukotrienes	
<i>montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; QL;</i> AL <i>montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL</i> <i>montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1; QL</i>	ZYFLO - Tier 2; PA
Bronchodilators, Anticholinergic	
ATROVENT HFA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i> <i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; HANDIHALER only; QL</i> SPIRIVA RESPIMAT - Tier 2; QL TUDORZA PRESSAIR - Tier 2; QL	INCRUSE ELLIPTA - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Bronchodilators, Sympathomimetic

albuterol sulfate hfa (generic for VENTOLIN HFA) - Tier 1; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL
 ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL
albuterol sulfate oral syrup - Tier 1; QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic for EPIPEN JR 2-PAK) - Tier 1; QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; QL
 SEREVENT DISKUS - Tier 2; PA; QL

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
 STRIVERDI RESPIMAT - 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

Cystic Fibrosis Agents

BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL
 KALYDECO - Tier 2; PA; SP; QL
KITABIS PAK (brand for tobramycin) - Tier 2; PA; SP; QL
 ORKAMBI - Tier 2; PA; SP; QL
 PULMOZYME - Tier 2; DX2RX; SP; QL
 SYMDEKO - Tier 2; PA; SP; QL
 TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG - Tier 2; PA; SP; QL
 TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL

TOBI PODHALER - Tier 2; PA; SP; QL

Mast Cell Stabilizers

cromolyn sodium inhalation - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
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Phosphodiesterase Inhibitors, Airways Disease

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

Pulmonary Antihypertensives

alyq (generic for ALYQ) - Tier 1; PA; SP; QL
ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL
 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
sildenafil citrate oral suspension reconstituted - Tier 1; SP; QL; AL
sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL
tadalafil (pah) (generic for ALYQ) - Tier 1; PA; SP; QL
 TRACLEER 32 MG - Tier 2; PA; SP; QL; AL

ADEMPAS - Tier 2; PA; SP; QL
 TADLIQ - Tier 2; PA; SP; QL
 TYVASO - Tier 2; PA; Coverable through Medical Benefit; SP
 TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL
 TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL
 TYVASO REFILL KIT - Tier 2; PA; Coverable through Medical Benefit; SP
 TYVASO STARTER KIT - Tier 2; PA; Coverable through Medical Benefit; SP

Pulmonary Fibrosis Agents

OFEV - Tier 2; PA; SP; QL
pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL
pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
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Respiratory Tract Agents, Other

<p><i>acetylcysteine inhalation</i> - Tier 1 FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL <i>promethazine vc</i> - Tier 1; QL <i>promethazine-phenylephrine</i> - Tier 1; QL</p>	<p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p>
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Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

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

cough & cold hbp oral tablet 4-30 mg (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

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

deep sea nasal spray (generic for AYR) - Tier 1

ed bron gp - 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

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

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

medifin 400 (generic for XPECT) - Tier 1

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

MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL

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

Non-Preferred Agents

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Preferred Agents

mucus & chest congestion (generic for TUSNEL-EX) - Tier 1; QL
mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL
mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL
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
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
mucus relief max st oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
mucus relief oral tablet (generic for XPECT) - Tier 1
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
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 AYR) - 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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

nasal spray saline (generic for AYR) - 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 - Tier 1; QL
refenesen 400 (generic for XPECT) - Tier 1
saline mist spray (generic for AYR) - Tier 1
saline nasal spray (generic for AYR) - Tier 1
sb mucus relief (generic for XPECT) - Tier 1
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

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Preferred Agents	Non-Preferred Agents
<p><i>tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL</i></p> <p><i>tussin adult oral liquid 200 mg/10ml (generic for TUSNEL-EX) - Tier 1; QL</i></p> <p><i>tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL</i></p> <p><i>tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1</i></p> <p><i>tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL</i></p> <p><i>tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL</i></p> <p><i>XPECT (brand for chest congestion relief) - Tier 2</i></p>	

Antihistamines - Allergy Drugs

<p><i>12 hour allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL</i></p> <p><i>all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL</i></p> <p><i>all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL</i></p> <p><i>allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL</i></p> <p><i>allergy relief nasal decong oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL</i></p> <p><i>allergy relief oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL</i></p> <p><i>allergy relief/nasal decongest oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL</i></p>	
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Preferred Agents**Non-Preferred Agents**

allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
aller-tec d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
cetiri-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
cetirizine-pseudoephedrine er (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
DESGEN DM ORAL LIQUID (brand for ft tussin cf adult) - Tier 2; AL
DESPEC DM - Tier 2
DESPEC DM-G - Tier 2
ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL
ft all day allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
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 cough & cold oral syrup 5-10-100 mg/5ml - Tier 1
tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL
ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL
ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL

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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
 aller-chlor (generic for WAL-FINATE) - Tier 1; 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 oral tablet 4 mg (generic for WAL-FINATE) - 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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

allergy relief childrens oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL
allergy relief oral capsule 10 mg (generic for CLARITIN) - Tier 1; QL
allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
allergy relief oral tablet 4 mg (generic for WAL-FINATE) - 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 TRIAMINIC ALLERCHEWS) - Tier 1; QL
allergy relief oral tablet dispersible 5 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
chlor-pheniramine (generic for WAL-FINATE) - Tier 1; QL
chlorpheniramine maleate (generic for WAL-FINATE) - Tier 1; QL
chlorpheniramine maleate oral (generic for WAL-FINATE) - Tier 1; QL
CLARITIN CHILDRENS (brand for cvs allergy relief childrens) - Tier 2; QL
CLARITIN ORAL TABLET CHEWABLE 5 MG (brand for cvs allergy relief childrens) - Tier 2; QL
ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL
loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL
fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL

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Preferred Agents

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 childrens oral tablet chewable (generic for CLARITIN) - Tier 1; QL
ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
ft allergy relief oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL
loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL
loratadine childrens (generic for CLARITIN) - Tier 1; QL
loratadine oral (generic for CLARITIN) - Tier 1; QL
loratadine oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL
mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
pharbechlor (generic for WAL-FINATE) - Tier 1; QL
TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

24 hour nasal allergy nasal aerosol 55 mcg/act (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 acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; QL
 AIRDUO RESPICLICK 113/14 (brand for fluticasone-salmeterol) - Tier 2; QL
 AIRDUO RESPICLICK 232/14 (brand for fluticasone-salmeterol) - Tier 2; QL
 AIRDUO RESPICLICK 55/14 (brand for fluticasone-salmeterol) - Tier 2; QL
 ANORO ELLIPTA - Tier 2; PA; QL
 COMBIVENT RESPIMAT - Tier 2; QL
 DULERA - Tier 2; QL
 fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1
 fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; 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
 TRELEGY ELLIPTA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p><i>ipratropium-albuterol - Tier 1; QL</i> <i>STIOLTO RESPIMAT - Tier 2; QL</i> <i>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; QL</i> <i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1</i> <i>wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL</i></p>	
<p>Mast Cell Stabilizers - Drugs for the Lungs</p>	
<p><i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL</i> <i>NASALCROM (brand for cromolyn sodium) - Tier 2; QL</i></p>	
<p>Respiratory Tract Agents, Other - Asthma/Lung Drugs</p>	
<p><i>12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</i> <i>12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>24hr allergy & congestion reli (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL</i> <i>ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL</i> <i>ALLEGRA-D ALLERGY & CONGESTION (brand for 24hr allergy & congestion reli) - Tier 2; QL</i> <i>allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL</i> <i>allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL</i></p>	

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Preferred Agents

allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
allergy relief d 12 hour (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL
allergy relief d oral tablet extended release 12 hour 60-120 mg (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL
allergy relief d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allergy relief d24 (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL
allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy relief nasal decong oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy-d allergy & conges (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL
altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1
APRODINE (brand for cold & allergy d max strength) - Tier 2; AL
benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL
chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL
CLARITIN-D 24 HOUR (brand for allergy relief d) - Tier 2; QL
cold & allergy - Tier 1
cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1
cold & allergy d max strength (generic for APRODINE) - Tier 1; AL
cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
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

Non-Preferred Agents

Preferred Agents

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 CGHICHEST CONG DM CHILD) - Tier 1
cough childrens (generic for DELSYM CGHICHEST CONG DM CHILD) - Tier 1
cough dm childrens (generic for DELSYM) - Tier 1; QL
cough dm er (generic for DELSYM) - Tier 1; QL
cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL
DELSYM CGHICHEST CONG DM CHILD (brand for cvs cough & chest congestion) - Tier 2
DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL
DELSYM COUGHICHEST CONGEST DM (brand for cvs cough & chest congestion) - Tier 2
DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL
dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL
dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGHICHEST CONG DM CHILD) - Tier 1
dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
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

Non-Preferred Agents

Preferred Agents

dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL
fexofenadine/pseudoephedrine (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL
fexofenadine-pseudoephedrine (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL
ft 12 hour cough relief (generic for DELSYM) - Tier 1; QL
ft allergy & congestion-d 12hr (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL
ft allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
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
ft nasal decongestant max strength oral tablet (generic for SUDOGEST) - Tier 1; QL
ft nasal decongestant max strength 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
g tussin ac - Tier 1; QL; AL

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

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

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

guaifenesin-codeine - Tier 1; QL; AL

guaifenesin-dm oral liquid 200-10 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1

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

HYPERSAL (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

loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

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

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

maxi-tuss ac - Tier 1; QL; AL

maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1

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Preferred Agents**Non-Preferred Agents**

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

MUCINEX COUGH CHILDRENS (brand for cvs cough & chest congestion) - Tier 2

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

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

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

MUCINEX FAST-MAX DM MAX (brand for cvs cough & chest congestion) - Tier 2

MUCINEX FAST-MAX SEVERE CONICG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2

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

MUCINEX SINUS-MAX SINUS/ALLERGY (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 strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

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

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

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

Preferred Agents

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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray 12 hour (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
NEBUSAL (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
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL
PULMOSAL (brand for sodium chloride) - Tier 2
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for cvs cough & chest congestion) - Tier 2
RYNEX DM (brand for cold & cough childrens) - Tier 2; QL

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Preferred Agents**Non-Preferred Agents**

RYNEX PE - Tier 2
rynex pse - Tier 1
sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
sodium chloride inhalation nebulization solution 0.9 % - Tier 1; QL
sodium chloride inhalation nebulization solution 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
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

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Preferred Agents	Non-Preferred Agents
<p><i>tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL</i></p> <p><i>tussin cough/chest dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL</i></p> <p><i>wal-fex d allergy & congestion oral tablet extended release 12 hour (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL</i></p>	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<p><i>chlorzoxazone oral tablet 250 mg, 500 mg - Tier 1; QL</i></p> <p><i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</i></p> <p><i>orphenadrine citrate er - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents	
Sleep Promoting Agents	
<i>eszopiclone (generic for LUNESTA) - Tier 1; QL; AL</i> <i>ROZEREM (brand for ramelteon) - Tier 2; ST; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL; AL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; AL</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL; AL</i>	<i>BELSOMRA - Tier 2; PA</i> <i>DAYVIGO - Tier 2; PA; QL</i>
Wakefulness Promoting Agents	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i>	<i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</i>
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<i>animal shapes complete (generic for CEROVITE JR) - Tier 1; QL</i> <i>ascorbic acid oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL</i> <i>ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</i> <i>biotin forte oral tablet 5 mg - Tier 1</i> <i>biotin oral capsule 5000 mcg (generic for MERIBIN) - Tier 1</i> <i>biotin oral tablet 5 mg - Tier 1</i> <i>b-plex plus (generic for ALIVE CALCIUM BONE SUPPORT) - Tier 1; QL</i> <i>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL</i> <i>BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; QL</i>	

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Preferred Agents

BPROTECTED VITAMIN C (brand for ascorbic acid) - 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 600-vitamin d3 - Tier 1; QL
calcium carbonate - Tier 1; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL
calcium fast dissolution - Tier 1; QL
calcium high potency - Tier 1; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL
childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL
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

Non-Preferred Agents

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Preferred Agents

childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
DEPLIN MA (brand for v-c forte) - Tier 2
EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL
effer-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
FOLAMED DHA (brand for v-c forte) - Tier 2
fruity c - Tier 1; QL
ft calcium - Tier 1; QL
ft childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
ft vitamin c (generic for SUNKIST VITAMIN C) - Tier 1; QL
ft vitamin c/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
ft zinc chelated (generic for IS-ZC 50) - Tier 1; QL
klor-con/ef - Tier 1; QL
K-PRIME - Tier 2; QL
little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
LIVITA ADULTS (brand for support) - Tier 2; QL
MENATROL (brand for v-c forte) - Tier 2
MERIBIN (brand for cvs biotin) - Tier 2

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
MULTIPRO (brand for v-c forte) - Tier 2
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
OCUVEL (brand for v-c forte) - Tier 2
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL
POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL
stress formulaliron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
SUPPORT (brand for support) - Tier 2; QL
true oyster shell calcium - Tier 1; QL
TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL
v-c forte (generic for VIC-FORTE) - Tier 1
vic-forte (generic for VIC-FORTE) - Tier 1
vit close hips - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL
vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for 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 clacerola (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
WELL VITAMIN C (brand for ascorbic acid) - 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 - Tier 1; QL
ft vitamin b-1 - Tier 1; QL
ft vitamin b-12 pr - Tier 1
ft vitamin b-6 - Tier 1; QL
ft vitamin e - Tier 1; QL
pyridoxine hcl oral - Tier 1; QL
thiamine hcl oral - Tier 1; QL
 TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2;
 QL
 TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL
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 oral capsule 180 mg (400 unit) - Tier 1; QL

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

Prior Authorization / Class Criteria

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Index of Drugs

12 hour allergy-d.....	169	ACCU-CHEK GUIDE TEST STRIPS.....	70	<i>acetylcysteine inhalation</i>	165
12 hour decongestant.....	175	ACCU-CHEK SMARTVIEW.....	70	<i>acid controller oral tablet 10 mg</i>	91
12 hour nasal decongestant.....	175	ACCU-CHEK SMARTVIEW CONTROL.....	70	<i>acid gone</i>	93
12 hour nasal relief spray.....	175	ACCU-CHEK SOFTCLIX LANCET		<i>acid reducer oral tablet</i>	91
12 hour nasal spray.....	175	DEVICE KIT.....	70	<i>acid reducer oral tablet 200 mg</i>	91
12hr allergy relief.....	171	<i>accutane</i>	63	<i>acid reducer oral tablet delayed release</i>	92
24 hour nasal allergy nasal aerosol 55		ACCUTREND GLUCOSE CONTROL.....	70	<i>acidophilus lactobacillus oral</i>	93
<i>mcglact</i>	174	<i>acetaminophen 8 hour</i>	8	<i>acidophilus oral capsule , 10 mg</i>	93
24hr allergy & congestion reli.....	175	<i>acetaminophen 8 hours</i>	8	<i>acidophilus probiotic oral capsule 10 mg</i>	93
24hr allergy relief.....	171	<i>acetaminophen 8hr arth pain</i>	8	<i>acidophilus probiotic oral tablet , 0.5 mg</i>	93
3 day vaginal.....	31	<i>acetaminophen 8hr musc ache</i>	8	<i>acitretin</i>	63
4-WAY FAST ACTING.....	165	<i>acetaminophen childrens</i>	9	<i>acne control cleanser</i>	133
8 hour arthritis pain.....	8	<i>acetaminophen childrens oral suspension</i>		<i>acne medication 10 external lotion</i>	133
8 hour arthritis relief.....	8	<i>160 mg/5ml</i>	9	<i>acne medication 5 external lotion</i>	133
8 hour pain relief oral tablet extended		<i>acetaminophen er</i>	9	<i>acne treatment external cream 10 %</i>	133
<i>release 650 mg</i>	8	<i>acetaminophen ex st oral liquid 500</i>		ACTEMRA ACTPEN.....	127
8 hour pain reliever.....	8	<i>mg/15ml</i>	9	ACTEMRA SUBCUTANEOUS.....	127
8 hr arthritis pain relief.....	8	<i>acetaminophen ex st oral tablet 500 mg</i>	9	ACTHAR.....	115
8hr arthritis pain relief.....	8	<i>acetaminophen extra strength oral liquid</i>	9	ACTHIB.....	130
8hr muscle aches & pain.....	8	<i>acetaminophen extra strength oral tablet</i>	9	ACTIMMUNE.....	128
8hr muscle aches & pain relief.....	8	<i>acetaminophen infants</i>	9	ACUVAIL.....	151
a-25.....	82	<i>acetaminophen oral liquid 160 mg/5ml</i>	9	<i>acyclovir oral</i>	42
<i>abacavir sulfate</i>	44	<i>acetaminophen oral solution 160 mg/5ml,</i>		ADACEL.....	130
<i>abacavir sulfate-lamivudine</i>	44	<i>325 mg/10.15ml, 650 mg/20.3ml</i>	9	ADALIMUMAB-AATY (2 SYRINGE)	
ABATINEX.....	93	<i>acetaminophen oral suspension 160</i>		SUBCUTANEOUS PREFILLED SYRINGE	
ABILIFY ASIMTUFII.....	40	<i>mg/5ml, 650 mg/20.3ml</i>	9	KIT 40 MG/0.4ML.....	128
ABILIFY MAINTENA.....	40	<i>acetaminophen oral tablet 325 mg</i>	9	ADALIMUMAB-ADB (2 PEN) AUTO-	
<i>abiraterone acetate oral tablet 250 mg</i>	35	<i>acetaminophen oral tablet 500 mg</i>	9	INJECTOR KIT 40 MG/0.8ML	
ABRYSVO.....	133	<i>acetaminophen oral tablet chewable 160</i>		SUBCUTANEOUS.....	128
ABSORICA.....	63	<i>mg</i>	9	ADALIMUMAB-ADB (2 SYRINGE)	
ABSORICA LD.....	63	<i>acetaminophen rectal suppository 120 mg..</i>	10	PREFILLED SYRINGE KIT 40 MG/0.8ML	
<i>acamprosate calcium</i>	17	<i>acetaminophen rectal suppository 650 mg..</i>	10	SUBCUTANEOUS.....	128
<i>acarbose oral</i>	47	<i>acetaminophen-codeine oral solution 120-</i>		ADALIMUMAB-ADB (2 SYRINGE)	
ACCU-CHEK AVIVA DEVICE.....	70	<i>12 mg/5ml</i>	7	SUBCUTANEOUS PREFILLED SYRINGE	
ACCU-CHEK AVIVA PLUS TEST STRIPS..	70	<i>acetaminophen-codeine oral tablet</i>	7	KIT 10 MG/0.2ML, 20 MG/0.4ML.....	128
ACCU-CHEK FASTCLIX LANCET KIT.....	70	<i>acetazolamide er</i>	56	ADALIMUMAB-ADB (CD/UC/HS STRT)	
ACCU-CHEK GUIDE CONTROL.....	70	<i>acetazolamide oral</i>	56	SUBCUTANEOUS AUTO-INJECTOR KIT	
ACCU-CHEK GUIDE KIT W/DEVICE.....	70	<i>acetic acid otic</i>	156	40 MG/0.8ML.....	128

ADALIMUMAB-ADB(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	128	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML.....	33	ALLEGRA ALLERGY.....	171
ADALIMUMAB-RYVK (2 PEN).....	128	AIRDUO RESPICLICK 113/14.....	174	ALLEGRA HIVES 24HR.....	171
ADALIMUMAB-RYVK (2 SYRINGE).....	129	AIRDUO RESPICLICK 232/14.....	174	ALLEGRA-D ALLERGY & CONGESTION.....	175
ADBRY.....	127	AIRDUO RESPICLICK 55/14.....	174	<i>aller-chlor</i>	171
<i>addaprin</i>	4	AJOVY.....	33	<i>allerclear</i>	171
ADDERALL.....	61	<i>ala-cort</i>	64	<i>allerclear d-12hr</i>	175
<i>adefovir dipivoxil</i>	42	ALAWAY.....	156	<i>allerclear d-24hr</i>	175
ADEMPAS.....	164	ALAWAY CHILDRENS ALLERGY.....	156	<i>aller-ease oral tablet 180 mg</i>	171
ADMELOG.....	48	<i>albendazole oral</i>	37	<i>aller-fex</i>	171
ADMELOG SOLOSTAR.....	48	<i>albuterol sulfate hfa</i>	163	<i>allerg rel child (lorat)</i>	171
ADTHYZA ORAL TABLET 120 MG, 15 MG	125	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>	163	<i>allerg relief child (lorat)</i>	171
ADTHYZA ORAL TABLET 30 MG, 60 MG, 90 MG.....	125	<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	163	<i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	175
<i>adult 50+ probiotic</i>	93	<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	163	<i>allergy & congestion relief</i>	176
<i>adult probiotic</i>	93	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	163	<i>allergy (cetirizine)</i>	158
<i>adv acne spot treatment</i>	133	<i>albuterol sulfate oral syrup</i>	163	<i>allergy 24hour indoor/outdoor</i>	158
ADVAIR HFA.....	174	ALCOHOL PREP PADS PAD , 70 %.....	133	<i>allergy 24-hr</i>	171
<i>advanced acne spot treat</i>	133	ALCOHOL SWABS.....	134	<i>allergy childrens oral liquid</i>	158
<i>advanced antacid</i>	93	ALDURAZYME.....	112	<i>allergy childrens oral solution</i>	171
<i>advanced healing external ointment</i>	69	ALECENSA.....	148	<i>allergy eye drops</i>	156
ADVATE.....	51	<i>alendronate sodium oral solution</i>	133	<i>allergy medication</i>	158
ADVIL.....	4	<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	133	<i>allergy medicine</i>	158
ADVIL COLD/SINUS.....	175	<i>alendronate sodium oral tablet 70 mg</i>	133	<i>allergy nasal mist no drip</i>	176
ADVIL JUNIOR STRENGTH.....	4	<i>alfuzosin hcl er</i>	113	<i>allergy oral capsule 25 mg</i>	158
ADVIL LIQUI-GELS MINIS.....	4	<i>all day allergy d</i>	169	<i>allergy oral liquid 12.5 mg/5ml</i>	158
ADVIL MIGRAINE.....	4	<i>all day allergy oral tablet 10 mg</i>	158	<i>allergy oral tablet 25 mg</i>	158
ADYNOVATE.....	52	<i>all day allergy relief oral capsule 10 mg</i>	158	<i>allergy oral tablet 4 mg</i>	171
ADZENYS XR-ODT.....	61	<i>all day allergy relief oral tablet 10 mg</i>	171	<i>allergy rel child (loratadine)</i>	171
<i>afirmelle</i>	117	<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	169	<i>allergy relief (cetirizine) oral tablet 10 mg..</i>	158
AFLURIA.....	133	<i>all day pain relief</i>	4	<i>allergy relief (loratadine) oral tablet</i>	171
AFLURIA PRESERVATIVE FREE.....	133	<i>all day relief</i>	4	<i>allergy relief cetirizine</i>	158
AFSTYLA.....	52			<i>allergy relief child</i>	171
<i>aftera</i>	124			<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	158
AGONEAZE.....	16			<i>allergy relief childrens oral solution 5 mg/5ml</i>	171
AIMOVIG.....	33			<i>allergy relief childrens oral tablet chewable 12.5 mg</i>	158

<i>allergy relief childrens oral tablet chewable</i>	<i>allergy relief-d oral tablet extended release</i>	ALVESCO INHALATION AEROSOL
5 mg..... 171	12 hour 5-120 mg..... 169, 176	SOLUTION 80 MCG/ACT..... 161
<i>allergy relief d 12 hour</i> 176	<i>allergy relief-d oral tablet extended release</i>	<i>alyacen 1/35</i> 117
<i>allergy relief d oral tablet extended release</i>	24 hour 10-240 mg..... 176	<i>alyacen 7/7/7</i> 117
12 hour 5-120 mg..... 169	<i>allergy relief-d12</i> 176	<i>alyq</i> 164
<i>allergy relief d oral tablet extended release</i>	<i>allergy spray 24 hour nasal aerosol</i> 174	<i>amantadine hcl oral capsule</i> 39
12 hour 60-120 mg..... 176	<i>allergy/congestion relief</i> 177	<i>ambrisentan</i> 164
<i>allergy relief d oral tablet extended release</i>	<i>allergy-d allergy & conges</i> 177	<i>amethyst</i> 117
24 hour 10-240 mg..... 176	<i>aller-tec</i> 159	<i>amiloride hcl oral</i> 57
<i>allergy relief d-12</i> 176	<i>aller-tec d</i> 170	<i>amiloride-hydrochlorothiazide</i> 56
<i>allergy relief d24</i> 176	<i>allopurinol oral tablet 100 mg, 300 mg</i> 32	<i>aminocaproic acid oral</i> 51
<i>allergy relief d-24</i> 176	<i>almacone double strength</i> 93	<i>aminofen</i> 10
<i>allergy relief max st</i> 158	ALOGLIPTIN BENZOATE..... 47	<i>amiodarone hcl oral</i> 54
<i>allergy relief nasal decong oral tablet</i>	ALOGLIPTIN-METFORMIN HCL..... 47	<i>amitriptyline hcl oral</i> 28
<i>extended release 12 hour</i> 169	ALOGLIPTIN-PIOGLITAZONE..... 47	AMJEVITA SUBCUTANEOUS SOLUTION
<i>allergy relief nasal decong oral tablet</i>	ALORA..... 117	AUTO-INJECTOR 40 MG/0.8ML..... 129
<i>extended release 24 hour</i> 176	ALPHAGAN P..... 151	AMJEVITA SUBCUTANEOUS SOLUTION
<i>allergy relief oral capsule 10 mg</i> 172	ALPHANATE..... 52	PREFILLED SYRINGE 40 MG/0.8ML..... 129
<i>allergy relief oral capsule 25 mg</i> 158	ALPHANINE SD..... 52	AMJEVITA-PED 15KG TO <30KG
<i>allergy relief oral liquid 25 mg/10ml</i> 158	<i>alprazolam er</i> 45	SUBCUTANEOUS SOLUTION
<i>allergy relief oral tablet 10 mg</i> 172	<i>alprazolam intensol</i> 45	PREFILLED SYRINGE 20 MG/0.4ML..... 129
<i>allergy relief oral tablet 180 mg</i> 172	<i>alprazolam oral</i> 45	AMLADEx..... 82
<i>allergy relief oral tablet 25 mg</i> 159	<i>alprazolam xr</i> 45	<i>amlodipine besylate oral</i> 55
<i>allergy relief oral tablet 4 mg</i> 172	ALPROLIX..... 52	<i>ammonium lactate external</i> 64
<i>allergy relief oral tablet 60 mg</i> 172	<i>altachlore ophthalmic ointment</i> 152	<i>amnestem</i> 63
<i>allergy relief oral tablet chewable 12.5 mg</i> 159	<i>altachlore ophthalmic solution</i> 152	<i>amoxapine</i> 28
<i>allergy relief oral tablet dispersible 10 mg</i> 172	<i>altafrin</i> 149	<i>amoxicillin</i> 22
<i>allergy relief oral tablet dispersible 5 mg</i> 172	<i>altalube</i> 152	<i>amoxicillin-potassium clavulanate</i> 22
<i>allergy relief oral tablet extended release</i>	<i>altamist spray</i> 165	<i>amphetamine-dextroamphetamine</i> 61
12 hour 5-120 mg..... 169	<i>altarussin</i> 165	<i>amphetamine-dextroamphetamine er</i> 61
<i>allergy relief(cetirizine)</i> 159	<i>altarussin dm</i> 177	<i>ampicillin</i> 22
<i>allergy relief/indoor/outdoor oral tablet 180</i>	<i>altavera</i> 117	<i>anagrelide hcl</i> 50
<i>mg</i> 172	ALTRIXA..... 82	ANASPAZ..... 134
<i>allergy relief/nasal decong</i> 176	ALTUVIIIIO..... 134	<i>anastrozole oral</i> 35
<i>allergy relief/nasal decongest oral tablet</i>	<i>alum & mag hydroxide-simeth</i> 93	ANDROGEL PUMP..... 117
<i>extended release 12 hour</i> 169	ALUNBRIG..... 148	ANECREAM EXTERNAL CREAM..... 16
<i>allergy relief/nasal decongest oral tablet</i>	ALVESCO INHALATION AEROSOL	<i>anefrin spray</i> 177
<i>extended release 24 hour</i> 176	SOLUTION 160 MCG/ACT..... 161	<i>animal shapes complete</i> 186
		ANNOVERA..... 117

ANODYNE LPT.....	16	<i>antacid ultra strength oral tablet chewable</i>		<i>aprepitant.....</i>	30
ANORO ELLIPTA.....	174	1000 mg.....	95	<i>apri.....</i>	117
<i>antacid & anti-gas max str.....</i>	93	<i>antacid/antigas.....</i>	95	APRISO.....	132
<i>antacid & anti-gas oral suspension 200-200-20 mg/5ml.....</i>	93	<i>antacid/anti-gas max st.....</i>	95	APRODINE.....	177
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml.....</i>	93	<i>antacid/anti-gas oral suspension 200-200-20 mg/5ml.....</i>	95	APTIOM.....	26
<i>antacid & anti-gas oral suspension 400-400-40 mg/5ml.....</i>	93	<i>antacid/anti-gas oral suspension 400-400-40 mg/5ml.....</i>	95	<i>aqueous vitamin d.....</i>	82
<i>antacid & gas relief.....</i>	93	<i>antacid/gas relief max st.....</i>	95	<i>aranelle.....</i>	117
<i>antacid anti-gas.....</i>	93	<i>antibiotic.....</i>	134	ARANESP (ALBUMIN FREE).....	50
<i>antacid anti-gas max strength.....</i>	93	<i>antibiotic external ointment 3.5-400-5000 ...</i>	23	AREXVY.....	134
<i>antacid calcium.....</i>	93	<i>anti-diarr/ant-gas.....</i>	95	<i>aripiprazole oral tablet.....</i>	40
<i>antacid calcium rich.....</i>	93	<i>anti-diarrheal anti-gas oral tablet 2-125 mg.</i>	95	ARISTADA.....	40
<i>antacid extra str.....</i>	94	<i>anti-diarrheal oral solution 1 mg/7.5ml.....</i>	90	ARISTADA INITIO.....	40
<i>antacid extra strength oral suspension.....</i>	94	<i>anti-diarrheal oral suspension 262 mg/15ml</i>	95	<i>armodafinil.....</i>	186
<i>antacid extra strength oral tablet chewable 160-105 mg.....</i>	94	<i>anti-diarrheal oral tablet 2 mg.....</i>	90	ARMOUR THYROID.....	125
<i>antacid extra strength oral tablet chewable 750 mg.....</i>	94	<i>anti-diarrheal/anti-gas.....</i>	95	ARNUITY ELLIPTA.....	161
<i>antacid fast relief.....</i>	94	<i>antifungal (tolnaftate).....</i>	134	<i>arthritis pain oral tablet extended release 650 mg.....</i>	10
<i>antacid i.....</i>	94	<i>antifungal external cream.....</i>	31	<i>arthritis pain relief oral tablet extended release 650 mg.....</i>	10
<i>antacid iii.....</i>	94	<i>antifungal external powder.....</i>	31	<i>arthritis pain reliever oral.....</i>	10
<i>antacid kids.....</i>	94	<i>antifungal foot care.....</i>	31	<i>arthritis pain relieving.....</i>	134
<i>antacid liquid.....</i>	94	<i>anti-gas oral capsule 180 mg.....</i>	95	<i>artificial tears ophthalmic solution</i>	152
<i>antacid m.....</i>	94	<i>anti-hist allergy.....</i>	159	<i>artificial tears pf.....</i>	152
<i>antacid maximum.....</i>	94	<i>anti-itch aloe.....</i>	64	<i>ascomp-codeine.....</i>	7
<i>antacid maximum strength.....</i>	94	<i>anti-itch intensive heal.....</i>	64	<i>ascorbic acid oral liquid.....</i>	186
<i>antacid maximum strength oral tablet chewable 1000 mg.....</i>	94	<i>anti-itch max str external cream 1 %.....</i>	64	<i>ascorbic acid oral tablet 500 mg.....</i>	186
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml.....</i>	94	<i>anti-itch maximum strength external cream 1 %.....</i>	64	ASMANEX (120 METERED DOSES).....	161
<i>antacid oral tablet chewable 1000 mg.....</i>	94	<i>anti-nausea.....</i>	30	ASMANEX (14 METERED DOSES).....	161
<i>antacid oral tablet chewable 500 mg.....</i>	94	<i>anti-nausea relief.....</i>	30	ASMANEX (30 METERED DOSES).....	161
<i>antacid oral tablet chewable 750 mg.....</i>	94	<i>antiseptic.....</i>	23	ASMANEX (60 METERED DOSES).....	161
<i>antacid plus antigas.....</i>	95	ANTIVERT ORAL TABLET CHEWABLE.....	29	ASMANEX HFA.....	161
<i>antacid regular strength oral suspension 200-200-20 mg/5ml.....</i>	95	ANUSOL-HC EXTERNAL.....	132	ASPERFLEX LIDOCAINE EXTERNAL CREAM.....	16
<i>antacid ultra strength.....</i>	95	ANZEMET.....	30	<i>aspirin childrens.....</i>	134
		<i>apap-caff-dihydrocodeine.....</i>	7	<i>aspirin ec adult low dose.....</i>	134
		APIDRA SOLOSTAR.....	48	<i>aspirin ec oral tablet 325 mg.....</i>	134
		APIDRA VIAL.....	48	<i>aspirin ec oral tablet delayed release 325 mg.....</i>	134
		<i>apra.....</i>	10		
		<i>apraclonidine hcl.....</i>	151		

<i>aspirin ec oral tablet delayed release 81 mg</i>	134	<i>aurovela 1/20</i>	117	<i>bacitracin zinc-aloe</i>	135
<i>aspirin oral tablet 325 mg</i>	134	<i>aurovela 24 fe</i>	117	<i>bacitracin-polymyxin b</i>	150
<i>aspirin oral tablet chewable 81 mg</i>	134	<i>aurovela fe 1.5/30</i>	117	<i>bacitra-neomycin-polymyxin-hc</i>	149
<i>aspirin oral tablet delayed release 325 mg</i>	134	<i>aurovela fe 1/20</i>	117	<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	42
<i>aspirin oral tablet delayed release 81 mg</i> ..	134	AURYXIA.....	81	BAFIERTAM.....	62
ASPIRIN ORAL TABLET DELAYED		AUSTEDO.....	61	BALCOLTRA.....	118
RELEASE 81 MG.....	134	AUSTEDO XR.....	61	BALVERSA.....	36
<i>aspirin rectal suppository 300 mg</i>	134	AUSTEDO XR PATIENT TITRATION.....	61	<i>balziva</i>	118
<i>aspirin regimen</i>	135	AUVI-Q.....	163	<i>banophen oral capsule 25 mg</i>	159
<i>astringent</i>	69	AVEDANA GLYCERIN (ADULT).....	107	<i>banophen oral tablet</i>	159
<i>astringent eye drops</i>	152	<i>aviane</i>	117	BANZEL.....	26
<i>astringent solution</i>	69	AVONEX PEN.....	62	BAQSIMI ONE PACK.....	48
<i>atazanavir sulfate</i>	44	AVONEX PREFILLED.....	62	BAQSIMI TWO PACK.....	48
<i>atenolol oral</i>	55	AXONA.....	135	BARACLUDGE ORAL SOLUTION.....	42
<i>atenolol-chlorthalidone</i>	56	AYR.....	165	BAYER ASPIRIN.....	135
<i>athletes foot (terbinafine)</i>	31	AYR SALINE NASAL DROPS.....	165	BAYER LOW DOSE ORAL TABLET	
<i>athletes foot (tolnaftate) external aerosol</i>		<i>ayuna</i>	118	CHEWABLE.....	135
<i>powder 1 %</i>	135	AZASITE.....	150	<i>baza antifungal</i>	31
<i>athletes foot (tolnaftate) external cream 1</i>		<i>azathioprine oral tablet 50 mg</i>	129	BCAD 1.....	135
<i>%</i>	135	<i>azelaic acid external</i>	63	BCAD 2.....	135
<i>athletes foot external cream 1 %</i>	31	<i>azelastine hcl nasal</i>	159	<i>b-complex oral tablet</i>	82
<i>athletes foot external powder 2 %</i>	31	<i>azelastine hcl ophthalmic</i>	150	<i>b-complex with b-12</i>	82
<i>athletes foot powder spray external aerosol</i>		<i>azithromycin oral</i>	22	<i>b-complex/b-12 oral</i>	82
<i>powder 1 %</i>	135	azo.....	114	BD AUTOSHIELD DUO PEN NEEDLES.....	70
<i>athletes foot relief</i>	135	AZO VAGINAL HEALTH PROBIOTIC.....	96	BD ECLIPSE NEEDLE 25G X 5/8".....	135
<i>athletes foot spray external aerosol 2 %</i>	31	AZSTARYS.....	61	BD ULTRA-FINE INSULIN SYRINGES.....	70
<i>atomoxetine hcl</i>	60	<i>azurette</i>	118	BD ULTRA-FINE INSULIN SYRINGES	
ATORVALIQ.....	58	<i>b complex vitamins</i>	82	30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML.....	135
<i>atorvastatin calcium oral</i>	58	<i>b complex-b12</i>	82	BD ULTRA-FINE INSULIN SYRINGES	
<i>atovaquone</i>	38	<i>b-1</i>	191	30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML,	
<i>atovaquone-proguanil hcl</i>	38	<i>b-12 oral tablet extended release</i>	191	31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML,	
<i>atropine sulfate ophthalmic solution 1 %</i>	149	<i>b6</i>	191	31G X 5/16" 1 ML.....	135
ATROVENT HFA.....	162	BABY AYR SALINE.....	165	BD ULTRA-FINE INSULIN SYRINGES	
<i>aubra eq</i>	117	<i>baby basics diaper rash</i>	69	31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	135
AUGMENTIN ORAL SUSPENSION		<i>bac</i>	7	BD ULTRA-FINE INSULIN SYRINGES	
RECONSTITUTED.....	22	<i>bacitracin external</i>	135	31G X 5/16" 0.3 ML.....	135
AUM ALCOHOL PREP PADS.....	135	<i>bacitracin ophthalmic</i>	150	BD ULTRA-FINE PEN NEEDLES.....	70
<i>aurovela 1.5/30</i>	117	<i>bacitracin zinc external</i>	135	BD ULTRA-FINE PEN NEEDLES 29G X	
		<i>bacitracin zinc first aid</i>	135	12.7MM.....	135

BD ULTRA-FINE PEN NEEDLES 31G X 8 MM.....	135	<i>bethanechol chloride oral</i>	114	BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 %.....	69
<i>beauty 360 pure glycerin</i>	69	BETHKIS.....	163	<i>bp wash external liquid 2.5 %</i>	136
<i>beauty 360 soothing bath</i>	69	BETIMOL.....	151	<i>b-plex plus</i>	186
BELBUCA.....	6	BETOPTIC-S.....	151	BPROTECTED PEDIA D-VITE.....	82
BELSOMRA.....	186	BEVESPI AEROSPHERE.....	174	BPROTECTED PEDIA IRON.....	76
BENADRYL ALLERGY CHILDRENS ORAL LIQUID.....	159	<i>bexarotene</i>	36	BPROTECTED PEDIA POLY-VITE.....	186
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE.....	159	BEXSERO.....	130	BPROTECTED PEDIA POLY-VITE/FE.....	186
BENADRYL ALLERGY ORAL TABLET.....	159	BEYAZ.....	118	BPROTECTED VITAMIN C.....	186
BENADRYL ALLERGY ULTRATABS.....	159	<i>bicalutamide</i>	35	BREATHE COMFORT HUMIDIFIER.....	136
<i>benazepril hcl oral</i>	54	BICILLIN L-A.....	22	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT.....	174
<i>benazepril-hydrochlorothiazide</i>	56	BIJUVA ORAL CAPSULE 1-100 MG.....	118	BREZTRI AEROSPHERE.....	174
BENEFIX.....	52	BIKTARVY.....	43	<i>briellyn</i>	118
BENZAC AC WASH.....	135	BILTRICIDE.....	37	BRILINTA ORAL TABLET 60 MG.....	51
BENZNIDAZOLE.....	38	BINAXNOW COVID-19 AG HOME TEST..	136	BRILINTA ORAL TABLET 90 MG.....	51
<i>benzonatate oral capsule 100 mg, 200 mg</i>	177	BIOLE TEARS.....	152	<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	151
<i>benzoyl peroxide external gel 2.5 %</i>	135	BION TEARS PF.....	152	<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	151
<i>benzoyl peroxide external liquid</i>	135	<i>biotin forte oral tablet 5 mg</i>	186	<i>brinzolamide</i>	151
<i>benzoyl peroxide wash external liquid 5 %</i>	136	<i>biotin oral capsule 5000 mcg</i>	186	BRIVIACT ORAL.....	24
<i>benztropine mesylate oral</i>	39	<i>biotin oral tablet 5 mg</i>	186	BRIXADI.....	17
BERINERT.....	126	BIOTINEX.....	96	BRIXADI (WEEKLY).....	17
BESIVANCE.....	150	<i>bisacodyl ec</i>	136	<i>bromocriptine mesylate oral</i>	39
BETADINE EXTERNAL SOLUTION 10 %...23		<i>bisacodyl laxative</i>	136	<i>bromphen-pseudoeph-dm</i>	165
<i>betaine</i>	112	<i>bisacodyl oral tablet delayed release 5 mg</i>	136	BRONCHITOL.....	62
<i>betamethasone dipropionate aug external cream</i>	64	<i>bisacodyl rectal</i>	136	BRUKINSA.....	148
<i>betamethasone dipropionate external cream</i>	64	<i>bismuth</i>	96	BRYHALI.....	64
<i>betamethasone dipropionate external lotion</i>	64	<i>bismuth subsalicylate oral</i>	96	BUCKLEYS CHEST CONGESTION.....	165
<i>betamethasone dipropionate external ointment</i>	64	<i>bisoprolol fumarate oral</i>	55	<i>budesonide inhalation</i>	161
<i>betamethasone valerate external cream</i>	64	<i>bisoprolol-hydrochlorothiazide</i>	56	<i>budesonide oral</i>	132
<i>betamethasone valerate external lotion</i>	64	BIVIGAM.....	127	BUFFERIN.....	15
<i>betamethasone valerate external ointment</i> ..	64	BLACK-DRAUGHT LAX-SENNA.....	107	<i>bumetanide oral</i>	57
BETASERON.....	62	<i>blisovi 24 fe</i>	118	<i>buprenorphine hcl sublingual</i>	8
<i>betatemp childrens</i>	10	<i>blisovi fe 1.5/30</i>	118	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	17
<i>betaxolol hcl ophthalmic</i>	151	<i>blisovi fe 1/20</i>	118	<i>bupropion hcl er (smoking det)</i>	18
		BLOOD GLUCOSE TEST STRIPS.....	71		
		BOLSITOL.....	96		
		BONINE.....	29		
		<i>boro-packs</i>	69		
		BOSULIF ORAL CAPSULE.....	148		

<i>bupropion hcl er (sr)</i>	27	<i>calcium 600</i>	187	<i>calcium fast dissolution</i>	187
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	27	<i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>	76	<i>calcium high potency</i>	187
<i>bupropion hcl oral</i>	27	<i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	76	<i>calcium high potency/vitamin d</i>	77
<i>buspirone hcl oral</i>	45	<i>calcium 600/vitamin d</i>	76	<i>calcium oral tablet 1500 (600 ca) mg</i>	187
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	7	<i>calcium 600/vitamin d-3</i>	76	<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	187
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	7	<i>calcium 600+d oral tablet 600-10 mg-mcg</i> ...	76	<i>calcium plus vitamin d</i>	77
<i>butalbital-apap-caffeine oral tablet</i>	7	<i>calcium 600+d oral tablet 600-5 mg-mcg</i> ...	187	<i>calcium plus vitamin d3</i>	77
<i>butalbital-asa-caff-codeine</i>	7	<i>calcium 600-vitamin d3</i>	187	<i>calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg</i>	187
<i>butalbital-aspirin-caffeine</i>	7	<i>calcium acetate (phos binder)</i>	81	<i>calcium/minerals/vitamin d</i>	77
<i>butorphanol tartrate nasal</i>	7	<i>calcium acetate oral tablet 667 mg</i>	81	<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i>	77
BYDUREON BCISE AUTOINJECTOR.....	47	<i>calcium antacid</i>	96	<i>cal-gest antacid</i>	96
BYETTA 10 MCG PEN.....	47	<i>calcium antacid extra strength</i>	96	CALQUENCE.....	136
BYETTA 5 MCG PEN.....	47	<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	76	<i>camila</i>	123
BYLVAY.....	91	<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i>	76	<i>camrese</i>	118
BYLVAY (PELLETS).....	91	<i>calcium carbonate</i>	187	<i>camrese lo</i>	118
<i>c 500/rose hips</i>	187	<i>calcium carbonate antacid oral suspension</i>	96	<i>capecitabine</i>	37
<i>cabergoline</i>	125	<i>calcium carbonate antacid oral tablet chewable</i>	96	CAPRELSA.....	148
CABLIVI.....	51	<i>calcium carbonate oral tablet 1500 (600 ca) mg</i>	187	<i>capsaicin external cream 0.025 %</i>	136
CABOMETYX.....	148	<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	187	<i>capsaicin external cream 0.075 %</i>	136
<i>caffeine citrate oral</i>	61	<i>calcium cit plus vit d-3</i>	76	<i>capsaicin external cream 0.1 %</i>	136
<i>cal mag zinc +d3</i>	76	<i>calcium citrate + d3 maximum</i>	76	<i>capsaicin hp</i>	136
<i>calamine external</i>	70	<i>calcium citrate +d3</i>	76	<i>capsaicin pain relief</i>	136
<i>calamine external lotion</i>	136	<i>calcium citrate oral tablet 950 (200 ca) mg</i> ..	76	CAPSAID ES ARTHRITIS RELIEF.....	136
<i>calamine-zinc oxide external lotion</i>	70	<i>calcium citrate plus vit d</i>	76	<i>captopril oral</i>	54
<i>calcipotriene external cream</i>	67	<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	77	<i>captopril-hydrochlorothiazide</i>	56
<i>calcipotriene external ointment</i>	67	<i>calcium citrate+d3 oral tablet</i>	77	CAPVAXIVE.....	136
<i>calcipotriene external solution</i>	67	<i>calcium citrate+d3 w/magne</i>	77	<i>capzix</i>	136
<i>calcitonin (salmon) nasal</i>	133	<i>calcium citrate-vit d</i>	77	<i>carbamazepine er</i>	26
<i>calcitriol external</i>	67	<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	77	<i>carbamazepine oral suspension 100 mg/5ml</i>	26
<i>calcitriol oral capsule</i>	133			<i>carbamazepine oral tablet</i>	26
<i>calcitriol oral solution</i>	133			<i>carbamazepine oral tablet chewable</i>	26
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	76			CARBATROL.....	26
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	76			<i>carbidopa-levodopa er</i>	39
<i>calcium 500/vitamin d3</i>	76			<i>carbidopa-levodopa oral tablet</i>	39

<i>carboxymethylcellulose sodium ophthalmic solution</i>	152	CERDELGA.....	112	<i>childrens vitamins/iron</i>	188
CAREPOINT POLY HUB NEEDLE 18G X 1".....	50	<i>cerovite jr</i>	187	<i>childs non-aspirin</i>	10
CAREPOINT POLY HUB NEEDLE 25G X 5/8".....	136	<i>cetiri-d</i>	170	<i>chlordiazepoxide hcl</i>	45
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8".....	136	<i>cetirizine allergy relief</i>	159	<i>chlorhexidine gluconate mouth/throat</i>	63
CARESENS CONTROL SOLUTION A/B.....	71	<i>cetirizine hcl oral solution</i>	159	<i>chloroquine phosphate oral</i>	38
CARESTART COVID-19 HOME TEST.....	137	<i>cetirizine hcl oral tablet</i>	159	<i>chlor-pheniramine</i>	172
CARETOUCH CONTROL SOL LEVEL 2....	71	<i>cetirizine hcl oral tablet chewable</i>	159	<i>chlorpheniramine maleate</i>	172
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8".....	137	<i>cetirizine-pseudoephedrine er</i>	170	<i>chlorpheniramine maleate oral</i>	172
<i>carglumic acid</i>	74	<i>chateal eq</i>	118	<i>chlorpromazine hcl oral tablet</i>	40
<i>carteolol hcl</i>	151	CHEMET.....	81	<i>chlorthalidone</i>	57
<i>cartia xt</i>	56	CHEMSTRIP 10 MD.....	71	<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	185
<i>carvedilol</i>	55	CHEMSTRIP 10/SG.....	71	CHOLBAM.....	112
CASTIVA WARMING.....	137	CHEMSTRIP 2 GP.....	71	<i>cholestyramine light oral packet</i>	58
CAYA.....	137	CHEMSTRIP 5 OB.....	71	<i>cholestyramine light oral powder</i>	58
<i>cefaclor oral capsule</i>	21	CHEMSTRIP 7.....	71	<i>cholestyramine oral packet</i>	58
<i>cefadroxil</i>	21	CHEMSTRIP 9.....	71	<i>cholestyramine oral powder</i>	58
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	21	CHEMSTRIP K.....	71	CIBINQO.....	70
<i>cefdinir</i>	21	CHEMSTRIP UGK.....	71	<i>ciclodan</i>	68
<i>cefixime</i>	21	<i>chest congestion relief dm oral syrup</i>	177	<i>ciclopirox external solution</i>	68
<i>cefepodoxime proxetil</i>	21	<i>chest congestion relief oral liquid</i>	165	<i>ciclopirox olamine external cream</i>	68
<i>cefprozil</i>	21	<i>chest congestion relief oral tablet</i>	165	<i>cilostazol</i>	51
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	21	<i>chewable c</i>	187	CIMDUO.....	44
<i>cefuroxime axetil</i>	21	<i>chewable c with rose hips</i>	187	<i>cimetidine oral tablet 200 mg</i>	91
<i>celecoxib oral</i>	4	<i>chewable childrens vitamin</i>	187	<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	91
CELONTIN.....	25	<i>chewy not chalky flavor</i>	96	<i>cinacalcet hcl</i>	133
<i>cephalexin oral capsule 250 mg, 500 mg</i>	21	<i>childrens allergy oral liquid 12.5 mg/5ml</i>	159	CINRYZE.....	126
<i>cephalexin oral capsule 750 mg</i>	21	<i>childrens animal shapes</i>	187	CIPRO HC.....	156
<i>cephalexin oral suspension reconstituted</i>	21	<i>childrens apap</i>	10	CIPRO ORAL SUSPENSION RECONSTITUTED.....	22
<i>cephalexin oral tablet 250 mg</i>	21	<i>childrens aspirin oral tablet chewable 81 mg</i>	137	<i>ciprofloxacin hcl ophthalmic</i>	150
<i>cephalexin oral tablet 500 mg</i>	21	<i>childrens chewable vitamins</i>	187	<i>ciprofloxacin hcl oral</i>	22
CEPROTIN.....	50	<i>childrens chewables/ex c</i>	187	<i>ciprofloxacin hcl otic</i>	156
CEQUA.....	149	<i>childrens chewables/iron</i>	187	<i>ciprofloxacin-dexamethasone</i>	156
		<i>childrens complete oral tablet chewable 18 mg</i>	187	<i>citalopram hydrobromide oral solution</i>	28
		<i>childrens loratadine</i>	172	<i>citalopram hydrobromide oral tablet</i>	28
		<i>childrens non-aspirin</i>	10	<i>citroma</i>	107
		<i>childrens soothe</i>	96	CITRUCEL.....	107
		<i>childrens vitamins/extra c</i>	187	<i>claravis</i>	63

<i>clarithromycin er</i>	22	<i>clobetasol propionate external gel</i>	64	<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	177
<i>clarithromycin oral</i>	22	<i>clobetasol propionate external ointment</i>	64	<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml..</i>	177
CLARITIN CHILDRENS.....	172	<i>clobetasol propionate external shampoo</i>	64	<i>colestipol hcl oral tablet</i>	58
CLARITIN ORAL TABLET CHEWABLE 5 MG.....	172	<i>clobetasol propionate external solution</i>	64	<i>col-rite oral capsule 250 mg</i>	107
CLARITIN-D 12 HOUR.....	177	CLOBEX.....	64	COMBIGAN.....	149
CLARITIN-D 24 HOUR.....	177	CLOBEX SPRAY.....	64	COMBIVENT RESPIMAT.....	174
<i>classic prenatal</i>	82	<i>clodan</i>	64	COMETRIQ (100 MG DAILY DOSE).....	148
<i>c-lax laxative</i>	137	<i>clomipramine hcl oral</i>	28	COMETRIQ (140 MG DAILY DOSE).....	148
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID.....	137	<i>clonazepam oral tablet</i>	45	COMETRIQ (60 MG DAILY DOSE).....	148
CLEARCANAL EARWAX SOFTENER.....	157	<i>clonazepam oral tablet dispersible</i>	45	<i>comfort gel</i>	96
CLEARDETECT COVID-19 AG HOME.....	137	<i>clonidine</i>	53	<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i>	96
<i>clearlax oral powder 17 gm/scoop</i>	104	<i>clonidine hcl er</i>	60	COMIRNATY.....	137
<i>clearskin</i>	137	<i>clonidine hcl oral</i>	53	COMPLERA.....	43
<i>clemastine fumarate oral</i>	159	<i>clopidogrel bisulfate oral</i>	51	<i>complete allergy</i>	160
CLENPIQ.....	90	<i>clorazepate dipotassium</i>	45	<i>complete allergy medicine</i>	160
CLEOCIN VAGINAL SUPPOSITORY.....	20	<i>clotrimazole 3</i>	31	<i>complete allergy medicine oral capsule</i>	160
CLIMARA.....	118	<i>clotrimazole 7</i>	31	<i>complete allergy relief</i>	160
CLIMARA PRO.....	118	<i>clotrimazole external cream 1 %</i>	68	CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG.....	60
<i>clindacin etz external swab</i>	68	<i>clotrimazole external solution 1 %</i>	68	CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG.....	60
<i>clindacin-p</i>	68	<i>clotrimazole mouth/throat troche 10 mg</i>	30	CONDOMS.....	137
<i>clindamycin hcl oral</i>	20	<i>clotrimazole vaginal cream 1 %</i>	31	<i>constulose</i>	89
<i>clindamycin palmitate hcl</i>	20	<i>clotrimazole-betamethasone external cream</i>	67	CONTOUR NEXT EZ KIT W/DEVICE.....	71
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	63	<i>clozapine</i>	41	CONTOUR NEXT GEN MONITOR KIT.....	71
<i>clindamycin phosphate external gel</i>	68	COAGADDEX.....	52	CONTOUR NEXT GEN TEST STRIPS.....	71
<i>clindamycin phosphate external lotion</i>	68	COARTEM.....	38	CONTOUR NEXT MONITOR KIT W/DEVICE.....	71
<i>clindamycin phosphate external solution</i>	68	<i>codeine sulfate</i>	7	CONTOUR NEXT ONE KIT.....	71
<i>clindamycin phosphate external swab</i>	68	COLACE.....	107	CONTOUR TEST STRIPS.....	71
<i>clindamycin phosphate vaginal</i>	20	<i>colchicine oral tablet</i>	32	COOL MIST HUMIDIFER.....	137
CLINDESSE.....	20	<i>cold & allergy</i>	177	COPAXONE.....	62
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION.....	157	<i>cold & allergy childrens oral elixir 1-15 mg/5ml</i>	177	CORIFACT.....	52
CLINITEST RAPID COVID-19 TEST KIT IN VITRO.....	137	<i>cold & allergy d max strength</i>	177	CORLANOR.....	56
<i>clobazam</i>	25	<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml</i>	177	<i>corn & callus remover</i>	137
<i>clobetasol propionate e</i>	64	<i>cold & sinus</i>	177	<i>corn and callus remover</i>	137
<i>clobetasol propionate external cream</i>	64	<i>cold & sinus relief oral tablet 30-200 mg</i>	177	CORTIFOAM.....	132
		<i>cold/cough</i>	177		
		<i>cold/cough childrens</i>	177		

<i>cortisone maximum strength external cream 1 %</i>	64	CULTURELLE ADULT ULT BALANCE.....	138	<i>daily fiber oral capsule 0.52 gm</i>	104
<i>cortisone maximum strength external gel 1 %</i>	64	CULTURELLE DIGESTIVE DAILY PRO ...	138	<i>daily fiber oral powder 43 %</i>	104
CORTROPHIN.....	115	CULTURELLE DIGESTIVE HEALTH		<i>daily multiple vitamins</i>	82
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML.....	127	ORAL CAPSULE.....	138	<i>daily multivitaminsliron</i>	188
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	127	CULTURELLE HEALTH (INULIN).....	138	<i>daily vitamins</i>	83
COSOPT PF.....	149	CULTURELLE ULTIMATE STRENGTH....	138	<i>daily vite</i>	83
COTELLIC.....	36	CULTURELLE WOMENS 4 IN 1.....	96	<i>daily vites</i>	83
<i>cough & chest congestion</i>	178	<i>curae</i>	124	<i>daily-vite</i>	83
<i>cough & cold</i>	165	CURANOL.....	10	<i>dairy aid</i>	96
<i>cough & cold hbp oral tablet 4-30 mg</i>	165	CURELIEF.....	160	<i>dairy digestive fast acting oral tablet</i>	96
<i>cough childrens</i>	178	<i>cyanocobalamin injection solution 1000 mcg/ml</i>	191	<i>dairy relief fast acting oral tablet 9000 unit</i> ...96	
<i>cough dm childrens</i>	178	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	185	<i>dairy relief oral tablet 3000 unit</i>	96
<i>cough dm er</i>	178	CYCLOGYL OPHTHALMIC SOLUTION		<i>dalfampridine er</i>	62
<i>cough dm oral suspension extended release 30 mg/5ml</i>	178	0.5 %, 2 %.....	149	<i>danazol oral</i>	117
<i>cough relief oral syrup 15 mg/5ml</i>	166	<i>cyclopentolate hcl ophthalmic</i>	149	<i>dantrolene sodium oral</i>	42
<i>cough/cold hbp</i>	166	<i>cyclophosphamide oral capsule</i>	34	<i>dapsone oral</i>	34
COVID-19 AT HOME ANTIGEN TEST.....	137	CYCLOPHOSPHAMIDE ORAL TABLET.....	34	DAPTACEL.....	130
COVID-19 AT HOME TEST KIT.....	138	<i>cycloserine oral</i>	34	<i>darunavir</i>	138
COVID-19 AT-HOME TEST KIT IN VITRO	138	<i>cyclosporine modified</i>	129	<i>dasetta 1/35 (28)</i>	118
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 3000-9500 UNIT.....	112	<i>cyclosporine oral</i>	129	<i>dasetta 7/7/7</i>	118
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT.....	112	<i>cyproheptadine hcl oral</i>	160	DAYHIST ALLERGY 12 HOUR RELIEF ...	160
CRESEMBA ORAL CAPSULE 186 MG.....	138	CYSTAGON.....	112	DAYVIGO.....	186
<i>cromolyn sodium inhalation</i>	163	CYSTARAN.....	149	<i>deblitane</i>	123
<i>cromolyn sodium nasal</i>	175	<i>d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut)</i>	82	DECARA ORAL CAPSULE 1.25 MG (50000 UT).....	83
<i>cromolyn sodium ophthalmic</i>	150	<i>d3 high potency oral capsule 250 mcg (10000 ut)</i>	82	DECARA ORAL CAPSULE 625 MCG (25000 UT).....	83
CROTAN.....	67	<i>d3 max st</i>	82	<i>deep sea nasal spray</i>	166
<i>cryselle-28</i>	118	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	82	<i>deferasirox granules</i>	81
		<i>d3 oral capsule 125 mcg (5000 ut)</i>	82	<i>deferasirox oral packet</i>	81
		<i>d3 oral capsule 25 mcg (1000 ut)</i>	82	<i>deferasirox oral tablet</i>	81
		<i>d3 oral capsule 250 mcg (10000 ut)</i>	82	<i>deferasirox oral tablet soluble</i>	81
		<i>d-3-5</i>	82	<i>deferiprone</i>	81
		<i>d3-50</i>	82	DELSTRIGO.....	43
		<i>dabigatran etexilate mesylate</i>	50	DELSYM CGH/CHEST CONG DM CHILD	178
		<i>daily acne wash</i>	138	DELSYM COUGH CHILDRENS.....	178
				DELSYM COUGH/CHEST CONGEST DM	178
				DELSYM ORAL SUSPENSION	
				EXTENDED RELEASE.....	178

<i>delyla</i>	118	<i>dexamethylphenidate hcl</i>	60	<i>diltiazem hcl er beads</i>	56
<i>demeclocycline hcl</i>	23	<i>dexamethylphenidate hcl er</i>	60	<i>diltiazem hcl er coated beads</i>	56
DENGVAXIA.....	131	<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	61	<i>diltiazem hcl er oral capsule extended release 12 hour</i>	56
DENTA 5000 PLUS.....	74	<i>dextromethorphan polistirex er</i>	178	<i>diltiazem hcl er oral capsule extended release 24 hour</i>	56
DENTAGEL.....	74	<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	178	<i>diltiazem hcl oral</i>	56
DEPEN TITRATABS.....	114	<i>dextromethorphan-guaifenesin oral syrup</i> ..	178	<i>dilt-xr</i>	56
DEPLIN MA.....	188	DHIVY.....	39	<i>dimaphen dm cold/cough</i>	178
DEPO-ESTRADIOL.....	118	DIALYVITE 800 ORAL TABLET.....	83	DIMETAPP COUGH & ALLERGY CHILD..	160
DERMA-SMOOTH/FS BODY.....	65	DIALYVITE OMEGA-3 CONCENTRATE...	138	<i>dimethyl fumarate oral</i>	62
DERMA-SMOOTH/FS SCALP.....	65	DIALYVITE VITAMIN D 5000.....	83	<i>dimethyl fumarate starter pack</i>	62
DERMELEVE ADVANCED FORMULA....	138	<i>diamode</i>	90	DIPENTUM.....	132
DESCOVY.....	44	<i>diaper rash external ointment</i>	69	<i>diphedryl allergy</i>	160
DESENEX EXTERNAL POWDER.....	31	<i>diarrhea</i>	96	<i>diphen</i>	160
DESGEN DM ORAL LIQUID.....	170	<i>diarrhea relief</i>	97	<i>diphenhydramine hcl childrens</i>	160
<i>desipramine hcl oral</i>	28	DIATRUST COVID-19 HOME TEST.....	138	<i>diphenhydramine hcl injection</i>	160
<i>desmopressin ace spray refrig</i>	116	<i>diazepam intensol</i>	45	<i>diphenhydramine hcl oral</i>	160
<i>desmopressin acetate injection</i>	116	<i>diazepam oral</i>	45	<i>diphenoxylate-atropine oral liquid</i>	90
<i>desmopressin acetate oral</i>	116	<i>diazepam rectal</i>	25	<i>diphenoxylate-atropine oral tablet</i>	90
<i>desmopressin acetate pf</i>	116	<i>dibromm childrens cold/cgh</i>	178	<i>dipyridamole oral</i>	51
<i>desmopressin acetate spray</i>	116	<i>diclofenac potassium oral tablet 50 mg</i>	4	<i>disopyramide phosphate</i>	54
<i>desogestrel-ethinyl estradiol</i>	118	<i>diclofenac sodium er</i>	4	<i>disulfiram oral tablet 250 mg</i>	17
DESPEC DM.....	170	<i>diclofenac sodium external gel 1 %</i>	4	<i>disulfiram oral tablet 500 mg</i>	17
DESPEC DM-G.....	170	<i>diclofenac sodium external solution 1.5 %</i>	4	DIURIL.....	57
DETROL.....	113	<i>diclofenac sodium ophthalmic</i>	151	<i>divalproex sodium er</i>	46
<i>dexamethasone intensol</i>	115	<i>diclofenac sodium oral</i>	4	<i>divalproex sodium oral capsule delayed release sprinkle</i>	46
<i>dexamethasone oral elixir</i>	115	<i>diclofenac sodium oral</i>	4	<i>divalproex sodium oral tablet delayed release</i>	46
<i>dexamethasone oral solution</i>	115	<i>dicloxacillin sodium</i>	22	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM.....	118
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg</i>	115	<i>dicyclomine hcl oral capsule</i>	90	DIVIGEL TRANSDERMAL GEL 1 MG/GM	118
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>	115	<i>dicyclomine hcl oral tablet</i>	90	<i>dm maximum adult</i>	178
<i>dexamethasone oral tablet therapy pack</i> ...	115	DIFICID.....	22	<i>docosanol external</i>	70
<i>dexamethasone sodium phosphate ophthalmic</i>	151	<i>diflunisal oral</i>	4	<i>docosate calcium</i>	107
DEXCOM G6 RECEIVER.....	71	<i>digestive probiotic oral capsule</i>	97	<i>docosate mini</i>	107
DEXCOM G6 SENSOR.....	71	<i>digestive probiotic oral capsule 250 mg</i>	97	<i>docosate sodium oral</i>	107
DEXCOM G6 TRANSMITTER.....	138	<i>digoxin oral solution</i>	56		
DEXCOM G7 RECEIVER.....	71	<i>digoxin oral tablet 125 mcg, 250 mcg</i>	56		
DEXCOM G7 SENSOR.....	71	<i>dihydroergotamine mesylate solution 4 mg/ml nasal</i>	33		
		DILANTIN ORAL CAPSULE 30 MG.....	26		

DOCUZEN.....	107	DUPIXENT SUBCUTANEOUS SOLUTION	ELAPRASE.....	112
<i>dofetilide</i>	54	PREFILLED SYRINGE.....	<i>electrolyte</i>	77
<i>dolishale</i>	118	DUREX EXTRA SENSITIVE THIN.....	<i>electrolyte adv care</i>	77
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	27	DUREX TROPICAL.....	<i>electrolyte solution</i>	77
<i>donepezil hcl oral tablet 23 mg</i>	27	<i>dutasteride oral</i>	ELELYSO.....	112
DOPTELET.....	51	D-VI-SOL.....	ELESTRIN.....	118
DORZOLAMIDE HCL SOLUTION 2 %		<i>d-vite pediatric</i>	<i>eletriptan hydrobromide</i>	33
OPHTHALMIC.....	151	DYMISTA.....	<i>elinest</i>	118
<i>dorzolamide hcl solution 2 % ophthalmic</i> ...	151	E.E.S. 400.....	ELIQUIS.....	50
<i>dorzolamide hcl-timolol mal</i>	149	<i>ear drops otic solution 6.5 %</i>	ELIQUIS DVT/PE STARTER PACK.....	50
<i>dorzolamide hcl-timolol mal pf</i>	149	<i>ear wax kit</i>	<i>elixophyllin</i>	164
<i>dotti</i>	118	<i>ear wax removal</i>	ELLA.....	123
<i>double antibiotic external ointment 500-10000 unit/gm</i>	138	<i>ear wax removal system</i>	ELLUME COVID-19 HOME TEST.....	139
DOVATO.....	43	<i>earwax removal</i>	ELMIRON.....	114
<i>doxazosin mesylate oral</i>	53	<i>earwax removal drops</i>	ELOCTATE.....	52
<i>doxepin hcl oral capsule</i>	28	<i>earwax removal kit otic solution 6.5 %</i>	EMETROL ORAL SOLUTION.....	30
<i>doxepin hcl oral concentrate</i>	28	EASIVENT.....	EMGALITY.....	33
<i>doxycycline hyclate oral capsule</i>	23	EASIVENT MASK LARGE.....	EMGALITY (300 MG DOSE).....	33
<i>doxycycline hyclate oral tablet 100 mg</i>	23	EASIVENT MASK MEDIUM.....	EMPAVELI.....	139
<i>doxycycline hyclate oral tablet 20 mg</i>	23	EASIVENT MASK SMALL.....	<i>emtricitabine</i>	44
<i>doxycycline hyclate oral tablet delayed release 200 mg</i>	23	EASY TOUCH HEALTHPRO HIGH/LOW...71	<i>emtricitabine-tenofovir df</i>	44
<i>doxycycline monohydrate oral capsule 100 mg</i>	23	EASY-C IMMUNE HEALTH.....	EMTRIVA ORAL SOLUTION.....	44
<i>doxycycline monohydrate oral capsule 50 mg</i>	23	EASYGEL.....	EMVERM.....	37
DR SMITHS DIAPER.....	69	<i>easy-lax plus</i>	<i>enalapril maleate oral solution</i>	54
<i>driminate</i>	29	EASYMAX 15 LEVEL 2 CONTROL.....	<i>enalapril maleate oral tablet</i>	54
<i>dronabinol</i>	30	EASYMAX 15 LEVEL 2-3 CONTROL.....	<i>enalapril-hydrochlorothiazide</i>	56
DROPSAFE ALCOHOL PREP.....	139	<i>ec-naproxen</i>	ENBREL.....	129
<i>drospirenone-ethinyl estradiol</i>	118	<i>econtra one-step</i>	ENDACOF-DM.....	179
DROXIA.....	50	ED A-HIST ORAL LIQUID.....	ENDARI.....	74
<i>dry-eye relief nighttime</i>	152	<i>ed bron gp</i>	<i>endocet</i>	7
<i>dss</i>	107	<i>ed chlorped jr</i>	<i>enema</i>	97
DUAVEE.....	118	<i>ed-apap</i>	<i>enema disposable</i>	97
DULERA.....	174	EDARBI.....	<i>enema mineral oil</i>	104
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	61	EDARBYCLOR.....	<i>enema ready-to-use</i>	97
		EDURANT.....	<i>enema rectal enema 16-6 gm/133ml</i>	97
		<i>efavirenz</i>	ENEMEEZ MINI.....	107
		<i>efavirenz-emtricitab-tenofo df</i>	ENFAMIL ENFALYTE.....	77
		<i>efavirenz-lamivudine-tenofovir</i>	ENFAMIL EXPECTA.....	83
		<i>effer-k oral tablet effervescent 25 meq</i>	ENGERIX-B.....	130

<i>enoxaparin sodium</i>	50	<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	92	EX-LAX ULTRA.....	139
<i>enpresse-28</i>	118	ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT.....	52	<i>eye allergy relief</i>	155
<i>enskyce</i>	118	<i>essential one daily</i>	83	<i>eye drops adv relief</i>	152
ENSTILAR.....	67	<i>essentials</i>	83	<i>eye drops advanced relief</i>	152
<i>entacapone</i>	39	<i>estarylla</i>	118	<i>eye drops long lasting</i>	152
<i>enteric aspirin</i>	139	<i>estradiol oral</i>	118	<i>eye drops ophthalmic solution 0.05 %</i>	152
ENTRESTO.....	56	<i>estradiol transdermal gel 0.5 mg/0.5gm</i>	118	<i>eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	152
<i>enulose</i>	89	<i>estradiol transdermal gel 1 mg/gm</i>	119	<i>eye drops ophthalmic solution 0.05-0.25 %</i>	152
EPCLUSA ORAL PACKET.....	42	<i>estradiol transdermal patch twice weekly</i>	119	<i>eye itch relief ophthalmic solution 0.035 %</i>	156
EPCLUSA ORAL TABLET 200-50 MG.....	42	<i>estradiol transdermal patch weekly</i>	119	<i>eye lubricant</i>	152
EPCLUSA ORAL TABLET 400-100 MG.....	42	<i>estradiol vaginal</i>	119	<i>eye lubricant nighttime</i>	152
EPIDIOLEX.....	24	ESTRING.....	119	EYES ALIVE.....	152
EPIDUO FORTE.....	63	<i>eszopiclone</i>	186	EYSUVIS.....	151
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	163	<i>ethambutol hcl oral tablet 100 mg</i>	34	<i>ezetimibe</i>	58
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	163	<i>ethambutol hcl oral tablet 400 mg</i>	34	EZFE 200.....	77
EPIPEN 2-PAK.....	163	<i>ethosuximide oral</i>	25	FABRAZYME.....	112
EPIPEN JR 2-PAK.....	163	<i>ethynodiol diac-eth estradiol</i>	119	<i>falmina</i>	119
<i>epitol</i>	26	<i>etodolac</i>	4	<i>famciclovir oral</i>	42
<i>eplerenone</i>	57	<i>etoposide oral</i>	35	<i>famotidine acid reducer oral tablet 10 mg</i>	91
EPOGEN.....	50	<i>etravirine</i>	43	<i>famotidine oral</i>	91
<i>ergocalciferol oral capsule</i>	188	EUCRISA.....	65	<i>famotidine orig st</i>	91
ERIVEDGE.....	36	EULEXIN.....	35	FARXIGA.....	47
ERLEADA.....	35	<i>euthyrox</i>	124	FASENRA PEN.....	165
<i>erlotinib hcl</i>	148	EVAC.....	104	<i>fast relief laxative</i>	139
ERMEZA.....	124	EVAMIST.....	119	FASTEP COVID-19 ANTIGEN TEST.....	139
<i>errin</i>	123	<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	129	FC2 FEMALE CONDOM.....	139
<i>erythromycin base oral</i>	22	<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	36	<i>febuxostat</i>	32
<i>erythromycin ethylsuccinate oral</i>	22	<i>everolimus oral tablet soluble</i>	36	FEIBA.....	52
<i>erythromycin external solution</i>	68	EVOTAZ.....	44	<i>feirza 1.5/30</i>	119
<i>erythromycin ophthalmic</i>	150	EXCEDRIN EXTRA STRENGTH.....	10	<i>felbamate oral suspension</i>	24
<i>erythromycin oral</i>	22	EXCEDRIN MIGRAINE.....	10	<i>felbamate oral tablet</i>	24
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML.....	40	EXCEDRIN MIGRAINE RELIEF.....	10	<i>felodipine er</i>	55
<i>escitalopram oxalate oral tablet</i>	28	<i>exemestane</i>	35	FEMRING.....	119
		EX-LAX MAXIMUM STRENGTH.....	107	<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	58
				<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	58
				<i>fenofibrate oral tablet 145 mg, 48 mg</i>	58

<i>fenofibrate oral tablet 160 mg, 54 mg</i>	58	FIASP PENFILL.....	48	FLAREX.....	151
<i>fenofibric acid oral tablet 35 mg</i>	59	<i>fiber laxative</i>	107	FLEBOGAMMA DIF.....	127
<i>fenoprofen calcium oral capsule 400 mg</i>	4	<i>fiber laxative + calcium</i>	107	<i>flecainide acetate</i>	54
<i>fenoprofen calcium oral tablet</i>	4	<i>fiber laxative oral capsule 0.52 gm</i>	104	FLECTOR.....	4
FENSOLVI (6 MONTH).....	125	<i>fiber oral capsule 0.52 gm</i>	104	FLEET BISACODYL.....	140
<i>fantanyl citrate (pf)</i>	7	<i>fiber oral powder 28.3 %</i>	104	FLEET ENEMA.....	97
<i>fantanyl transdermal patch 72 hour 100</i>		<i>fiber oral powder 43 %</i>	104	FLEET LAXATIVE MINERAL OIL.....	105
<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>		<i>fiber oral powder 58.6 %</i>	104	FLEET OIL.....	105
<i>75 mcg/hr</i>	6	<i>fiber oral tablet 500 mg</i>	107	FLEET PEDIATRIC.....	97
<i>ferate</i>	77	<i>fiber oral tablet 625 mg</i>	107	FLEET STIMULANT.....	140
FER-IN-SOL.....	77	<i>fiber powder oral powder 43 %</i>	104	FLEET STOOL SOFTENER.....	107
<i>ferosul</i>	77	<i>fiber therapy oral capsule 0.52 gm</i>	104	FLORA VANCE.....	97
<i>ferretts</i>	77	<i>fiber therapy oral powder 28.3 %</i>	105	<i>floranex tablet oral</i>	97
<i>ferrex 150 capsule 150 mg oral</i>	77	<i>fiber therapy oral tablet 500 mg</i>	107	FLORANEX TABLET ORAL.....	97
FERREX 150 CAPSULE 150 MG ORAL.....	77	<i>fiber therapy oral tablet 625 mg</i>	107	FLOWFLEX COVID-19 AG HOME TEST..	140
FERRIC X-150.....	78	<i>fiber-caps</i>	107	FLUAD.....	140
<i>ferrous fumarate oral tablet 324 (106 fe)</i>		<i>fiber-lax</i>	107	FLUARIX.....	140
<i>mg, 324 mg</i>	78	FIBRICOR ORAL TABLET 35 MG.....	59	FLUCELVAX INTRAMUSCULAR	
<i>ferrous gluconate</i>	78	FIBRYGA.....	52	SUSPENSION PREFILLED SYRINGE.....	140
<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	78	FINACEA EXTERNAL FOAM.....	63	<i>fluconazole oral</i>	30
<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>		<i>finasteride oral tablet 5 mg</i>	113	<i>fludrocortisone acetate oral</i>	115
<i>mg</i>	78	<i>ingolimod hcl</i>	62	FLULAVAL.....	140
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	78	<i>first aid antibiotic external ointment , 3.5-</i>		FLUMIST.....	140
<i>ferrous sulfate</i>	78	<i>400-5000</i>	23	<i>flunisolide nasal</i>	161
<i>ferrous sulfate oral solution 75 (15 fe)</i>		<i>first aid antiseptic external solution 10 %</i>	23	<i>fluocinolone acetonide external solution</i>	65
<i>mg/ml</i>	78	FIRVANQ.....	20	<i>fluocinonide external cream</i>	65
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	78	<i>fish oil concentrate oral capsule 1000 mg</i> ..	139	<i>fluocinonide external ointment</i>	65
<i>ferrous sulfate oral tablet delayed release</i> ...	78	<i>fish oil half-the-size</i>	139	<i>fluocinonide external solution</i>	65
<i>fever reducer/pain reliever</i>	10	<i>fish oil high potency</i>	139	FLUORIDEX DAILY RENEWAL.....	74
<i>fever reducing childrens</i>	10	<i>fish oil minis</i>	139	<i>fluorometholone</i>	151
<i>feverall childrens</i>	11	<i>fish oil oral capsule 1000 mg</i>	139	<i>fluorouracil external cream</i>	67
FEVERALL INFANTS.....	11	<i>fish oil oral capsule 1200 mg</i>	139	<i>fluorouracil external solution</i>	67
FEVERALL JUNIOR STRENGTH.....	11	<i>fish oil oral capsule 300 mg</i>	139	<i>fluoxetine hcl oral capsule</i>	28
<i>fe-vite iron</i>	78	<i>fish oil oral capsule 500 mg</i>	140	<i>fluoxetine hcl oral solution</i>	28
<i>fexofenadine hcl oral</i>	172	<i>fish oil oral capsule delayed release 1000</i>		<i>fluphenazine decanoate injection</i>	40
<i>fexofenadine/pse er</i>	179	<i>mg</i>	140	<i>fluphenazine hcl injection</i>	40
<i>fexofenadine-pseudoephed er</i>	179	<i>fish oil oral capsule delayed release 1200</i>		<i>fluphenazine hcl oral</i>	40
FIASP.....	48	<i>mg</i>	140	<i>flurbiprofen oral tablet 100 mg</i>	4
FIASP FLEXTOUCH.....	48	FLANAX.....	4	<i>flurbiprofen sodium</i>	151

FLUTICASONE PROPIONATE DISKUS... 161	FREESTYLE LIBRE 3 READER..... 72	<i>ft anti-diarrheal/anti-gas</i> 97
<i>fluticasone propionate external cream</i> 65	FREESTYLE LIBRE 3 SENSOR..... 72	<i>ft antifungal external cream 1 %</i> 140
<i>fluticasone propionate external ointment</i> 65	FREESTYLE LIBRE READER..... 72	<i>ft antifungal external cream 2 %</i> 32
FLUTICASONE PROPIONATE HFA..... 161	FREESTYLE PRECISION NEO TEST..... 72	<i>ft arthritis pain reliever</i> 11
<i>fluticasone propionate nasal</i> 161	FREESTYLE TEST..... 72	<i>ft aspirin</i> 140
<i>fluticasone-salmeterol inhalation aerosol</i>	<i>freeze dried acidophilus</i> 97	<i>ft aspirin low dose</i> 140
<i>powder breath activated 100-50 mcg/act,</i>	FRESKARO MAGNESIUM CITRATE..... 107	<i>ft athletes foot (terbinafine)</i> 32
<i>500-50 mcg/act</i> 174	<i>fruity c</i> 188	<i>ft calcium</i> 188
<i>fluticasone-salmeterol inhalation aerosol</i>	<i>ft 12 hour cough relief</i> 179	<i>ft calcium + vitamin d3</i> 78
<i>powder breath activated 250-50 mcg/act</i> ... 174	<i>ft 24 hour nasal allergy</i> 174	<i>ft calcium citrate +vitamin d3</i> 78
<i>fluvoxamine maleate</i> 28	<i>ft 8 hour pain relief</i> 11	<i>ft calcium citrate/vit d3</i> 78
FLUZONE HIGH-DOSE..... 140	<i>ft acid reducer oral tablet</i> 91	<i>ft chest congestion relief</i> 166
FLUZONE INTRAMUSCULAR	<i>ft all day allergy</i> 160	<i>ft childrens multi plus immune</i> 188
SUSPENSION PREFILLED SYRINGE..... 140	<i>ft all day allergy 24 hour</i> 160	<i>ft children's pain/fever</i> 11
<i>foaming antacid oral tablet chewable 80-20</i>	<i>ft all day allergy relief</i> 172	<i>ft clearlax</i> 105
<i>mg</i> 97	<i>ft all day allergy-d</i> 170	<i>ft clotrimazole</i> 32
FOCALIN XR ORAL CAPSULE	<i>ft all day pain relief</i> 4	<i>ft clotrimazole 3</i> 32
EXTENDED RELEASE 24 HOUR 15 MG,	<i>ft allergy & congestion-d 12hr</i> 179	<i>ft cold & cough relief dm</i> 179
20 MG, 25 MG, 35 MG, 40 MG, 5 MG..... 60	<i>ft allergy childrens</i> 173	<i>ft docosanol</i> 70
FOLAGENT DHA..... 188	<i>ft allergy d-12 hour</i> 179	<i>ft double antibiotic</i> 140
FOLAMED DHA..... 188	<i>ft allergy relief 12 hour</i> 173	<i>ft earwax removal</i> 157
FOLCYTEINE..... 83	<i>ft allergy relief 24 hour</i> 173	<i>ft earwax removal kit</i> 157
<i>folic acid oral tablet 1 mg, 800 mcg</i> 140	<i>ft allergy relief cetirizine</i> 160	<i>ft electrolyte</i> 78
<i>folic acid oral tablet 400 mcg</i> 140	<i>ft allergy relief childrens oral liquid</i> 160	<i>ft enema mineral oil</i> 105
<i>foot & sneaker</i> 140	<i>ft allergy relief childrens oral tablet</i>	<i>ft enema saline</i> 97
<i>foot care (terbinafine)</i> 32	<i>chewable</i> 173	<i>ft enteric coated aspirin</i> 140
<i>for sty relief</i> 152	<i>ft allergy relief loratadine</i> 173	<i>ft eye drops</i> 152
FORFIVO XL..... 27	<i>ft allergy relief oral capsule</i> 160	<i>ft fiber laxative</i> 107
FORTEO..... 133	<i>ft allergy relief oral tablet 10 mg</i> 173	<i>ft fiber oral powder 43 %</i> 105
<i>fosamprenavir calcium</i> 44	<i>ft allergy relief oral tablet 180 mg</i> 173	<i>ft fish oil</i> 141
<i>fosinopril sodium</i> 54	<i>ft allergy relief oral tablet 25 mg</i> 160	<i>ft folic acid oral tablet 400 mcg</i> 141
<i>fosinopril sodium-hctz</i> 56	<i>ft allergy relief oral tablet 4 mg</i> 173	<i>ft folic acid oral tablet 800 mcg</i> 141
FRAICHE 5000 DENTAL..... 74	<i>ft allergy relief-d</i> 179	<i>ft gas relief</i> 97
FREE + PURE DAILY PROBIOTIC..... 97	<i>ft antacid & antigas</i> 97	<i>ft gas relief extra strength</i> 98
FREESTYLE LIBRE 14 DAY READER..... 71	<i>ft antacid extra strength</i> 97	<i>ft gas relief infants</i> 98
FREESTYLE LIBRE 14 DAY SENSOR..... 71	<i>ft antacid regular strength</i> 97	<i>ft gas relief ultra strength</i> 98
FREESTYLE LIBRE 2 READER..... 72	<i>ft antibiotic</i> 140	<i>ft gentle laxative</i> 141
FREESTYLE LIBRE 2 SENSOR..... 72	<i>ft anti-diarrheal oral solution</i> 90	<i>ft glycerin</i> 69
FREESTYLE LIBRE 3 PLUS SENSOR..... 72	<i>ft anti-diarrheal oral tablet</i> 90	<i>ft ibuprofen</i> 4

<i>ft ibuprofen ib childrens</i>	4	<i>ft pain reliever ex str adult</i>	11	<i>gabapentin oral solution 250 mg/5ml</i>	25
<i>ft ibuprofen infants</i>	4	<i>ft prenatal</i>	83	<i>gabapentin oral tablet 600 mg, 800 mg</i>	25
<i>ft ibuprofen minis</i>	4	<i>ft probiotic</i>	98	<i>galantamine hydrobromide er</i>	27
<i>ft iron</i>	78	<i>ft senna laxative</i>	108	<i>galantamine hydrobromide oral solution</i>	27
<i>ft itch relief max strength external cream</i>	65	<i>ft senna laxatives</i>	108	<i>galantamine hydrobromide oral tablet 12</i>	
<i>ft itch relief/aloe max str</i>	65	<i>ft senna-s</i>	108	<i>mg, 8 mg</i>	27
<i>ft laxative</i>	141	<i>ft stomach relief oral suspension</i>	98	<i>galantamine hydrobromide oral tablet 4 mg</i>	27
<i>ft lice killing max st</i>	38	<i>ft stomach relief oral tablet</i>	98	<i>gallifrey</i>	123
<i>ft lubricant eye drops ophthalmic solution</i>		<i>ft stomach relief oral tablet chewable</i>	98	GAMMAGARD.....	127
<i>0.4-0.3 %</i>	152	<i>ft stool softener oral capsule</i>	108	GAMMAGARD S/D LESS IGA.....	127
<i>ft lubricant eye drops ophthalmic solution</i>		<i>ft stool softener oral tablet 50-8.6 mg</i>	108	GAMMAKED.....	127
<i>0.5 %</i>	152	<i>ft triple antibiotic</i>	23	GAMUNEX-C.....	127
<i>ft magnesium citrate</i>	107	<i>ft tussin adult</i>	166	GARDASIL 9.....	130
<i>ft magnesium oxide</i>	78	<i>ft tussin cf adult</i>	170	<i>gas relief extra st</i>	98
<i>ft miconazole 3 combo pack</i>	30	<i>ft tussin dm max adult</i>	179	<i>gas relief extra strength oral capsule 125</i>	
<i>ft miconazole 7</i>	30	<i>ft urinary pain relief</i>	114	<i>mg</i>	98
<i>ft migraine relief</i>	11	<i>ft vitamin b-1</i>	191	<i>gas relief extra strength oral tablet</i>	
<i>ft milk of magnesia</i>	98	<i>ft vitamin b-12 pr</i>	191	<i>chewable 125 mg</i>	98
<i>ft mineral oil</i>	105	<i>ft vitamin b-6</i>	191	<i>gas relief extstrength</i>	98
<i>ft motion sickness oral tablet 50 mg</i>	29	<i>ft vitamin c</i>	188	<i>gas relief infants drops oral suspension 40</i>	
<i>ft mucus relief 12hr oral tablet extended</i>		<i>ft vitamin c/rose hips</i>	188	<i>mg/0.6ml</i>	98
<i>release 12 hour 1200 mg</i>	166	<i>ft vitamin d3 oral tablet 125 mcg (5000 ut)</i> ...83		<i>gas relief infants oral suspension 20</i>	
<i>ft mucus relief d 12 hour</i>	179	<i>ft vitamin d3 oral tablet 25 mcg (1000 ut)</i>.....83		<i>mg/0.3ml</i>	98
<i>ft mucus relief dm oral tablet extended</i>		<i>ft vitamin d3 oral tablet 50 mcg</i>	83	<i>gas relief oral capsule 125 mg</i>	98
<i>release 12 hour 30-600 mg</i>	179	<i>ft vitamin d3 rapid release</i>	83	<i>gas relief oral tablet chewable 80 mg</i>	98
<i>ft nasal decongestant max str oral tablet</i> ...179		<i>ft vitamin e</i>	191	<i>gas relief ultra strength</i>	98
<i>ft nasal decongestant max str oral tablet</i>		<i>ft zinc chelated</i>	188	<i>gas relief ultstrength</i>	98
<i>extended release 12 hour</i>	179	<i>full spectrum bl/vitamin c</i>	84	GAS-X EXTRA STRENGTH ORAL	
<i>ft nasal decongestant pe</i>	166	FULPHILA.....	50	CAPSULE.....	99
<i>ft nasal spray</i>	179	FULVICIN P/G 165.....	30	GAS-X EXTRA STRENGTH ORAL	
<i>ft nicotine mini</i>	19	<i>fungi-guard</i>	141	TABLET CHEWABLE.....	99
<i>ft nicotine mouth/throat</i>	19	FUROSCIX.....	57	GAS-X ULTRA STRENGTH.....	99
<i>ft nicotine transdermal</i>	18	<i>furosemide oral solution 10 mg/ml</i>	57	<i>gavilax oral powder</i>	105
<i>ft pain & fever childrens</i>	11	<i>furosemide oral tablet</i>	57	<i>gavilyte-c</i>	90
<i>ft pain & fever infants</i>	11	FUZEON.....	44	<i>gavilyte-g</i>	90
<i>ft pain relief adult extra st</i>	11	FYCOMPA.....	24	<i>gavilyte-n with flavor pack</i>	90
<i>ft pain relief extra strength</i>	11	FYLNTRA.....	141	GAVISCON EXTRA STRENGTH.....	99
<i>ft pain relief oral tablet 200 mg</i>	5	<i>g tussin ac</i>	179	GAVRETO.....	148
<i>ft pain relief oral tablet 325 mg</i>	11	<i>gabapentin oral capsule</i>	25	<i>gefitinib</i>	148

GELUSIL.....	99	<i>glucagon emergency injection kit</i>	48	<i>guaifenesin-dm oral liquid 200-10 mg/5ml</i>	180
<i>gemfibrozil oral</i>	58	GLUCAGON EMERGENCY INJECTION		<i>guaifenesin-dm oral syrup</i>	180
<i>generlac</i>	89	SOLUTION RECONSTITUTED.....	48	<i>guanfacine hcl</i>	53
<i>gengraf</i>	129	GLUCO TO GO.....	49	<i>guanfacine hcl er</i>	60
GENOTROPIN MINIQUICK.....	116	GLUCOSE CONTROL SOLUTIONS.....	71	GUARDIAN CONNECT TRANSMITTER...	141
GENOTROPIN SUBCUTANEOUS		<i>glucose oral tablet chewable 4 gm</i>	49	GUARDIAN LINK 3 TRANSMITTER.....	141
CARTRIDGE 12 MG.....	116	<i>glyburide micronized</i>	47	GUARDIAN SENSOR (3).....	72
GENOTROPIN SUBCUTANEOUS		<i>glyburide oral</i>	47	GUARDIAN SENSOR 3.....	72
CARTRIDGE 5 MG.....	116	<i>glyburide-metformin</i>	47	GUTVITE IMMUNE SUPPORT.....	99
<i>gentamicin sulfate external</i>	68	<i>glycerin (adult) rectal suppository 2 gm</i>	108	GVOKE HYPOPEN 1-PACK.....	48
<i>gentamicin sulfate ophthalmic</i>	150	<i>glycerin (infants & children) rectal</i>		GVOKE HYPOPEN 2-PACK.....	48
GENTEAL SEVERE.....	153	<i>suppository 1 gm</i>	108	GVOKE KIT.....	48
GENTEAL TEARS MODERATE PF.....	153	<i>glycerin adult rectal suppository 2 gm</i>	108	GVOKE PFS.....	48
GENTEAL TEARS NIGHT-TIME.....	153	<i>glycerin child rectal suppository 1 gm, 1.2</i>		GYNAZOLE-1.....	30
GENTEAL TEARS OPHTHALMIC		<i>gm</i>	108	<i>habitrol</i>	18
SOLUTION 0.1-0.2-0.3 %.....	153	<i>glycerin childrens</i>	108	HADLIMA.....	129
GENTEAL TEARS PF.....	153	<i>glycerin external liquid , 99.5 %</i>	69	HADLIMA PUSH TOUCH.....	129
GENTEAL TEARS SEVERE DAY/NIGHT.	153	<i>glycerin pediatric rectal suppository 1.2 gm</i>		HAEGARDA.....	126
<i>gentle laxative oral suspension</i>	99	.....	108	<i>hailey 1.5/30</i>	119
<i>gentle laxative oral tablet delayed release</i> .	141	<i>glycine urologic</i>	141	<i>hailey 24 fe</i>	119
<i>gentle laxative rectal</i>	141	<i>glycolax</i>	105	<i>hailey fe 1.5/30</i>	119
<i>gentle laxative womens</i>	141	<i>glycopyrrolate oral solution</i>	90	<i>hailey fe 1/20</i>	119
<i>genuine aspirin</i>	141	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	90	<i>halobetasol propionate external cream</i>	65
GENVOYA.....	43	GLYXAMBI.....	47	<i>halobetasol propionate external ointment</i>	65
<i>geri-dryl</i>	160	<i>gormel</i>	70	<i>haloperidol decanoate intramuscular</i>	40
<i>geri-kot</i>	108	<i>gormel 10</i>	70	<i>haloperidol lactate oral concentrate 2</i>	
<i>geri-lanta maximum strength</i>	99	GRALISE ORAL TABLET 300 MG, 600		<i>mg/ml</i>	40
<i>geri-lanta oral suspension 200-200-20</i>		MG.....	61	<i>haloperidol oral</i>	40
<i>mg/5ml</i>	99	GRALISE ORAL TABLET 450 MG, 750		HARVONI ORAL TABLET.....	42
<i>geri-mox</i>	99	MG, 900 MG.....	61	HAVRIX.....	130
<i>geri-mox maximum strength</i>	99	<i>granisetron hcl oral</i>	30	HCU COOLER.....	141
<i>geri-tussin dm oral syrup</i>	179	<i>griseofulvin microsize oral</i>	30	HCU GEL.....	141
<i>geri-tussin oral liquid</i>	166	<i>griseofulvin ultramicrosize oral tablet 165</i>		HCY 1.....	141
GILENYA ORAL CAPSULE 0.25 MG.....	62	<i>mg</i>	30	HCY 2.....	141
GILOTRIF.....	148	<i>guaifenesin er oral tablet extended release</i>		<i>headache formula</i>	11
<i>giltuss severe sinus</i>	180	<i>12 hour 1200 mg</i>	166	<i>headache relief</i>	11
<i>glimpiride oral tablet 1 mg, 2 mg, 4 mg</i>	47	<i>guaifenesin oral liquid</i>	166	<i>headache relief extra str</i>	11
<i>glipizide er</i>	47	<i>guaifenesin oral tablet 400 mg</i>	166	<i>healthy hair/skin/nails</i>	84
<i>glipizide oral tablet 10 mg, 5 mg</i>	47	<i>guaifenesin-codeine</i>	180	<i>heartburn antacid</i>	99

<i>heartburn antacid ex st</i>	99	HUMIRA (2 SYRINGE) SUBCUTANEOUS		<i>hydrocortisone/aloe</i>	66
<i>heartburn prevention oral tablet 10 mg</i>	91	PREFILLED SYRINGE KIT 10 MG/0.1ML,		<i>hydrocortisone/aloe max str</i>	66
<i>heartburn relief ex st</i>	99	20 MG/0.2ML, 40 MG/0.4ML.....	129	<i>hydrocortisone-acetic acid</i>	156
<i>heartburn relief oral tablet 10 mg</i>	91	HUMULIN 70/30 KWIKPEN.....	48	<i>hydrolatum</i>	69
<i>heartburn relief oral tablet 200 mg</i>	91	HUMULIN 70/30 VIAL.....	48	<i>hydromet</i>	141
<i>heartburn relief oral tablet chewable 160-</i>		HUMULIN N KWIKPEN.....	48	<i>hydromorphone hcl oral</i>	7
<i>105 mg</i>	99	HUMULIN N VIAL.....	48	<i>hydromorphone hcl rectal</i>	7
<i>heartland gas relief</i>	99	HUMULIN R U-500 KWIKPEN.....	48	<i>hydrophor</i>	69
<i>heather</i>	123	HUMULIN R U-500 VIAL		<i>hydroxychloroquine sulfate oral tablet 100</i>	
<i>h-e-b aspirin</i>	141	(CONCENTRATED).....	48	<i>mg</i>	38
<i>h-e-b childrens allergy</i>	160	HUMULIN R VIAL.....	48	<i>hydroxychloroquine sulfate oral tablet 200</i>	
HEMANGEOL.....	55	HYCAMTIN ORAL.....	35	<i>mg</i>	38
HEMLIBRA SUBCUTANEOUS SOLUTION		<i>hydralazine hcl oral</i>	58	<i>hydroxyurea oral</i>	35
105 MG/0.7ML, 150 MG/ML, 30 MG/ML.....	52	<i>hydrochlorothiazide oral capsule</i>	57	<i>hydroxyzine hcl oral</i>	45
HEMLIBRA SUBCUTANEOUS SOLUTION		<i>hydrochlorothiazide oral tablet 12.5 mg</i>	57	<i>hydroxyzine pamoate oral</i>	45
12 MG/0.4ML.....	52	<i>hydrochlorothiazide oral tablet 25 mg, 50</i>		HYFTOR.....	141
HEMLIBRA SUBCUTANEOUS SOLUTION		<i>mg</i>	57	<i>hyoscyamine sulfate er</i>	141
60 MG/0.4ML.....	52	<i>hydrocodone bit-homatrop mbr</i>	141	<i>hyoscyamine sulfate oral</i>	141
HEMOFIL M.....	52	<i>hydrocodone-acetaminophen oral solution</i>		<i>hyoscyamine sulfate sublingual</i>	141
<i>hemorrhoidal rectal suppository 0.25-3-</i>		<i>10-325 mg/15ml, 7.5-325 mg/15ml</i>	7	<i>hyosyne</i>	141
<i>85.5 %</i>	70	<i>hydrocodone-acetaminophen oral tablet</i>		HYPERSAL.....	180
<i>heparin sodium (porcine)</i>	50	<i>10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	HYPOTEARs.....	153
<i>heparin sodium (porcine) pf</i>	50	<i>hydrocodone-ibuprofen</i>	7	HYSINGLA ER.....	6
HEPLISAV-B.....	131	<i>hydrocortisone (perianal)</i>	132	<i>ibandronate sodium oral</i>	133
<i>her style</i>	124	<i>hydrocortisone acetate external</i>	69	IBRANCE.....	36
<i>hi cal</i>	78	<i>hydrocortisone anti-itch</i>	65	<i>ibuprofen</i>	5
HIBERIX.....	130	<i>hydrocortisone external cream 0.5 %, 2.5</i>		<i>ibuprofen childrens oral tablet chewable</i>	
HIDEX 6-DAY.....	115	<i>%</i>	65	<i>100 mg</i>	5
HIZENTRA.....	127	<i>hydrocortisone external cream 1 %</i>	65	<i>ibuprofen cold & sinus</i>	180
HORIZANT.....	61	<i>hydrocortisone external lotion 2.5 %</i>	65	<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	180
HUMALOG KWIKPEN SUBCUTANEOUS		<i>hydrocortisone external ointment 0.5 %</i>	65	<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	
SOLUTION PEN-INJECTOR 100 UNIT/ML.....	48	<i>hydrocortisone external ointment 1 %</i>	65	.....	180
HUMALOG KWIKPEN SUBCUTANEOUS		<i>hydrocortisone external ointment 2.5 %</i>	66	<i>ibuprofen ib oral tablet 200 mg</i>	5
SOLUTION PEN-INJECTOR 200 UNIT/ML.....	48	<i>hydrocortisone max st external cream</i>	66	<i>ibuprofen infants oral suspension 50</i>	
HUMALOG MIX 50/50 KWIKPEN.....	48	<i>hydrocortisone max st/12 moist</i>	66	<i>mg/1.25ml</i>	5
HUMALOG MIX 75/25.....	48	<i>hydrocortisone oral tablet 10 mg, 20 mg, 5</i>		<i>ibuprofen jr oral tablet 100 mg</i>	5
HUMALOG SUBCUTANEOUS.....	48	<i>mg</i>	115	<i>ibuprofen junior</i>	5
HUMATE-P.....	52	<i>hydrocortisone plus</i>	66	<i>ibuprofen junior strength</i>	5
		<i>hydrocortisone rectal enema 100 mg/60ml</i>	132	<i>ibuprofen oral capsule 200 mg</i>	5

<i>ibuprofen oral suspension 100 mg/5ml</i>	5	INLYTA.....	148	<i>ipratropium bromide nasal</i>	162
<i>ibuprofen oral tablet 200 mg</i>	5	INSPIREASE.....	142	<i>ipratropium-albuterol</i>	174
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	5	INSPIREASE RESERVOIR BAGS.....	142	<i>irbesartan</i>	53
<i>icatibant acetate</i>	126	<i>instacort 5</i>	66	<i>iron (ferrous sulfate) oral solution</i>	78
ICLUSIG.....	148	INSULIN ASP PROT & ASP FLEXPEN.....	48	<i>iron infant/toddler</i>	79
IDELVION.....	52	INSULIN ASPART.....	48	<i>iron oral tablet 240 (27 fe) mg</i>	79
IDHIFA.....	35	INSULIN ASPART FLEXPEN.....	48	<i>iron oral tablet 325 (65 fe) mg</i>	79
<i>iferex 150</i>	78	INSULIN ASPART PENFILL.....	49	ISENTRESS HD.....	43
IHEALTH CONTROL SOLUTION.....	72	INSULIN ASPART PROT & ASPART.....	49	ISENTRESS ORAL PACKET.....	43
IHEALTH COVID-19 RAPID TEST.....	141	INSULIN DEGLUDEC.....	49	ISENTRESS ORAL TABLET.....	43
ILEVRO.....	151	INSULIN DEGLUDEC FLEXTOUCH.....	49	ISENTRESS ORAL TABLET CHEWABLE..	43
ILUMYA.....	127	INSULIN GLARGINE-YFGN.....	49	<i>isibloom</i>	119
<i>imatinib mesylate</i>	148	INSULIN LISPRO.....	49	<i>isoniazid oral</i>	34
IMBRUVICA.....	148	INSULIN LISPRO (1 UNIT DIAL).....	49	<i>isosorbide dinitrate</i>	59
<i>imipramine hcl oral</i>	28	INSULIN LISPRO JUNIOR KWIKPEN.....	49	<i>isosorbide mononitrate</i>	59
<i>imipramine pamoate</i>	28	INSULIN LISPRO PROT & LISPRO.....	49	<i>isosorbide mononitrate er</i>	59
<i>imiquimod external cream 5 %</i>	67	INSULIN PEN NEEDLES 29G X 12.7MM..	142	<i>isotretinoin oral</i>	63
IMODIUM A-D ORAL SOLUTION.....	90	INSULIN PEN NEEDLES 29G X 12MM ,		<i>ivermectin oral</i>	37
IMODIUM A-D ORAL TABLET.....	90	31G X 5 MM , 31G X 6 MM , 31G X 8 MM.	142	IXINITY.....	52
IMODIUM MULTI-SYMPTOM RELIEF.....	99	INSULIN PEN NEEDLES 32G X 4 MM ,		<i>jaimiess</i>	119
INBRIJA.....	39	32G X 6 MM.....	72	JAKAFI.....	36
INCRELEX.....	116	INSULIN SYRINGES 28G X 1/2" 0.5 ML,		<i>jantoven</i>	50
INCRUSE ELLIPTA.....	162	28G X 1/2" 1 ML.....	142	JANUMET.....	47
<i>indapamide</i>	57	INSULIN SYRINGES 29G X 1/2" 0.3 ML,		JANUMET XR.....	47
INDICAID COVID-19 RAPID TEST.....	142	29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	142	JANUVIA.....	47
<i>indomethacin er</i>	5	INSULIN SYRINGES 29G X 1/2" 1 ML.....	142	JARDIANCE.....	47
<i>indomethacin oral</i>	5	INSULIN SYRINGES 30G X 1/2" 1 ML,		<i>jasmiel</i>	119
<i>indomethacin rectal suppository 50 mg</i>	5	31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML,		JAVYGTOR ORAL PACKET 100 MG.....	112
<i>indoor/outdoor allergy rlf</i>	160	31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML....	142	JAVYGTOR ORAL PACKET 500 MG.....	112
INFANRIX.....	130	INSULIN SYRINGES 30G X 5/16" 1 ML....	142	JAVYGTOR ORAL TABLET.....	112
<i>infant gas relief</i>	100	INTELISWAB COVID-19 RAPID TEST.....	142	JENTADUETO.....	47
INFANTS ADVIL.....	5	<i>intestinex</i>	100	JENTADUETO XR.....	47
<i>infants gas relief</i>	100	<i>introvale</i>	119	JIVI INTRAVENOUS SOLUTION	
<i>infants ibuprofen</i>	5	INVEGA HAFYERA.....	40	RECONSTITUTED 1000 UNIT, 2000	
<i>infants pain & fever</i>	11	INVEGA SUSTENNA.....	40	UNIT, 3000 UNIT, 500 UNIT.....	142
<i>infants pain relief drops</i>	11	INVEGA TRINZA.....	40	<i>jock itch external cream 1 %</i>	32
<i>infants pain/fever</i>	12	INVELTYS.....	151	<i>jock itch max st</i>	142
INGREZZA.....	61	IPOL.....	130	JORNAY PM.....	60
		<i>ipratropium bromide inhalation</i>	162	JUBLIA.....	68

<i>juleber</i>	119	KISQALI (600 MG DOSE).....	36	<i>lamivudine oral solution</i>	44
JULUCA.....	43	KITABIS PAK.....	163	<i>lamivudine oral tablet 150 mg, 300 mg</i>	44
<i>junel 1.5/30</i>	119	<i>klayesta</i>	68	<i>lamivudine-zidovudine</i>	44
<i>junel 1/20</i>	119	<i>klor-con</i>	74	<i>lamotrigine er</i>	24
<i>junel fe</i>	119	<i>klor-con 10</i>	74	<i>lamotrigine oral tablet</i>	24
<i>kaitlib fe</i>	119	<i>klor-con m10</i>	74	<i>lamotrigine oral tablet chewable</i>	24
KALBITOR.....	126	<i>klor-con m20</i>	74	<i>lamotrigine oral tablet dispersible</i>	24
KALYDECO.....	163	<i>klor-con/ef</i>	188	LANCETS.....	72
KANUMA.....	112	KLOXXADO.....	17	LANCETS 28G THIN.....	72
KAOPECTATE ORAL TABLET.....	100	KOATE.....	52	<i>lansoprazole oral capsule delayed release</i>	
<i>kariva</i>	119	KOATE-DVI.....	52	<i>15 mg</i>	92
KATERZIA.....	55	KOGENATE FS.....	52	<i>lansoprazole oral capsule delayed release</i>	
<i>kelnor 1/35</i>	119	KOSELUGO.....	36	<i>30 mg</i>	92
<i>kelnor 1/50</i>	119	KOVALTRY.....	51	<i>lansoprazole oral tablet delayed release</i>	
KENALOG-10.....	115	K-PHOS.....	79	<i>dispersible 15 mg</i>	92
KERALYT EXTERNAL GEL 6 %.....	142	K-PRIME.....	188	LANTUS SOLOSTAR.....	49
KERENDIA.....	56	KRINTAFEL.....	38	LANTUS U-100 VIAL.....	49
KESIMPTA.....	62	KRISTALOSE.....	89	<i>lapatinib ditosylate</i>	148
<i>ketoconazole external cream</i>	68	<i>kurvelo</i>	120	<i>larin 1.5/30</i>	120
<i>ketoconazole external shampoo</i>	68	KUVAN ORAL PACKET 100 MG.....	112	<i>larin 1/20</i>	120
KETO-DIASTIX.....	72	KUVAN ORAL PACKET 500 MG.....	112	<i>larin 24 fe</i>	120
KETONE CARE.....	72	KUVAN ORAL TABLET.....	112	<i>larin fe 1.5/30</i>	120
KETONE TEST.....	72	<i>labetalol hcl oral</i>	55	<i>larin fe 1/20</i>	120
<i>ketoprofen er</i>	5	LAC-HYDRIN FIVE.....	66	<i>latanoprost ophthalmic</i>	149
<i>ketoprofen oral capsule 25 mg</i>	5	<i>lacosamide oral tablet</i>	26	LAXACIN.....	108
<i>ketorolac tromethamine ophthalmic</i>		LACTAID.....	100	<i>laxaclear</i>	105
<i>solution 0.4 %</i>	151	LACTAID FAST ACT ORAL TABLET.....	100	<i>laxative max str</i>	108
<i>ketorolac tromethamine ophthalmic</i>		<i>lactase enzyme</i>	100	<i>laxative oral powder 17 gm/scoop</i>	105
<i>solution 0.5 %</i>	151	<i>lactase enzyme ultra str</i>	100	<i>laxative oral tablet delayed release 5 mg</i> ...	142
<i>ketorolac tromethamine oral</i>	5	<i>lactase fast acting</i>	100	<i>laxative pills max st</i>	108
<i>ketorolac tromethamine solution 30 mg/ml</i>		LACTEOL DIARRHEASE.....	100	<i>laxative pills oral tablet 25 mg</i>	108
<i>injection</i>	5	<i>lactobacillus oral tablet</i>	100	<i>laxative rectal suppository 10 mg</i>	142
KETOROLAC TROMETHAMINE		<i>lacto-pectin</i>	100	<i>laxative regular strength</i>	108
SOLUTION 30 MG/ML INJECTION.....	6	<i>lactose fast acting relief oral tablet</i>	100	LEDIPASVIR-SOFOSBUVIR.....	42
KETOSTIX.....	72	<i>lactulose</i>	89	<i>leflunomide oral</i>	129
<i>ketotifen fumarate ophthalmic</i>	156	<i>lactulose encephalopathy</i>	89	<i>lenalidomide</i>	35
KEVZARA.....	127	LAGEVRIO.....	45	LENVIMA (10 MG DAILY DOSE).....	148
KISQALI (200 MG DOSE).....	36	LAMISIL AT EXTERNAL CREAM.....	32	LENVIMA (12 MG DAILY DOSE).....	148
KISQALI (400 MG DOSE).....	36	LAMISIL AT JOCK ITCH.....	32	LENVIMA (14 MG DAILY DOSE).....	148

LENVIMA (18 MG DAILY DOSE).....	148	<i>lice killing maximum strength</i>	38	<i>long lasting antacid</i>	100
LENVIMA (20 MG DAILY DOSE).....	148	<i>lice killing shampoo max str</i>	38	<i>long lasting nasal spray</i>	180
LENVIMA (24 MG DAILY DOSE).....	148	<i>lice maximum strength</i>	38	LONSURF.....	35
LENVIMA (4 MG DAILY DOSE).....	148	<i>lice treatment</i>	67	<i>loperamide hcl oral capsule</i>	90
LENVIMA (8 MG DAILY DOSE).....	148	LIDO BDK.....	16	<i>loperamide hcl oral solution</i>	90
<i>lessina</i>	120	<i>lidocaine external cream 4 %</i>	16	<i>loperamide hcl oral suspension</i>	90
<i>letrozole oral</i>	35	<i>lidocaine external ointment 5 %</i>	16	<i>loperamide hcl oral tablet</i>	90
<i>leucovorin calcium oral tablet 10 mg</i>	37	<i>lidocaine external patch 5 %</i>	16	<i>loperamide-simethicone</i>	100
<i>leucovorin calcium oral tablet 15 mg, 25</i>		<i>lidocaine hcl external cream 3 %</i>	16	<i>lopinavir-ritonavir</i>	44
<i>mg, 5 mg</i>	37	<i>lidocaine viscous hcl</i>	16	<i>loradamed</i>	173
<i>leuprolide acetate injection</i>	125	<i>lidocaine-prilocaine</i>	16	<i>lorata-d</i>	180
LEVBID.....	142	LIDOCAN.....	16	<i>loratadine</i>	172
<i>levetiracetam er oral tablet extended</i>		LIDOPIN EXTERNAL CREAM 3 %.....	16	<i>loratadine allergy relief oral tablet 10 mg...</i>	173
<i>release 24 hour 500 mg</i>	24	LIDOZALL.....	16	<i>loratadine allergy relief oral tablet</i>	
<i>levetiracetam er oral tablet extended</i>		<i>linezolid oral suspension reconstituted</i>	20	<i>dispersible 10 mg</i>	173
<i>release 24 hour 750 mg</i>	24	<i>linezolid oral tablet</i>	20	<i>loratadine childrens</i>	173
<i>levetiracetam oral solution</i>	24	LINZESS.....	89	<i>loratadine oral</i>	173
<i>levetiracetam oral tablet</i>	24	<i>liothyronine sodium oral</i>	124	<i>loratadine oral tablet chewable 5 mg</i>	173
<i>levobunolol hcl</i>	151	LIPISTART.....	142	<i>loratadine-d</i>	180
<i>levocarnitine oral solution</i>	112	<i>liquid acetaminophen</i>	12	<i>loratadine-d 12hr</i>	180
<i>levocarnitine oral tablet</i>	112	<i>liquid allergy relief</i>	161	<i>loratadine-d 24hr</i>	180
<i>levocarnitine sf</i>	112	<i>liquid corn & callus rem</i>	142	<i>lorazepam injection solution 2 mg/ml</i>	45
<i>levocetirizine dihydrochloride oral tablet</i>	161	<i>liquid pain relief</i>	12	<i>lorazepam intensol</i>	45
<i>levofloxacin oral</i>	22	<i>liquid wart remover</i>	142	<i>lorazepam oral concentrate 2 mg/ml</i>	45
<i>levonest</i>	120	<i>liquid wart remover max st</i>	142	<i>lorazepam oral tablet</i>	46
<i>levonorgest-eth estrad 91-day oral tablet</i>		<i>lisinopril oral</i>	54	LOREEV XR.....	46
<i>0.15-0.03 mg</i>	120	<i>lisinopril-hydrochlorothiazide</i>	56	<i>loryna</i>	120
<i>levonorgestrel</i>	124	<i>lithium</i>	46	<i>losartan potassium oral</i>	53
<i>levonorgestrel-ethinyl estrad</i>	120	<i>lithium carbonate er</i>	46	<i>losartan potassium-hctz</i>	56
<i>levonorg-eth estrad triphasic</i>	120	<i>lithium carbonate oral</i>	46	LOTEMAX OPHTHALMIC GEL.....	151
<i>levora 0.15/30 (28)</i>	120	<i>little ones childrens</i>	188	LOTEMAX OPHTHALMIC OINTMENT.....	151
<i>levo-t</i>	124	LIVALO.....	58	LOTEMAX SM.....	151
<i>levothyroxine sodium oral tablet</i>	124	LIVITA ADULTS.....	188	<i>lovastatin oral</i>	58
<i>levoxyl</i>	124	LIVITA CHILDREN.....	142	<i>low-ogestrel</i>	120
LEVSIN.....	142	LIVIXIL PAK.....	16	<i>loxapine succinate</i>	40
LEVSIN/SL.....	142	LMX 4.....	16	<i>lo-zumandimine</i>	120
LICART.....	6	LO LOESTRIN FE.....	120	<i>lubiprostone capsule 24 mcg oral</i>	89
<i>lice killing</i>	38, 67	LOKELMA.....	81	<i>lubiprostone capsule 8 mcg oral</i>	89
<i>lice killing max str</i>	38	<i>long acting nasal spray</i>	180	<i>lubricant drops fast act</i>	153

<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	153	<i>lyllana</i>	120	<i>meclizine hcl oral tablet 12.5 mg</i>	29
<i>lubricant drops ophthalmic solution</i>	153	LYNPARZA.....	36	<i>meclizine hcl oral tablet 25 mg</i>	29
<i>lubricant eye drops (pf) ophthalmic solution</i>		LYSODREN.....	125	<i>meclizine hcl oral tablet chewable</i>	29
<i>0.4-0.3 %</i>	153	LYUMJEV.....	49	<i>medicated spot</i>	143
<i>lubricant eye drops (pf) ophthalmic solution</i>		LYUMJEV KWIKPEN.....	49	<i>medifin 400</i>	166
<i>0.5 %</i>	153	MAALOX CHILDRENS.....	100	<i>medifin mucus relief child</i>	166
<i>lubricant eye drops ophthalmic solution</i>		MAALOX MAX ORAL SUSPENSION.....	100	<i>medi-first aspirin</i>	143
<i>0.4-0.3 %</i>	153	MAALOX MULTI SYMPTOM MAX ST.....	100	<i>medi-first hydrocortisone</i>	66
<i>lubricant eye drops ophthalmic solution 0.5</i>		<i>mag-al plus</i>	100	<i>medi-first ibuprofen</i>	6
<i>%</i>	153	<i>mag-al plus xs</i>	100	<i>medi-first triple antibiotic</i>	23
<i>lubricant eye drops ophthalmic solution 0.6</i>		<i>magnesium citrate oral solution</i>	108	<i>mediproxen</i>	6
<i>%</i>	153	<i>magnesium oxide -mg supplement oral</i>		<i>medique aspirin</i>	143
<i>lubricant eye drops pf</i>	153	<i>tablet 400 (240 mg) mg</i>	79	MEDISENSE GLUCOSE KETONE	
<i>lubricant eye nighttime</i>	153	<i>magnesium oxide oral tablet 400 mg</i>	142	CONTR.....	72
<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>		<i>magnesium oxide oral tablet 420 mg</i>	142	MEDISENSE HI/MID/LOW CONTROL.....	72
.....	153	<i>magnesium-oxide</i>	79	MEDPURA ANTIFUNGAL.....	32
<i>lubricant eye pm</i>	154	<i>malathion</i>	67	MEDPURA BENZOYL PEROXIDE.....	143
<i>lubricating eye drops</i>	154	MAOX.....	142	MEDROL ORAL TABLET 2 MG.....	115
<i>lubricating eyel/overnight</i>	154	<i>mapap acetaminophen extra str</i>	12	<i>medroxyprogesterone acetate</i>	123
<i>lubricating plus pf</i>	154	<i>mapap childrens</i>	12	<i>mefloquine hcl</i>	38
<i>lubricating tears eye drops</i>	154	<i>mapap oral capsule</i>	12	<i>mega probiotic</i>	101
<i>lubrifresh p.m.</i>	154	<i>maraviroc</i>	44	<i>megestrol acetate oral suspension 40</i>	
LUMAKRAS ORAL TABLET 120 MG, 320		<i>marlissa</i>	120	<i>mg/ml</i>	123
MG.....	37	MASK VORTEX/CHILD/FROG.....	142	<i>megestrol acetate oral tablet 20 mg</i>	123
LUMIGAN.....	149	MASK VORTEX/TODDLER/LADYBUG.....	143	<i>megestrol acetate oral tablet 40 mg</i>	123
LUMIZYME.....	112	MATULANE.....	34	<i>meijer allergy relief-d</i>	180
LUPKYNIS.....	126	MAVYRET ORAL PACKET.....	42	<i>meijer anti-diarrheal</i>	90
LUPRON DEPOT (1-MONTH).....	125	MAVYRET ORAL TABLET.....	42	MEKINIST.....	36
LUPRON DEPOT (3-MONTH).....	125	MAX RELIEF JR CHILD PAIN/FEVER.....	12	<i>meloxicam oral tablet</i>	6
LUPRON DEPOT (4-MONTH)		MAX RELIEF JUNIOR.....	12	<i>memantine hcl oral solution</i>	27
INTRAMUSCULAR KIT 30MG.....	125	MAX TUSSIN MUCUS & CHEST CONG... 166		<i>memantine hcl oral tablet</i>	27
LUPRON DEPOT (6-MONTH)		MAXALLERGY KIDS.....	161	MENATROL.....	188
INTRAMUSCULAR KIT 45MG.....	125	MAXIDEX.....	151	MENEST ORAL TABLET 0.3 MG, 0.625	
LUPRON DEPOT-PED (1-MONTH).....	125	<i>maxi-tuss ac</i>	180	MG, 1.25 MG.....	120
LUPRON DEPOT-PED (3-MONTH).....	125	<i>maxi-tuss gmx</i>	180	MENOSTAR.....	120
LUPRON DEPOT-PED (6-MONTH).....	125	<i>maxi-tuss pe max</i>	166	MENVEO INTRAMUSCULAR SOLUTION 130	
<i>lurasidone hcl</i>	40	MAYZENT.....	62	MENVEO INTRAMUSCULAR SOLUTION	
<i>lutra</i>	120	MAYZENT STARTER PACK.....	62	RECONSTITUTED.....	130
LYBALVI.....	28	<i>m-dryl</i>	161	<i>meperidine hcl oral tablet</i>	7

<i>mercaptapurine oral</i>	35	<i>metronidazole vaginal</i>	20	<i>minocycline hcl oral capsule 75 mg</i>	23
MERIBIN.....	188	<i>mexiletine hcl oral</i>	54	<i>minoxidil oral</i>	58
<i>mesalamine oral capsule delayed release 400 mg</i>	132	<i>micaderm</i>	32	<i>mintox maximum strength</i>	101
<i>mesalamine oral tablet delayed release 1.2 gm</i>	132	MICATIN.....	32	<i>mintox plus</i>	101
<i>mesalamine rectal suppository</i>	132	<i>miconazole 1</i>	30	MIRALAX.....	105
<i>mesna oral</i>	37	<i>miconazole 1 combo pack</i>	30	<i>mirtazapine oral tablet 15 mg, 30 mg</i>	27
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 %.....	105	<i>miconazole 3</i>	30	<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	27
METAMUCIL FREE & NATURAL.....	105	<i>miconazole 3 combo pack</i>	30	<i>mirtazapine oral tablet dispersible</i>	27
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	47	<i>miconazole 7 vaginal cream</i>	30	MIRVASO.....	63
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	47	<i>miconazole 7 vaginal suppository</i>	31	<i>misoprostol oral</i>	91
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	47	<i>miconazole antifungal</i>	32	MITIGARE.....	32
<i>methazolamide oral</i>	151	<i>miconazole nitrate external cream</i>	32	<i>mm acetaminophen ex str</i>	12
<i>methenamine hippurate</i>	20	<i>miconazole nitrate vaginal</i>	31	MM ALLER-BEN.....	161
<i>methimazole oral</i>	126	<i>miconazorb af</i>	32	<i>mm allergy relief 24 hour</i>	173
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	185	MICRO GUARD.....	32	<i>mm arthritis pain</i>	12
<i>methotrexate sodium</i>	129	<i>microgestin 1.5/30</i>	120	<i>mm aspirin</i>	143
<i>methotrexate sodium (pf)</i>	129	<i>microgestin 1/20</i>	120	<i>mm clearlax</i>	105
<i>methoxsalen rapid</i>	67	<i>microgestin fe 1.5/30</i>	120	<i>mm stool softener</i>	108
<i>methyldopa</i>	53	<i>microgestin fe 1/20</i>	120	<i>mm stool softener laxative</i>	108
<i>methylergonovine maleate oral</i>	116	<i>midodrine hcl</i>	53	MMA/PA GEL.....	143
METHYLIN.....	60	<i>mifepristone oral tablet 200 mg</i>	116	M-M-R II.....	130
<i>methylphenidate hcl er (cd)</i>	60	<i>mifepristone oral tablet 300 mg</i>	116	M-NATAL PLUS.....	84
<i>methylphenidate hcl oral tablet</i>	60	<i>miglustat</i>	113	<i>modafinil oral</i>	186
<i>methylprednisolone oral</i>	115	<i>migraine formula oral tablet 250-250-65 mg</i>	12	MODERNA COVID-19 VAC 6M-11Y.....	143
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	29	<i>migraine headache relief</i>	12	<i>moexipril hcl</i>	54
<i>metoclopramide hcl oral tablet</i>	29	<i>migraine relief oral tablet 250-250-65 mg</i>	12	<i>mometasone furoate external</i>	66
<i>metolazone</i>	57	<i>mili</i>	120	MONOJECT HYPODERMIC NEEDLE 18G X 1".....	50
<i>metoprolol succinate er</i>	55	<i>milk of magnesia</i>	101	<i>montelukast sodium oral packet</i>	162
<i>metoprolol tartrate oral</i>	55	MINCORA.....	84	<i>montelukast sodium oral tablet</i>	162
<i>metoprolol-hydrochlorothiazide</i>	57	<i>mineral oil enema</i>	105	<i>montelukast sodium oral tablet chewable</i>	162
<i>metronidazole external</i>	20	<i>mineral oil heavy oral</i>	105	<i>mood support probiotic</i>	101
<i>metronidazole oral tablet 250 mg, 500 mg</i>	20	<i>mineral oil oral oil</i>	105	<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	7
		<i>mineral oil rectal enema</i>	105	<i>morphine sulfate er oral tablet extended release</i>	6
		<i>mini nicotine</i>	19	<i>morphine sulfate oral</i>	7
		<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg</i>	23	<i>morphine sulfate rectal</i>	7
		<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	23	MOTEGRITY.....	89

<i>motion sickness oral tablet 50 mg</i>	29	<i>mucus relief 12 hour max st</i>	167	MURO 128 OPHTHALMIC SOLUTION 5	
<i>motion sickness relief oral tablet 50 mg</i>	29	<i>mucus relief chest oral tablet 400 mg</i>	167	%.....	154
<i>motion sickness relief oral tablet chewable</i>		<i>mucus relief childrens oral liquid 100</i>		<i>my choice</i>	124
<i>25 mg</i>	29	<i>mg/5ml</i>	167	<i>my way</i>	124
<i>motion-time</i>	29	<i>mucus relief d max strength</i>	181	<i>mycophenolate mofetil oral</i>	129
MOTRIN CHILDRENS.....	6	<i>mucus relief d oral tablet extended release</i>		<i>mycophenolate sodium</i>	129
MOTRIN IB.....	6	<i>12 hour 120-1200 mg</i>	181	<i>mycophenolic acid</i>	129
MOTRIN INFANTS DROPS.....	6	<i>mucus relief d oral tablet extended release</i>		MYFEMBREE.....	89
MOVANTIK.....	89	<i>12 hour 60-600 mg</i>	182	MYLICON INFANTS GAS RELIEF.....	101
<i>moxifloxacin hcl (2x day)</i>	150	<i>mucus relief dm max oral liquid 20-400</i>		MYRBETRIQ ORAL SUSPENSION	
<i>moxifloxacin hcl ophthalmic</i>	150	<i>mg/20ml, 5-100 mg/5ml</i>	182	RECONSTITUTED ER.....	113
<i>moxifloxacin hcl oral</i>	22	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>		MYRBETRIQ ORAL TABLET EXTENDED	
<i>m-pap</i>	12	.....	182	RELEASE 24 HOUR.....	113
MSUD COOLER.....	143	<i>mucus relief dm oral tablet extended</i>		<i>nabumetone oral</i>	6
MSUD GEL.....	143	<i>release 12 hour 30-600 mg</i>	182	<i>nadolol oral</i>	55
MUCINEX COUGH CHILDRENS.....	181	<i>mucus relief er</i>	167	<i>naloxone hcl injection solution</i>	17
MUCINEX D.....	181	<i>mucus relief er oral tablet extended release</i>		<i>naloxone hcl injection solution cartridge</i>	17
MUCINEX D MAX STRENGTH.....	181	<i>12 hour 1200 mg</i>	167	<i>naloxone hcl injection solution prefilled</i>	
MUCINEX DM.....	181	<i>mucus relief max st oral tablet extended</i>		<i>syringe 2 mg/2ml</i>	17
MUCINEX FAST-MAX CHEST CONG MS	166	<i>release 12 hour 1200 mg</i>	167	<i>naloxone hcl nasal</i>	17
MUCINEX FAST-MAX DM MAX.....	181	<i>mucus relief oral tablet</i>	167	<i>naltrexone hcl oral</i>	17
MUCINEX FAST-MAX SEVERE CON/CG		<i>mucus-d oral tablet extended release 12</i>		NAMZARIC.....	26
ORAL LIQUID.....	181	<i>hour 60-600 mg</i>	182	NAPHCON-A.....	155
MUCINEX MAXIMUM STRENGTH.....	166	<i>mucus-dm</i>	182	NAPRELAN.....	6
MUCINEX SINUS-MAX CLEAR & COOL..	181	<i>mucus-er oral tablet extended release 12</i>		<i>naproxen dr</i>	6
MUCINEX SINUS-MAX SINUS/ALLRGY..	181	<i>hour 1200 mg</i>	167	<i>naproxen oral</i>	6
<i>mucus & chest congestion</i>	166	MULTAQ.....	54	<i>naproxen sodium er</i>	6
<i>mucus & cough relief child</i>	181	<i>multi vitamin</i>	84	<i>naproxen sodium oral tablet 220 mg</i>	6
<i>mucus d</i>	181	<i>multi vitamin w/d-3</i>	84	<i>naproxen sodium oral tablet 275 mg</i>	6
<i>mucus d extended release</i>	181	<i>multiple vitamin-folic acid</i>	84	<i>naproxen sodium oral tablet 550 mg</i>	6
<i>mucus d max st er</i>	181	<i>multiple vitamins essential</i>	84	NARAMIN.....	161
<i>mucus dm</i>	181	<i>multiple vitamins/iron</i>	188	<i>naratriptan hcl</i>	33
<i>mucus dm extended release oral tablet</i>		MULTIPRO.....	189	NARCAN.....	17
<i>extended release 12 hour 30-600 mg</i>	181	<i>multi-vitamin</i>	84	NASACORT ALLERGY 24HR.....	174
<i>mucus er maximum str</i>	167	<i>multivitamin infant & toddler oral solution</i>	189	<i>nasal allergy 24 hour</i>	174
<i>mucus er oral tablet extended release 12</i>		<i>multi-vitamin/iron</i>	189	<i>nasal allergy nasal aerosol 55 mcg/act</i>	174
<i>hour 1200 mg</i>	167	<i>mupirocin cream</i>	68	<i>nasal allergy spray</i>	174
<i>mucus extended release oral tablet</i>		<i>mupirocin ointment</i>	68	<i>nasal decongestant 12hr</i>	182
<i>extended release 12 hour 1200 mg</i>	167	MURO 128 OPHTHALMIC OINTMENT.....	154	<i>nasal decongestant max st</i>	182

<i>nasal decongestant oral tablet 30 mg</i>	182	<i>nebivolol hcl</i>	55	<i>niacin er oral capsule extended release</i>	
<i>nasal decongestant oral tablet extended</i>		NEBUSAL.....	183	<i>500 mg</i>	84
<i>release 12 hour 120 mg</i>	182	<i>necon 0.5/35 (28)</i>	120	<i>niacin er oral tablet extended release 1000</i>	
<i>nasal decongestant pe oral tablet 10 mg</i> ...	167	NEODOT THERMOMETER.....	143	<i>mg</i>	84
<i>nasal decongestant pe oral tablet 30 mg</i> ...	182	NEOMULTIVITE.....	84	<i>niacin er oral tablet extended release 250</i>	
<i>nasal decongestant spray</i>	182	<i>neomycin sulfate oral</i>	20	<i>mg, 500 mg</i>	84
<i>nasal four</i>	167	<i>neomycin-bacitracin zn-polymyx</i>	150	<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i> ...	84
<i>nasal four spray</i>	167	<i>neomycin-polymyxin-dexameth ophthalmic</i>		NICODERM CQ.....	18
<i>nasal mist nasal solution</i>	182	<i>ointment</i>	149	NICORETTE.....	19
<i>nasal mist no drip</i>	182	<i>neomycin-polymyxin-dexameth ophthalmic</i>		NICORETTE MINI.....	19
NASAL MOIST NASAL SOLUTION.....	167	<i>suspension 3.5-10000-0.1</i>	149	NICORETTE STARTER KIT.....	19
<i>nasal moisturizing spray</i>	167	<i>neomycin-polymyxin-gramicidin</i>	150	<i>nicotine gum mouth/throat gum 2 mg</i>	19
<i>nasal relief</i>	182	<i>neomycin-polymyxin-hc ophthalmic</i>	149	<i>nicotine gum mouth/throat gum 4 mg</i>	19
<i>nasal spray 12 hour</i>	183	<i>neomycin-polymyxin-hc otic</i>	156	<i>nicotine gum mouth/throat lozenge 2 mg</i>	19
<i>nasal spray fast acting</i>	167	NEONATAL COMPLETE.....	84	<i>nicotine gum mouth/throat lozenge 4 mg</i>	19
<i>nasal spray nasal solution 0.05 %</i>	183	NEONATAL PLUS.....	84	<i>nicotine mini</i>	19
<i>nasal spray nasal solution 1 %</i>	167	NEONATAL PRENATAL.....	84	<i>nicotine mouth/throat gum 2 mg</i>	19
<i>nasal spray no drip</i>	183	NEONATAL VITAMIN.....	84	<i>nicotine mouth/throat gum 4 mg</i>	19
<i>nasal spray saline</i>	167	NEO-POLYCIN HC.....	149	<i>nicotine mouth/throat lozenge 2 mg</i>	19
NASALCROM.....	175	NEOSPORIN ORIGINAL.....	23	<i>nicotine mouth/throat lozenge 4 mg</i>	19
NASCOBAL.....	191	NEO-SYNEPHRINE COLD/ALLRGY EXT.....	168	<i>nicotine polacrilex mini</i>	19
NATACYN.....	150	<i>nephro vitamins</i>	84	<i>nicotine polacrilex mouth/throat gum 2 mg</i> ..	19
NATAZIA.....	120	NEPHRO-VITE.....	84	<i>nicotine polacrilex mouth/throat gum 4 mg</i> ..	19
<i>nateglinide</i>	47	NEULASTA.....	50	<i>nicotine polacrilex mouth/throat lozenge 2</i>	
<i>natural daily fiber oral powder 43 %</i>	106	NEULASTA ONPRO.....	50	<i>mg</i>	19
<i>natural daily fiber oral powder 58.6 %</i>	106	NEUPOGEN.....	50	<i>nicotine polacrilex mouth/throat lozenge 4</i>	
<i>natural fiber</i>	106	NEUTEK 2TEK CONTROL.....	72	<i>mg</i>	20
<i>natural fiber oral powder 28.3 %</i>	106	NEUTROGENA OIL-FREE ACNE WASH.....	143	<i>nicotine step 1</i>	18
<i>natural fiber supplement</i>	106	NEVANAC.....	151	<i>nicotine step 2</i>	18
<i>natural fish oil</i>	143	<i>nevirapine</i>	43	<i>nicotine step 3</i>	18
<i>natural senna laxative</i>	109	<i>nevirapine er</i>	43	<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	18
<i>natural tears pf</i>	154	<i>new day</i>	124	<i>nicotine transdermal patch 24 hour 14</i>	
<i>natural vegetable</i>	106	NEWFLORA PROBIOTIC.....	101	<i>mg/24hr, 7 mg/24hr</i>	18
<i>natural vegetable laxative oral tablet 8.6</i>		NEXLETOL.....	58	<i>nicotine transdermal patch 24 hour 21</i>	
<i>mg</i>	109	NEXLIZET.....	58	<i>mg/24hr</i>	18
<i>natura-lax</i>	106	NEXTSTELLIS.....	89	<i>nicotine transdermal system</i>	18
<i>nausea control</i>	30	<i>niacin er oral capsule extended release</i>		NICOTROL.....	18
<i>nausea relief</i>	30	<i>250 mg</i>	84	NICOTROL NS.....	18
NAYZILAM.....	25			<i>nifedipine er</i>	55

<i>nifedipine er osmotic release</i>	55	<i>norethin-eth estradiol-fe</i>	121	NURTEC.....	33
<i>nifedipine oral</i>	55	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	121	NUTRAPLUS.....	70
<i>nighttime dry-eye relief</i>	154	<i>norgestimate-ethinyl estradiol triphasic</i>	121	NUTROPIN AQ NUSPIN 10.....	116
<i>nighttime relief lub eye</i>	154	NORLIQVA.....	55	NUTROPIN AQ NUSPIN 20.....	116
<i>nikki</i>	120	NORPACE CR.....	54	NUTROPIN AQ NUSPIN 5.....	116
NIMODIPINE ORAL SOLUTION.....	55	<i>nortrel 0.5/35 (28)</i>	121	NUVARING.....	121
<i>nitazoxanide oral</i>	38	<i>nortrel 1/35 (21)</i>	121	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT.....	51
NITRO-BID.....	59	<i>nortrel 1/35 (28)</i>	121	NUWIQ INTRAVENOUS KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT.....	51
NITRO-DUR.....	59	<i>nortrel 7/7/7</i>	121	NUZYRA ORAL.....	23
<i>nitrofurantoin macrocrystal</i>	20	<i>nortriptyline hcl oral</i>	28	<i>nyamyc</i>	68
<i>nitrofurantoin monohydrate macrocrystals</i>	20	NORVIR ORAL PACKET.....	44	<i>nylia 7/7/7</i>	121
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	21	<i>nose drops extstrength</i>	168	<i>nystatin external</i>	68
<i>nitroglycerin rectal</i>	59	NOVOEIGHT.....	51	<i>nystatin mouth/throat</i>	31
<i>nitroglycerin sublingual</i>	59	NOVOLIN 70/30 FLEXPEN.....	49	<i>nystatin oral</i>	31
<i>nitroglycerin transdermal</i>	59	NOVOLIN 70/30 RELION.....	49	<i>nystop</i>	68
<i>nitroglycerin translingual</i>	59	NOVOLIN 70/30 VIAL.....	49	NYVEPRIA.....	50
NITYR.....	113	NOVOLIN N FLEXPEN.....	49	OA 1.....	143
NIVA THYROID.....	125	NOVOLIN N VIAL.....	49	OA 2.....	143
NIVA-PLUS.....	84	NOVOLIN R FLEXPEN.....	49	OBIZUR.....	52
NIVESTYM.....	50	NOVOLIN R VIAL.....	49	OBSTETRIX DHA.....	85
<i>no drip extra moisturizing</i>	183	NOVOLOG FLEXPEN.....	49	OCEAN FOR KIDS.....	168
<i>no drip nasal relief</i>	183	NOVOLOG MIX 70/30 FLEXPEN.....	49	OCEAN NASAL SPRAY.....	168
<i>no drip nasal spray</i>	183	NOVOLOG MIX 70/30 VIAL.....	49	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML....	127
<i>no drip original 12 hours</i>	183	NOVOLOG PENFILL.....	49	OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS.....	127
NOC DURNA.....	116	NOVOLOG U-100 VIAL.....	49	OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS.....	127
<i>nohist-lq</i>	170	NOVOSEVEN RT.....	52	<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	125
NOKOR VENTED NEEDLE.....	50	<i>np thyroid oral tablet 120 mg, 15 mg</i>	125	<i>octreotide acetate injection solution 1000 mcg/ml</i>	125
<i>non-aspirin</i>	12	NPLATE.....	50	<i>octreotide acetate injection solution 200 mcg/ml</i>	125
<i>non-aspirin 8 hour</i>	12	NUBEQA.....	35	<i>octreotide acetate injection solution 500 mcg/ml</i>	126
<i>non-aspirin childrens</i>	12	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	165		
<i>non-aspirin extra strength</i>	12	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	165		
<i>non-aspirin jr strength</i>	13	NUCYNTA.....	7		
<i>non-aspirin pain relief</i>	13	NUCYNTA ER.....	6		
<i>non-pseudo sinus decongestant</i>	168	NUDEXTA.....	61		
NORDITROPIN FLEXPRO.....	116	NU-IRON.....	79		
<i>norethin ace-eth estrad-fe</i>	121	NULEV.....	143		
<i>norethindrone acetate oral</i>	123				
<i>norethindrone acet-ethinyl est</i>	121				
<i>norethindrone oral</i>	123				

OCUVEL.....	189	ONE VITE WOMENS.....	85	ORENITRAM ORAL TABLET EXTENDED	
ODEFSEY.....	44	ONE VITE WOMENS PLUS.....	85	RELEASE 0.125 MG, 0.25 MG, 1 MG.....	164
ODOMZO.....	36	<i>one-daily multi vitamins</i>	85	ORENITRAM ORAL TABLET EXTENDED	
<i>odorless coated fish oil</i>	143	<i>one-daily multi-vitamin</i>	85	RELEASE 2.5 MG, 5 MG.....	164
OFEV.....	164	<i>one-daily multi-vitamin/iron</i>	189	ORFADIN ORAL CAPSULE 10 MG.....	113
<i>ofloxacin ophthalmic</i>	150	<i>one-daily/iron</i>	189	ORFADIN ORAL CAPSULE 2 MG, 20 MG,	
<i>ofloxacin oral</i>	22	ONELAX.....	144	5 MG.....	113
<i>ofloxacin otic</i>	156	ONELAX MAGNESIUM CITRATE.....	109	ORFADIN ORAL SUSPENSION.....	113
<i>ointment base</i>	69	ONELAX SENNA.....	109	ORGOVYX.....	20
<i>olanzapine oral</i>	40	ONETOUCH DELICA PLUS LANCING.....	144	ORIAHNN.....	126
<i>olopatadine hcl ophthalmic</i>	150	ONETOUCH DELICA SAFETY LANCING...	72	ORILISSA.....	126
OLUMIANT ORAL TABLET 1 MG, 2 MG...	127	ONETOUCH ULTRA 2 KIT W/DEVICE.	72, 73	ORKAMBI.....	163
OLUMIANT ORAL TABLET 4 MG.....	127	ONETOUCH ULTRA BLUE TEST.....	73	ORLADEYO.....	144
<i>omega-3 fish oil</i>	143	ONETOUCH ULTRA CONTROL.....	73	<i>orphenadrine citrate er</i>	185
<i>omega-3 fish oil oral capsule 1000 mg</i>	143	ONETOUCH ULTRA IN VITRO LIQUID.....	73	OS-CAL CALCIUM + D3.....	79
<i>omega-3 fish oil oral capsule 1200 mg</i>	143	ONETOUCH ULTRA STRIP IN VITRO.....	73	OSCIMIN.....	144
<i>omega-3 fish oil oral capsule 300 mg</i>	143	ONETOUCH ULTRA TEST STRIPS.....	73	<i>oseltamivir phosphate oral</i>	45
<i>omega-3 microgel</i>	143	ONETOUCH ULTRASOFT 2 LANCETS.....	73	OSPHENA.....	123
<i>omega-3 oral capsule 1000 mg</i>	144	ONETOUCH VERIO FLEX SYSTEM KIT		OTEZLA ORAL TABLET 20 MG.....	127
<i>omega-3 oral capsule 1400 mg</i>	144	W/DEVICE.....	73	OTEZLA ORAL TABLET 30 MG.....	127
<i>omeprazole magnesium oral tablet delayed</i>		ONETOUCH VERIO IN VITRO LIQUID.....	73	OTEZLA ORAL TABLET THERAPY PACK	
<i>release</i>	92	ONETOUCH VERIO REFLECT KIT		.....	127
<i>omeprazole oral capsule delayed release</i> ...	92	W/DEVICE.....	73	OTREXUP.....	129
OMNARIS.....	161	ONETOUCH VERIO TEST STRIPS.....	73	<i>oxaprozin oral tablet</i>	6
OMNIFLEX DIAPHRAGM.....	144	ONEXTON.....	63	<i>oxazepam</i>	46
OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	144	ONGENTYS.....	39	<i>oxcarbazepine oral suspension</i>	26
OMNIPOD 5 DEXG7G6 PODS GEN 5.....	144	ONGLYZA.....	47	<i>oxcarbazepine oral tablet</i>	26
OMNITROPE.....	116	<i>opcicon one-step</i>	124	<i>oxybutynin chloride er</i>	113
ON/GO COVID-19 ANTIGEN TEST.....	144	OPILL.....	144	<i>oxybutynin chloride oral solution</i>	113
ON/GO ONE COVID-19 HOME TEST.....	144	<i>option 2</i>	124	<i>oxybutynin chloride oral tablet 5 mg</i>	113
<i>once daily</i>	85	OPZELURA.....	70	<i>oxycodone hcl oral capsule</i>	7
<i>ondansetron hcl oral solution</i>	30	ORACEA.....	23	<i>oxycodone hcl oral concentrate</i>	7
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	30	<i>oralyte</i>	79	<i>oxycodone hcl oral solution</i>	7
<i>ondansetron odt oral tablet dispersible 4</i>		ORENCIA CLICKJECT.....	127	<i>oxycodone hcl oral tablet</i>	15
<i>mg, 8 mg</i>	30	ORENCIA SUBCUTANEOUS.....	127	OXYCODONE-ACETAMINOPHEN ORAL	
<i>one daily</i>	85	ORENITRAM MONTH 1.....	164	SOLUTION 5-325 MG/5ML.....	8
ONE DAILY ESSENTIALS.....	85	ORENITRAM MONTH 2.....	164	OXYCODONE-ACETAMINOPHEN ORAL	
ONE VITE CALCIUM + D3.....	79	ORENITRAM MONTH 3.....	164	TABLET 10-300 MG, 5-300 MG, 7.5-300	
ONE VITE DAILY MULTIVITAMIN.....	85			MG.....	8

oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8	pain relief extra strength oral capsule 500 mg.....	13	PEDIARIX.....	130
OXYCONTIN.....	6	pain relief extra strength oral liquid 500 mg/15ml.....	13	pediatric electrolyte oral solution	80
oysco 500+d.....	79	pain relief extra strength oral tablet 500 mg.....	13	PEDVAX HIB.....	131
oyster shell calcium + d oral tablet 500-10 mg-mcg.....	79	pain relief oral liquid 500 mg/15ml.....	13	peg 3350 oral powder.....	106
oyster shell calcium + d3.....	79	pain relief oral tablet 325 mg.....	14	peg 3350-kcl-na bicarb-nacl.....	90
oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg.....	189	pain relief oral tablet extended release 650 mg.....	14	peg-3350/electrolytes.....	90
oyster shell calcium plus d.....	79	pain relief regular strength.....	14	PEGASYS.....	128
oyster shell calcium w/d.....	79	pain relief rapid burst.....	14	PENBRAYA.....	144
oyster shell calcium/d oral tablet 250-3.125 mg-mcg.....	189	pain reliever ex st oral liquid 500 mg/15ml... ..	14	penicillamine oral capsule.....	114
oyster shell calcium/vit d.....	79	pain reliever ex st oral tablet 500 mg.....	14	penicillamine oral tablet.....	114
oyster shell calcium/vit d3.....	79	pain reliever extra strength oral tablet 250-250-65 mg.....	14	penicillin v potassium.....	22
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg.....	79	pain reliever extra strength oral tablet 500 mg.....	14	PENTACEL.....	131
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg.....	189	pain reliever oral suspension 160 mg/5ml... ..	14	pentamidine isethionate inhalation.....	38
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg.....	79	pain reliever oral tablet 325 mg.....	14	PENTASA.....	132
oyster shell calcium-vit d.....	79	pain reliever plus.....	14	pentazocine-naloxone hcl.....	8
OZEMPIC.....	47	pain-off.....	14	pentoxifylline er.....	57
OZEMPIC (2 MG/DOSE).....	47	PANADOL CHILDRENS.....	14	PEPCID AC.....	91
p col-rite.....	109	PANADOL EXTRA STRENGTH.....	14	PEPTO-BISMOL ORAL SUSPENSION	
pain & fever child.....	13	PANADOL INFANTS.....	14	524 MG/30ML.....	101
pain & fever childrens.....	13	PANOXYL.....	144	PERDIEM OVERNIGHT RELIEF.....	109
pain & fever childrens oral suspension 160 mg/5ml.....	13	pantoprazole sodium oral.....	92	PERFOROMIST.....	163
pain & fever infants oral suspension 160 mg/5ml.....	13	paroxetine hcl oral tablet.....	28	perindopril erbumine.....	54
pain and fever relief kids.....	13	PATADAY OPHTHALMIC SOLUTION 0.1 % , 0.2 %.....	150	periogard.....	63
pain relief childrens oral elixir 160 mg/5ml... ..	13	PAXLOVID (150/100).....	45	permethrin external.....	67
pain relief childrens oral suspension.....	13	PAXLOVID (300/100).....	45	perphenazine oral.....	29
pain relief childrens oral tablet chewable 160 mg.....	13	PAXOTIN.....	101	perphenazine-amitriptyline.....	27
pain relief extra st.....	13	pazopanib hcl.....	148	PERSERIS.....	40
		ped electrolyte freeze pop.....	79	PFD 2.....	144
		PEDIA-LAX ORAL LIQUID.....	109	PFD TODDLER.....	144
		PEDIALYTE FREEZER POPS.....	80	PFIZER COVID-19 VAC-TRIS 5-11Y.....	144
		PEDIALYTE IMMUNE SUPPORT.....	80	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	144
		PEDIALYTE ORAL SOLUTION.....	80	pharbecchlor.....	173
		PEDIALYTE SINGLES.....	80	pharbedryl.....	161
				PHARBETOL.....	14
				PHARBETOL EXTRA STRENGTH.....	14
				pharbinex.....	168
				PHAZYME.....	101
				PHAZYME ULTRA STRENGTH.....	101
				PHEBURANE.....	113

<i>phenazo</i>	114	<i>piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm</i>	22	<i>potassium chloride crys er oral tablet extended release 20 meq</i>	74
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	114	PIQRAY (200 MG DAILY DOSE).....	36	<i>potassium chloride er oral capsule extended release 10 meq</i>	74
<i>phenazopyridine hcl oral tablet 95 mg</i>	114	PIQRAY (250 MG DAILY DOSE).....	36	<i>potassium chloride er oral tablet extended release 10 meq</i>	75
<i>phenobarbital oral</i>	25	PIQRAY (300 MG DAILY DOSE).....	36	<i>potassium chloride er oral tablet extended release 20 meq</i>	75
<i>phenylephrine hcl ophthalmic</i>	150	<i>pirfenidone oral capsule</i>	164	<i>potassium chloride er oral tablet extended release 8 meq</i>	75
<i>phenylephrine hcl oral</i>	168	<i>pirfenidone oral tablet 267 mg, 801 mg</i>	164	<i>potassium chloride oral</i>	75
PHENYL-FREE 2.....	144	<i>piroxicam oral</i>	6	<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	75
PHENYL-FREE 2HP.....	144	PKU COOLER 10.....	144	<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	75
<i>phenytoin infatabs</i>	26	PKU COOLER 15.....	144	<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	75
<i>phenytoin oral</i>	26	PKU COOLER 20.....	144	<i>potassium citrate-citric acid</i>	80
<i>phenytoin sodium extended</i>	26	<i>pku trio</i>	144	<i>povidone iodine</i>	23
<i>philith</i>	121	PLAN B ONE-STEP.....	124	<i>povidone-iodine external solution</i>	23
PHOSPHA 250 NEUTRAL.....	80	PLEGRIDY INTRAMUSCULAR.....	62	PRADAXA ORAL CAPSULE.....	50
PHOSPHOLINE IODIDE.....	151	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION		PRALUENT.....	58
<i>phosphorous</i>	80	PREFILLED SYRINGE.....	62	<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg</i>	39
<i>phospho-trin 250 neutral</i>	80	PLEGRIDY SUBCUTANEOUS SOLUTION		<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i> ...	39
PHOSPHO-TRIN K500.....	80	PREFILLED SYRINGE.....	62	<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	39
<i>phytonadione injection solution 10 mg/ml</i>	85	PLENVU.....	90	<i>pravastatin sodium</i>	58
<i>phytonadione oral</i>	85	<i>plerixafor</i>	50	<i>praziquantel oral</i>	37
PIFELTRO.....	43	PNEUMOVAX 23.....	131	<i>prazosin hcl oral</i>	53
<i>pilocarpine hcl ophthalmic</i>	151	<i>podofilox external solution</i>	67	PRECISION GLUCOSE KETONE CONTR. 74	
<i>pilocarpine hcl oral tablet 5 mg</i>	63	<i>poly bacitracin</i>	144	PRECISION XTRA BLOOD GLUCOSE.....	74
<i>pilocarpine hcl oral tablet 7.5 mg</i>	63	<i>polyethylene glycol 3350 oral powder</i>	106	<i>prednisolone acetate ophthalmic</i>	151
PILOT COVID-19 AT-HOME TEST.....	144	<i>polyethylene glycol 3350-grx oral powder</i>	106	PREDNISOLONE ACETATE P-F.....	151
<i>pimecrolimus</i>	66	<i>poly-iron 150</i>	80	<i>prednisolone oral solution</i>	115
<i>pimozide</i>	40	<i>polymyxin b-trimethoprim</i>	150	<i>prednisolone sodium phosphate ophthalmic</i>	151
<i>pimtrea</i>	121	<i>polysaccharide iron complex</i>	80		
<i>pink bismuth maximum strength</i>	101	<i>polysaccharide-iron complex</i>	80		
<i>pink bismuth oral suspension 262 mg/15ml</i>		POLYSPORIN.....	145		
.....	101	<i>polyvinyl alcohol ophthalmic</i>	154		
<i>pink bismuth oral suspension 525 mg/15ml</i>		POLY-VI-SOL.....	189		
.....	101	POLY-VITE PEDIATRIC.....	189		
<i>pink bismuth oral tablet 262 mg</i>	101	POMALYST.....	35		
<i>pink bismuth oral tablet chewable 262 mg</i>	101	<i>portia-28</i>	121		
<i>pink bismuth ultra str</i>	101	<i>potassium chloride crys er oral tablet extended release 10 meq</i>	74		
<i>pioglitazone hcl</i>	47				
<i>pioglitazone hcl-metformin hcl</i>	47				
PIP GLUCOSE CONTROL SOLUTION.....	74				

<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	115	PREVNAR 20.....	131	PROLATE ORAL TABLET.....	8
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	115	PREZCOBIX.....	44	PROLENSA.....	151
<i>prednisone intensol</i>	115	PREZISTA ORAL SUSPENSION.....	145	PROLIA.....	133
<i>prednisone oral solution</i>	115	PREZISTA ORAL TABLET 150 MG, 75 MG.....	145	PROMACTA.....	50
<i>prednisone oral tablet</i>	115	PRIFTIN.....	34	<i>promethazine hcl injection solution 25 mg/ml</i>	29
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	115	PRILOSEC OTC.....	92	<i>promethazine hcl oral</i>	29
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	115	PRILOVIX.....	16	<i>promethazine hcl rectal</i>	29
<i>pregabalin oral</i>	61	PRILOVIX LITE.....	16	<i>promethazine vc</i>	165
PREMARIN ORAL.....	121	PRILOVIX LITE PLUS.....	16	<i>promethazine-codeine oral solution</i>	183
PREMARIN VAGINAL.....	121	PRILOVIX PLUS.....	16	<i>promethazine-dm</i>	183
<i>premium lidocaine</i>	16	PRILOVIX ULTRALITE.....	16	<i>promethazine-phenylephrine</i>	165
PREMPHASE.....	121	PRILOVIX ULTRALITE PLUS.....	16	PROMETHEGAN RECTAL SUPPOSITORY 50 MG.....	29
PREMPRO.....	121	<i>primaquine phosphate</i>	38	PRONUTRIENTS VITAMIN D3.....	86
<i>prenatal formula oral tablet 28-0.8 mg</i>	85	<i>primidone oral</i>	25	<i>propafenone hcl</i>	54
<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	85	PRIORIX.....	131	<i>propranolol hcl er</i>	55
<i>prenatal multi+dha</i>	85	PRIVIGEN.....	127	<i>propranolol hcl oral solution 20 mg/5ml</i>	55
<i>prenatal multivitamin</i>	85	PROAIR RESPICLICK.....	163	<i>propranolol hcl oral solution 40 mg/5ml</i>	55
<i>prenatal multivitamins</i>	85	<i>probenecid</i>	32	<i>propranolol hcl oral tablet</i>	55
<i>prenatal oral tablet 27-0.8 mg</i>	85	<i>probiotic acidophilus oral capsule</i>	101	PROPRINAL.....	6
<i>prenatal oral tablet 27-1 mg</i>	85	<i>probiotic blend</i>	102	<i>propylthiouracil oral</i>	126
<i>prenatal oral tablet 28-0.8 mg</i>	85	<i>probiotic colon care</i>	102	PROQUAD.....	131
<i>prenatal plus</i>	85	<i>probiotic complex</i>	102	PROTONIX ORAL PACKET.....	92
<i>prenatal plus vitamin/mineral</i>	85	<i>probiotic digestive support</i>	145	<i>protriptyline hcl</i>	28
<i>prenatal vitamins</i>	86	<i>probiotic maximum strength</i>	102	PROXIVOL.....	16
<i>prenatal iron</i>	86	<i>probiotic oral capsule</i>	102	<i>pseudoephedrine hcl 12 hr</i>	183
PREPARATION H EXTERNAL CREAM 1 %.....	132	<i>probiotic oral capsule 250 mg</i>	102	<i>pseudoephedrine hcl er</i>	183
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM.....	132	<i>probiotic pearls ex st</i>	102	<i>pseudoephedrine hcl oral tablet 30 mg</i>	183
<i>prevalite oral packet</i>	58	<i>prochlorperazine</i>	29	<i>pseudoephedrine-bromphen-dm</i>	168
<i>prevalite oral powder</i>	58	<i>prochlorperazine maleate oral</i>	29	<i>pseudoephedrine-guaifenesin er</i>	183
PREVIDENT.....	75	PRO-CRITIC.....	145	PULMICORT FLEXHALER.....	161
PREVIDENT 5000 DRY MOUTH.....	75	PROCTOCORT EXTERNAL.....	132	PULMOSAL.....	183
PREVIDENT 5000 PLUS.....	75	PROCTOFOAM HC.....	67	PULMOZYME.....	163
		<i>procto-med hc</i>	132	PURE & GENTLE LUBRICANT.....	154
		PROCTOSOL HC.....	132	<i>purelax oral powder</i>	106
		PROCTOZONE-HC.....	132	PYLERA.....	90
		PROFILNINE.....	53	<i>pyrazinamide oral</i>	34
		<i>progesterone oral</i>	123	PYRIDIDIUM.....	114
		PROGLYCEM.....	48		

<i>pyridostigmine bromide er</i>	34	RAVICTI.....	113	<i>restore plus lubricant eye</i>	154
<i>pyridostigmine bromide oral solution</i>	34	RAYALDEE.....	133	<i>restore pm</i>	154
<i>pyridostigmine bromide oral tablet 60 mg</i>	34	RAYOS.....	115	RETACRIT.....	50
<i>pyridoxine hcl oral</i>	191	<i>react</i>	124	RETIN-A.....	63
<i>pyrimethamine oral</i>	38	<i>ready-to-use enema rectal enema</i>	102	RETIN-A MICRO PUMP EXTERNAL GEL	
QELBREE.....	46	REBIF.....	62	0.06 %.....	63
QNASL.....	161	REBIF REBIDOSE.....	62	RETIN-A MICRO PUMP EXTERNAL GEL	
QNASL CHILDRENS.....	161	REBIF REBIDOSE TITRATION PACK.....	62	0.08 %.....	63
QTERN.....	47	REBIF TITRATION PACK.....	62	REVCIVI.....	113
QUADRACEL INTRAMUSCULAR		REBINYN INTRAVENOUS SOLUTION		REVITAFOR.....	102
SUSPENSION.....	131	RECONSTITUTED 1000 UNIT, 2000		REVLIMID.....	35
<i>quetiapine fumarate oral tablet 150 mg</i>	40	UNIT, 500 UNIT.....	53	REXULTI.....	41
<i>quetiapine fumarate tablet 100 mg oral</i>	41	<i>reclipsen</i>	121	REYATAZ ORAL PACKET.....	44
<i>quetiapine fumarate tablet 200 mg oral</i>	41	RECOMBINATE.....	53	RHOPRESSA.....	151
<i>quetiapine fumarate tablet 25 mg oral</i>	41	RECOMBIVAX HB.....	131	RIASTAP.....	53
<i>quetiapine fumarate tablet 300 mg oral</i>	41	<i>refenesen 400</i>	168	<i>ribavirin oral</i>	42
<i>quetiapine fumarate tablet 400 mg oral</i>	41	REFRESH LACRI-LUBE.....	154	<i>rifampin oral</i>	34
<i>quetiapine fumarate tablet 50 mg oral</i>	41	REFRESH PLUS.....	154	<i>riluzole</i>	61
QUICKVUE AT-HOME COVID-19 TEST ...	145	REFRESH TEARS.....	154	<i>rimantadine hcl</i>	45
<i>quinapril hcl</i>	54	<i>reguloid oral powder 43 %</i>	106	RINVOQ.....	127
<i>quinapril-hydrochlorothiazide</i>	57	REHYDRALYTE.....	80	RISAQUAD.....	102
<i>quinidine gluconate er</i>	54	RELADOR PAK.....	16	RISAQUAD-2.....	102
<i>quinidine sulfate</i>	54	RELADOR PAK PLUS.....	16	RISPERDAL CONSTA.....	41
<i>quinine sulfate</i>	38	RELENZA DISKHALER.....	45	<i>risperidone microspheres er</i>	41
QUINTET CONTROL HIGH/NORMAL.....	74	RELEUKO.....	50	<i>risperidone oral solution</i>	41
<i>quit2</i>	20	RELEXXII ORAL TABLET EXTENDED		<i>risperidone oral tablet 0.25 mg</i>	41
<i>quit4</i>	20	RELEASE 27 MG, 36 MG, 54 MG.....	60	<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg,</i>	
QULIPTA.....	33	RELEXXII ORAL TABLET EXTENDED		<i>3 mg</i>	41
QUVIVIQ.....	145	RELEASE 45 MG, 63 MG, 72 MG.....	60	<i>risperidone oral tablet 4 mg</i>	41
QVAR REDIHALER.....	161	<i>relief eye drops</i>	154	<i>risperidone oral tablet dispersible</i>	41
<i>radiance platinum vitamin d3</i>	86	RELION TRUE METRIX TEST STRIPS.....	74	RITALIN LA.....	60
RADICAVA ORS.....	61	RELISTOR SUBCUTANEOUS.....	89	<i>ritonavir</i>	44
RADICAVA ORS STARTER KIT.....	61	<i>rena-vite</i>	86	<i>rivastigmine</i>	27
<i>raloxifene hcl</i>	123	<i>renewal soothing bath</i>	69	<i>rivastigmine tartrate</i>	27
<i>ramipril</i>	54	<i>repaglinide</i>	47	RIXUBIS.....	53
<i>ranolazine er</i>	57	REPATHA.....	58	<i>rizatriptan benzoate</i>	33
<i>rapid melts junior oral tablet dispersible</i>		RESTASIS.....	150	ROBAFEN CF MULTI-SYMPTOM COLD..	170
<i>160 mg</i>	15	RESTASIS MULTIDOSE.....	150	ROBITUSSIN 12 HOUR COUGH.....	183
RASUVO.....	129	RESTORA.....	102	ROBITUSSIN 12 HOUR COUGH CHILD..	183

ROBITUSSIN COUGH+CHEST CONG	SALVAX.....	145	SEREVENT DISKUS.....	163
DM ORAL LIQUID 20-400 MG/20ML.....	<i>sam-e.p.a.</i>	145	<i>sertraline hcl oral concentrate</i>	28
ROBITUSSIN PEAK COLD MULTI-SYM... 170	SANCUSO.....	30	<i>sertraline hcl oral tablet</i>	28
ROCKLATAN.....	<i>saxagliptin-metformin er oral tablet</i>		<i>setlakin</i>	121
<i>ropinirole hcl</i>	<i>extended release 24 hour 5-500 mg</i>	48	<i>sevelamer carbonate oral tablet</i>	81
<i>rosuvastatin calcium oral</i>	<i>sb arthritis pain relief</i>	15	SEVENFACT.....	145
ROTARIX.....	<i>sb docusate sodium/senna</i>	109	<i>sf 5000 plus</i>	75
ROTATEQ.....	<i>sb lice killing max st</i>	38	<i>sf gel 1.1%</i>	75
<i>roweepira</i>	<i>sb mucus relief</i>	168	SFROWASA.....	132
ROXYBOND ORAL TABLET ABUSE-	<i>sb pain reliever childrens</i>	15	<i>sharobel</i>	123
DETERRENT 15 MG, 30 MG, 5 MG.....	<i>scalp relief external liquid 3 %</i>	145	SIGNIFOR.....	126
ROZEREM.....	SCSEMBLIX ORAL TABLET 20 MG, 40 MG. 37		<i>sildenafil citrate oral suspension</i>	
ROZLYTREK ORAL CAPSULE.....	SCRUB CARE POVIDONE-IODINE.....	24	<i>reconstituted</i>	164
ROZLYTREK ORAL PACKET.....	<i>sea-omega</i>	145	<i>sildenafil citrate oral tablet 20 mg</i>	164
RUBRACA.....	SEGLUROMET.....	48	<i>silver sulfadiazine external</i>	67
RUCONEST.....	<i>selenium sulfide external lotion</i>	66	SIMBRINZA.....	151
<i>rufinamide oral tablet</i>	SEMGLEE (YFGN).....	49	SIMEPED.....	102
RYALTRIS.....	<i>senexon-s</i>	109	<i>simethicone drops infants</i>	102
RYBELSUS ORAL TABLET 14 MG, 3 MG,	<i>senior probiotic</i>	102	<i>simethicone oral</i>	102
7 MG.....	<i>senna lax</i>	109	<i>simethicone ultra strength</i>	102
RYCLORA.....	<i>senna laxative</i>	109	SIMLANDI (1 PEN).....	129
RYDAPT.....	<i>senna oral liquid 8.8 mg/5ml</i>	109	SIMLANDI (1 SYRINGE).....	129
RYNEX DM.....	<i>senna oral syrup 176 mg/5ml</i>	109	SIMLANDI (2 PEN).....	129
RYNEX PE.....	<i>senna oral syrup 8.8 mg/5ml</i>	109	SIMLANDI (2 SYRINGE).....	129
<i>rynex pse</i>	<i>senna oral tablet 8.6 mg</i>	109	<i>simliya</i>	121
RYTARY ORAL CAPSULE EXTENDED	<i>senna plus oral tablet</i>	109	<i>simpesse</i>	121
RELEASE 23.75-95 MG, 36.25-145 MG,	<i>senna s</i>	109	<i>simvastatin oral</i>	58
61.25-245 MG.....	<i>senna smooth</i>	109	<i>sinus & congestion max str</i>	184
RYTARY ORAL CAPSULE EXTENDED	<i>senna-docusate sodium</i>	109	<i>sinus 12-hour</i>	184
RELEASE 48.75-195 MG.....	<i>senna-lax</i>	109	<i>sinus nasal spray</i>	184
<i>saccharomyces boulardii</i>	<i>senna-plus</i>	109	<i>sinus pe decongestant</i>	168
SAFYRAL.....	<i>senna-s oral tablet</i>	109	<i>sinus relief extra strength</i>	168
<i>salicylic acid external foam</i>	<i>senna-tabs</i>	110	<i>sinus/congestion relief pe</i>	168
<i>salicylic acid external gel</i>	<i>senna-time</i>	110	<i>sirolimus oral solution</i>	129
<i>salicylic acid wart remover</i>	<i>senna-time s</i>	110	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	129
<i>saline enema</i>	SENNAZON.....	110	<i>sirolimus oral tablet 2 mg</i>	129
<i>saline mist spray</i>	<i>sennosides-docusate sodium</i>	110	SIRTIURO.....	34
<i>saline nasal spray</i>	SENOKOT.....	110	SITAVIG.....	42
<i>salsalate oral</i>	SENOKOT S.....	110	SKYRIZI PEN.....	127

SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE.....	145	<i>sodium fluoride dental cream</i>	75	<i>sronyx</i>	121
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	127	<i>sodium fluoride dental gel</i>	75	<i>ssd</i>	67
SKYTROFA.....	116	<i>sodium fluoride mouth/throat</i>	75	ST JOSEPH LOW DOSE.....	145
SLO-NIACIN.....	86	<i>sodium fluoride oral solution</i>	75	STEGLATRO.....	48
<i>smooth antacid ex st oral tablet chewable 750 mg</i>	102	<i>sodium fluoride oral tablet chewable</i>	75	STEGLUJAN.....	48
<i>smooth antacid extra st</i>	102	SODIUM OXYBATE.....	186	<i>stimulant lax plus</i>	110
<i>smooth antacid extra strength</i>	102	<i>sodium phenylbutyrate oral powder</i>	113	<i>stimulant laxative</i>	110
<i>smooth lax oral powder</i>	106	<i>sodium phenylbutyrate oral tablet</i>	113	STIOLTO RESPIMAT.....	175
SOAAZ ORAL TABLET 20 MG.....	57	<i>sodium polystyrene sulfonate</i>	81	STIVARGA.....	36
<i>sod chloride hypertonicity</i>	154	SOFOSBUVIR-VELPATASVIR.....	42	<i>stomach relief extra strength</i>	103
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	80	<i>soft glucose</i>	49	<i>stomach relief max st oral suspension 525 mg/15ml</i>	103
<i>sodium bicarbonate oral tablet</i>	103	SOLQUA.....	48	<i>stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml</i>	103
<i>sodium chloride (hypertonic) ophthalmic ointment</i>	154	SOLIRIS.....	145	<i>stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	103
<i>sodium chloride (hypertonic) ophthalmic solution</i>	154	SOLOSEC.....	21	<i>stomach relief oral tablet 262 mg</i>	103
<i>sodium chloride (pf)</i>	75	<i>soluble fiber therapy</i>	110	<i>stomach relief oral tablet chewable 262 mg</i>	103
<i>sodium chloride inhalation nebulization solution 0.9 %</i>	184	SOMAVERT.....	126	<i>stomach relief plus</i>	103
<i>sodium chloride inhalation nebulization solution 10 %</i>	184	SOOLANTRA.....	67	<i>stomach relief ultra</i>	103
<i>sodium chloride inhalation nebulization solution 3 %</i>	184	<i>soothe maximum strength</i>	103	<i>stool softener extra str</i>	110
<i>sodium chloride inhalation nebulization solution 7 %</i>	184	<i>soothe oral suspension</i>	103	<i>stool softener laxative oral capsule</i>	110
<i>sodium chloride intravenous solution 0.45 %</i>	75	<i>soothe oral tablet chewable</i>	103	<i>stool softener oral capsule 100 mg</i>	110
<i>sodium chloride ophthalmic ointment 5 %</i> ..	155	<i>sorafenib tosylate</i>	36	<i>stool softener oral capsule 240 mg</i>	110
<i>sodium chloride ophthalmic solution 5 %</i> ...	155	<i>sorbitol oral</i>	106	<i>stool softener oral capsule 250 mg</i>	110
SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS.....	75	<i>sotalol hcl (af)</i>	54	<i>stool softener oral capsule 50 mg</i>	110
<i>sodium chloride solution 0.9 % intravenous</i> ..	75	<i>sotalol hcl oral</i>	54	<i>stool softener pls laxative</i>	110
<i>sodium fluoride 5000 plus</i>	75	SOTYKTU.....	145	<i>stool softener plus laxative</i>	110
<i>sodium fluoride 5000 ppm dental cream</i>	75	SOVALDI ORAL TABLET.....	42	<i>stool softener/laxative</i>	110
<i>sodium fluoride 5000 ppm dental gel</i>	75	SOVUNA ORAL TABLET 200 MG.....	38	<i>stool softener/laxative oral tablet</i>	110
		SPEEDY SWAB COVID-19 ANTIGEN.....	145	STRENSIQ.....	113
		SPIKEVAX.....	145	<i>stress formula</i>	86
		<i>spinosad</i>	67	<i>stress formula/iron</i>	189
		SPIRIVA HANDIHALER.....	162	<i>stress formula/zinc/energy</i>	86
		SPIRIVA RESPIMAT.....	162	STRIBILD.....	43
		<i>spironolactone oral tablet</i>	57	STRIVE DUAL ZONE PEAK FLOW MTR..	145
		<i>spironolactone-hctz</i>	57	STRIVERDI RESPIMAT.....	163
		SPRAVATO (56 MG DOSE).....	27	SUBLOCADE.....	17
		SPRAVATO (84 MG DOSE).....	27		
		<i>sprintec 28</i>	121		
		SPRYCEL.....	148		
		SPS (SODIUM POLYSTYRENE SULF).....	81		

SUBOXONE.....	17	<i>sv vitamin d3 oral capsule 50 mcg (2000</i>	TAGRISSE.....	148
<i>subvenite</i>	24	<i>ut)</i>	<i>take action</i>	124
<i>sucralfate oral suspension</i>	91	<i>sv vitamin d3 oral tablet chewable</i>	TALICIA.....	90
<i>sucralfate oral tablet</i>	91	<i>syeda</i>	TALTZ SUBCUTANEOUS SOLUTION	
SUDAFED.....	184	SYMBICORT.....	AUTO-INJECTOR.....	128
SUDAFED PE CONGESTION ORAL		SYMDEKO.....	TALTZ SUBCUTANEOUS SOLUTION	
TABLET 10 MG.....	168	SYMFI.....	PREFILLED SYRINGE 80 MG/ML.....	128
SUDAFED PE SINUS CONGESTION.....	168	SYMFI LO.....	<i>tamoxifen citrate oral</i>	35
SUDAFED SINUS CONGESTION.....	184	SYMLINPEN 120.....	<i>tamsulosin hcl</i>	113
SUDAFED SINUS CONGESTION 12HR... 184		SYMLINPEN 60.....	TAPERDEX 6-DAY.....	115
<i>sudogest maximum strength</i>	184	SYMPAZAN.....	<i>tarina 24 fe</i>	122
<i>sudogest oral tablet 30 mg</i>	184	SYMPROIC.....	<i>tarina fe 1/20 eq</i>	122
<i>sulfacetamide sodium ophthalmic</i>	150	SYMTUZA.....	TASIGNA.....	148
<i>sulfacetamide-prednisolone</i>	150	SYNAGIS.....	TAVALISSE.....	51
<i>sulfadiazine oral</i>	22	SYNJARDY.....	TDVAX.....	131
<i>sulfamethoxazole-trimethoprim oral</i>		SYNJARDY XR.....	TECARTUS.....	145
<i>suspension 200-40 mg/5ml</i>	22	SYSTANE.....	TEENY TUMMY GAS RELIEF DROPS....	103
<i>sulfamethoxazole-trimethoprim oral tablet</i> ... 22		SYSTANE BALANCE.....	TEKTRUNA.....	57
<i>sulfasalazine oral</i>	132	SYSTANE COMPLETE.....	<i>telmisartan</i>	53
<i>sulfatrim pediatric</i>	22	SYSTANE CONTACTS.....	<i>temazepam oral capsule 15 mg, 30 mg</i>	186
<i>sulindac oral</i>	6	SYSTANE HYDRATION PF.....	<i>temozolomide oral capsule 100 mg</i>	34
<i>sumatriptan nasal</i>	33	SYSTANE NIGHT.....	<i>temozolomide oral capsule 140 mg, 180</i>	
<i>sumatriptan succinate oral</i>	33	SYSTANE NIGHTTIME.....	<i>mg, 20 mg, 250 mg, 5 mg</i>	34
<i>sumatriptan succinate refill</i>	33	SYSTANE PRESERVATIVE FREE.....	TENCON.....	8
<i>sumatriptan succinate subcutaneous</i>	33	SYSTANE ULTRA.....	TENIVAC.....	131
<i>sunitinib malate</i>	36	SYSTANE ULTRA PF.....	<i>tenofovir disoproxil fumarate</i>	44
SUNOSI.....	186	<i>tab tussin</i>	<i>terazosin hcl</i>	113
<i>suphedrine 12hour</i>	184	<i>tab-a-vite/beta carotene</i>	<i>terbinafine hcl external</i>	32
<i>suphedrine maximum strength</i>	184	TABRECTA.....	<i>terbinafine hcl oral</i>	31
<i>suphedrine oral tablet 30 mg</i>	184	TACLONEX.....	<i>terbinafine hydrochloride external cream 1</i>	
<i>suphedrine oral tablet extended release 12</i>		<i>tacrolimus external ointment 0.03 %</i>	<i>%</i>	32
<i>hour 120 mg</i>	184	<i>tacrolimus external ointment 0.1 %</i>	<i>terconazole vaginal cream</i>	31
SUPPORT.....	189	<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	<i>teriflunomide</i>	62
SUPREP BOWEL PREP KIT.....	90	<i>tacrolimus oral capsule 1 mg</i>	TERIPARATIDE SUBCUTANEOUS	
<i>sure result sr relief</i>	145	<i>tadalafil (pah)</i>	SOLUTION PEN-INJECTOR 620	
<i>surelac</i>	103	TADLIQ.....	MCG/2.48ML.....	133
SUTAB.....	24	TAFINLAR.....	TESTIM.....	117
<i>sv vitamin d3 oral capsule 25 mcg</i>	86	<i>tafluprost (pf)</i>	<i>testosterone cypionate intramuscular</i>	117
		TAGAMET HB 200.....	<i>testosterone enanthate intramuscular</i>	117

<i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%)</i>	117	TIROSINT-SOL.....	124	TRESIBA.....	49
TETANUS-DIPHThERIA TOXOIDS TD....	131	TIVICAY.....	43	TRESIBA FLEXTOUCH.....	49
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	165	TIVICAY PD.....	43	<i>tretinoin oral</i>	36
<i>tgt clotrimazole external cream 1 %</i>	68	<i>tizanidine hcl oral tablet</i>	42	TRETten.....	53
<i>the magic bullet</i>	145	TM-DAILY VITE.....	86	TREXALL.....	130
THEO-24.....	164	TOBI PODHALER.....	163	TREZIX.....	8
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	164	TOBRADEX.....	150	<i>triamcinolone acetonide external cream</i>	66
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	164	TOBRADEX ST.....	150	<i>triamcinolone acetonide external lotion 0.025 %</i>	66
<i>theophylline er oral tablet extended release 24 hour 400 mg</i>	164	<i>tobramycin ophthalmic</i>	150	<i>triamcinolone acetonide external lotion 0.1 %</i>	66
<i>theophylline er oral tablet extended release 24 hour 600 mg</i>	164	<i>tobramycin-dexamethasone</i>	150	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	66
<i>theophylline oral</i>	164	<i>tolnaftate antifungal external cream</i>	146	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	66
THERA.....	86	<i>tolnaftate external cream</i>	146	<i>triamcinolone acetonide external ointment 0.05 %</i>	66
<i>thera-tabs</i>	86	<i>tolnaftate external powder</i>	146	<i>triamcinolone acetonide mouth/throat</i>	63
<i>thiamine hcl oral</i>	191	<i>topiramate er oral capsule er 24 hour sprinkle</i>	24	<i>triamcinolone acetonide nasal</i>	174
<i>thiamine mononitrate oral</i>	86	<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	24	<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	115
THIOLA.....	114	<i>topiramate oral capsule sprinkle 50 mg</i>	24	TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION.....	115
THIOLA EC.....	114	<i>topiramate oral tablet</i>	24	<i>triamcinolone in absorbase</i>	66
<i>thioridazine hcl oral</i>	40	<i>toremifene citrate</i>	35	TRIAMINIC ALLERCHEWS.....	173
<i>thiothixene</i>	40	<i>torse mide</i>	57	<i>triamterene-hctz</i>	57
THRIVE.....	20	<i>total allergy</i>	161	<i>tri-buffered aspirin</i>	15
<i>thyroid oral tablet 120 mg, 15 mg</i>	125	<i>total allergy medicine</i>	161	<i>triderm</i>	66
<i>tiadylt er</i>	56	TOUJEO MAX SOLOSTAR.....	49	<i>tri-estarylla</i>	122
<i>tiagabine hcl</i>	25	TOUJEO SOLOSTAR.....	49	<i>trifluoperazine hcl</i>	40
TIGLUTIK.....	61	TOVIAZ.....	113	<i>trifluridine</i>	150
<i>timolol maleate ophthalmic solution</i>	151	TRACLEER 32 MG.....	164	<i>trihexyphenidyl hcl</i>	39
TIMOPTIC OCUDOSE.....	151	TRADJENTA.....	48	TRIJARDY XR.....	48
TINACTIN EXTERNAL CREAM.....	145	<i>tramadol hcl er</i>	6	TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG.....	163
<i>tinidazole oral tablet 250 mg</i>	21	<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	8	TRIKAFTA ORAL THERAPY PACK.....	163
<i>tinidazole oral tablet 500 mg</i>	21	<i>trandolapril</i>	54	<i>tri-legest fe</i>	122
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.....	124	<i>tranexamic acid oral</i>	51	<i>tri-lo-estarylla</i>	122
		<i>travel ease</i>	29	<i>tri-lo-marzia</i>	122
		<i>travoprost (bak free)</i>	149	<i>tri-lo-mili</i>	122
		TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG.....	149	<i>tri-lo-sprintec</i>	122
		<i>trazodone hcl oral</i>	28		
		TRECTOR.....	34		
		TRELEGY ELLIPTA.....	175		

<i>trimethobenzamide hcl oral</i>	29	TRUE VITAMIN B3 ORAL TABLET 100		<i>turqoz</i>	122
<i>trimethoprim oral</i>	21	MG, 250 MG, 50 MG.....	86	<i>tusnel-ex</i>	168
<i>tri-mili</i>	122	TRUE VITAMIN B6 ORAL TABLET 100		<i>tussin adult chest congest</i>	168
<i>trimipramine maleate oral</i>	28	MG, 25 MG, 50 MG.....	191	<i>tussin adult oral liquid 200 mg/10ml</i>	169
TRINTELLIX.....	28	TRUE VITAMIN C.....	189	<i>tussin cf cough & cold oral syrup 5-10-100</i>	
<i>triple antibiotic external ointment , 3.5-400-</i>		TRUE VITAMIN D3 ORAL CAPSULE 1.25		<i>mg/5ml</i>	170
<i>5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	24	MG (50000 UT).....	87	<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	184
TRIPTODUR.....	126	TRUE VITAMIN D3 ORAL CAPSULE 10		<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	170
<i>tri-sprintec</i>	122	MCG (400 UNIT), 50 MCG (2000 UT).....	87	<i>tussin chest congestion oral liquid 100</i>	
TRITOLNACIDE C.....	146	TRUE VITAMIN D3 ORAL CAPSULE 125		<i>mg/5ml</i>	169
TRIUMEQ.....	44	MCG (5000 UT), 25 MCG (1000 UT).....	87	<i>tussin cough dm sugar free</i>	184
TRIUMEQ PD.....	44	TRUE VITAMIN D3 ORAL CAPSULE 250		<i>tussin cough/chest dm max</i>	185
<i>tri-vite pediatric</i>	86	MCG (10000 UT).....	87	<i>tussin dm cough + chest oral liquid 20-400</i>	
<i>trivora (28)</i>	122	TRUE VITAMIN D3 ORAL TABLET 10		<i>mg/20ml</i>	185
<i>tri-vylibra</i>	122	MCG (400 UNIT).....	87	<i>tussin dm max adult</i>	185
<i>tri-vylibra lo</i>	122	TRUE VITAMIN D3 ORAL TABLET 125		<i>tussin dm max daytime</i>	185
TROJAN MAGNUM.....	146	MCG (5000 UT).....	87	<i>tussin dm max oral liquid 20-400 mg/20ml</i>	185
TROJAN ULTRA RIBBED LUBRICATED..	146	TRUE VITAMIN D3 ORAL TABLET 25		<i>tussin dm max st</i>	185
TROJAN ULTRA THIN.....	146	MCG (1000 UT).....	87	<i>tussin dm oral syrup 100-10 mg/5ml</i>	185
TROJAN ULTRA THIN/SPERMICIDAL.....	146	TRUE VITAMIN E ORAL CAPSULE 180		<i>tussin maximum strength oral syrup 15</i>	
TROJAN-ENZ LUBRICATED.....	146	MG.....	191	<i>mg/5ml</i>	169
TROJAN-ENZ/SPERMICIDAL.....	146	TRUELYTE.....	80	<i>tussin mucus & chest congest</i>	169
TROKENDI XR.....	24	TRUEPLUS GLUCOSE ORAL TABLET		<i>tussin oral liquid 100 mg/5ml</i>	169
TRUE COVER.....	146	CHEWABLE.....	49	TWINRIX.....	131
TRUE DAILY VITE.....	86	TRULANCE.....	89	TYBOST.....	44
TRUE FERROUS SULFATE.....	80	TRULICITY.....	48	TYLENOL FOR CHILDREN + ADULTS.....	15
TRUE FOLIC ACID ORAL TABLET 1 MG.	146	TRUMENBA.....	131	TYLENOL ORAL SUSPENSION 160	
TRUE FOLIC ACID ORAL TABLET 400		TUDORZA PRESSAIR.....	162	MG/5ML.....	15
MCG.....	146	TUMS.....	103	TYLENOL ORAL TABLET 325 MG, 500	
<i>true laxative</i>	106	TUMS CHEWY BITES.....	103	MG.....	15
TRUE MAGNESIUM OXIDE ORAL		TUMS CHEWY BITES ULTRA STR.....	103	TYLENOL ORAL TABLET CHEWABLE	
TABLET 400 MG.....	80	TUMS E-X 750.....	104	160 MG.....	15
TRUE MULTIVITAMIN.....	86	TUMS EXTRA STRENGTH.....	104	TYLENOL ORAL TABLET EXTENDED	
TRUE NASAL MOISTURIZING.....	168	TUMS EXTRA STRENGTH 750.....	104	RELEASE 650 MG.....	15
<i>true oyster shell calcium</i>	189	TUMS LASTING EFFECTS.....	104	TYMLOS.....	133
TRUE VITAMIN A.....	86	TUMS SMOOTHIES.....	104	TYR COOLER.....	146
TRUE VITAMIN B1 ORAL TABLET 100		TUMS ULTRA 1000.....	104	TYR GEL.....	146
MG.....	86	TUMS ULTRA STRENGTH.....	104	TYROS 1.....	146
		TURALIO.....	148	TYROS 2.....	146

TYRVAYA.....	150	VALTOCO 5 MG DOSE.....	25	VICTOZA.....	48
TYVASO.....	164	<i>valtya 1/50</i>	122	<i>vienva</i>	122
TYVASO DPI MAINTENANCE KIT.....	164	<i>vancomycin hcl oral capsule</i>	21	<i>viorele</i>	122
TYVASO DPI TITRATION KIT.....	164	<i>vancomycin hcl oral solution reconstituted</i>		VIRASAL.....	146
TYVASO REFILL KIT.....	164	<i>25 mg/ml</i>	21	VISBIOME HIGH POTENCY ORAL	
TYVASO STARTER KIT.....	164	VANDAZOLE.....	21	CAPSULE.....	104
UBRELVY.....	33	VANQUISH EXTRA STRENGTH.....	15	VISINE.....	155
UCERIS.....	132	VAPORIZER WARM STEAM.....	146	<i>vit c/rose hips</i>	189
UDENYCA.....	50	VAQTA.....	131	<i>vitachew vitamin d3</i>	87
ULTOMIRIS.....	146	<i>varenicline tartrate</i>	18	<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>	
<i>ultra calcium + vitamin d3</i>	80	<i>varenicline tartrate (starter)</i>	18	<i>3 mg, 3 mg (10000 ut)</i>	87
<i>ultra dairy digestive</i>	104	<i>varenicline tartrate(continue)</i>	18	<i>vitamin b complex oral capsule</i>	87
<i>ultra fresh</i>	155	VARIVAX.....	131	<i>vitamin b complex w/b-12</i>	87
<i>ultra fresh pm</i>	155	VASCEPA.....	58	<i>vitamin b1</i>	191
ULTRA LIDO EXTERNAL CREAM.....	16	VAXELIS.....	146	<i>vitamin b-1 oral tablet 100 mg</i>	87
<i>ultra lubricant drop</i>	155	VAXNEUVANCE.....	131	<i>vitamin b-1 oral tablet 250 mg</i>	191
<i>ultra lubricating eye drops</i>	155	<i>v-c forte</i>	189	<i>vitamin b-12 er oral tablet extended</i>	
<i>ultra lubricating eye drops pf</i>	155	VECTICAL.....	67	<i>release 1000 mcg</i>	191
<i>unithroid</i>	124	<i>vegetable lax+stool softener</i>	110	<i>vitamin b12 oral tablet extended release</i>	
<i>urea 20 intensive hydrating</i>	70	<i>vegetable laxative</i>	110	<i>1000 mcg</i>	191
<i>urea external cream 20 %</i>	70	<i>velivet</i>	122	<i>vitamin b-12 tr oral tablet extended release</i>	
<i>urea external lotion</i>	70	VELTASSA.....	81	<i>1000 mcg</i>	191
<i>ureacin-10</i>	70	<i>venlafaxine hcl</i>	28	<i>vitamin b-6</i>	191
<i>ureacin-20</i>	70	<i>venlafaxine hcl er oral capsule extended</i>		<i>vitamin b-6 er</i>	191
<i>urinary pain relief oral tablet 95 mg</i>	114	<i>release 24 hour</i>	28	<i>vitamin c cr oral tablet extended release</i>	
URO-PAIN.....	114	VENTOLIN HFA.....	163	<i>500 mg</i>	189
<i>ursodiol oral capsule 300 mg</i>	90	<i>verapamil hcl er oral capsule extended</i>		<i>vitamin c er oral tablet extended release</i>	
<i>ursodiol oral tablet</i>	90	<i>release 24 hour 120 mg, 180 mg, 240 mg</i> ... 56		<i>1500 mg</i>	190
<i>valacyclovir hcl oral</i>	42	<i>verapamil hcl er oral tablet extended</i>		<i>vitamin c oral liquid 500 mg/5ml</i>	190
<i>valganciclovir hcl oral solution</i>		<i>release</i>	56	<i>vitamin c oral tablet 1000 mg, 250 mg</i>	190
<i>reconstituted</i>	42	<i>verapamil hcl oral</i>	56	<i>vitamin c oral tablet 500 mg</i>	190
<i>valganciclovir hcl oral tablet</i>	42	VERKAZIA.....	150	<i>vitamin c oral tablet chewable 100 mg, 250</i>	
<i>valproic acid oral capsule</i>	24	VERQUVO.....	59	<i>mg</i>	190
<i>valproic acid oral solution 250 mg/5ml</i>	25	VERZENIO.....	36	<i>vitamin c oral tablet chewable 500 mg</i>	190
<i>valsartan oral tablet</i>	53	<i>vestura</i>	122	<i>vitamin c/acerola</i>	190
<i>valsartan-hydrochlorothiazide</i>	57	VFEND ORAL SUSPENSION		<i>vitamin c/rose hips oral tablet 1000 mg</i>	190
VALTOCO 10 MG DOSE.....	25	RECONSTITUTED.....	31	<i>vitamin c/rose hips oral tablet 500 mg</i>	190
VALTOCO 15 MG DOSE.....	25	VIBERZI.....	90	<i>vitamin c-rose hips</i>	190
VALTOCO 20 MG DOSE.....	25	<i>vic-forte</i>	189	<i>vitamin c-rose hips oral tablet</i>	190

<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)</i>	87	<i>volnea</i>	122	WIDE-SEAL DIAPHRAGM 90.....	147
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	87	VONVENDI.....	53	WIDE-SEAL DIAPHRAGM 95.....	147
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	190	VOQUEZNA DUAL PAK.....	146	WILATE.....	53
<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	87	VOQUEZNA TRIPLE PAK.....	89	WINLEVI.....	147
<i>vitamin d oral liquid</i>	87	<i>voriconazole oral tablet</i>	31	<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act</i>	175
<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	87	VOSEVI.....	42	<i>wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act</i>	175
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	87	VRAYLAR.....	41	WND 1.....	147
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	88	VTAMA.....	146	WND 2.....	147
<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i>	88	VUMERITY.....	62	<i>womans laxative</i>	147
<i>vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut)</i>	88	<i>vyfemla</i>	122	<i>womens gentle laxative</i>	147
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	88	<i>vylibra</i>	122	<i>womens laxative oral tablet delayed release 5 mg</i>	147
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>	88	VYNDAMAX.....	113	<i>womens prenatal+dha</i>	89
<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i>	88	VYNDAQEL.....	113	XACIATO.....	21
<i>vitamin d3 oral liquid 10 mcg/ml</i>	88	VYVANSE ORAL CAPSULE.....	61	XALKORI.....	148
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	88	VYZULTA.....	149	XARELTO ORAL TABLET.....	50
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	88	WAKIX.....	186	XARELTO STARTER PACK.....	50
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	88	<i>wal-fex d allergy & congestion oral tablet extended release 12 hour</i>	185	XCOPRI.....	25
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	88	<i>warfarin sodium oral</i>	50	XCOPRI (250 MG DAILY DOSE).....	25
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	88	<i>wart remover external liquid 17 %</i>	146	XCOPRI (350 MG DAILY DOSE).....	25
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	88	<i>wart remover maximum strength external liquid</i>	146	XELJANZ.....	128
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	88	<i>weekly-d</i>	89	XELJANZ XR.....	128
<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i>	88	WEGOVI.....	37	XEMBIFY.....	127
<i>vitamin e oral capsule 180 mg (400 unit)</i>	191	WELL MAGNESIUM OXIDE.....	80	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT.....	42
<i>vitamin k1 injection solution 10 mg/ml</i>	88	WELL VITAMIN C.....	190	XERAC AC.....	70
<i>vitamin-b complex</i>	88	WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT).....	89	XHANCE.....	162
<i>vitamins complete childrens</i>	190	WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT).....	89	XIFAXAN ORAL TABLET 200 MG.....	21
VITATHELY WITH GINGER.....	89	<i>wera</i>	122	XIFAXAN ORAL TABLET 550 MG.....	21
VITRAKVI.....	36	<i>wes-phos 250 neutral</i>	80	XIGDUO XR.....	48
VIVAGUARD INO CONTROL SOLUTION...	74	WESTAB PLUS.....	89	XIIDRA.....	150
VIVELLE-DOT.....	122	WIDE-SEAL DIAPHRAGM 60.....	147	XOFLUZA (40 MG DOSE).....	45
VIVITROL.....	17	WIDE-SEAL DIAPHRAGM 65.....	147	XOFLUZA (80 MG DOSE).....	45
VIVJOA.....	146	WIDE-SEAL DIAPHRAGM 70.....	147	XOLAIR.....	128
		WIDE-SEAL DIAPHRAGM 75.....	147	XOPENEX HFA.....	163
		WIDE-SEAL DIAPHRAGM 80.....	147	XPECT.....	169
		WIDE-SEAL DIAPHRAGM 85.....	147		

XTAMPZA ER.....	6	<i>zinc gluconate</i>	80	ZORYVE EXTERNAL CREAM 0.3 %.....	147
XTANDI.....	35	<i>zinc gluconate oral tablet 50 mg</i>	80	<i>zovia 1/35 (28)</i>	122
<i>xulane</i>	122	<i>zinc oral tablet 50 mg</i>	80, 190	ZOVIRAX.....	42
XULTOPHY.....	48	<i>zinc oxide external ointment 40 %</i>	69	ZUBSOLV.....	17
XYNTHA.....	53	ZIOPTAN.....	149	<i>zumandimine</i>	122
XYNTHA SOLOFUSE.....	53	<i>ziprasidone hcl</i>	41	ZURZUVAE ORAL CAPSULE 20 MG, 25	
XYOSTED.....	117	ZOLGENSMA 10.1-10.5 KG.....	111	MG.....	147
XYREM.....	186	ZOLGENSMA 10.6-11.0 KG.....	111	ZYCLARA PUMP EXTERNAL CREAM	
XYWAV.....	185	ZOLGENSMA 11.1-11.5 KG.....	111	3.75 %.....	67
YONSA.....	147	ZOLGENSMA 11.6-12.0 KG.....	111	ZYFLO.....	162
YUFLYMA (2 SYRINGE)		ZOLGENSMA 12.1-12.5 KG.....	111	ZYKADIA.....	37
SUBCUTANEOUS PREFILLED SYRINGE		ZOLGENSMA 12.6-13.0 KG.....	111	ZYLET.....	150
KIT 40 MG/0.4ML.....	130	ZOLGENSMA 13.1-13.5 KG.....	111	ZYRTEC.....	161
YUPELRI.....	162	ZOLGENSMA 2.6-3.0 KG.....	111	ZYRTEC ALLERGY.....	161
<i>yuvafem</i>	122	ZOLGENSMA 3.1-3.5 KG.....	111	ZYRTEC CHILDRENS ALLERGY ORAL	
ZADITOR.....	156	ZOLGENSMA 3.6-4.0 KG.....	111	TABLET CHEWABLE 10 MG.....	161
ZARXIO.....	50	ZOLGENSMA 4.1-4.5 KG.....	111	ZYRTEC-D ALLERGY & CONGESTION...	170
ZEASORB-AF.....	32	ZOLGENSMA 4.6-5.0 KG.....	111	ZYRTEC-D ALLERGY & SINUS.....	170
ZEGALOGUE SUBCUTANEOUS		ZOLGENSMA 5.1-5.5 KG.....	111		
SOLUTION AUTO-INJECTOR.....	114	ZOLGENSMA 5.6-6.0 KG.....	111		
ZEGALOGUE SUBCUTANEOUS		ZOLGENSMA 6.1-6.5 KG.....	111		
SOLUTION PREFILLED SYRINGE.....	114	ZOLGENSMA 6.6-7.0 KG.....	111		
ZEJULA.....	36	ZOLGENSMA 7.1-7.5 KG.....	111		
ZELAC.....	104	ZOLGENSMA 7.6-8.0 KG.....	111		
ZELBORAF.....	36	ZOLGENSMA 8.1-8.5 KG.....	111		
<i>zenatane</i>	63	ZOLGENSMA 8.6-9.0 KG.....	111		
ZENPEP ORAL CAPSULE DELAYED		ZOLGENSMA 9.1-9.5 KG.....	111		
RELEASE PARTICLES 10000-32000		ZOLGENSMA 9.6-10.0 KG.....	111		
UNIT, 15000-47000 UNIT, 20000-63000		ZOLINZA.....	35		
UNIT, 25000-79000 UNIT, 40000-126000		ZOLMITRIPTAN NASAL SOLUTION 2.5			
UNIT, 5000-24000 UNIT.....	113	MG.....	33		
ZENPEP ORAL CAPSULE DELAYED		<i>zolmitriptan nasal solution 5 mg</i>	33		
RELEASE PARTICLES 3000-10000 UNIT,		<i>zolmitriptan oral</i>	33		
60000-189600 UNIT.....	113	<i>zolpidem tartrate er</i>	186		
ZEPOSIA.....	62	<i>zolpidem tartrate oral tablet</i>	186		
ZEPOSIA 7-DAY STARTER PACK.....	62	ZOMIG NASAL SOLUTION 2.5 MG.....	33		
<i>zidovudine</i>	44	ZOMIG NASAL SOLUTION 5 MG.....	33		
ZIEXTENZO.....	50	ZONEGRAN.....	26		
ZIMHI.....	17	<i>zonisamide oral</i>	26		